

Diabetes Workgroup Agenda July 18,2023

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

- 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.
- Requires the **shared leadership** of healthcare, government, organizations, community members, and representatives from underserved communities.
- Each LHIC identifies **3 health priorities** and works to address through a diversity of perspectives, collaboration, and pooling resources.

Related Activities	Today's Discussion	Notes and Next Steps
<ul style="list-style-type: none">• Increase the number of partnerships btw. Community and DPP/ DSM• Increase the number of referrals to these programs	<ol style="list-style-type: none">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.2. 3 new members!	Rhonda N Boglin- Empowerment Team, Older Adults Advocate, looking to gain more education, resources, more programs for older adults- nutrition, education Alexa M – UM Diabetes Director,

		looking for collaboration Margret S – BCHD, Virtual Supermarkets, food access
<ul style="list-style-type: none"> • Increase the number of partnerships btw. Community and DPP/ DSM • Increase the number of referrals to these programs 	1. Follow up on the AHA + Regional Partnership Virtual chef Series	Nikcole D – Lifebridge Health, Diabetes Grant, chef series with AHA (Rhonda B interested) Connect Sonya and Rhonda (AHA)
<ul style="list-style-type: none"> • Increase the number of partnerships btw. Community and DPP/ DSM • Increase the number of referrals to these programs 	1. Review+ Discussion: CDC Grant Update <ul style="list-style-type: none"> 1. Discuss how we will leverage this group to improve and expand diabetes prevention efforts 2. What do we want to measure? 	

Goals	Related Workgroup	Required Members	Workgroup Activities	First Milestone
Increase the number of Black residents outreached and educated about prediabetes and diabetes through the Diabetes Prevention Program by outreaching neighborhoods with the lowest incomes. Across the 55 CSAs in Baltimore, the median percentage of households earning less than \$25,000 per year is 28.1%. We will focus on the 28 CSAs at or above the median in this measure, which combined, have 248,600 residents.	Diabetes +	HCAM staff Diabetes Regional partnerships Older adults contacts BCHD Data manager/Epi Community members	Meet Bi-weekly/Monthly to: 1. Using a CSA map review and coordinate outreach between BCHD + Regional Partnerships	By July, onboard all groups By August convene coalition and learning plan By Sept. meet with develop initial training By Sept. begin outreach and coordination
Increase referrals to the 7 diabetes prevention programs by 4,000 participants in the first year and increase by 10% each year: or 4,000, 4,400, 4,840, 5324, and	Diabetes	HCAM staff Diabetes Regional partnerships Older adults contacts BCHD Data manager/Epi Community members	1. Review outreach data (## outreached, enrolled) identify areas for improvement,	By July, onboard all groups By August convene coalition and learning plan By Sept. meet with develop initial training

5,856 respectively for a total of 24,420. The first year's total is based on the current enrollment rates of the diabetes prevention programs.			implement changes to improve	By Sept. begin outreach and coordination
Increase the capacity of CHWs to participate in diabetes education by building a diabetes education curriculum and spreading it to at least 4 CHW associations or groups, the people they serve.	Diabetes + Care Coordination	MDH CHW reps	1. Provide feedback to curriculum builders	By Sept. onboard consultant (who will build out training) By Dec. develop a review panel to give feedback on curriculum
Increase in the number of organizations implementing evidence-based community behavioral change by adding 8 MEND programs each year or 32 programs total, serving 96 children and family members annually or 384 total.	Diabetes +	BCPS Diabetes Partnerships	1. Discuss and input on the implementation plan for the childhood diabetes education program	By Sept. convene subgroup with focus on childhood obesity By Dec. develop a concept for the MEND program By Feb. 2024 develop an implementation plan for diabetes (where do we want to host, recruitment?)

- Sonya – Currently in the community, Where are these certified programs? stjones@mpcmedicaid.com ---> Nikcole to connect,
- Catherine Maybury – UM Center for Health Literacy/Horowitz Center, can review plain language training, willing to partner
- Elise – BCHD with consultant working on diabetes training, will keep workgroup in the loop
- Alexa – Mom and child classes combined (parent zumba and childrens education classes in Anne Arundel/PG County)
- Sadiya - can CHW curriculum be Baltimore/regional specific?
- Elise – proposal to have BCHD Aging division share input on curriculum
- Alexa – community/neighborhood specific classes most successful in past programs, researching the areas to make classes more specific, can share examples
- Rhonda B – template from Bethesda NEWtrition and Wellness Solutions for Older Adults, can share
- Stephanie AS – materials from Maryland Living Well Center, Meals on Wheels, can share materials

Next meeting – August 15, 11 am

- Looking for additional colleagues
- Feel free to reach out with questions, comments
- To the LHIC food partners – if interested in bi-directional referrals, incentives- can join Care Coordination meeting tomorrow at 0900am (Movable Feast, Stephanie A - possible shared interest)
- BCHD to review what we will measure in CDC grant