

Connecticut State Innovation Model Health Enhancement Community Initiative

Reference Community Webinar #2 –
Menu of HEC Interventions
June 1, 2018 12:30 pm – 1:30 pm

 connecticut state
innovation model

Meeting Objectives

- Review role of Reference Communities
- Present menu of potential Health Enhancement Community interventions
- Discuss follow up steps for RCs to complete prior to June Deep Dive session

Health Enhancement Community Initiative

Focuses on creating the conditions that promote and sustain cross-sector community-led strategies focused on prevention.

Provisional Definition

A Health Enhancement Community (HEC) is:

- Accountable for health, health equity, and related costs for all residents in a geographic area
- Uses data, community engagement, and cross sector activities to identify and address root causes
- Operates in an economic environment that is sustainable and rewards communities for health improvement by capturing the economic value of Improved health

Aligns with health improvement work underway in communities, previous and current SIM work, and adds sustainability and scale focus.

Many components of the HEC definition are intentionally undefined to accommodate a thoughtful, community-driven planning process.

Reference Community Process

- Reference Communities are asked provide recommendations on HEC design and community-specific solutions to support development of an actionable HEC strategy

The Goals of the Process are to:

- Give the Reference Communities a voice in the design of the HECs
- Get recommendations that are reality-based and actionable in communities
- Make the process as meaningful and painless as possible

Reference Community Timeline

May

- Webinar 1: RC Overview (5/8)
- RC Deep Dive planning

June

- Webinar 2: RC Interventions (6/1)
- Webinar 3: HEC-like Models (6/5)
- RC Deep Dive Session 1
- RC Intervention Vetting

July

- RC Planning Webinars (TBD)
- RC Deep Dive Session 2 (TBD)
- RC Capacity Assessment

August

- RC Report Building
- RC Coaching Calls
- RC presentation at Population Health Council meeting (TBD)

September

- RC Report Submission (Sep 30)

October/November

- RC follow up, as needed
- HEC final report approved

Reference Community First Step: Selecting Interventions

**Health
Conditions
Priorities,
Root Causes,
and
Interventions**

- To be selected based on process that includes:
 - ROI research
 - Iterative processes with the Population Health Council, Reference Communities, Stakeholders, the State, and CMMI
- Will inform a financial model for selected interventions that will be used to support the sustainable financing models for HECs

Reference Community First Step: Selecting Interventions

**Health
Conditions
Priorities,
Root Causes,
and
Interventions**

- RCs should think about interventions in the context of:
 - Community need as indicated in needs assessments
 - Alignment with current priorities and programs
 - Existing capability/capacity – available resources that can be leveraged to successfully implement interventions
 - IT, workforce, CBOs, etc.

