



CONNECTICUT  
Office of Health Strategy

# Health Enhancement Community Initiative Overview

July 14, 2020

## Note

- While this presentation will highlight HEC Initiative work underway, it is important to note that the new administration and three SIM partner agencies—the Office of Health Strategy, Department of Public Health, the Department of Social Services—are engaged in an assessment process about the future of the HEC Initiative in 2020 and beyond.

# Health Enhancement Community Initiative

- The Health Enhancement Community Initiative is a statewide, placed-based initiative that is focused on improving the health and well-being of all residents in Connecticut by implementing local and statewide strategies that **improve community health and healthy equity, and prevent poor health.**
  - The intent is to encompass multiple sectors that impact the health and well-being of children, families, and communities across the state.
- Health Enhancement Community primary priorities:
  - **Improve Child Well-Being**
  - **Improve Healthy Weight and Physical Fitness**

# Primary Priorities Across HECs

## Improve Child Well-Being

Promote healthy birth outcomes, foster protective factors, reduce Adverse Childhood Experiences (ACEs)

## Increase Healthy Weight and Physical Fitness

Prevent overweight and obesity

## Improve Health Equity

# HEC Health Priorities

## HEC Child Well-Being Goal: **Assuring safe, stable, nurturing relationships and environments\***

HECs would implement interventions to prevent Adverse Childhood Experiences (ACEs) pre-birth to age 8 years including **maternal and child birth outcomes**. Interventions would also be designed to mitigate the impact of ACEs by increasing protective factors that build resilience. Interventions would target one or more ACEs, including:

- Physical, sexual, and emotional abuse
- Emotional and physical neglect
- 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
- Violence in a household and/or in the community
- Incarceration of a household member

HECs may also implement interventions that address other types of trauma or distress such as poverty, food insecurity, poor nutrition, housing instability, or poor housing quality.

HEC interventions may focus on families, children, parents, and expectant parents.

*\* Source: CDC  
Essentials for  
Childhood* <sup>5</sup>

# HEC Health Priorities

**HEC Healthy Weight and Physical Fitness Goal: Assuring individuals and populations maintain a healthy or healthier body weight, engage in regular physical activity, and have equitable opportunities to do so.**

Healthy weight and physical activity are defined as:\*

- *Healthy Weight:* Maintaining a healthy body weight (based on CDC BMI guidelines\*\*)
- *Physical Activity:* At least 150 to 300 minutes of moderate-intensity activity per week to prevent weight gain.

HECs would implement interventions to prevent overweight and obesity across the lifespan and the associated risks of developing serious health conditions.

Interventions would target:

- Access to and consumption of healthy foods and beverages
- Access to safe physical activity space
- Reducing deterrents to healthy behaviors

\* CDC

\*\* <https://www.cdc.gov/obesity/adult/defining.html>; <https://www.cdc.gov/obesity/childhood/defining.html>

