

Health Enhancement Community Initiative Interventions, Measures, Data and Workforce

PHC Design Team #1
July 20, 2018
12:30 pm – 2:00 pm



Today's Objectives

Review and obtain feedback on the following:

- winnowed down proposed **interventions**,
- **measures** for accountability,
- required **data infrastructure** and needed **workforce** to support interventions

ROUND TABLE FEEDBACK

Will be using a **round table process** to obtain feedback. Please stay actively engaged throughout webinar. After each question, will call on each participant to obtain feedback. Each participant is free to pass if you have nothing to add.

Health Enhancement Community Provisional Definition

A Health Enhancement Community (HEC) is a cross-sector collaborative entity that:

- Is accountable for reducing the prevalence and costs of select health conditions and increasing health equity in a defined geographic area
- Continually engages and involves community members and stakeholders to identify and implement multiple, interrelated, and cross-sector strategies that address the root causes of poor health, health inequity, and preventable costs
- Operates in an economic environment that is sustainable and rewards communities for health improvement by capturing the economic value of prevention

Key HEC Priority: Sustainability Strategy

Central to the HEC financing strategy is developing arrangements with payors, purchasers/employers, the health care sector, and other sectors to capture savings or other economic benefits that accrue to them and reinvest in HECs.

- Defining the details of the HECs will help identify where savings and other economic benefits will accrue
- Financial modeling will show what the magnitude of the opportunity is to reinvest.

Key Design Questions

| DOMAIN | DESIGN ELEMENTS |
|----------------------|--|
| Boundaries | Define the best criteria to set geographic limits . |
| Focus and Activities | Define what HECs will do to improve health and health equity and appropriate flexibility/variation. |
| Health Equity | Define approaches to address inequities and disparities across communities |
| Structure | Define how HECs will be structured and governed and appropriate flexibility/variation. |
| Accountability | Define the appropriate expectations for HECs. |
| Indicators | Define appropriate measures of health improvement and health equity. |
| Infrastructure | Define the infrastructure needed to advance HECs (HIT, data, measurement, workforce). |
| Engagement | Define how to ensure meaningful engagement from residents and other stakeholders . |
| Sustainability | Define financial solution for long-term impact. |
| Regulations | Define regulatory levers to advance HECs. |
| State Role | Define State's role . |

Part I

Interventions

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

MODEL Design for HEC Focus and Activities

**CHILD
WELL-BEING**
CDC's Essential for Childhood*

**HEALTHY WEIGHT and
PHYSICAL FITNESS**

**HEALTH
PRIORITIES FOCUS
AREAS**

Root Causes – Social Determinants of Health

“Upstream” Interventions to Prevent Conditions and Poor Outcomes

**FOCUSED
CATEGORIES**

**With some
interventions
deliberately for
more than one
health condition**

Programmatic Interventions

Programmatic Interventions

Systems Interventions

Systems Interventions

Policy Interventions

Policy Interventions

Cultural Norm Interventions

Cultural Norm Interventions

**Populations could
be targeted (e.g.,
people in “hot
spot” areas within
the geography or
specific targeted
populations)**

**Evidence-based/
informed and
cross-generation
interventions
selected by HECs**

**Complementary
statewide
interventions**

*Assuring safe, stable, nurturing relationships and environments. [specific list]

Health Condition Priorities: A Focused Approach with Flexibility

Programmatic Interventions. HECs will implement “upstream” prevention-focused programs/interventions aimed at improving health and health equity, are evidence-based or evidence-informed, and have some evidence of a return on investment (ROI).

Policy Interventions. HECs will advocate for local and state policy changes that are necessary to successfully implement and/or sustain their strategies.

Systems Interventions or Development. HECs will develop new systems or change or leverage existing systems to support improvements and sustaining the improved outcomes.

Cultural Norm Interventions. HECs will assess cultural norms and implement strategies to enhance or create positive values, beliefs, attitudes, and behaviors among community members related to the improvements.

