

## Consumer Advisory Council Meeting Minutes July 14<sup>th</sup>, 2020

Meeting Date	Meeting Time	Location
July 14 <sup>th</sup> , 2020	3:00 – 5:00 p.m.	Zoom Meeting

### Participant Name and Attendance

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Jeffrey G. Beadle		Christiane Pimentel		Adrienne Benjamin	X
Alan Coker	X	SB Chatterjee	X	Peggy Lampkin	
Robert Krzys	X	Soneprasith Phrommavanh	X	Andre L. McGuire	X
Velandy Manohar	X	Taylor Edelmann	X	Daniel C. Ogbonna	X
Terry Nowakowski	X	Ann R. Smith			
Others Present					
Terry Gerratana (OHS)		Orlando Velazco (DPH)			
Leslie Greer (OHS)					
Brent Miller (OHS)					

Meeting Information is located at: <https://portal.ct.gov/OHS/SIM-Work-Groups/Consumer-Advisory-Board>

	Agenda	Responsible Person(s)
1.	<b>Welcome</b>	<b>Terry Nowakowski</b>
	<b>Call to Order</b> The scheduled meeting of the Consumer Advisory Council (CAC) was held on Tuesday, July 14 <sup>th</sup> via zoom. The meeting convened at 3:02 p.m. Terry Nowakowski chaired the meeting.	
2.	<b>Public Comment</b>	<b>Terry Nowakowski</b>
	There was no public comment.	
3.	<b>Approve June 9th, 2020 Meeting Summary</b>	<b>Terry Nowakowski</b>
	The motion was made by SB Chatterjee and seconded by Taylor Edelmann to approve the minutes of the Consumer Advisory Council meeting of June 9th, 2020. <b>Motion carried.</b>	
4.	<b>State Agencies Presentation</b>	<b>Brent Miller, OHS and Orlando Velazco, DPH</b>
	<p>Brent Miller, Lead Planning Analyst with the OHS, presented an overview of current work by the OHS of the Health Enhancement Community Initiative which includes department agencies partners of Department of Social Services and Department of Public Health. They are engaged in an assessment process about the future of the HEC Initiative in 2020 and beyond. Nine communities are now designing key elements of what an HEC would be and do in their geographic areas.</p> <ul style="list-style-type: none"> <li>• The 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 <b>improve community health and healthy equity, and prevent poor health.</b> <ul style="list-style-type: none"> <li>• The intent is to encompass multiple sectors that impact the health and well-being of children, families, and communities across the state.</li> </ul> </li> </ul>	

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- Health Enhancement Community primary priorities:

- **Improve Child Well-Being**
- **Improve Healthy Weight and Physical Fitness**

Primary priorities across all the HECs are:

- Improve Child Well Being by promoting healthy birth outcomes, foster protective factors, and reduce Adverse Childhood Experiences (ACEs)
- Increase Healthy Weight and Physical Fitness by preventing overweight and obesity

HECs would implement interventions to prevent Adverse Childhood Experiences (ACEs) pre-birth to age 8 years including **maternal and childbirth outcomes**. Interventions would also be designed to mitigate the impact of ACEs by increasing protective factors that build resiliencies 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.

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.

Community Engagement is an essential component for success in the HECs.

An intervention framework for Health Enhancement Communities would select and implement mutually reinforcing interventions in these categories based on what is driving poor outcomes in their communities. HECs will focus on mutually reinforcing interventions. As an example, for child well-being community-identified drivers and community identified assets, they would affect interventions in systems, policies, programs and cultural norms.

- Funding phases for the HECs include the Intent 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. So, planning funds leads to implementation funds which lead to long term/sustainable financing. Funding could come from many sources such as outcome-based financing like Reinvestment Models, Federal Programs (e.g., pay for results), Social Impact Bonds, and Outcomes Rate Cards. New funds could come from grants, health-related revenue, tax credits and debt equity. Aligned and flexible funds could include Braided Funds, Blended Funds, Funders Consortium and Wellness Trust. A consortium of CT funders and Wellness Trust would be a CT based public-private partnership comprising funders from across CT contributing funds.

Orlando Velazco of the Department of Public Health, Director of the Office of Health Equity, gave an overview and presentation of the work the DPH and specifically his office engages in. He works with multiple sectors in our state. His office came into being in October 2014 and established in CGS Sec. 10a-4j and rests in the DPH Commissioner's Office and is part of the public health systems improvement unit. Mr. Velazco works with many national and regional organizations that focus on health equity, racial and ethnic minorities, and women's health. These include the National Association of State Offices of Minority Health, the Association of State and Territorial Health Officials, New England Regional Health Equity Council and the Office of Minority Health of the US Department of

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	<p>Health and Human Services. Connecticut is considered the most diverse state in New England. There are a number of Connecticut partners, too. The Commission on Women, Children, Seniors Equity and Opportunity, DataHaven, UCONN Health Disparities Institute, Health Equity Solutions and the Department of Social Services are all partners the DPH Office of Health Equity works with and develops reports and health related services in the state.</p> <p>Current goals of the Health Equity Unit at DPH include SOGI draft charter and resource mining, an Agency Health Equity workgroup, HCT 2020 Dashboard review, a language vendor contract, Health Equity microlearning’s, and strategize to address implicit bias and promote cultural competency. Goals for October 2020-January 2021 include a review and update of new employee on-boarding on health equity training, first draft summary of 6/18 hypertension and self-monitoring blood pressure kits, identify equity partners to advance collaborations across sectors (Health Equity Coalition), GC3(Governor’s Council on Climate Change)Public Health and Safety and EEJA(Equity Environmental Justice and Adaption) recommendations, and a Health Equity Index. Finally, long term goals for February 2021 and beyond: Public Health Accreditation Board, determinants of health data files (Health Statistics and Surveillance section), LGBTQ needs analysis and contracts, as needed, and health equity newsletter.</p> <p>Following Mr.Velazco’s presentation there were inquiries from Council members about the state of maternal health, especially amongst Black women, and CLAS (standards) training in Connecticut.</p>	
5.	<p><b>Committee Reports</b></p>	<p><b>Terry Nowakowski</b></p>
	<p>Terry Nowakowski took the chair and announced Jason Prignoli has asked for a leave of absence from the Council until January 2021. Motion was made by Terry Nowakowski and seconded by Dr. Manohar. <b>The motion passed unanimously.</b></p> <p>The Consumer Engagement and Outreach Committee reported progress on developing an agenda for consumer contact this year. Two topics: health issues and LGBTQ communities, and long-term care in the time of Covid-19 are of interest. Robert Krsyz proposed the Council approve a motion to contact Mathematica, currently contracted to report on long-term care in nursing homes and assisted living to the Department of Public Health, with a letter from Chairwoman Nowakowski requesting a meeting to discuss and express the concerns of the CAC via its Consumer Engagement and Outreach committee. The motion was seconded by Dr. Manohar. A draft letter will be circulated to Council members for approval.</p> <p>Chairwoman Nowakowski asked for volunteers to join in a new ad hoc committee on Quality Benchmarks. She and Alan Coker are interested in working on this project with Bailit Health. She announced Bob Krsyz will now chair the Membership committee and Alan Coker has been appointed as Vice Chair of the CAC by Chairwoman Nowakowski.</p> <p>The next meeting of the CAC is Tuesday, September 8<sup>th</sup>.</p>	
6.	<p><b>Adjournment</b></p>	<p><b>Terry Nowakowski</b></p>
	<p>The meeting adjourned at 5:07 PM.</p>	