Minutes of Board of Directors Meeting October 9th 2:00pm ET

ATTENDEES

- Matt Swanson
- Rita Landgraf
- Cindy Bo
- Traci Bolander
- Kent Evans
- Stephen Kushner
- Jan Lee
- Faith Rentz
- Andrew Wilson
- Julane Armbrister
- Lolita Lopez
- Kara Odom Walker

AGENDA

- Call to Order
- Board Business
- Policy Discussion: Chosen Path
- Discussion: DCHI Annual Initiative Development
- Innovation Update and Discussion: Healthy Communities
- DCHI Committee Updates
- Public Comment

RESOLUTIONS

- September minutes unanimously approved.

SUMMARY OF DISCUSSION

Call to Order

The meeting was called to order by Matt Swanson at 2:04 PM.

Board Business

- Nominating Committee
    - Cindy is heading up the nominating committee. Last meeting they discussed voting for open spots on the board. Between now and November the committee will vet new nominations. Voting will be done in December.
    - Board Term Renewals will be checked to see if peopl are still interested in staying on the board: Steve, Kathy and Traci.
    - Nominations for open designated spots
        - Dr. Teal would potentially be taking Janice's spot, but the board is checking to discuss roles and responsibility.
        - Practicing physician spot is still open/vacant. If anyone knows of someone interested, please send CV to Cindy.
            - **Request: please find people you think would you good.**
    - Term renewals for Officers and Committee Chairpersons:
        - Clinical Committee Co-Chair: Need nominations
        - Payment Group Co-Chair:
        - Officers on the board: Treasurer.
            - Leave latitude – we want to strive for broad representation.
            - Permission given to discuss with external partners to see if they have possible candidates. Cindy will be providing Matt and the board with descriptions to reference in members' discussions with potential candidates.
            - Let's not limit ourselves through Nov 13th and see who is interested – then we can see how we may want to categorize it.
    - Nominating committee includes: Faith, Lolita, Nancy and [name]
- Operations Manager Update
    - Julane and Matt have had many excellent candidates and we are ready to make an offer and will notify the board via email with the new position. They will be announcing the outcomes soon.

Next Steps:

- Solicit additional nominations: Oct – Nov
- Present candidates to the Board for consideration – November 13
- Board vote on candidates – December 11
- Committee Chair
- Send position descriptions for members to seek proposed members.

Policy Discussion: Chosen Path

Looking back to Drew's presentation of policy and where DCHI should carry itself within the realm of policy. The board has not had a universal response yet – only 9 responses. A request of the board members to complete the survey was made to be able to come to a final conclusion on this topic.

Next Steps:

- Follow up with board to fill out the survey.

Discussion: DCHI Annual Initiative Development

Returning to the topic from last month's meeting, DCHI is considering hosting a conference, forum, seminar to be able to highlight and showcase general innovations in healthcare occurring in the state. The goal is to demonstrate what's happening outside of DE to the state to help generate innovation. This includes the innovation of medical devices, workforce, payment, etc.

The board has not decided on which of these areas this event may focus on yet. First it's important to consider and work through the process to reach the answer to "what value will be had?":

- Ensure that we have our targeted audience and metrics of what will provide value.
- Continue to leverage DCHI strategic perspective as a convener to bring together stakeholders around an event like this. Communicate. influence, and showcase.

This would be a venue for people to share their successes of innovation on a more public forum with a date of mid to late Spring 2020.

Drew mentioned that we could potentially partner with others in this initiative (i.e. law students in medical field), with a goal of filling a gap and not being duplicative. If an organization is already doing something, we can help amplify that.

Drew also mentioned that we could potentially offer attendance as continuing ed opportunity.

Potential partners:

- Delaware healthcare symposium
- Law students already discussing having a day symposium

Next Steps:

- If anyone has thoughts at all on the topics and/or process, please send to Julane via email.
- Discover possible partners
- Determine key topics and areas of interest for forum.

Innovation Update and Discussion: Healthy Communities

Rita gave a presentation on Healthy Communities Delaware: alignment. Investment. Impact. Presentation objectives include:

- Present an overview of Healthy Communities Delaware
- Present guiding principles, community strategy and work accomplished to date
- Cover cast study for "Reach Riverside "

- Understand investment opportunities

Delaware's overall Health – ranked **31st** in America's Health Ranking. This is an indicator that DE is sicker than the average state, we are also older and aging faster than other states and rank in the bottom half of states for: overdose deaths, infant mortality, cancer deaths, diabetes, physical activity, smoking and cardiovascular deaths.

HCD refers to health inequities to further understand how to align, invest and provide impact on communities that need it most. For instance, in DE, the "health inequities by race" uncover some startling statics:

- Black women have an infant mortality rate approximately 2.5 that of white women in DE
- Homicide rate for black men increased 116% between 2012 – 2016
- 46% of people living with HIV/AIDS in DE are Black
- Average life expectancy for black people in DE is 3 years less than their white counterparts.

Utilizing data from DE census on infant mortality rates and life expectancy allows HCD to understand and focus on communities in need.

When looking at percent black population and life expectancies in Wilmington and Dover, there is a 16 year life expectancy difference within 3 miles of communities in both cities.

