

## Consumer Advisory Board Meeting Minutes August 15, 2019

Meeting Date	Meeting Time	Location
August 15, 2019	1:00 – 3:00 p.m.	Office of Health Strategy, Room 2A, 450 Capitol Avenue, Hartford CT

### Participant Name and Attendance

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Jeffrey G. Beadle		Terry Nowakowski	X		
Linda Guzzo		Christiane Pimentel			
Robert Krzys	X	Jason Prignoli (phone)	X		
Theanvy Kuoch	X	Kelly Ray (phone)	X		
Nanfi Lubogo		Ann R. Smith	X		
Velandy Manohar, MD	X	Denise O. Smith	X		
Others Present					
Leslie Greer (OHS)		Quyem Truong (NCRMHB)			
Leslie Gable-Brett (OHS)		Dashni Sathasivam (HES)			

Meeting Information is located at: <https://portal.ct.gov/OHS/SIM-Work-Groups/Consumer-Advisory-Board>

	Agenda	Responsible Person(s)
1.	<b>Welcome</b>	<b>Robert Krzys</b>
	<b>Call to Order</b> The scheduled meeting of the Consumer Advisory Board (CAB) was held on Thursday, August 15, 2019 at the Office of Health Strategy, Room 2A, 450 Capitol Avenue, Hartford CT. The meeting convened at 1:04 p.m. Members and other participants introduced themselves. Robert Krzys chaired the meeting.	
2.	<b>Public Comment</b>	<b>Robert Krzys</b>
	There was no public comment.	
3.	<b>Approve May 24, 2019 Meeting Summary</b>	<b>Robert Krzys</b>
	The motion was made by Velandy Manohar and seconded by Theanvy Kuoch to approve the minutes of the Consumer Advisory Board meeting of May 24, 2019. Motion carried unanimously.	
	<b>Table Approval of July 9, 2019 Meeting Summary</b>	<b>Robert Krzys</b>
	The minutes have not been approved by OHS or Laura Morris, which prompted Robert Krzys to ask for a motion to table the minutes. The motion was made by Velandy Manohar and seconded by Terry Nowakowski to table the minutes of the Consumer Advisory Board meeting of July 9, 2019 for approval at the following September 10, 2019 meeting. Motion passed.	
4.	<b>Asset Mapping of the Consumer Advisory Board OHS TA grant from Institute for Healthcare Improvement</b>	<b>Leslie Gable-Brett</b>
	<ul style="list-style-type: none"> <li>Leslie Gable-Brett provided a brief overview of the States of Solutions program funded by Robert Wood Johnson Foundation. She referenced Dr. Somava Stout, a leader of the initiative. Leslie noted that they have a great and robust tool to do asset mapping and other resources, which the CAB could use to guide their own process. Leslie Gable-Brett provided background</li> </ul>	

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that a trust model was used, and relayed that Laura Morris believes that the CAB can use asset mapping and their framework. Velandy Manohar asked about the duration of Asset Mapping. Leslie Gable-Brett said this would be as fast or slow as CAB decides. She remembers that CAB is interested in figuring out what assets they have and what assets they need. She and Laura Morris do not know how the CAB feels about recruiting vacancies on the CAB before conducting an Asset Map or after. It is ultimately up to CAB.

