CT State Health Improvement Plan (SHIP)
Community Strength & Resilience Action Team Meeting

May 26, 2022

CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

www.ct.gov/dph/SHIPCoalition

Agenda

- Introductions
- Review & Discuss Indicator Input for Objectives
- Establish Regular Meeting Day and Time
- Next Steps

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Introductions

Ground Rules

Start and end on time

This is a process; remember, Rome was not built in a day!

Value all ideas in the spirit of creative inquiry

Respect each other

One person, one voice, one at a time.... succinctly!

Be data driven (based on data we have available)

Goal is to focus on collective impact and collaboration

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Action Team Charge

- Action Teams of the Connecticut Health Improvement Coalition are created for implementation of the Healthy Connecticut 2025 State Health Improvement Plan (SHIP).

- They will develop and implement annual Action Plans and report progress quarterly to the Advisory Council of the Connecticut Health Improvement Coalition.

- In developing Action Plans, the Action Teams may prioritize objectives and strategies, and identify and recommend refinements to the Healthy Connecticut 2025 State Health Improvement Plan.

- Action Teams may also create subcommittees to identify specific strategies and action steps for a prioritized objective, and/or address issues that require concentrated subject matter expertise.

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2022 **Implementation** Roles & Responsibilities

Lead Conveners

- **Host & coordinate** meetings *(with assistance from DPH)*
- **Report progress** to DPH and SHIP Advisory Council
- **Ongoing outreach** to potential partners/identify and help recruit members for the Action Team
- **Content Expert Facilitation**: Provide expert input to group discussions; share knowledge about current initiatives underway and groups engaging in similar activities; provide evidence-based strategy guidance, as needed.
- **Process Facilitation**: Lead the group through discussion and resolution of key agenda items; manage the discussion; capture key ideas/outcomes with support from group members.

Action Team Members (including Lead Conveners)

- **Conduct** supplemental research and engage in other outreach or data gathering activities between Action Team meetings as needed and determined by group
- **Outreach** to other Action Teams, as needed, to learn about their work and/or solicit feedback on Action Plans and implementation efforts, particularly around Key Objectives
- **Implement** action plan strategies/activities to address priority area objectives
- **Return** to your own coalitions/organizations/programs to align/refine your work to align with the Action Plan

Time Commitment: Recommend one, 1-hour meeting/month for Action Teams to get implementation efforts underway in 2022. Meeting duration and frequency can be adjusted moving forward.

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Priority Area Goal Statements

Priority	Goal
Access to Health Care	Ensure all Connecticut residents have knowledge of, and equitable access to affordable, comprehensive, appropriate, quality health care
Economic Stability	Achieve equitable economic wellbeing, stability and security so all Connecticut residents have the opportunity to work here, and can afford to live, stay, and retire here.
Healthy Food and Housing	Ensure that all Connecticut residents have equitable access to safe and affordable: • nutritious and culturally appropriate food • fair, stable, healthy housing
Community Strength and Resilience	Ensure community strength, safety and resiliency by providing equitable and sustainable access to community resources to address the unique physical, social, and behavioral health needs of all Connecticut residents.

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Priority D: Community Strength & Resilience

Goal D: Ensure community strength, safety and resiliency by providing equitable and sustainable access to community resources to address the unique physical, social, and behavioral health needs of all Connecticut residents.

Objectives

D1: Increase the number of community members who have the critical, essential resources to meet emergencies by 2025.

D2: Increase the capacity of 1st responders, public health departments, and municipal service and community-based providers to deliver barrier-free, timely, trauma informed, and transparent aid to the public by 2025.

D3: Increase the number of residents who have access to safe, affordable, and accessible technology, including internet-based public health and emergency information, by 2025.

D4: Align existing multi-sector communication networks to provide a central point for accessing information statewide by 2025.

D5: Increase the number of safe methods, spaces, and places for connecting residents to community life to measurably strengthen social capital by 2025.

D6: Increase the number of policies and systems that address environmental and social justice, health disparities, and community safety as a result of meaningful community engagement by 2025.

