HEALTHY CONNECTICUT 2020
ADVISORY COUNCIL

Meeting Summary
April 24, 2018
9:30 am - 11:30 am

Meeting Purpose and Outcome:
To set the context for SHIP reporting and version 2.0 and discuss ideas for SHIP 2.0 design based on successes and learnings from SHIP 1.0.

Attendees:
Patricia Baker, CT Health Foundation/Advisory Council Chair; Elizabeth Beaudin, Connecticut Hospital Foundation; Mary Boudreau, Connecticut Oral Health Initiative; Marijane Carey, Carey Consulting; Mehul Dalal, CT Dept. of Public Health; Judy Dicine, Office of the Chief State's Attorney; Jordana Frost, March of Dimes; Robyn Gulley, North Central Area Agency on Aging; Brenetta Henry, Consumer Representative; Lynne Ide, Universal Health Foundation; George McDonald, Consumer Representative; Elaine O'Keefe, Yale School of Public Health; Scott Sjoquist, Mohegan Tribal Health; Janet Storey, CT Dept. of Mental Health and Addiction Services; Kathi Traugh, Connecticut Public Health Association; Nancy Yedlin, Donaghue Foundation; Rob Zavoski, CT Dept. of Social Services, Cathy Sisco, Wheeler Clinic/Connecticut Clearinghouse, Mario Garcia, CT Dept. of Public Health; Krista Veneziano, CT Dept. of Public Health; Kim Ploszaj, CT Dept. of Public Health; Hope Plavin, Health Management Associates; Donna Burke, Health Resources in Action; Rose Swensen, Health Resources in Action; Kristin Sullivan, CT Dept. of Public Health; Sandy Gill, CT Dept. of Public Health; Melissa Touma, CT Dept. of Public Health; Orlando Velazco, CT Dept. of Public Health, Chantelle Archer, CT Dept. of Public Health

2018 Open Forum for Quality and Innovation in Public Health:
Kristin Sullivan provided an overview of the *2018 Open Forum for Quality Improvement and Innovation in Public Health* which was held on March 29th and 30th in Louisville, Kentucky. The conference included findings from an analysis by the Public Health Accreditation Board (PHAB) related to state and local health department's performance in meeting public health practice standards related to Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs). The analysis was based on 158 health departments accredited between 2013 and 2016. Thy found that health departments experienced difficulty in meeting CHA standards related to representation of populations at risk and data to address health inequities and high risk populations. The most common reason for action plan was related to monitoring and revision of the CHIP and other challenges included implementation of the plan in general, and consideration of social determinants of health and health inequities in establishing priorities and policy changes. Most CHIPs address nutrition, physical activity, and obesity as well as access to health services; only about 6% of CHIPs have an objective related to oral health.

Healthy Connecticut 2020 Interim Report Key Findings:
An overview of the draft findings from the Healthy Connecticut 2020 Interim Report was presented with the following key points:

- The report assessed progress for 70 priority SHIP health indicators (41 are related to the SHIP priorities and 29 are specific to heath disparities).
    - General areas that health improvement may have occurred include reductions in childhood lead poisoning, reductions in youth cigarette smoking, reductions in newly diagnosed HIV cases,

  - suicide ages 20-24 years, adults receiving flu vaccine ages 18-64 years, HPV vaccinations for male and female adolescents, and dental utilization for children in HUSKY.
  - Areas that appear to need more attention include obesity, infant mortality, deaths due to falls, use of opioids, and health disparities in all focus areas.
- The report also assessed implementation of 80 strategies included in the action agendas for all seven focus areas/action teams
  - 46 strategies have made progress, 18 strategies have been completed, and 16 strategies have made no progress.
- A performance dashboard is used to monitor SHIP priority health indicators and serves as the "living" version of the SHIP. Through Action Team and Advisory Council discussions, indicators have been adapted, added, or deleted based on new and better data sources, emerging public health threats, and advances in identification and monitoring of certain health conditions.
- Some indicators lack data, and better data sources and real-time data is needed to adequately monitor and track health improvement.
- Action Teams have contributed significantly to implementation efforts and have faced recent challenges sustaining participation.
- Several emerging public health issues demand attention since the SHIP was released in 2014 such as the opioid crisis, drinking water infrastructure, housing issues, immigration policy, impacts of adverse childhood experiences, and increasing use of electronic nicotine delivery systems. Innovation, new sources of funding and quality improvement principles must be further incorporated into planning and Coalition discussions to address persistent disparities in health.
- A general inventory of statewide assets that contribute to health was created and will be further developed with ongoing input and refinement by Coalition and Advisory Council members.
- The Coalition has maintained strong partnerships and contributions from active members, including advocacy efforts aimed at policy and social determinants of health. Members reflected on how the SHIP process has helped to identify and connect initiatives and partners that align among focus areas (e.g., maternal and child health with housing, chronic disease and mental health and substance abuse).
- The Advisory Council has made several recommendations related to alignment with local, national, and state priorities, communicating the value of the SHIP, a continued focus on health equity, enhanced data and review of performance and indicators used in the SHIP, and addressing the broad scope and structure to be more manageable and effective.

