

WV Health Innovation Collaborative
Better Health Work Group
December 16, 2014
Meeting Notes

People Present: Leslie Cottrell, Co-Chair, WVU School of Medicine
Anne Williams, Bureau for Public Health
Stephanie Moore – Division of Health Promotion & Chronic Disease
Jean Kranz – WV Health Improvement Institute
Lisa Lee Ranson – Division of Health Promotion & Chronic Disease
Christine DeReinzo – PEIA
Ted Cheatham – PEIA
Christina Mullins - Office of Maternal, Child and Family Health, Bureau for Public Health
Janine Breyel – WV Perinatal Partnership
John D. Yauch – Division of Health Promotion & Chronic Disease
Tony Leach – Division of Health Promotion & Chronic Disease
Julie Palas – GOHELP
Debbie Waller – GOHELP

Participating by Phone: Sarah Woodson, Co-Chair, WVU School of Medicine
Dick Wittberg, Marshall University
Robin Stricklin, Bureau for Senior Services
Deborah Isner, Bureau for Senior Services

Anne Williams opened the meeting and introductions were made in person and on the telephone. Ms. Williams shared with the group that the Better Care Work Group meeting was canceled for this month but an email had been sent out to the group with a survey for the Better Care Work Group to complete. The Lower Cost Work Group will be meeting Wednesday, December 17th at 2:00 p.m. She turned the meeting over to Leslie Cottrell, Co-Chair.

Presentation

Leslie introduced Stephanie Moore, Associate Director, Division of Health Promotion and Chronic Disease, Bureau for Public Health, who will be speaking on “Advocating for Chronic Disease Management and Prevention”.

- The Division of Health Promotion and Chronic Disease is one of the 4 divisions within the Office of Community and Health Systems in the Bureau for Public Health.
- Their vision is to ensure healthy choices are the natural choices where you live, work, play and pray.
- Ms. Moore shared a socio-ecological model and an expanded chronic care model.
- Three Tiered Approach – Community Mobilization (Better Health); Health Systems Intervention (Better Care); and Policy Linkage and Development
- Community Mobilization (Better Health)
 - Support and help drive community action by providing resources for implementing healthy community environments.

- Health Systems Intervention (Better Care)
 - Support and sponsor health care provider training and technical assistance to implement quality improvements for chronic disease practice
- Policy Linkage and Development (Lower Cost)
 - Provides knowledge and technical assistance to support measures to improve or establish chronic disease prevention and management solutions across the State.
- State Goals:
 - Decrease obesity
 - Improve key chronic disease indicators
 - Reduce emergency room visits for management of chronic disease
- Partnerships and Projects – the role of the Division is to work cooperatively with its partners on:
 - Policy, environmental, and systems change
 - Data collection and surveillance
 - Evidence-based practices and research
 - Public health expertise
 - Providing support and training through technical assistance.
- **A question was raised where the data is coming from. The data comes from CDC and Ms. Moore will share that information with the group.**
- Ms. Moore shared some past partnerships and projects. **Ms. Moore will send Mr. Cheatham a copy of the full report on the Diabetes QI Project.**
- The reversal of the current trends in chronic disease morbidity and mortality must be a primary goal.
- Chronic disease prevention must be the focus on any strategy to improve the health of our citizens and reduce health care spending in our state.
- Improve state policies to ensure that all WV residents, regardless of income, education, and employment status, will have access to environments supporting healthy choices.
- Ms. Moore can be reached at Stephanie.E.Moore@wv.gov

Leslie Cottrell thanked Ms. Moore for her presentation and a question and answer period followed.

WV State Health Improvement Plan (SHIP)

Amanda McCarty, Director of the Center for Performance Management with the Bureau of Public Health shared with the group the framework for the WV Health Innovation Collaborative's WV State Health Improvement Plan. The framework has been decided upon by the members of the Better Care, Better Health and Lower Cost Workgroups. From this framework, we can work on initiatives/strategies that the WV Health Innovation Collaborative can work on over the next year or two. Much discussion followed with suggestions/ideas.

New Projects Discussion

Leslie Cottrell shared with the group that some of the projects that the Better Health Group is working on can be coordinated with the SHIP.

Information was sent out to the Collaborative earlier regarding Projects being worked on by the Better Health Work Group and also wanted members to sign up to work on a particular project. These projects are:

Better Health Workgroup Project A – Identifying Evidence-Based Programming

Project Purpose: Review the national literature and current logs in the Collaborative Inventory noting evidence of evaluation and effectiveness for each program. Programs specifically focusing on the health needs and ages we have previously identified will be most important.

Project Charge: Develop criteria and parameters for review, conduct review, work closely with Jeremiah Staples to add information to the Collaborative Inventory when finalized, develop short document with recommendations for moving forward and summary points.

Subcommittee Size: 5-7 members minimum

Better Health Workgroup Project B – Recommendations for Modifying Existing Programs for Specific Populations

Background: In previous workgroup meetings, several members have noted the value and need to identify programs that are not just effective but are appropriate for our rural population. Identifying programs that are tailored or rural populations, lower income populations, and other settings that are characteristics of our high risk populations, will be needed to realistically establish a menu of programming.

Project Purpose: Review national, regional, and local literatures to identify programs that are either evidence-based (literature supporting effectiveness for populations of interest) OR practice-based (programs that have been sustained and known to be effective for our population but may not have literature/publications supporting them). Project Charge: Develop criteria for the review, conduct review, and work closely with Jeremiah Staples to add information to the Collaborative Inventory when finalized.

Subcommittee Size: 5-7 members minimum

Better Health Workgroup Project C – Recommendations for Disseminating Research Findings to Practitioners, Policy Makers, and Community Members

Background: Separations continue to exist between important research on targeted health issues and those who want/need the latest research findings to translate that information into effective policy and practice. Currently, a short guideline/manual does not exist that would educate all partners on how best to share information.

Project Purpose: Review multiple sources of information to identify best ways to share the latest local, regional, and national research for a particular health issue with policy makers, health providers, payers, and community members.

Project Charge: Review literature for current guidelines, note needs and requests of all partners in terms of what information is needed, the best way to communicate that information, etc., and develop a final guideline/manual for all partners to use to increase communication and share work across areas.

Subcommittee Size: 5-7 members minimum

The Better Health Work Group is working on developing a listing of evidence-and practice-based programming representing the work that has been done within WV as well as across the nation.

This information is attached to the minutes. Please review the list and provide additional information you believe is essential for using this information effectively.

A survey will also be sent out to the group so you can submit your top 10 indicators for the entire Collaborative to consider in 2015. The results from the survey will be used to create a list to discuss in January before submitting it to the entire Collaborative.

**Next Better Health Work Group Meeting
January 20, 2015
10:00 – 12:00
One Davis Square, Suite 100 East
Conference Room 134**