

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Healthcare Innovation Steering Committee:

Ad Hoc Meeting:
*With Participation of Population
Health Council members*

December 14, 2017

Agenda

Item	Time
Introductions Healthcare Innovation Steering Committee and Population Health Council Members	2 min
Reference Communities: Brief Recap	3 min
Reference Communities: Discussion Are there community characteristics that we should prioritize in identifying the right reference communities?	35 min
Public Comment	5 min

Reference Communities: Recap

Goals:

1. Have a relationship with a problem-solving community partner that can remain actively engaged throughout the 7 month HEC strategy planning process.
2. Jointly access and examine sufficient community-level information in order to, by the end of the 7 months, illustrate how the HEC strategy will apply to 3-5 specific communities. Including:
 1. barriers and opportunities related to governance, infrastructure, data, measurement and financing with respect to cross-sector health and prevention activities
 2. existing sources of funds currently used or that could be leveraged
 3. potential sources of investment capital that may be accessible to community members
3. Provide community partner with insights from interim analyses.

Identifying the Right Reference Communities

What criteria should we consider to determine whether the organizations or collaborative that we engage have:

Relationships with the right people in the community to give us access to broad input? As well as commitment to stay engaged with us?

Insights from direct experiences related to implementing prevention-oriented interventions, community governance, data, measurement, sustainability, and financing

Community-level data or assessments that shed light on community characteristics and opportunities/ barriers

Covered in
12/11/17
meeting

For example, has experiences doing cross-sector projects around health...

Participates on certain initiatives...

For example, tracks community quality measures...

Identifying the Right Reference Communities

Are there community characteristics that we should prioritize in identifying the right reference communities?

- 1. Should they be representative of Connecticut? If so, how? Should we try to ensure that communities differ with respect to certain characteristics?*
- 2. How large should the boundaries be? Should we allow boundaries to be self-defined for this purpose, recognizing that boundaries may be defined in the future as part of the HEC strategy?*

Identifying the Right Reference Communities

Are there community characteristics that we should prioritize in identifying the right reference communities?

1. Should they be representative of Connecticut? If so, how? Should we try to ensure that communities differ with respect to certain characteristics?

- Documented health disparities
- Population density
- Education levels
- Unemployment rates
- % with health insurance
- % below poverty line
- Median income
- % African American, % Hispanic, etc.
- % who rent vs own
- % driving alone to work
- % in white collar work force

Identifying the Right Reference Communities

Are there community characteristics that we should prioritize in identifying the right reference communities?

2. *How large should the boundaries be? Should we allow boundaries to be self-defined for this purpose, recognizing that boundaries may be defined in the future as part of the HEC strategy?*

- Should there be an upper limit on the size?
- What if the focus of the collaborative/ organizations are only for part of a town?
- What if collaboratives are overlapping?

Public Comment