SHIP 1.0 Design:
To prepare for discussion on the planning, process and structure of Healthy CT 2030 (SHIP 2.0), there was a brief overview of the design used for SHIP 1.0. Of note, the Coalition and Advisory Council had to determine whether to go with a small number of priorities or a broad number of priorities. At the time the decision was made to go broad to support the scope of general membership in the Coalition. Advisory Council members provided input on the thought process used for the design of SHIP 1.0. Comments included the following:

- SHIP needs a stronger focus to be more effective and efficient; the work will continue in other areas even if they aren't a focus of the plan.
- How does SHIP become narrower and still fulfill public health objectives when public health is responsible for a wide range of issues that are not covered in the SHIP?
- How does the SHIP become narrower and not lose people?
- Too many Action Teams is fostering less participation, although the need to report on a quarterly basis has kept the Action Teams accountable.

- Cross-pollination has occurred across the Action Teams (i.e. MICH & housing, MICH and oral health) where a focus area has identified initiatives and partners that align and support with the health improvement area.
- Advisory Council members do not work in public health they are still an important part of the plan and broad membership is necessary to support public health initiatives.

SHIP 2.0 Design Discussion
Advisory Council members provided input on a design for SHIP 2.0. Comments included the following:

Process & Criteria

- We need a shared vision of why we're doing what we do. Revisit the vision and values of the SHIP for either adjustment or to remind participants of the common mission. What does a statewide coalition bring to public health? We need to elevate the conversation regarding this.
- Create a cross-walk of where SHIP priorities overlap across Focus Areas and take a close look at where we are and what we've accomplished.
- Reinvent Action Teams. Across the SHIP there should be shared areas of investment that focus across the more traditional priorities.
- The structure drives the plan and we need to structure things differently to drive cross-pollination. Cross pollination is already happening but a different structure may facilitate this in a more efficient way.
    - Review how we got to the original 7 focus areas. Consider selecting less traditional focus areas.
    - Possible focus areas could be the following: preventive health care, individual behavior, health-related Quality of Life, and physical environment. The health topics addressed in many of the CHIPS fell into one of those four areas.
    - Develop a matrix where the most pressing health needs and populations are cross-referenced with their common system needs (e.g., data collection and analysis, access).
- Develop a tougher prioritization process:
    - What are the most powerful tools we have at our disposal over the next several years? We can use these tools as criteria for setting priorities.
    - Where are the resources and opportunities?
    - Where are the cross-cutting strategies/enabling factors that intersect with all areas of the plan (e.g., systems – collection of data)?
    - Look at community need.
    - We need to know what funding is coming from the Federal government and how the CT budget supports public health initiatives. We need to pay attention to the housing indicators especially if HUD money was given to the state in housing improvement.

Recommendations Moving Forward

- The "strategies" should be called "investments". There is not a lot of prevention money in the budget and elected officials will need ways to invest in the future, considering return on investment.
- We need to be careful not to focus on the current "hot topics"; those can change rapidly and the focus would need to shift.
- The Health Systems focus area should respond to system issues across the focus areas. Make systems thinking generally a part of health improvement planning and all the focus areas.
- We can't do it all. Getting to SHIP 1.0 was very difficult because it was very difficult to give things up.

Who should be involved?

- Integrate input of local health CHIPs. Ask local health what can be done at the State level. The priorities may be the same, but what local health is doing may be very different. A crosswalk of CHIPs at the local level is available as a starting point but maybe we need to look at closer alignment.
- Include CT Conference of Municipalities (CCM) at the table so SHIP has additional local input. CCM represents some cities/towns in the state and has supported housing improvements and was involved in the SHIP development and implementation in the past.
- Identify organizations doing similar work and invite them to be a part of the Coalition. Make an effort to be at the table of other groups as well as invite them to the SHIP table. We need to try to bring the SHIP to every table we sit on.
- State agencies such as children and families need to be at the table. Family engagement needs to be addressed as part of identifying priorities (i.e. how well are families being engaged in the work being done to date?).
- Consider geography and connecting to communities to address place-based work and organizations that are currently working on things like housing and training.
- Consider how faith-based work cross-cuts the SHIP.

