CONNECTICUT FUNDERS ROUNTABLE
State Innovation Model (SIM) Health Enhancement Community Initiative
DECEMBER 2018

Background
On December 4, 2018, funders from across Connecticut came together to discuss an opportunity to create community-driven solutions to poor health, health inequity, and growing health care costs in Connecticut.

The topic for the discussion was the Health Enhancement Community (HEC) Initiative. As part of the State Innovation Model program, Connecticut's Office of Health Strategy (OHS) and Department of Public Health (DPH) are working with stakeholders across the state to design the HEC Initiative. *Funders at the roundtable provided input to the initiative and expressed an interest to stay informed and involved as it developed.*

The funders were joined by Victoria Veltri, Executive Director, Connecticut Office of Health Strategy; Mark Schaefer, Director, Connecticut State Innovation Model; Kristin Sullivan, Manager, Public Health Systems Improvement, Connecticut Department of Public Health; and Deb Zahn of Health Management Associates, the consulting firm helping design the initiative.

Health Enhancement Communities
This initiative would establish Health Enhancement Communities (HECs) across all of Connecticut. HECs would be accountable—and rewarded—for preventing poor health and improving community health and health equity by addressing social determinants of health, health inequities, and other root causes of poor health. This initiative would complement clinical efforts to improve health care but focus on "upstream" interventions to address what is causing or contributing to poor health.

- HECs will be collaboratives that include community members and partners from multiple sectors, such as community-based organizations, health care providers, local health departments, local government, social services agencies, schools, housing agencies, and others.
- HECs will be accountable for improving community health and healthy equity, preventing poor health, and reducing costs and cost trends.
- Each HEC will have a specific geographic area that it serves.
- HECs will have formal structures, defined ways of making decisions together, and multiple ways of ensuring community member ownership and involvement.
- HECs will select and implement strategies that address social determinants of health, health inequity, and other root causes that create or contribute to poor health and preventable costs.
- HECs will be sustainable, including through financing that rewards HECs for prevention, health improvement, and the savings and economic value they produce.

Health Priorities
All HECs will focus on the following two health priorities:[1]

1. **Improving child well-being in Connecticut pre-birth to age 8 years**
    - The focus would be on preventing and reducing the impact of Adverse Childhood Experiences (ACEs), which are stressful or traumatic events or situations experienced by children.[2]

[1] HECs may also choose to pursue additional health priorities based on the needs in their communities but the financing strategies will be for the health priorities.

[2] ACEs include different types of abuse and neglect; mental illness, problematic drug, and alcohol use of a household member; divorce or separation of a parent; violence in the household and/or community; incarceration of a household member, and other types of trauma or distress such as food insecurity, housing instability, or poor housing quality.

- ACEs are strongly related to developing a wide range of health problems throughout the lifespan.
- More than half of adults in Connecticut report experiencing at least one ACE and 21.3% report experiencing three or more.[3]

2. Improving healthy weight and physical fitness for all Connecticut residents

- The focus would be on preventing overweight and obesity across the lifespan and the related risks of developing serious health conditions such as diabetes and cardiovascular disease.
- More than a quarter (25.3%) of Connecticut adults are obese, and there are higher rates among some populations, showing the serious health disparities that exist in Connecticut.[4]

SUSTAINABILITY

Unlike other initiatives that design what they are going to do and then try to figure out a way to pay for it, this initiative has included strategies for sustainability from the beginning and used those strategies to influence design decisions. For example, the two health priorities were selected in part because it creates opportunities to have conversations with Medicaid and Medicare about long-term financing. The process has also taken an expansive view of sustainability, including emphasizing interventions that don't need ongoing financing, such as changes in policies; systems; and the cultural norms of organizations, agencies, and people—not just new programs.

Innovative Financing

Multiple financing options are being explored, including bringing in new funds to the state and aligning existing funds. HECs will need different types of near-term and long-term financing. Near-term financing will provide financing for the first five years and serve as a bridge to longer-term financing. Long-term financing will provide financing after five years and rely on arrangements with health care purchasers such as Medicare, Medicaid, and self-insured employers. For example, a potential shared savings arrangement with Medicare could create an opportunity to bring in significant funds to support HECs. Preliminary analysis shows that, among Connecticut's Medicare population (age 65+), reducing the trend in obesity prevalence by 5 percentage points over 10 years could yield cumulative health care cost savings to Medicare of $1 billion or more.[5]

What's Next

A framework for the overall design of the HEC Initiative will soon be released for public comment. During public comment, the state will continue to get more input from stakeholders. The final report is expected to be released in March 2019.

During 2019, the state expects community-level planning to start. This is where many of the decisions will be made about what HECs will look like and do. The state also plans to pursue financing options with expectations of launching in 2021.

[3] CT DPH, 2017

[4] Rates are higher among adults who are Black or African American, Hispanic or Latino; have not graduated high school; or have household income below $25,000. CT DPH, BRFSS 2015

[5] Analysis conducted by Health Management Associates and Airam Actuarial Consulting in collaboration with OHS and DPH.