

Community Health Subcommittee

April 28, 2021



Agenda

Welcome, Roll Call & Introductions	Vicki Veltri, Brent Miller	3:00 PM
Public Comment	Members of Public	3:10 PM
Review of Subcommittee Goals, Meeting Cadence	Members of CHS	3:15 PM
HEC Overview and Discussion	Brent Miller, Members of CHS	3:30 PM
Overview of future CHS Meetings	Brent Miller	3:50 PM
Meeting Adjournment	All	4:00 PM

Welcome, Roll Call & Introductions

Community Health Subgroup

- **Deb Polun**, CT Assoc. for Comm. Action, Inc.
- **Rick Brush**, Wellville
- **Grace Damio**, Hispanic Health Council
- **Lyn Salsgiver**, Bridgeport Hospital
- **Rita Kuwahara, MD**, CT Institute for Communities
- **Angie DeMello**, Consumer (CONNECT - faith representative)
- **Martha Page**, Hartford Food System, Inc
- **Katie Breslin**, CT Office of Policy & Management
- **Beth Bye**, CT Office of Early Childhood
- **Paul Dworkin**, Connecticut Children's
- **Kiley Gosselin**, PSC Housing
- **Lisa Tepper-Bates**, United Way of Connecticut
- **Orlando Velazco**, CT Dept of Public Health

Public Comment

(2 minutes per person)

Subcommittee Goals & Meeting Cadence

Subcommittee Goals and Discussion

1. Provide guidance on the development of HECs and related sustainable financing strategies (near and long-term), as well as their integration into other initiatives.
2. Provide guidance on other community health initiatives.
3. Provide guidance on community health and primary care integration.

Meeting Cadence

How often does this group want to meet?

Health Enhancement Communities Initiative

Overview and Discussion

Health Enhancement Community Initiative

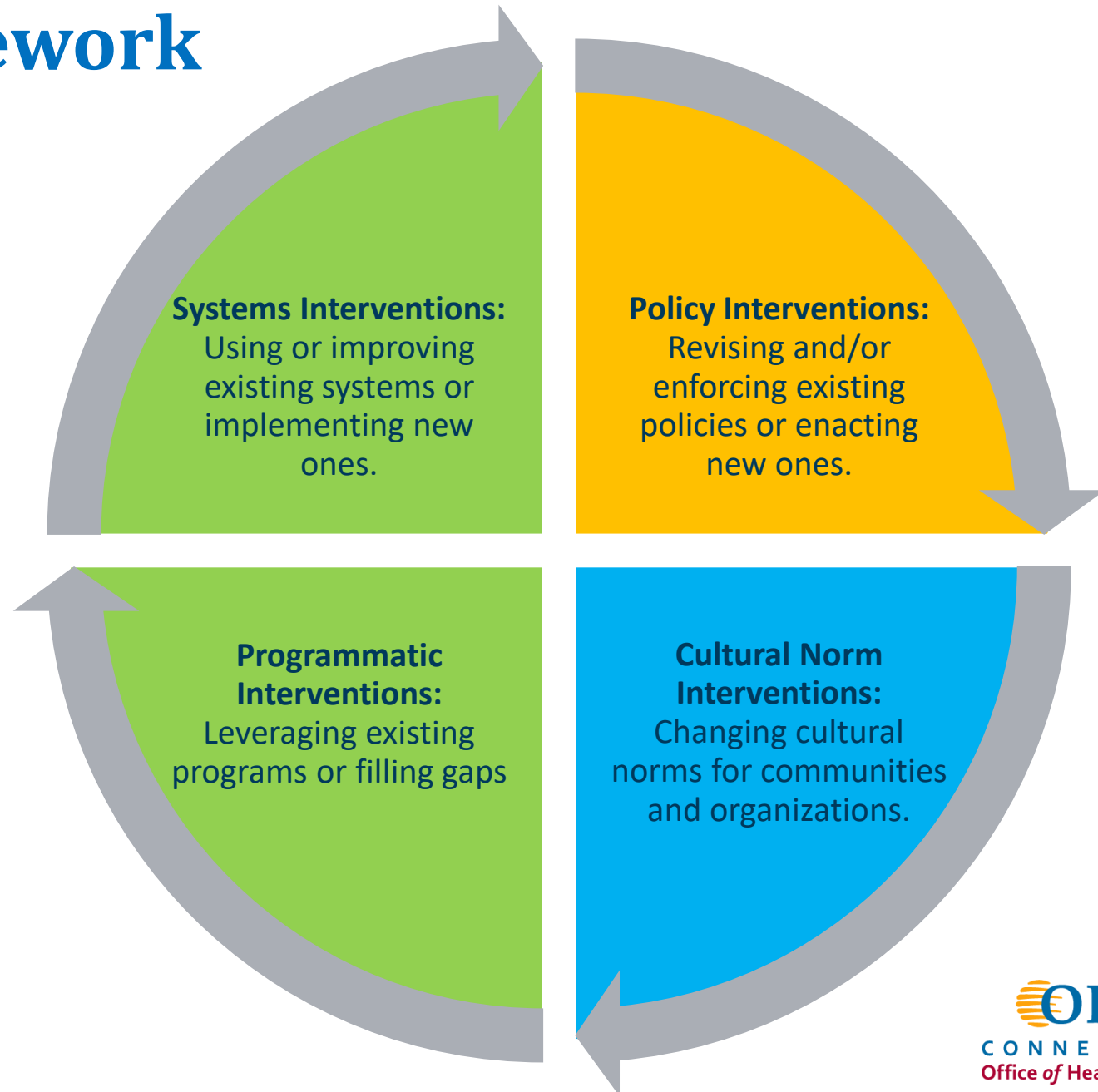
- Originally developed under the State Innovation Model (SIM), the Health Enhancement Community Initiative is a statewide, place-based initiative that is focused on improving the health and well-being of residents in Connecticut by:
 - Bringing together residents and multiple sectors that impact the health and well-being of children, families, and communities across the state.
 - Implementing local and statewide “upstream” strategies that **improve community health and healthy equity and prevent poor health over the lifetimes of residents.**

