Health Enhancement Community Initiative: HEC Draft Report

Population Health Council Meeting

November 1, 2018

Agenda

1. Meeting Objectives	5 minutes
2. Current Timeline	5 minutes
3. HEC Design: • Key updates • Discuss and decide on revisions proposed in PHC feedback	80 minutes
6. Vote re: Sending Report to HISC *(with agreed upon revisions)*	25 minutes
7. Next Steps and Closing	5 minutes

Meeting Objectives

Purpose of today's meeting:

- 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
- Summarize and discuss proposed changes based on Population Health Council feedback (written and verbal) already received
- Obtain any additional PHC member feedback and comments
- Agree which changes to make, and vote whether to send the report to the HISC with agreed upon changes

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. *(complete)*	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 & 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

Process

- On the following slides, we will:
  - Review key HEC design updates that appear in the report distributed on 10/22
  - Discuss and decide on proposed revisions
- *See supplemental summary of comments/responses. Some proposed edits and wording changes are straightforward and will be adopted without discussion.*

HEC Design: Key Updates & Proposed Revisions

Executive Summary (Section 1) and Throughout the Report: Proposed Report Revisions

- To address the concern about people could potentially perceive that all of the decisions have been made and in a top down fashion, we propose:
  - Adding language and a graphic in the Executive Summary and at the beginning of the report clarifying that:
    - The report is *only a framework* for the HEC Initiative
    - How the draft design was developed
    - What still needs to be developed and decided and by whom, including decisions communities will make.
  - Adding call-out boxes throughout clarifying what still needs to be developed, including decisions communities will make.

Decision Point: Revisions Proposed on this Slide

Child Well-Being Age Range: Key Changes Made

- 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, and some measures apply to children as they age over the project period.

Feedback Received: Throughout

- Will add a greater emphasis on housing in the environmental scan/need section, intervention examples, and throughout the report
- Will emphasize health equity more, including in environmental scan/need section and intervention examples
- Will emphasize community health as well as prevention

Community Involvement: Key Changes Made

- Revised report language based on:
  - Findings from the SIM Listening Sessions
  - Input from the community members to date
    - 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
  - Input from the HISC meeting
  - Input from meetings with community advocates on the HISC

Community Involvement: Key Changes Made

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 will include 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.

Community Involvement: Key Changes Made

Community Organizing Groups

- Review data and identify HEC intervention priorities
- Lead interventions in their communities
- Participate in decisions about intervention process and outcome measures
- Organize and advocate for policy and systems changes

Governance Structure

- Providing resources to community organizing groups (e.g., training, community organizers, CHWs)
- Oversight
- Staffing
- Data
- Evaluation
- Support and participate in some interventions
- Fundraising
- Other support

Community Involvement: Proposed Report Revisions

- Implications for community organizing groups driving what happens at community level also means they will drive other decisions, including community- and intervention-specific measures.

Decision Point: Revisions Proposed on this Slide

Measures Overview

- List of provisional measures has become extensive with many suggested by PHC members.
- Represents a framework only; those listed in the report are only provisional and are likely to change based on data availability, data use agreements, etc.
- Report lists measures that meet criteria (reliable data, updated regularly, and no perverse incentives) but with the assumption of a refining and winnowing down process over the next year.
- Each HEC will have its own set of measures based on framework of interventions (programmatic, systems, policy and cultural norm.)

Decision Point: Overall Measures Approach/Framework

Measures (Section 4/Appendix 1): Proposed Report Revisions

- Received significant feedback related to requiring HEC measures for policy, systems, and cultural norms interventions
  - Propose having some statewide measures and some HEC-specific measures.
  - Propose that communities with identify HEC-specific measures will be identified by communities when they select their interventions and will span the interventions framework categories (systems, policies, cultural norms, and programs)
  - Propose these measures excluded from statewide prevention benchmarks
- Will add more language that measures are provisional and additional engagement around measures will occur in the pre-procurement and procurement phases.