# Community Engagement

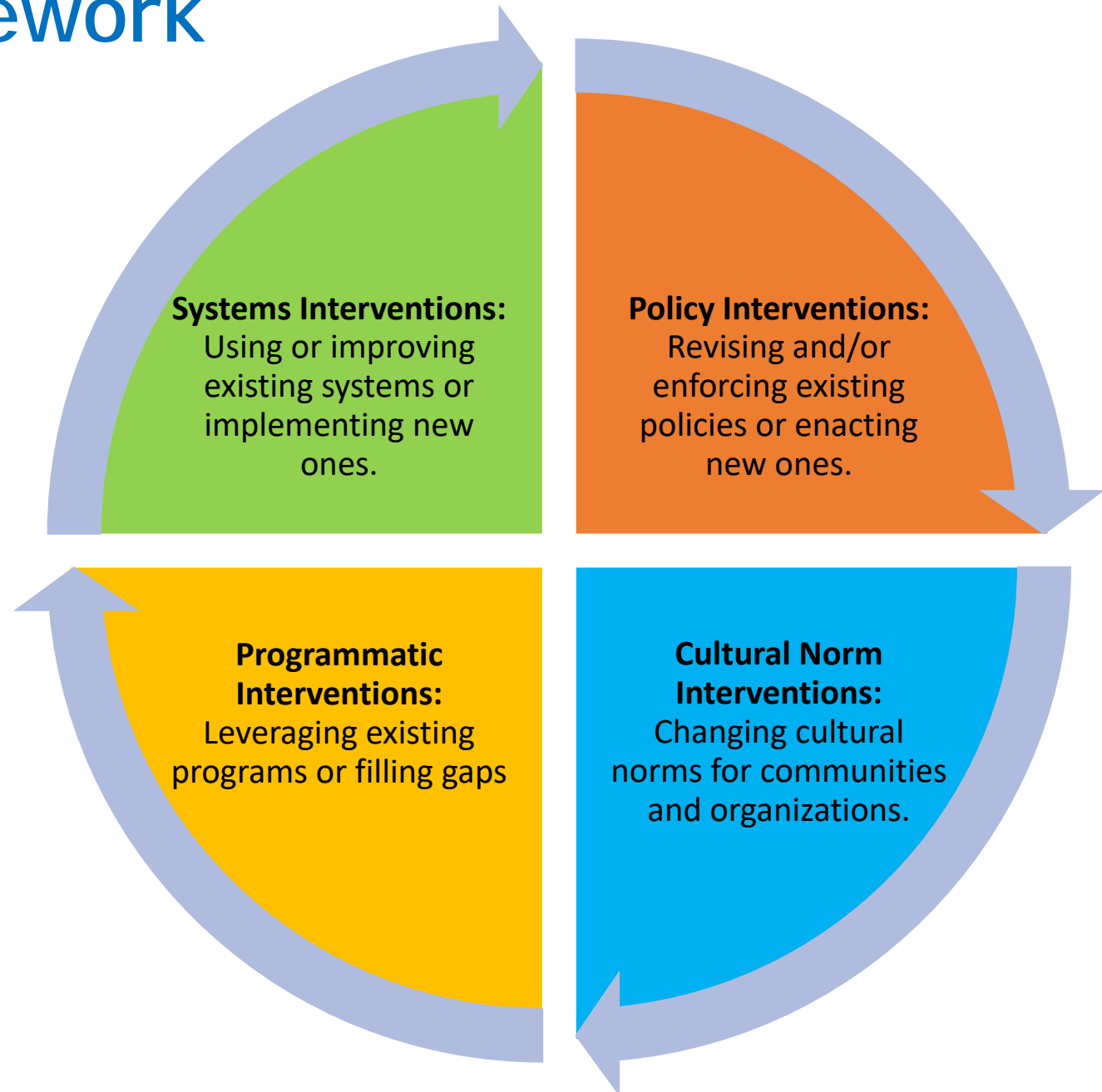
*“Nothing for us, without us.”*

- Unique perspectives about lived experience within the community
- Nuanced insights about the needs and opportunities of their community
- Real-world experience with what has worked, and not worked in the past
- Build upon what has already been created
- Directly involve community members in designing and making decisions about how assets and needs are assessed, how HECs are structured, strategies for leveraging assets and addressing needs



