



Healthy Connecticut 2025
State Health Improvement Plan
Advisory Council Meeting

November 30, 2022
 2:00-3:30 PM
 Virtual via ZOOM

Register in advance for this meeting:

https://hria.zoom.us/meeting/register/tZEtcuisrDIuHNFr_eI00Q8QYDF0So3vI6-d

After registering, you will receive a confirmation email containing information about joining the meeting.

Agenda

Meeting purpose:

Reorient Advisory Council members to the charge of the Council, gather input on how to engage important partners in Action Team implementation efforts, and begin strategizing on how to engage legislators for policy agenda.

Time	min	Agenda Item	Speaker/Notes
2:00	10	Welcome & Introductions	<i>Vicki Veltri, AC Chair</i>
2:10	10	Commissioner’s Remarks	<i>Manisha Juthani, MD</i>
2:20	25	Connecting with Legislators <ul style="list-style-type: none"> • How can we familiarize legislators with the SHIP and partners involved in implementation? • How can we make legislators aware of Policy items that come out of SHIP implementation efforts? 	<i>Vicki Veltri, AC Chair HRiA</i>
2:45	10	Review of Advisory Council and Action Team Charge	<i>HRiA</i>
2:55	25	SHIP Implementation <ul style="list-style-type: none"> • Implementation Timeline/Phases • Action Team Highlights • Engagement of AC on Key Challenges • Q&A 	<i>Action Team Lead Conveners HRiA</i>
3:20	10	Next Steps <ul style="list-style-type: none"> • Suggestions for Future AC Agenda Items • SHIP Data Committee Update 	<i>HRiA</i>
3:30		Adjourn	

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How to Rename Yourself in Zoom

- Click on the “...” in the corner of your Self View.
- Click on “Rename” from the options that appear.
- Enter your name and your pronouns (optional)

Welcome & Introductions

Name, Title, Organization

Favorite Cold Weather Beverage

Agenda

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2:45	10	Review of Advisory Council and Action Team Charge	<i>HRiA</i>
2:55	25	SHIP Implementation	<i>Action Team Lead Conveners and HRiA</i>
3:20	10	Next Steps	<i>Vicki Veltri, AC Chair</i> <i>Mario Garcia, MD, MPH</i>
3:30		Adjourn	

Commissioner's Remarks

Manisha Juthani, MD

Connecting with Legislators

- How can we familiarize legislators with the SHIP and partners involved in implementation?
- How can we make legislators aware of Policy items that come out of SHIP implementation efforts?

Review of Advisory Council and Action Team Charge

SHIP Roles

Commissioner	<ul style="list-style-type: none"> • Leader, decision-making authority
Advisory Council Executive Committee	<ul style="list-style-type: none"> • Thought leadership to advance strategic goals • Build public health approach across sectors • Time sensitive decision-making
Advisory Council Members	<ul style="list-style-type: none"> • Integrating, managing, advising & approving • Ensure the cross-walk across the Action Plan
Data Committee	<ul style="list-style-type: none"> • Provide guidance on selecting data indicators and establishing baselines and targets • Determine consistent state health equity metrics
Action Team Lead Conveners, Members, & Partners	<ul style="list-style-type: none"> • Organize Action Teams: Schedule and document meetings • Develop and implement the 2022 Action Plan • Report on progress and barriers to implementation

Supports
HRiA <ul style="list-style-type: none"> • Facilitation • Group process • Technical assistance
DPH <ul style="list-style-type: none"> • Administrative coordination & support

Advisory Council Charge

- The Advisory Council of the Connecticut Health Improvement Planning Coalition provides guidance to the Connecticut Department of Public Health in the development, refinement, and ongoing monitoring of a Plan to improve the health of Connecticut's population.

Advisory Council Role & Responsibilities

- Review and advise on the products of the Priority Area Action Teams for the HCT2025 State Health Improvement Plan
- Ensure that the potential effects on health of policies, activities, and interventions both within and outside the health sector are considered in the development of the Plan
- Act as ambassadors and educators on the State Health Improvement Plan and subsequent implementation initiatives
- Contribute to setting implementation priorities
- Participate in approximately 4-6 scheduled meetings or conference calls throughout the year to address issues that emerge during implementation and to advise on the Policy Agenda



Action Team Charge

- Action Teams of the Connecticut Health Improvement Coalition are created for **implementation** of the Healthy Connecticut 2025 State Health Improvement Plan (SHIP).
- They will develop and implement **annual Action Plans and report progress quarterly** to the Advisory Council of the Connecticut Health Improvement Coalition.
- In developing Action Plans, the Action Teams may prioritize objectives and strategies, and identify and recommend refinements to the Healthy Connecticut 2025 State Health Improvement Plan.
- Action Teams may also create subcommittees to identify specific strategies and action steps for a prioritized objective, and/or address issues that require concentrated subject matter expertise.

