

Connecticut State Innovation Model Health Enhancement Community Initiative

Population Health Council Meeting

June 28, 2018

3:00 pm – 5:00 pm

 connecticut state
innovation model

Meeting Agenda

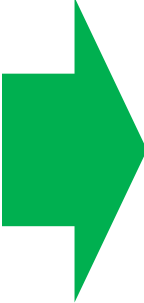
1. Introductions
2. Public Comments
3. Minutes
4. Key Takeaways from Reference Communities / Stakeholders
5. Strawperson Design for HEC Focus and Activities
6. Social Financing Models
7. Discussion
8. Closing Comments

Today's Meeting

Meeting Objectives

- Discuss key takeaways from Reference Community deep dive sessions and stakeholder interviews conducted to date
- Get PHC input on strawperson design for HEC focus and activities
- Review social financing models – Nonprofit Finance Fund

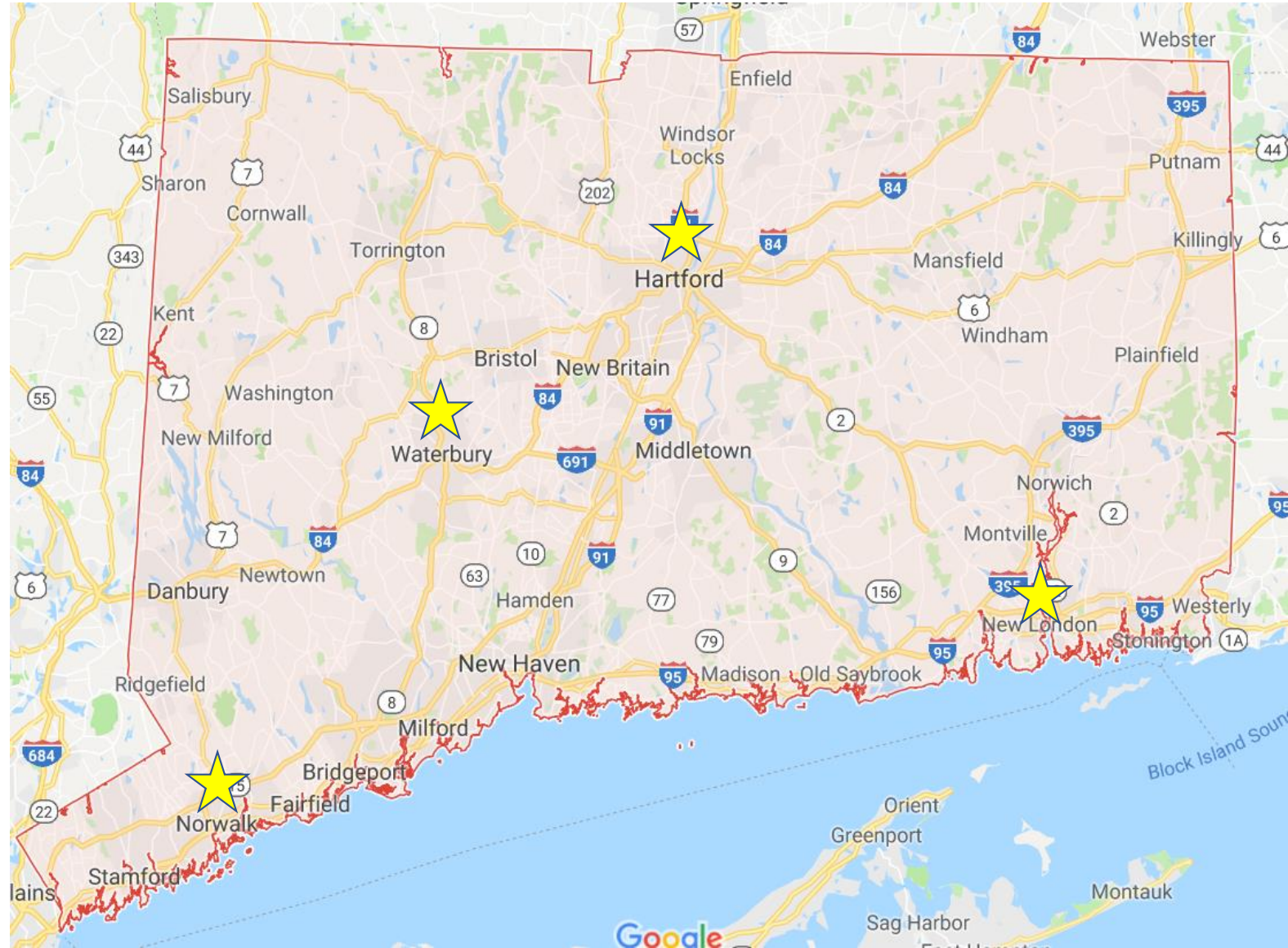
Key Design Questions



Accountability:	Define the appropriate expectations for HECs.
Boundaries:	Define the best criteria to set geographic limits.
Focus and Activities	Define what HECs will do to improve health and health equity and appropriate flexibility/variation.
Indicators:	Define appropriate measures of health improvement and health equity.
State Role:	Define State's role.
Health Equity:	Define approaches to address disparities across communities
Infrastructure:	Define the infrastructure needed to advance HECs (HIT, data, measurement, workforce).
Sustainability:	Define financial solution for long-term impact.
Regulations:	Define regulatory levers to advance HECs.
Engagement:	Define how to ensure meaningful engagement from stakeholders.

Reference Communities

- 4 Reference Communities selected
- Deep dives with 3 in red
 - Norwalk
 - Waterbury
 - Hartford
 - New London



Reference Communities: Key Takeaways

- Selected initial priority health conditions and (to some extent) interventions
 - For the purposes doing financial modeling and developing specific recommendations
- All 3 selected obesity/nutrition and diabetes
- 2 also selected asthma
 - Although 1 was not a group selection
- 2 also selected mental health
 - 1 group also emphasized the connection with substance use disorders, especially opioids and alcohol

Reference Communities: Key Takeaways

- Interventions we discussed leaned more to the health conditions rather than the strict interventions except they all liked:
 - Community gardens to increase consumption of vegetables among kids
 - The Diabetes Prevention Program
- For each, we also identified changes in systems, policies, and workforce that would support health condition interventions
