



Better Health Workgroup

Tuesday, August 18th 2015 - 9:00 a.m. – 12:00 p.m.
West Virginia University Health Science Center – Charleston, West Virginia

MEETING SUMMARY NOTES

Today's Expected Results:

- Strengthen working relationships among workgroup members
- Develop an increased understanding of the state of obesity in West Virginia
- Gain a clear sense of and provide input on measurable outcomes related to obesity
- Provide recommendations for the design of a system that delivers coordinated care
- Identify next steps, materials and expertise needed for our next session; unresolved issues regarding obesity and the related system of coordinated care, as well as prepare for the September meeting's focus on tobacco

Co-Chairs: Lesley Cottrell and Anne Williams

Facilitator: Bruce Decker

Participants: 40 people – 31 in person and 9 electronically

TOPIC	OVERVIEW/DISCUSSION/DECISIONS
Welcome, Introductions and Opening Remarks	<p>The second SIM Better Health Workgroup meeting opened with welcoming remarks. A handout with the Better Health Workgroup Charter was provided, as well as it being posted on the wall on flipchart paper. Joshua Austin, SIM Project Coordinator, was recognized for his role as liaison between all workgroups. The agenda with expected results for the meeting and ground rules were reviewed with workgroup members.</p>
Recap of July Workgroup Meeting Results	<p>Mr. Austin shared a PowerPoint presentation with the workgroup to highlight the workgroup summary report process and key themes from the initial SIM workgroup meetings held in July. Key results from all five workgroups were put into a SOAR Chart; one main point from each section was highlighted.</p> <p><u>S</u>trengths: Engaged, well-connected health care stakeholders <u>O</u>pportunities: Adopting a value-based approach to health care payment at the federal level encourages / requires change(s) at the state level <u>A</u>spirations: Movement from a fatalistic attitude to one that places a high priority on health and wellness <u>R</u>esults: Standardize and align health care quality measures among all payors and providers</p>
<i>The State of Obesity in West Virginia</i>	<p>Jessica Wright from the DHHR Bureau for Public Health, Division of Health Promotion and Chronic Disease provided an informative PowerPoint presentation on the state of obesity in West Virginia. The presentation outlined the specifics of the obesity plan section of the State Health Improvement Plan. Q&A followed the presentation.</p>
Launch Document - Proposal for Better Health: Small Group Discussion and Reports	<p>In small groups, workgroup members discussed the Launch Document and proposal for Better Health and discussed key related questions. The small groups recorded their responses on flipchart paper. Small group discussion guidelines were provided to help direct workgroup interaction. The small groups provided a brief report to the whole workgroup.</p> <p>As a reminder, it was established in the SIM “Mutual Understandings and Assumptions” document distributed in July:</p> <p><i>Interventions for population health improvement and health system / payment</i></p>

transformation should address root cause drivers of population health determinants and should be evidenced-based and aligned with state-level health improvement priorities identified in the West Virginia Population Health Assessment and Gap Analysis completed by the West Virginia Bureau for Public Health (WVBPH).

These specific strategies are attached at the end of these meeting summary notes. The terminology used by the WVBPH is specific to Centers for Disease Control and Prevention requirements; the SIM grant is required to use a slightly different terminology. There is little difference in these two terminology classification systems. Therefore, there is a synchronization of SIM and WVBPH terminology provided below.

The following answers provided are grouped into themes based on the small group discussion / output:

1. What are the strengths and challenges of each of the three (3) approaches / solutions to addressing obesity and other chronic diseases?