- Leslie Gable-Brett suggested that in rebuilding the membership and governance of CAB, it would be good to use an affirmative inquiry framework. Leslie Gable-Brett brought up Laura Morris's question regarding vacancies and if they should be filled prior to completing an asset mapping or vice versa and asked the CAB to consider the question.
- Velandy Manohar noted that there are 6 vacancies. He recognized that it may be a challenge to have the retreat and fill the vacancies before November.
- Denise Smith wanted to add context. The idea for doing an Asset Map came from meeting at the LOB, from Linda Guzzo. Asset Mapping is to figure out how to go forward with recruitment. Denise Smith also stated that she wanted to conduct results of Asset Mapping in CAB retreat to create a plan for recruitment. The Asset Mapping Tool could be used before the retreat and the data collected can be presented and discussed at the retreat. She doesn't know what tools can be used.
- Leslie Gable-Brett said she will forward the States of Solutions website to the CAB for review. She thinks there is a grid to fill out. She stated that what Asset Mapping looks like will depend on the scale of what CAB wants to learn and what data CAB wants to manage.
- Denise Smith recognized that it would be helpful to have tools to consider and suggested that other members from CAB could bring tools. The consultants may be able to help with this.
- Quyen Truong shared that she has looked through many tools. It was her understanding that a tool was needed to quickly ascertain the gaps and strengths of the CAB. This initial process would determine if an even more in-depth mapping is needed.
- Quyen Truong has crafted a 9-question survey that she has created based on this understanding. She stated that she will share this with the CAB so that they can decide if this fits their needs and/or provide suggestions and changes. Quyen Truong acknowledged that she prepared the survey as a starting point for this process.
- Robert Krzys asked Quyen Truong to provide an example of the type of questions that would be asked in the survey
- Quyen Truong replied that questions are largely based on demographics, industry groups and communities that a person identifies with, and an open-ended question about the skills an individual brings to the CAB and skills that they would like to have among the CAB.
- Kelly Ray commented that a question specifically asking each CAB member who is missing from the board is one of the most valuable questions that could be included.
- Leslie Gable-Brett asked if that information would be shared.
- Quyen Truong agreed that it was her understanding that is what the CAB would want.
- Denise Smith brought up the point that because this conversation was anchored in recruitment of both CAB and other councils and work groups, it would behoove the CAB to better understand each of those workgroups and councils. Denise suggested that the asset

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mapping include consumer representatives that the CAB has recommended to other groups. This way these members would be able to provide their thoughts.

- Robert Krzys reviewed the number of vacancies from the July minutes: Vacancies on the CAB (6), Health Care Cabinet (1), HIT Advisory Council (1), Quality Council (1).
- Robert Krzys commented that there are some timing issues related to formulating this asset mapping process.
- Velandy Manohar asked for clarification about the purpose of asset mapping: is it to help CAB see the deficits in the CAB makeup or is it broader?
- Ann Smith felt positive towards the asset map, though had concerns about how small the CAB is. Ann Smith also commented that Velandy Manohar's point sounded more like a need assessment to garner more information from a larger population. In essence, it would be a 2-prong process to better inform what the role of the CAB is going forward that would consist of an asset mapping of current CAB and a larger needs assessment.
- Robert Krzys noted that the term asset mapping does not really mean anything to him, but rather it is about the consumers. The listening sessions should be posted. For example, when he looked at rural communities, there was an issue with diabetes and a dearth in transportation. So, the listening session were important in getting at how other individuals perceive how they receive their health care.
- Robert Krzys asked Quyen Truong if she can scrub those listening session reports to tweak the survey questions to reflect themes. He clarified that the asset mapping of the CAB itself and appointed members will be a straightforward process. Generating a summary document of the needs of the community from the listening sessions that have been already been generated would be useful information.
- Ann Smith clarified that a summary document was an accurate summary of what Bob was suggesting. She clarified that what she meant was that the role the CAB played and the role that is being suggested for CAB now is different. When the current CAB went through the recruitment process, they were looking for different skills and expertise that fit CAB's expectations for that point in time. Therefore, to engage in meaningful efforts looking to recruit for the current CAB, the existing CAB needs to understand what their role really means, and the skills and expertise needed to staff the current CAB.
- Ann Smith stated that the work that went into the listening session provides a foundation of information on community needs, and we may want to update this. Therefore, we need to know what CAB is going to be doing to know who needs to be on the CAB.
- Velandy Manohar referenced Alan Coker, with regard to what needs to be done in certain communities. He noted that there is a lot of information about the Asian communities, but the Asian communities are diverse. Also, to see various structural, procedural and institution problems addressed, we need to make impact. The CAB needs to see problems from disabilities communities, Asians, etc. and we need to do more to engage these consumers who are not coming out or being represented.
- Denise Smith liked idea of aggregating the reports and videos because those are effective in saying what is needed to change the health system.
- Denise Smith asked whether what CAB is looking for people with certain skills and competencies, or whether the CAB has a well-rounded, circumspect, and diverse set of

