

**COUNCIL ON WOMEN & GIRLS- SUBCOMMITTEE ON HEALTH & SAFETY**

**DATE: February 7, 2022**

**TIME/ LOCATION: 10:00am - 11:30am/ Microsoft TEAMS**

**Meeting Members/Designees/Attendees:**

**Vannessa Dorantes** (Subcommittee Co-Chair: Comm. DCF); **Manisha Juthani** (Subcommittee Co-Chair Comm. DPH); **Stephanie Poulin** (Presenter - Health Information System - Infectious Disease) **Chelsea Vozzolo** (Presenter DPH); **Chioma Ogazi** (Presenter DPH) **Chenae Russell** (OEC); **Jane Siegel** (Staff Attorney DVA); **Shelly Nolan** (DMHAS); **Valencia L. Bagby-Young**; **Marie Spivey** (SEET Systems Consultant Equity Education & Transition); **Marian Evans** (SCSU); **Donna Palomba** (Jane Doe No More); **Corrinna Martin** (M.O.V.E. Inc); **Kim Martone** (Deputy Director Office of Health Strategy); **Yvette Young** (Village for Family & Children); **Rep. Dorinda Borer**; **Janet Stolfi Afano** (CT Diaper Bank); **Ashley Starr Frechette** (CCADV); **Brian Foley** (DESPP); **Rosa Biaggi**; **Sharonda Carlos** (Comm DOC); **Kathy Flaherty** (CT Legal Rights Project); **Marie Spivey**; **Dr. Candace Barriteau Phaire** (CCSU); **Gretchen Raffa** (Planned Parenthood of So. New England); **Nichelle Mullins** (Charter Oak); **Dr. Tekisha Everette** (Presenter - Health Equity Solutions) ; **Nancy Bernstein** (Pres & CEO Women's Health CT); **Dashni Sathasivam** (Health Equity Solutions CT); **Thomas Saadi** (Comm DVA); **Kathleen Brennan** (Dep Comm DSS)

Recorder: Diane Fasano (Department of Children and Families)

**MINUTES**

Topic	Discussion	Action
<b>Welcome and Introductions</b>	DCF Commissioner Dorantes welcomed the group and called the meeting to order at 10:00 AM. She asked participants to populate in the chat with who you are and what agency you represent in lieu of formal roll call and introductions. Co-Host DPH Commissioner Juthani introduced herself and laid out the timeframe of the meeting. Focusing on Black History Month and awareness around Heart Health. 1 <sup>st</sup> half of the meeting will be a presentation on the WISEWOMAN Program DPH helps to coordinate and at 10:30 we will be hearing from Dr. Tekisha Everette. Q&A last half hour. It was noted that Subcommittee Tri-Chair OEC Commissioner Bye is not able to join us today.	
<b>Review and Approval of minutes from last meeting</b>		
<b>Legislative Updates – Members, Agencies</b>	None	
<b>Legislative Advocacy</b>	None	
<b>Topics of Discussion</b>	<p><b>WISEWOMAN Program (Dept of Public Health)</b>  <b>Stephanie Poulin, Chelsea Vozzolo and Chioma Ogazi Presented:</b></p> <ul style="list-style-type: none"> <li>The Connecticut Department of Public Health’s WISEWOMAN (Well-Integrated Screening and Evaluation for Woman Across the Nation) program is a Centers for Disease Control and Prevention</li> </ul>	

(CDC)-sponsored program designed to help 40-64 year old women reduce their risk for heart disease and promote a heart-healthy lifestyle. WISEWOMAN provides women found at risk for cardiovascular disease an opportunity to participate in a lifestyle modification program, which includes nutrition and physical activity interventions building a cross-sector coalition focused on improving equitable early childhood outcomes for CT cradle to career.

- Shared Cardiovascular statistics; Breakdown of data by race and ethnicity; provided context on cardiovascular statistics and risk factors for the next part of the presentation.
- This program enables qualifying women (low income, underinsured or uninsured) to receive free clinical screenings and counseling about their risk factors including support, including short and long-term health coaching.
- Program Navigators counsel participants and can go to participants instead of them having to come to us.
- Connecticut is 1 of 22 states and tribal organizations fortunate to have this funding.
- Head to toe assessment - a well woman visit
- Risk reduction counseling
- Community Support Option - most popular; membership to Planet Fitness gym
- Gardening
- Contracts with 6 health systems to offer our services which is made up of 21 hospitals
- On average 700+ women supported per year
- Barriers: language, food insecurity, COVID, lack of funding for CHNs, lack of mobile resources. We don't get state funds. We meet women where they are.
- Expansion: Want to outreach to younger women, LGBTQ+ homeless, DOC facilities - re-entry, peer to peer efforts

through high school programs and colleges.

