



## **HEALTHY CONNECTICUT 2020 ADVISORY COUNCIL**

**Meeting Summary**  
**June 15, 2015**  
**9:30 am- 11:00 am**

### **Meeting Purpose and Outcome:**

Advise on Action Team Process, provide feedback on Health Systems focus and direction and identify Lead Conveners for Health Systems.

### **Attendees:**

Mark Abraham, DataHaven; Patricia Baker, CT Health Foundation/Advisory Council Chair; Liz Beaudin, CT Hospital Association; Mary Beaudin, CT Oral Health Initiative; Mehul Dalal, CT Dept. of Public Health; Louise Dembry, Yale New Haven Health Systems; Judy Dicine, Chief State's Attorney's Office; Phyllis DiFiore, Dept. of Transportation; Lynne Ide, Universal Health Foundation; Laura Knapp, Consumer; Jim Maloney, CT Institute for Communities, Inc.; Michael Michaud, Dept. of Mental Health and Addiction Services; Commissioner Jewel Mullen, CT Dept of Public Health; First Selectman Lisa Pellegrini, CT Conference of Municipalities; Kathi Traugh, Connecticut Public Health Association; Nancy Yedlin, Donaghue Foundation; Joan Ascheim, CT Dept. of Public Health; Sandy Gill, CT Dept of Public Health, Kristin Sullivan, CT Dept of Public Health; Rose Swenson, Health Resources in Action; Donna Burke, Health Resources in Action

### **ACTION Team Process**

Lead Conveners have been confirmed for six of the seven ACTION Teams and details for initial meetings are being finalized. (See slide # 5 of attached slides). Over the next three months, teams will be meeting to prioritize Phase I objectives, and identify 3-5 strategies to begin implementing in 2016. Lead Conveners have been provided facilitation tools to assist the groups with this narrowing down process which will ultimately result in the 2016 SHIP ACTION Agenda. The teams will address key questions related to availability of data, existence of evidence based strategies, critical mass of partners and existing plans addressing this issue, feasibility and impact by the next mid-course check, and prevention vs. treatment focus. All groups are being asked to give priority to those initiatives which address equity and disparity. Each ACTION Team will complete a draft of their focus area's 2016 ACTION Agenda by August 31, 2015, which will be shared with Advisory Council members at the September 4<sup>th</sup> meeting. The goal is to have all focus area ACTION Agenda's finalized by September 30, 2015.

### **Health Systems**

Currently the objectives of the Health Systems Focus Area in the State Health Improvement Plan address a broad range of topics. In order to make the most effective collaborative impact, Executive Committee members discussed bringing more focus to the role of the SHIP Health Systems ACTION Team. Members agreed that the SHIP Health Systems Group should focus on upstream strategies and systems integration to address population health rather than clinical and treatment strategies. By finding the common ground across multiple types of health systems and focusing efforts on the social determinants of health, this ACTION Team will be able to achieve a greater impact. Objectives or the topics that may best address this include CLAS standards, community health assessments, or accreditation. Lead Convener criteria and time commitment information was reviewed and possible lead convener



# CONNECTICUT HEALTH IMPROVEMENT COALITION

*Partners Integrating Efforts and Improving Population Health*

organizations were discussed. DPH will follow up with recommended organizations before the Advisory Council conference call on July 9<sup>th</sup>.

## **Upcoming Advisory Council Meetings:**

- Friday, September 4<sup>th</sup> 9:30 am – 11:30 pm
- ***No Meeting in August*** ***Hold Lead Convener coordinating call***
- October 7, 2015 10 am – 12 noon
- November 10, 2015 1:30 pm – 3:30 pm



**Healthy Connecticut 2020**  
**State Health Improvement Plan**

**Advisory Council Meeting**

Monday, June 15<sup>th</sup>, 2015

1:00pm - 3:00pm

State Lab - 395 West St. Rocky Hill

**Detailed Agenda**

**Meeting Purpose and Outcome:** Advise on Action Team Process, provide feedback on Health Systems focus and direction and identify Lead Conveners for Health Systems.

