

# Community Health Subgroup

*August 25, 2021*



# Agenda

Welcome and Roll Call	Brent Miller	2:00 PM
Public Comment	Members of Public	2:05 PM
Approval of the June 23 <sup>rd</sup> Meeting Minutes	Members of CHS	2:10 PM
Public Health and Climate Change	Rebecca French	2:15 PM
Robert Wood Johnson Foundation (RWJF) and Data Across Sectors for Health (DASH), Learning and Action in Policy and Partnerships (LAPP) Grant	Gina Federico Mark Abraham	3:00 PM
Office of Minority Health (OMH) Grant	Laura Morris	3:20 PM
Center for Disease Control and Prevention (CDC) Health Disparities Grant	Brent Miller	3:40 PM
Meeting Adjournment	All	4:00 PM

# Welcome and Roll Call

# Public Comment

(2 minutes per person)

# Approval of Minutes

*June 23<sup>rd</sup>, 2021*

# Public Health and Climate Change

*Rebecca French*

Public Health and Climate Change  
Community Health Subgroup  
Office of Health Strategy  
August 25, 2021

Connecticut Department of  
Energy and Environmental Protection



# Governor's Council on Climate Change (GC3)

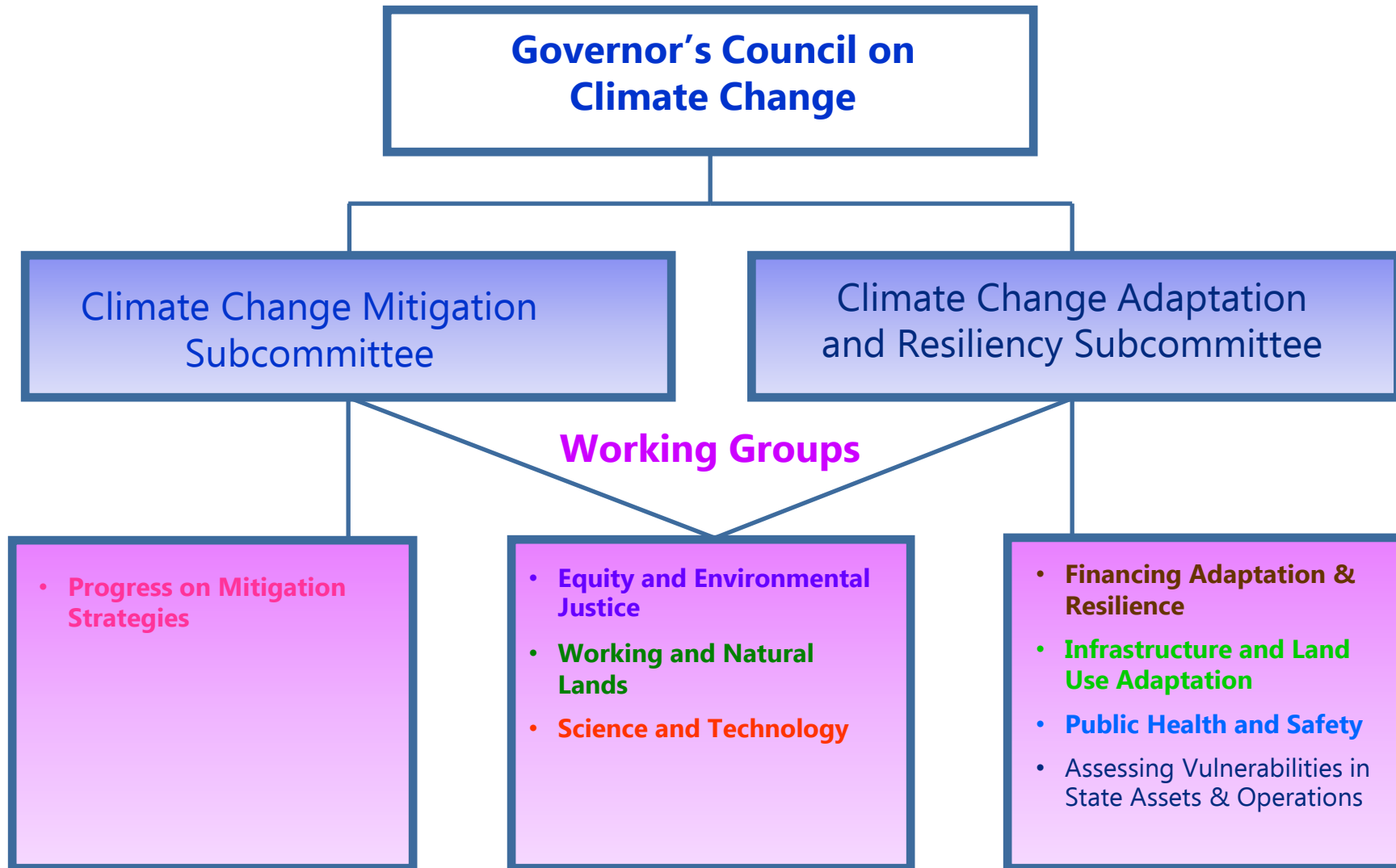
Monitor and report on the state's implementation of the **greenhouse gas emissions reduction strategies**

