CT Health Enhancement Community: Reference Community Engagement Summary

(As of 10/26/18)

Background

As part of the HEC initiative, CT has selected four Reference Communities to provide input and feedback on the design of the HEC model. A key component of Reference Community work is obtaining direct community member feedback on the HEC design. Reference Communities have been engaged in the HEC design process since May 2018. The input received from the community is included in each Reference Community's final report and is reflected in the draft HEC model design.

Note that OHS and DPH, with the HEC consultant Health Management Associates also met with Clifford Beers Clinic's Parents Group to get feedback, which is reflected in the draft model.

Feedback to Date

Through the involvement and outreach that the Reference Communities have completed to date (listed in the table in the next section), they have shared the following themes:

- Residents have shown interest/enthusiasm in priority areas of child well-being and healthy weight/physical fitness

- As residents talked, they became more engaged, including saying that if they worked together as a community there are ways to address these large, challenging problems

- Residents have shown an interest in sharing personal experiences as a way to discuss challenges and opportunities related to HEC health priorities

- Residents were eager to talk about what they think the root causes of poor health in their communities are and what should be done about it. Examples (full list of feedback provided in next section):

    o People are existing on "survival income" not "living income," which makes it difficult to prioritize healthy food purchases/choices

    o Historically communities (including low-income communities) may not/are not accessing existing funding or resources to address HEC health priorities because they aren't aware of them. Coordination of services, single point of entry, and warm handoffs between programs were identified as important.

    o There is a lack of family/social supports to address issues, including time, financial resources, parenting skills, healthy food access, exercise, chronic illness management, mental health issues, and reentry for formerly incarcerated individuals

    o Built environment (e.g., parks, sidewalks, streets, etc.) are do not support the health priorities

    o Housing instability, lack of access to affordable housing, and lack of transportation are barriers to addressing health priorities

Examples of How Community Member Feedback have Influenced Draft HEC Model Design

- A community member gave an example of a child who recently drowned to illustrate that you have to implement multiple related strategies, including addressing programs, policies, and cultural norms to prevent it from happening again. *This was a validation of the intervention framework, which included all of those types of interventions plus systems changes.*

- A community member said the State should define the geographies or be part of making the decisions otherwise it will take too long for collaboratives to decide. *This influenced the HEC and State process for defining geography together with some requirements.*

- Two community members said that the HEC model should the adopt the community involvement philosophy of "nothing for us without us" and gave input on multiple ways to ensure that community involvement is meaningful (e.g., funds specifically for community engagement, requirement of having community members at every table, multiple roles to collect outreach information and bring that back/represent to group, capacity building for community leaders and members, and alternative engagement times for those who work). *This influenced proposed community involvement and governance parts of the design.*

- Parents in the Parents Group said that they should be involved in designing interventions and gave an example of a curriculum they are starting to create called Partnering with Parents. That curriculum is to teach service organizations how to work with parents more effectively and respectfully. They also shared a document they had created that gave guidance for working with parents and balancing power between parents and service providers. *That curriculum was used in the draft model as an example of community-member-lead interventions and a cultural norm change for organizations. The information in the document was used to augment the community involvement aspect of the draft model/*

- Parents in the Parents Group said that they are frustrated by how difficult it can be to access existing programs, especially as a family. One parent said she had one child who was 4 years old and another who was 8. One child was eligible for one program but it was only open to children over 6 years old. She struggled to find a place for her younger child, which was difficult because of transportation and cost issues. The parents said they wish they programs would work together to make it easier for parents to get the help they need. *This influenced how the draft model described the connecting existing interventions to create a more seamless experience for community members.*

CT Health Enhancement Community: Reference Community Feedback Summary *(as of 10/25/18)*