<b>Time</b>	<b>min.</b>	<b>Agenda Item</b>	<b>Speaker/Notes</b>
1:00	15	<b>Welcome</b>	<i>AC Chair</i>
1:15	45	<b>ACTION Team Process and Discussion</b> <ul style="list-style-type: none"> <li>• Lead Convener/Action Team Status</li> <li>• Overview of Team Process and Role of Partners on Action Teams</li> <li>• Key Questions to initiate discussion</li> <li>• What is the best way to share ACTION Agenda Progress?</li> </ul>	<i>AC Chair</i> <i>DPH</i> <i>HRiA</i>  <i>AC Chair</i>
2:00	45	<b>Health Systems</b> <ul style="list-style-type: none"> <li>• Strategy and focus</li> <li>• Comments/feedback</li> <li>• Identify Lead Conveners</li> </ul>	<i>DPH</i> <i>HRiA</i>
2:45	15	<b>Next Steps &amp; Meeting Dates</b>  <b>Advisory Council meetings:</b> <ul style="list-style-type: none"> <li>• July 9, 2015 @ 1:00 pm – 3:00 pm</li> <li>• No Meeting in August – <i>Hold Lead Convener coordinating call</i></li> <li>• September 4, 2015 @ 9:30 am – 11:30 am</li> <li>• October – TBD</li> <li>• November – TBD</li> </ul>	<i>AC Chair</i>



**CONNECTICUT**  
**HEALTH IMPROVEMENT COALITION**  
*Partners Integrating Efforts and Improving Population Health*

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**Healthy Connecticut 2020**  
**State Health Improvement Plan**  
**Advisory Council Meeting**

Monday, June 15, 2015

1:00-3:00 P.M.

State Lab - 395 West St. Rocky Hill

# Agenda

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## Welcome

*AC Chair*

## ACTION Team Process and Discussion

- Lead Convener/Action Team Status
- Overview of Team Process and Role of Partners on Action Teams
- Key Questions to initiate discussion
- What is the best way to share ACTION Agenda Progress?

*DPH*

*HRiA*

*AC Chair*

## Health Systems

- Strategy and focus
- Comments/feedback
- Identify Lead Conveners

*DPH*

*HRiA*

## Next Steps & Meeting Dates

*AC Chair*

- July 9, 2015 @ 1:00 pm-3:00 pm
- No Meeting in August – Hold Lead Convener coordinating call
- September 4, 2015 @ 9:30 am – 11:30 am

# Meeting Purpose and Outcomes

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- Advise on Action Team Process
- Provide feedback on Health Systems focus and direction
- Identify Lead Conveners for Health Systems

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# ACTION Team Process and Discussion

