OHS CONNECTICUT Office of Health Strategy

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

SIM connecticut state innovation model

Health Enhancement Community Initiative

Interventions, Measures, Data and Workforce

PHC Design Team #2
July 31, 2018
10:00 – 11:30 AM

Today's Objectives

Confirm HEC model element for inclusion in concept paper:

I. Interventions

II. Measures

III. Connecticut Data Analytics Solution (**CDAS**)

IV. Workforce for HECs

Part I

Interventions

Proposed/narrowed down list of priority health conditions, root causes, and interventions

What prevention aims will HECs seek to achieve?

Primary Aims Across All HECs

Confirm

Improve Child Well-being

Increase Healthy Weight and Physical Fitness

While these two will be the focus of all HECs,
HECs may also select additional priorities.

What prevention aims will HECs seek to achieve?

Confirm

Child Well-Being Definition: Assuring safe, stable, nurturing relationships and environments *(Source: CDC Essentials for Childhood)*

Interventions targeting

- 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

- Allow for HECs to include other types of trauma or distress such as food insecurity or housing instability or housing quality
- **Interventions can also increase the number of children with protective factors in place to mitigate the effects of potential toxic stressors – building resilience.**

What interventions will HECs implement?

Confirm

Improve Child Well-Being

- Programmatic Interventions
- Systems Interventions
- Policy Interventions
- Cultural Norm Interventions

Increase Healthy Weight and Physical Fitness

- Programmatic Interventions
- Systems Interventions
- Policy Interventions
- Cultural Norm Interventions

Complementary statewide consortium for sharing best practices and creating statewide interventions

What interventions will HECs implement?

Confirm

HEC Intervention Selection Criteria

- Address *both* child well-being and healthy weight/physical fitness
- Have strong evidence with a demonstrated ROI within 10 years
- Implement interventions in all four categories (programmatic, systems, policy, and cultural norm) and that address health inequities
- Demonstrate financial and performance outcome measures on blended portfolio of interventions
- Must have demonstrated wide-spread community buy-in (are the right partners at the table, social network analysis?)
- Must have a logic model demonstrating anticipated outcomes that tie back to state's outcomes
- Must have a timeline congruent with evidence-based ROI.

How Will Health Equity Be Core to the HEC Initiative?

Propose Embedding Health Equity Throughout HEC Initiative

- Stratified Data
- Interventions
- Measures
- Logic Models
- Supports (e.g., framework, TA, training, etc.)
- Structure (e.g., Statewide HEC Consortium)

HEALTH EQUITY DEFINITION

Providing all people with fair opportunities to achieve optimal health and attain their full potential.

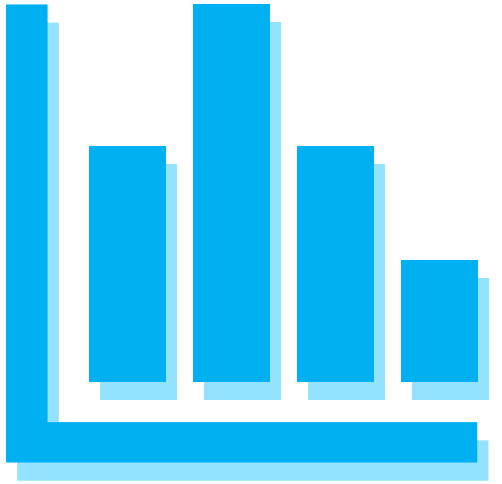
Part II

Measures

Which population and community-wide measures will HECs be accountable

How will HECs be held accountable?