2022 Implementation Roles & Responsibilities

Lead Conveners

- **Host & coordinate** meetings
- **Report progress** to DPH and SHIP Advisory Council
- **Ongoing outreach** to potential partners/identify and help recruit members for the Action Team
- **Content Expert Facilitation:** Provide expert input to group discussions; share knowledge about current initiatives underway and groups engaging in similar activities; provide evidence-based strategy guidance, as needed.
- **Process Facilitation:** Lead the group through discussion and resolution of key agenda items; manage the discussion; capture key ideas/outcomes with support from group members.

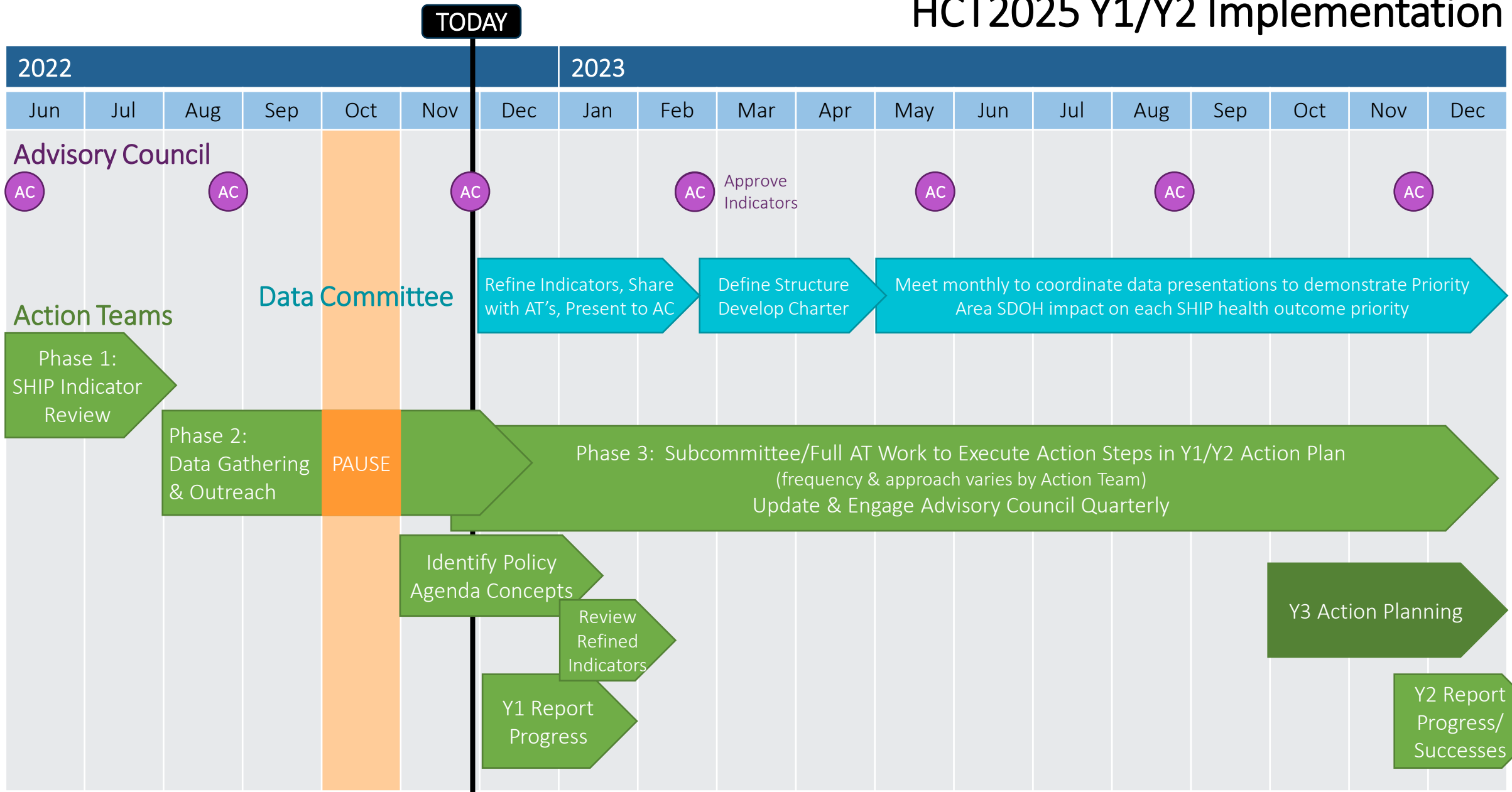
Action Team Members (including Lead Conveners)

