

Community Health Subgroup Meeting Minutes December 15, 2021

Meeting Date	Meeting Time	Location
December 15, 2021	2:00 p.m. - 4:00 p.m.	Webinar and Conference Call

Participant Name and Attendance

Community Health Subgroup Members			
Kate Breslin	X	Martha Page	X
Rick Brush	X	Deb Polun	X
Angie DeMello	X	Lyn Salsgiver	X
Paul Dworkin	X	Megan Smith	X
Kiley Gosselin		Lisa TepperBates	X
Rita Kuwahara		Orlando Velazco	
Ashley McAuliffe			
Others Present			
Kelly Sinko, OHS	X	Brent Miller, OHS	X
Hanna Nagy, OHS		Jeannina Thompson, OHS	X

Meeting information is located at: <https://portal.ct.gov/OHS/Pages/Community-Health-Subgroup/Meeting-Agendas>

Agenda	Responsible Person(s)
1. Welcome, Roll Call, and Introductions	Brent Miller, OHS
<p>The regularly scheduled meeting of the Community Health Subgroup (CHS) was held on Wednesday, December 15, 2021 by webinar.</p> <ul style="list-style-type: none"> Brent Miller welcomed subgroup members and called the meeting to order at 2:01 p.m. Attendance was taken by roll call. It was determined that a quorum was present. 	
2. Public Comment	Members of the Public
There was no public comment.	
3. Approval of the November 17th Meeting Minutes	Members of the CHS
<ul style="list-style-type: none"> Martha Page motioned to approve the minutes of the Community Health Subgroup's November 17, 2021 meeting. Lyn Salsgiver seconded the motion. Abstention: Deb Polun. There was no discussion. The motion passed. 	
4. Approval of the 2022 CHS Meeting Schedule	Members of the CHS
<ul style="list-style-type: none"> Lyn Salsgiver asked about the time of the meetings. Mr. Miller said the meetings will be held from 2-4 pm. Lyn Salsgiver motioned to approve the Community Health Subgroup's 2022 Meeting Schedule. Deb Polun seconded the motion. There was no discussion. The motion passed. 	
5. HEC Playbook	Brent Miller, OHS
<p>Kelly Sinko, Director of Health Care Innovation, provided the purpose of today's meeting and the Health Enhancement Community (HEC) Initiative (see meeting presentation here).</p>	

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- It was noted that the Connecticut Office of Health Strategy (OHS) is committed to the HEC Initiative and is working to make it sustainable.
- An overview of additional resources for the HEC Initiative was provided and included:
 - There will be a new dedicated OHS staff person that will focus on Community Health and the HEC Initiative.
 - A Centers for Disease Control and Prevention (CDC) Fellow has been offered to provide support.
 - A new federal technical assistance opportunity was received, and this could provide access to federal funding and sustainability opportunities.
 - OHS is working to extend some of the contracts with some of their state consultant technical expertise.
- The purpose of today's meeting is to review the HEC Framework and discuss ideas and suggestions to include in the HEC Playbook based on the HEC framework. An objective is to review the goals, health priorities, priority interventions, geographies of HECs, and aligning strategies with some of the things that others in the state are doing to see where we can be efficient and effective at using resources.
- There was a discussion about the updates. A question was raised about whether any pivots would need to be made. It was mentioned that the feasibility of state resources will need to be looked at, considerations would be if we wanted to and could receive state resources, and how long it would take. It was mentioned that the feasibility of state resources could be talked about at an upcoming meeting. If there is technical assistance with the Federal Government and CDC there could be a different path. It was suggested that a phased approach could be talked about in the Playbook.
- It was mentioned that the health priorities in the model are important. The details are part of a larger vision and a value proposition that was laid out. It was mentioned that the vision was to create a new statewide system that values health equity. It would be coordinated and would be ten years which would allow long term investments to be made in addressing primary prevention in communities. In ten years, the outcomes could be valuable. A question was raised about the whether the right health priorities have been outlined and the general time frame would need to be adjusted. It was noted that it is important to be realistic about funding. The conversation on this topic will be ongoing. Feedback and comments in the process are essential and appreciated. It was mentioned that with all the new resources they will be able to effectively work through it in a way that they haven't been able to in the last year to give it the attention and time it deserves.
- A concern was raised that there seems more of a priority focus on physical health, diabetes, and physical conditions without much focus on mental and emotional health issues. A question was raised regarding whether this has been intentionally set aside or if funding might be an issue to incorporate it in. It was noted that the health priorities being shared on the slides are what were in the technical report originally. There is an enormous public process with a variety of stakeholders. Two priorities of child wellbeing