# Lead Convener/Action Team Status

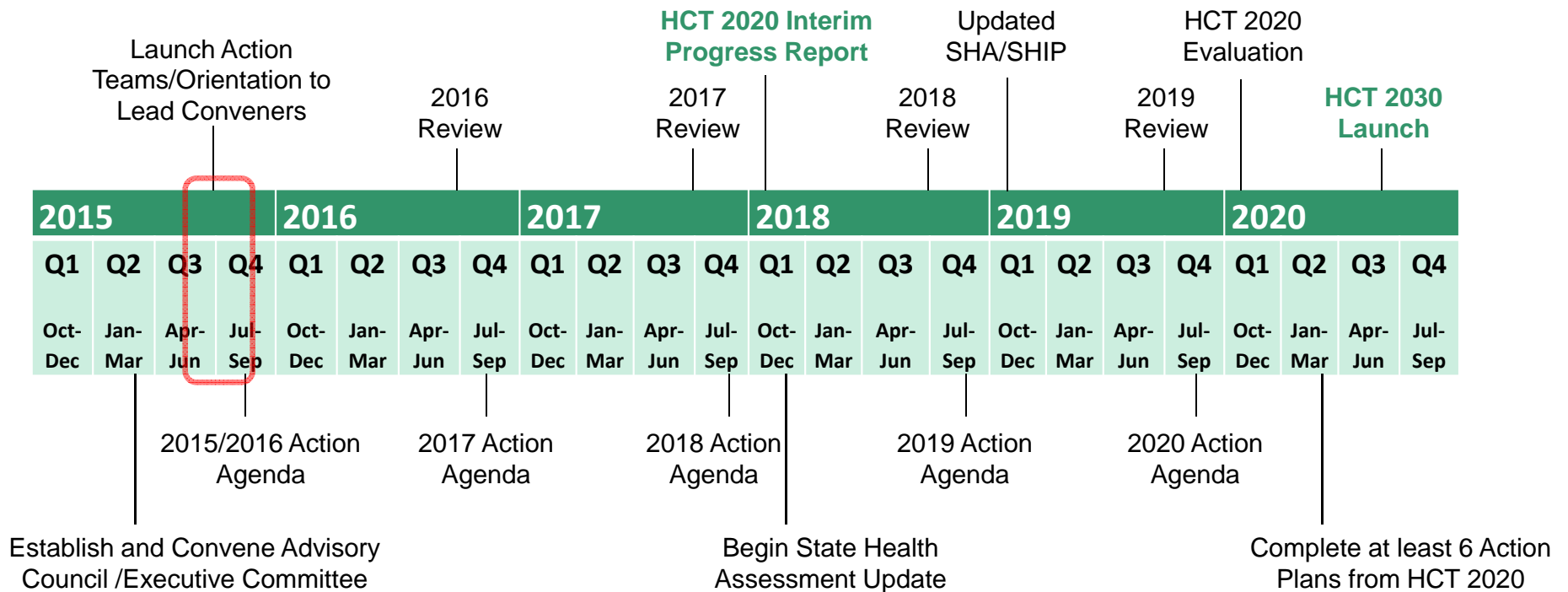
Focus Area	Lead Convener(s)	ACTION Team Meeting Dates
<b>Maternal, Infant and Child Health (MICH)</b>	MCH Advisory Council DPH	June 25 <sup>th</sup> @ 9 am - 11 am
<b>Environmental Health (EH)</b>	DPH Environmental Health CT Association of Directors of Health	June 30 <sup>th</sup> @ 2 pm – 4 pm
<b>Chronic Disease (CD)</b>	DPH Chronic Disease Program CT Hospital Association	June 18 <sup>th</sup> @ 9 am – 11 am
<b>Infectious Disease (ID)</b>	DPH Infectious Disease Program	In progress
<b>Injury and Violence Prevention (IVP)</b>	St. Francis Violence & Injury Program	In progress
<b>Mental Health and Substance Abuse (MHSA)</b>	DMHAS	In progress
<b>Health Systems (HS)</b>	<i>In progress</i>	



