

Area: **Environmental Risk Factors and Health**
 Meeting: Meeting #1 Kick-off
 Date: April 3, 2013
 Time: 9:00 AM – 12:00 PM
 Location: UCONN Health Center Exchange

Time	Agenda Item	<i>min</i>	Notes
9:00-9:30	Activity 1: Introductions and Meeting Objectives <ul style="list-style-type: none"> Review agenda, schedule, and logistics Review today's objectives Establish ground rules Additional participants 	30	By the end of today, we will 1) review the data elements, and 2) finalize areas of concentration for focus areas using select criteria.
9:30-10:15	Activity 2: Data Elements <ul style="list-style-type: none"> Review the data elements 	90	Paul Schur will present the risk factors and associated data elements for discussion.
10:15-10:30	Break	15	
10:30-11:30	Activity 3: Finalize Areas of Concentration <ul style="list-style-type: none"> Review current areas of concentration and add/remove as needed. 	60	Group will review the current seven content areas and add or remove areas as needed.
11:30-12:00	Activity 4: Work Group Housekeeping <ul style="list-style-type: none"> Evaluate Meeting Review Next Steps Meeting Prep Next Meeting Date/Time 	30	

Materials

Work Group Orientation Slides

Attendees (see chart on last page)

Meeting Notes

Activity 1: Introductions and Meeting Objectives

Patrick McCormack opened the meeting by introducing himself and reviewing the agenda.

Kristen Sullivan introduced herself and gave an update on the overall CT Health Improvement Plan effort and timeline. The Advisory Committee has their first conference call on 4/25 to receive feedback on prioritization. Their names are on the DPH website on pages set up for The Connecticut Health Improvement Planning Coalition.

Planning Coalition main page: <http://www.ct.gov/dph/cwp/view.asp?a=3130&q=515380>
Work Group Page: <http://www.ct.gov/dph/cwp/view.asp?a=3130&q=521702>

The Advisory Committee's role is to advise workgroups on certain aspects of the plan including the decision making process and the prioritization process. Some co-chairs are members of the Advisory Committee. By July we'll be out to public hearings with two public forums. Release of the plan is targeted for September.

Discussion around potential additional members:

- Work group (WG) members were asked to let Patrick & Paul (WG co-chairs) know if there is anyone else they would like to invite to join this work group. We would like to expand and reach out to as many people as possible.
- The WG will be coming up with something that will define a lot of exposure and would come up with a better outcome. They will be matching data to needs and developing an action plan. Members suggested individuals who would be strong advocates for implementation. (See Next Steps at the end for a list of who WG members will reach out to prior to the next meeting).

Work Group Logistics:

- Questions on how much time people have to devote to this. Suggestion was made that conference calling vs. meeting in person might help with the amount of time people have to devote to this effort.
- HRiA will be taking notes during all WG meetings. These will be posted on the Health Improvement Planning page of the DPH website (see links above). All WG members will be able to go there for agendas, meeting dates/times/locations, and meeting notes. People will also be able to see the work of the other WG's.
- In terms of outputs from this work group, the question was asked "are we looking for healthy people 2020 type goals (quantifiable) or broader scope type things?"
Kristen's response: We can certainly use HP2020. If there are some (goals/objectives/strategies) outside of those, we can use them. We want to use the data. We want them to be evidence-based. We've already incorporated some of HP2020 in some of these focus areas. Objectives should be SMART. If there is something the group feels strongly about, we can recommend it with a notation that right now we don't collect/track data to measure it.
- Question - Will we be looking at policies, asking agencies to implement these?
Kristen - we will be asking agencies to be involved.

Potential Obstacles:

- Question - if we identify a gap in, for example, lead poisoning, but see less and less funding and little government support, but the work group feels strongly about it, are we setting ourselves up for failure? How do we identify strategies to fill the gap knowing the history of the issues around it (housing change, housing, etc.). We don't want to set ourselves up for failure.
- Response - If we recognize it as a still important issue, we should still put a measureable, if somewhat lofty, goal in this plan.
- As we move forward and identify particular areas to focus on, we aren't going to be able to avoid which are funding issues, which have other obstacles (no data, no funding), but are still issues that we feel should be addressed.

Activity 2: Data Elements

Paul reviewed the Work Group Orientation slides

Slides presented included: Process Vision, Timeline, Principles for Planning, the Seven Health Improvement Plan Focus Areas, Areas of Concentration for the Environmental Risk Factors and Health work Group, Cross-Cutting Themes, Materials and Supports available,

- Need to wrap up work group work before the end of June
- Work Group Responsibilities- up to 6 meetings. Will try to do some meetings via conference call.

Data

- Presented data slides - WG has maps with data so we can look at what we might want to begin to do in terms of objectives and strategies.
- Toxic Relief inventory data - plotted graphically, can overlay with other data (i.e., lead levels), ozone data,
- We always look really good compared to HP2020 and even the US. Looking to the working group to identify the issues we have, because we do have issues.
- Need to keep in mind that there are problems with how the EPA puts data out there. If they miss days and those days are times where levels are high, then the data doesn't reflect the problem completely
- Even state averages don't reflect the diversity of communities. Should we consider formulating some of these objectives by looking at data that we have by city, and let's bring these disparate [urban] communities more in line with the rest of the state? It gets washed out as a statewide average.
- It is difficult in CT because we have a decent public health system. Occupational death numbers are already at 30 a year. We should be trying to reduce some of these things that have great disparities vs. trying to bring the overall state average even lower. Target where we can, where we have data to support and track. Bring the 5th CT in line with the other four.

