



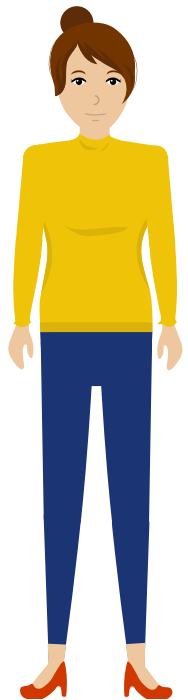
# MID SHORE

# HEALTH IMPROVEMENT COALITION

April 22, 2021

Nicole Morris, MS, RN, CWWPM  
Lead

# Welcome!



Amy Kreiner  
Angela Grove  
Arvin Singh  
Ashyrra Dotson  
Carol Masden  
Cheryl D. Bush  
Christina Schindler  
Clifford Coppersmith  
Colleen Young  
Cynthia Prudhomme  
Dane Coleman  
Denae Spiering  
Derek Simmons  
Dr. Bill Schindler  
Estela Vianey Ramirez  
Gary Gunther  
Heather V. Westerfield DNP  
Jake Frego  
Jodi Watkowski  
Joe Ciotola, MD

John Plaskon  
Karen Taylor  
Kate Stinton  
Kathleen McGrath  
Kathryn Dilley  
Kelley Ray  
Kirk Howie  
Lara Wilson  
Laura Patrick  
Leigh Ann Eagle  
Linda Friday  
Lovetta Coleman  
Lynne Duncan  
Maria Lagares Fellers  
Maria Maguire, MD  
Matt Evans  
Megan Wojtko, MD  
Myra Butler  
Nancy Bedell  
Norma Hitchens

Preston Peper  
Rachel Stoyanov  
Rebecca Rice  
Ren Boettger  
Robin Burton  
Roger Harrel  
Santo Grande  
Sara Smith  
Savannah Winston  
Shelley Stone  
Stacy Ewing  
Stephen Chandlee  
Sue Simmons  
Titilayo Ogunmakinwa  
Tracey Snyder  
Trish Kesecker  
Vandrick Hamlin  
Vicki Petro  
Wes Campbell  
William Huffner, MD  
William Webb

# AGENDA



## **LHIC Background**

A look back to 2012-2016



## **Mid Shore LHIC 2.0**

Funding, Structure, Mission, Vision, Values, Partners



## **Diabetes Data**

State, Regional Data, Diabetes Action Plan



## **Next Steps**

Workgroup meetings, continuing education, resources, meeting schedules

A person wearing a red and blue plaid shirt is gesturing with their right hand in a meeting. In the foreground, there is a laptop displaying a dashboard with various charts and a smartphone resting on a notebook. The background is slightly blurred, showing other people in a professional setting.

Mid Shore

LHIC

1.0

2012-2016

# MID SHORE LHIC PRIORITIES 2012-2016



ADOLESCENT  
OBESITY



PREVENTABLE  
DIABETES ED VISITS

19 churches reached  
489 adults screened  
11 walking groups started  
3 vegetable gardens created  
19 healthy food policies adopted  
11 produce drop sites established

# Body & Soul



**10** 'Lay Leaders' Trained

**14** workshops

**209** participants

**Stanford's  
Chronic Disease/Diabetes  
Self Management  
Programs**



**53** CHWs trained

CCHS, Eastern Shore Wellness  
Solutions, ChesMRC, private practice

# Community Health Workers







Mid Shore  
LHIC  
2.0

# Community Health Resources Commission Grants

In October 2020, the CHRC awarded 20 grants to support **one-year planning and capacity building efforts of Local Health Improvement Coalitions (LHIC)**. The grants were designed to support the state's implementation of the Maryland Diabetes Action Plan.



**MANAGEMENT TEAM**  
**Kent**  
Convener of coalition,  
executive committee.  
Provides leadership in  
fostering collaborative  
solutions and opportunities.  
Seeks funding.



