



Better Health Workgroup
Tuesday, September 15th 2015 - 9:00am – 12:00pm
West Virginia University Health Sciences Center - Charleston, West Virginia

Today's Expected Results:

- Strengthen working relationships among workgroup members
- Develop an increased understanding of the state of tobacco in West Virginia
- Provide recommendations for the design of a system that delivers coordinated and integrated care in West Virginia and impacts individual and population health
- Identify questions and make recommendations to appropriate workgroups related to other elements of a beginning model that could influence the population health impact
- Identify next steps, materials and expertise needed for our next session, unresolved issues regarding the proposed system of coordinated care, and preparation for October's focus on Behavioral Health

Co-Chairs: Dr. Lesley Cottrell and Anne Williams

Facilitator: Bruce Decker

AGENDA

- 9:00 Welcome, Opening Comments and Introductions
- 9:15 Review of August Workgroup Meeting Results
- 9:30 The State of Tobacco in West Virginia: Bruce Adkins, DHHR, Bureau for Public Health, Division of Tobacco Prevention
- 10:15 Break
- 10:30 Designing a System that Delivers Coordinated and Integrated Care in West Virginia and Impacts Individual and Population Health
- 11:55 Final Comments, Next Steps, Action Items, Assignments and Check Out
- 12:00 Adjournment – Thank you for your leadership and time!

Ground Rules for Workgroup Meetings

- Stay focused and on task (use of parking lot, timer and clap)
- Respect others' views and opinions
- It is ok to disagree but don't be disagreeable
- Everyone has the chance to share their ideas or "air time" – be concise and respectful of time limits
- Be positive and solution oriented – strive to innovate!
- The planning process is fluid, dynamic and non-linear – we ALL need to be flexible and adaptive along the way
- Use "thumb-talk" consensus decision-making
 - Thumb up – I support this idea
 - Thumb to the side: I can live with it while it may not meet all of my needs, but I don't have strong reservations about the decision
 - Thumb down – I cannot support this decision and have concerns and a solution that the full team must hear from me before we move forward
 - For major decisions that will impact the SHSIP plan, we will use thumb-talk consensus to reach a majority of 2/3 support

Better Health Workgroup Charter

Project Aim

Adopt population health improvement strategies that address existing health disparities, modifiable risk factors, and preventable conditions.

Mission Statement

Members of the Better Health Workgroup will review, discuss, analyze, and develop elements of a health care model that will improve the overarching health of West Virginians. The particular focus of Better Health will be shaped by the health priorities of the State Health Improvement Plan (SHIP) and those health outcomes previously established as important targets for effective and efficient intervention. Patient engagement, barriers to improving health, and incorporating community resources will also be considered and discussed by this workgroup.

A Working Definition of Population Health

Population health can be defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group" (Kindig and Stoddart, 2003). While not a part of the definition itself, it is understood that population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, and environmental factors.