



CONNECTICUT HEALTH IMPROVEMENT COALITION

Partners Integrating Efforts and Improving Population Health

HEALTHY CONNECTICUT 2020

ADVISORY COUNCIL

Meeting Summary
September 26, 2017
9:30 am - 11:30 am

Meeting Purpose and Outcome:

Discuss emerging issues that impact statewide health improvement; and discuss status and future of priority implementation efforts.

Attendees:

Patricia Baker, CT Health Foundation/Advisory Council Chair; Elizabeth Beaudin, CT Hospital Association; Mary Boudreau; CT Oral Health Initiative; Mehul Dalal, CT Dept. of Public Health; Phyllis DiFiore, CT Dept. of Transportation; Jordana Frost, March of Dimes; Brenetta Henry, Consumer Representative; Lynne Ide, Universal Health Foundation; Patrick McCormack, Uncas Health District; George McDonald, Consumer Representative; Comr. Raul Pino, CT Dept. of Public Health; Scott Sjoquist, Mohegan Tribal Health; Janet Storey, CT Dept. of Mental Health and Addiction Services; Kathi Traugh, Connecticut Public Health Association; Nancy Yedlin, Donaghue Foundation; Lynne Garner, Donaghue Foundation; Lori Mathieu, CT Dept. of Public Health; Linda Ferraro, CT Dept. of Public Health; Heidi Jenkins, CT Dept. of Public Health; Mario Garcia, CT Dept. of Public Health; Krista Veneziano, CT Dept. of Public Health; Amy Mirizzi, CT Dept. of Public Health; Jill Kennedy, CT Dept. of Public Health; Brie Wolf, CT Dept. of Public Health; Donna Burke, Health Resources in Action; Kristin Sullivan, CT Dept. of Public Health; Sandy Gill, CT Dept. of Public Health; Melissa Touma, CT Dept. of Public Health; Laurie Ann Wagner, CT Dept. of Public Health; Chantelle Archer, CT Dept. of Public Health

The Advisory Council heard presentations on two current and emerging issues that have the potential to impact statewide health improvement. These include open data/open science as an innovation in health research, and plans to enhance and/or maintain drinking water quality in Connecticut. The innovation in health research follows a brief discussion at the last Advisory Council meeting on public health innovation and the Public Health National Center for Innovation initiated by the national Public Health Accreditation Board (PHAB).

1. Innovation in Research (Open Data/Open Science):

Lynne Garner from the Donaghue Medical Research Foundation discussed the recent push for innovation in research, also known as Open Science. Lynne defined Open Science as being scientific knowledge and the transparent sharing of medical research as early as possible. One reason for this is an increasing concern about the reliability of science and a trend in thought that research paid for by the taxpayer or philanthropy should be open and available, not just based on the publisher. Open Science strives for the ultimate transparency in the research process. When knowledge translates to populations, the shared use of data can impact research significantly. Public access portals and open data portals are being developed and this may facilitate an evolution toward a universal public access policy. There are currently 340 platforms to share public health data. An example of the impact on public health and health improvement is the Open AQ initiative that is facilitating understanding of current research on air quality and helping to target this research globally in cities and geographic areas in highest need or with the worst air quality.

2. Connecticut State Water Plan:

Lori Mathieu, the Public Health Section Chief for the Drinking Water Section at the CT Dept. of Public Health, discussed the role of the Drinking Water Section and the development of the CT State Water Plan. At DPH the



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Drinking Water Section is comprised of about 50 people (engineers and environmental analysts) who regulate the public water systems statewide. The Section's top priority is making sure Connecticut residents have safe drinking water. A draft of the CT State Water Plan was shared with the Advisory Council. The plan was developed by the Water Planning Council (WPC) which is comprised of four state entities including the CT DPH, the CT Dept. of Energy & Environmental Protection (DEEP), the Office of Policy & Management (OPM), and the Public Utilities Regulatory Authority (PURA). The Plan reaffirms the state's dedication to maintaining the highest standard of quality drinking water in the nation, and also highlights the need for water conservation efforts which is important considering the impact climate change may have on the water supplies in the northeast where climate trends are uncertain. In response to the presentation, there was a discussion regarding the testing of private wells and how private well owners can get help with testing and access to resources that would help with testing. There was also a short discussion regarding the lack of safe drinking water in Puerto Rico following the hurricane and need for bottled water, and a plan in place for distribution.

Advisory Council members and meeting participants were encouraged to provide feedback on the draft of the CT State Water Plan which can be found at: www.ct.gov/water. To provide feedback on the draft plan click on the following link: https://www.surveymonkey.com/r/CT_StateWaterPlan.

2018 SHIP Policy Agenda

2017 SHIP Policy Agenda Updates

- Public Act 17-74: Community Health Worker - PASSED; By October 1, 2018, director of SIM will report on the feasibility of creating a certification program for community health workers.
- Cancer Prevention/HPV Funding Proposed: The funding is pending via budget passage but it is expected to be included in the budget.

