

Wellness & Prevention Workgroup update

Donald Shell, MD, MA
Director, Cancer and Chronic Disease Bureau

Maryland Department of Health & Mental Hygiene
Prevention and Health Promotion Administration

Maryland Health Quality and Cost Council

September 19, 2014



Wellness and Prevention Workgroup

- Mission: To help create meaningful change in health status by identifying actionable wellness and prevention strategies from the coordinated chronic disease plan.

SHIP Measures:

- Increase access to healthy foods (Objective 18);
- Reduce deaths from heart disease (Objective 25);
- Reduce diabetes-related emergency department visits (Objective 27);
- Reduce hypertension-related emergency department visits (Objective 28);
- Increase the proportion of adults who are at a healthy weight (Objective 30);
- Reduce the proportion of children and adolescents who are considered obese (Objective 31);
- Reduce the proportion of adults who are current smokers (Objective 32);
- Reduce the proportion of youths who use any kind of tobacco product (Objective 33);
- Reduce the proportion of hospitalizations related to Alzheimer's disease and other dementias (Objective 35);
- Increase the proportion of adolescents who have an annual wellness checkup (Objective 37); and
- Increase the proportion of children and adolescents who receive dental care (Objective 38).

Wellness and Prevention Workgroup

Focus: Align diabetes, obesity, and hypertension activities with current Maryland activities...

Priority areas:

- Clinical
- Community-Clinical Linkages
- Schools/Communities
- Worksites

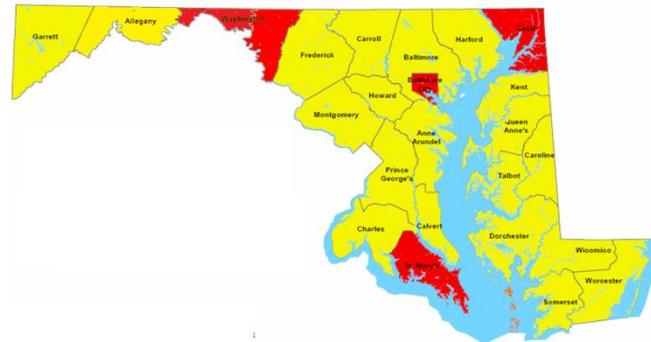
Clinical Focus

Clinical Focus: Priorities

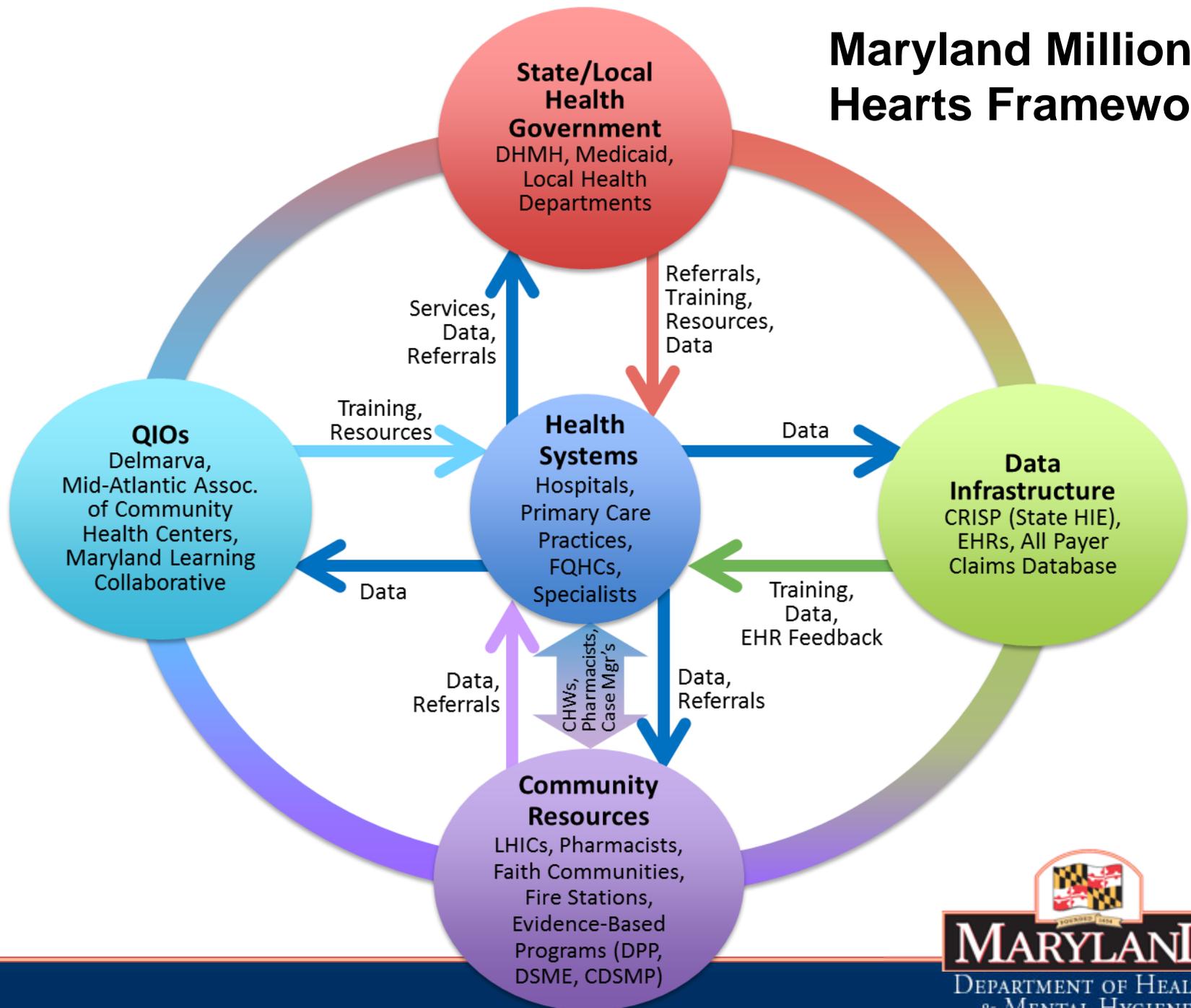
- Coordination of Care
- Communications between health systems, providers, and the community
- Quality and Outcome tracking
- Increasing reimbursement utilization of obesity and diabetes prevention services

