**Healthy Montgomery Steering Committee Meeting**

**Meeting Conducted at Kaplan University Learning Center**

**1390 Piccard Drive Rockville, MD 20850**

**Monday, October 3, 2016 ■ 6:00PM-8:00PM**

**Members and Alternates Present:** Uma Ahluwalia, Dr. Jonathan Brice (on phone), Dr. Raymond Crowel, Jackie DeCarlo, Dr. Carol Garvey, Leslie Graham, George Leventhal, Amy Lindsey, Dairy Marroquin, Kimberley McBride, Kathy McCallum, Beatrice Miller, Rachel Newhouse, Samuel Oji, Monique Sanfuentes, Dr. Michael Stoto (on phone), Dr. Ulder Tillman, Myriam Torrico, J. Henry Montes, and Michelle Hawkins

**Healthy Montgomery Staff:** Dourakine Rosarion, Hira Chowdhary, Karen Thompkins

**IPHI Staff:** Lisa Curtis, Michael Rhein

**Guests**: Patricia Rios, Jon Montgomery, Sanjana Quasem, Sara Demetriou, Kate McGrail, Nancy Lim, Perry Chan, Sheila Crye, and Karla Lazarte

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

* October 3, 2016 Agenda
* HMSC September 12, 2016 Draft Meeting Minutes for Approval
* HMSC Folder contents: CHNA 2016 Summary Report, CHNA 2016 Brochure, CHNA 2016 Brochure (Text-Only Version)

| **Topic/Presenter** | **Key Points** | **Action Item(s)** | **Responsible** **Person** |
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| **Welcome and Introductions,** *Co-Chairs Councilmember G. Leventhal and J. DeCarlo*  | The meeting was called to order at 6:05 by Uma Ahluwalia. Ms. Ahluwalia thanked Holy Cross Hospital for providing dinner. Co-Chair Jackie DeCarlo, Co-Chair George Leventhal and Ms. Ahluwalia welcomed all attendees and asked all guests, members, and staff to introduce themselves. |  |  |
| **Approval of Minutes,***Co-Chairs Councilmember G. Leventhal and J. DeCarlo*  | Motion to approve the September 12, 2016 minutes was voiced by Councilmember Leventhal. Corrections were identified and without objection, the minutes were approved. | **Edits will be made and approved minutes uploaded to the website.**  | **HM Staff**  |
| **Transforming Communities Initiative Update,** *Michael Rhein (IPHI)* | Michael Rhein shared comments regarding a recent site visit and ongoing planning with the community to develop actionable strategies. |  |  |
| **Additional Issues – Update,** *Co-Chairs Councilmember G. Leventhal and J. DeCarlo*  | *Sexual Assault Care Coordination:*Councilmember Leventhal requested the HMSC to voice their interest in addressing issues brought up by the State Legislature regarding victims of sexual assault in the County. The deadline for the hospitals to develop a plan to address the gap in trauma services for victims of sexual assault is December 1st. Councilmember Leventhal encouraged the hospital affiliates present to gather all relevant information and best evidence for the coordinated plan.Members of the committee had a discussion about the sensitivity of this topic, the experience of the victims, and the broad public health and community components. Several HMSC members suggested that the group defer discussion until the hospitals have had a chance to discuss this topic. A suggestion was made to revisit the conversation in early 2017 so that the HMSC could offer commentary on the County's plan. Councilmember Leventhal took into consideration the current responsibilities of the HMSC and asked the committee if there was any objection to revisiting this topic in a conversation at the February meeting. There was no objection. Councilmember Leventhal shared that Ms. Ahluwalia would be meeting with members of local delegation to prepare for a constructive meeting on this topic in February 2017. *Food Security:*Ms. DeCarlo encouraged the HMSC to stay informed of activities relevant to the existing work of HM and shared the following updates on the Strategic Plan to Achieve Food Security (FS) and ultimately eliminate food insecurity in Montgomery County:* Legislation from Spring of 2016 [[Bill 19-16, The Strategic Plan to Achieve Food Security](http://www.montgomerycountymd.gov/COUNCIL/Resources/Files/bill/2016/Packets/20160419_4F.pdf)] co-sponsored by Councilmember G. Leventhal mandated that key stakeholders (non-profits, County agencies, and others) involved in helping most vulnerable residents achieve FS report to the County Executive and County Council by December 1st (required for each year of the 5-year plan).
* Reports should highlight key steps needed to be taken to make sure the group has a proper understanding of the demographics around vulnerable populations, food literacy, access to food stamps, among other indicators.
* The [“Food Security Plan” and “Food Action Plan”](http://mocofoodcouncil.org/food-security-plan-and-food-action-plan/) will focus on specific tactics to address FS in children and seniors.
* Mandate to report and recommend the steps that the County has taken to achieve Food Security for everyone in the County. Listening sessions are currently being held with people who have experienced food insecurity.
* There is an opportunity for all people between now and November to inform the plan;
	+ October 17th, Rockville: Community Engagement Stakeholder Meeting [[Registration](https://www.eventbrite.com/e/montgomery-county-food-security-plan-meeting-tickets-27414302918)]
	+ October 19th, Silver Spring: Listening Session

