

## Community Strength & Resilience Action Team Meeting Notes from May 26 & June 8, 2022

- 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)p
  - Healthy People 2030 Neighborhood and Built Environment Objectives:
    - None

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### **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

## Community Strength & Resilience Action Team Meeting Notes from May 26 & June 8, 2022

### **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

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### 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.
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- CONNIE- CT's Health Information Exchange
  -
- Healthy People 2030 Public Health Infrastructure Objectives:
  - None

## Community Strength & Resilience Action Team Meeting Notes from May 26 & June 8, 2022

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

- Other
  - Have we looked at the usage of community spaces (community centers by seniors, church-based youth groups, community youth or senior based activities). They keep enrollments (activities, who comes). Might be easier to measure by town.
  - Hartford did pull this info together by town/city in the past (enrollment). Some is third partied out. Would assume other places would have some sort of report back.
  - Rec departments – they host a lot of public based events that bring people together (farmers markets, park-based activities).
  - State level association that might track that – state level parks and rec association.
  - Reach out to New Haven’s Dept of Community Resilience – it is new
  - Hartford – Civilian Response Corp and Hosp based violence intervention program under chief operating officer (Patricia McIntosh)
  - Youth – looking at the number of town-based sporting teams (separate from school) that are in place
  - YMCA – providing rec and activities for all different groups
  - Scouts (Boy’s and Girl’s)
  - 4-H
  - Summer camps – safe spaces for connecting kids to each other
  - Some towns/ cities have a PAL police activity league – youth-based (Police Athletic Leagues.)
  - Volunteer firefighters
  - Volunteer groups for each town (thrift stores, community pantries) – work with town social services
  - Lions, Rotary, VFW, American Legions
  - Public libraries (some are combining services - have café shops, social workers assigned there)
  - A lot of these seem to be focused on more densely populated areas – where there may be seemingly a greater disconnect. People in smaller towns seem to know to everybody. This objective is focused on the communities that experience more social dysconnectivity. There is a way to identify the locations in CT. Look at those areas to focus efforts
  - Equity stands out – aside from PAL, a lot of those programs require funds. Some people can’t afford to join the local Y. When we say “safe”, how do we know what residents consider safe?
  - In rural areas, how do we look at isolation? You can still be experiencing social isolation. When we deal with youth mental health, the Surgeon General put out a notice about youth mental health. You can be amongst a large group and still experience social isolation.
  - Looking at connectivity – it will not be the same for rural and urban settings.

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- Data Haven’s The Five CT’s – to be able to evaluate it that way. Being able to take a system that is inequitably, but have equity within the metric that we choose.
- 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
  - Determine the number of policy priorities that will be set each year, see if they go to the legislative process, if they get passed, if they get implemented.
  - Look at what is happening at the local level as well – get the local governments to play ball – things happen at the local level as well (e.g., plant more trees).
  - The measurement – health departments should also have strategies around these. How are those being done, tracked, how can we tie back to the state.
  - Local public health adopts policies (model policy maybe) could be a tactic under this strategy
  - The way the objective is stated – increasing the number of policies assumes that the policies are effective. Assessment or measurement of progress needs to be more qualitative than quantitative.
  - Looking at how many of the policies that are put forward are adopted in full rather than being watered down. End up being a policy in name only. Has it been altered to satisfy both sides?
  - Looking at educate increased resources for partner sexual violence – are we seeing an increase in that during an educational campaign. How effective are these things (211, police reporting, through OBGYN).
  - Which groups are doing this work, that fall in each of these buckets – are they doing good work? Are they including the community in these processes? What interventions are they promoting? Where is it working? 2Gen legislation – Commission on Women, Children, Seniors, Equity and Opportunity. – they were effective in pushing legislation (need to look at parents to help the child). Look at that legislation to gather data. With D6.1 – we want to include communities in these discussions as they are the closest to these problems.
  - Governor’s Task force is looking more broadly at community context voices and providing honoraria
  - We do lots of needs assessments and capacity assessments (funded by DEMS). In the objective – it says, “as a result of meaningful community engagement”. How are we measuring that? Whatever we are doing to do that is supposed to impact policies and

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systems. A: want to make sure that changes are the result of engaging the communities most impacted.

- How do we get data from the community level to inform the policy and systems? That is what the data sources should be. Regional assessments, health dept assessments, hospital assessments. I don't know of any related to social justice.
  - Recently convened residents from our areas, focus group for a community health needs assessment, met to hear their stories and experiences around accessing health care. That will help inform next years community needs assessment.
  - Dept of SS, maybe there are assessments that other agencies are doing that may capture that. Policing?
  - Just the act of respecting and including the voice of the people who are close to the issue is an act of social justice. Making sure that their voices are heard and included.
  - This is an issue that needs to be addressed – just because it isn't being measured doesn't mean that it isn't important. Who else is doing work in this area? Who else do we need to have as part of this discussion?
- 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

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### 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)
2 <sup>nd</sup> 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



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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: <a href="https://ct.211counts.org/">https://ct.211counts.org/</a>
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.