Measures (Section 4/ Appendix 1): Proposed Report Revisions

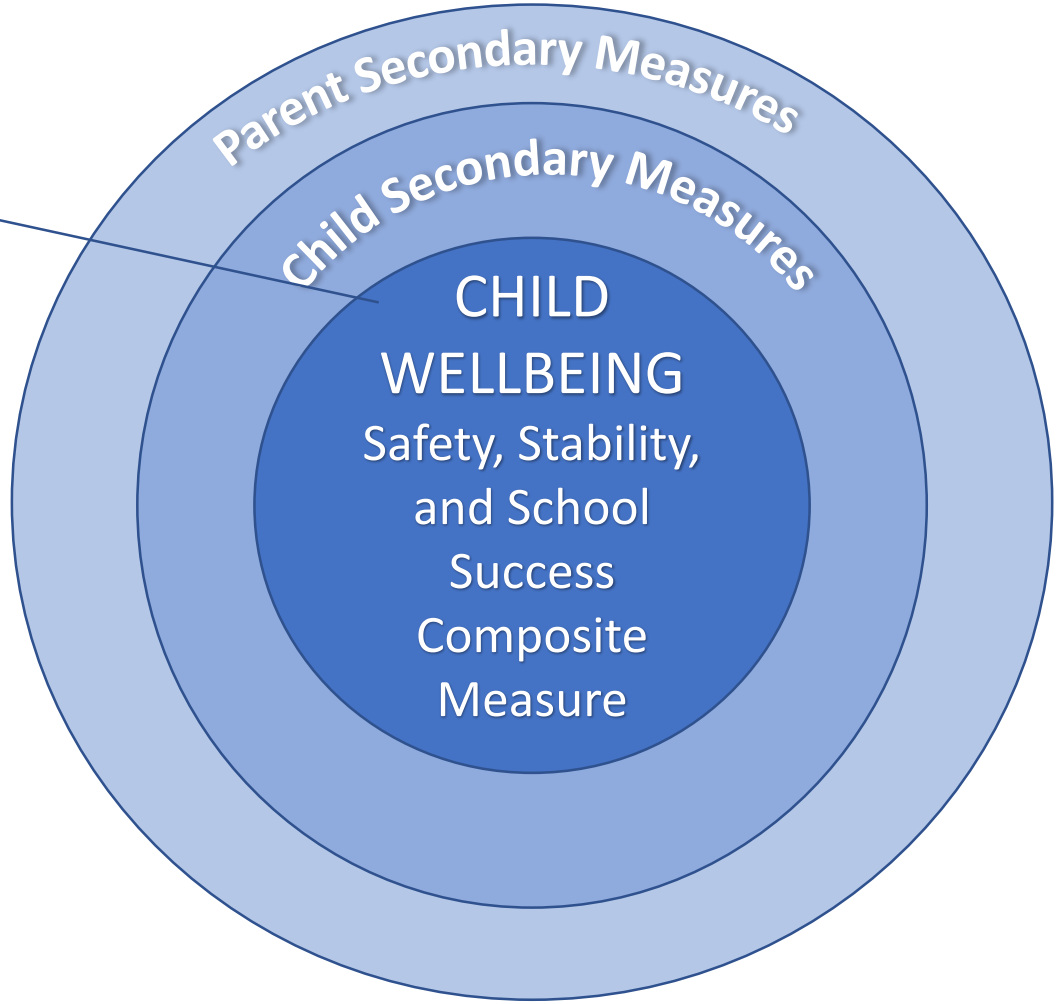
- Statewide measures that are in the draft report were reviewed with the PHC Measures Design Team on Thursday, October 25
- Outcomes/revisions they proposed:
  1. Possibly add child well-being measures on protective factors
     - PHC Design Group Members are researching possible measures;
     - Will 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.