Brief discussion regarding the definition of FS followed. The United Nation’s definition of FS places an emphasis on food quality, and access to safe and nutritious food. Montgomery County data on FS is census-based and draws on mapping and studies from Johns Hopkins and others. The Food Council is pursuing more qualitative data (i.e through focus groups, listening sessions) and hopes to overlay findings from food assistance clients at the census tract level. Ms. DeCarlo shared that there are no action items for the HMSC to take, and that these updates were to inform the group on upcoming activities related to addressing FS in the County. There will be time for public comment once the plan is drafted and submitted on December 1st. Ms. DeCarlo will serve as the point of contact going forward.  | **February 2017 HMSC Meeting to include follow-up conversation on this topic. Time will be reserved on the agenda for updates to the HMSC.** **Send communications re: protocol for submissions to HM’s web-based calendar.** **MC Food Council Calendar events to be added to HM Calendar.**  | **HM Staff****HM Staff****HM Staff** |
| **Health in All Policies** – **Review of Existing Examples of HiAP,** *Lisa Curtis / M. Rhein (IPHI)* | Lisa Curtis guided the meeting attendees through HiAP case examples (San Diego, CA “Live Well San Diego;” Harris County Texas “Go Healthy Houston;” King County Seattle “Pro Equity Collaborative”). Ms. Curtis reminded the group that HiAP is an approach for process change and presented examples from other cities to describe the interim steps taken to achieve HiAP. Ms. Curtis encouraged the group to determine how HM can influence decision makers in various agencies to impact change. Discussion followed regarding pro equity goals, County funding, capacity building, pursuing legislative action, and examples of policy changes from the case studies presented (i.e, low-income transportation fare programs). Mr. Rhein described how HM is already doing HiAP in some ways. The HM structure, the multi-sectoral strategy for joint planning and prioritization will allow HM to achieve HiAP outcomes. Mr. Rhein alluded to some strategies to improve the participation of other sectors: 1. Transform the government (as in Richmond and King County), 2. Focus on anchor institutions, 3. Decide to have the HMSC act as a body that advocates or vets opportunities to achieve HiAP goals, 4. Share and advocate criteria (i.e to large employers, government across departments) that the group believes would be good to maximize opportunities, 5. Adopt a County-wide communications strategy to push a common, shared agenda, 6. Focus on a cluster of sectors where the greatest opportunity for HiAP (i.e education, housing, transportation) may exist. Additionally, he urged the group to reflect on what it means to adopt a HiAP approach. There was a brief conversation regarding the feasibility of upcoming timelines for action planning. Councilmember Leventhal recommended that the initiatives (Chronic Disease Cluster/Eat Well Be Active and Behavioral Health) have overlap and that the recommendations from the HiAP emerge from those initiatives. Additional HMSC members echoed agreement to Mr. Rhein’s comment about HM already engaging in HiAP-oriented approaches to promote and maximize opportunities. Further conversation is needed to determine what benchmarks for success HM will use. A recommendation was made that a list of all the initiatives and available community resources be summarized as a first step. Ms. Ahluwalia asked the group how the collaborative can deepen the work and engage partners from both County and non-County groups, and suggested that the group first start with these entities to address the three focus areas of HM.  | **Rapid Action Planning/ Implementation timelines to be updated per Councilmember** **Leventhal’s recommendations.** | **HM Staff** |
| **Rapid Action Planning (RAP) – Chronic Disease Work Group - Action Item**, *Dourakine Rosarion (DHHS)* | Dourakine Rosarion asked the group to share feedback on the current list of names compiled for the RAP sessions and recommended a manageable group size of 12-15 people. Ms. Ahluwalia asked that all of the public agency groups be added to the list for the HiAP RAP session. There was a discussion about engaging the police department in the Behavioral Health work. Dr. Crowel commented on how Montgomery County Behavioral Health is already doing this through a multi-sector approach including Police Department representation. Law enforcement has been engaged in this work and officers within the County have been trained on crisis intervention for the last 12 years. Ms. Rosarion shared that the HM staff would like to request the HMSC to submit names outside of the HMSC to join the discussion on the Chronic Disease Cluster, including community representatives.Ms. Rosarion gave a description of the role of the RAP workgroup executive sponsors:1. Must attend the group RAP sessions representing the HMSC and offering guidance when needed.
2. Participate in the rapid action planning.
3. Reporting back to the HMSC.

