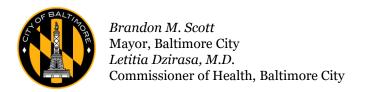


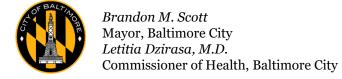
## Local Health Improvement Coalition (LHIC) Meeting

May 20th, 2022



## Agenda

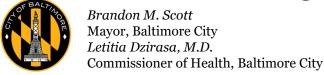
Topic	Time
Meeting Norms & Chat introduction	5
Welcome from Dr. Dzirasa + Dr. Jones	10
Meeting Recap + Goals & Purpose Refresh	15
Voices from our Coalition: Dr. Bronner <i>Change Takes Time</i>	15
Updates from our Priority areas Diabetes, Care Coordination, Social Determinants	30
Asks for the Coalition New Members, Steering Committee reviews	10
Next Steps	5





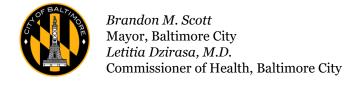
## **Meeting Norms**

- When you join, please chat-in or say your name
- State 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 hand to speak and use camera when possible
- Closed Captioning/Live Transcription is available by clicking Closed Caption or Live Transcript
- Meeting notes will be sent in "text only" format at the end of each meeting





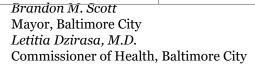
## Welcome!





### **LHIC Representation**

BALTIMORE CITY HEALTH DEPARTMENT	FAMILY HEALTH CENTERS OF BALTIMORE	AMERICAN HEART ASSOCIATION	MAYOR'S OFFICE OF HOMELESS SERVICES
UNIVERSITY OF MARYLAND & UMMC	MORGAN STATE UNIVERSITY	MEALS ON WHEELS OF CENTRAL MARYLAND	MAYOR'S OFFICE OF CHILDREN AND FAMILY SUCCESS
HEALTHCARE FOR THE HOMELESS	JHPIEGO	LIBERTY GRACE CHURCH OF GOD	MAYOR'S OFFICE OF IMMIGRANT AFFAIRS
KENNEDY KRIEGER INSTITUTE	LIFEBRIDGE HEALTH	BALTIMORE MEDICAL SYSTEMS INC.	COPPIN STATE UNIVERSITY
JOHNS HOPKINS HOSPITAL & UNIVERSITY	BALTIMORE CITY PUBLIC SCHOOLS	MEDSTAR HEALTH	PEOPLE ENCOURAGING PEOPLE
HEALTHCARE ACCESS MARYLAND	FAMILY LEAGUE OF BALTIMORE	MERCY MEDICAL CENTER	THE BIT CENTER
BALTIMORE CITY POLICE DEPARTMENT.	PARK WEST HEALTH SYSTEM INC.	MINISTERS CONFERENCE	SISTERS TOGETHER AND REACHING
BEHAVIORAL HEALTH SYSTEMS BALTIMORE	CRISP	ASCENSION/ST. AGNES	JAI MEDICAL CENTER
TOTAL HEALTH CARE	IMAGE CENTER OF MARYLAND	FUTURECARE	DEPARTMENT OF PLANNING





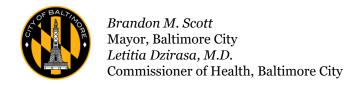
## **Meeting + Activities Recap**

### LHIC Meeting 3

- February 25, 2022
- Introduction of Dr. Vanya Jones + Celeste Davis
- Overview of Project Charter Templates
- Review of the Diabetes Strategy

### Key Activities

- Priority Area working committee kickoff
- Recruitment, welcome new members!
- Initiate process to build new LHIC website

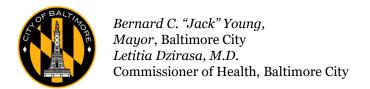






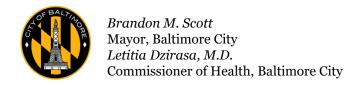
## **Goals and Purpose of LHIC**

Refresh



## **Background + Overview**

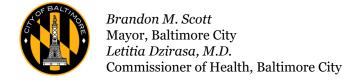
- > Created in 2011 with the Maryland State Health Improvement Process (SHIP).
- Aimed at improving population health outcomes across all Maryland jurisdictions.
- ➤ Local Health Improvement Coalitions (LHICs) are groups of multisector community stakeholders.
- ➤ Each LHIC sets public health priorities for their respective communities.
- ➤ LHICs address these health priorities through programs, policies, data, coordinated efforts, and infrastructure.





