

# CT Health Enhancement Community: Community Member Engagement Summary

(As of 10/26/18)

## Background

As part of the new Health Enhancement Community Initiative, Connecticut worked with four “Reference Communities” that gave input and feedback on what HECs might look like and do. Part of the Reference Communities’ work was getting direct community member feedback. Reference Communities have been part of the HEC design process since May 2018. Each Reference Community did a final report that includes the input they got from the community.

The Health Enhancement Community Initiative consultant also met with Clifford Beers Clinic’s Parents Group to get feedback.

## Examples of How Community Member Feedback Influenced the Health Enhancement Community Model Draft Design

What Community Members Said:	How it Influenced the HEC Design:
<p>A community member said that the model should the adopt the community involvement philosophy of “nothing for us without us.”</p> <p><i>Community advocates also gave feedback about how this could happen.</i></p>	<p>The draft model includes locally owned and directed community organizing groups selecting and leading interventions about the things that matter most to them in their communities.</p> <ul style="list-style-type: none"> <li>• It would take a lot to make it happen across the state, but community members would have the power to drive what happens in their communities.</li> </ul> <p>The draft model also includes a governance group that will include community members, including in decision making.</p>
<p>Many community members model should include multiple ways to meaningfully engage community members, including:</p> <ul style="list-style-type: none"> <li>• Funds specifically for community engagement</li> <li>• Requirement of having community members at every table</li> </ul>	<p>These were included in the draft model.</p> <p><i>We did hear some disagreement among stakeholders about payment and food.</i></p>

<ul style="list-style-type: none"> <li>• Multiple roles to collect outreach information and bring that back/represent to group</li> <li>• Support for capacity building for community leaders and members</li> <li>• Meetings and other types of engagement after hours and in easy-to-get-to community locations</li> <li>• Providing child care, transportation, food, etc.</li> </ul>	
<p>Many community members said they were interested and enthusiastic about the priority areas: 1) Child well-being and 2) Healthy weight/physical fitness</p>	<p>This was a validation of the priorities in the draft model.</p>
<p>Many community members were eager to talk about what they think the root causes of poor health are in their communities and what should be done about them. Examples of root causes they talked about:</p> <ul style="list-style-type: none"> <li>• Lack of or not enough family/social supports</li> <li>• People existing on “survival income” not “living income”</li> <li>• Parks, sidewalks, and streets that make it difficult to get healthy</li> <li>• Housing instability and lack of access to affordable housing</li> <li>• Lack of access to transportation</li> </ul> <p>Example of an intervention a parent’s group discussed:</p> <p>A group pf parents talked how easy it was to get unhealthy food and how hard it was to get healthy food, especially if corner stores are the easiest place to shop. They talked about how they would redesign the store, including putting health, fresh food upfront and making healthy food cost less. They also said they would like to have a mobile grocery store that comes to their community and has good prices.</p>	<p>The draft model has community organizing groups identifying root causes of poor health, what matters to them, and what they want to do about them and then leading interventions.</p>
<p>A community member gave an example of a child who recently drowned to illustrate that you can’t just do one thing and think you are going to solve the problem (like try to hire more lifeguards). You have to implement several related things to solve the problem and use it as a way to make other things better, including addressing programs and policies in schools for more kids learn how to swim, create more employment opportunities for kids through becoming lifeguards, and challenging the cultural norm that says Black kids don’t swim.</p>	<p>This was a validation of the draft intervention framework, which included policy, systems, programs, and cultural norm interventions.</p>

<p>One community member said the State should define the geographies or be part of making the decisions otherwise it will take too long for collaboratives to decide.</p>	<p>This influenced the HEC and State process for defining geography together with some requirements.</p>
<p>Some community members said they should be involved in designing interventions.</p> <ul style="list-style-type: none"> <li>• They gave an example of a curriculum they are starting to create called Partnering with Parents. That curriculum is to teach service organizations how to work with parents more effectively and respectfully. They also shared a document they had created that gave guidance for working with parents and balancing power between parents and service providers.</li> </ul>	<p>That curriculum was used in the draft model as an example of community member-lead interventions and a cultural norm change for organizations. The information in the document was used to add to the community involvement aspect of the draft model.</p>
<p>Parents in the Parents Group said that they are frustrated by how difficult it can be to access existing programs, especially as a family.</p> <ul style="list-style-type: none"> <li>• One parent said she had one child who was 4 years old and another who was 8. One child was eligible for one program, but it was only open to children over 6 years old. She struggled to find a place for her younger child, which was difficult because of transportation and cost issues. The parents said they wish they programs would work together to make it easier for parents to get the help they need.</li> </ul>	<p>This influenced how the draft model described the connecting existing interventions to create a more seamless experience for community members.</p>
<p>Some community members said that community members may not be accessing existing funding or resources because they aren't aware of them or services weren't coordinated coordination of services or easy to use.</p>	<p>The draft model recommends using, linking, or improving what is already in place and not just adding new interventions.</p>

