**Healthy Montgomery Steering Committee Meeting**



**Meeting Conducted via GoToMeeting**

**Monday, June 6, 2016 ■ 6:00PM-8:00PM**

**Members and Alternates Present:** Uma Ahluwalia, Ron Bialek, Tanya Edelin, Leslie Graham, Patricia Grant, George Leventhal, Amy Lindsey, Sharan London, Gina Maxim, Kimberley McBride, Beatrice Miller, Dairy Marroquin, Beatrice Miller, Sam Oji, Cesar Palacios, Joanne Roberts, Monique Sanfuentes, Ulder Tillman, Deidre Washington

**Healthy Montgomery Staff:** Dourakine Rosarion, Colleen Ryan Smith, Karen Thompkins

**IPHI Staff:** Susan DeFrancesco, Michael Rhein

**Guests**: Eleni Antzoulatos, Carolina de la Puenta, Sara Demetriou, Evelyn Kelly, Helen Lettlow, Nancy Lim, Kate McGrail, Linda McMillan, Margaret O’Bryon, Sanjana Quasem, Patricia Rios, Tom Roberts

**Meeting materials made available online or provided at the meeting:**

* June 2016 Agenda
* HMSC April Meeting Minutes for Approval
* ParkRx Program
* CHNA Report Presentation
* CHNA Report