Provisional Statewide Measures – Child Well-Being

Primary Composite Measure of Safety, Stability, and School Success:

1. Substantiated child abuse/neglect cases
2. Chronic absenteeism
3. Performance level on all six domains of the Kindergarten Entrance Inventory (includes: literacy skills, numeracy skills, physical/motor skills, creative/aesthetic skills, and personal/social skills

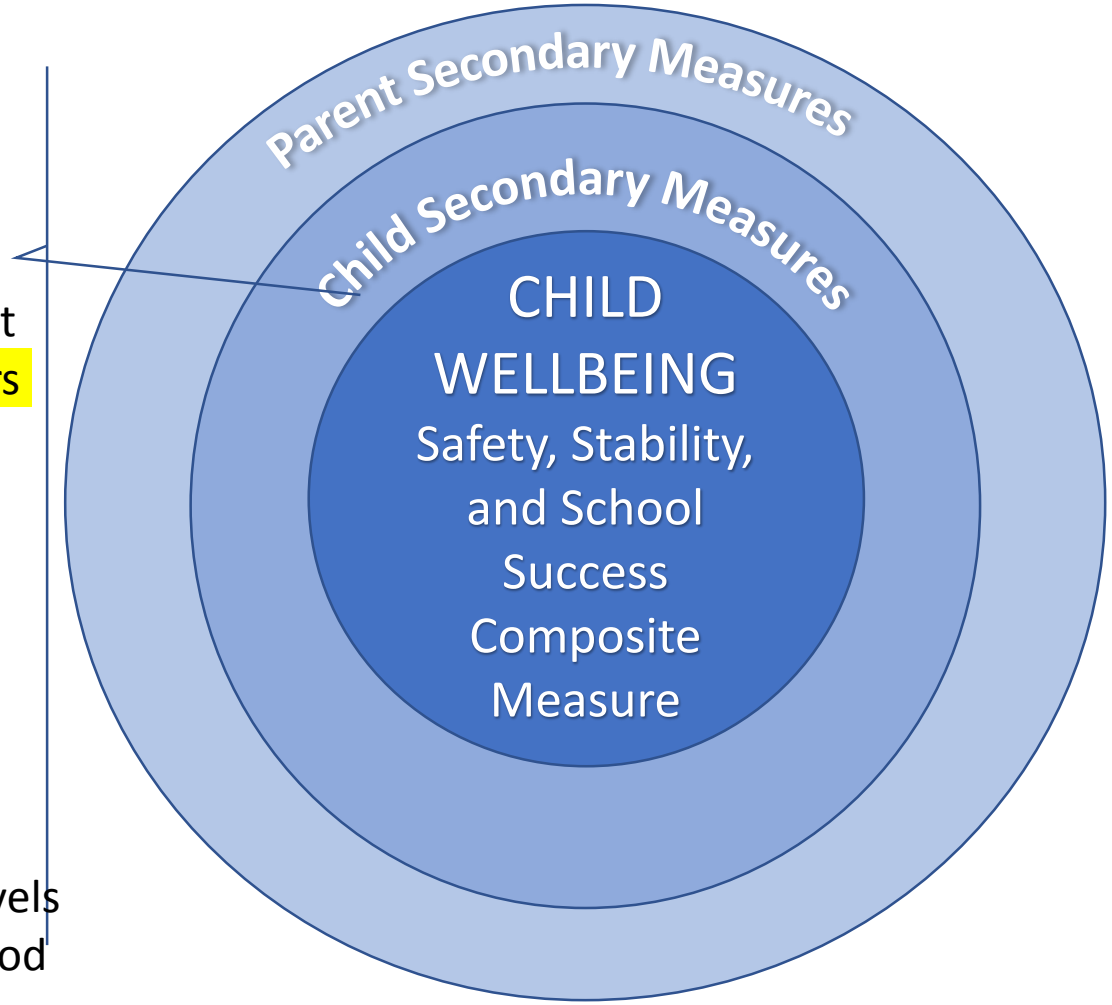
Include note for need to address bias



Provisional Statewide Measures – Child Well-Being

Child Secondary Measures:

1. Children in placement with DCF
2. Infants removed from mother at birth
3. Children referred to Juvenile Court
4. School suspensions
5. Non-graduates no longer enrolled in a four-year graduation cohort
6. Children who moved schools more than once in the past two years
7. ED visits for children with injuries
8. ED visits for children related to substance abuse
9. ED visits for children related to mental health issues
10. ED visits for children with asthma
11. IP admissions for children related to substance abuse
12. IP admissions for children related to mental health issues
13. Babies breastfed
14. Disruptive behavior disorder prevalence among children
15. *Composite measure:* children screened for elevated blood lead levels under 6 years of age and children testing positive for elevated blood lead levels



Provisional Statewide Measures – Child Well-Being

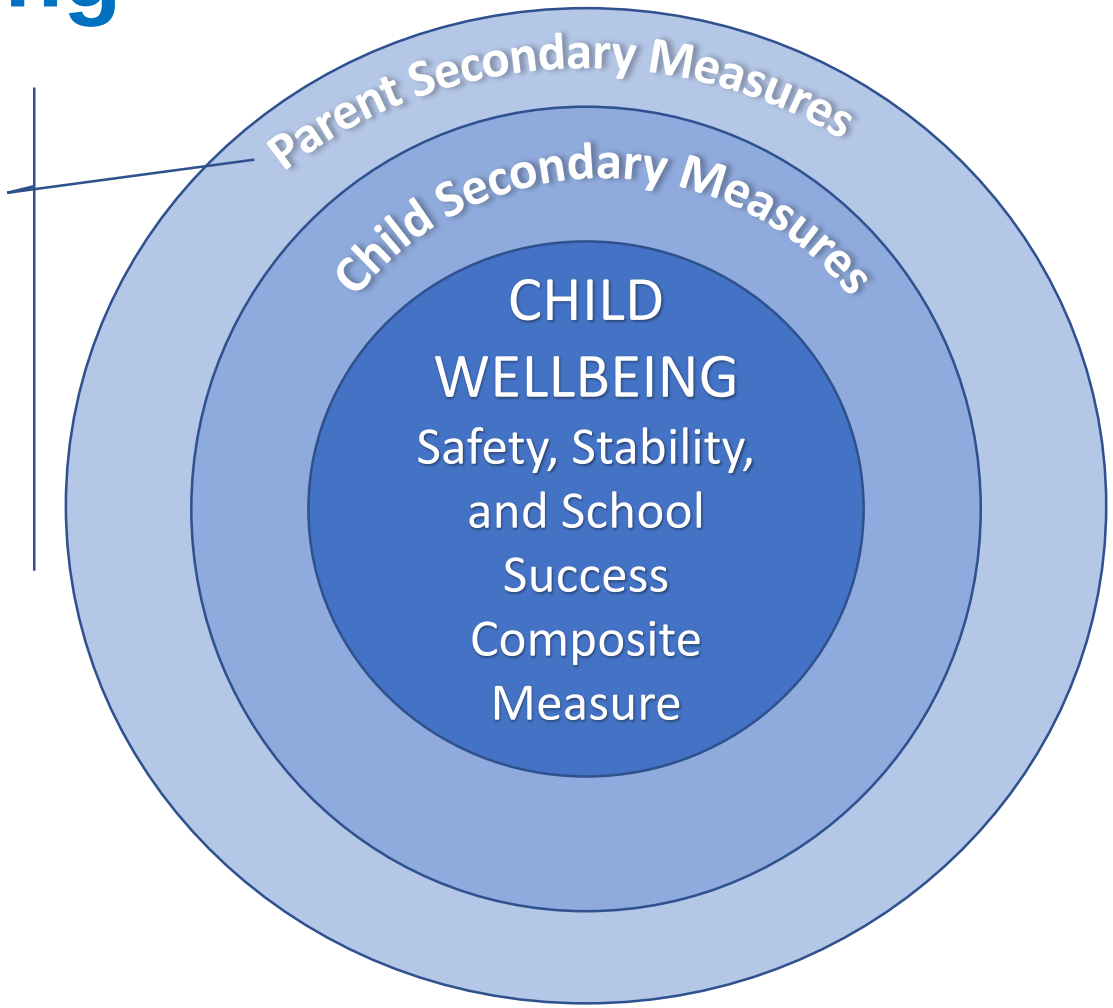
Parent Secondary Measures:

1. Births to a mother who smoked during pregnancy
2. Births to parents who have not completed high school
3. Low birthweight births
4. Preterm births
5. Teen birth rate
6. Incarcerated caregivers
7. Mothers screened for maternal depression

Future secondary measures pending identification/development of data source:

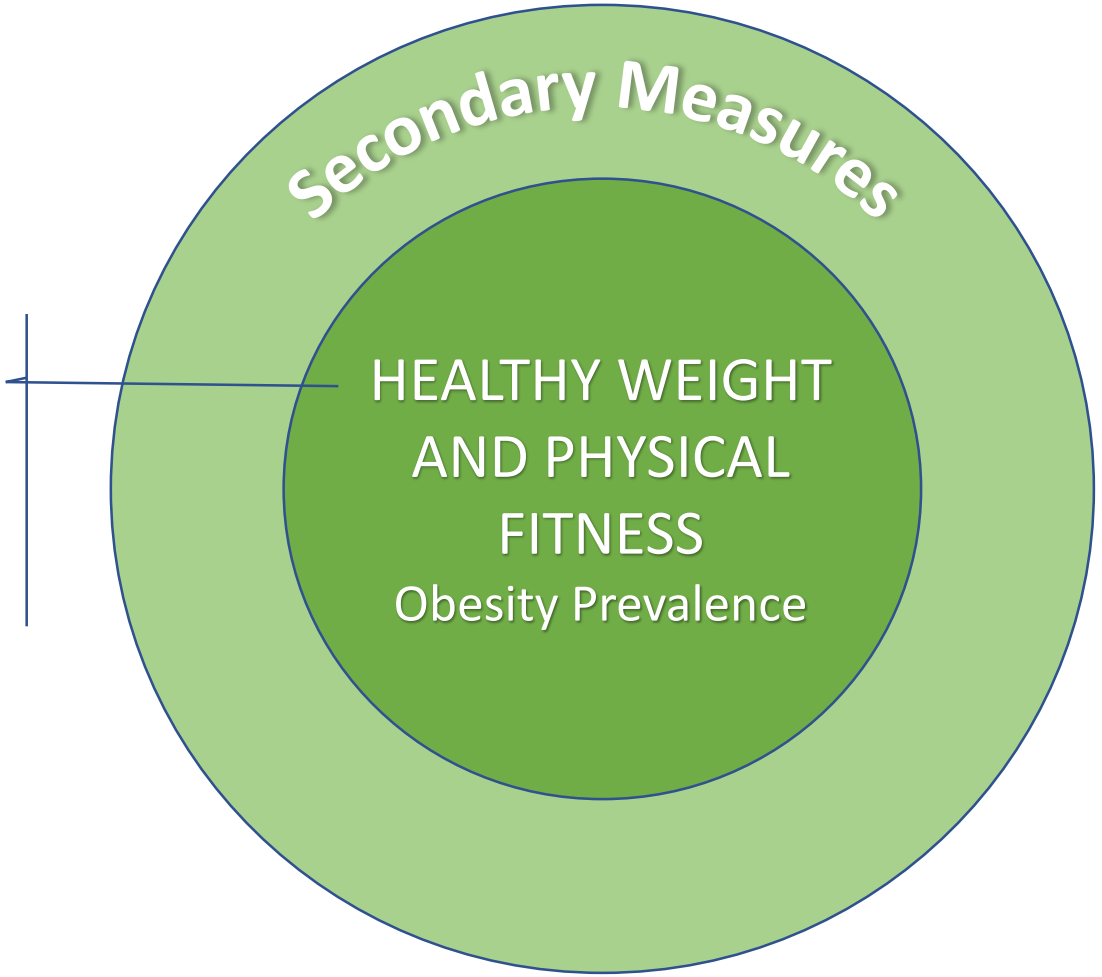
Students starting Kindergarten and 1st grade who need special education but had not received an early intervention before Kindergarten