Clinical Focus: Outcomes

- Commitment to national Million Hearts initiative to prevent 1 million heart attacks and strokes by 2017
- Promotes optimization of ABCS (appropriate aspirin use, blood pressure control, cholesterol management, and smoking cessation)
- Statewide Reach = 4,582,973 Maryland Adults
- Targeted Reach = 762,878 Adults in 4 Target Jurisdictions:



Maryland Million Hearts Framework



Clinical Focus: Activities

- Provide funding and resources to support and align Maryland Million Hearts efforts statewide
- Host annual Maryland Million Hearts Symposium, with over 300 attendees, that focuses on improving the identification, prevention, and control of hypertension in health care, schools, child care, businesses, and community settings
- Disseminate Million Hearts Implementation Guide, outlining strategies partners can implement along with a list of potential partners, metrics, and resources to help achieve success
- Host Community of Practice calls that allowed for peer-to-peer learning and data sharing among all Maryland Million Hearts partners
- Present on Maryland Million Hearts efforts at the national, state, and local levels

Clinical Focus: Outcomes

- Working with QI partners to engage 20+ practices, reaching 30,108 patients with HTN, to obtain baseline NQF18 data and implement cQI strategies
- Screening 3,820 individuals across 4 target jurisdictions for HTN, resulting in 1,236 health care referrals and at least 1,371 community referrals
- Accessing data on MD Medicaid Value-Based Purchasing program, which links payments and financial penalties to select quality measures, including NQF18.
- Achieving blood pressure reduction through Parish Nurse Project: 51 participants with average blood pressure decrease from 142/82 to 130/76 (statistically significant)
- Expanding data sharing to facilitate care coordination

