APPENDIX B
PROJECT LEADERSHIP

1. Connecticut Department of Public Health

Connecticut Department of Public Health Organizational Chart

a. DPH Organizational Chart
b. Health Education, Management and Surveillance Section Organizational Chart

Key Personnel Staffing Plan

a. Resumes & Biographical Sketches
   1. Renee Coleman-Mitchell, MPH, Section Chief, DPH and Project Director CPPW
   2. Mario Garcia, MD, MSc, MPH, Public Health Manager, DPH and Project Manager CPPW
   3. Stephanie Hightower Rendulic, RD, Healthy Communities Coordinator, DPH
   4. Diane Aye, Epidemiologist and BRFSS Coordinator, DPH
   5. John Frassinelli, MS, RD, State WIC Director/ DPH Liaison, Connecticut Food Policy Council
   6. Linda Drake, MS, Chair, Connecticut Food Policy Council
   7. Jiff Martin, Member, Connecticut Food Policy Council
   8. Jean King, Consultant, Connecticut Food Policy Council

b. Job Descriptions
   1. Health Program Associate
   2. Epidemiologist 2
   3. ARRA Accountant

State Coordinated Management Team Partner Profiles

a. Connecticut Childhood Obesity Council
   1. Action Plan
   2. Meeting Agenda
b. Connecticut Food Policy Council
   1. Food First
   2. Annual Report
c. Coordinated School Health Connecticut

2. Northeast District Department of Health

HealthQuest Northeast Leadership Team (HQLT)

HealthQuest Northeast Connecticut Organizational Chart

Key Personnel Staffing Plan

a. Resumes & Biographical Sketches
   1. Program Director – HQLT Member Linda J. Colangelo
   2. Project Manager – Sara Gustavesen
   3. Grant Assistant – HQLT Member Brittany Otto
   4. Financial Manager – Orla McKiernan-Raftery

5. YRBSS Coordinator – HQLT Member Cherie Poirier
6. Worksite Wellness Coordinator – HQLT Member Elizabeth Kuszaj
7. HQLT Member – Patrick R. McCormack
8. HQLT Member – Robert E. Smanik
9. HQLT Member – Marc B. Cerrone
10. HQLT Member – Mary P. Conway
11. HQLT Member – Delpha M. Very
12. HQLT Member – Karen Osbrey
13. HQLT Member – Steven Townsend
14. Consultant – Mark Fenton
15. Creative Walking, Inc. – Robert Sweetgall
16. Plow to Plate ® – Marydale DeBor
17. Sustainable Food Systems – John Turenne

b. Job Descriptions
1. Administrative Assistant
2. Registered Sanitarian
3. Certified Lactation Consultant
4. Nutritionist
5. Data Quality Specialist
6. Pediatric Outreach Team
7. School Health Outreach Team
8. YRBSS Coordinator
9. Worksite Wellness Coordinator

Partner Profiles – Planned Consultant Services

1. Mark Fenton, Public Health, Planning, & Transportation Consultant
2. Creative Walking, Inc. – Robert Sweetgall
3. Plow to Plate ® - Marydale DeBor
4. Sustainable Food Systems - John Turenne
5. MAD Communications, Mary Ann Dostaler

3. The City of New Haven

New Haven Organizational Chart

Key Personnel Staffing Plan - Resumes & Biographical Sketches

a. Leadership Team Summary
1. John DeStefano, Jr., Mayor, City of New Haven
2. Dr. Reginald Mayo, Superintendent, New Haven Public Schools
3. James Rawlings, Vice President for Community Medicine, Yale New Haven Hospital
4. Jamesina Henderson, President, Cornell Schott Hill Health Center
5. Anthony Rescigno, Greater New Haven Chamber of Commerce
6. Chisara N. Asomugha, MD, FAAP, Community Services Administer
7. Paul Cleary, Dean, Yale School of Public Health
8. Jeannette Ickovics, Professor, Yale School of Public Health
9. David Katz, MD, MPH, Director, Yale-Griffin Prevention Research Center (PRC)
10. Prevention Project Director

b. Overall Project Management
   1. William Quinn, MPH, Director of Health
   2. Director of Sustainability
   3. Prevention Policy Analyst
   4. Shanta Evans, MBA Project Director, Health Equity Alliance
   5. Health Equity Alliance Community Health Media Coordinator

c. Overall Project Management – New Haven Public Schools
   1. William Clark, Chief Operating Officer, New Haven Board of Education
   2. District Wellness Coordinator
   3. Susan M. Peters, Co-chair, NHPS District Wellness Committee
   4. NHPS/CARE Consultant
   5. PAW Committee Coordinator

d. Yale-Griffin PRC
   1. Valentine Njike, MD, MPH, Assistant Director, Research & Evaluation, Yale-Griffin PRC
   2. Jesse S. Reynolds, MS, Data Analyst, Yale-Griffin PRC
   3. PRC Project Coordinator/ Dietician

e. New Haven Public Schools – Food Service Division
   1. Timothy Cipriano, Executive Director, Food Services, New Haven Board of Education
   2. Registered Dietician – Food Services
   3. Farm to School Coordinator – Food Services

f. City of New Haven – Department of Transportation, Traffic and Parking
   1. Michael Piscitelli, Director, Department of Transportation, Traffic and Parking
   2. Traffic Engineer
   3. Safe Routes to School Coordinator

Partner Profiles and Community Coalitions

a. Community Coalitions / Infrastructure
   1. Health Equity and Wellness Commission
      i. Profile: Health Equity and Wellness Commission
   2. Health Equity Alliance
      i. Profile: Health Equity Alliance
      ii. Health Equity Alliance Kickoff Meeting: Notes and List of Attendees (Sep. 2009)
      iii. Health Equity Alliance: List of Health-Related Coalitions in New Haven
   3. Community Alliance for Research and Engagement (CARE)
      i. Profile: CARE
      ii. CARE / Community Solutions Background
      iii. Data from CARE / CIH Survey
   4. DataHaven
      i. Profile: DataHaven
      ii. Web Site: Screen Shots

iii. Health Data Atlas Summary (Jul. 2009)

b. Major Partners Related to Specific Interventions

1. Physical Activity and Wellness Committees – New Haven Public Schools
   i. Profile: Physical Activity and Wellness Committees
2. Yale-Griffin Prevention Research Center
   i. Profile: Prevention Research Center
3. CitySeed
   i. Profile: CitySeed
4. Complete Streets Steering Committee
   i. Profile: Complete Streets Steering Committee
   ii. Board of Aldermen Order
   iii. Meeting Minutes
   iv. Excerpt - Draft Design Manual (Nov. 2009)

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Commissioner
J. R.Galvin

Healthy CT ↻ Healthy DPH Workgroup

Deputy Commissioner
C. Vogel

Deputy Commissioner
N. Gyle

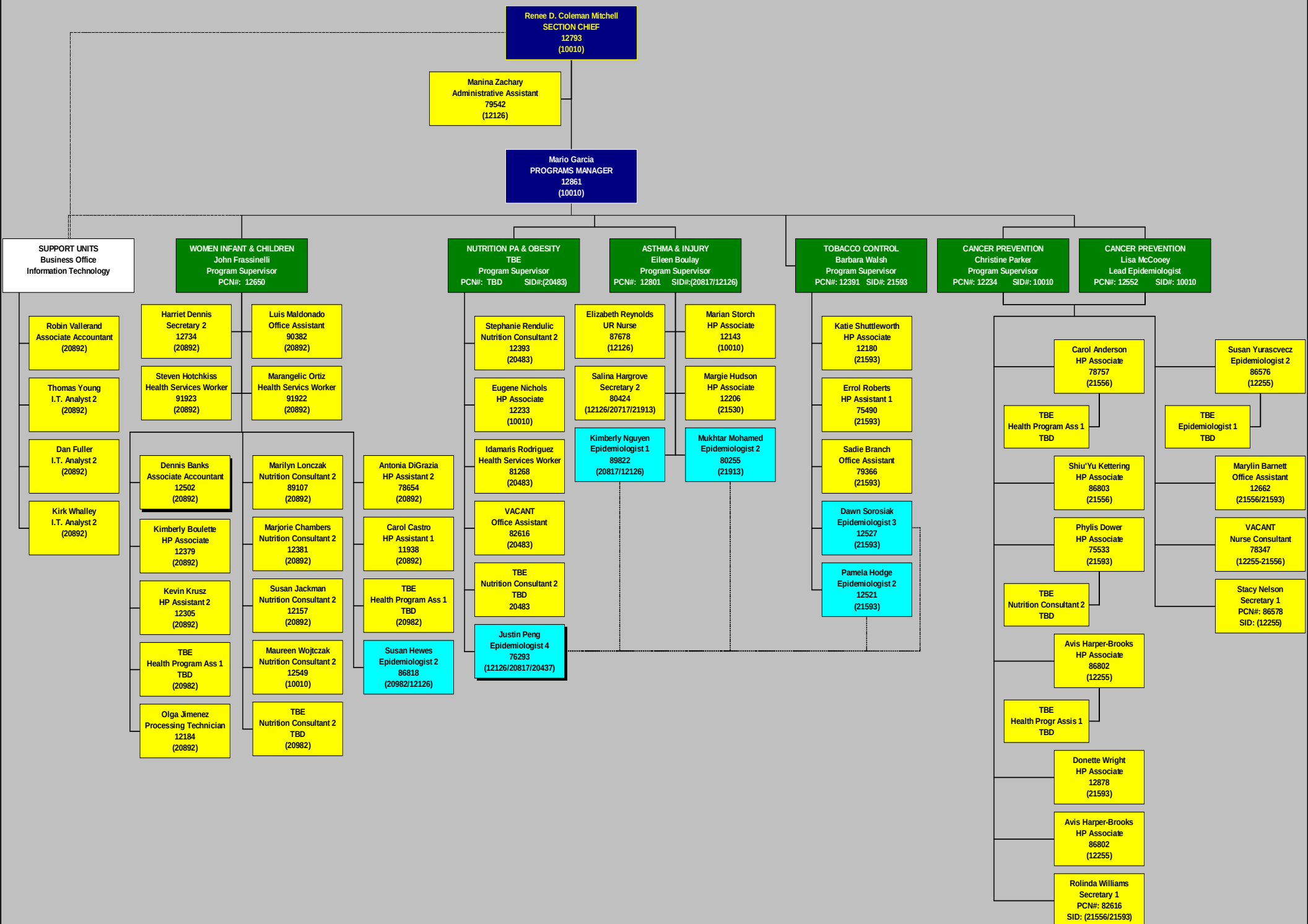
- Government Relations — *Bucklev-Bates*
- Communications — *Gerrish*
- Research & Development[1] — *Wollschlager*
- Laboratory & MASH Liaison[2] — *Kremer*
- Affirmative Action[3] — *Anduaga-Robers*

Office of Health Care Access *Martone*	Regulatory Services *Blaschinski*	Health Care Systems *Furniss*	Laboratory *Fontana*	Operations *Guercia*	Administration *Kennelly*	Planning *Hooper*	Public Health Initiatives *Davis*	Local Health Oral Health *Kilbey-Fox*
Support *Olejarz*	**Support** *Murray*	**Support** *Moy*	**Support** *Alexis*	**Support** *Holota*	**Support** *Sitler*	**Support** *Adgers*	**Support** *Gross*	**Support** *Shannon*
Facilities & Service Planning Certificate of Need *Riggott*	**Drinking Water** *Smith*	**Legal Office** *Filippone/ Antonetti*	**Scientific Support** *Herriford*	**Preparedness** *Geetter*	**Fiscal Office** *O'Connell*	**Health Information Systems (VR, CTR)** *Konopka*	**AIDs & Chronic Diseases** *Andresen*	**HAN** *Estrada*
Compliance Financial Reporting *Roberts*	**Environmental Health** *Blancafor*	**Facility Licensing & Investigations** *Cass*	**Quality Assurance** *Howard*	**Emergency Medical Services** *Wiemokely*	**Contracts Management** *Purcaro/Wallen*	**Planning & Workforce Development** *Sullivan*	**Infectious Diseases** *Cartter*	**Oral Health** *Ferraro*
	Community-Based Regulation *Johnson*	**Practitioner Licensing & Investigations** *Filippone*	**Biological Sciences** *Sommers*	**Informatics/ IT** *Kapral*	**Human Resources** *Carey*	**Genomics Office** *Hooper/Burke*	**Health Education Management & Surveillance** *Coleman-Mitchell*	
			Environmental Chemistry & Chemical Terrorism *Bennett*		**Hearing Office** *Brewer*	**Multicultural Health** *Hooper/Jimenez*	**Family Health** *Biaggi*	

1 APO to Planning
2 APO to Operations
3 APO to Administrations

October 2009

CT Department of Public Health - Public Health Initiatives Branch
Health Education, Management and Surveillance Section



Renee D. Coleman-Mitchell, M.P.H.

21 Burnwood Drive
Bloomfield, CT 06002
(860) 523-1306 (860) 402-2016
renee.coleman-mitchell@ct.gov

Major Accomplishments

- Identified Revenue from a Public Health Program
- Facilitated the development of a Children's Bureau of Health
- Developed a Comprehensive Asthma Plan
- Established an Obesity Program
- Coordinated an Asthma Surveillance System
- Implemented a School-based Dental Hygiene Program
- Established a Student Internship Program

Education:

1986 **Master of Public Health (M.P.H)**
Yale University School of Medicine, New Haven, CT
Health Services Administration

1983 **Bachelor of Liberal Arts (B.A.)**,
Connecticut College New London, CT
English and Sociology

Professional Experience:

Section Chief, Section of Health Education, Management and Surveillance
CT Department of Public Health, Hartford, CT (February 2002 – Present)

- Management Supervisor and leadership for the Section of Health Education Management and Surveillance comprised of 44FTE's 5 programs with a total budget of $48M.
- Coordinated management team of Program Directors representing the 6 programs to develop goals, objectives and alternative measures in accordance with the mission of the program and the funding sources.
- Fiscal management and oversight of state budget and federal grants including: developing grant budgets, reviewing and monitoring all state and federal budgets, conducting monthly budget analysis for identifying under/over expenditures.
- Staff a State Health Department Obesity Program by conducting program activities to develop the "Connecticut Comprehensive Obesity Plan".
- Facilitate staff development through trainings, workshops and direct one-on-one performance evaluations.
- Conduct personnel management activities: hiring orientation and disciplinary actions
- Develop and implement policies and procedures for the Division to become efficient in addressing the needs of the public.
- Prepare grant applications and fiscal reports to secure/continue Federal and State funding
- Serve as a state health department representative regionally state and locally as necessary.

Deputy Director of Health
City of Hartford Health Department, Hartford, CT (September 1995 – July 1998)

- Served as Acting Director of Health providing all administrative and authoritative duties
- Managed day-to-day operations in the delivery of comprehensive healthcare and environmental services
- Supervised senior management staff and overall responsibility for 130 health department employees
- Developed and/or facilitated continuing education programs/workshops for staff development, enhancement and growth
- Responsible for all aspects of personnel management such as hiring, orientation, termination and grievance procedures involving union negotiations
- Established health department policies for the general operations of the health department
- Managed and monitored a 6 million dollar department budget
- Participated in the development and presentation of legislation to Connecticut legislators which lead to the creation of the Office of Multicultural Health at the State Health Department

Site Director, Community Health Services of Meriden, Community Health Center
Meriden, CT (January 1994 – July 1995)

- Responsible for overall administrative operations of a comprehensive private non-profit ambulatory health center providing medical, mental health and dental services.
- Serve over 7,000 patients with 20 staff generating 12, 0000 visits annually.
- Managed an operating budget (grant and third party payer) exceeding 1.5 million dollars
- Established mental health program targeting adults adolescents and children
- Achieved daily production goals
- Facilitated administrative bi-weekly monitoring of productivity reports
- Maintained quality and utilization management standards according to regulatory and payer requirements.

Assistant Director, AIDS/HIV Division
CT Department of Public Health, Hartford, CT (1992 – February 1994)

- Conducted administrative assignments in the area of program planning, development and evaluation, contract compliance, grant administration and requests for proposals
- Managed a 1 million dollar budget for AIDS services in Windham and New London counties
- Supervised 6 professional and clerical staff in the completion of research projects and reports and in the preparation of contracts
- Assigned field activities to staff in conducting needs assessments and for providing technical assistance.
- Participated in the development of statewide policy and procedure in matters related to AIDS services programs

Regional Coordinator, AIDS/HIV Division,
CT Department of Public Health, Hartford, CT (February 1988 – 1992)

- Prepared and administered individual program budgets and revenues totaling over 2 million dollars with municipalities hospitals and community-based organizations
- Performed continual evaluation of assigned programs by maintaining a management reporting and monitoring system
- Evaluated demographic data and surveillance to statistics in planning future program development

Epidemiologist, Sexually Transmitted Disease Division
CT Department of Public Health, Hartford, CT (October 1986 – February 1988)

- Served as the state Epidemiologist at the local health department clinics counseling and interviewing clients infected with and/or suspected of having a sexually transmitted disease
- Performed phlebotomy on persons suspected of having disease
- Conducted educational presentations

Administrative Officer, Rehabilitative Medicine Services, Boston Veterans Administration Medical Center,
Boston (Jamaica Plains) MA (July 1985 – July 1986)

- Served as an Administrative Officer responsible for all management functions: budgeting, staffing systems
- Supervised 4 section heads and a staff of 75
- Coordinated hospital and department-based activities that ensured JCAH accreditation
- Conducted all personnel matters hiring, evaluation and terminating personnel
- Developed quality assurance programs by implementing mechanisms to monitor all disciplines and services

Research Assistant, Laboratory of Epidemiology and Public Health,
Yale University School of Medicine, New Haven CT (1992 – February 1994)

- Collected water samples at fixed time intervals at Mixville Pond, Cheshire CT
- Conducted microbiological lab procedures on water samples

Professional Training

- Phlebotomy-trained, Hartford Health Department/Hartford Hospital, Hartford, CT 1986 2003
- Center for Disease Control Disease Intervention Training Course

Professional Memberships

- Permanent Commission on the Status of Hartford Women - Commissioner
- The Yale Club of Greater Hartford
- The American Public Health Association
- Connecticut Public Health Association – Chair of Membership Committee
- Connecticut Public Health Association – President Elect

Affiliations

- ConnectiKids Tutor Training Program – 2008 Volunteer
- Leadership Greater Hartford – Leadership Class of 2008

Presentations

- City of Hartford Healthy Women Campaign, Keynote Speaker, May 2009
- Connecticut Cancer Partnership Annual Meeting, September 2008
- Tobacco Use and Injury Among CT Youth, Vermont Health Department Minority Health Conference, September 2006
- Obesity Stakeholders Meeting, November 18, 2005
- CT Chapter of American Academy of Pediatrics October 4, 2004
- Addressing Asthma and the Environment, Black Perspectives Television Show, Channel 30, June 17, 2004
- New England Addresses the Obesity Epidemic, Regional Conference, Woodstock Vermont, June 11, 2004
- Living Spaces Panel, Institute for Community Research, May 2003
- Managing Asthma in Connecticut Schools, CDC APRH Branch, Atlanta, GA January 30, 2003
- Healthy Homes Initiative, CDC Asthma Conference Atlanta, GA, October 23, 2002

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MARIO GARCIA, MD, MSc, MPH

EDUCATION

MPH	YALE UNIVERSITY Health Policy and Administration	Epidemiology and Public Health	2002
MSc	UNIVERSITY OF LONDON Community Health in Developing Countries	School of Hygiene and Tropical Medicine	1990
MD	UNIVERSIDAD JAVERIANA, Colombia Physician and Surgeon	Medical School	1983

RELATED COURSES

Health Care Quality	University of Connecticut	1999
Epidemiology	Emory University/CDC	1994

PROFESSIONAL EXPERIENCE

- **CT Department of Public Health** **Hartford, CT** **3/03 to present**

Since 9/04, I have served as a Public Health Services Manager providing leadership and operational management to a large section of the agency where seven major public health initiatives reside. Among them the Supplemental Nutrition WIC program; the Nutrition, Physical Activity and Obesity Program; the Cancer Program; the Tobacco Control; and the Asthma and Injury Prevention Programs. Functions include contract negotiations; grant applications and reporting, fiscal management of over $80 million and personnel management of about fifty staff members. Prior to a reorganization of the agency, I served as the director of Public Health Preparedness, managed $20 million in federal grants to the state of Connecticut to prepare for man-made or natural Public Health emergencies. Promote coordination among principal stakeholders and oversee all plans and administration of contractual services. Functioned as the agency liaison with federal and regional authorities involved in public health preparedness efforts.

- **Yale University – EPH** **New Haven, CT** **1/03 – 3/03**

As a research associate with the Emerging Infections Program, directed a study funded by CDC-AMC to determine the burden and etiology of unexplained diarrhea among a sentinel group of patients in New Haven, CT. Coordinated the implementation of surveillance protocols, collected epidemiological data and built a sophisticated Access database with well over 300 variables.

- **Thesis Research – Yale University** **New Haven, CT** **Spring 2002**

Extensively researched the field of substance abuse treatment and the relationship between health plans and service providers. Focused on the differential effect of the growing managed care industry on the delivery of treatment services. Thoroughly analyzed the Uniform Facility Data Set, an ongoing nation wide survey of all public and private providers. Initiated a market analysis by creating a composite data set that allowed correlations of market concentration and penetration with service provider variables. Extended research beyond the degree requirement to prepare a publication for a major scientific journal.

- **Teaching Assistant** **Yale University** **Fall 2001**

TA in a Geographic Information Systems course. Coached students in computer labs and taught them both spatial analysis concepts and Arc-View skills. Implemented mapping techniques with statistical models to obtain better interpretation of data. Developed a project to analyze the prevalence of B. *pertussis* and immunization rates in the U.S.

- **Fellow** **Hill Community Health Center** **New Haven, CT** **Summer 2001**

As a Yale Presidential Public Service Fellow carried out research as part of writing grant for two major programs seeking to deliver services to pregnant teenagers, women, and children. Participated in developing a proposal for a $300,000 grant for the WIC program and a $200,000 grant for the "Right from the Start" program. Obtained $30,000 funding for upgrading the medical information system. Participated in interagency meetings and worked along with program directors and executive staff.

Consulting

- **Cambridge Consulting Corporation** **Washington, DC** **3/00 and 8/97**

Aided in a diagnostic of El Salvador's health system and in a requirements assessment for the purpose of developing a health information system. Responsible for guiding IT team through El Salvador's health system.

Participated in a study of the health sector in Belize in order to develop policy options for health system reforms. Reviewed earlier assessments and made recommendations for improvement. Belize government reorganized Ministry of Health based on findings of study.

- **Fedesarollo/InterAmerican Development Bank** **Colombia** **1/99 – 5/99**

Participated in development of survey instruments, carried out survey, and wrote report assessing the effects of decentralization of health system on hospital autonomy in the city of Bogotá. Findings were published in an IADB publication outlining pervasive incentives for management of public providers.

- **Colombian Ministry of Health/World Bank** **Colombia** **6/98 – 9/98**

Designed set of technical guidelines and tools to measure impact of a health system reform project. Produced an evaluation report that aided in strategic decision-making for the future of the project.

- **Bogotá Department of Health** **Colombia** **10/97 – 6/98**

Developed plan for one of twenty city health districts for fiscal year 1999. Plan included components for health education, vaccination, environmental services, disease screening, and women and children's health. Plan resulted in expanded, more accurate and more targeted coverage for a population of five hundred thousand.

- **German Technical Cooperation – GTZ** **Colombia** **11/95 – 10/97**

Project supported organizational development of four city health districts (that serve population of one million) to contribute toward the strengthening of health system reform. Provided assistance in planning and financing strategies for newly independent hospitals/clinics. Provided on-going support in the form of discussions and strategy planning sessions.

Management

Doctors Without Borders **12/89 - 9/95**

Country Manager **Brazil**

Project's objectives were to set-up, train and supervise a sustainable network of indigenous health workers in northern Brazil for the early diagnosis and treatment of malaria. Successfully turned around failing project. Quickly re-built team, restored confidence in organization, repaired relations with beneficiaries, and cooperating agencies. Success of project led to expansion of goals.

Medical Coordinator **Croatia**

Strategically guided project from preliminary stage to expansion stage in order to increase coverage in response to growing conflict. Expanded scope of project from delivery of medical equipment and medicines to war affected populations and hospitals to also deploying international surgical teams to front line clinics.

Country Manager **Nicaragua**

Managed primary health care project in the rural North Coast focusing on training of primary care workers. Carried out a health sector assessment of the country to facilitate strategic planning for regional projects.

Country Manager **Belize**

Project's objective was two-fold: train Primary Health Care Workers and implement a sanitation program. Took-over project in its preliminary stage and successfully handed it over to local counter-parts on time and within budget.

Physician and Public Health Practitioner — Colombia — 4/83 - 8/88

Performed medical and surgical duties in district hospitals in remote, conflict-ridden areas of the country. Organized mobile clinics to bring medical care to isolate settlements in the Colombian Amazon. While in charge of a special medical programs unit conducted epidemiological surveillance of malaria, leishmaniasis, tuberculosis, and leprosy. Initiated the creation of the country's first computerized database of malaria cases.

Skills, Awards, Associations

- 2002 Finalist Y50K Business Plan Competition, Yale University
- 2001 Yale Presidential Public Service Fellow
- American Public Health Association;
- Connecticut Public Health Association
- Doctors Without Borders Associations (US & Holland)
- Association of Yale Alumni
- Dignitas International (Canada & US) - Board Member
- Computer Skills: SAS, Arc-View, GIS, Access, Excel, Microsoft Office
- Languages: English, Portuguese, Spanish (Native)

References available upon request. / Naturalized U.S. Citizen

STEPHANIE HIGHTOWER RENDULIC, RD, CD/N

P.O. Box 788 * Windsor, CT 06095 * 860.298.0545 * stephanierendulic@yahoo.com

Professional Experience

Nutrition Consultant 2
Connecticut Department of Public Health; Hartford, CT January 2009-current

- Write, implement, and monitor program components of the annual Supplemental Nutrition Assistance Program Education (SNAP-Ed) contract in accordance with Connecticut Department of Public Health and United States Department of Agriculture policies and guidelines
- Create and modify evidence-based nutrition curricula, lesson plans, education materials, newsletters, and evaluation tools for cultural and socioeconomic relevance
- Collaborate with state programs, local health departments, and non-government agencies to serve as multipliers and to ensure dissemination of consistent nutrition messages
- Provide technical assistance to Connecticut Department of Public Health contractors
- Develop written testimony for proposed state legislation regarding nutrition, physical activity, and obesity prevention
- Serve as the state Fruit & Vegetable Nutrition Coordinator for the Association of State and Territorial Public Health Nutrition Directors and the Centers for Disease Control and Prevention
- Review proposals for funding requests as a member of a grant selection board

Supplemental Nutrition Assistance Program Education (SNAP-Ed) Service Specialist
University of Connecticut; Storrs, CT July 2008-December 2008

- Developed culturally-relevant, age-appropriate fruit and vegetable curriculum (40 lessons), fruit and vegetable games (10 designed for confined spaces and 10 designed for open spaces) as well as supporting materials
- Managed, mentored, and empowered undergraduate students to create and implement lessons plans and nutrition games; modeled effective community nutrition teaching strategies in the field
- Wrote curriculum for a sweetened beverage consumption research study utilizing the Information-Motivation-Behavioral Skills (IMB) model: created concepts and design for 10 intervention display boards – included writing weekly lesson plans, generating activities, modifying motivation posters, and matching incentive items to take-home messages
- Built and strengthened collaborative relationships with frequent staff meetings to coordinate joint implementation, engaged in regular correspondence regarding program logistics and evaluation, and updated principle investigators on conceptualized research curriculum
- Ensured feedback loop to strengthen research and successfully implement grant objectives

Basic Food Nutrition Education Program (BFNEP)* Nutritionist Program Manager
Yakama Nation; Toppenish, WA January 2005-September 2008
(Employment from March 2008 to September 2008 on a contractual basis)
** Federally recognized as Supplemental Nutrition Assistance Program Education (SNAP-Ed)*

- Wrote and monitored program and fiscal components of annual Food Distribution Nutrition Education grants and BFNEP contracts in accordance with Washington State Department of Health, United States Department of Agriculture, and Yakama Nation policies and guidelines
- Managed the annual budget and supporting documentation to ensure reimbursement for allowable expenditures
- Implemented contract – designed nutrition activities; planned and coordinated activities with other tribal programs and community outreach partners; marketed activities to target audiences; oversaw and taught activities; and evaluated activities to determine effectiveness

- Created and modified evidence-based nutrition curricula, lesson plans, education materials, newsletters, and evaluation tools for cultural and socioeconomic relevance
- Disseminated culturally-appropriate nutrition information to the Basic Food target population through numerous activities such as cooking classes, food demonstrations, newsletters, and recipe cards
- Monitored program success by evaluating goals and objectives through qualitative and quantitative data analysis, and facilitated program changes as necessary, based on community statistics and feedback
- Collaborated with multiple partners, both tribal and community, to expand reach of nutrition education for the Basic Food target population
- Developed program policies and procedures to guarantee program compliance and efficacy
- Reported program achievements and progress through quarterly, annual, and special reports for both the Yakama Nation and Washington State Department of Health
- Supervised and trained local staff, including program coordinator, nutrition educators, local share staff, and volunteers
- Organized and maintained an extensive records management system of program activities as well as fiscal, accounting, and inventory documents
- Served as a tribal resource and liaison for Washington State Department of Health and United States Department of Agriculture
- Participated in state-wide meetings to share best practices with other program managers

Head Start Nutritionist
Yakama Nation; Toppenish, WA January 2005-June 2005

- Supervised and trained twelve foodservice employees at three Head Start locations; also responsible for staff recruitment, retention, and implementing disciplinary actions
- Provided regular in-service trainings to faculty and paraprofessionals on classroom nutrition education and United States Department of Agriculture Child and Adult Care Food Program guidelines
- Wrote specifications, secured competitive bids, and purchased commercial kitchen equipment
- Developed monthly menus incorporating meal patterns, creditable foods, and portion sizes according to Child and Adult Care Food Program requirements
- Conducted sample surveys (study month) to determine reimbursement rate; ensured desired meal service (family style feeding) with accurate accounting of meals (meal counts) to guarantee reimbursement of food cost through Child and Adult Care Food Program
- Determined monthly food cost at three Head Start locations for comparison with Child and Adult Care Food Program reimbursement
- Performed regular kitchen sanitation and safety reviews per county and tribal health code regulations
- Consulted with program director and field sanitarian to alleviate meal delivery logistical concerns
- Assessed the nutritional status of every child attending three Head Start centers and developed individual nutrition care plans as needed

Health Education Specialist
United States Peace Corps; Mali, West Africa August 2002-October 2004
(Hardcopy of detailed Description of Peace Corps Service available upon request)

- Assessed rural villages for public health needs; created and implemented an infant growth monitoring program; and trained local health care workers to continue the program
- Provided education on multiple nutrition and health topics to individuals of diverse cultural, social, and economic backgrounds

- Served for 15 months as the peer-elected chairperson of the Volunteer Advisory Committee: facilitated the quarterly meetings between regional volunteers and senior members of the Peace Corps Mali staff, delegated responsibility through the formation of subcommittees, and completed minutes for meetings
- Collaborated with the Save The Children/USA regional school health coordinator to provide health education and micronutrient supplementation to local school children
- Imparted nutrition expertise at the grassroots level by collecting height, weight, and hemoglobin statistics for over 300 children in five rural villages to evaluate the effectiveness of current Save The Children/USA programs
- Developed curricula and instructed over 50 new volunteers of various education levels in public health nutrition strategies and intervention methods, and updated health resources available to Mali Peace Corps volunteers
- Assisted the Save The Children/USA regional office with planning and supervising eight teacher workshops on nutrition topics
- Re-designed the Save The Children/USA Microsoft Access Database to better meet the needs of the organization as well as maintained the database by updating, consolidating, and analyzing data received from local schools
- Utilized social marketing techniques to empower a community to manage their local health center through the formation of a health committee
- Planned and coordinated an HIV week with an urban community to promote disease awareness and prevention

Cardiology Clinical Dietitian
Morrison Management Specialists; Charlottesville, VA July 2001-July 2002

- Assessed the nutritional status of acute and critical care cardiology patients as well as provided heart healthy diet education
- Interacted with physicians and clinical staff in order to provide continuum of patient care through a multidisciplinary approach
- Participated in community outreach by creating nutrition education materials for patients and volunteering at the Charlottesville Free Clinic in the evenings
- Educated overweight high risk children and their parents on healthy lifestyle behaviors in the Pediatric Preventive Cardiology/Sports Medicine outpatient clinic
- Served as cardiology preceptor, taught cardiology and HIV/AIDS nutrition seminars, and updated resource materials for The University of Virginia Dietetic Interns
- Completed patient surveys to ensure quality assurance of food service and clinical aspects of care

Research Assistant (Temporary Employment)
The University of Texas Health Science Center – Houston; Austin, TX June 2000-July 2000

- Provided assistance for childhood obesity nutrition and physical activity research projects
- Developed childhood physical activity research intervention materials
- Trained to administer a research method (SOFIT)
- Compiled training materials for senior research staff

Sports Dietitian Assistant
The University of Texas Men's Athletics – Longhorn Dining Hall; Austin, TX May 1999-July 2000

- Created weekly statistical operating reports with CommonCents accounting software
- Maintained inventory database on Computrition nutrition software
- Developed sports nutrition presentations on Microsoft PowerPoint
- Provided back-up assistance in serving meals to over 200 collegiate athletes

Education

The University of Virginia Health System – Dietetic Internship; June 2001
The University of Texas at Austin – Bachelor of Science in Nutrition; May 2000

Additional Qualifications

Training Courses
"Food Security: Local to Global"; Society for Nutrition Education Annual Conference; July 2009
"13th Annual New England Conference on Multicultural Education"; October 2008
Numerous Washington State Department of Health Trainings/Workshops; January 2005-March 2008
"How to Supervise People™"; Fred Pryor Seminars; February 2008
"19th Annual National Conference"; National Association of Food Distribution Programs on Indian Reservations; April 2006
"Promoting Healthy Lifestyles: Putting Evidence into Practice"; Rio Grande Institute; July 2005
"Sustaining Prevention through Policy and Organizational Practice Change"; Washington State Department of Heath and Prevention Institute; April 2005
"9th Annual Early Childhood and Health Partnerships Symposium"; Healthy Child Care Washington; March 2005
"Promoting Health Lifestyles and Environmental Health"; Healthy Child Care Washington; March 2005
"Peace Corps Training Program"; United States Peace Corps-Mali; August 2002 (eleven-week program included learning new languages, public health assessment tools, and techniques for integration and working with individuals of various cultural, economic, and educational backgrounds)

Skills
Medical Terminology
Curriculum Development
Software: Microsoft Suite (Word, Excel, Publisher, PowerPoint, Access, Outlook); Adobe Acrobat Professional; Quicken; multiple nutrition analysis and recipe management programs
Hardware: Computer; Printer; Fax Machine; Phone; Copier; Laminator; Folding Machine; Binding Machine; Cooking Equipment

Certificates and Licenses
Commission on Dietetic Registration – Registered Dietitian; October 2001
Connecticut Dietitian/Nutritionist Certification; License # 000896
American Dietetic Association; Member # 898531
Connecticut Dietetic Association; Member
Washington State Food and Nutrition Council; Member
Yakima County Food Handlers' Certification; December 2007

Public Speaking and Teaching Engagements
10 "Captain 5 A Day" Workshops; Preschool Teacher Training Sessions; January 2009-current
"University of Hartford's Connecticut Overweight and Obesity Forum"; Panelist; May 2009
"International Public Health Nutrition"; University of Connecticut Rowe Scholars Dinner; February 2009
30 "Let's Cook!" Classes; Basic Food Eligible Child Participants; October 2007-March 2008
10 "Lifestyle Balance" Classes; Basic Food Eligible Adult Participants; January 2006-March 2006
"USDA Child and Adult Care Food Program Overview"; Head Start Staff Training Session; May 2005
"Honor the Gift of Food"; Nutrition Educator Training Session; February 2005 and March 2005
"HIV/AIDS Nutrition in Developing Countries"; Peace Corps Training Session; October 2003 and October 2004

"Malnutrition and Micronutrients in Developing Countries"; Peace Corps Training Session; September 2003 and October 2004
"Heart Healthy Guidelines"; Physician and Nurse Presentation; July 2002
"Healthy Eating"; Public Radio Broadcast; August 2001

Nutrition Publications

40 *Husky Nutrition Fruit & Vegetable Lesson Plans*; Child Education Curriculum; September 2008-December 2008
Let's Cook! Curriculum and Teacher's Guide; Child Education Curriculum; October 2007-May 2008 (includes workbooks, lesson plans, evaluation tools, and supplemental materials)
12 *Produce Recipe Cards*; Education Materials; October 2007-March 2008
28 *Produce Newsletters*; Education Materials; October 2005-March 2008
Fruit & Vegetable Curriculum and Teacher's Guide – editions 1-5; Adult Education Curriculum; October 2005-March 2008 (includes 94-recipe cookbook with produce information, lesson plans, evaluation tools, and supplemental materials)
8 *Yakama Nation BFNEP Outreach Messages*; Public Radio Announcements; January 2008
Circle of Change Handbook: Guiding Others Toward Healthy Living; Public Health Instruction Guide; September 2007 (contributed research, writing, and editing)
Yakama Nation Commodity Foods Calendar; Nutrition Education Material; September 2007
Nutrition in Developing Countries; Mali Health Volunteer Manual; September 2003

Diane D. Aye, MPH, PhD

BIOGRAPHICAL SKETCH

NAME	POSITION TITLE
Diane D. Aye	**EPIDEMIOLOGIST 4** **CT DEPARTMENT OF PUBLIC HEALTH**

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE	YEAR	FIELD OF STUDY
Smith College, Northampton, MA	BA	1978	Biology
Yale University, New Haven, CT	MPH	1980	Environmental Health
Yale University, New Haven, CT	PhD	1997	Environmental Epidemiology

Positions and Employment

1981 – 1982 **Instructor** Quinnipiac University, Hamden, CT. Taught Epidemiology and Environmental Health courses to undergraduates on a part-time basis.

1982 – 1984 **Assistant Professor** Quinnipiac University, Hamden, CT, Developed and taught Epidemiology, Environmental Health and Biology courses to undergraduates.

1984 – 1986 Epidemiologist, Division of Environmental Epidemiology and Occupational Health, Connecticut Department of Public Health. Responsible for the epidemiological investigations of environmental hazards. Performed risk assessments to evaluate potential human health effects from exposure to environmental agents.

1986 – 1990 Epidemiologist Consultant, Bureau of Health Promotion, Connecticut Department of Public. Served as the assistant to the Chief, Bureau of Health Promotion. Focused on environmental health issues and risk management. Reviewed risk assessment documents and made recommendations regarding risk management and drinking water standard development. Wrote and managed contracts with outside agencies. Wrote budget options for funding of DPH programs by the Connecticut Legislature.

1990 – 1997 Epidemiologist 4, Division of Environmental Epidemiology and Occupational Health, Connecticut Department of Public Health. Chairperson or the Cancer Cluster Investigation Committee. Responsible for the investigation and statistical analysis of cancer clusters in the state. Received funding from ATSDR and completed two separate health studies utilizing Geographic Information Systems in the investigation of cancer incidence and birth weight near hazardous waste sites. Coordinated the development of lead poisoning prevention and control regulations for Connecticut. Passage of the regulations in the fall of 1992 occurred after four years of work with citizen groups and professional organizations. Wrote a successful grant application to CDC for the creation of the Lead Poisoning Prevention Program at DPH.

1997 – Present Epidemiologist 4, Bureau of Community Health, CT Department of Public Health. Coordinator for development of the Maternal and Child Helath Block Grant application and Needs Assessment. Responsible for the epidemiological analysis and interpretation of vital records data in support of maternal and child health program activities. 1999 Recipient of the Governor's Service Award for work in developing an innovative training program to expand the state's resources in the area of assessment of environmental hazards.

2003 – Present – Epidemiologist 4, Health Information Systems and Reporting Section, Planning Branch, CT Department of Public Health. Supervises two epidemiologists in the Survey Unit. Coordinator of the Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance Survey (BRFSS). Responsible for survey design, data collection, data management, analysis, and reporting of both the YRBS and the BRFSS. Collaborates with CDC, CT Department of Education, School Districts, and other partners in the implementation of the YRBS and the BRFSS.

2003 – Present **Lecturer**, Yale University, New Haven, CT Lecture in Environmental Assessment and Cancer Epidemiology classes for graduate students at the Yale School of Public Health.

John D. Frassinelli, M.S., R.D.
410 Capitol Avenue, Hartford CT 06134
Telephone: 860.509.8084 E-mail: john.frassinelli@ct.gov

EDUCATION

M.S. Health Promotion, School of Allied Health, 2002
University of Connecticut
B.S. Dietetics, School of Allied Health, 1999
University of Connecticut
B.S. Political Science, 1995
Southern Connecticut State University

EXPERIENCE

2004 - Present **Connecticut Department of Public Health**

Title: ***State WIC Director (Special Supplemental Nutrition Program for Women, Infants and Children) (2006 – Present)***

Direct the United States Department of Agriculture (USDA) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); oversee statewide WIC services in twelve (12) local agencies; oversee a budget of $10.4 million in federal administrative funding and $30.5 million in food allocations and authorize all payments, purchases and expenditures; ensure federal and state regulatory compliance of local agency program operations and nutrition services and 680 authorized WIC food retail stores; supervise State WIC staff on program operations and technical assistance; produce federal and state program and financial reports; supervise the Breastfeeding Promotion Program; direct Management Information Systems and Financial Unit personnel; hire, promote and conduct performance evaluations of professional and support staff; approve the hiring of all local agency professional staff

Food Stamp Nutrition Education Supervisor (February 2004 – October 2007)

Managed the USDA Food Stamp Nutrition Education Program, with an annual budget of approximately $747,000; directed the implementation of nutrition education initiatives in Head Start and School Readiness Programs; developed budget and ensured certification of matching funds; maintained oversight and approved research, program evaluation and education materials; approved statewide media and social marketing campaigns; developed and managed the budget and prepared state and federal program and financial reports; responded to federal reviews, audits, and site visits; hired, promoted and conducted performance evaluations of professional and support staff; served as the agency nutrition spokesperson to the media, legislators, and federal partners

WIC Program Nutrition Services Coordinator and Tobacco Use Prevention and Control Program Supervisor, (2005 – 2006)

WIC Program Responsibilities:

Directed nutrition services at local WIC agencies; supervised the Nutrition Services Monitor with regard to the client certification process, eligibility determination, risk assessment, and compliance with federal and state regulations; supervised the Nutrition Education Coordinator in the provision of technical assistance to local agencies regarding nutrition education and counseling; reviewed and approved the development of nutrition education materials; supervised the development, implementation and evaluation of professional education and training conferences; approved the hiring of all local agency nutrition staff

Tobacco Use Prevention and Control Program Responsibilities:

Supervised the Centers for Disease Control and Prevention (CDC) Tobacco Use Prevention and Control Program with a budget of approximately $1 million and a staff of five (5); provided oversight of the *Connecticut Quitline*, training conferences and strategic planning; directed epidemiological staff in the administration of the Adult and Youth Tobacco Surveys and the

Connecticut School Health Survey; managed the budget and approved all purchases and expenditures; hired, promoted and conducted performance evaluations of professional and support staff, and engaged in progressive discipline as necessary; acted as the liaison with the CDC Project Officer for tobacco use prevention

2002–2004 **Connecticut Department of Public Health**

Nutrition Consultant II

Coordinated the USDA Food Stamp Nutrition Education Program, with an annual budget of approximately $649,000; directed the implementation of nutrition education activities in Head Start and School Readiness Programs; identified, managed and ensured the certification of matching funds; approved research, program evaluation, and education materials; developed and managed the budget, memoranda of agreements with State agencies, and contracts; supervised staff and graduate/undergraduate interns; prepared federal and state program and financial reports

2001-2002 **Connecticut Department of Public Health**

Nutrition Consultant I

Developed and provided trainings on nutrition education for early childhood education programs, teachers, parents, nutritionists, and health care professionals; cultivated working partnerships with local, state and federal agencies, schools, universities, media outlets, public relations agencies, industry and advocacy groups; presented successful research on improving dietary quality in preschool children at regional and state conferences

1999–2001 **Connecticut Department of Public Health**

Nutrition Consultant (part-time)

Provided nutrition workshops for early childhood education programs, teachers, parents, nutritionists, and health care professionals; assisted in the development of preschool nutrition curricula addressing nutrition and physical activity; conducted successful research and program evaluation studies on improving dietary quality in Head Start and School Readiness children

1999–2001 **New Britain General Hospital**

Registered Dietitian (part-time)

Provided specialized nutrition education to a diverse hospitalized population; developed nutrition education materials and wellness programs for patients; participated in community health and wellness programs

PROFESSIONAL ASSOCIATIONS

2007 – 2009

President/Past President

National Association of State and Territorial Public Health Nutrition Directors (ASTPHND)

Perform as the chief executive officer of the Association and oversee all business, affairs and property of the Association and maintain supervision over its officers; preside over all meetings of the Board of Directors; ensure that orders and resolutions of the Board of Directors are carried into effect; oversee the implementation of federal cooperative agreements and grants; act as

liaison to federal agencies; co-chair the Administrative and Finance Committee

2006 – 2007

President-Elect

National Association of State and Territorial Public Health Nutrition Directors (ASTPHND)

Assisted the President in Association business; participated in meetings with federal and national organizations and the Board of Directors; chaired the 2007Annual Meeting Planning Committee

2003 - 2006

Chair and Co-Founder

National Council of Fruit and Vegetable Nutrition Coordinators

Created a national council consisting of 5-A-Day (Fruit and Vegetable Program) Nutrition Coordinators from all states; developed and implemented by-laws, operating procedures, governance structure and strategic plan; acted as the liaison to federal agencies and national organizations representing the food and nutrition industry

COUNCILS AND COMMITTEES

- Connecticut Food Policy Council (2006-present)
- State Department of Education Review Committee for the *Action Guide for School Nutrition and Physical Activity Policies* (2006)
- Connecticut School Wellness Policy Team for the National School Wellness Policy Institute (2006)
- State Department of Education Advisory Committee for the *Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools* (2006)
- Town of Willington, CT School Wellness Policy Development Committee (2006)
- University of Connecticut, School of Allied Health Advisory Committee (2004-2005)
- Connecticut Team Nutrition's *Making the Connection: Healthy Kids Learn Better* summit planning committee (2003-2004)
- National 5-A-Day Partnership Steering Committee (2003-2006)

PUBLICATIONS AND PRESENTATIONS

- 3rd Author: Dental Clinics of North America: *Impact of Cleft Lip and/or Palate on Nutritional Health and Oral Motor Development*, 2000.
- Association of State and Territorial Public Health Nutrition Directors (ASTPHND) National Meeting (2004, 2005)
- USDA Food and Nutrition Service National Conference (2004)
- Centers for Disease Control and Prevention (CDC), National 5 A Day Meeting (2002)
- American Public Health Association (APHA) National Meeting (2001)
- Association of State and Territorial Health Officers (ASTHO) National Meeting, invited (2001)
- American Dietetic Association National Meeting (2000)
- Numerous regional, state, and local presentations

- University of Connecticut, University of New Haven and St. Joseph College guest lecturer

LEADERSHIP DEVELOPMENT COURSES

- Excellence in Supervision and Management
- Coaching and Counseling: Identifying Performance Problems
- Partners in Performance
- Performance Appraisal and Progressive Discipline
- Managing Conflict
- Understanding Leadership Competency
- Goals and Goal Setting
- Influence
- Organizational Values and Visioning
- Emotional Intelligence

AWARDS

- Association of State and Territorial Public Health Nutrition Directors (ASTPHND), Excellence in Association Work Award (2005)
- Centers for Disease Control and Prevention (CDC) Leadership Award (2004)
- Public Health Foundation National Linkages Award (2001)
- University of Connecticut Leadership Award (2001)

Linda T. Drake, M.S.
Nutritionist and Program Director
Expanded Food and Nutrition Education Program
UConn College of Agriculture and Natural Resources/Cooperative Extension System &
Dept. of Nutritional Sciences

Linda T. Drake, B.A. in English and M.S. in Nutritional Sciences, has worked for the University of Connecticut since September 1970. As Program Director of EFNEP (Expanded Food and Nutrition Education Program), Linda provides direction, coordination and leadership to community-based staff who work with low income families and youth across the state, helping them learn about nutrition, food safety, food shopping and food preparation for better health. She is also involved with the CT Family Nutrition Program, working with families receiving SNAP benefits who also participate in food pantries, shelters and other community programs.

Linda works on many different projects and serves as a resource for the State Departments of Agriculture, Public Health, and Education. She is actively involved in the international Society for Nutrition Education, and served in 2008-09 on the Board of Directors as Chair of the Advisory Committee on Public Policy. She serves on several national committees for Cooperative Extension as well.

She is a member of the Board of Directors for End Hunger Connecticut!, Inc., and has been involved in the anti-hunger movement in Connecticut since the late 1970's. She has been a regular participant in the CT Food Policy Council since 2000, becoming a member in 2003, and currently is the Chairperson. In 2005, she co-authored a study on the evaluation and ranking of 169 towns in Connecticut regarding community food security.

Jiff Martin
American Farmland Trust
Connecticut State Director

Jiff Martin is AFT's Connecticut State Director. She is responsible for a variety of education and advocacy initiatives pertaining to farmland preservation, farm viability, and local food policy in Connecticut.