Measures related to protective factors



Provisional Statewide Measures – Healthy Weight

Primary Measures:
Adult obesity prevalence
Child obesity prevalence



Provisional Statewide Measures – Healthy Weight

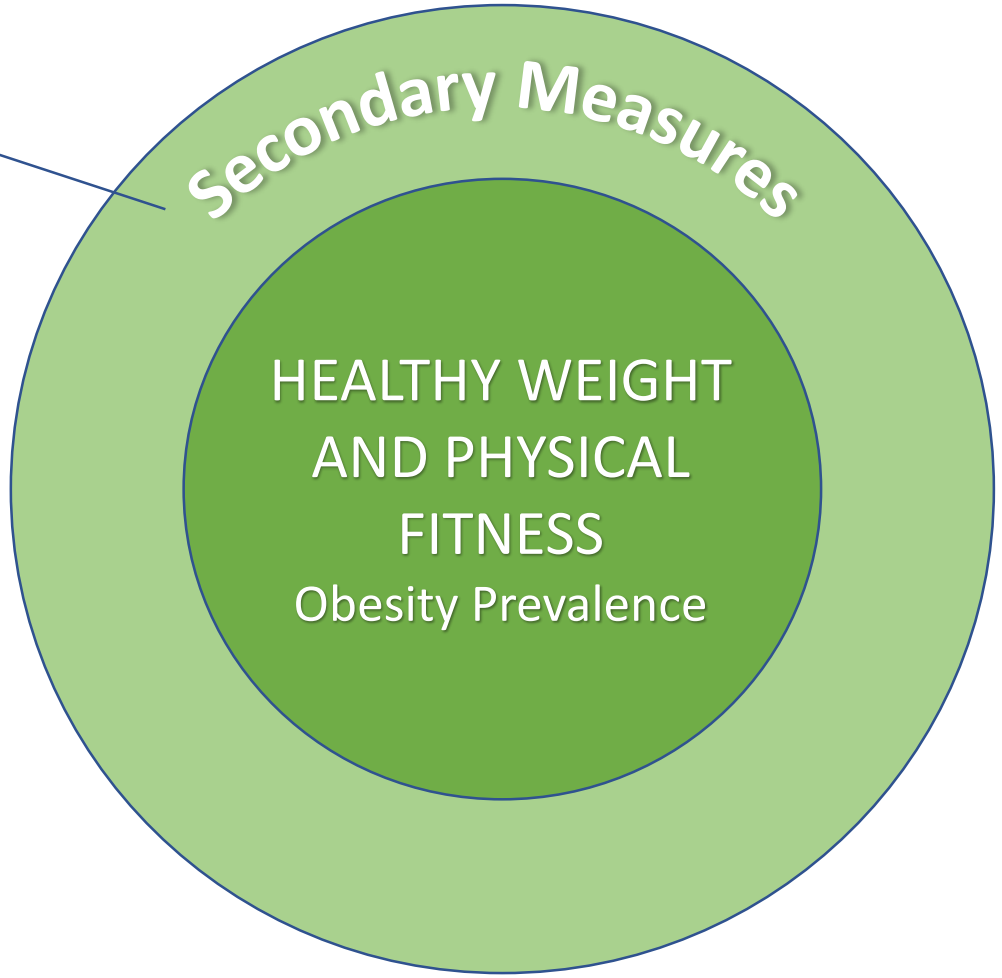
Secondary Measures:

1. Students reaching the Health Standard on CT Physical Fitness Assessment (Grades 4, 6, 8, 10)
2. Adult hypertension prevalence
3. Adult diabetes prevalence
4. Congestive heart failure prevalence
5. Coronary heart disease prevalence
6. Stroke prevalence
7. Chronic kidney disease prevalence
8. Rheumatoid arthritis/osteoarthritis prevalence

Future secondary measures pending identification/development of data source:

Average number of steps walked

Measure of hunger



Decision Point: Overall Measures Approach/Framework

Key Changes Made: 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:
Any other PHC comments or proposed revisions?

Vote: Sending Report to HISC (with agreed upon revisions)

Next Steps and Closing