## **Baltimore City LHIC Activities**

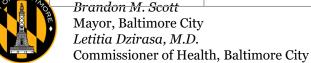
- Identify Health Priorities for Baltimore City: Diabetes, Care Coordination, and Social Determinants of Health
- Share our efforts with broader community through data and meeting information on our public-facing website
- Support community health needs assessments
- Maintain a multisector coalition, including a steering and working committee





## **LHIC Roles**

Role	Description	Candidates
Workgroup	<ul> <li>Recommends: priorities and strategies</li> <li>Leads the execution of the work.</li> <li>Elevates existing work to be expanded/ needs additional resource</li> </ul>	<ul> <li>Program Directors</li> <li>Initiative Leaders</li> <li>Community Members</li> </ul>
Steering Committee	<ul> <li>Champions of LHIC</li> <li>Seeks funding to sustain the LHIC</li> <li>Checks for health equity and cultural competence of strategies and priorities</li> </ul>	<ul> <li>VPs, decision-makers</li> <li>2-4 community members</li> <li>1 youth, older adults, and disabilities represent ative</li> </ul>



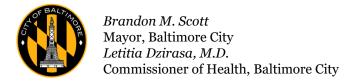


### Dr. Yvonne Bronner



Dr. Bronner earned a B.S. from the University of Akron, M.S.P.H. from Case Western Reserve University, and Sc.D. from Johns Hopkins School of Hygiene and Public Health in Maternal and Child Health.

**Mission statement** – As a teacher, I wish to facilitate optimal learning in future leaders who will seek and use truth and critical thinking skills to solve health problems that are rooted in biased historical policies and practices causing inequities in the social determinants of health (education, housing, employment, etc.) – the ultimate causes of many health disparities.





Social Change Takes Time



#### **Outline**

- Challenges
- Equity
- Systems
- Change
- Unity

Yvonne Bronner, ScD - Professor
Morgan State University

#### Social Change Takes Time



LHIC- has a great opportunity to Advance SDOH

We're on a journey and we know where we're going

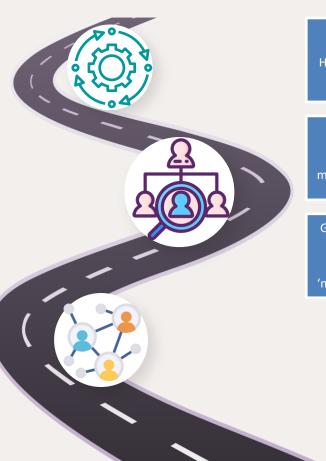
Healthy People 2030 VISION

A society in which ALL people can achieve their full potential for health and well-being across the lifespan

#### What will this require?

- •Taking time to get to know our communities
- Community engagement
- •Time to build relationships

#### Social Change Takes Time



Story – Homeboys Industries (HB) founded in 1988 by Jesuit priest – Father Greg Bogle – good heart BUT not a good businessman Father never lost a minutes sleep over finances – when times were bleak

Father prayed and somehow – money usually flowed

But in 2012 – things were really bad

Revenue \$10.8 million BUT Expenses \$15 million In 2008

Tom Vozzo –

executive VP Aramark

Great recession hit –
his challenge – on
Christmas Eve
'maintain profitability'

= many layoffs

2011 – after getting though the recession – Vozzo knew that it was time to leave New job –
CEO
Homeboy Industries

HB - where most people coming through the doors are DOWN ON THEIR LUCK

#### Social Change Takes Time

Even though Mr Vozzo knew a lot about 'WHAT TO DO"

