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
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**

- 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?

**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?

- 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?

### HEC Intervention Selection Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address both child well-being and healthy weight/physical fitness</td>
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<tr>
<td>Have strong evidence with a demonstrated ROI within 10 years</td>
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<tr>
<td>Implement interventions in all four categories (programmatic, systems,</td>
<td></td>
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<tr>
<td>policy, and cultural norm) and that address health inequities</td>
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<tr>
<td>Demonstrate financial and performance outcome measures on</td>
<td></td>
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<tr>
<td>blended portfolio of interventions</td>
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<tr>
<td>Must have demonstrated wide-spread community buy-in (are the right</td>
<td></td>
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<tr>
<td>partners at the table, social network analysis?)</td>
<td></td>
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<tr>
<td>Must have a logic model demonstrating anticipated outcomes that tie</td>
<td></td>
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<tr>
<td>back to state’s outcomes</td>
<td></td>
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<tr>
<td>Must have a timeline congruent with evidence-based ROI.</td>
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</table>
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.
Measures
Which population and community-wide measures will HECs be accountable
How will HECs be held accountable?

• 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

State Measures
- Core set of measures across all HECs

Process, Output and Outcomes Measures specific to Interventions

HEC 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

• 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?

- 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.
Data

What IT and data infrastructure does each HEC need to support obtaining and sharing of data
How will HECs maintain data?

• 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/UCCONN 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)
  o 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.
Workforce

What workforce and other implementation infrastructure is needed to support interventions
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

<table>
<thead>
<tr>
<th>HEC Director</th>
<th>8 CORE STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director, Finance and Contracts</td>
<td>HECs can phase in positions overtime based on budget.</td>
</tr>
<tr>
<td>Director, Quality and Compliance</td>
<td>HEC Workforce.xlsx</td>
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<tr>
<td>Administrative Support</td>
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<tr>
<td>Data and IT Manager</td>
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<tr>
<td>Policy/Systems Coordinator</td>
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<tr>
<td>Program Manager, Healthy Weight</td>
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<tr>
<td>Program Manager, Child Well Being</td>
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</table>

| Community Nurses (2)                     | 20 PROGRAM STAFF (to implement interventions) |
| Community Health Workers (8)             |                                            |
| Social Workers (2)                       |                                            |
| Peer Support Specialists (8)             |                                            |
Questions, comments, feedback
Appendix
## What interventions will HECs implement? (5 of 8)

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

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Program Name</th>
<th>Program Type</th>
<th>Target Population</th>
<th>Description</th>
<th>Resources Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Prevention</td>
<td>Prevention</td>
<td>Students and school staff</td>
<td>Students and school staff with information about substance abuse, dangers of opioid use, and importance of healthy habits</td>
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<td>Treatment</td>
<td>Nurse Family Partnership</td>
<td>Programmatic</td>
<td>Children at risk of emotional, behavioral, or developmental problems</td>
<td>Delivery by nurses, social workers, and/or community peers</td>
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**Note:** This table is based on the given text and provides an overview of the interventions that HECs might implement to address healthy weight and physical fitness. The interventions are categorized under Prevention and Treatment, with specific programs such as Nurse Family Partnership and Treatment for Pregnant Women with Opioid Use Disorders. Each intervention has a detailed description of the target population and the resources needed for its implementation.