

## **Strategic Planning– Session II**

Meeting Notes

December 16, 2011

### **Attendees**

1. Marja Hurley
2. Glenn Cassis
3. Ann Ferris
4. Catherine Medina
5. Marie Spivey
6. Brad Plebani
7. Sharon Mierzwa
8. Miriam Delphin-Rittmon
9. Greg Stanton
10. Elizabeth Krause
11. Raja Staggers

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### **Parking Lot**

- Internal organizational development
- Orientation to be done with new commissioners
- Vehicles for communication and internal transparency
- Healthcare workforce diversity
- With regards to the vision statement there is need to define stakeholders and the target population
  - Our responsibility is to the Governor – Annual report
  - What does the legislature expect from us?
- Look at CMS as a model for Connecticut on cross collaboration
- Develop local and state leaders
- Refer to national objectives (Regional) to engage the legislature
- Plan by strategy (this should occur at the board level) – rather than for planning to occur at the committee level - so that committees have work organized around a strategy
- Work together with committees focusing on Strategic Initiatives
- Implementation of legislation

### **Action Plan**

1. Engaging the Public -Constructive Engagement
  - a. Develop survey template for state agencies (policy committee)
  - b. Establish baseline data/metrics/goals to move forward

- c. Results Based Accountability (RBA)
  - d. Build on existing data
  - e. Educate CHE Commissioners on RBA (ask Werner) around health equity framing
  - f. RBA to increase/address health equity (and in regards to State Legislature and State Agencies)
  - g. A good reference on RBA is “Trying Hard Is Not Good Enough”
  - h. Offer presentation/information via power point and place a link on the website
  - i. State agencies outcomes are framed by addressing health equity
  - j. Commissioner exposed to RBA
2. Engaging State Agencies
- a. Align with National Strategy DHS Plan to end health disparities
  - b. Educate commissioners around various information links
    - i. Healthy people 2020
      - 1. See leading health indicators as measures
      - 2. Good measures for health disparities within DPH

**Note: The Action Planning process was not completed!!!!**

### **Expected Outcomes**

- Directory of Commissioner to make available contact information about the commissioners / email addresses and appropriate updates on the website
- Minutes from today’s meeting available within 72 hours
- Deadlines for January sub-group to continue work

### **Oral Evaluation**

#### ➤ **What worked ?**

- Moving forward
- Limited time when engaging the legislature
- Narrowed to three strategies
- Virtual conversation
- Need to build relationships
- Good dialogue/conversation
- Recognize the need to process and took time to do that

#### ➤ **What did not work?**

- Time
- Decision-making process is not clear / transparent enough
- Limited resources
- Struggle between process and product