He didn't not much about HOW TO DO IT

Father Bogle told him to

"slow down and get involved and be part of the community" (get to know and care about your clients)

Every day they by begin with 10 minutes of sharing and inspiration

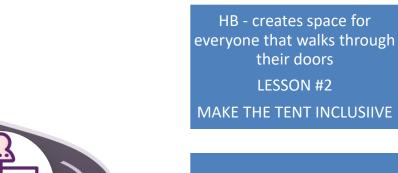
"People don't care how much you know until they know how much you care"

#### LESSON #1

Take time to get to know people and communities before your start changing things



#### Social Change Takes Time



"We're about helping people heal from their trauma so they become resilient enough to move back into society strong"

**Quotes from Father Bogle** 

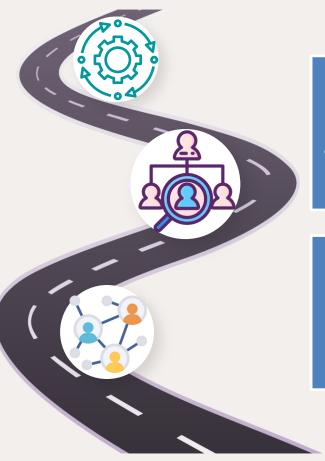
"We don't hire homies to bake bread,

We bake bread to hire homies"

"Nothing stops a bullet like a job" "Jobs not jail" Current staff are often former gang members, court-mandated trainees, etc.



Social Change Takes Time



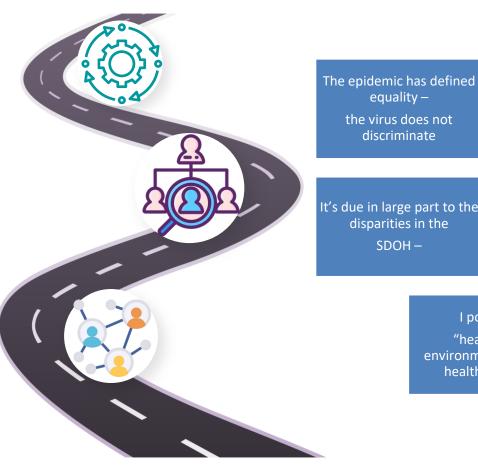
HB will celebrate 35<sup>th</sup> anniversary next year

From 2012 – 2019 HB revenues rose by 70% including \$20 million from MacKenzie Scott

Mr. Vozzo used his skills to solve the problem

Lesson #3
We need to have 21st
century problem
solving skills

#### Social Change Takes Time



equality – the virus does not

It's due in large part to the disparities in the

THEN

Where ALL people are born, live, are educated, work, and play

Why do we have disparities in COVID morbidity and mortality???

The built environment –

I posit that "healthy built environments produce healthy people"

And you say "our domain is healthcare/services not schools, employment, parks, grocery stores, etc.

Social Change Takes Time



The HB story causes us to reorient our thinking:

"There's two Americas:

The America that you and I live in,

and

the America that the poor live in, and the challenges are mighty"

Mr. Vozzo says:

"For our society, where the poverty rate has been the same for 45 years,

we need to do something different."

## LHIC 2022 PARTNERSHIP MEETING SERIES Social Change Takes Time



You might ask – ??

What's the real problem?

Why do we keep spiraling down -

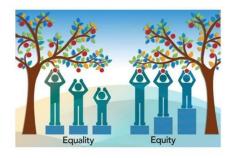
**CAN'T WE STOP DIGGING???** 

### Why do we need so much emphasis on ....???



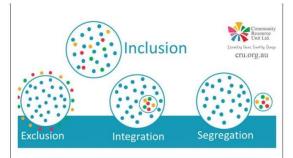
#### **DIVERSITY**

diversity is less about what makes people different—their race, socioeconomic status, and so on—and more about understanding, accepting and valuing those differences