**Develop and implement adaptation strategies** to assess and prepare for the impacts of climate change





# GC3 Structure



# 23 Members of the Governor's Council on Climate Change

100+  
Contributing Organizations



0 Carbon Target  
For electricity sector by 2040



7 Critical Working Group Focus Areas

- Progress on Mitigation Strategies
- Working and Natural Lands
- Science and Technology
- Equity and Environmental Justice
- Infrastructure and Land Use Adaptation
- Public Health and Safety
- Financing Adaptation & Resilience

231 Individual Working Group Members

Progress update on  
45% reduction  
in CO<sub>2</sub> levels by 2030

1 Statewide Adaptation & Resilience Plan





# ***Taking Action on*** **Climate Change and** **Building a More Resilient** **Connecticut for All**

**GC3** Governor's Council  
on Climate Change

Phase 1 Report: Near-Term Actions  
January 2021



# Climate Mitigation & Health

**Mitigation** reducing emissions of and stabilizing the levels of heat-trapping greenhouse gases in the atmosphere

**Community Health Connection:** *GHG emissions from burning fossil fuels - especially coal, oil and gasoline - pollutes our air and contributes to asthma and other health impacts.*

- Electric supply – CT will be 91% fossil fuel free by 2025 due to offshore wind, solar and nuclear power sources
- Transportation – largest source of GHG emissions and outdoor air pollution from particulate matter (PM 2.5), ozone and NOx.

**Moving to electric means stopping outdoor air pollution from vehicles.**



# Climate Resilience & Health

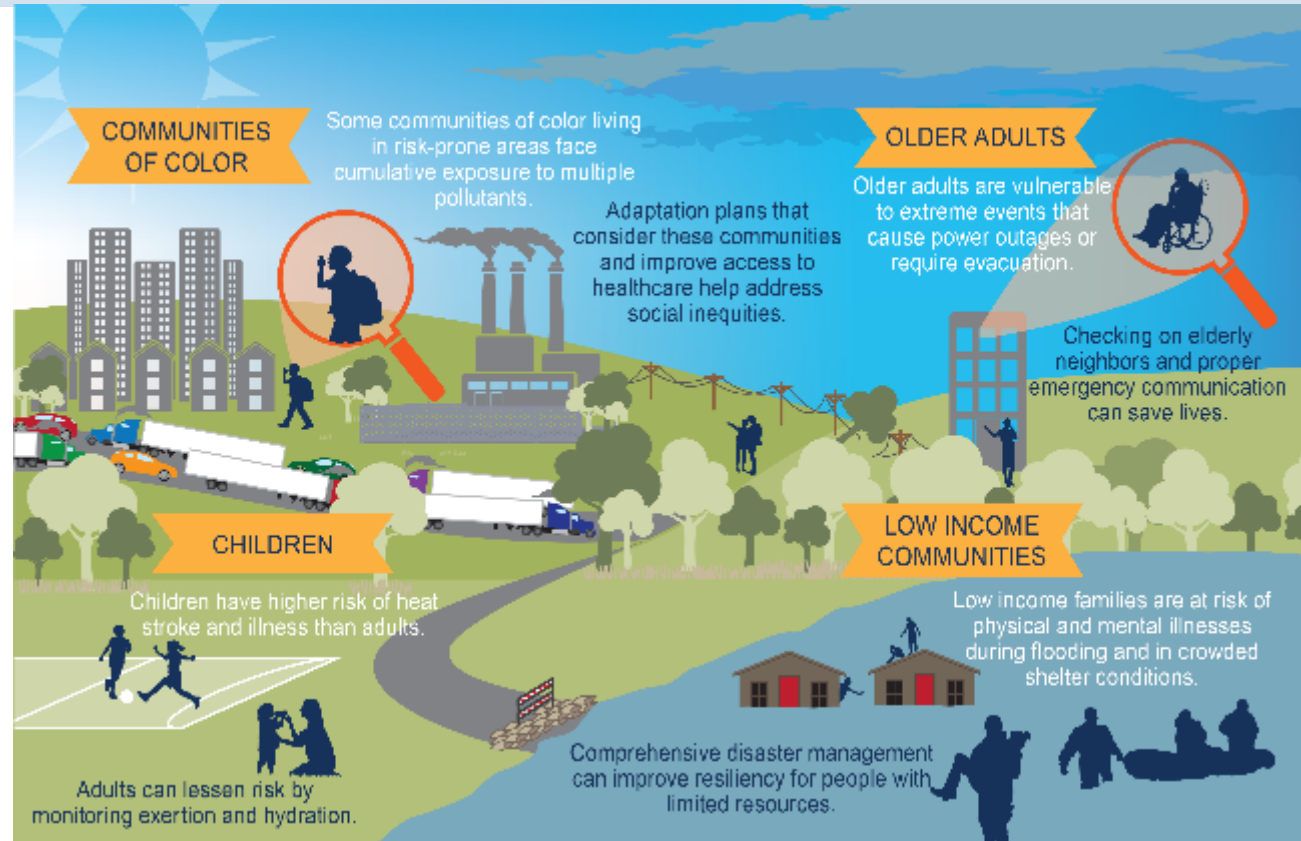
**Adaptation** means adjustment in natural or human systems in anticipation of or response to a changing environment

**Resilience** means the ability to anticipate, prepare for, and adapt to changing conditions and withstand, respond to, and recover rapidly from disruptions.

