

WV Health Innovation Collaborative  
Better Health Work Group  
Meeting Notes  
December 15, 2015

Present: Anne William, Co-Chair, DHHR, BPH  
Lesley Cottrell, Co-Chair, WVU  
John Yauch, DHHR, BPH, HPCD  
Bruce Adkins, DHHR, BPH, OCHSHP  
Brandon Lewis, DHHR, BPH, HPCD  
Christina Mullins, DHHR, BPH, OMCFH  
Nancy Sullivan, DHHR  
Kathy Paxton, DHHR, BBHFF  
Peg Moss, DHHR, BBHFF  
Laura Casto, DHHR, BPH, ONS  
Michael Brumage, Kanawha-Charleston Health Department  
Judy Crabtree, KCCHI  
Jackie Newson, DHHR, BPH, OMCFH  
Christine DeRienzo, PEIA

By Phone: Lillie Clay, DHHR, BMS  
Tom Gilpin, SIM Project  
Amanda McCarty, DHHR, BPH  
DeeAnn Price, DHHR, BMS  
Kim Rogers, Highmark  
Steve Swart, Robert C Byrd Clinic  
Julie Palas, Tiger Morton Catastrophic Illness Commission/Women's  
Commission

Anne Williams opened the meeting and welcomed everyone in attendance. Self-introductions were made. Anne shared with the group at the close of the last work group meeting, they had reviewed the charge of the Better Health Work Group and had some discussion on Better Health projects/initiatives and future presentations. There was an interest from the group to hear a presentation on adverse childhood experiences. Dan Christy, Project Director, Health Statistics Center at the WV Bureau for Public Health, will be sharing a presentation today on that topic. Mr. Christy's PowerPoint presentation is attached for your information.

- Adverse Childhood Experience (ACE), describes a traumatic event in a person's life occurring before the age of 18 that the person recalls as an adult. ACEs are sometimes referred to as toxic stress or childhood trauma.
- An ACE is defined as surviving any of the following categories of abuse, neglect, or loss prior to age 18:
  - Emotional or physical abuse by a parent
  - Sexual abuse by anyone
  - Emotional and physical neglect
  - Loss of a parent
  - Growing up with an alcohol/or drug user in the household
  - Living with a family member experiencing mental illness
  - Experiencing the incarceration of a household member

- Several ACE studies reveal strong relationships between ACEs and many later-life health risks and conditions
- Shared information from CDC in 2014 - showing the risk factors, chronic disease, and health outcomes associated with ACEs
- There are a total of 11 questions on the ACE module of the Behavioral Risk Factor Surveillance system questionnaire. The 11 questions were combined to create 8 categories:
  - Substance abuse
  - Separation/Divorce
  - Verbal Abuse
  - Mental Illness
  - Domestic Violence
  - Physical Abuse
  - Sexual Abuse
  - Incarceration
 (by parent or any family member)
- Shared 2014 data on Number of ACEs Among WV Adults; Prevalence of High Risk (4 or more) Among WV Adults by Gender; by Age Group; by Education; by Income; Comparison of Health Risk Behavior Among Those at High Risk From ACWs and Those at Low Risk of ACEs; and Comparison of Chronic Diseases Among Those at High Risk from ACEs and Those at Low Risk from ACEs.
- Approximately 17.6% of 228,739 WV adults would be considered high risk for having or developing health problems based on having three or more ACEs.
- WV's statistics are comparable to the CDC's findings in that multiple ACEs are associated with fair/poor health, current smoking, binge drinking, obesity, chronic obstructive pulmonary disease, depression, and disability.
- Community and family skills that can reduce ACEs:
  - Nurturing and positive relationships
  - Knowledge of parenting and child development skills
  - Parental resilience
  - Social connections
  - Concrete support in time of need
- Information and Resources:
  - National Center for Trauma-Informed Care – [www.mentalhealth.samhsa.gov/nctic](http://www.mentalhealth.samhsa.gov/nctic)
  - Center for the Study of Social Policy – Information on Strengthening Families and Protective Factors – [www.cssp.org](http://www.cssp.org)
  - National Child Traumatic Stress Network – [www.nctsn.org](http://www.nctsn.org)
- Contact Information for Mr. Christy: 304-356-4186 – [Daniel.M.Christy@wv.gov](mailto:Daniel.M.Christy@wv.gov)

Anne thanked Mr. Christy for sharing this information with the work group. A statistical brief will be released around the first of the year. It is going through the proper channels for approval.

Question and answer and discussion period followed.

- WV ACE's Coalition being held at the Kanawha-Charleston Health Department on January 14<sup>th</sup> at 2:30 p.m. This information will be shared with Work Group members. Need to pull everyone under the same umbrella

- Home Visitation Program -The West Virginia Home Visitation Program within the Office of Maternal, Child and Family Health, involves partnerships at federal, state and community levels to help families in need. The program is available for pregnant women and all children (birth to five). **Website to check out:**  
<http://www.strengtheningfamilieswv.org/>
- Tool Kits available
- Good WVHIC Quarterly Meeting topic

Anne introduced Josh Austin, Project Coordinator for the SIM Project to give an update to the group.

- SIM Steering and Project Management Team recognized that a change was needed to effectively develop a final state health plan.
- Worked with Better Care, Better Health, Better Value work groups of the WVHIC and also HIT and Workforce Development Work Groups.
- Established a 21-member task force
- Task Force met for the first time on December 13, 14 and will meet once monthly through March 2016 (possibly April 2016).
- There are areas of agreement/consensus upon which a general delivery system approach can be designed; the SIM Project Management Team is working to develop a proposal on these areas for consideration by the SIM Task Force in January 2016.
- Output of SIM Task Force is proposal only, and will return to the WVHIC Work Groups for review/revisions. There must be a wide-ranging public outreach component, which will be started after the review/revision by the WVHIC Work Groups
- CMS approved a six-month no-cost extension for the SIM Grant. Extends the final grant deadline until the end of July 2016.
- Presentation/meeting by SIM Project Contractor Dr. Garrett Moran of AHRQ's The Academy for Integrating Behavioral Health and Primary Care is scheduled for January 8<sup>th</sup> when he will be in Charleston at a SIM Work Group Meeting.
- Interest was expressed about having Dr. Moran share his presentation with the Better Health Work Group members for their January meeting. It was decided that Better Health and Better Care would join together for this presentation. It is scheduled for January 8, 2015. Debbie Waller will send a meeting invitation/details regarding the time and place of this presentation.

Anne thanked Josh for the update on the SIM Grant.

Lesley Cottrell asked work group members to share any data or resources or any projects/initiatives that the Better Health Work Group can have an impact on. The group will discuss more at the next meeting.

Anne talked about the 2016 schedule for the workgroups. Need to determine the direction the work group would like to go; continue to meet monthly, etc. The January meeting we will be joining with Better Care to hear the presentation from Dr. Moran. Information will be sent out prior to the February meeting on the direction of the work group for 2016.

- Better Care Work Group will be meeting later in the afternoon today at 3:00 p.m.
- Better Value Work Group – December 16, 2015, 1:00 – 3:00 p.m.