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Input on Indicators

D1:   Increase the number of ==community members who have== the critical, essential resources to meet emergencies by 2025

- DDS funded position count (DDS MIR)

- Transportation Insecure (CT Data Haven Community Index 2018 data)

- Chronically homeless (SAMHSA PATH)

- <u>Healthy People 2030 Neighborhood and Built Environment Objectives:</u>
  - None

- *==NOTE:== recommendation has been made to revise wording from "community members who have" to "communities with access to"*

D2: Increase the capacity of first responders, public health departments, and municipal service and community-based providers to deliver barrier-free, timely, trauma informed, and transparent aid to the public by 2025

- No available data found

- Healthy People 2030 Neighborhood and Built Environment Objectives:
  - Increase the rate of bystander cardiopulmonary resuscitation (CPR) for all non-traumatic cardiac arrests – PREP-01
  - Increase the rate of bystander automated external defibrillator (AED) use for non-traumatic cardiac arrests in public places – PREP-02

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D3: Increase the number of residents who have access to safe, affordable, and accessible technology, including internet-based public health and emergency information by 2025

- Home devices (CT Data Haven Well-Being Survey)

- Types of computers and internet subscriptions (American Community Survey)

- (B) Using the internet to Find Information (Health Information National Trends Survey (HINTS)

- <u>Healthy People 2030 Neighborhood and Built Environment Objectives:</u>
  - Increase the proportion of adults with broadband internet – HC/HIT-05

D4: Align existing multi-sector communication networks to provide a central point of accessing information statewide by 2025

- CONNIE- CT's Health Information Exchange

- <u>Healthy People 2030 Public Health Infrastructure Objectives:</u>
  - None

D5: Increase the number of safe methods, spaces, and places for connecting residents to community life to measurably strengthen social capital by 2025

- No data found

- Healthy People 2030 Public Health Infrastructure Objectives:
    - None

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D6: Increase the number of policies and systems that address environmental and social justice, health disparities, and community safety as a result of meaningful community engagement by 2025

- Legislative Actions to Implement the Recommendations of the Governor's Council on Climate Change (GC3) (CT DEEP)

- Bills by Subject (CT General Assembly)

- Healthy People 2030 Public Health Infrastructure Objectives:
    - Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act – EH-03

Survey Results

- Day of the month
  - Second Wednesday

- Time of Day – Morning
  - 9:00AM
  - 10:00AM
  - 11:00AM

- SharePoint Access – 50:50 – will set up a test

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Next Steps

- What worked well and what could be changed or improved (+/Δ)

- June 1st Advisory Committee Meeting to approve the 2022 Action Plans

- Ad Hoc SHIP Data Committee – estimated to convene in July to continue indicator identification discussion

- Next Action Team Meeting
  - Move forward with implementation work!
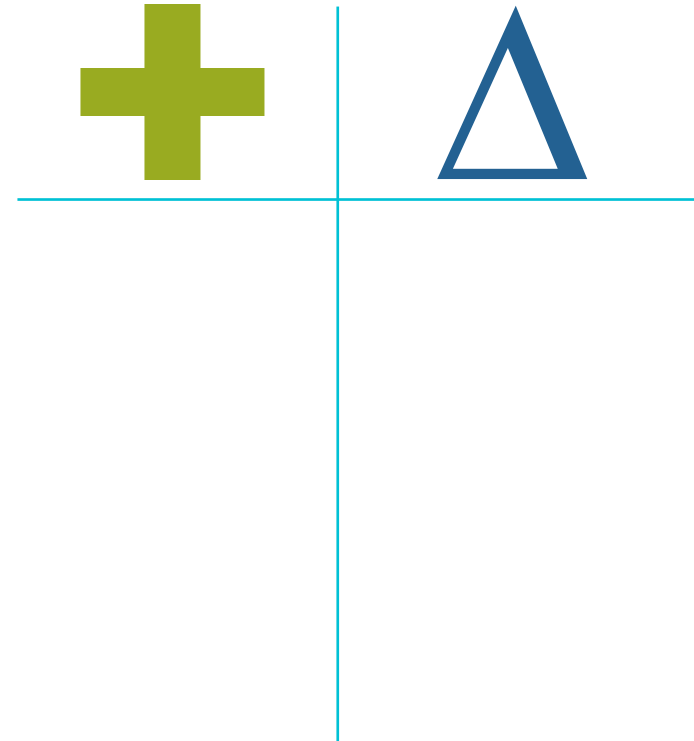
Thank You!

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D1: **Increase the number of** ==community members who have== **the critical, essential resources to meet emergencies by 2025.**

