

WV Health Innovation Collaborative
Better Health Work Group
Meeting Notes
April 21, 2015

Participating: Leslie Cottrell, Co-Chair – WVU Pediatrics
Anne Williams, DHHR, Bureau for Public Health
Chuck Thayer, DHHR, Bureau for Public Health
Richard Wittberg, Marshall University
Elizabeth Ayers, DHHR, Bureau for Public Health, Cabell Huntington Health Department
Tina Ramirez, Kanawha-Charleston Health Department
Judy Crabtree, Kanawha Coalition for Community Health Improvement
Julie Palas, James “Tiger” Morton Catastrophic Illness Commission
Amy Weintraub, WV Free
Chris Zinn, Hospice Council of WV
Crystal Welch, WV Medical Institute
Jessica Wright, DHHR, Bureau for Public Health, HPCD
Jean Kranz, WV Health Improvement Institute
Barbara Wessels, UniCare
Amanda McCarty, DHHR, Bureau for Public Health
Christina Mullins, DHHR, Bureau for Public Health, OMCFH
Perry Bryant, Consumer
Ted Cheatham, PEIA
Christina DeReinzo, PEIA
Dan Mace, DHHR, Bureau for Public Health
Debbie Waller, GOHELP

Participating by Phone:

Arnie Hassen, WVSOM
Shelvy Campbell, Marshall University
Chris Clark, GOHELP
Tony Gregory, WV Hospital Association
Kim Rogers, Highmark

Anne Williams opened the meeting and welcomed everyone and expressed appreciation for their time and participation. Introductions were made.

Ms. Williams introduced Christina Mullins who is with the Bureau for Public Health, Director of the Office of Maternal, Child and Family Health and also the State’s Title V Director. The presentation was shared with work group members prior to the meeting.

Home Visiting in West Virginia: What Is It and Why Is It Important?

- Maternal, Infant and Early Childhood Home Visiting (MIECHV) is a federal program that supports pregnant women and families and helps parents of children from birth to kindergarten entry, tap the resources and hone the skills they need to raise healthy children. The programs help to prevent child abuse and neglect, encourage positive parenting and promote child development and school readiness.

- Families that participate in home visiting programs receive advice, guidance and other help from health, social service and child development professionals.
- HRSA funds states to develop and implement voluntary, evidence-based home visiting programs. West Virginia's Title V Agency, the Office of Maternal, Child and Family Health administers these funds on behalf of WV.
- Each state chooses the home visiting models that best meet the needs of its own at-risk communities and supports local agencies in providing the home visiting services to families in their own communities. Families choose to participate and can leave at any time.
- The total budget for Home Visitation Services in WV totals nearly \$17 million in federal funds per year.
- Ms. Mullins shared location of services in WV counties and also shared a chart of families served in FY12-FY14. Numbers will change dramatically over the next few years.
- She shared federal data requirements and key benchmarks/outcomes with the group. WV has done an excellent job meeting their benchmarks and has continued to receive funding. Tracking about 37 benchmarks at this time.
- Shared some percentages with the group on prenatal care, breastfeeding, well-child visits. Information shared shows success rates in these areas.
- Developmental Screening – The OMCFH has provided hundreds of ASQ-3 kids to pediatric providers across WV. The Office has assessed the success of these efforts, and can demonstrate dramatic improvement.
- Shared information on visits to emergency departments and pregnant women/mother ED visits. There was a big decrease in the percentage of enrolled pregnant women and mothers who visited the ED from all causes but a small increase in the percentage of enrolled children who visited the ED from all causes.

Question and answer period followed.

- Home Visitation services are not cheap. Average around \$2500 per family per year.
- WV opted to use multiple models – blended system. Took what they already had in place; Right from the Start, Parents as Teachers, MIHOW, Health Families America, etc.
- Existing models discussed how they needed to function as a larger unit with shared resources but flexibility to serve the populations of focus as needed.
- Track drop-out rate. Christina will get data and share with the group.

Ms. Mullins was thanked for a great presentation and all the good work that is going on with the Home Visitation Program.

Better Health – Role in the State Health Improvement Plan
Discussion of Framework of Identified Priorities and Implementation to Support Priorities

Ms. Williams introduced Amanda McCarty, Bureau for Public Health, Director of the Center for Performance Management.

- Shared with the group the January 2015 final draft of the Health Innovation Collaborative Strategic Priorities and WV SHIP Areas of Focus. After receiving the SIM grant and doing the population piece, and the SHIP, some additions were added to the blueprint so that the same priorities will align with all activities. A revised version was shared with the

Lower Cost Work Group on April 15th, with Mental Health added as a focus area. After discussion in that Work Group as well as earlier discussions with the Better Health and other groups focused on supportive data, it was decided to change Substance Abuse to Tobacco and adding Behavioral Health as a focus area. There was discussion and the work group members agreed upon the changes. This revised plan will also be shared with the Better Care Work Group members later in the afternoon.

- Ms. McCarty shared a beginning draft of the WV Health Improvement Plan and next steps.
 - Develop objectives, strategies for implementation by WVHIC (partners statewide), and performance measures to monitor progress
 - Bureau for Public Health to provide input on additional objectives/strategies/measures to be implemented by the Bureau for Public Health
 - Objectives/strategies/measures for the WV Health Improvement Plan need to be identified by June 15th and also meet the SIM deadline of August 15.
- Leslie Cottrell shared with the work group that they want to make sure that the work with SHIP and the work with SIM align where feasible and appropriate.
- The group characterized this as a time to move toward the heaving lifting helping develop the SHIP and SIM models in a short period of time. Driver Diagrams were discussed.
- It was discussed to share, in addition to available data, existing state plans that would support the SHIP and SIM plans.
- Jessica Wright will share the Chronic Disease Plan.
- Other SIM updates:
 - SIM Steering Committee met last week. There are 11-12 members and is chaired by the Secretary. The Steering Committee will meet again in the next month. Ted Cheatham, PEIA, shared with the group that there was context change in the SIM. There is no follow-up money available. It will be implemented with state resources instead of federal money. May wish to look at models such as those used with the home visitation programs to create an efficient system of programs with this changing context
- An on-line survey was sent out to all the WVHIC members about 2 weeks ago. Information from this survey will outline how groups and individuals want to receive information about programs, tools, and activities that have been shown to improve health of West Virginians. This is not a research study but is going to be used to gather information from WVHIC members and others who work in, or related to the health professions or a consumer of health programs and other opportunities. To date, there have been 75 individuals who have completed this survey. Leslie Cottrell encouraged folks to complete the survey and to also distribute the survey to others and encouraged consumer participation.

If anyone has any specific topics that would be of interest to the workgroup, share with Anne Williams or the co-chairs, Leslie Cottrell or Sarah Woodrum. Suggestions included:

- Tobacco Prevention
- Prevention Research Center
- Perinatal Partnership
- American Cancer Society
- Determinants of Health, Health Impact Assessment
- Presentations from BPH

Next Meeting of the Better Health Work Group

May 19, 2015

10:00 – 12:00

One Davis Square, Suite 100 East
Conference Room 134