Pros and Cons of Different SHIP Design Structures		
Structure	Pros	Cons
• More traditional categories/priorities (as in the current SHIP)	• We are used to working in those areas • People understand these areas. • SMEs are focused categorically	• Potential loss of focus • Potential dilution of efforts and resources
• Change to even "broader" priorities • (e.g., Access, Health in all Policies)	• The objectives we develop will drive how we define the [broader] priority and will help define it for the community • Facilitates making systems thinking part of every conversation (e.g. housing) • More focus • Breaking down silos	• May make it even more difficult to keep action team members engaged • People would end up going to multiple meetings if we select priorities like Access • Will lose time trying to define bigger terminology (e.g., Access) • Communication issue in defining what you mean by, for example, Access

2018 Policy Agenda Update

- ***Tobacco:*** Proposed H.B. 5289 has a file number (436); five amendments have been offered. Proposed H.B. 5293 has a Senate calendar number (497). Proposed H.B. 164 was referred by the Senate to the Committee on Finance, Revenue and Bonding.
- ***Tax parity for other tobacco products and Electronic Nicotine Delivery Systems (ENDS):*** Proposed S.B. 10 has a file number (623).
- ***Seatbelt use for all seating positions in automobiles***: Proposed H.B. 5161 has moved to the transportation committee.
- ***Paid Family and Medical Leave:*** Proposed S.B. 1 failed as of 4/17/2018 and H.B. 5387 is going to the Senate. Proposed H.B. 5584 is still moving forward.
- ***Safe Drinking Water***: Proposed H.B. 5151 has a calendar number (#427).

- ***Property Maintenance Code (PMC)***: The challenge has been to get a raised bill. Brie Wolf has identified four existing proposed bills it can sit with if they are amended.
- ***Opioids-*** There is no proposed bill for opioids but important initiatives are underway with potential implications for future legislative action (e.g., a group working to identify a uniform data set; pilot to gather data and develop overdose mapping (used in Baltimore) to better respond to poisonings).
- ***Medicare Savings Program & Medicaid Eligibility Cuts:*** This policy issue has received strong opposition. The Protect Our Care Connecticut Campaign coalition -www.protectourcarect.org which supports comprehensive, high quality, affordable and accessible health care for all Connecticut residents has been working to keep current eligibility and funding.

SIM Health Enhancement Communities

Hope Plavin from Health Management Associates presented on Health Enhancement Community (HEC) Initiative planning which focuses on creating the conditions that promote and sustain cross-sector community-led strategies focused on prevention. HMA is a vendor that is working with DPH and the Office of Health Strategy on to develop the SIM population health plan. The HEC Initiative, is one component of the population health plan. It will build on and align with health improvement work happening in communities, through SHIP and SIM work. Four multi-sector community health collaboratives, also known as reference communities, were competitively selected to partake in the planning process and will provide recommendations and community-specific solutions to support development of an actionable HEC strategy. The awardees will be named upon contract execution. The strategy will include the ability to measure specific economic benefits of interventions, and the development of social finance approaches for sustainability. An environmental scan of state and community health problems will be conducted and will incorporate SHIP and SIM health objectives. Upon completion of the environmental scan there will be a series of next steps including the identification of the root causes of health conditions that impact the residents of Connecticut. Additional information can be found at www.healthreform.ct.gov.

Next SHIP Advisory Council Meetings:

- Tuesday, July 17th, 9:30am-11:30am, DPH Lab in Rocky Hill
- Tuesday, October 23rd, 9:30am-11:30am, TBD

Healthy Connecticut 2020

State Health Improvement Plan

Advisory Council Meeting

Tuesday, April 24, 2018

9:30-11:30 AM

DPH State Lab - 395 West Street, Rocky Hill

Welcome & Introductions

Meeting Purpose and Outcomes

- Set the context for SHIP reporting and version 2.0.
- Brainstorm ideas for SHIP 2.0 design based on successes and learnings from SHIP 1.0.

Agenda

9:30	10	**Welcome and Introductions**	*Pat Baker, AC Chair*
9:40	15	**2018 Open Forum for Quality and Innovation in Public Health** • Conference Learnings • Implications for the CT SHIP	*Kristin Sullivan, DPH*
9:55	60	**SHIP 2.0** • Thought process for SHIP 1.0 • SHIP 2.0 Design Discussion	*All/HRiA*
10:55	10	**2018 Policy Agenda Update**	*Sandy Gill, DPH*
11:05	20	**SIM Health Enhancement Communities**	*Health Management Associates*
11:25	5	**Next Steps/Next Meeting Date**	*Pat Baker, AC Chair*

Kristin Sullivan, DPH

2018 Open Forum for Quality and Innovation in Public Health

2018 Open Forum for Quality and Innovation in Public Health

- Conference Learnings
- Implications for the CT SHIP

CHA/CHIP Analysis
(source: Public Health Accreditation Board)

- Based on 158 health departments accredited between 2013 and 2016
- CHA Challenges
  - Representation of populations at risk
  - Existence and extent of health inequities
  - Ongoing monitoring, refreshing and adding data and analysis
- CHIP Challenges
  - Include consideration of SDOH, health inequities and poorer health outcomes when identifying priorities
  - Policy and system changes to alleviate causes of health inequities (e.g, housing, transportation, safety, zoning)
  - Implementation of the CHIP
  - Monitoring and revision of the CHIP - most common measure on an action plan

What do other CHIPs cover

(source: Public Health Accreditation Board)