2018 SHIP Policy Agenda: Current Environment

- CT is still in a budget impasse/budget crisis. The next election is November, 2018 elections. Both of these issues will impact future policy agendas.
- 2017 will be a short session, beginning in February and ending in May. This will have an impact on the policy agenda. Need to be selective when deciding on which policies to move forward with for the policy agenda.
- Increases in taxes (e.g. tobacco) may not be viewed as favorable in current environment.
- There is more information on the health impact of vaping. The Clean Indoor Air Act has addressed this by promoting universal smoke free areas. The proposal also included electronic nicotine devices (vaping); these devices are not taxed the same way in which cigarettes are taxed
- Fee based systems to support infrastructure (e.g., Connecticut water systems now contribute fees to support drinking water oversight/infrastructure improvements.
- Important to maintain Medicaid funding within the state
- The opioids addiction crisis was discussed. Patients in institutions are being overmedicated; this had led to continued addictive behaviors when patients are released. The State's response to the opioid epidemic has included the use of prescription monitoring systems. There is a need to address pain control (i.e. having doctors look at alternative methods of pain control and possibly requiring schools of medicine to train their students in other methods of pain control).
- DPH is currently reviewing its 2018 legislative agenda and packaging it for OPM approval.

2018 SHIP Policy Agenda: New Proposals

- The Injury and Violence Prevention Action Team would like to propose seatbelts for all seating positions in automobiles again for 2018.



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- The Chronic Disease Action Team would like to propose the following:
 - Tobacco Control: It will look similar to the 2017 efforts and grassroots efforts have already started organizing for the next legislative session. More information on the health impact of vaping will be considered.
 - Sugar Sweetened Beverages: partners involved in the Chronic Disease Action Team are looking at what other states are doing to reduce consumption.
- The Infectious Disease Action Team has discussed proposing policy related to partner notification after HIV diagnosis, and protection of needle exchange program participants should illegal substances be detected in syringes being turned in.
- The 2018 Policy Agenda will be finalized by the November 30th Advisory Council Meeting. Members should think about decision criteria for finalizing the policy agenda and send their comments to hct2020@ct.gov.

The Council briefly brainstormed the 2017 SHIP Policy Agenda Process, what worked and what didn't.

What Worked:

- Work around Community Health Workers was focused; communicated with people in the field (i.e. Health Equity Solutions)
- Advisory Council process of reviewing and establishing priorities
- The SHIP Advisory Council is one of the only councils getting input from a family planning council
- Communication from HCT2020 Email
- Regarding support for the passage of HPV vaccine, the focus and communication was placed on HPV vaccine as cancer prevention, not the prevention of sexually transmitted diseases.

What Didn't Work

- In the absence of grassroots advocacy it is hard to get something passed; there was dysfunction
- Did not put the right items forward at the right time
- Communications were more passive than active
- Changes were made to policies as they moved forward which impacted support from beginning to end

Select Action Team Progress and Key Questions:

Chronic Disease: Healthy Food Donation List

Since the May Advisory Council Meeting the Healthy Food Donation List received USDA approval. Chronic Disease Action Team members will be taking the Healthy Food Donation List back to their own organization to adopt and use in any food collection efforts, as well as sharing with partner organizations and networks. *The Chronic Disease Action Team would like to challenge the SHIP Advisory Council Membership to adopt use of the Healthy Food Donation List in your organizations, and share broadly with partners and networks.* The list and cover letter will be sent to Advisory Council members, and a link will be provided on the SHIP Coalition webpage. The Healthy Food Donation List can be printed, copied, and distributed broadly among partners and community organizations. The Chronic Disease Action Team will be tracking distribution through a brief survey monkey survey.

Environmental Health: Lead Poisoning Prevention Campaign

Two campaigns were completed to prevent lead poisoning among Black and Hispanic children. The campaign included a billboard poster, bus ads, bus stop posters, TV ads, radio ads, and social media. The TV ads which ran from July through September were shared with members via YouTube and members



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were encouraged to post the links to the ads on their organization websites. There have been efforts to encourage other states with CDC funding to use the campaigns. There was mention of having the campaign available in waiting rooms of hospitals and it was suggested that CHWs be utilized for this effort.

To expand the reach and effectiveness of the campaign, Advisory Council members were asked to assist in disseminating the campaign within their constituent networks. The campaign materials were sent out on the HCT 2020 distribution list. Members can start by posting the links to the various campaign ads onto their organization websites.

Next Steps/Next Meeting Dates

- Next Coalition Call: *October/November (Date To Be Determined)*
- Healthy Connecticut 2020 Interim Progress Report: *Due in January*
- CPHA Annual Meeting on October 30th: *Partners from the Action Teams will be presenting*
- Next Advisory Council Meeting: *November 30, 2017, 9:30 am-11:30 am (DPH Lab)*



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HEALTH IMPROVEMENT COALITION

Partners Integrating Efforts and Improving Population Health

Healthy Connecticut 2020
State Health Improvement Plan
Advisory Council Meeting

Tuesday, September 26, 2017

9:30-11:30 AM

DPH State Lab - 395 West Street, Rocky Hill

Meeting Purpose and Outcomes

- Welcome and meet new AC members
- Discuss emerging issues that impact statewide health improvement
 - Open Science
 - Water Plan
- Discuss status and future of priority implementation efforts
 - 2018 Policy Agenda
 - Action Team Progress and Key Questions

