Health Enhancement Community Initiative: HEC Draft Report

Population Health Council Webinar

October 29, 2018

Agenda

1. Webinar Objectives	5 minutes
2. Current Timeline	5 minutes
3. Report Overview and Key Updates	20 minutes
4. Open Forum for Feedback	60 minutes

Webinar Objectives

Purpose of today's webinar:

- Provide a brief overview and orientation of the draft Health Enhancement Community (HEC) report distributed on 10/22
- Describe new developments in the proposed HEC design that appear in the report
- Obtain Population Health Council (PHC) member feedback and comments on the draft report and any requested revisions

Current Timeline

Step	Timeframe
Milestone: PHC receives draft HEC Report *(complete)*	Monday October 22
Optional PHC Measures Design Team webinar to review updated provisional HEC measures *(complete)*	Thursday October 25
Optional PHC webinar to provide early verbal feedback prior to the PHC meeting on 11/1. Deadline for optional PHC written feedback on report.	Monday October 29
Milestone: PHC in-person meeting to provide any additional feedback on report and **approval to distribute to HISC with agreed upon changes**	Thursday November 1
Make PHC-approved report revisions and send report to the HISC	By Wednesday November 7
HISC review and approval of report	November – December
Public Comment period	December – January
PHC to review public comment recommendations and changes to HEC Report	January – February
HISC review and approval of HEC Report	February

Report Overview and Key Updates

Report Overview & Things to Keep in Mind

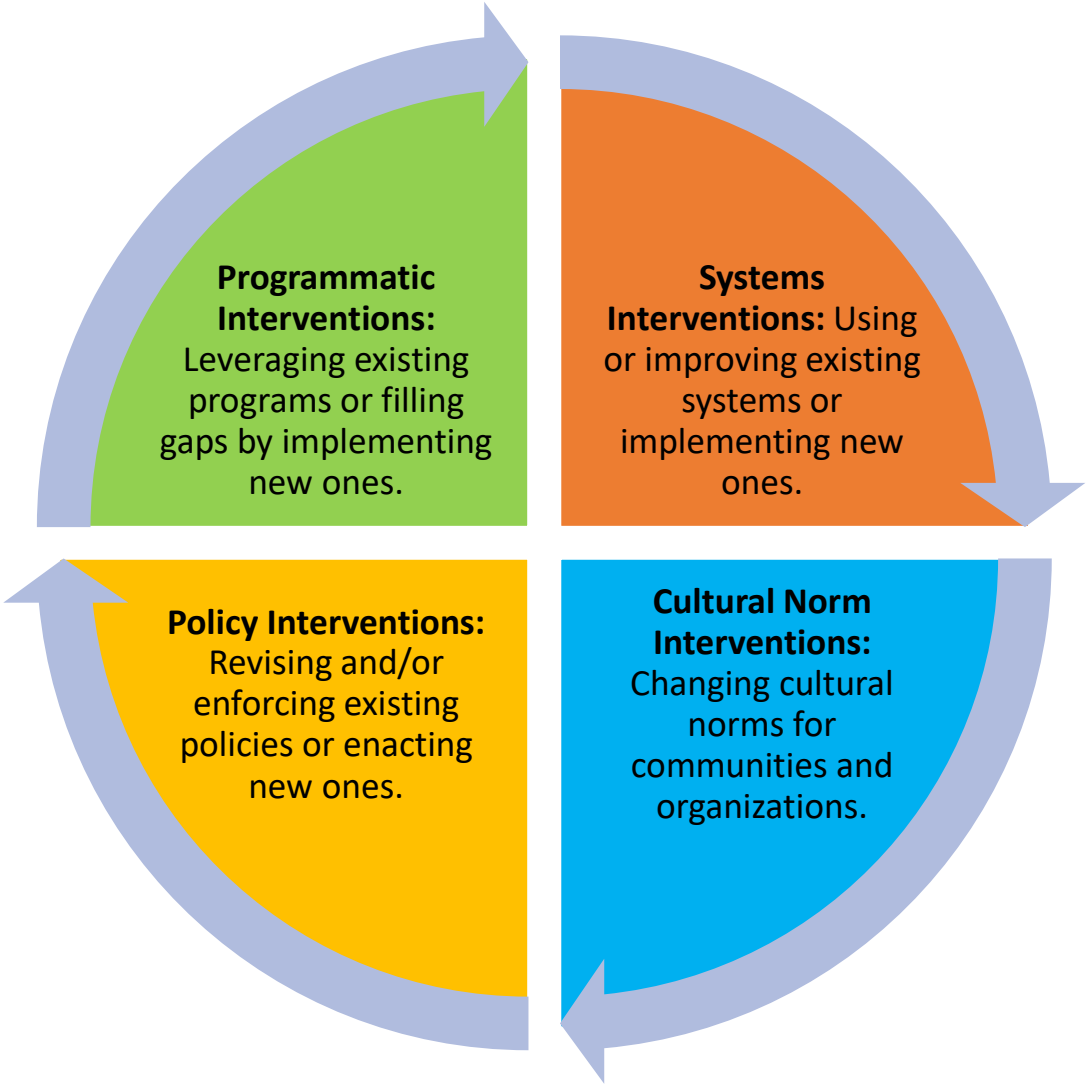
- Because of the length of the report, it includes a longer-than-typical Executive Summary to serve as “mini report”
- Design elements are provisional and should reflect Population Health Council’s current recommendations
  - Some elements may evolve based on public comment period and continued stakeholder and community engagement

