

Hospital Transformation Program (HTP) Community Advisory Committee (CAC) Meeting Minutes

September 19, 2022 from 3:00pm to 4:30pm

Via [Zoom](#)

Dolson - started with introductions, 3:11pm.

HTP CAC members in attendance: AJ Diamontopoulos, Mark Levine, and Denis De Percin.

HTP CAC members excused: Jamie Cabrera, Isabel Cruz, Brace Gibson, Liane Jollon, Erin Miller, Griselda Pena-Jackson, and Mark Wallace.

HCPF staff in attendance: Nancy Dolson, Matt Haynes, Cynthia Miley, Anthony Ciaramella, Shay Lyon, Rebecca Parrott, and Kami Tam Sing

1. Diamontopoulos - meeting called to order after introductions, 3:13pm

2. Diamontopoulos - Approve meeting minutes from August 15, 2022 - 3:15pm

- a. Changed date to August 15th at the top
- b. Changed Item #2 - Approve minutes from July.
- c. Minutes approved

3. Diamontopoulos - Discussion of Council Member attendance - 3:17pm

- a. Possibly require more concrete acceptance of council meeting invite
 - b. Attendance and Participation
4. **Draft Presentation of CAC Action Plan as requested by CHASE - 3:21 pm**

CAC 5-step Action Plan

Purpose -

- Measure the impact of HTP communities
 - Get meaningful feedback from communities
 - Provide better resources and direction for HTP going forward
 - Input wanted for the Learning Symposium: best practices suggested training, etc.
1. Geography of hospitals and what agencies may be in rural and/or urban areas of contact
 2. Highlight and reach out to some of the organizations listed above about joining the CAC. The goal of this step is to increase CAC membership and increase representation across the state of Colorado
 3. Once membership has increased, use organizations and new members to hold listening sessions in various communities, both rural and urban.
 - a. Measure the impact of HTP on communities
 - b. Get meaningful feedback from communities
 4. Compare feedback from the community listening sessions to what hospitals are reporting in their CHNE reports.
 - a. Measure the impact of HTP on communities

- b. Provide better resources and direction for HTP going forward
- 5. On completion of the CHNE reviews and community listening sessions, the CAC will be able to provide feedback to hospitals about whether their CHNE is actively meeting individuals in the community “where they are at” to the CHASE board as well as hospitals involved in HTP.
 - a. Measure the impact of HTP on communities
 - b. Get meaningful feedback from communities
 - c. Provide better resources and direction for HTP going forward
 - d. Input wanted for the Learning Symposium: best practices suggested training, etc.

5. Open Discussion on CAC Action Plan - 3:31 pm

De Percin - We have room for improvement depending on stakeholder/community engagement. How do we get engagement, hear the feedback, and how to get it in authentic ways?

Levine - Are we a consumer advisory board?

De Percin - changed to community, evolved into community.

Levine - What do we mean by ‘community’? Are we targeting the right constituents? Need to discuss community needs in a two way communication, so they can express their needs, to find out if it is a fit. Neighborhood engagement is a part of that.

Levine - How do we coordinate the definition of community and landscape? Need to look at who we are representing. Then we can ask whether or not the community engagement process leads to meaningful change. We need to start with how we define community.

Diamontopoulos - How to get these goals for this plan - looking at recruitment and how to define engagement. Did not want to create conclusions, but a way to get more involvement.

Levine - Need to look at other organizations and items that need to be considered: Neighborhood assessments that are already being done that compliment what is already being done.

Levine - How do we look at how community needs are being assessed? How well do the hospitals coordinate with that?

1. Coordinating with local hospitals and neighborhood involvement might be a goal.

2. Community engagement would be another goal.

Diamontopoulos - **What** agencies need to be added to the list, to reach the goal of understanding the needs of the community?

Levine - Community based organizations

Diamontopoulos - human services - county based offices

De Percin - The information about community gaps and assets isn't available. We need this information.

Levine - Our goal is to find the community needs and the gaps that need to be filled. Look at how the program is filling the gaps and meeting the needs.

Levine - We need to collect this data to use as a benchmark, to see what the neighborhood engagement actually accomplishes and if it is filling the gaps.