Areas of Concentration

- Overlap between work groups - this will be identified as HRiA combines the work of the various groups and "scrubs" the goals, objectives and strategies for consistency.
- LAMP group - doing a lot of good work training contractors, etc. Would be good to include them in the strategies. They should be included.
- Greatest risk factor - people with low income, limited resources, poor food, poor housing stock, etc. There are a lot of other risk factors that lead them to being at risk

for environmental risks. Healthy Homes inspections - the people who invite them in for inspections generally have a healthy home. People who have the real issues aren't calling HH because they don't want to get evicted. The landlords say they can't afford to fix the problem. They would rather get rid of a complaining tenant than pay to fix the problem.

- WG role is to say "here's what we'd like to see". i.e., 100% of apartments and homes have CO detectors on every level. It's up to officials to make that happen.

Break

Activity 2: Finalize Areas of Concentration

The WG reviewed the current areas of concentration and added/combined areas as noted in the table below:

Environmental Risk Factors and Health

Areas of Concentration		Discussion on this area
1. Outdoor Air Quality (Ozone, Particulates, etc.)	keep	Should focus on the areas we deal with or can control. Wood smoke, open burning, traffic, idling vehicles, tobacco smoke
Environmental Tobacco Smoke		Indoor and outdoor
2. Indoor Air Quality (Environmental Tobacco Smoke, Carbon Monoxide)	keep	Moved under Healthy Homes
3. Water Quality (Drinking Water, Recreational Water, Pesticides, Heavy Metals, etc.)	keep	Private wells, public wells, surface and ground water
4. Lead	keep	housing, occupational
5. Radon	keep	Moved under Healthy Homes
6. Asbestos	keep	housing, occupational
7. Occupational Risk Factors	keep	<ul style="list-style-type: none"> • <i>People/workers:</i> is there a population more at risk? Special worker populations, language barriers, inherent risks (do we deal with these?) • <i>Work environment itself:</i>
Additional Areas		Discussion on this area
Pesticides		Fire land, water contamination, improper pesticide use in homes,
Food		Contaminated fish, food desserts, chemicals in food, genetically modified,

Areas of Concentration		Discussion on this area
Healthy Homes		<ul style="list-style-type: none"> • Indoor Air Quality - Radon, mold, carbon monoxide • Blight (roaches, bed bugs, rodents) Bed bugs are expensive to get rid of. Misinformation and lack of education. Get more cockroach calls than bed bug calls. • Cleaning chemicals • Injuries (another WG) • Residential fuel spills - heating system malfunctions, chemical spills
Bed Bugs		Move to Healthy Homes category
Brown Fields		i.e., former industrial sites <ul style="list-style-type: none"> • Soil contamination, water flow out of brown fields into other water sources. • If there is a fire in these areas, what will be released? • Filling in wetlands with waste. Do we have data on those? Yes
Extreme Weather		What are we going to do? Lots of funding for heat, insulating, etc., but nothing on cooling, Emergency Preparedness
UV Exposure		Chronic Disease Prevention & Control WG may include
Zoning and Land Use		<ul style="list-style-type: none"> • Built Environment • Land Use Decisions: Will you put an industrial facility in a residential area? • On site waste disposal
Folk Medicine		Use of elemental mercury
Noise		<ul style="list-style-type: none"> • Highway traffic • Industrial sites
Animal Slaughter		
Meth Labs		
Light at night		

Are there people this WG needs to add to cover these areas? Think about it and get names to Paul and Patrick.

Activity 4: Work Group Housekeeping

- Evaluate Meeting - did this location work well?
- Review Next Steps - What data has been collected in these areas of concentration? Need to look at data and selection criteria to identify/prioritize which areas of concentration (4-7) the WG will be developing objectives and strategies for.
- Meeting Prep
- Next Meeting Date/Time - Friday, April 12, 9-12, via conference call

Next Steps

New/Additional Members

- Paul will call Andrea Boissevain
- Nadine will call Anne Hulick A representative from Yale Occ Med
- Edith will call Chris Cochrane,,, Robert Girard, Judith Dicine
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Data

- Donna will look into the data that was collected as part of the State Health Assessment (SHA) and get that to the co-chairs.
- Work group members will review the minutes and the list of environmental risk factors identified at the April 3rd meeting. An objective at the next meeting will be to reduce the number of identified risk factors from 15 to 4-7 and begin identifying sources of data.

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Attendees

	Meetings					Last Name	First Name	Organization	Email
	4/3	4/12							
1						DiFiore	Phyllis	Connecticut Department of Transportation	phyllis.difiore@ct.gov
2						Garbart	Keith	Winding Trails Inc.	keith@windingtrails.org
3						Matheny	Rick		richardmatheny83@comcast.net
4	X					Pestana	Edith	Connecticut Department of Environmental Protection	edith.pestana@ct.gov
5						Powell**	Kate	South Central Connecticut Regional Water Authority	kpowell@rwater.com
6	X					St. Louis	Thomas	CT Dept. of Public Health	thomas.st.louis@ct.gov
7	X					Fraser	Nadine		
						Co-Chairs		Organization	Email
	X					McCormack	Patrick	UNCAS Health District	doh@uncashd.org
	X					Schur	Paul	UCHC, MPH Program	paul.m.schur@snet.net
						Support		Organization	Email
	X					Kristen Sullivan		CT DPH	Kristin.Sullivan@ct.gov
	X					Donna Burke (on phone)		HRiA	dburke@hria.org