- ==*NOTE:* *recommendation has been made to revise wording from "community members who have" to "communities with access to"*==
  - **Agreement from the group to make the change to the wording of the objective.**
- Other
  -
- DDS funded position count (DDS MIR)
  - What is defined by these data sets? We could contact someone from DDS to find out.
  - What does DDS funded position do? What is MIR? Details would come out of the data committee
  - DDS Commission Scheff is very open to inquiries and Wayne Seidel is Director of Case Management both open to inquiries.
  - MIR is major incident room
-
- Transportation Insecure (CT Data Haven Community Index 2018 data)
  - DOT or DSS, both of which have large transportation for those who do not have a means of transportation. It was used for the vaccine clinics throughout COVID. There are assets that can be prepositioned to transport people from facilities in a pending emergency. Division of Emergency Management and Homeland Security can use public transportation in emergency situations. There are defined evacuation zones – people can register to be picked up. Emergency Support Function 6 through Red Cross to house homeless people in hotels during a declared emergency (e.g., in hotels).
  - FEMA, National Guard who respond to at risk populations, and can transport them out in an emergency.
  - Every town has an emergency response team, and have a list of vulnerable populations (CERT teams). They also have people who can pivot in and out during emergency situations.
  - All towns don't actually have CERT teams, but many do. There are other volunteer orgs, such as Medical Reserve Corps that also provide services.
  - Agreed- we primarily use MRCs
  - Both CERT and MRC produce annual reports.
- Chronically homeless (SAMHSA PATH)
- Healthy People 2030 Neighborhood and Built Environment Objectives:
  - None

D2: **Increase the capacity of first responders, public health departments, and municipal service and community-based providers to deliver barrier-free, timely, trauma informed, and transparent aid to the public by 2025.**

- Other
    - Heart Safe certification process run by the Office of Emergency Medical Services. There should be data on what towns are up to date on that. Includes CPR and AED's.
    - Statewide initiative to train a lot of first responders and medical reserve volunteers on Stop the Bleed. E.g., if there were a gun related violent assault, they train regular citizens on how to stop someone from bleeding out. There may be data on that.
    - Many schools have the stop the bleed kits and training now
    - There is an entire initiative for school security Office of Emergency Services and Homeland Security.
    - Can get the Mental Health First Aid data from the national grant recipients in the state.
    - Many LHD teach MHFA and QPR (we do)
    - Two other sources for police training- some larger depts have their own training for new and ongoing police officers.
    - SPECTOR does training all over the state for police officers. They may be able to share their data.
    - CABLE does all the CRT training for the state may be willing to share their data as well.
    - CABLE does CIT
    - The Dept of Mental Health and Addiction Services also coordinates a Disaster Behavior Health Response Team (group of licensed mental health specialists) who can be deployed post-disaster to locations for counseling, etc.
- No available data found

- Healthy People 2030 Neighborhood and Built Environment Objectives:
    - Increase the rate of bystander cardiopulmonary resuscitation (CPR) for all non-traumatic cardiac arrests – PREP-01
    - Increase the rate of bystander automated external defibrillator (AED) use for non-traumatic cardiac arrests in public places – PREP-02

D3: **Increase the number of residents who have access to safe, affordable, and accessible technology, including internet-based public health and emergency information by 2025**

- Other
    - At Division of emergency management and homeland security – they can push messages to residents who enroll in their program (opt in). They can let us know how many subscribers are on their system and where there are gaps in their state.
    - Maybe cell phone hot spot subscriptions and cell phone data as most cells now have internet data capacity
    - We should incorporate social media/YouTube outlets to send emergency communication.
    - There are no battery backups for cellphone towers.
    - Might the school districts have data on families with broadband access?
    - DEEP does mapping of broadband internet areas served/not served to assist Initiative Everybody Learns
    - School district is a good point- they worked on access
    - Will FCC make data available for people who are taking advantage of the newly offered broadband services?
    - There is Broadband Now report that puts out quarterly reports on internet coverage, especially internet coverage, and affordability data. There is an FCC definition of broadband. Some organizations are looking to expand that definition.
    - Executive Director of CT Commission for Education Technology will be joining us in future meetings when available to assist with information regarding Initiative Everybody Learns.
- Home devices (CT Data Haven Well-Being Survey)
- Types of computers and internet subscriptions (American Community Survey)
- (B) Using the internet to Find Information (Health Information National Trends Survey (HINTS)
- Healthy People 2030 Neighborhood and Built Environment Objectives:
    - Increase the proportion of adults with broadband internet – HC/HIT-05

D4:   Align existing multi-sector communication networks to provide a central point of accessing information statewide by 2025

- Other
    - What does this objective mean? An electronic one-stop shop so that people don't have to hunt for information across multiple websites. One door.
    - We obviously serve everybody, but should be focusing on hard-to-reach populations
    - D4.2. Assess available funding for necessary changes (including connection to existing networks like 211) and report findings to the legislative and executive branch offices.
    - Health Alert Network is not listed. But, not sure how we integrate federal, state, local
    - We need to figure out a way to streamline the various levels
    - For reference: https://ct.211counts.org/
    - 211 is not the answer – we don't want to put all our eggs in one basket. It did not work in our state for COVID. We need to integrate all the communications streams.
    -
- CONNIE- CT's Health Information Exchange
    -
- Healthy People 2030 Public Health Infrastructure Objectives:
    - None