 - Example: School policies on access to school property after hours and in the summer and prohibition against using garden vegetables in the school food service would have to change if it was a school garden


Stakeholder Interviews: Key Takeaways

- Interventions
 - Place-based or geography based interventions are key
 - Address root causes (e.g., housing, transportation)
- HEC structure
 - Strike a balance between focus and flexibility
 - Leverage existing community networks and infrastructure
 - Investment in Community Health Workers/Navigators
- Sustainability
 - Need a realistic sustainable payment model (state, federal, private payer, and private business participation)

Stakeholders are being engaged/interviewed throughout the HEC design process.

The list and timing of stakeholders being engaged are in the Appendix.

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DISCUSSION: Strawperson Design for HEC Focus and Activities

**EARLY
CHILDHOOD
EMOTIONAL
DEVELOPMENT**

OBESITY

DIABETES

**For discussion:
HEALTH
PRIORITIES FOCUS
AREAS**

**Programmatic
Interventions**

**Programmatic
Interventions**

**Programmatic
Interventions**

**For discussion:
FOCUSED
CATEGORIES**

**Systems
Interventions
or
Development**

**Systems
Interventions
or
Development**

**Systems
Interventions
or
Development**

**EVIDENCE-
BASED/
INFORMED, ROI,
AND CROSS-
GENERATION
INTERVENTIONS
SELECTED BY
HECS**

**SUPPORTED BY
STATEWIDE
INTERVENTIONS**

**Policy
Interventions**

**Policy
Interventions**

**Policy
Interventions**

**Cultural
Norm
Interventions**

**Cultural
Norm
Interventions**

**Cultural
Norm
Interventions**

**With some
interventions
deliberately for
more than one
health condition**

**Populations could
be targeted (e.g.,
people in “hot
spot” areas within
the geography or
people with mental
health or substance
use disorders)**

Next for Reference Communities

- Hartford Deep Dive 1
- Deep Dive 2 with all Reference Communities
 - Delving into governance and infrastructure and capacity assets and gaps across multiple dimensions
 - Vetting strawperson design elements

Next for PHC Design Teams

- Membership is being finalized for the PHC Design Teams.

Design Team #1: Interventions, Measures, Data, Workforce	Led by Liddy Garcia-Bunuel, HMA
Design Team #2: Financing	Led by Rob Buchanan, HMA
Design Team #3: Governance/Decision-Making	Led by Cathy Homkey, HMA

- Two webinars will be scheduled for each design team in July.
- HEC geography, attribution, and governance will be key design topics for PHC discussion and input.