**Community Health Connection:** Climate change has increased and will continue to cause stronger storms, heat waves, and flooding in Connecticut, disproportionately impacting vulnerable populations.



# Climate Resilience & Health



*GC3 recognized that “disparities in health outcomes, inequities in living conditions, and lack of political power place many communities of color, including Black, Indigenous, Latinx, Americans, immigrants, other People of Color (“BIPOC”), low-income communities, people with disabilities, and other historically disadvantaged people at greater risk and limit the capacity of their communities to adapt to climate change.”*

# Connecticut's Vulnerability to Climate Change in Summer 2021



# Heat Impacts in Connecticut in June 2021





## News Releases from Region 01

# Poor Air Quality Expected for South Coastal New England on Saturday, June 5

06/04/2021

Contact Information:

Mikayla Rumph ([rumph.mikayla@epa.gov](mailto:rumph.mikayla@epa.gov))

(617) 918-1016

**BOSTON** – New England air quality forecasters are predicting air quality that is unhealthy for sensitive groups on Saturday, June 5, 2021, due to ground-level ozone formation stemming from hot, summery temperatures.

Areas that are predicted to exceed the federal air quality standard for ozone this Saturday are:

- Southeastern Coastal Connecticut
- The State of Rhode Island
- Southeastern Massachusetts, including Cape Cod and the Islands



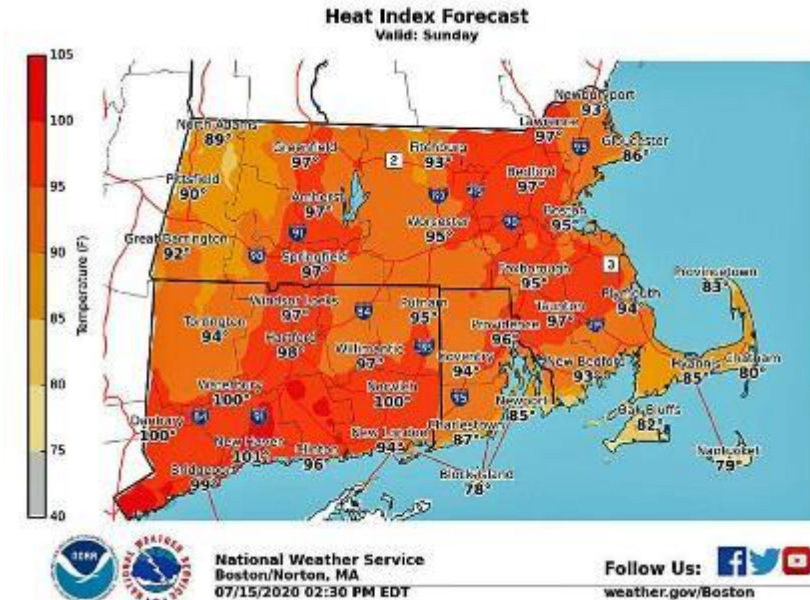
# Road Flooding in Connecticut: Elsa 2021



# Impacts of Climate Change in Connecticut by 2050

## *Climate Change = Big Risks*

- Stronger **storms** and more frequent and longer **droughts**
- Up to **20 inches of sea level rise** along CT coast **by 2050**
- Increased frequency of **flooding** with levels like those seen in Superstorm Sandy every 5-10 years
- Increased frequency of **90°F days**, from average of 5 per year from 1970-1999, to 25 per year from 2040-2069



# The Cost of Inaction

Temperature and sea level rise projections after mid-century are sensitive to policy choices on carbon dioxide emissions.

Sea level rise will continue after 2050. Recent simulations indicate that the mean sea level could be up to 80 inches higher by 2100 if CO<sub>2</sub> emissions are not reduced soon.

Coordinated mitigation now means it is more likely that the temperature will stabilize after 2050. If not, warming is likely to accelerate.



# Climate Solutions



TCI-P

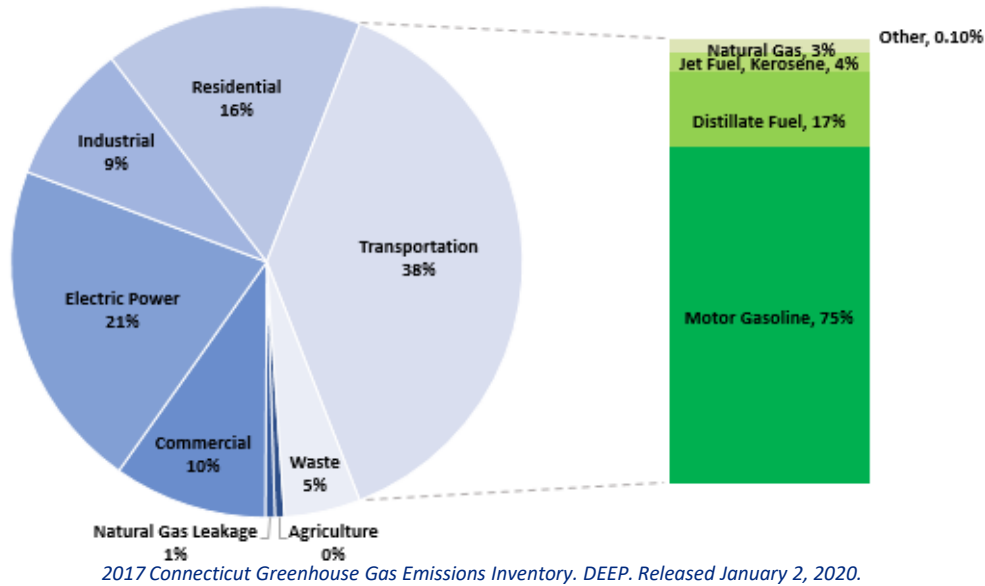
# A CLEAN TRANSPORTATION FUTURE FOR CONNECTICUT