**EXECUTIVE COMMITTEE**  
5 county Health Officers  
Provide high level and time sensitive decision making  
Guide overall direction and sustainability



**COALITION AT LARGE**  
Inform overall implementation process by participating in  
workgroups and sharing information  
Act as ambassadors and educators on coalition activities



**WORKGROUPS**  
Develop strategies for implementation  
Collaborate with existing initiatives to maximize impact



Healthcare

Schools

Communities

Businesses

## **Mission**

**Improve** the health of our Mid Shore residents  
and **achieve** equity in health status.

## **Vision**

**Create** the healthiest Mid Shore in one generation.

# COALITION VALUES

Adapted from American Public Health Association

## Community

We are a "home" for people who share a commitment to population health. We believe we have greater potential for impact when we create community to solve problems, share new ideas and explore different perspectives.

## Science-based

The best policies and practices are ones based on research, with evidence that demonstrates effectiveness. The best innovations come from testing new ideas and approaches.

## Health Equity

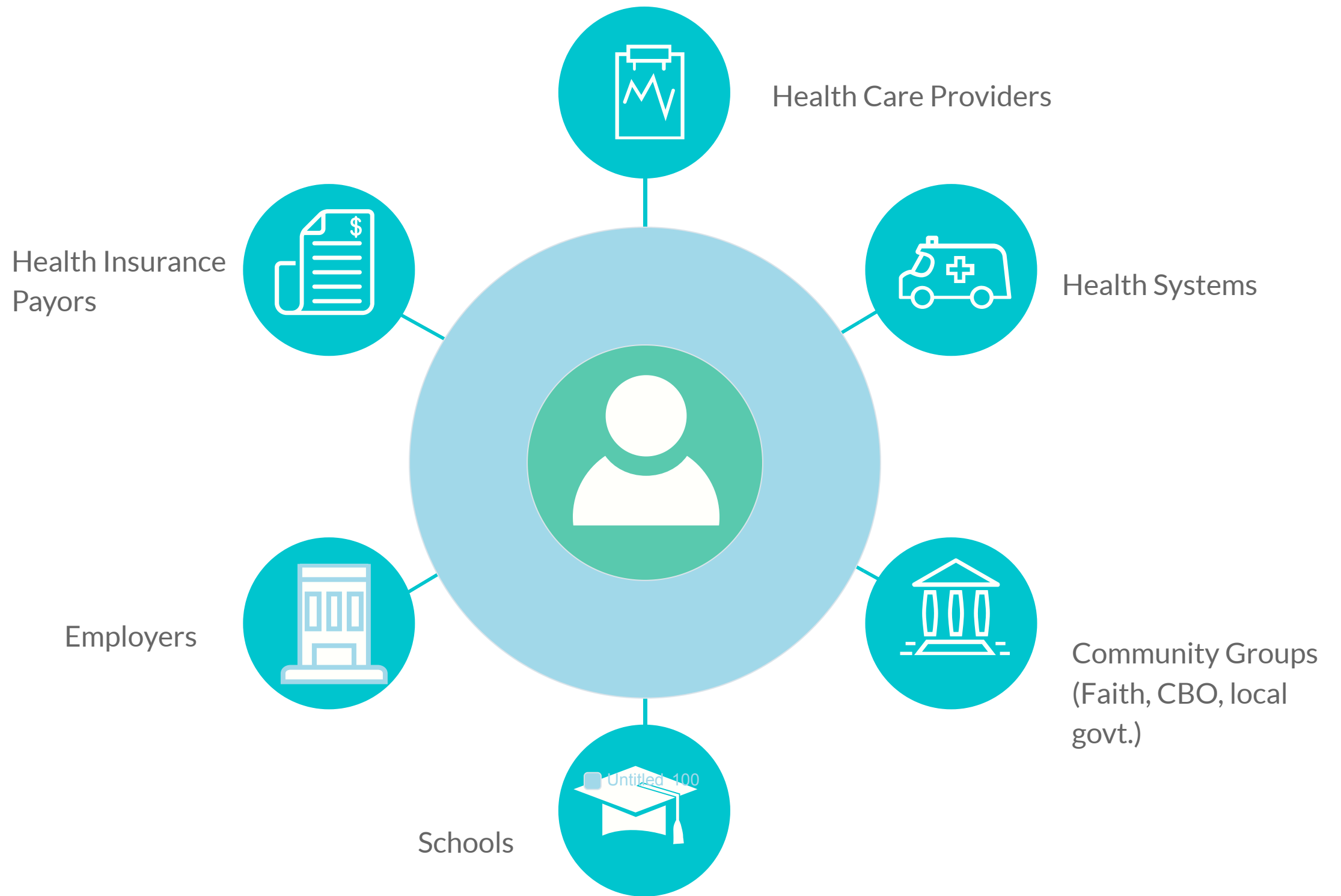
We believe in conditions that give everyone the opportunity to reach their best health. This requires valuing all individuals and populations equally. It means addressing inequities in the places where people are born, grow, live, work, learn and age.