Purpose of Today's Webinar

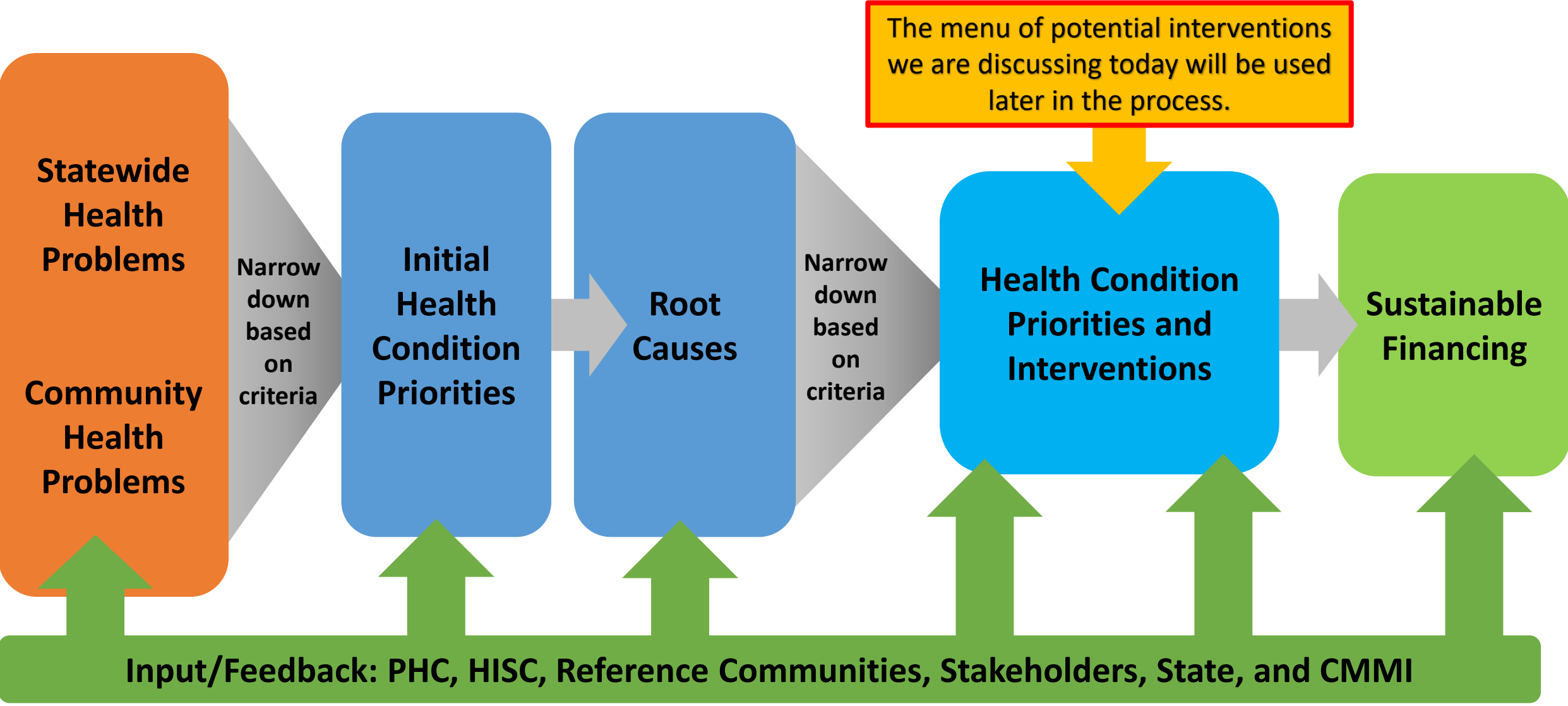
- In the first RC Deep Dive, participants will partake in a facilitated process to winnow down list of interventions to 3-5 that you would recommend selecting if you were to become a HEC

—Theoretical Exercise—

- Presentation today is to preview menu of interventions in advance of session so we can dive right in
- Strongly encourage that any individuals not on today's webinar review this recording prior to Deep Dive