Health Equity

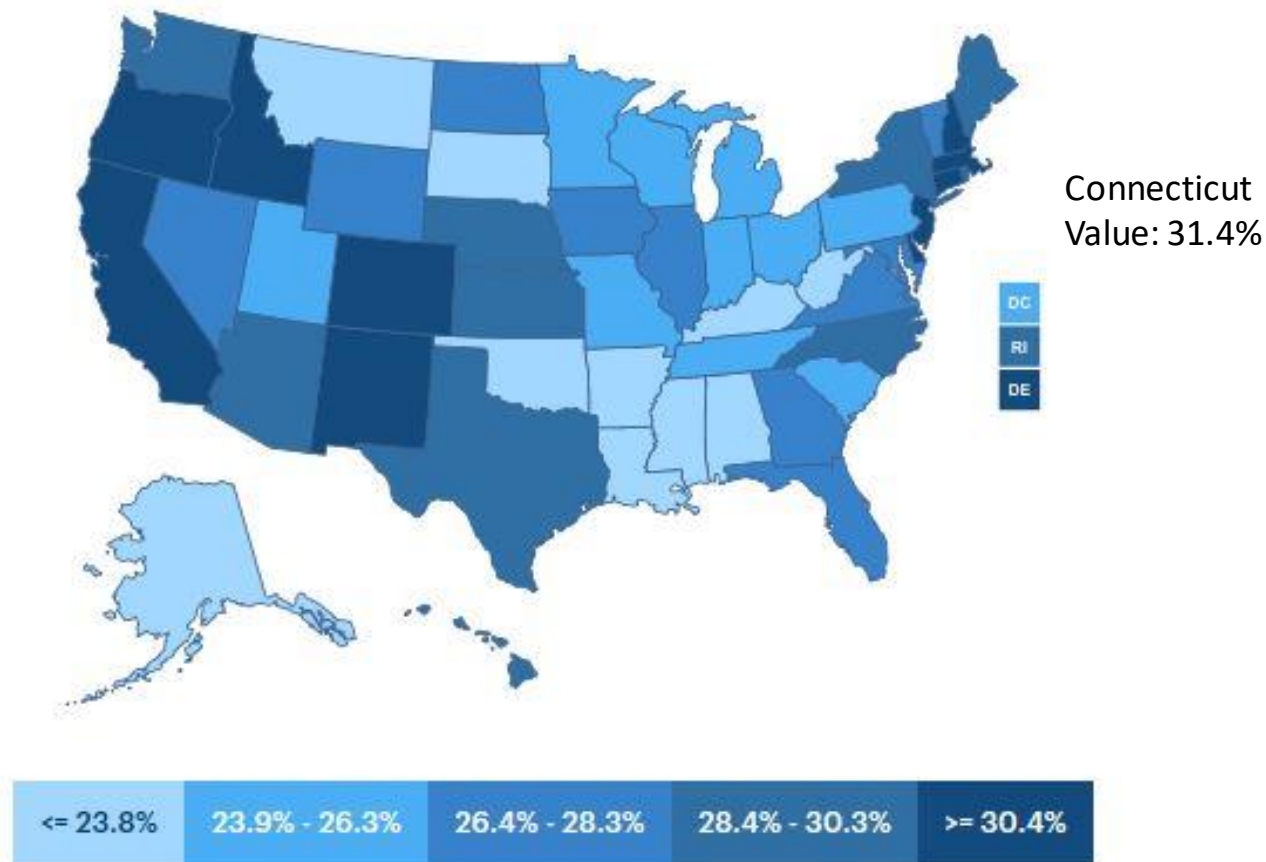
HECs will be encouraged to advance health equity within their defined geographic area.

Flexibility

HECs will be able to select interventions. State will provide criteria, such as evidence-based or informed, and provide examples.

Disparity in Health Status in CT in 2017

Difference between the percentage of adults with at least a high school education compared with those without who reported their health is very good or excellent (adults <25 years excluded)



Example – Healthy Weight and Physical Fitness

Programmatic Interventions

Local HEC partners with faith-based organizations and community centers to create opportunities for physical activity.

Local HEC works with chamber of commerce to create worksite wellness programs.

Systems Interventions or Development

Local HEC works with parks and recreation to ensure all new developments have sidewalks and bike paths. And help to secure funding for improved built environment.

Local HECs work with WIC to ensure vouchers are accepted at farmers markets.

Policy Interventions

Local HEC works with school district to create new policies around fruit and vegetable consumption and increased physical activity.

Statewide advocacy group works to create statewide policies on calorie posting (just achieved for fast food chains)

Cultural Norm Interventions

Mass media interventions to reduce screen time.

Social media to educate about daily caloric intake. (goes hand in hand with calorie posting)

FOR DISCUSSION: Feedback on Interventions

1. Model gives focus yet flexibility to HECs.
2. State will provide criteria to identify interventions.
3. Interventions in each of the four categories.
4. Questions? Feedback?