Martin's prior experience includes working toward sustainable food and agriculture policy on behalf of Hartford Food System; conducting field research on food emergencies in Eastern Africa; and teaching in New Orleans. She recently received a Merit Award from the Connecticut Trust for Historic Preservation for grassroots advocacy and an Environmental Professional Award from the Connecticut River Coastal Conservation District, Inc for ongoing efforts to support the protection of working farms.

Martin has a M.A. in Development Economics from Fletcher School of Law & Diplomacy and a M.S. in Food Policy from Tufts School of Nutrition.

Jean C. King
126 North Street
Watertown, Connecticut 06795
860-274-2311
cell 860-916-7367
jeancking@gmail.com

SKILLS

A leader and manager of advocacy programs, nonprofits, and government programs with a range of experience in strategic planning and in program development and implementation.

Demonstrated success in fund development for nonprofit organizations, designing and managing fundraising programs. Particular experience with the philanthropic community throughout Connecticut.

Experience in research on major public policy issues and in advocating for public policy change in health care and human services, for programs for community development and housing.

Demonstrated experience in presentation of public policy issues in a wide range of venues.

EXPERIENCE

Fourteen years with The Parisky Group in Hartford, a public policy consulting and nonprofit management firm, including four years as CEO. Among my assignments:

- Managed the Hartford Action Plan, Hartford's teen pregnancy prevention initiative
- Served as Senior Staff Consultant to the Connecticut Food Policy Council, undertaking research and advocacy work on the issues of food security in Connecticut.
- Strategic planning, fund development and business management for nonprofit programs for historic preservation, urban park restoration, housing rehabilitation, research on hunger, school based health centers, and others

Connecticut Interfaith Housing & Human Services Corporation - for five years led a program of advocacy for this statewide coalition of major religious denominations, in the areas of health reform, affordable housing, and welfare reform

Executive Director -- YWCA of Waterbury CT

Government program management including serving as Director of the first state Model Cities Office for the state of Massachusetts and as Housing and Health Specialist for a regional planning agency

NOTABLES/PUBLIC AFFAIRS

Harvard University - Loeb Fellowship in Advanced Environmental Studies of the Graduate School of Design
Watertown Town Council Member and Finance Chair, Watertown, Connecticut – four terms
Watertown Historic District, Commission Chair

EDUCATION

Jackson College, Tufts University. B.A.

Jean C. King
126 North Street
Watertown, Connecticut 06795
860-274-2311
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jeancking@gmail.com

PUBLICATIONS AND PRESENTATIONS

What's Cooking in Connecticut Schools? Ideas for Healthy Kids and Healthy Schools, report prepared for the Connecticut Food Policy Council 2004

Food Security in Connecticut 2002, 2001, and 2000, prepared for the Connecticut Food Policy Council

Connecticut's Child Care Workforce –Compensation and Health Benefits Issues; Head Start Workforce in Connecticut, for the Child Health & Development Institute of Connecticut, 2002

A Research Perspective on the Child Care Workforce in Connecticut, prepared for the Child Health and Development Institute of Connecticut, Inc. 2002

Breaking the Cycle – Hartford, Connecticut's Public-Private Partnership for Teen Pregnancy Prevention: Management and Funding Strategies, presentation at *Advocates for Youth* 20th Anniversary Conference, Washington D.C. 2001

Breaking the Cycle – Increasing Support from Private Decision Makers and Funders, presentation at the National Org. on Adolescent Pregnancy, Parenting and Prevention Conference 1999

Health Care Reform from a Faith-Based Perspective and *Welfare Reform from a Faith-Based Perspective*, CT Interfaith Housing & Human Services Corporation 1994 & 1995

Class Specification

Classified/Competitive		
Class Code	**Pay Plan**	**Class Title**
4406	HC - 24	HEALTH PROGRAM ASSOCIATE

PURPOSE OF CLASS:

In a state health program or project, this class is accountable for performing high level work in the implementation and coordination of the non-clinical aspects of health care programs or projects.

GUIDELINES FOR CLASS USE:

This class performs high level work independently or as a lead member of a group or team on a given assignment.

This class is distinguished from the Health Program Supervisor by not having full accountability for supervising a designated program or the program being less than statewide in impact or scope. This class is distinguished from Health Program Assistants as having more responsibilities such as budget development, negotiation of grants and contracts, work distribution, public relations, cost estimating, etc.

SUPERVISION RECEIVED:

Works under the limited supervision of a Health Program Supervisor or other employee of higher grade.

SUPERVISION EXERCISED:

May lead Health Program Assistants and other staff as assigned.

EXAMPLES OF DUTIES:

The specific duties and responsibilities of this generic class vary widely depending on the nature of the program and the current stage in its life cycle. Typical examples of duties include the following: serves as regional coordinator for a statewide health program or project with responsibility for developing and maintaining appropriate programs, projects and liaisons in their assigned regions; participates in planning, organization and implementation of a statewide health program by having responsibility for major components of program such as staffing, work assignment and distribution decisions; initiates and oversees public relations efforts; establishes and maintains relationships involved in program within agency and with other state, community or public agencies; assists division head in expediting program; prepares comprehensive reports on planning and progress of program; develops objectives so program functions within cost estimates; analyzes, evaluates and interprets data; advises and participates in formulation of task forces within or outside agency and coordinates activities so program is successfully accomplished; works with federal, state and community agencies on new, proposed or revised programs to clarify or develop objectives, determine method of integrating programs in agency operations and establish cost estimates; provides technical assistance to community agencies; assists in drafting of legislation and regulations; gathers fiscal and programmatic data on programs and participates in planning budget and programmatic aspects of program; may also be assigned to conduct health planning, program monitoring and grants management for particular programs; may be involved in approval of grants or projects; may speak publicly about program issues and develop information for public distribution; performs related duties as required.

MINIMUM QUALIFICATIONS REQUIRED
KNOWLEDGE, SKILL AND ABILITY:

Considerable knowledge of purposes, plans, objectives and programs of public health agencies including changing patterns of preventive medicine and environmental health; considerable knowledge of relationships between risk factors and evidence of health problems; considerable knowledge of changing aspects of social-

medical philosophies; knowledge of research and evaluation design methodologies; knowledge of state and community organizations and programs involved in field of public health and medical care; considerable oral and written communication skills; interpersonal skills; considerable ability to plan, organize and direct a complex technical program; ability to analyze, evaluate and interpret data; ability to lead and train staff.

EXPERIENCE AND TRAINING:

General Experience:

Seven (7) years' professional experience in a health organization.

Special Experience:

One (1) year of the General Experience must have been in health care program administration, a health systems agency or other health care organization involved in grant writing or monitoring, formal program planning, development or management, consultation or related responsibilities at the level of Health Program Assistant 2.

Note:

A health care organization is defined as a large multi-dimensional agency with responsibility for developing health programs.

Substitutions Allowed:

1.

College training may be substituted for the General Experience on the basis of fifteen (15) semester hours equalling one half (1/2) year of experience to a maximum of four (4) years for a Bachelor's degree.

2.

A Master's degree in health education, hospital administration, public administration, public health or other closely related field may be substituted for one (1) additional year of the General Experience.

SPECIAL REQUIREMENT:

Incumbents in this class may be required to travel.

This replaces the existing specification for the same class in Salary Group HC 24 approved effective January 15, 1988. (Revise to modify Special Experience)

4406A 11/23/04 cm

CC	Final#	Occup. Group	Bargaining Unit	EEO	Eff. Date
4406	802	(34)-Statistics/Research/Planning	(11)-HEALTH PROF (P-1)	(2)-Professional	Nov 23, 2004

Class Specification

Classified/Competitive		
Class Code	**Pay Plan**	**Class Title**
0287	HC - 23	EPIDEMIOLOGIST 2 (INFECTIOUS/CHRONIC DISEASES)
0286	HC - 23	EPIDEMIOLOGIST 2 (TOXIC HAZARDS)

PURPOSE OF CLASS:

In the Department of Public Health this class is accountable for performing the full range of tasks in investigating infectious, chronic and non-infectious diseases and implementing disease prevention methods.

GUIDELINES FOR CLASS USE:

This class is considered to be the professional working level of the epidemiology series for all programs. Greater professional independence would be expected at this level.

SUPERVISION RECEIVED:

Works under the general supervision of an Epidemiologist 3 or 4, a Toxicologist or other employee of higher grade.

SUPERVISION EXERCISED:

May lead/supervise Epidemiologists 1, Connecticut Career Trainees or other staff or student interns as assigned.

EXAMPLES OF DUTIES:

INFECTIOUS/CHRONIC DISEASES: Leads and participates in routine epidemiologic investigations to identify risk factors and implements and evaluates resulting intervention measures; collect and collates data including performing interviews; performs data analysis and summarizes relevant epidemiologic investigation data into tables, charts and written reports; provides technical information to the professional and lay public including local health departments; collaborates in the preparation and presentation of workshops; may respond to media inquiries; maintains an orderly surveillance system capable of detecting risk factors and changes in disease patterns; may administer biologics or collect specimens such as blood and urine samples, throat and rectal swabs under the supervision of a physician.

TOXIC HAZARDS: In addition to the foregoing, in the Toxic Hazards Section or its Radon Program, performs epidemiological investigations/studies of human exposures to chemical or radiologic hazards in occupational or non-occupational environments; participates in the design and implementation of epidemiological studies relating to toxic and carcinogenic substances; participates in the development of health risk assessments and guidelines/standards based on comprehensive literature reviews; participates in the development of strategies to prevent environmentally induced disease among identified high risk groups; performs related duties as required.

MINIMUM QUALIFICATIONS REQUIRED
KNOWLEDGE, SKILL AND ABILITY:

Considerable knowledge of relevant disease processes which affect humans and animals; considerable knowledge of epidemiological methods and techniques; knowledge of basic biological processes; oral and written communications skills; interpersonal skills; computer skills; ability to independently perform epidemiological investigations; ability to independently collect, analyze and interpret epidemiological data.

INFECTIOUS/CHRONIC DISEASES: Considerable knowledge of infectious and/or chronic disease processes.

TOXIC HAZARDS: Considerable knowledge of occupational/environmental epidemiology and/or toxicology.

EXPERIENCE AND TRAINING:

General Experience:

Six (6) years' experience in conducting epidemiological investigations in a responsible technical or professional capacity.

Special Experience:

INFECTIOUS/CHRONIC DISEASES: One (1) year of the General Experience must have involved interviewing and performing trend analyses at or above the level of Epidemiologist 1.

TOXIC HAZARDS: One (1) year of the General Experience must have involved the preparation of quantitative risk assessment documents at or above the level of Epidemiologist 1.

Substitution Allowed:

1.

College training may be substituted for the General Experience on the basis of fifteen (15) semester hours equalling one-half (1/2) year of experience to a maximum of four (4) years for a Bachelor's degree.

2.

INFECTIOUS/CHRONIC DISEASES: A Master's degree in Public Health, Community Medicine or a related health science may be substituted for one (1) additional year of the General Experience.

3.

TOXIC HAZARDS: A Master's degree in Public Health, Environmental Science, Toxicology, Biostatistics, Biochemistry, Physiology, Health Physics, Bacteriology or Industrial Hygiene may be substituted for one additional year of the General Experience.

4.

A Doctorate in a related discipline such as Public Health, Medicine or a natural or behavioral science may be substituted for the General Experience.

SPECIAL REQUIREMENT:

Incumbents in this class must be willing to be immunized for communicable diseases as necessary and appropriate.

Incumbents in this class may be required to travel.

WORKING CONDITIONS:

Incumbents in this class may be exposed to communicable diseases and hazardous substance.

This replaces the existing specification for the same class in the same Salary Group HC 23 approved effective June 23, 1995. (Revised to reflect change in agency title)

0287A 07/31/95 pzd/9/11/95 pzd

CC	Final#	Occup. Group	Bargaining Unit	EEO	Eff. Date
0287	5909A	(34)-Statistics/Research/Planning	(11)-HEALTH PROF (P-1)	(2)-Professional	Sep 8, 1995
0286	5909A	(34)-Statistics/Research/Planning	(11)-HEALTH PROF (P-1)	(2)-Professional	Sep 8, 1995

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
POSTING OF VACANCY

DPH Employees are Strongly encouraged to apply

Accountant (DURATIONAL thru 9/30/11)

Administration – Fiscal Services

POSTING DATE: October 7, 2009 **CLOSING DATE:** October 15, 2009 *****

PLEASE FOLLOW THE SPECIFIC APPLICATION INSTRUCTIONS AT THE BOTTOM OF THIS PAGE!

OPEN TO: The Public

POSITION CONTROL NUMBER: 094127SC **NOTE: THIS NUMBER MUST BE INCLUDED ON YOUR APPLICATION**

LOCATION: 410 Capitol Avenue, Hartford, CT

SHIFT/HOURS: 1st Shift/40 hours/week

SALARY GROUP/RANGE: AR 23/$2,248.47 Bi-Weekly

NOTE: Candidates must have applied for and passed the **Accountant** exam and be on the current certification list promulgated by the Department of Administrative Services. State employees currently holding the above title or those who have previously attained permanent status in the class may apply for lateral transfer.

PREFERRED SKILLS: ***Proficient with MS Excel, MS Word and Access database software; Excellent verbal communication skills; Excellent writing skills including proficiency with English grammar, spelling, sentence structure and punctuation; ability to read and understand budgets and expenditure reports; familiarity with CORE.CT (PeopleSoft IT Software).***

MINIMUM QUALIFICATIONS REQUIRED

Knowledge, Skill and Ability: Knowledge of professional accounting principles and practices including knowledge of governmental accounting and budgeting; knowledge of basic auditing principles and practices; interpersonal skills; oral communication skills; ability to prepare, analyze and evaluate financial statements and other accounting records and reports; ability to analyze and evaluate accounting methods and procedures; ability to utilize EDP systems for financial management; ability to read and interpret written materials.

EXPERIENCE AND TRAINING

General Experience: Six (6) years experience in accounting or auditing.

Special Experience: Two (2) years of the General Experience must have been at the paraprofessional level. Work at the paraprofessional level requires exercise of some independent judgment in applying basic accounting principles and may be compared to the level of a full charge bookkeeper. For state employees this is the level of Assistant Accountant.

Substitution Allowed:

1.College training in accounting or a closely related field may be substituted for the General Experience on the basis of fifteen (15) semester hours equaling one-half (1/2) year of experience to a maximum of four (4) years for a Bachelor's degree.

2. A Master's degree in accounting may be substituted for one (1) additional year of the General Experience.

3. Certification in any of the following may be substituted for one (1) year of the General and Special Experience: Certified Public Accountant, Certified Internal Auditor.

4. Two (2) years of experience as an Assistant Accountant may be substituted for the General and Special Experience.

PLEASE NOTE: This position will be filled in accordance with reemployment, SEBAC, transfer, promotion and merit employment rules.

Application Instructions: ANYONE WISHING TO APPLY FOR THIS POSITION MUST COMPLETE AND FORWARD THE APPROPRIATE ***SIGNED*** APPLICATION (PLD-1) **(ORIGINAL AND ONE COPY OF ENTIRE APPLICATION PACKAGE)**, NO LATER THAN THE CLOSING DATE AT THE TOP OF THIS FORM, TO:

DEPARTMENT OF PUBLIC HEALTH
410 CAPITOL AVENUE, MS #13PER
PO BOX 340308
HARTFORD, CT 06134-0308
FAX: 860-509-7184 (IF FAXING, ONLY ONE APPLICATION IS NECESSARY)
(PLEASE NOTE: A SIGNATURE ON A FAXED APPLICATION IS ACCEPTABLE)

* The closing date is for this posting. This may differ from the examination closing date for a competitive examination. Questions regarding this process should be directed to the Human Resources Office (Recruitment Hotline, 509-7223), dph.recruitment@ct.gov) at the address shown above.

THE STATE OF CONNECTICUT IS AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER AND STRONGLY ENCOURAGES THE APPLICATIONS OF WOMEN, MINORITIES AND PERSONS WITH DISABILITIES.

State of Connecticut

CONNECTICUT CHILDHOOD OBESITY COUNCIL

FY 2010 Proposed Action Plan

May 28, 2009 Meeting

Proposal: Form five action teams on childhood obesity issues with specific charges and timelines.

- Data action team
- Medical Home action team
- Menu Labeling action team
- School/Community action team
- Policy Development action team

The general purpose of each action team will be to (1) review related issues and data, (2) survey best practices and options for programmatic and policy action, and (3) formulate a specific, detailed proposal for Council consideration that is consistent with the Council's charge. The policy development team will work with the other teams to develop and promote policy proposals. The Council will seek to integrate the work of the action teams into a coordinated state plan.

Action teams will consist of a leader from the Council and members from within and outside the Council, representing a mix of state and local government and community members with expertise relevant to the action team issue. A specific charge for each action team will be defined based on today's Council discussion.

Timeline for action teams:

By June 30th: Select action team leaders and members; define charge to action teams.
By July 15th: Action teams hold initial meeting; develop plan to complete work by November 1st.
September: Action teams update Council on progress at regular Council meeting.
November 1st: Action teams finalize and submit reports with recommendations; policy development team prepares recommendations based on each action team's work.
Mid-November: Council considers reports with recommendations of action teams. If Council does not require action teams for further clarification or next steps, the action teams will have completed their work. The policy development team may continue to work during the legislative session.

For more information, contact the co-chairs:

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State of Connecticut

CONNECTICUT CHILDHOOD OBESITY COUNCIL

Department of Agriculture · Department of Children and Families · Department of Education
Department of Environmental Protection · Department of Public Health
Department of Social Services · Office of Policy and Management
Senate and House Legislative Leaders · African-American Affairs Commission
Commission on Children · Latino & Puerto Rican Affairs Commission

Meeting Agenda

Thursday, May 28, 2009
9:30 a.m. – 11:00 a.m.
Legislative Office Building, Room 1-B – Hartford

1. Welcome and Introductions of New and Continuing Council Members

2. Council Review of Minutes

3. Meeting Objective: Review and Approve Council Work Plan Priorities

4. National and State Priorities:
   Framework for Connecticut's Approach To Obesity Prevention and Control

5. Council Update:
   a. Council Activities
   b. November 2008 *Preventing Childhood Obesity Forum* Policy Recommendations
   c. State and Federal Legislation

6. Council Proposed Action Plan:
   a. Topics of Interest for FY 2009-2010
   b. Formation of Action Teams
   c. Expected Timeline and Results

Food First

Making Room at Connecticut's Table

March 2006

Food is essential for life. We take it for granted, and we shouldn't.

The Connecticut Food Policy Council works to ensure that food security and access to food will have a high priority when developing public policies.

Connecticut Food Policy Council
Department of Agriculture
165 Capitol Avenue
Hartford, CT 06106
www.foodpc.state.ct.us

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Council Funding in Jeopardy

The Connecticut Food Policy Council (CFPC) was established by the Connecticut General Assembly in 1997 to develop, coordinate and implement food system policies linking economic development, environmental protection and preservation with farming and urban issues. CFPC was the first such council in the United States to receive funds from state legislature.

Helping increase awareness of the complexity and inter-connectedness of the food system from production to consumption, as well as providing impetus for policy change, is an important role of all food policy councils. The CFPC's goals are to:

- Recommend and support legislation that promotes food security
- Educate the public and policy makers about our food system
- Promote the preservation of farming and farmland

The CFPC is also charged to make recommendations to the Governor on such issues. Over the years, the Council has produced annual food security indicator reports with statistics and information about how Connecticut is faring.

We have also collaborated with the Department of Transportation to produce the **Connecticut Farm Map** in 2002 a road-map guide to local produce. The popular map was revised in 2005. In collaboration with the Department of Education, we released *What's Cooking in Connecticut Schools*, with ideas for communities to help improve nutrition and physical fitness for Connecticut's children.

Last March, we sponsored a very successful **Nutrition Education Summit**, bringing together leaders in the field of food and nutrition education to see how we can enhance collaboration and work more effectively to address nutritional concerns of our families and kids. As a result of that conference, we have developed a new website for nutrition educators that is launching this month. On May 19, we are sponsoring *Home Plate: Putting Local Food on the Menu*, a conference for food service managers, chefs, restaurants, farmers, and dietitians from the public and private sectors.

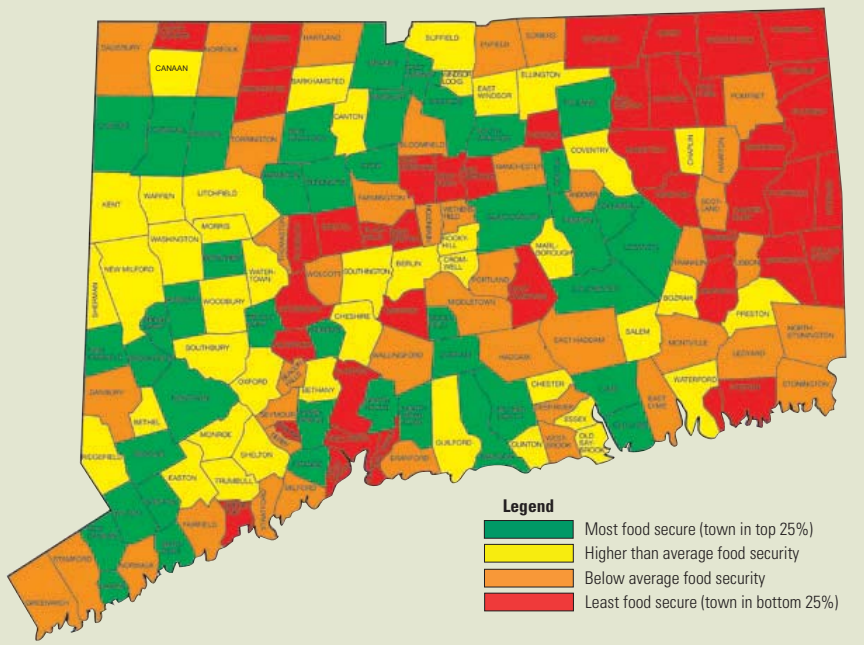
Our work has achieved national recognition. This summer, the National Conference of State Legislators is bringing legislators from the Northeast to Connecticut to see the work of the Food Policy Council in action.

This important work is in jeopardy. The Governor's current budget proposal eliminates funding for the Food Policy Council. In the past, the Council has been funded at a base level of $50,000 annually. With this funding we have been able to leverage other monies and in-kind donations for our work.

Without this funding, we will lose an important forum for various state agencies and private organizations to collaborate and develop solutions. Food security issues affect all citizens and deserve continued support.

Please contact your legislators to urge support of S.B. 607 and these important food security issues!

Food Security in Connecticut Towns



The above graphic was taken from a report entitled *Community Food Security in Connecticut: An Evaluation and Ranking of 169 Towns*. The 2005 report, prepared jointly by the Connecticut Food Policy Council, the University of Connecticut and the Hartford Food System, ranks Connecticut's 169 towns for the following elements of community food security:

- **General community characteristics** (5 indicators)
  Who lives in this community?

- **Community food resources** (15 indicators)
  Are there food banks, soup kitchens, food stamp offices or WIC offices in this community? Do people have enough food to eat from day to day?

- **Food resource accessibility** (15 indicators)
  Can people find a way to get to grocery stores and food pantries? Is the food in the grocery stores affordable and are there a variety of options available?

- **Community food production resources** (3 indicators)
  Are there community gardens, farms, processing kitchens or food distribution centers in this community?

The study's findings are compelling. Like many people would expect, food insecurity exists in our state's poor urban centers. However, isolated rural towns in the state are also food insecure. In fact, the town of Brooklyn ranked the lowest of Connecticut's 169 towns.

The report makes a series of recommendations to address food security issues in Connecticut, including priority setting, policy changes, support for food production resources and increased participation in food assistance programs.

Full technical copies of the report are available on the Food Policy Council's website at *www.foodpc.state.ct.us* or from the Food Marketing Policy Center at *www.fmpc.uconn.edu.*

Council members:

Linda Drake
University of Connecticut
Department of Nutrition

Gloria McAdam
FOODSHARE

Rick Macsuga
Connecticut Department of Agriculture

Lucy Nolan
End Hunger Connecticut!

Grace Nome
Connecticut Food Association

Mary Parizo
Connecticut Department of Social Services

Maureen B. Staggenborg
Connecticut Department of Education

Jessica DiLuca
Connecticut Department of Transportation

Barbara Walsh
Connecticut Department of Public Health

Linda Hubeny
Connecticut Department of Administrative Services

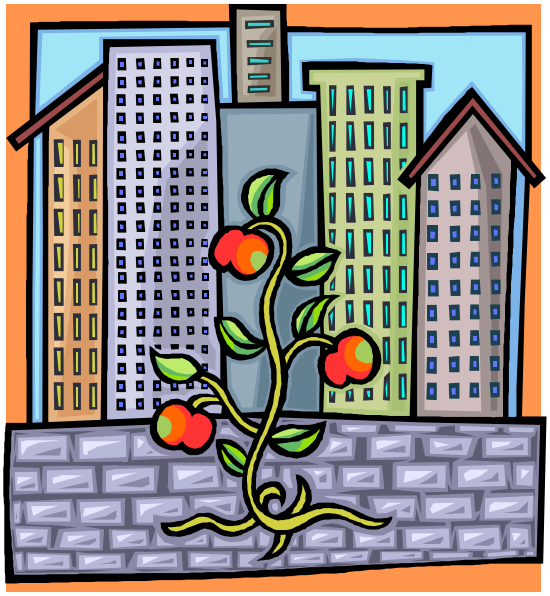
David Yandow
Fowler Produce

Collaborations forged through the Food Policy Council have helped shorten the application for Food Stamps and improved linkages to the School Lunch and Breakfast programs.

CONNECTICUT FOOD POLICY COUNCIL
State of Connecticut
Department of Agriculture

Connecticut Food Policy Council

Annual Report 2006-2007



Connecticut Food Policy Council
Annual Report 2006-2007

The Connecticut Food Policy Council was created by the State Legislature in 1997 to address issues related to food production, food distribution and consumer concerns in Connecticut. The Council is formally housed within the State Department of Agriculture. Members include Commissioners or designees from the state departments of Agriculture, Administrative Services, Education, Social Services, Transportation, and Public Health, as well as representatives from agriculture, anti-hunger programs, the University of Connecticut Cooperative Extension System and the retail and wholesale food industry.

Purpose of the Council

The Council is charged to:

- Develop, coordinate and implement a food system policy linking economic development, environmental protection and preservation with farming and urban issues.
- Review and comment on any proposed state legislation and regulations that impact food policy and food security.
- Make recommendations to the Governor and to the General Assembly.

The Connecticut Food Policy Council's work is about good government. We work across departmental boundaries to identify opportunities for collaboration and action, breaking down bureaucratic barriers to accomplish the goal of food security for all of Connecticut's residents. There is no one easy answer to the issue of food security — improving it is a multi-stakeholder process, with implications across many industry sectors. It takes insight, involvement and a willingness to look at solutions in a new light. We have worked to change the agenda around food policy, that is, moved people from talking and thinking only about antihunger and food pantries to the larger discussions of all food security issues.

POLICY ISSUES

In 2006 and 2007 the goal of the Connecticut Food Policy Council was ensuring access to healthy food for all Connecticut citizens. The Council identified two priorities that cut across and link all of our work.

- Access to healthy food for consumers
- Securing and increasing the production of healthy food in Connecticut

Connecticut Food Policy Council Activities 2006-2007

Farmland Preservation and Farm Viability

ISSUE Connecticut continues to lose prime farmland to development every year.

The Connecticut Food Policy Council (CFPC) supported successful legislation that allows the Dept. of Agriculture to receive lump sum bonding allocations each year from the State Bond Commission to purchase development rights from farmers. This program keeps farmland in use across the state. This new authorization lets the Dept. of Agriculture respond more quickly to help farmers who want to participate in the program. The biennial budget passed in 2007 made $10 million available for purchase of development rights: $5 million released in December 2007 and $5 million in February 2008.

In 2007 the farmland preservation program added 11 farms and 1,186 acres of land to this protection program. There are now 32,300 acres of farmland in 234 farms in the program throughout the state.

ISSUE Promoting Connecticut grown foods

In May 2006, the CFPC sponsored a conference, "Home Plate—Putting Local Food on the Menu," bringing together representatives from across the state from restaurants, schools and businesses, along with farmers to promote the use of Connecticut grown food in institutional food service. The conference focused on how to access and include more local foods in schools, private businesses, restaurants, colleges, etc. Representatives from larger institutions stated that they could not secure locally grown meat and poultry in the amounts they required because they were not available. This led to the discussion of why they were not available. A major concern was the lack of USDA approved slaughter and processing facilities in the state.

ISSUE Promoting Connecticut grown meat and poultry products

Making it possible for Connecticut food to be processed in the state has been identified as a key issue for farm viability. The Council has a role identifying regulatory and economic barriers to processing in-state and bringing those issues forward for action.

Connecticut has no USDA certified meat slaughter and processing facilities to support farmers raising local meat and poultry. The CFPC convened a coalition of farmers, producers and supporters of Connecticut grown to design strategies to create Connecticut processing sites. The newly formed Connecticut Meat and Poultry Producers Association is continuing to work together to find joint solutions to the many issues involved including options for mobile processing units. A summary of their work is attached.

Nutrition and Healthy Foods

ISSUE Creating healthy meals with products from Connecticut farmers' markets

Farmers' markets in Connecticut are growing in number, size and popularity. Special shopping coupons are available for seniors and participants in the WIC (Women, Infants and Children nutrition) program to shop at the farmers' markets. More farmers' markets are also accepting EBT benefits for food stamp participants.

CFPC created a new cookbook to be given away at farmers' markets and WIC sites. *Farm Fresh Summertime Recipes* offers great recipes using local fresh vegetables. Printed copies of the cookbook are being distributed throughout the state at farmers' markets, through the WIC program and through food and nutrition education programs working with low-income families. (EFNEP – UCONN Expanded Food and Nutrition Education Program and FSNE – CT Food Stamp Nutrition Education program) The cookbook is on line at the CFPC website.

ISSUE Coordination of nutrition education activities

Following up on our statewide conference on nutrition education, the CFPC created and maintains a special website for nutrition education issues -- www.ctnutritioneducators.org

ISSUE Healthy food in schools

The CFPC was a strong advocate for the successful passages of the landmark school nutrition bill in Connecticut in the spring of 2006. The legislation gives public schools incentives for healthy food programs and allows only water, milk and 100% fruit juices to be sold in vending machines and cafeterias. The Legislature also created a pilot in-classroom school breakfast program and funded it at $100,000.

Connecticut was chosen as a participant in the USDA Pilot fresh fruits and vegetable program – 25 schools were chosen to participate by the State Department of Education.

The CFPC continues gathering information about food programs in schools and about the effects of new legislation. In November 2007 Hartford school district food staff gave a detailed presentation about the school feeding program in Hartford. This district qualifies as a universal feeding program and offers breakfast and lunch to 23,000 children each day.

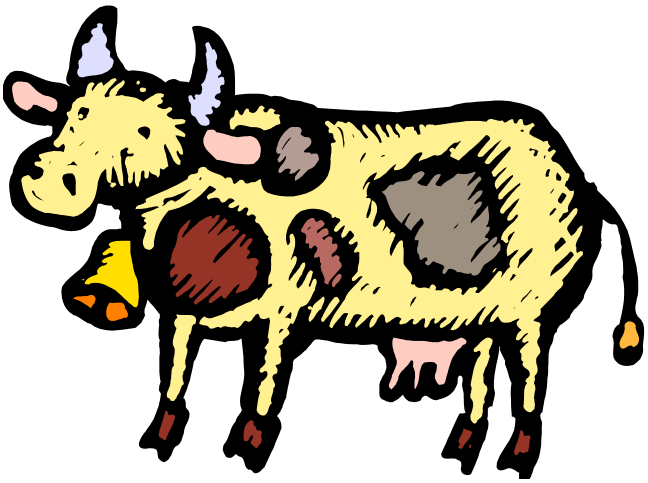
The CFPC was a partner in Connecticut Grown for Connecticut Kids Week – held in October 2006, events intended to promote Connecticut agriculture and foods to children through school meal and classroom programs.

Promoting Planning On Food Policy Issues

ISSUE Food policy issues are linked to many other issues in state and local planning

In June 2006 legislators and food system stakeholders from New England states came to Connecticut to learn about how federal, state and local policies and actions are leading to stronger Connecticut agriculture and healthier residents … including children!

Participants visited Graywall Farms and learned about the development of *The Farmer's Cow*, CT branded milk products that began retail sales in 2005l. They visited two schools in Mansfield that take part in farm-to-school programs and the USDA's Fruit and Vegetable Pilot Project. Participants convened in Hartford to learn about food policy councils, how they can be created and the potential outcomes these councils can produce. Connecticut was selected as the host for this site visit because of its innovative work in promoting food and farm policy. The Connecticut Food Policy Council was the first state-level council created in the nation.



The CFPC and the City of Hartford Advisory Commission on Food Policy.have met together to discuss common goals and design ways to share and coordinate information and activities.

The Council had an in-depth briefing on state emergency planning and food components of that planning. One outcome was the identification of areas where Council members had access to information and resources that could be useful for state emergency planning.

Anti-hunger Programs

ISSUE Increasing demand for food assistance; in 2006 more than 110,000 Connecticut households are food insecure

What is Food Insecurity?

Since 1995 the U.S. Census Bureau has conducted an annual survey of food security among a nationally representative sample of people living in the U.S. using the food security module in the CPS. The questions asked are about anxiety that the household budget is inadequate to buy enough food; inadequacy in the quantity or quality of food eaten by adults and children in the household; and instances of reduced food intake or consequences of reduced food intake for adults and for children.

The survey (called the "food security module") is widely regarded as a reliable indicator of household well-being and will serve as the basis for evaluating our nation's progress in reducing food insecurity -- one of the Surgeon General's health objectives for the nation for the year 2010. The goal is to increase food security from 88 percent of all US households (1995) to 94 percent.

There are two levels of **food insecurity** on which the survey reports:

Low Food Security: Generally, people that fall into this category have had to make changes in the quality or the quantity of their food in order to deal with a limited budget.

Very Low Food Security: People that fall into this category have struggled with having enough food for the household, including cutting back or skipping meals on a frequent basis for both adults and children.

Prevalence of Household-Level Food Insecurity and Very Low Food Security in Connecticut 2004-2006 (Average) and 2001-2003 (Average)

Total Low or Very Low Food Insecurity			Very Low Food Security		
Average 2004-06	Average 2001-03	Change 2001-03 to 2004-06	Average 2004-06	Average 2001-03	Change 2001-03 to 2004-06
8.6%	8.0%	0.6	2.7%	3.0%	-0.3

The CFPC continues to work on increasing participation in the food assistance programs by reducing barriers to participants and identifying regulatory barriers. The Council supported successful legislation in 2006 that increased access to food stamps by eliminating the value of cars in eligibility determinations. A Council subcommittee worked with the Depts. of Education and Social Services to link food stamp/DSS eligibility to school lunch eligibility. The Council supported activities to let food stamp recipients use farmers' markets by bringing EBT processing to the markets.

The 2007 biennial state budget provided increased funding for farmers' market coupons for seniors.

The CFPC is partnering with End Hunger Connecticut, Inc. and others in the Connecticut Campaign to End Childhood Hunger. This plan assesses the use of federal food programs and is creating a roadmap to increase the reach of these programs for children.

New and Upcoming Food Policy Issues

Huge increases in prices of food/milk have strong impact on cost of school lunch and breakfast and ability to provide healthy attractive meals.

Increases in prices of food/milk impact Connecticut food banks and local food pantries, as well as the cost of food for food assistance programs such as school breakfast/lunch and WIC.

The higher costs of food and energy will make it even more important for low-income families and individuals to learn how to spend their limited food resources for better nutrition. The CFPC will work to increase the level of food and nutrition education programs working with Connecticut communities.

Significantly increased demand by consumers for locally grown food is a positive for Connecticut farms. This is creating a major demand for more farmers' markets. This also creates more pressure for efforts to have meat slaughter and processing facilities in the state.

SUMMARY – CFPC Subcommittee on Meat Slaughtering and Processing

The CFPC has been supporting sustainable agriculture, farmland preservation, and locally grown foods since its creation ten years ago. "Home Plate—Putting local food on the menu," a 2006 statewide conference led by the Food Policy Council, focused on using local foods in institutional settings, i.e., schools, private businesses, restaurants, colleges, etc. Representatives from larger institutions stated that they could secure locally grown meat and poultry in the amounts they required because they were not available. This led to the discussion of why they were not available. A major concern was the lack of USDA approved slaughter and processing facilities in the state.

With the increased demand for locally raised animal products throughout the state a number of producers were concerned with this issue. In the summer of 2007 Elliot Wadsworth of White Flower Farm in Litchfield invited livestock producers from across the state to a presentation on a slaughtering and processing program developed and in use in Washington State. There a coop group had created a mobile slaughterhouse unit linked to a fixed site processing plant. He and others in Northwest Connecticut were interested in the feasibility of this approach for their region.

Michael Keilty from the Food Policy Council agreed to convene a Food Policy Council meeting to further discuss these issues. With Leadership commitment from Senator Andrew Roraback more than 30 producers and government agencies met on September 12. Representatives were present from the CT Departments of Agriculture, Economic and Community Development, Consumer Affairs, Environmental Protection, and Public Health. Also present were representatives from the USDA Albany NY office, the CT Extension Services, UCONN and the CT Farm Bureau.

The outcome of that meeting was a commitment to identify a common agenda and build some kind of an organization to address this issue. Since that time a number of meetings have been held. The outcome has been the creation of the Connecticut Meat and Poultry Producers Association. The group is working both on the structure of the organization and technical aspects of the work to be done. Specific issues that must be addressed include regulations, siting, waste management and economic viability.

For the CFPC this issue is key to farmland viability in Connecticut.

Connecticut Food Policy Council Members

Linda T. Drake, Chairman
Nutritionist and EFNEP Director
University of Connecticut

Linda Hubeny
CT Dept. of Administrative Services

Michael T. Keilty
Maple Spring Farm, Morris, CT

Dennis King
CT Department of Transportation

Gloria McAdam
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Lucy P. Nolan
Executive Director
End Hunger Connecticut, Inc.

Paige Abrams
The Bushnell Center for the
Performing Arts

Mary Parizo
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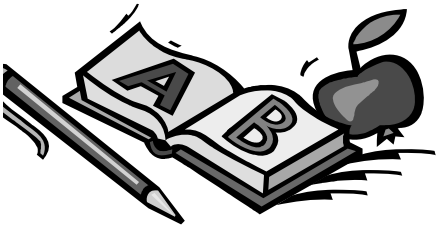
Tracy Helin
Connecticut Association for Human
Services

Stan Sorkin
Connecticut Food Association

Jerry Jones
Hartford Food System

Jean C. King
The Parisky Group

Jiff Martin
Working Lands Alliance
& New England Field Representative
American Farmland Trust



Vision

Connecticut's children and adolescents are healthy, learning and succeeding in life.

Components of a Coordinated School Health Program

- School Health Services
- Health Education
- Healthy School Environment
- Family/Community Involvement
- Physical Education
- Counseling, Psychology and Social Services
- School Nutrition Services
- Health Promotion for Staff

CSH Partners

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COORDINATED SCHOOL HEALTH CONNECTICUT

WHAT IS COORDINATED SCHOOL HEALTH?

Coordinated School Health (CSH) is an effective system designed to improve health and academic achievement. CSH improves students' health and their capacity to learn through the support of families, communities and schools working together.

WHY IS COORDINATED SCHOOL HEALTH IMPORTANT?

Children's health and education are compromised by risky behaviors, such as

- Lack of physical activity;
- Poor diet;
- Tobacco, alcohol, and drug use;
- Early sexual activity;
- Failure to use seatbelts; and
- Access to weapons.

A coordinated approach to school health addresses such risky behaviors. The whole community is responsible for supporting the healthy development and academic performance of youth. These partnerships are more successful when implemented through a Coordinated School Health approach.

HOW WILL COORDINATED SCHOOL HEALTH HELP?

Coordinated School Health can

- Reduce absenteeism and classroom behavior problems;
- Improve classroom performance;
- Better prepare students to be productive members of their communities;
- Establish good life-long healthy practices; and
- Address staff wellness needs.

To learn more about how academic success is linked with student's health visit http://www.cdc.gov/HealthyYouth/health_and_academics/index.htm.

COORDINATED SCHOOL HEALTH – CONNECTICUT'S PLAN

The Connecticut State Department of Education, in partnership with the State Department of Public Health receives funding from the Centers for Disease Control and Prevention to support CSH activities. The five-year strategic plan has three main goals:

- Expand and strengthen state-level infrastructures to promote CSH.
- Increase the capacity of school districts and schools to implement policies, practices and programs to promote physical activity, improve nutrition, reduce tobacco use (PANT) and decrease higher risk behaviors that may lead to HIV/STD infection and unintended pregnancy.
- Increase awareness of the purpose and benefits of CSH in reducing health and education disparities.

Revised: May 12, 2009

Coordinated School Health Partners

CONNECTICUT STATE DEPARTMENT OF EDUCATION

CSH Coordinator
Donna Heins, 860-807-2082

PANT Coordinator
Kari Sullivan, 860-807-2008

Family Involvement
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HIV Prevention and Health Education
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Nutrition Education
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Physical and Health Education
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Safe and Drug-Free Schools, Social Work
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CONNECTICUT STATE DEPARTMENT OF PUBLIC HEALTH

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Health Education, Management and Surveillance Section
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860-509-8251

Nutrition, Physical Activity and Obesity
Mario Garcia, 860-509-8251

Tobacco Use Prevention and Control Program
Barbara Walsh, 860-509-8251

CT School Health Survey
Diane Aye, 860-509-7662

HIV/AIDS Program
Susan Major, 860-509-5807

STD Program
Heidi Jenkins, 860-509-7722

To contact by e-mail use:
firstname.lastname@ct.gov

WHAT ACTIVITIES ARE PLANNED?

Activities that will be carried out through this partnership include:

- Conducting a Leadership Institute for pilot school districts implementing CSH;
- Developing a recognition program for schools with exemplary coordinated school health programs;
- Hosting an Annual Coordinators Meeting;
- Managing a CSH data and resource electronic warehouse; and
- Offering statewide professional development and technical assistance opportunities.

HOW CAN YOUR SCHOOL BE A HEALTHY SCHOOL?

Take a look at your school! Begin your discussion by answering the following questions. Does your School…

- Have a school health advisory committee?
- Offer planned, ongoing and systematic skills-based health education?
- Provide an opportunity for students to participate in physical activity on a daily basis?
- Serve healthy foods throughout the school environment?
- Have a tobacco-free policy that is enforced?
- Have school nursing services available to all students?
- Have adequate support services for the social and emotional well-being of students?
- Have opportunities for family and community involvement?
- Offer wellness programs for the staff and community?
- Provide a safe learning environment?
- Coordinate, prioritize and evaluate the effectiveness of services and programs?
- Provide professional development opportunities for staff?
- Incorporate health and safety issues into the school improvement plan?

To BE a healthy school where children are fit, healthy and eager to learn, contact Donna Heins, CSH Coordinator, at 860-807-2082 or Kari Sullivan, PANT Coordinator, at 860-807-2008.

WHAT IS CONNECTICUT'S MISSION FOR COORDINATED SCHOOL HEALTH?

We will nurture the physical, social and emotional health of the school community including students, families and school personnel. We will promote the coordination, expansion and institutionalization of the Coordinated School Health model.

For more information and resources visit:
http://www.sde.ct.gov/sde/healthyconnections

Funding for Connecticut's Coordinated School Health Initiative provided by the Centers for Disease Control and Prevention

Revised: May 12, 2009

APPENDIX B – PROJECT LEADERSHIP

NDDH/HealthQuest Northeast Connecticut
LEADERSHIP TEAM

"The preservation of health is a duty. Few seem conscious that there is such a thing as physical morality." – Herbert Spencer

The *HealthQuest Northeast Connecticut* Leadership Team (HQLT), currently organized as an ACHIEVE Community Health Action Response Team (CHART) is fortunate to include a diverse representation of individuals who are conscious about physical morality and committed to the process of building and sustaining healthier communities. The HQLT brings significant leverage for strengthening and further developing the coalition so that it includes community and political will for continued policy and environmental change. The HQLT includes:

Patrick R. McCormack, MPH – Interim Director of Health for the Northeast District Department of Health (NDDH). McCormack has taken over leadership of NDDH on an interim basis from former director Patricia Beckenhaupt, who recently received an appointment to the Centers for Disease Control in Atlanta. McCormack continues to support and build upon the strong public health infrastructure established by his predecessor and maintained by current NDDH staff. The NDDH team sees public health as the foundation of a healthy community. We remain committed to furthering the HQ initiative to foster positive change in our communities and facilitating the necessary relationships to achieve our goals.

Linda J. Colangelo, AS -NDDH Director of Health Education and Communications; ACHIEVE Lead Coach. Colangelo wrote the application that lead to the selection of the HealthQuest initiative as a national ACHIEVE community in March, 2009 with funding provided by the National Association of Chronic Disease Directors (NACDD). Colangelo serves as the lead coach for the ACHIEVE grant and program director for current obesity and asthma grants. She has published articles in newsletters by the CDC, EPA, and CT Dept. of Agriculture (See Appendix D). She was also the recipient of a Social Marketing Conference scholarship in 2009 by the NACDD and the University of South Florida. Colangelo was a committee member of the original Healthy Hearts Coalition and is a founding member of the current HealthQuest initiative. Colangelo brings a diverse skill set to the HQLT as a 30-year communications professional, public health advocate and passionate community volunteer.

Brittany Otto, BS – NDDH Grants Assistant/ACHIEVE Data Collection Manager. Otto currently supports a number of grant-funded initiatives at NDDH, including recent oversight of a Lyme disease prevention grant and support for Medical Reserve Corps, Bioterrorism Preparedness and H1N1 influenza response grants. She is an active HealthQuest participant and is responsible for the collection, input, and maintenance of data acquired through the ACHIEVE Change Tool Assessment process.

NDDH Partner Role: The Northeast District Department of Health will serve as the lead agency and fiduciary for the HealthQuest CPPW initiative. The NDDH Director of Health will provide in-kind support for responsible stewardship of grant funds and associated activities and assurance of all ARRA Recovery Act-Specific Reporting Requirements. Grant funding will support the active role of the Director of Health Education, who will serve as the program director (see budget for projected FTEs of all grant-funded positions). This will include responsibility for oversight and management of the project goals, facilitation of the HealthQuest Coalition building process, assurance of completion of reports as required by the funder, participation in training and technical support activities as appropriate and development of the final project report and deliverables. The grant will fund additional hours for the NDDH Grant Assistant to serve in a support role for partner coordination, program planning, meeting organization and minutes, the oversight of the CPPW CHANGE Tool Assessments and other associated programmatic and administrative needs.

Robert E. Smanik, FACHE - President and CEO, Day Kimball Healthcare (DKH), which includes the region's sole community hospital. In recent years, DKH has stepped up its efforts to work closely with community and employed primary care physicians to develop service provisions along the "patient centered care, medical home model" as developed by the national medical societies. Reaching out to community organizations and businesses is an integral avenue to connecting DKH physicians with community residents in support of primary care health needs of prevention and wellness. As a large employer, the hospital is working closely with several manufacturing businesses which are implementing contemporary models of wellness and health promotion in the workplace. DKH sees this initiative of access and promotion of primary healthcare as its central mission to its communities. DKH and NDDH share a long-standing, productive and progressive relationship. Further, the DKH Chief Medical Officer and Director of Infectious Diseases also serves as the NDDH Medical Advisor. The DKH Board of Directors, medical Staff and Administration have identified community focused primary care delivery as its top strategic goal. Over the past two years its involvement through its CEO and pediatric physician as members of the leadership team of HealthQuest have served to provide clarity and opportunity to develop and begin implementation of its community focused primary care goal. As the top priority of the organization much work is underway at DKH to advance the effort. The continued linkage with HealthQuest assists with our efforts to expand our efforts beyond one-on-one patient doctor relationship and include population management work. Much has been learned about the challenges and realities of public health and behavioral change. DKH looks to support and participate with HealthQuest as an ongoing long term strategy.

Marc B. Cerrone, MD – Attending Physician and Chairman Emeritus of Pediatrics, Day Kimball Hospital. Dr. Cerrone also serves as a Pediatrician in DKH Pediatric Centers located in the towns of Putnam, Plainfield, and Thompson, and is an Assistant Professor at the University of Massachusetts School of Medicine. He is the pediatric liaison to the Plainfield School System and worked with them in May, 2009 to facilitate an educator's forum to expand the HQ WriteSteps walking and writing initiative to other area schools.

DKH Partner Role: Day Kimball Healthcare through the President and CEO and his designees will commit to continued active participation in the coalition and leadership among local health care providers. The hospital pledges in kind resources for executive leadership, financial reporting support, coalition building, meeting facilitation, coordination and engagement with medical and hospital staff, and promotion of HQ activities and participation in CPPW required activities as appropriate. A successful application will fund DKH-based positions for a grant Nutritionist, Lactation Consultant, Data Collection Specialist, and lead to the creation of a Pediatric Outreach Team. This team will establish direct relationships between pediatricians and school officials to discuss and coordinate initiatives to encourage and support good nutrition and exercise for school age children. Efforts will highlight coordination of individual messages to pediatric patients with programming offered through the schools. Pediatric practices will be implementing Medical Home Model initiatives with obesity being one of top conditions for care coordination. Dr. Cerrone will serve as the lead of the Pediatric Outreach Team, which will be supported through grant funding.