Health Enhancement Community Initiative

- Health Enhancement Community primary priorities:
 - 1. Improve Child Well-Being**
 - Particularly focused on:
 - Reducing the prevalence of Adverse Childhood Experiences (ACEs)
 - Increasing the protective factors that improve outcomes throughout the lifetime of children
 - 2. Improve Healthy Weight and Physical Fitness**
 - Particularly focused on:
 - Reducing the prevalence of obesity
 - Increasing access to healthy food

Intervention Framework

Health Enhancement Communities would select and implement mutually reinforcing interventions in these categories based on what is driving poor outcomes in their communities.



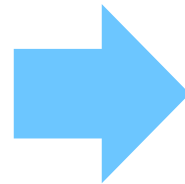
Examples of Mutually Reinforcing Interventions: Child Well-Being INTERVENTIONS

Community-identified drivers:

- Unaffordable housing, poor housing quality, and high rates of child abuse

Community-identified assets:

- Multiple existing home visiting programs, legal aid services, engaged community members, etc.



Systems: Creating an annual community report card for child well-being that is used by all HEC partners to assess progress on goals, determine resource allocation, and raise and maintain the visibility of child well-being.

Policies: Federal tax credits for affordable housing, expanding access to legal aid services related to housing quality and discrimination. Community advocacy to ensure enforcement of existing housing policies.

Programs: Aligning existing home visitation programs through braided and blended funding to create a unified approach. Securing financing to expand affordable housing in a community identified as a “hot spot.”

Cultural Norm: Implementing “Breaking the Cycle” social marketing campaign, which helps parents understand and stop the cycle of abuse and addresses the stigma associated with parents needing help in parenting.

Note: Example is for illustrative purposes. Interventions will be selected by communities. Additional intervention examples are provided in the HEC Technical Report, Appendices 4-5.

