

CT Health Enhancement Community

Design Exercise Meeting Summary

On July 11, 2019, the Connecticut Office of Health Strategies (OHS) hosted a meeting with a diverse group of stakeholders to provide design input into the development of the Health Enhancement Community (HEC) Initiative. The meeting was held at the CT Health Foundation (100 Pearl Street, Hartford CT). Over 50 participants from across the state were in attendance, representing healthcare (hospitals, health centers, and other providers), municipalities, social service agencies, plans/payors, advocacy groups, and community residents.

HEC Background

The HEC Initiative is a place-based initiative that will support long-term, collaborative, and cross-sector efforts that improve community health in defined geographies through broad, systemic change. The HECs would work collaboratively to improve the social, economic, and physical conditions within communities that enable individuals and families to meet their basic needs, achieve their health and well-being goals, and thrive throughout their lives. The HEC Initiative has two Priority Aims:

- Improving Child Well-Being in Connecticut Pre-Birth to Age 8 Years: Assuring all children are in safe, stable, and nurturing environments
- Improving Healthy Weight and Physical Fitness for All Connecticut Residents: Assuring that individuals and populations maintain a healthy or healthier body weight, engage in regular physical activity, and have equitable opportunities to do so

Given that health equity is essential to achieving all of the initiative's goals, the Population Health Council recommends that the HEC Initiative embed health equity throughout the HEC Initiative. To achieve the Priority Aims, HECs will implement multiple, interrelated strategies to address the social determinants of health that cause or contribute to poor health, health inequities, and health disparities in Connecticut's communities. More information regarding the HEC initiative can be found [here](#).

Meeting Summary

After receiving a brief overview of the HEC initiative, participants were provided two scenarios: one regarding a family that could benefit from additional services/supports, and the second regarding HEC function (see Appendix for scenarios used in the session). Participants were divided into groups to identify how an HEC would support families in need and how communities would go about creating an HEC.

Key discussion areas included:

- How HECs would be able to identify and engage individuals and families
- What services would be most impactful to achieve the HEC Priority Aims
- Who key partners are to support HEC goals
- How to best engage community members in HEC decision making and operations
- How to identify the geography served by an HEC
- How HECs can be aligned with current work/initiatives in a community

Findings from the sessions included:

- **Building trust and engaging the community.** All groups noted that community trust and engagement will be critical aspects of HEC success. One group noted that it could be valuable for HECs to create “Community Ambassadors” that could help identify assets, inform changes HECs are trying to make, and talk about new opportunities with other members of the community. It was suggested that HECs have a designated mentor or liaison for community residents post meeting for follow-up questions, as well as potentially community-member specific training to support their education/informational needs. One group noted that for HECs to be successful, they need to “start within, and then connect out.” Finally, all groups noted that community members participating in HEC design and implementation should be adequately reimbursed for their time and effort.
- **Ensure that community assets are considered, not just deficits.** Participants noted that HECs should not assume that aspects of an individual or family’s situation are negatively impacting their situation, rather HECs should openly assess the impact of the environment on the family to determine if it is in fact detrimental – some situations might externally be viewed as negative due to preconceived or misguided notions. Culturally sensitive community assessment, conducted by/with individuals in the community, would be beneficial. Finally, all groups acknowledged that HECs should build on existing community efforts and not create new interventions when there are existing programs that are trusted by the community and work but might not currently have adequate scale.
- **Engage diverse organizations.** Participants noted that many partners beyond traditional health care organizations need to be engaged in order for HECs to help the community reduce adverse childhood experiences and achieve healthy weight and physical activity. These included:
 - **Local employers and businesses.** One group identified incentivizing local businesses and employers to provide information regarding achieving and maintaining healthy behaviors and reduce stress for employees. Some suggested exploring a recognition program for those that implement positive practices (such as hiring individuals who were previously incarcerated). It was suggested that HECs explore tax credits as a potential incentive, as well as asking businesses to provide a plan for social impact.
 - **Others included faith community, schools, and Police and Fire departments.**
- **Supporting individuals and families through change.** Participants noted that when people and families are affected by poverty, family bandwidth usually shrinks and creates a state of urgency around critical needs. For HECs to be effective specific strategies need to be developed around family motivators, identifying immediate needs that if addressed would really help the family as a unit and then building upon them to develop longer-term strategies and supports.
- **Implement centralized, standardized approach.** Groups identified the benefit of ensuring that the community is all working together to solve common issues. HECs could provide the centralized “hub” for coordination while activities occur locally (“spokes”). HECs could also support the creation of a shared database of existing and planned resources and services for communities that could be accessed by municipalities, community health workers, and the public. Finally, participants mentioned that HECs should have a role in tracking outcomes to ensure that HEC efforts are having a positive impact as well as hold participating organizations accountable.
- **Address underlying policies that are negatively impacting health priority aims.** Participants noted that there are a number of policies at the state and local level that would need to be addressed by HECs, including criminal justice policies, WIC/food stamps, housing policies, etc. HECs would also have to tackle these issues in addition to developing interventions and services.

