

Community Health Subgroup Meeting Minutes May 26, 2021

Meeting Date	Meeting Time	Location
May 26, 2021	2:00 p.m. - 4:00 p.m.	Webinar and Conference Call

Participant Name and Attendance

Community Health Subgroup Members			
Kate Breslin		Ashley McAuliffe	
Rick Brush	X	Martha Page	X
Grace Damio		Deb Polun	X
Angie DeMello	X	Lyn Salsgiver	X
Paul Dworkin	X	Lisa TepperBates	
Kiley Gosselin		Orlando Velazco	X
Rita Kuwahara			
Others Present			
Brent Miller, OHS	X	Jeannina Thompson, OHS	X
Hanna Nagy, OHS	X	Ruonan Wang, OHS	X

Meeting information is located at: <https://portal.ct.gov/OHS/Pages/Community-Health-Subgroup/Meeting-Agendas>

Agenda	Responsible Person(s)
1. Welcome, Roll Call, and Introductions The regularly scheduled meeting of the Community Health Subgroup (CHS) was held on Wednesday, May 26, 2021, by webinar. Brent Miller welcomed subgroup members and called the meeting to order at 2:04 p.m. Attendance was taken by roll call.	Brent Miller
2. Public Comment There was no public comment.	Members of the Public
3. HEC Current State Presentation and Discussion Mr. Miller presented and led a discussion regarding the Health Enhancement Communities (HEC) current state. He reviewed the HEC developments to date, meetings, partnerships, interventions, geographic area, and governance structure (see presentation here). <ul style="list-style-type: none"> Members discussed the governance structure. All HECs operate with a backbone organization that acts as fiduciary. There was a question about what a backbone organization would be. It was mentioned that all HECs are unique. A backbone organization is a trusted organization in the community that has the capacity, resources, and legal structure to accept funds and distribute them out to other partner organizations within their collaborative and Health Enhancement Community. An example would be United Way. It was noted that currently no infrastructure has been set up on data collection and management. No funding has been allocated to data management and analysis. 	Brent Miller

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	<ul style="list-style-type: none"> • There was a discussion about the funding. A question was whether the grants for each area are on time limits. It was noted that there are various grants with different time limits such as the Office of Minority Health (OMH) grant is for two years but may be extended to a third year with demonstrated outcomes. The RWJF grant is for one year. There are other grants that HECs have applied for as well. • It was noted that many of the HECs initially did not have funding but continued to do work within their collaboratives. • There was a question about whether there is an existing list of HECs that are part of the process that could be shared with the CHS. Mr. Miller said is an excel document that has a list of HECs, and their partners based on email exchanges and final reports to OHS. • The Subgroup continued to discuss HECs impact, implementation, and expectations. 		
4.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Community Health Ideal State Breakout Groups</td> <td style="width: 30%;">Members of CHS</td> </tr> </table>	Community Health Ideal State Breakout Groups	Members of CHS
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	<ul style="list-style-type: none"> • Mr. Miller presented the Community Health ideal state breakout groups. Members of CHS participated in breakout group sessions to discuss and address planned facilitated questions. 		
5.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Breakout Group Presentations</td> <td style="width: 30%;">Members of CHS</td> </tr> </table>	Breakout Group Presentations	Members of CHS
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	<ul style="list-style-type: none"> • There were two breakout group groups. Brent Miller facilitated breakout group one and Hanna Nagy facilitated breakout group two. <ul style="list-style-type: none"> ○ Martha Page provided an overview of the discussion for breakout group one. It was reported that the group felt it would be ideal for the HECs if the concept moves forward for more focused areas of emphasis in the way that it was designed. A suggestion is to focus on a handful of things to have a true impact and see progress more broadly in the state. Mental health is a critical issue and should be part of the focus. The group also discussed funding mechanisms, where funding might come from, and how to make the case for funding. It was pointed out that cross sector cross agency data collection is also important. ○ Lyn Salsgiver provided an overview of the discussion for breakout group two. A suggestion is for the state to fully implement the health information exchange. It would be great for information to be centered from various health systems and state agencies. This could allow all HECs to pull the data that would be needed for their region. The group also discussed what organizations and collaboratives should be at the table to enhance the HEC work. It was pointed out that the partners at the table should consists of state and local groups that need to be there to address the specific health priorities that the HECs are working on. It should be a network of groups that align and coordinate. There was also a discussion about a need to have a governance structure. The group would like an update on the state’s role and vision for the HECs. • Mr. Miller thanked everyone for the report out, discussion, and participation. 		

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6.	Meeting Adjournment	All
	<ul style="list-style-type: none">• The next Community Health Subgroup meeting is scheduled on June 23rd at 2:00 p.m.• The motion was made by Deb Polun and seconded by Lyn Salsgiver to adjourn the meeting.• The meeting adjourned at 4:00 p.m.	

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