2017 CPHA ANNUAL CONFERENCE

From Patient To Population Health Disparities Matter

Monday, October 30, 2017
8:30am to 4pm
The Aqua Turf Club
Plantsville, CT
A Message from the President

Welcome to the 2017 CPHA Annual Meeting and Conference, From Patient to Population Health - Disparities Matter!

We are excited to offer you a full schedule of sessions that come from you, our loyal members and the greater public health community. This year’s education program includes sessions on the future of the healthcare system in Connecticut, the intersection between public health and healthcare, the impact of community health centers, suicide prevention, and food security. If you are interested in a faster-paced environment, consider the roundtable discussions and rapid fire session that will take place in the afternoon. Underlying all of today’s events is the idea that health disparities matter in all aspects of health.

We are excited to welcome Senator Doug McCrory, Democratic Deputy President Pro Tempore, as our morning keynote speaker. Senator McCrory was elected with the continued promise of continued accountability and accessibility as the State Senator for the 2nd Senate district in a special election in February, 2017 to represent parts of Bloomfield, Hartford and Windsor. He was first elected to the General Assembly in 2004 to represent the 7th House district, which he served for six full terms.

We are also thrilled to welcome Mark Masselli, Founder, President, and CEO of Community Health Center, Inc. as our afternoon keynote speaker. Mark Masselli founded CHC as a Free Clinic in 1972 and worked with the National Free Clinic Council based in San Francisco in promoting the development of free clinics across America. Mark has played an important leadership role as a founding member of many health and human services initiatives in Middletown, including New Horizons Battered Women's Shelter, Nehemiah Housing Corporation, and Oddfellows Youth Playhouse.

Thank you to our Gold Sponsor, the United Way of CT’s 1 Word 1 Voice 1 Life suicide prevention campaign, and our Bronze sponsors, the Connecticut Hospital Association, CT HealthLink, the New England Public Health Training Center, Pfizer, and Quinnipiac University. Thank you our exhibitors and advertisers as well. Your continued support is vital to our ability to provide a high level educational experience to our members and non-members alike.

Thank you to our partner schools and agencies for providing funding so their students and employees could attend today; and our volunteers whose tireless efforts keep CPHA going. Finally, a special thank you to our Program Committee and everyone who assisted in planning, organizing, and promoting this centennial celebration. Your dedication and sacrifices are what makes this conference a success.

Finally, the strength of CPHA comes from you, our members. It is your time, support, and resources that allow us to advocate and provide services on your behalf. You are what make CPHA a success. You are what make Connecticut’s public health profession a success. Thank you for everything you have done and everything you will do in the years ahead.

Enjoy the conference!

Jonathan K. Noel, PhD, MPH
President
2017 Annual Meeting and Conference of the Connecticut Public Health Association

CPHA Board of Directors

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William Faraclas, Ex-Officio, Faculty Representative; Southern Connecticut State University
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Jenna Lupi, Ex-Officio, Advocacy Committee Chair; CT Office of the Healthcare Advocate

Linda Mako, Ex-Officio, Health Education Committee Co-Chair; Aetna

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Ruthanne Marcus, Ex-Officio, Representative; Yale University
Bidisha Nath, Ex-Officio, Communications Committee Chair
Colleen O’Connor, APHA Affiliate Representative; Advocacy Committee Co-Chair; Public Health Consultant
Jeff Shaw, Director-At-Large; CT Association of Nonprofits

Cyndi Stern, Ex-Officio, Mentoring Committee Chair; Billian Stern Consulting, LLC
Jennifer Succi, APHA Affiliate Representative; InterCommunity, Inc.
Carolyn Wysocki, Ex-Officio; CT Association of Boards of Health

Program Committee

Co-Chair – Laura King, Optimum Healthcare IT
Co-Chair – Riddhi Doshi, UConn Health Center
Chantelle Archer, CT Dept. of Public Health
Amber Butler, Western CT Health Network
Denise Colaianne, Western CT State University
Michael Craven, UConn Health Center
Sandy Gill, HealthyCT 2020: State Health Improvement Coalition

Krista Heybruck
Linda Mako, Aetna
Sara Namazi, UCONN Health Center
Bidisha Nath, Communications Chair

Jonathan Noel, Johnson & Wales University
Crystal Schindo, Yale New Haven Health System
Millie Seguinot, Southwestern AHEC
Cyndi Stern, Billian Stern Consulting, LLC
Melissa Touma, CT Dept. of Public Health

Conference Goals and Objectives

After attending this conference, individuals will be able to:

• Understand how public health policies and programs influence health disparities throughout life for patients and populations.
• Identify evidence-based strategies that can reduce health disparities and improve community health outcomes.
• Influence health policies in state and country through disparities research and dissemination of evidence
• Promote the formation of collegial professional networks and the exchange of ideas among members of the public health community.
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Schedule of Events

8:00am | Registration
8:30am | Welcome/President Message
         Jonathan Noel, President, CPHA
8:40am | Sen. Murphy’s Welcome Address
9:00am | Morning Keynote Speaker
         “The Rising Disparities and Uncertainty of Healthcare Today”
         Senator Doug McCrory
         Democratic Deputy President Pro Tempore
9:30am | Exhibitor Session/Networking
9:45am | Concurrent Breakout Session I
Session A: Suicide Prevention (Kays Pier North)
         Identifying and Supporting High Risk Communities to Prevent Youth Suicides
         o Robert Aseltine, PhD, UConn Health
         o Andrea Iger Duarte, MSW, MPH, MCSW, CT Dept. of Mental Health and Addiction Services

Zero Suicide Approach Implementation in Diverse Health Care Settings

  o Patricia Graham, BS, MSW Candidate, Institute of Living/Hartford Healthcare
  o Amy Evison, LMFT, Community Health Resources
  o Andrea Reischerl, PMHCNS-BC, CCHP, Department of Correction
  o Susan Tobenkin, LCSW, SCSA, Connecticut National Guard
  o John Torello, MS, CT Judicial Branch/Court Support Services Division

Session B: Statewide Community Health (Kays Pier South)

The Collective Impact Framework: Promoting Pregnancy Intention Screening into Routine Care

  o Jordana Frost, MPH, CPH, CD(DONA), March of Dimes Foundation
  o Marijane Carey, MSW, MPH, Carey Consulting

Addressing the Needs of People with Complex Social and Health Needs – The Community Care Team Model

  o Carl Schiessl, JD, CT Hospital Association
  o Robert Plant, PhD, Beacon Health Options
  o Eileen Kardos, MSW, Western Connecticut Health Network
  o Nicole Hampton, CCB, CCAR, Western Connecticut Health Network

Session C: State Health Improvement (Glass Room)

From Accountable Care to Accountable Communities

  o Jenna Lupi, MPH, State Innovation Model Program Management Office
  o Faina Dookh, MA, State Innovation Model Program Management Office

HealthyCT 2020 State Health Improvement Plan 101

  o Sandy Gill, HealthyCT 2020 State Health Improvement Coalition
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<td>- Alycia Santilli, MSW, Community Alliance for Research &amp; Engagement</td>
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<td>Identifying Windows of Opportunity for Health Eating and Active Living Policies in CT</td>
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<td>The Impact of Junk Food Marking Regulations on Food Sales: An Ecological Study</td>
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- Melissa Touma, MPH, CT Department of Public Health
- Practice Transformations: Changing the Care Paradigm at Connecticut’s FQHCs
  - Russell Dexter, MBA, Community Health Center Association of Connecticut, Inc
  - Heather Adams, Community Health Center Association of Connecticut, Inc

11:00am | Concurrent Breakout Session II

**Session A: Health Disparities: A Panel Discussion (Kays Pier North)**

A Public Health Approach to Health Disparities in Strategic Planning for Substance Misuse Prevention Initiative

- Bonnie Smith, MPH, CPH, CPP, UConn Health
- Jennifer Sussman, MFA, UConn Health
- Denique Weidema-Lewis, BA, Positive Directions, Inc

Using Publicly Available Data for Needs
- Jennifer Sussman, MFA, UConn Health
- Michelle Riordan-Nold, MPP, Connecticut Data Collaborative
- Tyler Kleykamp, CT Office of Policy and Management

12:20pm | Networking Lunch

**Session B: Healthy Eating in CT (Kays Pier South)**

Hunger In New Haven: Using Data for Action

- Alycia Santilli, MSW, Community Alliance for Research & Engagement

Identifying Windows of Opportunity for Health Eating and Active Living Policies in CT

- Anne Greer, PhD, CHES, Sacred Heart University

The Impact of Junk Food Marking Regulations on Food Sales: An Ecological Study

- Yumi Kovic, MD/MPH candidate, University of Connecticut

1:15pm | Afternoon Keynote Speaker

“Transforming Primary Care: Inspiration, Insight and Innovation”

- Mark Masselli, Founder/CEO of Community Health Center Inc

2:00pm | Break

**Session A: Roundtable Session (Kays Pier North)**

Sickle Cell Disease - Increasing Understanding and Improving Care

- Kim Radda, RN, MA, Institute for Community Research
- Sasia-Marie Jones, MPH, UConn Health
- Rashea Banks, MPH, UConn Health

Intimate Partner Violence is a Health Disparity

- Jillian Gilchrest, MSW, CT Coalition Against Domestic Violence

Impact of a CHW and School-Community Collaboration on Asthma

- Jennifer Muggeo, MPH, Ledge Light Health District
- Laurel Homes, MSW, L&M Healthcare
- Russell Melmed, MPH, Ledge Light Health District
Bridging Health and Community-Based Services
- Kimberly Martini-Carvell, MA, CT Children’s Medical Center
- Susan Roman, RN, MPH, CT Children’s Medical Center
- Tregony Simoneau, MD, CT Children’s Medical Center

3 Steps Detect
- Alicia Donavan, MA, 15-40 Connection

Session B: Rapid Fire Session (Kays Pier South)
Trends in ED Visits by Young Adults for Suicide Attempts in CT, 2011-2015
- Elizabeth McOsker, MPH, CPH, Jordan Porco Foundation and the CT Suicide Advisory Board

The Innovative Training in Clinical Practice Transformation Program
- Robert Carr, MD, FAAFP, Western Connecticut Health Network
- Damanjeet Chaubey, MD, MPH, SFHM, FACP, Western Connecticut Health Network
- Amy Bethge, MPH, Western Connecticut Health Network

Workforce diversification through the integration of CHWs in clinical teams
- Lanxin Jiang, Yale School of Public Health

Free Health Information in Multiple Languages
- Margot Malachowski, MLS, National Network of Libraries of Medicine

Improving Access to Health Food by Promoting Healthy Food Donations Statewide
- Lynn Faria, MA, Hartford HealthCare Central Region
- Gina Smith, MA, CHES, Yale New Haven Health
- Teresa Martin Dotson, MS, RD, CD-N, University of Saint Joseph SNAP-ed

Session C: Academic Research Program & State Development in Health Equity (Glass Room)
SCSU-CARE Community Garden Nutrition Education Program
- Meadeshia Mitchell, BA, Southern Connecticut State University
- Kaelyn Audette, BS, Southern CT State University

Right from the Start: Supporting Children’s Development and Health Equity
- Marijane Carey, MSW, MPH, Carey Consulting

2:55pm | Break
3:05pm | Concurrent Breakout Session IV

Session A: Food Insecurity and Public Health Protection (Kays Pier North)
Researching and Teaching Food Insecurity
- Victoria Zigmont, PhD, MPH, Southern CT State University
- Peggy Gallup, PhD, RN, MPH, Southern CT State University
- Stephen Tomczak, Phd, MSW, Southern CT State University
- Stanley Bernard, DrPH, MPH, Southern CT State University

Connecticut’s Approach to Public Drinking Water and Public Health Protection
- Lori Mathieu, CT Department of Public Health

Session B: Looking for Mentors in All the Right Places (Kays Pier South)
Panelists:
- Richard Sugarman, MSW, Hartford Promise
- Frances Padilla, MPA, Universal Health Care Foundation
- Michael Pascuccilla, MPH, CF-SP, RS, East Shore District Health Department
- Tracey Scraba, JD, MPH, Aetna
- Anthony Dias, MBBS, DPM, MPH, CT Hospital Association
- Nkemdiim Anako, MPH, Trinity Health New England

Session C: Describing Health Disparities: A Panel Discussion (Glass Room)
Describe Health Disparities: Linking Area-based Measures to Surveillance Data
- James Hadler, MD, MPH, NYC Dept. of Health and Mental Hygiene
- Linda Nicolai, PhD, Yale School of Public Health
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- Kimberly Yousey-Hindes, MPH, CPH, 
  Yale School of Public Health
3:55pm | Evaluations & Wrap-Up

Business Meeting Agenda
12:20PM | Lunch Seating & Serving
1:00PM | Lunch and Business Meeting
Jonathan Noel, President, CPHA
- Accept CPHA Committee Reports
- Accept Treasurer’s Report
- Election Results

Morning Keynote Speaker Biography

Senator Doug McCrory
Democratic Deputy President Pro Tempore
Senator Doug McCrory was elected with the continued promise of continued accountability and accessibility as the State Senator for the 2nd Senate district in a special election in February, 2017 to represent parts of Bloomfield, Hartford and Windsor. He was first elected to the General Assembly in 2004 to represent the 7th House district, which he served for six full terms. Even before his service as a legislator, Senator McCrory has been committed to strengthening neighborhoods through education, development and civic engagement. He is currently chair of the CT Aging Committee, Vice Chair of the Banking Committee and Committee on Children, and is a member of the Finance, Revenue, and Bonding Committee and the Joint Committee on Judiciary. A vice principal for the Capitol Region Education Council (CREC), Senator McCrory has been an educator for over 20 years. Beginning as a teacher at Sarah J. Rawson Elementary School, he has also taught at and served as vice principal at Lewis Fox Middle School. Recognizing the importance of strong role models and education as the keys to positive development, Senator McCrory worked with fellow teacher Sadiq Ali to found the Benjamin E. Mays Institute, which emphasizes positive self-esteem through the use of a curriculum infused with African American history and themes.