SIM Terminology: Traditional Clinical Approaches
WVBPH Terminology: Health Systems Strategies / Measures

Strengths

- Promotes trust in health care providers
- Provider has good / strong influence with patients
- Addresses preventative measures or preventative services in a clinical setting – e.g., health check up
- Speaking with a health care provider about chronic diseases does make a difference
- Diverse personnel may conduct screenings
- Helps provide baseline data to measure interventions
- Tackles chronic disease issues head on

Challenges

- This approach is the norm, but it still has not had a major impact on curbing obesity in West Virginia
- These are not holistic approaches—the focus is on treating a symptom (obesity) and not underlying problems
- Patients have to travel to see the health care provider
- Encourages patients to seek an easy solution, such as medications
- Patient adherence to recommendations / a health plan
- Providers do not have adequate time to fully address chronic diseases in a clinical setting
- BMI is not part of routine health screening / physicals
- There is little integration of care between behavioral health and primary care providers
- The current reimbursement structure does not incentivize providers to engage in chronic disease interventions
- Providers often struggle when discussing weight and other sensitive topics with patients

SIM Terminology: Innovative Patient-Centered Care and / or Community Linkages

WVBPH Terminology: Community Strategies / Measures

Strengths

- These approaches connect a patient to what works best for his or her health needs
- More holistic than the other approaches
- Contemplates using HIT and EHRs to assist in addressing chronic disease
- Emphasizes use of care coordination
- Promotes accessibility and collaboration with existing community infrastructure

Challenges

- These types of approaches have greater costs than the other approaches

- These approaches would require a realignment of the health care payment structure
- It could be difficult or impossible to implement these types of approaches in rural areas

SIM Terminology: Community-Wide Strategies
WVBPH Terminology: Policy Strategies / Measures

Strengths

- These types of approaches impact the greatest number of people the quickest
- These approaches take some of the burden for addressing chronic disease off the shoulders of providers
- These approaches can change the culture of a community / state
- To implement these types of approaches, strong partnerships / coalitions often have to be formed, which can grow and serve other purposes

Challenges

- Fighting entrenched interests to pass legislation to implement these strategies
- Most of these approaches would require changes in state law, which could make implementation difficult due to the amount of legislator education needed to showcase value and counter competing, entrenched interests
- To align SNAP with nutritional goals, a waiver would need to be secured

2. Which of the three (3) approaches / solutions would you consider to be the priority choice for West Virginia and why?

- **Editorial Note:** The workgroup did not wish to prioritize a single approach to address chronic diseases in West Virginia, specifically obesity. The consensus of the workgroup is thus provided below:

West Virginia must utilize all three approaches to address chronic diseases, but if pressed to select only one approach, the workgroup would select the approach that impacts the greatest population (e.g., Community-Wide Strategies)

3. For the choice priority approach / solution, identify specific elements / components of that proposed system.

- Motivational interviewing
- Increase the excise tax on tobacco and sugar sweetened beverages
- Community and health impact assessments / analyses are needed
- Health In All Policies
- Utilize the Choosing Wisely Program
- Create a database from the “Try This” initiative to showcase innovative, collaborative approaches to address chronic diseases
- Consider implementing these innovative approaches:
 - Adding a services to WV 211 to ask about doctor and enrollment in health insurance
 - Encourage a healthy cities competition
 - Recognize businesses that voluntarily make health change and healthy living a priority
 - Utilize community leaders / elected officials to push for healthier lifestyles
- Legislation for competitive / healthy food options in vending machines, especially in public schools
- Align SNAP with nutritional benefit goals

4. What do we need in order to move toward the desired system? What do we have in place already and what do we need to develop to move us toward this desired system?

- West Virginia needs to demonstrate the political will to move toward its desired system
- Need to demonstrate / show how health is economic development issue
- Educate the public and elected officials to raise awareness of the costs of unhealthy living in economic and health terms
- Offer value-based incentives to patients