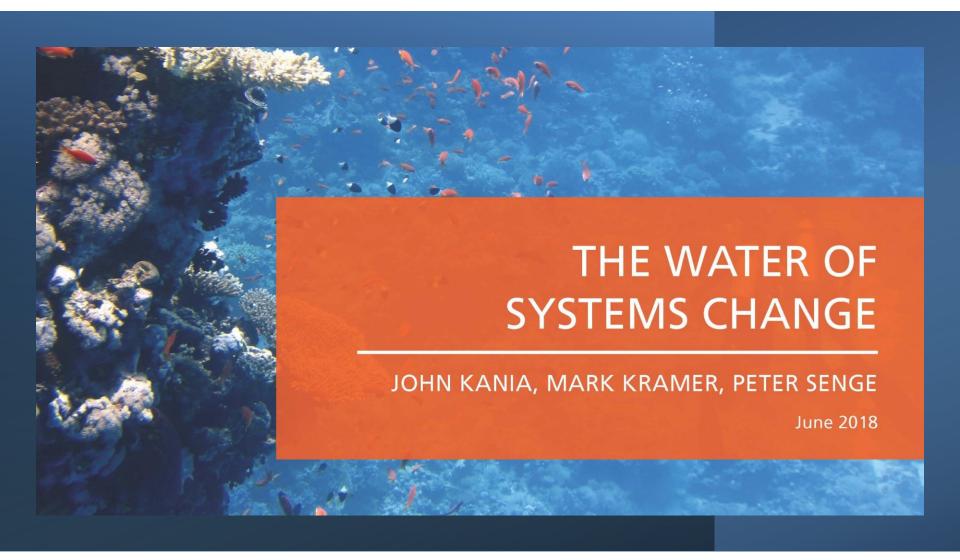
#### **EQUITY**

equity is about creating fair access, opportunity, and advancement for all those different people. It's about creating a fair playing field, to use a familiar metaphor



#### **INCLUSION**

inclusion is the extent to which various team members, employees, and other people feel a sense of belonging and value within a given organizational setting



Social Change Takes Time



The first step in seeing the water is to illuminate the systemic forces at play

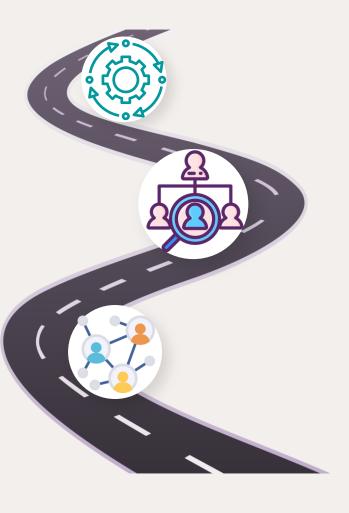
- Policies
- Practices
- Resource flows
- Relationships & connections
- Power dynamics