# 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

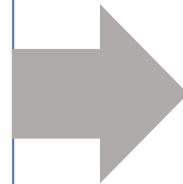
## INTERVENTIONS

### 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.

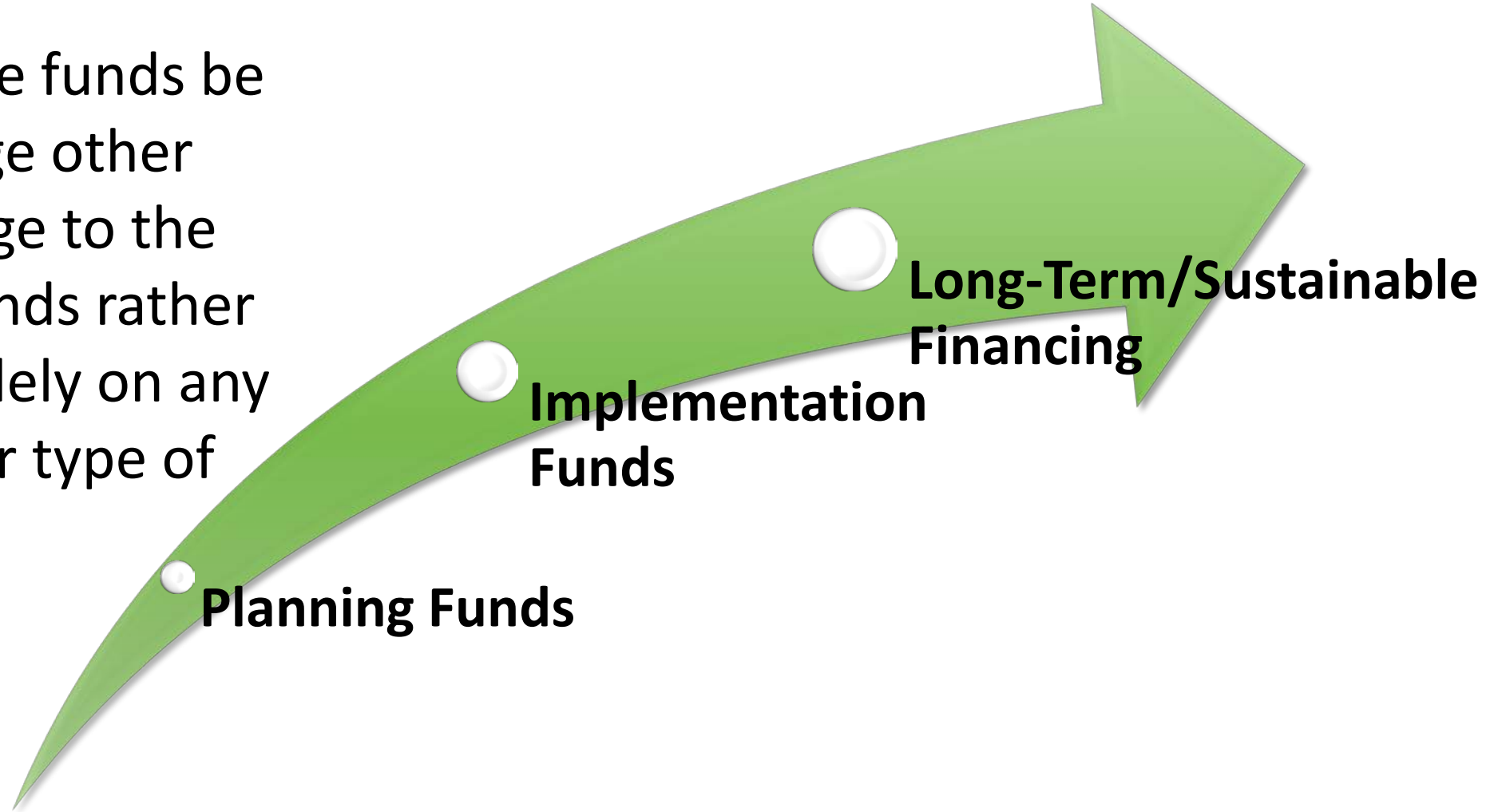
Note: Example is for illustrative purposes. Interventions will be selected by communities. Additional intervention examples are provided in the HEC Technical Report, Appendices 4-5.