THE TRANSPORTATION CLIMATE INITIATIVE



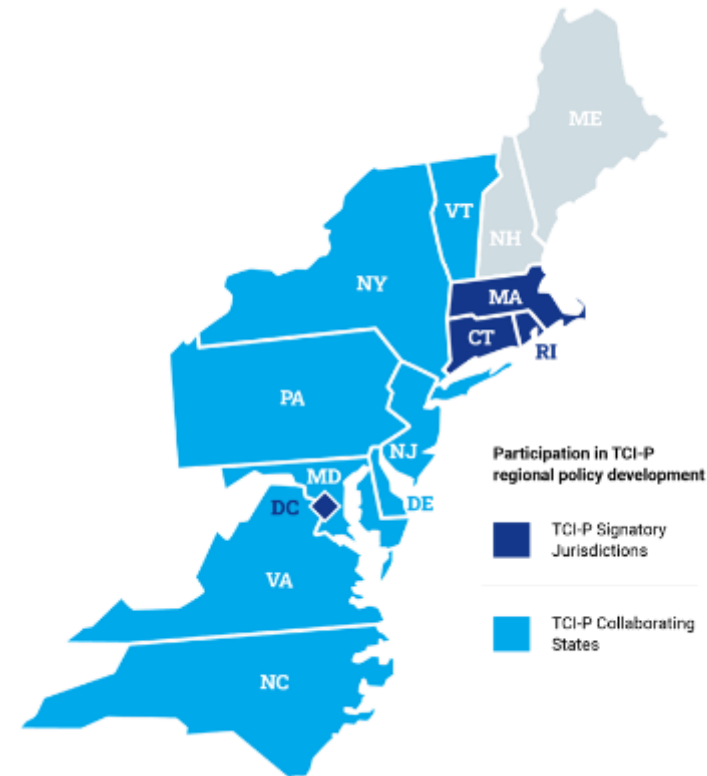
**21. Develop sustainable funding for transportation electrification and transit infrastructure.**

# Transportation is the Largest Source of GHGs



- CT, MA, and RI account for **73% of transportation GHGs**, **76% of motor vehicles**, and **80% of GDP** of New England

- **Transportation** is the **largest source of GHGs** in CT (38%) and the TCI-P jurisdictions (42%)
- **Gasoline** and **diesel** are **largest components** (92%) of transportation emissions
- **Motor vehicles** account for **67% of nitrogen oxides**, key component of **harmful smog**



# The Public Health Cost of the Status Quo

- Transportation emissions increase risk of **premature death** and other serious health effects such as **asthma attacks**, **cardiovascular damage**, and **developmental and reproductive harm**.
- Harmful emissions **disproportionately impact disadvantaged communities** living along transportation corridors and industrial zones.
  - CT's asthma rate is worse than the national average: 11% of children and 10.5% of adults are living with asthma.
  - In New Haven's Newhallville and Dixwell neighborhoods, asthma affects 17% of residents.
  - In Hartford, 20% of residents suffer from asthma.
  - CT incurs more than \$100 million/year in direct acute care costs due to asthma, with 75% of those charges to public funds.
- **Heat waves will increase with climate change, exacerbating these public health impacts.** Heat stresses our elders, the very young, and those with underlying health conditions; traps transportation pollutants in stagnant air.





# How could proceeds from TCI-P be invested to benefit Connecticut?

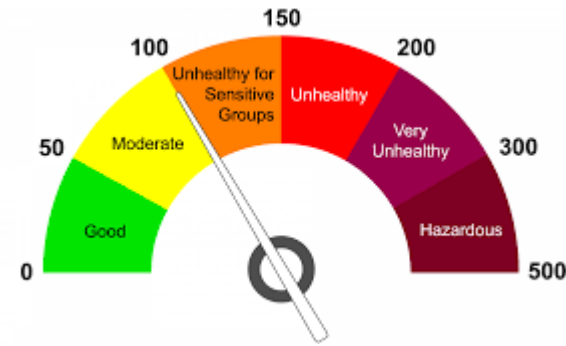
**TCI-P proceeds can be used to support a broad range of transportation GHG emission reduction opportunities.**

Although TCI-P includes a multijurisdictional component, Connecticut will have sole discretion to decide how to invest its TCI-P auction proceeds to meet its unique needs and circumstances. The other participating jurisdictions, and the administrative organization that facilitates the program, will have no role in how Connecticut invests its proceeds.