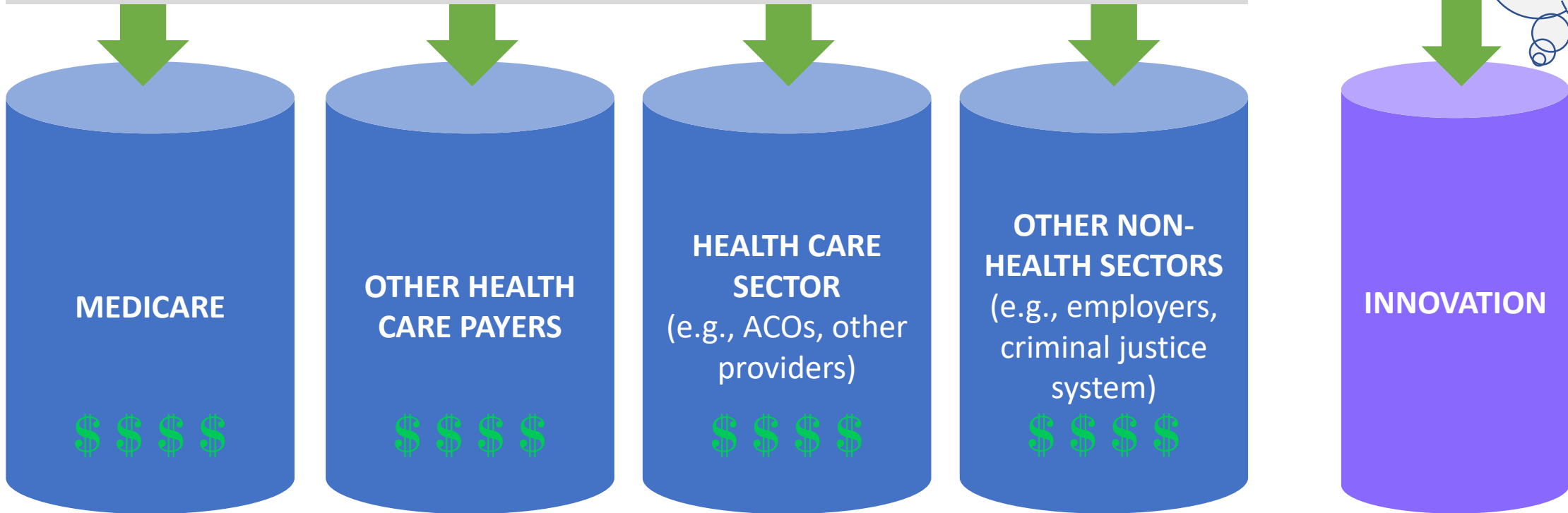
Menu of Potential HEC Interventions

Process for Selecting Interventions



To Secure Sustainable Financing...

Most INTERVENTIONS must accrue SAVINGS to at least 1 of 4 sources of sustainable financing.



Outline

- Framework
- Methodology
- Conditions – Root Causes – Interventions
- Primary Sources
- Discussion Questions and Feedback