# HEC Funding

- SIM funding ended January 31, 2020, and OHS funds are supporting activities up to September 30, 2020.
- Two key resource strategies to move forward:
  - Securing a mix of near-term/upfront funding for implementation and administration
  - Scaling and/or timing HEC initiative roll out based on availability of resources
    - Because this is a “home-grown” initiative, have flexibility to make decisions about the scale and timing

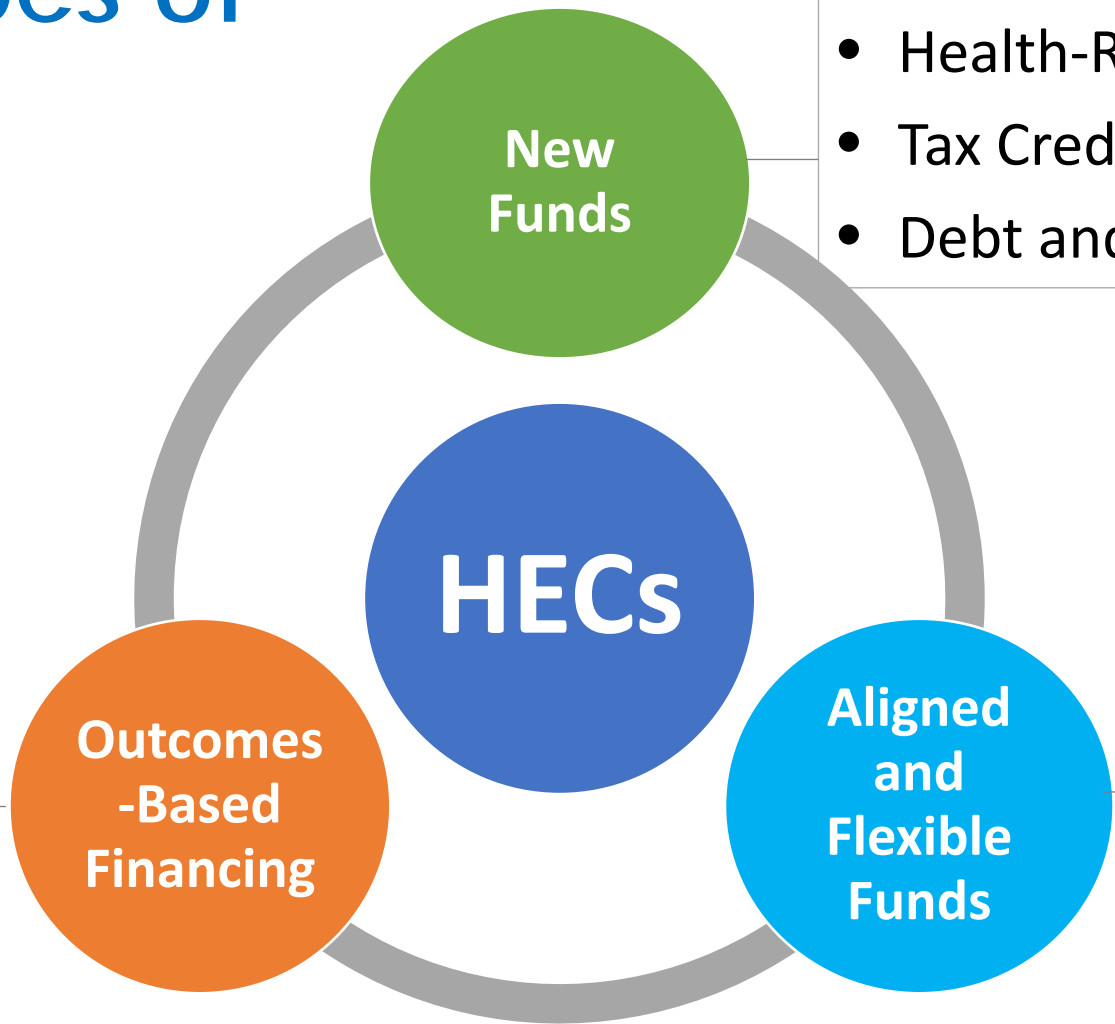
# Funding Phases

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.