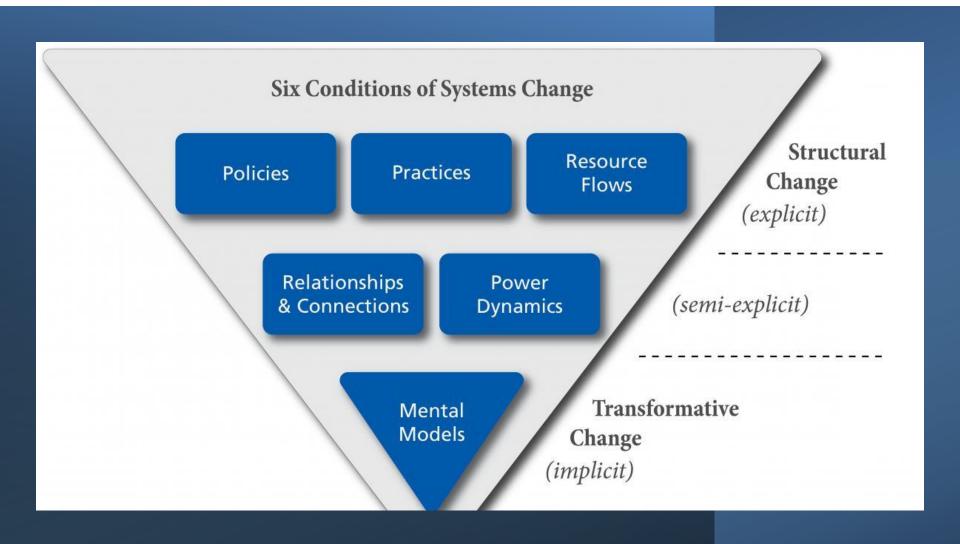
#### Mental models -

Habits of thought – deeply held beliefs and assumptions and taken-for-granted ways of operating that influence how we think, what we do and how we talk.

#### I add --- what we talk about ---

"How can programs shift power to communities and share ownership of equity work with them?"





#### Social Change Takes Time



Mental models and social narratives are interdependent

Mental models and social narratives work in a bi-directional way.

Narratives are shaped by mental models,

But

narratives also, overtime, shape the mental models we have."

**Movements** shift mental models

<u>Movements</u> like "mothers against drunk driving" have shifted the mental model by making a somewhat tolerated problem - unacceptable

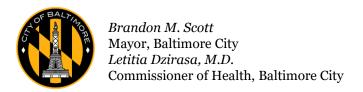
Together we can make the needed impact
 -- all working together





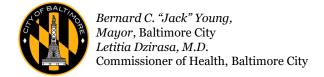
## **Priority Area Updates**

Diabetes, Care Coordination, SDOH



## **Diabetes**

Johns Hopkins/UMMC & LifeBridge Health/St. Agnes









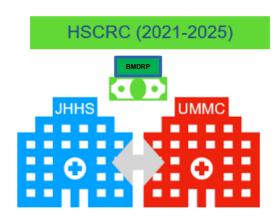
# LHIC Update Baltimore Metropolitan Diabetes Regional Partnership (BMDRP)

Working Group Report out
May 20th, 2022



#### Summary of Project / Scope:





Infrastructure-building for delivery of two (2) programs:

**National Diabetes Prevention Program (CDC)** 

**Diabetes Self-Management Training (ADA)** 



Wrap-around services





**Impact/ Purpose:** Why is this project important? What impact will this work have?

Provide infrastructure for diabetes prevention with the **Diabetes Prevention Program (DPP)** framework

- Underdiagnosed pre-diabetes condition provider and patient education
- Increased health care cost over time
- O Evidence based, standard of care management
- Address social determinants of health barrier

Provide an expanded infrastructure for Diabetes Self Management Training (DSMT) clinical service as a standard of care for diabetes management

- O Nationally, less than 5% of people with diabetes attend DSMT
- Lack of awareness amongst clinician
- Lack of CDCES for DSMT
- Lack of infrastructure support to expand in outpatient setting
- Impact: creating access to care, provide customized education on diabetes management, an extension to PCPs and specialists, address social determinants of health barrier

**Project Timeline:** When you expect to start and stop this phase of your work?

Funded by the HSCRC: 2021-2025; self sustain financial model thereafter

**Team:** University of Maryland Medical Center Downtown and Midtown campus, Johns Hopkins Hospital, JH Bayview Medical Center, Suburban Hospital and Howard County General Hospital, Johns Hopkins University and Johns Hopkins Health System

Next big Deliverable or Milestone: on the scale of 3 months, what is next big thing you are working to accomplish?

- O Expanded community facing marketing campaign to extend engagement
- Work with delegates and officials to implement solid workflows for promotion, engagement and referrals.



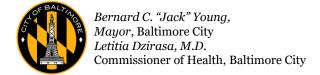


### Status Update

- 1. What work has been done since last LHIC meeting?
  - Marketing and promotional collaterals, institutional provider engagement and patient / community outreach
- 2. What Successes and Challenges have you had since last LHIC meeting?
  - O Institutional engagement efforts have proven to be succesful
  - On-going conversations to allign with community based networks, health department and other affiliates
- 3. What are your Next steps or next big deadline?
  - On-going conversations on outward facing campaign
- 4. What do you need from the other LHIC members?
  - Health department influencers to help prioritize goals and structure, continue engagement with members to align shared goals.