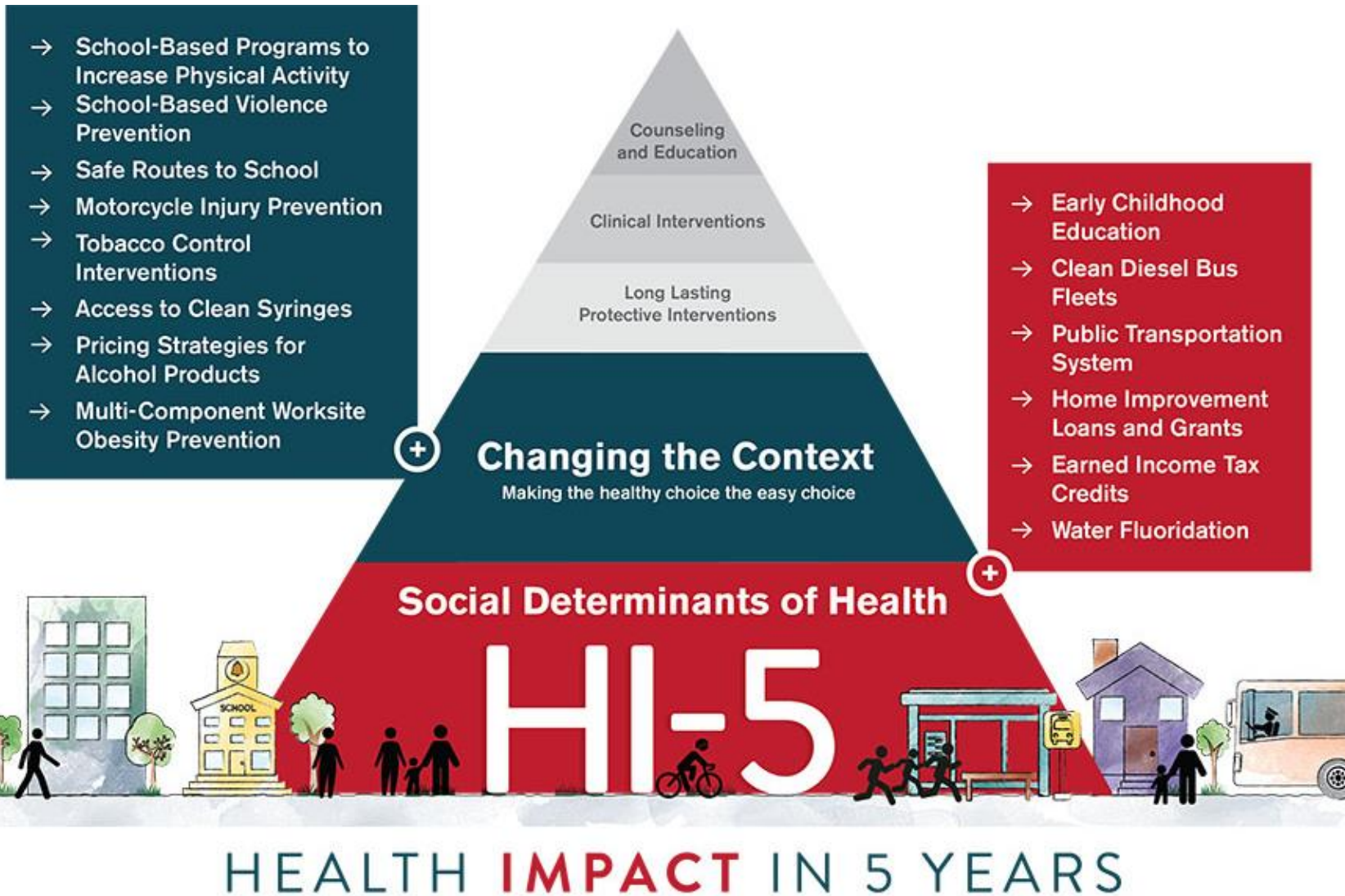
CDC Health Impact Pyramid

Factors that Affect Health



Check the Tarrant County Public Health Web site to learn more.
<http://health.tarrantcounty.com>





A Balanced Portfolio of Interventions

Health Affairs April 2018

1. An inventory of evidence-based intervention, including investments in the non-health care sectors
2. Diverse collection of financial sources
3. Selection process to address upstream interventions
4. Capability to capture and share portion of savings for reinvestment
5. Community infrastructure that can build and maintain a balanced portfolio (HEC)

Methodology

1. Used health conditions previously identified via SHIP, SIM, Reference Communities and Population Health Council;
2. Used sources in which interventions were recommended or top tier
 - The Community Guide – recommended vs. insufficient evidence or recommended against
 - Coalition for Evidence-Based Policy – Top Tier Standard vs. Near Top Tier
 - CDC HI-5 – evidence-based community-wide interventions in 5 or less years
3. Identified root causes and linked back to health condition(s)
4. Focused on community-based interventions, not clinical
5. Focused on interventions with estimated timelines for return less than 10 years

Summary of Health Conditions Identified

- Heart disease and high blood pressure
- Diabetes
- Asthma
- Obesity (child and adult)
- Tobacco use
- Colon and breast cancer
- Maternal, infant, and child health
- Oral health for children
- Childhood lead poisoning
- Substance use including opioids
- Mental health
- Developmental conditions
- Sexually transmitted infections
- Vaccine preventable diseases
- Emerging infectious diseases
- Unintentional injuries (e.g., falls)
- Injuries from violence
- Other conditions

