**TABLE A1**

**Connecticut Health Districts Representing Towns from Multiple Counties***

| Health District | County or Counties Represented |
|---|---|
| Westport Weston | Fairfield |
| Torrington Area | Litchfield |
| Naugatuck Valley | New Haven, Fairfield |
| Northeast | Tolland, Windham |
| East Shore | New Haven |
| North Central | Hartford, Tolland, Windham |
| Chesprocott | New Haven |
| Farmington Valley | Litchfield, Hartford |
| Quinnipiack Valley | New Haven |
| Bristol Burlington | Hartford |
| Plainville Southington | Hartford |
| Pomperaug | New Haven, Litchfield |
| Uncas | New London |
| Ledge Light | New London |
| Newtown | Fairfield, Litchfield |
| West Hartford Bloomfield | Hartford |
| Central Connecticut | Hartford |
| Eastern Highlands | Tolland, Windham |
| Chatham | Hartford, Tolland, Windham, Middlesex |
| Trumbull Monroe | Fairfield |
| CT River Valley | Middlesex |

Source: Connecticut Department of Public Health, Office of Local Health.

* Health districts in the 5counties covered by the present proposal are shaded. Note that all 5 counties are represented by multiple health districts.

**Table A2**
**Selected Demographic, Social, and Economic Characteristics for Connecticut and Its Counties, 2009.**
**(U.S. Census Bureau, 2009 American Community Survey 1-year Estimates)**

| CHARACTERISTICS | CT | COUNTY* | | | | |
|---|---|---|---|---|---|---|
| | | LFLD | MDSX | NLDN | TLND | WNDM |
| **Demographic** | | | | | | |
| ***Age*** | | | | | | |
| Median age (yrs) | 39.5 | 43.7 | 42.1 | 40.2 | 38.1 | 38.9 |
| < 18 yrs | 22.9% | 21.6% | 21.2% | 21.8% | 20.1% | 21.7% |
| 65+ yrs | 13.8% | 15.4% | 14.7% | 14.0% | 11.9% | 12.6% |
| ***Race/Ethnicity*** | | | | | | |
| Non-Hispanic | 87.7% | 96.0% | 95.7% | 93.0% | 96.0% | 91.4% |
| White | 72.8% | 91.7% | 87.1% | 80.4% | 88.1% | 86.3% |
| Black | 9.1% | 0.8% | 4.4% | 5.0% | 2.9% | 1.7% |
| AI/AN | 0.1% | 0.1% | 0.0% | 0.3% | 0.1% | 0.3% |
| Asian | 3.5% | 2.0% | 2.0% | 3.9% | 3.3% | 0.4% |
| Other | 0.4% | 0.0% | 0.4% | 0.3% | 0.1% | 0.1% |
| 2+ races | 1.6% | 1.5% | 1.8% | 3.0% | 1.5% | 2.7% |
| Hispanic | 12.3% | 4.0% | 4.3% | 7.0% | 4.0% | 8.6% |
| **Social** | | | | | | |
| ***Teen births†*** | 6.8 | 4.3 | 3.4 | 7.1 | 4.4 | 9.1 |
| ***Educational attainment*** (25+ yrs of age) | | | | | | |
| ≥ High school | 88.6% | 91.1% | 93.5% | 89.8% | 91.0% | 83.8% |
| ≥ Bachelor's degree | 35.6% | 31.2% | 39.0% | 32.7% | 37.4% | 19.1% |
| ***With disability*** | | | | | | |
| All ages | 10.4% | 8.9% | 9.3% | 12.2% | 7.9% | 14.4% |
| 65+ yrs | 31.8% | 26.5% | 28.9% | 31.7% | 25.6% | 36.4% |
| ***Language*** | | | | | | |
| Language other than English at home | 20.4% | 9.7% | 11.4% | 14.3% | - | - |
| Speaks English less than "very well" | 8.0% | 3.5% | 3.1% | 6.0% | - | - |
| **Economic** | | | | | | |
| ***Unemployed*** | 9.2% | 9.6% | 8.0% | 8.4% | 6.2% | 10.1% |
| ***Income*** | | | | | | |
| Per capita | $35,747 | $35,503 | $38,150 | $32,284 | $32,900 | $25,599 |
| Median household | $67,034 | $67,835 | $74,947 | $64,148 | $80,078 | $58,459 |
| ***Below poverty level*** | | | | | | |
| All ages | 9.4% | 6.4% | 5.3% | 7.8% | 7.0% | 9.4% |
| Children < 18 yrs | 12.1% | 7.6% | 4.9% | 11.5% | 5.8% | 13.4% |

* County Abbreviations: Litchfield LFLD; Middlesex MDSX; NHVN; New London NLDN; Tolland TLND; Windham WNDM.

† Births to women under 20 years of age per 1,000 live births. From Connecticut Registration Report for 2009, Table 4 (unpublished data from F. Amadeo).

**TABLE A3**

**Percentage of Population and Number of Towns in Connecticut Counties by "Five Connecticuts" Category***

**2009**

(Connecticut State Data Center, 2011)

| County | Wealthy (# of towns) | Suburban (# of towns) | Rural (# of towns) | Urban Periphery (# of towns) | Urban Core (# of towns) |
|---|---|---|---|---|---|
| Litchfield | 0% (0) | 27.8% (4) | 37.5% (19) | 34.7% (3) | 0% (0) |
| Middlesex | 4.5% (1) | 35.3% (6) | 14.6% (4) | 45.7% (3) | 0% (0) |
| New London | 0% (0) | 17.4% (4) | 44.2% (14) | 14.8% (1) | 23.5% (2) |
| Tolland | 0% (0) | 38.9% (6) | 41% (6) | 20.1% (1) | 0% (0) |
| Windham | 0% (0) | 0% (0) | 79.8% (14) | 20.2% (1) | 0% (0) |

***Category Definitions:**

**Wealthy:** Exceptionally high income, low poverty, and moderate population density

**Suburban:** Above average income, low poverty, and moderate population density

**Rural:** Average income, below average poverty, and lowest population density

**Urban periphery:** Below average income, average poverty, and high population density

**Urban core:** Lowest income, highest poverty, and highest population density

**TABLE A4**
**Disparity in Poverty Rates among Counties and Their Subdivisions**
**Connecticut, 2005-2009**
**(American Community Survey 5-year Estimates)**

| County and Subdivisions (Towns, Boroughs, CDPs) | Poverty Rate 2005-2009 |
|---|---|
| **Litchfield County** | **5.3%** |
| Bantam | 16.3% |
| North Canaan | 12.7% |
| Winsted CDP | 11.7% |
| Torrington | 11.0% |
| **Middlesex County** | **5.8%** |
| Middletown | 11.8% |
| **New London County** | **6.7%** |
| New London | 15.9% |
| Norwich | 14.2% |
| Groton | 12.2% |
| **Tolland County** | **6.6%** |
| Storrs | 39.4% |
| Rockville | 18.9% |
| Mansfield | 17.3% |
| Willington | 16.2% |
| **Windham County** | **10.3%** |
| Willimantic | 25.4% |
| North Grosvenor Dale | 21.3% |
| Windham | 20.8% |
| Danielson | 17.1% |
| East Brooklyn | 16.7% |
| Sterling | 16.5% |
| Putnam | 14.7% |

**TABLE A5**
**Town Death Rates Significantly Higher than the State Rate**
**Connecticut, 2002-2006**
**(Age-adjusted to US 2000 standard population)**

| County and Town | Cause of Death | Deaths per 100,000 Population | |
|---|---|---|---|
| | | Town | Connecticut |
| Litchfield County | | | |
| North Canaan | Heart disease | 312.0 | 186.8 |
| Middlesex County | | | |
| Middletown | Stroke | 53.7 | 38.7 |
| New London County | | | |
| East Lyme | Chronic lower respiratory diseases | 67.7 | 35.2 |
| Griswold | Heart disease | 267.6 | 186.8 |
| Groton | Chronic lower respiratory diseases | 59.3 | 35.2 |
| New London | Heart disease | 236.3 | 186.8 |
| Norwich | Diabetes mellitus | 32.1 | 18.1 |
| | Stroke | 60.9 | 38.7 |
| | Chronic lower respiratory diseases | 55.4 | 35.2 |
| Stonington | Heart disease | 233.4 | 186.8 |
| Tolland | | | |
| Somers | Heart disease | 301.3 | 186.8 |
| Stafford | Heart disease | 313.4 | 186.8 |
| Vernon | Heart disease | 228.9 | 186.8 |
| Windham County | | | |
| Thompson | Cancer | 269.4 | 179.0 |
| Windham | Heart disease | 243.1 | 186.8 |
| | Chronic lower respiratory diseases | 83.8 | 35.2 |

**Source:** Connecticut Department of Public Health, Connecticut 2002-2006 Age-adjusted Mortality Rates: Town-State Comparisons for the Ten Leading Causes of Death.

**TABLE A6**
**Age-adjusted Prevalence of Modifiable Risk Factors among Adults Race and Ethnicity**
**Connecticut, 2007-2009.**
**(Behavioral Risk Factor Surveillance System)**

| Risk Factor | CT (95% C.I.) | Race and Ethnicity | | |
|---|---|---|---|---|
| | | White, non-Hispanic (95 % C.I.) | Black, non-Hispanic (95% C.I.) | Hispanic (95% C.I.) |
| **High blood pressure** | 25.0% (24.1-25.9) | 24.7% (23.7-25.7) | 36.3% (32.0-40.7) | 22.0% (18.6-25.4) |
| **High cholesterol** | 34.4% (33.0-35.9) | 35.2% (33.5-36.9) | 31.5% (25.7-37.3) | 33.2% (28.5-37.9) |
| **Never had cholesterol checked** | 16.7% (15.5-17.8) | 14.8% (13.5-16.0) | 21.7% (17.4-26.1) | 31.1% (27.0-35.1) |
| **Current smoker** | 16.0% (15.1-16.9) | 15.8% (14.8-16.9) | 19.1% (15.3-22.8) | 15.6% (13.0-18.2) |
| **Obesity** | 21.1% (20.2-21.9) | 20.2% (19.3-21.2) | 35.6% (31.4-39.8) | 27.0% (23.5-30.5) |
| **Physical inactivity*** | 46.4% (45.0-47.7) | 44.5% (43.0-46.1) | 59.7% (54.5-64.9) | 54.2% (49.4-59.0) |
| **Poor nutrition†** | 71.6% (70.4-72.9) | 71.3% (69.0-72.7) | 76.1% (71.9-80.3) | 74.7% (70.3-79.1) |
| **Diabetes** | 6.4% (6.0-6.8) | 5.6% (5.2-6.0) | 14.9% (12.3-17.6) | 10.5% (8.4-12.5) |

* Physical Inactivity: Does not meet the CDC's physical activity recommendations.

† Poor Nutrition: Consuming less than 5 servings of fruits and vegetables per day.

**TABLE A7**
**Age-adjusted Prevalence of Modifiable Risk Factors among Adults by Education Attainment Connecticut, 2007-2009. (Behavioral Risk Factor Surveillance System)**

| Risk Factor | Connecticut (95% C.I.) | Educational Attainment | |
|---|---|---|---|
| | | Less than High School (95 % C.I.) | College Graduate (95% C.I.) |
| **High blood pressure** | 25.0% (24.1-25.9) | 35.3% (30.1-40.6) | 20.9% (19.8-22.0) |
| **High cholesterol** | 34.4% (33.0-35.9) | 42.1% (35.0-49.2) | 30.3% (28.7-31.9) |
| **Never had cholesterol checked** | 16.7% (15.5-17.8) | 34.9% (29.1-40.7) | 11.9% (10.0-13.9) |
| **Current smoker** | 16.0% (15.1-16.9) | 31.1% (26.4-35.7) | 8.7% (7.5-9.8) |
| **Obesity** | 21.1% (20.2-21.9) | 32.7% (27.9-37.5) | 16.2% (15.0-17.4) |
| **Physical inactivity*** | 46.4% (45.0-47.7) | 58.3% (52.2-64.4) | 44.0% (41.8-46.3) |
| **Poor nutrition†** | 71.6% (70.4-72.9) | 80.3% (76.2-84.3) | 68.0% (65.9-70.1) |
| **Diabetes** | 6.4% (6.0-6.8) | 14.3% (11.4-17.1) | 4.4% (4.0-4.9) |

* Physical Inactivity: Does not meet the CDC's physical activity recommendations.

† Poor Nutrition: Consuming less than 5 servings of fruits and vegetables per day.