Agenda

- 9:30** *15* **Welcome & Introductions** *Pat Baker, AC Chair*
- New Advisory Council Members
- 9:45** *15* **Innovation in Research (Open Science)** *Lynne Garner, President & Trustee
Donaghue Medical Research Foundation*
- 10:00** *20* **Connecticut State Water Plan** *Lori Mathieu, Section Chief
DPH Drinking Water Section*
- 10:20** *35* **2018 Policy Agenda** *HRiA/DPH/All*
- 10:55** *30* **Select Action Team Progress and Key Questions** *Lead Conveners, All*
- CD – Mehul Dalal and Liz Beaudin
 - ENV – Krista Veneziano and Andrea Boissevain
 - MICH – Jordana Frost
- 11:25** *5* **Next Steps/Next Meeting Date** *Pat Baker, AC Chair*

Wecome New Members

- Christi Staples, *Deputy Executive Director, Partnership for Strong Communities*
- Marcus McKinney, *Regional Vice President, Chief Health Equity Officer Trinity Health-New England*
- Robyn Anderson, *Advanced Behavioral, Inc, Multidimensional Family Therapy Training Coordinator*

Lynne Garner, President & Trustee
Donaghue Medical Research Foundation

Innovation in Research (Open Science)



Open Science

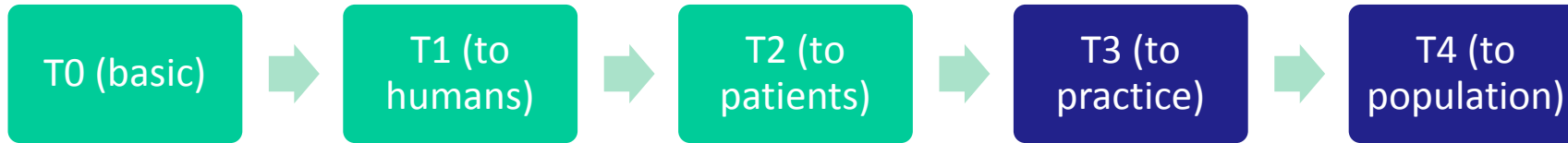
“Scientific knowledge and methods should be openly shared as early as practically possible”

Push for Open Science

1. Stresses on science are creating perverse incentives
2. Ensuring that challenging research findings are accepted
3. Are we paying twice for our research?
4. Advances in hardware, software create the possibility of greater efficiencies for faster advances

Open Science Includes...

1. Open publication
2. Registration of research studies
- 3. Sharing data and other research products**



Platforms, commons and using shared data with T0, T1, T2 research is more developed

Data from research

T3, T4 have great impact for public health

Data from research *plus* medical records; personal devices; home appliances; environmental sources, etc.

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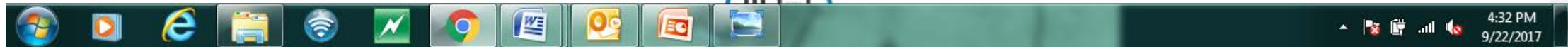
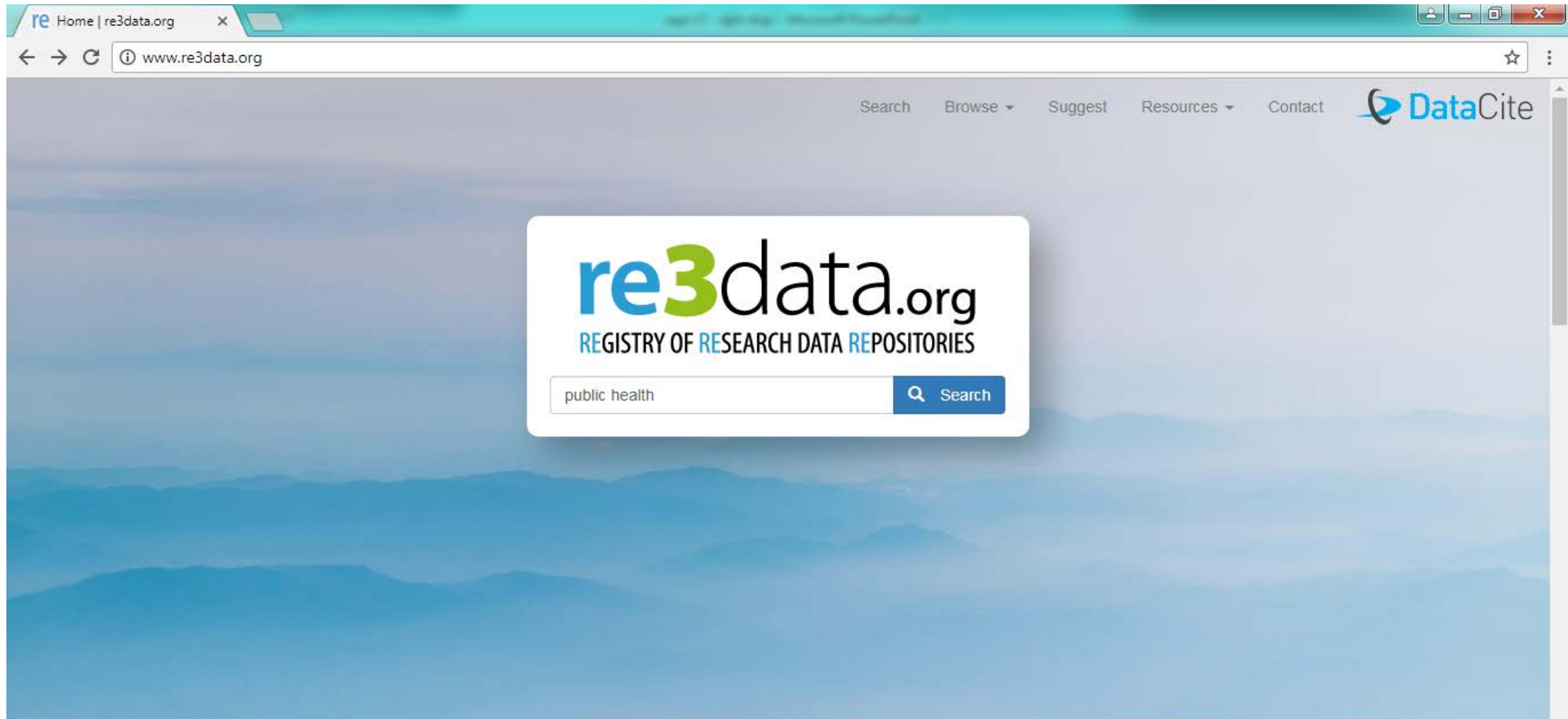
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'Health Monitoring' Research Data Centre at the Robert Koch Institute