# Climate Resilience & Health

**51. Develop a coordination framework for public health and safety priorities with a focus on the intersection of health equity and climate impacts**, including addressing heat-related exposure, response and illnesses; ozone and allergen monitoring and impacts; food security; and needs of mental health populations in disaster response.



# Climate Resilience & Health

**52. Prepare Connecticut for vector-borne diseases expected to increase with a changing climate** through improved state coordination, strengthened monitoring, improved modeling, developing prevention and management guidelines, and vector control and management.



E.A.M. Little, et al.

Ticks and Tick-borne Diseases 2007 (2007) 2008-2009

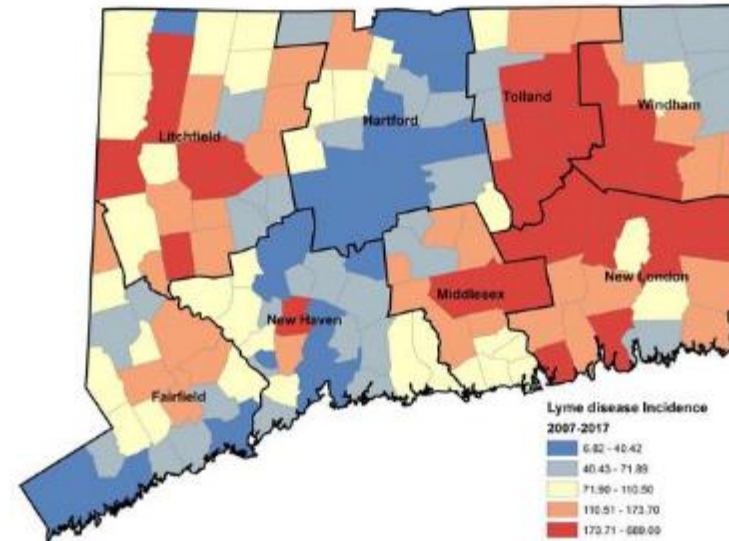


Fig. 3. Lyme disease incidence. Cumulative (2007-2017) total Lyme disease incidence (per 100,000) broken into quartiles and mapped by town.



# Climate Resilience & Health

**53. Prepare public and private drinking water systems for climate impacts**, including utilizing geographic information systems (GIS); developing guidelines for drought management, engaging in planning and vulnerability assessments; tracking impacts; and incorporating resilience into laws, policies, and regulations.



# Climate Resilience & Health

**54. Plan for the emergencies related to the impacts of climate change and ensure the incorporation of vulnerable populations into those planning processes.** While Connecticut has an ongoing natural hazard preparedness planning process, these recommendations specifically target how to better coordinate and incorporate the needs of vulnerable populations.



COVID-19  
Hurricane Season Prep List

## 7 MUST DO'S



- 01 Practice safe social distancing and wear face coverings while shopping for supplies.
- 02 Purchase non-perishable foods and one gallon of water per day.
- 03 Purchase personal hygiene items weeks prior.
- 04 Stock up on ample cleaning and disinfectant supplies.
- 05 Ensure you have prescription and over the counter medication for at least a month.
- 06 While preparing for the storm create a 2-week kit of supplies should power go out.
- 07 Stay safe and reach out for help if necessary.

FOR MORE INFORMATION VISIT  
[WWW.READY.GOV](http://WWW.READY.GOV)

# Robert Wood Johnson Foundation and Data Across Sectors for Health, Learning and Action in Policy and Partnerships Grant

*Gina Federico*  
*Mark Abraham*



## North Hartford Triple Aim Collaborative

Data Across Sectors for Health – Learning and Action in Policy and Partnerships Project - DASH LAPP  
August 2021



# NHTAC: Hartford's HEC

**Vision:** An empowered, equitable and healthy Hartford where everyone thrives.

**Mission:** To cultivate a healthy Hartford by advancing racial justice, equitable systems and community capacity

**Values:**

<i>Respect</i>	<ul style="list-style-type: none"><li>• We accept other viewpoints and encourage, engage and allow for different opinions while ensuring we manage conflict constructively.</li></ul>
<i>Integrity</i>	<ul style="list-style-type: none"><li>• We develop and cultivate relationships built on honesty, trust, transparency and accountability.</li></ul>
<i>Collaboration</i>	<ul style="list-style-type: none"><li>• We partner with residents, community organizations, government and other stakeholders who share our vision.</li></ul>
<i>Equity</i>	<ul style="list-style-type: none"><li>• We challenge racism and address barriers and inequities in the systems we aim to improve.</li></ul>
<i>Community-centric</i>	<ul style="list-style-type: none"><li>• We identify shared priorities to co-design and implement solutions to maximize community benefit.</li></ul>
<i>Learning</i>	<ul style="list-style-type: none"><li>• We learn from the community, those with lived experience, each other and research in our field. We rely on data and evidence to make decisions and assess progress.</li></ul>



# North Hartford Triple Aim Collaborative

- Launched in 2017
- Health improvement portfolio with focus areas of Childhood Wellbeing and Healthy Weight
- Policy, systems & environmental change
- Governance:
  - 13 members (UW sponsor)
  - Initiative work groups
  - Partner network & aligned tables
- Current ~ \$2.9 million investment in community health improvement



# Health Improvement Portfolio

An empowered, equitable and healthy Hartford where everyone thrives.

