

CONNECTICUT HEALTH ENHANCEMENT COMMUNITY MODEL: HEALTH PRIORITIES AND A PROPOSED HEC INTERVENTION FRAMEWORK

September 20, 2018

HEC Health Priorities: A Focused Approach

The goal of the Health Enhancement Community (HEC) Initiative is achieve prevention, health risk, and health equity improvements while reducing cost trends for Connecticut. To support these goals, HEC design includes two prevention aims that would be implemented across all HECs. The purpose of having this focused approach is to increase the likelihood of achieving state-level outcomes. The two prevention aims are:

Improving Child Well-Being for Connecticut Children Aged 0-5 Years Old

Increasing Healthy Weight and Physical Fitness for All Connecticut Residents

Improving Child Well-Being for Connecticut Children Aged 0-5 Years

For the HEC Initiative, the goal for child well-being is **assuring safe, stable, nurturing relationships and environments**. The CDC defines these three characteristics as follows:¹

- **Safety:** The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment
- **Stability:** The degree of predictability and consistency in a child's social, emotional, and physical environment
- **Nurturing:** The extent to which a parent or caregiver is available and able to sensitively and consistently respond to and meet the needs of their child

¹ Essentials for Childhood Framework: Creating Safe, Stable, Nurturing Relationships and Environments for All Children. (n.d.) Centers for Disease Control and Prevention.
<https://www.cdc.gov/violenceprevention/childabuseandneglect/essentials.html>. Accessed 8/6/2018.

HECs would implement interventions that prevent the exposure to Adverse Childhood Experiences (ACEs) by increasing protective factors and resilience among children aged 0-5 years. Interventions would focus on one or more of the following ACEs:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Mental illness of a household member
- Problematic drinking or alcoholism of a household member
- Illegal street or prescription drug use by a household member
- Divorce or separation of a parent
- Domestic violence towards a parent
- Incarceration of a household member

HECs may also implement interventions that address other types of trauma or distress such as food insecurity, housing instability, or poor housing quality. HEC interventions may focus on families, children, parents, and expectant parents.

Improving Healthy Weight and Physical Fitness

For the HEC Initiative, the goal for healthy weight and physical fitness is **assuring individuals and populations maintain a healthy or healthier body weight, engage in regular physical activity, and have equal opportunities to do so.**

Healthy weight and physical fitness are defined as:

- **Healthy Weight:** Maintaining a healthy or healthier body weight²
- **Physical Fitness:** At least 150 to 300 minutes of moderate-intensity activity per week to prevent weight gain³

² A healthy weight for adults means having a Body Mass Index (BMI) at or greater than 25 is overweight and at or greater than 30 is obese. For children and teens, a BMI at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex. Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex. <https://www.cdc.gov/obesity/adult/defining.html> and <https://www.cdc.gov/obesity/childhood/defining.html>. Accessed 8/6/2018.

³ Or could engage in 150 minutes of vigorous-intensity aerobic physical activity per week or an equivalent combination of moderate- and vigorous-intensity activity.

HECs would implement interventions to prevent overweight and obesity across the lifespan and the associated risks of developing serious health conditions. Interventions would focus on:

- Access to and consumption of healthy foods and beverages
- Access to safe physical activity space
- Deterrents to healthy behaviors

Proposed interventions would also support overweight or obese individuals 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.

HEC Interventions Framework: Focus and Flexibility

Moving the needle on improving child well-being and healthy weight and physical fitness will require HECs to align and implement multi-pronged strategies and interrelated “upstream” interventions that address the root causes of ACEs and overweight and obesity. As such, it is proposed that HECs interventions span four key areas:

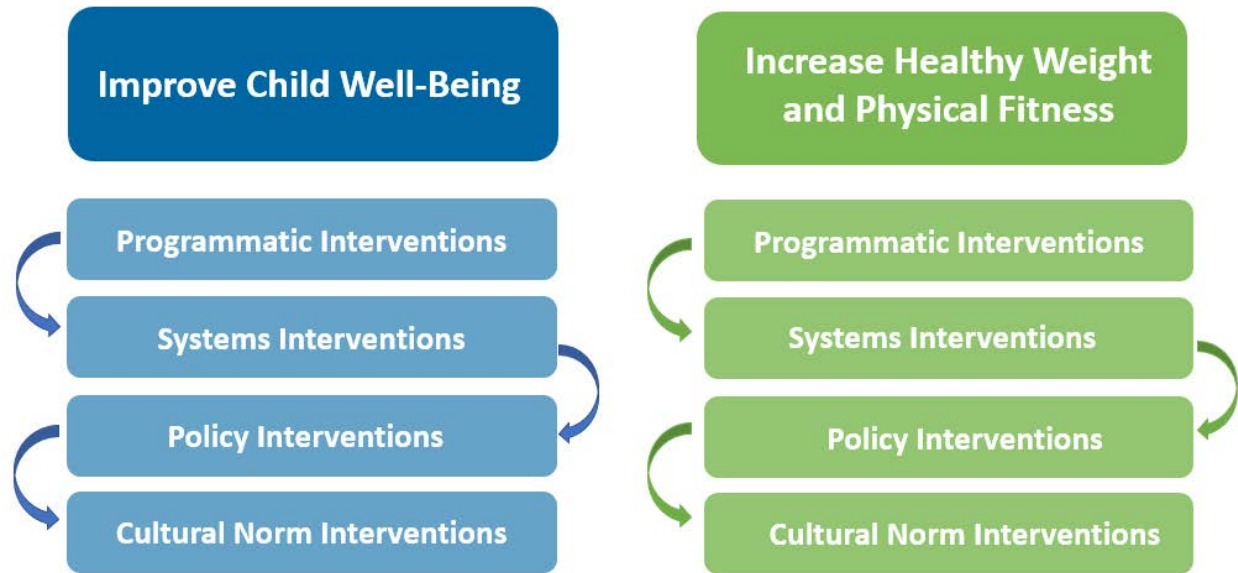
- Programs
- Systems
- Policies
- Cultural norms⁴

It is proposed that HECs align existing interventions and implement new interventions in each of these areas and ensure that interventions mutually supporting each other. HECs would also have the flexibility to select interventions that are most relevant in their communities and among their partners. It is proposed that the State also may sponsor interventions that would have a statewide impact.

https://www.cdc.gov/cancer/dcpc/prevention/policies_practices/physical_activity/guidelines.htm. Accessed 8/6/2018.

⁴ Cultural norms in communities and institutions

HEC Intervention Framework



It is proposed that interventions will be required in each of the four categories with some interventions mutually supporting each other (examples in the figure represented by arrows). HECs also will select interventions from a menu of interventions that includes evidence-based or evidence-informed interventions and interventions that have produced a return on investment and cost savings. HECs may also propose “off menu” interventions that they believe better meet the needs of their communities and partners.