

## Minutes for the Second Meeting of the LHIC

October 29, 2021

### Welcome

- A. Dr. Kendra McDow, Chief Medical Officer of the Baltimore City Health Department began the meeting by welcoming participants (old and new) to the LHIC (Local Health Improvement Coalition).
  - a. [To facilitate a sense of community] Dr. McDow then asked participants to enter names and affiliations into the Microsoft Teams chat.
- B. Dr. McDow then gave a high-level overview of the meeting's agenda. After such, Dr. McDow made it a point to establish community meeting norms; Further establishing that the Baltimore City LHIC is a "welcoming space for all members," and that the Baltimore LHIC and its respective facilitators are "committed to uplifting and amplifying" the voices of all its participants in order to strategically address local public health priorities, via partnership and collaboration.
  - a. As such, Dr. McDow made it a point for participants to speak for one's self via "I" statements (unless speaking on behalf of an organization) and to raise their hands whenever the desire to speak arises.
- C. Upon establishing community guidelines, Dr. McDow moved into thanking participants for committing their time, resources and expertise to the LHIC meeting before moving into the presentation.
- D. At the previous LHIC meeting in August, the group defined the LHIC as a collective body of community experts with skills, resources and insights that the Baltimore City Health Department can lean onto to collectively address solvable public health challenges. The underlying ideological-driving force of the LHIC should [ideally] reflect the health department's mission, vision and core values – as made evident by the strategic plan.
  - a. In quickly reviewing the mission and vision of the health department, Dr. McDow makes it known that BCHD is working to eliminate health disparities and enhance the well-being of everyone in our community through education, coordination, advocacy and direct service delivery.
    - i. The vision of the health department is for Baltimore City to have equitable and just healthcare distribution, and to actively work towards a Baltimore where everyone has the opportunity to be healthy and thrive.
      - 1. This will be implemented by the health department's five core values; integrity, innovation, collaboration, empowerment and being data-driven (available on slide 6).

### Strategic Approach to Improving Health

- A. The Health Department has identified 5 strategic priority areas via the B'Well B'More plan.
- B. These priority areas reflect the strategic approach the health department is taking to improve health in Baltimore City. In order to foster meaningful change, we as a collective must change the way in which we work. These high-level priorities indicate how we are doing this as a Health Department.
  - a. Address Racism as a Public Health Issue
  - b. Implement a Health in all Policies Approach
  - c. Consider Health Across the Lifespan



- d. Strengthen Operational Capacity to Support Programmatic Success
  - e. Improve Outcomes and Inequities Across Key Health Issues
- C. The health department is committed to engaging and empowering the community around the B'Well, B'More strategic plan framework.
- D. Through the LHIC, we can operationalize aspects of the strategic plan and engage the entire public health system in improving the health and wellbeing of Baltimore City.
- E. Dr. McDow then thanks the audience, and gives LHIC director Elise Bowman the floor who will provide an overview the LHIC's purpose, structure and the aims of priority-setting.