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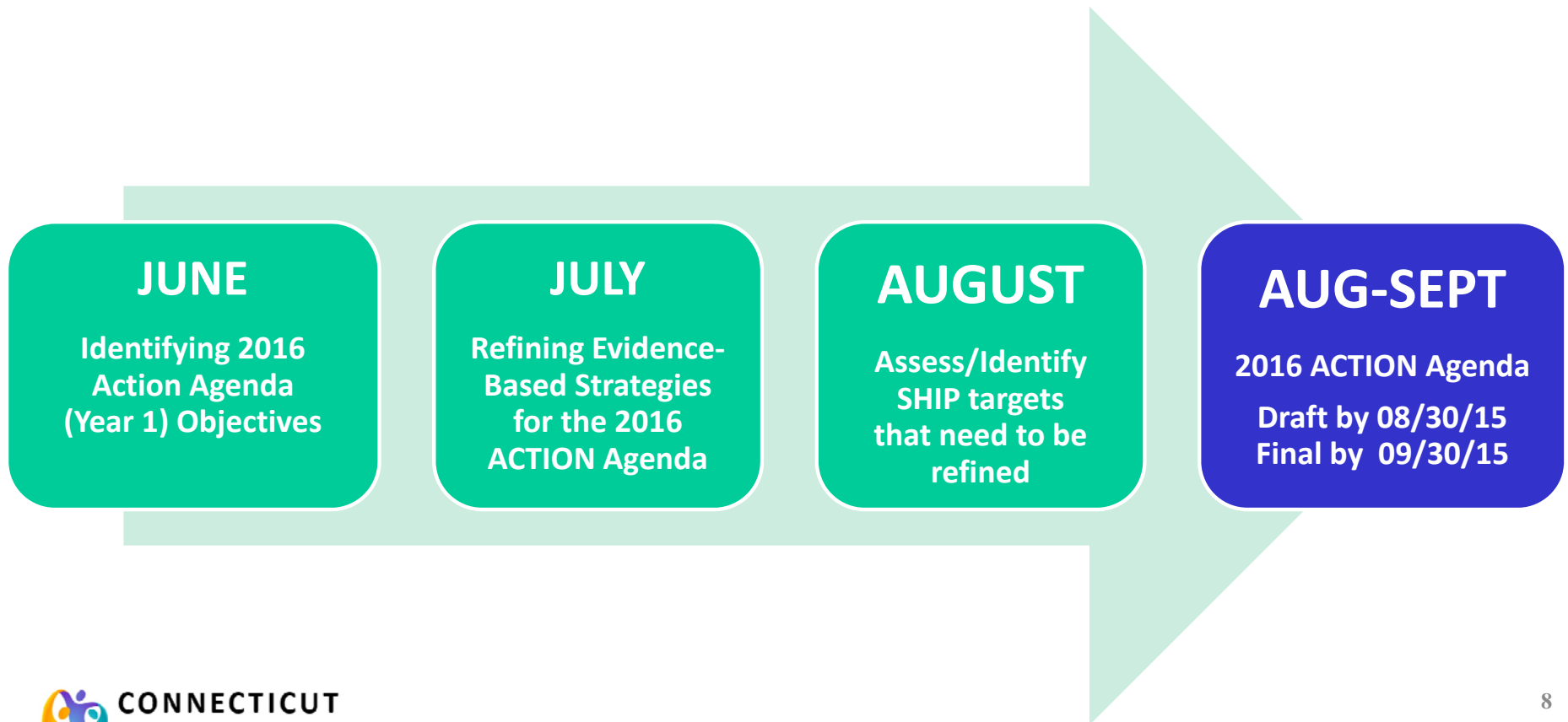
# Overview of Team Process and Role of Partners on Action Teams

# HCT 2020 Implementation Timeline



# Timeline for Developing the Action Agenda

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# Lead Convener Role

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- Attend orientation with DPH and other Lead Conveners
- Reach out to organizations already doing this work to form the Action Team – You may have an existing statewide network and/or invite other partners to the table (DPH has a potential list)
- Complete the Action Agenda with the Action Team and refine the SHIP
  - Identify and catalog major initiatives that do or could have state-wide relevance or applicability
  - Align to SHIP PHASE 1 priorities or recommend other priorities
  - Identify and prioritize strategies that a critical mass of partners will address
  - Report progress and make recommendations to the Advisory Council
- Attend 1-2 check in conference calls with DPH if needed to resolve any issues or check in on progress.
- Provide feedback to DPH and HRiA regarding status, +/- of process and best practices for facilitation.

# Action Team Role

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- The Action Teams will be responsible for developing the Action Agenda and refining the SHIP for their specific area of responsibility.
  - Developing the Action Agenda
  - Refining the SHIP
    - The plan is a living document - refinements are needed as implementation evolves
    - Confirm/revise strategies – based on best evidence and current initiatives underway
    - Update the data and targets for prioritized objectives as needed
      - More realistic
      - Objectives that are not measurable but may have good proxy measures
      - Data refinement: Injury and Violence Prevention

# Action Team Members' Role

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- Develop the content of the Action Plan
- Look for synergies across organizations
- Cataloging what is already underway and mapping to SHIP objectives and strategies (major initiatives that do or could have state-wide relevance or applicability)
- Defining areas where they will be playing a convening or implementation role in their organizations.
- Returning to their own coalitions/organizations/programs to align/refine their work to the Action Agenda
- Making recommendations for changes to the monitoring and evaluation indicators used on the Dashboard ([www.ct.gov/dph/dashboard](http://www.ct.gov/dph/dashboard))

# Partners' Role

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Partners may be Action Team members or others that have the subject matter expertise, credibility, and are positioned or aligned so that they perform the actions that implement the strategies on the Action Agenda.