## Prevention & Wellness

Preventing disease and injury, and ensuring an environment where the healthy choice is the easy choice are worthwhile investments that lead to an overall improved human condition.

## Real Progress

Our effort must result in forward movement in health impact. Sometimes that is a leap forward. Other times it's small steps. But always, it is real progress.



# Organizations

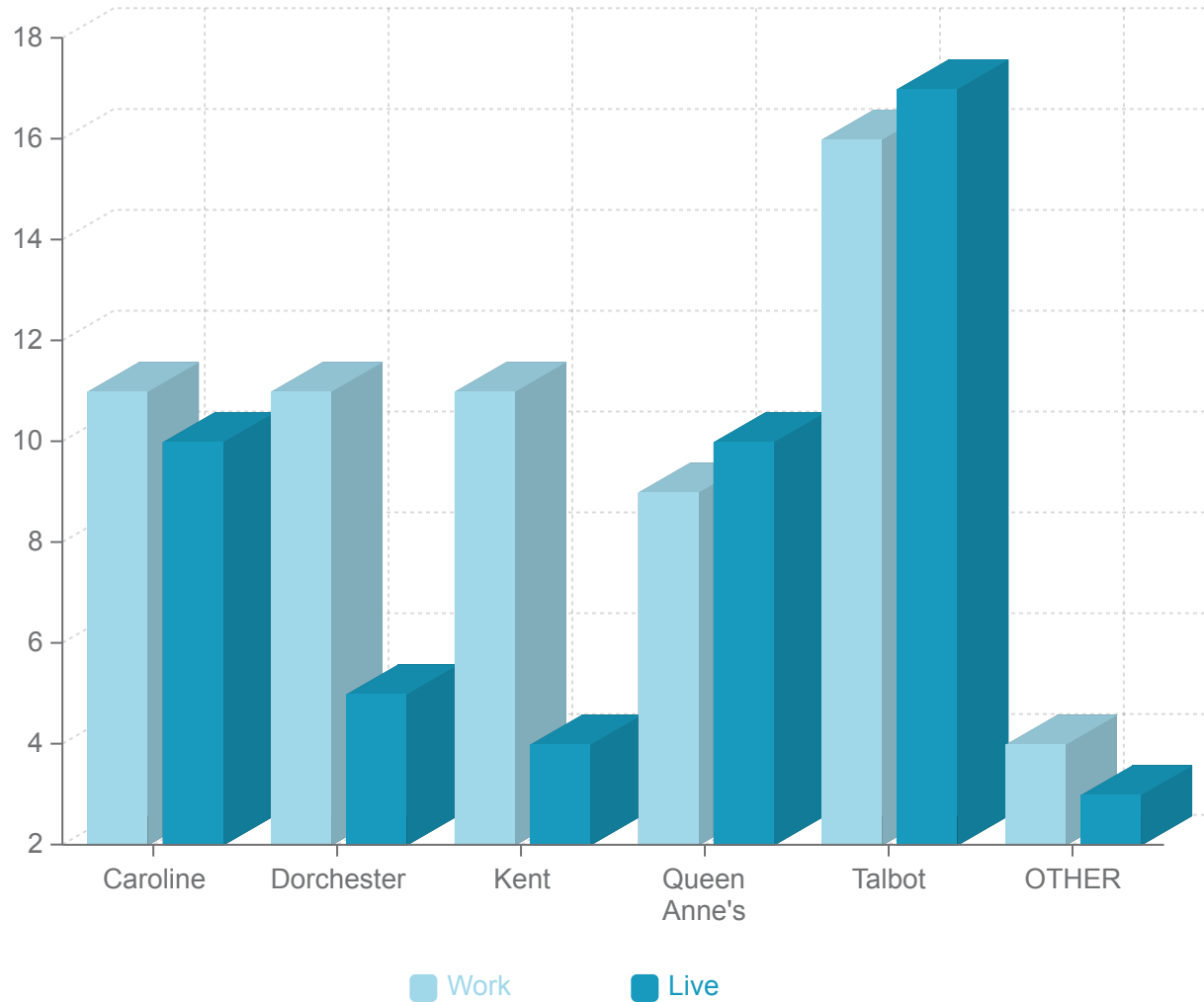
Alzheimer's Association and Care Patrol  
American Diabetes Association  
CareFirst BlueCross BlueShield  
Caroline County Chamber of Commerce  
Caroline County Dpt. of Social Services  
Caroline County Health Department  
Caroline County Public Schools  
Caroline County Recreation & Parks  
Chesapeake College  
Chesapeake Multicultural Resource Center  
Choptank Community Health System  
Crossroads Community Inc & Corsica River  
Delmarva Community Services, Inc.  
Dorchester Chamber of Commerce  
Dorchester County Health Department