## Charter Review

- A. Elise Bowman first iterates that she has the [awesome] job of reviewing the charter, and ensuring that each participant has an opportunity to provide any feedback should they have any.
- a. This meeting, says Bowman, serves as an annual review of the charter.
    - i. In the event that an LHIC participant had/ has substantive feedback, Bowman then instructs LHIC members to send such to Stephane Bertrand via email (whose contact information is in the meeting invite).
- B. Slide 9 explains Articles One through Three.
- a. A detail of particular note is that this slide explains in depth the mission and vision, as well as the primary responsibilities of the LHIC.
    - i. Bowman makes it a point to note that the primary responsibilities include engaging stakeholders, fostering collaboration, providing input and coordinating efforts.
  - b. The primary role of the LHIC is to act as a convening body for "this group" [stakeholders] so that we (as a collective) can identify the priorities (and needs) of the City, together.
- C. Bowman then opens the floor to questions and feedback on Articles One through Three. Hearing none, Bowman moves to Slide 10.
- D. Slide 10 outlines Articles Four and Five.
- a. The first point of note is that the LHIC will receive both State and some local grants as sources of funding.
  - b. Also on Slide 10 is a list of the types of organizations eligible to join the LHIC.
- E. Slide 11 continues to outline Article Five.
- a. Of particular note on this slide is a detailed outline of the parameters of membership.
    - i. The LHIC will take membership nominations annually.
      - 1. Each organization is allowed to have multiple members of the LHIC, but only one voting member.
    - ii. The LHIC will set priorities annually.
    - iii. A member may leave the LHIC at any time.
      - 1. Written notice must be sent to the LHIC Coordinator.
- F. Slide 12 outlines Article Six, or rather, further insight into voting standard operating procedures.
- a. [For something to pass] a simple majority is required.
  - b. All voting will be electronic (via email).
- G. Slide 13 outlines Article Seven of the LHIC Charter (organizational structure and an overview of the roles of the LHIC Coordinator, LHIC Officers and LHIC Directors).
- a. The chairs of the LHIC are Dr. Letitia Dzirasa, Commissioner of Health and an appointee to be made by her.
  - b. The directors of the LHIC are Elise Bowman and Dr. Kendra McDow, as appointed by the Commissioner of Health.
- H. Slide 14 continues to outline Article Seven which is an overview of the Steering Committee and Working groups.
- a. Of note there is a two-term limit for members of the Steering Committee.
    - i. For the Steering Committee, we're seeking representatives from youth groups and disabilities groups.
    - ii. We look to the Steering Committee to vote on priorities, act as subject matter experts, and to ensure that we advance health equity.

## LHIC Meeting #2

- b. The Working Groups will be making recommendations to the Steering Committee, and lead the work that gets done.
  - i. There are no term limits for Working group leads.
- c. A question was then posed in the Microsoft Teams chat. One member [is] curious as to why there is not a dedicated aging adult on the Steering Committee.
  - i. To which Bowman acknowledges as a valid point, and that having an aging adult member on the Steering Committee could serve as a potential revision to the charter.
- d. Bowman's next point during the Charter review section was that the LHIC is to meet a minimum of four times a year (quarterly).
  - i. Given the nature of the kickoff, highlights Bowman, there is a high likelihood that this group will meet more frequently than that, but nonetheless the minimum as outlined by the Charter is meeting four times annually.
- I. Articles Eight and Nine (Slide 15) outline Workgroups and the standard operating procedure of amending/ repealing amendments.
  - i. The only Work group currently is the Diabetes Working Group.
- J. "Barring any feedback," says Bowman, "everyone has until Monday (November 1<sup>st</sup>, 2021) at 5pm to send any [additional] feedback on the LHIC Charter.

## LHIC Priorities

- A. The first meeting of the LHIC had a robust conversation around potential priorities, says Dr. McDow.
  - a. Consistent themes that arose during the discussion were incorporated into the final list of priorities that [ the LHIC] will be voting on [during this meeting].
- B. The priorities being proposed, include:
  - a. The Social Determinants of Health
  - b. City- Wide Care Coordination (BCHD strategic priority)
  - c. Substance Use
  - d. Violence Prevention
  - e. Diabetes (LHIC requirement)
- C. Slides 19 through 29 was a high-level data review of health metrics in relation to the social determinants of health to better inform voting.
- D. The floor was opened to questions and then the LHIC directors moved into encouraging participants to fill out nomination forms.

## Voting, Nominations, and Next Steps

- A. The next LHIC meeting will be in January.
- B. Final rosters indicating working groups and steering committees will be shared at a later date.
  - a. Final priorities based on the results of the poll is also to be shared out.
- C. The finalized charter will be sent out.
- D. Elise and Dr. McDow then expressed their profound gratitude and deep appreciation to those on the call to conclude the meeting.