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	<p>members. She stated that the CAB needs a clarity of experience of what needs to be put forward for change, not necessarily the skill for actually drafting the policy. What the CAB needs is capacity-building. The CAB needs to do everything, but there is a lot that CAB does not know. It is important to have a diversity and inclusion perspective in recruitment.</p> <ul style="list-style-type: none"> <li>• Theanvy Kuoch commented that the CAB needs to do more for and in communities.</li> <li>• Ann Smith asked: why are skills and expertise and diversity and inclusion mutually exclusive in terms of recruitment?</li> <li>• Denise Smith responded that they are not mutually exclusive, but that the conversation that was happening was skills-centric.</li> <li>• Terry Nowakowski agreed that those criteria should not be mutually exclusive.</li> <li>• Velandy Manohar expressed appreciation for Ann Smith’s point about certain skill sets and backgrounds.</li> <li>• Robert Krzys stated that the issues of CAB are 1) engagement with communities, and 2) CAB membership makeup to best represent the needs of our diverse communities. These are related. He asked that the consultants produce a survey that would get to the point for the asset mapping survey and the need assessments survey. He also requested a summary from the previous listening sessions.</li> <li>• Leslie Gable-Brett clarified that the asset mapping is for the CAB and other appointees while the needs assessment is for a broader audience.</li> <li>• Robert Krzys replied that this is process is also important for point 7 on the agenda, education to the CAB on OHS. He mentioned including Vicki and asking her those questions and where the CAB fits into the vision of OHS. Also, it would be important to know how CAB will interact with other facets of OHS, and the expectations.</li> <li>• Velandy Manohar expressed that he would like to know more about the structure on communication and the directionality of communication between CAB and other entities and people within OHS.</li> </ul>	
<p><b>5.</b></p>	<p><b>Consumer Advisory Board &amp; Consumer Rep Solicitation - Vacancies</b></p>	<p><b>Robert Krzys</b></p>
	<ul style="list-style-type: none"> <li>• Robert Krzys summarized the 9 vacancies. He also brought up the 2 existing CAB Alternates, because they have been already approved as viable candidates that could be brought on to the CAB. Robert Krzys proposed contacting Taylor Edelmann and Soneprasith Phrommavanh. If they expressed continued interest in participating on the CAB, to bring them on.</li> <li>• Denise Smith and Terry Nowakowski supported this action with affirmative responses.</li> <li>• Terry Nowakowski acknowledged that for her to get clarity about what the CAB is and would be, having a better understanding of what the Health Care Cabinet is doing would be important.</li> <li>• Robert Krzys stated that he too is perpetually confused about what everyone on the various councils or work groups are doing. And that is part of point 7 on the agenda, with OHS presenting to the CAB.</li> <li>• Leslie Gable-Brett described why this is all so confusing, naming the fact that these various groups were created prior to the creation of OHS. The Health Care Cabinet was initially</li> </ul>	

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convened and under the LG. As a part of that structure, CAB would appoint a consumer representative to be on the Health Care Cabinet.

