Population Health Council Health Enhancement Community (HEC) Report - 10/22/18 Draft Feedback Form

Please use this form to provide your feedback/comments on the draft HEC report and email it to Jessica Foster (<u>jfoster@healthmanagement.com</u>) by Monday 10/29/18.

Name: _____Lisa Honigfeld_____

Section #	Page #	Comment
Page 11	11	Child well being: make distinction between reducing adverse events and building resilience among young children. They go together, but need to make this distinction so it is clear that
		interventions need to address parents and their nurturing behaviors. I echo Alice Forrester's thoughts here.
2.1.1	18	Here, too, need to make distinction between exposure to ACES and building resilience. They are two separate activities.
2.1.2	22	Reference substantial data that show that obesity begins early. Prevention needs to start with early feeding behaviors.
2.2.2	27	Note that quality of housing has many health implications: lead, asthma, safety. 2.2.4 is not the place to address this
2.3	31	Warrants call out of emphasis on primary care as the key to addressing health and lowering costs. This would set the stage community-based solutions that tie HECs to primary care.
3.3.5.1	44	Add school based health centers
4.2.1	56	More accurate measure is "children who moved school more than once in the past two years"
4.2.1	56	Surprised that no asthma measure got in here; ER use for asthma, absenteeism for asthma, it is a good healthy housing measure
4.2.1	57	Regarding the secondary measure: I think you really percent of students identified during kindergarten and first grade as need special education services, but not receiving early intervention services before arriving at school for kindergarten
		suggest % of children arriving at kindergarten without having attended preschool. The evidence is pretty clear that quality preschool pays off by a magnitude of 7, per James Heckman.
4.2.1	57	Suggest there is a breastfeeding measure
4.3.3	60	Consider policy measures: inclusion of nutrition requirements in early care and education sites with verification through state licensing system; inclusion of socio-emotional learning in home visiting requirements
6.2.2 to 6.2.3	74 to 75	Clarify CHW work in relation to other places in SIM initiatives that onboarding CHWs and define vis-à-vis care coordinators
7.2	95	Somewhere in this section the narrative needs to recognize that

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		there is quite a bit of money in the system now for community servicesschools, head start, WIC, etc. HEC funding should leverage existing funding to bring coordination and efficiency to community-based services that are operating in silos from one another.
7.3.1.2	122	Am not seeing how the Medicare analysis described is going to be helpful when major outcomes and focus is on people so much youngerseems like a birth cohort analysis would yield more relevant cost data
8.3	129	Add a bullet that recognizes the statewide policy implications of the Statewide groupthese folks could provide major policy recommendations that would restructure service delivery in ways that supported HEC work. Example: require that CHW training and certification include connecting parents to community parenting resources, or that early care and education licensing requirements include ban on serving juice to infants and toddlers, or that early care and education programs participate in Child and Adult Care Food Program (a federal opportunity to bring healthier eating to day care and preschools.
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8.4.1.1	132	Interested in Maryland model as a way to engage hospitals in HEC work. Where can I get more information to share with state's two children's hospitals?
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