Mary P. Conway, Ed.D. - Superintendent of Schools, Town of Plainfield. Conway has established herself as a dedicated public health partner and has served on NDDH Bioterrorism, Pandemic Influenza, and Telemental Health advisory committees. She maintains that "the *first* priority of education is the health, safety, and well-being of students." It was largely through her efforts that the HQ WriteSteps walking and writing initiative was successfully adopted in the Plainfield School system. This increased physical activity initiative and a healthy eating program has earned national recognition from the Alliance for a Healthier Generation. Additionally, efforts from an NDDH Obesity Prevention grant produced policy and system changes through a Healthy Snacks program for 4th, 5th, and 6th graders in Plainfield Schools. As a result of the HQ initiative, collaborative models are already in place for DKH pediatricians and school leadership to align health goals with school activities.

Partner Role: The Plainfield School System through the School Superintendent will commit to continued active participation in the coalition and leadership among other area school systems. The superintendent will provide in kind resources for coalition building, coordination among educators and other school administrators, promotion of HQ activities and participation in CPPW grant required activities as appropriate. Dr. Conway will work with a grant-funded YRBSS Coordinator to facilitate the special administration of the YRBSS.

Elizabeth M. Kuszaj, BA– Executive Director, Northeastern Connecticut Chamber of Commerce (NCCC). Twenty-seven years of executive leadership by Kuszaj has resulted in a strong, productive, and community-oriented chamber membership of over 500 businesses. As a result of Kuszaj's participation and partnership with the HQLT, a highly successful worksite wellness forum was held in May, 2009 and served as a catalyst for the policy adoption of a Worksite Wellness Subcommittee of the NCCC Board of Directors. In addition, Kuszaj has fostered long-standing and effective relationships with local, state, and federal legislators and is an important portal to the policy arena. To sustain efforts of worksite wellness and create an on-line toolkit for local businesses, Kuszaj has recently applied to the WellPoint Foundation for a $50K grant.

NCCC Partner Role: The Northeastern Connecticut Chamber of Commerce through its Executive Director will commit to continued active participation on the HQLT and will spearhead grant efforts related to worksite wellness and assist in administrating the CPPW CHANGE. Grant funding will partially support the Executive Director's role as the CPPW Worksite Wellness Coordinator.

Delpha M. Very - The Economic Development Coordinator for the town of Putnam; former First Selectman of the Town of Woodstock; Policy Committee Chair for the Board of Directors of the Thompson Ecumenical Empowerment Group, a HealthQuest partner providing social services to disadvantaged populations in the towns of Thompson, Woodstock, and Pomfret. Very has recently procured grant-funding to build a regional farmer's market in the town of Putnam and is actively engaged in negotiations to bring a regional YMCA to the region as well. Putnam's positive planning and development initiatives have resulted in walking trails, street lights, sidewalks, recreation programs, cultural events, and proposed projects for community gardens. The participation and shared vision of this alliance will be an integral association in order to affect policy change in at least one town associated with our initiative and can serve as a model for others.

Partner Role: The Putnam Economic Community Development Coordinator will commit to continued active participation on the HQLT and provide leadership coordination among town administration and recreation departments. The Economic Community Development Coordinator will provide in kind resources for coalition building, advancement of Plow to Plate® nutrition initiatives and local linkage to farmers markets, promotion of the proposed regional YMCA, and participation in CPPW required activities as appropriate.

Cherie Poirier, MBA - Operations Manager, Daniel's Pharmacy, a local independent pharmacy in Killingly, CT; ACHIEVE Community Coach. Through her leadership role at the pharmacy, Poirier was responsible for procuring the funding and organizational efforts that supported the initial HealthQuest event and has made the pharmacy a conduit for community outreach of preventive health and wellness programs. Cherie is also credited with initial and ongoing outreach efforts to recreational walking consult Robert Sweetgall, and Plow to Plate ® founder Marydale Debor which resulted in the far-reaching success of the HQ '09 event in northeastern CT. These important relationships have given focus and direction to the HQ selected MAPPS strategies and grant initiatives.

Partner Role: Daniel's Pharmacy Operations Manager will commit to continued active participation on the HQLT and will provide leadership among other community service organizations. The Pharmacy Operations Manager will provide in kind resources for coalition building, assist with recruitment of targeted community coalition members, assist with coalition meetings, promotion of HealthQuest activities, and participation in CPPW required activities as appropriate. In addition to her involvement with nutrition initiatives, Poirier will serve as the YRBSS coordinator in a grant funded role to facilitate the special administration of the YRBSS.

Karen Osbrey – Owner, WINY Radio, 1350-AM, a 5000 watt radio station that serves as the "communications hub" for northeastern Connecticut. A life-long resident of northeastern Connecticut and a passionate community advocate, Osbrey is considered a critical component in achieving successful project outcomes. The level of her "connectedness" to community resources and program partners is an important factor in expanding the HQ coalition.

Partner Role: The owner of WINY Radio commits to continued participation on and support of the HQLT and will assist in the recruitment of additional appropriate community partners. Osbrey will provide in kind support to serve as the liaison to local food banks and the grant funded purchase of refrigerators as we further the nutritional initiative to improve access to fresh fruits and vegetables in these important locations. WINY Radio also frequently contributes in kind advertising to substantially further grant funded promotional and messaging campaigns.

Steven Townsend, MBA – Community philanthropist and former CEO of United Natural Foods, a $2.3B publicly traded natural foods distribution and retail company. Townsend's professional career has been based on healthy nutrition, and his personal commitment to health, wellness and physical fitness has been a driving force behind the HQ initiative. In fact, it was his inquiry of what could be done locally to combat the problem of childhood obesity that led to the reformation of the Healthy Hearts Coalition into the HealthQuest Leadership Team. He has provided sponsorship funding for the past two years of HQ events and continues to be a change agent for physical activity and nutrition initiatives. ***Of particular note is his persistent effort and strong voice that led to State of CT legislation enacted in July, 2006 banning all public schools from selling regular or diet soda and sports drinks in vending machines or school stores.***[1]

Partnership role: Townsend commits to in-kind ongoing participation on the HQLT and sponsorship of HQ events. He will also leverage his exceptional business management experience to provide guidance on grant-funded programmatic activities and outcome measures.

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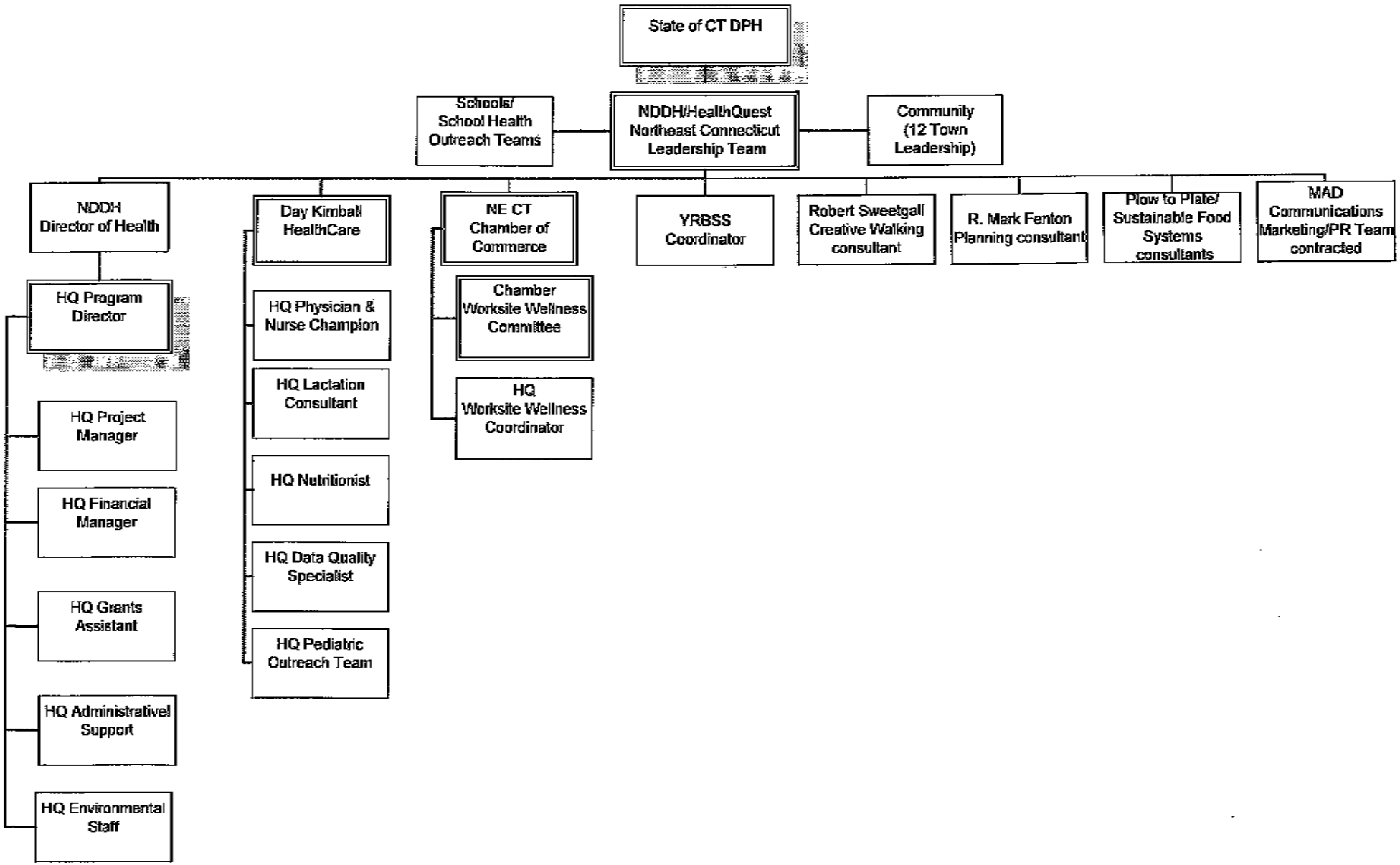
[1] State of CT Public Act No.06-63. 2006. An Act Concerning Health Food & Beverages in Schools. http://www.cga.ct.gov/2006/ACT/PA/2006PA-00063-R00SB-00373-PA.htm.

Appendix B – Project Leadership

HealthQuest Northeast Connecticut Organizational Chart



APPENDIX B – PROJECT LEADERSHIP

NDDH/HealthQuest Northeast Connecticut
KEY PERSONNEL STAFFING PLAN

The staff of the HealthQuest CPPW Initiative will include:

- Program Director
- Project Manager
- Grant Assistant
- Financial Manager
- Administrative Assistant
- Registered Sanitarian

- Contracted Representatives from HealthQuest CPPW Partner Agencies
  - Day Kimball Healthcare (DKH) Lactation Consultant
  - DKH Nutritionist
  - DKH Data Collection Specialist
  - DKH Pediatric Outreach Team
  - School Health Outreach Team
  - YRBSS Coordinator
  - NE CT Chamber of Commerce Worksite Wellness Coordinator

- Representatives from the HealthQuest Leadership Team (roles defined in Leadership Team appendix)

- Planned Consultant Services
  - Mark Fenton, public health, planning, and transportation consultant
  - Robert Sweetgall, Creative Walking, Inc.
  - Plow to Plate ® - Marydale Debor & John Turenne
  - MAD Communications, Mary Ann Dostaler

Linda J. Colangelo

143 Grove Street, Putnam, Connecticut 06260 • Phone 860-450-2245 • Fax 860-928-3935 • Linda@thecq.com

PROFESSIONAL SUMMARY

Accomplished communications professional with an extensive background in health education, risk communications, marketing, writing, and public speaking

MANAGEMENT PROFILE

- Excellent management, reasoning, and leadership skills
- Exceptional organizational and multi-tasking abilities
- Outstanding motivator and successful team builder
- Civic minded and public-service oriented
- Keen ability to listen and learn
- A respectful, professional manner, forged by responsibility and accountability

PROFESSIONAL EXPERIENCE

NORTHEAST DISTRICT DEPARTMENT OF HEALTH (NDDH) **Brooklyn, CT**
Director of Health Education and Communications **2004 - Present**

- Responsible for the planning, implementation, and oversight of community health education programs designed to prevent illness, promote wellness, and protect the public health of over 85,000 constituents served by the local public health department
- Trained risk communicator capable of disseminating information to individuals, stakeholders, and communities during a crisis/emergency; developed and authored the NDDH Crisis and Emergency Risk Communication Plan; senior planner and communicator for H1N1 influenza response
- Appointed by Senator Donald Williams to the State of Connecticut Public Health Preparedness Advisory Committee
- Assists the Director of Health in the procurement of federal, state, and regional grants to fund vital community health education programs and fulfills required grant objectives; authored successful application resulting in funding by the National Association of Chronic Disease Directors and selection of NDDH as a national ACHIEVE community – serves as lead coach and project manager for this initiative
- Serves or has served as program director for a number of grants including asthma, obesity, Lyme disease, food borne illness and a national Heart Truth grant from HHS Office on Women's Health
- Published articles in Centers for Disease Control's "Healthy Communities" newsletter – November, 2009, and CT Department of Agriculture "Farm to Chef" newsletter, June 2009
- Served as the lead spokesperson for NDDH and the State of Connecticut Department of Public Health during the April, 2005 InterRoyal Mill Fire in Plainfield, CT; wrote article on interagency collaboration during this event which appeared in "The Local Landscape," a publication of the United States Environmental Protection Agency
- Writes and disseminates public health press releases through multiple media outlets including television, radio, newspapers, and web
- Maintains and updates the NDDH website
- Collaborates with NDDH staff and community planning partners in the development and implementation of essential programs
- Represents NDDH on behalf of the Director of Health in community coalitions and through community organization memberships
- Successfully increased community awareness of public health topics due to effective and award-winning health education programs
- Developed the NDDH's highly acclaimed "In the Know and Ready to Go" Emergency Preparedness Show, which educates individuals to prepare for a number of public health emergencies, including Pandemic Influenza
- Served as a lead planner for one of seven health departments chosen to participate in the State of Connecticut Strategic National Stockpile Full-Scale Exercise, April, 2006
- Frequent presenter at state, regional, and local public health forums and trainings

PROFESSIONAL EXPERIENCE - Continued

THE CREATIVE QUILL, **Putnam, CT**
Owner, Freelance Writer **2001 - Present**

- Owns and successfully operates a professional writing services firm that provides quality copy and concept work to a variety of client publications, advertising needs, and presentations. Clients have included the Northeast District Department of Health; Pomfret School; Day Kimball Hospital; WINY Radio; the Association for Retarded Citizens (ARC) of Quinebaug Valley; the Diocese of Norwich; Putnam Merchants Association; Broadway Live Productions; numerous individuals, corporations, and businesses
- After years of rejection by voters, the proposed $81.2 million Killingly High School Building Project was approved following a targeted marketing campaign developed by the Creative Quill
- Have written and performed in 9 Broadway Live/VOICES projects (local theatrical/concert productions) which have raised over $300,000 for local charities

EVERGREEN HEALTH CARE CENTER **Stafford Springs, CT**
1989 – 91, 1998 – 2003

WESTVIEW HEALTH CARE CENTER **Dayville, CT**
1999 – 2003

Director of Marketing, Public Relations, and Human Resources Consultant

- Served two long term health care facilities in multiple roles – one during critical start-up phase and another during a health care union petition drive, which was successfully defeated
- Developed and coordinated on-going marketing strategies, advertising campaigns and special events to successfully increase facility census
- Administered company wage and benefit program for over 200 employees; responsible for employee recruitment and retention

EDUCATION

- Quinebaug Valley Community College, Danielson, CT
  Associate in Science
  GPA 4.0 – Commencement Speaker, May, 2003 - Member, Phi Theta Kappa Society

COMMUNITY WORK & AWARDS

- **American Cancer Society, Annual Northeastern Connecticut Relay for Life Event**
  - Entertainment/Logistics Chair, 1996-98, Event Co-Chair 1999-2003, Event Consultant, 2004
    Efforts raised over **2.8 million dollars** for cancer research and services; event grew to be the **#1 ACS fundraiser, per capita, in the nation**
    Recipient, New England Division Heart of Relay Award
    Sandra C. Labaree Volunteer Values Award for Mission
- **State of Connecticut, Secretary of State Susan Bysiewicz,** Hartford, CT
  - *Recipient, Public Service Award*
- **Northeastern Connecticut Chamber of Commerce,** Killingly, CT
  - *Recipient, George J. Racine Jr. Humanitarian Award*
- **Putnam Rotary Club,** Putnam, CT
  - *Recipient, Service Above Self Award*
- **National Exchange Club,** Danielson, CT
  - *Recipient, Book of Golden Deeds Award*
- **Putnam Lions Club,** Putnam, CT
  - *Recipient, L. Gerald LaPointe Award for Outstanding Community Service*
- **Corporator, Day Kimball Hospital**

SARA GUSTAVESEN

6 Fairways Circle • Woodstock, CT 06281 • Phone: 860.928.0089
www.saracise.com • sara@saracise.com

Objective

Utilize my experience, skills and enthusiasm to create innovative lifestyle programming to improve client's quality of life.

Education & Awards

Eastern Connecticut State University — December 2004
B.S. in Health & Fitness Management — 3.7 GPA, Magna Cum Laude

- Honors Program Member
- Recipient of CAHPERD Gibson-Laemel Scholarship (selected from over 1,000 candidates)
- Named one of two of Eastern's Outstanding Future Professional through CAHPERD
- Named as one of the National Outstanding Student Major's by AHPERD
- Recognized by the university with the Academic Excellence Award
- Honored by the Health & Physical Education Department as the Outstanding Sport and Leisure Management major and awarded high grade point average for sophomore and junior year.

University of Connecticut — 2005-Present
M.S. in Allied Health — 3.7 GPA

Experience

Saracise — Sept. 2001 – Present | **Woodstock, CT**
Owner, Personal Trainer

Assess and design exercise programs according to client's personal needs. Facilitate one-on-one exercise routines using yoga, Pilates, strength training, and cardiovascular conditioning with specific considerations to injuries, healthy weight, and disease management.

SaraciseLink — Sept. 2005 – Present | **Woodstock, CT**
Co-Owner

Create and sell online personal training software that consists of a member database, scheduler, account billing, online client nutrition and exercise logs, tools to create customized workouts and newsletters. Presented product at a National Personal Training Conference Exhibit.

University of Connecticut: ConnectiFIT Program — Aug. 2005 – Present | **Storrs, CT**
Graduate Assistant/Program Coordinator

Develop, Research, Implement, and Evaluate worksite health promotion programs for the Department of Public Health. Programs include pedometer-based walking, health screenings, healthy living seminars, farmer's market, health fairs, and website management.

Blue Cross Blue Shield of Rhode Island — July 2003 – Aug. 2005 | **Providence, RI**
Product Manager

Facilitate product development of work site and community health programs. Programs include pedometer-based walking, smoking cessation, children's fitness, back care and disease management.

Intern: Good Health Benefit

Served as a program implementer in Health Promotion within community, corporate and private settings. Developed training manual for new health insurance product. Produced and presented research reports on stress management and its effects on health-care costs.

GeoFitness May 1997 – Aug. 2001, Present | **Orlando, FL**

Regional Sales Representative

Attend and deliver workshops at National Physical Education Conferences and provide presentations and demonstrations of *GeoMats* and other supplemental tools for fun, safe, and easy methods of encouraging physical activity.

Healthy Lady May 1997 – Aug. 2001, Present | **Woodstock, CT**

Present: Pilates & Yoga Instructor; Past: Aerobics Instructor, Trainer, Receptionist, Childcare

Instruct Pilates and Yoga classes weekly. Taught kickboxing, cardio, step, interval training, and muscle toning. Responsible for teaching new members proper form with equipment use and initial health education. Worked with members to develop comprehensive exercise programs. Assisted with daily operation of facility; opening and closing and basic office tasks.

YMCA Windham Sept. 2002 – May 2003 | **North Windham, CT**

Director of Group Fitness and Personal Training, Aerobics Instructor, and Personal Trainer

Employed as the Director of Group Fitness and Personal Training. Responsible for developing a new and improved group fitness program. Duties included hiring new employees for both group fitness and personal training program. Taught various classes: Step Aerobics, Cardio Kickboxing, Basic Cardio, Muscle Conditioning and Pilates and personally trained members.

Court House Plus Dec. 2001 – Apr. 2002 | **Vernon, CT**

Aerobics Instructor

Employed as a kickboxing, cardio and toning instructor. Received training in water aerobics. Also taught introductory classes (a.k.a. clinics) for step, cardio and kickboxing geared towards beginners.

Focus Fitness Aug. 2003 – Apr. 2004 | **Southbridge, MA**

Aerobics Instructor

Guided Mind/Body Aqua Aerobics classes, including Aqua Yoga and Aqua Pilates. Also responsible for guiding Interval Aqua classes.

Windham Middle School Mar. 2001 – Apr. 2002| **Windham, CT**

Yoga Instructor

Worked with middle school students enrolled in an "Obesity Management Program" to teach yoga and the benefits of exercise as a means of improving health.

Greater Hartford Marathon Mar. 2002 – May 2002 | **Glastonbury, CT**
Operations Volunteer

Assisted with coordination of health and fitness exposition, as well as planning of future association events.

ECSU Admissions Sept. 2000 – Oct. 2002 | **Willimantic, CT**
Tour Guide & Office Assistant

Assisted prospective students with the application process, led students on tours of the campus while providing advice and insight into the college, and worked within the admissions office providing office support.

Certifications

- Primary Aerobics Certification (American Aerobic Association International/AAAI)
- Personal Fitness Trainer Certification (AAAI)
- Prenatal Fitness Certification (AFAA)
- CPR (American Red Cross)

Conferences:

- Kripalu Center for Yoga & Health, *"The Healing Art of Yoga"*
  Lenox, MA., May 29 – June 1, 2003
- American Aerobics Association International/AAAI, *"One World"*
  Cape Cod, MA., - 1998, 2000, 2002, 2003
- Aerobics and Fitness Association of America / AFAA, *"APEX 2000"*
  Boston, MA., - 2000
- State of CT Governor's Committee on Physical Education, *"Governor's Senior Fitness Challenge"*
  Wallingford, CT., Sept. 2002
- Hospital for Special Care and CT Dept. of Public Health-Obesity Prevention and Control Program, *"OBESITY: Tools to Treat the Growing Epidemic Pediatric Session"*
  New Britain, CT., Nov. 2002
- The Connecticut Association for Health, Physical Education, Recreation and Dance – Fall Conference & Awards Banquet, *"United in Wellness"*
  Presented: "Yoga for Life"
  Cromwell, CT., Nov. 2002
- The New England Coalition for Health Promotion and Disease Prevention (NECON) and the Region I (New England) office of the US Department of Health & Human Services (US DHHS), *"The Obesity Control and Physical Activity Forum"*
  Marlborough, MA., Feb. 2003
- Association for Health, Physical Education, Recreation and Dance – National Convention
  "Soar With Your Strengths"
  Philadelphia, PA., Apr. 2003
- ECA World Fitness
  New York, New York, March 2005
- IDEA Personal Trainer
  New York, New York, October 2005

References available upon request.

Brittany Otto

EDUCATION

Southern Connecticut State University New Haven, Connecticut
Department of Public Health- Health Promotion
B.S. in Public Health
Graduated August 2008
Cumulative GPA: 3.11

RELATED SKILLS

Course Work: Introduction to Public Health Education, Introduction to Epidemiology, Public Health Research and Methods, Public Health Management, Health Promotion and Planning Implementation, Health Promotion and Planning Evaluation.
Work Experience: TeleMental Health Grant Research Assistant, Lyme Disease Prevention Grant lead, ACHIEVE Grant CHART Member/Data Manager, Northeast CT Medical Reserve Corps Volunteer Coordinator, and H1N1 Flu Clinic planning/implementation/evaluation work.

COMPUTER SKILLS

Experienced with various computer applications on both PC and Macintosh platforms: Microsoft Word, Microsoft Power Point, Microsoft Publisher.

COMPETENCIES

- Excellent organizational skills
- Program planning
- Program implementation/evaluation
- Excellent research skills
- Interpersonal skills
- Grant writing
- Data entry

WORK HISTORY

Northeast District Department of Health Brooklyn, Connecticut June 2008- Present
Grants Assistant

North Haven Recreation Department North Haven, Connecticut March 2006- Present
Recreational Gymnastics Coach

East Coast Sports North Haven, Connecticut January 2005- Present
Cheerleading/ Tumbling Coach

Premier Laboratory, Inc. Dayville, Connecticut June 2002- December 2007
Sample Preparation

ACTIVITIES

Eta Sigma Gamma, National Health Education Honor Society
April 2008 Inductee

Southern Connecticut Public Health Society (official student organization of Public Health Department)
Participate in various activities including; food and book drives, Adopt-a-Family, and AIDS-Walk New Haven.

Southern Women's Gymnastics (2004-2008), Southern Connecticut State University.
Captain of an award winning, competitive collegiate gymnastics team. ECAC Champions, 2008.

Relay For Life (2002- Present) Team member in Woodstock and New Haven events

19 Gunnar Drive, Brooklyn, CT 06234 / botto@nddh.org / (860) 208-8747

ORLA M. MCKIERNAN-RAFTERY
FINANCE MANAGER
Omckiernan-raftery@nddh.org *860-774 7350*

Professional Background

NORTHEAST DISTRICT DEPT OF HEALTH (NDDH), Brooklyn, CT **01/09 – present**
FINANCE MANAGER www.nddh.org

- Manage all accounting and finance needs and reporting for our 12 town public health district.
- Responsible for management of budgets and reporting requirements for multiple Federal, State and private grant funding.

ODYSSEYS UNLIMITED, Inc., Watertown, MA **01/07 – present**
PART-TIME ACCOUNTING CONSULTANT (*former full-time employer*) www.odysseys-unlimited.com

- Consultant in all areas of the company's accounting department.
- Trainer of new and existing staff on internal controls and accounting systems (MAS90)
- Special projects co-coordinator

VARIOUS OTHER PART-TIME CONSULTING PROJECTS
Details available upon request

STURBRIDGE HOST HOTEL, Sturbridge, MA **12/05 – 12/06**
CONTROLLER www.sturbridgehosthotel.com

- Responsible for all areas of finance and related staff.
- Proactively supervise the production of all financial reporting, costing, budgeting and controls.
- Collaborate daily with local General Manager and Corporate Controller based at Corp. HQ's in FL.
- Rapidly familiarized myself with compliance and regulations relevant to the hotel industry.
- Successfully trained existing staff on new accounting system (MAS90).

ODYSSEYS UNLIMITED, Inc., Watertown, MA **2/01 – 12/05**
ACCOUNTING MANAGER www.odysseys-unlimited.com

- Management & supervision of Accounting department and staff, and daily accounting functions.
- Production and review of financial reporting, costing, audit, budgeting and financial analysis.
- Monthly financial presentation to Senior Management.
- Project lead for the conversion and implementation of new accounting system (MAS90).

JUSTGIVE, San Francisco, CA **7/99 – 11/00**
DIRECTOR OF FINANCE www.justgive.org

- Responsible for accounting/financial management for a technology based non-profit organization.
- Financial statements, budgeting, audit, cash management, investments, contributions, risk management, financial analysis, fund management.
- Federal/State tax/information returns and non-profit state registrations. Preparation of grant budgets and applications.
- GAAP and IRS compliance for non-profits. Report and present to Board of Directors.
- Management and supervision of office, HR, IT and network administration.

PRICEWATERHOUSE COOPERS, Dublin, Ireland FINANCIAL MANAGER-*CONTRACT* **1999**

- Designed and developed a treasury management system to facilitate the firm's growth.
- Analytical preparation and reconciliation of the firm's Balance Sheet. Tax reporting.
- Accounts Payable supervision and reconciliation.

RESOLUTE RESOURCES LTD, Perth, Australia	SR PROJ. ACCOUNTANT-*CONTRACT*	**1998**
WILLIAM WILSON & ASSOC., San Mateo, CA	SR PROP.MANAGMENT ACCT	**1995 – 1997**
AME LTD, Dublin, Ireland	ACCOUNTING MANAGER	**1992 – 1995**
GRUNDFOS (IRELAND) LTD, Dublin, Ireland	STAFF ACCOUNTANT	**1989 – 1992**
REGISTRAR OF COMPANIES, Dublin, Ireland	JUNIOR ACCOUNTANT	**1987 – 1989**

Education

ACCA – Chartered Association of Certified Accountants, Dublin, Ireland **1994/95**
IATI – Institute of Accounting Technicians, Dublin, Ireland **1987/91**

CHERIE POIRIER

36 Bailey Woods Road • Brooklyn, CT 06234 • cheriepoirier@yahoo.com • C: 860-208-6562

OPERATIONS MANAGEMENT PROFESSIONAL

Operations • Programs • Projects

Results-oriented motivator, coordinator, and catalyst for change in healthcare initiatives. Strength in focusing diverse interests and energies to achieve common goals. Able to build effective networks and create synergistic relationships. ***Core competencies include:***

- Strategic Applications Development
- Staff Training, Development & Coaching
- Community Outreach Initiatives
- Business Plan Implementation
- Team Building & Leadership
- Process Redesign & Change Management

PROFESSIONAL EXPERIENCE

OPERATIONS MANAGER, 1994-Present
DANIEL'S PHARMACY, Daniel Fiore, R.Ph./owner, Danielson, CT
http://www.danielspharmacy.com

Plan, coordinate, direct, and lead strategic business initiatives to enhance customer satisfaction. Provide training in HIPAA, customer service and insurance contracts for a staff of 20. Develop and complete special projects designed to achieve business goals and objectives specific to customer service and cross-functional initiatives intended to drive performance improvement and compliance issues. Review and assess new business opportunities and marketing strategies to identify opportunities for leveraging business into new markets. Develop and maintain strong communications network with our customers, vendors, and the community.

Selected accomplishments:

- Designed business operations program for small pharmacy strategies in emergency situations.
- Consult Northeast Pharmacy on developing business plans for small pharmacies throughout Connecticut and Massachusetts.
- Strengthened pharmacy focus on customer service by lowering workflow by twenty-three percent and operation expenses by twelve percent.
- Implemented pharmacy internal wellness policy to decrease stress levels and increase enthusiasm in work environment.
- Developed Quality Improvement within Daniel's Pharmacy to decrease prescription errors by 54% in six months.

Serve on the BOARD OF DIRECTORS for SENIOR RESOURCES
Agency on Aging, Norwich, Ct

Assess funding and resources available for the senior market in Northeastern/Eastern Connecticut. Determine allocation of funds to assist the senior and disability market in 56 towns/regions. Recently voted onto the Finance and Marketing Committees.

Serve on the BOARD OF DIRECTORS for
Northeast Communities Against Substance Abuse

EDUCATION & CREDENTIALS

Master in Business Administration (2009)—Walden University, Baltimore, MD
GPA:4.0
Bachelor of Science in Business Administration (2006)– Walden University, Baltimore, MD

Elizabeth M. Kuszaj

38 Westview Drive, Brooklyn, CT 06234
860-774-4658 (H), Elizabeth.kuszaj@snet.net

Special skills:

Grant Writing	Marketing, Design and Advertising
Customer relations	Project oversight from beginning-to-end
Leadership skills	Computer Microsoft Suite

Professional Experience:

1982 – present *Executive Director*
Northeastern Connecticut Chamber of Commerce, Inc.
(a ten-town regional business organization)

Essential Duties & Responsibilities: Oversees organization, plans, directs and coordinates activities in order to ensure organization's goals are accomplished within defined scope, time, and cost constraints.

- Oversee and manage day-to-day operations of business organization consisting of 500+ members and a $300,000 budget
- Direct and oversee staff and volunteers
- Provide leadership and consulting for Board and Committees
- Organize and coordinate all Chamber functions including four major annual fundraisers, workshops, annual meeting, home shows, festivals, legislative roundtable meetings, seminars, conferences and networking functions
- Produce newsletters (hard copy & electronic), legislative position papers, legislative alerts and marketing brochures
- Wrote and Administered Grant for Business Services program for Eastern CT Workforce Investment Board (2 year grant awarded 3 times)
- Transitioned organization through two key mergers

1981-1982 *Full-time Interim Teacher*
Brooklyn Junior High School
- Eighth grade history/geography

Education:

BA, University of Connecticut, 1979 Speech Pathology

Affiliations:

Day Kimball Hospital Board of Directors 2000-present
Hospice of Northeast Connecticut 1995-2000
Rotary Club of Putnam 1994-present
Rotary Club of Putnam President 2008-2009
American Cancer Society Relay for Life 1992-present
Northeast Economic Alliance 1992-2004

Confidential Resume of:
Patrick Ryan McCormack, MPH
251 Church Street
Brooklyn, CT 06234
doh@uncashd.org

JOB EXPERIENCE

2009-Present **Northeast District Department of Health**

- Interim Director of Health for 12 communities in Northeastern Connecticut
- Working closely with staff members and Board of Health to provide continuity and progress on an interim basis.

2004 -Present **Uncas Health District (Bozrah, Montville, Norwich, and Sprague, CT)**

- Director of Health for a non-profit, unaffiliated Health District operating under State Statutes.
- Responsible for a District of more than 60,000 residents and a staff of fourteen.
- Experience in budgeting, staffing, media / press contact, and planning.

2001-2004 **Town of Belmont, MA Health Department**

- Sanitarian / Sealer of Weights and Measures
- Performed all health and weights and measures inspections for the Town.
- Performed Director of Health duties in the absence of the Director of Health.

2000-2001 **Town of Barnstable, MA Health Department**

- Tobacco Compliance / Health Inspector
- Coordinated all inspectional and health education activities for smoking and tobacco use in the Town.

1999-2000 **American Cancer Society, Norwich, CT**

- Regional Executive for Cancer Control
- Coordinated prevention/detection activities in Eastern Connecticut. Primary focus was on prostate cancer outreach and support programming.

EDUCATION

1997-1998 **Boston University School of Public Health**

- Master's Degree in Public Health
  - Maternal and Child Health Concentration

1993-1996 **Bates College, Lewiston, Maine**

- Bachelor of Arts
  - Major in Political Science

PROFESSIONAL AFFILIATIONS

Connecticut Public Health Association
Norwich Rotary Club Member
Connecticut Association of Directors of Health Board of Directors
United Community and Family Services Professional Advisory Committee

VOLUNTEER ACTIVITIES

Northeast District Department of Health Board Member

Professional References Available Upon Request

Robert E. Smanik, FACHE
263 Wolf Den Road
Brooklyn, CT 06234
860-963-6310 (W) 860-428-5961 (C)
rsmanik@daykimball.org

Experience

President & Chief Executive Officer
DAY KIMBALL HOSPITAL, Putnam, CT (2006 – Present)

President & Chief Executive Officer
ELLIS HOSPITAL, Schenectady, NY (2001-2006)

Executive Vice President & Chief Operating Officer
ST. MARY'S HOSPITAL, Waterbury, CT (1994-2000)

Vice President, Administration
BRISTOL HOSPITAL, Bristol, CT (1988-1994)

Vice President, Operations
RIVERSIDE MEDICAL CENTER, Kankakee, IL (1985-1988)

Director of Professional Services
NORTH KANSAS CITY MEMORIAL HOSPITAL, North Kansas, MO (1981- 1985)

Assistant Director
COMMUNITY HOSPITAL OF BEDFORD, Bedford, OH (1979-1981)

Administrative Residency
NORTHWESTERN MEMORIAL HOSPITAL, Chicago, IL (1978)

Education

Master of Health Services Administration
The Ohio State University, Columbus, OH (1979)

Bachelor of Science
Heidelberg College, Tiffin, OH (1977)

Licenses – Nursing Home Administrator – States of Connecticut & New York

Professional & Community Organizations

Fellow American College of Healthcare Executives (FACHE)

Northeast Connecticut Chamber of Commerce – Board Member

Rotary Club of Putnam, CT

Connecticut Hospital Association – Newly elected Board Member

Day Kimball Homemakers – Board Member

Ohio State University Hospital and Health Services Administration Alumni Association

53 Ragged Hill Road
Pomfret Center, CT 06259
Cell (860)377-9558
MarcKidsDoc@charter.net

Marc B. Cerrone, M.D.

Current Positions

Attending Physician and Chairman Emeritus of Pediatrics
Day Kimball Hospital, Putnam, CT
Pediatrican, Day Kimball Hospital Pediatric Centers
Putnam, Plainfield and Thompson, CT
Assistant Professor, University of Massachusetts School of Medicine

Education

1996-1999	Albert Einstein College of Medicine Montefiore Medical Center, Bronx, NY Residency in Pediatrics
1992-1996	State University of New York Downstate Medical Center, Brooklyn, NY Doctor of Medicine
1988-1992	University of Notre Dame, Notre Dame, IN Bachelor of Science

Certifications

American Board of Pediatrics, Board Certified
United States Medical Licensing Exam (USMLE), Steps I-III, Passed
Pediatric and Neonatal Advanced Life Support
Child Sexual Abuse Examiner

Professional Society Memberships

American Academy of Pediatrics Fellow, National and Local Chapters
American Academy of Pediatrics Young Physicians Division

Scholarships/Awards

Undergraduate: Dean's List 1989, 1992
Alpha Phi Delta Scholarship Award 1990, 1991, 1992

Research Position

University of Notre Dame Biology Department
Neurophysiology of Smooth Muscle 1990-1992

Activities

Residency:

- American Academy of Pediatrics, Residency Program Representative, attended four national conferences 1996-1998
- House Staff Council, elected member 1996-1998

Medical School:

- Admissions Office Student Tour Coordinator 1993-1994
- Students for Social Responsibility, Active Member 1992-1994
- *Iatros* Medical School Yearbook, Features Editor 1995-1996
- Vocal Cord Student Newspaper, 1993-1994 Humor Writer
- Medical Spanish, Instructor 1992-1993
- Student-Faculty Show, Scriptwriter,Songwriter, Actor 1992-1996

Undergraduate:

- Notre Dame Folk Choir, Student Director 1990-1992
- Pre-Professional Society, Co-President 1989-1990

Languages

Spanish – six years of formal training
American Sign Language – one year of formal training

Special Interests

Personal fitness, photography, travel, training in voice and acting

MARY P. CONWAY, ED.D.
317 SOUTH STREET
VERNON, CT 06066
(860) 871-0180

PROFESSIONAL EMPLOYMENT EXPERIENCE

Superintendent of Schools – Plainfield Public Schools **July 2000 – Present**
Plainfield, Connecticut

High School Principal – Windsor Locks High School **August 1996 – June 2000**
Windsor Locks, Connecticut

Acting High School Principal – RHAM High School **January 1996 – July 1996**
Hebron, Connecticut

Assistant High School Principal – RHAM High School **July 1995 – July 1996**
Hebron, Connecticut

Assistant Principal – Wheeler High/Middle School **August 1994 – June 1995**
North Stonington, Connecticut

District Testing and Professional Development Director
North Stonington Public Schools **August 1994 – June 1995**

Administrative Internship – RHAM High School **September 1993 – July 1994**

Mathematics Teacher – Windsor (CT) High School **January 1988 – July 1994**

EDUCATION

Doctorate in Education, May 2005
Dissertation topic – The attributes of successful high school dropouts
University of Connecticut, Storrs, Connecticut

Superintendent Certification, May 1999
Southern Connecticut State University, New Haven, Connecticut

Sixth-Year Diploma in Professional Education, December 1995
Connecticut Administrator Preparation Program (CAPP)
Intermediate Certificate in Administration, August 1994
University of Connecticut, Storrs, Connecticut

Master of Science in Computer Science Education, May 1993
Eastern Connecticut State University, Willimantic, Connecticut

Bachelor of Science in Mathematics, May 1987
Trinity College, Hartford, Connecticut

Associate of Arts in Liberal Arts, May 1983
Manchester Community College, Manchester, Connecticut

OTHER PROFESSIONAL AND RELATED EXPERIENCE

Northeast Chamber of Commerce, Board of Directors
NEASC Visiting Committee Chair
Eastern AHEC (Area Health Education Center), Board of Directors
CIAC Board of Control Member
CIAC Baseball Committee Member
BEST Assessor
Math Team Coach
Assistant Boys Varsity Track Coach
Boys and Girls Cross Country Coach
President Rockville (CT) Little League

HONORS

Danforth Scholar
Omicron Delta Kappa, National Leadership Honor Society
Women's Club of Trinity College Award for Superior Academic Achievement
Women's Club of Connecticut Scholarship

PROFESSIONAL ASSOCIATIONS

Superintendents' Network, Connecticut Center for School Change
Northeast Superintendents' Leadership Council
Northeast Area Superintendents Association, Chair
American Association of School Administrators
Connecticut Association of Public School Superintendents
National Association of Secondary School Principals
Association for Supervision and Curriculum Development
Connecticut Association for Supervision and Curriculum Development

Delpha M. Very

1871 Route 197, Woodstock, Connecticut 06281 • Phone 860-974-1732 • dvery@snet.net

PROFESSIONAL SUMMARY

An accomplished, progressive leader with strong management skills and extensive experience in corporate, private, and public sectors.

MANAGEMENT PROFILE

- Proficient in town operations management, administrative office management, budget development, and governmental administration
- Outstanding motivator and successful team builder
- Recognized for vision, leadership, energy, and enthusiasm
- Well-informed, civic minded, public-service oriented
- Articulate and communicative; effective community relations skills
- Exceptional organizational and multi-tasking capabilities
- Excellent interpersonal, verbal, and written communication skills

PROFESSIONAL EXPERIENCE

TOWN OF PUTNAM, CT
Community Development Director — **1/2008 - Present**
Interim Community Development Director — **9/2007 – 1/2008**

- Serves on the Board of Directors for a newly proposed regional YMCA, ground-breaking planned for 2010; Chair of the YMCA Cultivation Committee
- Facilitated a community collaborative that lead to the development of a Farmer's Marketplace, Neighborhood Urban Garden Initiative, Putnam Youth Club Nutrition Program, and the Providence Street Streetscape Enhancement; ribbon cutting for new open-air farmer's market pavilion held in July, 2009
- Generated a comprehensive survey to be used by downtown merchant/property owners as a base-line tool for strategic marketing
- Successfully advocated for the creation of an Arts/Cultural Commission and Conservation Commission to enhance tourism and generate a partnering relationship for creative funding opportunities
- Initiated town-wide design standards for signage, historic preservation, and streetscapes to be considered by the Planning and Zoning Commissions
- Collaborated with community agencies and stakeholders on a 200K federal Environmental Protection Agency Brownfields Assessment Grant for the September, 2007 Putnam Foundry/Palo Property fire, as well as a Connecticut Main Street/Northeast Utilities Preservation of Place grant for an in depth downtown parking and traffic study

TOWN OF PUTNAM
Community Funding Coordinator — **7/2006 – 9/2007**

- Procured approximately 500K in grant funding, (with an additional 200K pending) for the implementation of many community enhancement programs. This included leading a team effort by the Putnam Redevelopment Agency to successful acquire grant funding for the highly acclaimed Opera al Fresco/Riverfire event at Rotary Park in July, 2007
- Created a grants workgroup to review/prioritize funding opportunities and monitor their status
- Researched, analyzed, and monitored grant program opportunities
- Developed and cultivated contacts with public and private grant funders
- Facilitated community partnerships; encouraged resource sharing to reap greater mutual benefits

PROFESSIONAL EXPERIENCE - Continued

TOWN OF WOODSTOCK, CT
First Selectman **2003 – 2005**
Selectman **2001 – 2007**

- Served as the town's chief elected official, overseeing the governmental, administrative, fiscal, and planning of all town operations
- Organized a funding partnership between the Natural Resource Conservation Service (NRCS), the Department of Agriculture, and the Town of Woodstock Open Space and Farmland Preservation Program in order to purchase Valley Farm, a 100-acre dairy farm in E. Woodstock
- Developed the Leadership Council to serve as an interagency communications network and information exchange for the heads of all town boards, commissions, and municipal services
- Successfully procured 1.6 million dollars in grant funding
- Implemented a tri-board subcommittee of the town's Board of Selectman, Board of Education, and Board of Finance to redesign the existing town budget process into a five-year development program to promote better fiscal planning and eliminate crisis management

STOGGY HOLLOW GENERAL STORE & RESTAURANT **1986 – 2000**
Owner/Operator

- Small business ownership provided unparalleled experience in customer service, account management, staff training, vendor relations, budget and financial management, inventory control, regulatory compliance, marketing, and sales forecasting

EDUCATION

- Central Connecticut State University, 1970-73

MEMBERSHIPS & AFFILIATIONS

- Member, Northeastern Connecticut Chamber of Commerce
- Member, Putnam Rotary Club International
- Board Member, Quinebaug Valley Community College Foundation
- Board Member, Thompson Ecumenical Empowerment Group
- President, Woodstock Historical Society
- Member, Town of Woodstock Conservation Commission
- Founding Member, Connecticut Conference of Municipalities Farm Task Force
- Member, American Cancer Society Stakeholder Program

COMMUNITY WORK & AWARDS

- **American Cancer Society, Annual Northeastern Connecticut Relay for Life Event**
  - Chairperson, 1998- 2002, Event Consultant, 2004
    Efforts raised over **2.8 million dollars** for cancer research and services, garnered corporate sponsorships of over 100K annually, and attracted record participation and attendance of over 10,000 local volunteers. This local event grew to be the **#1 ACS fundraiser, per capita, in the nation.**
    Recipient, New England Division Heart of Relay Award
    Sandra C. Labaree Volunteer Values Award for Stewardship

- **Putnam Rotary Club,** Putnam, CT
  - ***Recipient, Service Above Self Award***

Karen Osbrey
197 Grove Street
Putnam, CT 06260
860-928-6309 (home)
860-928-1350 (work)
kareno@winyradio.com

SUMMARY:
Life-long resident of Northeastern Connecticut; active community volunteer; passionate advocate for improving community infrastructure to provide residents with opportunities for physical well-being, financial independence, and educational success

EDUCATION:
Attended Killingly Public School system
Graduated Killingly High School, 1978

EMPLOYMENT:
WINY Radio June 1980 to present – traffic manager, copywriter, sales
Purchased radio station, May 2001

CHARITABLE:

2009 – present	Putnam Arts Council Board of Directors (BoD)
2008 & 2009	Bradley Playhouse Annual Appeal Chairperson
2007 – present	Putnam Rotary Foundation BoD
2006 – present	Putnam Partnership to Reduce the Influence of Drugs for Everyone (PUTNAM PRIDE)
2006 – present	Rotary District 7890 Publicity Chairperson
2006 – present	Putnam Interact Youth Advisor
2004 – present	Interfaith Human Services of Putnam BoD
2002 – present	Volunteer: Daily Bread Food Bank
1994 – present	Member of the Putnam Rotary Club Double Paul Harris Recipient for Meritorious Service President's Award in 2002 Secretary 2004-05 President 2005-06
1992 – present	Quinebaug Valley Community College Foundation BoD
1991 – present	Chairperson: Putnam Halloween Trick or Treat Night
1991 – present	Putnam Merchants Association
1991 – 1997	Northeast Homemakers Art Auction Northeast Homemakers Heartfelt Award in 1995

Other Committees: NDDH/HealthQuest Leadership Team; Putnam River Trail Planning Committee; Putnam 9/11 Vigil Service Committee; High Street Fire Relief Fund; Broadway Live Katrina Relief Concert

STEVEN TOWNSEND
169 Barrett Hill Road
Brooklyn, CT 06234
(860) 774-5359 Home, (860) 208-6839 Cell

SUMMARY

A Senior Executive with thirty years of senior management, financial, operational, IS and Human Resource experience in the distribution/retail industry. I've successfully managed the change that's required in a high growth environment having completed more than two-dozen acquisitions in the last fifteen years. This helped propel sales from $2M in 1981 to $2.1B in 2004. In addition, I was the CFO that took the company public in 1996.

AREAS OF EXPERTISE

Strategic Planning	Acquisitions/Mergers	Business Management
Management Development	Financial Reporting	Sarbanes Oxley/404
SEC Filings	Initial Public Offering	Board Responsibilities

PROFESSIONAL EXPERIENCE

United Natural Foods, Inc. and Subsidiaries	**1981-Dec 2005**
Chairman/CEO	2001-2005
President/COO	1999-2000
Chief Financial Officer, Secretary and Treasurer	1989-1998
Chief Operating Officer,	1986-1989
Controller/Treasurer	1981-1986

I recently retired as the CEO and Chairman of the Board of Directors for United Natural Foods, Inc. Nasdaq-(UNFI) which is a vertically integrated, natural foods distributor and retailer. As Chairman and CEO of this $2.3B publicly traded company, I had complete P&L responsibilities for the business and oversaw five (5) Regional Presidents, along with the CFO, VP-HR, VP-Distribution, CIO and Internal Audit Manager. In addition, I was responsible for the development of our long-term strategic plan, Annual Budgets and CapEx planning, facilities and technology implementation, acquisition and growth strategy, human resource, staff development, succession planning while maintaining key customer relationships.

During my tenure as CEO, we:

1. grew sales from $1.0B to $2.3B and achieved a five year CAGR of 17%;
2. grew income with a five year CAGR of 21%;
3. Increased Market Share from 5% to an Industry Leading 8.3%;
4. Completed and Integrated twenty-nine (29) acquisitions;
5. Increased our distribution capacity by 68% to handle increased volume;
6. Achieved a Return on Invested Capital of 20%;
7. Achieved a Return on Equity of 14.2% while increasing the stock price from $6 per share to more than $65 on a split adjusted basis;

As Chair our Board of Directors, I have helped to guide our Board thru issues such as Sarbanes/Oxley and 404 Certification Process, corporate governance, succession planning, and compensation planning. I served as an ex-officio member of the Compensation, Corporate Governance and Audit committees. I am an ex-officio member of our Audit, Compensation and Nominating and Corporate Governance Sub-committees of the Board.