- Theanvy Kuoch asked if that CAB member on the Health Care Cabinet would be charged to bringing back the information from those meetings to the CAB.
- Leslie Gable-Brett responded yes, in an ideal world that would be true.
- Robert Krzys explained that the Health Care Cabinet is a statutory entity while the CAB is an administrative committee. Also, the Steering Committee had 2 members from the CAB: Jeffrey Beadle and Pat Checko.
- Leslie Gable-Brett commented that the Steering Committee was originally steering the SIM project and that it continues to exist.
- Velandy Manohar asked: what will happen to CAB once the SIM federal funding ends?
- Leslie Gable-Brett stated that there is a commitment from Vicki Veltri and OHS that the CAB should continue beyond SIM funding.
- Robert Krzys read from previous meeting minutes that the CAB policies and procedures will need to be evaluated and expanded with the end of SIM funding.
- Velandy Manohar asked: who will establish these policies and procedures?
- Robert Krzys responded that it will largely be up to CAB. There was discussion about the governance sub-committee.
- Denise Smith noted that on a list of OHS membership of the Health Care Cabinet, there is no vacancy listed for a CAB seat. While all of the positions have 4-year term-limits, it does not say who has been appointed. Clarification is needed.
- Robert Krzys asked Leslie Gable-Brett to confirm with Laura that there is a CAB vacancy on Health Care Cabinet.
- Ann Smith raised the issue of mixed private-sector and public-sector membership. As the CAB evaluates its role going forward and the work that they will be engaged in, should there be considerations related to remaining an entity under OHS? Is this the most effective way for CAB to exercise and discharge its responsibilities? She also says that it may have been the most effective and efficient and appropriate under SIM, but wonders whether CAB is asking the question if that is still the most efficient, effective, and appropriate place for CAB as the landscape of health care changes and the role of CAB is changing?
- Velandy Manohar added that it is his understanding that CAB and the Health Enhancement Communities (HEC) are divided and he feels that HEC and CAB should be connected and asked if that is that where CAB should be located. He clarified, is that the place to be co-located or is there another place?
- Terry Nowakowski notes that she had a similar thought, but that HEC is not yet really established. She questioned where the CAB is, as a group. Is it about focusing on where we are now or on the uncertainty of the changing health care landscape in the future?
- Ann Smith notes that the inception of CAB was also predicated on the uncertainty of SIM. She is asking that the CAB be open to exploring various options during the time of uncertainty. She asked the consultants to explore alternative formats and options for the CAB to move forward and accomplish the goals and objective close to our hearts. Ann Smith acknowledged that

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	<p>where the reasons people joined CAB might be no longer valid, so individual decisions need to be made.</p> <ul style="list-style-type: none"> <li>Robert Krzys recognizes that health care reform is an uncertain landscape and we have been operating in them for the last 10 years from the Affordable Care Act to the health exchanges to universal health care. In that context, part of the responsibility of CAB is to recognize where we are situated, which is at the beneficence of OHS. HECs, which is aimed at attacking social determinants of health to address the needs of communities most impacted has a lot of overlap with the CAB. Concerns with affordability and the Exchange were frequently cited in the listening sessions. Also, once the consolidation of various offices occurred, the Office of the Health Care Advocate was put into OHS. They are not dissimilar to the CAB in terms advocating for those most vulnerable. So, it is part of the CAB’s responsibility to assess its role continually. The persisting issue on the table is to talk about where CAB could or should fit within OHS.</li> </ul>		
<p><b>6.</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%; padding: 5px;"><b>Consumer Engagement Update (Follow up meetings with past Listening Session participants)</b></td> <td style="width: 35%; padding: 5px; text-align: right;"><b>Quyen Truong</b></td> </tr> </table>	<b>Consumer Engagement Update (Follow up meetings with past Listening Session participants)</b>	<b>Quyen Truong</b>
<b>Consumer Engagement Update (Follow up meetings with past Listening Session participants)</b>	<b>Quyen Truong</b>		
	<ul style="list-style-type: none"> <li>Quyen Truong provided an update on consumer engagements. Community events are on pause pending CAB decisions, however she has done some thinking about how best to follow up with past participants. In Sept of 2018, Kevin and Arlene asked her to reach out to everyone who had participated via email asking for feedback for the report and that the issues raised were used to inform the Primary Care Modernization efforts. Emails were sent to all the past event participants and they were asked if they would like to be in touch with the CAB, and whether they would like a one-on-one phone call with Quyen Truong to get updates. Some of the results are as follows:             <ul style="list-style-type: none"> <li>○ There are community members interested in attending CAB meetings, but the meeting times are problematic due to the mid-day schedule and during a workday.</li> <li>○ Some people volunteered to organize future listening events in their communities.</li> <li>○ Some people said that they would like to organize a Latino-based event in Fairfield county.</li> <li>○ Some people were interested in joining the CAB.</li> </ul> </li> <li>Quyen Truong added that there is an existing list of engaged people to whom she can outreach. She would inform them that the videos from the listening sessions are online on the new OHS website. Quyen Truong provided a status update on the reports, noting that they are all finalized. Also, there has not been outreach to the millennial group, the most recent CAB event completed in April. Quyen mentioned that last year she reached out separately to leaders who helped organize/co-organize sessions versus community members who have attended and would take that approach with future outreach.</li> <li>Velandy Manohar stated that the CAB needs feedback from all the groups on how they are being represented. If the CAB could get actual feedback on their goals and the methods used to achieve them and co-location. This would provide some accountability for the CAB.</li> <li>Leslie Gable-Brett noted that the individuals that had been previously engaged could be outreached to and sent the needs assessment.</li> <li>Ann Smith clarified that she never used the word co-location to an existing entity with relation to CAB and expiration of SIM.</li> </ul>		



