

Consumer Advisory Council Meeting Minutes February 9th, 2021

Meeting Date	Meeting Time	Location
February 9 th , 2021	3:00 – 5:00 p.m.	Zoom Meeting

Participant Name and Attendance

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Jeffrey G. Beadle		Christiane Pimentel	X	Adrienne Benjamin	X
Alan Coker	X	SB Chatterjee	X	Peggy Lampkin	
Robert Krzys	X	Soneprasith Phrommavanh	X	Andre L. McGuire	X
Velandy Manohar	X	Taylor Edelman	X	Daniel C. Ogbonna	X
Terry Nowakowski	X	Ann R. Smith	X		
Others Present					
Dashni Sathasivam (HES)		Laura Morris (OHS)			
Terry Gerratana (OHS)		Kim Martone (OHS)			
Ormand Clarke (OHS)					

Meeting Information is located at: <https://portal.ct.gov/OHS/SIM-Work-Groups/Consumer-Advisory-Board>

	Agenda	Responsible Person(s)
1.	Welcome	Terry Nowakowski
	Call to Order The scheduled meeting of the Consumer Advisory Council (CAC) was held on Tuesday, February 9 th via zoom. The meeting convened at 3:03 p.m. Terry Nowakowski chaired the meeting.	
2.	Public Comment	Terry Nowakowski
	There was no public comment.	
3.	Approved January 12th, 2021 Meeting Summary	Terry Nowakowski
	The motion was made by Velandy Manohar and seconded by SB Chatterjee to approve the minutes of the Consumer Advisory Council meeting of January 12 th , 2021. Motion carried.	
4.	Overview of the Office of Minority Health Grant Presentation given by Laura Morris, OHS	Laura Morris
	<ul style="list-style-type: none"> Laura Morris provided an overview of the US Department of Health and Human Services Office of Minority Health: State and Territorial Partnership Initiative to Document and Sustain Disparity-Reducing Interventions grant. The objectives of the grant are designed to demonstrate if modifications to existing evidenced-informed interventions for selected health issues will significantly improve health outcomes for racial and ethnic minority and disadvantaged populations. It is also meant to test modifications to existing public health programs or practices to assess if the modified intervention is successful in significantly improving health outcomes for selected health issues. These efforts will culminate in the development and implementation of effective plans that will sustain successful interventions after the award period. The two evidence informed interventions being tested include: 	

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- 1) Reduce serious Maternal Mortality and Morbidity among pregnant women of color including African American/Black and Latina women
 - The objectives of this project include increasing the number of women participating the intervention, increasing early and adequate prenatal care, increasing enrollment and receipt of behavioral health services, increasing postpartum care, and promoting the engagement of women in the program for at least one year after enrollment.
 - The outcome: Increase from baseline to 85% clients from the target population that are enrolled in one of two proposed modified maternal morbidity and mortality interventions who deliver at 37 weeks or later without serious maternal morbidity events or infant mortality events within the intervention period.
 - Daniel Ogonna agreed that access is an issue among pregnant women particularly if women live further distances from clinical sites. He asked if transportation services were included and if social workers or community health workers were a part of the intervention.
 - Laura Morris thanked Daniel Ogonna for his questions and said that yes, transportation is considered and community health workers are being involved.
- 2) Increase access to Nutrition Education and Nutritional Foods for Native Americans with diabetes that are residents of the Mashantucket Pequot Tribe Reservation
 - The objectives of this project include increasing the number of individuals that receive nutrition counseling from a registered dietitian, increasing the number of individuals with A1C levels to less than 7.0, increasing the number of individuals by the end of the project period: Increase the number of individuals with LDL levels of <100 mg/dl, ensuring the use of Farm Food Rx vouchers, ensuring use of proposed veggie garden program.
 - Outcomes: Increase from baseline of 44% to 60% clients in the target population that are enrolled in the modified nutrition intervention age ≥40 years who meet ALL of the following criteria— A1C <8.0, Statin prescribed*, and mean BP <140/<90 within one year of intervention enrollment * Excludes patients with an allergy, intolerance, or contraindication
 - This is a 2-year grant with a start date of October 1, 2020. It consists of \$299,837 per year, with the potential for a 3rd year of funding contingent upon the programs showing statistically significant changes.
 - The Office of Health Strategy is the grant fiduciary and provides in-kind technical and administrative support/grant management. DPH's Office of Minority Health is providing in-kind technical support. The Greater Middletown Health Enhancement Community received \$109,991.00 per year. The Eastern Connecticut Health Collaborative Health Enhancement Community received \$111,588.52 per year. Data Haven receive \$79,000 per year with Yale School of Medicine Equity, Research and Innovation Center as their sub-contractor.
 - Laura Morris also shared that part of the data collection must adhere to culturally and linguistically appropriate services (CLAS) standards
 - SB Chatterjee shared the following resource in the chat: Chelsea Armistead (Trinity College) - Senior Theses Spring 2018 Infant Mortality and Maternal Health in Hartford, CT <https://digitalrepository.trincoll.edu/theses/744/>