Afternoon Keynote Speaker

Biography

Mark Masselli
Founder/President/CEO of Community Health Center, Inc

Along with a small group of Wesleyan University students and community activists, Mark Masselli founded CHC as a Free Clinic in 1972 and worked with the National Free Clinic Council based in San Francisco in promoting the development of free clinics across America. Like most free clinics of its time, CHC’s early days saw limited public support, as community-organized health services were strongly opposed by the medical community and received little in the way of governmental support. With a personal commitment that healthcare is a right and not a privilege, Mark brought an entrepreneurial spirit to his non-profit organization, building a network of CHC sites that met the highest standard in both care and environment, to respect the dignity of those they serve. Mark has played an important leadership role as a founding member of many health and human services initiatives in Middletown, including New Horizons Battered Women’s Shelter, Nehemiah Housing Corporation, and Oddfellows Youth Playhouse. In addition to local issues, Mark has worked on a range of international human rights issues. He has worked with His Holiness the Dalai Lama and has traveled in Tibet, Nepal, India and China working on the issues facing the Tibetan people. He also was active in the 1980’s on the development of the Bishop Tutu Refugee relief agency during the critical years fighting the apartheid system in South Africa.

Concurrent Breakout Session I

Abstracts and Biographies

Session A: Suicide Prevention
Moderator: Mark Abraham
Executive Director, DataHaven
Mark Abraham is the Executive Director of DataHaven, a non-profit organization with a 25-year history of public service to Connecticut. Mark created the DataHaven Community
Wellbeing Survey and Community Index program, which partners with more than 100 academic and health care institutions, government agencies, and community-based organizations to collect, analyze, and share data on well-being, health, and economic opportunity at the neighborhood level. He serves on the Executive Committee of the Urban Institute’s National Neighborhood Indicators Partnership (Washington, DC), as well as other national and local advisory committees.

Identifying and Supporting High Risk Communities to Prevent Youth Suicide

Suicide among young people is one of the most serious public health problems facing the US. According to the Centers for Disease Control and Prevention, the suicide rate in 2013 was 12.5 per 100,000 among youths 15-24 years, making it the second leading cause of death in this age group. Five years of data (2010-2014) from the CT Office of the Chief Medical Examiner and the CT Hospital Inpatient Discharge Database were analyzed. Results showed whether suicide attempt/mortality rates in the state’s 119 school districts were significantly better or worse than expected after adjusting for 10 community level characteristics. This data capturing hospitalization for suicide attempts and suicide deaths can inform prevention activities by identifying high-risk areas to which resources should be allocated, as well as low-risk areas that may provide insight into the best practices in suicide prevention.

Robert Aseltine, PhD
University of Connecticut Health Center

Robert Aseltine, PhD, is professor and chair in the Division of Behavioral Sciences and Community Health at UCONN Health. He’s a medical sociologist with diverse research interests that include health disparities, suicide prevention, and the development of innovative medical and public health information systems. For 25 years he has led several major studies by multiple federal agencies. He is vice chair of the Board of Directors for CT HealthLink, Connecticut’s health information exchange, serves on the Advisory Board of the Connecticut All-Payer Claims Database, and is an evaluator for the CT Suicide Advisory Board.

Andrea Igor Duarte, MSW, MPH, MCSW
CT Department of Mental Health and Addiction Services

Andrea Duarte, MSW, MPH, LCSW has over 20 years’ experience in substance abuse prevention and mental health promotion. Ms. Duarte is a Manager in the Prevention and Health Promotion Division, CT Department of Mental Health & Addiction Services, Office of the Commissioner. She oversees federal and state community-based behavioral health prevention and health promotion initiatives and contracts, and the Suicide Prevention Director. Ms. Duarte is a member of many statewide committees, a founding member of the Northern CT Chapter of the American Foundation for Suicide Prevention, and has served since 2012 as the Co-Chair of the CT Suicide Advisory Board.

Zero Suicide Approach Implementation in Diverse Health Care Settings

The Zero Suicide (ZS) continuous quality improvement approach is founded in the belief that suicide deaths for at risk individuals under care within health and behavioral health systems are preventable. Supporting the statewide adoption of the ZS approach, the CT Suicide Advisory Board and the Institute of Living/Hartford Hospital in October 2015 began hosting a monthly CT ZS Learning Community (ZSLC) in partnership with the CT Hospital Association (CHA). Systems receive resources, technical assistance, workforce peer support, training resources, and encouragement to adopt ZS within their systems. As of April 2017, 74 individuals representing 20 systems with 26 sites are current members of the ZSLC. Including providers who serve populations at increased risk of suicide including, but not limited to persons: with mental health and substance use disorders; incarcerated; who are adjudicated; in military service and who are veterans; and who are survivors of suicide death and attempts.
Patricia Graham, BS, MSW Candidate
Case Worker, Family Resource Center, Institute of Living/Hartford Healthcare
Ms. Graham is a Psychology graduate of the University of Saint Joseph with a concentration in criminal justice. Ms. Graham is an active member of the CT Suicide Advisory Board (CTSAB), Co-chairs the CTSAB Zero Suicide Learning Community, and is an Executive Board Member and Secretary for the Northern CT Chapter of the American Foundation for Suicide Prevention. She will receive her Masters of Social Work degree from Smith College August 2018.

Amy Evison, LMFT
Service Director, Community Health Resources
She currently oversees multiple contracts including Emergency Mobile Services for kids in crisis and the Garret Lee Smith Suicide Prevention Grant. Ms. Evison will speak from the perspective of a large behavioral health system’s adoption of the Zero Suicide Model and related evidence-based practices. She can also offer information about the implementation of an intensive GLS site for Suicide Prevention. It is a partnership for suicide prevention with CHR and the public school system, police, community college and the local hospital for the town of Manchester, CT.

Andrea C. Reischerl, PMHCNS-BC, CCHP
Psychiatric APRN for Health Services, Department of Correction
Mrs. Reischerl is a clinical nurse specialist in adult mental health nursing. She has provided mental health care to persons in custody for 17 years. As an active member of a medico-legal risk committee dedicated to eliminating deaths by suicide, she has been working closely with the ZS staff to adopt the model to a correctional population.

Susan Tobenkin, LCSW, SCSA
Social Worker, Behavioral Health Team, CT National Guard
Mrs. Tobenkin is a graduate of the University of Connecticut School of Social Work, a Licensed Clinical Social Worker, is a CCB Certified Professional in the treatment of Substance Abuse (SCSA), and a Professional Mediator. She has twenty plus years of experience in many aspects of practice from management of day-to-day operations to the treatment of clients ranging in ages from 6 to 106. As an enthusiastic supporter of the military, and student of Military History, she is committed to giving back to Service Members who are in need of quality behavioral health care, and is the recipient of the National Guard 2017 Outstanding Civilian Behavioral Health Provider Award.

John Torello, MS
Program Manager, State of Connecticut Judicial Branch, Court Support Services Division
Torello has worked in the mental health field for 25 years. His experience includes direct service and management, support, and administration. He currently manages mental health programs for the Juvenile Residential Services unit of the Judicial Branch.

Session B: Statewide Community Health
Moderator: Cyndi Stern
Billian Stern Consulting
Cyndi Billian Stern, MA, MPH has worked in the area of youth, community and workforce development for 30 years. She co-chairs CPHA Mentors on Request, 45-organizational membership that provides public health career mentoring activities for students and educators. Early in her career she directed the CT Teen Pregnancy Prevention Coalition for Planned Parenthood. In 1995, she established Billian Stern Consulting, where she designed programs, conducted research and presented workshops for CT Business and Industry Association (CBIA), Yale, CTDPH, and Planned Parenthood. She co-authored EdAdvance’s Public Health 101, a free online curriculum for CT high schools.

Moderator: Alexander Senetcky
University of Connecticut
Alexander Senetcky is a UConn MPH student finishing up his degree May of this year. He has 9 years of experience working several roles in early childhood education and with school age children in Northwestern CT. Currently he works at UConn Storrs as a Graduate Assistant within the Community Outreach area of the...
Department of Student Activities. He oversees assessment and campus-wide service initiatives, all while training and facilitating workshops with student leaders. He is training to become an epidemiologist and is collaborating with the North Hartford Triple and the West Hartford-Bloomfield Health District on various projects.

**The Collective Impact Framework: Promoting Pregnancy Intention Screening into Routine Care**

According to 2013 Connecticut PRAMS data, only 27.4% of new mothers in CT reported having had a preconception health care discussion with a provider. Non-Hispanic Blacks, Hispanics, younger women (<24 years), and women who were on Medicaid or uninsured were disproportionately affected by poor health status before, during, and after a pregnancy, unintended pregnancies, and poor birth outcomes. Although preconception care guidelines exist, there is no standardized model for delivering pre-/inter-conception care. The Every Woman Connecticut (EWCT) learning collaborative is utilizing the Collective Impact (CI) framework to support a broad systems-approach to increasing the delivery of pre-/interconception health care in communities across the state. Diverse place-based teams made of clinical and community-based partners have been trained to ask the One Key Question™: “Would you like to become pregnant in the next year?” and to provide the follow up education, counseling, referrals, and care needed to support the stated pregnancy intention.

**Jordana Frost, MPH, CPH, CD(DONA)**

*March of Dimes Foundation & CT MCH Coalition*

Jordana Frost serves as the Maternal and Child Health Director for the March of Dimes in Connecticut and Rhode Island. She brings with her 16 years of experience in leading projects and programs domestically, as well as internationally. Her experience includes facilitating international development projects, managing maternal and child health home visiting programs, providing lactation counseling in a public health clinic, leading a small nonprofit serving immigrant populations, and working with a local rural health district on policy, systems, and environmental changes to promote health. Jordana is also a certified childbirth doula who partners with clinicians to help families achieve optimal intrapartum care.

**Marijane Carey, MSW, MPH**

*Carey Consulting & CT MCH Coalition*

Marijane Carey is the principal of Carey Consulting, a 24- year old consulting firm specializing in public health and human services. Carey Consulting has worked with state agencies; private non-profits, advocacy organizations; hospitals; and community foundations. Current work includes serving as the facilitator for CT’s state-wide MCH Coalition and as MCH consultant to CT’s Help Me Grow system. Her substantive knowledge in human service and health care delivery systems complements her in-depth experience leading and managing projects. She has Master’s degrees in social work and public health and has been an advocate for women and children throughout her 35-year career.

**Addressing the Needs of People with Complex Social & Health Needs - The Community Care Team Model**

This session will provide information about the Community Care Team (CCT) model of care, which provides services to people with complex social and health care needs who are making extensive use of hospital inpatient and Emergency Departments. CCTs currently operate in 11 communities around the state, with 2 more under development. CCTs bring together local clinical and behavioral healthcare providers, social service providers and housing providers to develop and implement care plans for individuals with complex social and healthcare needs. In Connecticut, most community care teams are closely allied with local hospitals. CCTs usually meet weekly for no more than an hour. Clients must sign a Release of Information to permit the sharing of personal information among CCT providers. Clients are identified and
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referred to CCTs based on frequent use of EDs, level of housing instability, behavioral or physical health diagnoses and other indications of complex needs.

**Carl Schiessl, JD**
*Director, Regulatory Advocacy, CT Hospital Association*

Carl Schiessl, J.D., is an attorney with expertise in legal and compliance issues in the healthcare and insurance fields, with a special emphasis on patient care regulation and mental health and substance abuse issues. He is a longtime advocate for integrated care models, including Community Care Teams. He served six terms in the CT House of Representatives, and during that time was the Vice Chair of the Public Health Committee and Chair of the Finance Revenue and Bonding Committee.

**Robert W. Plant, Ph.D.**
*Senior VP of Quality and Innovations, Beacon Health Options*

Robert W. Plant, Ph.D., is the Senior Vice President of Quality and Innovation at Beacon Health Options. Dr. Plant received his Ph.D. in psychology from the University of Rochester and completed clinical research fellowships at Yale University Medical School. He has administered programs for children and adults across a range of levels of care including psychiatric hospital, partial hospital, residential, intensive in-home, and outpatient services for both mental health and substance abuse.

**Eileen Kardos, MSW**
*High Risk Navigator, Western CT Health Network*

Eileen Kardos, MSW, is a High Risk Navigator at Norwalk Hospital and works with patients followed by the Community Care Team, the Super User Care Team and the Hot Spotter Program. Eileen is involved in ongoing research in the Population Health Management Department and completed her Master’s degree thesis, “Characteristics of Frequent Visitors to the Emergency Department” at the hospital.