Role of the work group members:1. Participate in rapid action planning.
2. Review and confirm the content of the summary reports from the RAP sessions.

HM Staff is internally projecting two (or more) 4 hour sessions with the work groups, the outcomes of the conversations will be summarized and HM Staff will reconvene the workgroups to confirm that the scope of the conversation was accurately captured. Feedback on session dates will be obtained via doodle poll; similarly feedback on the format (i.e., conference call, other) for the follow-up session will be obtained via doodle poll. Ms. Ahluwalia answered the groups questions about deadlines for accreditation and Ms. Rosarion and Ms. Ahluwalia recommended that the group select a deadline that allows HM to establish the proper foundation to move the agenda forward. Dr. Tillman reminded the group to not deviate from the hospital’s 3-year CHNA cycle.  | **Make additions to workgroup per Ms. Ahluwalia’s recommendations.****Share the list with the HMSC to recruit more workgroup participants.** **Circulate doodle poll to obtain feedback on projected dates for RAP and format for feedback.** | **HM Staff****HM Staff****HM Staff** |
| **2016 Community Health Needs Assessment – Update,** *Dr. Ulder Tillman (DHHS)* | Dr. Tillman presented the 2016 CHNA Summary Report document, the brochure, and the PowerPoint template created by Communicate Health. These public-facing materials have all been created to disseminate the findings of the CHNA to the community. The group offered positive feedback and shared comments on the materials. Suggested edits include: (1) changing the insurance graphic to include a statement to clarify population included in the statistics (person’s eligible for insurance coverage), and (2) identifying the hospitals as funders of HM.  | **Edit summary document per HMSC’s recommendations.** | **HM Staff** |
| **Hospital Work Group – Update**, Monique Sanfuentes *(Suburban Hospital)* | Ms. Sanfuentes updated the group on the evaluation tool for exercise classes (senior shape/senior fit). The hospital workgroup meetings now have sub-groups. The sub-groups are looking at measurements of health improvement (i.e., Health Fairs, other community resources that can be leveraged, and looking at referrals between community and the hospitals, and Cross Walk to Health). The next steps include looking at how evidence-based approaches and the hospitals' respective comprehensive diabetes initiatives can inform the format. The group also continues to discuss the difference made with blood pressure screenings and the consideration of applying an alternate approach within this area. |  |  |
| **Open Discussion** | Ms. Rosarion gave an update on Open Enrollment. The 4th year of the Affordable Care Act open enrollment cycle begins on November 1st and ends January 31st. There have been a few changes that have presented challenges (i.e., carrier premium rate increases between 20-30 % that may lead people to transition between carriers in search of more economical plans). The goal is to enroll people in quality coverage by making sure that the selected plan is able to improve access to health care services. Additionally, the Maryland Health Connection mobile app will enable individuals to compare plans, estimate subsidies, enroll, and follow up on applications. The community partners are currently providing health literacy outreach to prepare residents for the upcoming open enrollment season. The deadline for coverage starting January 1, 2017 is December 15, 2016.   |  |  |
| **Wrap-Up/Adjourn** | Meeting was adjourned by Ms. DeCarlo a t 7:58.  |  |  |