Previously, I was the CFO of the company. In this position, I was responsible for all the financial affairs of the company and along with the CEO, developed and implemented the strategic plans for the entire organization. In 1996, I was part of the working group that prepared the prospectus and filed the S-1 Registration with the SEC to take the Company public. I also was responsible for going out on the road to "sell" the Company to potential investors.

COMPANY DESIGNATIONS

United Natural Foods recently received Forbes Magazines designation as:

1. One of Its Best Managed Companies for 2001-2005;
2. One of the Forbes Platinum 400 Companies for three consecutive years.

OTHER PROFESSIONAL EXPERIENCE

Harris Corporation **1978-1981**

Accounting Manager for this large, publically traded technology company.

Tupperware Corporation **1975-1978**

Cost Accountant for this multi-plant manufacturer.

EDUCATION

Bryant University, MBA in Management and Information Systems **1980**

Bryant University, BS in Accounting, Summa Cum Laude **1976**

Certificate of Management Accountant, CMA **1982**

BOARDS OF DIRECTORS

Board of Directors—United Natural Foods, Inc. thru December 2005 (NASDAQ:UNFI)

Board of Directors—Savings Institute Bank and Trust Company (NASDAQ:SIFI)

1. Chair-Alco Committee
2. Former Chair of the Audit Committee
3. Former Chair of Nominating and Corporate Governance

Board of Directors-SunOpta Inc thru August 2008(NASDAQ:STKL)

1. Chair-Audit Committee
2. Serve on Compensation and Nominating and Corporate Governance

CIVIC CONTRIBUTIONS

ARC of Quinebaug Valley—Non-Profit for developmentally disabled from 2007-present
Board of Directors-Day Kimball Hospital from 1991-2001

1. Chair, Health Net/Day Kimball Hospital, 1993-1996
2. Chair, Audit Committee—Day Kimball Hospital 1998-2001

Quinebaug Valley Community College Foundation from 1998-Present

1. Chair of the 2004 Capital Campaign that raised $1.5M for the school expansion

Board of Directors--Northeast Connecticut Chamber of Commerce from 1994-Present

1. Past President of the NE CT Chamber for two years

Board of Trustees-Bryant University—1995-1997
Brooklyn Board of Finance, 1985-1998, chaired this Board for eleven years

R. Mark Fenton

mark.fenton@verizon.net

25 Crescent Ave., Scituate, MA 02066
781-545-5004; (fax: 5075)

Mark Fenton is a transportation, planning, and public health consultant, author, PBS television host, and pedestrian and bicycle advocate. This includes extensive work with the University of North Carolina's Pedestrian and Bicycle Information Center in development and presentation of the national Safe Routes to School training course, and as a Walkable Community Workshop facilitator for the National Center for Walking and Bicycling in Washington, DC. Mark is considered one of the nation's foremost experts on walking for health and fitness, has published widely on the topic, speaks regularly at regional and national conferences, and is quoted extensively in the media. He combines this health perspective with his engineering expertise to provide innovative community-level program, design, and policy solutions to create more walkable and bicycle-friendly settings.

A recent focus for Mark is work on state and local Safe Routes to School initiatives. These range from community workshops that develop specific local intervention plans to training of state workshop facilitators. In all of his work Mark recommends a spectrum of tools from land use policies and practices to engineering and design details, as well as development of behavior change and promotional programs. The latter are critical to both build local interest and support for engineering and policy change, and to encourage use of new facilities. Throughout Mark combines the public health argument on the rise of sedentary lifestyles and chronic disease with the economic, transport efficiency, and environmental case for more pedestrian and bicycle-friendly settings. His goal is to develop multi-disciplinary coalitions to help design, build, and promote such settings, and his technical background assures that the work is based on sound engineering principals and established best practices.

Recent Project examples

Pioneering Healthy Communities, YMCA-USA; CDC ACHIEVE program. Facilitation of detailed active community workshops & technical training; over 30 communities nationwide. 2006-08

Healthy Hawaii Initiative. Statewide community workshops and technical training for creation of environments supporting active lifestyles. 2008-09

Louisville, KY Pedestrian Plan & Summit. Public workshops & summit facilitation, 2007-2008.

Minnesota Active Living by Design programs. Community facilitation for three comprehensive county interventions (rural, suburban, urban) sponsored by Blue Cross Blue Shield, MN. 2007-08

Safe Routes to School state programs. State trainings and education sessions: HI, SC, MT. 2006-08.

Bicycle & Pedestrian Connectivity Plan, Charlotte, NC. Facilitated community input workshops to develop 25 priority projects. 2005

National Safe Routes to School Training Course; UNC Pedestrian and Bicycle Information Center, Chapel Hill, NC. Aided in curriculum development, trained instructors, and presented workshops for the national SRTS program, 2005-08

Berkeley-Charleston-Dorchester Regional Bicycle/Pedestrian Plan, Charleston, SC. Facilitated public workshops, developed recommendations. 2005

Walkable Community Workshop facilitator, National Center for Bicycling and Walking, Washington, DC. Week-long MPO workshops nationwide. 2003-05

Non-Motorized Tranportation Plan, Ann Arbor MI. Community education and visioning sessions. 2004

Safe Routes to School workshop series, Milwaukee, WI. Focused on six at-risk schools. 2004

Professional Highlights

- Contributing Editor, *Health* Magazine; Former Editor-at-Large, *Walking* Magazine, 1993-present.
- Physical Activity Program Manager, UNC Pedestrian and Bicycle Information Center, 2001-2004.
- Host and chief creative consultant, *America's Walking*, PBS healthy lifestyle series, 2000-2002.
- Manager of Research Engineering &Human Performance, Reebok Int'l, Stoughton, MA, 1990-1992.
- Research Assistant, US Olympic Sports Science Laboratory, Colorado Springs, CO, 1983-84; 1987-88.

Education

M.S., Massachusetts Institute of Technology, mechanical engineering, February, 1990. Studied multi-phase fluid flow modeling and power system design.
B.S., Massachusetts Institute of Technology, mechanical engineering, June, 1983. Bachelor's thesis in biomechanics, gait analysis, and exercise science.

Selected Presentations

- Faculty member, *Physical Activity and Public Health* course, University of South Carolina/Centers for Disease Control, annually 1999-present.
- YMCA-USA *Pioneering Healthy Communities* training, Washington DC, annually 2004-present.
- "Fighting the Epidemic No One is Talking About," keynote, American College of Sports Medicine National Health and Fitness Conference, Las Vegas, April 2005.
- "Infrastructure Investments for Physical Activity in Communities," closing plenary, 18th National Chronic Disease Prevention Conference, Washington DC, Feb. 2004.
- "The Role of Transit in Creating More Active, Healthier Communities," Rail-Volution National Transit Conference, plenary session and walk audit workshop, Atlanta, GA, Sep. 2003.
- "Best Practices in Healthy Street Design," D Burden, M Fenton, K Sides, Institute of Transportation Engineers Technical Conference seminar, Ft. Lauderdale, FL, Mar. 2003.
- "Speaking the Many Languages of Smart Growth," National Smart Growth Conference, Local Government Commission, New Orleans, LA, Jan. 2003.

Selected Publications; Books

- *The Complete Guide to Walking for Health, Weight Loss, and Fitness*, M Fenton, Lyons 2008 (2nd Ed).
- *Pedometer Walking*, M Fenton, D Bassett, T Teare, Lyons press, 2006.
- *Walking Through Pregnancy and Beyond*, M Fenton, L Fenton, T Teare, Lyons press, 2004.
- *The 90-Day Fitness Walking Program*, M Fenton, S Bauer, Perigee, 1995.
- *The New Walkers Logbook*, M Fenton, Walking Magazine, 1995.

Selected Publications; Chapters, Articles

- "How to Walk Faster," M Fenton in *The Experts Guide to Doing Everything Faster*, Potter publ. 2008.
- "Jump Off a Bridge," M Fenton in *Fifty Things to Do When You Turn Fifty*, Sellers Productions, 2005.
- "Engineering Physical Activity Back Into Americans' Lives," M Fenton, in *Progressive Planning*, No. 157, p. 12-17, fall 2003.
- "Promoting Walking in the US: Overcoming the Stickiness Problem," M Fenton, *Creating Sustainable Transport*, Rodney Tolley, editor, Woodhead Publishing, London 2003.

Academic publications

- "Battling America's Epidemic of Physical Inactivity: Building More Walkable, Livable Communities," *J. Nutrition Education and Behavior*, 2005; 37: S27-S32.
- "The Relationship Between Convenience of Destinations and Walking Levels in Older Women," W King, JS Brach, S Belle, R Killingsworth, M Fenton, AM Kriska, *American Journal of Health Promotion*, 18 (1), 74-82, Sep. 2003.
- "Physiological Test and Performance Parameters of Elite and Sub-elite US Race Walkers," M Craib, M Fenton, JT Kearney, L Mino, and J Miller, SE Meeting, Amer. College of Sports Medicine, Jan. 1993.
- "Use of Joint Angle Biofeedback System in the Gait Training of Stroke Patients," RM Fenton, W.C. Flowers, *Biomechanics of Normal and Prosthetic Gait*, J.L. Stein, ed., ASME, BED-Vol. 4, Dec. 1987.
- "Race Walking Ground Reaction Forces," RM Fenton, *Sports Biomechanics*, Proceedings of the Second International Symposium on Biomechanics in Sport, J. Terauds, ed., Jan. 1984.

National Organizations and Activities

- Vice Chair, Board of Trustees, East Coast Greenway Association, 1999 to 2008.
- Juror, Institute of Transportation Engineers Annual Pedestrian Project Awards, 2003, 2004.

Robert Sweetgall -- Curriculum Vitae

Robert Sweetgall
PO Box 4190
McCall, ID 83638

e: rob@creativewalking.com 208-634-1491 fax 208-634-8158

Born December 8, 1947, Brooklyn, NY

Current Position : President, Creative Walking, Inc. (1985 to present)
www.creativewalking.com

Education
George W. Wingate High School (1962-65)
Valedictorian (1 out of 900 w/ 96.0 GPA)

The Cooper Union School of Engineering & Science (1965-69)
Bachelor of Chemical Engineering (BChE); Tau Beta Pi (Engineering Honors Society; 3.65 GPA)

Work
E. I. DuPont (1969-1981)
Chemical Process Engineer; Engineering Test Center Supervisor; Investment Project Engineer
Designed nuclear separations facilities for Atomic Energy Commission; Supervised Pilot Testing for Water & Air Pollution Abatement, Atomic Energy, Heat & Mass Transfer Facilities.

Foundation for the Development of Cardiovascular Health (1981-present), a 501c3 public charity
Founder and Executive Director

Work Accomplishments
* **Designed** the first *Walking Wellness* integrated walking curricula used by thousands of k-12 schools and colleges in America; **Designed** the first Smart Stepping active-living, pedometer-based school curricula currently used by elem, middle, high schools and colleges across America
* **Writings** : Authored 17 books on walking, wellness & active living including : *Walk the Four Seasons; Pedometer Walking; Walking Off Weight; Move to Improve; Ten-Minute Meals, Five-Minute Workouts; A Journey to Wellness; Fitness Walking; Walking Wellness*; *Smart Stepping*.
* **Speaking** : Presented over 5,000 keynotes and workshops to over 1,000,000 people worldwide to such groups as Natl Assn of Elem Principals; Amer Assn School Admin; Society of Public Health Educators (SOPHE); AHA; Amer College of Sports Medicine; US Air Force; US Dept Defense; USDA; Cornell University; The Natl WIC Program; Johnson & Johnson; Dupont; IBM; American Alliance Health & Physical Educators.
* **Special Projects** : Unprecedented 10,608-mile Run/Walk Across America (*Guinness World Book of Records, longest run in world history*) speaking to 100,000 children and teachers on heart disease and physical activity (1982-83); unprecedented 11,208-mile Walk Across America through all 50 states speaking to tens of thousands of children & adults (1984-85).

MARYDALE DEBOR, J.D.

PO Box 77 Cornwall Bridge, CT. 06754 860-672-0365 marydaledebor@optonline.net

PROFESSIONAL EXPERIENCE

July 2005-
Present **Vice-President for External Affairs, New Milford Hospital**

Member of senior management team responsible for all hospital operations;

Developed external affairs department and a government affairs function for the hospital, with responsibility for building relationships and regular communication with local, state and federal public officials; Serve as liaison to the Government Affairs committee of Connecticut Hospital Association;

Director (and co founder with local pediatrician and chef) of the Plow to Plate® Disease Prevention Initiative which has received awards and national recognition. (www.plowtoplate.org)

Executive Chair, Planetree Steering Committee and Chair of its Integrative Medicine Subcommittee;

Chair of the hospital's Prevention Working Group; developed robust program of grant-supported community-based disease prevention programs, in collaboration with the hosptial's Center for Clinical Excellence and Research

Extensive public speeches concerning the hospital's programs and services, in particular its disease prevention initiatives at state and national conferences

July 2004-
July 2006 **Vice President for Development, New Milford Hospital, New Milford, Connecticut.**

Member of senior management team responsible for all hospital operations

Developed and implemented a new portfolio community-based and in-hospital programs and events to greatly increase public understanding of the hospital's capabilities and lay the foundation for the hospital's future philanthropic activities;

Oversaw operations of the hospital's affiliated foundation and developed new annual giving program, Young Ambassador's giving program and community outreach regarding the importance of philanthropy. Published children's book, On Philanthropy.

Served as liaison to several committees of the Board of Directors, including: Finance, Investment and Marketing Committees

1999-2004. **CHIEF ADVISOR Avon Foundation Breast Cancer Crusade,** New York, NY

- Created and implemented a comprehensive, international philanthropic investment strategy to support a $250MM corporate breast cancer initiative, with a mandate to accelerate the development of effective prevention and treatment strategies and increase access for underserved women.
- Formed a Scientific Advisory Board for the Foundation to oversee the biomedical research portion of the gift program.
- Established a national network of more than 150 prominent investigators leading NCI-designed cancer centers, successfully positioning Avon as a leader in funding promising yet underfunded areas of breast cancer research.
- Developed a first ever public/private partnership between The National Cancer Institute and Avon, in which Avon provides $20MM to encourage translational research in cancer prevention, imaging, diagnosis and treatment.
- Spearheaded the Avon-American Association for Cancer Research Global Breast Cancer Initiative to support continuing education and training at US cancer centers for young investigators and survivor-advocates in Latin America, Asia and Eastern Europe.
- Structured the Avon-CDC Mobile Access Program, a partnership with the CDC Foundation that provides mobile mammography vans for programs serving women in rural areas with few clinical resources throughout the US.
- Wrote and co-authored numerous publications specific to breast cancer research, prevention and treatment. Available upon request.

1998-99 **EXECUTIVE VICE PRESIDENT, ACADEMIC MEDICINE DEVELOPMENT CORPORATION (AMDEC) FOUNDATION,** New York, NY

- Coordinated the planning and implementation of multi-institutional biomedical research projects for a newly formed consortium of 33 academic health centers in New York State.
- Established contacts with high-level professionals in the scientific and medical communities and negotiated relationships with partner institutions to provide financial support for scientific projects
- Developed guidelines for the management of intellectual property and technology transfer matters, and overall legal process.

1990-98 **PRESIDENT, DEBOR & ASSOCIATES, INC.,** Bethesda, MD

- Provided strategic planning and program development services to corporate and private foundations, and non-profit organizations, primarily in the areas of healthcare and education.
- Initiated and structured a collaboration between the YWCA of the USA, Avon Products, Inc. and the Federal Centers for Disease Control and Prevention National Breast and Cervical Cancer Screening Program. Coordinated resources and developed 78 programs in 30 states for underserved women:
- Served as Executive Producer of "Mujer a Mujer: Hablemos Sobre el Cancer Del Seno" for QED Communications, a breast cancer documentary underwritten by Avon's Breast Cancer Crusade and hosted by Vicki Carr, which aired on PBS.
- Developed a multimillion dollar national grants program in women's health for the Fannie Mae Foundation, including formation of an Advisory Board, a peer review process and a technical assistance program for grantees.

1989-90 **IN-HOUSE COUNSEL, MAC ANDREWS AND FORBES HOLDINGS,** Washington, DC

- Handled legislative, regulatory and public affairs matters for the company and its subsidiaries in the cosmetics, clinical laboratory, entertainment, manufacturing, and financial services sectors.
- Developed first public/private partnership between the National Cancer Institute and Revlon Corporation, a subsidiary of this diversified, New York-based holding company, to produce "Once A Year, for a Lifetime," an award-winning breast cancer education special broadcast by NBC and subsequently utilized extensively in outreach and educational programs nationwide.

1983-89 **ASSOCIATE, AKIN, GUMP, STRAUSS, HAUER AND FELD,** Washington, DC

- Represented clients before Congress, the Executive Branch and independent agencies on legislative and regulatory matters, including financial, securities, healthcare issues and oversight and investigations proceedings.
- Developed and implemented legislative strategy, drafted proposals and regulatory proceedings documents, prepared Congressional testimony and briefing materials.
- Collaborated with legal and public affairs counsel and built coalitions with consumer, business and advocacy groups and trade associations.

EDUCATION

J.D., University of Pittsburgh Law School, Pittsburgh, PA 1983
Notes and Comments Editor, *The Journal of Law and Commerce*

B.A., Honors, Education, Chatham College, Pittsburgh, PA 1973
Connecticut College for Women, New London, CT 1969-1971

Professional Organizations, Public Service and Publications available upon request.

CURRICULUM VITAE

John Turenne
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Wallingford, CT 06492
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EMPLOYMENT HISTORY

2005 – Present President, Sustainable Food Systems, Wallingford, CT

- Founded Sustainable Food Systems, LLC, a first-of-its-kind consulting and technical services company focused on supporting institutional food service clients, achieved by leveraging previous experience in converting conventional food service into sustainable food.
- Guide, direct and assist over 15 institutions and organizations to introduce and integrate sustainable food concepts and practices to their existing food service.
- Act as speaker, facilitator and coalition-builder for large and diverse audiences including food service leaders, sustainable agriculture organizations, food policy groups and sustainable dining programs in healthcare, business and institutions.
- Develop strong customer relationships by creating and participating in student and vendor groups at multiple college food service institutions.
- Conduct hands–on management and hourly staff training on understanding seasonal menus, recipe development, cooking techniques, and foraging.
- Procure local and sustainable food products for institutions.
- Write menus and recipes that support local, seasonal and sustainable foods.

1999 – 2005 Yale University, New Haven, CT

2004 – 2005 Director / Forager for Sustainable Dining, Executive Chef for Yale Sustainable Food Project
2003 – 2004 Executive Chef, Sustainable Food Project
1999 – 2003 Executive Chef, Yale University Food Services

- Designed, developed and implemented the innovative and nationally recognized *Yale Sustainable Food Project*.
- Expanded the Sustainable Dining Program from one dining facility to all 12 dining facilities at Yale University.
- Designed and executed staff training modules for implementation and expansion of sustainable dining program campus-wide.
- Established, developed and managed direct links between agricultural and artisanal food producers and food service operations.
- Coordinated and directed management and staff to design and implement over 25 new and innovative food service concepts.
- Managed menu & recipe development, product specifications, food procurement and production systems
- Developed, implemented and managed food cost budget of $7,000,000
- Developed and facilitated a Standards of Operation Evaluation and monitoring system for each of the 12 kitchens and dining locations. This included a systematic method of measuring food cost per meal served, labor costs, sanitation and safety performance, inventory levels and customer feedback.
- Established new food production procedures.
- Facilitated food production staff training at each of six renovated facilities.
- Created, facilitated and managed a comprehensive "Cooks Testing" procedure to establish qualification of new chefs.
- Developed and executed the first of its kind Cooking 101 Classes for Yale Students.

1994 – 1999 Director of Campus Dining, Wesleyan University, Middletown, CT

- Chief Executive Officer of entire campus food service, including six different operations. Supervised 14 management staff to successfully achieve customer satisfaction, operational excellence and fiscal success.
- Directed and trained numerous management teams to develop mission statements and to implement program goals for innovative food service projects through team building and professional development initiatives for staff.
- Executed leadership and operating responsibilities for $6.6 million Profit and Loss account.
- Negotiated labor contracts of unionized workforces.
- Positively managed unionized labor force of over 65 employees.
- Managed the design, construction and renovation of two dining facilities.

1984 – 1994 Director of Campus Dining, Choate Rosemary Hall, Wallingford, CT

- Chief Executive Officer of entire campus food service, including three different operations and 8 management staff to successfully achieve customer satisfaction, operational excellence and fiscal success.
- Developed and managed a $2.5 million management fee budget for food procurement and staff acquisition and training.
- Managed all campus dining staff of 45.
- Developed and executed management and staff training that included food production, customer satisfaction, employee relations, and sanitation certification.
- Managed and directed menu & recipe development, food procurement and production systems.

1979 – 1984 Chef Manager, Albertus Magnus College, New Haven, CT

- Managed menu & recipe development, food procurement and production systems .
- Managed food cost budget of $250,000.
- Designed and costed all menus and developed procurement specifications with vendors.
- Managed staff of fifteen people.

2000 – Present Chef de Cuisine, Culinary Concerts Catering, Madison, CT

- Managed catering and special events for high-end catering business.
- Executive Chef at premier client events.
- Cooked both on and off-site events for 10 to 800 guests.

EDUCATION, CERTIFICATIONS, TRAINING AND ACCREDITATIONS

1978 A.S.	Culinary Arts, Johnson & Whales University, Providence, RI
1993 & 2003	Franklin Covey Time Management Certified
1994-1999	Software Training - Excel, PowerPoint,
1999	Advanced leadership Development Degree, Aramark Corporation
2000	Retail Food Concept Development Train the Trainer – Aramark Corporation
2001	CBORD Food Production Software Training – Cornell University
2002	Groen & Robot Coupe Equipment Train the Trainer Certification
2005	Serve Safe Sanitation Certification

AWARDS & RECOGNITIONS

- 2007 Chef of the Year, EA Alliance.
- Farmland Preservation Pathfinder 2005 – Outstanding Individual Award.
- Nominated as the Glynwood Center's Harvest Award 2005 - Outstanding Achievement.
- Invited to present at the Culinary Institute of America's "Flavor, Quality & American Menu" Conference to 100 of the top food service professionals in the nation.
- Chosen as one of Slow Food USA's *Slow Food in Schools* Project Leaders

PUBLICATIONS & PROFESSIONAL MEMBERSHIPS

- Edible Nutmeg Publication, articles and recipes
- **Slow Food, member**
- **CT NOFA (Northeast Organic Farmers Association), member**
- **Sustainable Food Laboratory, member**

SPECIAL PROJECTS

- Member, Board of Director's – CT NOFA (Northeast Organic Farming Association)
- Speaker and workshop facilitator for multiple national and international venues. (See list on website)
- Visiting authority and faculty member on how to create a campus sustainable dining program at Green Mountain College, Poultney, VT.
- Developed and facilitated *Cooking 101* classes and staff training programs such as *Yale Sustainable Food Program Expansion* and *Local Routes Training* at the University of Connecticut.
- Regular participating chef at annual *Taste of the Nation* event.
- Project management of 2005 through 2007 Celebration of CT Farm event – "The premier food event in New England" – CT Magazine.
- Featured expert in the documentary Two Angry Moms
- International expert in the realm of sustainable institutional food with the *Sustainable Food Laboratory.*
- Design Team member - *Real Food Challenge Group* for sustainable food on college campuses.
- Chairman of the American Red Cross, Wallingford & Meriden Branch

JOB DESCRIPTION

Communities Putting Prevention to Work (CPPW)
CPPW ADMINISTRATIVE ASSISTANT

Reports To: Program Director
Classification: Part Time 5 hr/wk (Two-year, grant-funded position)

Summary:

The CPPW Administrative Assistant is employed as part of the HealthQuest Northeast Connecticut community initiative to meet the associated planning, implementation and reporting deliverables of the CDC-funded CPPW grant, which will work to reduce the incidence of obesity through sustainable policy, systems, and environmental changes aimed at increasing physical activity and providing access to nutritious foods.
The position is responsible for initiating and coordinating secretarial, administrative, and other activities as assigned to meet program goals.

Essential Functions:

- Provides executive secretarial/administrative support services including word processing, answering telephones, excel spreadsheets, building and maintaining data bases in Access, and taking and transcribing meeting minutes.
- Initiate or edit routine correspondence, order supplies, screen and distribute mail and Fax transmissions.
- Maintain program and grant files in an orderly manner.
- Assist supervisor in problem solving, planning, and follow-up of outreach activities.
- Arrange catering, contract for space, and design materials for booths or other displays.
- Participate in community outreach events and screenings.
- Develops/maintains databases for community outreach, education, and screening

Requirements:
Requires a high school diploma or equivalent. Two years of health related experience in an operational, financial, information systems, or public health area preferred.

- Strong interpersonal and community outreach skills desired.
- Demonstrates ability to type 35 - 40 wpm. Knowledge of word processing applications, preferably MS Word, Excel, Power Point, and Access. Experience with maintaining and or managing databases required.
- Ability to read, analyze and interpret general business periodicals, technical procedures and government regulations.
- Ability to write reports, simple memos, and business correspondence.
- Able to add, subtract, multiply and divide in all units of measure, using whole numbers, fractions and decimals.
- Able to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.
- Ability to interpret a variety of instructions furnished in written, oral, diagram and schedule form.

JOB DESCRIPTION

Communities Putting Prevention to Work (CPPW)
CPPW REGISTERED SANITARIAN

Reports To: Northeast District Department of Health Director of Health or designee
Classification: Part Time 52 hrs/year (Two-year, grant-funded position)

Summary:

The CPPW Registered Sanitarian (RS) is employed as part of the HealthQuest Northeast Connecticut community initiative to meet the associated planning, implementation and reporting deliverables of the CDC-funded CPPW grant, which will work to reduce the incidence of obesity through sustainable policy, systems, and environmental changes aimed at increasing physical activity and providing access to nutritious foods. The RS performs professional, technical work in the fields of Public Health and Environmental Health. The work involves performing reviews, inspections, investigations and enforcement activities to ensure compliance with State and Local Health Codes.

Essential Functions Related to Grant Activities

- Active participant on the HealthQuest Community Coalition
- Perform soil inspections in areas that may be identified as appropriate for community gardens and physical activity trails
- Conduct inspections of farmer's markets, businesses and institutions participating in grant-funded nutritional initiatives
- Serve as public health liaison to implementation staff of Plow to Plate® and Sustainable Food Systems nutrition initiatives
- Provide Food Safety Awareness Training to businesses, organizations and community members at large interested in food service preparation
- Assists in the development of grant-funded health education materials related to nutrition and food safety

Other Non-Grant Essential Functions:

- Review plans submitted by engineers, developers, architects, designers and others and make recommendations for approval for subsurface sewage systems, food service facilities, beauty/barber/nail establishments and other regulated entities.
- Investigate subdivisions, perform percolation tests, observe deep test pits, check on lot preparations, system installation and provide approvals when satisfactorily completed.
- Respond to complaints of septic system failures; perform dye tests; issue or sign permits for subsurface sewage disposal, well drilling, etc.
- Sign Certificates of Occupancy when all requirements of State and Local Health Codes are met.

- Collect water, food, air and other samples for examination and analysis. Inspect food service establishments, make recommendations for improved sanitation and enforce public health code violations.
- Conduct food worker, Qualified Food Operator and other training sessions.
- Perform inspections of rental dwelling units for compliance with local codes.
- Apply pesticides and rodenticides related to observed activity or complaints.
- Investigate a variety of complaints of code violations, order corrections and enforce orders.
- Conduct surveys relative to environmental health and prepare a variety of reports on activities and /or issues.
- Participate in public health emergency preparedness planning and response activities such as drills and exercises and dispensing of medications and vaccines.
- Attend courses and seminars to keep abreast of new and changing programs and policies and perform other related duties as requested.

Requirements:

Bachelors degree required
Registered Sanitarian licensure in the State of Connecticut
Connecticut Certified Food Service Sanitation Officer
Connecticut Approved Subsurface Sewage Disposal Agent-Phase I and II
3 to 5 years experience

- A broad knowledge of public health and environmental health regulations, codes, policies and procedures and their application to cases potentially not previously covered.
- Duties require considerable judgment to work independently toward general results, to devise new or modify and adapt existing methods, techniques and procedures to meet new or unusual requirements.
- To make related decisions guided by precedent and within limits of established policies and regulations.
- Considerable tact required with persons in carrying out the department's policies/programs.
- Under general direction, works from policies and general objectives with little functional guidance.
- Ability to maintain confidential information as this position involves working with confidential medical and/or other data.

JOB DESCRIPTION

Communities Putting Prevention to Work (CPPW)
CPPW CERTIFIED LACTATION CONSULTANT

Reports To: Day Kimball Healthcare Administration
Department: Maternal Child Health
Classification: Full Time 35 hr/wk (Two-year grant-funded project)

Summary:

The CPPW Lactation Consultant is contracted as part of the HealthQuest Northeast Connecticut community initiative to meet the associated planning, implementation and reporting deliverables of the CDC-funded CPPW grant, which will work to reduce the incidence of obesity through sustainable policy, systems, and environmental changes aimed at increasing physical activity and providing access to nutritious foods.

The certified Lactation Consultant (IBCLC) is an expert in the management of the breast-feeding mother-baby dyad. S/he is coach, consultant, teacher, and lactation expert. As a consultant, s/he works collaboratively with the Birthing Center, Newborn and Intensive Care nurseries, Pediatrics, OB, Family Practice, and nursing care teams to develop feeding plans for a range of infants from the normal newborn to the complex neonate. S/he makes clinical assessments, and uses current lactation theories and research to develop evidence-based feeding plans that address individual feeding issues while respecting the physician's and family's breastfeeding goals.

Essential Functions:

- Actively participates on the HealthQuest Community Coalition.
- Works with Day Kimball Healthcare administration to achieve the goals and designation of the Baby-Friendly Hospital Initiative (BFHI), a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for lactation. The BFHI assists hospitals in giving breastfeeding mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies and gives special recognition to hospitals that have done so.
- Provide lactation support and services to breast-feeding mothers / infants by physician or nurse referral.
- Collaborate with pediatric, birthing center, NB nursery and ICN, OB, Family Practice, ED, and nursing care teams to develop complex feeding plans.
- Use current lactation theories and research to develop evidence-based feeding plans that address individual feeding issues, such as nutritional requirements, while respecting the family's breastfeeding goals.
- Collaborate with interdisciplinary team and outpatient IBCLC to provide continuity of care upon discharge of patients.

- Educator Participate in developing, implementing and evaluating patient education resources and programs
- Teach, coach, support breastfeeding mothers utilizing evidence-based practice and with approved educational resources.
- Teach, coach, support, and mentor nursing staff and other healthcare learners to promote evidence-based clinical practice, and support breastfeeding skills to mother-infant dyad.
- Assess local community need for breastfeeding education, and participate/teach in programs to address needs.
- Participate in interdisciplinary performance improvement and clinical research to promote evidence-based lactation services and to improve clinical outcomes.
- Participate in the development, implementation, and evaluation of standards of practice, guidelines, policies, procedures, and protocols within area of lactation.
- Consultant will serve as a consultant to nursing, members of the healthcare community, and to the larger community in areas of lactation.
- Participate in the design, implementation and evaluation of programs and projects in lactation and breastfeeding to meet goals and objectives of the CPPW project.
- Identifies and analyzes system barriers to provision of excellent care and develops plans to resolve barriers.
- Professional Leadership and Development Role model professionalism through conduct, appearance, communication, mutual respect, leadership, ethical decision-making, critical thinking, and problem-solving skills.
- Maintain certification as lactation consultant. RN Lactation Consultants must have a minimum of 25 continuing education hours/year.
- Enhance the body of knowledge in nursing, lactation, and breastfeeding through exchange of ideas and knowledge using methods such as posters, newsletters, presentations, and publications.

Minimum Qualification Requirements:

- Bachelor's degree in nursing, health, nutrition, or related field required.
- Certification & Licensure requirements: IBLCE (International Board of Lactation Consultant Examiners); current Connecticut Registered Nursing Licensure; BLS Certification

JOB DESCRIPTION

Communities Putting Prevention to Work (CPPW)
CPPW NUTRITIONIST

Reports To: Day Kimball Healthcare Administration
Classification: Full Time 40 hr/wk (Two-year grant-funded project)

Summary:

The CPPW Nutritionist is contracted as part of the HealthQuest Northeast Connecticut community initiative to meet the associated planning, implementation and reporting deliverables of the CDC-funded CPPW grant, which will work to reduce the incidence of obesity through sustainable policy, systems, and environmental changes aimed at increasing physical activity and providing access to nutritious foods. The CPPW Nutritionist is responsible to work with DKH pediatricians, family practice physicians and school nurses to establish nutritional initiatives for pediatric patients with special emphasis on high-risk groups who require assessment of need and community and hospital-based programs to meet those needs.

Principal Duties

- Actively participates on the HealthQuest Community Coalition
- Provides nutrition education to health care professionals and paraprofessionals. Maintains a cooperative relationship among health care team by communicating information; responding to requests; building rapport; participating in team problem-solving methods.
- Meets project goals and needs by assessing and interpreting evaluations and survey results; determining client resources and habits; determining nutritional treatment plans in consultation with physicians or by prescription.
- Develops and supports the Healthy Eating and Active Living Prescription Program
- Coordinates the nutrition-based project goals and communications of the Pediatric Outreach Team and the School Health Outreach Team.
- Designs and implements grant initiatives to prevent and/or achieve control in clients and families with obesity and diabetes and/or gestational diabetes through dietary and lifestyle interventions.
- Encourages clients, families, and community by teaching nutrition principles; diet regimens and food selection preparation and economics.
- Evaluates results of dietary guidance by observing, noting, and evaluating client's progress towards goals; recommending and implementing adjustments and modifications in individualized nutritional plan.
- Travels throughout and beyond the service delivery area by car for meetings, training and seminars.
- Provides ongoing support to initiative partners and stakeholders.
- Maintains professional and technical knowledge by attending educational workshops; reviewing professional publications; establishing personal networks; participating in professional societies.
- Perform other related duties and responsibilities as assigned.

Minimum Requirements

Bachelors Degree in dietetics, food, nutrition, or related science from a program accredited by the American Dietetics Association.
Registered Dietitian, credentialed by the Commission on Dietetic Registration (CDR).

Recent experience (within the last five years) 1-year working experience in health care setting as a clinical dietitian or public health nutritionist.
Must have valid driver's license and be able to meet the minimum insurance requirements regarding driving record.

Preferred Qualifications
Masters degree in Nutrition, Public Health or other related field of health care.
Knowledge of Connecticut's Maternal Support Services and Infant Support Services programs (MSS/ISS) which includes breastfeeding promotion and support.
Knowledge of Diabetes Prevention and Care Programs and Grants which includes physical activity promotion and support.

JOB DESCRIPTION

Communities Putting Prevention to Work (CPPW)
CPPW DATA QUALITY SPECIALIST

Reports To: Day Kimball Healthcare Administration
Classification: Part Time 20 hrs/wk (Two-year, grant-funded position)

Summary:

The CPPW Data Quality Specialist (DQS) is contracted as part of the HealthQuest Northeast Connecticut community initiative to meet the associated planning, implementation and reporting deliverables of the CDC-funded CPPW grant, which will work to reduce the incidence of obesity through sustainable policy, systems, and environmental changes aimed at increasing physical activity and providing access to nutritious foods. The DQS will work specifically within the Day Kimball Healthcare environment to assist in gathering hospital performance indicator data to ensure the completeness of data collection. Assists in ensuring the validity, integrity and reliability of the hospital's performance measures data related to the CPPW initiative

Essential Functions:

- Actively participates on the HealthQuest Community Coalition
- Identify school affiliation with each pediatric patient to establish data analysis capability and coordination with school programs
- Utilize the Healthy Eating Active Living Prescription pad program until planned electronic medical records system is implemented; establish data tracking systems to monitor effectiveness of program
- Performs all business and support functions associated with the collection and quality checking of data used in the hospital system.
- Perform data quality functions
- Identify and investigate deviations of data, creating and publishing reports noting deviations and anomalies, quality assurance functions and data evaluation.
- Audit data sets, prepare information for HealthQuest stakeholders, manual data review, and support activities for other departments.
- Assemble and disseminate information to the user community
- Analyze data and summarize performance using metrics
- Maintain archived information for reference purposes
- Prepare and sort source documents, and identify and interpret data to be entered
- Analyze data trends and monitor data for duplications and rejects

Requirements:

- Bachelor's Degree preferred, additional training in an allied health or legal field preferred; training in quality improvement methodologies, research, data collection and analyses required.
- Minimum of 2 years of hospital/healthcare data experience required.
- Experience with database classifications and data access tools

- Knowledge of basic statistics including mean, frequencies, correlation and graphical interpretation
- Experience working with large data sets
- Ability to read, write and communicate effectively with others to convey ideas or learn job related skills
- Ability to combine pieces of information to form general rules or conclusions (including relationships among seemingly unrelated events)
- Ability to apply general rules to identify, predict and produce sensible answers to specific problems
- Ability to arrange, order or apply a pattern according to a specific rule or set of rules (e.g. patterns of letters, words, numbers or math operations)
- Ability to logically derive solutions to problems
- Ability to work independently and in a team environment
- Investigate and determine a resolution in a reasonable amount of time
- Knowledge of Microsoft Word, Excel, Access
- Ability to tactfully interact with medical staff, hospital employees, and the public
- Ability to effectively communicate verbally and through written reports
- Ability to interpret information in mathematical, written, and graphic form
- Ability to understand the Principles of Quality Improvement, data collection and ensuring validity, integrity and reliability of data
- Maintains discretion in handling the confidential nature of the information available.

JOB DESCRIPTION

Communities Putting Prevention to Work (CPPW)
CPPW PEDIATRIC OUTREACH TEAM

Reports To: Day Kimball Healthcare Administration
Classification: Contracted 12 hrs/yr (Two-year grant-funded project)

Summary:

The CPPW Pediatric Outreach Team is contracted as part of the HealthQuest Northeast Connecticut community initiative to meet the associated planning, implementation and reporting deliverables of the CDC-funded CPPW grant, which will work to reduce the incidence of obesity through sustainable policy, systems, and environmental changes aimed at increasing physical activity and providing access to nutritious foods.

The 5-physician Pediatric Outreach Team will establish direct relationships between pediatricians and school officials to discuss and coordinate initiatives to encourage and support good nutrition and exercise for school age children. Efforts will highlight coordination of individual messages to pediatric patients with programming offered through the schools. Pediatric practices will be implementing Medical Home Model initiatives with obesity being one of top conditions for care coordination.

HealthQuest Leadership Team member Dr. Marc Cerrone will champion the Pediatric Outreach Team and will make recommendations for additional appointees.

JOB DESCRIPTION

Communities Putting Prevention to Work (CPPW)
CPPW SCHOOL HEALTH OUTREACH TEAM

Reports To: HealthQuest Leadership Team
Classification: Contracted 120 hrs/yr (Two-year grant-funded project)

Summary:

The CPPW School Health Outreach Team is contracted as part of the HealthQuest Northeast Connecticut community initiative to meet the associated planning, implementation and reporting deliverables of the CDC-funded CPPW grant, which will work to reduce the incidence of obesity through sustainable policy, systems, and environmental changes aimed at increasing physical activity and providing access to nutritious foods.

The 12-member School Health Outreach Team will establish direct relationships between the HealthQuest Leadership Team and school personnel with direct responsibilities for physical activity and nutrition based services. This team of school nurses, school officials, physical education instructors and food service personnel will work collaboratively to further CPPW initiatives in all 12 towns.

The School Health Outreach Team will function as a subcommittee of the HealthQuest Community Coalition.

The HealthQuest Leadership Team will make recommendations for appointees based on consultation with appropriate community stakeholders.

JOB DESCRIPTION

Communities Putting Prevention to Work (CPPW)
CPPW Youth Risk Behavior Surveillance System Coordinator (YRBSS)

Reports To: HealthQuest Northeast Connecticut Leadership Team
Classification: Part Time 100 hrs/year (Two-year grant-funded project)

Summary:

The CPPW Youth Risk Behavior Surveillance System Coordinator is contracted as part of the HealthQuest Northeast Connecticut community initiative to meet the associated planning, implementation and reporting deliverables of the CDC-funded CPPW grant, which will work to reduce the incidence of obesity through sustainable policy, systems, and environmental changes aimed at increasing physical activity and providing access to nutritious foods.

The Centers for Disease Control and Prevention (CDC) will conduct a special administration of The Youth Risk Behavior Survey (YRBS) in communities funded through the Communities Putting Prevention to Work grant. This special administration of the YRBS is a written survey completed by high school students that provides data on dietary habits, physical activity and tobacco use among adolescents in the towns served by the Northeast District Department of Health (NDDH). The YRBS data are instrumental in tracking health risk behaviors among adolescents and will help monitor progress toward achievement of objectives related to increasing physical activity and reducing obesity among youth.

Essential Functions:

- Actively participates on the HealthQuest Community Coalition
- Responsible for the successful administration of the YRBS.
- Works with the Connecticut Department of Public Health (DPH) and the CDC in the development of the content of the YRBS and selection of the sample of students within the NDDH.
- Works closely with the high schools within NDDH in the administration of the survey.
- Duties will include preparation of survey packages, organizing survey packages for each classroom, collecting survey packages, setting up a system for tracking of response rates and data quality control.
- Successful candidate will be required to travel to a CDC-sponsored three day training in August 2010 and to travel to the high schools within the NDDH.

Minimum Requirements:

High school diploma or equivalent. Associates or Bachelor's degree preferred
Proficient in Microsoft Office (Excel, Access, Word, Publisher, Powerpoint, Outlook)
Must be highly motivated, have excellent oral and written communication skills; team player; highly attentive to detail and very organized; and able to work independently and meet required deadlines.

JOB DESCRIPTION

Communities Putting Prevention to Work (CPPW)
CPPW WORKSITE WELLNESS COORDINATOR

Reports To: Northeastern Connecticut Chamber of Commerce Board of Directors
Classification: Part Time – 120 hrs/year (Two-year grant-funded project)

Summary:

The CPPW Worksite Wellness Coordinator is contracted as part of the HealthQuest Northeast Connecticut community initiative to meet the associated planning, implementation and reporting deliverables of the CDC-funded CPPW grant, which will work to reduce the incidence of obesity through sustainable policy, systems, and environmental changes aimed at increasing physical activity and providing access to nutritious foods. The Worksite Wellness Coordinator will focus on developing project initiatives for the business community.

Essential Functions:

- Actively participates on the HealthQuest Leadership Team including all grant-related travel and trainings
- Serves as the liaison between the HealthQuest membership and the business community serviced by the Northeast District Department of Health. This position includes the planning, development, implementation and evaluation of an evidence-based Worksite Wellness (WW) program for employers throughout northeastern Connecticut.
- Develops policies, programs and procedures that are in alignment with the HealthQuest Northeast CT initiative.
- Provides consultation on the implementation of Worksite Wellness program to employers throughout the northeast.
- Convenes, leads and provides support services for the Worksite Wellness Committee of the Northeastern Connecticut Chamber of Commerce, a regional business organization serving more than 500 business members in the northeast region.
- Prepares administrative reports on the WW program, including the evaluation of its effectiveness and recommendations for operational improvement.
- Work is performed under limited supervision with considerable latitude for the use of initiative and independent judgment.
- Works in close coordination with the Program Director and Project Manager of the HealthQuest Northeast CT initiative.

Minimum Qualifications:

- Bachelors Degree in nursing, health or related field.
- Excellent oral, written, and public speaking communications skills;
- Computer proficiency in Word, Excel, PowerPoint, Outlook
- Highly motivated,
- Exceptional attention to detail and organizational skills

APPENDIX B – PROJECT LEADERSHIP

NDDH/HealthQuest Northeast Connecticut
PARTNER PROFILES

Mark Fenton
Public health, planning and transportation consultant
25 Crescent Ave.
Scituate, MA 02066
781-545-5004 (tel);
781-545-5075 (fax)
mark.fenton@verizon.net

Mark Fenton is host of the PBS television series *America's Walking*, a consultant to the University of North Carolina's Pedestrian and Bicycle Information Center, and an instructor in the walkable community workshop series of the Washington DC-based National Center for Bicycling and Walking. He is a contributing editor to *Health* and *Heart Healthy Living* magazines, and has written numerous books including *Pedometer Walking* (Lyons Press, 2006) and The Complete Guide to Walking for Health, Weight Loss, and Fitness (Lyons Press, 2001).

He is a vocal pedestrian advocate and recognized authority on public health issues and the need for community, environmental and public-policy initiatives to encourage more walking and bicycling. Mark has worked with a number of the YMCA's interdisciplinary Pioneering Healthy Communities teams to develop plans for activity-promoting policies and projects. He is also a consultant to the Active Living by Design program of the Robert Wood Johnson Foundation.

Mark is an entertaining, persuasive and knowledgeable walking advocate, and one the nation's foremost experts on its favorite exercise. Currently, Mark uses that knowledge as an author, consultant to communities and work sites, and as a speaker and motivator on public health and fitness issues. His instruction spans the spectrum from introductory fitness-walking and Nordic walking clinics to coaching elite athletes, and from summaries of surveillance data to consulting on transportation policies and innovative community design.

Mark Fenton contracted services will include: a "kick-off" regional education summit on fundamentals of active and healthy community design; 12-town community workshops with town leaders and community stakeholders, a follow-up benchmark symposium, tactical implementation meeting and ongoing consultation with the HealthQuest Leadership Team. Mark will also assist in the identification of existing space that may be appropriate for proposed physical activity trails.

Robert Sweetgall
President, Creative Walking, Inc.
P.O. Box 50296
Clayton, MO 63105
314-909-0690
314-721-0303
www.creativewalking.com

Creative Walking, Inc. (CWI) specializes in custom-designed walking and wellness programs. Founded in 1985 by Robert Sweetgall, CWI currently serves thousands of corporations, hospitals, schools, communities and conferences with motivational workshops, educational resources, incentives and turnkey employee wellness programs.

Robert Sweetgall has walked across America seven times, is the only person to have walked all 50 states (11,208 miles) in 365 consecutive days.

Motivated by a family history of heart disease, Sweetgall gave up a DuPont chemical engineering job to take his health message on the road, literally, walking his talk across America. He has authored 17 books, and has appeared on hundreds of television and radio talk shows, including NBC Today Show, Evening Magazine, Kathy and Regis Live and National Public Radio. Sweetgall has made 5,000 presentations to more than 1 million people worldwide.

Sweetgall successfully helped HealthQuest to launch the WriteSteps Walking and Writing Initiative in May, 2009. This creative program, a local version of Sweetgall's national Smart Stepping School Program©, incorporates movement, brain-based learning, walking, math-in-motion, comprehensive health and physical education, and active living and learning. It comes with options to incorporate pedometers, student logs, a Walk Across America theme, a staff wellness program and family activities.

Robert Sweetgall contracted services will include: a School & Community Walk Across America/Walking Wellness Initiative; continuation of existing "Write Steps" school based walking/writing initiative and implementation in 11 new schools; school staff trainings, speaking engagements to community; train the trainer sessions; school strategies and educational resources.

Marydale DeBor
Vice President, External Affairs, New Milford Hospital
Director, Plow to Plate ® Initiative
21 Elm Street
New Milford, CT 06776
860-248-9854
deborm@nmhct.org
www.plowtoplate.org

In October 2006, pediatrician Dr. Diane D'Isidori, Chef Anne Gallagher, and Marydale DeBor dedicated themselves to developing solutions to the problem of obesity and the increasing rates of disease associated with it. The trio received strong support from the President and CEO of New Milford Hospital, Joseph P. Frolkis, MD, PhD, a leading expert in cardiovascular disease prevention. They formed a community coalition that includes physicians, teachers, local youth, chefs, restaurants, farmers, farmland preservation advocates, and elected officials. They charted several complementary courses of action:

- hospital food change, to set an example to the community
- a food learning program for local youth
- strengthening the local farmers' markets
- FARM BUCKS™ a program involving local pediatricians and family physicians which engages them in discussing healthful eating with children and families

Plow to Plate® presents a progressive, unique, and full on integrated approach to reaching HealthQuest nutritional strategies identified in the grant application.

John Turenne
President, Sustainable Food Systems
88 South Main Street
Wallingford, CT 06492
203-294-9683
203-294-1234 (fax)
SFS@SustainableFoodSystems.com
www.SustainableFoodSystems.com

In response to the growing demand for locally-grown and sustainable foods, Sustainable Food Systems (SFS), a unique consulting and technical assistance service, helps organizations and institutions consider and implement social, ecological and delicious modifications to their current food service delivery. Sustainable Foods Systems partners with organizations and institutions to incorporate local and planet healthy practices into their food programs. Utilizing sustainability practices in food production and preparation strengthens our local communities and economies and the larger world around us. Sustainable foods:

- are produced by people with practices that value and care for the earth, workers and food.
- are produced close to home so foods are fresh, nutritional and seasonal.
- offer a delicious and social approach to the way food is produced, cooked and shared.
- support economic, environmental, social and nutritional well-being.