Health Indicator	% CHIPs w/at least 1 objective
Nutrition, Physical Activity, and Obesity	89.9%
Access to Health Services	76.6%
Substance Abuse	46.2%
Tobacco	44.3%
Clinical Preventive Services	41.1%
Mental Health	38.6%
Maternal Infant and Child Health	37.3%
Environmental Quality	34.2%
Injury and Violence	31.6%
Social Determinants	27.2%
Reproductive and Sexual Health	22.2%
Oral Health	5.7%

Most Common Topics in CHIPs
(source: Public Health Accreditation Board)

Broad Area	Topic	% of CHIPs
Preventive Health Care	Access to Mental Health Providers	36.7%
	Access to other health services	32.9%
	Access to health insurance	28.5%
	Access to primary care/usual source of care	25.9%
	Access to screenings	25.3%
Individual Behavior	Tobacco use	43.7%
	Physical activity/inactivity levels	43.0%
	Healthy Eating patterns	38.0%
Health-related Quality of Life	Obesity	55.1%
Physical Environment	Access to healthy food	50.0%
	Access to exercise opportunities/public transportation and community walkability	42.4%

Population Health Outcomes Reporting
(Required for Reaccreditation)

- Report all topics we are tracking
- Details on 5-10 objectives and update annually (e.g., target, baseline, data source, most recent data)
- Reason for reporting:
  - National database of health outcomes;
  - encourage tracking and use of data
  - Document how accreditation can contribute to better health outcomes
- Looking for public health agencies to show:
  - deeper understanding of subpopulations
  - enhance data infrastructure - Vital Records Accreditation coming soon
  - using more current data – not more than 2-3 years old

HCT 2020 Interim Report – Key Findings (draft)

Table 2: Summary of Performance

Symbol	Relevance	TOTAL SHIP Health Indicators		
		Overall Health Indicators	**Indicators Specific to Health Disparities**	**Combined totals**
(green)	Original SHIP and updated target has been reached	14	11	25
(yellow)	Indicator's most recent data point is moving in a positive direction relative to the current 2020 target	6	4	10
(red)	Indicator's most recent data point is moving in a negative direction relative to the current 2020 target	14	11	25
(white)	No comparable data available	7	3	10
	TOTALS	**41**	**29**	**70**

HCT 2020 Interim Report – Key Findings (draft)

Table 3: Progress Implementing Strategies

Focus Area/Action Team	Progress	Completed	No Progress	Total Strategies in Action Agenda
Maternal Infant and Child Health	10	2	1	13
Environmental Health	10	1	2	13
Chronic Disease Prevention	8	1	2	11
Infectious Disease	5	7	1	13
Injury & Violence Prevention	1	3	0	4
Mental Health & Substance Abuse	7	2	8	17
Health Systems	5	2	2	9
TOTALS	**46**	**18**	**16**	**80**

HCT 2020 Interim Report – Key Findings (draft)

- Strong partnerships and contributions from active members; advocacy efforts aimed at policy and social determinants of health
- Action Team participation has declined but overall Coalition membership and interest has increased
- Better data and new data sources to adequately address disparities
- Emerging issues need attention: opioid crisis, housing, immigration, drinking water infrastructure
- Some areas with positive improvement: lead poisoning in children, Youth cigarette smoking, newly diagnosed cases of HIV, suicide 25-34 years, vaccinations (adult flu, HPV, children) dental utilization for children in HUSKY
- Some areas needing more attention: asthma, obesity, infant mortality, opioid deaths, falls, health disparities in all focus areas

HCT 2020 Interim Report – Key Findings (draft)

- Areas to Address (AC preliminary recommendations)
  - Alignment with local, national, and state priorities
  - Communicating the value of the SHIP
  - Continued focus on health equity
  - Data and performance
  - Scope and structure

All/HRiA

SHIP 2.0

SHIP 1.0 Design

- Thought process for the design for SHIP 1.0
  - Had to determine the number of priorities and number of objectives
  - When we had to design whether to go deep or wide, we chose wide
  - We matched the approach to the environment and anticipated/expected resources
  - The approach also matched National priorities and resource streams supported by the previous administration

SHIP 1.0

- What we gained
  - Strong coalition
  - Continuing engagement of key partners and action teams
  - Established a policy agenda that has had success
  - Demonstrated progress on a subset of health indicators
  - Expanded the scope of general membership in the coalition
- What we gave up
  - A focused and integrated plan with a set of strategies that could potentially allow us to realize even greater success on a select number of indicators, which, when combined could lead to a greater positive health impact in the state.
  - Ability to substantially cross-pollinate and leverage strategies across the priorities
  - By going broad structural silos are created

Design Discussion for SHIP 2.0

- We have the opportunity to rethink our initial strategy. There isn't a right or wrong answer – it is a choice.
- Why do we have an opportunity to rethink it?
  - The midway point in the planning cycle provides an opening to reflect on challenges and opportunities
  - Emerging health issues and new National priorities (opioid crisis, gun violence, early childhood trauma, disparities in health status)
  - State & Federal budget cuts challenge us to consider processes that are efficient and effective

Design Discussion for SHIP 2.0

- We have a decision to make
  - Continue broad representation with the seven priority areas
  - Rethink how we define the priorities for the next SHIP
    - More cross cutting with fewer priorities
    - Deeper within each priority
    - or…?
  - Brainstorm options and +/- for each
- Timeline for the decision
  - This is a conversation we want to start today.
  - We need to make the decision in 2019.