Forschungsdatenzentrum Gesundheitsmonitoring am Robert Koch Institut

Subject(s) **Medicine** Life Sciences Medicine Public Health, Health Services Research, Social Medicine

Content type(s) **Scientific and statistical data formats**

Country **Germany**

Federal Health Reporting (Gesundheitsberichterstattung des Bundes, GBE) continuously supplies current data and information on the German population's state of health and the country's healthcare services. It covers a broad spectrum of topics, ranging from diseases, symptoms and risk factors to subjective well-being and health-related quality of life, utilization of preventive and healthcare services as well as the structures and costs of healthcare system.

1000 Functional Connectomes Project

Subject(s) **Cognitive Neuroscience and Neuroimaging** Systemic Neuroscience, Computational Neuroscience, Behaviour Neurosciences
Medicine Life Sciences

Content type(s) **Archived data** Structured text Scientific and statistical data formats Raw data Software applications



Home > Research > Key Initiatives > Cancer Moonshot™ > Funding Opportunities



CANCER MOONSHOT™

Blue Ribbon Panel +

Implementation

Funding Opportunities

Public Access Policy

Upcoming FOAs

NCI Cancer Moonshot™ Public Access and Data Sharing Policy

Consistent with the critical goals of the National Cancer Institute's (NCI) Cancer Moonshot™ to accelerate cancer research by enhancing data sharing and making evidence-based approaches to cancer therapy more broadly available to patients, NCI recognizes that the full value of NCI-Supported Cancer Moonshot Research Projects can only be realized if Publications and Underlying Primary Data (as defined below) are disseminated as promptly and broadly as possible. Much of the urgency highlighted by the Cancer Moonshot and in the Blue Ribbon Panel's recommendations to the National Cancer Advisory Board (NCAB) in 2016 emphasizes that the rapid availability of cancer publications and the primary data behind it promotes dissemination of new knowledge, enhances reproducibility, and accelerates the ability of researchers to build upon cancer research to make new discoveries.


Through the Cancer Moonshot Public Access and Data Sharing Policy (the "Policy"), NCI



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The future of health begins with **All_{of}Us**

The *All of Us* Research Program is a historic effort to gather data from one million or more people living in the United States to accelerate research and improve health. By taking into account individual differences in lifestyle, environment, and biology, researchers will uncover paths toward delivering precision medicine.

[WATCH VIDEO](#) ▶

Manage your research in one easy, integrated platform.

The OSF provides free and open source project management support for researchers across the entire research lifecycle. As a collaboration tool, the OSF helps researchers work on projects privately with a limited number of collaborators and make parts of their projects public, or make all the project publicly accessible for broader dissemination. As a workflow system, the OSF enables connections to the many services researchers already use to streamline their process and increase efficiency. As a flexible repository, it can store and archive research data, protocols, and materials.



- **Structured projects:** Access files, data, code, and protocols in one centralized location and easily build custom organization for your project - No more trawling emails to find files or scrambling to recover from lost data
- **Controlled access:** Control which parts of a project are public or private, making it easy to collaborate and share with the community or just your team
- **Enhanced workflow:** Automate version control, get persistent identifiers for projects and materials, preregister your research, and connect your favorite third party services directly to the OSF
- **Extensible Research.** Automatically create a preprint, meeting abstract, or add to your institutional repository. Manage multi-institutional projects.
- **Dependable Repository:** The OSF's Preservation Fund ensures that any data stored in the repository would be maintained and protected for 50 years.



This site became the new ClinicalTrials.gov on June 19th. [Learn more.](#)

Show more ▾

▲ IMPORTANT: Listing of a study on this site does not reflect endorsement by the National Institutes of Health. Talk with a trusted healthcare professional before volunteering for a study. [Read more...](#)

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ClinicalTrials.gov is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world.

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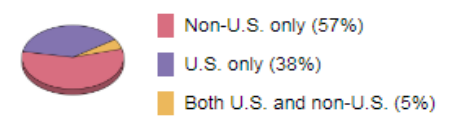
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The database currently lists 255,065 studies with locations in all 50 States and in 200 countries.