Dorchester County Public Schools  
Eastern Shore AHEC  
Eastern Shore Food Lab at Washington College,  
Eat Like a Human  
Eastern Shore Wellness Solutions, Inc.  
Easton Utilities  
For All Seasons  
Greater New Hope Church & Ministries  
Kent Center Inc.  
Kent County Health Department  
Kent County Parks & Recreation  
Kent County Public Schools  
Lois A. Narr, D.O., LLC  
Maryland Coalition of Families  
Maryland Living Well Center of Excellence  
Maryland Physicians Care

Maryland Rural Health Association  
Mid Shore Behavioral Health, Inc.  
Modern Stone Age Family  
QAC Chamber of Commerce  
Queen Anne's County Health Department  
Queen Anne's County Parks and Recreation  
Queen Anne's County Public Schools  
Talbot County Parks and Recreation  
Talbot County Chamber of Commerce  
Talbot County Government  
Talbot County Health Department  
Talbot County Public Schools  
University of Maryland Extension  
University of Maryland Shore Regional Health  
Upper Shore Aging Inc.

**65%**  
WOMEN

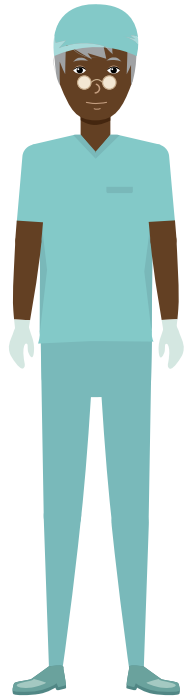
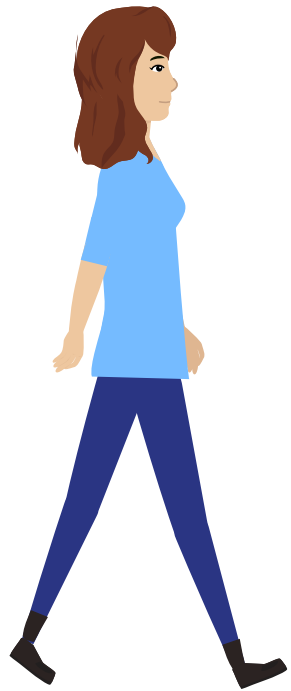
**35%**  
MEN



Schools 15   Community 33   Businesses 12   Healthcare 30



Expectations	Active Voting	Community Member
Attend at least 50% of general monthly meetings in the past twelve (12) months	✓	
Serve as the liaison to the member's organization, if applicable	✓	
Participate in the voting process for matters submitted to a vote, if eligible	✓	
Participate in determining the direction of the coalition	✓	
Serve on at least one (1) working committee of the coalition	✓	
Participate in community activities sponsored by the Coalition and, as time permits, those of member organizations	✓	✓
Track and report usable in-kind resources donated (personal time, supplies, etc.)	✓	✓
Foster education, training, knowledge, and community involvement among members	✓	✓
Further fellowship and relationships among members of the Coalition and community	✓	✓
Recruit new organizations and/or individuals for Coalition membership	✓	✓
Promote the Coalition's common interest	✓	✓