## **Care Coordination**

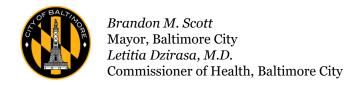
Steven McGaffigan





## **Project Summary Care Coordination**

- Impact/ Purpose: Care coordination is at the forefront of efforts to improve healthcare quality, access, efficiency and outcomes. It is a way to help individuals navigate what is often a disjointed and unclear healthcare environment.
- **Project Timeline:** The initial focus of the working group is to propose a vision of care coordination by September 30, 2022.
- Team: Steering Committee Lead: Betsy Simon; Working Group: Elizabeth Sebastio, Leah Veek, Tracey Murray, Steven McGaffigan
- Next big Deliverable or Milestone: To identify LHIC stakeholders to provide input regarding the components of care coordination

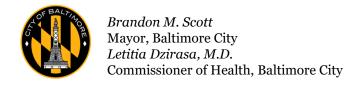




## **Status Update Care Coordination**

## What work has been done since last LHIC meeting?

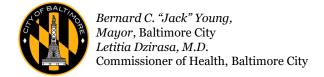
- Determined working group membership and launch meetings
- 2. What Successes and Challenges have you had since last LHIC meeting?
  - Reviewed charter and goals
- 3. What are your next steps or next big deadline?
  - Define care coordination components
- 4. What do you need from the other LHIC members?
  - Interested members





## **Social Determinants of Health**

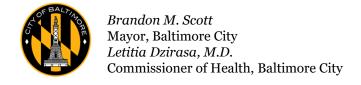
Teresa Leslie





#### Summary of Social Determinants of Health Project

- Impact/ Purpose: We intend to focus this project on a system's level issue, that crosscuts diabetes and care coordination
- Project Timeline: TBD- in progress
- Team: Teresa Leslie, Yvonne Bronner, La Tasha Barnwell, Rebecca Altman, Krismir Thomas, Marcee White, Ishaan Pathak
- Next big Deliverable or Milestone:
   Finalize our focus area and project charter





# Status Update Social Determinants

# 1. What work has been done since last LHIC meeting?

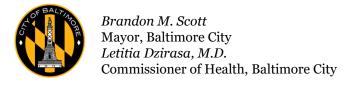
Our group met to discuss potential focus areas. We discussed existing work, the need to move beyond the 'program level' and recruitment of community members

# 2. What Successes and Challenges have you had since last LHIC meeting?

oFocusing on a topic that is both feasible and addresses a root cause

# 3. What do you need from the other LHIC members?

•We <u>really</u> need team members who are residents or who are working directing with community or leading community organizations.





# **Topics Discussed**

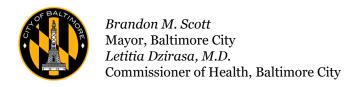
The Environment (Outdoor/environmental health/hygiene, tree canopy, water table, climate justice, Baltimore Green Spaces)

Education (conventional, trade, certificates, literacy levels, school absenteeism

Crime Policy (Addressing city violence and youth)

Food Insecurity & Nutrition (affordability, urban farms etc)

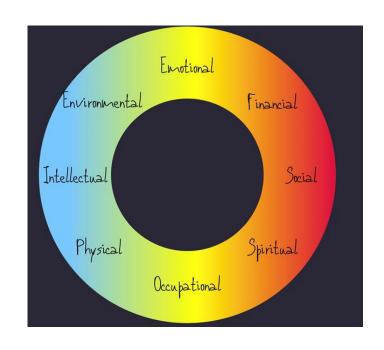
Transportation (inclusion & accessibility)





## Holistic Approach

- Public Health currently being addressed under clinical model, non-clinical measures should be explored
- Healthcare tends to measure in the short-term outcomes, should be looking into long-term
- Explore realms other than public health (ie. jobs, transportation, food, lifespan)