	<ul style="list-style-type: none"> • Combine / pool resources and focus on a statewide initiative • Garner support for an increase in the excise tax on tobacco and sugar sweetened beverages—regardless of how or where the revenue is spent
Summary of Common Themes / Initial Consensus on Suggested Proposal Revisions	<p>After small group reports to the whole workgroup, common / salient themes for questions 3 and 4 were identified by workgroup members. The below statements apply to both questions.</p> <ul style="list-style-type: none"> • Adopting a more holistic model for health care and treatment—not treating only symptoms • Modifying environments to support healthy living and healthy lifestyles • Attaining the political will and requisite support needed to modify environments that support healthy living and healthy lifestyles
Next Steps, Action Items and Assignments	<ul style="list-style-type: none"> • The SIM Better Health Workgroup will reconvene on Tuesday, September 15, from 9:00 a.m. – noon at the West Virginia University Health Science Center in Charleston, West Virginia.
Parking Lot	None

Group Checkout (Verbatim Responses)

<i>What worked well today?</i>	<i>What would you change for the next meeting?</i>
<ul style="list-style-type: none"> • Respectful environment • Great presentation / overview by Jessica Wright, which helped focus the group and allow everyone to be “on the same page” • Nice structure • Workgroup strategizing • Diverse opinions with consensus building • Excellent • Conversations • Interesting information in BPH slides • Good conversation • Overall productive and nice meeting • Jessica did a great job • Nice presentation to set the stage for the discussion • Obesity presentation and State Obesity Plan • Great discussion in small groups • Good facilitation • Interaction good • Good mix of participants • Facilitated well • Good discussion • Connection with like-minded policy people • Seating at tables by sectors / expertise for more perspectives in the conversations • I enjoyed staying in the same group and not 	<ul style="list-style-type: none"> • Discussion questions could have been a little clearer • Need a clear action plan – not sure how that will be developed • Sometimes we are spinning our wheels and not getting much done • Need more focused approach • Tool for discussion was difficult to use • Ran out of time in discussion • Launch document too large – small font • Exercise – did not fulfill need to develop model. Offered / collected elements of model but did not develop model • Small group discussion – too many issues to cover – ran out of time • Too heavy on public health • Big picture of process / outcome is still vague • No coffee • More behavioral health included • Healthy snacks • Beverages • Better sound • Provide all materials for review before meeting (I felt rushed) • Small group discussion – more focused discussion • Specifically identify priorities? • Better Health launch document • CHIP / Project AIM / Mission • Always continuing back to the mission and purpose of

<p>switching</p> <ul style="list-style-type: none"> • Good session • Good activities • Good discussion • Good directions to meeting • Great job overall • Impressed • Keep up the hard work!!! • Small group discussion • Handouts available and easy to read • Workgroup work productive • Good discussion • Respectful disagreements • Good directions • Good discussion • Good obesity presentation • Small group discussion • Moderator kept group on task 	<p>workgroup</p> <ul style="list-style-type: none"> • Breakfast – healthy snacks • Better directions • Very nice people can participate remotely, but they can't speak out quite like in person participants can • Focus on diversity, transportation • Room / cold / hot • Breakfast / snacks • Room cold • Group breakout was confusing • Better sound set up • Refreshments • Need coffee and snacks • Focus on specific ideas to implement • Not enough time for small group discussion • More specific instructions for small group – get to the details
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Suggested Ideas for Additional Workgroup Members

- West Virginia Department of Agriculture
- Policymakers in West Virginia Department of Education – Student Support Services
- Legislators

West Virginia State Obesity Plan Proposal

Jessica G. Wright RN, MPH, CHES
Director, Health Promotion & Chronic Disease
State Innovations Model Meetings
August 2015