**TABLE A8**

**Federal Shortage Designation Information**
**for Towns in Five Connecticut Counties**
**(Medically Underserved and Health Professional Shortage Areas and Populations)**

| County | Town | MUA/MUP Type | HPSA Type | HPSA Discipline |
|---|---|---|---|---|
| **Litchfield** | | | | |
| 26 of 26 towns have one or more shortage designations | Barkhamsted | | Area | Mental Health |
| | Bethlehem | | Area | Mental Health |
| | Bridgewater | | Area | Mental Health |
| | Canaan | | Area | Mental Health |
| | Colebrook | | Area | Mental Health |
| | Cornwall | | Area | Mental Health |
| | Goshen | | Area | Mental Health |
| | Harwinton | | Area | Mental Health |
| | Kent | | Area | Mental Health |
| | Litchfield | | Area | Mental Health |
| | Morris | | Area | Mental Health |
| | New Hartford | | Area | Mental Health |
| | New Milford | | Area | Mental Health |
| | Norfolk | | Area | Mental Health |
| | North Canaan | | Area | Mental Health |
| | Plymouth | | Area | Mental Health |
| | Roxbury | | Area | Mental Health |
| | Salisbury | | Area | Mental Health |
| | Sharon | | Area | Mental Health |
| | Thomaston | | Area | Mental Health |
| | Torrington | Population | Population | Primary Care: low income |
| | | | Population | Dental: low income |
| | | | Area | Mental Health |
| | | | CHC | Primary Care |
| | | | CHC | Mental Health |
| | | | CHC | Dental |
| | Warren | | Area | Mental Health |
| | Washington | | Area | Mental Health |
| | Watertown | | Area | Mental Health |
| | Winchester | | Area | Mental Health |
| | Woodbury | | Area | Mental Health |
| | | | | |

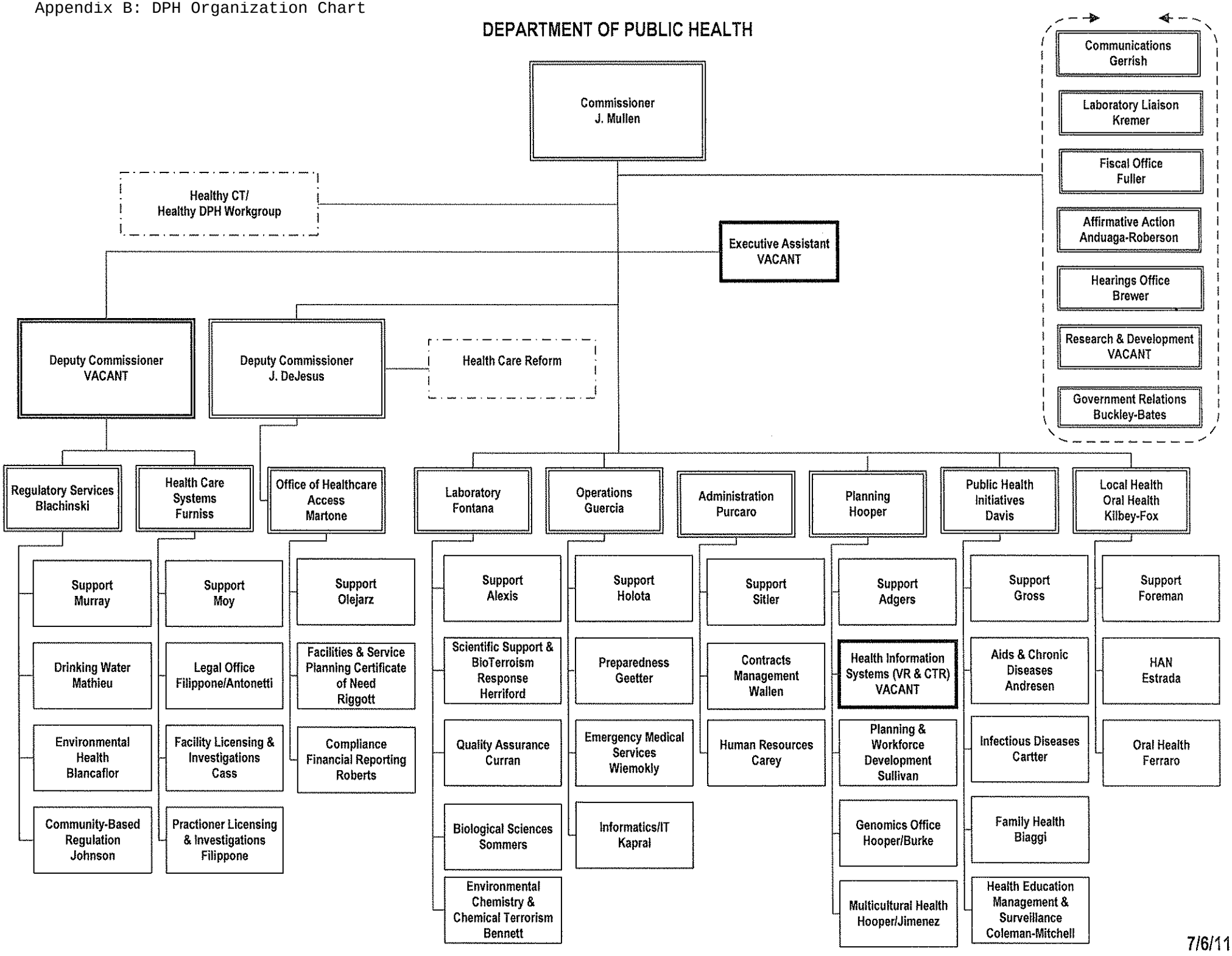
**TABLE A8** (Continued)

| County | Town | MUA/MUP | HPSA | |
|---|---|---|---|---|
| | | Type | Type | Discipline |
| **Middlesex** | | | | |
| 1 of 15 towns has one or more shortage designations | Middletown | Area | Population | Dental: low income |
| | | | CHC | Primary Care |
| | | | CHC | Mental Health |
| | | | CHC | Dental |
| **New London** | | | | |
| 21 of 21 towns have one or more shortage designations | Bozrah | Population | Area | Mental Health |
| | Colchester | | Area | Mental Health |
| | East Lyme | | Prison | Mental Health |
| | | | Area | Mental Health |
| | Franklin | Population | Area | Mental Health |
| | Griswold | Population | Area | Mental Health |
| | Groton | Area | Population | Primary Care |
| | | | Area | Mental Health |
| | | | Population | Dental: low income |
| | Lebanon | | Area | Mental Health |
| | Ledyard | | Native Amer. pop | Primary Care |
| | | | Area | Mental Health |
| | Lisbon | Population | Area | Mental Health |
| | Lyme | | Area | Mental Health |
| | Montville | Population | Native Amer. pop | Primary Care |
| | | | Area | Mental Health |
| | New London | Area | Population | Primary Care: low income |
| | | | Area | Mental Health |
| | | | Population | Dental: low income |
| | No. Stonington | | Area | Mental Health |
| | Norwich | Population | Population | Primary Care: low income |
| | | | Population | Dental: low income |
| | | | CHC | Primary Care |
| | | | CHC | Mental Health |
| | | | CHC | Dental |
| | Old Lyme | | Area | Mental Health |
| | Preston | Population | Area | Mental Health |
| | Salem | | Area | Mental Health |
| | Sprague | | Area | Mental Health |
| | Stonington | | Area | Mental Health |
| | Voluntown | | Area | Mental Health |
| | Waterford | | Area | Mental Health |

**TABLE A8** (Continued)

| County | Town | MUA/MUP Type | HPSA Type | HPSA Discipline |
|---|---|---|---|---|
| **Tolland** | | | | |
| 4 of 13 towns have one or more shortage designations | Ellington | | Area<br>Population | Primary Care<br>Dental: low income |
| | Mansfield | | Population<br>Population | Primary Care: low income<br>Dental: low income |
| | Tolland | | Area<br>Population | Primary Care<br>Dental: low income |
| | Vernon | Population | Area<br>Population | Primary Care<br>Dental: low income |
| **Windham** | | | | |
| 4 of 15 towns have one or more shortage designations | Killingly | | Population<br>Population | Primary Care: low income<br>Dental: low income |
| | Plainfield | | Population | Primary Care: low income |
| | Sterling | Population | | |
| | Windham | | Population<br>Population<br>CHC<br>Population<br>CHC<br>CHC | Primary Care: low income<br>Dental: low income<br>Primary Care<br>Mental Health: low income<br>Mental Health<br>Dental |

Appendix B: DPH Organization Chart



**Lisa A. Davis, RN, BSN, MBA**
**Robert Wood Johnson Executive Nurse Fellow Alumni**
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## OBJECTIVE

To obtain an executive level position in a dynamic health care environment

## EDUCATION

Rensselaer Polytechnic Institute (RPI)
Masters of Business Administration, 1993
Concentration: Health Care

University of Connecticut
Bachelors of Science, Nursing 1983

## WORK EXPERIENCE

**Branch Chief, State of Connecticut, Department of Public Health**
Public Health Initiatives Branch
July 1, 2009 – Present
Primary Responsibilities: Responsible for providing strategic vision and leadership for the PHI Branch, which has over $250 million in federal and state funding and 200+ staff, and to assure compliance with established goals and objectives. Ensure adequate resources (staffing, funding, etc) are available to effectively implement and evaluate programs in the Branch. PHI Branch consists of four Sections: AIDS and Chronic Disease, Family Health, Infectious Disease, and Health, Education, Management and Surveillance. Provide ongoing support and guidance to the four Section Chiefs and administer annual performance appraisals. Represent the Branch at the Executive Leadership Team meetings and advises the Commissioner on emerging health issues. Administers PHI Sections/programs in accordance with DPH policies and procedures and various funding organizations (e.g., HRSA, CDC). Represent the DPH on various internal and external councils, committees and workgroups. Provide testimony at legislative and public hearings; respond to requests from external constituents (general public inquiries, legislative inquiries, media, etc.). Function as part of the DPH's Incident Command System (ICS) as needed during a public heatlh emergency.

**Section Chief, Family Health Section, CT DPH**
Title V MCH Director
December 2005- June 2009
Primary Responsibilities: Served as the state's Title V Maternal and Child Health (MCH) Director. Responsible for providing leadership, developing policy and implementing programs to enhance the health status of the MCH population. Responsible for $67 million in federal and state funds for FHS programs, which include: Community Health Centers, School Based Health Centers, Family Planning, Primary Care Office, Case Management for Pregnant Women, Maternal Fetal and Infant Mortality Review/Surveillance, Rape Prevention Education, Prevention of Intimate Partner Violence, MCH Information and Referral Service, Community Based Sickle Cell, Perinatal Depression Screening, Newborn Hearing Screening/Children and Youth with Special Health Care Needs, MCH Epidemiology and Immunizations. Responsible for promoting intra and inter state agency collaboration, as well as building and sustaining community partnerships.

**Public Health Services Manager (DPH/FHS)**
July 2005 - December 2005
Responsible for the day-to-day operation of the Family Health Section, including providing supervision to FHS Unit supervisors. Served as the State Title V Maternal and Child Health Director and provided leadership, and influenced public policies. Responsible for $20 million in federal and state funds for FHS programs, which included: Community Health Centers, School Based Health Centers, Family Planning, Primary Care Office, Case Management for Pregnant Women, Rape Prevention Education, Prevention of Intimate Partner Violence, MCH Information and Referral Service, Newborn Screening and Children and Youth with Special Health Care Needs. Responsible for promoting intra and inter state agency collaborations, as well as building and sustaining community partnerships.

**Supervising Nurse Consultant, Nov. 1997 – July 2005**
Women, Men, Aging and Child Health Unit (DPH)
Children and Youth with Special Health Care Needs Unit
Responsible for staff supervision, and programmatic oversight of the following programs: Comprehensive Women's Health, CT Healthy Start, Healthy Choices for Women and Children (HCWC), Right from the Start, Community Health Centers, Family Planning, Comadrona, Fetal & Infant Mortality Review, Pregnancy Related Mortality Surveillance, Rape Prevention and Education, Intimate Partner Violence, Primary Care Office, State Loan Repayment Program and the MCH Information and Referral Service. Responsible for providing direct supervision to 16 professional and support staff.

**Nurse Consultant, 1995 - Nov. 1997**
School Based Health Center Program (DPH)
Responsible for contract negotiation and monitoring of Department funded School Based Health Centers. Chairperson for the SBHC Training Committee and Robert Wood Johnson Communications Subcommittee.

**Community Health Services, Inc. Hartford, CT**
Assistant Clinical Director, 1987 – 1995
Responsible for the coordination and monitoring of all clinical aspects of an urban community health center. Assisted in the development, implementation and evaluation of client satisfaction surveys.