SFS ASSESSMENT & IMPLEMENTATION STRATEGY - The Sustainable Food Systems' approach for addressing systemic change within an institutional food service program such as Day Kimball Healthcare or a local school begins with specific goals and resources. A customized plan is developed based on staffing, infrastructure, budget, internal support, geographic location, and local food suppliers in your area. SFS simultaneously directs the transition while mentoring a local champion that can continue the project's ongoing success. SFS offers a three-fold service:

Identification and Planning

SFS identifies opportunities for implementing simple, sustainable changes based on the client's food system, processes, needs and clientele. Collective strategizing leads to the creation of a thorough and realistic action plan that encompasses key strategic points throughout the food service or organization.

Implementation

SFS implements the client's customized action plan through education, recipe and menu development, staff support, and linkages with local food producers.

Assessment and Support

SFS periodically assess the impact of organizational changes through consumer feed-back, community impact, and financial performance. SFS then recommends ways to enhance the action plan to ensure continued sustainable growth.

Marydale DeBor/Plow-to-Plate® & John Turenne/Sustainable Food Systems will provide a multi-faceted community based sustainable foods model to promote and increase consumption of healthy, locally grown food by the community at large as well as within institutional settings. In addition to the initial implementation of the Plow to Plate initiative at Day Kimball Hospital, contracted services will include: community outreach, assessment of community capacity, evaluation & nutrition education; Farm Bucks – farmers markets redemption program and development of Chef Corps and Youth Chef Advocates programs.

Mary Ann Dostaler
Owner, MAD Communications
56 William Drive
East Hampton, CT 06424
860-267-0816
860-985-9289 (cell)
madostaler@madcomm.com
www.madcomm.com

With more than 20 years professional experience, Mary Ann Dostaler is a skilled strategic marketing consultant, writer, and communications specialist. She is the founder and owner of MAD Communications (MAD), an award-winning independent creative services firm that works with a wide array of businesses and organizations from large corporate enterprises to entrepreneurial start-ups to non-profits.

MAD has a strong commitment to doing work that matters and demonstrated expertise in social marketing. Mary Ann has an uncanny ability to articulate a client's vision into clear and compelling messages. She then partners with select resources including graphic designers, illustrators, artists and photographers to bring those messages to life.

Since 2004, MAD has worked with TEEG to develop their annual report and giving campaign. Each year, the creative product is better than the last with year-over-year acclaim from the northeast community and greater success for TEEG. This work has given Mary Ann a deep understanding of and appreciation for the northeast community. Additionally, her work with Nurtur, a life, health and wellness company providing disease management health coaching, also provide her with invaluable insights and perspective.

Prior to founding MAD, Mary Ann was a PR account manager at a major Connecticut advertising firm and worked in Corporate Communications for a Forture 500 company. Mary Ann has received awards and honors including the Hartford Business Journal 2005 "40 Under Forty" award as well as gold and silver Mercury Awards from the Connecticut Chapter of the Public Relations Society of America. She has a deep sense of civic and social responsibility, and generously donates her time and talents as a volunteer in her local community.

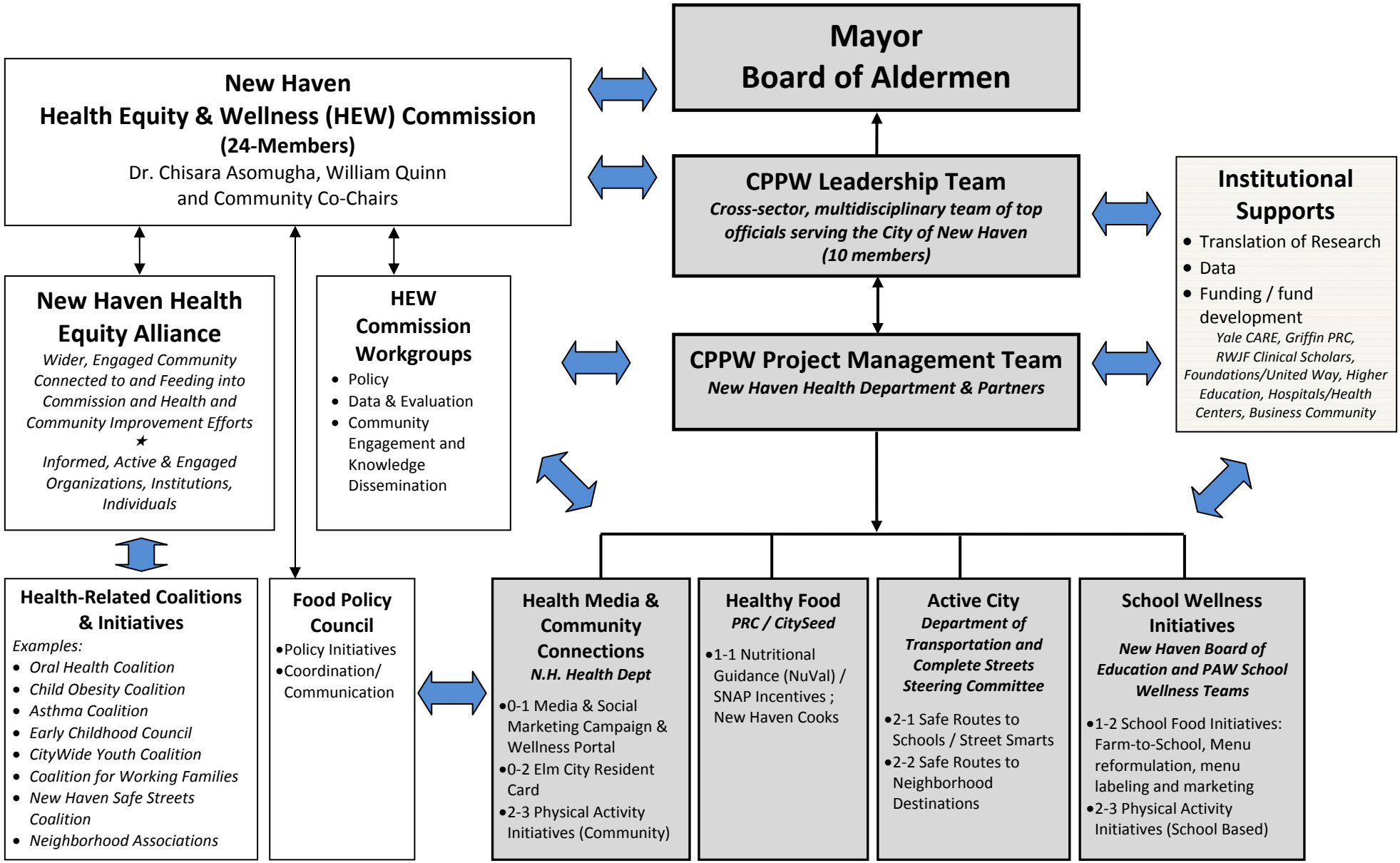
As NDDH/HealthQuest Northeast Connecticut partner, MAD will play an integral role in helping to articulate media strategies into effective campaigns including the Bike It, Hike It, Like It and WriteSteps physical activity initiatives and the "You Know You Want Me" nutrition campaign. MAD will also assist in name branding the HealthQuest logo and vision. Mary Ann will serve as the creative team leader to facilitate planning and coordinate resources. She will extend our partnership approach to engage appropriate expert resources such as media planning and graphic design as needed.

Appendix B Organization Chart

New Haven Working Model: Creating an Overall Framework to Work Together for Change

***Communities Putting Prevention to Work* investments and other institutional supports will advance:**

(1) An Effective Health Equity & Wellness Commission, (2) A Broader Health Equity Alliance and (3) Multiple Connected Efforts



New Haven Prevention Project

Leadership Team Summary

The biographies and resumes of New Haven's Leadership Team immediately follow this page. The New Haven Leadership Team consists of our chief elected official and policy leader, the superintendent of our school system, the leaders of two of our most important health care institutions, and our Chamber of Commerce President, representing the business community. The Team also includes three senior representatives of Yale University who have been deeply involved with prevention efforts in the City of New Haven: the Dean of the School of Public Health and the Directors of two major programs under the School's umbrella. As demonstrated throughout this application, these programs have been critical partners in the city's new prevention initiatives and will be key partners in this proposed mix of interventions.

The Leadership Team is completed by New Haven's recently-appointed Community Services Administrator, a pediatrician who most recently spent two years as a Robert Wood Johnson Foundation Scholar in health policy at Yale University, and the Prevention Project Director, to be hired to oversee grant implementation.

This Leadership Team will focus like a laser on successful implementation of the Prevention Project. They will be assisted by the City's new Health Equity and Wellness Commission, currently being appointed by the Mayor of New Haven, which along with the innovative Health Equity Alliance initiative will engage a much larger group of community health stakeholders in the process of integrating and prioritizing health policy initiatives across several ongoing efforts.

CDC funding will help ensure that prevention activities related to nutrition and physical activity – already a primary focus in New Haven, the site of international community-based prevention research programs such as Community Interventions for Health – will take center stage among all health-related efforts underway in the city.

Leadership Team

1. *John DeStefano, Jr.*, Mayor, City of New Haven
2. *Dr. Reginald Mayo*, Superintendent, New Haven Public Schools
3. *James Rawlings*, Vice President for Community Medicine, Yale New Haven Hospital
4. *Jamesina Henderson*, President, Cornell Scott Hill Health Center
5. *Tony Rescigno*, President, Greater New Haven Chamber of Commerce
6. *Chisara N. Asomugha*, MD, MSPH, FAAP, Community Services Administrator
7. *Paul Cleary*, Ph.D., Dean, Yale School of Public Health
8. *Jeannette Ickovics*, Ph.D., Professor, Yale School of Public Health
9. *David Katz*, MD, MPH, Director, Yale-Griffin Prevention Research Center
10. Prevention Project Director

John DeStefano, Jr. was first elected Mayor of New Haven in 1993. He has been re-elected nine times based on his strong record of cutting crime nearly in half, creating jobs, improving the public schools and stewarding New Haven's transition from its old economy to a successful new, thriving economy. DeStefano's innovative policies have been recognized by leaders across Connecticut and the nation and have often been replicated. His fellow mayors elected him President of the National League of Cities, an organization that he is still very active in today. He is also the past President of the Connecticut Conference of Municipalities.

Working closely with business leaders and organized labor, DeStefano led the effort to revitalize downtown New Haven with mixed-use development and attract over $1 billion in investment from high-tech and biotech companies. DeStefano led a nationally acclaimed $1.5 billion initiative to reduce class size and rebuild the city's public schools – on a per capita basis, the largest program of its kind in the United States. New Haven's inter-district magnet school program has become a national model for the racial and economic integration of urban schools, attracting over 1,700 students from surrounding suburbs with lengthy waiting lists of eager students and parents seeking a spot in this exemplary program. The educational initiatives spearheaded by DeStefano have cut New Haven's dropout rate by more than half while increasing performance.

New Haven has also been recognized for its environmental leadership—improving air quality and reducing childhood asthma rates, creating bike paths and using alternative energy sources. Under DeStefano's leadership, New Haven was named the #19 U.S. Walking City in 2008 by Prevention Magazine and the American Podiatric Association.

DeStefano was recognized internationally for his efforts to unify City residents across ethnic and social-economic lines when he introduced the *Elm City Resident Card* program, the first of its kind in the United States, in the summer of 2007. This tool allows all residents of the City, regardless of immigration status or age, appropriate local identification to enjoy the City services and programs they qualify for. The identification card doubles as a library card and contains a debit future with which cardholders can pay for parking meters as well as goods and services at more than 50 merchants citywide.

Born May 11, 1955, DeStefano is a lifelong New Haven resident. His father was a police officer and his mother a beautician. His two sisters have been teachers in Connecticut public schools. Prior to his election, he served in city government for more than ten years as Deputy Controller, Chief Administrative Officer and Development Administrator.

DeStefano met his wife Kathy at the University of Connecticut, where he received his undergraduate degree and a Master's Degree in Public Affairs. Kathy is a kindergarten teacher. They have two sons: Dan who is a graduate of the University of Connecticut and James who is a graduate of Providence College.

Dr. Reginald Mayo
Superintendent of Schools

Dr. Reginald Mayo, Superintendent of the New Haven Public Schools, is a seasoned leader whose 36 years as an educator have culminated in remarkable growth for the New Haven Public Schools.

Dr. Mayo was appointed Superintendent of New Haven Public Schools in 1992 and has devoted most of his professional career to the district. He started out in 1967 as a science teacher at Troup Middle School, and subsequently chaired the mathematics and science department at Troup. In 1973, Dr. Mayo was appointed Assistant Principal of Troup, then was promoted to principal of Jackie Robinson Middle School. In 1980, he continued his professional development as a post-doctorate fellow at Yale University. In 1981, he was promoted to K-8 Director of Schools, and in 1984, Executive Director of School Operations, a post he retained until his superintendency appointment in 1992.

Through his leadership, New Haven became the first district in the State of Connecticut to craft a policy effectively ending the practice of social promotion. New Haven's retention policy, its mandatory summer school and its Saturday Academies have garnered national press attention and praise from key leaders. The summer school program has emerged as one of the most successful in the State of Connecticut.

At a time when the State of Connecticut is rocked by the school desegregation case known as Sheff vs. O'Neill, Dr. Mayo's school district has quietly and effectively built the largest interdistrict magnet program in the State of Connecticut, with 1,300 suburban students enrolled and a model program of urban-suburban exchange.

As many school districts are just coming to grips with the deterioration of neighborhood schools built decades ago, Mayor John DeStefano Jr. has created one of the largest and most innovative school construction programs in the country, administered through the Board of Education. To date, as a result of this program, the first phase of the building program has resulted in renovations and reconstruction for 14 schools. Another six schools are in construction and 9 are in design. A new master plan completed in 2001 charts the rebuilding of every remaining school in the district, with a budget exceeding $1.1 billion.

The New Haven Public Schools also oversees an early childhood initiative that has expanded the quality and quantity of child care available in the City of New Haven. The City's school readiness program is one of the most ambitious, with nearly 2,000 new child care slots created just in the past few years for

Growing from good to great
Kids first

children ages 3 and 4**.** The district also has the highest percentage of children attending preschool programs of the urban districts in the State of Connecticut.

Dr. Mayo has created several other innovative programs to help families succeed with school. At school events, he noted that grandparents often were the primary caregivers. As a grandparent contributing to his grandson's care, he sympathized. He asked his Social Development Department to look into the trend. The result was a monthly forum for grandparents who are raising their grandchildren that has involved 1,000 grandparents.

Dr. Mayo is an effective advocate and champion who recently was honored by Dr. James Comer, founder of the Yale University School Development Program, with an award for his "tireless work on behalf of America's children, especially the most disadvantaged."

Educational Background:

Doctor of Philosophy, **University of Connecticut**
Post-Doctoral Study, **Yale University** School Development Program
Doctor of Education, **Nova University**, Fort Lauderdale, FL
Master of Science**, Southern Connecticut State University**
Bachelor of Science, **Virginia Union University,** Richmond, Virginia

Professional Activities

Member, Horace Mann League of the U.S.A.
Fellow for Calhoun College, Yale University
Fellow for Yale Bush Center
Student Advisor, Union Graduate School
Adjunct Professor, Southern Connecticut State University
Research Affiliate, Yale Child Study Center

Awards

2003	Connecticut 2004 Superintendent of the Year, CT Association of Public School Superintendents
2003	Thirman L. Milner Outstanding Civic Leadership Award, Greater New Haven NAACP
2003	Educational Leader of the Year, Southern CT State Univ. Department of Educational Leadership
2003	Casa Otonal, Man of the Year
2003	Farnham Neighborhood House, Community Leader Award
2002	The Gan School, Community Leadership Award
2001	Community Service Award for Education, Greater New Haven Black History Committee
2000	Outstanding Superintendent Award, Neag School of Education Alumni Society University of Connecticut
2000	"Rebuilding Urban Schools for the 21st Century," presentation to 60th Annual Conference, National School Boards Association.
1999	American Association of School Administrators' Judge, Architectural Jury
1999	Yale University School Development Program
1999	Gateway Community College Foundation Man of the Year
1999	Positive Image Award, Opportunities and Industrialization Center
1999	Service Award, Connecticut Council of Boy Scouts of America
1998	W.E.B. DuBois Service Award
1998	Elm City Nation Outstanding Achievement
1998	Distinguished Educational Service, NAACP
1996	Al Haray Service Award
1993	Head Start Children and Families Service Award

BIOGRAPHY

James E. Rawlings, M.P.H.
Executive Director
Department of Community Health
Yale-New Haven Hospital
20 York Street
New Haven, CT 06510

James E. Rawlings is the Executive Director of the Department of Community Health with over 20 years of experience as a hospital administrator at Yale-New Haven Hospital. Prior to his role at Yale-New Haven Hospital, Mr. Rawlings served 2 years as a Policy Analyst with HRSA in the Carter Administration. He is currently the Founder & Chair of the Greater New Haven Partnership for a Healthy Community.

Mr. Rawlings is the President of the Greater New Haven Branch of the NAACP. The Branch has hosted the largest urban Career and Health Fair in New England for the past 18 years. He is also the Chair of the Health Committee of the CT State Conference of the NAACP. He also serves on the National Health Committee of the NAACP and is a Trustee of the National NAACP Board. He also chairs the Sickle Cell Committee and Clinical Research Committee of the National Health Committee of the National NAACP Board.

He previously served as the Treasurer of the National Sickle Cell Disease Association of America. He currently serves as Chair of the Sickle Cell Disease Association of America Southern Connecticut. He also previously served on the IRB for Pfizer's New Haven Research facility and as the Vice Chair of Leeway, Inc. Additionally, he is Chairman of the Hannah Gray Development Corporation Board; a 20-unit congregated living facility for seniors. Mr. Rawlings also serves as a member of the HealthFirst Connecticut Authority.

He provides active leadership to many local non-profit organizations involved in the enhancement of the health care status of the Greater New Haven community. Also, he has presented internationally on the subject of AIDS research, treatment and prevention at the International Conference on AIDS in Durban, South Africa; Geneva, Switzerland and Barcelona, Spain.

Mr. Rawlings is the Chair of the State of Connecticut Commission on Health Equity, which was authorized by the Governor as a new State Commission in 2008. In April 2007 the Yale School of Medicine Department of Epidemiology and Public Health approved the appointment of Jim as Clinical Instructor. Also in 2007 he received the highest National NAACP Health Award as Chair of the State NAACP Health Committee. He also received the 2005 Connecticut Hospital Association Community Service Award. His past awards include the 2002 Martin Luther King, Jr. Leadership Award from the Greater New Haven NAACP, and the 2002 Yale School of Medicine Department of Epidemiology & Public Health Community Leadership Award. In 1997, Mr. Rawlings was awarded the National Association for Community Leadership Civic Award as one of 37 men chosen nationally, the 1997 Nova Community Service Award from the American Hospital Association, and the 1996 Community Service Award from the Connecticut Hospital Association. Mr. Rawlings also serves on the Tribal Council of the Seaconke Wampanoag Tribal Nation and is President of all tribal development efforts.

Mr. Rawlings has a Master Degree in Public Health from the Yale School of Medicine and a Bachelor of Science Degree from the University of Rhode Island.

Jamesina Elizabeth Henderson
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New Haven, CT 06513
Phone: (203) 503-3251
Cell: (203) 444-2502
jhenderson@hillhealthcenter.com

Summary

Seasoned, results-oriented servant leader who excels at building infrastructures, systems and teams focused on fulfilling and advancing the missions, visions and strategies of nonprofit health care, educational, economic development and cultural institutions. Ability to work effectively with diverse external stakeholders including political leaders, community groups, foundations, educational institutions, housing developers, and social service agencies. Excels at coaching and counseling management teams for success. Extensive experience in serving on and working in partnership with boards of directors to achieve organizational excellence.

Experience

Chief Executive Officer, Cornell Scott – Hill Health Center
New Haven, Connecticut
July 2009 – Present

The Chief Executive Officer serves as chief administrative officer of the corporation, reports to the Board of Directors and is charged with implementing corporate policies and procedures for the benefit of the patients of the center and in compliance with federal, state and local guidelines and regulations.

Chief Executive Officer, T.H.E. Clinic, Inc.
Los Angeles, California
November 2006–July 2009

Accountable to the Board of Directors for restructuring and strengthening operations and finance, stabilizing and rebuilding the management team and restoring stakeholder confidence in a thirty-five year old institutional icon and federally qualified health center.

- Transformed community's and payers' perception of center, resulting in a 30% increase in total encounters and a 35% increase in revenues (2006-2008)
- Successfully resolved federal and state regulators' queries, challenges and audits
- Branded T.H.E. Clinic as employer of choice by adjusting staff salaries to be competitive with marketplace, engaging and coaching employees for success and fostering a culture of compassionate accountability
- Leadership in developing San-West, the first multidisciplinary collaborative to offer integrated healthcare, housing and support services to South Los Angeles' homeless/dually diagnosed community
- External leadership including: board of directors, Southside Coalition of Community Health Centers; member, Women's Summit Leadership Task Force of the LA County Dept. of Public Health's Office of Women's Health; member, Community Leadership Council, Center for Community Translation/LA Basin Clinical and Translational Science Institute

Experience (continued)
Other Relevant Experience, Community and Board Service

University of Pennsylvania, Women's Trustee Council, 1998–2003

Board, Los Angeles Industrial Development Authority, 1994–1995

Executive Director, State of California Business Revitalization Center, 1993–1995

Project Manager, Rebuild L. A., 1992–1993

Principal, On Balance Consulting, 1982–1992

Board of Directors, Crystal Stairs, Inc., 1981–present and President

Lecturer, Drew Post Graduate Medical School, Department of Family Medicine, 1978–1983

Planner/Consultant, Bobrow/Thomas & Associates Architecture & Planning, 1977–1982

Deputy Director, Compucare (Originally South Los Angeles Community Health Plan), 1975–1977

Lecturer and Research Associate, UCLA School of Public Health, 1973–1975

Instructor and Research Associate, Howard University, School of Medicine, 1972-1973

Education

University of Pennsylvania, Wharton School of Finance & Commerce,
Masters of Business Administration

Howard University, Bachelor of Arts, Sociology/Psychology

Anthony P. Rescigno

Anthony P. Rescigno has served as President of the Greater New Haven Chamber of Commerce and Executive Director of the Regional Leadership Council since September 2000. With over 2,000 member companies, the Greater New Haven Chamber of Commerce has served the community for more than two centuries. The Chamber represents businesses and organizations in 15 cities and towns in south central Connecticut and is one of the area's strong advocates for economic growth, bringing together businesses of all sizes to cooperate toward the goal of a higher quality of life for the region.

Prior to leading the Chamber, Mr. Rescigno served the town of North Haven as First Selectman from 1989–2000. In that capacity, Mr. Rescigno oversaw more than 200 employees and managed a $60 million town and education budget. He served as Chairman of the South Central Regional Council of Governments in 1994.

Mr. Rescigno's involvement in the Greater New Haven business community spans four decades. From 1970 to 1989, he was associated with Plasticrete Corporation in Hamden, Connecticut. In 1978, along with 12 other employees, he purchased the company and changed its name to Plasticrete Block and Supply Corporation. He held numerous managerial positions including those responsible for Sales, the Plant and Transportation. In 1981, Mr. Rescigno created a new subsidiary, Plasticrete Distributors, and served as its President. This subsidiary specialized in warehousing and distributing building materials to contractors and retailers.

Mr. Rescigno currently chairs the statewide Metro Chamber. He also serves on the Regional Workforce Alliance, the Greater New Haven Convention & Visitors Bureau, the Board of Directors of AAA Connecticut Motor Club, and the Regional Water Authority Policy Board. Previously, he was a member of the Board of Directors for United Way of Greater New Haven, the Arts Council of Greater New Haven and the International Festival of Arts and Ideas. He chaired a fund-raising telethon for Easter Seals Goodwill Industries, as well as the Greater New Haven Pizza Fest, the Boy Scouts Annual Awards Dinner, and the 2007 New Haven Free Public Library Mardi Gras and 120th Birthday Party. Mr. Rescigno served as a member of the Board of Directors of Complete Business Solutions, Inc. (CBSI), formerly C.W. Costello, an information systems consulting firm.

Mr. Rescigno has received numerous awards. Among many others, noteworthy awards include: Clifford Beers "Friend of the Clinic" Award, 2001; University of New Haven "Distinguished Alumni Award", 2001; the "Distinguished Citizen Award" by the North Haven Black Citizen's Association, 2002; and the "Gold Ring Award" by the New Haven Boys' and Girls' Club Alumni Association, 2004. In 2003 he was inducted into the Junior Achievement of Southwest New England Business Hall of Fame.

Mr. Rescigno earned his Bachelor's Degree in Business Administration from the University of New Haven in 1967. He and his wife Lynne reside in North Haven.

CHISARA N. ASOMUGHA, MD, MSPH, FAAP

165 Church Street, Ste 274
New Haven, CT 06510
203-946-7907
casomugh@newhavenct.net

EDUCATION

Master of Health Sciences*, 2009*
Yale University School of Medicine, New Haven, CT

Doctor of Medicine, *2004*
Duke University School of Medicine, Durham, NC

Master of Science in Public Health, *2002*
UNC School of Public Health, Chapel Hill, NC

Bachelor of Arts in History (Dean's List), *1998*
Stanford University, Stanford, CA

EMPLOYMENT

CITY OF NEW HAVEN, New Haven, CT
Community Services Administrator, 2009 – present

- Deputy Mayor and Administrator of Community services for the City of New Haven
- Oversee departments and initiatives including the Health Department, Elderly Services, Youth Department, Services to the Homeless, State General Assistance Support and Immigration.
- Supervise a staff of 85 employees and oversee a budget of approximately $20 million.

YALE UNIVERSITY SCHOOL OF MEDICINE, New Haven, CT
Robert Wood Johnson Clinical Scholar, *2007 – 2009*

- Implemented innovative research methods to assess community youth violence.
- Conducted research on effect of religion and spirituality on sexually traumatized youth.
- Co-authored violence prevention policy report for Mayor of New Haven.
- Staff pediatric evening clinic at Yale Primary Care Center.
- Evaluate, diagnose, and treat patients and families at regional sexual abuse center seeing 500 patients annually.

CHILDREN'S HOSPITAL OF PITTSBURGH, Pittsburgh, PA
Chief Resident – Community-Oriented Resident Education (CORE), *2006 – 2007*
Pediatric Resident, *2004 – 2007*
Led patient-care teams in the clinical management of 6-40 patients at 230-bed hospital.

- Educated teams on disease management, team-building principles and professionalism.
- Designed and implemented curricula to educate pediatric residents in cultural competency, community health and legislative advocacy.
- Facilitated physician involvement in health-related volunteer activities for the underserved.

ORPHANS & WIDOWS IN NEED (OWIN) FOUNDATION, INC., Torrance, CA
Vice President, *2005 – Present*
Formulate and execute strategic plans to improve and grow offerings of nonprofit organization.

- Oversee implementation of field activities and programs in rural Nigeria.
- Coordinate Foundation activities to ensure project timeliness and budget adherence.
- Doubled annual revenue to by forging new relationships with donors.

EPISKOPOS WORLDWIDE MINISTRIES, INC., Bloomfield, NJ
Senior Leader, Ordained Minister, *2001 – Present*
Executive-level decision for 350-500 member international faith-based organization.

- Advisor and Consultant for health initiatives.
- Institute, coordinate and lead grassroots initiatives in South African and US assemblies.
- Co-designed and facilitate childhood obesity prevention program, *My Body & Me*®
- Co-direct and teach "Wellness" workshops in Essex County juvenile detention center.
- Created "Healing through Teaching" Program to build self-efficacy in South African youth.
- Developed relationships with South African community non-profits and Department of Social Services, Gauteng Province and Ministry of Health.

ADDITIONAL PROFESSIONAL ACTIVITIES

YALE UNIVERSITY SCHOOL OF MEDICINE, DEPT. OF PEDIATRICS
(Adjunct) Clinical Instructor, 2009

AMERICAN ACADEMY OF PEDIATRICS (AAP)
Legislative Intern – Dept. of Federal Affairs, Washington, DC, 2007
District Coordinator, Resident Section, *2005 – 2007*
Executive Committee Member – Resident Section, *2005 – 2007*
Elected to oversee 5-State mid-Atlantic district encompassing 23 pediatric residency-training programs and 6 AAP state chapters.

- Planned and coordinated district member, state chapter, and medical student activities.
- Co-authored resolutions addressing physician workforce issues and child health.
- Organized workshops on advocacy and health policy for resident physicians.
- Lectured and presented region-wide on career and leadership development.
- Developed advocacy marketing plan as member of subcommittees on Child Advocacy and Communications & Marketing.
- Researched and analyzed data on health-care workforce regulations related to disaster preparedness and emergency response.

NATIONAL MEDICAL ASSOCIATION (NMA), Washington, DC
Secretary – Post-Graduate Physician Section*, 2005-2007*
Developed and implemented the physician education program for the annual conference.
Created, maintained and authored articles for quarterly e-newsletter for Section members.

SELECTED ABSTRACTS

1. **Asomugha, C**., Desai, R., Martin, E., Leventhal, J. "Does Religiosity & Spirituality Moderate the Relationship Between A History of Child Sexual Abuse and Depression?" *Poster Presentation.* Robert Wood Johnson Clinical Scholars Program National Meeting, Washington, D.C., November 2008.
2. Hansen, L., Tinney, B., **Asomugha, C**., Barron, J., Rao, M., Rosenthal, M. "Photovoice: Understanding Youth Violence in New Haven." *Poster Presentation.* Robert Wood Johnson Clinical Scholars Program National Meeting, Washington, D.C., November 2008.
3. **Asomugha, C**., Halpern, C. "Adolescent Romantic Relationships: The Role of Parental Connectedness in Intimate Partner Violence." *Poster Presentation.* Duke University School of Medicine Dual Degree Annual Poster Session, Durham, NC. May 2002.

SELECTED PRESENTATIONS/LECTURES

1. "Legislative Advocacy & Pediatrics." CORE Advocacy Conference. Children's Hospital of Pittsburgh, Pittsburgh, PA. August 2006.
2. "Making the Grade: Strategies for Success on the Wards." SNMA Region VIII Conference. Philadelphia College of Osteopathic Medicine. Philadelphia, PA. November 2006.
3. "Pediatrics 101: It's Not Just About the Kids." SNMA Annual Medical Education Conference. New Orleans, LA. April 2009.
5. "Religiosity, Spirituality and Depression in Victims of Child Sexual Abuse." *Platform Presentation*. Pediatric Academic Societies Annual Meeting. Baltimore, MD. May 2009.

SELECTED AWARDS & DISTINCTIONS

Writer, Panel Expert, *Washington Post* Online Column, "Health Care Rx," *2009*
National Finalist, White House Fellows Program, *2009*
Edward Ziegler Center for Child Development & Social Policy Fellow, *2008*

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

American Academy of Pediatrics, Fellow
National Medical Association
Academic Pediatric Association

BIOGRAPHICAL SKETCH

NAME	POSITION TITLE
Paul D. Cleary	Dean of Public Health; Anna M.R. Lauder Professor of Public Health
eRA COMMONS USER NAME	
PAULCLEARY	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY
University of Wisconsin	B.S.	1970	Physics
University of Wisconsin	M.S.	1973	Sociology
University of Wisconsin	Ph.D.	1980	Sociology

A. Positions and Honors.

1979-1982 Assistant-Associate Research Professor, Department of Sociology and Graduate School of Social Work, Rutgers University
1980,1981 National Institute of Mental Health Study Section
1985-1989 National Institute of Mental Health Study Section
1982-1987 Assistant Professor, Department of Social Medicine and Health Policy, Harvard Medical School
1988- Associate to Full Professor, Department of Health Care Policy, Harvard Medical School
1994 Elected to membership in the Institute of Medicine
2002 Distinguished Investigator Award. Academy for Health Services Research and Health Policy
2006- Dean of Public Health; Anna M.R. Lauder Professor of Public Health, Yale University School of Medicine

B. Selected peer-reviewed publications (selected from over 240 peer-reviewed articles).

Hargraves JL, Hays RD, Cleary PD. Psychometric properties of the Consumer Assessment of Health Plans Study (CAHPS) 2.0 Adult Core survey. Health Serv Res, 2003; 38(6): 1509-1527.

Zaslavsky AM, Zaborski LB, Cleary PD. Plan, geographical, and temporal variation of consumer assessments of ambulatory health care. Health Serv Res, 2004; 39(5): 1467-1485.

Landon BE, Zaslavsky AM, Bernard SL, Cioffi MJ, Cleary PD. Comparison of performance of traditional Medicare vs Medicare managed care. JAMA. 2004; 291: 1744-1752.

Solomon LS, Hays RD, Zaslavsky AM, Ding L, Cleary PD. Psychometric properties of a group-level CAHPS instrument. Med Care. 2005; 43(1): 53-60.

O'Malley, A.J., Zaslavsky, A.M., Hays, R.D., Hepner, K.A., Keller, S., Cleary, P.D. Exploratory factor analyses of the CAHPS® Hospital Pilot Survey responses across and within medical, surgical and obstetric services. Health Serv Res, 2005; 40(6): 2078-2095.

Keller S, O'Malley, A.J., Hays, R.D., Matthew, R.A., Zaslavsky, A.M., Hepner, K.A., Cleary, P.D. Methods used to streamline the CAHPS® hospital survey. Health Serv Res, 2005; 40(6): 2057-2077.

Marsden PV, Landon BE, Wilson IB, McInnes K, Hirschhorn LR, Ding L, Cleary PD. The reliability of survey assessments of characteristics of medical clinics, Health Serv Res, 2006; 41(1): 265-283.

Mack JW, Co JPT, Goldmann TA, Weeks JC, Cleary PD. Quality of Health Care for Children: Role of Health and Chronic Illness in Inpatient Care Experiences. Arch Pediatr Adolesc Med, 2007; 161(9):828-834.

Ding L, Landon BE, Wilson IB, Hirschhorn LR, Marsden PV, Cleary PD. The quality of care received by HIV patients without a primary provider. AIDS Care, 2008; 20(1):35-42.

Martino SC, Elliott MN, Cleary PD, Kanouse DE, Brown JA, Spritzer KL, Heller MA, Hays RD. Psychometric Properties of an Instrument to Assess Medicare Beneficiaries' Prescription Drug Plan Experiences. Hlth Care Fin Rev, 2009, In Press.

C. <u>Ongoing Research Support</u>

1U18HS016978 Cleary (PI) 09/01/07 – 08/31/12
AHRQ
Consumer Assessments of Health Plans Study III – (CAHPS III)
The specific goals of the program are to: 1) develop and test ways that organizations can use CAHPS data for quality improvement purposes, with an emphasis on using data from the CAHPS clinician and group instrument, 2) conduct research on and develop strategies for reporting CAHPS results to consumers, patients, and providers and other audiences to facilitate plan choice, public accountability, and quality

improvement, 3) develop new CAHPS surveys and maintain and refine current CAHPS surveys, and 4) disseminate and promote the use of CAHPS products.
Role: PI

5P30MH062294-05 Cleary (PI) 09/30/01 – 08/31/13
NIMH
Center for Interdisciplinary Research on AIDS
Conduct research aimed at the prevention of HIV infection and reduction of the negative consequences of HIV disease in vulnerable and underserved populations. Through multidisciplinary collaborations, such research will identify determinants of risky behaviors, evaluate interventions in local, high-risk populations, develop and test models to assess the impact of these interventions on the epidemic, and determine transferability of specific intervention approaches between the United States and selected developing countries.
Role: PI

Grant ID 61979 Cleary (PI) 08/01/07 – 01/31/10
Robert Wood Johnson Foundation
Developing Public Health Systems Research
The overall goal of this project will be to develop Public Health Systems Research through a series of meetings. Activities will include two large scale meetings, three panel discussion presentations at national meetings and one grantee meeting at the foundation. These activities will be integral complementary activities that allow the public health team and the Foundation move the field of public health systems forward and increase its visibility and impact on the broader public health field/system.
Role: PI

1U48DP001945 Cleary (PI) 10/1/09 – 9/30/14
CDC
Meeting Community Needs across the Prevention Spectrum
Establish a Prevention Research Center (PRC) at Griffin Hospital with which Yale shares a Prevention Medicine Residency. This PRC identifies and supports research in health promotion and disease prevention and creates a partnership between Public Health and Medicine, prevention and treatment, as well as academia and the community.
Role: PI

Completed Research Support

5U48DP000053 Cleary (PI) 09/30/04 – 09/29/09
CDC
Meeting Community Needs across the Prevention Spectrum
Establish a Prevention Research Center (PRC) at Griffin Hospital with which Yale shares a Prevention Medicine Residency. This PRC identifies and supports research in health promotion and disease prevention and creates a partnership between Public Health and Medicine, prevention and treatment, as well as academia and the community.
Role: PI

U18 HS09205 Cleary (PI) 06/28/02 - 05/31/09
AHRQ
Consumer Assessments of Health Plans Study II – (CAHPS II)
The project will: 1) maintain and refine existing CAHPS products, 2) further development and test selected surveys and reports, 3) develop and test new survey modules and protocols, 4) test and evaluate new data collection methods, 5) develop, test, and evaluate new approaches to reporting CAHPS data, 6) develop, implement and evaluate new approaches to facilitating quality improvement, and 7) evaluate consumer's use of CAHPS data.
Role: PI

BIOGRAPHICAL SKETCH

NAME	POSITION TITLE
Ickovics, Jeannette R.	Professor
eRA COMMONS USER NAME JICKOVICS	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY
Muhlenberg College, Allentown, PA	B.A.	1984	Psychology
George Washington University, Washington, DC	M.A.	1987	Social Psychology
George Washington University, Washington, DC	Ph.D.	1989	Social Psychology
Yale University, New Haven, CT	Post-Doc	1989 – 1991	Health Psychology

A. *POSITIONS AND HONORS*.

Positions

1985-1989 Research Associate, Walter Reed Army Institute of Research
1986-1987 Graduate Fellow, American Psychological Association, Office of Legislative Affairs
1989-1991 Post-Doctoral Associate, Department of Psychology, Yale University
1989-1993 Fellow, MacArthur Foundation Network on Health and Behavior
1991-1993 Associate Research Scientist and Lecturer, Department of Psychology, Yale University
1993-1997 Assistant Professor of Medicine and Psychology, Yale University
1997-1999 Assistant Professor of Epidemiology & Public Health and of Psychology, Yale University
1999-2006 Associate Professor of Epidemiology & Public Health and of Psychology, Yale University
1999-Present Yale Center for Interdisciplinary Research on AIDS, Director of Education and Training;
2003-Present Director, Social and Behavioral Sciences Program
2006-Present Professor of Epidemiology and Public Health and of Psychology (without term), Yale Univ
2006-Present Deputy Director, Yale Center for Interdisciplinary Research on AIDS
2006-Present Deputy Director, Yale Center for Clinical Investigation; Director, Community Alliance for Research and Engagement

Honors

1991 Distinguished Publication Award, Association for Women in Psychology, for American Psychologist, "Women's Health: Review and Research as We Approach The 21st Century."
1993-96 Scholar, American Foundation for AIDS Research
1997 New York Academy of Sciences (Elected)
1997 American Psychosomatic Society (Elected)
1998 Sara Lee Foundation, National Frontrunner Protégée Award (Science and Humanities)
1999 Distinguished Emerging Leader, American Psychological Association
2000 Early Career Award for Distinguished Contributions to Psychology in the Public Interest, American Psychological Association
2001 Yale/Seton Elm and Ivy Award
2002 Fellow, American Psychological Association: Division of Health Psychology, Society for the Psychology of Women, Society for the Psychological Study of Social Issues (Elected)

B. SELECTED PEER-REVIEWED PUBLICATIONS (FROM TOTAL OF 108)

1. **Ickovics JR**, Hamburger ME, Vlahov D, Schuman P, Schoenbaum E, Boland RJ & Moore J for the HIV Epidemiology Research Study (HERS) Group. Mortality and CD4+ Lymphocyte Decline Associated with Chronic Depressive Symptoms among Women with HIV: Prospective Longitudinal Analyses from the HIV Epidemiology Research Study. JAMA. 2001; 285:1466-74. PMID 11255423

2. **Ickovics JR**, Niccolai LM, Kershaw TS, Lewis JB & Ethier KA. High Postpartum Rates of STI among Teens: Pregnancy as a Window of Opportunity for Prevention. STI. 2003; 79:469-473.PMID 1744774
3. Meade CS & **Ickovics JR.** Systematic review of sexual risk among pregnant and mothering teens: Pregnancy as an opportunity for integrated prevention of STD and repeat pregnancy. Soc Sci Med. 2005;60:661-678.
4. **Ickovics JR**, Meade C, Kershaw TS, Milan S, Lewis J, Ethier K. 'Urban teens:' Trauma, posttraumatic growth, and emotional distress among adolescent females. Journal of Consulting & Clinical Psych. 2006; 74(5): 841-850.PMID 17032088
5. Niccolai LM, Hochberg AL, Ethier KA, Lewis JB, & **Ickovics JR.** Burden of repeat chlamydia trachomatis infections in young women: Further uncovering the "hidden epidemic." Archives of Pediatric and Adolescent Medicine. 2007;161:246-251. PMID 17339505
6. **Ickovics JR**, Kershaw TS, Westdahl C, Magriples U, Massey Z, Reynolds H, Rising SS. Group prenatal care reduces preterm birth: results from a multi-site randomized controlled trial. Ob & Gyn. 2007; 110;3303-339.
7. **Ickovics JR.** "Bundling" HIV prevention: Integrating services to promote synergistic gain. Preventive Medicine. 2008;46:222-225. PMID 17964637
8. Magriples U, Kershaw TS, Rising SS, Massey Z, **Ickovics JR.** Prenatal health care beyond the obstetrics service: Utilization and predictors of unscheduled care. Am J Ob & Gyn. 2008;198:75.e1-7. PMID 18166312.
9. Meade C, Kershaw TS & **Ickovics JR.** The intergenerational cycle of teenage motherhood: An ecological approach. Health Psychology. 2008;27:419-29. PMID 1864299
10. Kershaw TS, Magriples U, Westdahl C, Rising SS, **Ickovics JR**. Pregnancy as a window of opportunity for HIV prevention: Effects of an HIV intervention delivered within prenatal care. American Journal of Public Health. (In press)

C. RESEARCH SUPPORT (CURRENT)

Foundation support (Ickovics, PI) 11/01/08-10/31/13
The Patrick and Catherine Weldon Donaghue Medical Research Foundation
Community Interventions for Health: New Haven will be the first US city to join this international collaborative. The overall objective is to improve health in the City of New Haven by focusing on evidence-based policies and programs to reduce 3 major risk factors for chronic disease: smoking, physical inactivity, and poor nutrition.

2P30MH062294-06A1 (Cleary, PI; NIMH, NIH) 09/30/01 – 06/30/13
National Institute for Mental Health
Center for Interdisciplinary Research on AIDS: Through multidisciplinary collaborations, conduct research to prevent HIV infection and reduce negative consequences of HIV disease in vulnerable and underserved populations. Role: Deputy Director, and Director of Training (PI of NIH T32 Pre/Post-Doctoral Fellowship)

5UL1RR024139-03 (Sherwin, PI; NCRR, NIH) 09/30/06 – 06/30/11
Clinical and Translational Science Award: Train investigators in interdisciplinary clinical research, stimulate the extension of research from bench to bedside to community and forge research partnerships to improve public health. Role: Deputy Director, Mentor; Director, Community Alliance for Research and Engagement

5R01MH074399-02 (Ickovics, PI; NIMH, NIH) 08/18/06 – 07/31/11
Integrating Prenatal Care to Reduce HIV/STDs among Teens: A Translational Study
Reduce risk for HIV and other STIs during and after pregnancy among adolescents and young women receiving prenatal care in 14 community health centers and hospitals in NYC. Role: Principal Investigator

5U48DP000053-03 (Cleary, PI; CDC) 10/1/09 - 9/29/14
Prevention Research Center (PRC): Meeting Community Needs across the Prevention Spectrum
Identify and support research in health promotion and disease prevention and creates a partnership between Public Health and Medicine, prevention and treatment, academia and the community. Role: Investigator

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE
David L. Katz, MD, MPH, FACPM	Director, Yale-Griffin Prevention Research Center
eRA COMMONS USER NAME (credential, e.g., agency login) katzdl	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY
Dartmouth College; Hanover, NH	BA	1984	French
Albert Einstein College of Medicine; Bronx, NY	MD	1988	Medicine
Yale University School of Medicine, New Haven, CT	MPH	1993	Epidemiology/Prev.Med

A. Positions and Honors

Positions:

1996 - 1999 Associate Director, Preventive Medicine Residency Program, Griffin Hospital, Derby, CT
1996 -2000 Asst Clinical Prof. of Epidemiology & Public Health, Yale Univ School of Medicine, New Haven, CT
1997 - present Director of Medical Studies (Public Health), Yale University School of Medicine, New Haven, CT
1998 – present Director, Yale-Griffin Prevention Research Center, Derby, CT
1999 - 2000 Director, Preventive Medicine Residency Program, Griffin Hospital, Derby, CT
2000 – present Director/Founder, Integrative Medicine Center at Griffin Hospital
2000 – 2005 Associate Clinical Professor of Epidemiology and Public Health & Medicine,
Yale University School of Medicine, New Haven, CT
2001 – present Lecturer, Yale School of Nursing, New Haven, CT
2005 - present Consultant, National Governor's Association
2005 - 2007 Medical Contributor, ABC News
2005 – present Associate Professor, adjunct, Public Health Practice
2006 – present Director of Medical Programming, Stepping Stone Spa & Wellness Center, Lyndon, VT
2007 – present President & Founder, Turn the Tide Foundation, Inc**.**

Honors:

1998 Physician of the Year, Griffin Hospital
2001 American College of Preventive Medicine, Rising Star Award
2002 Elected to Governing Board as Northeast Regent, American College of Preventive Medicine
2002 Elected to Governing Board, Association of Teachers of Preventive Medicine
2002 Appointed Chair, Preventive Practice Committee, American College of Preventive Medicine
2002 Appointed Chair, Education Committee, Association of Teachers of Preventive Medicine
2002 Pfizer, Inc. Health Literacy Research Initiative Award
2002-2003 Listed in Marquis' "Who's Who in Medicine and Healthcare," 4th Edition
2003 Consumers' Research Council of America, "America's Top Physicians
2003 Healthy U (Salisbury, MD) Award for Excellence, 2003 for 'The Way to Eat'
2004-2005 America's Top Physicians, Preventive Medicine: Consumers' Research Council of America
2007 Ricketts Award, Community Hospital of the Monterey Peninsula, Monterey, CA
2007 Dorothy Epstein Nutrition Fellow, Hunter College in *The City University of New York,* New York, NY
2008 "2008 Dream Maker Award" Greater New Haven Chapter, Juvenile Diabetes Research Foundation International
2009 Distinguished Service Award, Association of Yale Alumni in Public Health
2009 America's Top Physicians, Preventive Medicine: Consumers' Research Council of America

B. Selected Peer-reviewed Publications

- **Books**

Jekel JF, in collaboration with Elmore JG and **Katz DL**. Epidemiology, Biostatistics and Preventive Medicine. W.B. Saunders Co., Philadelphia PA. 1996. -Translated into Portuguese: 1999; -Translated into Italian: 1996

Katz DL. Epidemiology, Biostatistics and Preventive Medicine Review. W.B. Saunders Co. Philadelphia PA. 1997. Translated into Portuguese: 2001

Katz DL. Nutrition in Clinical Practice. Lippincott-Williams & Wilkins. Philadelphia, PA. 2000

Katz DL. Clinical Epidemiology & Evidence-based Medicine. Fundamental Principles of Clinical Reasoning & Research. Sage Publications, Inc. Thousand Oaks, CA. 2001

Jekel JF, **Katz DL**, Elmore JG. Epidemiology, Biostatistics, and Preventive Medicine. 2nd edition. Harcourt Health Sciences. Philadelphia, PA. 2001

Katz DL, with Gonzalez M. The Way to Eat. Sourcebooks, Inc. (in Cooperation with the American Dietetic Association). Naperville, IL. 2002

Katz DL, Gordon D. Cut Your Cholesterol. Readers Digest. Pleasantville, NY. 2003.

Katz DL, Katz CS. Flavor Point Diet. Rodale Publishers. New York, NY. 2005

Gordon DL, Katz DL. Stealth Health : How to Sneak Age-Defying, Disease-Fighting Habits into your Life Without Really Trying. Readers Digest. Pleasantville, NY. 2005.

Jekel JF, **Katz DL**, Elmore JG, Wild DMG. Epidemiology, Biostatistics, and Preventive Medicine. 3rd edition. Saunders, Elsevier Inc. Philadelphia, PA. 2007

Katz DL. Nutrition in Clinical Practice 2nd Edition. Lippincott-Williams & Wilkins. Philadelphia, PA. 2008

- **Articles/Chapters**

-Katz DL, O'Connell M, Yeh MC, Nawaz H, Njike V, Anderson LM, Cory S, Dietz W; Task Force on Community Preventive Services. Public health strategies for preventing and controlling overweight and obesity in school and worksite settings: a report on recommendations of the Task Force on Community Preventive Services. *MMWR Recomm Rep*. 2005 Oct 7;54(RR-10):1-12. Review.

-Williams A, Selwyn PA, Liberti L, Molde S, Yanchou Njike V, McCorkle R, Zelterman D, Katz DL. A Randomized Controlled Trial of Meditation and Massage Effects on Quality of Life in People with Late-Stage Disease: A Pilot Study. *Journal of Palliative Medicine*. Oct 2005, 8(5): 939-952.

-Jacobs J, Williams AL, Girard C, Njike VY, Katz D. Homeopathy for attention-deficit/ hyperactivity disorder: a pilot randomized-controlled trial. *J Altern Complement Med*. 2005 Oct;11(5):799-806.