Health Enhancement Community Initiative

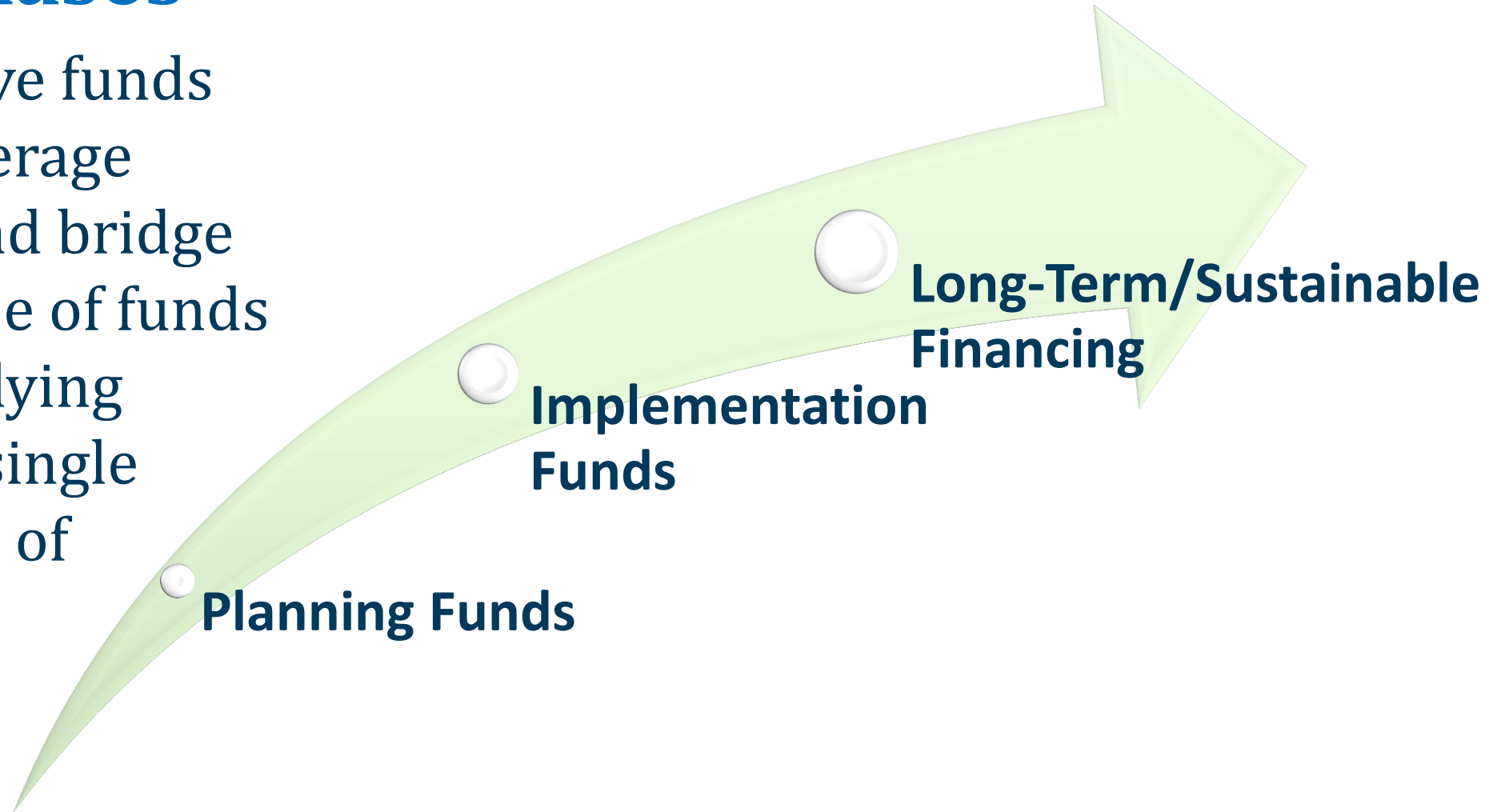
- Goal is for residents and different sectors in communities to:
 - Identify what will improve outcomes for the two priorities
 - Improve or implement systems, policies, programs, and cultural norm changes that work together to improve outcomes
- Ultimate goal is to have flexible financing that rewards and supports communities in making improvements and sustaining those improvements.

Health Equity Trust

- **Current focus is on establishing a Health Equity Trust in CT.**
- This would be a new mechanism that lets funders and others decide together how to use funds from different sources and pool funds toward a common purpose.
- It's *not* a new source of dollars.
- It a mechanism that lets you:
 - Increase the impact of the dollars you already have from public and private sources
 - Potentially attract new dollars
 - Give communities more flexibility to do what they need to to improve the health and well-being of their residents.

Funding Phases

Intent is to have funds be used to leverage other funds and bridge to the next type of funds rather than relying solely on any single source or type of resource.