Key Changes:
Child Well-Being Age Range

- HECs would implement interventions to prevent Adverse Childhood Experiences (ACEs) **pre-birth to age 8 years** and mitigate the impact of ACEs by increasing protective factors that build resilience.
- Age range selected based on input from PHC and other stakeholders because early interventions represent a signature opportunity to address *prevention.*
- Does not preclude HEC interventions that address children in older age ranges.

Key Changes: Intervention Framework

Now a circle to better show relationships among interventions categories and to look less hierarchical



More emphasis on leveraging existing interventions

Key Changes: Measures

- Measures that are in the draft report were reviewed with the PHC Measures Design Team on Thursday, October 25
- Outcomes/revisions they proposed:
  1. Possibly add child wellbeing measures on protective factors
     - PHC Design Group Members are researching possible measures;
     - Will add to secondary measures if measures are reliable, updated regularly, and do not create perverse incentives.
  2. Ensure HECs are focused upstream at root causes even though measures are further downstream (e.g., prevalence of diabetes)
  3. Ensure HECs are accountable for environmental changes to improve built environments to improve walkability, etc.

Key Changes: Community Involvement

- Revised report language based on:
  - Findings from the SIM Listening Sessions
  - Input from the community members
    - Community member engagement done by Reference Communities
    - A parent group affiliated with Clifford Beers Clinic in New Haven
  - Input from the Consumer Advisory Committee co-chairs
  - Input from the PHC at the last meeting
  - Input from the HISC meeting
  - Input from meetings with community advocates on the HISC

Key Changes: Community Involvement

Key Addition: Community Organizing Groups

- Given their unique and essential perspectives and insights about their communities, HECs' success depends on the ongoing involvement of community members who make decisions about things that matter most to them.
- In addition to community members being involved in HEC formation and operation, **the HEC structure should also support locally owned and directed community organizing groups** that identify needs and assets and develop and implement strategies for improving prevention and community health.
- The community organizing groups will have ownership and decision-making authority on issues in their communities that are most important to them. They also will lead the identification and implementation of interventions in their communities. They will receive support from the governance structure (e.g., community organizers, community health workers).

Key Changes:
State Partnership for Health Enhancement

- Using Behavioral Health Partnership as a model, the Population Health Council recommends establishing a multi-agency partnership, **the State Partnership for Health Enhancement**, to oversee and administer the HEC Initiative.
- The State Partnership would comprise multiple State agencies that have purviews that include child well-being and healthy weight and physical fitness.
- Agencies would support HECs in multiple ways. This includes:
  - Pursuing legislative and regulatory changes that will support HECs and enable the HEC Initiative
  - Enabling the provision of a centralized resource for technical assistance and other types of support as HECs form and implement interventions
  - Establishing an HEC Advisory Committee that would advise on the implementation and performance of the HEC Initiative

Open Forum:
PHC Feedback