**Nicole T. Hampton, CCB, CCAR**
*Peer Engagement Specialist, Western CT Health Network*

Nicole Hampton is a Peer Engagement Specialist at Norwalk Hospital. She works with patients followed by the Community Care Team, the Super User Care Team and the Hot Spotter Program. Nicole helps clients identify their substance abuse problem and assists them in removing barriers and building recovery capital, the internal and external pathways that keep someone clean.

**Session C: State Health Improvement**

**Moderator: Margaret Flinter**
*Community Health Center, Inc*

Margaret Flinter is Senior Vice President and Clinical Director of the Community Health Center, Inc. and is a family nurse practitioner by profession. She earned her Bachelor’s Degree in Nursing from the University of Connecticut, her Master’s Degree from Yale University, and her doctoral degree at the University of Connecticut. She was the recipient of a Robert Wood Johnson Executive Nurse Fellowship from 2002-2005.

**From Accountable Care to Accountable Communities**

The goal of CT’s State Innovation Model (SIM) is to achieve better care, smarter spending, and healthier people and communities. The SIM strategy was designed to move Connecticut’s healthcare system further along the continuum of accountable care and to plan for the transition from accountable care to accountable communities. The majority of work to date has focused on accountable care: changing the way we pay for and deliver traditional healthcare. The next phase of work will be to develop a model for Health Enhancement Communities (HECs). HECs will serve as the vehicle to create communities that are accountable for the health of their residents by integrating the various sectors that impact health including healthcare, transportation, education, community services, and housing.

**Jenna Lupi, MPH**
*State of CT, State Innovation Model Program Management Office*

Jenna is the Care Delivery Reform Specialist for the Connecticut State Innovation Model. Previously, Jenna served as a ZOOM Public Policy
Fellow in Mayor Ben Blake’s Office and as the Hartford Navigator Coordinator for Access Health CT.

**Faina Dookh, MA**  
*State of CT, State Innovation Model Program Management Office*

Faina is the Program Manager for the Connecticut State Innovation Model. Previously, Faina served as a ZOOM Public Policy Fellow in the Office of Governor Malloy, and has held various research and educational positions since she served as a Teach for America Fellow in Bridgeport.

**HealthyCT 2020 State Health Improvement Plan 101**

The Healthy CT 2020: State Health Improvement Plan (SHIP) was developed by Connecticut public health partners - for Connecticut public health partners as a roadmap for improving the state’s health and ensuring that all people in Connecticut have the opportunity to attain their highest potential. Since the plan’s release in 2014, seven focus area action teams have prioritized and collaboratively implemented evidence-based strategies to improve the quality of life of Connecticut residents. As we approach the midway point of the Healthy CT 2020 SHIP initiative, this session will provide an overview of the basic timeline for the state health improvement process, accomplishments from each of the seven action teams, and updates on newly developed innovative cross-cutting initiatives to address social determinants. Attendees will also learn more about upcoming opportunities to align local or organizational strategies with statewide SHIP initiatives.

**Sandy Gill**  
*Project Consultant, Healthy CT 2020: State Health Improvement Coalition*

Sandy has been working with the Healthy CT 2020: State Health Improvement Plan (SHIP) Coalition since November, 2014. She has over 21 years of local health experience from her previous work in Columbus, Ohio. As the former Chronic Disease Prevention Project Director for Columbus Public Health, Sandy gained extensive experience in coalition building and collaborative strategic planning to address the implementation of policies, systems, and environmental changes at both the state and local levels. From 2009-2013, she represented the City of Columbus as a member of the NACCHO Big Cities Consortium of Chronic Disease Prevention Directors.

**Melissa Touma, MPH**  
*CT Department of Public Health*

Melissa Touma is currently the Accreditation Coordinator at the recently accredited CT Department of Public Health. In addition to her work on accreditation, Melissa assists agency programs with implementing quality improvement initiatives and creating performance measures for the HealthyCT 2020 Performance Dashboard. Melissa provides technical assistance for one of the SHIP Action Teams, Maternal, Infant and Child Health, and reviews local health department/district Community Health Improvement Plans for alignment with HealthyCT 2020 SHIP priorities and strategies.

**Practice Transformation: Changing the Care Paradigm at Connecticut’s FQHCs**

Payment reform for primary and specialty care is underway nationally. Instead of being paid exclusively on a fee-for-service basis; practices are now being paid based on their ability to provide care management services, show positive clinical outcomes, and generate cost savings. The Community Health Center Association of Connecticut (CHCACT) is one of twenty-nine CMS-designated Practice Transformation Networks (PTN) across the country, working with practices to prepare them to be successful under new payment models. As the only FQHC-centric PTN, CHCACT is uniquely positioned to identify and disseminate models of care that support the evolution from volume to value reimbursement within the framework of caring for medically underserved patients. This session will offer a discussion about what Connecticut FQHC’s are doing to achieve higher...
quality care, better health outcomes, and lower total cost of care.

**Russell Dexter, MBA**  
*Community Health Center Association of Connecticut, Inc*

Russell Dexter is the Chief Innovation Officer at the Community Health Center Association of Connecticut. In addition to his fulltime role, he is an adjunct faculty member at Eastern Connecticut State University, where he teaches courses on Lean Management and Information Management. His education includes a Master's Degree in Business Administration and a Bachelor's Degree in Finance.

**Heather Adams**  
*Community Health Center Association of Connecticut, Inc*

Heather Adams is the Senior Clinical Excellence QI Advisor at the Community Health Center of Connecticut. In her role, she provides direct assistance to the enrolled Health Centers around the state to incorporate QI strategies to help achieve the CMS Quadruple Aim.

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**Concurrent Breakout Session II**  
**Abstracts and Biographies**

**Session A: Health Disparities: A Panel Discussion**

**Moderator: Crystal Schindo, MHA**  
*Yale New Haven Health System*

Crystal Schindo is an Administrator for Value Based Programs at Yale New Haven Health System. Currently, she operationalizes the role out of numerous value based programs throughout Yale’s Health System. Mrs. Schindo has worked in healthcare for 16 years and earned her Masters in Health Administration from Western Connecticut State University.

**Moderator: Krista Heybruck**

**A Public Health Approach to Health Disparities in Strategic Planning for Substance Misuse Prevention Initiative**

Research professionals from UConn Health will review a model for substance abuse prevention planning, implementation and evaluation and provide an overview of state and community level data sources to drive planning and evaluation within the context of health disparities. Grassroots prevention professionals will present their experience learning about and considering health disparities for the purpose of needs assessment and strategic planning for evidence-based prevention programs, practices and policies. Participants will better understand how substance abuse prevention planning occurs using local level qualitative and quantitative data around disparity and how this may be applied to planning for other public health problems.

**Bonnie Smith, MPH, CPH, CPP**  
*University of Connecticut Health Center*

Bonnie W. Smith has over 16 years’ experience in substance abuse prevention including coalition capacity building, grant writing and public health program evaluation. In 2005 she completed her Master of Public Health at the University of Connecticut, with a focus on the use of SAMHSA’s Strategic Prevention Framework in Connecticut’s Prevention Infrastructure. She is a charter recipient for the National Certification in Public Health (2008) and a Certified Prevention Specialist (CPS) (2016).

**Jennifer Sussman, MFA**  
*University of Connecticut Health Center*

Jennifer Sussman is a Research Associate with UCONN Health, Department of Community Medicine and Healthcare. Over the past 26 years with the UCONN Health Center, Jennifer has worked in the areas of: health services research; substance abuse prevention and treatment evaluation and quality improvement; instrument development and training/technical assistance/capacity building; and data and research practices.

**Denique Weidema-Lewis, BA**  
*Positive Directions, Inc*

Denique Weidema-Lewis has 12 years of experience implementing SAMHSA’s Strategic Prevention Framework (SPF) model. Denique is the current Director of Prevention for Positive Directions, Inc a community-based, 501(c)(3)
not-for-profit which serves the towns of Fairfield, Norwalk, Weston, Westport and Wilton and its mission is to support individuals, families, and communities by providing (1) prevention programs that build resiliency and life skills in adolescents, adults and families and (2) treatment for mental health and addictive behaviors.

**Using Publicly Available Data for Needs Assessment and Strategic Planning**

Connecticut’s data climate is changing, and with it, new opportunities arise to share, link, and use data to address public health issues and alleviate health disparities. Out of this evolving data climate come data resources such as the Connecticut Data Collaborative, Connecticut’s Open Data Portal, the DMHAS Center for Prevention Evaluation and Statistics (CPES), and the State Epidemiological Workgroup (SEOW) which, while their specific missions may differ, share the goal of making data publicly available. Approaches to addressing substance use are also evolving, at the national, state and community levels. The opioid crisis has heightened the focus on shared risk factors and populations at risk, and federal government funding for substance abuse has called upon states to drill down to identify sub-populations at greater risk for health disparities, as well as look more broadly at behavioral and public health issues that face those impacted by substance abuse.

**Jennifer Sussman, MFA**  
*University of Connecticut Health Center*  
Jennifer Sussman is a Research Associate with UCONN Health, Department of Community Medicine and Healthcare. Over the past 26 years with the UCONN Health Center, Jennifer has worked in the areas of: health services research; substance abuse prevention and treatment evaluation and quality improvement; instrument development and training/technical assistance/capacity building; and data and research practices.

**Michelle Riordan-Nold, MPP**  
*Connecticut Data Collaborative*  
Named Executive Director of the CT Data Collaborative in February 2014, Michelle is responsible for executing the vision and strategy of the Collaborative which is a user-driven, public-private partnership that educates, liberates, curates, and democratizes data for public consumption to help drive planning, policy, budgeting and decision making in Connecticut. She holds a bachelor's degree in Mathematics from Boston College and a master's degree in public policy from the University of Chicago.

**Tyler Kleykamp**  
*CT Office of Policy and Management*  
Tyler Kleykamp is the State of Connecticut’s Chief Data Officer, within the Office of Policy and Management (OPM); and is responsible for directing, managing, and overseeing staff and activities related to the collection, analysis, and dissemination of the State’s enterprise information assets. In doing so, he leads the State’s efforts to use data to enhance the efficiency and effectiveness of state programs and policies. Tyler has previously served as Chair of the Connecticut Geospatial Information Systems (GIS) Council as well as the State GIS Coordinator.

**Session B: Healthy Eating in Connecticut**  
**Moderator: Denise Colaianni, RN, MA**  
*Western Connecticut State University*  
Denise Colaianni has worked in the field of Community Health for more than 40 years first as a public health nurse with Visiting Nurse Service of New York, an administrator with Ridgefield Visiting Nurse, an Assistant Professor of Community Health Nursing at Fairfield University and as an Internship Coordinator.

**Moderator: Sara Namazi**  
*University of Connecticut Health Center*  
Sara Namazi is a PhD candidate in public health at UCONN Health Center. Sara also hold a graduate certificate training in occupational health psychology from UCONN Storrs and a Masters degree in environmental science from University of Guam Water and Environmental Research Institute. Sara works as a graduate research assistant for the Center for the Promotion of Health in the New England
Alycia Santilli, MSW
Director, Community Alliance for Research & Engagement (CARE)

Alycia Santilli is the Director of CARE, a partnership between Southern Connecticut State University and Yale School of Public Health. Building on previous work as a community organizer, she started her research career at Yale to explore the important link between policy change and research. Alycia joined CARE at its inception in 2007 and has been integral in providing administrative oversight and strategic direction for the organization. She also directs all activities conducted in community settings, including organizing with low income communities to develop health interventions. Building on her extensive research skills, in 2009, 2012, and 2015, she hired, trained, supervised, and directed 20 surveyors to complete >1200 household surveys in two months for the triennial New Haven Health Survey.

**Hunger in New Haven: Using Data for Action**

Since 2009, the Community Alliance for Research and Engagement (CARE) has conducted the triennial New Haven Health Survey to track health in six low-income neighborhoods. Data reveal that New Haven continues to struggle with health disparities; food insecurity has consistently emerged as a pressing issue. Other community partners collect data related to food insecurity in New Haven, including Data Haven’s Wellbeing Survey, the New Haven Office of Food System and Policy, CT Food Bank, and public schools. In recognition that a strategic approach to data could describe a more complete story of hunger in New Haven and drive policy decisions rooted in research, CARE convened partners to analyze data through the New Haven Food Policy Council. The group developed a report detailing hunger in New Haven to drive targeted policy recommendations. We will present findings, review policy recommendations, and describe the process for mobilizing a coalition to use data for action.

**Identifying Windows of Opportunity for Health Eating and Active Living Policies in CT**

We conducted a survey to examine the relative importance of active living and healthy eating community issues among 72 state policymakers and 47 health directors (HDs) in Connecticut. Compared to PMs, a greater proportion of HDs perceived obesity (p=.000), access to healthy groceries (p=.013), poor nutrition (p=.028), lack of sidewalks (p=.014), and pedestrian safety (p=.005) as important community issues in CT. PMs were more likely than HDs to perceive lack of good jobs (p=.000), quality of public education (p=.001), and cost of living (p=.018) as important community issues. The findings suggest there is a window of opportunity to address increasing traffic in CT. Health advocates might benefit from linking active living and healthy eating issues to their impacts on jobs, education, and cost of living to gain PMs’ support.