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- Terry Nowakowski suggested that some of the information from the listening session can help CAB target these communities and that existing data can be used.
- Velandy Manohar mentioned that DMHAS also has data that could be useful.
- Quyen Truong asked: is there a way to create an annual timeline so there is a standard arc to the CAB's activities. For example, gaining feedback from the community, preparing reports, and sharing that feedback. This would allow people to become familiar with the rhythm of CAB's activities, given the chaos in the health care landscape.
- Terry Nowakowski responded that in the retreat would be development of the CAB workplan and the CAB goals across the year(s). This would help the CAB become more concrete and strategic.
- Theanvy Kuoch commented that for the communities with poor health, barriers to transportation and for who are non-English speaking, there is a significant need to get small funds to support them in gathering so that CAB can have their voices present. This is necessary to ensure that more diverse people are being engaged rather than just those who typically participate.
- Denise Smith responded that this was why she wanted to see the OHS strategic workplan. There have not been any asks from OHS groups to the CAB. Why are they not demanding the consumer voice in their decision-making process? CAB has never had an ask. Second, CAB is always functioning in a historical frame. How is it possible to assemble the consumer voice to inform important health care decisions, if we only hear about after the fact? CAB cannot just get a timeline. If CAB does not know the questions then how can we respond? There is \$60K of CAB funding that needs to be spent, which Jeff Beadle elevated in a previous meeting. There are lots of things to do, which includes asking the CAB to facilitate the dialogue. Not to speak on behalf of a workgroup. All the CAB does is assess and survey the communities, but they never actually are activating them. Denise Smith noted that a lot of issues were elevated on PCM, but they ended up on the 'editing floor.' So, what is the community supposed to do as a work-around? Denise Smith references that Robert Krzys stated that it is in the CAB's power to critique the health policy process. However, she states that when OHS lets CAB know 30 or 60 days prior to a decision, CAB cannot always bring together consumer voices with such little notice.
- Theanvy Kuoch expressed complete support of Denise Smith's comments.
- Robert Krzys stated that the CAB has done many listening sessions and videos and put them on the web, yet there has not been follow up. Then there was the PCM effort, and CAB appointed someone to each and all PCM work groups. But what has happened to those people? He acknowledges that he does not know. Robert Krzys asked: What is the status of PCM, is there a report from each work group as well as legislatively?
- Leslie Gable-Brett responded that yes, there are reports and factsheets from the SIM team, summarizing what is to be improved primary care. That was one outcome of that process. There are lots of discussion on where to go as federal funding is expiring and discussions on what the state thinks and the feds think is the right way to go. There is dispute about how much from consumers was heard, inputted and edited on the floor. Her opinion is that some input was taken, and some was not, and whether there was enough is another question.