D5: **Increase the number of safe methods, spaces, and places for connecting residents to community life to measurably strengthen social capital by 2025**

- Other
  - —

- No data found
- Healthy People 2030 Public Health Infrastructure Objectives:
- None

D6: **Increase the number of policies and systems that address environmental and social justice, health disparities, and community safety as a result of meaningful community engagement by 2025**

- Other
  - —

- Legislative Actions to Implement the Recommendations of the Governor's Council on Climate Change (GC3) (CT DEEP)
- Bills by Subject (CT General Assembly)
- Healthy People 2030 Public Health Infrastructure Objectives:
  - Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act – EH-03

Survey Results

- Day of the month (see chat)
  - Second Wednesday
- Time of Day – Morning (see chat)
  - 9:00 AM
  - 10:00 AM
  - 11:00 AM
- SharePoint Access – 50:50 – will set up a test

Day/Times	# Votes in Chat (Out of 10 people who voted)
2nd Wed	
9 AM	6
10 AM	2
11 AM	2
Any/Varies	2

Zoom Chat

Time	From	Chat Comment
09:23:41	Adrianna Ramirez (she/her) CTFSN	DDS Commission Scheff is very open to inquiries and Wayne Seidel is Director of Case Management both open to inquiries.
09:24:10	justine Ginsberg	MIR is major incident room
09:27:41	Adrianna Ramirez (she/her) CTFSN	Is MIR- Management Information Report?
09:29:18	Ashley Frechette	I am sorry I had to deal with an issue so I stepped away for the past 10 mins. Sorry about that.
09:29:24	Francesca Provenzano	All towns don't actually have CERT teams, but many do. There are other volunteer orgs, such as Medical Reserve Corps that also provide services.
09:29:55	Maritza Bond	Agreed- we primarily use MRCs
09:32:39	justine Ginsberg	Many schools have the stop the bleed kits and training now
09:33:26	Francesca Provenzano	Both CERT and MRC produce annual reports.
09:34:03	justine Ginsberg	Many LHD teach MHFA and QPR (we do)
09:35:16	Francesca Provenzano	The Dept of Mental Health and Addiction Services also coordinates a Disaster Behavior Health Response Team (group of licensed mental health specialists) who can be deployed post-disaster to locations for counseling, etc.
09:35:19	Cathy Sisco (she,her) Wheeler	CABLE does CIT
09:37:29	justine Ginsberg	Maybe cell phone hot spot subscriptions and cell phone data as most cells now have internet data capacity
09:38:27	Maritza Bond	We should incorporate social media/YouTube outlets to send emergency communication.
09:39:26	Adrianna Ramirez (she/her) CTFSN	DEEP does mapping of broadband internet areas served/not served to assist Initiative Everybody Learns
09:40:04	Maritza Bond	School district is a good point- they worked on access
09:41:55	Adrianna Ramirez (she/her) CTFSN	Executive Director of CT Commission for Education Technology will be joining us in future meetings when

Community Strength & Resilience Action Team Meeting
Notes from May 26, 2022

Time	From	Chat Comment
		available to assist with information regarding Initiative Everybody Learns.
09:50:09	Mario Garcia	D4.2. Assess available funding for necessary changes (including connection to existing networks like 211) and report findings to the legislative and executive branch offices.
09:50:52	Maritza Bond	Health Alert Network is not listed. But, not sure how we integrate federal, state, local
09:53:05	Adrianna Ramirez (she/her) CTFSN	Agree
09:53:10	Maritza Bond	Agreed. We need to figure out a way to streamline the various levels
09:53:46	Mario Garcia	For reference: https://ct.211counts.org/
09:55:17	Adrianna Ramirez (she/her) CTFSN	thank you Mario
09:58:11	Susan Major	Any of them is fine with me
09:59:02	Maritza Bond	varies- will try my best work with the group
09:59:58	Maritza Bond	June 1st at 10
09:57:34	justine Ginsberg	9
09:57:38	Ashley Frechette	9
09:57:44	Jonathan Lillpopp	9
09:58:04	Andrea Duarte DMHAS	9 AM
09:58:16	Steven Wallett	9AM
09:58:14	Robyn Gulley	9 or 11
09:57:40	Adrianna Ramirez (she/her) CTFSN	11am
09:58:35	Cathy Sisco (she,her) Wheeler	10 or 9:30
09:59:11	justine Ginsberg	Sorry guys i have to jump on the next call - have a great weekend :)
10:00:14	Marianne Buchelli	Thank you.