**Anna Greer, PhD, CHES**

Department of Public Health, Sacred Heart University

Dr. Anna E. Greer, CHES is an Associate Professor and the Program Director for the Master of Public Health program at Sacred Heart University. Dr. Greer’s work focuses on environment and policy opportunities to promote active living and healthy eating in disadvantaged communities.

**The Impact of Junk Food Marketing Regulations on Food Sales**

Objectives: To evaluate the impact of junk food marketing policies implemented worldwide on junk food sales and identify policy characteristics most effective in reducing sales. Methods. Policy data were categorized through a thorough
literature review. Policy data were analyzed in a repeated-measures design against sales data. Results. Countries with policies saw a decrease in sales after implementation, while those without policies saw an increase. Countries with statutory policies saw a decrease in sales, while those with only self-regulation saw an increase. Audience restrictions, standardized nutrition criteria and mandated messaging were significantly associated with a decrease in sales. Conclusions. This study utilized a novel approach to evaluate the effectiveness of junk food marketing policies by measuring changes in food sales. Countries with statutory policies demonstrated a decrease in sales not seen with self-regulation only. To effectively reduce the effects of junk food marketing, governments should establish strong and comprehensive statutory regulations.

Yumi Kovic, MD/MPH Candidate
University of Connecticut Health Center
Yumi is an MD/MPH candidate at the University of Connecticut, currently in her third year of medical school. She graduated with a B.A. in ACS Biochemistry from Connecticut College in 2014. She became interested in food policy after interning with Corporate Accountability International where she campaigned to kick McDonald’s out of U.S. hospitals.

Session C: State Population Health Initiatives
Moderator: Tekisha Everett, PhD
Executive Director, Health Equity Solutions
Tekisha has built a successful career in public policy, and advocacy in the non-profit, state, and private sectors. Before taking the helm of Health Equity Solutions (HES), she served as the Managing Director of Federal Government Affairs with the American Diabetes Association where she provided strategic leadership on policy and advocacy initiatives with the White House, several federal agencies, and Congress, which led to important victories for people both with and at-risk for diabetes.

Clinical Care to Population Health: The Story of Connecticut Children’s
In 2012, Connecticut Children’s Medical Center reaffirmed its commitment to children’s health with the creation of the Office for Community Child Health (the Office). The Office serves as a critical community resource by developing, promoting, supporting, evaluating, and disseminating innovative, effective community-oriented programs and services that address children’s critical health needs. The Office uses a population health framework and embraces an “all sectors in” approach to advance local initiatives, particularly those that address health disparities faced by vulnerable populations, of regional and national significance. Over the last five years, the Office grew from 10 to 17 initiatives; developed and implemented monitoring and evaluation tools to assess the effectiveness and impact of initiatives; built synergy to increase collective impact; developed, supported, and disseminated effective community-oriented initiatives; and enhanced clinical care. The Office continues to promote the optimal healthy development of children, strengthen families, build stronger communities, and enhance clinical care.

Scott Orsey, MBA, MS
Senior Director of Operations and Strategy, Connecticut Children’s Office for Community Child Health

Eminet Abbe Gurganus, MPH
Manager of Program Development and Implementation, Connecticut Children’s Office for Community Child Health

Jacquelyn Rose, MPH
Manager of the Advancing Kids Innovation Program, Connecticut Children’s Office for Community Child Health

Back to the Basics: Infection Prevention Training Program for Ambulatory Care Settings
Preventing the spread of infectious disease is a cornerstone of both public health and medical care. The Ebola event in 2014 exposed weaknesses in IP practices in health
care facilities in CT and across the US. To address these gaps, the CT DPH funded the creation of a workplace training program to improve routine and non-routine IP practices for clinical and non-clinical staff in ambulatory care settings. Working in partnership with CT Federally Qualified Health Centers (FQHCs) and subject matter experts, the Yale School of Public Health (YSPH) developed a free, two-part training program that combined online tutorials on basic IP along and a scenario-based workplace training program. Working with the Community Health Center Association of CT, YSPH conducted a focus group of infection prevention leads from centers to identify the challenges they face with staff training.

Kathi Traugh, MPH
Yale School of Public Health and New England Public Health Training Center
Kathi Traugh, MPH, is the Director of Public Health Workforce Development and Distance Learning in the Office of Public Health Practice at the Yale School of Public Health where she coordinates and implements continuing education programs for public health practitioners, provides technical assistance to public health agencies on workforce development and supports use of teaching technology for continuing education programs. Traugh joined YSPH in 2002 and has worked in a variety of public health workforce development positions during her Yale career.

Dmoina DiBiase, BA
Community Health Center Association of CT
Domina began her work at Community Health Center Association of Connecticut (CHCCT) in 2015 as Logistics Coordinator and became the Operations Manager in 2016, which includes work with the Emergency Preparedness. In the past year, Domina has worked closely with FQHC members to develop their internal Emergency Preparedness plans and programs. Among these efforts include the delivery of N95 fit test trainings, regular meetings with emergency preparedness partners, development of training and technical assistance programs and management of all emergency preparedness related grants.

Applying a Health Equity Lens to Screening and Early Intervention
This study sought to identify factors that promote higher levels of screening and timely receipt of Early Intervention (EI) services for eligible children in Connecticut. Utilizing a primarily qualitative approach, data was collected through focus groups, interviews and surveys. Analysis of the study data identified key themes including systems-level and individual-level factors that act as facilitators to screening and enrolling children in EI. In addition, areas for improvement were identified, including the need for staff training in cultural competency, enhanced pediatrician-EI provider collaboration, and enhanced information management systems. Results will be shared with stakeholders in Connecticut in order to translate the findings into systematic changes related to professional development and communication between primary care providers and EI providers. This study adds to the literature by providing recommendations for improving the equitable screening, referral to early intervention and provision of services along the continuum of primary care and early intervention.

Thyde Dumont-Mathieu, MD, MPH
Connecticut Children’s Medical Center
Thyde Dumont-Mathieu, MD, MPH is a Board Certified Developmental-Behavioral Pediatrician at Connecticut Children’s Medical Center. Her clinical subspecialty is in Autism Spectrum Disorders. Her Health Services Research focuses on enhancing the delivery of equitable developmental-behavioral care to those who are traditionally underserved. She is part of an Autism Research Collaborative at CT Children’s and the University of Connecticut. She is involved in the education of medical students, residents and graduate students.
Session A: Roundtable Session

Moderator: Millie Seguinot
Southwestern AHEC

Millie Seguinot is a founding member of the Community Health Workers Association of Connecticut and President of its Board of Directors. Millie has extensive experience supporting multicultural, diverse populations in the areas of mutual housing, education, parenting and parent leadership. She is employed as the CHW Project Coordinator at Southwestern Area Health Education Center, teaches CHW core-competency training, and as a CHW, connects Bridgeport mothers with medical homes and immunizations for their children. In the recent past, Millie was Navigator Key Staff for Access Health CT, helping residents enroll in insurance plans. Millie is a Notary Public, a Justice of the Peace, a trained Medical Interpreter and a Chaplain. She has an A.A. degree in Secretarial Science from the University of Puerto Rico and has studied business applications at Goodwin College.

Sickle Cell Disease – Increasing Understanding and Improving Care

Sickle cell disease (SCD) is an inherited blood disorder hallmarked by acute, unpredictable severe pain episodes, progressive organ dysfunction, and early mortality. SCD affects 100,000 individuals in the US and approximately 1,000 in Connecticut and 94% of SCD patients visit the ED at least once a year. At least 3,000,000 people in the US carry the sickle cell trait, with many unaware that they carry and may pass on the trait. A national shortage of hematologists experienced with adult SCD remains a public health disparity. This session presents responses to the need for improved care of adult SCD patients in CT, including establishment of the New England Sickle Cell Institute, development of an algorithm to improve SCD pain management in the ED, and customized obstetrical care for women diagnosed with SCD versus gaps in research and medical guidance for perinatal care for women who are sickle cell trait carriers.

Kim Radda, RN, MA
Institute for Community Research

Ms. Radda is an anthropologist, registered nurse and research associate at the Institute for Community Research. Previous research topics include substance abuse, HIV risk, adult health/mental health, and women’s socioeconomic roles in rural Mexico. Current work focuses on older adult oral health, veterans’ mental health and SCD pain management. Kim is an Adjunct Instructor in the UConn MPH Program, a member of the UConn Health IRB and Community Research Alliance, and is co-chair of ICR’s IRB and statewide Oral Health for Older Adult Consortium. She is committed to improving health and wellbeing through community-based participatory research, intervention and advocacy.

Sasia-Marie Jones, MPH
University of Connecticut Health Center

Ms. Jones, a Clinical Research Assistant for the New England Sickle Cell Institute, assists Dr. Biree Andemariam with clinical research studies aimed at understanding the fundamental, mechanistic, and genetic bases for the development of pain in sickle cell disease. Other areas of research at NESCIC include biological understandings for secondary complications of sickle cell disease, identifying and eliminating barriers to best practices, and studying physical and mental health disparities in the adult sickle cell population. Recognizing that there is limited research on sickle cell disease, Sasia is dedicated to spreading awareness and increasing knowledge of this complex disease.

Rashea Banks, MPH
University of Connecticut Health Center

Ms. Banks, a Community Health Specialist at UConn Health Carole and Ray Neag Cancer Center, works to decrease health disparities by navigating un/under-insured women to receive
no cost mammography screening in towns identified by Susan G. Komen New England with high late stage breast cancer diagnosis and mortality. Rashea also provides supportive services at the New England Sickle Cell Institute, connecting patients to community resources and conducting outreach to mobilize community partners to increase awareness of SCD. Rashea is dedicated to improving the health and wellness of individuals that are subject to disparate health care and poor health outcomes.

**Intimate Partner Violence is a Health Disparity**

As a health disparity that impacts thousands of women across Connecticut each day, it is imperative that students entering public health be taught about IPV and that healthcare providers feel comfortable screening their patients. Research shows that when a woman is assessed for abuse and given a referral to a domestic violence program she is more likely to end a relationship and seek help. When women are not screened for IPV, they remain in danger and their health related concerns may go unaddressed. The Connecticut Coalition Against Domestic Violence has an effective training program that has provided thousands of public health providers and students throughout the state with information about IPV, how to effectively screen a patient, and where to make a referral. But, we can and should do more. All efforts to eliminate health disparities and achieve health equity must include conversations about IPV.

**Jillian Gilchrest, MSW**

*Connecticut Coalition Against Domestic Violence*

Jillian Gilchrest, MSW, is the Director of Health Professional Outreach for the Connecticut Coalition Against Domestic Violence. A graduate of the University of Connecticut School of Social Work, Ms. Gilchrest has extensive experience advocating for women’s health and safety, in particular influencing public policy. Jillian has worked to address and prevent violence against women in various capacities throughout her career. She currently Chairs the State’s Trafficking in Persons Council for the Connecticut General Assembly.

**Impact of a CHW and School-Community Collaboration on Asthma**

Emphasizing reducing identified health disparities and led by an Asthma Self-Management Coach, Breathe Well * Respira Bien has improved patients’ lives and health outcomes through two domains: post-ED visit for a community-based cohort and inpatient/school-based for a student cohort, through implementation of multi-modal strategies. The strategies implemented included health care system navigation, asthma education outside of the typical healthcare setting, and attention to the barriers to care that affect the ability of individuals to manage their chronic disease. Interventions in both cohorts had a significant impact on asthma control as measured by Asthma Control Test scores. Qualitatively, the proportion of participants whose asthma was considered well controlled increased from 16.7% to 47.6% in the community-based cohort (p=0.0024), and from 37.1% to 74.3% in the school-based cohort (p=0.0018). This suggests that utilization of a community health worker has tremendous promise in helping to improve quality of life through a multi-faceted approach.

**Jennifer Muggeo, MPH**

*Ledge Light Health District*

Jennifer Muggeo, Supervisor, Finance/Special Projects in Population Health, Ledge Light Health District, leads efforts on the opioid epidemic. Jen works to assure that all agency programs incorporate a health equity focus and facilitates work addressing the social determinants of health.

**Laurel Holmes, MSW**

*Lawrence & Memorial Healthcare*

Laurel Holmes, director, Community Partnerships/Population Health for Lawrence + Memorial Healthcare, facilitates creative partnerships to develop solutions to improve the health status of the underserved, uninsured,
other special populations and the broader community.

**Russell Melmed, MPH**  
**Ledge Light Health District**  
Russell Melmed, Epidemiologist/Supervisor of Health Education and Community Outreach, Ledge Light Health District, is responsible for the District’s disease surveillance, data analysis, program evaluation, and outbreak investigation as well as various prevention programs.