**St. Francis Hospital and Medical Center, Hartford CT**
Staff/Charge Nurse, 1984 - 1987
Responsible for direct patient care of acutely ill patients on a medical/surgical and orthopedic unit. Preceptor for new staff nurses.

**PUBLICATION**
Dowden, S.L., Calvert, .R.D., Davis, LD Gullotta, T.P., Weissenberg et.al. Establishing Preventative Services: Healthy Children 2010, Thousand Oaks, CA Sage Publications, 154-180.

***PROFESSIONAL MEMBERSHIPS AND CIVIC ACTIVITIES***

- Goodwin College, Board of Trustees
- Connecticut Nurses Association
- Northern CT Chapter, Black Nurses Association, Inc.
- Chi Eta Phi Nursing Sorority
- CT Public Health Nurses Association
- University of CT Alumni Association
- RPI Alumni Association
- CT Public Health Association
- Greater Hartford Urban League
- Member, First Cathedral Church, Bloomfield CT
- Town of Glastonbury, MLK Planning Committee
- Town of Glastonbury, Human Relations Commission
- Mentor, Hartford Public High School Nursing Academy

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## 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 56 FTE's 5 programs with a total budget of $72M.
- 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

# *LISA STRELEZ McCOOEY, M.P.H.*

Office Address: Connecticut Department of Public Health
410 Capitol Avenue, MS #11CCS
P.O. Box 340308
Hartford, CT 06134-0308

Home Address: 453 Hope Valley Road
Amston, CT 06231

Phone:
(860) 228-4369 [home]

## Education

1983 B.A. (Economics), St. Lawrence University, Canton, New York
1993 M.P.H., University of Connecticut Health Center, Farmington, Connecticut

## Professional Experience

**1993-present Connecticut Department of Public Health**
**Hartford, Connecticut**

**Public Health Initiatives Branch**
**Health Education, Management, and Surveillance Section**
**Comprehensive Cancer Program**

***Director***: Direct and manage comprehensive cancer program including: determine priorities and plan program work; supervise twelve staff; perform functions of Agency's designee to the Connecticut Cancer Partnership (statewide comprehensive cancer prevention and control coalition); provide staff training and assistance; act as a liaison with other units, agencies and external partners regarding program policies and procedures; plan and evaluate program goals and objectives; develop grant proposals, contracts and budgets; provide technical assistance to local health departments and community agencies; and, oversee epidemiological, surveillance, and evaluation activities. (2005-present)

**Family Health Division**
**Surveillance, Evaluation, and Quality Assurance Unit**

***Supervising Epidemiologist***: Directed all epidemiological, surveillance, and evaluation activities for maternal and child health programs; supervised twelve staff; provided staff training and assistance; determined priorities and plan program work; acted as a liaison with other units, agencies and external partners regarding program policies and procedures; planned and evaluated program goals and objectives; developed grant proposals, contracts and budgets; provided technical assistance to local health departments and community agencies; and, directed statistical analyses and management of large databases. (2003-2005)

**Health Education and Intervention Division**
**Assessment and Surveillance Unit**

***Supervising Epidemiologist***: Directed all epidemiological, surveillance, and evaluation activities for chronic disease and injury prevention programs; supervised nine staff; provided staff training and assistance; determined priorities and planned program work; acted as a liaison with other units, agencies and external partners regarding program policies and procedures; planned and evaluated program goals and objectives; developed grant proposals, contracts and budgets; oversaw and implemented public information programs for mass media distribution; provided technical assistance to local health departments and community agencies; and, directed statistical analyses and management of large databases. (2001-2003)

***Epidemiologist/Data Manager***: Developed and managed a screening, tracking, and follow-up relational database; developed and implemented needs assessments; designed data collection instruments, conducted statistical analyses; evaluated program components, prepared reports and articles for distribution and publication; and, conducted surveillance for breast and cervical cancer early detection program. (1993-2001)

**1984-1993** **University of Connecticut Health Center**
**Farmington, Connecticut**

**School of Medicine**
**Department of Community Medicine and Health Care**

***Special Projects Coordinator***: Organized and managed special research projects within the department. Developed survey instruments; managed databases; conducted statistical analyses; and, prepared reports. (1990-1993)

***Co-Instructor/Teaching Assistant***: Principles of Biostatistics, core course in Master's of Public Health program. Assisted with preparation and teaching of subject material; and, provided private tutoring. (1988-1993)

***Project Director***: False-Positive Testing and Subsequent Health Behavior (mammography screening). Designed survey instruments; recruited and interviewed subjects; coordinated focus group discussions; conducted data analyses; and, wrote progress reports. (1989-1990)

***Assistant Project Director***: Needs Assessment of Elderly in Northeastern Connecticut. Constructed demographic profiles of fifteen towns; and, assisted with survey instrument design,
subject recruitment and interviews, and data analyses. (1988-1989)

***Research Assistant***: Governor's Task Force on Alzheimer's Disease and Related Disorders. Assisted with survey instrument design, subject recruitment and interviews, and data analyses; and, coordinated statewide directory of providers of long-term care. (1987-1988)

**School of Dental Medicine**
**Department of Behavioral Sciences and Community Health**

***Research Assistant***: Efficiency of Dental Capitation Plans and Their Effect on Dental Markets. Created profiles of dentists in two locations involved in fee-for-service and capitation practices; conducted data analyses of dental insurance claims; and, prepared data for presentation. (1984-1987)

## Professional Memberships

American Public Health Association
Council of State and Territorial Epidemiologists

## Scholarly Papers and Presentations

McCooey, Lisa, Peter P. Mitchell, Christine B. Parker and Joan Simpson (1999) A comprehensive breast and
cervical cancer screening program for medically underserved women in Connecticut. *Connecticut Medicine*, Vol. 63, No. 1.

Parker, Christine B., Joan Simpson and Lisa Strelez McCooey (1995) A mammogram coupon program: a collaborative effort to provide mammograms to uninsured women in Connecticut. *Connecticut Medicine*, Vol. 59, No. 8.

APPENDIX C. STAFF RESUMES

McCooey, Lisa Strelez (1993) Can the choice of indicator confuse our understanding of occupational effects on mortality? Paper presented as part of Seminar Series at the Department of Community Medicine and Health Care, University of Connecticut Health Center, Farmington, CT.

McCooey, Lisa Strelez and David I. Gregorio (1992) Can the choice of indicator confuse our understanding of occupational effects on mortality? Presented at the Annual Meeting of the American Public Health Association, Washington, D.C.

Selinger, H. Andrew, David I. Gregorio and Lisa A. Strelez (1991) Practices around periodic cancer screening by physicians in primary care specialties. *Connecticut Medicine*, Vol.55, No. 8.

Gregorio, David I., Lisa A. Strelez and Jonathan Sporn (1990) Attitudes and practices regarding adjuvant chemotherapy in node-negative breast cancer. *Journal of Cancer Education*, Vol. 5, No. 3 (Fall).

Gregorio, David I., Lisa A. Strelez and Jonathan Sporn (1990) Physician attitudes about the appropriate use of adjuvant chemotherapy in breast cancer. Presented at the Annual Meeting of the European Association for Cancer Education, Bordeaux, France.

**EUGENE H. NICHOLS**

293 Marion Avenue
Plantsville, CT 06479
(860) 276-0172

## SUMMARY:

Results oriented professional with extensive program development experience. Proven ability of achieving agency goals. Excellent communicator with good interpersonal and facilitation skills. Team player who can effectively handle difficult situations.

## PROFESSIONAL EXPERIENCE:

### Health Program Associate

State of Connecticut, Department of Public Health, Health Education Management and Surveillance Division, Hartford, CT (2005-Present)

- Oversee $500,000.00 grant funded by the Tobacco and Health Trust Fund for seven communities to develop, coordinate, implement, and evaluate innovative and creative population-based obesity prevention initiatives via environmental change supports and related policy interventions designed to positively impact physical activity and nutrition behaviors of Connecticut's residents. Staff is responsible for developing contracts and monitor/provide technical assistance, program and fiscal oversight and supervision consisting of site visits, phone calls, written correspondence, budget reports and program statistical reporting forms.
- Serve as State Expert Advisor to eight **A**ction **C**ommunities for **H**ealth, **I**nnovation, and **E**n**V**ironmental chang**E** (ACHIEVE) responsible for providing technical assistance in the development of the Community Health Action and Response Team Coalitions, community/organizational entity assessment process (CHANGE Assessment tool), and assist in the implementation of policy, systems, and environmental change strategies at the local level to support sustainability.
- Write and develop contracts pertaining to obesity prevention to fulfill a grant from the National Governors Association.
- Develop contracts and monitor/provide technical assistance, program and fiscal oversight and supervision consisting of site visits, phone calls, written correspondence, budget reports and program statistical reporting forms to twenty Local Health Departments/Districts that participate in the Preventive Health and Health Services Block Grant (PHHSBG).
- Coordinate worksite wellness education and awareness and programming activities for two State Agencies consisting of 1,300 employees.
- Coordinate a seasonal Farmers' Market with the Department of Agriculture in a complex consisting of 1,200 employees.

### Health Program Associate

State of Connecticut, Department of Public Health, Bureau of Community Health, Division of AIDS & Chronic Diseases, Hartford, CT (1999-2005)

- Write and develop contracts pertaining to cardiovascular disease to fulfill a grant from the Center for Disease Control and Prevention (CDC).
- Oversee a $360,000.00 Health and Human Services grant with four Local Health Departments to institute policy and environmental changes related to cardiovascular health in their communities.
- Developed contract with the University of Connecticut-School of Allied Health to promote cardiovascular health in worksite settings statewide.
- Participate in statewide and New England region cardiovascular disease work groups and committees.

- Coordinate state, private and public organizations in the initial development of a state plan for cardiovascular disease prevention and control programs.
- Conduct grant writing.

**Health Program Associate**
State of Connecticut, Department of Public Health, Bureau of Regulatory Services, Division of Health Systems Regulation, Hartford, CT (1991-1999)

- Survey licensed and certified Long Term Care facilities as a Health Care Financing Administration (HCFA) certified inspector to ensure compliance with State and Federal regulations.
- Responsible for conducting no less than three onsite surveys per month (inspections lasted approximately a week and were conducted with an interdisciplinary team i.e., nurse, social worker, pharmacist) and facilities ranged in size from 30 to 300 beds.
- Surveyed licensed Residential Care Facilities no less than four per month (inspections lasted approximately a day and were done on an individual basis) and facilities ranged in size 5 to 50 beds.

- Inspection duties included
  -physical plant to ensure facility was up to code with all state and federal codes
  -kitchen to ensure facility was following state and federal codes pertaining to food handling, food storage, food service and overall cleanliness
  -detail interviews with individual residents', resident family member(s), legal guardian and in-group (each facility is required to have a Resident Group Council).
  -follow-up with appropriate personnel, resident family member or legal guardian to resolve any issues or concerns based on inspection and individual/group interviews
  -complete detailed documentation on any violation and/or deficiencies based state and federal codes.
  -

- Assist Public Health Services Manager with overall management of certification programs.
- Aided Public Health Services Manager and Home Health/Hospice Supervisor in formatting final Public Health Code regulations and provider comments for DPH response.