One group noted that community residents should play a major role in identifying policies and issues that need to change within the system. Participants identified that HECs would need state assistance regarding coordinating policy changes among HECs.

- **Ensure HECs are structured for success.** Factors that the groups identified as important included having a neutral facilitator to ensure everyone's voice is heard (and that one or two organizations are not dominating the discussion), consider forming independent entities for HECs (e.g., 501c3s), have clearly defined governance structures with bylaws, ensure that HEC work is driven by data and outcomes and that modeling should be used to help inform decisions, and that there is an effective method to actively engage the community in HEC efforts. Groups also discussed funding needs, including how interventions will be funded.

Groups identified several challenges that will need to be addressed/overcome if HECs are to be successful. They included:

- **Connecticut geography/structure.** One group noted that Connecticut is very decentralized and that there are few natural geographic barriers/delineations that would naturally define HEC regions. Another group noted that lines of geography were getting blurred in part due to consolidation of health systems. Several participants spent time discussing partnerships with other towns, mentioning that they have less in common with the next town over than they do with other non-contiguous areas of the state. HEC model design should take this into consideration.
- **Barriers to access for services.** Groups noted that finding people that need services will be critical and also involve a lot of work and coordination. HECs would have to consider developing multiple points of entry into the system to ensure that individual issues are not being addressed in a siloed fashion. Groups identified additional barriers that would need to be addressed by HECs, including language barriers and financial literacy.
- **Data systems.** There are widespread differences in data infrastructure across the multiple partners. A system will need to be developed that works for all. It was suggested that HECs have a "data navigator" individual support organizations who may need assistance. Participants indicated a strong preference to build on and enhance existing systems rather than "re-create the wheel."

APPENDIX

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Design Exercise – Scenario 1

July 11, 2019

Joseph and Camille are in their early 30s and live with Camille’s mother in a low-income neighborhood in Hartford. They were evicted from their last apartment due to trouble paying the rent on time.

Their child Michael is aged 2 years. Camille is 3 months pregnant. Camille works as a cashier at a local fast food chain. Camille’s mother provides childcare, which enables Camille to pick up more hours at work. Camille and her mother both attend church regularly.

Joseph has trouble finding steady employment due to a past felony drug conviction. He works as a day laborer. He has used services offered by a re-entry program, which has helped him not reengage in criminal activity and with basic needs support for his family. Joseph feels anxious most of the time and has frequent panic attacks. He and Camille argue a lot about money. He’s worried that having another child will make it harder for them to make ends meet.

Camille’s mother is obese and has type 2 diabetes. Camille is worried that she will also get diabetes like her mom. She is a little overweight but finds it difficult to find time or a place to exercise. They do not have a grocery store in the neighborhood and don’t have a car. They get their food at a local convenience store, which does not stock many fresh, healthy foods.

Both Camille and Joseph worry about safety in their neighborhood. They often hear gunshots and cannot safely walk in their neighborhood due to drug dealing on the street.

Questions

How could a Health Enhancement Community implement *upstream* policy, system, programmatic, or culture change interventions that would make a difference for this family, specifically to:

- Prevent or mitigate the impacts of Adverse Childhood Experiences (ACEs) for Camille’s children?
- Prevent overweight and obesity among family members?

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Design Exercise – Scenario 2

July 11, 2019

You are members of a local health collaborative. You have been working together for a few years on various health issues that are important to your community that were identified in your community health needs assessments and improvement plans. Your members include the local health department (which serves as the backbone organization), the United Way, the Community Action agency, a food security community-based organization, 2 local community members, two hospitals that operate in your area, a community health center, the local YMCA, and a local community foundation. You have monthly meetings and subcommittees working on specific projects, but you don't have a formal governance structure.

Your collaborative is interested in becoming a Health Enhancement Community (HEC), especially if it enables you to do more to address upstream issues that are causing or contributing to poor health in the communities you serve. During the process of becoming a Health Enhancement Community, your collaborative would need to:

- Meaningfully engage community members in designing what the HEC will be and do
- Develop a proposed geography
- Assess needs in that geography
- Select interventions that will:
 - Improve child well-being pre-birth to 8 years by preventing or mitigating the impacts of Adverse Childhood Experiences (ACEs)
 - Improve healthy weight and physical fitness by preventing overweight and obesity or achieving or maintaining a healthier weight among all ages, including adults ages 55 and over
 - Yield a return on investment (meaning it will save more money than it costs to do the intervention)
- Develop a revised list of partners that will participate in your HEC and decide what the roles of those partners will be (including a fiduciary agent to manage money on behalf of the HEC)
- Develop a plan for a formal governance structure and how you will make decisions together

Questions

- How do you engage community members in decision making?
- How do you decide which interventions to select?
- How do you decide which geography to propose?
- How do you decide who else needs to be at the table if you become a Health Enhancement Community?
- How do you decide what roles the different partners should play?
- How do you create a plan for a formal governance structure?
- What would you need funds for?