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- Velandy Manohar felt that the two areas that must be incentivized among maternal care providers include adopting CLAS standards and using SDOH factors to optimize outcomes. As Daniel Ogbonna was saying, if the social determinants of health are not addressed, then we cannot impact the outcomes.
- Laura Morris thanked everyone for their comments and questions. She added that they are thinking about how to collect common race/ethnicity data across sites as well as social determinants of health data.
- Laura Morris provided an overview of the Health enhancement Community initiative, which was initially developed under the State Innovation Model and is focused on improving on improving the health and wellbeing of individuals and families by implementing local and statewide strategies that improve community health and health equity and prevent poor health. The model is based on implementing multi-pronged, mutually reinforcing strategies to achieve and sustain improved outcomes, includes a mix of programmatic, systems, policy and cultural norm interventions and modifications. Currently HECs are working on childhood wellbeing in pre-birth to age 8 years and improving healthy weight and physical fitness for all CT residents.
- OHS met with all nine HECs to review and discuss this grant opportunity and two of the HECs were interested in pursuing a modification to an existing intervention.
- The Greater Middletown HEC which is a partnership between the following groups: Middlesex County Perinatal Health Collaborative, Middlesex Health Perinatal Social Worker Program and Community Health Center, Middletown, Prenatal Program. The existing program involves a network of health and behavioral health providers and community agencies that address unmet needs for high-risk pregnant women experiencing complex social, health and mental health issues in jeopardy of falling through the cracks of the healthcare and community services delivery system leading to poorer maternal and child health outcomes. Meet bi-weekly to coordinate care for women on their caseload. A comprehensive care plan is developed based on individual need. Network tracks progress through continued communication with each women's plan.
- The Proposed Modification to this intervention is to add 1.5 FTE Certified Community Health Workers who will also be trained to offer doula services. Provide enhance field-based service to women to mitigate persistent perinatal and postpartum disparities for women and babies of color. This need is addressed by building a relationship and trust with the expectant mother, creating open dialogue where questions can be asked and fears and concerns can be expressed, develop an individualized care plan with the expectant mothers based on her preferences and needs
- Velandy Manohar mentioned that some women may also have school-age children that may be also being served through school-based health clinics are other important community assets and they are open even if schools are closed and he can see how HECs and school-based health centers could work together to provide support health of children of all ages.
- The Greater Middletown HECs have developed a database of resources for their community members and she believes that the school-based health centers
- Ann Smith mentioned that for children born before having the benefit of the HEC program, they have a greater likelihood of expressed her support of school-based health centers and the need for expanding those models as well as looking at how these systems could be working together and how the connection between the HEC and school-based health centers can be made