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	<ul style="list-style-type: none"> <li>• Leslie Gable-Brett noted that there is a lot of other work other than primary care transformation. There is a lot of work where consumer thought and input are valuable and there is sincere desire to have that. A question that still needs to be addressed is whether CAB knows enough in advance to have an impact.</li> <li>• Theanvy Kuoch spoke to community mistrust because even if a CAB member were to approach a community, there is such a large gap between engagement. By the time it comes to re-engage, the trust has been lost because there is no value seen by the consumer. It is up to us to share, communicate, and connect with the community. Velandy Manohar had a concern about whether CAB added any value to PCM with the PCM Listening Session reports. He also stated that the vast experience and value is not being taken back to the community regarding the PCM models. Leslie Gable-Brett clarified what he stated and responded that any of the reforms could happen. Velandy Manohar stated that this is top-down.</li> <li>• Leslie Gable-Brett provided clarification, agreeing that PCM has currently paused at the model stage and there has not yet been communication back to the community.</li> <li>• Velandy Manohar suggested taking the reports and asking the community for their input on implementation.</li> <li>• Robert Krzys asked where the PCM models are located. He did not know and having been a part of several listening session, he wanted to compare the points that came up in sessions and what has been proposed and assess any influence or relationship.</li> <li>• Leslie Gable-Brett agreed to send out the links to the PCM models to the CAB.</li> </ul>	
<p><b>7.</b></p>	<p><b>Presentation/Education to the Consumer Advisory Board on OHS – Schedule Special Meeting</b></p>	<p><b>Laura Morris</b></p>
	<ul style="list-style-type: none"> <li>• Robert Krzys mentioned that there has been a lot of discussion about OHS, where it is going and what has happened with certain committees. Is there then a consensus that there is a specific ask of Laura Morris to have a special meeting or a report?</li> <li>• Leslie Gable-Brett stated that it would be possible to have a special meeting with some senior OHS players in the room to talk about what they do. Her recommendation is low on the PowerPoints, high on the conversation.</li> <li>• Denise Smith asked: who would be at this proposed meeting?</li> <li>• Leslie Gable-Brett responded that it would be a handful of OHS and a special meeting of the CAB.</li> <li>• Denise Smith commented that she did not understand how what Leslie proposed would be different from the presentation on OHS that Laura Morris gave previously. There is a pivotal point where CAB will analyze significant information and gather more. Prior to the retreat, could there actually be a meeting or conversation of Vicki Veltri? Denise made clear that she would not want another presentation about HEC, etc. She would like to see a timeline of the workgroups and what they need from the CAB. She would like an active meeting, not one when the CAB receives information and time runs out before actual discussion.</li> <li>• Ann Smith agreed with Denise is that she is not interested in another special meeting and that instead she suggested sending a list of questions to hope that it would be different from the past where no response was received, or untimely responses were given. She would support formulating questions as well as the CAB having a meeting with Vicki Veltri.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• Denise Smith added that previously there was a conference call in December and an email in May with Vicki Veltri.</li> <li>• Robert Krzys asked about going forward with putting together a list of questions to have a back and forth among the CAB</li> <li>• Ann Smith requested that the consultant could be the recipient of the questions from the CAB, which she could then consolidate and share. The CAB could vote on the questions that would be sent to Vicki Veltri, head of OHS. Ann made clear that is who she would want to send the questions to.</li> <li>• Robert Krzys summarized that Quyen Truong will be the conduit of thoughts, summarize them and send them back out to the CAB. These questions will be finalized at the September 10<sup>th</sup> meeting.</li> <li>• Denise Smith recognized that there are questions from the May minutes and July minutes that haven't been answered. She asked if the consultants could extract those, summarize them in a document and then the CAB could add to those existing questions.</li> <li>• Velandy Manohar stated his interest in doing more work with PCM to develop a report by putting the listening session reports side by side with PCM recommendations to see what needs greater community activation.</li> </ul>	
8.	<b>CAB Updates</b>	<b>Denise Smith, Bob Krzys, Quyen Truong</b>
	<p><b>Community Catalyst Convening – Denise Smith</b></p> <ul style="list-style-type: none"> <li>• Robert Krzys read out the objectives that Denise had worked on.             <ol style="list-style-type: none"> <li>1. <b>Develop a plan</b> to guide recruitment, retention and capacity building of new/existing CAB Members and Consumer Representatives based upon results from pre-retreat asset mapping and survey.</li> <li>2. <b>Build CAB Member capacity</b> to 1) understand OHS initiatives and CT policies, 2) engage consumers with diverse healthcare experiences, 3) inform and influence decision makers and 4) to connect OHS to communities.</li> <li>3. <b>Create a model for an effective feedback loop</b> (transparent, continuous and responsive) to facilitate strong consumer input and significant consumer participation in OHS health reform initiatives.</li> </ol> </li> <li>• Denise Smith thanked everyone who contributed to the document and shared that they have been approved by OHS to move forward. Laura Morris added the language “to connect OHS to communities.” Denise asked the CAB if there were questions, too vague of language or other suggestions.</li> <li>• Theanvy Kuoch asked for clarification about consumers with diverse healthcare experiences, and if that includes their backgrounds.</li> <li>• Denise Smith affirmed that she thought that it did.</li> <li>• Ann Smith asked if there could be an addition of skills to point 2) engage consumers with diverse health experiences “and skills”</li> <li>• Terry Nowakowski asked if there is another office besides OHS in the governor’s office that is guiding health care in the state, in addition to health care strategy in the future?</li> <li>• Leslie Gable-Brett clarified that OHS occupies a policy recommendation and research role.</li> </ul>	