Healthy Weight

Child Wellbeing

Coordinated Community-Centered Response & Recovery (flu > vaccinations > COVID-19)

REACH/Hartford Healthy Family Initiative (HHFI)

Invest Health/Healthy Hartford Hub/Grocery Store (HHH)

North Hartford Promise Zone Health and Wellness Workgroup

Wellville 5 Community

Local Prevention Council – Childhood Wellbeing

State of CT Health Enhancement Communities (HEC) Initiative

ReThink Health Stewardship Investor Labs

Learning and Action in Policy and Partnerships (LAPP)

# United Way of Central and Northeastern Connecticut

Project Title: Connecticut Health Enhancement Communities - Developing a Data Framework and Glide Path for Community Collaboratives to Improve Population Health

*Hartford, CT*

**DASH LAPP GOAL** - Enabling communities to develop community -state partnerships to better inform inclusive policy and systems alignment

## **Connecticut Project:**

- United Way of Central and Northeastern Connecticut administers the Connecticut grant, with support from DataHaven;
- \$100,000 one-year (April 2021 – May 2022) grants to five states, funded by the Robert Wood Johnson Foundation and supported by expert national partners;
- Health Enhancement Community organizations in cities throughout Connecticut will subcontract for additional data needs assessment;
- Core project partners: CTOHS, CT Hospital Association, Trinity Health/Saint Francis Hospital, Wellville, ConnIE;

## **Anticipated Impact:**

The anticipated outcome for this project is that the state will, in partnership with HECs, use the developed framework and glide path to measurably advance existing data-sharing and data integration efforts that will result in access to data by community collaboratives so they can design and implement health improvement initiatives.

## **Deliverables:**

- Data Inventory
- Data Mapping
- Shared Definitions & Discussion Meetings
- Legal, Legislative, & Regulatory Needs
- Equity Framework
- Draft Framework & Glide Path

# United Way of Central and Northeastern Connecticut

Project Title: Connecticut Health Enhancement Communities - Developing a Data Framework and Glide Path for Community Collaboratives to Improve Population Health

*Hartford, CT*

## **Project Activities: Phase One (July to December 2021)**

- Document availability of data from State of CT agencies and other data providers including new data “products or releases in the next 2-3 years
- Document processes for requesting data from state agencies
- Lit review and documentation of co-existing processes happening in state CT data – State IT Health Plan, EO6
- Develop list of other important stakeholders to engage with on project
- HES - Health Equity Solutions, CT Data Collaborative, CT Voices, FQHCs - Federally Qualified Health Centers (CHCACT), CBOs, United Way of CT/2-1-1 , Beacon Health Options, CCEH - CT Coalition to End Homelessness
- Develop materials to translate this for a community-based collaborative audience
- We are investing small amounts in 8-10 Community Collaborative – HECs to work help co-develop these materials
- Assess additional data needs of residents and community-based agencies through the utilization of the HEC network

## **Project Overview: Phase Two (January to May 2022)**

- Develop a prioritized list of data needs
- Develop a “road map” for potential policy and systems changes that might eventually lead to 1) improved access of relevant data and 2) improved data sharing across communities and agencies
- Conduct an equitable data practice analysis by reviewing considerations such as 1) how data can be used to identify racial, ethnic, and gender health disparities, and 2) how to reduce barriers so that communities with limited capacity can access and use data

# Office of Minority Health Grant

*Laura Morris*

# Reducing Disparities in Maternal & Nutrition-Related Outcomes in Connecticut

Laura Morris, MPH  
Director of Consumer  
Engagement  
Project Director  
[laura.morris@ct.gov](mailto:laura.morris@ct.gov)

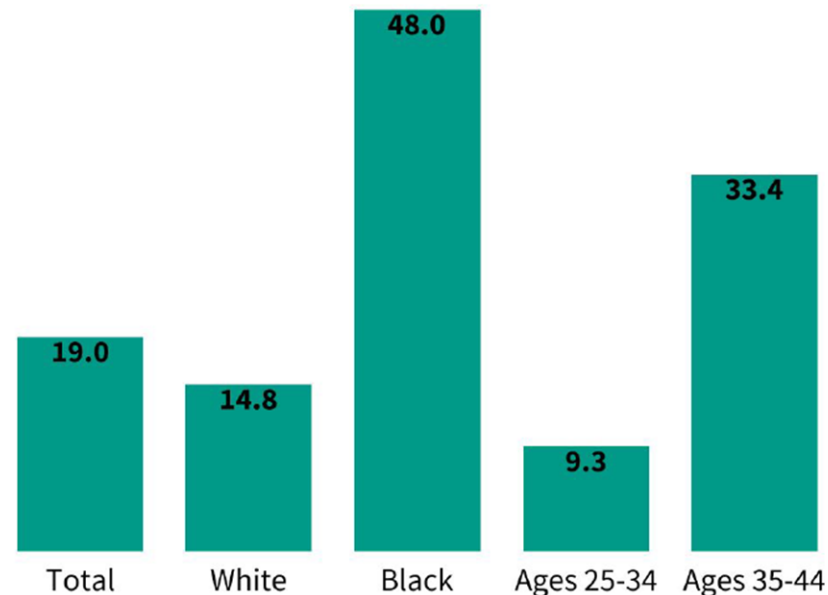


# The Problem / Need

- Connecticut ranks as the 4<sup>th</sup> healthiest state in the country, yet ranks an abysmal 41<sup>st</sup> among states for disparities in health status

## Maternal mortality is highest among Black parents

Rate per 100,000 live births, Connecticut, 2013–2017



Source: America's Health Rankings analysis of CDC WONDER data, 2013–2017. For race groups above, ethnicity is not separated. Black and white groups may include Hispanic/Latino ethnicity.