**Bridging Health and Community-Based Services: A Panel Discussion**  
Integrating clinical service delivery with community prevention affords opportunities to support medical providers in addressing social determinants and in doing so, reflects a vision for health that extends beyond the absence of disease. The Office for Community Child Health (OCCH) at Connecticut Children’s Medical Center provides a unifying infrastructure for community-facing initiatives that influence children’s health and development. Using a population health framework, the Office embraces an “all sectors in” approach and advances local initiatives, particularly those that address health disparities faced by vulnerable populations, of regional and national significance. During this session, representatives of five OCCH programs will lead a panel discussion specific to strategies that bridge health and social services.

**Kimberly Martini-Carvell, MA**  
**Connecticut Children’s Medical Center**  
Kimberly Martini-Carvell, MA is the Executive Director of the Help Me Grow (HMG) National Center, an organization dedicated to furthering the spread and scale of a Connecticut-based initiative to promote the early detection of children at risk for developmental and behavioral problems and their linkage to programs and services, currently being replicated in over 25 states. She most recently served as Associate Vice President, Programs for The Village for Families and Children in Hartford, CT, where she was responsible for creating and managing prevention, early intervention and treatment programs for families and children.

**Susan Roman, RN, MPH**  
**Connecticut Children’s Medical Center**  
Susan Roman, RN, MPH, is the Program Director for the Center for Care Coordination at Connecticut Children’s Medical Center. She is responsible for the innovation, development, and evaluation of health programs that address the medical and social needs of children/families. Ms. Roman has a combined total of 33 years of experience in pediatric healthcare, public health, and clinical and academic research. She has been instrumental in transforming the work of the Center by increasing its capacity to provide supports and services to all children, including children with behavioral health conditions and children impacted by the social determinants of health.

**Tregony Simoneau, MD**  
**Connecticut Children’s Medical Center**  
Tregony Simoneau, MD is co-Director of the Asthma Center, Easy Breathing and Easy Breathing for Schools, an attending physician of Pulmonary Medicine at Connecticut Children’s and an Assistant Professor of Pediatrics at University of Connecticut School of Medicine. At Connecticut Children’s, Dr. Simoneau developed and directs the Severe Asthma Clinic that combines specialist medical management, asthma education and care coordination to decrease asthma-related healthcare utilization and improve asthma control for children with difficult to treat or severe asthma. Dr. Simoneau is a member of the Hartford Collaborative for Asthma Equity in Children which recently completed a needs assessment of pediatric asthma in Hartford.

**3 Steps Detect**  
15-40 Connection is teaching audiences in high schools, universities, hospitals, corporations and retail environments how to use personal health awareness to detect cancer earlier and improve survival rates for everyone. The statistics are staggering - 1 in 2 men and 1 in 3 women will be diagnosed with cancer in their lifetime. Early
detection is the best and most effective treatment for any type of cancer. Yet the most common cancer symptom, a subtle and persistent change to your normal health, is often ignored, accepted as new normal or associated with aging, diet or lifestyle. 15-40 Connection was founded to empower individuals with the lifesaving advantage of early cancer diagnosis. Its name is a reflection of the alarming fact that cancer survival rates for those aged 15 to 40 have barely improved since 1975.

Alicia Donavan, MA
15-40 Connection
Alicia Donovan, Education and Outreach Manager: Alicia comes to 15-40 with a strong background in implementation. She leads the on-site trainings at schools and universities and works closely with leadership to ensure an integrated approach.

Session B: Rapid Fire Session
Moderator: Chantelle Archer, MPH
CT Department of Public Health
Chantelle Archer is the Project Assistant for the Connecticut State Health Improvement Plan (SHIP) at the Connecticut Department of Public Health. She received her BA degree in Women, Gender, and Sexuality from Trinity College and her MPH from Southern Connecticut State University where her focus was community health education. Prior to her current position, Chantelle worked as a Policy Analyst for Avenir Health and a health educator for the MATCH Coalition. She is a member of CPHA’s program committee and a member of the American Public Health Association.

Moderator: Crystal Schindo, MHA
Yale New Haven Health System
Crystal Schindo is an Administrator for Value Based Programs at Yale New Haven Health System. Currently, she operationalizes the role out of numerous value based programs throughout Yale’s Health System. Mrs. Schindo has worked in healthcare for 16 years and earned her Masters in Health Administration from Western Connecticut State University.

Trends in ED Visits by Young Adults for Suicide Attempts in Connecticut
An inclusive method for determining suicide attempts from ICD-9 billing codes was applied to nearly 9 million de-identified individual level data points from an administrative discharge database of Connecticut’s 30 acute care facilities. Counts and cross-tabulations were then combined with state population data to determine rates of suicide attempts across various socio-demographic variables. Results: Rates of suicide attempts among 15-24 year-olds in Connecticut ranged from 44.7 per 10,000 population in 2013 to 29.7 per 10,000 population in 2015. 15-19 year olds had higher rates than 20-24 year-olds, and females had more attempts than males. Rates of attempts were similar across racial and ethnic groups. Poisoning (60%) and cutting (36%) comprised the majority of attempt methods. Conclusions: Females aged 15-19 years old attempted suicide at almost double the rate of males of the same age. Young adults are more than twice as likely to be discharged home from the ED rather than admitted to the hospital.

Elizabeth McOsker MPH, CPH
Jordan Porco Foundation and the CT Suicide Advisory Board
Elizabeth McOsker MPH CPH is the Senior Program Coordinator and Data Analyst at the Jordan Porco Foundation, a non-profit working to prevent suicide in young adults. She is also a member of the Data & Surveillance Committee of the Connecticut Suicide Advisory Board. She recently earned her Masters in Public Health from the University of Florida after completing an internship at the UConnCenter for Public Health and Health Policy. She has worked in the suicide prevention and public health fields for over three years. Her research focuses on suicidal behaviors in the young adult population.

The Innovative Training in Clinical Practice Transformation Program
In an effort to improve collaboration in primary care, Danbury Hospital introduced the Innovative Training in Clinical Practice
Transformation (INTRCPT) program. INTRCPT connects practice redesign with interprofessional collaboration (IPC) by addressing primary care training across the continuum, and leverages Danbury Hospital’s Simulation Center to train practitioners. Between April 2016 and January 2017, INTRCPT trainees took part in four IPC events and subsequently formed a taskforce to develop strategies for integrating concepts learned. Taskforce participants then answered a six-question survey regarding their understanding of the importance of IPC, capacity to integrate concepts, and programmatic direction. Results indicated that 65% of participants felt their practice was prepared to implement team-based care following training, and 68% of respondents believed the group’s goal should be integrating additional professions into primary care offices. Ultimately, training events reinforced the importance of IPC among healthcare providers, the majority of whom felt prepared to implement this care model.

**Robert Carr, MD, FAAFP**  
*Western Connecticut Health Network*  
Dr. Carr is Vice-President for Clinical Transformation for WCHN, a Family Physician, and Geriatric Medicine specialist. He serves as the Chief Medical Officer of WCHN’s Physician-Hospital Organization, has led the initiative to transform WCHN’s primary care practice, and directs the network’s Care Coordinator program. He also serves as Medical Director for WCHN’s participation in the Value Care Alliance and as principal investigator for two multimillion dollar grants. Dr. Carr received his medical degree from Hahnemann University School of Medicine before completing a Family Medicine residency at Dwight David Eisenhower Army Medical Center, and visiting fellowship in Geriatrics at East Carolina University.

**Damandeet Chaubey, MD, MPH, SFHM, FACP**  
*Western Connecticut Health Network*  
Dr. Chaubey provides leadership in driving transformational change and integrating palliative medicine across the continuum at WCHN, and is accountable for payment integrity and minimizing revenue loss for the network’s hospitals. Her training and experience in the field of public health, preventive medicine, clinical medicine, medical education, and research have provided the foundation to lead quality initiatives and develop sustainable and cost-effective models. Dr. Chaubey served as Danbury Hospital’s Chief of Hospital Medicine from 2006-2016, designated a Senior Fellow in Hospital Medicine from the Society of Hospital Medicine, and made the American College of Physicians’ list of “Top 10 Hospitalists.”

**Amy Bethge, MPH**  
*Western Connecticut Health Network*  
Ms. Bethge is a data analyst for the Department of Clinical and Health Outcomes Research at Western Connecticut Health Network (WCHN). In her role, she assists in the evaluation of grants funded through the Health Resources and Services Administration and the Substance Abuse and Mental Health Services Administration, assists in the process to consolidate and analyze data for research conducted at Danbury Hospital, and drafts manuscripts for publication in peer-reviewed journals. She received a Master of Public Health degree from Southern Connecticut State University.

**Improving Access to Health Food by Promoting Healthy Food Donations**  
One objective of the Connecticut State Health Improvement Plan (SHIP) Obesity Subcommittee (OSC) is to “reduce by 5% the prevalence of obesity in children 5-12 years of age and grades 9-12.” SHIP OSC focused on increasing healthy food options, including improving the nutritional quality of food available in distribution programs. Representatives from non-profit and government agencies merged existing healthy food and beverage resources into one common list of guidelines, resulting in a healthy food donation list embraced and promoted by food banks, nutrition professionals and other assistance programs. SHIP OSC is distributing this list statewide to key donors, including employers, as well as school systems, faith-
based institutions, and other groups in the area that sponsor food collection drives. Ultimately, this partnership will promote an increase in the donation of lean protein food, whole grains, low-sodium canned goods and other items allowing food pantry clients and their families to eat healthier.

**Lynn Faria, MA**
**Hartford HealthCare Central Region**
Lynn Faria, M.A. is the Director of Community Relations for MidState Medical Center and The Hospital of Central CT. She coordinates community outreach initiatives as well as community needs assessments. She has served as a coordinator and director for various community health initiatives and designed and implemented projects to address health and quality of life issues. She also coordinates a health ministry partnership that addresses health and quality of life issues within diverse faith communities.

**Gina Smith, MA, CHES**
**Yale New Haven Health**
Gina Smith, MA, graduated from East Carolina University with both a BS and MA in Health Education and Promotion and is a Certified Health Education Specialist. From 2005-2010, she served as the Eastern Regional Coordinator for the NC Folic Acid Campaign/March of Dimes, where she coordinated birth defects prevention education in 29 counties. Since then she worked at the Yale University Center for Perinatal, Pediatric, and Environmental Epidemiology and the Yale-Griffin Prevention Research Center. She is currently the Community Health Improvement Coordinator for Yale New Haven Health System, where she manages Get Healthy CT, a coalition dedicated to reducing obesity.

**Teresa Martin Dotson, MS, RD, CD-N**
**University of Saint Joseph SNAP-ed**
Teresa Dotson is a Registered Dietitian with 29 years of experience. She graduated from St Joseph College with a BS in Nutrition and Dietetics, has a Certificate in Adult Weight management and her Masters in Healthcare Management from USJ. Teresa owns Nutrition Solutions for Life, LLC, where she provides individual and group nutrition consultation, wellness and risk reduction programs. She has established connections throughout Connecticut in her work with USJ, CAND (CT Academy of Nutrition and Dietetics) and community partners. She is currently the CAND Member at Large.

**Free Health Information in Multiple Languages**
Margot Malachowski will introduce two websites developed by the National Library of Medicine to provide free access to reputable health information in multiple languages. MedlinePlus has extensive information from the National Institutes of Health and other trusted sources on over 1000 diseases and conditions. There is no advertising allowed on the website. This presentation will introduce the English and Spanish versions of MedlinePlus, and demonstrate how the website is easy to use for non-Spanish speakers who are serving a Spanish speaking population. MedlinePlus has additional resources in multiple languages—from Amharic to Vietnamese. HealthReach is a website for health professionals working with immigrants and refugees with limited English proficiency. Although not as vast as MedlinePlus, HealthReach is a useful tool for accessing health information on a broad range of topics.

**Margot Malachowski, MLS**
**National Network of Libraries of Medicine**
Margot Malachowski is an Education and Outreach Coordinator for the National Network of Libraries of Medicine. Margot works throughout the New England Region to offer professional development and funding opportunities to librarians, educators, health professionals, and community organizations. Margot provides demonstrations and tutorials on websites designed by the National Library of Medicine. These websites create free access to quality biomedical information worldwide.
Workforce Diversification Through the Integration of CHWs in Clinical Teams

Community health workers (CHWs) have been engaged to improve the diversity of the clinical workforce by bringing a socially-driven perspective to patient care. CHW integration embeds CHWs’ socially-informed perspectives as core elements of the clinical team. However, the management of diversity within integrated teams can be challenging, given conflicting backgrounds and approaches to care between CHWs and between CHWs and providers. Little work has focused on the strategies used to manage diversity in the clinical context, and this work seeks to build a qualitative understanding of diversity management in the merging of the clinical and social worlds through the introduction of CHWs. Initial findings suggest that defined motivations help CHWs utilize the diversity of their backgrounds to work with clinicians towards the common goal of helping patients. CHWs manage diversity through clear communication of team member skillsets, building an understanding of how diversity can be leveraged in clinical environments.

Lanxin Jiang
Yale School of Public Health
Lanxin Jiang is a second year student at the Yale School of Public Health, earning her Masters with a focus in Biostatistics. She worked with a team of students as part of a community-based research practicum course studying Community Health Workers (CHWs) with the Southwestern Area Health Education Center (AHEC). Previous to Yale, Lanxin majored in Bioengineering, with a focus on the studying biochemical pathway of the cancer-related enzymes’ degradation. Now she engages in an ongoing clinical study for kidney transplantation and performs statistical analysis to evaluate the outcomes and risk factors.