Category	Barriers and Root Causes

Food Access	• Food pantries
	    • Stigma associated with food pantries, meals on wheels, etc. centered around acceptance of help
	    • Pantries only have canned goods, important to offer the foods that the families use (culture, preference, etc.)
	• Cost of eating/living
	    • *When you work 2-3 jobs, when do you have time to exercise and cook a healthy meal?*
	    • Farmers markets don't have affordable prices or different payment methods; need better hours to accommodate working individuals
	• Awareness/healthy options
	    o Food deserts – put fresh produce in markets to give people more options
	    o Many people don't know how to prepare healthy foods
	        ▪ *Provide skills to prepare healthy meals through food prep classes, recipe cards by the produce displays, teaching about food additives or how to read a food label. Need education in elementary schools.*
	    o Healthy snacks for programming often depends on staff time, available refrigeration/storage, and more money
	    o Incorporate community gardens as part of health curriculum in schools / link community gardens and food resources (e.g., backpack program for kids)
	    o In the fresh food section, educate on how you utilize non-traditional fresh foods that might be less expensive
	    o Difficulty of dealing with temptation when making choices about food

Transportation	• People who work multiple low-wage jobs in order to support their families and face transportation barriers to getting to a full-service supermarket or farmers' market, which creates barriers of both time and money to increasing healthy eating

Housing	• Lack of affordable/low-income housing – *can be a seven-year wait*
	• Need to focus on historically low-income neighborhoods
	    o Infrastructure not updated over the years
	    o WWII-era housing and no sidewalks
	• Lack of smaller, single level homes for seniors

Family/Social Support	• Parents are overstressed, overworked o *Difficult to find time in a busy schedule to be healthy. They are "always on the go between school and work" and "making it through the week."*

- o *Parents may lack access to basic needs such as laundry facilities to wash their children's clothes; until those needs are taken care of, it's hard to focus on health care concerns*
- Excessive screen time for children
  - o *When families can't afford to put kids in extracurricular activities the fallback is device time, which is also a bad habit for adults who are modeling the behavior. Expectation to always be checking emails for work. For leisure time, it's seen as a stress reliever or escape, but often just adds to stress, isolation, and sends wrong message to kids.*
  - o Difficult social norm to change
- Need to improve access to adult education for non-English speaking families (e.g., GED classes)
- Families have challenges participating in services/events because there's limited access to childcare
  - o *Just because you have a program, doesn't mean they are going to come. Incentives or attend meetings where people already are going is important.*
- Parent education in child development needs to be enhanced
  - o *Stepping Stones used to have presentations from professionals in the past but haven't seen many in recent years. No parent education in maternity at the hospitals.*
  - o *Promotion of mental health awareness is important; parents need to be able to teach their children how to get help with mental health issues if they need it*
- Families struggle to access services, language barriers, and judgment (e.g., people don't want to access services anymore due to stigma)
  - o *A young man talked about his struggle to "stay afloat." He has a criminal record and history of drug use and finds it hard to find jobs. He feels he "has a label" that "his past shouldn't define [him]" and "holds him back." He wishes there were "more jobs and better outlets." He recently put himself in a program which took him months to find. He used 211 and it took 4-6 weeks to get in.*
  - o *There is a need to address substance abuse and mental health, and to reduce stigma of seeking mental health treatment*
- Impact of chronic illness and disabilities
  - o *A woman with diabetes said she "wants to do things she cannot do" due to her illness. A young woman talked about having trouble sleeping due to a back injury from caring for elderly persons. One respondent talked about her advanced arthritis and the limitations she faces due to her arthritis, which affects her ability to cook, dress herself, and do her hair.*
  - o *People with disabilities have a hard time finding employment, which affects families in the area*
- Change child wellbeing to "family" wellbeing and include mental health
  - o *Intergenerational work is critical; we can't talk about children without talking about parents and vice-versa*
- Middle-class gap exists. Don't make enough to afford services but too much to get assistance
- Baby Boomers are now senior citizens. Need good senior centers
- Other issues/root causes mentioned were domestic violence, time management and depression, anxiety and grief