## CT Health Enhancement Community: Reference Community Engagements (as of 10/25/18)

Reference Community	Date	Event, Venue, Audience	Attendees/Residents	Presenter
Norwalk	7/6/18	<b>Event:</b> Norwalk Hospital Community Health Committee (CHC) <b>Venue:</b> Norwalk Hospital <b>Audience:</b> CHC Members (Hospital Trustees, Hospital Staff, Community Partners in philanthropy, wellness, and health care)	16 (unknown # of residents)	Theresa Argondezzi
Norwalk	8/12/18	<b>Event:</b> Healthy for Life Project Partners Meeting <b>Venue:</b> Norwalk Health Department <b>Audience:</b> Community partners collaboratively promoting healthy eating and physical activity as part of Greater Norwalk Community Health Improvement Plan (Health Department, YMCA, School Garden Organization, United Way, Norwalk Office of Early Childhood, Norwalk ACTS, Urgent Care Center, Food Retailer, Campbell's Healthy Communities, Children's Museum, Library, others)	14 (~40% area residents)	Theresa Argondezzi
Norwalk	8/28/18	<b>Event:</b> Health Enhancement Communities Update for Norwalk Leadership <b>Venue:</b> Norwalk Health Department <b>Audience:</b> Norwalk Mayor, Assistant to the Mayor, Norwalk Board of Health Members	4 (3 residents)	Theresa Argondezzi
Norwalk	9/12/18	<b>Event:</b> Help Me Grow networking meeting <b>Venue:</b> Ben Franklin School/Family & Children's Agency Offices <b>Audience:</b> Community providers representing education, health, and social services (home visitors, family advocates, nurses, social workers, parent group facilitators, nutritionists, outreach workers, case managers)	41 (~50% area residents)	Theresa Argondezzi
Norwalk	9/18/18	<b>Event:</b> Norwalk ACTS Community Convening <b>Venue:</b> Stepping Stones Museum for Children <b>Audience:</b> Member agencies of Citywide Collective Impact Agency with a mission to help children thrive from cradle to career. Represented education, housing, business, health, social/emotional learning, legislators, early childhood, philanthropy, others.	46 (~50% area residents)	Theresa Argondezzi
Norwalk	10/2/18	<b>Event:</b> Norwalk Health Department Emergency Response Team meeting <b>Venue:</b> Norwalk Health Department <b>Audience:</b> Diverse group of adults living/working in Norwalk and New Canaan areas who volunteer with the Norwalk Health Department. Various ages, professions, and backgrounds (some medical, but many non-medical).	21 (~90% area residents)	Theresa Argondezzi
Norwalk	9/21 – 10/19	<b>Event:</b> Online survey	24	n/a

Reference Community	Date	Event, Venue, Audience	Attendees/Residents	Presenter
		<b>Audience:</b> Sent via email blasts to Chamber of Commerce members and Norwalk ACTs Members. Posted on Norwalk Health Department Facebook page and local news blog. No advertising or incentives to complete the survey were provided.		
New London	7/31/18	<b>Event:</b> “Setting the Table” <b>Venue:</b> FRESH NL Urban Farm in New London <b>Sponsors:</b> Ledge Light Health District, FRESH NL, RD86, United Way of Southeastern Connecticut, New London County Food Policy Council	50 (all community residents)	FRESH NL & LLHD
New London	8/11/18	<b>Event:</b> “Setting the Table” <b>Venue:</b> FRESH NL Urban Farm in New London <b>Sponsors:</b> Ledge Light Health District, FRESH NL, RD86, United Way of Southeastern Connecticut, New London County Food Policy Council	20 (all community residents)	FRESH NL & LLHD
New London	9/13/18	<b>Event:</b> RSVP Volunteer Recognition Luncheon <b>Venue:</b> Filomena’s Restaurant in Waterford	6 (all community residents)	Megan Brown, TVCCA
New London	9/24/18	<b>Event:</b> “Setting the Table” <b>Venue:</b> RD86 in New London <b>Sponsors:</b> Ledge Light Health District, FRESH NL, RD86, United Way of Southeastern Connecticut, New London County Food Policy Council	30 (all community residents)	LLHD
New London	10/11/18	<b>Event:</b> Parent Engagement Group <b>Venue:</b> TVCCA Head Start	1 (community resident)	Megan Brown, TVCCA
Hartford	7/10/18	<b>Event:</b> CT HEC Deep Dive 1 <b>Venue:</b> St. Francis Hospital	26 (5 resident advocates)	Hosted by Collaborative, HMA
Hartford	7/25/18	<b>Event:</b> CT HEC Deep Dive 2 <b>Venue:</b> Urban League of Greater Hartford	14 (4 resident advocates)	Hosted by Collaborative, HMA
Hartford	8/8/18	<b>Event:</b> CT HEC Stakeholder Feedback Session 1 <b>Venue:</b> Webinar	5	Hosted by Collaborative, HMA
Hartford	8/9/18	<b>Event:</b> CT HEC Stakeholder Feedback Session 2 <b>Venue:</b> Webinar	3	Hosted by Collaborative, HMA
Hartford	9/10/18	<b>Event:</b> Community Member Survey <b>Venue:</b> Charter Oak Health Center	9 (all residents)	Collaborative intern

Reference Community	Date	Event, Venue, Audience	Attendees/Residents	Presenter
Hartford	9/10/18	<b>Event:</b> Community Member Survey <b>Venue:</b> Gengras Clinic, St. Francis Hospital	8 (all residents)	Collaborative intern
Hartford	9/14/18	<b>Event:</b> Community Member Survey <b>Venue:</b> Wheeler Clinic	6 (all residents)	Collaborative intern
Waterbury	9/6/18	<b>Event:</b> Yoelle Iglesias, ED, Madre Latina, Inc <b>Venue:</b> Key informant interview	1 (community resident)	Alison Johnson
Waterbury	10/3/18	<b>Event:</b> Kimkelly Myers, Housing Counselor, Neighborhood Housing Services of Waterbury <b>Venue:</b> Key informant interview	1 (community resident)	Alison Johnson