**EDUCATION:**
Central Connecticut State University, New Britain, CT (1989)
Bachelor of Science-Education with Certification (Grades Pre K-8)

**PROFESSIONAL DEVELOPMENT:**
Completed DPH sponsored Sanitarian Course
Level 1 Certification

## Connecticut Community Transformation Grant Leadership Team

| Name & Title | Contact Information |
|---|---|
| Cabelus, Robbin<br>Transportation Planning Director and Governor's Highway Safety Representative | **Connecticut Department of Transportation**<br>Bureau of Policy and Planning<br>Room 2136<br>2800 Berlin Turnpike<br>Newington, CT 06131-7546<br>w (860) 594-2351<br>robbin.cabelus@ct.gov |
| Coleman-Mitchell, Renee D., M.P.H.<br>Section Chief, HEMS | **State of CT, Department of Public Health**<br>Health Education Mangement & Surevellance Section<br>410 Capitl Ave, 11PHI<br>P.O. Box 340308<br>Hartford, CT 06134-03048<br>w (860) 509-7730<br>f (860)509-7854<br>renee.coleman-mitchell@ct.gov |
| Davis, Lisa<br>Branch Chief, PHI | **State of CT, Department of Public Health**<br>Public Health Initatives Branch<br>410 Capitl Ave, 11PHI<br>P.O. Box 340308<br>Hartford, CT 06134-03048<br>w (860) 509-8061 f (860)509-7720<br>lisa.davis@ct.gov |
| Flinter, Margaret<br>Senior Vice President and Clinical Director | **Community Health Centers Inc.**<br>66 Spring Street<br>Middletown, CT 06457-2262<br>w (860) 685-0713 |
| George, Eric<br>Health Care Legislation, Public Policy | **Connecticut Business and Industry Association**<br>350 Church Street<br>Hartford, CT 06103-1126<br>W 860-244-1900<br>F 860-278-8562<br>Eric.George@cbia.com |
| Granger, Jennifer, MPH<br>Chief Operating Officer | **Community Health Center Association of CT**<br>375 Willard Ave.<br>Newington, CT 06111<br>W 860.667.7820 |

| | |
|---|---|
| | jgranger@chcact.org |
| Grodzki, Dawn, BS<br>Behavioral Health Program Manager | **State of CT, Department of Mental Health & Addiction Services**<br>410 Capitol Ave, MS14PIT<br>P.O. Box 341431<br>Hartford, CT 06134<br>w (860) 418-6772<br>f (860) 418-6792<br>dawn.grodzki@po.state.ct.us |
| Jordan, Raymond<br>New England Faith -based and Community Initiatives Liaison | **U.S. Department of Housing and Urban Development**<br>Region One Office<br>One Corporate center, 19th Floor<br>Hartford, CT 06103<br>w (860) 240-4800 X3101<br>raymond_A._jordan@hud.gov |
| Kertanis, Jennifer, Executive Director | **Connecticut Association of Directors of Health**<br>241 Main Street, 2nd Floor<br>Hartford, Ct 06106<br>w (860) 727-9874<br>f (860)493-0596<br>Jkertanis@Cadh.Org |
| Kilbey-Fox, Pamela<br>Section Chief, Local Health Administration | **State of CT, Department of Public Health**<br>Local Health Administration<br>410 Capitl Ave, 11LOC<br>P.O. Box 340308<br>Hartford, CT 06134-03048<br>w (860) 509- f (860)509-<br>pamela.kilbey-fox@ct.gov |
| Macsuga, Richard (Rick)<br>Marketing & Inspection Representatives | **State of CT, Department of Agriculture**<br>Bureau of Agricultural Development & Resource Preservation<br>165 Capitol Ave<br>Hartford, CT<br>(860) 713-2544<br>richard.macsuga@ct.gov |
| **TBD**<br>Policy Development and Planning Division | **CT Office of Policy and Management**<br>450 Capitol Avenue<br>Hartford, CT 06106-1379, USA |

| | |
|---|---|
| | w (860) 418-6442<br>Barbara.Wolf@ct.gov |
| Pestana, Edith<br>Environmental Equity Program | **Department of Environmental Protection**<br>79 Elm Street<br>Hartford, CT 06106-5127<br>w (860) 424-3044<br>F: (860) 424-4153<br>Edith.pestana@ct.gov |
| Petrellis, Julie | **Connecticut Hospital Association**<br>110 Barnes Road<br>Wallingford, CT 06492<br>w (203) 265-7611<br>F (203) 284-9318<br>petrellis@chime.org |
| Poirier, Barbara | Mashantucket Pequot Health Department<br>Tribal Health Services Director<br>PO Box 3260<br>Mashantucket, CT 06338-3060<br>Phone: 860-312-8014<br>Fax: 860-312-4883<br>bpoirier@mptn-nsn.gov |
| Resha, Cheryl, Ed.D., R.N.<br>Manager for Child Nutrition and Health Services<br>Bureau of Health/Nutrition, Family Services and Adult Education | **Connecticut State Department of Education**<br>25 Industrial Park Road<br>Middletown, CT 06457<br>W 860-807-2070<br>F (860-807-2127<br>cheryl.resha@ct.gov |
| Staggers-Hakim, Raja<br>Executive Director | **State of Connecticut**<br>**Commission on Health Equity**<br>c/o Office of the Healthcare Advocate<br>Post Office Box 1543<br>Hartford, CT 06144<br>Raja.staggers-hakim@ct.gov<br>866-466-4446 |
| Winar, Mary | **CT-Office of Rural Health (ORH)**<br>Northwestern Connecticut Community College,<br>24 Park Place East<br>Winsted, CT 06098-1798<br>w (860) 738-6378 |

| | |
|---|---|
| | f (860)738-6443<br>mwinar@nwcc.commnet.edu |
| Zavoski, Robert, MD | **Department of Social Services**<br>25 Sigourney Street<br>Hartford, CT 06106-5033<br>W 860.424.5066 |
| Zorn, Jill, Program Officer | **Universal Healthcare Foundation**<br>jzorn@universalhealthct.org |
| **Consumers** | |
| **Molly Hernandez**<br>114 Laval Street<br>Waterbury 06706<br>mollychernandez@yahoo.com<br>(203) 528-3064 | |
| **Nanfi Lubogo**<br>Co-Executive Director<br>ATH Parent to Parent/Family Voice of CT<br>CT Family to Family Information Center<br>P.O. Box 117<br>Northford, CT 06472<br>w- 860-740-6836<br>nanfi@aol.com<br>• Alternate – Carmina Cirioli<br>Acciroli@att.net<br>(203) 234-9554 | |
| **Darnell Moss**<br>227 Gracey Ave<br>Meriden, CT 06451<br>c- (203) 631-6603<br>Darnell_Moss@sbcglobal.net | |
| **Representative from each of the five County Coalitions** | |

Community Health Center Association of Connecticut
375 Willard Avenue • Newington, CT 06111
860.667.7820 • Fax 860.667.7835 • www.chcact.org

July 12, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The **Community Health Center Association of Connecticut** (CHCACT) is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

CHCACT is committed to serving on the Leadership Team for Capacity Building to support area/regional coalitions and guide communities to ultimately identify and adopt policy, environmental, and infrastructure changes related to the five strategic directions in the grant. We fully support the goals of the grant and believe that it will enhance our capacity statewide to achieve a coordinated, comprehensive and statewide approach for addressing health disparities and inequities. CHCACT's 13 Federally Qualified Health Centers (FQHCs) constitute Connecticut's largest alliance of community health care providers serving 240,999 Connecticut residents who made 1,147,788 visits for primary medical, dental and mental health services to one of the 240 FQHC locations in 2010. CHCACT and its member FQHCs have existing coalitions in every County in the state and will utilize them to further develop capacity at the local public health department/districts in those Counties.

It is with pleasure that we provide our strong endorsement of this initiative and we look forward to serving on a strong, statewide multi-sectorial Leadership Team to improve health in Connecticut.

Sincerely,

Jennifer E. Granger, M.P.H.
Chief Operating Officer

Community Health Center Association of Connecticut
375 Willard Avenue • Newington, CT 06111
860.667.7820 • Fax 860.667.7835 • www.chcact.org

Prepared by Community Health Center Association of Connecticut

July 12, 2011

FQHCs are uniquely qualified to partner in collaboration with the Connecticut Department of Public Health for the CDC Community Transformation Grants through their capacity to deliver preventive and clinical services addressing health disparities. The FQHCs are geographically diverse with locations throughout the state, serving a variety of communities ranging from urban to rural. In addition, the patients served by the FQHCs represent many racial, ethnic and socioeconomic groups. Furthermore, these distinctive entities are outlined in the Community Transformation Grant (CTG) guidance as suggested Leadership Team and Coalition members.

FQHCs are required to annually report national performance measures regarding clinical outcomes to the Human Resources and Service Administration (HRSA) utilizing the Uniform Data System (UDS). In addition to demonstrating quality of care, these federal UDS reporting requirements clearly align with national health improvement and prevention efforts, including the objectives of the Community Transformation Grants. As such, analyzing this data provides an accurate description of the patient population the FQHCs have access to as a partner in this grant application.

CHCACT's 13 FQHCs constitute Connecticut's largest alliance of community health care providers. According to 2010 UDS data, 240,999 Connecticut residents made 1,147,788 visits for primary medical, dental and mental health services to one of the 240 Community Health Care Alliance FQHC locations. The patients served were 44% Hispanic/Latino and 24% African American. Of these patients, approximately 10.3% (15,691) have diabetes and 18.4% (28,663) have hypertension. Also of note, of the 733 patients with tobacco use disorder, 75% were seeking tobacco/smoking cessation counseling. Moreover, FQHCs are instituting new efforts to report weight assessment and counseling for children, adolescents, and adult weight screening and follow-up in order to address overweight/obesity, as well as reporting on tobacco use assessment and cessation counseling for individuals 18 years and older through UDS.

CHCACT is willing to serve as a liaison for coordination of efforts for the CT FQHCs' involvement in the Connecticut DPH's application for the CDC Community Transformation Grant. The FQHCs provide a well suited setting to reach a diverse population of Connecticut, perform outreach efforts, and provide settings for activities such as Farmer's Markets and much more to support capacity building in Connecticut. The FQHCs are in many ways 'agents of change' and strive to bolster community involvement and betterment.

*Serving*
underserved and uninsured patients at Connecticut's largest network of community health centers.

**Administrative:**
635 Main Street
Middletown, CT 06457
860.347.6971

**Service Locations:**
**CHC of Bristol**
59 North Main Street
Bristol, CT 06010
860.585.5000

**CHC of Clinton**
114 East Main Street
Clinton, CT 06413
860.664.0787

**CHC of Danbury**
8 Delay Street
Danbury, CT 06810
203.797.8330

**CHC of Enfield**
5 North Main Street
Enfield, CT 06082
860.253.9024

**CHC of Groton**
481 Gold Star Highway
Groton, CT 06340
860.446.8858

**CHC of Meriden**
134 State Street
Meriden, CT 06450
203.237.2229

**CHC of Middletown**
635 Main Street
Middletown, CT 06457
860.347.6971

**CHC of New Britain**
85 Lafayette Street
New Britain, CT 06051
860.224.3642

**CHC of New London**
One Shaw's Cove
New London, CT 06320
860.447.8304

**CHC of Old Saybrook**
263 Main Street
Old Saybrook, CT 06475
860.388.4433

**Day Street CHC**
49 Day Street
Norwalk, CT 06854
203.854.9292

**Franklin Street CHC**
141 Franklin Street
Stamford, CT 06901
203.969.0802

**www.chc1.com**

Where health care is a right, not a privilege, since 1972.
**Community Health Center, Inc.**

14 July 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Community Health Center, Inc. (CHC) is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

CHC is committed to serving on the Leadership Team for Capacity Building to support area/regional coalitions and guide communities to ultimately identify and adopt policy, environmental, and infrastructure changes related to the five strategic directions in the grant. We fully support the goals of the grant and believe that it will enhance our capacity statewide to achieve a coordinated, comprehensive and statewide approach for addressing health disparities and inequities. We have existing coalitions within several counties in Connecticut, including Middlesex and New London Counties. CHC is very eager to serve and will utilize these networks to further develop capacity at the local public health department/districts within the county.

It is with pleasure that we provide our strong endorsement of this initiative and we look forward to serving on a strong, statewide multi-sectorial Leadership Team to improve health in Connecticut.

Sincerely,

Margaret Flinter, APRN, PhD
SVP/Clinical Director
Margaret@chc1.com
Phone: 860.852.0899
Cell: 860.985.5253

Strengthening local public health.

CADH Connecticut Association of Directors of Health

July 13, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Connecticut Association of Directors of Health (CADH) is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer. As the organization serving Connecticut's local health departments whose mission is to convene, engage, mobilize and support local health departments in their role in establishing healthier communities, we embrace and fully support the goals and objectives of this initiative.

CADH is committed to serving on the Leadership Team for Capacity Building to support area/regional coalitions and guide communities to ultimately identify and adopt policy, environmental, and infrastructure changes related to the five strategic directions in the grant. CADH and DPH have a track record of working collaboratively; an example includes the development of the Healthy Eating Active Living, web-based tool kit that aligns nicely with the goals and objectives of this grant. We are committed to enhancing capacity statewide to achieve a coordinated, comprehensive and statewide approach for addressing health inequities as demonstrated by the development of the Health Equity Index. Most importantly, we look forward to leveraging the experiences and outcomes of this grant to support advancements in this area across all jurisdictions in CT.

It is with pleasure that we provide our strong endorsement of this initiative and we look forward to serving on a strong, statewide, multi-disciplinary Leadership Team to improve health for all residents in Connecticut.