Schools	• Lack of outside/play time (e.g., recess and gym time reduced to a minimal amount, no downtime/free time, can't go outside)
	• Participation in early enrichment activities for children (e.g., youth sports) can be cost prohibitive at young ages, which may discourage future participation in activities when they are more available at low or no cost in the school setting
	• Food
	○ *Cafeteria/vending machine foods are high in fat and sodium*
	○ *Free and reduced lunch options are not good, particularly in middle school*
	• Norm to reward good behavior with food and punish by taking recess away
	• Parent liaisons in schools need more training in mental health issues; discussion of mental health is taboo in the Latino community and school systems need to understand and work with that
Social Justice/Equity	• Language barriers in home visiting and other services create a disconnect between available services and patients; time spent translating/interpreting means less time for services.
	• Undocumented population is limited in their access to health insurance, services
	• Identify how strong culture of philanthropy in community can be used/leveraged for HECs
Environment	• Lack of YMCA, indoor community services outside of school
	○ *Provide everyone in the city access to a pool, because right now pools aren't accessible, "the YMCA costs money" and swimming is a form of "exercise and healing."*
	○ *One woman tries to exercise at home but has never had anyone to show her how*
	• Parks are not safe and clean for kids to play in
	○ *Idea: "Park Time"—Police Officers and other law enforcement/city officials have designated times that they are in the parks (e.g., every Wednesday after school from 3 pm – 5 pm). Community members can join them, use the parks, discourage misuse of the parks, and foster better police/community relations*
	• Keep the city streets and outdoor spaces cleaner
	○ *Try to walk in the city and feel that the cleanliness of the city and the outdoors was lacking*
Information Access (general)	• Many felt that they could not attend meetings due to their busy schedules
	○ *"If you schedule meetings people might not show up." "I'm always at work, you would probably only catch me at places like a waiting room."*
	○ *Have childcare available or allow participants to bring children to the meetings*
	• Need to remove barriers to make smoother processes for finding info and applying for services, better information flow, bringing people together.
	○ *Other communities in other states seem way ahead of CT regarding digital integration*
	• Ensure that you are "meeting people where they're at"
	○ *E.g., newsletters, recipe ideas, rethink culture of health in schools, markets at schools, culturally relevant campaigns that address cultural norms around food*
	• Suggestions for best way to communicate with public included:

	- Social media and Facebook - Waiting rooms or other public places - Calling, sending them mail, or emailing them directly "Flyers on posts" because "some people have lack of access to computer or phone." - Other suggestions for how to elicit community feedback included going to schools, churches, senior centers, pitching ideas to small business owners, setting up a booth at fairs, handing out flyers, and automatic phone calling.

CT Health Enhancement Community: Reference Community Engagements *(as of 10/25/18)*

Reference Community	Date	Event, Venue, Audience	Attendees/Residents	Presenter
Norwalk	7/6/18	**Event:** Norwalk Hospital Community Health Committee (CHC) **Venue:** Norwalk Hospital **Audience:** CHC Members (Hospital Trustees, Hospital Staff, Community Partners in philanthropy, wellness, and health care)	16 (unknown # of residents)	Theresa Argondezzi
Norwalk	8/12/18	**Event:** Healthy for Life Project Partners Meeting **Venue:** Norwalk Health Department **Audience:** Community partners collaboratively promoting healthy eating and physical activity as part of Greater Norwalk Community Health Improvement Plan (Health Department, YMCA, School Garden Organization, United Way, Norwalk Office of Early Childhood, Norwalk ACTS, Urgent Care Center, Food Retailer, Campbell's Healthy Communities, Children's Museum, Library, others)	14 (~40% area residents)	Theresa Argondezzi
Norwalk	8/28/18	**Event:** Health Enhancement Communities Update for Norwalk Leadership **Venue:** Norwalk Health Department **Audience:** Norwalk Mayor, Assistant to the Mayor, Norwalk Board of Health Members	4 (3 residents)	Theresa Argondezzi
Norwalk	9/12/18	**Event:** Help Me Grow networking meeting **Venue:** Ben Franklin School/Family & Children's Agency Offices **Audience:** Community providers representing education, health, and social services (home visitors, family advocates, nurses, social workers, parent group facilitators, nutritionists, outreach workers, case managers)	41 (~50% area residents)	Theresa Argondezzi
Norwalk	9/18/18	**Event:** Norwalk ACTS Community Convening **Venue:** Stepping Stones Museum for Children **Audience:** Member agencies of Citywide Collective Impact Agency with a mission to help children thrive from cradle to career. Represented education, housing, business, health, social/emotional learning, legislators, early childhood, philanthropy, others.	46 (~50% area residents)	Theresa Argondezzi
Norwalk	10/2/18	**Event:** Norwalk Health Department Emergency Response Team meeting **Venue:** Norwalk Health Department **Audience:** Diverse group of adults living/working in Norwalk and New Canaan areas who volunteer with the Norwalk Health Department. Various ages, professions, and backgrounds (some medical, but many non-medical).	21 (~90% area residents)	Theresa Argondezzi
Norwalk	*9/21 – 10/19*	**Event:** Online survey	24	*n/a*