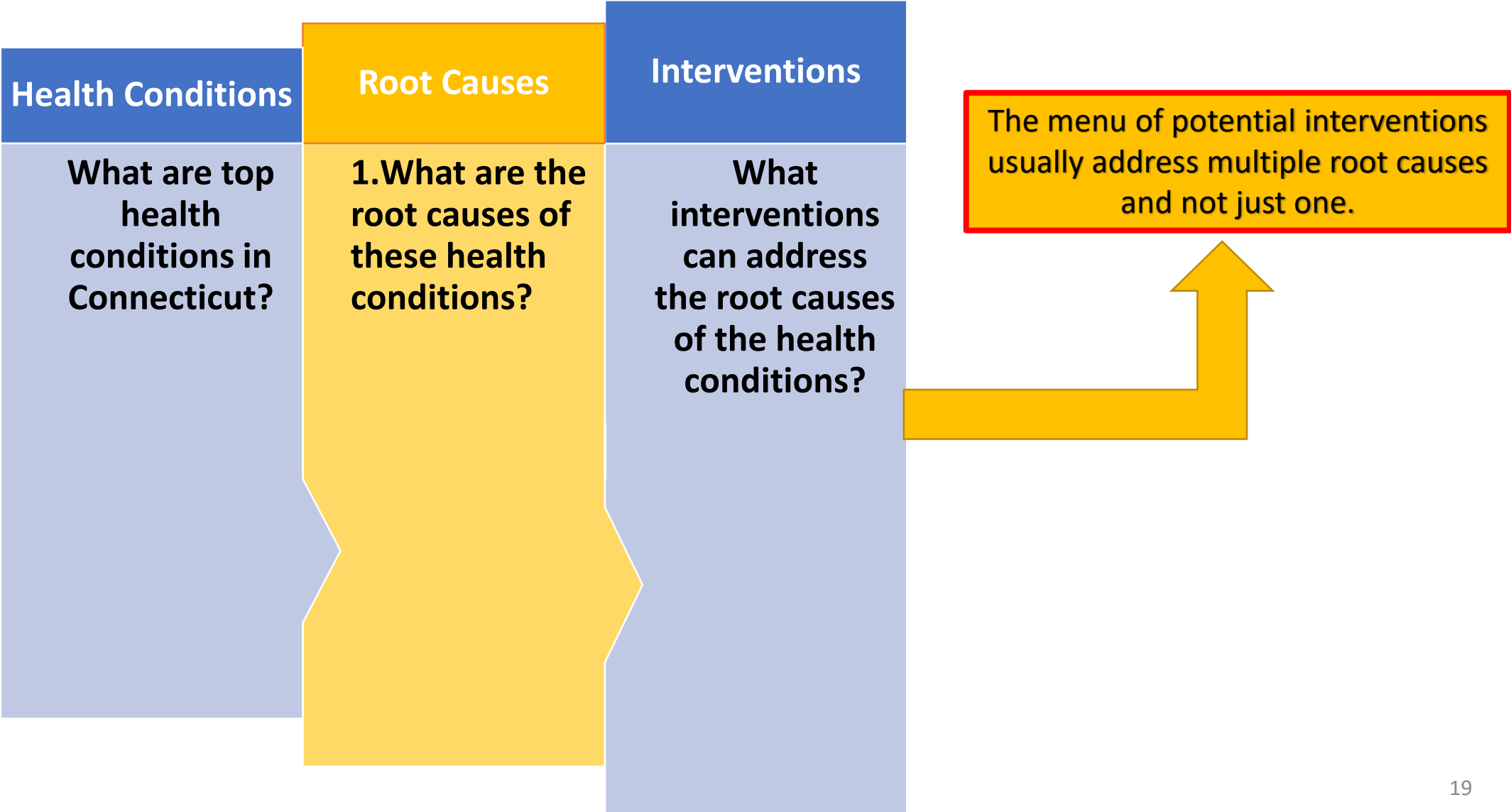
Although they are not **health conditions**, other **health priorities** identified included health care access, cost, insurance, and health care delivery system issues, as well as environmental factors.

Sources: SHIP health objectives, SIM health objectives, Reference Communities and Population Health Council initial priorities

Root Causes of Health Conditions

- Lack of education
- Economic instability/Socioeconomic position
- Built environment/Residential environment
- Food deserts
- Physical insecurity (crime, violence)
- Racial and ethnic disparities and inequities
- Inequities related to culture and language
- Poor access to care
- Lack of social and community supports
- Chronic stress and trauma

Identifying Interventions that Address the Root causes



POTENTIAL INTERVENTIONS – 1- 3 YEAR RETURN

Possible interventions that have a shorter Return on Investment but address multiple root causes.