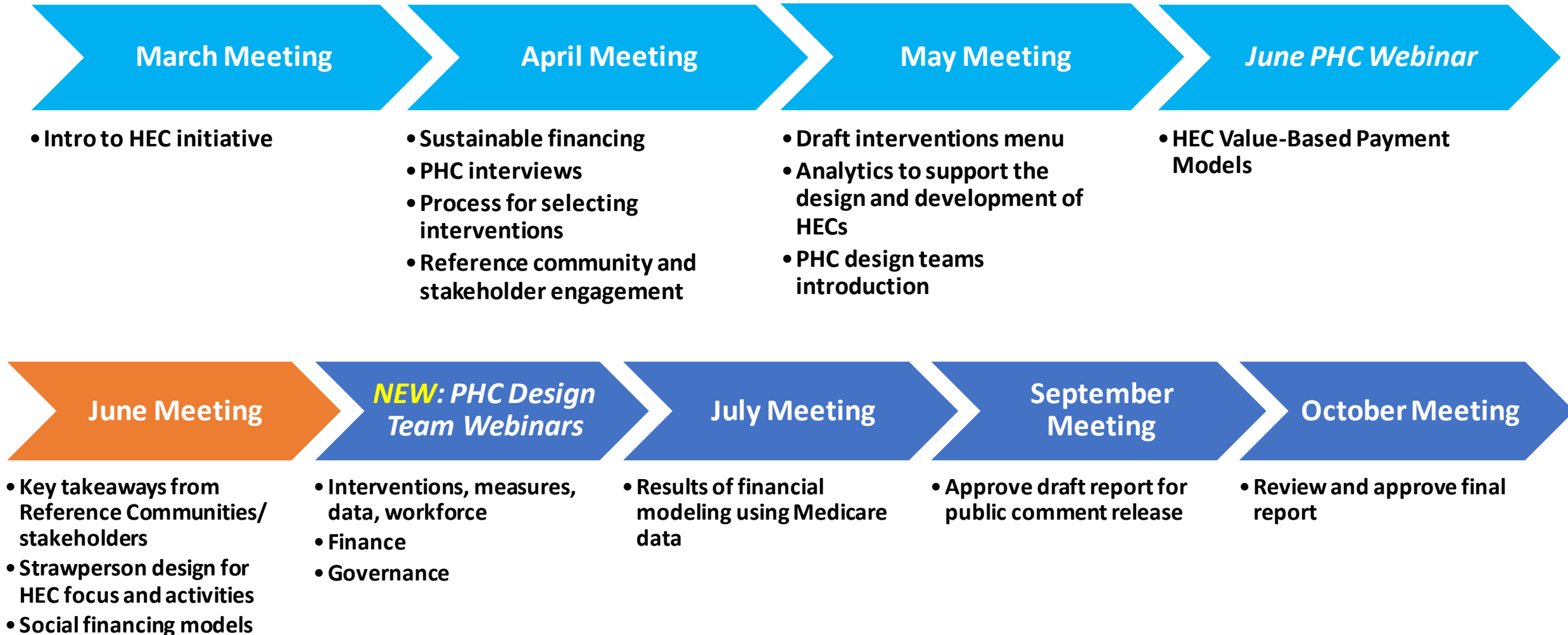
Social Financing Models

Nonprofit Finance Fund Presentation

Discussion and Closing Comments

APPENDIX

Population Health Council HEC Timeline



Agenda items for future meetings may change as the HEC design process evolves.

Timeline for Engaging Other Stakeholders (Beyond the Reference Communities)

Wave 1 Stakeholder Engagement

- Hospitals and hospital community benefit coordinators
- CT Association for Community Action (CAFCA) (*Community action agencies*)
- Consumer Advisory Board (*HEC overview*)
- Population Health Council (*Interviews with individual members*)
- State Health Improvement Coalition Advisory Council

Wave 2 Stakeholder Engagement (After June 30)

- Federally Qualified Health Centers & other primary care providers
- Regional Behavioral Health Action Organizations
- Existing collaboratives (Bridgeport and New Haven)
- Vita Health and Wellness District
- Foundations and funders
- Local health directors
- Faith-based organizations
- Consumer Advisory Board (*continued engagement*)