Strategies

PRIORITY GOALS	STRATEGIES/MEASURES
<p>1.A 1.B 1.B.4 1.B.5</p> <p>Reduce Obesity</p>	<p>COMMUNITY</p> <ul style="list-style-type: none"> Promote evidence based professional development for schools & administrators Increase built environment / grassroots support to reinforce healthy behaviors for community policy changes (# community mini grant recipients) Baseline: 103 FY2015 <p>HEALTH SYSTEMS</p> <ul style="list-style-type: none"> Increase the number of practice policies to measure body mass index/waist hip circumference Increase the number of practice policies to advise/counsel patients on weight management & risk factors for obesity Baseline: 21.6% BRFSS Increase referrals to self-management programs (DSME and others) Increase proportion of people with diabetes in targeted settings who have at least one encounter at a Diabetes Self-Management program Baseline: 2.7% Increase referrals to CDC recognized lifestyle change programs (i.e. National Diabetes Prevention Program) Baseline: 52.8% Increase the number of baby-friendly hospitals <p>POLICY</p> <ul style="list-style-type: none"> Increase the sugar sweetened beverage tax Enact policies and regulations to support insurance coverage for counseling and self-management programs Adopt a budget that funds high-priority population health initiatives that implement obesity prevention and control strategies
<p>1.A.1 1.A.2 1.B.1 1.B.2</p> <p>Increase fruit and vegetable consumption</p>	<p>COMMUNITY</p> <ul style="list-style-type: none"> Increase the number of ECEs that develop and/or adopt policies to implement food service guidelines/nutrition standards, including sodium (cafeterias, vending, snack bars) Baseline: 88 Percent of local education agencies that have adopted and implemented policies that establish standards (including sodium) (cafeterias, vending, snack bars, competitive foods available during the school day Baseline: 100% Increase the number of worksites that develop and/or adopt policies to implement food service guidelines, including sodium (cafeterias, vending, snack bars) Baseline: 3 Increase redemption rates for Farmer's Market Nutrition Program amongst WIC recipients Baseline: 60.78% (2014) Increase built environment / grassroots support to reinforce healthy behaviors for community policy changes (# community mini grant recipients) Baseline: 103 FY2015

Strategies

PRIORITY GOALS	STRATEGIES/MEASURES
<p>1.A.1 1.A.2 1.B.1 1.B.2</p> <p>Increase fruit and vegetable consumption</p>	<p>HEALTH SYSTEMS</p> <ul style="list-style-type: none"> • Increase the number of practice policies to measure body mass index/waist hip circumference • Increase the number of practice policies to advise/counsel patients on weight management & risk factors for obesity Baseline: 21.6% • BRFSS • Increase referrals to self-management programs (DSME and others) • Increase proportion of people with diabetes in targeted settings who have at least one encounter at a Diabetes Self-Management program Baseline: 2.7% • Increase referrals to CDC recognized lifestyle change programs (i.e. National Diabetes Prevention Program) Baseline: 52.8% <p>POLICY</p> <ul style="list-style-type: none"> • Enact policies and regulations to support insurance coverage for counseling and self-management programs and CDC recognized lifestyle change programs (i.e. NDPP & others) • Support local food development systems • Increase geographic availability of supermarkets in underserved areas • Adopt a budget that funds high-priority population health initiatives that implement obesity prevention and control strategies
<p>1.A.3 1.A.4 1.B.3</p> <p>Increase physical activity</p>	<p>COMMUNITY</p> <ul style="list-style-type: none"> • Increase the number of ECEs that develop and/or adopt policies to increase physical activity Baseline: 56 • Provide evidence based professional development /technical assistance to schools and administrators on physical education policies and physical activity Baseline: 153 • Increase the number of worksites that develop and/or adopt policies to increase physical activity Baseline: 220 • Increase built environment / grassroots support to reinforce healthy behaviors for community policy changes (# community mini grant recipients) Baseline: 103 FY2015 <p>HEALTH SYSTEMS</p> <ul style="list-style-type: none"> • Increase the proportion of health care systems with practice policies to record physical activity as a vital sign • Increase the number of practice policies to advise/counsel patients on weight management & risk factors for obesity • Increase referrals to self-management programs (DSME and others) • Increase proportion of people with diabetes in targeted settings who have at least one encounter at a Diabetes Self-Management program Baseline: 2.7% • Increase referrals to CDC recognized lifestyle change programs (i.e. National Diabetes Prevention Program) Baseline: 52.8%