Community-Clinical Linkages

Community-Clinical Linkages Priorities

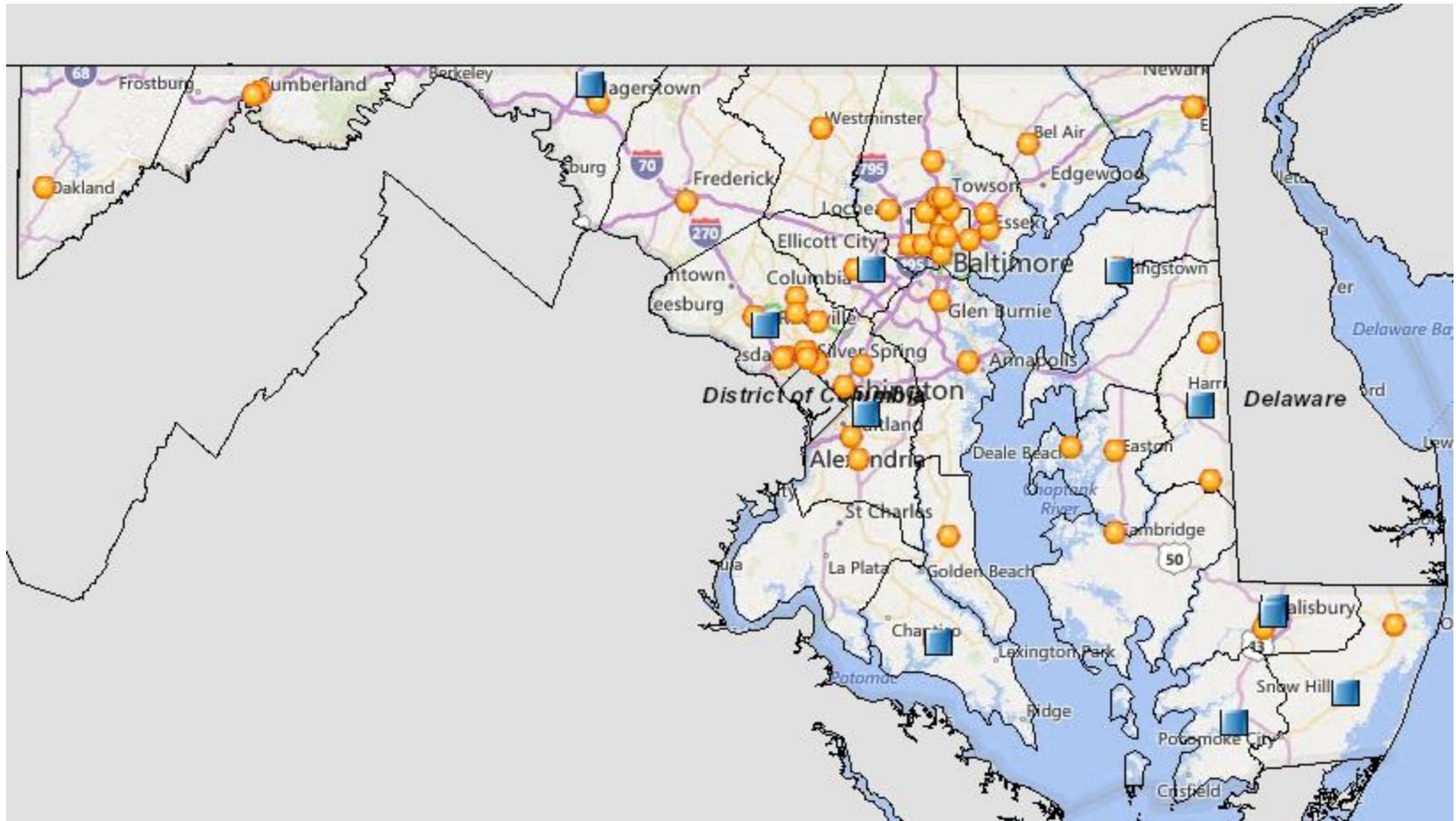
- Access to resources and evidence-based programs
- Coordination of care and communication
 - Community health workers
 - Community referrals

Community-Clinical Linkages: Outcomes

- Driving traffic to Diabetes Self-Management Education
 - Engaging DSME coordinators
 - Newsletters and access to resources
 - Radio ads
 - Transit ads
- Town hall meetings
- 19 DPP sites, with 25 new DPP Lifestyle coaches trained
- CHW Workgroup



DSME/DPP sites in Maryland



<https://maps.dhmv.maryland.gov/CCDPC/>

Schools/Communities

Schools/Communities Priorities

- Improve access to healthy foods and physical activity
- Improve student health through implementation of school wellness plans
- Improve data dissemination to school and community partners

Schools/Communities: Outcomes

- Community Transformation Grant closes September of this year (2 years early)
- Sustainability Plan
 - Chronic disease prevention strategies are integrated in local health improvement coalition (LHIC) initiatives
 - Continued alignment and collaboration with LHICs will support sustainability beyond CTG funding



Maryland

Maryland Wellness Policies & Practices Project
State of Maryland Feedback: 2012-2013 School Year



Introduction

Thank you for participating in the Maryland Wellness Policies & Practices Project, an inter-agency initiative¹ with the goal of enhancing opportunities for healthy eating and physical activity for Maryland students by helping schools and school systems create and implement strong and comprehensive written wellness policies.