Recruiting Study Locations



44,674 recruiting studies (September 21, 2017)

More Information

[For Patients and Families](#)

No easy answers to...

- Who owns to the data?
- How to fix poor incentives for sharing?
- How long to embargo data?
- Will added costs for data sharing mean fewer studies?
- How to ensure privacy, security, consent?
- Should we create a truly learning health system?

“As a doctor, I think what we need most for our patients is *better software* more than better drugs”

Lori Mathieu, Section Chief
DPH Drinking Water Section

Connecticut State Water Plan

Connecticut Department of Public Health

Connecticut's State Water Plan and Public Health Aspects of Drinking Water

Healthy People 2020

State Health Improvement Plan

Lori J. Mathieu, Public Health Section Chief

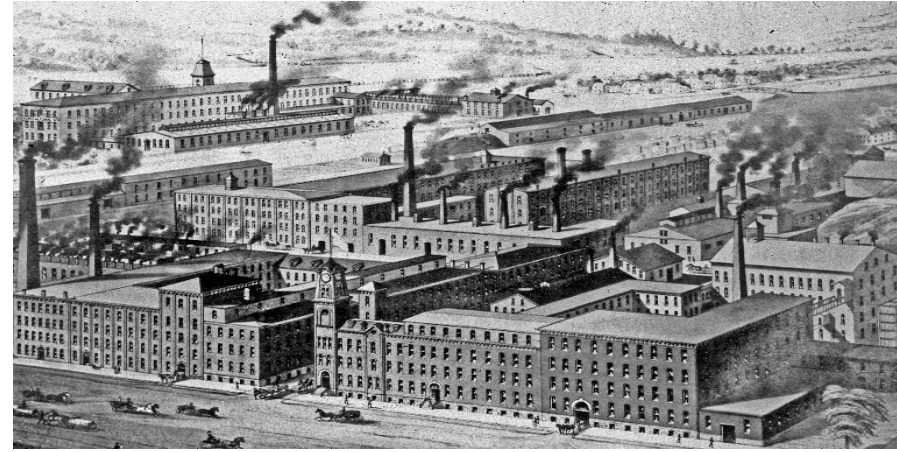
Drinking Water Section

Connecticut's State Water Plan and Public Health Aspects of Drinking Water - Overview

- Drinking Water and Public Health - Historical Perspective
- Department of Public Health (DPH) Drinking Water Section Responsibilities
- Current Public Health Drinking Water Law
- Draft Connecticut State Water Plan
- Challenges of the Future

Water Supply Problems – 19th century

- Industries need water for production, fire safety, consumption
- Population growth in Cities
- Unfiltered & Untreated water
- Unsanitary conditions, waste disposal
- 1878 CT State Agency Public Health oversight created



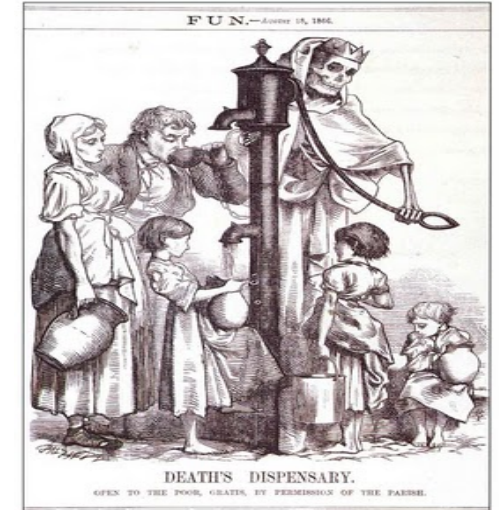
Remington Arms Works, Bridgeport, Connecticut, circa 1900. MPI/GETTY IMAGES



Public Health Concerns

Water Supply 19th Century

- Significant public health issue - consuming drinking water, ground water and surface water
- Waterborne disease
- Gastrointestinal infection
- Typhoid, cholera, dysentery were prevalent
- Microorganisms in 19th century
- Beginning of 20th century filtration, build technology, disinfection, sanitary protections at source, protection of raw water quality



CT DPH Drinking Water Section Responsibilities

- Regulate 2,550 Public Water Systems
- 2.8 million CT residents served – 3.5 million total population
- 550 community systems
- 2,000 non-community systems
- 150 reservoir systems, over 4,000 ground water sources

Unique CT State Public Health Drinking Water Laws

- Multi-barrier approach
- Treatment and source water protection emphasized and required
- Use of high quality raw water sources, upland watersheds
- Aggressive and proactive laws to protect public health
- DPH Review of local development
- Prohibit sewage discharge in upland watershed areas
- Prohibit industrial waste discharge in upland areas

Importance of an Abundant Supply of Safe and Pure Water for a Community

- Public health protection
- Preservation of public trust
- Allows for community growth
- Allows for a community to plan for future growth
- Assure sanitary conditions for multiple facilities, schools, nursing homes, restaurants, hospitals, town facilities
- Provides sustainability and viability for community
- Public safety, fire protection
- Economic growth
- Priceless

Threats Remain

- 1993 Milwaukee Cryptosporidium
 - 70 deaths, 400,000 sick
- 2012 West Virginia – chemical contamination
- 2014 Ohio – Harmful Algal Blooms cyanotoxins
- 2016 – Flint Michigan - Lead
- New potential emerging contaminants
- Drought/Climate Change/Extreme Weather
- 2015/2016 Perfluorinated Compounds