-Jacobson DM, Strohecker L, Compton MT, Katz DL. Physical Activity Counseling in the Adult Primary Care Setting. *Am J Prev Med.* 2005;29(2): 158-162.

-Yeh M-D, Katz DL. Food, Nutrition and the Health of Urban Populations. In: Freudenberg N, Galea S, and Vlahov D (ed).Cities and the Health of the Public. Vanderbilt University Press. Nashville,TN. 2006. pp.106-125.

-Hartwig KA, Dunville RL, Kim MH, Levy B, Zaharek MM, Yanchou Njike V, Katz DL. Promoting Healthy People 2010 through Small Grants. Health Promot Pract. 2006 June. (epub ahead of print)

-Goff SL, Foody JM, Inzucchi S, Katz DL, Mayne S, Krumholz H. BRIEF REPORT: nutrition and weight loss information in a popular diet book: is it fact, fiction, or something in between? J Gen Intern Med. 2006 Jul;21(7):769-74.

-Williams AL, Katz D, Ali A, Girard C, Goodman J, Bell I. Do essential fatty acids have a role in the treatment of depression? J Affect Disord. 2006 Jul;93(1-3):117-23. Epub 2006 May 2.

-Evans M, Yanchou Njike V, Hoxley M, Pearson M, Katz DL. Effect of soy isoflavone protein and soy lecithin on endothelial function in healthy postmenopausal women. Menopause. 2006 Sep 26; [Epub ahead of print]

-Lucan S, Katz DL. Factors associated with smoking cessation counseling at clinical encounters: the Behavioral Risk Factor Surveillance System (BRFSS) 2000. Am J Health Promot. 2006 Sep-Oct;21(1):16-23.

-Nawaz H, Comerford BP, Njike VY, Dhond AJ, Plavec M, Katz DL. Repeated serum lipid measurements during the peri-hospitalization period. Am J Cardiol. 2006 Nov 15;98(10):1379-82. Epub 2006 Sep 28.

-Katz DL. Chewing on the Food Chain. Science. 2006 November; 314: 762-763.

-Katz DL. Obesity...be Dammed! What it will take to turn the tide. Harvard Health Policy Rev. 2006; 7:135-151

-O'Connell M, Comerford BP, Wall HK, Yanchou-Njike V, Faridi Z, Katz DL. Impediment profiling for smoking cessation: application in the worksite. Am J Health Promot. 2006 Nov-Dec;21(2):97-100.

-Perlman AI, Sabina A, Williams AL, Njike VY, Katz DL. Massage therapy for osteoarthritis of the knee: a randomized controlled trial. Arch Intern Med. 2006 Dec 11-25;166(22):2533-8.

-Katz DL. Low-fat Dietary Pattern and Risk of Cardiovascular Disease:The Women's Health Initiative Randomized Controlled Dietary Modification Trial. *Current Cardiovascular Risk Reports*. 2007;1(1):5-8.

-Katz DL, Greene L, Ali A, Faridi Z. The pain of fibromyalgia syndrome is due to muscle hypoperfusion induced by regional vasomotor dysregulation. *Med Hypotheses*. 2007 Mar 19; [Epub ahead of print]

-Lederman J, Ballard J, Njike VY, Margolies L, Katz DL. Information given to postmenopausal women on coronary computed tomography may influence cardiac risk reduction efforts. *J. Clin Epidemiol*. 2007 Apr;60(4):389-96.
-Katz, DL, Evans M, Hoxley M, Njike V, Nawaz N, Comerford B, Sarrel P. Raloxifene, Soy Phytoestrogens and Endothelial Function in Postmenopausal Women: A Randomized, Placebo-Controlled Crossover Trial. Climacteric. Dec 2007; 10:6, 500 – 507.
-Katz DL. Medicine and Media: State of the Union? *American Journal of Preventive Medicine*. 2008 Jan;34(1):83-4.
-Katz DL, Faridi Z. Chapter 17: Public Health Approaches to the Control of Pediatric and Adolescent Obesity (pp. 251-271). In O'Donoghue WT, Moore BA, Scott BJ (Eds.) Handbook of Pediatric and Adolescent Obesity Treatment. Taylor and Francis. New York, NY. 1/08.
-Katz DL, Shuval K, Comerford BP, Faridi Z, Yanchou Njike V. Impact of an educational intervention on internal medicine residents' physical activity counselling: the Pressure System Model. Journal of Evaluation in Clinical Practice. 2008 March; 14(2), 294–299
-Yeh M, Ickes SB, Lowenstein LM, Shuval K, Ammerman AS, Farris R, and Katz DL. Understanding barriers and facilitators of fruit and vegetable consumption among a diverse multi-ethnic population in the United States. *Health Promotion International.* 2008 Mar;23(1):42-51. Epub 2008 Jan 8.
-Faridi Z, Liberti L, Shuval K, Northrup V, Ali A, Katz DL. Evaluating the impact of mobile-telephone technology on type 2 diabetic patients' self-management: The NICHE pilot study. *Journal of Evaluation in Clinical Practice*. 2008 Mar 24; [Epub ahead of print].
-Shuval K, Weisblueth E, Brezis M, Araida A, Faridi Z, Ali A, Katz DL. The Role of Culture, Environment, and Religion in the Promotion of Physical Activity among Arab Israelis. Prev Chronic Dis. 2008 Jul;5(3):A88. Epub 2008 Jun 15.
-Faridi Z, Njike V, Dutta S, Ali Ather, Katz DL. Acute dark chocolate and cocoa ingestion and endothelial function: A randomized, placebo controlled, cross-over trial. Am J Clin Nutr. 2008 Jul;88(1):58-63.
- Katz DL, O'Connell M, Yanchou Njike V, Yeh M-C, Nawaz H Strategies for the prevention & control of obesity in the school setting-systematic review and meta-analysis.*International Journal of Obesity* 2008;32:1780–1789.
- Katz DL, Ali, A. Preventive Medicine, Integrative Medicine & The Health Of The Public. Report for IOM Summit on Integrative Medicine and the Health of the Public; February, 2009.
http://www.iom.edu/Object.File/Master/62/376/Preventive%20Medicine,%20Integrative%20Medicine,%20and%20the%20Health%20of%20the%20Public.pdf
- Faridi Z, Shuval K, Yanchou Njike V, Katz JA, Jennings G, Williams M, **Katz DL**; The PREDICT Project Working Group. Partners reducing effects of diabetes (PREDICT): a diabetes prevention physical activity and dietary intervention through African-American churches. *Health Educ Res*. 2009 Mar 4. [Epub ahead of print]
- Lancaster GI, O'Connell R, **Katz DL**, Manson JE, Hutchison WR, Landau C, Yonkers KA; Healthcare Professionals for Healthcare Reform. The expanding medical and behavioral resources with access to care for everyone health plan. Ann Intern Med. 2009 Apr 7;150(7):490-2
- Katz DL. Life & Death, Knowledge & Power: Why Knowing What Matters isn't What's the Matter. *Archives of Internal Medicine.* 2009; 169(15):1362 -3.
- Laurie M. Anderson, PhD, MPH, Toby Quinn, MPA, Karen Glanz, PhD, MPH, Gilbert Ramirez DrPH, Leila C. Kahwati, MD, MPH, Donna B. Johnson, PhD, Leigh Ramsey Buchanan, PhD, W. Roodly Archer, PhD, Sajal Chattopadhyay PhD, Geetika P. Kalra, MPA, **David L. Katz, MD**, and the Task Force on Community Preventive Services. The Effectiveness of Worksite Nutrition and Physical Activity Interventions for Controlling Employee Overweight and Obesity: A Systematic Review. *American Journal of Preventive Medicine.* 2009; 37(4):340-357.

PREVENTION PROJECT DIRECTOR
Job Description

NATURE OF WORK:
This is a high-level management position in a challenging work environment requiring strong administrative skills to direct resources in addressing prevention practices as part of a new Prevention Project in the City of New Haven. The position will be charged with creating, directing and implementing specific community-based strategies to reduce rates of chronic disease linked to poor diet and lack of exercise.

The Prevention Project Director reports to the Director of Health and will serve as a member of a new prevention-focused Leadership Team and Health Equity and Wellness Commission, providing a key role in spearheading citywide prevention strategy. This work includes facilitating involvement of the Office of the Mayor, Community Services Administration, Transportation Department, New Haven Board of Education and multiple community and academic research partners.

The Prevention Project Director will be responsible for day-to-day management of all aspects of the Project, including: 1) supervision of staff and contractors, including direct report of Prevention Policy Analyst; 2) support for Leadership Team, Health Equity and Wellness Commission and work groups; 3) preparation of all policies and procedures to guide implementation; 4) interface with community coalitions; 5) communications, marketing, and wellness website portal development; 6) database development and protocols, including ARRA Outcome tracking and reporting; and 7) external funder and partner relations. This individual will have a demonstrated knowledge of principles and practices of public health and prevention. Their role will be to not just impact the prevention practices of the City of New Haven as a corporate entity, but also to promote the broader community vision of a healthy, prosperous city.

MINIMUM REQUIREMENTS:
Master's degree in Public Health, Public Administration, Social Services, Management, Urban Planning or a related field and five to ten years of experience in a public-sector environment are strongly preferred. Experience with media communications strategies is desired. Ability to communicate in Spanish is a plus, but not required. Ability to exercise leadership skills and maintain effective working relationships with public officials and personnel at various levels of government. Ability to exercise excellent verbal, written and spoken communication skills with public officials, individuals at all levels in the City's organization, and with the media. Computer proficiency is required.

William P. Quinn, M.P.H.

William P. Quinn received his M.P.H. in Health Services Administration from Yale University School of Medicine, Department of Epidemiology and Public Health, in 1975, and has spent his entire career in community health. Mr. Quinn has been Director of Health in the City of New Haven since 1988. He oversees a staff of over 130 people. The New Haven Health Department provides traditional public health services to the 126,000 residents of New Haven. The Department is comprised of 13 Divisions and Bureaus; AIDS Division, Biostatistics Division, Bureau of Environmental Services, School Health Nursing Division, Health Education Division, Bureau of Laboratory Services, Maternal and Child Health Services Division, Vital Statistics Division, Preventive Medicine Division, STD and Travel and Children's Clinic, the Ryan White Title I Unit and Weights and Measures Division.

Prior to assuming his position in New Haven, Mr. Quinn served as the Director of Health in Danbury, Connecticut. As Director of Health in Danbury, he chaired the Mayor's Blue Ribbon Task Force on Substance Abuse. Previous to his appointment in Danbury, he was the first Executive Director of the Chesprocott Health District.

Mr. Quinn's commitment to public health spans nearly 30 years. He played a key role in advocating for the legislation that established New Haven's model Needle Exchange Program. Under Mr. Quinn's direction, the New Haven Health Department has collaborated with numerous partners in the community to tackle urban public health issues such as lead poisoning, AIDS, diabetes, breast cancer, asthma, and infant mortality.

Mr. Quinn serves as an adjunct faculty member at both the Yale School of Public Health and the Southern Connecticut State University School of Public Health. He is an active member of the Connecticut Association of Directors of Health, and served as chairman from 1980-1981. He is also a member of the Founding and Executive Board of the Association of Yale Alumni in Public Health. He is an active member of the American Public Health Association, the Connecticut Public Health Association and the Connecticut Association of Directors of Health.

A long-time resident of New Haven, Bill has spent his career centering on endeavors and initiatives that are closely tied to neighborhoods and the community.

DIRECTOR OF OFFICE OF SUSTAINABILITY
SALARY MINIMUM: $57188
POSTED UNTIL FILLED

NATURE OF WORK:
This is a mayoral-appointed management position in a challenging work environment requiring strong administrative skills to direct and coordinate resources in addressing environmentally sustainable policies and practices in the City of New Haven. This position reports directly to the Chief Administrative Officer and will provide a key new role in working not only with New Haven city departments, but also with community members and organizations to establish a city-wide sustainability program. A central role of the Office will be to not just impact the sustainable practices of the City of New Haven as a corporate entity, but as a broad community in balancing the Cit's shared objectives for a healthy environment, an excellent quality of life, and continued economic vitality.

MINIMUM REQUIREMENTS:
Graduation from an accredited college or university; master's degree in Environmental Sciences, Environmental Engineering, Management, Public Administration, Urban Planning, Architecture or a related field and three to five years of supervisory experience in a sustainability setting are preferred. Experience with media and communications strategy is also desirable. Ability to communicate in Spanish, LEED certification and GIS skills are a plus, but are not required Must also possess the following requirements listed in job description, including but not limited to: Familiarity with the most current concepts of conservation and sustainable development including but not limited to: green purchasing, energy conservation, solid waste recycling, green building, resource and water conservation, green house gas reduction, renewable resources, government funding opportunities, and environmental reporting metrics. Ability to exercise excellent judgment and leadership skills to establish and maintain effective working relationships with public officials and personnel at differing levels of local and state government. Ability to exercise excellent verbal, written and spoken communication skills with public officials, individuals at all levels in the City's organization, and with the media.

PREVENTION POLICY ANALYST
Job Description

NATURE OF WORK:
This position reports directly to the Prevention Project Director and will work with the New Haven Health Department, but also with several other city departments, community members and organizations to establish a city-wide chronic disease prevention program focusing on nutrition and physical activity. This is a management position in a challenging work environment requiring strong administrative, time-management and communications skills to coordinate resources in addressing public health and prevention policy in the City of New Haven.

The Prevention Policy Analyst will report to the Prevention Project Director. S/he will serve as a resource to the Health Equity and Wellness (HEWC) Commission and partners. This position will be involved with reviewing, analyzing and reporting of best practices concerning public health interventions, researching policy options in the literature, preparing briefing documents on specific policy issues to inform HEWC Policy Committee and HEWC Commission deliberations. The Policy Analyst may also draft specific policy documents (legislative proposals, local ordinances, state legislation, etc.) required to implement policy changes. S/he will also be heavily involved in the creation of a citywide health campaign focused on social marketing, broadcast media, community engagement, and the development of incentives related to promoting healthy behavior.

MINIMUM REQUIREMENTS:
This individual will have a Bachelor's or Master's Degree and 3-5 years experience in policy analysis or planning in public health, government, social service or health care settings. Graduate work in the specified areas may be substituted for a portion of the required experience. S/he will have a working knowledge of principles and practices of public health and prevention. S/he will have strong research, analytical, and written communication skills, attention to detail and an ability to exercise excellent judgment in order to maintain effective working relationships with public officials and personnel at differing levels of local government. Computer proficiency also required.

Shanta L. Evans

1580 Broad Street ● Hartford, CT 06106
Home Phone: (860) 869-8779
Email: sevans1580@aol.com

EDUCATION

Master of Business Administration, May 2007
University of Hartford
GPA: 3.6

B.A. in Women, Gender, and Sexuality, May 2001
Trinity College
GPA: 3.5

WORK HISTORY

New Haven Health Equity Alliance
Project Director Oct 2009-Present

- Hired by the New Haven Health Department to direct a new 2-year, $300,000 cross-sector prevention initiative – being piloted in New Haven by the Connecticut Association of Directors of Health, Inc. – which will leverage data, workforce development and community engagement in order to address health inequities in New Haven.
- Please see attached materials.

Planned Parenthood of Connecticut
Real Life. Real Talk. Manager April 2007-Oct 2009

- Develop and maintain New Haven based coalition of 36 diverse community partners and 10 Advisory Committee members.
- Network and establish new contacts within the community to help support the efforts of *Real Life. Real Talk.*
- Collaborate with internal and external partners to plan and implement programming for New Haven parents.
- Provide training, resources, and development opportunities to local organizations involved with the *Real Life. Real Talk.* initiative.
- Collect and maintain data about success of programs in the community.

Planned Parenthood of Connecticut April 2005-2007
Public Affairs Manager

- Supervised community organizer which includes community organizing efforts, and state-wide internship program.
- Articulated and advanced Planned Parenthood's position on a number of reproductive health and rights issues via public speaking and legislative testimony.
- Represented Planned Parenthood on various state-wide coalitions.
- Developed, supervised, and implemented written organizing/strategy plans in collaboration with key stakeholders which included: Supreme Court nomination grassroots strategy, and CT Microbicides NOW! Annual organizing plan.
- Facilitated and managed various internal projects including the reproductive justice committee.

Planned Parenthood of Connecticut
Grassroots Organizer September 2001-2005

- Created and implemented Planned Parenthood of Connecticut's first statewide internship program.
- Negotiated and received a $5,000 grant for new addition to Planned Parenthood of Connecticut internship program.
- Established annual career networking event that connected students and young professionals to job opportunities within the reproductive rights field.
- Annually increased Planned Parenthood of Connecticut's visibility on campuses through grassroots organizing events that increased from 13 events in Fall 2002 to 49 events in Fall 2003.
- Managed, supervised, and trained an average of 12 interns from various CT colleges annually.
- Connected college students to opportunities to apply grassroots organizing skills outside of their campuses.
- Evaluated program success by collecting feedback from interns, pinpointing problems, and implementing solutions to existing problems. Create bi-annual reports discussing program growth, progress, and challenges.
- Networked within and outside of the agency to expand internship resources and connect interns with job opportunities.

Shanta L. Evans

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V.A.M.P. and Rising Stars
Program Consultant September 2004-2006

- Provided brainstorming and troubleshooting to program coordinator around program issues and ideas.
- Researched and specific information on various program related and employee development issues.
- Collaborated with program coordinator around strategic planning for the V.A.M.P. and Rising Stars programs.
- Provided tools to program coordinator to help strengthen program effectiveness.

Trinity College: Vision Academic Mentoring Program (V.A.M.P.) and Rising Stars
Program Director June 2001-2004

- Created and implemented the *Vision Academic Mentoring Program*; provides homework help and mentoring to 22 Hartford Magnet Middle School students.
- Submitted a proposal to Trinity's 1634 fund and received funds to create a second after school program, *Rising Stars*, to provide additional homework help and mentoring to 23 middle school students.
- Developed program marketing and informational materials including posters, brochures, mentor handbooks, and parent/mentee handbooks.
- Managed, supervised, and trained an average staff of 40. Assess program improvements and challenges through collection of data, evaluations, and communication with Evaluation Specialist. Presented results to program funders through written reports and PowerPoint presentations.
- Collected and maintained program data including grades, attendance, and evaluation surveys. Maintained communication between mentors and mentees, Hartford Magnet Middle School staff and program, and project sites. Created successful outreach opportunities that engaged parents, mentees, mentors and middle school staff.

Leadership Activities

- Co-Chair, Young Women's Leadership Program, Hartford, CT, August 2006-2008
- Leadership Fellow, Connecticut Health Foundation, New Britain, CT, September 2006-June 2007
- Board Member, CT Rosie Fund Inc., New Haven, CT, July 2003-2007
- Member/Site Co-Coordinator, CT Microbicides Now, New Haven, CT, September 2002-2007

Presentations

- *Getting From There to Here: How to Network and Get a Job.* Weaver High School, April 2007.
- *Jones/Zimmermann Project: Vision Academic Mentoring Program* (Trinity College Site). Zimmermann Foundation Meeting. January 2004, May 2003, January 2003, May 2002, December 2001.
- *Chipping Away at Roe v. Wade.* Current Threats to Reproductive Rights (Film showing and discussion). University of CT, Storrs, CT. October 6, 2003.
- *Grassroots Organizing and Training for Youth Engagement Symposium (YES) participants*. Evans, Shanta L., Cruz, Serena, Dvorak, Katie and Courtney. Planned Parenthood Federation of America Eastern Region Conference in New York City, NY. October 23-25.
- *Advocacy Panel: Campus Organizing and Microbicides*. Microbicides Conference: The Power to Protect in Hartford, CT. May 22, 2003
- *Eating Disorders and Women of Color*. Been There, Done That, What's Next: Eating Disorders Conference in Hartford, CT. April 4, 2003.
- *Campus Organizing and Microbicides*. Student Global Aids Campaign Conference in Washington, D.C. March 1, 2003.
- *Sexual Stereotypes and the African American Community*. Southern CT State University in New Haven, CT. February 27, 2003; Wesleyan University in Middletown, CT. February 2002.

NEW HAVEN HEALTH EQUITY ALLIANCE COMMUNITY HEALTH MEDIA COORDINATOR
Job description

NATURE OF WORK
This position will report to the New Haven Health Equity Alliance Project Director at the New Haven Health Department. S/he will work closely with the Prevention Project Director to support a neighborhood-level community-based media campaign designed to promote physical activity and healthy nutrition. The work will involve coordination of person-to-person outreach activities, community forums and conversations (including discourse with potential partners and coalitions) and deployment of HEA Community Health Advisors to disseminate messages on the importance of nutrition and physical activity. This work may include creating agendas, managing notifications, cultivating members and producing meeting notes and technical memoranda in support of the work.

MINIMUM REQUIREMENTS
This individual will have at least 2-5 years experience in community organizing and/or strategic social marketing, a basic understanding of the principles of public health and prevention, an ability to work with diverse individuals and communities, and a commitment to addressing health inequities. S/he will have strong interpersonal and communications skills. Bilingual skills are a plus.

BACKGROUND: HEALTH EQUITY ALLIANCE
This position will support the New Haven Health Department's responsibilities specific to the New Haven demonstration site for the Health Equity Alliance, with the purpose of addressing social conditions that contribute to health inequities. The initiative is funded through a two-year grant to the New Haven Health Department from the Connecticut Association of Directors of Health (CADH). The Health Equity Alliance has three major components:

(1) Workforce development, with an initial focus on the Health Department and City workforce;
(2) Utilization of the Health Equity Index, a tool developed by CADH which illustrates correlations between social determinants and health outcomes; and
(3) Community engagement and social marketing to promote understanding of social determinants and devise a community action plan.

The goal is to integrate this approach into the existing systems of the Health Department and Community.

WILLIAM FRANCIS CLARK
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New Haven, CT 06511
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william.clark@new-haven.k12.ct.us

EXPERIENCE:

September 2007 - Current

Chief Operating Officer, **New Haven Board of Education**
Responsible for supervision of budget, food service, facilities and operations of school district serving 20,000 students. Oversee and manage an operating budget in excess of $173 million, a School Construction Program in excess of $1billion and staff in excess of 2,300 employees.

November 2003 - August 2007

Partner, **BERCHEM, MOSES, & DEVLIN, P.C.**
75 Broad Street, Milford, CT 06460
Attorney specializing in issues of Labor and Employment and Education Law. Represent clients in all forums related to employment and education law.

January 1999- November 2003

Director of Labor Relations**, City of New Haven**

Appointed to oversee labor relations matters for the City of New Haven. Responsible for negotiation and interest arbitration of collective bargaining agreements for 15 bargaining units for both the City and the Board of Education. Represent City departments and the Board of Education in grievance arbitration at the State Labor Board and Connecticut courts and agencies. Assist in the drafting and implementation of policy initiatives and manage day-to-day contract interpretation and personnel matters.

August 1997- January 1999

Assistant Corporation Counsel**, City of New Haven**

Attorney assigned to provide legal counsel to the New Haven Board of Education. Represented the Board in all legal matters, including defense of civil litigation claims and negotiation and monitoring construction and architecture contracts related to $1billion school construction program. Handled all special education representation including due process hearings and compliance issues as well as expulsion and other general legal matters.

March 1996-
August 1997

***Associate Attorney*, Lynch, Traub, Keefe & Errante**
New Haven, CT
Civil litigation attorney. Responsible for wide-ranging caseload of negligence actions on behalf of plaintiffs and defendants. Handled all facets of litigation including drafting of pleadings and motions, conducting depositions, oral arguments and trial preparation in both state and federal courts. Litigated collection matters on behalf of local utility company, which included trials and contested hearings in a number of judicial districts.

August 1995-March 1996

***Courtroom Clerk*, New Haven County Superior Court**
Honorable Joseph Licari, Jr., Chief Administrative Judge
Responsible for administrative duties throughout the criminal trial process. Administered oaths, took pleas, controlled evidence and coordinated court files.

BAR ADMISSIONS:

State of Connecticut, November 1995
U.S. District Court, District of Connecticut, 1996

EDUCATION:

August 1992-May 1995

Quinnipiac University, School of Law, Hamden, CT
Juris Doctor, May 1995

Activities:
President, Brehon Law Society; President, Mock Trial Society; Criminal Law Society; Environmental Law Society; Law School Hockey Team Member.

Honors:
IOLTA Fund Scholarship recipient for academic achievement; Recommended by faculty for pilot Teacher's Assistant Program; Recognized for Outstanding Legal Scholarship, Superior Classroom Performance and Service to the Community by the Faculty.

August 1997-
May 1991

University of Notre Dame, Notre Dame, IN

Bachelor of Arts, May 1991
Majors: History and Communications: Film Concentration

Honors:
Phi Alpha Theta History Society

INTERESTS
And
ASSOCIATIONS:

2003-Present	*Board Member & President*, Yale Youth Hockey Association,
2003-2007	*Executive Board Member*, Connecticut Public Employer Labor Relations Association
	Member, New Haven County Bar Association, Connecticut Bar Association, American Bar Association, National Public Employer Labor Relations Association
	Trustee, St. Joseph's Church, New Haven, CT.
	Eddie Sheehan Baseball League, Associate Commissioner
	Worthington Hooker Basketball Team, Coach

New Haven Public Schools

Job Description: District Wellness Coordinator

Full Time: 40 hours/week
Location: NHPS: Board of Education
Type: Administration

Position Description:

The District Wellness Coordinator will primarily oversee the coordination and integration of district wellness initiatives, policies and programs with various district departments that provide health programs, services and education to students that will expand and strengthen the Coordinated School Health approach in all K-8 schools. He/she will also assist in the planning and implementation of wellness efforts within the school reform plan and will implement and evaluate related interventions. He/she will serve on the Community Leadership Team to coordinate and oversee the school-community CDC grant initiatives The Wellness Coordinator reports to the Superintendent of Schools.

Other responsibilities include but are not limited to the following:

- Co-chair the District Wellness Committee and ensure wellness plan objectives are met
- Serve on district and community leadership committees (CDC grant)
- Expand the Coordinated School Health (CSH) plan (build on PAW)for all K-8 schools with BOE supervisors:
  CSH: 1. ensure that the instruction and services provided through various components of the school health program are mutually reinforcing and present consistent messages;
  2. assist the superintendent/school principal and other administrative staff with the integration, management, and supervision of the school health program components;
  3. conduct evaluation of CSHP activities and prepare and present progress reports of the results of CDC grant related interventions

Coordinate and implement district media campaign that aligns and links with the CDC city wide media campaign with the NHPS communications director and city-wide coalition

- Provide district and school administrators with updates and evaluation results of initiatives
- Prepare progress reports for the district/schools/community
- Manage and allocate grant budgets/resources
- Represent and present on behalf of district at state/national school health conferences, meetings and events

Qualifications:

- Masters level in Social Work, Public Health and/or clinical health or community organizing background.
- Excellent written and oral communication
- Proven grant writing experience and achievement

- Expertise in current evidence based health promotion strategies
- At least 5 years experience in successful school health program development, implementation and evaluation
- Strong ability to lead, work collaboratively and coordinate multiple initiatives simultaneously
- Expertise and knowledge in the CDC's Coordinated School Health Program and related school tools

Susan Peters, MSN, PNP, MPH
18 Lake Street Hamden, CT 06517
203/230-2831
smpeters@snet.net

PEDIATRIC NURSE PRACTITIONER & SCHOOL/COMMUNITY HEALTH CONSULTANT:

Experienced primary healthcare provider \supervisor of urban school based health centers for over 10 years. Expertise as consultant in school health program development, implementation and evaluation with proven success in implementing sustainable initiatives in schools. Recognized as a highly organized project leader with proven ability to secure grants, motivate and work collaboratively with others and to supervise and coordinate all aspects of projects to achieve goals and improve health outcomes of children. Expertise in program development and evaluation of preventive pilot health programs to produce and replicate "model" initiatives for school districts. Current projects involve obesity prevention, injury prevention and increasing physical activity among young children.

Grant writing
Inter-agency collaboration
Survey development/analysis
Budget & Contract Management
Supervising of staff
Project Reporting and Formal Presentations
Program Development/Evaluation
Tailored Program Material Development

PROFESSIONAL EXPERIENCE ----------

11/05-Present:
New Haven Public Schools (NHPS): Board of Education (BOE) New Haven, CT
Public Health Consultant: Project director of the Physical Activity & Wellness (PAW) Program in 18 elementary schools.

- Secured $400,000. in grant funding from Connecticut Health Foundation (CHF)
- Hired, trained and provided guidance for consultants to support staff in project schools
- Participate in district strategic planning meetings for health related research and school initiatives and health policy
- Train school facilitators and provide support/guidance to school administrators and school wellness teams
- Prepare / oversee project contracts and budget, prepare progress reports for BOE and CHF
- Develop and implement evaluation plan, surveys and present results to BOE and public
- Coordinate all aspects of project, develop project and training tools/materials; responsible for fulfilling grant requirements and reports and strategic planning for district wide expansion of initiative

  2007-Present- Co-chair of NHPS District Wellness Committee
  - Lead monthly district wide meetings of wellness committee and prepare quarterly progress reports for BOE and State
  - Review school health project proposals from community and make recommendations to BOE senior leadership
  - Collaborate with community partners on funding opportunities for health promoting initiatives for the district

1/2007-Present
Yale -New Haven Hospital: New Haven, CT (3 days/week)
Site Manager and Nurse Practitioner of School Based Health Center (SBHC) at Vincent Mauro Elementary School

- Provide acute, chronic and preventive care and health education (individual, group, classroom and school-wide) to a diverse elementary school population; special interests: *nutrition, obesity, Type 2 Diabetes prevention, and bullying prevention*;
- Member of the School Wellness Team and Truancy prevention committee
- Organize school wide health promotion events and bring health programs and presenters into the school
- Develop and Implement school-wide programs that promote student and staff health and well-being;
- Preceptor for Gateway college Nutrition Interns

1/2000-8/2006
Fair Haven Community Health Center: New Haven ,CT
Site Manager and Nurse Practitioner of SBHC at Fair Haven Middle School

- Provided acute, chronic and preventive care and health education (individual, group, classroom and school-wide) to a diverse middle school populations; special interests: *nutrition, obesity, Type 2 Diabetes prevention, and bullying prevention*;
- Taught classroom –based pregnancy/STD prevention curriculum to all sixth graders and puberty classes to fifth graders;
- Led various groups including weight management, grief & loss, teen issues, provided peer mediation training and support to peer mediators
- Precepted graduate nursing students from Yale School of Nursing and dietician students from Gateway College;

- Obtained grants and oversaw funding for *and* implementation of school health programs including Coordinated School Health Program (State DOE grant); Teen Pregnancy Prevention Program (Adolescent and Family Health grant) and Fitness and Health Promotion (New England Dairy grant);

1/2004-2007
Quinnipiac University, Hamden, CT
Adjunct Faculty for Nursing Department

- Taught Spring elective course: *Communication Skills for Clinical Practice*
- Course presented concepts and skills that promote therapeutic communication in the clinical setting with a focus on assertiveness, conflict management, humor and health, self analysis, collaboration and tolerance. The course was well received and has since been offered as an elective for all health science majors.

1/1998-6/2002
New Haven Public Schools ,School-Based Health Centers: New Haven, CT
Project Manager/Consultant

- Developed surveys and conducted district-wide health needs assessment of all New Haven Public School students (emphasis on elementary school population);
- Developed a comprehensive plan and recommendations for the district to improve the health of all students
- Wrote and received grant from Department of Health to implement a Coordinated School Health Pilot Program in the district and collaborated with schools and Board of Education to implement the model in three schools
- Consultant to staff of school-based health centers re: quarterly/annual reporting and policy matters
- Organized DPH site visits and annual workshops for district health center staff
- Wrote grant proposals to support the SBHC program and to expand school clinics and health/mental health services to serve district students and their families

5/1998-5/1999
East Haven Pediatrics, East Haven, CT
Pediatric Nurse Practitioner: Primary Care, Hospital Rounds and On-Call Responsibilities

- Office: Provided primary care to children/adolescents;
  Special Interests: Weight management, nutrition and behavioral development
- Hospital Rounds: Twice weekly at Yale-New Haven and St. Raphael (newborn)
- On-Call: One night/ week and one weekend/month

1987-1991
Connecticut Public Television, Hartford, CT
Producer, Writer for Documentaries

- Developed program/documentary ideas and secured grant funding for their productions
- Wrote and produced documentaries to promote public awareness of social and public health issues ranging from the automation of lighthouses to the impact of poverty in Connecticut
- Supervised production and editing, interviewed talent on-camera
- On-location photographer for CT Magazine covering PBS documentaries

PROFESSIONAL PRESENTATIONS ----------

5/1999 Presented roundtable discussion: A school-based approach to reducing/preventing childhood obesity and promoting good health habits among elementary school children at Annual Hartman Conference, Mystic, CT.

6/1999 Presentation : Preventing childhood obesity (through a Comprehensive School Health Program) at the annual National Association of School-Based Health Centers meeting in Washington, DC.

2/2002 Presentation: Development and Implementation of a Coordinated School Health Program: One District's Pilot Experience. CDC 2002 National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated School Health Programs, Washington, DC

6/2002 Presentation: A School-wide Integrated Approach to Promoting Health and Learning: A Coordinated School Health Program Pilot, at the annual National Association of School-Based Health Centers conference: Denver, CO

6/2005 Proposal accepted to present a primary workshop entitled: Reaching Beyond our Clinic Borders. At the annual National Association of School-based Health Centers conference in Providence, R.I.

GRANTS ----------

10/06 Received $400,000.00 grant from CT Health Foundation to expand the Healthy School Model to 18 schools in the NHPS district.

4/2004 Received a grant for $1,000. by the New England Dairy Council to promote the intake of calcium and exercise among middle school children.

9/2000 Received a 2 year grant of $150,000. from the CT State Department of Education to plan and implement a Coordinated School Health Program in 3 pilot schools in the New Haven Public School district.

1998-2000 Conducted a district-wide health needs assessment of all students in the New Haven Public Schools.

ORGANIZATIONS & COMMITTEES ----------

2005-2007 Chair of the International School Health Council for American School Health Association

2002-2004 Served on the CT Department of Education task force to develop curriculum frameworks for a model health education curriculum for the state

2004-2007 State Department of Health committee on Adolescent Health

1998-Present School-Based Health Center Advisory Committee, New Haven, CT

2000-Present Member (now co-chair) of District Wellness Committee for the New Haven Public Schools

1999-2000 Member of National Association of School-Based Health Centers (NASBHC)

EDUCATION----------

1992-1997 Yale University, School of Nursing, New Haven, CT
Pediatric Nurse Practitioner Program-
Master of Science in Nursing (MSN)
Concentration: School-Based Health
Concentration: Pediatric AIDS- Clinical: Yale-New Haven Hospital Pediatric AIDS Clinic

1994-1997 Yale University, School of Medicine, New Haven, CT
Department of Epidemiology and Public Health
Master in Public Health (MPH)
Concentration: International Health

1984-1986 Southern CT State University, New Haven, CT
BA in Communications

LICENSURE Connecticut Licensed RN: E56724
Connecticut Licensed APRN: 001723
ANCC Certified as a Pediatric Nurse Practitioner- Next Re-certification: 2011

** References available upon request*

New Haven Public Schools

Job Description:
NHPS/CARE School Health Program Consultant

Part Time: 16 Hours/week
Location: NHPS: Board of Education
Type: Administration

Position Description:

The part time School Health Program Consultant (SHPC) will dedicate approximately 2 days a week to provide New Haven Public Schools with the following consultant services that will help to promote, shape and advance district wellness initiatives. The SHPD will report to the Chief Operating Officer for NHPS.

Responsibilities include but are not limited to:

- **Co -Chair District Wellness Committee with District wellness Coordinator**
- **Facilitate with the completion of wellness plan objectives**
- **Pursue funding and resources to support district/school wellness initiatives**
- **Serve as liaison between CARE and NHPS on collaborative research and intervention efforts**
- **Plan and implement school based interventions (CIH) to promote healthy eating, physical activity and tobacco cessation**
- **Collaboratively develop and implement plans/policies to meet unfunded state/federal health related mandates for the district with district/school leadership**
- **Supervise and facilitate expansion of the PAW model to nine schools with the PAW coordinator**
- **Develop reproducible PAW program materials (school health campaign manuals, SWT manuals, facilitator training materials, parent materials)**
- **Assist in planning and implementation of nutrition/physical activity focused social marketing messaging in schools with food service, district Wellness Committee, NHPS communications director, District Wellness Coordiator and school wellness teams with linkage to city wide social marketing messaging campaigns**
- **Oversee district assignments as requested**

Qualifications:

- **Masters in public health, health education, social work and/or clinical experience**
- **At least 5 years experience working with/in schools on health related initiatives**
- **At least 2 years experience implementing and evaluating successful, sustainable health related programs in schools/districts**
- **Experience in grant writing and proven success in securing and managing grants**
- **Experience developing social marketing campaigns for schools or non profits**
- **Excellent oral and written communication**
- **Working knowledge of Coordinated School Health program approach and CT State Department of Education CSHP efforts and guidelines**

New Haven Public Schools

Job Description:
PAW Coordinator

Part Time: 24 Hours/week
Location: NHPS: Board of Education
Type: Contracted Consultant

Position Description:

The part time PAW Coordinator will dedicate approximately 3 days a week to provide New Haven Public Schools with the following consultant services that will help to sustain and expand the PAW program in K-8 schools . The Coordinator will report to the School Health Program Consultant (SHPC) for NHPS.

Responsibilities include but are not limited to:

- Present PAW to the staff, administrators, parents and students at the new 9 K-8 schools
- Train PAW facilitators in their roles and present materials and resource to lead effective School Wellness Team meetings
- Provide regular support and technical assistance to the PAW facilitators
- Assist SWT with assessment and prioritizing school health issues using the School Health Index Tool
- Assist with preparation and conducting PAW Facilitator workshops
- Conduct regular evaluations of the PAW school wellness teams, facilitators and PAW related health promotion activities
- Prepare progress reports for the SHPC of the nine new PAW schools
- Organize and conduct the teacher training for K-5 teachers in the 9 schools of ABC for Fitness program (classroom based physical activity program).
- Attend school wellness team meetings and provide guidance and requested materials for the facilitators/SWTs
- Review PAW Pool applications and prepare purchase orders for PAW School materials
- Prepare and process paperwork for PAW facilitator payments
- Document (pictures, observations and reports) PAW effectiveness and PAW related activities and messaging in schools
- Assist district with implementation of school based health initiatives through the SWTs
- Report progress of PAW schools to the District Wellness Committee monthly

Qualifications:

- Preferred: Masters in public health, health education, social work
- At least 2 years experience working with/in schools on health related initiatives
- At least 2 years experience implementing and evaluating successful, sustainable health related programs in schools/districts
- Excellent oral and written communication
- Experience with presenting to large groups and conducting training sessions and/or workshops

- Working knowledge of Coordinated School Health program approach and CT State Department of Education CSHP efforts and guidelines

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE
Valentine Njike, MD, MPH	*Assistant Director, Research & Evaluation*
eRA COMMONS USER NAME (credential, e.g., agency login)	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY
Universita` Per gli Stranieri Perugia-Italy	Diploma	1989	Italian Language
Universita` Degli Studi di Perugia-Italy, Faculty of Medicine and Surgery	MD	1989-1996	Medicine and Surgery
Univ at Albany, State University of New York	MPH	1999-2001	Epidemiology

A. Positions

August 1996- December 1998:
Medical Doctor: Division of Infectious Disease, Monteluce Hospital Perugia (Italy)

May 1999 -September 1999:
Graduate Assistant: Leadership Institute School of Public Health SUNY Albany

October 1999-May 2000:
Research Assistant, Bureau of Dental Health, New York State Department of Health

June 2000-August 2000 :
Research Assistant, Bureau of Communicable Disease, Bioterrorism Response Planning, New York State Department of Health

September 2000-August 2001:
Research Assistant, Research And Statistics, New York State Department of Labor
.

February 2002 – September 2006:
Data Manager, Yale-Griffin Prevention Research Center, Derby, CT

October 2006-June 2007:
Assistant Director, Evaluation & Research Methods, Yale-Griffin Prevention Research Center, Derby, CT

July 2007-present:
Assistant Director, Research & Evaluation, Yale-Griffin Prevention Research Center, Derby, CT

B. Selected Peer-reviewed Publications

- Katz DL, Nawaz H, Evans MA, Njike VY, Comerford BP, Hoxley ML. Short-term egg consumption does not adversely affect endothelial function in healthy adults. JADA 2002;102 (Supplement):A-12 (abstr).
- Martin C, Njike V, Katz DL. Back-up Antibiotic Prescriptions Could Reduce Unnecessary Antbiotic Use in Rhinosinusitis Journal of Clinical Epidemiology. April 2004; 57(4): 429-434.
- Katz DL, Evans M, Chan W, Nawaz H, Comerford B, Hoxley M, Njike V, Sarrel P. Oats, antioxidants and endothelial function in adults with features of insulin resistance. J Am Coll Nutr. 2004 Oct;23(5):397-403.
- Katz DL, Evans M, Nawaz H, Njike V, Chan W, Comerford B, Hoxley M. Egg consumption & endothelial function in healthy adults: A randomized controlled crossover trial. International Journal of Cardiology. 2005 Mar; 99(1): 65-70.

- Jacobs J, Williams AL, Girard C, Njike VY, Katz D. Homeopathy for attention-deficit/hyperactivity disorder: a pilot randomized-controlled trial. J Altern Complement Med. 2005 Oct;11(5):799-806. PMID: 16296913 [PubMed - in process]
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BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE
Jesse S. Reynolds, M.S.	Data Analyst
eRA COMMONS USER NAME (credential, e.g., agency login)	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY
Southern CT State University, New Haven, CT	BS	2002	Sociology
Southern CT State University, New Haven, CT	MS	2007	Research Statistics and Measurement

A. Positions and Honors.

Positions:

2002-2005 Research Assistant, the Consultation Center, New Haven, CT.

2005-present Research Associate: Data Manager, the Consultation Center, New Haven, CT.

2008-present Data Analyst, Yale-Griffin Prevention Research Center, Derby, CT

Professional Honors or Recognitions:

SCSU Dean's List (1998-2002)

International Sociological Honor Society (2002)

The Consultation Center Employee of the Year (2007)

B. Selected peer-reviewed publications (in chronological order).

Friedman, SR; **Reynolds, J**; Quan, MA; Call, S; Crusto, CA & Kaufman, JS. Measuring changes in interagency collaboration: An examination of the Bridgeport Safe Start Initiative, *Evaluation and Program Planning*, 2007, 30, 294-306.

Crusto, CA; Lowell, D; Paulcin, B; **Reynolds, J**; Feinn, R; Friedman, SR & Kaufman, JS. Evaluation of wraparound services for children exposed to violence. *Best Practices in Mental Health: An International Journal*, 2008:4(1).

Kaufman, JS, Jaser, S, Vaughan, EL, Reynolds, J, DiDonoto, J, Bernard, S, Andersson, K, Brereton, M. Patterns in office referral by grade, race/ethnicity and gender. *Journal of Positive Behavioral Interventions.* 2009: In press.

Yale-Griffin Prevention Research Center
JOB DESCRIPTION
Project Coordinator/Dietitian

REPORTS TO: Center Director

PRIMARY FUNCTION: To coordinate all aspects of the community-wide Nutrition Guidance initiative implementation – in the general community, SNAP incentive program, and New Haven public schools.

TYPICAL DUTIES AND RESPONSIBILITIES:
The project coordinator will serve as the liaison between the PRC project team, school food service personnel, and the NuVal staff, and will be responsible for day-to-day management of all aspects of the project including:

- obtaining IRB approval
- coordination of meetings
- coordination of the NuVal scoring of all products not currently in the NuVal database
- development of the SNAP incentive program
- coordination of labeling all items in the grocery stores and school cafeterias
- recruitment of community members and SNAP recipients to participate in the evaluation
- Assist with all media related activities specific to the Nutrition Guidance program.

SKILLS, KNOWLEDGE, QUALIFICATIONS AND EXPERIENCE:

- Registered Dietitian
- Master Degree *Preferred* in Nutrition or Dietetics
- A minimum of 5 years of experience in the nutrition field.
- A minimum of 1-2 years project management experience
- Knowledge of computer systems. Ability to work with computerized nutritional information systems
- excellent organization and communication skills

CERTIFICATION REQUIREMENTS:

Registered Dietitian

Timothy J. Cipriano
76 Judson Street
Thomaston, CT 06787
860-484-9333
timothy.cipriano@nwew-haven.k12.ct.us

Work Experience:

7/08- Present; Executive Director; New Haven Public Schools
Food Service Department

- Manage the foodservice at 53 schools and a staff of 225 employees
- Sit on School Construction Committees for new school kitchen design
- Works collaboratively with area organizations to reach out to the students
- Works with the BOE & Mayor's office to increase access to students for meals during the summer.

7/06-6/08; Food Service Director; Bloomfield Public Schools

- Manage the foodservice at 6 schools and a staff of 30 employees
- Sit on planning committee for Farm themed Pre-K Magnet School
- Implemented the Bloomfield Schools Farm-to-School Program

11/04-6/06; Chef; Dodd Middle School, Cheshire, CT

- Managed the food service at a 850 student middle school
- Financial & people management
- Implemented town-wide recipe guide for Kitchen Managers
- Started Pilot Program with the CT Farm-to-School Program
- Secured Grant for USDA Fresh Fruit & Vegetable Program
- Maintained Dodd kitchen's web page & daily e-letter

6/03-6/04; Food Service Director; Cheshire Academy

- Managed the food service at a private boarding school serving 750+ meals daily featuring fresh ingredients & scratch cooking

11/01-5/03; Chef Manager, Eurest Dining Services

- Managed the dining center at Kimberly-Clark
- Prepping & cooking of fresh ingredients for 650 meals daily

Prior to my experience in food service I worked as a Chef & General Manager for a number of restaurants in the Northeast.

Education:
Champlain College, Burlington, VT; Hotel Restaurant Management

Volunteer Activities:

Present, Planning Committee, Child Nutrition Forum with Rosa DeLauro
2009-Present, Co-Chair, **Taste of the Nation, New Haven**
2007-Present,Chief Executive Chef, ***Local Food Dude***
2005-Present, Lead Chef***, Celebration of CT Farms***
2001-Present, Volunteer, **Pat Griskus Olympic & Sprint Triathlons**

Organization Affiliations:
American Farmland Trust- Active Member
Buy CT Grown Campaign- Active Member of Advisory Committee
School Nutrition Association of CT- Member

LOCAL Farms Experience:

- Active with the **CT Farm-to-School Program**
- Active with the **CT Farm-to-Chef Program**
- Active working relationship with **CT Department of Agriculture**
- Author: **Locally Grown Recipes for "Not Your Average Lunch Lady"**
- Author: **K-12 School Lunch Branded Kitchen Concepts**; Ten concepts for students and faculty to increase excitement in the cafeteria and offer delicious tasting foods.
- Recipient: 2007 **CT Climate Change** Leadership Award for my work with Locally Grown and the CT Farm-to-School Program.
- Orchestrated **Bloomfield Schools Farm to School Program (BSF2S)**

Bloomfield Schools Farm-to-School Program

The Bloomfield Schools Farm-to-School Program (BSF2S) is a collaboration between the three departments of Agriscience, Culinary Arts and Foodservice is cutting edge education. Environmental Science Teacher Joe Rodrigues, Chef Paul Waszkelewicz & Chef Timothy Cipriano are the administrators of the program, while the students are hands on. The Agriscience Students start the vegetable seedlings in their on-site greenhouses, when ready to be moved outside the students plant the seedlings in one of the twenty raised beds at the Harris Agriscience Center. The students are raising Tilapia and using the tanks as an Aquaponics Garden growing basil, lettuce and tomatoes. Throughout the school year Chefs from the Food Service Department (School Lunch) harvest the vegetables to be used as part of the school lunch program. In addition the Culinary Arts Students also harvest the vegetables to be used in their classes and use the eggs from the onsite chickens in baking recipes. Teaming the Agriscience students and the Culinary Arts students teaches each other the real cycle of life.

Recently the BSF2S partnered with a local Jamaican immigrant farmer who will be donating one acre of his land for our students to grow eggplant, kale, tomatoes and winter squash. Working on an actual farm is a great learning experience for our students. The crops they grow on their acre plot will be purchased and served in our school cafeterias.

Bloomfield Public Schools Foodservice Department managed by Chef Tim aka Local Food Dude also participates in the Connecticut Farm to School Program. This program educates students on the benefits of eating locally procured products including fresh fruits and vegetables. Nutritional Education handouts are available in the cafeteria to students indicating the farms where the produce came from and a short history of the farm.

New Haven Public Schools
JOB DESCRIPTION
School Nutrition Registered Dietician
FOOD SERVICES DEPARTMENT

REPORTS TO: Executive Director of Food Services

SUPERVISES: Café Managers and Local 217 General Workers

PRIMARY FUNCTION:

Responsible for the nutrient analysis of New Haven Public Schools= menus, nutrition education activities in all schools, and increasing participation in the school breakfast program. Works with students, school staff, and parents to assist with prescribed special diets for students. Works with farm to school coordinator on farm activities.