Adapted from Thomas R. Frieden. A Framework for Public Health Action: The Health Impact Pyramid. American Journal of Public Health: April 2010, Vol. 100, No. 4, pp. 590-595. doi: 10.2105/AJPH.2009.185652

2018 Policy Agenda Update

Policy Priorities	Proposed Related Bills	Most recent activity
1. **TOBACCO –** Raise the age to purchase tobacco & ENDS products from 18 years of age to 21 years. Upgrade Clean Indoor Air Laws to meet national recommendations for comprehensive law. *Remove pre-emption clauses that hinder local tobacco control authority. – Currently not included in any proposed bills.	HB 5289 HB 5293 SB 164	04-12-2018 – House calendar #306; File number 436 04-18-2018 – Referred by House to Committee on General Law 04-18-2018 – Referred by Senate to Committee on Finance, Revenue and Bonding
2. **Seatbelt use for all seating positions in automobiles –** update current law to include rear seated passengers in automobiles	HB 5161	04-18-2018 – Referred by House to Committee on Transportation
3. **Motorcycle Helmet Law –** require all operators and passengers to wear protective helmets		*No proposed bills identified at this time
4. **Paid Family and Medical Leave** – require employers to provide paid Family and Medical Leave	HB 5134 HB 5387 HB 5584	04-03-2018 – Referred to Joint Committee on Finance, Revenue and Bonding 04-18-2018 – Reported Out of Legislative Commissioners' Office; No New File by Committee on Finance, Revenue and Bonding 04-19-2018 –House calendar #402; file number 600
5. **Property Maintenance Code (PMC) –** Connecticut adoption of 2015 International Property Maintenance Code (IPMC)		*No proposed bills identified at this time
6. **Tax parity for other tobacco products and Electronic Nicotine Delivery Systems (ENDS)** to match the current cigarette tax	SB 10	04-23-2018 – Senate calendar # 384; file number 623
7. **Safe Drinking Water** – require public drinking water systems to review the age and condition of the water system's infrastructure	HB 5151	04-12-2018 – House calendar #297; File Number 427
8. **Immunizations** – allow the release of aggregate immunization data for each school in Connecticut		*No proposed bills identified at this time
9. **Lead Paint Assessment Fee –** require manufacturers of architectural paint to pay a 25-cent assessment fee per gallon sold to a distributor in the state, to fund lead paint abatement projects for low income family housing.		*No proposed bills identified at this time
10. **Opioids –** establish a system for uniform data collection on the administering of naloxone by first responders and community groups		*No proposed bills identified at this time
11. **Medicare Savings Program & Medicaid Eligibility/Cuts –** restore funding cuts that affect income and access to health care for 113,000 Connecticut residents.	HB 5035	*This proposed bill includes recommended adjustments to the current state biennium budget ending June 30, 2019. Please see the CGA website for details. Last public hearing listed was 02-29-2018
12. ***Funding for public health agencies*** – advocate for funding for state and local public health agencies to support prevention and health improvement.	*HB 5035*	

Health Management Associates

SIM Health Enhancement Communities

Connecticut State Innovation Model Health Enhancement Community Initiative

State Health Improvement Coalition Advisory Council
April 24, 2018

HMA Experience

Facilitating diverse stakeholder groups and committees to establish shared vision and solicit input and meaningful engagement

Quantifying and communicating the impact of population health initiatives through actuarial and economic modeling

Synthesizing and developing key recommendations written documents to effectively communicate to stakeholders and leadership teams

- Community Healthcare Association of Connecticut
- Connecticut Prevention Services Initiative – CBO Linkage Model
- Washington Accountable Communities of Health
- New York State SIM
- New York State DSRIP
- Oregon Health Leadership Council
- Oregon Health Authority
- Pennsylvania Medicaid ACO
- Michigan SIM
- Colorado SIM

Purpose of our Discussion

- Discuss Health Enhancement Community (HEC) Initiative planning, including:
  - Goals
  - Outcomes
  - Roles
  - Process and timelines
- Review questions to be answered over the course of our planning work
- Share input on the process and what is critical for success

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.

