LHIC Healthy Aging Work Group Meeting August 22, 2016 - 2:45-4:15 p.m. Howard County Health Department, Barton B

Members Present:

Andrew Monjan, Transition Howard County
Jo McLaughlin, Transition Howard County
Charles Smith, Dept. of Comm. Res. and Services
Sharonlee Vogel, Commission on Aging
Jillian Anderson, HCGH/CCT
Karen Basinger, UM Extension
Paul Verchinski, HC Citizens Association
Renee Bitner, HCHD
Tracy Novak, HCGH
Courtney Barkley, HC Office on Aging and Ind.

Kendrell Taylor, HCHD
Jennifer Asher, COA
Bruce Falton, Neighbor Ride
Max Pettis, Alfa Pharmacy
Patricia Dugan, Columbia Assoc.
Jill Kamenetz, OOAI
Sheila Palmiotto, HCHD
Manuel Evangelista, AAA PT
Elizabeth Menachery, HCHD

Staff Present:

Rhonda Jenkins, Program Coordinator, Local Health Improvement Coalition, HCHD Kelly Kesler, LHIC Program Director, Local Health Improvement Coalition, HCHD Amy Skaggs, LHIC Program Administrator, Local Health Improvement Coalition, HCHD

Introductions: Courtney Barkley called the meeting to order at 2:50. Kelly Kesler, LHIC Program Director introduced herself followed by introductions of members in attendance.

Overview of Howard County Regional Partnership:

Representatives, Tracy Novak and Kate Talbert, gave a brief overview of the Howard County Regional Partnership. The partnership aims to: Improve the health of the population, enhance the patient experience of care and reduce the per capita cost of care. The partnership will improve care and health while also reducing avoidable utilization. A full presentation will be given at the full LHIC meeting in September.

The LHIC group was asked to vote on a new name for the regional partnership that should reflect the overall mission, a focus on Howard County residents, be distinct from LHIC, and reflect a specific set of programs/interventions/activities and working together.

The selections of choices for the names were:

- Howard County Health Collaborative (HCHC)
- Howard Health Partnership (HHP)
- Howard Community Health Partnership (HCHP)

The new name will be announced at the full LHIC meeting on September 22.

Approval of minutes: A motion for approval of the minutes with corrections was made by Sharonlee Vogel and second by Andrew Monjan.

Minutes were amended as follows:

Amended wording: (bottom of page one) The Howard County master plan was referenced as the resource that was used. See report: Planning for the Growth of the Older Adult Population in Howard County: Creating an age friendly community (2015).

Paul Verchinski asked that the agenda be approved with additions regarding the direction of the workgroup. Kelly Kesler gave an overview of changes to the LHIC and indicated that the newly transitioned LHIC team was in the process of updating all LHIC procedural guidance and preparing updates to the LHIC bylaws to be voted upon by the full LHIC.

Charles Smith stated a concern that work group meetings are not long enough to fully contribute ideas. Kelly Kesler indicated that the LHIC team is investigating ways to better facilitate communication among the group in between meetings in order to move forward initiatives or tasks of the Healthy Aging Work Group. Further discussion in the meeting also suggested that task groups should be formed to further facilitate the process of on-going communication and progress.

Discussion of LHIC Healthy Aging Workgroup Priorities survey results:

Charles Smith gave an overview of the survey results. Raw data from the 14 complete respondents to the survey were tabulated in the following manner: responses were provided using a Likert scale and averaged across all respondents for each question. Results were then sorted to determine the ten initiatives that ranked highest and were similarly re-sorted for each of the other four domains (e.g., benefit, impact, feasibility, implementation in 12 months, and overall ranking) and initiatives that scored in the lower half for each of any of the other domains was flagged and noted in the summary document that was distributed.

Discussion indicated that additional questions regarding the survey existed including:

- Need consistency of operational definitions used in survey as members may respond differently regarding priority based on the differences in operational definitions used. For example, Jo McLaughlin asked what Howard County "Case Management" was: A compliance document with boxes for staff to check or a comprehensive knowledge management system where all data was interfaced in a relational database and shared by agencies, care providers, et al.
- Are there services already doing the things mentioned on the survey?
- Consideration of prioritization based on SHIP measures should be made; keeping in mind how outcomes will be measured.
- Action items should be determined in order to move forward.

Members indicated they would like a mechanism in which members could provide information regarding the priorities that were identified based on the survey to further determine the areas that should be focused on by the work group. A template will be created and shared with members so that information regarding their organizational operational definitions, resources/activities and suggestions can be collated and summarized for the work group prior to the next meeting. Kelly Kesler asked members to respond to the questions based upon as it defined within their organization.

Courtney Barkley suggested the group begin to focus on the priorities identified within the survey. Members offered suggestions to focus on medication management. Kelly Kesler suggested that based on the discussion of priorities task groups could be formed to discuss ideas and suggested strategies for specific priorities.

Wrap up

Action items:

- Group members will complete a template developed by LHIC to allow for member communication of information regarding the priorities that were identified within the survey in order to further determine the areas that should be focused on by the work group.
- Rhonda Jenkins will compile responses and distribute to the group.
- Review of SHIP measures as related to the priories identified in the survey will be provided.

Next meeting: Workgroup meeting, Monday, September 19, 2:45-4:15 p.m. at HCHD Next full LHIC meeting, Thursday, September 22, 8:30-9:30 a.m. at HCHD