Sincerely,

Jennifer C. Kertanis, MPH
Executive Director

CBIA

CONNECTICUT BUSINESS & INDUSTRY ASSOCIATION

*10,000 businesses working for a competitive Connecticut*

July 12, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

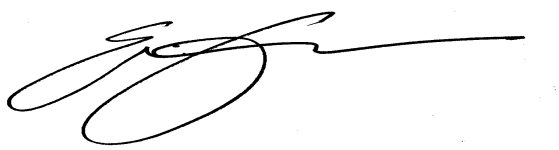
Dear Commissioner Mullen:

The Connecticut Business and Industry Association, Inc. (CBIA) is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

CBIA is committed to serving on the Leadership Team for Capacity Building to support area/regional coalitions and guide communities to ultimately identify and adopt policy, environmental, and infrastructure changes related to the five strategic directions in the grant. We fully support the goals of the grant and believe that it will enhance our capacity statewide to achieve a coordinated, comprehensive and statewide approach for addressing health disparities and inequities. We have existing coalitions within Hartford County and will utilize them to further develop capacity at the local public health department/districts with in the County.

It is with pleasure that we provide our strong endorsement of this initiative and we look forward to serving on a strong, statewide multi-sectorial Leadership Team to improve health in Connecticut.

Sincerely,



Eric J. George
Associate Counsel

# Connecticut Commission on Health Equity

P.O. Box 1543
Hartford, CT 06144
Phone: (860) 297-3847
Fax: (860) 297-3992

July 12, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Connecticut Commission on Health Equity is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

The Connecticut Commission on Health Equity is committed to serving on the Leadership Team for Capacity Building to support area/regional coalitions and guide communities to ultimately identify and adopt policy, environmental, and infrastructure changes related to the five strategic directions in the grant. We fully support the goals of the grant and believe that it will enhance our capacity statewide to achieve a coordinated, comprehensive and statewide approach for addressing health disparities and inequities. We have existing coalitions within Connecticut and will utilize them to further develop capacity at the local public health department/districts with in the County.

It is with pleasure that we provide our strong endorsement of this initiative and we look forward to serving on a strong, statewide multi-sectorial Leadership Team to improve health in Connecticut.

Sincerely,

Raja Staggers-Hakim, Ph.D., MPH, Executive Director

CHA CONNECTICUT HOSPITAL ASSOCIATION

July 14, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Connecticut Hospital Association is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes, and cancer.

CHA is committed to serving on the Leadership Team for Capacity Building to support area/regional coalitions and guide communities to ultimately identify and adopt policy, environmental, and infrastructure changes related to the five strategic directions in the grant. We fully support the goals of the grant and believe that it will enhance our capacity statewide to achieve a coordinated, comprehensive, and statewide approach for addressing health disparities and inequities.

It is with pleasure that we provide our strong endorsement of this initiative and we look forward to serving on a strong, statewide multi-sectorial Leadership Team to improve health in Connecticut.

Sincerely,

Julie Petrellis

Julie Petrellis
Director Clinical Data Support

# STATE OF CONNECTICUT

*STATE DEPARTMENT OF EDUCATION*

July 13, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Connecticut State Department of Education (CSDE) is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer. The CSDE has a long and successful history of collaborating with DPH on initiatives to improve the health and well-being of youth, families and district staffs in school settings and this application will continue to support state initiatives designed to reduce chronic disease morbidity and its related risk factors.

The CSDE is committed to continuing this very productive working relationship with DPH by serving on the Leadership Team for Capacity Building. The CSDE regularly convenes the Coordinated School Health Interagency Work Group and the School Health and Mental Health Advisory Council to support activities associated with the CDC Cooperative Agreement 801: *Improving Health and Education Outcomes for Young People* to promote coordinated school health. The goals and objectives of these groups closely align with the focus of the Leadership Team in the promotion of policy, environmental and infrastructure changes in local communities and the Department will utilize them to support the work of the Leadership Team.

It is with pleasure that we provide our strong endorsement of this initiative and we look forward to serving on a strong, statewide multi-sectorial Leadership Team to improve the health and well-being of all Connecticut citizens.

Sincerely,

Cheryl Resha, Ed.D., RN

Cheryl Resha, Manager
Bureau of Health/Nutrition, Family
Services and Adult Education

CR:dh

# STATE OF CONNECTICUT

*DEPARTMENT OF SOCIAL SERVICES*

**OFFICE OF THE COMMISSIONER**

RODERICK L. BREMBY
Commissioner

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July 1, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Connecticut Department of Social Services (DSS) is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (grant number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

DSS is committed to the success of this initiative and agrees to commit the expertise of the Department's Medical Director to serve on the Leadership Team for Capacity Building to help create and strengthen area/regional coalitions and guide communities to adopt policy, environmental, and infrastructure changes related to the five strategic directions in the grant. We fully support the goals of the grant and believe that it will enhance our capacity statewide to achieve a coordinated, comprehensive and statewide approach for addressing health disparities and inequities. We have existing coalitions throughout Connecticut and will utilize them to further develop capacity at the local public health department/districts with in the County.

It is with pleasure that we provide our strong endorsement of this initiative. We look forward to serving on a strong, statewide multi-sectorial Leadership Team to improve health in Connecticut.

Sincerely,

Roderick Bremby,
Commissioner

Cc; Mark Schaefer
Robert Zavoski
David Dearborn
Carolyn Treiss
Heather Severance

# STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH
AND ADDICTION SERVICES
*A HEALTHCARE SERVICE AGENCY*

DANNEL P. MALLOY
GOVERNOR

PATRICIA A. REHMER, MSN
COMMISSIONER

July 11, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Department of Mental Health and Addiction Services (DMHAS) is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

The Department of Mental Health and Addiction Services is committed to serving on the Leadership Team for Capacity Building to support coalitions and guide communities to ultimately identify and adopt policy, environmental, and infrastructure changes related to the five strategic directions in the grant. In addition, DMHAS has a history of dedicating resources to community coalitions across the state to promote mental health and address public health concerns including underage drinking, tobacco and marijuana use and prescription drug misuse and abuse. Coalition members represent several community sectors including law enforcement, education and health departments. They develop strategic plans based on an assessment of community needs and implement evidence-based, collaborative approaches which they evaluate for long and short term outcomes. Through this funding opportunity, we will encourage the expansion of this community coalition infrastructure to work in conjunction with the local public health departments and districts throughout the state.

We fully support the goals of the grant and believe that it will further enhance our capacity to achieve a coordinated, comprehensive and statewide approach for addressing health disparities and inequities and improve overall health in Connecticut.

Sincerely,

Paul DiLeo, M.S., FACHE
Acting Commissioner

cc: Patricia Rehmer, Commissioner

(AC 860) 418-7000
410 CAPITOL AVENUE, P.O. BOX 341431 • HARTFORD, CT 06134
www.dmhas.state.ct.us

# STATE OF CONNECTICUT
## DEPARTMENT OF TRANSPORTATION

2800 BERLIN TURNPIKE, P.O. BOX 317546
NEWINGTON, CONNECTICUT 06131-7546
Phone:


July 13, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Connecticut Department of Transportation, Highway Safety Office, is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

The Highway Safety Office is committed to serving on the Leadership Team for Capacity Building to support area/regional coalitions and guide communities to ultimately identify and adopt policy, environmental, and infrastructure changes related to the five strategic directions in the grant. We fully support the goals of the grant and believe that it will enhance our capacity statewide to achieve a coordinated, comprehensive and statewide approach for addressing health disparities and inequities. The Highway Safety Office gladly accepts a position in an advisory role on this Leadership Team to help build and support these communities in these endeavors as stated.

It is with pleasure that we provide our strong endorsement of this initiative and we look forward to serving on a strong, statewide multi-sectorial Leadership Team to improve health in Connecticut.

Very truly yours,

Robbin L. Cabelus
Governor's Highway Safety Representative

# DREAMS DEVELOP GROUP

"Together We Can Reach Our Dreams"

**July 8, 2011**

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The **Dreams Develop Group** is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

The **Dreams Develop Group** is committed to serving on the Leadership Team for Capacity Building to support area/regional coalitions and guide communities to ultimately identify and adopt policy, environmental, and infrastructure changes related to the five strategic directions in the grant. We fully support the goals of the grant and believe that it will enhance our capacity statewide to achieve a coordinated, comprehensive and statewide approach for addressing health disparities and inequities. We have existing coalitions within New Haven County and will utilize them to further develop capacity at the local public health department/districts with in the County.

It is with pleasure that we provide our strong endorsement of this initiative and we look forward to serving on a strong, statewide multi-sectorial Leadership Team to improve health in Connecticut.

Sincerely,

Darnell Moss

**Darnell Moss**
**CEO / President**

# Connecticut Office of Rural Health

Health care branching out to rural communities

c/o Northwestern Connecticut Community College
Park Place East, Winsted, CT 06098-1798
Phone: (860) 738-6378
Fax: (860) 738-6443

July 13, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen,

The Connecticut Office of Rural Health is excited to offer its support to the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to improve the health of all state communities including the rural communities and to enhance prevention of chronic diseases such as heart disease, diabetes and cancer.

The Connecticut Office of Rural Health is committed to serving the rural communities of the community and in doing so is pleased to be asked to serve on the Leadership Team for Capacity Building to support area/regional partnerships and to assist in guiding the rural communities to take steps to identify and implement policy, environmental, behavioral and infrastructure changes that will lead toward healthier communities and ultimately all towns and cities working together to make the entire state a healthier place to live for all individuals. The CT Office of Rural Health will work with the DPH, the Leadership Team and with the rural area health departments and districts to develop strong coalitions.

I look forward to working with you on this endeavor and give my full support to this initiative.

Sincerely,

Mary D. Winar

Mary Winar
Projects' Coordinator

**Molly C. Hernandez**
**PLTI Alumni**
**Waterbury Area United Parents**
**114 Laval St**
**Waterbury, CT 06706**

July 13, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Waterbury Area United Parents and PLTI Alumni are pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

The Waterbury Are United Parents and PLTI Alumni are committed to serving on the Leadership Team for Capacity Building to support area/regional coalitions and guide communities to ultimately identify and adopt policy, environmental, and infrastructure changes related to the five strategic directions in the grant. We fully support the goals of the grant and believe that it will enhance our capacity statewide to achieve a coordinated, comprehensive and statewide approach for addressing health disparities and inequities. We have existing coalitions within the New Haven and Litchfield Counties and will utilize them to further develop capacity at the local public health department/districts with in the County.

It is with pleasure that we provide our strong endorsement of this initiative and we look forward to serving on a strong, statewide multi-sectorial Leadership Team to improve health in Connecticut.

Sincerely,

Mrs. Molly C. Hernandez
Co-Founder and Board Member of Waterbury Area United Parents
PLTI Alumni

# CONNECTICUT COMMUNITY TRANSFORMATION GRANT PARTNERS' CONFERENCE CALL QUESTIONS AND ANSWERS
JUNE 1, 2011

- A partner asked if DPH has a plan in place that involves collaboration with other agencies applying for implementation level funding. DPH responded that it recognizes and understands that it may not be the only agency in Connecticut applying. DPH is open to discussing collaborations related to the grant. CDC is requesting permission to allow letters of intent to be posted on a website to encourage collaboration within states for final applications.

- A partner commented that it is a great opportunity to plan, discuss, and develop strategies agreeable to all, but not only during the grant tenure but beyond. Our responsibility is to identify and address disparities and cultural and linguistic inequities. We should collaborate to see how we should go about implementing these policies in communities. This process will provide a good opportunity to identify what each of us is doing.

- A caller asked if schools and the Connecticut Board of Education are involved in discussions about this grant application. DPH responded that it has had conversations with the State Department of Education and academic institutions.

- A caller commented that the Letter of Intent (LOI) is due Monday, June 6th, and asked how much of the skeleton shell of the application needs to be included in the LOI. DPH responded that the LOI is non-binding and requires only basic information from states.

- A representative of the State Department of Education (SDE) affirmed that it is very interested in participating and looking at strategic directions. The SDE's Coordinated School Health Program are willing partners.

- A caller asked if DPH has early childhood sectors on board. DPH responded that it has included representatives in this area such as the Department of Social Services (DSS), Head Start Program, School Readiness Program, Daycare Licensing, and Charts-A-Course. DPH also noted that it has included the whole life span from early childhood to its partnership with the DSS Division on Aging.

- A caller stated that we need to incorporate the community health care centers and other state agencies to develop diversity in the workforce, community colleges and universities, and services within the homes. Also, to find out what we can do and see what strategies should be included to address cultural and linguistic disparities. Forums are currently being conducted to identify disparities people encounter when trying to access health care

services. DPH responded that it has and will reach out to and solidify relationships with other state agencies such as Department of Transportation, Department of Environmental Protection, and other state agencies that can impact health outcomes.

- A caller commented that we need to involve the communities themselves and then identify what they feel are problems and solutions. We need to extract the voice of the public in all we do and have the public involved and tell us what needs to be done. Commissioner Mullen agreed and stated that this is an opportunity to get those that we most influence and get involved in policy and planning.