# Multiple Types of Funds and Financing

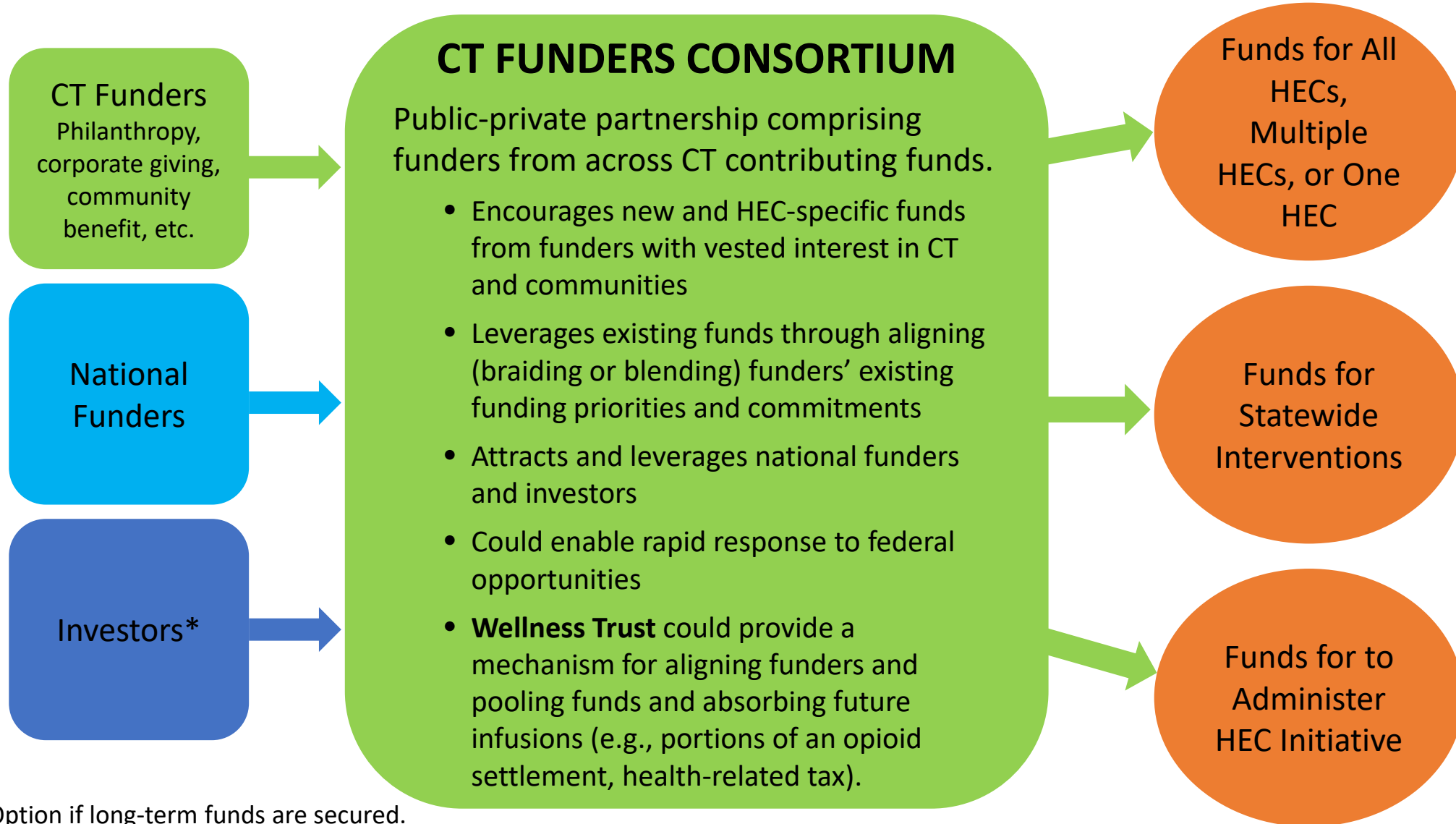
- Reinvestment Models
- Federal Programs (e.g., pay for results)
- Social Impact Bonds
- Outcomes Rate Cards