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- Velandy Manohar noted that domestic violence and child abuse have increased since the closing of in-person schools. That is why the link to SDOH is critical.
- Ann Smith thanked Velandy Manohar. She shared details on the presentation she will be making. that if we are going to support the health of children, we need to make sure that systems are working together and we are not leveraging the existing resources due to fragmentation. The argument is that we cannot afford it when resources are proposed. Her argument is that you cannot afford to not to invest in resources now because the earliest opportunities to provide intervention and preventative services means impacting upstream will result in greater cost-savings.
- Velandy Manohar agreed and in particular with ACEs and intervening early means building resilience and mitigating adverse outcomes for children early.
- Laura Morris thanked the members for their comments. Also, many of the HECs are focused on ACEs.
- Daniel Ogbonna asked: Does COVID-19 affect how services are facilitated? If so, how? Is this a virtual service with in-person accommodations?
- Laura Morris answered that there will be a combination of in-person and virtual following COVID-19 protocols. She acknowledged that the optimal model is a 1-to-1 in-person model, which is
- Terry Nowakowski expressed that she was glad Datahaven is involved and the importance of upstream intervention efforts and the importance of data collection and common questions. The Partnership is also looking into developing common language and asking the same questions regarding housing to help facilitate to cross system fertilization.
- Laura Morris agreed that the data and evaluation was a critical piece and race, ethnicity and language data collection was not a requirement, but something that they felt important to do. DataHaven and Yale ERIC are helping to develop those data collection instruments.
- SB Chatterjee referenced the following article: Despite Efforts, Black Women in Connecticut Deliver More Preterm Births <https://www.wnpr.org/post/despite-efforts-black-women-connecticut-deliver-more-preterm-births>
- Laura Morris explained the other maternal and child health focused initiative with Madonna Place an Eastern CT Health Collaborative HEC.
 - Existing Program: Great Beginnings home visiting program provides intensive weekly home visits to expectant parents and parents with children aged 0-6 in the greater Norwich Area. Improve birth and child health outcomes for mothers and children, enhance child development and early childhood education, enhance family well-being, improve parenting skills, prevent child abuse and neglect.
 - Proposed Modifications: Will engage on part time home visitor and one part time outreach worker reflective of the target population to recruit and engage more pregnant women to enroll in the Great Beginnings program. These two positions will train and become CHWs.
 - Outreach to churches that serve the minority community, hair salons, Haitian and Cape Verdean community through established groups and connections, NAACP and other community and individual connections.
 - Provide intensive, field based, strength-based, culturally appropriate interventions and services

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- Enhanced health education and tracking, connections to prenatal care, health insurance, dental services, subsequent pregnancy planning, well child care, primary care and all social services as needed.
- The final partnership is with the Mashantucket-Pequot Tribal Nation Health Services to Special Diabetes Program
- Existing Program: The program focuses on applying scientifically proven methods to prevent the onset of diabetes and costly diabetes-related complications. Utilize Diabetes Best Practices in the areas of blood pressure control, tobacco use screening and counseling, immunizations, glycemic control, foot and eye exams, and nutrition and physical activity education. There is a nutrition component to support the health of at-risk tribal members with diabetes or pre-diabetes and provides a nutritional consult with an on-staff Registered Dietitian who also has certification as a health *coach*.
- *Proposed Modification:* Staff participate in a six-week training course to learn how to redesign services (both in-person and digitally), materials, and strategies to be more end-user focused.
 - Use multimedia to increase outreach and health impact regarding nutrition. Use of smartphone and non-smartphone technologies (e.g., text messaging), use of Siri/voice engagement, website designed with inclusivity principles (visually impaired, translate text into voice, etc.), and use of chatbots to increase engagement around nutrition and nutrition education.
 - Increase access to healthy, nutritious foods. Create the Farm Food Rx program that would provide individuals with food insecurity a \$20 voucher to the reservation-based Mashantucket farm stand for use, limited to farm fresh foods. The Farm Food Rx program to include other area farms and local stores for fresh food options when farm stands are not open. In addition, to increase food sovereignty and access, the Farm Food Rx
 - Program would also provide “home veggie garden” starter kits to individuals that are interested in starting their own gardens. In order to support new gardeners, the
 - Mashantucket-Pequot tribe Agricultural Tech Support team to provide hands-on assistance with setting up and launching their home garden.
- The data collection and evaluation methods include creating a Health Disparities Profile, a requirement of the Office of Minority Health for each topic area and for each geography area. DataHaven has completed this already. Laura Morris asked the CAC to provide comment and feedback on this document and she will share that with the group.
- DataHaven is developing new data collection instruments for race and ethnicity data as well as assessing all data collection instruments of each HEC including their EHRs.
- The final Evaluate component of the project includes assessing the National CLAS Standards to ensure the proposed project will be implemented in a culturally appropriate manner tailored to the populations of focus
- Velandy Manohar asked if there was a date by when CAC members should submit comments on the Health Disparities Profile.
- Laura Morris acknowledged that the profile was a large document and they would appreciate having comments submitted by March 15th. Comments to be emailed directly to Laura Morris.
- Laura Morris explained the sustainability plan of the Office of Minority Health grant including the Health Equity Trust, braided and blended funding, pursuing outcomes-based funding and