- A caller noted that although we tend to hear more about urban areas, there are cultural inequities in rural areas as well. Currently, the hospitals are charged with doing community needs assessments. The caller also noted that local health departments/districts are working in collaboration with these hospitals and asked if there is a rural component to this application process. DPH responded that 20% of grant funds must be directed to rural areas and that it is working with local health departments/districts of which there are 75 who are partnering with hospitals to review the needs assessments. This is a priority for the agency and this information will be on the website when completed. DPH also noted that the Connecticut Hospital Association has been part of the initial chronic disease planning efforts.

- A caller noted that we need to determine how to get the required measure for BRFSS or other local level health data. In planning how the application will roll out, CDC is looking for specific objectives that measure changes. DPH responded that there are a number of people involved and that
various partners have provided tools and we will be looking into how to implement them. We need to discuss, what is standard quantitative data and what roll GIS will play in this process.

- A caller noted that we need to decide what the measures are and how to integrate all data and to look at how we can transform the way we transfer data across the state. DPH thanked the caller and acknowledged that more sharing needs to be done.

- A caller questioned if the funding available for this FOA will impact regular funding for chronic disease and if CDC combined categorical chronic disease funding. DPH responded that it is a separate funding mechanism from the Public Prevention Health Fund and it is not combined with Preventive Block Grant funding.

- A caller commented that they were disappointed that the Tobacco Control Program was not represented on the call. DPH responded that there was representation from both the DPH Tobacco Control Program and the MATCH Coalition.

- A caller suggested to include objectives regarding healthcare reform, social determinates of health, and how they are being addressed across the state. The caller also stated that a public voice from all areas of the state. DPH thanked the caller for their comment.

- A caller commented that DPH should not forget the Universal Health Care Taskforce committee reports and noted that CPHA sponsored a round table discussion on health equity. Great source of information for partners. Sustinet is also a good resource for information and partnerships. DPH thanked the caller for their comment.

- A calIer asked if the meeting was being recorded and will CPPW be used to develop this application. DPH responded No, this is meeting is not being recorded. However, questions and answers from this meeting will be made available on the webpage and email address that we will forward to you by COB today. Yes, CPPW efforts will be folded into this process.

# Community Transformation Partner's Meeting | June 13, 2011

**MEETING SUMMARY**

**Date:** June 13, 2011 **Time:** 9:00 am to 10:30 am

**Connecticut Department of Public Health:** Lisa Davis, Chris Andresen, Renee Coleman-Mitchell, Christine Parker, Carol Bower, Valerie Fisher, Barbara Walsh, Eileen Boulay, Stephen Poulin, Pamela Kilbey Fox.

**Meeting Participants:** Tressa Spears Jackson, Amanda Beyus, Bonnie Smith, Steve Holeath, Tina Dugdale, Heather Peracchio, Brian Bonds, Sharon Okoye, Peggy Gallup, Grace Damieo, Valentine Nilke, Margaret Gerundo-Murkette, Ande Bloom, Jen Muggeo, Teresa Younger, Marie Spivey, Dawn Mays-Hardy, Lea Crown, Geralyn Laut, Chris Corcora, David Gregorio, John Bailey, Linda Bergonzi-King, Michele Albert, Beth Vumbacco, Heidi Zavatone-Veth, Betty Jung, Karen Spargo, Alison Harle, Dawn Grodzlli, Jane Ungemack, Mathur Madhu, Olivia Henzo Goldberg, Daria Keyes, Bonnie Edmondson, Jill Zorn, Mario Garcia.

## WELCOME AND INTRODUCTIONS

Lisa Davis welcomed everyone and thanked participants for attending on short notice. Ms. Davis noted that 86 people participated in the June 1 conference call, an indication of the high level of interest in Connecticut regarding this grant opportunity. Meeting participants then introduced themselves.

### Community Transformation Grant (CTG) Overview

Christine Parker summarized the grant opportunity (see 1-page grant overview at www.ct.gov/dph/communitytransformation for details).

- The CTG is part of the Affordable Care Act, allocating $102 million for this fiscal year and $900 million over five years. The CDC will make up to 75 awards to states, local governments, nonprofits and tribal organizations.
- The federal government will only approve one application for a specific region. Applicants have posted many questions on this and other topics (50,000 hits to CTG website), and the CDC is slowly answering these questions.
- Applicants can apply for either Implementation or Capacity Building funds.
- On June 4, the CT Department of Public Health (DPH) submitted its Letter of Inquiry applying for Capacity Building funds, and indicated that the state will address all five Strategic Directions.
- CTG requires five capacity building activities:
    1. Establish or strengthen a multi-sectorial community/regional coalition.
    2. Summarize existing community health data and/or collect health data, including the identification of population sub-groups experiencing health disparities and inequities.
    3. Conduct a health needs assessment of the community/region including identification of population sub-groups experiencing health disparities and inequities.
    4. Community engagement with minority communities.

5. Conduct a policy scan and identify gaps in existing policies, environments, programs and infrastructures.

- As of last week, the CDC had received 666 letters of inquiry, and had not finished counting all of the letters. This will be a very competitive grant competition.

**Funds for Statewide Chronic Disease Prevention**

Renee Coleman-Mitchell described an additional funding opportunity for state health departments. On June 8, the CDC released funding for Coordinated Chronic Disease Prevention and Health Promotion. The purpose is to establish and/or strengthen chronic disease health promotion programs within state health departments. This is a formula-based grant where all 58 states and territories will receive an award based on the submission of an application. Connecticut's funding range is between $300,000 and $624,000. DPH plans to apply for this grant, which is due July 22 (one week after the CTG is due).

**BREAKOUT SESSIONS – STATE AND REGIONAL DISCUSSIONS**

Participants then divided in 6 small groups: a group for statewide organizations and 5 regional groups corresponding to the Department of Emergency Management and Homeland Security regions. Each group discussed the **barriers** and challenges in implementing the five capacity-building activities required for the CTG application. The notes from each breakout group are presented below.

**Statewide Group**

**I. Coalition Barriers**

- Past coalitions were not sustained or lost momentum.
- Coalitions often lack benchmarks and tangible outcomes.
- "Key players" must be brought to the table and their roles must be defined.
    i. A compendium listing how the work of state agencies and partners intersect would be useful in identifying "key players".
- Coalitions often happen at the state level; they are not typically regional.
- Leadership/governance of the coalition is important.
    ii. Having the health department as the leader is associated with politics.
    iii. Responsibilities of coalition members should be defined.
- Coalitions that link similar/common towns and cities could be useful. Linking by geography dilutes need.
    iv. This could involve peer groupings (the Department of Education has done this).
    v. UConn's Five CT
- Connecticut needs coordinated regional structures.

**II. Data Similarities**

- The Health Equity Index is an example of socioeconomic data linked to health outcomes.
- Town-level data and pockets of data exist throughout the state.

- There are notable gaps in the data that is available.
- There is a need for timely data.
- A systematic approach to data collection is necessary at the local level.
- The American Heart Association's "Get with the Guidelines" has established methodology that could be used for data collection.
- Indexing might be useful to compare communities.
- Linking health data to education and other socioeconomic data would be useful (Health Equity Index).

## III. Needs Assessment

- Community involvement in the needs assessment and planning process is important.
- Instead of focusing on needs focus on assets.
- Data collection standards and methods are important when conducting needs assessments. Established methodologies should be used.
- Quantitative and qualitative data should be collected.
- Quantitative data exists at the local level; therefore, local governments, agencies, and other local groups should be involved in conducting the needs assessment.
    i. There needs to be a greater awareness of existing data.
    ii. The existing data needs to be taken to the next step.
- Coordination of data will be important.
- Our current fragmented system needs to be brought together for needs assessment and evaluation purposes.
- It was noted that data necessary for the needs assessment may be different than the data used for evaluation.
- Identifying the commonalities among at-risk groups will be helpful.
- The needs assessments should be ongoing.
- There is a need to build capacity to use data and translate it into practice.
- An assessment of ongoing, evidence-based interventions is needed.
- Sharing "best practices" in a structured way will be important.
- Evidence-based interventions need to be identified and systematized.
- ACHIEVE Communities could serve as an example of what has already been done.

## IV. Community Engagement

- Building trust is very important.
- Community members unite around issues in their communities not in their "regions".
- Community groups that are not "health-related" should be involved in planning and in the intervention.

- Education and recreation are topics that motivate people.
- Community engagement needs the "youth voice". Youth should be involved in a systematic way.
- Getting feedback from community members should occur on an ongoing basis.
- People in communities should be taught how to obtain the information/data that they need to support their efforts to create a healthier community.
- "Successful" communities can be used to mentor other communities.
- The Health Equity Index should be used in community engagement.

**V. Policy Scans and Gaps**

- The American Heart Association has the capacity to locate Connecticut and U.S. policies.
- The Division of Adolescent and School Health (DASH) collects and reports data on youth health risk behaviors and school-based health policies and programs.
- The SustiNet Health Care Cabinet is an advisory board consisting of government and non-government members and is involved in making health policy recommendations. This group should be involved in policy scans because they will be familiar with health policies.
- Established methodologies should be used when conducting the policy scan.

**VI. General Comments**

- Must identify what makes Connecticut unique from other grant applicants.
- Communication between agencies, partners, communities, programs, etc. will be very important to this grant.
    i. Ongoing communication will be necessary to influence policies and build trust.
- The process should address the following disparities:
    i. Racial, Ethnic, Gender, and Disabilities

**Region 1 (Southwest CT)**

**1. Establish or strengthen a multi-sectorial community/regional coalition.**

Existing coalitions:

- Fairfield Community Environmental Justice Coalition.
- Bridgeport ABCDE Coalition (Community Development) – Focus on disparities.
- Stratford, Trumbull, Stamford, Westport, Norwalk and New Canaan all have coalitions.

**Barriers/Comments**

- Bringing smaller coalitions together can be a challenge.
- Who would convene meetings?
- Towns like Greenwich have low-income housing that most people are not aware of.

- Economics of cities and towns vary greatly

**2. Summarize existing community health data and/or collect local health data, including the identification of population subgroups experiencing health disparities and inequities.**

Existing Data sources:

- Bridgeport Health Department has conducted their own health survey, creating a data portal.
- Data Haven @ Yale – Unsure if the data are just New Haven or regional.
- Connecticut Hospital Association research data – CHIME data.
- DPH mortality Data.
- Behavioral Risk Factor Surveillance System (BRFSS) Data – Question if it can be broken down by region.
- BRFSS SMART data - Selected Metropolitan/Micropolitan Area* Risk Trends from the Behavioral Risk Factor Surveillance System.
- Census data.

**Barriers/Comments**

- It may be difficult to compare data sources as they are not all the same or standardized.

**3. Conduct a health needs assessment of the community/region including identification of population subgroups experiencing health disparities and inequities.**

- As part of Joint Commission requirements all hospitals must conduct health needs assessments. Many hospitals are working in collaboration with local health departments to do this.

**Barriers/Comments:**

- Region 4 has health needs assessment posted on the website (Local HD and hospitals).
- Check Regions 2 & 3 for Public Health Ready program (assessment for emergency preparedness). Check National Association of County & City Health Officials – Project Public Health Ready (All hazard approach)
- Department of Emergency Management and Homeland Security is overseeing a needs assessment for emergency preparedness – it may be a useful model for DPH to follow.
- Need to improve access to needs assessment data – it is in multiple locations.
- May be difficult to combine local health needs assessments into one regional picture.
- There are inconsistencies in data.
- Check Health Equity Index (used by local health departments) – looks at socioeconomic determinants of health.

**4. Community engagement with minority communities.**

Community engagement is a part of:

- Fairfield County Environmental Justice Coalition

- Fairfield County Safety Coalition
- Local Health Depts. Healthy Eating Coalition
- Neighborhood Revitalization Zone program
- Activities in the REACH & ACHIEVE grants
- Preventive Resource Center (Yale/Griffin Hospital)
- YMCAs
- Community Health Centers

**Barriers/Comments**

- Cultural differences within groups
- Undocumented immigrants
- Transient populations
- Multiple languages within one subgroup
- Health department workforce does not represent the communities we serve. There needs to be more community representation.
- Too many small coalitions – How do we get them to work together?

**5. Conduct policy scan and identify gaps in existing policies, environments, programs and infrastructures.**

**Barriers/Comments**

- There are local ordinances and municipal statutes in cities, and regulations in local health districts. All can be more stringent than statewide policies. Often are easier to get approval and to implement.
- Look at what is happening in local schools, such as regulations to remove vending machines, healthy food options, etc. The CT School Nurse Association may be a good resource for individual school health policies.
- No natural regional authority in place – DPH may want to look at Department of Emergency Management and Homeland Security model for regional authorities – (Emergency Operation Centers).
- Changes in physical environments and community development are necessary to bring about policy changes.
- Need to look at zoning regulations
- Need to identify existing bike paths/walking trails.