Session C: Academic Research Program & State Development in Health Equity
Moderator: Amber Butler, MPH
Middlesex Hospital and Danbury Hospital

Amber Butler is the Health Education and Grants Coordinator for the Middlesex Hospital Cancer Center and a Lead Research Associate at Danbury Hospital. She holds a Master of Public Health degree with a concentration in Prevention Science from Emory University.

Moderator: Sandy Gill
HealthyCT 2020: State Health Improvement Coalition

Sandy has been working with the Healthy CT 2020: State Health Improvement Plan (SHIP) Coalition since November, 2014. She has over 21 years of local health experience from her previous work in Columbus, Ohio. As the former Chronic Disease Prevention Project Director for Columbus Public Health, Sandy gained extensive experience in coalition building and collaborative strategic planning to address the implementation of policies, systems, and environmental changes at both the state and local levels. From 2009-2013, she represented the City of Columbus as a member of the NACCHO Big Cities Consortium of Chronic Disease Prevention Directors.

SCSU-CARE Community Garden Nutrition Education Program

Based at Southern Connecticut State University (SCSU), the Community Alliance for Research and Engagement (CARE) and the Office of Sustainability partnered to pilot a six-week garden-based nutrition education program for residents of neighborhoods surrounding SCSU’s campus. The purpose of the program was to provide New Haven residents with education and resources to increase their consumption of fruits and vegetables and assist them in achieving personal wellness goals. Eleven families attended weekly nutrition lessons, cooking demonstrations, and gardening seminars. They also received seasonal produce from the garden, along with recipes. Overall, 80% of the participants said their view of the value of gardening and growing their own food changed after completing the program. Also, all participants felt that their present intake of both fruit and vegetables was sufficient. Finally, most
participants indicated that the program provided a sense of community and opportunities for making new friends.

**Meadeshia Mitchell, MPH Candidate**  
*Southern Connecticut State University*  
Meadeshia is a graduate student in the Master of Public Health (MPH) Program at Southern Connecticut State University. She attended Smith College in Northampton, Massachusetts where she double majored in neuroscience and psychology. Currently, Meadeshia works as a graduate fellow for the Community Alliance for Research and Engagement (CARE) program.

**Kaelyn Audette**  
Kaelyn Audette is an undergraduate student in the Public Health Program at Southern Connecticut State University (SCSU). Kaelyn currently intern at the Office of Sustainability at SCSU where she runs the Campus Community Garden. Kaelyn has developed a crop rotation plan, a drip irrigation system, and has planted a variety of herbs, fruits, and vegetables.

**Right from the Start: Supporting Children’s Development and Health Equity**  
In April 2013, CT Child Development Infoline (CDI) secured a three-year grant from the Grossman Family Foundation to embed CDI’s state level activities into Norwalk’s local systems that serve young children, families, and pregnant women. The goal of the grant is to ensure that children enter kindergarten ready to learn. Through relationship building and a common commitment to children and families, the project has demonstrated the value added through state/local initiatives and how it supports health equity. This workshop will describe a state/local partnership between CDI and the City of Norwalk and will offer information on lessons learned and implications for replication.

**Marijane Carey, MSW, MPH**  
*Carey Consulting & CT MCH Coalition*  
Marijane Carey is the principal of Carey Consulting, a 24-year-old consulting firm specializing in public health and human services. Carey has worked with state agencies, private non-profits, advocacy organizations, hospitals, and community foundations. Current work includes serving as the facilitator for CT’s statewide MCH Coalition and as MCH consultant to CT’s Help Me Grow system. Her substantive knowledge in human service and health care delivery systems complements her in-depth experience leading and managing projects. She has Master’s degrees in social work and public health and has been an advocate for women and children throughout her 35-year career.

### Concurrent Breakout Session IV  
**Abstracts and Biographies**

**Session A: Food Insecurity and Public Health Protection**

**Moderator: Sandy Gill**  
*HealthyCT 2020: State Health Improvement Coalition*  
Sandy has been working with the Healthy CT 2020: State Health Improvement Plan (SHIP) Coalition since November, 2014. She has over 21 years of local health experience from her previous work in Columbus, Ohio. As the former Chronic Disease Prevention Project Director for Columbus Public Health, Sandy gained extensive experience in coalition building and collaborative strategic planning to address the implementation of policies, systems, and environmental changes at both the state and local levels. From 2009-2013, she represented the City of Columbus as a member of the NACCHO Big Cities Consortium of Chronic Disease Prevention Directors.

**Moderator: Michael Craven**  
Michael Craven is in his first semester of the UConn MPH program. He also works full time at a contract testing laboratory mainly serving the pharmaceutical and biotech industries. When Michael is not working or studying, he likes to be involved with the CPHA and take hikes with his wife and dog.

**Researching and Teaching Food Insecurity**  
Food justice as integral to the public health goal of achieving health for all communities, The importance of addressing food insecurity is
obvious with 14% of the United States population being food insecure in 2014 (USDA). This is a four part presentation on research examining food insecurity locally and developing course work in the study of food systems and food justice. 1. A survey of 226 participants examined the relation of food security and shopping practices in Bridgeport CT, 2. Undergraduate college students at SCSU are not immune to food insecurity, 3. Working with the New Haven Summer Meals program and the CT Food Bank, 4. Faculty at SCSU have collaborated across disciplines to create course work in food systems and food justice.

Victoria Zigmont, PhD, MPH  
Southern Connecticut State University  
Victoria Zigmont is an Assistant Professor in the Department of Public Health at Southern Connecticut State University (SCSU). Dr. Zigmont’s research interests include finding opportunities for health promotion among college students, chronic disease prevention and epidemiology methods. Dr. Zigmont is a member of the SCSU Food Affinity Group, and she enjoys working with non-profits in New Haven including New Haven Farms, the New Haven Summer Meals and REMEDY.

Peggy Gallup, PhD, RN, MPH  
Southern Connecticut State University  
Dr. Gallup is a Professor of Public Health at Southern Connecticut State University, and the Undergraduate Program Coordinator. She has established a Food Affinity Group among faculty and staff at Southern to develop new curriculum around food justice issues, and research its presence among students. Dr. Gallup now teaches Food Systems and Food Justice to graduates and undergraduates, and has guided several graduate students in research and service in this area.

Stephen Tomczak, PhD, MSW  
Southern Connecticut State University  
Dr. Tomczak has an extensive background in social work education and research, particularly in the areas of social welfare policy, poverty, and the history of social work & social welfare. He has worked for the Connecticut Department of Social Services and helped design and staff a special project on foster parent recruitment housed at the Department of Children and Families.

Stanley Bernard, DrPH, MPH  
Southern Connecticut State University  
Stanley N. Bernard is an Associate Professor of Public Health at Southern Connecticut State University. Dr. Bernard has worked as a social policy researcher, the Director of Administration and Human Resources, and Director of Special Projects at the National Center for Children in Poverty at Columbia University where he became recognized nationally for his reports on fatherhood and welfare reform.

Connecticut’s Approach to Public Drinking Water and Public Health Protection  
Safe drinking water is critical for public health and essential for life. The U.S. drinking water system is one of our country’s greatest public health achievements of the 20th Century. Many people are not aware of the complex process of planning, collecting, storing, treating and distributing water that helps ensure its availability and quality. Recent events, such as those in Flint, Michigan, have demonstrated that public drinking water cannot be taken for granted. This presentation will highlight the Connecticut Department of Public Health (DPH) Drinking Water Section’s critical role to assure the purity and adequacy of the state’s public drinking water systems and sources. This session will feature the state’s first State Water Plan, along with additional efforts in protecting the health and safety of Connecticut by ensuring the precious resource of the highest quality public drinking water is available for all of our state’s residents.

Lori Mathieu  
State of CT, Dept. of Public Health, Drinking Water Section, Public Health Section Chief  
Lori Mathieu is Connecticut’s Public Drinking Water Administrator serving as the Public Health Section Chief with the Connecticut Department of Public Health’s Drinking Water Section. The Drinking Water Section is responsible for
2017 Annual Meeting and Conference of the Connecticut Public Health Association

Panelists:

Frances Padilla, MPA
Executive Director, The Universal Health Care Foundation

Michael Pascucilla, MPH, CF-SP, RS
Health Director, East Shore District Health Dept.

Tracey Scraba, JD, MPH
Executive Director, Senior Privacy and Security Legal Counsel, Aetna

Anthony Dias, MBBS, DPM, MPH
Vice President of Data Services, CT Hospital Association

Nkemdilim Anako, MPH
Curtis D. Robinson Center for Health Equity, Trinity Health New England

Session B: Looking for Mentors in All the Right Places: A Panel Discussion
Moderator: Richard Sugarman
Hartford Promise and The CT Forum

Looking for Mentors in All the Right Places: A Panel Discussion

It is estimated that today, the average person changes jobs an average of 12 times during her/his work life. Personal, technological and economic factors may influence decisions to make these changes, so how can someone who has invested in a degree in public health best prepare? Is it possible to have just five jobs? Where are the non-traditional jobs and worksites for public health professionals? Panelists, who have all been mentors, represent a range of public health careers and workplaces, from the public sector to the private sector to education. They will describe their career paths, and through a question and answer exchange moderated by CT Forum co-founder Richard Sugarman, they will share:

• Insights about the skills and attitudes that have helped them grow, succeed and lead throughout their public health careers;
• Skills they have used to tackle population health and health equity issues;
• Job outlook and trends in their area of expertise;
• Experiences and advice about finding and being helped by mentors.

Session C: Describing Health Disparities: A Panel Discussion
Moderator: Kristen Soto, MPH
Infectious Disease Section, CT Department of Public Health

Kristen Soto, MPH, is the Vaccine Preventable Disease Surveillance Coordinator and Syndromic Surveillance Coordinator in the Infectious Disease Section at the Connecticut Department of Public Health. She has utilized socioeconomic status data to analyze health outcomes related to invasive pneumococcal disease morbidity, emergency department care-seeking behaviors, and childhood vaccination up-to-date status. Prior work focused on developing a toolkit to improve emergency preparedness in vulnerable populations and improving chronic disease outcomes in low SES neighborhoods.

Panelists:

James Hadler, MD, MPH
Senior Epidemiology Consultant, NYC Department of Health and Mental Hygiene

James Hadler, MD, MPH is a senior epidemiology consultant to the Connecticut Emerging Infections Program, the New York City Department of Health and Mental Hygiene and the Council of State and Territorial Epidemiologists. He is involved in the description of health disparities using socioeconomic measures, assessment of epidemiology capacity of public health departments and related workforce development, and most Connecticut EIP activities. From 1984-2008, he was the Connecticut State Epidemiologist and director of
the states’ infectious disease surveillance and control programs. His main research interests are in the epidemiology, prevention and control of infectious diseases of public health importance.

**Linda Niccolai, PhD**  
*Professor, Yale School of Public Health*  
Linda Niccolai, PhD, is a Professor at Yale School of Public Health in the Department of Epidemiology of Microbial Disease. She currently serves as Co-Director of the Connecticut Emerging Infections Program at Yale and Director of the Development Core for the Center for Interdisciplinary Research on AIDS. Her current research is designed to understand uptake and impact of HPV vaccines with an emphasis on addressing health disparities and understanding structural and social determinants of risk for HIV including mass incarceration, housing instability, and subsidized housing policies. Her research methods include surveillance, behavioral epidemiology, and qualitative approaches.

**Kimberly Yousey-Hindes, MPH, CPH**  
*Influenza Program Coordinator, Yale School of Public Health*  
Kimberly Yousey-Hindes, MPH, CPH, is the Influenza Program Coordinator for the Connecticut Emerging Infections Program at Yale School of Public Health. She has contributed to several projects that use area-based socioeconomic status data to illuminate disparities in the incidence of infectious diseases and has been actively promoting and training others in this methodology for over six years. Prior to her current position with the Connecticut EIP, she served as a CDC/CSTE Applied Epidemiology Fellow with the New York State Department of Health. Her research interests include leveraging public health surveillance data to influence policy.

**Describe Health Disparities: Linking Area-based Measures to Surveillance Data**  
Without complete information on socioeconomic measures in many public health surveillance systems, health disparities remain hidden. However, US Census data can be used to describe socioeconomic conditions such as household poverty and crowding in the census tracts, or neighborhoods, where we live. Neighborhood affects health independently of personal characteristics; in other words, place matters. Thus, there is value in linking geocoded public health surveillance data to area-based measures of socioeconomic status.

Panel Description: Panel members will each share their experience using the methods of the Public Health Disparities Geocoding Project on surveillance datasets. The discussion will include an analysis of 53 diseases in an area of exceptionally high poverty (New York City), an analysis of high grade cervical lesions due to HPV infection in Connecticut, and an analysis of influenza hospitalization from over 70 counties in 14 states.

