

Priority Area D: Community Strength and Resilience

- Cohesion
- Safety
- Emergency Response & Preparedness

Goal

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 CT residents.

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

Strategies

- D1.1. Conduct a culturally and linguistically appropriate awareness campaign to make people aware of the elements of emergency preparedness.
- D1.2. Identify and publicize diverse distribution points (e.g., recovery centers, pop up spaces) for critical, essential resources (e.g., shelter, water, food, oxygen, medicines, and health services) during emergency responses).
- D1.3. Review and identify opportunities to better coordinate and align emergency response efforts to ensure that all at risk populations are addressed in the State Response Framework, state agency Emergency Response Plans, and community-based Emergency Response Plans.
- D1.4. Identify alternative options for local systems to distribute resources to community residents who may not have transportation/access to central distribution sites.
- D1.5. Prioritize aid to individuals (e.g., those experiencing homelessness or at risk of experiencing homelessness) who are left out of address-based or employment-based assistance programs (e.g., COVID-19 stimulus check).
- D1.6. Promote the establishment of a Reserve Food Pantry(ies) so that there is sufficient food in a crisis. (See also C1.7, C1.8, C2.9)

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.

Strategies

- D2.1. Support transparent sharing of information between responding agencies while ensuring protection of confidential health information.
- D2.2. Promote de-escalation training and behavioral health first aid training to first responders and front line community services providers to address barriers to effective response (e.g., be able to identify dementia, someone who is having a diabetic attack, Post-Traumatic Stress Disorder (PTSD), domestic abuse, suicide prevention (Question, Persuade and Refer (QPR))).
- D2.3. Educate on the need for increased and sustainable state funding for public health essential services and emergency preparedness at state and local levels.
- D2.4. Educate on the need for increased or reinstated state funding for social services and senior services programs in municipalities.
- D2.5. Promote the need for and benefit of volunteer opportunities in the Medical Reserve Corp and Community Emergency Response Team (CERT).
- D2.6. Expand support and behavioral health services for first responders and the public health work force.

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.

Strategies

- D3.1. Maximize and leverage existing coverage for health services to include the cost of technology for telehealth (e.g., Medicaid will pay for tech for certain programs).
- D3.2. Promote the continuation of reasonable, cost effective telehealth services for all, including those who are un- or under-insured.
- D3.3. Promote digital equity across healthcare, education, and socio-economic development by supporting efforts for community wide WIFI access (e.g., entire cities). (See also A1.1, B2.1, D4.4, D5.2).
- D3.4. Promote and leverage the opportunities for community organizations to subsidize the cost of providing new or used tablets/devices to enable residents to connect to services. (See also A1.2, D3.5)
- D3.5. Promote culturally and linguistically appropriate training on how to use tablets/devices to access internet-based public health and emergency information. (See also A1.2, D3.4)

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

Strategies

- D4.1. Inventory status of current communication systems to assess gaps in information or coordination.
- 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.
- D4.3. Promote training to municipal officials on availability of information through existing networks (e.g., 211) and the importance of contributing to the database. (See also B3.6, C1.5)
- D4.4. Promote free WIFI for low socioeconomic and rural communities. (See also A1.1, B2.1, D3.3, D5.2)
- D4.5. Establish a partnership for a true cross-platform Health Information Exchange (HIE) system to unite health info/claims data in one system. (See also A2.1, A3.1)
- D4.6. Promote a public/private partnership to establish a secured, cross-platform case management system to increase interoperability between Community-Based Organizations (CBO's) (e.g., Enterprise Nonprofit Software (ETO)).
- D4.7. Integrate care coordination across needs areas (e.g., housing, transportation, food) to best meet consumer needs. (See also C1.1, C1.2)
- D4.8. Explore and recommend options for sharing and accessing information among providers, local health departments, CBOs, and community members.

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

Strategies

- D5.1. Collaborate with partners to select and implement curricula (including a common language, tools, and frameworks) to elevate awareness of and eliminate systemic racism and inherent bias. (See also B5.6)
- D5.2. Promote digital equity across healthcare, education, and socio-economic development by supporting efforts for community wide WIFI access (e.g., entire cities). (See also A1.1, B2.1, D3.3, D4.4)
- D5.3. Collaborate with partners to improve public spaces so that they are safer for community use.
- D5.4. Promote the benefits of proactive, youth-directed, youth-chosen, and youth-centered community programming to improve positive youth development and outcomes.
- D5.5. Promote policies and systems that support safe spaces and places for engaging seniors in community activities to improve health and decrease social isolation and depression.
- D5.6. Promote the availability of resources across different communities and schools that support conversations around comprehensive sexual health and healthy relationships.
- D5.7. Promote the importance of sustainably funding community-based arts, leisure, and sports activities.

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.

Strategies

- D6.1. Promote the benefits of institutions building and paying for community engagement and processes (recognize that we cannot work with communities without paying for it, providing compensation for community members to contribute).
- D6.2. Provide and communicate measurable changes back to the community (e.g., safety) as a result of their engagement (feedback loop on change in meaningful things/outcomes).
- D6.3. Promote the development and enhancement of policies around wraparound services to ensure equitable access; monitor/ track regularly.
- D6.4. Educate on the need for increased resources regarding sexual and intimate partner violence to decrease health disparities.
- D6.5. Support efforts of the state of CT to address social justice and environmental justice through engagement and coordination of state agencies.
- D6.6. Educate on the benefits of returning cost savings from lowering medical costs to the communities and the programs that generated the savings.
- D6.7. Educate on the importance of conducting a Health Impact Assessment for all community development projects, policies and systems changes prior to the final approval process.