3 Buckets of Prevention

Traditional Clinical Prevention	Innovative Clinical Prevention	Total Population of Community-Wide Prevention
1	**2**	**3**
Increase the use of evidence-based services	Provide services outside the clinical setting	Implement interventions that reach whole populations

Health Care

Public Health

Envisioned Core Elements for HECs

Multi-Sector Partnerships

- Strong buy-in from a diverse set of stakeholders.[1]
- Clarity regarding roles and responsibilities.
- Sound governance structure.[2]
- Effective communication strategy.[3]
- Lever opportunities presented by providers and payers in the health care sector.[4]

Health Improvement Activities

- Defined goals and objectives.[3]
- Planning and priority setting.
- Community Health Improvement Plan.[2]
- Targeted population.
- Coordinated root cause prevention.

Process and Outcome Measures

- Systems for reliable and valid data.[5]
- Selection and use of measures to meet accountability and performance targets.
- Community Health Needs Assessment and asset mapping process.[6]
- Social determinants of health data for vulnerable populations.[7]

Sustained Funding Mechanisms[5,6]

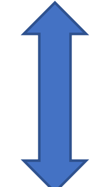
- Sustainable funding model that supports ongoing cross-sector activities.
- Reliable revenue streams to cover the full cost of partnership.
- Rewards investors proportionate to the economic value of health improved.

How the Pieces Come Together

Develop better community linkages

Addresses CT SIM objectives for CBO linkage model.

Prevention Service Initiative (PSI)



Multi-payer primary care payment reform including increased payer investment, bundled payments.

Primary Care Modernization (PCM)

Health Enhancement Communities (HEC)

Multi-sector investments that reward community partners that contribute to prevention outcomes for community members

Economic Benefits of the HECs

The Economic Benefit Model will quantify the myriad economic benefits of what the HECs do.	Key aspect of HEC Initiative is being able to measure specific economic benefits and where they accrue to assess success and to develop investment strategies

HMA will develop an *analytical model and a actuarial tool* with Airam Consulting to inform the sustainability approach of the HEC model including:

- Impact of the HECs on Medicare and other payers, which will be used to pursue a federal partnership
- Impact of the HECs on the economy, which will inform other implementation and sustainability strategies

Social Finance

Social finance refers to investment mechanisms that generates financial returns to implement and/or sustain social impact.

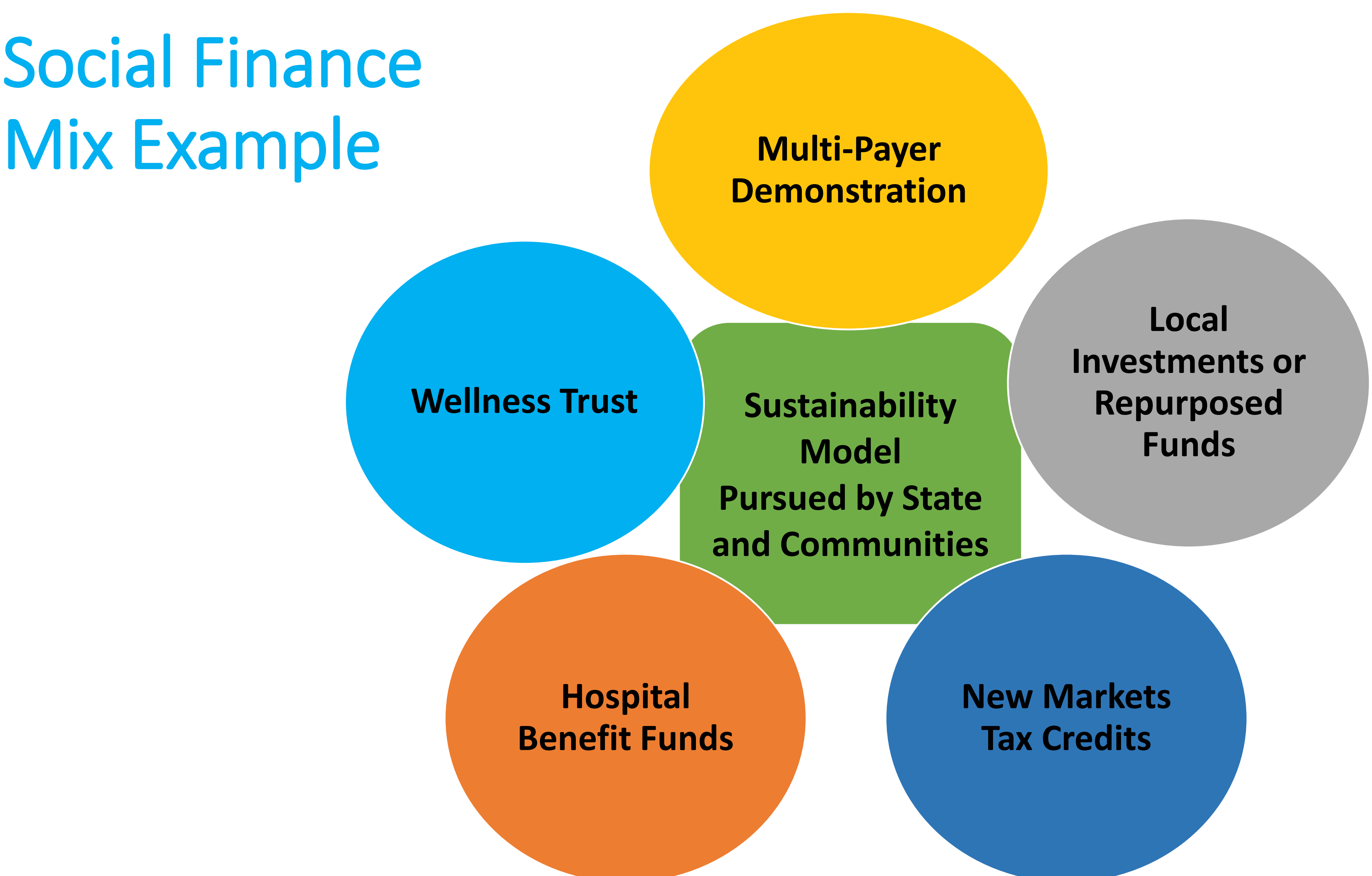
Key aspect of HEC Initiative is developing social finance approaches