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	<p>developing community-level plans to sustained improved outcomes. The purpose is to determine ways for the HECs to continue their work and progress beyond their grant periods.</p> <ul style="list-style-type: none"> • Laura Morris wrapped up the presentation by providing a current update on the grant • Terry Nowakowski asked about the number of women that the grant is aiming to serve • Laura Morris said that she will follow up with the exact numbers. • SB Chatterjee expressed his appreciation and favor of the project. • Velandy Manohar asked when the final report would be submitted. • Laura Morris responded that the final report is due to the Office of Minority Health by November 2022. • SB Chatterjee asked if there are thoughts on scaling any of these modified intervention in other areas. • Laura Morris responded that OHS would rely on the HECs in each area to determine how to tailor and determine how an intervention would work best in their region because they understand the needs of their communities. • Velandy Manohar expressed his support in reviewing documents. • Laura Morris also expressed her interest in having the two Health Enhancement Communities come to present to the CAC and provide a program update. She also thanked the CAC for having her present. 	
5.	<p>Committee Reports - Consumer Engagement and Outreach Standing Committee: Velandy Manohar, Taylor Edelmann, Dashni Sathasivam</p>	<p>Velandy Manohar, Taylor Edelmann, Dashni Sathasivam</p>
	<ul style="list-style-type: none"> • Velandy Manohar acknowledged the efforts of Taylor Edelmann and the planning committee. • Taylor Edelmann provided an update on the event. He shared that there will be a resource guide that will be provided to those who are interested and will be shared during the event. • Taylor Edelmann mentioned True Colors and how it's closing will impact LGBTQ Youth and wanting to acknowledge that, but also hoping that this won't be the focus of the conversation. He is looking forward to this being a good event. The tech-run through was successful. The only challenge will be juggling questions and timing. • Dashni Sathasivam reminded members that they should have received a calendar invite and encouraged individuals to participate through the Facebook chat. There were 73 members who had expressed interest in the event via the Facebook event page. OHS and Commission on Women, Children, Seniors, Equity and Opportunity have disseminated the event information via their various channels. • Velandy Manohar brought up his concern around safety in a Facebook forum and disclosure of information for which conditions are different than an in-person event. He wanted people to be cautious about how much they were personally disclosing. • Taylor Edelmann agreed that this was a valid point and one that has been discussed with the panel. As part of the event preparation, the panelists have received the questions in advance and we have reviewed them as a group. The hope is that this is a real conversation that is more helpful than harmful • Velandy Manohar also would like people to mention their pronouns. He would also interested if there would be any resources for people post-event for the audience to debrief. 	

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	<ul style="list-style-type: none"> • Taylor Edelmann responded that everyone on the panel will introduce themselves with their pronouns and have that as a part of their name on zoom. There are no plans to have mental health providers specifically for this event, but the resource list will provide local Connecticut organizations serving the LGBTQ community. • Terry Nowakowski is glad that there will be some acknowledgement of True Colors losing their funding. Also, she asked how people who were interested in continuing the conversation through a focus group or some means. She asked Terry Gerratana if that was possible. • Terry Gerratana agreed that there is more work to be done and the CAC can pursue and persist with for example with convening a subcommittee for continued dialogue. • Terry Gerratana mentioned that there will be a debrief of this event during the upcoming CE&O subcommittee. • Velandy Manohar also brought up the fact that supporting pregnancy among the LGBTQ communities would be relevant with the HECs and the grant which Laura Morris presented. • Taylor Edelmann shared that LGBTQ youth are at an elevated risk of getting pregnant. Also, that he attended the LGBTQ Network and that Youth could be a potential focal point and may be an avenue for continued sustainability post-event. • Terry Nowakowski shared information about Families First which will involve federal dollars and partnership between DCF and other stakeholders. which includes pregnant and parenting youth is a target group. When thinking about blending and braiding sustainable funding, she hopes DCF will attend the event. • Sone Phrommavanh shared that there was an email shared by his supervisor regarding the event. • Dashni Sathasivam also shared that there will be a voluntary survey for collecting data from participants. One of the questions will be asking people if they would like to be added to the OHS listserv and the CWCSEO. Another question in the survey asks people about their interest in learning more about the CAC and joining as these events serve as an opportunity to plug the CAC. • Terry Gerratana provided details on the expectations of the membership and nominating committees, which will convene later in the year. 	
6.	OHS Listening Sessions; Terry Gerratana and Dashni Sathasivam	Terry Gerratana and Dashni Sathasivam
	<ul style="list-style-type: none"> • Terry Gerratana thanked the members that she had already spoken with who were interested in helping connect OHS to potential community co-hosts. • Dashni Sathasivam shared that in efforts to provide more technical information about Connie regarding privacy and security, Connie has been invited to speak to the CAC to answer questions. She placed a Doodle Poll in the chat for a future CE&O committee that would include a meeting with Connie’s Executive Director. She will follow up via email. • SB Chatterjee mentioned the press that Connie had received recently that were less favorable and given the stop-and-start efforts in the past. He felt that the more equitable, transparent information coming out about Connie, the better. • Terry Gerratana shared that an initial draft policy will be released soon by OHS and there will be comment period and this will have multiple iterations that will conclude by the end of the year. • SB Chatterjee shared his experiences on internal HIEs with Aetna. 	

