

**State of Connecticut  
State Innovation Model  
Population Health Council**

Meeting Summary  
November 1<sup>st</sup>, 2018

**Meeting Location:** OPM, 450 Capitol Ave, Room 2A, Hartford

**Members Present:** Pat Baker, Martha Page, Elizabeth Beaudin, Rick Brush, Lisa Honigfeld, Jeanette Weldon, Steve Huleatt (Co-Chair); **Members Participated via Teleconference:** Craig Glover, Tekisha D. Everette, Frederick Browne

**Members Absent:** Susan Walkama (Co-Chair), Garth Graham, Hayley Skinner, Elizabeth Torres, Hyacinth Yennie, Penney Hugh, Lyn Salsgiver,

**Other Attendees:** DataHaven: Mark Abraham; DPH: Mario Garcia, Amy Smart, Trish Torruella; Kristin Sullivan, Laurie Ann Wagner; Mehul Dalal, Lloyd Mueller; SIM OHS: Mark Schaefer, Jenna Lupi; HMA: Deb Zahn, Liddy Garcia-Bunuel, Jessica Foster

**Call to Order:** Co-Chair Steve Huleatt called the meeting to order at 3:00 pm and called for a motion to approve the September meeting minutes—Council approved.

**Public Comments:** Mark Abraham, CEO of DataHaven, introduced the work of his organization and discuss the ways that data from the large telephonic survey of CT residents aligns with the priorities discussed for HECs. He commended the SIM project for focusing on upstream interventions and assessing the impact of social determinants of health on the wellbeing of CT communities. He offered to coordinate with SIM health information technology project to look at ways to integrate data with CDAS.

**Meeting proceedings:**

HMA presented the agenda for the meeting and provided a brief overview of the draft HEC report that was distributed on 10/22. The objectives for the meeting included describing new developments on the proposed HEC design that appear in the report and discuss proposed changes based on Council feedback received. The Council recommends having a final approved report in February and finalized by the beginning of March.

HMA presented key updates and proposed revisions (slides) in the HEC design-

Comments/Questions:

- On the topic of targeting pre-birth to age 8—it's best to be clear that there is a continuum of care. That the intervention doesn't just drop off if the child is now 9 years old.
- Prevention alone isn't going to address all of the focus areas. It's important to talk about community health and prevention. Is health broad enough? There is still a connotation

that “health” is referring only to health care. It’s a tricky area because we still need to use health data, which implies care, or restorative interventions.

- There’s a lot of primary care transformation going on and it needs to be integrated completely with HEC work. I urge a full picture approach with clear interconnections.
- We’re at a critical point in the process. We need to include a visual image of a holistic approach—it needs to be explicit, not implicit. We can’t assume that it’s obvious, because it’s not.
- There’s a section that talks about partnerships and bringing in accountable care—is the holistic approach that? Or is there more?
- I suggest that we think about this as health and well-being across the lifespan. We think about what’s helping them or hurting them. What’s coming out in the report is more structure rather than people and communities.

HMA presented (slides) on key changes made in sections on community involvement (community organizing groups and governance structure)-

Comments/Questions:

- If you truly honor the notion of community organizing, it doesn’t come from the “head” of the community, it comes from the community itself. If you honor the community organizing model then you need to be talking about jobs. I get hung up on this because if the funding comes from a governance structure then funders often set the agenda. The community should setting the agenda and I think it’s real easy for that come out of alignment.
- What we’re describing as a Council is what should be in the report because the more gray it is, the more disastrous it will be. Everybody needs to know about the rules of the road. I think this is a really important questions and should be open for decision making and input. The HISC should be involved in this discussion.
- Having staffing and money listed under Governance Structure and not on the other side under Community Organizing Groups shows a power dynamic. If the notion is that there is some equal stature here, the words need to reflect that.
- I agree and think what we’re getting to is that when you put things into silos, you end up with twelve different situations and some of them may work and some may not. As a group, we’ll have to sort that out and these concerns will come to fruition.
- Underlying this is the risk of not having shared savings. Clarity is an important variable that will drive results.
- Maybe we could get to some principles rather than structures. The work needs to be aligned with resources and financial support. It’s not a total blank slate with whatever the community needs to do. It needs to be aligned. A set of guiding principles ends up being an intervention in and of itself by recognizing those assets in the community.

HMA presented proposed report revisions to the HEC Measures section-

Comments/Questions:

- What I heard is that there should be one column of provisional statewide measures and then a menu of interventions—there's a risk of having too many after a while. Is it a framework where everything is up for grabs? Or more of a rubric on how to select? It's very important on how you present what the menu of selection is, and who's selecting. The hazard is that once it's down on paper—that's what you're supposed to do. I think there should be information on how to make the decision on interventions to use and who should make that decision.
- If these measures have been selected and are pending validation then that's another story—otherwise there are way too many.

Open Forum: Any other PHC comments or proposed revisions?

Comments/Questions:

- I think it's a mistake to put out this big report—there's a lot of wonderful stuff in here and I definitely don't want to lose it, but I believe less is more. Instead of getting a long executive summary, getting a 30 page report is even better. I think about what is accessible and understandable to the audience and what gets to the essence. You can have 12 million appendices or work papers. To be authentic about public comment, it needs to be shortened.
- I went through the whole report and I did it because I could get the essential elements pretty quickly. I think a lot of it could be appendices. It was very easy to get the essential elements and to understand what the section is about.
- There are roughly 30 statements recommended by the Council in the document, but their spaced out throughout the report. I don't know if we want those to be more prominent.
- The question is also “what do you want from the HISC?” The value a steering committee can offer is on these big decisions that are up for grabs. You need to talk to all the players, such as the providers on the HISC to get each prospective. Test some of those out.
- This is about innovation and we keep falling back to existing systems. We don't think about how we can get the community excited so they go out and do it. The charge is innovation so let's leave our hats at the door.

The Council received and reviewed the draft HEC report and advanced for further comments.

Meeting adjourned at 5:00 pm.