- Not just another project that goes away when the money does

- Multi-payer demonstration
- Blending and braiding federal, state and local funds
- Capture and reinvest
- Community benefit financial institutions
- Hospital Community Benefit

- Prevention escrow account
- Low-income housing tax credits
- New Markets Tax Credit
- Pay for Success/Social Impact Bonds
- Wellness Trust
- Captive insurance

Social Finance Mix Example



* For illustrative purposes only.

Outcome of the HEC Initiative Planning Process

A plan that details:

- Key, logical, realistic, and actionable components of the HEC initiative
- Strategies for implementing and sustaining HECs throughout the state
- Evidence of the economic benefit of HECs

Reference Communities

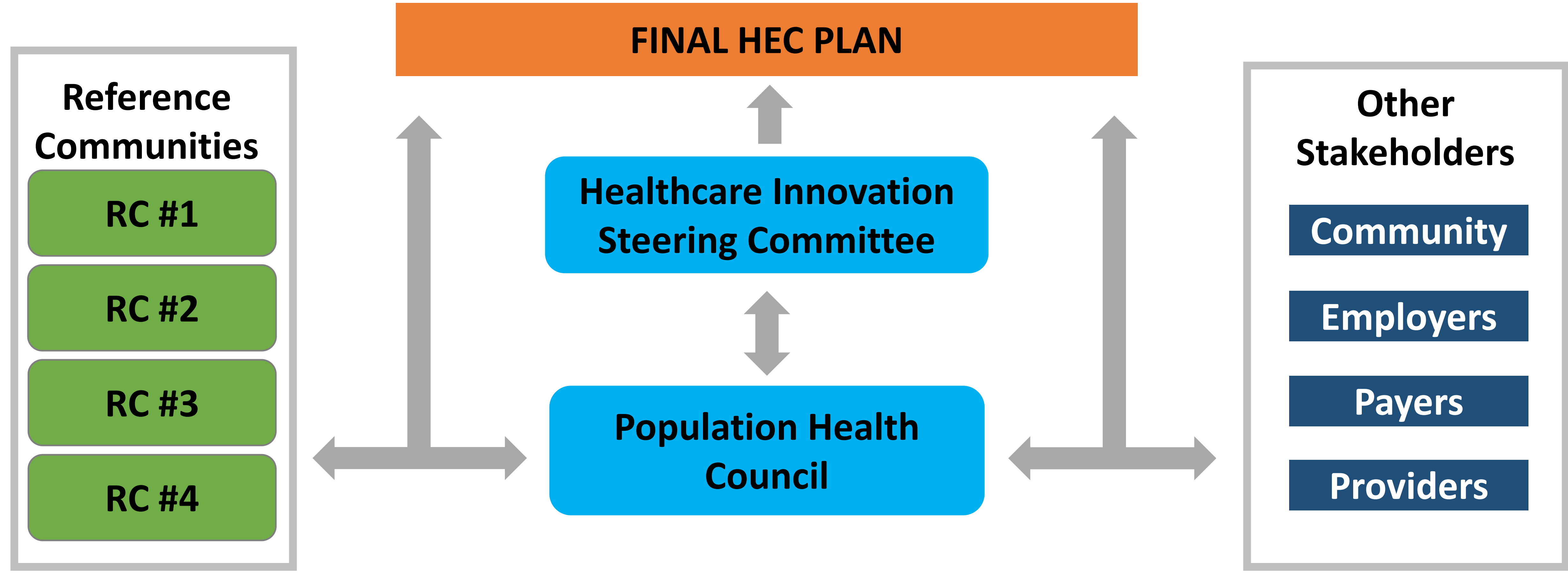
- Soliciting at least 4 multi-sector community health collaboratives—called *Reference Communities (RC)*
  - Selected through an RFP process to work with the State in planning for a new HEC Initiative
  - Considering collaboratives that have a broad array of engaged partners and that can demonstrate readiness and commitment to do this work
- Reference Communities will be asked imagine that they are planning to become a HEC and then work closely with the State to provide recommendations and community-specific solutions to support development of an actionable HEC strategy