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	<ul style="list-style-type: none"> • Terry Nowakowski asked if there are specific groups looking to engage or if it for anyone to participate. • Terry Gerratana responded that for the HIE consent listening sessions, OHS is looking for the healthcare consumer. These individuals may be active in many different spaces and organizations. • Dashni Sathasivam added that we are looking for diverse consumers that are in Connecticut and those that may have specific or unique concerns when it comes to data or consent. For example, engaging a support groups of parents will have a different lens when thinking of supporting the health of their children versus individuals living with HIV/AIDs. • Pastor Andre McGuire provided names of organizations (Hartford Ryan-White Planning Council, the HIV Planning Consortium) serving individuals with HIV/AIDS and would be willing to share contacts. • Terry Gerratana shared that these meetings can be held during the day, the evening, the weekends. She is available to answer questions and give presentations on the opportunity. It is a listening session to present what OHS is doing and hear what people think and questions on the what, the why etc. • Terry Nowakowski suggested the DHMAS DCF Regional Advisory Councils (RACs) that represent parents and families with substance use and mental health. • Ann Smith also suggested Department of Developmental Services (DDS). • Terry Nowakowski also suggested FAVOR Inc. • Terry Gerratana also brought up the Aging Resource Center ARCs. 	
7.	New Business/Announcements	Terry Nowakowski
	<ul style="list-style-type: none"> • SB Chatterjee mentioned that he and Velandy Manohar were working on an op-ed in response to this recent post in the CT Mirror: School-based health centers remain vital resource during pandemic: https://ctmirror.org/2021/01/30/school-based-health-centers-remain-vital-resource-during-pandemic/ • Pastor Andre L. McGuire mentioned that he is working on a Summit on boys and men of color with the UCONN Health Disparities Initiative in June. He will share the brochure. • Ann Smith invited individuals to an event on February 11, 2021 at 4:00 PM for a virtual learning session “It Takes A Village...Optimizing Systems for Optimal Child Well-Being”. Sponsored by the New England Mental Health Technology Transfer Center, this is an important opportunity to share insights gained from AFCAMP’s 20 years of “Empowering Families and Engaging Systems to Improve Children’s Lives”. https://bit.ly/3jJbRkJ • Laura Morris will share the Health Disparities Profile Requirement OMH tool. She asks for questions and comments. People can email Laura Morris by March 15th. and she will pass on to Datahaven and the grantees • SB Chatterjee mentioned that he and Velandy Manohar have written some articles on school-based health centers and are writing an editorial encouraging the leveraging them in COVID-19. In response to https://ctmirror.org/2021/01/30/school-based-health-centers-remain-vital-resource-during-pandemic/ 	

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	<ul style="list-style-type: none"> Partnership is sponsoring the March forum on Upstream prevention efforts. They hope to have DCF, CSSD, Greater Waterbury Health Network, CT National Juvenile Justice Alliance. She will share materials.
8.	Adjournment
	The meeting adjourned at 4:56 PM.

DRAFT