Reference Community	Date	Event, Venue, Audience	Attendees/Residents	Presenter
		Audience: Sent via email blasts to Chamber of Commerce members and Norwalk ACTs Members. Posted on Norwalk Health Department Facebook page and local news blog. No advertising or incentives to complete the survey were provided.		
New London	7/31/18	**Event:** "Setting the Table" **Venue:** FRESH NL Urban Farm in New London **Sponsors:** Ledge Light Health District, FRESH NL, RD86, United Way of Southeastern Connecticut, New London County Food Policy Council	50 (all community residents)	FRESH NL & LLHD
New London	8/11/18	**Event:** "Setting the Table" **Venue:** FRESH NL Urban Farm in New London **Sponsors:** Ledge Light Health District, FRESH NL, RD86, United Way of Southeastern Connecticut, New London County Food Policy Council	20 (all community residents)	FRESH NL & LLHD
New London	9/13/18	**Event:** RSVP Volunteer Recognition Luncheon **Venue:** Filomena's Restaurant in Waterford	6 (all community residents)	Megan Brown, TVCCA
New London	9/24/18	**Event:** "Setting the Table" **Venue:** RD86 in New London **Sponsors:** Ledge Light Health District, FRESH NL, RD86, United Way of Southeastern Connecticut, New London County Food Policy Council	30 (all community residents)	LLHD
New London	10/11/18	**Event:** Parent Engagement Group **Venue:** TVCCA Head Start	1 (community resident)	Megan Brown, TVCCA
Hartford	7/10/18	**Event:** CT HEC Deep Dive 1 **Venue:** St. Francis Hospital	26 (5 resident advocates)	Hosted by Collaborative, HMA
Hartford	7/25/18	**Event:** CT HEC Deep Dive 2 **Venue:** Urban League of Greater Hartford	14 (4 resident advocates)	Hosted by Collaborative, HMA
Hartford	8/8/18	**Event:** CT HEC Stakeholder Feedback Session 1 **Venue:** Webinar	5	Hosted by Collaborative, HMA
Hartford	8/9/18	**Event:** CT HEC Stakeholder Feedback Session 2 **Venue:** Webinar	3	Hosted by Collaborative, HMA
Hartford	9/10/18	**Event:** Community Member Survey **Venue:** Charter Oak Health Center	9 (all residents)	Collaborative intern

Reference Community	Date	Event, Venue, Audience	Attendees/Residents	Presenter
Hartford	9/10/18	**Event:** Community Member Survey **Venue:** Gengras Clinic, St. Francis Hospital	8 (all residents)	Collaborative intern
Hartford	9/14/18	**Event:** Community Member Survey **Venue:** Wheeler Clinic	6 (all residents)	Collaborative intern
Waterbury	9/6/18	**Event:** Yoelle Iglesis, ED, Madre Latina, Inc **Venue:** Key informant interview	1 (community resident)	Alison Johnson
Waterbury	10/3/18	**Event:** Kimkelly Myers, Housing Counselor, Neighborhood Housing Services of Waterbury **Venue:** Key informant interview	1 (community resident)	Alison Johnson