Short (1-3 years)
Return On
Investment
Interventions
include:

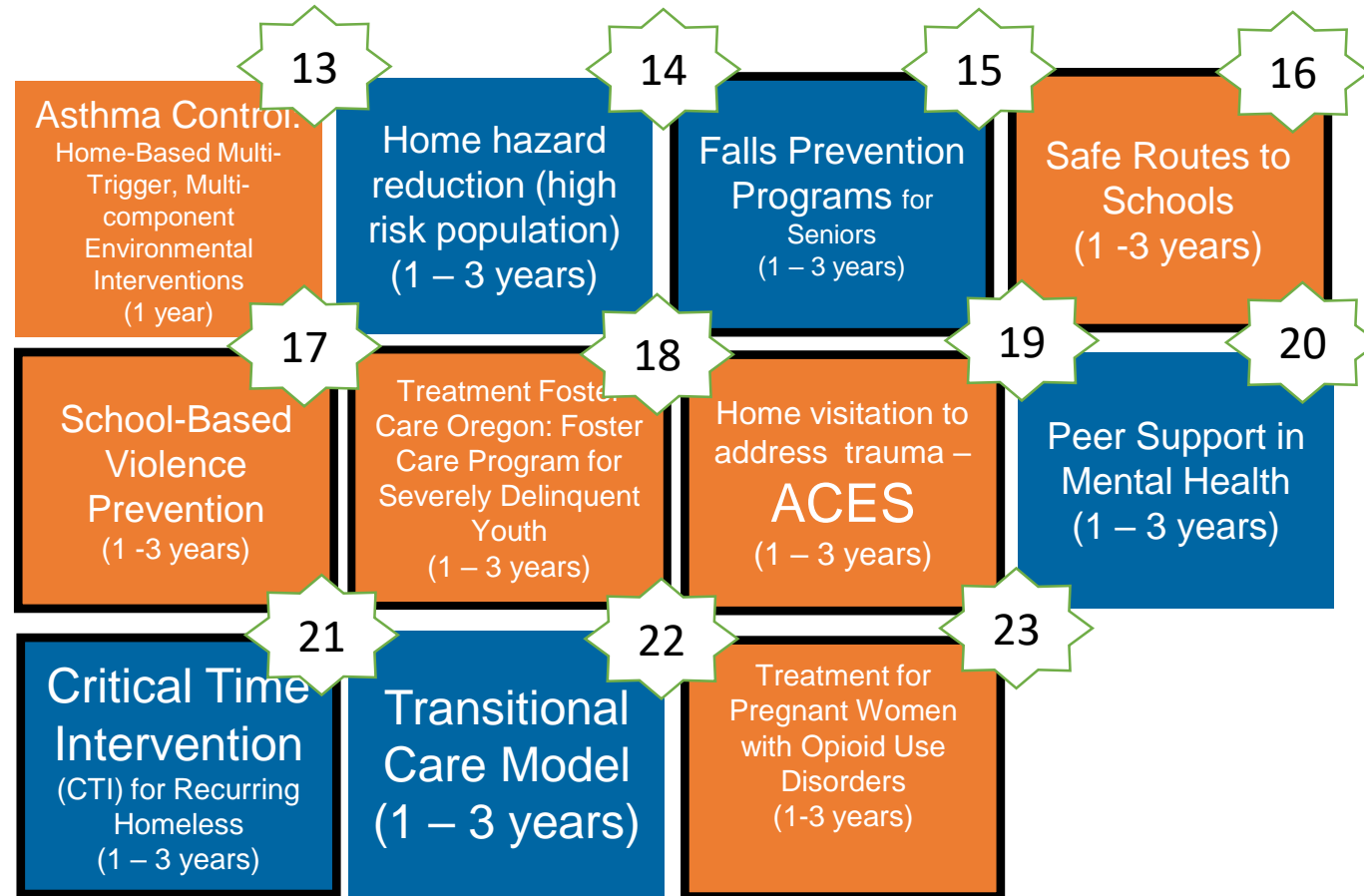


Interventions in blue represent those targeted toward adults ages 45+ and/or the population with disabilities. Interventions in orange represent interventions targeted toward other populations. Interventions outlined in black are upstream interventions.

POTENTIAL INTERVENTIONS – 1- 3 YEAR RETURN

Possible interventions that have a shorter Return on Investment and address multiple root causes.