## Diabetes prevalence is higher in Norwich and New London, and among Black and Native American adults

Percent of adults who have been told by a doctor that they have diabetes, 2015–2018

Area	Total	White	Black	Latino	Asian	Native American
Connecticut	10%	9%	14%	10%	5%	15%
Middlesex County	9%	9%	10%	13%	N/A	N/A
Middletown	13%	N/A	N/A	N/A	N/A	N/A
New London County	12%	11%	19%	11%	11%	25%
Norwich	16%	N/A	N/A	N/A	N/A	N/A
New London	16%	N/A	N/A	N/A	N/A	N/A

Source: DataHaven Community Wellbeing Survey, 2015–2018.

Note: These estimates do not capture outcomes due to COVID in 2020.

## Obesity prevalence is higher among Black, Latino, and Native American adults

Adult obesity rate (BMI of 30 or higher, based on self-reported height and weight), 2015–2018

Area	Total	White	Black	Latino	Asian	Native American
Connecticut	28%	26%	36%	33%	15%	40%
Middlesex County	22%	22%	24%	27%	N/A	N/A
Middletown	26%	N/A	N/A	N/A	N/A	N/A
New London County	29%	28%	39%	41%	7%	49%
Norwich	35%	N/A	N/A	N/A	N/A	N/A
New London	34%	N/A	N/A	N/A	N/A	N/A

Source: DataHaven Community Wellbeing Survey, 2015–2018.

Note: These estimates do not capture outcomes due to COVID in 2020.