Since September 2006, federal legislation has required that all schools participating in federal school meal programs have written wellness policies. Wellness policies have the potential to improve food choices, dietary intake, and physical activity among school children². These policies are more likely to be implemented when strong language is used³, and wellness policies need to be implemented to be effective.



The Maryland Wellness Policies & Practices Project team evaluated the strength and comprehensiveness of written wellness policies and the implementation of wellness policies and practices among school systems and schools throughout Maryland in the summer of 2013. This report includes an overview of wellness initiatives in schools and school systems⁴ throughout the State of Maryland and specific recommendations school systems. All recommendations are built around three common themes: **Build- Communicate- Monitor.**

Contents	Page #
Section 1: Strength and Comprehensiveness of Written Wellness Policies.....	2-3
Section 2: Statewide School System Implementation of Wellness Policies and Practices.....	4-5
Section 3: School-Level Implementation of Wellness Policies and Practices.....	6
Section 4: School-Level School Health Councils.....	7
Section 5: Summary of Recommendations.....	8
Acknowledgements, Contact Information.....	8

¹ Partners include the Institute for a Healthiest Maryland, Maryland State Department of Education, Maryland Department of Health and Mental Hygiene, University of Maryland School of Medicine, University of Maryland College Park, and Johns Hopkins Bloomberg School of Public Health

² Metos J and Murtaugh M. *Words or Reality: Are school District Wellness Policies Implemented? A Systematic Review of the Literature.* Childhood Obesity. 2011;7(2):90-100.

³ Schwartz MB, et al. *Strength and Comprehensiveness of District School Wellness Policies Predict Policy Implementation at the School Level.* J Sch Health. 2012; 82:262-267.

⁴Data in this report are presented in aggregate per our agreement with survey participants.

Maryland Wellness Policy Study Results

- State and county level reports provide state and local data
- DHMH, MSDE, and University of Maryland School of Medicine facilitated meetings with 21 local school health councils/wellness committees
- Developed A Guide for School-Level Implementation of Wellness Policies and Practices, which includes:
 - Critical steps to starting a wellness team
 - Sample practice in Maryland
 - Success stories

Schools/Communities: School Health Dashboard

- School health dashboard collaboration with Office of School Health and the UMB School of Nursing
- Purpose is to disseminate information to communities in an easily digestible format
- Information will include Youth Risk Behavior Survey (YRBS) data and select MSDE administrative data

Worksites

Worksite Priorities

- Improve access to healthy foods and physical activity at the worksite
- Increase reimbursement for evidence-based programs
- Encourage Value Based Insurance Design

Worksite Outcomes Wellness Training

- Healthiest Maryland Businesses will develop a series of trainings on specific content areas to assist businesses with creating or improving their worksite wellness programs
 - HMB Regional Coordinators will implement these trainings
 - HMB Regional Coordinators will also work with local Chambers of Commerce and other local business groups to partner in these trainings
- The Wellness and Prevention Workgroup will provide advice/research on:
 - Successful implementation of these trainings
 - Barriers/challenges to implementation
 - Marketing these trainings to businesses



Worksite Activities--Value Based Insurance Design



- The state is working to help employers consider and construct VBID plan designs
- Healthiest Maryland Businesses is the vehicle through which Workgroup will demonstrate implementation of VBID through offering real world experiences to show what has been successful

Statewide Recognition Program



- Healthiest Maryland Businesses is developing a recognition program, which will measure progress businesses are making toward improving/maintaining worksite wellness efforts
- The Wellness and Prevention Workgroup will provide advice/research on:
 - Successful Recognition program models
 - Barriers/challenges to implementation
 - Marketing the Recognition program

Aligning Goals

- Continue partnership engagement to increase commitment and share resources
 - Disseminate HMB and Million Hearts materials with community stakeholders
 - Share contact information for businesses and organizations modeling worksite wellness or Million Hearts best and/or innovative practices to be featured in a HMB and Million Hearts Success Story
 - Disseminate HMB and Million Hearts Success Stories

Aligning Goals--Obesity

- Clinical
 - Providers: outreach to providers to increase use of reimbursement and obesity-related resources
 - Payers: establish Medicaid reimbursement for DPP
- Communities:
 - CHWs focus on referrals to evidence based programs and reducing obesity-related cultural barriers
- Worksites
 - Reimbursement of obesity, nutrition services and evidence-based programs

Donald Shell, MD, MA

donald.shell@maryland.gov

410-767-5780

Prevention and Health Promotion Administration

Website: <http://phpa.dhmh.maryland.gov>