**Poster Presentation Session**

**Community Stroke Education and Response**  
Amy Zipf, RN, MSN(c); Jennifer Sposito, RN, MSN(c); Mohammed Tala Almutairi, RN MSN(c); Fahad Alhowaymel, RN, MSN(c)  
*University of Hartford*

**Background:** Stroke is the 5th leading cause of death in the U.S. and the number 1 cause of preventable adult disability. Early recognition and treatment is associated with greater functional recovery. The public has low awareness of stroke symptom recognition and how to respond in the event of such symptoms.

**Purpose:** A group of masters students at The University of Hartford gathered to examine the relationship between public stroke education & increased awareness of symptoms to respond quickly. Methods: An educational curriculum completed with participants from 3 local senior centers. American Heart/Stroke FAST education (Face drooping, Arm weakness, Speech difficulty, and Time to call 911) was presented using a PowerPoint Presentation, visuals and case scenarios. Interactive teach-back in small groups evaluated knowledge retention. Finally, participants were sent home with FAST magnets.
Results: Of 62 participants post intervention, 54 or 87% were able to teach-back the key components of FAST and stated they were willing to dial 911 in response to these symptoms. Discussion: FAST is easy to teach and engaging for participants. The majority of participants were able to teach-back the key components of FAST and stated they were willing to dial 911 in response to these symptoms.

**Championing a Culture of Health Equity Across Policies, Planning and Programming: The CT Department of Public Health’s Approach**
Kristin Sullivan, Melissa Touma
*CT Department of Public Health*

The CT DPH will share its approach to championing a culture of health equity across policies, planning and programming. Health equity is central to DPH’s 2013- 2018 Strategic Plan as articulated in one of its the values: Equitable- We foster policies and programs that promote fairness, social justice, equity, and cultural competence. Since 2013, DPH has set an annual goal to champion health equity and produced an accompanying action plan. The poster will share how the State Health Improvement Plan and its priorities were through a health equity lens. Health disparity dashboards produced as a subset of the Healthy Connecticut 2020 dashboard will be shared to demonstrate how progress in addressing health disparities is tracked. An array of resources developed to promote a culture of health equity within the agency and among partners will be shared. These resources include: a Health Equity Strategic Plan that aligns with the Agency Strategic Plan; a Healthy Equity Tool Kit; Cultural and Linguistically Appropriate Services training; a champion of health equity award; a language access policy and a health equity policy. An innovative "Health Equity Impact of Legislation" worksheet employed by DPH assures a health equity in all policies approach for any proposed legislation.

**Activity Spaces, Spatial Mobility, and Risk for Sexually Transmitted Infections Among Adolescent Girls on the US-Mexico Border**
Courtney Mullen, *Quinnipiac University*
Liz Reed, *University of California San Diego*

**Background:** The study was conducted in the Y2Y center, a youth community center in National City catering to teens attending Sweetwater High School. The center provides education on sex, healthy relationships, volunteer opportunities, and access to family planning via the neighboring clinic Operation Samahan. According to US News Report, Sweetwater High School ranks 338th within California based of college readiness and performance on state required exams. The school educates 99% minority students, of which 81% whose families live in poverty. Objectives: To explore the relationship between parental support, including financial, emotional, and physical presence within the home, and STI’s and inconsistent contraception use/ non-use among adolescent girls in South San Diego. Methods: Study participants from Operation Samahan or the Y2Y center were approached and screened for survey participation. To qualify, study participants had to identify as female, between the ages of 15-19 years old, and report being sexually active within the last 6 months. Participants completed both a survey and STI testing for chlamydia and gonorrhea (n=159).

The survey included a variety of questions, among which included contraception use, perceived parental support, STI history, and reproductive health. A subset of participants (n=21) who identified as high-risk was invited to participate in a qualitative in-depth interview. To qualify as high-risk, study participants had to report 2 of the following in the survey: previous pregnancy, previous STI, sent/received sexual photos, dating violence, and/or reproductive coercion. Participants were compensated with a $20 Walmart or Target gift card for their time.

**Saving Lives in CT with Mission: Lifeline: Creating Equal Access to Heart Attack Care**
Lisa Bemben, MPH, CHES; Alana Davis, MPH  
*American Heart Association*
Mission: Lifeline (ML) is the American Heart Association’s national quality improvement program designed to create comprehensive and coordinated systems of care for ST-segment elevation myocardial infarction (STEMI) patients. Nearly 30% of STEMI patients fail to receive appropriate treatment and of those who do, less than half are treated within guideline-recommended timeframes. ML aims to address care disparities and improve timeliness of treatment by standardizing and coordinating care across regions and promoting collaboration between hospitals and Emergency Medical Services (EMS). The AHA partnered with Duke Clinical Research Institute beginning in 2012 on ML in Connecticut. During Phase 1 (July 2012-December 2013; n=4 hospitals) results indicated positive improvements in the percentage of patients meeting the AHA guideline goals of 1) EMS First Medical Contact to Device within 90 minutes (from 50% to 55%) and 2) for patients transferred from Non-PCI Centers, Arrival at First Facility to Device within 120 minutes (38% to 50%). Preliminary results show further improvements were achieved as the program expanded statewide during Phase 2 (July 2015 – March 2017; n=14 hospitals) in both the first goal (63% to 71%) and second goal (58% to 65.5%). ML’s focus on these key metrics has improved access to quality care across Connecticut.

CT’s Prescription Drug Monitoring Program and Public Health Informatics:
Considerations for EHR Integration and Utilization by Prescribers
Richelle deMayo, MD, CM; William Zempsky, MD; Jessica Zimmerman, MD; Christopher Grindle, MD; Rebecca Riba-Wolman, MD
Connecticut Children’s Medical Center

Background: Opioid overdose is an urgent public health concern. In Connecticut, prescribers must check the state’s prescription drug monitoring program (PDMP) before ordering more than 72 hours of controlled substances, and at regular intervals thereafter for patients on chronic therapy. The CDC calls PDMPs “among the most promising state-level interventions to … protect patients” though evidence of their effectiveness in risk mitigation is limited and inconsistent.

Methods: We describe Connecticut’s inaugural integration in January 2017 of the state PDMP with the EHR at Connecticut Children’s Medical Center and its impact in facilitating compliance with PDMP review and reducing the burden on clinicians in busy patient care settings. We also elaborate human factors engineering recommendations for successful PDMP workflows, based on activity audits, a survey of prescribers and a scoping review of the literature.

Results: Prescriber utilization of and satisfaction with Connecticut’s PDMP is improved by EHR integration but still undermined by fragmented workflows and lack of clarity about what can and should be done with PDMP information.

Conclusions: Prescription opioid management depends not only on the theoretical availability of information but also the information system’s usability. PDMP operations represent one of many factors determining opioid-related outcomes.

Educational Attainment and Parental Knowledge of Choking Risks
Kathryn Bentivegna, BS; Kevin Borrup JD, MPA; Meghan Clough, BS; Scott Schoem, MD
Connecticut Children’s Medical Center

Choking is a leading cause of morbidity and mortality in children, particularly ages 3 and younger. Yearly, more than 100,000 children visit emergency department due to food-related choking. The American Academy of Pediatrics (AAP) encourages choking prevention counseling to parents through anticipatory guidance. Parents of children visiting a pediatric hospital were enrolled in a randomized control trial to study knowledge gains based on a novel choking education video module. A seven-question survey to measure parental knowledge at baseline and post-intervention was used. Data were analyzed based on municipal-level differences in parent educational attainment. Based on this analysis differences in parent responses based on educational attainment were statistical significant for only two of the
seven questions, including questions on most dangerous food as a potential choking hazard $\chi^2 (1, n=205) = 4.811, p<0.05$ and fruit shapes most dangerous to kids $\chi^2 (1, n=205) = 5.326, p<0.05$. No significant difference between lower ($M=3.47, SD=1.33$) and higher ($M=3.63, SD=1.24$) educational attainment groups was observed on total survey scores; $t(203)=-.879, p=0.380$. These results suggest that parental education of choking prevention knowledge may be needed regardless of education level.

A Deep Dive into No-Shows: Extensive Interviews of Patients Who Miss Post-Discharge Appointments in the San Francisco Health Network

Vithya Thambialyah, BS; Richard Feinn PhD
Quinnipiac University, School of Medicine

BACKGROUND: After passage of the Hospital Readmissions Reduction Program, Zuckerberg San Francisco General Hospital (ZSFG) has worked to improve patient transitions from inpatient to outpatient. However, barriers to patients attending post-discharge outpatient appointments still remain. To investigate these barriers, we compared demographics of patients who attended and missed post-discharge appointments. Additionally, we interviewed patients discharged from ZSFG who missed post-discharge appointments. METHODS: We identified 357 patients discharged from ZSFG (between 5/4/17 and 7/2/17) with non-cancelled post-discharge appointments. We generated an outcomes assessment to determine predictors of no-shows to post-discharge follow-up. By contacting patients, we obtained thirty patient interviews. Qualitative analysis of interviews was completed within the Dedoose software. RESULTS: Predictors of missing post-discharge appointments include homelessness (Odds Ratio = 2.05, $p=.031$), no cellphone (OR = 2.47, $p=.004$), a history of multiple hospitalizations (OR=2.79, $p=.001$), and age less than 45 (OR =0.98 per year increase, $p=.003$). Interviews with patients identified these barriers: miscommunications during the discharge process, appointment fatigue, and issues with transportation. CONCLUSIONS: Interventions need to target homeless populations, patients without phones, patients with multiple hospitalizations, and younger patients. Additionally, each patient should be individually assessed by a health care professional to determine the most feasible outcome after discharge.

We Need to Talk: An Assessment of Connecticut’s Local Health Department Translation and Interpretation Services

Randy Domina, MPH; Peggy Gallup, PhD, MPH; Jean Breny, PhD, MPH; Elizabeth Schwartz, MPH
Southern Connecticut State University

Local Health Departments & Districts (LHDs) are on the front line of preventative services. By federal mandate, LHDs are required to provide services to people in languages that they can understand, yet this may not be happening. If the services offered cannot be comprehended by clients, such services will be ineffective. This potentially creates the opportunity to improve the effectiveness of health services & programs by expanding the languages in which they are offered. This study sought to determine if LHDs that have higher numbers of people with limited English proficiency (LEP) provide more interpretation and translation services than do LHDs with fewer LEP clients. This study administered a fifteen-question survey to the 75 local health departments in the state of Connecticut to determine the range of services that they offer in languages other than English. The response rate was 51%. Data from the U.S. Census Bureau were analyzed to determine the number of people with LEP in the communities served by each LHD. Results were analyzed to determine if an association exists between the number of people with LEP in an area and the services that the LDH offers in languages other than English. The findings show that the number of people that an LHD encounters with LEP is strongly, and statistically significantly, associated with the number of people in the community who speak English less than very well. There was also a moderate association between both the
percent of people in a community that speak English less than very well and the LHD serving a larger population and the total number of services that the LHD offers in a language other than English.

**The New Haven Syringe Services Program: A model of integrated harm reduction and health care services**

Katherine M. Rich, Lindsay Eysenbach, Lisandra Estremera, Sharon Joslin, Jaimie P. Meyer, Ruthanne Marcus, Frederick L. Altice, Yale University; Munaza Ali, Southern Connecticut State University

Introduction: Amidst a burgeoning opioid epidemic, the Yale AIDS Program’s New Haven Syringe Services Program (NHSSP) provides harm reduction services integrated with primary care, behavioral health, and treatment for substance use disorders through the Community Health Care Van (CHCV)- a mobile medical clinic, a clinical office, and an outreach minivan.

Methods: NHSSP data from January through July 2017 were analyzed to describe client characteristics and services provided. Results: During the first 7 months of operation, NHSSP saw 448 unique clients with 1,553 visits. Of all clients, 113 (25.2%) reported a positive HCV status, 32 (7.1%) reported a positive HIV status, and 69 (15.4%) had experienced an overdose. The majority of clients were from New Haven County, however, the geographic spread included towns >70 miles from the NHSSP. At intake, 396 (88.4%) accepted overdose prevention training, 171 (38.2%) accepted naloxone kits, and 130 (29.0%) accepted safe injection training. The program provided 51,278 needle/syringes, 8,658 condoms, 248 referrals to substance use treatment, and 380 referrals to health services located on the CHCV. Discussion: The program serves as an innovative model for integration of harm reduction with health care services for people who inject drugs. High volumes illustrate the demand for these services.