Partners will be identified by Action Teams to:

- Implement Action Steps
- Identify issues and progress to the Action Team and/or Lead Conveners
- Inform strategic linkages and diversified funding streams
- Advise on communication strategies
- Act as ambassadors and educators on State Health Improvement Plan and implementation initiatives

## Identifying 2016 Action Agenda (Year 1) Objectives

June

What Phase 1 objectives under this focus area should be targeted for year one implementation?

Where is the critical mass of effort currently happening related to this focus area that provides a foundation to build upon?

What critical areas are important and not sufficiently addressed within the scope of this SHIP focus area? (Identify gaps)

Which of the identified priorities address health equity and reaching our most vulnerable populations?

Are there evidence based strategies available to improve health outcomes?

## Refining Evidence-Based Strategies for the 2016 ACTION Agenda

July

Are we employing the best evidenced-based strategies?

What role will partners play at the local, regional, and statewide levels to implement these strategies?

## Assess/Identify SHIP targets that need to be refined

Aug

Draft of 2016 ACTION Agenda by 08/30/15  
Final by 09/30/15



# STEP 1: Identifying 2016 Action Agenda (Year 1) Objectives

Objectives by Areas of Concentration (AOC)	Questions to Consider When Identifying 2016 Action Agenda (Year 1) Objectives (Identifying 3-5 Objectives or AOC for the 2016 Action Agenda)								Total YES	Total NO
	a.	b.	c.	d.	e.	f.	g.	h.		
	If Developmental, will we be able to get the data in year 1? (Y/N)	Is there likely to be evidence-based practices available? (Y/N)	Is this an area where we have many partners and lots of initiatives that we can connect (critical mass)? (Y/N)	Does it connect to strategies in current plans or initiatives (critical mass)? (Y/N)	Does it address issues of equity and disparities? (Y/N)	Is it feasible/realistic within three years (mid-course check)? (Y/N)	Can we demonstrate impact within three years (mid-course check)? (Y/N)	Does it have a prevention vs. management/treatment focus? * (Y/N)		
MICH 1										
MICH 2										
MICH 3										

## STEP 2: Are We Employing Evidence-Based Strategies?

Strategies	Evidence-Based Sources							
	<u>US Preventive Services Task Force (USPSTF)</u>	<u>CDC's Guide to Community Preventive Services</u>	<u>CDC Community Health Improvement Navigator*</u>	<u>National Prevention Strategy (NPS)</u>	<u>CDC Prevention Status Reports</u>	<u>CDC Winnable Battles</u>	<u>Healthy People 2020 (HP2020)</u>	Other (write in source)
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\* [www.cdc.gov/CHInav](http://www.cdc.gov/CHInav)

# Definition of Evidence-Based Public Health

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- Evidence-based public health is defined as the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.

**Source:** Brownson, Ross C., Elizabeth A. Baker, Terry L. Leet, and Kathleen N. Gillespie, Editors. *Evidence-Based Public Health*. New York: Oxford University Press, 2003.

# What is the Action Agenda?

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- The Action Agenda is the Implementation Plan for the Connecticut State Health Improvement Plan (HCT2020 SHIP)
- The 2016 Action Agenda contains those Objectives and Strategies that we will begin implementing in Year 1.
- It contains
  - Actions/Activities involved in executing each of the strategies for SHIP objectives.
  - Partners Responsible
  - An identified timeline for each action
  - Resources required for the strategies for each objective (human, partnerships, financial, infrastructure or other)
  - Monitoring/Evaluation approaches

# STEP 3: 2016 Action Agenda (Structure and Format)

<b>Focus Area 1:</b>			
<b>Goal 1:</b>			
<b>Area of Concentration</b>			
<b>SHIP Objective</b>			
<b>Dashboard Indicator:</b>			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
•			
<b>Monitoring/Evaluation Approaches</b>			
• Provide quarterly report outs			

# Key Questions

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- Does this make sense?
- Does anything need to be clarified?
- Are we missing opportunities for integration?

# Sharing Action Agenda Progress

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- What is the best way to share ACTION Agenda Progress?