TYPICAL DUTIES AND RESPONSIBILITIES:

- Provides nutrition education for the students, parents, and staff.
- Coordinates nutrition education activities in the schools.
- Studies and implements ways to increase breakfast participation.
- Analyzes and modifies recipes and menus for the school lunch program to meet the USDA guidelines.
- Develops monthly menus that meets all dietary guidelines
- Assists in the inservice training of food service and educational staff.
- Evaluates the students who are on prescribed diets and documents information in their medical records and in the Food Service Department.
- Works as a liaison for the Department with parents and the community.
- Coordinates USDA Team Nutrition activities in the schools.
- Plans and writes a departmental nutrition newsletter for educational staff and Food Service staff.
- Assists in planning nutrition promotions for the Department.
- Researches resources to be used for grants for the benefit of nutrition education programs.
- Coordinates nutritional education activities in the Schools.
- Conduct required Civil Rights compliance reviews as necessary.
- Assist with required on site reviews, including the snack program.
- Works with staff to standardize recipes
- Develops/manages in conjunction with Café Managers & staff production records on monthly menus

SKILLS, KNOWLEDGE, QUALIFICATIONS AND EXPERIENCE:

- Master Degree *Preferred* in Nutrition or Dietetics.
- Registered Dietitian.
- A minimum of 5 years of experience in the nutrition field.
- Experience in teaching and conducting training programs.
- Basic knowledge of computer systems. Ability to work with computerized nutritional information systems
- Sensitive to diverse cultures.

CERTIFICATION REQUIREMENTS:

Registered Dietitian

SALARY AND TERMS OF EMPLOYMENT:

12-month work year. Eight hours per day worked between the hours of 7:00 a.m. to 5:00 p.m. or later as required by work assignment.

UNION AFFILIATION:

Local 3144

NOTE: *The above description covers the principal duties and responsibilities of the job. The description should not, however, be construed as a complete listing of all miscellaneous, incidental, or similar duties which may be required from day-to-day.*

New Haven Public Schools
JOB DESCRIPTION
Farm to School Coordinator
FOOD SERVICES DEPARTMENT

REPORTS TO: Executive Director of Food Services

SUPERVISES: Healthy Kids First Farm Staff

PRIMARY FUNCTION:

The NHPS Farm to School Coordinator works with NHPS School Food staff and program partners to implement the NHPS Farm to School Program, including helping to negotiate simple, affordable systems for purchase of CT grown and produced foods by K-12 schools. The F2S Coordinator will act as liaison between the Healthy Kids First Farm and the Food Services Department.

TYPICAL DUTIES AND RESPONSIBILITIES:

Act for and assist the Executive Director of Food Services ad Dietician including developing, implementing, organizing, marketing, and coordinating projects, meetings, and special events.

Confer with and/or counsel staff, stakeholders, and the public on essential matters relating to the program, including day-to-day programmatic, operational, and administrative issues; facilitate seminars, meetings, special projects, and problem resolution as assigned.

Coordinate activities of support staff, consultants, and/or volunteers engaged in implementation and administration of program objectives.

Act as a liaison and maintain effective working relationships with program partners including school food service staff, farmers, teachers, administrators, students, and others.

Research, assemble data, and prepare reports on program activities, progress, status, or other areas of significance.

Assist with grant and/or proposal writing and participate in other fundraising activities.

Assist with program outreach and communications, including creating promotional materials, writing newsletter items, developing website text and information, writing blog articles and reports, and presenting at meetings and conferences.

Assist with budget planning and management of farming operations.

Establish internal and external statewide partnerships for Farm to School efforts to expand purchase of local foods, and solidify the role of nutrition education in F2S.

Develop linkages with national Farm to School Network and other professional food and nutrition associations to help promote locally grown foods in schools and public institutions

Other duties as assigned.

SKILLS, KNOWLEDGE, QUALIFICATIONS AND EXPERIENCE:

B.A. or B.S., preferably in a discipline related to education, environmental studies, nutrition, agriculture, or social sciences. Experience in farming is highly encouraged. Ability to work independently as well as in a team situation; strong leadership, management and organizational ability; excellent interpersonal and written communication skills; experience with Microsoft Word and Excel a plus.

SALARY AND TERMS OF EMPLOYMENT:

12-month work year. Eight hours per day worked between the hours of 7:00 a.m. to 5:00 p.m. or later as required by work assignment.

NOTE: *The above description covers the principal duties and responsibilities of the job. The description should not, however, be construed as a complete listing of all miscellaneous, incidental, or similar duties which may be required from day-to-day.*

MICHAEL J. PISCITELLI, AICP

200 Orange Street, G3
New Haven, CT 06510
(203) 946-8067
mpiscite@newhavenct.net

EXPERIENCE

City of New Haven, New Haven, CT (2007 – Present).
Director, Transportation, Traffic and Parking Department.

- *Responsibilities*: Department head for a 40-person city agency with a $2.1 million operating budget. Responsible for various aspects of a sustainable transportation program, including intermodal transportation planning; traffic safety and control; on-street parking; meter enforcement; school safety guards; coordination of public transportation policy; and bike/ped improvements. Also responsible for approximately $5.0 million in capital investments and $4.0 million in revenue from various sources.

City of New Haven, New Haven, CT (2000 – 2007).
Assistant Director, Comprehensive Planning.

- *Responsibilities*: Chief deputy in the City Plan Department, which entailed supervision of the planning and research staff; implementation of the new comprehensive plan; development of project-specific plans; harbor and waterfront planning; administration of the city's Zoning Ordinance; and extensive interaction with residents, businesses and government officials.

MTA Metro-North Railroad, New York, NY (1999 – 2000).
Planner.

- *Responsibilities*: Conceptual planning and project management for a site and parking capital program at various stations on the Pascack Valley and Port Jervis commuter rail lines. The program included initial land and lease acquisitions, management of an on-call consultant and environmental review / permitting.

City of Springfield, Springfield, MA (1993 – 1999).
Principal Planner.

- *Responsibilities*: Progressively responsible work from Assistant Planner to Principal Planner under the direction of the City's Planning Director. Senior level land use and zoning responsibilities. As Principal Planner, provided senior level support to the new Basketball Hall of Fame and Downtown Master Plan program.

Westfield State College, Westfield, MA (1998 – 1999).
Adjunct Faculty.

- Instructor for *Introduction to Environmental Analysis*, an undergraduate survey course.

EDUCATION

University of Massachusetts, Amherst, MA (1991 – 1993).
MRP, Regional Planning.

St. Bonaventure University, Allegany, NY (1987 – 1991).
BA, History, magna cum laude.

PROFESSIONAL AFFILIATIONS

American Institute of Certified Planners, (1998 – Present).
Connecticut Chapter Professional Development Officer (2002 – 2004).

Connecticut Chapter, Institute of Traffic Engineers, (2008 -).

Harford Area Business Economists, (2009 -).

TRAFFIC ENGINEER

NATURE OF WORK:

This is professional work in traffic and transportation engineering. Under the general direction of the Director, employee has charge of preparing plans and recommendations for traffic improvements with the City of New Haven.

ILLUSTRATIVE EXAMPLES OF WORK:

Designs, modifies, and coordinates the maintenance of the traffic signal system. Prepares traffic projections and geometric plans for new and revised highways, and related traffic control devices. Reviews all building plans to assess their effect upon the city street system and traffic load and patterns. Compiles statistics to identify high accident locations and prepares plans to increase safety at such locations. Prepares plans to improve the safe and efficient flow of traffic on city streets. Conducts special surveys. Trains and supervises assigned personnel. Performs related work as required.

REQUIREMENTS OF WORK:

Graduation from a four year college or university with major course work in traffic or civil engineering; and 3 to 5 years of engineering experience including 1 to 3 years of traffic engineering experience; or any equivalent combination of training and experience which provides the following knowledge, abilities, and skills: Thorough knowledge of the principles and practices of traffic and transportation engineering. Thorough knowledge of traffic signal systems. Ability to prepare complete plans, estimates and specifications for major traffic engineering improvements. Ability to prepare and make presentations. Ability to supervise personnel. Ability to establish and maintain effective working relationships with other employees and with the public. Ability to prepare technical reports, specifications and contracts for traffic engineering projects.

SAFE ROUTES TO SCHOOL / STREET SMARTS PROGRAM COORDINATOR

NATURE OF WORK:

This is a professional position in the Transportation, Traffic and Parking Department with broad coordinating responsibilities across multiple city departments and community groups in order to implement the City's traffic safety campaign to a wide variety of audiences. The coordinator reports to the Director.

ILLUSTRATIVE EXAMPLES OF WORK:

Develops an annual work program in traffic safety with the City, Board of Education and community groups. Develops a marketing plan and maintains the program budget. Engages state and national partners in traffic safety. Plans and executes the work plan, including instructionals and community events. Coordinates the Safe Driver Pledge program. Trains and develops volunteers and paid professionals to advance the program. Implements regional efforts. Works with a team to plan and implement safe routes to school, recreational greenways, bike/ped improvements citywide.

REQUIREMENTS OF WORK:

Graduation from a four year college or university. Experience in marketing, public relations, social media, education and transportation planning all expected or any equivalent combination of training and experience which provides the knowledge, abilities, and skills to execute the work. Ability to prepare and make presentations. Ability to supervise personnel. Ability to establish and maintain effective working relationships with other employees and with the public. Ability to understand and critically analyze technical reports and basic specifications for construction projects and contracts.

New Haven Community Coalitions and Partners

Profile:	**New Haven Health Equity and Wellness Commission**
Brief Description	The Health Equity and Wellness Commission, to be appointed before CDC funds are awarded, includes high-level community, academic, business and public safety leaders appointed by the Mayor. The Commission consists of 24 members who are charged with advising the Mayor and Board of Aldermen and other City Commissions on local health-related policy and state legislative agenda items. The Commission leverages resources; support data driven, culturally competent, evidence-based policies that address determinants of poor health; and creates a climate of greater individual, institutional, and community accountability for health outcomes. The Commission serves as a connecting point for health improvement initiatives underway or planned in New Haven, including but not limited to the Health Equity Alliance, Community Alliance for Research and Engagement/Community Interventions for Health (CARE/CIH), New Haven Public Schools District Wellness Plan, Yale-Griffin Prevention Research Center, and efforts to focus services for children, youth and families through work of the New Haven Early Childhood Council and the Mayor's Youth Initiative.
Principal Activities	Conducting analyses, guiding data collection, and creating or supporting the creation of action plans to address specific priority health policy issues. Standing and ad hoc work groups will be formed as required to advance this work.
Funding	Staff support from the Health Department. Implementation funds associated with specific initiatives.
Involvement in New Haven Health-related Coalitions	The Commission, informed by the ongoing and previous work of the New Haven Health Equity Alliance and CARE/CIH, provides a leadership forum and connecting point across health policy initiatives to ensure coordination, set ambitious but achievable goals, track progress and establish shared community-wide accountability.
Addressing Nutrition / Physical Activity	Many initiatives and policy proposals that will come before the Commission address these risk factors.
Measures of Success	(A) Improved resident health across multiple indicators, (B) lowered city and private sector health benefit costs, (C) enhanced educational outcomes, (D) broader civic awareness of measures needed to address health disparities, (E) national recognition for New Haven leadership.
Staff Assigned to New Haven Prevention Project	Not Applicable

New Haven Community Coalitions and Partners

Profile:	**New Haven Health Equity Alliance**
Brief Description	The Alliance will actively engage the New Haven community to address the social conditions that contribute to health inequities. The Alliance will use the **Health Equity Index** to inform and help drive this process. These social determinants of health, or root causes, include factors such as the quality and affordability of housing, level of employment and job security, the state of the local economy, income level, nutrition, availability of mass transportation, quality of education, quality of social services, air and water quality, access to health services, and workplace environment. Independent of individual behavior, inequities in the social, economic, and ecological systems within a community can create negative health outcomes. The Health Equity Index: (a) uses health and community indicators to create an objective profile of social, economic, and environmental conditions correlated with health status indicators; (b) assists the Health Department in engaging in community dialogue on health inequities and their root causes rather than the traditional focus on individual behaviors; (c) spurs community action through partnerships with those affected, emphasizing a primary prevention; and (d) involves the Health Department workforce in developing and reframing public health practice to include the social determinants.
Principal Activities	The Alliance work has three components: (a) workforce development aimed at the daily work of the Health Department; (b) utilization of the Index to inform the community, and (c) community engagement in developing an action plan to address the determinants.
Funding	Two year grant from the CT Association of Directors of Health for staff and related project support ($300,000) plus in-kind support from Health Department.
Involvement in New Haven Health-related Coalitions	The Alliance has a broad membership encompassing individual stakeholders and the numerous health and health-related coalitions. Its work is closely aligned with Community Interventions for Health.
Addressing Nutrition / Physical Activity	Many initiatives and policy proposals emerging from the Alliance/CIH engagement process will address these risk factors.
Measures of Success	(A) Broad civic awareness of health inequities and measures needed to address them, (B) feasible community action plans with impact, and (C) improved resident health across multiple indicators over the long term.
Staff Assigned to New Haven Prevention Project	Shanta Evans, HEA Project Director (.25 FTE), HEA Community Health Media Coordinator (.5 FTE) funded through CPPW

New Haven Health Equity Alliance
9/25/09 Startup Work Session Meeting, 8:00AM to 12:00PM

The Health Equity Alliance held a kickoff work session at Immanuel Baptist Church to discuss the HEA project and community engagement strategies. Following a presentation about health equity and health disparities (attached here), the Alliance held three work group sessions around specific topics, and then reconvened to present its overall findings. Notes and facilitation were provided by Community Mediation.

As many of you are aware, the work of the New Haven Health Equity Alliance will be based on the Health Equity Index which is a community-based measurement tool. The Index will provide us with powerful local data that will bring to light the community conditions that can be at the root cause of poor health. We will be receiving the Index by January/February 2010.

While the data from this index will help instruct our focus, we can use this critical period to establish a foundation in terms of building understanding among City employees about this important project and establishing community partnership/support. The New Haven Health Department would like to further engage all of you who attended the initial session.

Summary and Notes

Overall Themes / Messaging

- Listen to the community – involve them in goal setting
- Do not impose an agenda: engage early and often
- Communicate one-on-one
- Use "stories of success" to illustrate the concept
- Help connect existing initiatives, like CARE, to other initiatives
- Ensure accountability and sustainability
- Keep consistent messaging
- Move from "data" to "community benefits": Use data for action
- Be specific about the needs that need to be met

General next steps: Internal

- Engage the private sector
- The group needs to be more representative
- Connect directly to the neighborhoods, engage community leaders directly
- Include other advocacy groups
- Keep trying to measure things that are hard to measure
- Monitor policy changes through data

Specific areas to focus on next: External

- Take actions now – don't spend years just talking
- Pick a few things and do them well: Have short-term and long-term goals/changes
- Change neighborhood schools
- Connect work to early childhood care

- Transportation and land use
- “Health impact assessments” when city projects are completed

ATTENDEES

Susan Weisselbeg, Co-chair, District Wellness Committee, New Haven Public Schools
Chisara Asomugha, Community Services Administrator, City of New Haven
William Quinn, Director, City of New Haven - Health Dept
Shelley Greengarten, City of New Haven - Health Dept
Laoise,King, Legislative Liaison, City of New Haven - Mayor's Office
Maria Damiani Damiani, Director of Maternal and Child Health, New Haven Health Department
Catherine McCaslin, New Haven Public Schools
Carlos Rivera, Hartford Dept of Health and Human Services
Hannah Croasman, Community Mediation
Brenda Cavanaugh, Associate Director, Community Mediation
Bonita Grubbs, Executive Director, Christian Community Action
Steve Updegrove, Health Consultant, City of New Haven - Health Dept
Alice Forrester, Executive Director, Clifford Beers Guidance Clinic, Inc.
Roberta Friedman, Yale U. - Rudd Center
Georgina Lucas, Yale U. - RWJ Scholars Program
Elaine O'Keefe, Yale U. - School of Public Health
Jeannette,Ickovics, Yale U.- CARE/YCCI
Jennifer Heath, VP for Community Leadership, United Way of Greater New Haven
Mark Abraham, Project Director, DataHaven
Doss Venema, Executive Director, Literacy Volunteers
Susan Godshall, Economic Development, Greater New Haven Chamber of Commerce
James Farnam, Holt, Wexler & Farnam
Karyn Gilvarg, City of New Haven
Michael Piscitelli, Director, City of New Haven - Traffic & Pkg
Robert Levine, Director, City of New Haven-Parks & Rec
Stephanie Redding, Asst. Chief, New Haven Police Dept.
Charlie Pillsbury, Executive Director, Community Mediation
Sandra Trevino, Junta for Progressive Action
Seila Mosquero, NeighborWorks New Horizons
Magalis Martinez, The Color of Words
Pam Hansen, New Haven Early Childhood Council
Amos Smith, President, Community Action Agency
Barbara Tinney, Executive Director, New Haven Family Alliance
Joanne Goldblum, Executive Director, The Diaper Bank
Jennifer Kertanis, CT Association of Directors of Health
Sharon Mierzwa, CT Association of Directors of Health
Katrina Clark, Fair Haven Community Health Center
Keith Williams, OB/GYN, Hospital of St. Raphael
Regina Demitrack, VNA of South Central Connecticut
William Faraclas, Director, So Ct State U. - Public Health
Barbara Guthrie, Yale U. - School of Nursing

Beth Commerford, Yale-Griffin Prevention Research Center
Lee Cruz, Director, Community Impact, Community Fdn. For GNH
Penny Canny, VP for Grantmaking and Strategy, Community Foundation for Greater New Haven
Delores Greenlee, Project Director, New Haven Healthy Start
Jack Healy, President, United Way of Greater New Haven
Kenneth Roberts, Area Director, State of Connecticut - Department of Social Services
Baker Salsbury, Director, Ledgelight Health District
Dee Speese-Linehan, Director, Social Development, New Haven Public Schools
Pat McCann-Vissepo, Executive Director, Casa Otonal
Althea Marshall Richardson, Richardson, Executive Director, Empower New Haven
Gina Calder, Alderman - Ward 2, City of New Haven
Danny Newell, Empower New Haven
Ariel Martinez, Executive Director, New Life Corporation
Richard Matheny, President, CT Association of Directors of Health
Jamesina Henderson, President/CEO, Hill Health Center
Robin Golden, J.D., Yale U. - Law School
Sue, Peters, Yale U.- CARE/YCCI
Maurice, Williams, Yale U.- CARE/YCCI

Breakout Session Notes

Workshop 1: How do we most effectively engage the community?

1. *What are the best ways to engage the Community?*
(To a lesser extent: What will work most effectively to engage community members from across the city to encourage or promote efforts that will address health inequities?)

- Engage residents early on (and often) – Starting right now
- Ask community members/leaders: "What works best for you?"
- Choose a convenient time for residents to come to meetings: after work, weekends, etc.
- STORY: how to tell stories that matter, transform, inspire, bring people to a higher place
- Watching the video by Color of Words was effective
- Engaging with Ownership (help people feel a sense of ownership in the process)
- Relationship Building: get people to care about each other, invest in each other's lives
- Having a Vision (ex. "Vision Zero") – Help create a vision for community health
- State clearly what values you have
- Partner with groups already doing this work
- Empowering Youth (in schools, etc.)
- Connect what we want to do with groups that already exist: community gardens/greenspaces, small grants recipients, arts groups – make connections with their projects
- Engage people where they are
- Identify those who we might not already know about (as leaders) – get out and find out who are doing things to advance their communities.
- Be *honest* and *transparent* about our expectations – Act with *integrity*

- Be careful of jargon – Talk to people in 'real' terms
- Share Knowledge: Visibility & Collaboration as values

2. *How do we become a Community/Engage the Unengaged?*

- Let people see you where they are
- Talk *with* (not to) people – LISTEN to what they say
- Build a relational culture: "We're in this together"
- Have tangible resources in our community to support people
- Look at Dr. Felton Earl's work: Decreasing violence by engaging the community
- Also, see the example of the Chatham Square Food Bank (no agencies involved)
- Also engage people who are willing to volunteer – Time Banks?
- Engage Leaders who don't come into our view/don't come to meetings
- Include people *directly* related to this work (not just the directors, but those who are working on these issues on the ground level)
- Workforce Development presentation to staff/community organizers
- "Cut across Silos" – Agencies/Groups working together
- Solve 'whole person' issues
- Question: Do we have true "buy-in" from everyone here at the table?
- Instead of "Outreach", "Be with" people
- Have dialogues among service providers and community members

3. *How can we use the Health Equity Index (HEI) and other striking data most effectively to motivate action?*

- The Health Equity Alliance will be improving this process in the next few months…
- Ask: "How are people going to be better off?"
- Using the HEI in a process leading to better legislation – Keep the City/Government involved
- It's about changing the structure of society (changing individual behavior is a part of that)
- Look at CARE: Following the lead of the community – Their staff asked to be added to the agenda at upcoming community meetings, rather than ask for a special session or demand that they be added to the current agenda.
- Help residents organize their own meetings

<u>Workshop 2: What actions are needed to address social and health inequities?</u>

What actions are necessary?

- Look more broadly at primary preventions – make resources to parents of newborns available so they don't use the emergency room; give parents what they need to have youth ready for kindergarten
- Garner local political support – mayor, police dept., etc.
- Reach out to organizations/people at the State level – i.e. legislators
- Create tax incentives for closing the gap – using public transportation, stocking healthy foods in your store, etc.
- Create improved public transportation

- More time-efficient
- Usability
- More hours
- User-friendly routes
- Survey who could be using and target them with marketing
- More synergy – Yale buses, hospital shuttles, city buses
- Change land-use policy
- Break down silos
- Sidewalk repairs
- Make sure all city departments thinking about health when creating plans
- Promote policy initiatives to address issues like obesity, diabetes, cancer, etc.
- Support programs already happening, like discounted fresh fruits/vegetables for senior citizens
- Do more outreach
- Create uniformity of messages among health care providers
- Public service announcements
- Get beyond this room
- Make data readily available to all and make the date uniform – city has some stats, BOE has some stats, State has some stats – none are the same
- Get tools out to the neighborhoods

Who should be involved?

- Businesses
- Public Schools
- Hospitals/health care centers – Provider community
- Media
- Local & State government – Mayor, Governor, Legislators
- DCF
- DSS
- Dept. of Public Health
- Dept. of Transportation
- Neighborhoods
- Funders
- Leaders

How do we create synergy?

- Involve neighborhood leaders
- Food policy council working with NH Public Schools
- Older adults working with youth – i.e. walk together to school
- Start with what is already happening and build on that as well as finding what is missing

Advice for HEA

- More info flowing between organizations – more coordination
- Keep social determinants as a focus

- All sectors & neighborhoods involved
- Marketing/media included – prioritize message and keep consistent among various sources
- Select 2 or 3 major policy initiatives that are cost-effective and feasible/realistic
- Return to neighborhood schools/take buses off street – cost-saving (cut 10%, save $1.4 million) and exercise
- Include institutions/organizations who are usually out of the loop – i.e. private schools
- Give more concrete things to people who need them
- Clarify how this is different
- Pain in the side of those in power – make sure they follow through
- Implement the actions – don't just talk
- Focus on some instant successes to build momentum
- Don't expect public schools to do all the work
- Engage key stakeholders at the state and local level – even if it is just to inform them
- Clear definition of goals and pick 2-3 to work on

Workshop 3: Design Principles: How can we ensure the success of this initiative?

How to produce change:

- More involvement from the healthcare department which would include funding as well as policy changes.
- Clearly set short term as well as long term goals
- Information collected should be shared quickly, in a comprehensive manner, among the different organizations involved.
- Results Based Accountability (RBA): comparing before and after results, and/or based on logic model.
- Assuring sustainability of the programs
- Constant communication
- Establish a link between the communities targeted and the efforts that are being done.

Process for evaluation

- Establish what the expectations of the community are.
- Collect data that is locally specific and track the sentiment of the community as far as the success of the efforts made.

Necessary partners

- Community residents, Identify the representatives of the community

Measures of success

- Getting positive results in one community may translate into other communities getting interested in that result and being willing to implement the same changes.
- Focus on groups that are interested
- Chain reaction: for example, educating parents who are illiterate will automatically make them more able to make their children interested in reading books.

- It will be important to measure the collaborative efforts between the different associations and individuals concerned.
- Shed a good light on any success, not just the ultimate successes sought.
- It is important to link the different players needed to get results, such as healthcare, transportation and education.
- Evaluate the data collected.
- Bring stories of success to communities.

Advice gathered from the participants to the breakout session:

- Establish an ongoing communication system about shorterm/longterm goals
- The community should be involved in setting those goals in order to enhance its sense of involvement.
- This should be a communitywide effort, involving municipal players as well as grassroots organizations
- Identify all participants and follow up with them on a regular basis.
- Ask ourselves how inequities should be measured
- Monitor the occurrence of policy changes and encourage them, for example in areas like housing since the link between bad housing conditions and asthma has been established.
- Policy changes don’t only involve government nor need to await government, for example businesses, education departments and Yale could implement some of these policy changes.
- Decision making process: determine who is going to be involved.
- Get more funding by attracting money through established and well articulated successes.

Partner Profiles and Community Coalitions

List of Health-Related Coalitions in New Haven

Initiative / Group	Host/Sponsor	HEI Domain	Roles / Activities											
			Advocacy	Building Awareness	Capacity Building	Educating Consumers	Planning / Needs Assessment	Watchdog / Monitoring	Service Coordination	Agency Funding	Service Provision	Policy Development	Research	Consumer Engagement
Association of Volunteer Administrators		Civic Involvement		✪					✪					
Civic Engagement Network	Comm Mediation	Civic Involvement	✪	✪										✪
Parent Leadership Training Institute	Christian Comm Action	Civic Involvement	✪	✪										✪
Citywide Youth Coaltion	Family Alliance	School Readiness and Educational	✪		✪				✪					
New Haven Early Childhood Council	New Haven Early Childhood	School Readiness and Educational	✪	✪	✪	✪	✪	✪	✪	✪	✪	✪		
Parents & Comm for Kids (PACK)	CFGNH/Children's Museum	School Readiness and Educational	✪	✪	✪	✪	✪	✪	✪					
Success By Six	United Way of Greater NH	School Readiness and Educational	✪	✪			✪			✪	✪			
Neighborhood Schools Collaborative	Cold Spring School	School Readiness and Educational	✪											
New Haven Health Equity Alliance	New Haven Health Department	Cross-cutting	✪	✪	✪	✪	✪	✪				✪	✪	✪
Community Alliance for Research and Engagement	Yale Ctr for Clinical Investigation	Cross-cutting	✪	✪	✪	✪	✪					✪	✪	✪
Community Gardens Group	URI	Cross-cutting	✪				✪		✪		✪	✪	✪	✪
Food Policy Council	City of New Haven	Cross-cutting	✪	✪								✪		
Male Involvement Network	NHFA	Cross-cutting	✪	✪	✪	✪	✪	✪	✪		✪			
New Haven Health Policy Committee	City CSA	Cross-cutting	✪				✪					✪		
New Haven Teen Pregnancy Prevention Council	City of New Haven	Cross-cutting	✪	✪			✪		✪			✪		
New Haven Reentry Roundtable	City of New Haven	Cross-cutting	✪	✪			✪		✪			✪		
New Haven Urban Design Council	NHUDC	Cross-cutting	✪				✪					✪		
NHPS District Wellness Committee	NHPS	Cross-cutting	✪				✪	✪	✪		✪	✪	✪	
NHPS School-Based Health Clinics	NHPS	Cross-cutting							✪		✪			
Non-profit Developer's Group	GNHCLF	Cross-cutting							✪			✪		
RWJF Scholars Program		Cross-cutting			✪		✪					✪	✪	
We Walk in New Haven	NH Family Alliance	Cross-cutting	✪								✪			
Work Group on School Food	Food Policy Council	Cross-cutting	✪				✪							
Domestic Violence Task Force of Greater New Haven	Domestic Violence Services	Community Safety / Security	✪	✪			✪		✪					
New Haven Safe Streets Coalition	Multiple	Community Safety / Security	✪	✪			✪	✪				✪		
Nurturing Families Network	CT Childrens' Trust Fund	Community Safety / Security		✪		✪	✪		✪	✪	✪			
Homeless Advisory Commission	City of New Haven	Adequate, Affordable & Safe Housing	✪	✪			✪	✪						
The ROOF Project (foreclosure prevention)	GNHCLF/City/Others	Adequate, Affordable & Safe Housing	✪	✪		✪	✪	✪				✪		
Coalition to Advocate for Basic Needs (CABN)	NHLAA	Economic Security / Finances	✪											
Coalition for Working Families (EITC Campaign)	New Life	Economic Security / Finances							✪		✪			
Emergency Food Council		Economic Security / Finances	✪				✪		✪					

Partner Profiles and Community Coalitions

List of Health-Related Coalitions in New Haven

Initiative / Group	Host/Sponsor	HEI Domain	Roles / Activities											
			Advocacy	Building Awareness	Capacity Building	Educating Consumers	Planning / Needs Assessment	Watchdog / Monitoring	Service Coordination	Agency Funding	Service Provision	Policy Development	Research	Consumer Engagement
Greater New Haven Literacy Coalition		Economic Security / Finances	✪			✪			✪	✪				
New Haven Homelessness Continuum		Economic Security / Finances	✪	✪	✪		✪	✪		✪	✪			
Continuum for Success (HANH)		Livelihood/Employment							✪					
Greater New Haven Employment Network		Livelihood/Employment	✪					✪	✪					
One Connecticut	Part for Strong Comm.	Livelihood/Employment	✪											
Sustainable New Haven		Livelihood/Employment	✪											
American Diabetes Asociation	American Diabetes Asociation	Availability/Use of Medical Care	✪			✪								
American Heart Association	American Heart Association	Availability/Use of Medical Care	✪			✪								
American Lung Association	American Lung Association	Availability/Use of Medical Care	✪			✪								
Breast Cancer Group		Availability/Use of Medical Care	✪			✪								
Child Safe Connecticut		Availability/Use of Medical Care	✪			✪								
Commuity Solutions	NH Health Dept	Availability/Use of Medical Care	✪				✪	✪					✪	
DPH Asthma Initiative	CT DPH	Availability/Use of Medical Care	✪			✪								
Greater New Haven Partnership for Healthy	YNHH	Availability/Use of Medical Care	✪				✪		✪					
Healthy Start Consortium	CFGNH	Availability/Use of Medical Care	✪	✪	✪	✪	✪	✪	✪	✪	✪	✪		
Healthy Start Perinatal Partnership	CFGNH	Availability/Use of Medical Care	✪				✪				✪			
HUSKY Outreach	NH Health Dept	Availability/Use of Medical Care	✪								✪			
Juvenile Diabetes Association	JDA	Availability/Use of Medical Care	✪										✪	
Leukemia Society	ALS	Availability/Use of Medical Care	✪										✪	
March of Dimes	MOD	Availability/Use of Medical Care	✪										✪	
Mayor's TTF on AIDS New Haven	NH Health Dept	Availability/Use of Medical Care	✪						✪					
New Haven Asthma Coalition	NH Health Dept	Availability/Use of Medical Care	✪				✪		✪					
EAT Healthy New Haven	Rudd Center	Availability/Use of Medical Care	✪				✪					✪		
New Haven Collaborative for Youth	Clifford Beers	Availability/Use of Medical Care	✪	✪					✪		✪			✪
New Haven Oral Health Collaborative		Availability/Use of Medical Care	✪				✪		✪					
Ryan White Title I Planning Council	NH Health Dept	Availability/Use of Medical Care	✪	✪	✪		✪		✪		✪			
Wellness Information Network		Availability/Use of Medical Care	✪											

New Haven Community Coalitions and Partners

Profile:	**Community Alliance for Research and Engagement (CARE) / Community Interventions for Health (CIH)**
Brief Description	CARE's mission is to improve the health of New Haven residents through leadership, community engagement, collaborative community-based research and dissemination of findings. CARE is an alliance of leaders in the New Haven and Yale communities representing community-based organizations, government agencies, health care providers, businesses and Yale faculty, staff and administration. CARE seeks to build bridges and share resources between the university and the community and ensure that the world-class research conducted at Yale benefits the city. New Haven and Yale University have worked to revitalize the city during the past decade. Building on this foundation, CARE is committed to community revitalization through health. CARE has recently worked to ensure that New Haven is the first U.S. City to participate in CIH, an international effort to address chronic disease risks related to poor diet, lack of exercise and tobacco use.
Principal Activities	Through collaboration among partners, CARE helps identify community health assets, problems and solutions. CARE implements and evaluates programs and citywide policies that have been successful in other settings. The CIH program is tracking changes in health status, attitudes and behaviors using the principles of community-based research, including a survey of more than 4,000 New Haven residents conducted in Fall 2009 and related community-driven "asset mapping."
Funding	Centers for Disease Control and Prevention (Prevention Research Center), National Institutes for Health (Clinical and Science Translation Award), The Donaghue Foundation.
Involvement in New Haven Health-related Coalitions	Over the past three years, CARE and CIH have engaged hundreds of New Haven citizens and dozens of health-related coalitions, including playing a key role with the Health Equity Alliance and other coalitions led by the Health Department. CARE's Director serves on City policy committees.
Addressing Nutrition / Physical Activity	Many initiatives and policy proposals emerging from the CIH engagement process (which focuses on nutrition, physical activity and tobacco use), and the related Health Equity Alliance, have directly addressed and will continue to address these risk factors.
Measures of Success	(A) Broader awareness of health inequities and creation of policy responses, (B) reduced exposure to the risk factors of diet, lack of exercise and tobacco use; (C) Community-based collection and dissemination of data and research findings about New Haven.
Staff Assigned to New Haven Prevention Project	Jeannette Ickovics, Ph.D., Professor, Yale School of Public Health, and CARE Director

CARE: Community Alliance for Research and Engagement

A strong New Haven is a healthy New Haven

A Call to Action to Address Community Health

New Haven's Challenge

Chronic diseases—conditions such as obesity, diabetes, heart disease and certain cancers—are the most common and costly of all health problems. Consider the following:

- Seven of every 10 deaths in America are related to chronic disease.
- Obesity — a leading risk factor for chronic disease — is 20 percent higher in New Haven compared to the rest of Connecticut, and the rates are even greater among children and people of color.
- In one local health center, 50% of the patients between the ages of 2 and19 are obese.

Health and illness are widely shaped by our culture and society. Certain New Haven neighborhoods experience sharply higher rates of chronic disease because of limited access to healthy choices. The design of our city's roads and sidewalks; types of food available at homes, stores and restaurants; eating and exercising habits; advertising and marketing of unhealthy foods; and a lack of health services are a few examples of this.

Our Response

Although these numbers tell a troubling story in New Haven, there is hope. Chronic diseases are preventable! CARE, a partnership between the community and Yale University, is taking action against chronic disease. **To improve health of city residents, CARE aims to:**

- Reduce chronic disease by promoting a healthy lifestyle.
- Offer proven health programs and policies in neighborhoods, schools, worksites and health centers.
- Use research data to track health changes.
- Participate in the largest community-based research study ever with international sites in China, India, England, Mexico, Tunisia and Israel already involved. **New Haven is the first US city to participate in this study.**

Focus on Three Risk Factors

CARE will promote chronic disease prevention by focusing on three risk factors: tobacco use, poor diet and lack of physical activity. These three factors play a role in in more than70 percent of all deaths in the United States.

A Call to Action to Address Community Health

CARE—A Committed Alliance

CARE's mission is to improve the health of New Haven residents through leadership, community engagement, collaborative community-based research and dissemination of findings. CARE is an alliance of leaders in the New Haven and Yale communities representing community-based organizations, government agencies, health care providers, businesses and Yale faculty, staff and administration. CARE seeks to build bridges and share resources between the university and the community and ensure that the world-class research conducted at Yale benefits the city.

New Haven and Yale University have worked to revitalize the city during the past decade. Building on this foundation, we also are committed to community revitalization through health! The leaders in New Haven and at Yale University—together with the members of our community—can play a critical role in this effort.

CARE is poised to improve New Haven's health by:

- Strengthening partnerships to improve individual and community health in New Haven.
- Identifying community health assets, problems and solutions.
- Improving social and health problems in neighborhoods, schools, worksites and health centers by implementing and evaluating programs and citywide policies that have been successful in other settings.
- Tracking changes in health status, attitudes and behaviors using principles of community-based research. CARE will survey more than 4,000 New Haven residents and conduct asset mapping to learn what matters the most to you.
- Communicating research results and relevant health information to the community.
- Reducing rates of chronic disease in New Haven!

Partnership for Change

Your support is critical if we are to create and sustain a shared vision for a strong and healthy New Haven. Together with the citizens of New Haven and our community partners, we can remove barriers to healthy lifestyles and reverse the tide of chronic disease in New Haven.

Together we can create a healthier city today!

For more information, visit us at http://ycci.yale.edu/outreach
or contact care@yale.edu or 230-785-7651

Yale Center for Clinical Investigation

CARE is supported in part by the Clinical and Translational Science Award UL1 RR024139, National Center for Research Resources, National Institutes of Health.

COMMUNITY INTERVENTIONS FOR HEALTH

A Call to Action to Address Community Health Issues

Since our Future Search conference kick-off in May 2007, *CARE: Community Alliance for Research and Engagement* has fostered discussions with community and university leaders to establish innovative ways to address major health issues and health disparities in New Haven. **Community Interventions for Health (CIH) is an international collaborative that will address chronic disease through comprehensive, structural channels and evidence-based health promotion. New Haven will be the first US city to participate.** Key stakeholders in neighborhoods, schools, health centers, community-based organizations, and organized philanthropy are enthusiastic about this collaborative. Now, we need *your* support to move forward.

WHY ACT NOW?

Chronic disease is a growing burden and cost for the City and the State. **The cost of chronic disease in Connecticut is $16.2 billion with a disproportionate amount spent in New Haven and other urban areas.** Obesity—a leading risk factor for chronic disease—is more than 20% higher in New Haven compared to Connecticut as a whole, and greater still among people of color and among our children. In one health center, 50% of young patients age 2-19 are obese. Chronic diseases, such as obesity, heart disease, diabetes, and certain cancers, are related to behaviors that are interlinked and reinforced day-to-day by the environment through urban design, social norms, and lack of accessibility to health-protective resources. CIH has a "menu" of tested interventions that will address these issues on the individual, organizational and environmental levels. New synergy to promote healthy behavior will be created ***and*** sustained, thus improving the health and wellbeing of our neighborhoods, schools, health centers and worksites as well as those who live and work there.

Gains to the City infrastructure and health research through collaboration are invaluable. **Over the past decade, the City of New Haven and Yale University have come together to promote successful economic development through investments and neighborhood revitalization.** This unique opportunity with CIH will elevate health promotion and wellness-related collaborations – much in the same way we partner to promote other initiatives like economic development, home ownership, public safety, and service learning. Further, this approach will increase the *return on investments* in urban infrastructure, education, and health policy as well as promote comprehensive cost-effective and evidence-based interventions to prevent disease and promote health.

New Haven & Yale University will benefit in many ways including but not limited to:

- Improving the community's health, promoting educational outcomes for children, improving the productivity of our community's talented workforce, and reducing health disparities by race and social class – with an eye to become our nation's healthiest city
- Visible collaboration between the City and Yale on significant issues through the expansion of community/university partnerships and leveraging the world-class medical research underway at Yale to improve community health – with recognition as the first and only US site of a large international collaborative
- Improving Wellness Programs for City and University employees for the express purpose of reducing absenteeism, increasing productivity, and saving money
- Increasing financial resources for neighborhoods, schools, health centers, and worksites, with oversight to ensure new initiatives follow a best practice 'road map'
- Strengthening our network of collaborations for more robust translation of research into practice as well as active dissemination of important research findings

MANAGING THE PROCESS WITH A COMMITTED ALLIANCE: CARE

CARE: Community Alliance for Research and Engagement at Yale is a collaboration between the community and researchers from the Yale Schools of Public Health, Medicine, and Nursing as well as the university at large. CARE is guided by an Advisory Council co-chaired by City of New Haven Community Services Administrator Kica Matos and Yale's Deputy Provost Stephanie Spangler. CARE coordinates and disseminates existing research and community engagement efforts to strengthen community-university alliances around health. CARE also conducts and funds primary research within the community. The initiative receives core funding from the National Institutes of Health. CARE is poised to:

- Build broad collaborative partnerships between the Community and the University to improve individual and community health in New Haven while reducing health disparities and promoting health equity. These will build on numerous current initiatives and relationships in the community.
- Develop and implement targeted interventions to improve social and health indicators in neighborhoods, schools, worksites, and health centers: ranging from individual programs to citywide policies.
- Evaluate the impact of these interventions through rigorous assessment over time using principles of results-based accountability to ensure effectiveness and sustainability.

COMMUNITY INTERVENTIONS IN HEALTH PROGRAM DETAILS

An international advisory panel convened by The Oxford Health Alliance has compiled a menu of the best policies and programs as well as evaluation tools to address multi-level determinants of chronic disease. Structural changes promoted address chronic disease risk factors through an innovative 3FOUR50 campaign:

3FOUR50 Campaign Focus

Three risk factors: tobacco, poor diet, lack of physical activity
Four chronic diseases: cardiovascular, cancer, type 2 diabetes, chronic lung disease
50 that account for over 50% of deaths worldwide.

3FOUR50 Campaign Processes

***INTERVENTION*:** New Haven Community and Yale University partners will develop and implement comprehensive and sustainable interventions based on evidence-based models and best practices, via: community coalition building; policy, economic and environmental change; social marketing; and health education. We will link neighborhood revitalization and health to improve quality of life for our community, working with neighborhoods, schools, health centers and worksites.

***EVALUATION*:** CIH will include methods to demonstrate effectiveness in ways that are both practical and scientifically rigorous with regard to methodology and measurement. Using measures developed by CIH's Expert Advisory Panel, CARE will administer surveys to more than 6,000 New Haven residents in a variety of settings (neighborhoods, schools, worksites and health centers). A subset of participants will be asked to contribute physical and biological measurements such as height, weight, blood pressure, heart rate, blood glucose, and cholesterol. The survey results will inform community planning.

***DISSEMINATION*:** CIH will communicate research results and relevant health information within the New Haven community to translate research into renewed engagement in the initiative.

LEVERAGING EXISTING RESOURCES AND ATTRACTING MORE

CARE will implement Community Interventions for Health in New Haven– creating great visibility, locally and globally. CARE receives core funding from NIH and is attracting support from the Community Foundation for Greater New Haven and The Donaghue Foundation. Given this initial response, we believe that CIH can bring substantial resources to New Haven from other funders as well.

MOVING FORWARD

CARE and our partners will establish a governance structure to guide detailed planning of CIH initiatives. CIH will begin with a community dialogue on health priorities leading to several high-profile community-based policies and initiatives. CIH will conduct a health and wellness survey that will reach more than 6,000 residents to measure the progress of these initiatives. This multi-sectoral research-based strategy will put New Haven in the forefront to becoming a healthier and more productive City.

For more information: *Jeannette.Ickovics@yale.edu* or *Alycia.Santilli@yale.edu* *203-785-7651*

COMMUNITY INTERVENTIONS FOR HEALTH: SCHOOL INVOLVEMENT

APPROVED, 6/19/2008

MISSION OF CARE: CARE is committed to improve the health of New Haven residents through visionary leadership, community engagement, collaborative community-based research and dissemination of findings. We currently seek external funding to facilitate collaboration among a broad range of partners dedicated to improve health of New Haven children and their families: **Schools, Neighborhoods, Health Centers and City Worksites (including schools)**. Together, we can mobilize action so that all children will have access to the most healthful environments, education, resources and interventions that will ultimately improve their health and well-being. Through education, environmental changes, strengthened and coordinated efforts, and increased awareness, we believe that everyone in the New Haven community can learn to adopt and integrate healthy behaviors into their daily lives (e.g., food choices, physical activity, risk reducing behaviors, regular healthcare) -- reducing incidence of poor health outcomes that many of our families currently face.

IMPROVED HEALTH AFFECTS LEARNING:

Healthy students are more likely to be successful learners.[1, 2] Children who consume a healthy diet and are physically active are more likely to demonstrate strong academic performance, less disruptive behaviors and increased focus. Therefore, investment in effective and comprehensive school based health programs have the potential to improve academic performance, class climate and ultimately, the long-term health of our students and our community. **Schools are central to community as they are the core place for education and skills building.** CARE seeks to collaborate with the New Haven Public Schools as one of the primary environmental sectors that impact the health of children. We would like to build on the strong foundation already created by existing leadership and programs in the District that affect student health issues: health education, physical activity, school food, risk prevention programs, and school health policies.

BUILDING A PARTNERSHIP FOR HEALTH WITH NEW HAVEN PUBLIC SCHOOLS

Through CARE, we want to help cultivate the Vision of the New Haven Public Schools to provide *the most nurturing, health promoting and safe learning environments.* Together with the Superintendent's Office, District Wellness Committee, City Wellness Program, Community Engagement Team, Research & Assessment, New Haven Health Department and school-based clinics, and social development, CARE has already begun to develop strong collaborative relationships to strategize about the best ways to enhance the impact on health among New Haven children. Under the guidance of The District Wellness Committee, we aim to support Dr. Mayo's *Top 10 List*, and other existing and emerging programs in the district to improve health/wellbeing among students. Primary areas of partnerships with NHPS are to:

1. **Link and coordinate community health resources and initiatives within schools (many exist but are currently fragmented);**
2. **Strengthen and expand district infrastructure to coordinate, oversee and sustain future health initiatives, policies and evaluation;**
3. **Promote district health initiatives, such as *Physical Activity and Wellness* (PAW), *Social Development, school-based health clinics,* and *the school food program*;**
4. **Develop and disseminate consistent health messages in schools AND the broader New Haven community (i.e. via social marketing campaign promoting health);**
5. **Evaluate the synergistic impact of these interventions on the health behaviors, attitudes and outcomes of students over 3 years;**
6. **Collaborate with district leadership to shape/support school health policies.**

<u>Direct Resources for NHPS</u>: Should funding be secured (two 5 year proposals to be submitted by Junes), we will support the New Haven Public Schools per recommendation of the Wellness Committee and Dr. McCaslin in the following ways:

- Provide District-wide infrastructure to support, coordinate and oversee present and future health-related initiatives, policies and evaluation, by funding for up to 5 years:
    - Full-time School Health Project Director
    - Part-time School Health Coordinator
- Provide additional expertise/support for Board of Education Research Director to review and evaluate health-related research proposals or initiatives requiring data collection, analysis, and interpretation
- Support and expand the PAW model district-wide (add last 11 schools):
    - Provide facilitator stipends ***and*** PAW Pool funds for all schools for 5 years
- Collaborate with community to provide more students and parents with opportunities for health/nutrition education, interactive workshops/activities to learn how to make health food choices and prepare healthy meals/snacks
- Engage students and parents in health and nutrition education, and interactive workshops/activities to learn how to make and prepare healthy food choices
- Develop a collaborative, centralized social marketing/public relations campaign between the District and broader New Haven community, to raise awareness about health-related school-based initiatives and to send consistent health messages that reach **all schools and families**. We would utilize and build upon existing communication networks and "known entities" (such as Healthy Kids First campaign)
- Teach media literacy and help families understand the way food is marketed and how to identify healthy and unhealthy food items
- Identify and link physical activity opportunities with community partners and resources before and after school and during the summer
- Coordinate efforts between school and community to provide ***safe routes*** for students to walk and bike to school
- Monitor and evaluate current nutrition and physical activity wellness policies
- Develop and implement evaluation of impact over time of current school-based and community health initiatives in collaboration with District Wellness Committee, Social Development, Director of Research, health centers, and The City Wellness Program

Establishing simple yet rigorous evaluation will help assess effectiveness and legitimize continued funding of health programs and policies in the future.
We will have the benefit of using standardized operations protocols, instrumentation, process, and quality control measures to allow New Haven Public Schools to assess and compare the impact of these initiatives, integrating data into the *<u>SchoolNet</u>* system. This allows the District to have immediate, direct access and ownership of all data collected. CARE is committed to sharing data and disseminating results of research so that successful programs and interventions can be translated to benefit all New Haven children. All data will be stripped of student identification and will be released only after review and agreement between the District and CARE.

EVALUATION AND DATA COLLECTION PROTOCOL

We will work closely with the District's Research and Assessment Team and the Wellness Committee to ensure that any data collection is done with sensitivity and in the least disruptive manner, by working under the guidance of the District's School Health Project director (supported by this proposal). We would use an established protocol that was designed for school children and adults following a through review of the scientific literature that address the three major risk factors for chronic disease: unhealthy diet, physical activity, and tobacco use. A <u>Community Advisory Board</u> including representatives from schools, neighborhoods, health centers and worksites will be established to ensure cultural sensitivity and to provide a forum to share both challenges and successes. We could also help to establish an efficient infrastructure for on-going evaluation that would permit measurement of the District's short-and long-term goals. For instance, we will evaluate the impact of bringing food service back to self management for this year, and/or the impact of a variety of on-going or new health-related programs and policies such as new salad bars at Columbus School.

1. Data Collection from School Children (with parental consent), selected cohort-Grades 4 & 6 in 16 schools. To evaluate the impact of school-bases and community based interventions on student health behaviors, attitudes and weight over time, we propose to conduct data collection on a selected cohort of students annually over 3 years.

Selected Cohort: Because it is likely that the earliest PAW schools have had more health-promoting interventions than non PAW schools, and because we are interested in monitoring changes among children age 10-12, we propose to include students in grades and 6 in 16 schools (8 PAW and 8 non PAW) in year 1 and follow over 3 years (realizing the non PAW schools will become PAW schools within the study period). This would involve approximately 2000 students.