- Grants
- Health-Related Revenue
- Tax Credits
- Debt and Equity

- Braided Funds
- Blended Funds
- Funders Consortium and Wellness Trust

# CT Funders Consortium and Wellness Trust Potential Approach



\* Option if long-term funds are secured.

# Next Steps

- Through the SIM grant and OHS funds, nine communities are now designing key elements of what an HEC would be and do in their geographies. Their work is intended to inform a future process to designate HECs.
- Continue pursuing funding and sustainability strategies.
  - Potential funding options include establishing a CT Funders Consortium and Wellness Trust as a public-private partnership
  - Examination of braided and blended funding opportunities among CT state agencies

# Questions & Discussion



# Appendix



# Example of Mutually Reinforcing Interventions: Healthy Weight and Physical Fitness

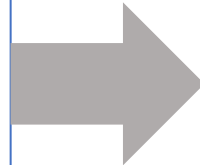
## INTERVENTIONS

### Community-identified need:

- Food deserts and lack of access to and consumption of healthy foods.

### Community-identified assets:

- Hospital anchor institution, open spaces that can be used for community and school gardens, etc.



**Systems:** Community organizers work with childcare, schools, community colleges, workplaces, and senior centers to introduce healthy eating and increased opportunities for exercise throughout the community.

**Policies:** Hospital anchor institution institutes policy that purchasing choices should support community health and development, including purchasing food from the community garden. School policy changes allow access to the school gardens during non-school hours.

**Programs:** Create community and school gardens with various programs. Implement a Community Supported Agriculture (CSA) strategy where residents will pre-purchase discounted annual memberships and receive weekly food boxes of healthy foods from the gardens.

**Cultural Norm:** Programming, events, and activities to change cultural norms among community members about consuming healthy food and among community agencies and organizations about serving health foods at events.

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.

# 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.

# Wellness Trust

- A Wellness Trust is a financial mechanism that aggregates and houses funds.
- Could be used as an approach to:
  - Align strategies and funding across stakeholders (as part of the consortium).
  - Support the Health Enhancement Community initiative and Health Enhancement Communities.
  - Provide structure for outcomes-driven work and accountability.

# Wellness Trust: What It Isn't

- **A Wellness Trust is not a source of new funds or financing.**
- Requires sources of funds to be identified and collected through one or various means, such as:
  - Tax assessment
  - Government appropriations
  - Philanthropic capital
  - Commercial investment
- Funds are then aggregated and managed to the terms established for the Wellness Trust.

# Wellness Trust: Elements

- There is no “one size fits all” approach, but several elements are common to successful wellness trusts:
  - Multi-sector collaborative
  - Advisory or oversight group
  - Management and implementation team
  - Implementation strategy with well-articulated theory of change
  - Diversity of community-level clinical, social, financial and process data and agreement on outcome goals and evaluation methodology

# Wellness Trust: Funding Needs

- Funding needed to support:
  - Wellness Trust design and development
  - Ongoing management
  - Implementation of initiatives
  - Training and technical assistance to community organizations participating in Wellness Trust-supported initiatives

# Wellness Trust: Establishing One

- Identify initial partners for Wellness Trust.
- Develop agreement in principle regarding Wellness Trust goals and objectives.
- Solicit initial stakeholder input on proposed Trust.
- Develop framework for Trust structure.
- Refine Trust framework through an iterative stakeholder engagement process.
- Develop Trust structure.
- Capitalize Trust with initial funding.
- Over time, increase capitalization through waves of funding
  - Consider timing of different funding options based on source (e.g., state funding may have legislative and non-legislative options).
  - Conduct ongoing awareness/advocacy regarding new funding opportunities.