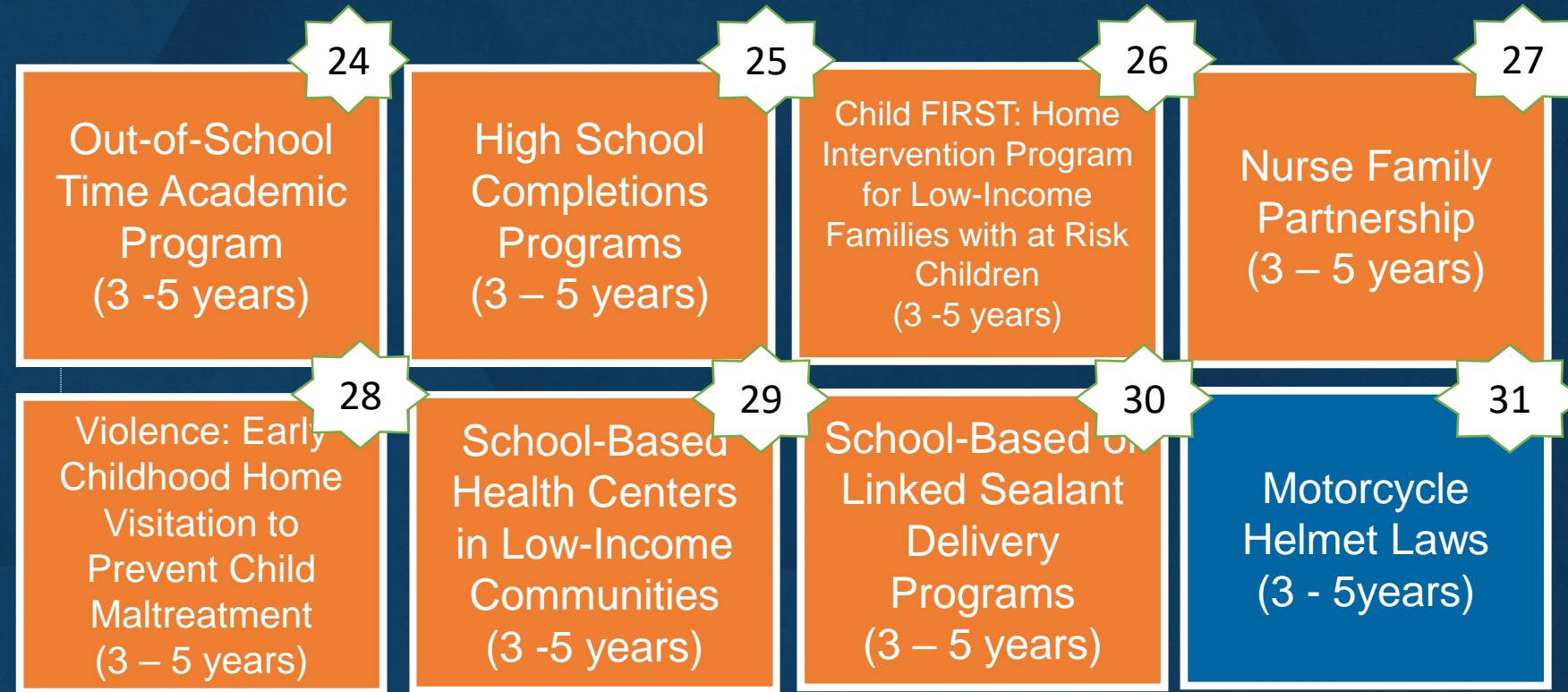
Short (1-3 years)
Return On
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include:



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POSSIBLE INTERVENTIONS – 3 – 5 YEAR RETURN