SECTION  
BREAK

MARYLAND

DIABETES

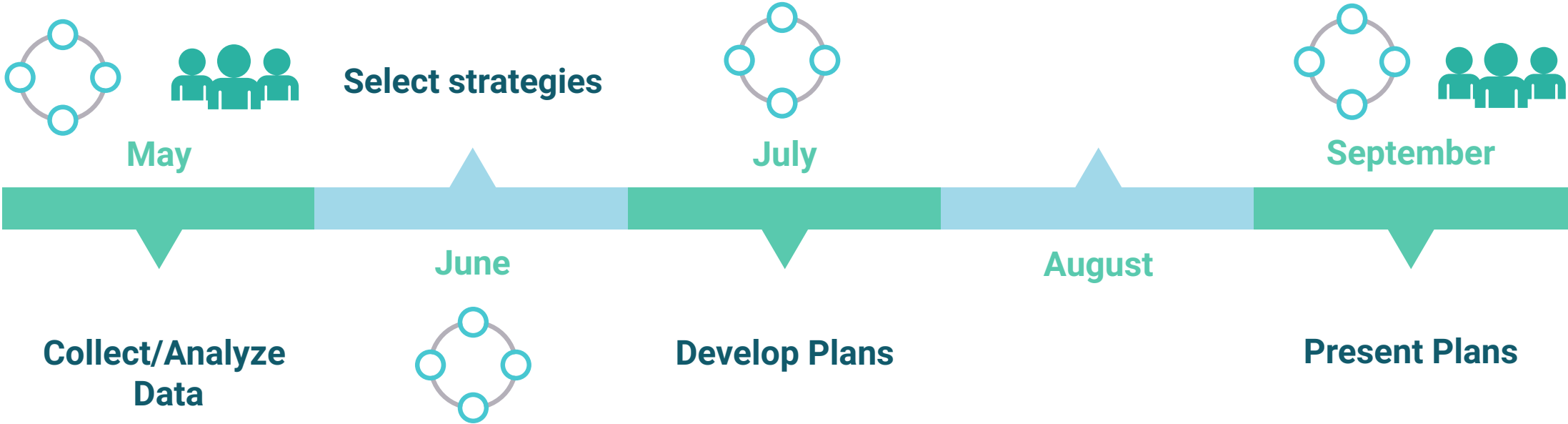
ACTION PLAN

“

Our vision is that an array of all Maryland partners, across multiple sectors, will identify opportunities, act in their area of influence in ways that align efforts, resources, and funds to reduce the burden of diabetes.

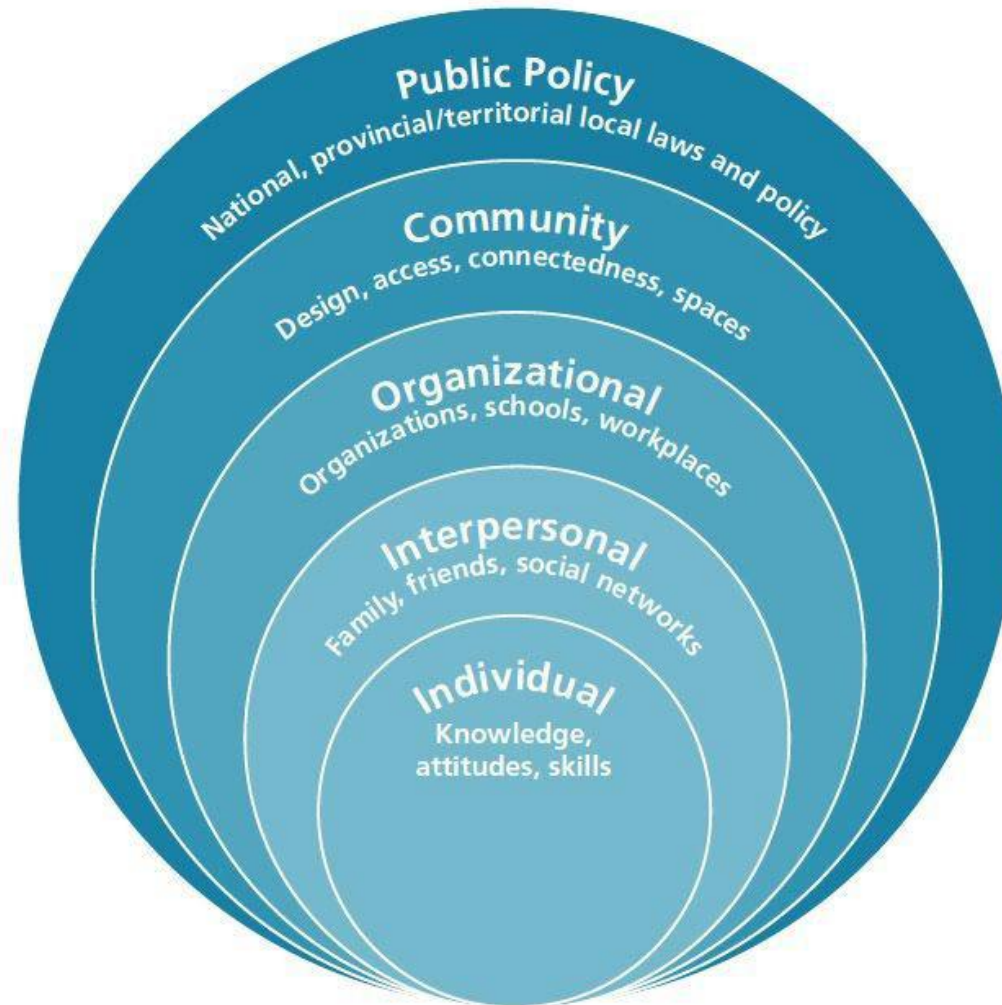
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# DIABETES ACTION PLAN TIMELINE