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- Robert Krzys replied that there was not and agreed that OHS could not approve funds.
- Terry Nowakowski responded to Theanvy Kuoch’s previous comment about asking consumers what is broken and just having them respond. The end user comes from many places, but CAB needs to get to the point of what more can be done to influence change.
- Denise Smith did say that all of those officers are on the Health Care Cabinet. In addition, to the private entities that are able to internally push back, this is why it is important for the CAB to have consistent representation on the Health Care Cabinet
- Ann Smith stated that for the amount of investment that is being requested of the CAB, she would like to see more than an effective feedback loop or engaging consumer participation in OHS. She suggests that the role of the CAB is to influence change, and is asking for stronger language. She notes that for the SIM process there was not an effect. Either evolving into a CAB that is influencing change or realizing that is not something the CAB can really accomplish is necessary.
- Denise Smith responded that part of Community Catalyst’s strategy is intended to influence change among decision makers.
- Velandy Manohar asked the CAB: when are we going to be able to influence change?
- Leslie Gable-Brett asked for a general time for the Community Catalyst meeting.
- Denise Smith responded that she is unsure because she has not yet spoken directly to Community Catalysts.

**Governance Sub-Committee – Robert Krzys**

- Robert Krzys notes that there are 2 dates on the calendar. The committee includes: Robert Krzys, Ann Smith, Velandy Manohar, Jason Prignoli, and Nanfi Lubogo. The consultants will help facilitate the meeting.

**Work Plan Sub-Committee – Quyen Truong**

- Robert Krzys stated that setting forth a workplan would involve spending \$60K on consumer engagement before it elapses.
- Quyen Truong shared that the Doodle Poll she sent out has only has 2 responses. She asked for all those on the sub-committee to respond so that she can move forward with scheduling a meeting. The sub-committee consists of Velandy Manohar, Theanvy Kuoch, Linda Guzzo, and Terry Nowakowski.

<b>9.</b>	<b>Adjourn</b>	Meeting adjourned at 3:07 p.m.
Velandy Manohar motioned to adjourn, and Denise Smith seconded. Motion carried.		