**Region 2 (South Central CT)**

The facilitator briefly outlined the strategic directions and how the CTG supports policy, environmental, programmatic, and infrastructure changes.

<u>General Topics</u>

**DPH approach**. Participants expressed concerns about the DPH approach from the perspective of eligibility and the impact of the DPH application on other potentially eligible counties. For example:

- Larger counties can apply independently. Some concern exists about submitting multiple applications (statewide and individual counties).
- Concern exists that a county infrastructure does not exist, albeit county boundaries exist. The absence of a county infrastructure may work against counties considering a submission.
- Areas of the state might be very different, and this creates a less targeted approach. Changing health outcomes requires targeted efforts.

**Defining the region**. The regional designations appear somewhat arbitrary.

- The regions used for the purpose of this discussion may or may not make sense. The regions do not match the county boundaries.
- Too many regional designations exist, and this issue begins with State agencies. Geographic areas tend to host multiple "regional" collaborative approaches, yet this does not necessarily lead to better coordination of services or data collection/planning.
- Concern existed that by engaging in the discussion, DPH leaders would view this as an "endorsement" of this particular regional approach.

<u>Building a Coalition</u>

- DPH might think about developing statewide coalitions (with representatives from all regions) around specific issues and then allowing regional collaboratives to pick up the models and implement. Organizing collaboratives by regions tends to place the same players in the rooms, and this does not always lead to productive discussion and may limit perspective to only what exists (or does not exist) within that region.
- The politics across regions tend to be very different. Knowing the players and politics across all regions takes time and energy for those organizations / people who work across geographic areas.
- Some vibrant coalitions exist now within towns and across towns. These coalitions contain history (i.e., issues, leadership) and may or may not be able to be replicated or expanded. Also, changing an existing coalition requires organizational support and a commitment to work through the change process: What benefits exist? What limitations? What unintended consequences? What is at stake to not change?
- Continuity of leadership and membership tends to change over time, particularly when leadership positions are linked to elected officials.
- Must figure out how to engage with and coordinate between other planning initiatives and bodies such as the Council of Governments that do planning / governing with a broader geographic perspective.
- Challenge to engage the consumers of services in meaningful ways in leadership positions in coalitions.
- The more significant coalitions such as the Directors of Health and DPH must first get on the same page, establish common ground, and improve their relationship/capacity to move a coordinated agenda.

- Be clear on resources and communicating statements related to how resources will get divided – must balance needs, politics, and adjust for cost variations in rural/urban areas, among others.

Community Health Data

- Supply more current data.
- Supply data that relates to answering the question, "is this working…has the situation gotten better?" And connect the question back to the resources. For example, tobacco-related behavior and health outcomes could look much different if tobacco funds are invested in tobacco prevention activities.
- Provide / increase capacity to deliver special analyses relevant to local/regional planning; at local level, resources / expertise are not always available.
- Modernize computer systems.
- Standardize data collection and data interoperability (e.g., hospital data collected on different information platforms).
- Promote data sharing across different health information systems at aggregate level and across geographies.
- Incorporate national, state, and local benchmarks into data reports so the data holds more meaning in the context of "how are we doing?"
- At State (agency) level, promote standardized data collection and reporting that translates into more meaningful and useful reports.
- See also suggestions under Needs Assessment.

Needs Assessment & Health Disparities / Health Equities

- At State level, get on the same page and timeframe about conducting needs assessments related to health / well being.
- Establish a clear direction for a five-year period and ask funders/stakeholders to invest their funds in one primary process.
- Provide adequate resources to conduct comprehensive needs assessment (v. compiling and quilting disparate reports).
- Engage human resources (low cost or free) from university and high school students – this will require a clear plan of action and training.
- Hospitals are currently planning for or starting needs assessment processes; catchment areas differ by hospitals; methods differ; and sometimes purposes differ (e.g., hospital attempting to demonstrate need for a type of facility that generates significant revenue). These needs assessments may or may not be helpful to the community/region. Find a way to engage the hospitals in the planning process.
- Community needs assessment requires strong community input / engagement. Use a process that allows the community to state their perceived situation and needs v. the experts v. the data. Stop relying on a few focus groups or public sessions to meet a public input requirement.
- Conduct needs assessments at levels that allow for accurate and meaningful reporting (at a smaller geographic unit of analysis) of health disparities and inequities.
- Use methods to effectively communicate findings – including those findings that may be politically or economically unappealing in the short term. For example, poor health in a specific

town may relate to lower academic achievement which relates to lower demand for home sales. Sometimes, the information gets lost in translation – which then limits change.

- Use the Connecticut Cancer Plan as a model process.

Community Engagement with Minority Communities

- Define more clearly what community engagement means across all components of the process (e.g., leadership, coalition membership, participation in needs assessments, implementation).
- Narrowing target groups tends to result in better community engagement, and also requires more resources. Define the issue that helps determine who to engage.
- Determine the specific role / responsibility of public health (local / State) in conducting community engagement. Often public health works with other groups who are skilled in community engagement.
- Determine how and when to engage groups. For example, engage them in health needs assessments, engage them in interpreting findings and identifying solutions, and engage them in implementation.
- Find a way to emphasize how active participation / engagement impacts health outcomes of friends and family members.
- Find a way to de-politicize the engagement and to share the information, particularly with leaders who may be threatened by the outcomes of the discussions.
- Focus on high risk behaviors (not high risk populations).

Policy Scan

The group ran out of time prior to finishing discussion on the barriers related to policy development. Initial thoughts included:

- State leaders must coordinate their planning agendas, time frames, resources, tools/methods, and commit to a longer term process (that does not change with elections).
- Leaders must be on the same page in how they communicate the message to the public.
- Legislature and lead committees should be on the same page about conducting needs assessments (e.g., hospitals, regions, agencies).
- Find a way to fund / support the organizational development necessary to build / grow functional coalitions.
- Find a way to get elected officials across towns to support a health policy agenda for their towns and their school districts.

**Region 3 (North Central CT)**

Note: Region Three includes parts of three counties – Middlesex, Tolland, and Hartford

**CAPACITY BUILDING ACTIVITY 1)** Identify community based agencies/organizations or coalitions that align with the five Strategic Directions:

- CT Breastfeeding Coalition;
- Local Mental Health Authorities;
- Hospital Groups (eg: Eastern Connecticut Health Network, Community Health Centers, etc.);

- CT Hospital Association;
- *Public – Community representation is clearly needed!* Residents to help us move in the right (transforming) direction; and
- Safe Physical Environment: include police on planning committee…if 'safe' is all forms of safety.

Barriers: Doing the same old thing with the same old partners. Need to transform!

**CAPACITY BUILDING ACTIVITY 2)** Existing community health data-what exists, what is needed:

- Health Equity Index is in process in some communities: data comes from a variety of sources;
- Electronic Health Records needed to track all activity per patient-only have each little piece currently, cannot see the whole or treat the whole without other pieces;
- Hospital Data;
- Regional Action Councils (RAC) data –they are required to perform community surveys, have some local data; and
- Discovery Collaborative- has early childhood data.

**Barriers:**
Utilize different numerators and denominators throughout different surveys equal hard to compare results. Access to specific populations varies: e.g.: school based data; senior data collection only includes those seniors who get out of the house and go to community programs, college population may be reachable, but 18-25 year olds continue to be mostly missed.

**Capacity Building Activity 3**: Health Needs Assessment: Population subgroups that experience health disparities and inequities.

- Health Equity Index helps to determine subgroup status;
- Non-diverse staff is a barrier "public health has become a world of white women"; and
- Lack of cultural competency may be overcome by use of community outreach workers (also see below).

**CAPACITY BUILDING ACTIVITY 4:** Community Engagement with Minority Communities:
Workforce development is critical: Tap into current workforce, expanding roles of current job titles. E.g.: Increase work time from 35 to 40 hours/week - and add community development to job description, so those workers go into community to facilitate community engagement for the extra five hours/week.
Success: Opportunity Knocks has done focus groups, including subgroups e.g.: parents of young children to discuss barriers to adopting healthy nutrition habits – this process has been effective in promoting change, they have buy-in/take ownership of the 'problem' by being included in the solution.

**CAPACITY BUILDING ACTIVITY 5:** Conduct Policy Scan, identify policies addressing all areas:

- Promote environmental strategies in human services.
- Data is the key!
- Need to identify the gaps, and work with coalition members including the public to resolve different/incorporate better policies and strategies.

**Region 4 (Eastern CT)**

Before addressing the barriers for each capacity building activity, the group discussed several broader topics.

General Topics

- **Building on ACHIEVE successes**. Three health districts (Ledge Light, Eastern Highlands and Northeast) representing 22 towns received CDC funding for the ACHIEVE initiative to substantially implement the five capacity building activities. The CDC provides extensive training to ACHIEVE communities. Willimantic is a key community not included in ACHIEVE. Given the success with ACHIEVE, this approach could be expanded to Willimantic and the other Eastern CT towns. Participants suggested that this region (or smaller sub-regions) could move from capacity building to implementation fairly quickly.
- **Defining the region**. Participants highlighted the difficulty in defining a region. Depending on the sector / project health districts in are different regions (including different counties). Region 4 only applies for emergency preparedness. Willimantic, part of the Enfield Health District, is often left out of discussions and regional efforts. Because there are no county governments in CT, defining regions is much more complicated than in other states.
- **Applicability of a regional approach**. Participants argued that most policy change efforts focus on either state policies (e.g., smoking bans) or town policies (e.g., school district, town budgets, zoning). Even seemingly regional systems (e.g., bus routes) are based on budget decisions at the town level.

The group then discussed barriers and challenges in their capacity building efforts, and strategies for addressing these challenges.

Building a Coalition

- Identify who from a 10-town region to bring to the table. You do not want to have 10 of each stakeholder (e.g., superintendents), or the coalition will become too large. A solution is to identify policies in a regional coalition, and focus on addressing these policies at the town level.
- Condense the work to manageable bites. The coalitions focused on which policies they can change, and which policies can have the greatest impact.
- Engage stakeholders from different sectors. Staff sowed the seeds for participation over many years through relationship-building. It's also important to have a clear plan and vision for the coalition, and to clearly articulate the connection between the sector (e.g., transportation) and health. It can be easier to engage non-health stakeholders in a rural community that does not have major health providers.
- Address barriers to participation. In Willimantic, it is critical to address cultural and language as barriers to participation.

Community Health Data

- Go beyond the numbers. Health data needs to look beyond the number of participants in programs. It is also important to collect rich, qualitative data that comes from being in communities for a long period of time.
- Measurement of policy and systems change. Measurement is a real challenge for policy and systems work and require different outcome measures than for programs. Several foundations including Annie Casey have been researching how to measure success in this area.

Need Assessment & Health Disparities / Health Equities

- New London has piloted the Health Equity Index. This allows you to get to the neighborhood level, and can serve as a launching pad for conversations with policymakers and neighborhood residents.

- Different populations experience health disparities in the region. Many isolated rural communities have poorer health outcomes, due to lack of transportation and lack of trust (e.g., traveling to a city hospital). In Willimantic, a key group is undocumented residents, where language and lack of trust is are major barriers to care.

Community Engagement with Minority Communities

- Address neighborhood mistrust. Through the Health Equity Index (HEI), New London engaged the community in a neighborhood rollout plan. Staff held neighborhood focus groups and listened to resident concerns, and tried to identify an action item that could lead to an immediate result (i.e., not just seen as more talk by outsiders). Often, staff would come back to the group to discuss what they did, and perhaps request additional neighborhood actions (e.g., residents attend a Town Council meeting).
- Staff time for community engagement. The HEI provided significant funding over two years for the pilot-test, but that funding is now ending. It takes substantial staff time to do this work at the neighborhood level.

Policy Scan

- Through ACHIEVE, the CDC has identified the key policies to examine. These helped the health districts in deciding on policy priorities.
- Make the case for policy and systems change. Health department staff need to understand the social determinants of health. Then they can make the case for these policies at public hearings where policymakers are deciding whether to make budget cuts to bus routes, etc. This is a real challenge, given the recession and the opposition of many residents to property tax increases.
- The public health results of policies and societal changes are not seen for many years. For example, as women entered the workforce, there was no safety net for families with respect to healthy eating. More families began eating fast food and processed food. Over time, people stopped learning how to cook from their families. We can see these effects today.
- Addressing social/emotional health and healthy/safe physical environments. ACHIEVE does address these issues to a certain extent, depending on the community.
- Look at state policies. DPH can start with its own policies, ensuring that there adopted for all community meetings (e.g., healthy food at all meetings).