- **Student Surveys (Measures changes in health behaviors & attitudes):** CARE will pilot and conduct surveys with students in 4th and 6th grades in selected schools once a year, ideally by computer. All administration, data collection and analysis will be done by a team from CARE, to avoid any burden on school staff. Children will be asked about general health as well as food and physical activity behaviors. A sub-set of these students (2 classes in 4 schools) will also be asked to complete a 24-hour food and beverage recall and previous day physical activity recall in addition to the above survey (approximately 200 students).
- **Physical Measurement (Measures changes in weight, heart rate, blood pressure):** It is essential to assess the impact of interventions targeting diet and physical activity on health by adding physical health measurements. The proposed physical measure that will be collected on the same cohort of students will be annual height, weight, heart rate and blood pressure. Measures will be conducted by trained CARE staff and will be coordinated by The School Health Project Director to ensure the least possible disruption in the schools. No other measures will be collected, and parental consent will include both the survey and physical measurements. All students will be identified by their **school ID number only** for data collection, entry and analysis will be accessed only by the NHPS Research Director and CARE data analyst. **No names or any personal identifying information will be used**.

2. Schools as a "Workplace": Surveying Adults

Schools will be one of the *types* of workplaces that will be included in the total evaluation of impact. From the 16 schools selected to collect student data, all staff within the school (including teachers, staff, administrators and nurses) will be asked to complete brief baseline and follow up surveys over a three year period. This could be coordinated with The City Wellness program for employees.

Data Use and Ownership

We recognize the sensitivity of data collection in the New Haven Public Schools. We will work with Dr. Mayo, Dr. McCaslin, and other leadership within the Board of Education to insure that all procedures meet the needs of the District. CARE will conduct data management and initial analyses. Reports will be made quarterly to the BOE research team. Once data have been collected and cleaned, a copy of the data base will be sent to the District for additional primary and secondary analyses. It will be integrated as part of *SchoolNet*, to maximize utility and access. As part of the international collaborative, Community Interventions for Health, we are responsible for sending our survey and health results to a central data management site, **stripped of all identifying information**. At the same time, we (New Haven Public Schools with CARE) will have local ownership of data and together can determine how to use New Haven data to benefit our community, policies and programs. Mutual consent will be obtained regarding where and how data will be shared prior to any dissemination. **No information will be shared with the media or scientific communities without review and consent from NHPS.** The knowledge gained from such an evaluation over time would be beneficial to the District and to the New Haven community in identifying what interventions are most effective to improve health of children and adults in out community and where we will need to focus future efforts in the schools and broader community.

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[1] Florence MD et al. Diet quality and academic performance. *Journal of School Health*. 2008;78:209-15.

[2] Sanford CC. Delivering health care to children on their turf: an elementary school-based wellness center. *Journal of Pediatric Health Care*. 2001;15:132-7.

Community Interventions for Health

Preliminary Data: Neighborhood Survey, 12 November 2009

Prepared by Jeannette R. Ickovics PhD, CARE Director and Yale University Professor of Public Health
Amy Carroll-Scott PhD, Post-Doctoral Fellow

New Haven is the first US City to join Community Interventions for Health. We have conducted asset mapping/environmental scans covering 3,000 miles in 6 high-risk Hew Haven neighborhoods, school surveys and physical measurements among 1,175 5th and 6th grade students from 12 randomly selected schools, and neighborhood surveys from among randomly selected households also in our highest-risk city neighborhoods. Herein are preliminary results from the neighborhood surveys. Results from the other data will be available by January 2010, and will guide development and implementation of interventions as part of this CDC initiative, *Communities Putting Prevention to Work.*

To document baseline health, CARE staff members are in the process of conducting 1200 household surveys from six high-risk neighborhoods in New Haven. Households were randomly selected from a citywide list of addresses, and in just 4 weeks, using a team of 20 trained community interviewers, 802* surveys have been completed (88% response rate). We have documented that we can conduct citywide assessments efficiently and effectively – mobilizing both staff and residents in our highest-risk neighborhoods – boding well for intervention development and implementation. Based on these preliminary data (i.e., not yet complete): 66% of respondents are female, and 64% are between 25 and 54 years old (range 18-84). To date, 71% of respondents are black, 15% Hispanic (we have not yet conducted surveys in a neighborhood that is predominantly Hispanic, so we expect this proportion to increase), and 12% white. Thirteen percent of respondents were not born in the US. The largest proportion of respondents completed a high school degree or its equivalence (42%), followed by some college or an Associate's degree (30%).

Only 16% of respondents rate their health as "excellent" (lower than national prevalence of 20% based on BRFSS 2008); 24% rated their health as "very good", 36% rated their health as "good", 19% as "fair" and 5% poor. While most report a regular source of care (87%), only 73% of respondents report having health insurance (including Medicaid/Medicare), below the national average (86%) and the Healthy People 2010 target (100%). When asked if a doctor had ever told them they had a health condition, 29% reported being told they were overweight or obese, 38% high blood pressure, 19% high cholesterol, 19% asthma, 18% diabetes, 6% heart disease, and 3% stroke – indicating high prevalence of disease and high risk of future adverse outcomes. In fact, with the exception of high cholesterol, this sample of adults in New Haven reported higher prevalence of all of these conditions than the nation, on average.

In terms of nutrition, 48% of respondents report eating vegetables 7 days a week. On the days they eat vegetables, 76% of respondents report eating just 1 or 2 vegetable servings. Thirty-seven percent report eating fruits 7 days a week, with 65% of respondents reporting just 1 or 2 fruit servings per day. In contrast, 52% report drinking sugar-sweetened beverages 7 days per week (77% drinking 2 or more per day), and 31% eat sweets 7 days per week.

In terms of physical activity, 53% report doing no vigorous exercise in the previous 7 days, and 37% report doing no moderate exercise, compared with 50% nationally. Walking is the most frequent form of exercise, with 48% reporting walking for exercise every day in the past 7 days. The most common reasons given for not exercising included no time (35%), no energy (31%), poor health (27%), no self-discipline or willpower (27%), no equipment or space (19%), and no one with whom to exercise (19%). It is notable that 47% report they feel unsafe going for walks in their neighborhood at night.

Thirty-three percent of respondents are current daily smokers, nearly twice as high as the national prevalence. Additionally, another 13% have been daily smokers in the past. Of the current smokers, 14% are ready to quit now and 16% are thinking about quitting in the next six months. The most common reasons given for not quitting smoking include it's too difficult (22%), everyone I know uses tobacco (12%), I can't afford medication/nicotine replacement (11%), and I don't know how (10%). Thirty percent of smokers said they would be motivated to quit by saving the money they spend on tobacco products.

Preliminary results from this resident survey indicate a general population with or at high risk for adverse health outcomes, and numerous opportunities for intervention.

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* As of Nov 16, 1054 surveys completed.

Table 1. New Haven Health Survey Data, compared to National Average and Healthy People 2010 Targets, Adults (randomly selected households from 6 high risk neighborhoods, n=802*). *PRELIMINARY RESULTS*

Measure - % Persons who	CARE Neighborhood Survey (Adults, 10/2009)	National Averages, Adults (BRFSS 2008, unless otherwise specified)	Healthy People 2010 Target, Adults
Considered obese (BMI index >30)	29%	26.7%[1]	15%
Persons told they have high blood pressure	38%	27.8% [2]	16%
Persons told they have high cholesterol	19%	37.6% [2]	17%
Persons told they have diabetes	18%	8.3% [1]	2.5%
Persons told they have asthma	19%	13.6% [1]	-
Report regular physical exercise	10%	49.5% [2]	30%
Consume ≥3 servings fruits per day	34%	24.4%[2]	75%
Consume ≥3 servings of vegetables per day	25%	-	50%
Smoke cigarettes	33%	18.4% [1]	12%
Food Insecure	19%**	10.6% [3]	6%
Have health insurance	73%	85.5% [1]	100%
Use a regular source of medical care	87%	-	96%

* Survey on-going; these results based on first 802 respondents. We currently have over 1100 surveys, with >1200 expected by 30 November 2009.
** "During the past 30 days, was there any time that you and/or your family did not have food to money to buy food?"

[1] Behavioral Risk Factor Surveillance Study, 2008
[2] Behavioral Risk Factor Surveillance Study, 2007
[3] United Stated Department of Agriculture, 2007

New Haven Community Coalitions and Partners

Profile:	**DataHaven**
Brief Description	DataHaven, Inc. is an interactive Internet-based data resource available to all organizations and citizens interested in understanding the Greater New Haven area and its assets, opportunities, and challenges. The regional nonprofit organizations, foundations, businesses, universities and city and state agencies that support DataHaven have committed to help people make better decisions through the use of reliable and accessible community indicators.
Principal Activities	Our data and contract projects are rooted within the principle that well-informed decision making can lead to healthier communities. These projects include A) Website with over 400 indicators of community well-being at the local level and a cutting-edge interactive mapping tool for data visualization; B) Barometer of monthly data, where available, that can be used to monitor community conditions in "real time"; C) Searchable library of published reports and resources about the Region; D) Blog with the latest news, analysis and community reports; E) Understanding New Haven, a collaborative online knowledge center that illuminates civic priorities by drawing connections among complex social issues, data and policy concerns; F) Contract projects to help make community qualitative and quantitative data more accessible, including the New Haven Health Data Atlas and the New Haven Health Equity Alliance website.
Funding	Regional philanthropic organizations support the core website and staff. Contract projects, such as support from the New Haven Health Equity Alliance, allow for additional data development.
Involvement in New Haven Health-related Coalitions	DataHaven and its Board of Directors are involved in numerous health and health-related coalitions, and have worked closely with the New Haven Health Department on many initiatives including the Health Equity Alliance.
Addressing Nutrition / Physical Activity	DataHaven develops and provides access to community indicators that allow neighborhood and block-group measurement of health risks. DataHaven also develops qualitative information, such as website pages and blog posts, that help the community draw connections among various community efforts to address these risk factors.
Measures of Success	(A) Increased awareness of community conditions and potential policy responses, based on a "community indicators" and "open data" approach that supports local and grassroots planning efforts, (B) development of new data, at the block group level, related to public health interventions and risk factors.
Staff Assigned to New Haven Prevention Project	Project Director. Funding through this grant would provide additional resources for data development and the expansion of our Community Knowledge Center, which seeks to draw connections between national policy discussions, regional efforts and local interventions.

DataHaven

the Information Hub of South Central Connecticut

DataHaven is a nonprofit organization working towards strong neighborhoods and **improved quality of life** within the Greater New Haven and Valley Region.

The regional nonprofit organizations, foundations, businesses, universities and city and state agencies that support DataHaven have committed to **help people make better decisions through the use of reliable and accessible community indicators.**

Our data and contract projects are rooted within the principle that **well-informed decision making can lead to healthier communities.**

Generous philanthropic support allows us to provide these core services:

Indicators

DataHaven maintains a free **data resource** with over 400 indicators of community well-being at the local level. We also provide a cutting-edge interactive mapping tool for data visualization.

Barometer

Do you need only the latest information? In 2009, DataHaven began tracking monthly data, where available, in order to monitor community conditions.

Resources

DataHaven provides access to searchable library of **published reports and resources** about the Region.

Blog

Follow us online! DataHaven staff and partners post the latest news, analysis

Blog Feed

GPS "Mobile Mappers," Surveys Document Health Equity Issues in New Haven
November 02, 2009 03:37:56 am
Orange Teams Launch City Health Effort A major initiative to promote chronic disease prevention by focusing on the three risk factors which play a role in more than 70 percent of all U.S. deaths R...

VTPI: How to Make Walkable Neighborhoods More Affordable
October 15, 2009 10:21:16 am
An interesting analysis posted on the NRDC Switchboard blog has relevance to those concerned about affordable housing issues in New Haven. As walkable neighborhoods become more desirable (which may be...

http://www.ctdatahaven.org/newhaven/index.php/HEA_Health_Equity_Alliance

The Safety Net - Food Stamp ... | HEA Health Equity Alliance...

Home | Indicators | Barometer | Resources | Blog | Understanding New Haven

DATAHAVEN BETA

Understanding New Haven

A Collaborative Knowledge Center for the New Haven Region

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toolbox

- What links here
- Related changes
- Special pages
- Printable version
- Permanent link

personal tools

- Page
- Discussion
- View source
- History

personal tools

- Log in / create account

The New Haven Health Department, with the help of our many community partners, has been selected to serve as a pilot site for the Health Equity Alliance, a project of the Connecticut Association of Directors of Health (CADH).

The goal of the Health Equity Alliance (HEA) is to create the conditions necessary for people to be healthy rather than treating them after they have already become sick. This will require dramatic change in New Haven – focusing the city's policy reforms and investments towards prevention while working to eliminate health disparities.

What is the Health Equity Alliance?

- Background
- HEA Framework and Health Equity Index
- HEA Planning Team

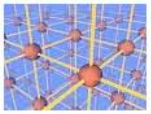
Identifying the Problem

- Health Disparities in New Haven
- New Haven Health Data Atlas
- HEA Data Work Group

Engaging the Community

- Community Engagement Strategy
- September 25, 2009 Work Session

HEA Network



- HEA Network Members
- New Haven Health Department
- Yale CARE
- RWJF Scholars

Measuring Success

- HEA Evaluation Work Group

Next Steps

- HEA Project Timeline
- Health Equity Commission

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Creating A Healthy New Haven

Setting the Stage for Action

Summary Data
To Inform a Community Dialogue on Health

Compiled for

The New Haven Health Department and
CARE: Community Alliance for Research and Engagement
at the Yale Center for Clinical Investigation

by

DataHaven
The Information Hub for South Central Connecticut

in support of

The New Haven Health Data Work Group

First Edition: July 2009

New Haven Health Data Work Group
New Haven Health Department

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Acknowledgements

The New Haven Health Data Work Group would like to thank all of those who helped our team access and report on New Haven data, including staff from the New Haven Department of Health as well as the Connecticut Departments of Health, Education, and Social Services. Your collaboration and feedback has made the Atlas more comprehensive and current.

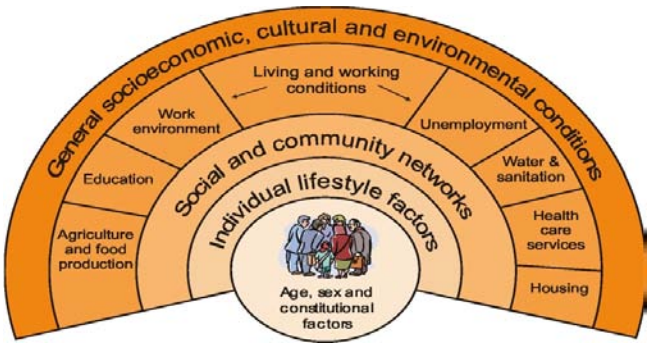
We would also like to thank Jim Farnam, Matt Storeygard, and Mark Abraham of Holt, Wexler, & Farnam, LLP who staff DataHaven; Ann Bellenger from the Yale School of Public Health/Rudd Center for Obesity and Food Policy who helped to write and edit the report; and Interns Katie Brooks and Matthew Scotch who helped to compile and organize the data.

The compilation of this report and the **New Haven Health Data Atlas** was supported by federal grant resources, provided to DataHaven by CARE: Community Alliance for Research and Engagement (ycci.yale.edu/CARE) at the direction of the New Haven Health Department. CARE is supported in part by the Clinical and Translational Science Award UL1 RR024139, National Center for Research Resources, National Institutes of Health, and The Patrick and Catherine Weldon Donaghue Medical Research Foundation. DataHaven, the information hub of South Central Connecticut, is the non-profit organization that operates a regional community indicators web site (www.ctdatahaven.org). These reports and the associated data are available for download at DataHaven.

Creating A Healthy New Haven: Setting the Stage for Action

Introduction

"He who has health has hope; and he who has hope has everything." Arabic Proverb



Social, economic and environmental conditions have a tremendous impact on health. These conditions are referred to as **social determinants of health**. Individual behaviors and genetics surely influence health status. But socio-economic inequalities and poor living conditions are also at the root of most premature death and disability, and can have a great impact on how well and long we live. Most of these factors are beyond the control of individuals, and outside the reach of the health care system.

Like all major cities, New Haven has its share of **health inequities**: marked differences in the health of residents that relate to race, ethnicity, and/or socio-economic status. Those in poverty and people of color bear a disproportionate burden of disease and disability.

Effective solutions to New Haven's health issues will need to consider these underlying causes. Given that two thirds of New Haven's population identifies as a race/ethnicity other that White, that a fifth of our households are living in poverty, and three-quarters of our school aged children are in families eligible for free and reduced price lunch, we see that these issues indeed affect a large proportion of the population.

Our health is our livelihood. It is also our collective responsibility. Achieving optimal health for all in New Haven will require a coordinated effort of all sectors within the city, reaching into all corners of the community.

The **Health Data Work Group**, a group of New Haven health professionals and analysts convened by the New Haven Health Department, guided the development of this report to provide vital information on and encourage dialogue about the health of the New Haven community. In 2007, the Work Group began developing this ***Creating A Healthy New Haven*** summary report and its companion document with more detailed data, the ***New Haven Health Data Atlas***, also available at DataHaven. The publication of these documents represents a collaborative effort to gather and disseminate the most recent data on New Haven's health and its determinants.

New activities are underway that are certain to impact health in New Haven for years to come. For example, New Haven is the first U.S. City to join the international collaborative, *Community Interventions for Health* (www.cih.net), aimed at preventing chronic disease. As part of this effort, CARE has just begun neighborhood asset mapping and will soon be collecting survey data from families throughout the city. With leadership from the New Haven Health Department, the *Health Equity Alliance* will soon be underway to encourage civic engagement and focus on addressing the root causes of disease, including poverty, education and the environment. These and other initiatives will improve health for New Haven residents, families, and our community.

Factors Producing Health Inequities

- Physical and social barriers preventing access to education, child care and jobs
- Public safety and violence
- Lack of employment and economic security
- Stigma and discrimination
- Unequal access to quality medical care and social services
- Isolation from community support systems
- Lack of adequate housing, transportation and opportunities for physical activity
- Limited opportunity for civic engagement
- Environmental constraints that impact traffic, green space, noise and pollution
- Unequal access to quality foods
- Injurious behaviors like excessive eating, smoking, alcohol and drug abuse

Goals of This Report

The health trends that are profiled in this document, some positive and some negative, are intended to set the stage for local action aimed at addressing the social determinants of health and at reducing health inequities. They can be used to **inform policy, inspire community involvement, and bring more resources to bear on local health improvements**. With these goals, the New Haven Health Department has set out to:

1) Better understand the factors contributing to inequities in health outcomes by race, ethnicity and socio-economic status; and 2) Advocate new ways for the civic sector to work together to implement programs that improve community health.

Our approach to this work was guided in part by an effort by the Robert Wood Johnson Clinical Scholars Program at the Yale School of Medicine to understand community leaders' perceptions of health issues, including how best to present and share data within the community. For a copy of the Scholars' report please contact Georgina.Lucas@yale.edu. The Scholars found that New Haven's community leaders agreed that:

- Social conditions affect health and that education and economic status are the most dominant factors impacting health;
- Data are important but have limitations in general usability by individuals and organizations;
- Involving the community in the early stages of data collection and dissemination will increase the trust and utility of the data for action;
- To increase the impact of data, dissemination needs to be multifaceted and targeted;
- Those collecting data within the community must be committed to reporting back to the community in a timely manner;
- The data must go beyond the numbers to include explanations and stories; and
- Efforts to collect data and develop related actions should be coordinated.

Given that the underlying causes of disease are multifaceted and that the true measure of health is not only the absence of disease, but a "state of complete physical, mental, and social well-being," this document highlights a broad array of social, economic, safety, disease, and community health indicators. This report and the companion New Haven Data Atlas offer the **most current data** at its smallest available geographic level. We also provide **existing local programs and translational research efforts** addressing each issue, as well as **nationally-identified best practices** for improving each indicator. Data will serve as a baseline to measure success of future initiatives, and be stored at DataHaven: www.ctdatahaven.org.

The Health Department wants to hear:
Which issues are most important to you?
How can we best address them?
→ Email healthynewhaven@gmail.com
→ Call 203-946-6999

The publication of these reports serves as a prelude to broader community dialogue, assessment and planning around health in New Haven, which is discussed at the end of this document. **To help decide which issues to address and how to address them, the Health Department is soliciting feedback from those who live and work in the community.** We look forward to your participation and support of new initiatives to address these issues.

Overview: Collecting New Haven's Health Data

Using a broad social determinant framework of health, the New Haven Health Data Work Group set out to collect approximately 70 indicators of health as well as its underlying determinants. The initial list came from past New Haven efforts. We also examined reports that have helped define and prioritize health issues in other cities across the country. Our final list of **key indicators** are grouped within the category of health indicators and related outcome measures, **Health Behaviors, Disease, and Access to Health Care**, plus four categories of social determinants -- **Economic Security**, **Education**, **Safety**, and **Social and Community Strength**.

This summary report contains a synopsis of our findings from studying these indicators. Due to accessibility and availability constraints, data were only available on the city level for 55 of the indicators originally sought. We are seeking additional data down to the neighborhood level on as many of these as possible. A list of the unattainable indicators is compiled in the Appendix of the companion Data Atlas, and will help guide future community surveys. **We believe that it is important to fill in the knowledge gaps that continue to exist about the health of our community.**

Existing data show stability and improvement in many New Haven indicators over the past decade. For example, New Haven has made great strides in the area of childhood lead poisoning, with cases of elevated blood lead levels in children under 6 decreasing by 37% between 2002 and 2006. Additionally, New Haven has seen a decrease in juvenile arrests for drug related crime, our middle school students score higher on standardized tests than those in Bridgeport and Hartford, and youth substance abuse is lower than state levels. However, other crucial indicators lag behind accepted levels, and require our immediate, collective attention.

Key Indicators
Trends improving:
Level still a significant concern:
Trend worsening:

New Haven Community Coalitions and Partners

Profile:	**Physical Activity and Wellness Committees (PAW), New Haven Board of Education / New Haven Public Schools (NHPS)**
Brief Description	NHPS has developed a three component model for Physical Activity & Wellness (PAW) Committees in 18 K-8 schools over the past 5 years, which provide the infrastructure to implement and sustain health initiatives. These committees help integrate the promotion of healthy behaviors school-wide. PAW is essentially the Coordinated School Health Program (CSHP) that has been locally "branded" in the NHPS. In New Haven. PAW already contains all of the components needed to establish a CSHP: 1) Active School Wellness Teams and school coordinators (PAW facilitators) in each school, 2) administration and district level support, 3) assessment of schools using the School Health Index, 4) development of an implementation and coordination plan, 5) a district advisory committee (i.e., New Haven District Wellness Committee) and 6) a district level school wellness plan. The main difference between CSHP and PAW is that we feel the school level coordinator is the most critical role to ensure sustainability at the school level and s/he can implement and evaluate health interventions most efficiently and effectively. The district level coordinator (requested in this grant) would ensure sustainability at the district and community level.
Principal Activities	Implementation of Health Campaigns in schools; monitoring of District Wellness Plan; coordination of health initiatives school-wide and within classrooms.
Funding	Currently supported by New Haven Board of Education.
Involvement in New Haven Health-related Coalitions	The District Wellness Committee and PAW Committee participants are broadly involved with New Haven Health Department and other efforts (e.g., Safe Routes to School implementation), and seek to become more engaged through this prevention project.
Addressing Nutrition / Physical Activity	Numerous; see attached evaluation summary. The PAW committees would directly support several of the Interventions proposed within this grant, particularly 0-1, 1-1, 1-2, 2-1 and 2-3.
Measures of Success	Measurable increase in student physical activity and nutrition.
Staff Assigned to New Haven Prevention Project	District Wellness Coordinator; Susan M. Peters, Co-chair, NHPS District Wellness Committee & NHPD/CARE Consultant; PAW Committee Coordinator; PAW Facilitators; School Nurses

NOTE: Summary of PAW Evaluation Attached on Following Pages

PAW Evaluation: Impact of PAW on Students and School Culture:
A three-year evaluation of PAW, by Sonia Pierria, PhD, of Columbia University, the RWJF Clinical Scholars, and NHPS Staff, revealed significant positive impact on: disruptive student behavior, student physical activity levels, class climate, school culture, student time-on-task, student awareness and knowledge about healthy behaviors, including nutrition and physical activity.

Key Findings from the Report Include:

***Physical Activity (PA) Integration*:**

- There was broad implementation across all schools of integrating daily classroom based physical activity (PA) into the K-5 classrooms.
- Roughly 90% report integrating at least 1 PA session a day in January and June 2007, with 4% decrease between surveys.

PAW: Impact on Student Health Behaviors
Physical Activity:

- Students from PAW pilot schools report exercising more often both in AND outside of school than students from control schools.
- There was little difference between groups regarding time reported spent on sedentary activities (TV, computer, playing video games).

Eating Behaviors:

- More PAW students reported eating milk/cheese product in school than control students (PAW-90% Control-75%) but no difference in eating them at home.
- More PAW students reported eating fruits/vegetables in school either "everyday" or "most days" than Control students.

PAW Impact on Disruptive Student Behavior and learning:

- There was a dramatic and sustained decrease in the percentage number of students sent out for disruptive behavior across all 6 schools, from an overall average of 1.4 in June 2006 to 0.9 in January and 0.23 in June 2007. If this trend is due to the inclusion of classroom-based CPA, then this is an impressive achievement.
- The majority of teachers believed that CPA improved class climate which was consistent with a dramatic decline in the number of students sent out for disruptive behavior observed from June 2006 through to June 2007.
- Five out of the 6 schools show an increase in the percentage of teachers (over 50%) noting a positive impact on time-on-task after CPA from Jan –June2007
- Quantitative regression analysis revealed a positive relationship between CPA duration and improved student behavior. Statistically significant improvements were seen across six measures of student behavioral measures, including length of students' concentration in the afternoon
- number of students removed from disruptive behavior lower percentage of students being disrespectful sometimes, and percentage of students listening to the teacher most of the time

Effectiveness of School Wellness Teams: *Across schools, the school wellness teams were highly visible, their purpose was clear to the majority of teachers and staff felt informed about SWT*

activities and priorities.

- Over 70% of teachers across schools felt that the purpose of the SWT was clear to them between January and June 2007
- More than 90% teachers across schools could identify the PAW facilitator at their schools.
- Nearly 100% teachers across schools could identify some-all members of their SWT in Jan-June 2007.
- Between June 2006 and June 2007, significant increases in awareness among teachers about their schools host health promoting events/activities was seen across schools.
- Dramatic increases were found (June 2006-June 2007) in the percentage of teachers across schools that are aware of health initiatives between June 2006-June 2007 with fluctuations within schools.

***School Health Culture**:* PAW has succeeded in significantly impacting school health culture across all indicators measured as reported by both staff and students surveyed across all schools.

- **School hosts health promoting events:** Tremendous increase in the percentage of teachers across schools who agree/strongly agree with the statement from 2006-2007.
- **Students make healthy choices at school most of the time:** Over the one year period, five of six schools show increases in the percentage of teachers who feel that students make healthy food choices, while one remained unchanged.
- **There are visible school-wide health promoting messages:** Results show most dramatic and positive increases across all schools between June 06 to June 07: (5 of 6 schools increase range to 85-100%). One school increases from 5% to 47%.
- **School health professionals are well integrated into the school's activities:** a positive trend was seen with the increased percentage of teachers agreeing with this statement over one year across all schools, though some decreases were seen from January to June 2007 in 4 schools, though modest.
- **Staff at my school value healthy behaviors:** The results show a very positive trend across all schools in the percentage of teachers who agree with this statement over the year.
- **The Principals at my school values healthy behaviors:** there is an increase across all schools in the percentage of teachers agreeing with this statement over the one year period.
- **More PAW students than control students reported feeling that adults in their school seem to care about being healthy** (72% PAW, 60% Control)

<u>Policy or Environmental Change Strategy</u>: **The PAW model changes both policy and environment in K-8 schools.** The model establishes a new infrastructure for promoting wellness, through the establishment of School Wellness Teams and the support for effective school-based PAW facilitators. The model leads to **key environmental changes that transform school culture by making health more visible and valued in the schools** which has led to increased awareness, interest and ownership of wellness among staff/students, has integrated physical activity into classroom subject areas to reinforce learning, and integrated health promotion across subjects and throughout the schools with little/no extra classroom time required.

Sustainability Strategy: The PAW implementation model is critical to long term sustainability. One major reason for the success and sustainability of PAW is broad support for and integration of School Wellness Teams in schools, which takes time, trusted and effective leadership, and meaningful initiatives that reflect the priorities of the school. From over a decade of experience in school-based program implementation, we recognize that the amount of time and effort required to obtain broad school-level support and investment in such initiatives as PAW is often underestimated and can lead to failure or decreased commitment over time. Further, simply "designating" a staff member to oversee the School Wellness Team and all the related school initiatives is rarely sustainable and leads to high burn-out and turnover in this role, thereby weakening leadership, commitment and momentum of Wellness Teams. Research has found that a School Wellness Team without a leader is ineffective and fragmented and likens it to an "orchestra without a conductor."[i] More leading organizations recognize and support the need for both strong coordinators at the school and district levels.[ii]

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[i] Resnicow, Ken and Allensworth, Diane (1996). Conducting a Comprehensive School Health Program. *Journal of School Health*, Volume 66, Issue 2 pp.59-63.

[ii] See recommendation of the American Cancer Society for a School Health Coordinator role (http://www.cancer.org/docroot/PED/content/PED_13_3x_Role_of_School_Health_Coord.asp Accessed November 26, 2009

New Haven Community Coalitions and Partners

Profile:	**Yale-Griffin Prevention Research Center (PRC)**
Brief Description	The Yale-Griffin Prevention Research Center (PRC) was established in 1998 through a grant from the Centers for Disease Control (CDC). One of 3 such centers nationwide, each of which represents an academic/community partnership, the Yale-Griffin PRC is the only center in the network based in a hospital. These centers engage in interdisciplinary applied prevention research in collaboration with community partners, federal, state, and local health and education agencies, and other universities. The goal of all PRCs is to develop innovative approaches to health promotion and disease prevention that will directly benefit the public's health, first locally, and then nationally.
Principal Activities	Diabetes and obesity prevention; chronic disease prevention.
Funding	The PRC core infrastructure is funding by the CDC; currently in its 3rd 5-year funding cycle, the PRC's annual CDC funding is approximately $790,000 with funding to support the center's research coming from a combination of federal, state, foundation and industry sources. To date, the PRC has secured more than $13 million to support its prevention research.
Involvement in New Haven Health-related Coalitions	For several years, faculty, staff and investigators associated with the Yale-Griffin PRC have been active participants in the New Haven Health Equity Alliance and other Health Department coalitions. The PRC's core community based project is based in New Haven and is supported by its Community Committee. PRC has also led health interventions within the New Haven Public Schools, including the Nutrition Detectives and ABC for Fitness programs which have been incorporated into this proposal.
Addressing Nutrition / Physical Activity	The PRC operates and develops numerous programs addressing these risk factors, including the NuVal nutrition labeling system, which will be a key focus of Intervention 1-1. Other programs include the school-based Nutrition Detectives and ABC for Fitness, an online weight loss counseling program for healthcare providers, and a worksite wellness program developed for Griffin Hospital.
Measures of Success	PRC is successful through A) advancing disease prevention activities in Connecticut by identifying and responding to community health priorities, B) engaging the community in public health research, C) assessing community health on an annual basis so that progress toward Healthy People 2010 goals can be reliably measured, D) providing tailored interventions for the underserved in order to eliminate health inequities, E) creating educational and research opportunities in community health, and F) disseminating successful interventions to the benefit of other communities nationwide.
Staff Assigned to New Haven Prevention Project	PRC will play a key role in the implementation and evaluation of the NuVal nutrition guidance system throughout the City of New Haven. Proposed staff include David Katz, MD, MPH, Yale-Griffin Prevention Research Center Director; Valentine Njike, MD, MPH, Assistant Director, Research & Evaluation; Jesse S. Reynolds, M.S., Data Analyst; and a PRC Project Coordinator/Dietician to be hired.

New Haven Community Coalitions and Partners

Profile:	**CitySeed**
Brief Description	CitySeed, Inc. is a nonprofit organization whose mission is to engage the community in growing an equitable, local food system that promotes economic development, community development and sustainable agriculture. Our goal is to create a sustainable model of local economy, urban community, regional agriculture, environmental stewardship, and well-being through food. CitySeed Farmer Markets were the first in the United States to accept food stamps and have been recognized as one of the "Top Ten" Farmer Markets in the United States by USA Today.
Principal Activities	CitySeed operates several Farmer Markets throughout the year, runs programs that deliver healthy, local food to the needy and to school populations, operates educational programs to bring local farm programs to public school populations, and runs media and marketing campaigns to promote local agriculture.
Funding	Primarily philanthropic sources and member donations.
Involvement in New Haven Health-related Coalitions	CitySeed plays an active role in the New Haven Food Policy Council and has been a leader in promoting healthier food within New Haven Public Schools, as well as within the community as a whole.
Addressing Nutrition / Physical Activity	Many initiatives of CitySeed address these risk factors, including those proposed within this grant. Farm-to-market programs are recognized within a number of CDC's MAPPS recommendations for the Communities Putting Prevention to Work grant.
Measures of Success	(A) Increased Farmer Market sales within New Haven, (B) Increased local sourcing of foods within schools and other local institutions (C) Increased number of low-income residents having access to health food.
Staff Assigned to New Haven Prevention Project	CitySeed Policy Director and Executive Director. Please see budget justification for detail on hours spent and in-kind activity by proposed project.

New Haven Community Coalitions and Partners

Profile:	**New Haven Complete Streets Steering Committee (CSSC)**
Brief Description	Appointed by the Mayor, the CSSC consists of three members of the Board of Aldermen, three community representatives and three City officials: City Engineer Richard Miller, Chairperson, City Plan Executive Director Karyn Gilvarg and City Transportation Director Michael Piscitelli. Together they represent a diverse cross-section of New Haven. Their mission is to advance a Complete Streets policy which ensures all users of the transportation system, especially pedestrians, bicyclists, transit users, children, elderly, and persons with disabilities are able to travel safely on our city streets and sidewalks. Their Design Manual, a section of which is attached here in draft format, provides specific guidelines on construction and community process. New Haven's Complete Streets Policy prioritizes walkability, inter-modal transit, traffic calming and pedestrian-based urban economic development over competing goals and references performance standards, with measurable outcomes and benchmarks.
Principal Activities	The CSSC's purposes are to advance and develop a Complete Streets policy, and ensure the first item of the policy – the Design Manual – is approved by the Board of Aldermen in early 2010. Members app
Funding	Supported by the City of New Haven. This grant proposal calls for additional funding to advance transportation policy through specific implementations and development work (see Interventions 2-1 and 2-2).
Involvement in New Haven Health-related Coalitions	The CSSC's members have been involved in numerous health-related initiatives in New Haven, including the Health Equity Alliance and CARE/CIH. The CSSC was established by a unanimous Aldermanic resolution in 2008, but all members had been very active in safe streets issues prior to that date.
Addressing Nutrition / Physical Activity	As discussed within the intervention narratives, the CSSC's policy directives align directly with the MAPPS recommendations, community objectives, interventions and policy framework presented within this grant.
Measures of Success	(A) Advancement of Complete Streets Policies and incorporation into Citywide Wellness Policy Objectives, B) Additional miles of Complete Streets throughout city, beginning with areas of greatest need, such as major neighborhood mixed-use retail destinations and districts surrounding public schools and health care centers.
Staff Assigned to New Haven Prevention Project	Mike Piscitelli, Director of Transportation; Richard Miller, City Engineer; Karyn Gilvarg, Executive Director, City Plan, and departmental staff support (including proposed new positions) necessary to achieve implementation of Interventions 2-1 and 2-2.

CITY OF NEW HAVEN
BOARD OF ALDERMEN

August, 26, 2008

Honorable Carl Goldfield
President, New Haven Board of Aldermen

Dear President Goldfield:

We would like to respectfully submit to the Board of Aldermen, the attached communication, a proposed Order , which would establish a steering committee to develop a complete streets policy for New Haven, implement a sustainable complete streets program for the city, and propose complete streets legislation as an important first step toward creating a future New Haven which boasts welcoming, safe and vibrant streets and public ways.

New Haven is the regional center of south central Connecticut and the intermodal center of Connecticut's transportation system. In addition, a greater proportion of New Haven residents (14%) walk to work than in any other city in New England while another 31% of city residents bike, carpool or take public transit to work.

Recent tragedies at the Yale Medical School, along Whalley Avenue, and on Long Wharf Drive, as well as numerous other terrible accidents, have galvanized the community to form the New Haven Safe Streets Coalition. It has been found that auto traffic often conflicts with bike and pedestrian activity, thereby leading to unsafe conditions when these users do not follow the rules-of-the-road. In addition, recent studies on transportation policy in the tri-state area indicates that the economically disadvantaged, especially the African-American and Latino communities, are subject to disproportionately higher levels of pedestrian injuries and fatalities.

The Safe Streets Coalition's goal is to raise awareness of traffic safety issues and build community support for an urgent and comprehensive strategy that will reduce the number of traffic-related injuries and fatalities in New Haven by 50% by 2009 and 90% by 2015, while promoting streets that are more livable, walkable and economically vital. Streets are a critical component of public space, directly impact public health, play a major role in defining the image and identity of our city and provide the framework for current and future development.

We believe that it is crucial for the City of New Haven to make a commitment to reaching the goals identified by the Safe Streets Coalition: pursuing the development of tools that raise the quality and civility of our shared public spaces; supporting neighborhood economic development; increasing the modal split of walking, cycling and transit modes; and building a safe, efficient and equitable transportation system in the city. To that end, we ask that the Board please review and hopefully approve this Order which would create a steering committee empowered to develop a complete streets policy for New Haven, implement a sustainable complete streets program for the city, and propose complete streets legislation.

We strongly feel that this is the very important first step toward creating a New Haven which balances the needs of pedestrians, bicyclists, motorists, children, adults and seniors in developing a comprehensive plan to foster a layout of our city streets and public thoroughfares that is welcoming, safe and convenient, as well as both walkable and economically vibrant.
Thank you for your consideration of this measure.

Respectfully submitted,

ERIN STURGIS-PASCALE
Alderwoman, 14th Ward

ROLAND LEMAR
Alderman, 9th Ward

ORDER OF THE BOARD OF ALDERMEN ESTABLISHING A STEERING COMMITTEE TO DEVELOP A COMPLETE STREETS POLICY FOR NEW HAVEN, IMPLEMENT A SUSTAINABLE COMPLETE STREETS PROGRAM FOR THE CITY, AND PROPOSE COMPLETE STREETS LEGISLATION BASED ON THESE PRINCIPLES.

WHEREAS: New Haven is the regional center of south central Connecticut and the intermodal center of Connecticut's transportation system; and

WHEREAS: a greater proportion of New Haven residents (14%) walk to work than in any other city in New England; and

WHEREAS: an additional 31% of New Haven residents bike, carpool or take public transit to work; and

WHEREAS: automobile traffic often conflicts with bike and pedestrian activity, thereby leading to unsafe conditions when these users do not follow the rules-of-the-road ; and

WHEREAS: recent tragedies at the Yale Medical School, along Whalley Avenue, and on Long Wharf Drive, as well as numerous other terrible accidents, have galvanized the community to form the New Haven Safe Streets Coalition; and

WHEREAS: recent studies on transportation policy in the tri-state area are uncovering data that indicates that the economically disadvantaged, especially the African-American and Latino communities, are subject to disproportionately higher levels of pedestrian injuries and fatalities; and

WHEREAS: the Safe Streets Coalition's goal is to raise awareness of traffic safety issues and build community support for an urgent and comprehensive strategy that will reduce the number of traffic-related injuries and fatalities in New Haven by 50% by 2009 and 90% by 2015, while promoting more livable, walkable and economically vibrant streets; and

WHEREAS: streets are a critical component of public space, directly impact public health, play a major role in defining the image and identity of our city and provide the framework for current and future development; and

WHEREAS: the City of New Haven and the New Haven Board of Aldermen are committed to reaching the goals and objectives identified by the Safe Streets Coalition; to pursuing the development of tools that raise the quality and civility of our shared public spaces; to supporting neighborhood economic development; to increasing the modal split of walking, cycling and transit modes and; to building a safe, efficient and equitable transportation system in the city through implementation of a broad series of initiatives involving education, policy development, engineering practices, physical improvements and traffic enforcement.

NOW, THEREFORE, BE IT ORDERED by the New Haven Board of Aldermen that a nine member Complete Streets Steering Committee shall be established, consisting of three members of the Board of Aldermen, three employees of the City of New Haven and three residents of the City of New Haven to guide the development of:

- a Complete Streets policy which ensures that all users of the transportation system, especially pedestrians, bicyclists, transit users as well as children, elderly, and persons with disabilities are able to travel safely and conveniently on our city streets and sidewalks;
- a Complete Streets Design Manual that provides specific design guidelines for the construction of complete streets;
- a process by which community members are included in the planning and design processes that will result in changes to their neighborhood streets;
- an educational campaign; and
- traffic enforcement support in collaboration with the New Haven Police Department.

(1) Establish the following Complete Streets policy that:
(a) requires the accommodation of the safety and convenience of all users of the transportation system using a Complete Streets hierarchy of users, which begins with pedestrians, bicyclists, transit users. These users shall be accommodated and balanced in all types of transportation and development projects and through all phases of a project so that the vulnerable – children, elderly, and persons with disabilities – can travel safely within the public right of way;
(b) mandates the application of this policy, through adherence to principles of the Design Manual, to any new or improvement project affecting the public streets and sidewalks (including resurfacing, restoring, and rehabilitation projects);
(c) prioritizes walkability, inter-modal transit, traffic calming and pedestrian-based urban economic development over competing goals; and
(d) references performance standards, with measurable outcomes and benchmarks.

(2) Develop progressive design standards that will be incorporated into a Complete Streets Design Manual providing technical guidance on the design and construction of streets and sidewalks so that they support the underlying principles of the Complete Streets policy. Such standards will:
(a) provide a definition of a street classification system;
(b) increase the safety and walkability of our city streets through proven tools that slow vehicle speeds;
(c) create high visibility crosswalks for pedestrians;
(d) create safe, connected bike facilities for cyclists;
(e) narrow travel lanes;
(f) address on-street parking policies.

Such design standards will address: target speeds; street and lane widths; signal timing and vehicle detection; uninterrupted block length; connectivity; transit accessibility; as well as pedestrian and bicycle amenities such as benches, bus shelters and secure bike parking. The design plan should be of a quality so as to eliminate the need for excessive signage, which has negative aesthetic impacts and reduces safety through driver distraction. These design standards will require that the target speed for streets around schools, hospitals and business districts that depend on pedestrian traffic be a maximum of 15 miles per hour. Complete Streets solutions shall be flexible to fit within the context of the community.

(3) Develop a participatory planning process whereby affected communities are given an opportunity to advocate for changes that will best serve the community's interest. Such process will include the opportunity for the participation or input from a qualified landscape architect, an economic development or public realm strategy professional, or other appropriate professional guidance.

(4) Coordinate on-going educational campaigns targeting all users of the public right-of-way on their collective rights and responsibilities, with the goal of increasing the safety and civility of the public streets.

(5) Support the New Haven Police Department's traffic enforcement efforts and partner with the department to develop benchmarks for evaluating and measuring progress.

BE IT FURTHER ORDERED that the Complete Streets Steering Committee will communicate the Complete Streets Policy as an Ordinance Amendment for consideration by the Board of Aldermen not more than one year after the passage of this Order, with the requirement that the principles of this policy be incorporated into all aspects of street and transportation planning projects, scoping procedures, design manual, design approvals and performance measures.

REPORT OF MEETING
NEW HAVEN COMPLETE STREETS COMMITTEE

Attendees: Dick Miller, City of New Haven
Mike Piscitelli, City of New Haven
Karyn Gilvarg, City of New Haven
Howard Weissberg, City of New Haven
Erin Sturgis-Pascale, Alderwoman
Michele Edmonds Sepulveda, Alderwoman
Roland Lemar, Alderman
Thomas Harned, Resident
Adetokunbo Anifalaje, Resident

Project: New Haven Complete Streets

Location: Engineering Department, 200 Orange Street, 5th Floor

Date: May 21, 2009

Report by: Malinda Figueroa

Each member present received a binder with information so that everyone would be on the same page. Alderwoman Betsie Clark vacated her chair on the Committee and Alderwoman Michele Edmonds Sepulveda replaced her.

The Mission is in development and the minutes will be part of the binder. A signalization plan, motor vehicle accident report and road classification map were included in the handouts. The road classification map defines city street volumes as indicated green would be high traffic volume, while black would indicate less volume. The volume indicated is permanent volume the map is not changed for temporary projects such as: bridge closures, etc.

It was clarified that the current tasks are to define the committee's expectations, a timeline/schedule and the end product due to the full board in August/September. Plan of Action is to provide a draft of guidebook and mature it with comments. If need be get an extension.

Discussion took place regarding the extent and authority of the Committee. It was explained that there are ordinances and accepted guidelines that need to be considered such as ASHTO and DOT guidelines, when working on projects that are funded in part by State or Federal Agencies.

The City Engineer explained that a typical ROW (right-of-way) is 50 feet. Today a state statue dictates that this is a minimum. However, in some cases (prior to statue) the ROW was determined by use.

It was asked if there were any predetermined standards for roads. Standards are guidelines that have been proved over time to be effective. However, the appropriate application of a standard depends on a number of constraints and field conditions. Speed and volume would also be a consideration. Project costs, traffic treatments, aesthetic treatments, etc would also be a part of the determination. Outcomes would need to be measured before and after to be able to develop and build into guidelines.

The committee would address similar project developments, such as:

(1) Residential/Commercial constructions ($100K-$20M)
(2) State Pavement Repair Projects ($2M)
(3) Special Projects (i.e. West Park/Elm Roundabouts, River St., Woodward Av) ($10K – $500K)
(4) Quinnipiac Avenue ($5-10M)

Varying pavement project types were discussed:

Type	Life Expectancy	Example
Overlay	5 – 10 years	Front St (parts)
Milling/Paving	15 – 10 years	Eld, Foxon/Essex Sts.
Reconstruction	20 years	Lexington, Winthrop, Valley
New	20-25 years	Monterey, Quinnipiac Terrace

Discussion took place on the education and informational flow for public outreach in the process and screening of projects. A comment was made concerning not only educating the public on complete streets but also DOT who often fund city projects.

Funding sources would need to be determined at a later date and time once priorities and the mapping of the committee is in place. Therefore a recommendation can be put before the full Board of Aldermen at a future budget meeting.

A question was raised regarding projects that involve participation from other bordering towns. It was noted that when a project involves other towns (i.e. Brookside Avenue/Hamden). The City will keep the towns involved with the process.

A discussion was also raised on speed and cut through streets and the possibility of changing their status. Various data is compiled to make the determination.

A point was made that solutions to issues of a given street needs to be properly evaluated base on the neighborhood traffic volume, accidents, speed and physical condition of the road, to accommodate a solution not just a request for a specific solution.

HOMEWORK:

Full Committee:

- Develop mission statement
- Work on web presents in order for all members to access handouts, documents
- Pull together resources – policies and design standards from other cities

Dick Miller - Next year pavement projects

Erin Sturgis Pascale – language regarding burden on disadvantaged neighborhoods

OTHER:

Smart Transportation Guidebook (Pennsylvania DOT and New Jersey DOT Report)
LINK: http://www.smart-transportation.com/assets/download/Smart%20Transportation%20Guidebook.pdf

Next meeting date:
June 11, 2009 at 12:00 Noon at Engineering Department Conference Room, Hall of Records, 200 Orange Street, 5th Floor, Rm 503

Tentative Future Meeting Dates: June 25, July 9 and 23.

city of new haven COMPLETE STREETS DESIGN MANUAL

Draft November 12, 2009

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DRAFT 11/12/2008

Introduction

On October 23, 2008, The New Haven Board of Aldermen unanimously passed an order creating a nine member Complete Streets Steering Committee (CSSC) to guide the development of the following elements for the purpose of addressing the status of city streets: policy document, design manual, public process, educational campaign and traffic enforcement.

BOA REPRESENTATIVES

Michele Edmonds-Sepulveda, Ward 30
Roland Lemar, Ward 9
Erin Sturgis-Pascale, Ward 14

CITY REPRESENTATIVES

Karyn Gilvarg, City Plan
Richard Miller, Engineering Department
Michael Piscitelli, Transportation Traffic & Parking

CITIZEN REPRESENTATIVES

Tokunbo Anifalaje
Thomas Harned
Sylvie Rivetta

CONSULTANTS

Rachel Bright, Fitzgerald & Halliday, Inc.
Michael Morehouse, Fitzgerald & Halliday, Inc.

This document fulfills the above mandate to create a design manual for the development of progressive design guidelines. It provides technical guidance on the building, rebuilding, repair and rehabilitation of city streets with the intent of balancing the needs of all users. It is guided by a set of principals appropriate for an evolving understanding of the importance of streets to the social and economic fabric of a community.

To guide our work, the Complete Streets Steering Committee developed the following mission statement: **To develop and promote a safe, context-sensitive transportation network that serves all users and integrates the planning and design of complete streets that foster a livable, sustainable and economically vibrant community.**

By articulating the many roles of city streets and linking their impact to larger policy goals, we are providing a focus for the considerable public investment in these streets. Rather than a static delivery of a narrow service that is divorced from the aspirations of our city, we acknowledge that street building will play a central role in the long-term health and vitality of our community. This manual strives to provide the framework for this transformation by enlisting our public infrastructure investments in the effort to address a host of critical issues that face our city.

It is our hope that this document, along with the companion components of the Complete Streets order, will provide immediate guidance to on-going projects as well as forming the base upon which future strategies will be developed.

Respectfully Submitted,
CSSC Members

DRAFT 11/12/09