Connecticut State Innovation Model
Health Enhancement Community Draft Model
COMMUNITY INVOLVEMENT DISCUSSION OVERVIEW

November 6, 2018

What is Happening with the Design of the Health Enhancement Community Model?

What Health Enhancement Communities will be and what they will do is still being designed. The State is creating a report that describes the model and will recommend what should be included in it. The plan is to release the report in March 2019 after a public comment period. The report will provide a framework—or skeleton—of the model but does not include all the details or decisions about what the model will be and how it will look in communities. It will include some recommended requirements, but it currently says that communities will make many of the decisions about what Health Enhancement Communities are and do. It also says that community members will play a central role in deciding and leading what will be done in their communities.

How Have Community Members Been Involved in Developing the Draft Model?

So far most of the community member engagement was done by four "Reference Communities." These are existing community collaboratives in Hartford, New London, Norwalk, and Waterbury. The State contracted with them to give input and feedback on what HECs might look like and do. Part of the Reference Communities' work was getting direct community member feedback. Each Reference Community did a final report that includes the input they got from the community.

The Health Enhancement Community Initiative consultant from Health Management Associates also met with Clifford Beers Clinic's Parents Group to get feedback.

See the Community Member Outreach Summary for information on what community members said and how it was sued to create or change the draft Health Enhancement Community draft model.

What Decisions Have Been Made About the Draft Model?

Some parts of the draft model have been determined and some have not been. The overall focus on the Health Enhancement Community model has been selected. The overall focus is to prevent poor health and promote community health by addressing the root causes of poor health. It is not about improving health care *after* people are already ill. It is about preventing them from becoming ill in the first place.

The health priorities that Health Enhancement Communities will focus on have been selected. They are:

- **Improving Child Well-Being in Connecticut Pre-Birth to Age 8 Years:** This priority is focused on preventing or lessening the impact of Adverse Childhood Experiences, which are stressful or

traumatic events, including abuse, neglect, and serious problems in the household or community.

- **Improving Healthy Weight and Physical Fitness for All Connecticut Residents:** This priority is focused on preventing overweight and obesity and the related serious health conditions.

However, what interventions communities will select has *not* been decided. The draft model does include intervention categories that Health Enhancement Communities will be expected to have interventions for. Those categories are policies, systems, programs, and cultural norm interventions.[1] However, communities will select interventions. Communities can choose to connect, improve or expand existing interventions or create to fill gaps.

The draft model also includes recommendations for things like who will be part of Health Enhancement Communities, how they will be put together, what data systems they will use, what the roles for state agencies will be, what types of state policies and regulations will be needed, and ways to potentially get funds that will support Health Enhancement Communities. However, none of those have been decided yet.

How are Community Members Involvement Included in the Draft Design?

The draft model includes this definition of community members: Community members are defined as people who live, learn, work, and worship in communities. For the purpose of community member involvement in Health Enhancement Communities, community members should largely be people who are *not* leaders or staff of organizations or agencies.

Community members are included in the draft model in a few ways.

- Health Enhancement Communities structure will have locally owned and directed community organizing groups that will make decisions about and lead interventions in their communities.
    - They will get support from a governance group such as staffing, training, and easy-to-understand data.
    - *This type of model will take a lot to make it happen across the state, but community members would have the power to drive what happens in their communities.*
- When Health Enhancement Communities are being formed and as they operate, they will implement many strategies to ensure that community members are driving or making decisions about what Health Enhancement Communities are and what they do. In the draft model, Health Enhancement Communities will be expected to:
    - Directly involve community members in designing and making decisions about how assets and needs are assessed and used, how Health Enhancement Communities are structured, and evaluating success.

[1] Changes for organizations, agencies, and communities.

- Have multiple ways to make it easy for community members to provide input and make decisions, including working in community settings and afterhours and providing transportation and child care.
- Provide support to community members to meaningfully engage, including staff support, training, and leadership development.
- Respond to and meaningfully use the input that community members provide.
- Have regular multi-directional communications that are easy-to-understand, in plain language, and in languages that communities speak and read.