

Community Health Subgroup

December 15, 2021



Agenda

Welcome and Roll Call	Brent Miller	2:00 PM
Public Comment	Members of Public	2:05 PM
Approval of the November 17 th Meeting Minutes	Members of CHS	2:10 PM
Approval of 2022 CHS Meeting Schedule	Members of CHS	2:15 PM
HEC Playbook	Brent Miller	2:20 PM
Meeting Adjournment	All	4:00 PM

Welcome and Roll Call

Public Comment

(2 minutes per person)

Approval of Minutes

November 17th

Approval of 2022 CHS Meeting Schedule

- **Wednesday, January 26, 2022**
- **Wednesday, February 23, 2022**
- **Wednesday, March 23, 2022**
- **Wednesday, April 27, 2022**
- **Wednesday, May 25, 2022**
- **Wednesday, June 22, 2022**
- **Wednesday, July 27, 2022**
- **Wednesday, August 24, 2022**
- **Wednesday, September 28, 2022**
- **Wednesday, October 26, 2022**
- **Wednesday, November 16, 2022**
(3rd Wednesday)
- **Wednesday, December 14, 2022**
(2nd Wednesday)

Health Enhancement Communities Playbook Discussion

Today's purpose

1. Review the established HEC Framework
2. Discuss ideas and suggestions to include in the HEC Playbook, based on the HEC Framework

Goals

- Make Connecticut the healthiest state in the country.
- Achieve health equity for all Connecticut residents.
- Make Connecticut the best state for children to grow up.
- Slow the growth of Connecticut's health care spending.

For Discussion

- How do you feel about continuing with these goals for the HEC initiative?
- What role does the group think these goals have in the initiative?
- How would you tie these goals with the work of the HECs?
- Would a positive or negative movement in measurement (such as rankings) be indicative of HECs being successful or not?
- If you would change anything, what and why?

Health Priorities

- Improving Child Well-Being in Connecticut Pre-Birth to Age 8 Years:
 - Assuring all children are in safe, stable, and nurturing environments.
- Improving Healthy Weight and Physical Fitness for All Connecticut Residents:
 - Assuring that individuals and populations maintain a healthy or healthier body weight, engage in regular physical activity, and have equitable opportunities to do so.

Health Priorities

- Improving Health Equity:
 - Embed health equity throughout the HEC Initiative. This is necessary because much of what is driving poor health outcomes for these priorities is related to or due to health inequities. Improving health equity requires targeted strategies.
- HECs may decide to focus on other priorities, but financing models that the state will pursue to sustain HECs will focus on the health priorities.

For Discussion

- Do you support keeping a focus on childhood wellbeing, healthy weight and physical fitness, and health equity?
- What are your thoughts on being open to focus on other priorities?
 - What do you see as the advantages? Disadvantages?

Priority Interventions

- To address the child well-being priority aim, HECs will implement interventions to:
 - Prevent ACEs.
 - Increase protective factors that build resilience and mitigate the impact of ACEs.

Priority Interventions

- Given its profound impact on the health of children and adults, a key focus of interventions will be on supporting and strengthening the quality of the parent-child relationship.
- HECs may also implement interventions that address other types of trauma or distress such as death of a parent or guardian, separation from a caregiver, poor nutrition, food insecurity, housing instability, poor housing quality, bullying, and discrimination.
- HEC interventions may focus on families, children, parents, and expectant parents to prevent ACEs.

For Discussion

- Thoughts on the primary focus of ACEs?
- Continue with this being the primary focus?
- Add other focuses?

Priority Interventions

- To address the healthy weight and physical fitness priority aim, HECs will implement interventions to prevent overweight and obesity across the lifespan as well as the associated risks of developing serious health conditions.
 - Healthy Weight: Maintaining a healthy or healthier body weight
 - Physical Fitness: At least 150 to 300 minutes of moderate-intensity activity per week to prevent weight gain

Priority Interventions

- HECs could implement interventions that:
 - Increase access to and consumption of healthy affordable foods and beverages
 - Increase access to physical activity space
 - And/or reduce deterrents to healthy behaviors.
- Interventions can target food insecurity and inadequate nutrition in communities.
- Interventions can also support individuals who are already overweight or obese but who lose weight and retain the weight loss as it still reduces their risk of developing or delays the onset of serious health conditions such as diabetes, heart disease, and stroke.
- HECs will also be encouraged to include interventions that support and strengthen the quality of the parent-child relationship. This would provide a powerful link between child well-being and healthy weight/physical fitness interventions.

For Discussion

- Thoughts on primary focus of obesity and overweight?
- Continue with this being primary focus?
- Add other focuses?

Geographies

- Recommend about 8-12 HECs be established.
- Ensure that every geography in Connecticut is included in an HEC.
- An HEC will not overlap boundaries with another HEC.
- Each HEC shall provide justification for their proposed geography and demonstrate how the boundaries are rational, do not exclude high-need geographies or populations, and are functional from a governing perspective.

Geographies

- Each HEC will need to demonstrate that their proposed geography meets both of the following minimum population thresholds:
 - At least 20,000 Medicare beneficiaries
 - At least 150,000 people
- Rural communities may request to be waived from this requirement.

For Discussion

- Thoughts on the number of HECs (8-12)?
 - Do you think there should be a cap on the number of HECs?
- Do you think a minimum population threshold should still be used?
- Should all of Connecticut be covered by a HEC?
 - What are the disadvantages you see of not all of the state being covered?

Aligning Strategies

- If they are properly equipped and resourced, traditional primary care can play a much larger role in promoting the conditions that make people healthy and prevent disease and serve to bridge the gap between clinical medicine and population health.
- Primary Care reform proposes to combine new primary care capabilities with enhanced payment model options that support social needs

Aligning Strategies

- Optimally, primary care practices and HECs would develop mechanisms for sharing information and insights that are critical to improving population and community health across clinical and community settings and continuously monitor and improve the policies, systems, and programs to ensure that they are effective in addressing the needs of population.

For Discussion

- Thoughts on aligning HEC initiative with primary care reform work?
- Would it be helpful for OHS to take an inventory of current state initiatives that could leverage or partner with HECs?
- Other programs or initiatives you recommend for alignment opportunities?

Next Steps

- Review feedback from CHS and incorporate into draft on vision
- Primary Care Roadmap – Public Comment

Meeting Adjournment