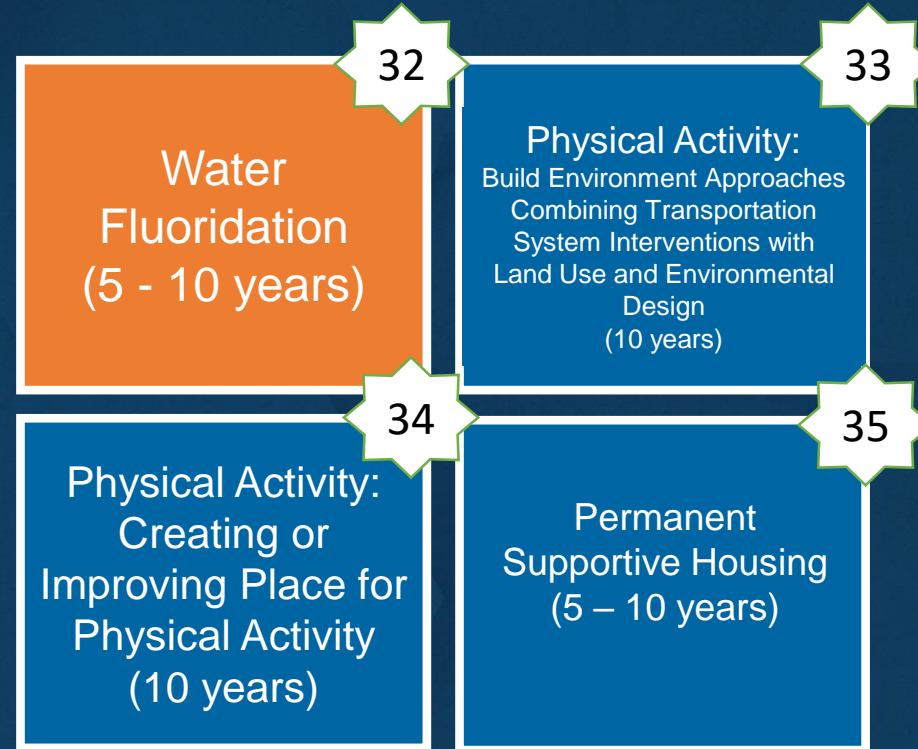
Interventions with an ROI of 3 to 5 years
Clearly not enough interventions targeted to populations 45+ and/or the population with disabilities



Interventions in blue represent those targeted toward adults ages 45+ and/or the population with disabilities. Interventions in orange represent interventions targeted toward other populations. Interventions outlined in white are upstream interventions.

POSSIBLE INTERVENTIONS – 5 – 10 YEAR RETURN

Interventions with an ROI of 5 - 10 years
Clearly not enough interventions with a longer ROI



Interventions in blue represent those targeted toward adults ages 45+ and/or the population with disabilities. Interventions in orange represent interventions targeted toward other populations. Interventions outlined in white are upstream interventions.

Discussion Questions: Interventions

- New interventions are being implemented and tested every day, so there are likely 100s more interventions that are not yet listed in the national evidence-based intervention databases
 - Are you aware of any evidence-based interventions that are missing?
- Are there any interventions on the menu that have been or are currently being offered in your community?
 - Were they successful?
 - If not, should we consider removing them from the menu?

Deep Dive Pre-Work/Next Steps

- Review and become familiar with interventions listed in the Reference Guide
 - Each has a link to the source should you want additional details regarding the intervention
- Review interventions against your community need data and be prepared to discuss in the Deep Dive session
 - Do not need to do a formal write up, just be familiar. Feel free to bring data to the meeting if you think it will be helpful.
- Begin to think through capability and capacity regarding interventions
 - We will begin discussion in the first session and follow up to collect more detail post-deep dive

APPENDIX

Interventions Sources

- The Community Guide – Community Preventive Services Task Force Findings <https://www.thecommunityguide.org/task-force-findings>
- Evidence Based Programs – Social Programs that Work <http://evidencebasedprograms.org/>
- Top Tier Evidence – Coalition for Evidence-Based Policy <http://toptierevidence.org/>
- NCOA Evidence Based Interventions <https://www.ncoa.org/center-for-healthy-aging/basics-of-evidence-based-programs/about-evidence-based-programs/>
- CDC HI-5 <https://www.cdc.gov/policy/hst/hi5/interventions/index.html>
- ASTHO Evidence-based public health <http://www.astho.org/Programs/Evidence-Based-Public-Health/>
- Mental Health America <http://www.mentalhealthamerica.net/positions/evidence-based-healthcare>