# Wellness Trusts: Historical

<b>Examples:</b>	<b>Massachusetts Prevention &amp; Wellness Trust Fund (2014-2018)</b>	<b>North Carolina Health &amp; Wellness Trust Fund (1999-2011)</b>
<b>Overview</b>	Four-year pilot established through state legislation with goals to enhance clinical-community linkages, reduce health disparities, and lower healthcare costs; not renewed after pilot period	Established as a 25-year program through state legislation with goals to prevent, reduce, and remedy effects of tobacco use and improve public health; legislation abolished program after 12 years
<b>Cross-sector partnership</b>	Engaged stakeholders statewide across multiple sectors in fund development and implementation	Engaged stakeholders statewide across multiple sectors in fund development and implementation
<b>Advisory or oversight group</b>	Advisory Board chaired by MA Commissioner of Public Health with representatives from public health, healthcare, business, insurance, government, community	Advisory Board chaired by Lieutenant Governor with representatives from public health, healthcare, research, health policy, tobacco-related issues
<b>Management &amp; implementation team</b>	MA Department of Public Health	State Commission within Office of the State Treasurer
<b>Implementation strategy</b>	Grants administered through 9 local collaboratives; multiple priority areas including tobacco use, childhood asthma, hypertension, and elder falls	Grants administered to local entities; multiple priority areas including obesity prevention and reduction, medication assistance, and teen tobacco use prevention
<b>Funding</b>	\$60 million one-time assessment on hospitals and insurers	\$460 million in legal settlement proceeds from 1999 Tobacco Master Settlement Agreement

- Managed by state entity
- Funded by single source
- Public-funding (e.g. tax revenue, budget appropriations)
- Multiple health & wellness priorities
- Established as pilots or with a finite time period; impacted by political change



# Wellness Trusts: Current & Emerging

## Examples:

**Elevate Health (Pierce County, WA)**

**Imperial County ACH (Imperial County, CA)**

<b>Overview</b>	Established the OnePierce Community Resiliency Fund (CRF) in 2018, as part of Pierce County Accountable Communities of Health (ACH)	Established Wellness Fund when the county first went out to bid for Medi-Cal managed care vendor; Fund established before ACH
<b>Cross-sector partnership</b>	Community Advisory Council	Steering Council made up of broad community representatives cast a wide net to obtain community input and provides the community input to the "Commission"
<b>Advisory or oversight group</b>	CRF Directors include UnitedHealthcare State Health Plan CEO, Washington State Senator, MultiCare Health Systems Chief Community Officer	Overseen by newly-created Local Health Authority Commission, including leaders from the county, local providers from hospitals, clinics and medical society, local businesses, and Medi-Cal beneficiary representative
<b>Management &amp; implementation team</b>	OnePierce Community Resiliency Fund	Imperial County Public Health Department
<b>Implementation strategy</b>	Continual investment to help improve and maintain health equity, support clinical integration work, fund service gaps, make data-informed investments and bolster private-public partnerships	Develop local strategies and grants support through funding and other investments to improve asthma outcomes for children and families; currently broadening decision-making and Fund priorities, and building resident and stakeholder capacity
<b>Funding</b>	Initial \$1.5 million capitalized fund through state ACH investment; blends and braids investments and resources to support upstream strategies and solutions that meet the prioritized needs of the region	Funding negotiated with selected CA Health & Wellness Health Plan and includes per-member, per-month contribution (~\$80-90k), plus annual revenue-sharing; exploring ways to blend, braid, and align resources from public health department, Wellness Fund, and local philanthropy

- Managed by local entity
- Funded by multiple sources
- Goal of coordinated funding from public and/or private sources
- Multiple health & wellness priorities
- Established/intended as ongoing and directed by local stakeholders