**Region 5 (Northwest CT)**

1. Current Coalition. Organizations

- UCONN, Waterbury Extension-Danbury & Torrington, Danbury Western Connecticut State University, Community Colleges – Naugatuck Valley Community College.
- Greater Torrington/Litchfield Charlotte Hungerford Healthy Planning Team
- Hospitals in Region 5 – Needs Assessment (Danbury, Charlotte, Sharon, St. Mary's, Waterbury Griffin, New Milford Hospital).
- CADH – Health Equity Index-Torrington and other community
- Office of Rural Health Torrington
- Litchfield Food Policy/Food Coalition–Torrington WIC.
- Waterbury Food Resource Committee and CT Food Bank, other food pantries, shelters and churches.
- Danbury Farmers Market Community Collaborative – Peggy Zorne.

- Safe Environment Brown Fields coalition.
- New Milford Hospital–Plow to Plate Program.
- Wholesome Wave Organization – Michele Nischan.

2. Existing Data

- Area Hospitals
- YG PRC – Yale Griffin Prevention Research Center
- Local health departments – community health assessment for accreditation, CHIP improvement plan
- Heart Safe Communities (state-wide)
- Stay Well Health Center and other community Health Centers (Danbury)
- New Opportunities (meals on wheels, other services – (Greater Waterbury Area)
- VNA –expanding – maybe new/recent data?

3. Needs Assessment–See above

4. Community engagement w/ minority populations

Now Inc., (Valley) team see below

- Senior Centers
- Shift in Spanish – speaking/minority population from urban → suburban population emergency preparedness
- Linguistic Inequities and healthcare inequities – obtained from Early Census Data
- Neighborhood Revitalization- Parish Nursing
- Community Recreation Department
- YMCA – Waterbury, Danbury, Torrington, Naugatuck
- Hispanic Center of Danbury

5. Policy Scans – very little done in this area

- State Food policy
- RUDD Center obesity and policy research
- End Hunger CT

*Region has 3 sections–DEMHS–Waterbury, Danbury, and Torrington

*ACHIEVE Communities/Preventive Block Grant – Communities including Injuries

*NOW, Inc. – New Opportunities, Team – Naugatuck Valley, Education Connection – Torrington

Community Anti-poverty agencies

**COMMENTS AND NEXT STEPS**

Chris Andresen reconvened the group and asked participants to share any general questions or comments about the CTG and small-group discussions.

Question: Realizing that this is a new process for DPH, how would you envision this group's role going forward? How will the group be involved if the grant is funded, or if the grant is not funded?

- Chris: We've wrestled with that question as well. In one respect, we are building a network to promote public health in Connecticut. This is the ultimate networking opportunity. It can build connections across organizations and individuals, connect names and faces, and reinforce relationships. A question that came up in our breakout group is how do you catalogue all the skills, knowledge, abilities and willingness to contribute across organizations and sectors? How do we replicate successes in some communities in other towns and communities?

Question: We initially divided into the five Department of Emergency Management and Homeland Security regions, but you can divide the regions very differently (counties, other regional groups). The CDC is looking at county-level regions. How will this dialogue – how we define regions – play out?

- Chris: We are still looking at this issue and working it out now. One idea was to use peer communities, cities and communities that are comparable. The CDC has been fairly flexible in the past, so we should be able to define regions in a way that makes sense for Connecticut.

Question: What does DPH need from the participants to complete the grant? What are the next steps in completing the grant?

- Chris: We need to write up and distill the notes from this meeting first, and then identify what we still need for the application. We may reach out to the full group or approach individuals with specific requests. But over the next month, we will be mainly focused on writing the application.

Lisa Davis thanked everyone for their participation – this group has been very helpful in developing the CTG application. DPH sees the community-based approach for CTG as a model for other grants as well.

Chris Andresen noted that DPH will keep partners updated via its website – www.ct.gov/dph/communitytransformation – and answer additional questions via its CTG email (dph.commtransfo@ct.gov).

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# CHATHAM HEALTH DISTRICT

*Serving the Towns of Colchester, East Haddam, East Hampton, Haddam, Hebron, Marlborough & Portland*



July 5, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
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Dear Commissioner Mullen:

The Chatham Health District is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

Chatham Health District has a long and successful history of collaboration with the DPH on initiatives targeting chronic diseases through policy and environmental strategies. We remain committed to continuing this working relationship through the capacity building efforts afforded by this funding opportunity addressing the five Strategic Directions of: tobacco free living; active living and health eating; high impact quality clinical and other preventive services that focus on high blood pressure and high blood cholesterol control; social and emotional wellness; and healthy and safe physical environment.

We welcome the opportunity to collaborate on this important public health initiative and look forward to working with other health, clinical, community, municipal and statewide agency partners to improve the health of Connecticut's residents. If we can be of further assistance, please don't hesitate to contact us.

Sincerely,

Thad D. King
Director of Health

Main Office: 240 Middletown Avenue, East Hampton 06424
Tel: (860) 365-0884 • Fax: (860) 365-0885
www.chathamhealth.org

**Connecticut River Area Health District**
166 Main Street, Unit 2 • Old Saybrook , CT 06475
Phone 860-661-3300 • Fax 860-661-3333
*Serving Old Saybrook, Clinton and Deep River*

June 30, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Connecticut River Area Health District is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

The Connecticut River Area Health District has a long and successful history of collaboration with the DPH on initiatives targeting chronic diseases through policy and environmental strategies. We remain committed to continuing this working relationship through the capacity building efforts afforded by this funding opportunity addressing the five Strategic Directions of: tobacco free living; active living and health eating; high impact quality clinical and other preventive services that focus on high blood pressure and high blood cholesterol control; social and emotional wellness; and healthy and safe physical environment.

We welcome the opportunity to collaborate on this important public health initiative and look forward to working with other health, clinical, community, municipal and statewide agency partners to improve the health of Connecticut's residents. If we can be of further assistance, please don't hesitate to contact us.

Sincerely,

Mary Jane Engle, MPH, R.S.
Director of Health

**TOWN of DURHAM**
Department of Health
P.O. Box 428
Durham, Connecticut 06422-0428

June 29, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Durham Health Department is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

The Durham Health Department has a long and successful history of collaboration with the DPH on initiatives targeting chronic diseases through policy and environmental strategies. We remain committed to continuing this working relationship through the capacity building efforts afforded by this funding opportunity addressing the five Strategic Directions of: tobacco free living; active living and health eating; high impact quality clinical and other preventive services that focus on high blood pressure and high blood cholesterol control; social and emotional wellness; and healthy and safe physical environment.

We welcome the opportunity to collaborate on this important public health initiative and look forward to working with other health, clinical, community, municipal and statewide agency partners to improve the health of Connecticut's residents. If we can be of further assistance, please don't hesitate to contact us.

Sincerely,

William R. Milardo, Jr., RS
Assistant Health Officer

Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

June 27, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

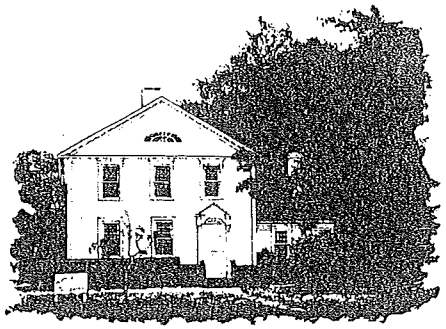
The Eastern Highlands Health District is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

The Eastern Highlands Health District has a long and successful history of collaboration with the DPH on initiatives targeting chronic diseases through policy and environmental strategies. We remain committed to continuing this working relationship through the capacity building efforts afforded by this funding opportunity addressing the five Strategic Directions of: tobacco free living; active living and health eating; high impact quality clinical and other preventive services that focus on high blood pressure and high blood cholesterol control; social and emotional wellness; and healthy and safe physical environment.

We welcome the opportunity to collaborate on this important public health initiative and look forward to working with other health, clinical, community, municipal and statewide agency partners to improve the health of Connecticut's residents. If we can be of further assistance, please don't hesitate to contact us.

Sincerely,

Robert L. Miller, M.P.H., R.S.
Director of Health



*Town Office Building*


# TOWN OF KILLINGWORTH

SELECTMAN'S OFFICE
323 ROUTE 81
KILLINGWORTH, CT 06419-1298


July 5, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Town of Killingworth Health Department is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

The Town of Killingworth Health Department has a long and successful history of collaboration with the DPH on initiatives targeting chronic diseases through policy and environmental strategies. We remain committed to continuing this working relationship through the capacity building efforts afforded by this funding opportunity addressing the five Strategic Directions of: tobacco free living; active living and health eating; high impact quality clinical and other preventive services that focus on high blood pressure and high blood cholesterol control; social and emotional wellness; and healthy and safe physical environment.

We welcome the opportunity to collaborate on this important public health initiative and look forward to working with other health, clinical, community, municipal and statewide agency partners to improve the health of Connecticut's residents. If we can be of further assistance, please don't hesitate to contact us.

Sincerely,

Thad D. King
Acting Director of Health


Ledge Light
Health District

July 1, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

Ledge Light Health District is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

Ledge Light has a long and successful history of collaboration with the DPH on initiatives targeting chronic diseases through policy and environmental strategies. We remain committed to continuing this working relationship through the capacity building efforts afforded by this funding opportunity addressing the five Strategic Directions of: tobacco free living; active living and health eating; high impact quality clinical and other preventive services that focus on high blood pressure and high blood cholesterol control; social and emotional wellness; and healthy and safe physical environment.

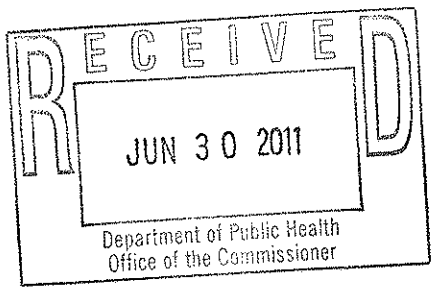
We welcome the opportunity to collaborate on this important public health initiative and look forward to working with other health, clinical, community, municipal and statewide agency partners to improve the health of Connecticut's residents. If we can be of further assistance, please don't hesitate to contact us.

Sincerely,

Baker Salsbury, MPH, MSW, MHSA
Director of Health

216 Broad Street • New London, Connecticut 06320 • phone. 860.448.4882 • fax. 860.448.4885 • www.ledgelighthd.org

**TOWN OF SOMERS**
**600 Main St.**
**P.O. Box 308**
**Somers, CT 06071**




June 27, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Town of Somers, Health Department is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

Town of Somers, Health Department has a long and successful history of collaboration with the DPH on initiatives targeting chronic diseases through policy and environmental strategies. We remain committed to continuing this working relationship through the capacity building efforts afforded by this funding opportunity addressing the five Strategic Directions of: tobacco free living; active living and health eating; high impact quality clinical and other preventive services that focus on high blood pressure and high blood cholesterol control; social and emotional wellness; and healthy and safe physical environment.

We welcome the opportunity to collaborate on this important public health initiative and look forward to working with other health, clinical, community, municipal and statewide agency partners to improve the health of Connecticut's residents. If we can be of further assistance, please don't hesitate to contact us.

Sincerely,

Richard Segool, M.D.
Director of Health

UNCAS HEALTH DISTRICT
*Your Local Health Department*

June 28, 2011

Jewel Mullen, MD, MPH, MPA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Commissioner Mullen:

The Uncas Health District is pleased to support the Connecticut Department of Public Health's (DPH) application for the Public Prevention Health Fund: Community Transformation Grant (funding opportunity number CDC-RFA-DP11-1103PPHF11) to create healthier communities and prevent chronic diseases such as heart disease, diabetes and cancer.

The Uncas Health District has a long and successful history of collaboration with the DPH on initiatives targeting chronic diseases through policy and environmental strategies. We remain committed to continuing this working relationship through the capacity building efforts afforded by this funding opportunity addressing the five Strategic Directions of: tobacco free living; active living and health eating; high impact quality clinical and other preventive services that focus on high blood pressure and high blood cholesterol control; social and emotional wellness; and healthy and safe physical environment.

We welcome the opportunity to collaborate on this important public health initiative and look forward to working with other health, clinical, community, municipal and statewide agency partners to improve the health of Connecticut's residents. If we can be of further assistance, please don't hesitate to contact us.

Sincerely,

Patrick R McCormack

Patrick R. McCormack, MPH
Director of Health

401 West Thames Street – Suite 106, Norwich, CT 06360
Telephone No. (860) 823-1189 FAX No. (860) 887-7898
E-Mail: doh@uncashd.org
Internet: http://www.uncashd.org