Strategies

PRIORITY GOALS	STRATEGIES/MEASURES
<p>1.A.3 1.A.4 1.B.3</p> <p>Increase physical activity</p>	<p>POLICY</p> <ul style="list-style-type: none"> • Increase the number of statewide multi-level physical education and physical activity polices adopted by the state Baseline: 10 • Increase the number of state level recess policies adopted by the state Baseline: 0 • Enact policies and regulations to support insurance coverage for counseling and self-management programs and CDC recognized lifestyle change programs (i.e. NDPP & others) <p>Adopt a budget that funds high-priority population health initiatives that implement obesity prevention and control strategies</p>
<p>2.0</p> <p>Improve key chronic disease health indicators</p>	<p>COMMUNITY</p> <ul style="list-style-type: none"> • Increase awareness and identification of high blood pressure Baseline: 75.4% • Increase awareness and identification of diabetes Baseline 50.0% • Increase awareness and identification of pre-diabetes • Increase awareness of self-management programs • Increase proportion of people with diabetes in targeted settings who have at least one encounter at a Diabetes Self-Management program Baseline: 2.7% <p>HEALTH SYSTEMS</p> <ul style="list-style-type: none"> • Increase the proportion of health care systems with EHRs to treat patients w/HBP Baseline: 91.7% in selected 3 areas • Increase the proportion of health care systems that utilized team based care Baseline: 66.7% in selected 3 areas • Increase the number of patients who have been advised by their health care provider to reduce sodium consumption Baseline: 24.7% BRFSS • Proportion the WV adults who are watching or reducing sodium or salt intake Baseline 46.4% BRFSS • Increase the proportion of patients w/ HBP in adherence to medication regimens Baseline: 73.3% in selected 3 areas • Increase proportion of patients w/ HBP that have a self-management plan Baseline: 41.0% in selected 3 areas • Increase proportion of adults w/ HBP who have achieved control Baseline: 66.8% on selected 3 areas • Increase the number of Diabetes Self-Management Education programs (ADA; AADE; DSMP; EDC) Baseline for ADA & AADE=30 • Decrease the proportion of persons w/diabetes with A1c >9 Baseline: 26.9% in selected 3 areas • Increase the proportion of health care that have polices/practices to refer patients at risk to the National Diabetes Prevention Program Baseline: 52.8% • Increase the number of persons at risk who enroll in the National Diabetes Prevention Program Baseline: 113 • Increase the number of persons enrolled in the National Diabetes Prevention Program who achieve 5-6% weight loss (CDC DPRP) Baseline:52.8%

Strategies

PRIORITY GOALS	STRATEGIES/MEASURES
<p>2.0 Improve key chronic disease health indicators</p>	<ul style="list-style-type: none"> • Increase the number of practice policies to advise/counsel patients on weight management & risk factors for obesity <p>POLICY</p> <ul style="list-style-type: none"> • Create a centralized chronic disease registry • Provide incentives for medical practices to implement evidence-based guidelines for chronic disease management and prevention • Enact policies and regulations to support insurance coverage for counseling and self-management programs and CDC recognized lifestyle change programs (i.e. NDPP & others) • Increase the number of Medicaid recipients with diabetes who have DSME as a covered benefit Baseline: 3.13% • Increase budgets that funds high-priority population health initiatives that implement obesity prevention and control strategies <p>Support state tobacco policy initiatives</p>
<p>1.B.4 1.B.5 Promote Breastfeeding</p>	<p>COMMUNITY</p> <ul style="list-style-type: none"> • Promote breastfeeding using evidence-based curriculums, especially during home visits • Support all women to promote breastfeeding <p>HEALTH SYSTEMS</p> <ul style="list-style-type: none"> • Offer evidence-based provider training for breastfeeding • Provide support to hospitals working to become designated baby friendly/Mountain State Milestones • Offer certified lactation training to WV providers