- **Conduct** supplemental research and engage in other outreach or data gathering activities between Action Team meetings as needed and determined by group
- **Outreach** to other Action Teams, as needed, to learn about their work and/or solicit feedback on Action Plans and implementation efforts, particularly around Key Objectives
- **Return** to your own coalitions/organizations/programs to align/refine your work to align with the Action Plan

SHIP Implementation

- *Implementation Timeline/Phases*
- *Action Team Highlights*
- *Engagement of AC on Key Challenges*
- *Q&A*

HCT2025 Y1/Y2 Implementation



Action Teams

Report Out

1. Action Team “core” members who have attended most of the meetings to date
2. One-two key highlights that have come out of Action Team discussions since the August Advisory Council meeting

Discussion Topics

1. How to address any challenges each Action Team is facing?
2. Who else should be part of each core group and how to keep members active and engaged?

Access to Health Care

Lead Conveners

*Nancy Hamson, Yale New Haven Health
Co-Lead - pending*



Report Out

1. Action Team “core” members who have attended most of the meetings to date
 - Out of 48 invitees, we have had an average 8-16 attendees at our meetings.
 - See next slide

2. One-two key highlights that have come out of Action Team discussions since the August Advisory Council meeting
 - AHC Action Team has had one meeting since the August Advisory Council meeting.
 - Members volunteered for subcommittees to move work forward for each of the four objectives

Access to Health Care

Lead Convener

Nancy Hamson, Yale New Haven Health
Co-Lead - pending

Subcommittee Members

Abby Alter	Kate Parker	Delores Green Lee	Sherry Ostrout
Ken Lalime	Hanna Nagy	Maryjane Carey	Gina Federico
Gina Federico	Erica Garcia-Young	Erica Garcia-Young	Faith VosWinkel
Leonardo Ghio	Robin Tousey-Ayers	Ken Lalime	Kelly Sinko
Theresa Argondezzi	Donna Novella	Selma Alves	Laura Morris
Linda Kowalski	Valeri English Cooper	Robin Tousey-Ayers	Mary Ann Genuario
Megan Faugno	Vanessa Cortes	Ellen Ryan	Megan Westcott
Stephanie Moran	Mark Masselli	Alison Tyliszczak	Rachel Keesler
			Robyn Anderson

Y1 Objectives

A1: Increase the number of traditional and alternative (community- and technology-based) places people can access health care by 2025.	A2: Increase adoption of accepted best practices and standards of care among clinical health care providers by 2025.	A3: Increase adoption of accepted best practices and standards of care among community health preventive care providers by 2025.	A6: Decrease the number of CT residents who are at risk of spending more than 10% of their net income on health care services and coverage by 2025.
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Y1 Strategies

A1.1 Expand affordable, quality broadband internet and cellphone access across the state, and seek public or subsidized broadband access program for geographic areas and lower income residents, so telehealth can be expanded. (See also B2.1, D3.3, D4.4, D5.2)	A2.3 Identify models for how best practices can be introduced and adopted/implemented in different community cohorts in an effort to break down compartmentalized healthcare (see Project ECHO - (Extension for Community Healthcare Outcomes)). (See also A3.3)	A3.4 Educate general public about health literacy and community prevention initiatives focused on different demographics. (See also A1.8, A2.4, A2.5)	A6.1 Establish baseline numbers (uninsured, under-insured, other, by individual income level) and benchmarks for improvement.
A1.3 Conduct data analysis to understand current capacity and determine magnitude of need.	A2.5 Educate general public about health literacy and preventive care standards focused on different demographics. (See also A1.8, A2.4, A3.4)		
A1.5 Promote the use of mobile units for delivering care to people where they need it in coordination with medical/dental home (i.e., to reduce number of people dependent on location-specific bricks and mortar).			
A1.6 Broaden the definition of public health settings to include community-based settings, and ensure that care is still coordinated (e.g., school-based health centers, seniors accessing care in congregate settings) (See also Objective A5).			

Access to Health Care

Lead Conveners

*Nancy Hamson, Yale New Haven Health
Co-Lead - pending*



Discussion Topics

1. How to address any challenges each Action Team is facing?
 - How do we find relevant reports and research to support implementation of the prioritized strategies?
 - Share example
2. Who else should be part of each core group and how to keep members active and engaged?

Example Relevant Reports/Research

Objective A2: Increase adoption of accepted best practices and standards of care among clinical health care providers by 2025.