**Questions:**

Regarding obesity and low physical activity in adolescents, was there any data reviewed regarding the number of those persons who are also diagnosed with mental health concerns and are prescribed psychiatric medications which may impact both obesity and physical activity?

Response: Survey data does not ask about medication; asks about depression and anxiety; will talk about how we can do that. Some women are too depressed to go to their mailbox so how can we ask them to go to the gym. CDC - women can go to a mental health specialist.

Commissioner Juthani: Side effects of psychiatric medications i.e., weight gain. Go back and look if there are ways to even assess that, particularly our teenagers - body image issues.

If I understand correctly, the WISEWOMAN Program is designed for those who qualify as low income; what measures are in place to target women who would greatly benefit from this program but do not qualify based on income?

Response: Comm Juthani - I suspect this is a funding issue problem - what our monies are put towards. Our navigators are in the community, talking to them about cardiovascular health if no insurance or low income can enroll in our program but if not, we will navigate them to a supportive resource within their hospital.

How can community healthcare providers refer patients to the WISEWOMAN Program?  
Response: Chelsea Vozzolo entered the website in the chat. We have 21 different hospitals we work with - navigation teams. Contact info on our website at the bottom by towns. Go through the hospital closest to where they work or live. Contact info for the program into the chat. <https://bit.ly/3B4uWWT>

Did I hear you are partnering with federally qualified health centers? I do not see them represented on the slides.  
Chelsea Responded: Yes, our direct hospital contractors sub-contract with local FQHC's to provide various locations where our integrated program services are offered. We weren't able to represent them on today's presentation due to volume and allotted time.

Commissioner Dorantes: This subcommittee early on identified equity issues in women and girls. Over the last year CT qualifies as a state who recognizes racism. Governor Lamont signed into law a declaration of racism as a public health emergency. From that, a commission was developed. Dr. Tekisha Everette co-chairs that commission to tackle that issue. Will level set our understanding of terminology and language now you can hear her presentation and apply that to the info that was just shared. How race and gender intersect.

**Dr. Tekisha Everette, Health Equity Solutions**

- Review on Language & Health Equity - to promote policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut regardless of race, ethnicity or socioeconomic status.

- Focus that every CT resident has optimal health regardless of race, ethnicity or socioeconomic status.
- Language is evolutionary and changes with time.
- Race and Ethnicity - We ask people to tell their ethnicity first. Race is a social construct we created as humans. We can divorce some of the negativity. It's based on what you can see i.e., skin color; Race has high social significance. Changes throughout time.
- Ethnicity is a shared culture that defines or shapes a group, i.e., language, practices and beliefs.
- We classify and categorize people is not a problem - discrimination is the problem.
- Race is not the challenge racism is. Racism produces inequities based on race.
- Minority group - not given power. Minoritized - made these individuals a minority from a power dynamic.
- Forms of racism: Structural, Institutional, Interpersonal and Internalized
- Anti-Racism - the active process and practice of identifying and eliminating racism by changing system, organizational structures, policies and practices and attitudes. Racism exists and it is a problem.
- An Anti-Racist person actively challenges racism through actions and advocacy. Racism exists. We all have a role in this and collectively we can dismantle it. (Ibram X. Kendi book or 43 min Ted Talk)
- Racial equity - People can reach their full potential. Equality vs Equity. Equality is the state of being equal; Equity acknowledges the differences in needs, experiences, and opportunities. Equity is 1<sup>st</sup> step before we get to equality. Make sure people have what they need.
- Health Equity - everyone has a fair and just opportunity to attain optimal health regardless of ethnicity, gender, income level or other social factors that create barriers to health. We are not all starting at the same place.

- Disproportionate Impact - overrepresentation or underrepresentation of a specific group compared to its total population.
- Move away from term Minority as a descriptive. Power Dynamics; use *Minoritized* instead. (women, disabled, etc.)
- Social Determinants of Health - language is vague; If we don't talk about the root cause of social determinants of health, we won't address the issue. Structural racism; housing. Need long term solutions by looking at underlying cause.

Questions/Comments:

Corrinna Martin: Historically there is a domestic victimization upon the black, brown and LGBTQ communities more importantly our women on to protect, identify and provide services that will help, aid and support those that have or are experiencing domestic violence. So, in conjunction with Dr. Everett's presentation which she so eloquently presented is that we need to re-exam how we tailor our community services including WISEWOMAN how to provide services and assess how existing services or programs will put more into reaching those that fall into these categories instead of overlooking them because of being in those communities.