| **Topic/Presenter** | **Key Points** | **Action Item(s)** | **Responsible**  **Person** |
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| **Welcome and Introductions**  *Co-Chair Sharan London* | The meeting was called to order by Co-Chair Sharan London. |  |  |
| **Approval of Minutes**  *Co-Chair George Leventhal* | There was a motion to approve the April 2016 minutes by Ms. Leslie Graham and seconded by Ms. Amy Lindsey. |  |  |
| **Presentation**  **Montgomery County Park Prescription (Rx) Program**  *Ms. Amy Lindsey, Montgomery County Planning Department* | Ms. Lindsey introduced Mr. Tom Roberts who will be working on the Montgomery County Park Rx program this summer.  The Park Rx program has been established in Montgomery County for some time. Recently, the Planning Department began working with the District of Columbia to relaunch the program. This effort highlights the relationship between health and the built environment. The program’s website went live earlier this year. It provides a database of resources linked to the E-Clinical Works electronic health record. In addition to prescribing medications or other modalities, doctors may also prescribe recreation/physical activity as another option for the patient within their community. The recommendation will be tracked in the system and printed out in the same way as a medical prescription.  This effort is a major step forward in increasing use of the area’s natural resources and promoting healthy practices within the options available to patients and the medical community. Currently, the database includes over 350 parks that are mostly located in the District of Columbia. This is an extension of the National Park Services *Healthy Parks Healthy People* initiative. The searchable database provides a wealth of information such as location, amenities, bus routes and handicap accessibility. Montgomery County would like to build upon what the District of Columbia has completed to include public open spaces, neighborhood walking routes, as well as all that the County offers. This expanded effort will be piloted through Community Clinic Inc., a local Federal Qualified Health Center in the County.  A brief conversation followed regarding the various ways the HMSC members can support this effort and incorporate it into existent/future HM efforts. |  |  |
| **HHS Director’s Comments -** *Uma Ahluwalia, DHHS Director* | Ms. Ahluwalia made the following comments:  Colleen Ryan-Smith will be leaving DHHS to join Arlington County as its District Epidemiologist. We would like to thank her for her contributions over the past 10 years to DHHS. If it should please the committee, HMSC will draft a letter to thank her for her service. Recruitment for this vacancy will soon ensue. HMSC members can encourage individuals to apply once the position is posted.  Additionally, Susan DeFrancesco will be focusing on alternate projects within IPHI. Her consistent and thorough support of the HM workgroups has been phenomenal However, Susan will remain connected to the Eat Well Be Active workgroup via her future support of the recently awarded Transforming Communities grant. I would like to thank IPHI as well for its leadership and support of HM. IPHI is in the process of recruiting a replacement for her role with Healthy Montgomery.  There will be an in-depth discussion during today’s call regarding the priority- setting retreat that will take place on June 9th. The second round of the 2016 Community Health Needs Assessment (CHNA) builds on the first community health improvement process conducted by DHHS several years ago. The results of the 2016 effort highlight the same priority areas identified previously with the exception of Heroin and Opioid addiction and misuse as an emerging issue within Behavioral Health.  Additionally, the second round is based on the following assumptions:   1. The report shows where we have made gains and where there have been setbacks since the completion of the previous CHNA. However, it does not change how we are evaluating community health indicators. 2. There is still a focus on Social Determinants of Health that includes unhealthy behaviors, inadequate access to care and equitable practices. 3. This round leads to the prioritization process where the HMSC will consolidate clusters of diagnoses with similar strategies (for example: Cardiovascular Disease, Obesity, Diabetes and Cancers). The result will enable HM to address more than one priority area at a time. 4. Moving forward, the framework for all of these activities will be the achievement of Collective Impact. The County has two Collective Impact initiatives –Workforce Strategies and Healthy Montgomery. DHHS and IPHI will continue to serve as the backbone organizations for this work.   A compressed schedule will be applied to complete the prioritization process along with the work group activity. There will be dedicated hours to develop strategies and action plans in comparison to the process applied during the initial efforts of the existing workgroups. Given the various federal, state, and local efforts that will impact the work of this body, we want to ensure that everything we do is intentional, focused and yields results. |  | **HM Staff to draft on behalf of the Co-chairs.** |
| **Community Health Needs Assessment (Action Item)**  *Dr. Ulder Tillman, DHHS* | Dr. Tillman provided an overview of the 2016 CHNA (for details please see the CHNA presentation). The key points of the presentation include:   * A review of the purpose and framework of the CHNA * The qualitative and quantitative data sources used to compile the CHNA * A listing of the *What We Can Do Strategies* * The approach to the priority issue areas * Summary of Key Findings   The HMSC discussed the following in response to the presentation:   * The HMSC must identify what it wants to achieve in terms of collective impact.   + Each strategy is linked to an underlying factor or one of the HM priority areas. Since these are evidenced-based strategies, this will get us closer to where we go next. * The transition was a little unclear between the feedback received from the community conversations to the action strategies.   + An effort was made to make sure that the themes of the community conversations were included and framed around the rest of the report. * The Priority Setting Retreat will focus on prioritizing the short list of the *What We Can Do Strategies* listed within the CHNA Report. * The HMSC will forward errors or items that require clarification within the CHNA Report to the HM staff. * How are areas/topics not included in the CHNA Report to be addressed, such as HIV/AIDS?   + Focusing on the underlying conditions (equity, access to care, social and physical conditions, etc.) can address many of the other health conditions that are not specifically mentioned in the Report.     The HMSC unanimously voted and approved the following:   1. Consolidating the priority areas of obesity, cardiovascular disease, diabetes and cancers. 2. Adoption of the 2016 CHNA Report |  | **HM Staff** |
| **2016 Priority-Setting Retreat** *– Margaret O’Bryon, Priority-Setting Facilitator* | Margaret O’Bryon introduced herself to the HMSC and provided an overview of the agenda for the upcoming Priority-Setting Retreat.   * Ms. O’Bryon is in the process of reviewing the priority-setting worksheets that were completed by the HMSC. * The agenda for the Priority-Setting Retreat includes: establishing the context for the meeting, the application of Collective Impact to this process, reviewing the results of the worksheets, a brief intermission, a facilitated group discussion of the priorities, voting to select priorities and discussion regarding the next steps for the HMSC. * The agenda will be finalized after a complete review of the worksheets.   A short discussion followed:   * During the collective impact framework discussion at the Priority-Setting Retreat we will hear more about the criteria that was used to establish collective impact and the CHNA strategies and the rationale for their inclusion. * What happens next after the HMSC completes priority-setting? Where does this information go and who operationalizes these efforts?   + The goal of collective impact dictates that everyone is responsible for the achievement and measurement of the outcomes. The onus of responsibility goes beyond this body, extending to additional sectors/organizations within the County, including the community. * Will these priorities be assigned? Will a particular agency or agencies move forward with implementation and measure outcome?   + There will be mobilization to ensure that the next phase of HM does not employ a top-down approach, we seek to include input from various sources throughout the process.   + Recommendation: It would be good to evaluate the HM priorities against the County’s budget. In the future, it should be used to guide the budget making process. * The recommended interventions/strategies should be grouped by the issue areas and subgroups (e.g. age groups, types of health issues addressed). Based on the suggested strategies/interventions, the HMSC should decide on two or three areas that we believe should be addressed (e.g., increasing exercise for children). This would result in a reduced number of strategies/interventions for consideration. |  |  |
| **Open Discussion** | None |  |  |
| **Wrap-Up/Adjourn**  *Councilmember Leventhal* | Councilman Leventhal adjourned the meeting at 8:00 pm. |  |  |