Challenges of the Future

- Maintain high quality sources for human consumption
- Assure public health protection
- Minimize risk as watersheds are developed and climate change affects source water
- Maintain highly skilled technical staff
- Modernize for efficiency, use of technology
- Addressing new SDWA rules
- Keeping historic public health law current
- Informing the public of the proactive public health role in safe and adequate public drinking water
- Continuing infrastructure investment and upgrades
- Continuing to plan to meet future demands
- Addressing water conservation, water reuse, and use of the “purple pipe”

State Health Improvement Plan

“Healthy Connecticut 2020”

- Focus Area 2: Environmental Risk Factors and Health –
Drinking Water Quality

“Safe drinking water is fundamental to good health and comes from a variety of sources including public water systems, private wells, or bottled water. Most water sources in Connecticut meet acceptable health and recreational standards; however, it is important to continuously monitor Connecticut’s water supply for exposure to contaminants and ground water pollution, disease causing bacteria, and disruptions to water systems due to major weather events such as storms and floods. Exposure to contaminants can lead to harmful health effects such as cancer, birth defects, and damage to organs, the nervous system, and immune system”

- **OBJECTIVE ENV-3** - Reduce the risk of waterborne disease outbreaks due to consumption of contaminated drinking water for all ground-water-based, small community public water systems following an emergency situation.

Reduce the risk of waterborne disease outbreaks due to consumption of contaminated drinking water for all ground-water-based, small community public water systems following an emergency situation.

Strategies:

- *Education and Training*
 - ❖ Provide free emergency plan training and asset management plan training with technical assistance to all small community public water systems, to increase direct financial, managerial and technical assistance to assure system viability and sustainability
- *Planning and Development*
 - ❖ Offer subsidized Drinking Water State Revolving Fund (DWSRF) loans each year for system infrastructure projects to bring systems into compliance, to increase direct financial, managerial and technical assistance to assure system viability and sustainability
 - ❖ Offer subsidized Drinking Water State Revolving Fund (DWSRF) loans each year for system generators, to increase direct financial, managerial and technical assistance to assure system viability and sustainability
- *Surveillance*
 - ❖ Utilize existing enforcement measures to increase compliance of small community public water systems, to increase direct financial, managerial and technical assistance to assure system viability and sustainability



The
Connecticut
Water
Planning
Council

Connecticut State Water Plan – Draft Report

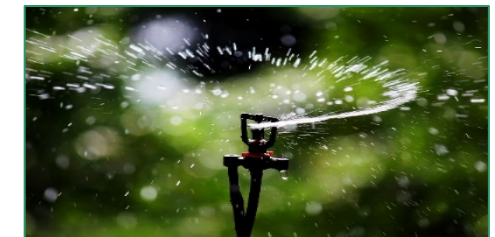
WATER PLANNING COUNCIL:

JOHN BETKOSKI, LORI MATHIEU, BETSEY WINGFIELD, GARRETT EUCALITTO



Why Do We Need a State Water Plan?

- **Water is our most important natural resource**
- Preserving and protecting the state's public drinking water supply
- Increasing frequency of drought
- Climate change impacts
- Environmental impairments caused by registered diversions
- Increasing peak day demands for lawn irrigation



What We Have Learned:

- CT has ample high quality water for our needs
- The water is not always where we need it when we need it
- We need wise and efficient use of our water
- Climate change will add stress to our natural systems and management systems
- **Now is the time to plan!**



“Connecticut State Water Plan”



Goals of the Plan:

- Addressing each of the 17 Primary Goals outlined in Public Act 14-163
- Identifying a balance: *The right quantity and quality for each need*

The Plan is NOT Aimed at:
Solving all of Connecticut’s Water Issues

Requirements of the State Water Plan

1. Identify the quantities/qualities of water available
2. Identify present/projected demands for water
3. Recommend utilization of water resources to balance public water supply, economic development, recreation and ecological health
4. Recommend steps to increase the climate resiliency of existing water resources and infrastructure
5. Recommend technology and infrastructure upgrades, interconnections and/or major engineering works
6. Recommend land use and other measures to ensure the desired water quality/abundance and promote development in concert with available water resources
7. Take into account desired ecological, recreational, agricultural, industrial and commercial use of water bodies
8. Inform state residents on the importance of water resource stewardship/conservation
9. Establish conservation guidelines/incentives for water conservation with energy efficiency consideration
10. Develop a water reuse policy with incentives for matching the water quality to the use
11. Meet data collection and analysis needs to provide for data driven decisions
12. Account for the ecological, environmental, public health/safety and economic impact implementation will have on the state
13. Include short and long-range objectives/strategies to communicate and implement the plan
14. Incorporate regional and local plans/programs for water use and management
15. Promote intra-regional solutions and sharing of water resources
16. Develop and recommend strategies to address climate resiliency
17. Identify modifications to laws/regulations necessary in order to implement recommendations