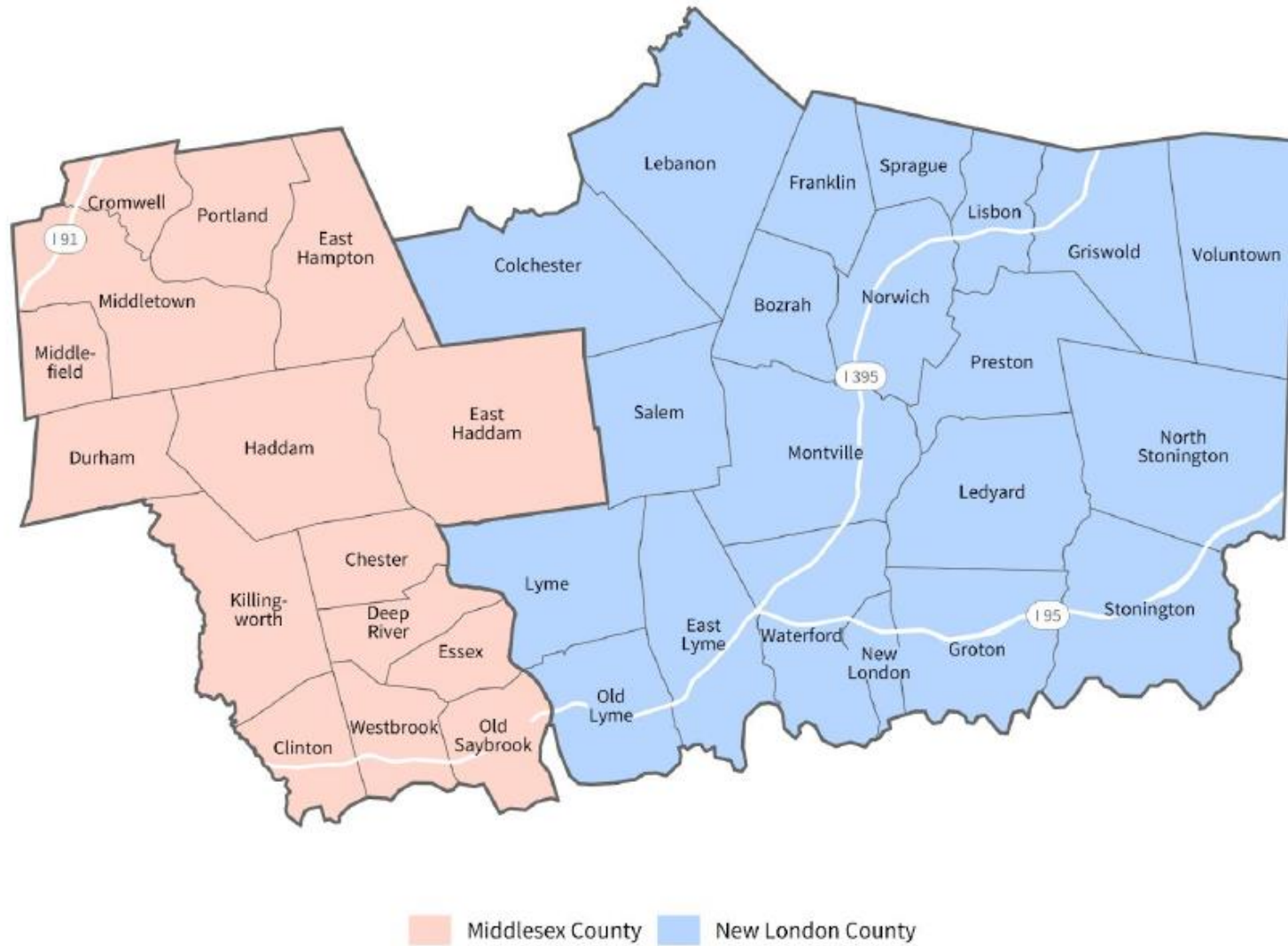


# Goals

- Maternal Mortality and Morbidity
  - To reduce serious maternal morbidity events or infant mortality events among pregnant women of color, including African American/Black and Latina women
- Nutrition
  - To increase access to nutrition education and nutritious foods for Native Americans with diabetes or prediabetes that are residents of the Mashantucket Pequot Tribal Nation

# Grant Partners

- Connecticut Department of Public Health – Office of Minority Health
- Greater Middletown Health Enhancement Community, Greater Middlesex Perinatal Collaborative
- Eastern Connecticut Health Collaborative Health Enhancement Community, Madonna Place, Mashantucket Pequot Tribal Nation
- DataHaven, Yale School of Medicine Equity Research and Innovation Center (ERIC)



# Middlesex County – Ministerial Health Fellowship

***Existing Program:*** Network of health care providers and community agencies that address unmet needs for high-risk pregnant women experiencing complex social, health and mental health issues

***Proposed Modification:***

- Add 1.5 FTE certified Community Health Workers (CHWs) who will be trained to offer doula services
- Provide enhance field-based service to women and babies of color to mitigate persistent perinatal and postpartum disparities for up to one year postpartum

# New London County – Madonna Place

**Existing Program:** Great Beginnings home visiting program provides intensive weekly home visits to expectant parents and parents with children aged 0-6 in the greater Norwich Area

**Proposed Modifications:** One part time home visitor and one part time outreach worker - reflective of the target population - to recruit and engage pregnant women of color to enroll in the Great Beginnings program

- These two positions will train and become certified Community Health Workers (CHWs)
- Outreach to churches, hair salons, and the Haitian and Cape Verdean community through established groups and connections (i.e., NAACP), and other community and individual connections
- Provide intensive, field based, strength-based, culturally appropriate interventions and services
- Enhance health education and tracking, as well as connections to prenatal care, health insurance, dental services, subsequent pregnancy planning, well childcare, primary care and all social services as needed

# New London County – Mashantucket Pequot Tribal Nation

**Existing Program:** Focuses on applying scientifically proven methods to prevent the onset of diabetes and costly diabetes-related complications.

## **Proposed Modification:**

- Staff participate in a six-week training course to learn how to redesign services (both in-person and digitally), materials, and strategies to be more end-user focused.
- Use multimedia to increase outreach and health impact regarding nutrition.
- Increase access to healthy, nutritious foods.
  - Create the Farm Food Rx program
  - Provide “home veggie garden” starter kits to individuals that are interested in starting their own gardens.

# Data Collection and Evaluation

- Health Disparities Profile
  - Profile for each topic area to include
    - Existing state, tribal, territorial or local-level representative, population-based data on health disparities related to the selected health topics, disaggregated by race/ethnicity
    - Geographic areas of elevated disease burden where the intervention will be targeted into the applicant's service community
- Data Collection
  - Assessing current data collection instruments
  - Developing new data collection instruments
- National CLAS Standards
  - Evaluate the use of National CLAS Standards
  - Ensure the proposed project will be implemented in a culturally appropriate manner tailored to the populations of focus

# Sustainability Plan

- Developing community-level plans to sustain improved outcomes
  - Using the Sustaining Improved Outcomes Toolkit, each community will develop plans to achieve improved processes and sustain those outcomes over time. <http://www.sustainingoutcomes.com>.



# Centers for Disease Control and Prevention Health Disparities Grant

*Brent Miller*

# Grant Overview

- COVID-19 has disproportionately affected populations at higher risk and who are medically underserved, including racial and ethnic minority groups, and people living in rural communities
- To reduce the burden of COVID-19 among populations disproportionately affected, the CDC announced a Notice of Funding Opportunity

# Department of Public Health

- The Connecticut Department of Public Health (DPH) was awarded approximately \$17 million over two years
- DPH - OHS partnership to address health disparities
  - Approximately \$3.3 million awarded to HECs

# HECs

- 8 of 9 HECs are included in this grant, 7 of which are working with OHS
- Example of items being worked on include:
  - Maternal health
  - COVID-19 outreach (community ambassadors, education, vaccination)
  - CHWs/Doulas
  - Transportation
  - Strengthen community collaboratives
  - Food insecurity

**HEALTH**

**DISPARITIES**

**FIRST ALERT WEATHER** **SEVERE T-STORM WARNING** Hartford

**CT**

# Next Steps

- Finalize the Memorandum of Agreement (MOA) with DPH
- Execute 7 HEC contracts
- Begin work in the Fall/Winter

# Meeting Adjournment