# Partner with Organizations Already doing the Work

- Farm Alliance (urban farm, food sustainability)
- BTEC (transportation),
- MOED (employment),
- Bon Secours, MD
- New Directions (job training/placement)
- Empower
- Civic Works
- Healthcare Connection



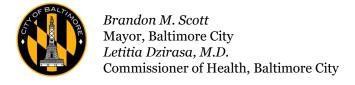




# Communities Should be included in the Process

- Bottom up
- Co-creation
- Human centered design

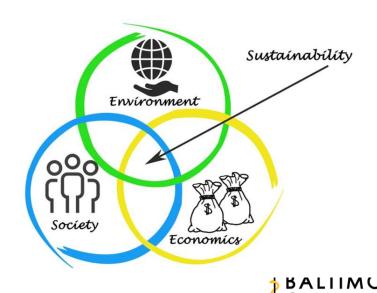


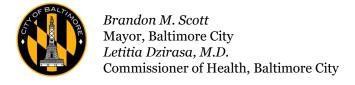




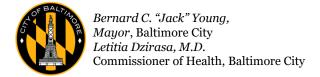
### Sustainable Health Communities

 LONG TERM GOAL- Allowing people to become independent without needing program assistance/maintenance





#### **Asks for the Coalition**

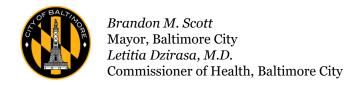




#### Recruitment

# Increase community member representation:

- Recruit through health system Patient Advisory Committees.
- 2. Ask a community member to join
  - We are in the process of securing funding for incentives
  - Older Adults, People with Disabilities, Young People





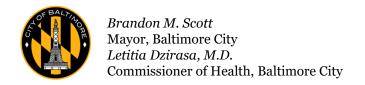
# **Recruitment - Share Your Skills and Talents!**

#### Workgroups need participants

- Secretary/scheduler for Care Coordination
- 2. Secretary/scheduler for SDoH
- 3. Workgroup members for all groups

Each LHIC representative should participate in 1 workgroup or steering committee

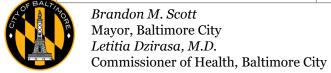
If you have questions reach out to: <a href="mailto:stephane.bertrand2@baltimorecity.gov">stephane.bertrand2@baltimorecity.gov</a>





# **Workgroup Leads**

Workgroup	Leads
Care Coordination	Elizabeth Sebastiao, Steven McGaffigan
Social Determinants	Yvonne Bronner, Teresa Leslie
Diabetes	Alice Siawlin Chan, Angela Ginn- Meadow, Christina Henyon, Pamela Xenakis

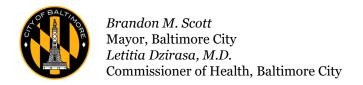




### **Steering Committee Review**

- Steering Committees meet with workgroups to:
  - Review/ discuss proposed work
  - Provide feedback on cultural competency, feasibility, risks and opportunities

Stephane will coordinate these meetings, please be on the lookout for his emails in June and July.





# **Current Steering Committee**

Name	Organization
HAROLYN BELCHER	KENNEDY KRIEGER INSTITUTE
MARC RABNER	CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS (CRISP)
YOLANDA OGBOLU	UMD - SCHOOL OF NURSING
STEPHANIE ARCHER-SMITH	MEALS ON WHEELS OF CENTRAL MARYLAND
MARIK MOEN	UMD - SCHOOL OF NURSING
DEBORAH GRAVES	LIFEBRIDGE HEALTH
RHONDA FORD CHATMON	AMERICAN HEART ASSOCIATION
STACY SMITH	MINISTERS' CONFERENCE EMPOWERMENT CENTER CDC
MARTIN GARCIA-BUNUEL	UMD - VETERANS AFFAIRS MARYLAND HEALTH CARE SYSTEM





### **Next Steps**

- Steering Committee: Meet with working groups to review charters
- Workgroups: Establish a standing meeting (2x monthly)
- 3. Follow-up with Advisory Committee & Colleagues
- 4. Next FULL team meeting September