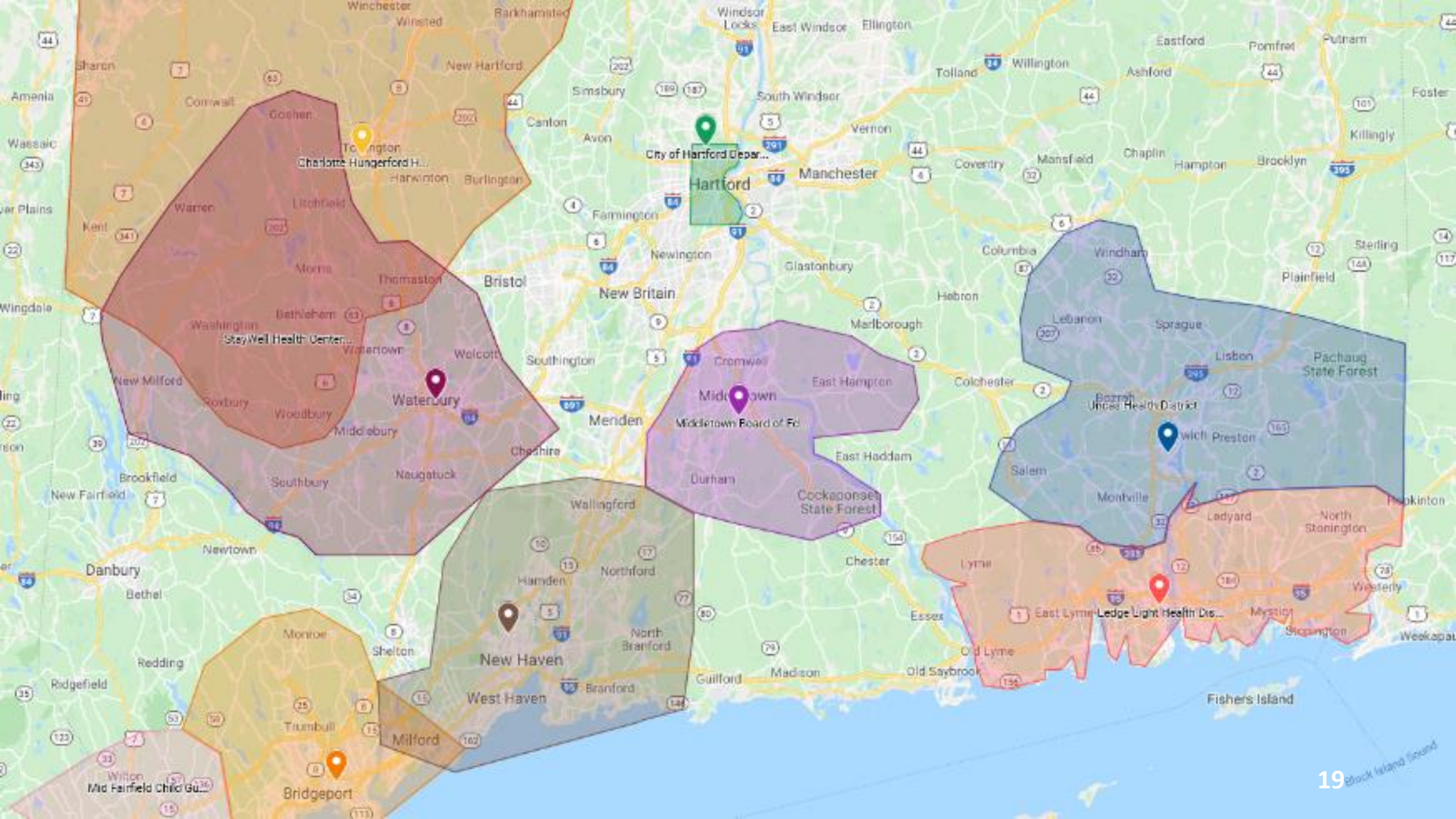


Working to integrate with primary care

- **It's the same communities and people!**
- If primary care providers were equipped and had the right resources, they could better bridge the gap between clinical care and community health, share information and insights, and address social factors that impact health.
- HECs could work with primary care providers to ensure that residents' full health and well-being needs are being met outside of clinical walls.
- Together, they could aim for making and sustaining improvements in community health and health equity over a longer time horizon.

Health Enhancement Communities: Status

- Nine communities designed key elements of what an HEC would be and do in their geographies.
 - They continue to meet and pursue community health strategies.
- Continue pursuing near-term funding and long-term sustainability financing strategies.
 - Health Equity Trust
 - Other possible federal and state opportunities





Questions

Future Subcommittee Meetings

Overview

Tentative Future Meeting Agendas

Meeting 2 – Review of current state; breakout discussions on ideal state for HECs; group discussion on gaps

Meeting 3 – Funding opportunities presentation and potential gaps in HECs needed to address for funders

Meeting 4 – State level gaps discussion to make HECs a success in Connecticut

Meeting 5 – Toll gate; HEC presentations to Subcommittee; updates on financing and HEC progress to date

Meeting Adjournment

Appendix

Stakeholder Engagement

As part of the State Innovation Model (SIM), the Office of Health Strategy and the Department of Public Health worked with hundreds of stakeholders throughout the state between February 2018 – May 2019 to develop the framework describing what the Health Enhancement Communities would be and do.

- Input received from more than **275 participants and groups** in the development of the framework, including:
 - Reference communities (Hartford, New London, Norwalk, Waterbury)
 - Community members
 - Population Health Council and its HEC design groups, Healthcare Innovation Steering Committee and other key stakeholder groups such as the Consumer Advisory Board and SHIP Advisory Council
 - 20 comments received during public comment period
- Multi-sector stakeholder engagement has continued.