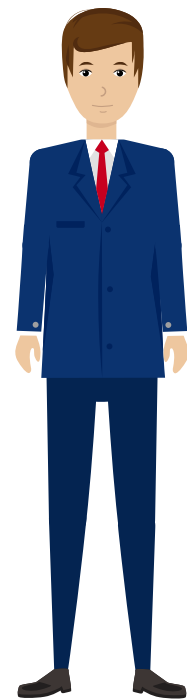
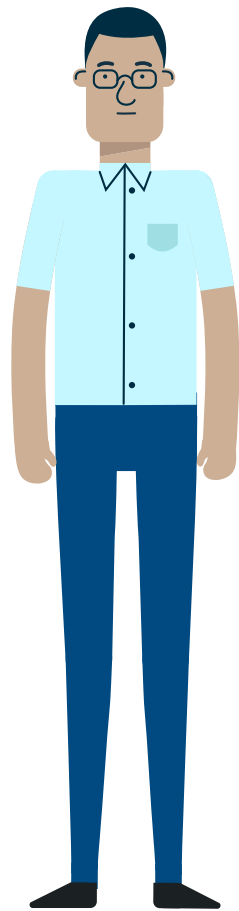
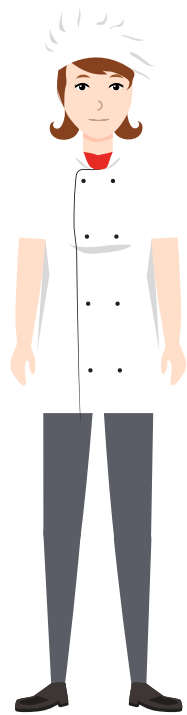
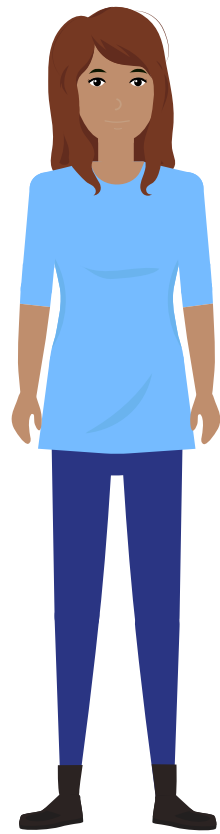
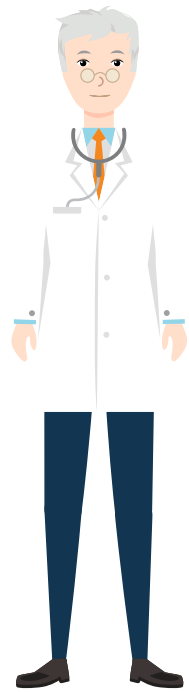
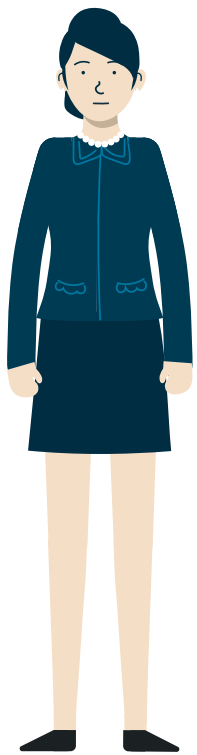
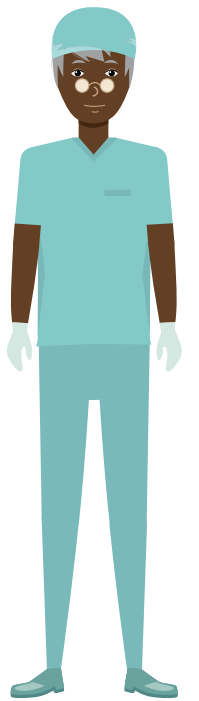
# Strategies