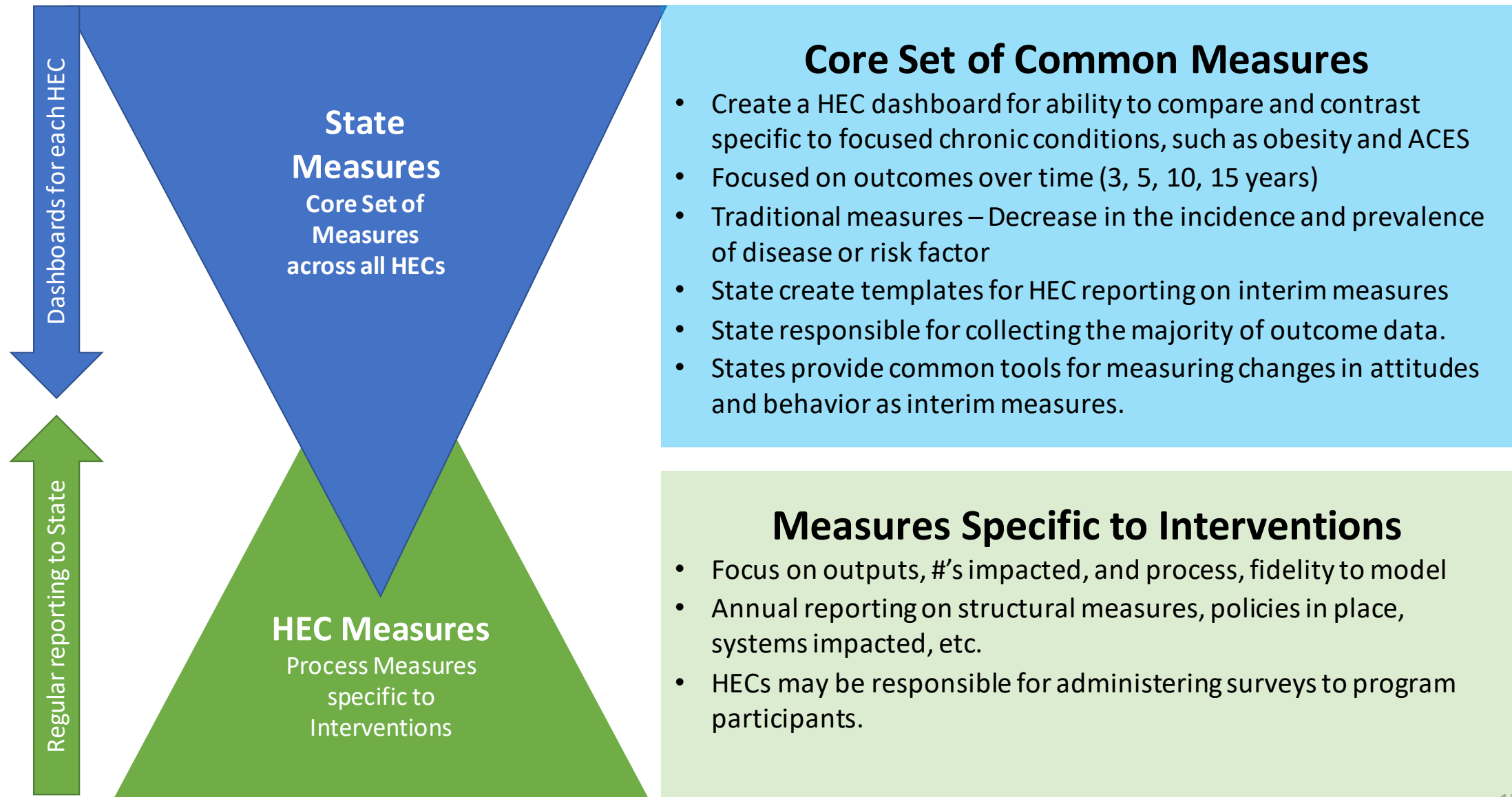


Part II

Measures

Which population and community-wide measures will HECs be accountable

Measures



FOR DISCUSSION: Feedback on Measures

1. State will need to negotiate measures with each payer.
2. Ensure HECs are not overly burdened yet accountable.
3. State will create a dashboard focused on outcomes.
4. HECs will focus on outputs and process.
5. Questions and feedback