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and improving exercise and physical health were the goals to focus on priority wise. When the health priorities were put together, they were tied with Primary Care Modernization which had a huge piece on mental health. There will be discussions about that alignment with the Primary Care Reform that is being worked on. Mental health is a major issue, and it was suggested there be more discussion on this in further detail.

- It was mentioned that it would be key to be clear about what is HEC in the short term and then in the longer term. It will be helpful to engage people who are not on the front lines of the discussions in a clear way. It is important to have better communication, an engagement strategy, and some clear talking points about what this is to be successful.

Brent Miller presented on the HEC Playbook. Highlights of the presentation included:

- An overview of the HEC Framework was provided that included the goals and health priorities.
 - The group discussed the goals and health priorities. There was a question about whether a definition of health was ever made and how would they know how to measure it. It was stated that the Population Health Council defined community health and health equity. It was mentioned that the goals provided are for the HECs as part of the vision, and it seems more like a mission statement. There was a suggestion for there to be actionable goals to help to move things along a little.
 - It was commented that conversations have been going on regarding community health and how to measure the goals. There was a suggestion to make things measurable and to have objectives in the smart goals framework.
 - There was a suggestion to add in the concept for adults in Connecticut as they age.
 - It was noted that it is important to focus on child well-being, but it does not mean a focus exclusively only on child well-being.
 - There was a suggestion to look at gun violence, exercise, along with mental health.
- Priority interventions, geographies, and aligning strategies were provided.
 - The group discussed priority interventions, geographies, and aligning strategies.
 - There was a suggestion to include a strength-based approach rather than adverse childhood experiences (ACEs). Concern was expressed that calling out ACEs could do more harm than good. A suggestion is to be supportive of the family strengths and family needs in a more respectful way to get to the same interventions. There was a suggestion to include supportive language about increasing resiliency and strengthening families.
 - There was a request to see and share the HEC geographic map that shows how much of the state is covered. Mr. Miller shared the HEC map on the screen. The group reviewed and discussed the geographic coverage of HECs in Connecticut. It was mentioned that for piloting, it is okay for the entire state not to be covered because collaboratives are not in place in some areas. However, long-term the entire state should be covered.

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	<ul style="list-style-type: none"> ▪ There was a question about the status of the nine HECs and their funding. An overview of the funding and sustainability of the nine HECs were provided. It was noted that sustainability is an important piece and something to be focused on. ▪ Regarding aligning resources, it was mentioned that not working in silos is key and linking some initiatives could help to make a more efficient use of resources. ▪ There was a suggestion to be realistic and specific about the incentives that are driving primary care practices. Primary care practices should not be held accountable for changing and social and environmental conditions of communities. It was mentioned that there could be incentives for HECs to improve the social and environmental conditions of communities in a measurable way that ultimately will translate to better population health and equity outcomes. It was noted that primary care reform should be aligned with the HEC initiative. ▪ The group agreed that it would be helpful for OHS to take an inventory of the current state initiatives that could leverage or partner with HECs. Head Start programs was suggested to be included as another program recommended for alignment. <ul style="list-style-type: none"> • Next steps were provided. <ul style="list-style-type: none"> ▪ Feedback from CHS will be reviewed and incorporated into the draft on vision. ▪ There will be public comment for Primary Care Roadmap. • Mr. Miller thanked everyone for their feedback and comments. <p>Several discussions ensued, for more information please see the link below. https://ctvideo.ct.gov/ohs/Community_Health_Subgroup_Meeting_Recording_12152021.mp4</p>	
6.	Meeting Adjournment	All
	<ul style="list-style-type: none"> • The next Community Health Subgroup meeting is scheduled on January 26, 2022 at 2:00 p.m. • The motion was made by Deb Polun and seconded by Angie DeMello to adjourn the meeting. • The meeting adjourned at 3:49 p.m. 	