Programs, Policies, Environmental Supports



# Diabetes Systems Thinking Model





# COMMUNITY



Expand the number of physical activity and healthy eating offerings at parks and recreation centers, places of worship, community and civic centers, and senior centers.



Embrace shared use agreements to improve health and equity (i.e. churches opening their center for free exercise classes to the community).



Collaborate with health care providers and health systems to make linkages to home meal services for people with diabetes.



Address barriers to participation in lifestyle programs (i.e. transportation, childcare, healthy food, exercise programs).



Establish walking clubs in communities.



Promote policies that improve the built environment to link people to everyday destinations such as work, school, parks and green spaces.



# SCHOOLS



Support wellness policies and teams that improve healthy eating in institutions such as school cafeterias



Implement frameworks, such as Whole School, Whole Community, Whole Child to increase opportunities for healthy food and physical activity opportunities throughout the school day and after school.



Engage school-based centers to refer children at risk of diabetes to providers and community-based risk-reduction services.



Advance and support public policies to facilitate expansion of tele-health in schools to improve access to care and support school nurses to foster self-management of diabetes among students with diabetes.



Identify opportunities to utilize Medicaid and MCO data to identify and track children at risk for diabetes and/or with prediabetes served in school-based health clinic.



Promote the replacement of non-curricular screen time with increased physical activity alternatives.

# BUSINESSES



Implement policies that support physical activity and healthy eating in worksites.



Offer the National Diabetes Prevention Program as a covered benefit.



Establish community investment to support healthy lifestyles in communities.



Collaborate with farmers markets or CSAs at worksites.



Screen and test employees confidentially and refer as appropriate.



Establish supportive breastfeeding policies for worksites.

# HEALTHCARE



Establish referral mechanisms to refer obese children and adults to obesity specialists for treatment.



Utilize an e-referral application within CRISP to facilitate referrals to the BeHealthyMaryland.org referral page and National DPP Lifestyle Change Programs.



Establish nutrition counseling services via primary care and community-based providers and increase those billing for nutrition counseling.



Implement coordinated strategies to encourage women with a history of gestational diabetes to breastfeed.



Implement policies that support healthy eating in health system facilities (cafeterias, vending machines).



Establish universal Social Determinants of Health screening tools and promote providers use of z-codes in primary care and pediatrician practices for overweight/obese patients

## Workgroups

May, June, July, September

## All member meeting

May 27, September 23



# Diabetes WORKGROUPS

- Healthcare
- Schools
- Communities
- Businesses

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	✓			✓			✓		
					✓	✓	✓	✓	
		✓	✓	✓					
	✓			✓	✓	✓	✓		
			✓			✓			
	✓					✓	✓		
		✓							
		✓	✓		✓	✓	✓		
	✓	✓	✓	✓	✓		✓		

Make selections on the doodle poll by Monday, April 26th.



# Conferences

- Collective Impact Summit- April 27-29 \$
- Harvard Work Health and Wellbeing, May 3-6 \$
- Future of Nursing- Health Equity, May 11
- National Health Equity Summit, June 7-10
- ADA Conference on Diabetes, June 10-13 \$
- Summit on Social Determinants, June 14-15 \$
- APHA Annual Conference, Oct. 24-27 \$

# Self-paced training

- Alliance for a Healthier Generation (Schools)
- WELCOA (Businesses). \$
- Collective Impact Webinars
- Resource Library for MD LHICs
- UMD Horowitz Center Health Literacy Webinars

# THANK YOU

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[midshorehealth.org](http://midshorehealth.org)