www.ct.gov/dph/SHIPCoalition

Key Highlights of the State Water Plan



Platform for consistent, informed decision making



Maintain highest quality drinking water



Balance in-stream and out-of-stream needs

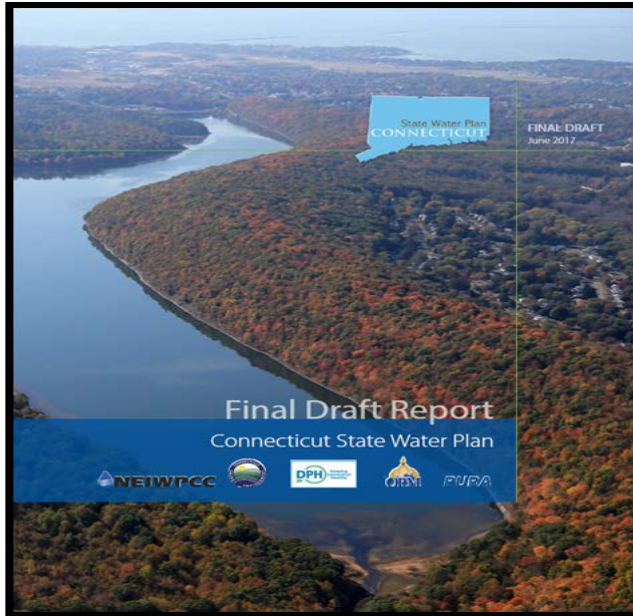


Water conservation



Maintain scientific data

NEXT STEPS



- ❖ Public Comment Period
 - ✓ July 20 – Nov 20, 2017
- ❖ Submit Final Plan to Legislature
 - ✓ January 31, 2018

- **Plan Implementation**

- Recommended policies as guiding principles for future laws and regulations based on stakeholder consensus
- “Pathways Forward”:
 - Data Needs
 - Partnerships
 - Consensus Building
- Implementation
 - Outreach
 - Funding
 - Priorities

What is your #1 concern for water in Connecticut?

Comment Period is open until Monday, **November 20, 2017**

www.ct.gov/water

We Want Your Feedback!– Here's How:

Go to: www.ct.gov/water

- Download the Final Draft CT State Water Plan
- Click on link to submit comments online
- Check for public meeting updates
- Questions? Send an email to wpc@ct.gov

Comment Period is open until Monday, **November 20, 2017**

THANK YOU!

Thank You

Lori Mathieu
lori.mathieu@ct.gov

Drinking Water Section
State of Connecticut
Department of Public Health

860-509-7333

2018 Policy Agenda

- Public Act 17-74 Community Health Worker (CHW) : PASSED
- Cancer Prevention/HPV funding proposed: PENDING via budget passage
- New Proposed Policy Agenda Items for 2018
 - Seatbelts in all positions
 - Tobacco control
 - Sugar sweetened beverages
 - Other?
- Discussion
 - What worked and what didn't last time?
 - What is the current environment?
 - The breadth/scope of what is included?

Select Action Team Progress and Key Questions Chronic Disease (CD)

- Healthy Food Donation List Updated and Approved by USDA!
- AC Members: How far can you reach? Please help broaden the reach by sharing with your organization and networks.

Healthy Food Donation List



Fruits

- Canned fruit in 100% fruit juice or water
- Applesauce, unsweetened
- Dried fruit, such as raisins & prunes
- 100% fruit juice



Use the nutrition facts label to determine how much:

- Saturated Fat
- Sodium
- Dietary Fiber
- Sugar

Vegetables

- Canned vegetables, no salt added (Sodium 140mg or less)
- Canned tomatoes, no salt added (Sodium 140mg or less)
- Tomato sauce, no salt added (Sodium 480mg or less, Sugar 8g or less)
- Spaghetti sauce, low sodium (Sodium 480mg or less, Sugar 8g or less)
- Salsa (Sodium 140mg or less)



Dairy

- 1% Low fat or fat free milk, shelf-stable (such as Parmalat), dry, evaporated
- Soy milk, non-refrigerated, unsweetened



Combination Foods

- Soups, stews or chili (Sodium 480mg or less)
- Broth or stock, unsalted, or low sodium (Sodium 140mg or less)
- Mac & cheese, whole grain



Beverages

- Tea bags
- Coffee
- Water, seltzer, unsweetened



Whole Grains

- Whole grain or whole wheat pasta
- Brown rice, wild rice or quinoa
- Oatmeal or whole grain cream of wheat, unflavored
- Whole grain crackers (Fiber 3g or more)
- Whole wheat or corn tortillas, non-refrigerated (Fiber 3g or more)
- Whole grain cereal (Sugar 6g or less, Fiber 3g or more)
- Popcorn, kernels or microwave 94% fat free



Proteins

- Peanut butter
- Canned beans, peas, lentils, no salt added or low sodium (Sodium 140mg or less)
- Dried beans, peas, lentils
- Canned tuna, salmon, chicken or sardines in water, low sodium
- Nuts or seeds, unsalted



Condiments & Oils

- Lite salad dressings
- Vinegar
- Vegetable, olive, or canola oil
- Dried herbs and spices
- 100% fruit spread



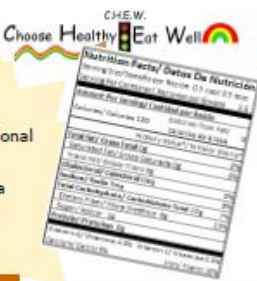
Helpful Hints:
 •Choose pop-top lids
 •Check food expiration dates