Rita continued to explain what constitutes a "heathy community". While each item can be further distilled to more specific necessities, the 10 umbrella components are:

1. Employment
2. Healthy & Safe Physical Environments
3. Recreation & Opportunities to Socialize
4. Healthcare Services
5. Public Education
6. Arts & Culture
7. Civic Engagement
8. Community Services
9. Housing
10. Public Transportation

"My Healthy Community" is a portal build to search by address and zip code to see how a community fares in comparison to other areas. A tremendous asset for HCD as they focus on how community leaders look at the data. It community health index uses 5 indicator to give public access for awareness. This was on the "Healthy Neighborhoods" wish list to be able to empower strategy and HCD will continue to add more national survey data points.

Community Health Index:

- Life expectancy

- Infant immortality
- High school graduate
- Child poverty rates

We are learning a lot from other states on infrastructure, gather data and applying HIPPA. Places like Rhode Island – similar size and employ within their workforce.

This portal and data approach provide the opportunity to mine the data and discover the communities we should be focusing on. In addition, communities themselves are able to use this as a reference point when HCD works with them.

HDC has taken a "Three Phased Approach". They are currently in **Phase 3:** support through a variety of financial and in-kind sources and hiring ED. Phase 1 covered the design of HCD model and launching of its three primary components. Phase 2 focused on sustained momentum with state, federal and in-kind resources. HCD is in the process of hiring an ED, under Delaware community foundation. That job description is on their website. Goal: have someone on board in early November.

Framework of HCD includes:

- Community investment council
- Leadership council
    - Primary responsibilities include pursuing ideas and action that are evidence based
    - Discuss, decide and prioritize major goalsof HCD
- Management group

5 Guiding Principle of HCD include and expand on those of Build Healthy Communities.

1. Collaborate with the community
2. Embed equity
3. Mobilize across sectors
4. Increase prosperity to improve health
5. Commit over long term: 10-20 years is longer than most investors perceive and understand.

REACH RIVERSIDE – Case Study was highlighted in Delaware Business Times. The project including

- Looking at multiple scenarios of investments.
- Revitalization of a purpose-built facility. "Purpose Built" which was inspired by Atlanta
- How to align to investment with impact based on the needs of a community.

Riverside – community cent has been there for 78 years. Vision is to "partner with the community to transform Riverside into a healthy and vibrant neighborhood with quality mixed income housing, high quality childcare and educational facilities, employed and

productive residents, safe streets and recreation areas and health wellness and commercial facilities to serve the vibrant neighborhood."

Working with REACH Riverside Partners, REACH Riverside Development Corporation, Kingswood Community Center, The Warehouse to achieve the vision.

Investment opportunities proposed process was discussed and continues on a rolling basis, beginning with the "shovel ready" or "highest need".

Next Steps:

Evaluation of projects: impact vs return on investment. How can we assist social and financial benefits for organization making these investments? People are going to want to hear about the same information from different vantage point. **Is there a way for DCHI to help streamline these different angles of impact? A possible disconnect that DCHI could help with HCD.**

Healthy Women Healthy Babies Mini Grants:
DHSS is seeking application for mini grants to improve maternal and infant health outcomes and are eligible for projects that fall within strict criteria:

- Applicant agency must have 501(c)3 Status and be currently operating in Delaware
- Applicant's Annual Operating Budget must be under $3 million
- Proposed project must focus on one or more identified priority area(s), including:

Social Networking for Empowerment Father/Partner Involvement & Engagement Toxic Stress/Adverse Childhood Experiences Financial Empowerment/Self-Sufficiency Housing

- Proposed project must focus on an identified Healthy Women Healthy Babies geographic zone, including one or more of the below zip codes
- Proposed program must be linked to reducing disparities related to maternal/child health
- Target population is women of childbearing age (ages 15-44) who are considered high risk

(living in a targeted HWHB Zone) and/or their partners

- Applicant has/will develop its strategies based on the perspectives of, priorities of, and

partnerships with those living in the HWHB zone

- Applicant (should they be selected) will engage in data collection to measure impact of the

program

DCHI Committee Updates
Patient and Consumer Advisory

Next meeting is October 21st. Have a comprehensive survey – working on whether there are too many questions. Will convert it into a survey monkey and get it out soon. Will be piloted with the health systems: Bayhealth, Christiana Care and Nemours, to get feedback because they have patient committees. Then branch out.

Next Steps:

- **Add changes to Charter.**

Clinical

- Committee is seeking nominations for a pharmacist to the committee
- Clinical committee will continue to monitor work for the PCC for opportunities to inform the work, as well as to share information with practices.
- Discussion of gaps in available data to support practices.

Payment Work Group
Meeting today after a brief pause due to providers working on gathering data. Each health system does it differently, so PWG is waiting to ensure they have useful information. The process of collecting the data has helped organizations to reflect on where they are themselves in comparison to other organization. At the moment, collecting data from larger health systems, not private practices.
Standardize a systemic approach to the process before rolling into smaller practices.

Comment from Jan Lee: Delaware Department of Health and Social Services just announced grants for practices to update and move into VBP processes. How do we switch – it's no longer and invitation, but an expectation. A lot of the SIM planning was "how do we help create an environment for how to do it."

Still determining "what" the group/committee's purpose is so that it can correctly course direction and answers these questions. So far, it's been allowing the group to create those more intimate relationships with providers where they may be concerned about privacy and confidentiality.

Question: Should we be getting more input from smaller practices before presenting solutions?

TAPP Update:
Communications to ensure that some of the conversations that are happening on a committee level are happening on a higher level – through our content strategy.

Public Comment
No comment.

Meeting adjourned 3:48PM ET

Next Meeting

- December 11th, 2019
- Time: 2:00pm ET – 4:00pm ET
- Location: 15 Innovation Way; Newark, DE 19716