Reference Communities

- Engagement will occur through facilitated meetings, webinars, workshops, and review of existing materials
- HMA will provide tools, facilitation, coaching, and other support

Reference Community Engagement Framework

HEC Advisory Process



Office of Health Strategy/SIM
Department of Public Health
Jointly Administer and lead initiative

HMA
Planning support and subject matter expertise to develop strategy and draft summary plan

Environmental Scan of State and Community Health Problems

- First step has been to conduct an environmental scan of state and community health problems
- Incorporating the extensive work that has already been done to date such as:
  - SHIP Health Objectives
  - SIM Health Objectives
  - Priorities identified by Reference Communities

Healthy CT 2020 SHIP Health Objectives

Objective Topics	Targeted Objectives
Maternal, Infant, and Child Health	Unplanned pregnancies, prenatal care, birth outcomes, breastfeeding, oral health for children, developmental screening
Environmental Risk Factors and Health	Childhood lead poisoning, drinking water quality, air quality
Chronic Disease Prevention and Control	Heart disease and high blood pressure, diabetes, asthma, oral health for children, obesity, smoking
Infectious Disease	Vaccinations for children, pregnant women, and childcare providers; vaccinate adults against seasonal flu; vaccinate adolescents for HPV; chlamydia and gonorrhea; HIV/AIDS; Hepatitis C; healthcare associated infections; emerging infectious disease

Healthy CT 2020 SHIP Health Objectives

Objective Topics	Targeted Objectives
Injury and Violent Prevention	Falls, unintentional poisonings, motor vehicle crashes, seatbelt use, motorcycle deaths, suicide, firearms, sexual violence, child maltreatment
Mental Health, Alcohol, and Substance Abuse	Mental health emergency room visits, excessive drinking by youth and adults, non-medical use of pain relievers, illicit drug use, screening for autism, screening for trauma
Health Systems	Health insurance coverage, community-based health services, patient-centered medical homes, transportation to access health services, quality and patient safety standards for health systems, adoption of nation Culturally and Linguistically Appropriate Services (CLAS) standards by health and social service agencies, professional health workforce shortages and diversity, funding to align with prevention and population health priorities

Initial Top 3 Priority Areas Identified by Reference Community

RC1	RC2	RC3	RC4
Access to Care (including Mental Health and Substance Abuse)	Access to Care for Low Income Populations and Prenatal Care)	Access to Health Care.	Increasing access to healthy and nutritious food
Healthy Lifestyles (Overweight/Obesity and Tobacco Use) • Cooking Matters • Live Well (Diabetes Prevention & Chronic Disease Self-Management Programs)	Healthy Lifestyles (with attention to risk factors for diabetes among Black residents)	Obesity/Chronic Disease • Community Fitness Programs • Move More in Schools Toolkit (Physically Active Classrooms)	Improving child and family well-being
Asthma • Easy Breathing for Schools • One-on-one asthma education • funding assistance to abate lead-based paint and eliminate other housing-related hazards (asthma)	Mental Well-being and Substance Abuse (Opioid Use Disorder and Latinx Mental Health)	Mental Health/Substance Abuse Integration of Behavioral Health into Primary Care: (Behavioral Health Primary Care Integration)	Improving community safety

Conditions Most Impacting the Commercially Insured

- The Blue Cross Blue Shield National Health Index measures the impact more than 200 health condition categories have on the health and well-being of **commercially insured** residents.
  - The health impact of a condition represents the proportion of adverse health it contributes to the population

Top 10 Conditions Adversely Impacting CT	Health Impact
Hypertension	11.6%
Major Depression	10.3%
High Cholesterol	8.5%
Coronary Disease	5.7%
Diabetes Type II	4.6%
Other Substance Use Disorder	4.1%
Psychotic Disorder	3.7%
Other Alcohol Use Disorder	3.5%
Chronic Obstructive Pulmonary Disease (COPD)	3.1%
Crohn's Disease / Ulcerative Colitis	2.9%

Next Steps

- Using information from the environmental scan, the next steps will be to:
  - Work with the Reference Communities to refine the list of priority health conditions based on criteria
  - Identify the root causes of those health conditions
  - Identify potential interventions that Health Enhancement Communities can deploy to address the root causes
    - Interventions must have a demonstrated Return on Investment to Medicare (and/or other sectors)
  - Financially model those interventions and explore sustainable financing

Discussion and Q&A

Additional Information:

www.healthreform.ct.gov

Next Steps/Next Meeting Date

- Tuesday, July 17th, 9:30-11:30
- Tuesday, October 23th, 9:30-11:30

Thank You!