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# Health Systems



# Health Systems ACTION Team

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- Strategy and Focus
- Comments and Feedback

# Identify Lead Conveners for Health Systems

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## ■ Criteria

- Lead convener is credible
- Has recognized track record or expertise in this area and in multiple areas of concentration
- Can be perceived as a neutral body and will not be perceived as promoting a specific agenda
- Has the capacity (e.g., can offer meeting space, scheduling logistics, etc.)
- Willingness
- Statewide perspective
- Can stick with it through the duration

# Proposed Lead Conveners for Health Systems

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- 3/31 AC Meeting suggestions for Lead Conveners for Health Systems:
  - 19 Multicultural Health Partnership (in collaboration with Health Foundation?)
  - 16 CT Health Foundation
  - 13 CT Consumer Advisory Group/SIM Project
  - 10 CHCAT
  - 2 Community Health Centers, Inc. (CHC, Inc.) (Possibly in collaboration with CHCAT?)  
Optimistic (link with 2 health centers)
  - *Suggested Participants:*
    - Hartford Foundation for Public Giving
    - Community Foundations
    - Health Funders – sponsor an initiative from the SHIP

# Lead Convener Time Commitment

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- Expecting approximately 8 hours/month from May through September, 2015 perhaps less, depending upon how quickly the Action Agenda is developed.
- Recommend starting with two, 2-hour meetings per month with the Action Team

# Lead Convener Supports

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- DPH and HRiA will provide:
  - Detailed orientation for the Lead Conveners and the Action Teams
  - Technical assistance to Lead Convener and Action Teams on the planning process
  - Templates for conducting and recording Action Team outputs, including agenda templates, prioritization tool, tool for assessing and refining the strategies and ensuring evidence-base, and templates for the Action Plan
  - Assistance with logistical support, if needed, including Action Team Distribution Lists for communications, identifying meeting space, and coordinating and scheduling partners (there may be members on Action Teams that can also help with logistics)
- Some of you are co-leading with another organization and will need to define a division of the roles and responsibilities.

Pat Baker

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# Next Steps & Logistical Items

## Upcoming Meetings

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- Next Advisory Council meeting: July 9, 2015 @ 1:00 pm – 3:00 pm
- No Meeting in August – Hold Lead Convener coordinating call
- Advisory Council meeting: September 4<sup>th</sup> @ 9:30 am – 11:30 am
- Advisory Council meeting: October – TBD
- Advisory Council meeting: November - TBD

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# Thank You!





## **Integration**

- Call out “cross-drivers”, highlight drivers of change, integration
- Make it rise to the top
- Where is there overlap in focus areas? (e.g., neighborhood blight/city-led coalitions, shared issues)
- How we can manage integration issues:
  - AC to identify what are potential overarching strategies or themes during meetings
  - Data team to advise/provide connections across Focus Areas
  - HRIA/DPH scrub across draft Action Agendas to identify areas of commonality and cross-reference
  - DPH connections with each Action Team to facilitate integration
  - Charge lead conveners to identify areas of overlap and need for coordination
  - Identify “Meta-Convener” for similar activities

## **Sharing Action Agenda Progress, Recruiting Partners**

- Email updates (as a driver to the website)
- Post on website (include link in an email)
- Face-to-face in a meeting
- AC meeting time, with materials to review in advance
- Partners outside the Council – When and how do we make connections in the planning process? (e.g., housing to chronic disease, environment to violence)
- Newsletter or other communication for partners; quarterly or twice a year (Kristin shared that this is under development)
- YouTube
- Standard deck of information to provide to partners, let them know that more than one person (Focus Area) may be contacting them and why

## **Health Systems Context (Commissioner Mullen)**

- Prevention focus
- Move beyond focus on clinical interventions to population health, upstream interventions
- Health systems improvement is more the focus than hospital systems
- Look at community and state-based approaches
- Equity and disparities focus
- Policy/advocacy strategies



### **Health Systems Lead Conveners**

- Discussed need for technical expertise/systems change
- Discussed the possibility of having a group/team working together as lead conveners vs. one organization (see graphic below)
- Potential Conveners:
  - Connecticut Conference of Municipalities (CCM)
  - Ann Fountain / Stanford Health Department
  - Community Health Centers
  - Yale School of Public Health
  - Wellness Department of insurance carriers
  - State Employee Health Plan
  - Southern Connecticut State University – Workforce and Public Health Practice