Chioma Ogazi - Navigators are members of the community. They built a trust with the women, so they share the many issues they are dealing with. Navigators are trained to recognize DV.

Chelsea added everything is done on the spot - no need to send them to a lab. Added to the CHAT: Webpage for CT DPH Programs funded to support Intimate Partner Violence initiatives: <https://portal.ct.gov/DCF/Intimate-Partner-Violence/Home>

Comm Dorantes: A system itself needs to understand the needs of the participants. Help us understand the Action associated with of all the agencies here on our subcommittee. The biggest take away from Dr. Everett's presentation is along with the constituents that we serve when they come to us - What agencies

	<p>have to do to recognize to go to the underserved communities.</p> <p>Dr. Everette - DV has a connection to history and lived experience in the present. When we are thinking of programs, we are clear how a one size fits all model doesn't work for everyone. Important to recognize the importance of what any community or individual needs is based on understanding the history and the contemporary existence of DV in our society.</p> <p>Rep. Borer - Support the bills she is working on 1. More Education in high schools Abusive vs. healthy relationships. Let's look at what other states do. 2. Bill regarding insurance coverage for breast screenings for women who have dense breasts.</p> <p>Comm Dorantes asked Comm Juthani - What COVID has done to routine screenings in terms of recognizing the need for preventative measures?</p> <p>Comm Juthani: So much of our routine public health has had to be put on back burner these last 2 years. Preventative things like mammography, colonoscopy - people afraid to go for routine screenings. It will be essential to pay attention to get us back on track. We lost ground.</p> <p>Chelsea added that our community health navigators are members of the community they are serving. They know where to look or where to refer them to other services. Program navigators are trained to use mobile equipment to screen women wherever they are safe to do so. We are fully mobile so we can go to participants. They don't have to come to us. Reduce barriers for participation. (Comm Dorantes - an additional box for those who cannot see over the fence.)</p> <p>Comm Juthani - One of the great things about having a diverse group of people on the call today organizationally you can help connect people to various hospitals to get into the programs. Utilize the website.</p> <p>Comm Dorantes thanked our presenters. Asked the participants on the call to share activities you have coming up.</p>	
<p><b>Questions:</b></p>		

<p><b>Committee Updates and Announcements:</b></p>	<p><b>Upcoming Events:</b></p> <p>Yvette Young Event coming up focusing on black health and wellness; Lunch Break (Facebook live show) with the Village; 2 physicians to talk about equity and health issues and equity issues. 2/23 at noon on Facebook. Open to the public.</p> <p>Corrinna Martin Founder of nonprofit Mothers of Victim Equality (M.O.V.E. Inc.) in West Haven, CT. Advocate for the rights of persons victimized by domestic violence; mobile bus unit for community outreach program was shut down due to COVID. Getting it back on the road to provide aid in the community for those who are not able to get into a shelter - after hours and on weekends. (mental health, safety issues, judicial process for those in DV situations). Spoke with Commissioner Dorantes about connecting with other organizations.</p> <p>Shelly Nolan - DMHAS's LGBT collaborative will be holding a conference entitled "Intersectionality and the Gender Continuum" Save the Date is 6/10/22- (June Pride Month) registration/speaker details to follow.</p> <p>Marian Evans SCSU: Here is a link of a host of events on our campus. <a href="https://inside.southernct.edu/multicultural-center/black-history-month">https://inside.southernct.edu/multicultural-center/black-history-month</a> Main library digital exhibit of Bell Hooks</p> <p>Ashley Starr Frechette: February is also Teen Dating Violence Month so we many of our members have some great resources and supports on this topic and you can find a great tool kit for teen dating violence on our website <a href="https://www.ctcadv.org/TDVToolkit1.18.pdf">TDVToolkit1.18.pdf (ctcadv.org)</a></p> <p>Commissioner Saadi and Jane Siegel - Dept of Veterans Affairs - special Black History Month Celebration will focus on black health and wellness - western medicine and non-traditional approaches held in Auditorium 2/24 @ 10am for veterans Highlighting Veteran African-American Veterans on social media pages. Equality doesn't happen unless there is equity (slide with the boys standing on the boxes).</p>	
<p><b>Adjournment</b></p>	<p>The meeting adjourned at 11:44am</p> <p>Future Subcommittee Meetings:</p> <p>March 7, 2022</p> <p>May 2, 2022</p>	



	June 6, 2022 August 1, 2022 September 6, 2022 November 7, 2022 December 5, 2022	
--	---	--