De Percin - I feel like this group is petering out. I want to find out the goals to see if it aligns and fills the gaps. Not feeling like it is happening. This is something we have already done. I don't see a lot of value in being a part of this type of work.

Levine - What should we be doing?

De Percin - I'm not sure. When I think about what this group could do, we don't have a lot of authority and so I'm not sure we have a purpose without the authority and only advisory.

Diamontopoulos - If we can get a representative from the community, we can find a way to help the hospitals assess the impact, and provide avenues for meaningful engagement. This would be the next steps of the council.

Levine - I see our role as to how we give meaningful voices.

De Percin - I don't feel like we can do that and persuade the hospitals.

Levine - I am not willing to give up on the committee and the goals, to provide the impact on the community. This gives the hospitals free reign.

Dolson - The hospitals do have to provide data and have to report.

De Percin - Maybe a goal is to have more meaning.

Levine - Depends on how to define community. For a community that is nonrural, to get that community and meaningful dialogue for each hospital they serve, is more than they can handle. They can't go to every meeting with each hospital. Our goal should be to foster meaningful engagement with the community and then report with the hospitals. Need to get to a point to either drop the program or make it more to what it is intended to do.

De Percin - meaning the HTP program?

Levine - Yes, but more the community engagement program

Diamontopoulos - We need more perspectives, more people, on the council to voice the needs of the community.

Levine - We need to go back to that and know who we mean by community.

De Percin - When we get that perspective, then what?

Levine - We find out if it addresses the needs of the community.

De Percin - That is a part of the local oversight bill that ramps up the HCHA - the mechanisms are in place. Nancy reviewed the report about 6 months ago

Dolson - HB 1920- beefs up what the hospitals need to do under federal, under HTP - community engagement, about the overall engagement for HTP on interventions and programs. Federal and state requirements on who the hospitals need to reach out to. We have an opportunity to help us to inform and advise the CHASE board, and review the engagement the hospitals are doing, where it's lacking, and where hospitals can meet the communities where they are. Reviewing the CHNE reporting coming in and reviewing the data. To be advising the hospitals, so we can help the community.

Levine - Goes back to who we are engaging and how we are assessing.

De Percin - How are we paying the stakeholders for the engagement? Tough to get true stakeholder engagement without paying them for their time, and I don't think we have the capability to do that.

Diamontopoulos - Where do we go from here?

De Percin - I am on this committee to see if it can get better. I'm not sure if this group has the capacity to make it better.

Diamontopoulos - I agree, I don't think this group can make it better, but can facilitate it by reaching out to the community.

Find the ones that should/can be involved. I don't think we should be doing any analysis for the CHASE board.

Levine - Our first goal is to get a more diverse board for CAC, then, those in the communities can make suggestions on who should participate to get more involvement. Then, when we have more voices, we can begin to look at the rest of the steps in this action plan. I think it would be hard to tell communities what to do, with just the 3 of us.

Diamontopoulos - I would submit that maybe we vote to carry out #1 and 2. Then, when we have more meaningful representation, we can look at the rest.

De Percin - Who is doing this work?

Diamontopoulos - I volunteered to help. Nancy, in terms of help, can HTP do the outreach?

Dolson - Yes, I think we can do the outreach with some direction.

Ciaramella - We can get various communities and organizations, get ideas from the group, then reach out to see if they want to get involved. Then meet with AJ.

Haynes - We will get pretty good data in one quarter, and then we have another ending. Then we can bring the data forward and see what public input meetings were held.

Haynes - Get the data, find the gaps in engagement for certain communities, and then find ways to increase engagements. Then the department can help the hospitals and community engagement come together.

Levine - I welcome the review of the data. Who else do we need the feedback from? Who will be our partners on the committee?

Diamontopoulos - We need more representatives, then they can identify those who should be involved and how to improve going forward. Anthony/nancy, we can work on the message and what to send out within the coming weeks?

Dolson - Yes, we can do that.

Dolson - AJ, we have more work to do, to reach out to the communities. We will go from there.

De Percin - Not meeting in October?

Diamontopoulos - not unless we get more of a response, otherwise we will meet in november.

6. Adjournment - 4:01pm

7. Next meeting scheduled for Nov 14, 2022 at 3:00pm via [Zoom](#)