**Connecticut State Government versus Connecticut Hospitals: Impact on Public Health**

A. Mattie, J. Herbst, A. Williams, C. Barton, E. Chumas, S.Dickson, S. Saunders, & K. Vaillancourt

Faced with a critical deficit in the state budget, the Connecticut (CT) state government imposed a provider tax (Tax) on Connecticut hospitals in Fiscal Year (FY) 2011 in an attempt to bridge the financial void. Since FY12, Connecticut hospitals experienced a significant decline in returned tax funds from the state government. The Tax law allows states the discretion to use Tax funds for general state expenses and not necessarily be redirected to the hospitals. We assessed the financial impact of the Tax policy via comprehensive electronic searches and personal communication with key stakeholder informants, and analyzed hospital 990s, state budgets and tax statements, legislative testimony, administrative documents, and court filings. To illustrate the public health impact of CT’s Tax, we examined changes in health care services (via certificate of need filings), job losses, emergency department (ED) wait times, and low birth weight (LBW) trends. Our results illustrate a decline in hospitals’ net revenues due to changes in the provider tax policy from FY12 where the hospitals gained $50 million to projected losses in FY17 of $449 million. The change in Tax policy also resulted in loss of Medicaid matching funds and increased dollars to the state treasury. Certificate of Need (CON) submissions confirmed service closures and mergers, job losses were noted, ED wait times showed no increase, and LBW data remained stable overall with a few geographic areas showing increased burden. This study documents the public health and fiscal impact of the Tax in a fiscally challenged environment and its findings may be instructive for other state governments and hospital associations.
We Are Family: Effects of a Relationship-Strengthening HIV/STI Prevention
Intervention for Adolescent Couples on Parenting Behaviors
Valen Grandelski, MPH, Yale University
The transition to parenthood is both a stressful time and a window of opportunity for behavior change, particularly for adolescent parents. Relationship strain or dissolution between new parents can affect the co-parenting relationship and parenting engagement, especially for fathers, which can have significant implications for child health and development. This study evaluated the effect of a relationship-strengthening HIV/STI prevention intervention on parenting behaviors among adolescent parenting couples in New Haven, CT. Data from a pilot randomized control trial conducted with 49 predominantly African-American and Latino adolescent parenting couples were analyzed using repeated measures ANOVA to account for dependence of time and dyad. Observed intervention * time effects and intervention * time * gender effects were not statistically significant, but had small to moderate effect sizes. Intervention couples demonstrated increased parenting sense of competence compared to control couples. Gender differences in intervention effects were observed for both parenting experiences and parenting engagement. Process measures demonstrated the intervention was acceptable, and yielded high satisfaction among young parents.

Get the Lead Out! Eradicating Childhood Lead Poisoning in Connecticut
Eileen McMurrer, M.Ed., CT Office of Early Childhood; Krista Veneziano, MPH, CHES, RS, CT Department of Public Health; Patricia Garcia, MD, Hartford Regional Lead Treatment Center; Kareen DuPlessis, BS, United Way of CT
In 2016, Flint Michigan focused widespread attention on the dire effects of early childhood lead poisoning as a vital public health concern. For more than a decade, Connecticut has been at the forefront of collaborative efforts to reduce lead exposure, promote identification and advance treatments for young children, while adjusting to the CDC’s lowering of lead reference levels and updated knowledge of developmental trajectories even with low levels of lead exposure. Caring for the lead poisoned child requires a multidisciplinary approach involving both medical and community resources. Exceptional coordination of efforts are essential to remediate the historic disparities among young children poisoned by lead. We will provide information on the key components involved, including medical evaluation and management, environmental assessment and abatement, and developmental monitoring and intervention to assure the best possible outcomes. In Connecticut, these services are provided through various organizations and partners at the State and local levels who continue to develop closer working ties in order to provide the best care to lead-affected children and supports for their families.

Committee Reports

Advocacy Committee
Chair, Jenna Lupi
The Advocacy Committee supports CPHA’s mission by educating its members, policymakers, and the public on key bills and issues affecting public health in the State. This year, the Committee sent regular alerts during the State Legislative Session, as well as alerts throughout the year related to the federal legislative agenda. The Committee submitted testimony in support of and against several bills and hosted a Legislative Breakfast featuring Chief Health Policy Advisor to the Lieutenant Governor, Victoria Veltri.

CPHA submitted testimony in support of two bills that passed: *HB 6695:* AAC the Protection of Youth from Conversion Therapy, and *SB 126:* AAC Community Health Workers. CPHA submitted testimony against *HB 7170:* AAC the DPH’s Recommendations Regarding the Integration of Municipal Health Departments into Regional Health Districts, which did not
pass. CPHA submitted testimony in support of *HB 6200:* AAC the Presentation of a Permit to Carry a Pistol or Revolver, which did not make it out of Committee. CPHA also submitted testimony in support of the following bills which gained traction but did not ultimately pass: *HB 5210:* AAC Various Pay Fairness and Equity Matters; *HB 5384*: AA Raising the Legal Age for Purchase and Use of Tobacco Products; and *SB 35:* AAC Beverages with Added Sugars, Sweeteners and Artificial Sweeteners, and Obesity. Two additional bills of interest included: *HB 5314:* AAC the Regulation and Taxation of the Retail Sale and Cultivation of Marijuana for Use by Persons Twenty-one Years of Age or Older, which CPHA took no strong position on, but urged revenue generated to be used for the purpose of public health prevention efforts, specifically to fund research into marijuana misuse and abuse; and *SB795:* AA Establishing the Office of Health Strategy and Improving the Certificate of Need Program, which will be addressed through the State Budget Process.

Each year, the Advocacy Committee tracks bills based on four priority areas: Public Health Infrastructure, Health Equity, Environmental Health, and Prevention. The Committee is always looking for CPHA members interested in supporting its efforts.

**Community Health Workers Association**

*President, Millie Seguinot*

The Community Health Workers Association is honored to present the first Annual Report to the Connecticut Public Health Association. A lot of great things happened to our workforce in Connecticut and a lot of activities took place in different parts of the state. Our Association has a contact list with three hundred plus individuals identified as community health workers and another contact list about allies, supporters, employers, etc.

Below is the list of events, built collaborations and action items we will continue working on:

**EVENTS**

- Community Health Worker Day in CT – April 7th is the official day for Community Health Workers in Connecticut. On that day we had a celebration at the Connecticut Hospital Association in Wallingford. Around fifty CHWs, allies and supporters attended. We had different presentations for them (CAHS, HES) and closed the event with a Zumba class. Participants had the opportunity to network and enjoy themselves with lunch sponsored by the CHWACT and Health Equity Solutions.
- SB 126 – An act concerning Community Health Workers. Letter of support and testimony was submitted
- Advocacy Training 101 – Two trainings were provided (New Haven and Shelton) by Health Equity Solutions about the difference between advocacy and lobbying. Twenty-five CHWs attended in total. This type of training will continue been offered around the state.
- SIM – CHW Advisory Committee – The CHWACT has been represented by our president, Millie Seguinot as part of the CHW Advisory Committee with SIM. This committee is working on the structure of the CHW workforce in CT.
- NE CHW Coalition – The CHWACT has been participating on the New England CHW Coalition and thru them working with the Office of Minority Health on a messaging campaign for the workforce in New England.
- Oral Health Training – The CHWACT has been promoting an Oral Health Training Program for Community Health Workers that Southwestern AHEC will provide in collaboration with DPH. We started by attending a pilot training to give feedback for the actual training coming up where 150 CHWs will be trained.

**COLLABORATIONS**

- Southwestern Area Health Education Center (SW AHEC)
- Health Equity Solutions (HES)
- State Innovation Model Program (SIM)
2017 Annual Meeting and Conference of the Connecticut Public Health Association

- Health Literacy Institute (HLI)-Equal Coverage to Care Coalition
- New England Community Health Worker Coalition (NECHWC)
- Community Health Center Association of Connecticut (CHCACT)
- New England Public Health Training Center (NEPHTC)
- Hispanic Health Council

UPCOMING EVENTS

- The Role of the Community Health Worker – November 2, 2017
- Community Health Worker’s Training – Understanding Substance Use Disorders and Models For Supporting Recovery – November 15, 2017

Communications Committee

Chair, Bidisha Nath
The Communications Committee manages the CPHA e-newsletter. Each year, the Committee publishes four issues of CPHA e-newsletter offering its members timely updates regarding CPHA committee activities, member news. The Newsletter is also an important resource for educational and networking opportunities for Public Health students and professionals as well as Public Health related job opportunities in state of CT.

Health Education Committee

Chair, Theresa Argondezzi
Co-Chair, Linda Mako
Purpose: A forum for the exchange of information. An opportunity to educate the public health workforce and other health professionals by increasing the competency, skills and performance as they relate to the core public health essential services. A networking opportunity for public health professionals that are employed in a variety of settings.

Activities: The Health Education Committee coordinates three to four webinars or Web meetings each year. Web meetings are typically held from 9:00 am – 12:00 pm on Wednesdays. Meetings include (2) one-hour programs on topics of interest to the group in various areas of public health. The Committee also examines ways for members to improve networking and sharing of ideas, best practices and job opportunities.

Goal: The goal of the Health Education Committee is to offer continuing education opportunities and CHES credits to Connecticut health educators and professional development to public health professionals in all settings.

Members: Members of the Health Education Committee.

Membership Committee

Chair, Kevin Borrup
The CPHA Membership Committee recruits new members, works to retain current membership and promotes the efforts of the other CPHA Committees. As of October 2017, there are 362 members, an increase of more than 20% in the last year. About 40% of the membership are students. We also have 25 agencies/organizations that are members. As a membership association, we need every member to reach out to their colleagues and ask them to join CPHA. Together we have a voice to impact public health in Connecticut. Ongoing efforts of the CPHA Membership Committee include maintaining the CPHA membership database throughout the year; informing members about the benefits of being a CPHA member; hosting an annual networking event; recruiting one member from each of the 169 towns in CT; and continuing to increase membership. If you recruited a new member in the last, please remember to pick up your CPHA member pin at the annual meeting. Any existing member who recruits a new member is eligible to receive a CPHA member pin.

Mentoring Committee

Co-Chair, Cyndi Billian-Stern
Co-Chair, Joan Lane
The 2017 Annual CPHA Conference will mark the 10th anniversary of Mentors on Request (MOR). The MOR has grown from a 7-member
organization in 2007 to a 45-member one in 2017. Over the past 10 years MOR organizational members have raised awareness of public health by reaching almost 15,000 students and educators. As the size of the MOR has changed, so have our members’ needs. To prepare for our second decade, we surveyed key MOR members to ensure that what we do continues serves our growing membership.

Where We Have Been: A Brief Background
CPhA established the MOR in 2007, in response to a predicted shortage in 2020 of 250,000 public health workers. Causes included too many workers reaching retirement age, too few schools offering the major and too few high school students ever being exposed to public health as a concept or a career. Our goal was to build a pipeline of public health workers by training and sending MOR mentors to work with high school educators and their students. We arranged for speakers to present in the classroom and for students and teachers to experience public health in action in the community thus providing student awareness of the field before college majors were selected. MOR mentors furthered experiential learning by assisting teachers who used the Public Health 101 full-year blended curriculum for the high school, and providing free online resources for educators and mentors. To engage schools and communities, this spring we organized a highly successful 30:30 Step Challenge. In 30 days, 30 teams composed of 500 people joined CPhA as we walked and talked about public health and cumulatively contributed over 70 million steps to our first CPhA Step Challenge.

Where We Are Going: The Changing Public Health Landscape
Today, the public health landscape has changed dramatically: It has become one of the fastest growing majors in the country with new programs established almost annually. In-state programs went from three, ten years ago (Yale, UCONN, Southern CT State University), to now include Eastern CT State University, University of St. Joseph, Goodwin College, and Sacred Heart University, plus several community colleges also teaching courses in public health and related fields. Our summer intern, Kristina Ramdial, MD/MPH candidate from University of Miami, completed a qualitative MOR member survey to help guide the MOR with a key focus on bringing experiential learning to undergraduate populations. Her report will be made available on the CPhA website next month.

We would like to hear your thoughts; and if you are interested in mentoring, precepting, or and/joining the MOR Advisory Board, just email us:
Co-Chairs, CPhA Mentors on Request
Joan Lane joanlane1124@gmail.com
Cyndi Billian Stern cyndistern@mac.com

Program Committee
Co-Chair, Laura King, MPH, CHES
Co-Chair, Riddhi Doshi, PhD(c), MBBS, MPH
Purpose: The Program Committee plans CPhA events, including the Annual Conference and the Semi-Annual Event. The theme of the 2017 conference is “From Patient to Population Health: Disparities Matter”. It will focus on how public health professionals can collaborate and learn ways to eliminate disparities and improve the health of their communities, the State of Connecticut and the nation.
Goal: The goal for the Program Committee is to hold an educational, timely, interesting and inspiring annual conference relevant to the varied disciplines that comprise the current and future public health workforce.
Activities: The program committee held teleconference meetings guided by the program chairs. The committee began planning the conference by a call for abstracts. There was a large number of abstract submissions, and a subcommittee reviewed 45 abstracts and accepted 32 for oral presentations. A conference venue was identified and details were finalized. The committee identified keynote speakers based on the theme and abstracts approved. Invitations were extended to Senator Doug McCrory, Mark Masselli and Senator Chris Murphy. Senator McCrory and Mark Masselli accepted to be keynote speakers. Senator
Murphy will be unable to attend the annual conference in person, but will provide a welcome address. Finalized items included conference agenda, publicity materials such as save the date card, brochure, conference booklet, posters, volunteers for day of conference and other miscellaneous planning; budget, food, registration; recruitment of session organizers and volunteer staff; CHES application and credits; and the conference evaluation. Members corresponded with other CPHA committees, academic institutions, conference vendors, academic institutions, conference vendors, sponsors, and presenters to disseminate information about the conference.

Members: Committee members consisted of public health professionals at local/state health departments, non-profit organizations, community based organizations, academia and other healthcare settings. The Committee Chairs extend sincere appreciation to the CPHA President, Board of Directors and Committee Members for their support and help with this year’s annual conference.
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