

5.23.23

## Group Meeting Norms

- When you join, please chat-in or say your name.
- State your name before speaking.
- Verbalize messages in chat.
- Speak for yourself only, using “I” statements: “I do not like...” instead of “we do not like...”
- Raise your hand to speak and use your camera when possible.
- Closed Captioning is available through Teams by clicking on More Actions and selecting “Turn on live captions”.
- Meeting notes will be sent in pdf format at the end of each meeting.
- All meetings will be recorded

## Vision

An equitable, just, and well Baltimore where everyone has the opportunity to be healthy and to thrive.

## Mission


To protect health, eliminate disparities, and enhance the well-being of everyone in our community through education, coordination, advocacy, and direct service delivery.

## LHIC Purpose

1. The coalition’s purpose is to identify and address Baltimore City’s most **pressing structural health disparities** by bringing together a **multisector group**, with representation from community, health, and government.
2. Requires the **shared leadership** of healthcare, government, organizations, community members, and representatives from underserved communities.
3. Each LHIC identifies **3 health priorities** and works to address through a diversity of perspectives, collaboration, and pooling resources.

## Agenda

### Goal: Reduce the prevalence of diabetes in Baltimore City

Related Activities	Today's Discussion	Notes and Next Steps
<ul style="list-style-type: none"> <li>• Increase the number of partnerships btw. Community and DPP/ DSM</li> <li>• Increase the number of referrals to these programs</li> </ul>	<ol style="list-style-type: none"> <li>1. INTRODUCTIONS: from any new attendees. Please share: name, organization, what you would like to get out of your participation, any shared goals, and what you would like to contribute.</li> </ol>	<p>Gretchen Youssef - Dietitian with Medstar Health</p> <ul style="list-style-type: none"> <li>• Would like to contribute expertise in DSMES, DPP.</li> <li>• Experience in program implementation in DC.</li> <li>• Improve health outcomes.</li> <li>• Concern about MA coverage for DSMES.</li> </ul> <p>Shaquita Stewart - Assisted Living Owner</p> <ul style="list-style-type: none"> <li>• Wants to help within the community.</li> <li>• Learn about diabetes to help individuals within her communities.</li> </ul>
<ul style="list-style-type: none"> <li>• Increase the number of partnerships btw. Community and DPP/ DSM</li> <li>• Increase the number of referrals to these programs</li> </ul>	<ol style="list-style-type: none"> <li>1. FOLLOW- UP: Engaging Community Members. Please share the flyer.</li> <li>2. Invite a community member</li> </ol>	 <p>The Baltimore City Local Health Improvement Coalition</p>

The Baltimore City Local Health Improvement Coalition (LHIC) is seeking community member participation in its workgroups to help initiate and guide conversations around positive health outcomes throughout Baltimore City.

**What do we need?**  
Energetic individuals with:

- Desire and ability to listen and engage with multiple perspectives
- Desire and ability to work and collaborate with diverse groups with long-term goals
- Desire and ability to think about big problems and offer solutions
- Open availability for designated workgroup meeting times

**MUST BE A BALTIMORE CITY RESIDENT**

**How do I join/Get more info?**

- Email Stephane Bertrand, LHIC Coordinator at [stephane.bertrand2@baltimorecity.gov](mailto:stephane.bertrand2@baltimorecity.gov) or call at 443-257-5118

**Compensation: Community members will receive a \$30/hr stipend for their participation in LHIC workgroups**



Looking to recruit 12 community members

- Interested in DPP
- Not currently involved directly through work
- Stipends are available - \$30/hour through gift cards

Stephane - Reach out to Matthew Burke

Stephane - Schedule a follow-up meeting for the video series.

Quarterly LHIC Meeting

1. Need a presenter for overall goals and progress
2. Matt will present Dashboard

Next quarterly LHIC meeting - Friday, June 2 at 9:00 a.m.

1-2 presenters to share:

- Successes and challenges
- Co-present the dashboard with Matt

Sheree

Stephane - Follow up with Sheree to send the PPT template.

Alice - Send talking points and successes to Sheree.

Utilize data to understand the problem and improve our response

1. DISCUSSION: Shared Measures of Success.

Matt - Follow up with health system representatives to determine what information needs to be collected from CRISP

??? - Follow up with Gretchen

At the next monthly meeting - Determine a timeline for becoming data compliant

At the next monthly meeting - Determine what we want to do re: MA reimbursement

Determine tracking target

Nikcole Dixon - Provides food support

- 280 from start to finish
- In the 3rd year

Mary and Elice - Follow up with Nikcole

				<input type="checkbox"/> Mary and Elise - Follow up with Nikore Kate Jennings <ul style="list-style-type: none"> <li>• Increasing green spaces, community garden</li> <li>• Hosting educational events</li> <li>• 21217</li> </ul> <input type="checkbox"/> Connect Rhonda and Kate  Aaron Kaufman <ul style="list-style-type: none"> <li>• Education and cooking (6-part cooking class at Cecil Park Rec Center)</li> <li>• Working with AHA to build a train the trainer program for community-based chefs</li> </ul> <input type="checkbox"/> Elise - Follow up with Aaron
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Goal	Indicator	Target (2024)	Source	Notes
Increase DPP enrollment	# of people enrolled	Combined Regional Partnership Targets + other HS data	EMR or claims data from partnerships	These are drafted from the MDH DAP, targets
Increase DSMT enrollment	# of people enrolled	Combined Regional Partnership Targets + other HS data	EMR or claims data from partnerships	These are drafted from the MDH DAP, targets
Raise % of adults aware of prediabetes	% of people w/ doctor diagnosed prediabetes	30% increase (9,600 diagnoses)	BRFSS	These are self-reported numbers and vary from the CDC's report.
	# of prediabetes risk assessments completed		EMR or claims data	
Reduce diabetes mortality by 5%	MD mortality rates	5% reduction	CDC Wonder	Mortality rates released annually; 2021 is the most current year
Decrease the racial disparity in diabetes mortality	MD mortality rates	5% reduction	CDC Wonder	57.5 per 100k for Black residents; 28.9 per 100k for white residents
Improve healthy food access and/or access to resources for social needs related to diabetes	# of resource connections made / enrollments in food as medicine programs		Community Data, Individual Social Needs data,	This intentionally vague, as we need to collaboratively develop a goal that reflects city-wide efforts

Maryland Diabetes Action Plan Goals			
Goal 1	Goal 2	Goal 3	Goal 4
By 2024, 32 percent of Maryland adults will be of healthy weight. The two objectives are	People who are overweight and obese goal: By 2024, maintain the percentage of adults with a BMI >25 at 66.5 percent; and reduce by 10 percent the BMI >85th percentile in	People with prediabetes and gestational diabetes goal: By 2024, increase the	People with diabetes goal: By 2024, reduce the age-adjusted diabetes mortality by

<p>to increase access to healthy nutrition and achieve and maintain recommended physical activity levels for all Marylanders.</p> <p>Increasing access to healthy nutrition.</p>	<p>high school students. The two objectives are to improve clinical care services for overweight and obese children and adults and improve the availability of health lifestyle options for overweight and obese children and adults.</p> <p>Maintaining the percentage of people with a BMI greater than 25</p>	<p>prevalence of Maryland adults who know their prediabetes status by 30 percent.</p> <p>The two objectives are to improve prediabetes outcomes and reduce risk of diabetes in women with a history of gestational diabetes.</p> <p>Increasing Diabetes awareness by 30%</p>	<p>5 percent.</p>
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