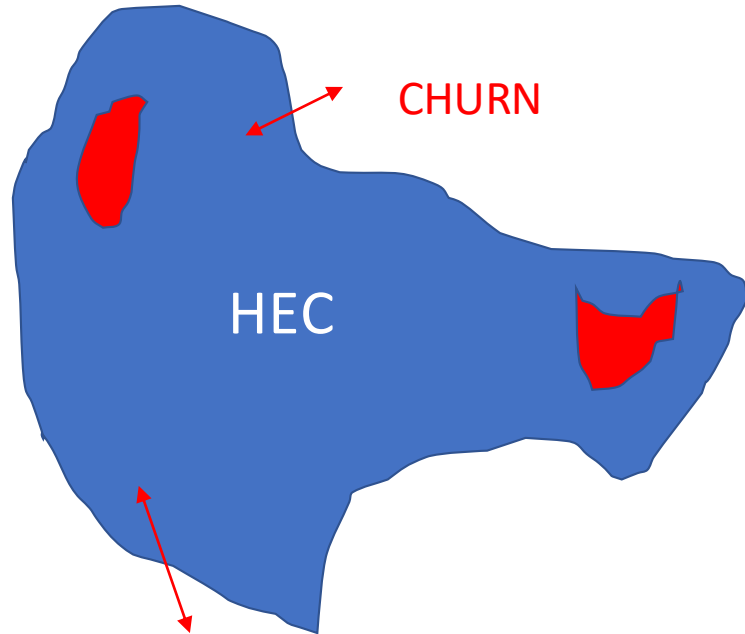
Data

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

Types of Data Needed

- 1) **Stratified Data** by township (or even smaller geographic area), race/ethnicity, social risks etc. Help state prioritize areas of state with highest needs and helps HECs target within their geographic area. Health Equity Index.
- 2) **Monitor and assess outcomes** of interventions. Helps to determine what interventions are working. Build off of successes. State – focus on outcomes; HECs – focus on outputs. State will benchmark and provide tools to HECs to ensure standardization. [logic model]
- 3) **Shared savings** – data must be stratified by payer within each HEC and demonstrate an improvement in risk score.

Stratifying Data to Target Interventions



- HECs accountable for population within defined geographic area. Will need data to identify hot spots.
- HECs will also need data stratified by race/ethnicity, SES, etc. to target interventions.
- Will need data to establish residency – a single source of truth.

FOR DISCUSSION: Feedback on Data

1. Benchmark data – outcomes over 3, 5, 10, 15 years – STATE
 - By each defined HEC and statewide
 - Traditional measures - % obese (e.g. Cooper Institute's FITNESSGRAM – 5th grade's body composition by school district); % substantiated child abuse allegations; % of children entering foster care and placed in permanent home.
2. Process, Output and Structural Data
 - Regular reporting to state (quarterly, annually) on outputs, process and structural (# of policies enhanced or adopted, etc.)
3. Questions and feedback
 - What will HECs need in order to track outputs? And ensuring fidelity to evidence-based model? What software will they need?

Workforce

What workforce and other implementation infrastructure is needed to support interventions

HEC Infrastructures

Need infrastructures to support new functions

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

HECs will need to be able to:

- Implement interventions that can achieve results, including producing an ROI
- Coordinate, manage, and monitor activities
- Use data to manage and report on defined performance measures
- Manage risks of not achieving outcomes
- Govern and distribute implementation funds and sustainable financing

Workforce to Address Health Disparities

Community Health Workers

- Important members of the public health workforce.
- Recognized as integral components of all care teams.
- ***Connecticut's front line in addressing the social determinants of health to improve health equity.***

Using Community Health Workers to advance health equity. CDC's Issue Brief
<https://www.cdc.gov/nccdphp/dch/pdfs/DCH-CHW-Issue-Brief.pdf>

Peer Recovery Specialists Workforce



Recovery University

DMHAS is pleased to support [Advocacy Unlimited Inc. Recovery University](#) in developing a training and certification process to assist individuals in becoming Certified Recovery Support Specialists in Peer Delivered Services under the new Medicaid Waiver program. Application materials and contact information are available below. The training is free and we are trying to get some limited funding in place to help cover the costs of application and certification. Stay Tuned or visit www.mindlink.org for more news.

FOR DISCUSSION: Feedback on Workforce

1. Are there other workforce issues that we need to think about?
2. Are CHWs and PSS widely used and accepted in CT?
3. What other type program staff might a HEC need to be successful?

Final Thoughts/Words of Wisdom?

Next Design Team Webinar

- Based on your feedback, will present examples of interventions in the two focused areas and criteria for interventions.
- Present driver diagrams and list of possible measures for each focused area.