

Proposed Composition and Criteria for Participation in the Population Health Council

DRAFT

Population Health
Council

Composition

- Access Health CT Representative (1)
- Municipal leadership member (1)
- Advance Network (ACO) Representatives (2)
- Health Plan Representatives (1)
- Large and Small Employer (2)
- Consumers/advocates (5)
- Connecticut Hospital Association (1)
- Health Data Analytics expert (1)
- Health Economist (1)
- Federally Qualified Health Centers (1)
- Urban/Rural school district (1)
- Behavioral Health agency (1)
- Local Public Health agency (1)

Criteria For Membership

- Direct work experience in the CT public health and healthcare environment
- Knowledge of health related data collection and interpretation
- Experience with outpatient patient care
- Direct experience in regional planning and development organizations.
- Demonstrable experience in community engagement activities related to prevention and health promotion
- Organizational experience in population health management
- Large self-insured organizations/small employers
- Organizational interest in policy advocacy
- Consumers representing philanthropic sector; environmental health interest, homeless advocates, non-profit food systems, disabilities, housing or economic support; advocate against violence, chambers of commerce, racial/ethnic/geographically diverse communities

Support &
Technical
Assistance Team

- State Agencies: DPH, DCF, DMHAS, DSS (Ex officio)
- PMO staff (1)
- DPH-SIM Staff (2)
- Contractor Facilitator (HRiA)

- Expertise in public health and healthcare research, policy and evaluation
- Knowledge of CT SIM
- Experienced supporting communications
- Experience facilitating collaborative activities

Charter:

The Population Health Council is a workgroup charged by the Healthcare Innovation Steering Committee with developing a **sustained vision** for improving Population Health in the context of payment, insurance and practice reforms, and community integration and innovation.

The Council **leverages existing state resources** available through the State Innovation Model and builds on the framework established in the State Health Improvement Coalition. The Council uses the State and Community-based Health Assessments, as well as any other Connecticut specific health indicators, as the basis to both advance population health planning and establish a **long term strategy** for public health. This strategy will have a special focus on areas of high burden of disease and on demographic groups impacted by health disparities. The council will focus on addressing root causes of disease and defining priorities based on burden of cost, reducing inequities and improving overall health.

The council will recommend to the SIM Healthcare Innovation Steering Committee **a strategy to maintain a system of population health data, overall health improvement monitoring, and community accountability metrics.**

In addition, the council will assess **community health capabilities** in order to recommend the extension of prevention services outside of clinical settings. The council will, as a result, formulate **a strategy for the establishment of Community Prevention Service Centers.**

Lastly and more importantly, the council will recommend **guiding principles** and a **sustainability strategy** for the designation of **Health Enhancement Communities**, which are structured community-wide collaborations with a multi-sector agenda for health improvement.