Strategy	Sample Relevant Reports/Research
A.2.3 Identify models for how best practices can be introduced and adopted/implemented in different community cohorts to break down compartmentalized healthcare	The Quality Council established by the CT Office of Health Strategy (OHS) 's has developed a core set of clinical quality, patient safety, consumer experience, and over-and under-utilization measures or benchmarks. These standards help to secure healthcare quality and provide the means to assess primary care, specialty and hospital provider, and public and private payer performance. The OHS is currently seeking input to implement these recommendations using toolkits with evidence-based guidance to improve the quality of patient care.

Objective A6: Decrease the number of CT residents who are at risk of spending more than 10% of their net income on health care services and coverage by 2025.

Strategy	Sample Relevant Reports/Research
A.6.1 Establish baseline numbers	The CT Office of Health Strategy (OHS) and, Office of the State Comptroller (OSC) , the University of Washington (UW) Center for Women's Welfare developed a spending target or limit to the proportion of household spending on healthcare costs in Connecticut.

Economic Stability

Lead Conveners

Supriyo Chatterjee, Independent Consultant

Tim Larson, CT Office of Higher Education

Report Out

1. Action Team “core” members who have attended most of the meetings to date
 - Out of 27 invitees, we have had an average 9-13 attendees at our meetings.
2. One-two key highlights that have come out of Action Team discussions since the August Advisory Council meeting
 - The Action Team has been working to narrow the focus and highlight areas on the Action Plan by bringing in individuals who are subject experts on a topical basis.
 - Have recruited Terrence Cheng, President of the Connecticut State Colleges and Universities (CSCU) System

Economic Stability

Lead Conveners

Supriyo Chatterjee, Independent Consultant

Tim Larson, CT Office of Higher Education



Discussion Topics

1. How to address any challenges each Action Team is facing?
2. Who else should be part of each core group and how to keep members active and engaged?
 - Would like to recruit a local Bank president to present at and potentially join the Action Team. Suggestions?

Healthy Food & Housing

Lead Conveners

*Robyn Gulley, North Central Area Agency on Aging
Erin Windham, CT State Department of Agriculture*

Report Out

1. Action Team “core” members who have attended most of the meetings to date
 - Out of 56 invitees, we have had an average 17-18 attendees at our meetings. Several are listed as participants but have not been engaged. Follow up is needed.
2. One-two key highlights that have come out of Action Team discussions since the August Advisory Council meeting
 - Formation of subcommittees to address priorities
 - First meetings (C1, C2) were scheduled and convened; Leads for sub-committees were chosen

Healthy Food & Housing

Lead Conveners

*Robyn Gulley, North Central Area Agency on Aging
Erin Windham, CT State Department of Agriculture*



Discussion Topics

1. How to address any challenges each Action Team is facing?
 - No questions for Council but outreach and connecting with additional/new partners has been challenging. (Adding representation from organizations that are not already interacting with the SHIP)
2. Who else should be part of each core group and how to keep members active and engaged?

Community Strength and Resilience

Lead Conveners

Andrea Duarte, CT State Department of Mental Health and Addiction Services

Adrianna Ramirez, CT Family Support Network

Report Out

1. Action Team “core” members who have attended most of the meetings to date
 - Of 56 invitees, 22 have attended 2 or more times and 14 of these people have attended 4 or more times.
 - These include staff from DPH, DMHAS, CT Family Support Network, CCADV, CT Children’s, and Farmington Valley HD.
2. One-two key highlights that have come out of Action Team discussions since the August Advisory Council meeting
 - CCM and State Library joined our Action Team, and we began new approach by expanding meeting time and dedicating 20 minutes per objective due to member contribution across objectives.

Community Strength and Resilience

Lead Conveners

Andrea Duarte, CT State Department of Mental Health and Addiction Services

Adrianna Ramirez, CT Family Support Network



Discussion Topics

1. How to address any challenges each Action Team is facing?
 - Certain members/agencies are needed to provide input for objectives, but haven't been attending. How can we engage them to attend?
2. Who else should be part of each core group and how to keep members active and engaged?
 - We believe structured time and accountability for reporting back will help with engagement.

Next Steps

- Meeting Evaluation (+/- in Zoom Chat)
 - + What did you like? What worked well?
 - - What would you change or add? What didn't work so well?
- Suggestions for future AC Agenda Items
- SHIP Data Committee Update
- Email HCT2025.DPH@ct.gov with any additional recommendations or feedback on the topics discussed today. Please include "NOV AC MEETING" as the subject line of your message.

Thank You!