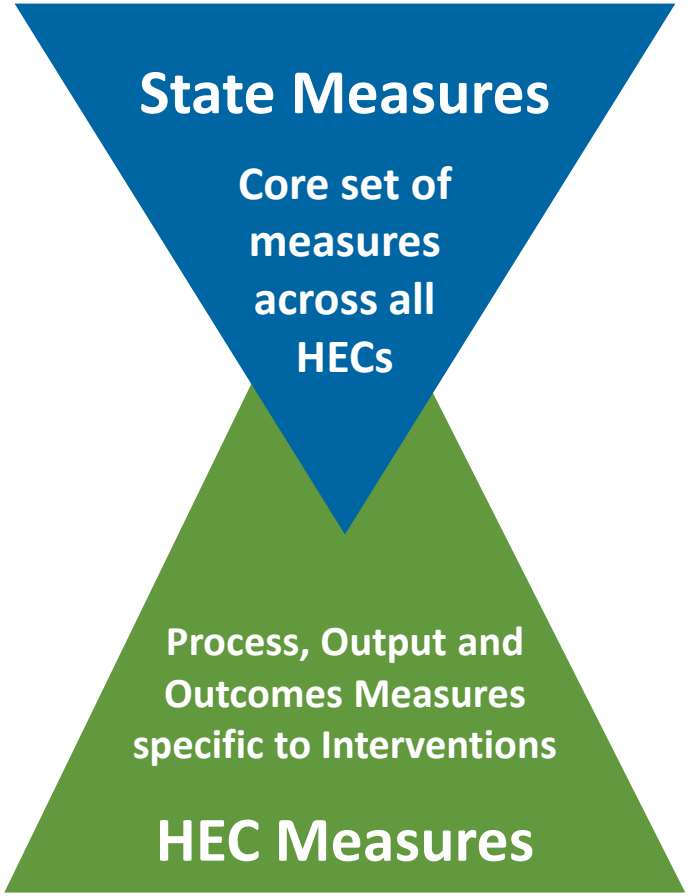
Confirm



- HECs will be accountable for decreasing incidence and prevalence of overweight and obesity of residents in their defined geographic area.
- HECs will be accountable for decreasing the number of children who experience adverse childhood experiences (ACES).
- **HECS will be accountable for increasing the number of children with protective factors in place to mitigate the effects of potential toxic stressors.**
- HECs will need to be accountable to measure interventions and report to state regularly.

How will HECs be held accountable?

Performance Measures



- Create a HEC dashboard for ability to compare and contrast specific to focused chronic conditions, such as obesity and ACES
- Focused on outcomes over time (3, 5, 10, 15 years)
- Traditional measures: Incidence and prevalence of disease or risk factor
- State create templates for HEC reporting on interim measures
- State responsible for collecting the majority of outcome data.
- States provide common tools for measuring changes in attitudes and behavior as interim measures.

- **Will create logic models for interventions that tie outputs back to state measures for robust collaboration.**
- Annual reporting on structural measures, policies in place, systems impacted, etc.
- HECs may be responsible for administering surveys to program participants.

Possible Statewide Measures

Confirm

- Measures for both Child Well Being and Healthy Weight/Physical Fitness
- Includes disparity measures as well
- Sources: BRFSS, CT Acute Care Hospital Inpatient Discharge Database, Vital Records, CT State Department of Education EdSight, BRFSS ACE Module

- Possible Measures Draft 072518.xlsx

How will HECs be held accountable?

Confirm

- Data management protocols in place prior to HEC launch.
- HECs will need ample training on data collection, management, and reporting
- State will need to negotiate measures with each payer
- Ensure HECs are not overly burdened yet accountable
- State will create a dashboard focused on outcomes
- HECs will focus on outputs, process, and outcomes that tie to states' desired outcomes

Part III

Data

What IT and data infrastructure does each HEC need to support obtaining and sharing of data

How will HECs maintain data?

Confirm

- Data management protocols in place prior to HEC launch.
- HECs will need ample training on data collection, management, and reporting
- State will need to negotiate measures with each payer
- Ensure HECs are not overly burdened yet accountable
- State/UCONN will create a dashboard focused on outcomes
- HECs will focus on outputs, process, and outcomes that tie to states' desired outcomes

How will HECs maintain data, monitor and report?

- UCONN working with SIM to create data analytics solution (CDAS)
  - UCONN using layered approach: All payer claims, clinical data, survey data, social determinants of health data (transportation, etc.)
- Centralized approach to ensure the ability to compare
- Ideally create a single solution for all HECs to collect and manage data and dashboards and indices so communities can run analyses on their own
- How will HECs use CDAS?

What interventions will HECs implement? (3 of 8)

HECs must understand residents’ needs and focus areas

- HECs will need to use stratified data to understand needs of residents specific to healthy weight/physical fitness and child well-being.
- HECs accountable for population within defined geographic area. Will need data to identify **hot spots**.
- HECs will also need data stratified by race/ethnicity, socioeconomic status, etc. to target interventions.

Part IV

Workforce

What workforce and other implementation infrastructure is needed to support interventions

HEC Functions

HECs will need to have capabilities to perform functions that most community collaboratives have not had to do previously or as precisely before.

HECs will need to:

- Implement interventions that can achieve and demonstrate reduced prevalence and costs and improved outcomes
- Coordinate, manage, and monitor multi-pronged strategies and interrelated programmatic, systems, policy, and cultural norm activities among multiple cross-sector partners
- Use data to manage and report on defined performance measures
- Manage risks
- Distribute implementation funds and financing

HEC Proposed Workforce - Theoretical HEC

Confirm

HEC Director **Director, Finance and Contracts** **Director, Quality and Compliance** **Administrative Support** **Data and IT Manager** **Policy/Systems Coordinator** **Program Manager, Healthy Weight** **Program Manager, Child Well Being**	8 CORE STAFF HECs can phase in positions overtime based on budget. HEC Workforce.xlsx
Community Nurses (2) **Community Health Workers (8)** **Social Workers (2)** **Peer Support Specialists (8)**	20 PROGRAM STAFF (to implement interventions)