This material was funded by USDA's Supplemental Nutrition Assistance Program—SNAP. SNAP helps low income people buy nutritious food for a better diet. To get more information contact the CT Department of Social Services at 1-(833) 626-6632 or www.ct.gov/dss. USDA does not endorse any products, services, or organizations. Provided by the CT Department of Public Health. This institution is an equal opportunity provider. Inspired by: <https://www1.nyc.gov/assets/doh/downloads/pdf/public/donation-checklist.pdf>

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Lista de Donaciones de Alimentos Saludables



Frutas

- Fruta enlatada en jugo de fruta 100% o agua
- Puré de manzana, sin azúcar
- Frutas secas, como pasas y ciruelas
- Jugo de frutas 100%



Use la etiqueta de información nutricional para determinar cuanto (a):

- Grasa Saturada
- Sodio
- Fibra Dietética
- Azúcar

Vegetales

- Vegetales enlatados, sin sal añadida (140mg de sodio o menos)
- Tomates enlatados, sin sal añadida (140mg de sodio o menos)
- Salsa de tomate, sin sal añadida (480mg de sodio o menos, 8g de azúcar o menos)
- Salsa de espagueti (480mg de sodio o menos, 8g de azúcar o menos)
- Salsa (140mg de sodio o menos)



Productos Lácteos

- Leche 1% baja en grasa o sin grasa, estable en los anaques (como Parmalat), leche en polvo, evaporada
- Leche de soja, sin refrigerar, sin azúcar



Combinación de Alimentos

- Sopas, estofados o chili (480mg de sodio o menos)
- Caldo o consomé, sin sal o bajo en sodio (140mg de sodio o menos)
- Macaroni con queso, grano entero



Bebidas

- Té
- Café
- Agua, agua carbonatada



Granos Enteros

- Pastas de grano entero o de trigo entero
- Arroz integral, arroz silvestre o quinoa
- Avena o crema de trigo de grano entero, sin sabor
- Galletas de grano entero (3g de fibra o más)
- Tortillas de trigo entero o de maíz, sin refrigerar (3g de fibra o más)
- Cereales de grano entero (6g de azúcar o menos, 3g de fibra o más)
- Palomitas de maíz, kernels o de microondas 94% sin grasa



Proteínas

- Mantequilla de mani
- Habichuelas enlatadas, guisantes, lentejas, sin sal o bajo en sodio (140mg de sodio o menos)
- Habichuelas secas, guisantes, lentejas
- Atún, salmón, sardinas o pollo enlatado, en agua, bajo en sodio
- Semillas o nueces, sin sal



Condimentos y Aceites

- Aderezos bajos en grasa para ensaladas
- Vinagre
- Aceite vegetal, de oliva o de canola
- Especias y hierbas secas
- Jalea de frutas 100%



Consejos útiles:
 •Elija tapas pop-top
 •Asegúrese de leer las fechas de expiración de los alimentos



Este material se desarrolló con fondos proporcionados por el Supplemental Nutrition Assistance Program (SNAP en inglés) del Departamento de Agricultura de los EE.UU. (USDA siglas en inglés). SNAP ayuda a las personas con pocos ingresos comprar la comida que necesitan para mantener buena salud. Para obtener más información llame al Departamento de Servicios Sociales de Connecticut al 1-(855) 626-6632 o www.ct.gov/dss. USDA no aprueba ningún producto, servicio, u organización. Proporcionado por el Departamento de Salud Pública de Connecticut. Esta institución es un proveedor que ofrece igualdad de oportunidades. Inspirado por: <https://www1.nyc.gov/assets/doh/downloads/pdf/public/donation-checklist.pdf>

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Proposed roles for Advisory Council Members in Your Own Organizations

Level 1

- Find out if your organization coordinates donated food collection for local area food pantries

Level 2

- Identify and meet with the decision maker/ influencer in your organization who can approve or adopt use of the Healthy Food Donation Guide

Level 3

- Distribute the Healthy Food Donation Guide throughout your organization when hosting any type of donated food collection (report estimated reach)

How Far Can You Reach? Your Partner Networks

Level 1

- Find out if anyone in your partner network coordinates donated food collection for local area food pantries

Level 2

- Identify and meet with at least one decision maker/influencer from an additional organization within your partner networks

Level 3

- Secure the commitment of at least one partner network organization to adopt and implement the use of the Health Food Donation Guide by December 31, 2017. (report estimated reach)

Select Action Team Progress and Key Questions Environmental Risk Factors and Health (ENV)

- Lead Poisoning Prevention Campaign
 - Radio
 - TV : <https://youtu.be/UWz2Qe62rdE>
 - Billboards
 - Bus ads
- AC Members: Please help broaden the reach by sharing with their members/communities



Don't let lead poisoning change your child's future.

Learn how to prevent childhood lead poisoning.
860 509-7299 • ct.gov/PreventLead





You clean for dust. You clean for dirt. But are you cleaning for lead?

Learn how to prevent childhood lead poisoning.
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Select Action Team Progress and Key Questions Maternal, Infant, and Child Health (MICH)

- Every Woman CT

Next Steps/Next Meeting Date

- HCT2020 Interim Progress Report
- Thursday, November 30th, 2017 9:30 am-11:30 am @ DPH Lab

Thank You!