Questions, comments, feedback

Appendix

What interventions will HECs implement? (5 of 8)

HEC Menu of Interventions – Healthy Weight and Physical Fitness and Child Wellbeing

#	Intervention Name	Source	Intervention Categroy	Root Cause	Descriptions	Resources Needed
1	School-Based Violence Prevention	https://www.cdc.gov/policy/hst/hi5/violenceprevention/index.html	Programmatic	Violence and crime	Universal school-based violence prevention programs provide students and school staff with information about violence, change how youth think and feel about violence, and enhance interpersonal and emotional skills such as communication and problem-solving, empathy, and conflict management. These approaches are considered "universal" because they are typically delivered to all students in a particular grade or school.	Delivered in school-settings
2	Treatment Foster Care Oregon: Foster Care Program for Severely delinquent youth	http://toptierevidence.org/programs-reviewed/multidimensional-treatment-foster-care	Programmatic	Strress and trauma	TFCO (formerly Multidimensional Treatment Foster Care, or MTFC) provides severely delinquent youths with foster care in community families trained in behavior management, and emphasizes preventing contact with delinquent peers. Typical community treatment for such youth, by contrast, often involves placement in a group residential care facility with other troubled youth.	Requires foster families deliver the intervention
3	Peer Support in Mental Health	https://www.mentalhealthamerica.net/sites/default/files/Evidence%20for%20Peer%20Support.pdf	Programmatic	Stress and trauma	Peer services are effective in assisting individuals self-manage their whole health needs. When trained peers employed by a local community organization provide a variety of services, including connections to social and rehabilitation services, participants with peer support are significantly more likely to make connections to primary medical care	Requires Peer Support Specialists
4	Treatment for Pregnant Women with Opioid Use Disorders	https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/default.aspx	Programmatic	Stress and trauma	The rate of opioid misuse and dependence is escalating in many communities, including amongst pregnant and parenting women. In addition, substance use treatment systems are reporting increases in the number of individuals seeking treatment for opioid use disorders. Child welfare systems are reporting increases in caseloads, primarily among infants and young children coming into care and hospitals are reporting increases of infants born with neonatal abstinence syndrome. A coordinated, multi-systemic approach that is grounded in early identification and intervention can assist child welfare and treatment systems in conducting both a comprehensive assessment and ensuring access to the range of services needed by families. Collaborative planning and implementation of services are yielding promising results in communities across the country.	Requires working with providers and child welfare.
5	Nurse Family Partnership	http://evidencebasedprograms.org/document/nurse-family-partnership-nfp-evidence-summary/	Programmatic	Economic instability	A nurse home visitation program for first-time mothers – mostly low-income and unmarried – during their pregnancy and children's infancy.	Delivered by nurses.
6	Child FIRST: Home Intervention Program for Low-Income Families with at risk children	http://evidencebasedprograms.org/programs/child-first/	Programmatic	Economic instability	A home visitation program for low-income families with young children at high risk of emotional, behavioral, or developmental problems, or child maltreatment.	Visitation done by a master's level developmental/mental health clinician and a bachelor's level care coordinator.
7	Violence: Early Childhood Home Visitation to Prevent-Child Maltreatment	https://www.thecommunityguide.org/findings/violence-early-childhood-home-visitation-prevent-child-maltreatment	Programmatic	Physical insecurity (violence and crime)	Home visitation to prevent violence includes programs in which parents and children are visited in their home by: nurses, social workers, paraprofessionals, community peers. Some visits must occur during the child's first two years of life, but they may be initiated during pregnancy and may continue after the child's second birthday.	Delivered by nurses, social workers, paraprofessionals, and/or community peers
8	Permanent Supportive Housing	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5975075/	Systems	Economic instability	Five recommendations include: 1) child welfare agencies need systematic efforts to help family apply for public housing waitlists. 2) Create partnerships between child welfare agencies and communitypbased homelessness prevetnion providers. 3) Create model for investing funds for contract with homlessness prevention. 4) Child welfare leadership joins local homelss services provider networks to advoacate for children and families. 5) Diversify approaches to addressing inadquate housing that threatens child well-being.	Policy and systems
9	Parent Education Programs (conducted outside of the home)	http://www.academyhealth.org/files/RapidEvidenceReview.ACEs_.Prevention.pdf	Programmatic	Education	These programs have been shown to address some "changeable" parental risk factors associated with ACEs, such as inadequate parenting skills, attitudes about child rearing, and dysfunctional parenting habits. They are shown to have a marginal impact on other risk factors such as depression and stress.	