

Mayor Caroline Simmons
Public Health Committee Transition Team
Policy Priority and Administration Recommendations
December 2021

Statement from Mayor Caroline Simmons:

As we continue to navigate the COVID-19 pandemic, Mayor Simmons wants to ensure we are protecting the public health of all our residents. This includes ensuring we are continually following the science and listening to public health experts as it relates to COVID-19 protocols, and helping schools, businesses, and nonprofits navigate the pandemic. She wants to ensure we are reducing the public health disparities by tackling social determinants of health and improving health outcomes for all Stamford residents. The Mayor also wants to prioritize mental health initiatives.

Committee: *Co-Chairs Anka Badurina and Dennis Torres, Connie Branyan, Dr. Asha Shah, Dr. Henry Yoon, Dr. Rohit Bhalla, Ingrid Gillespie, Jed Selkowitz, Karen Gottlieb, Reverend Dr. Joseph G. Ford, Ben Wade, Gloria Delpina, Amy Taylor, and Leslie Glenn.*

The Public Health Committee identified four key priority areas for *Mayor Simmons*
Administration: (1) COVID-19, (2) Mental Health and Substance Abuse, (3) Chronic Diseases, and (4) Health Access and Health Equity.

(1) COVID-19

Problem:

*As of December 01, 2021, the total of laboratory-confirmed and probable COVID-19 cases reported among Connecticut residents is 424,412, including 385,627 laboratory-confirmed and 38,785 probable cases. Four hundred fourteen (414) patients are currently hospitalized with laboratory-confirmed COVID-19; of those 324 (78.3 %) are not fully vaccinated. There have been

8,909 COVID-19-associated deaths. In **Stamford**, as of December 2, 2021, there were a total of 17,879 total COVID-19 cases, with 330 deaths.

Response:

As Mayor of Stamford, Caroline Simmons will be coming into office having to manage the ongoing COVID-19 pandemic that has negatively affected Stamford and the way residents go about their daily lives. While Stamford continues on the road to recovery, there should be efforts to maintain the momentum, relying on science and public health prevention. Priority should be given to expanded testing, contact tracing, continuation of the Vaccine Equity Partnership with the City of Stamford, and increased equitable outreach.

Within 100 days:

- Secure additional funding to sustain the Vaccine Equity Partnership work
- Set goal to increase vaccination and booster rates among eligible populations in target locations where people frequent and have easy access with a focus on the people residing within high SVI (social vulnerability index) census tracts, BIPOC (Black, Indigenous, and People of Color) communities, seniors, and children.
- Strategically expand access to free testing services throughout the city to target locations where people frequent and have easy access with a focus on high SVI census tracks, BIPOC communities, seniors, and children.
- Sustain and expand inclusive public messaging campaigns on how to access services related to Covid-19 in multiple forms of media.
- Partner with trusted religious and community-based organizations to achieve these goals.
- Advocate for more coordinated, expanded capacity to meet heightened need in the community
- Advocate at the State level to make the vaccine commercially available
- Consider the creation of a multi-stakeholder, cross-organization group like the COVID-19 High Risk Population Outreach Task Force that was developed at the height of the pandemic.

Within a year:

- Continue funding for people who are uninsured to access free Covid testing and Covid-related health care services

- Achieve 95% vaccination and booster rates for all eligible people
- Create a multidisciplinary team that can aggregate and document learning from the pandemic experience into one “playbook” that can help inform other public health strategies

Fiscal Implications:

Funding will be necessary and should be prioritized from state and federal sources through *ARPA and Build Back Better*.

(2) Mental Health and Substance Abuse

Problem:

Nationwide, the COVID pandemic has caused an estimated 53 million new cases of major depressive disorder and 76 million new cases of anxiety disorders, according to a recent report in *The Lancet*.¹ Locally, COVID has exacerbated the already growing mental health and substance abuse crisis in Stamford. The pandemic stresses us emotionally, physically (which affects emotions), and financially (which affects emotions). However, even before the pandemic there was a shortage of accessible mental health professionals in the area. Now the shortage is more acute as the demand for services outweighs the supply, particularly for those people who speak a language other than English.

Response:

Children, adolescents, and families living in Stamford should have access to the care and support they need. Mayor Caroline Simmons and the Administration, including Stamford Public Health Department, will provide leadership and bolster existing efforts on this front, working with the groups engaged in the Stamford Health Behavioral Health Strategy Initiative and any other interested stakeholders to address head-on this crisis and make necessary services coordinated and accessible to all who need them. Effective approaches like having police response paired with an embedded social worker, needle exchanges, and recovery coaches in the emergency

¹ <https://www.thelancet.com/infographics/covid-mental-health>

department should be continued and expanded. Novel approaches are needed, such as opening multilingual and affordable urgent mental health centers.

Within 100 days:

- Identify and confirm a group of partners who will develop a city-wide response to the behavioral health crisis
- Create a strategy for an expanded, inclusive communications campaign on the availability of mental health and substance use resources in the community
- Identify and educate key stakeholders on the availability of funding sources through state and federal sources that can help address identified gaps in behavioral health services in Stamford

Within a year:

- Identify a discrete number of action items that can influence the mental health crisis response and develop an action plan
- Promote an educational campaign on the nature of mental health issues
- Ensure there is a focus on the mental health needs of the pediatric, adolescent, unstably housed and geriatric populations
- Promote the expansion of mental health screening
- Partner with 211 and The Hub to create greater usability of these services as resource hubs for services that currently exist in the city

(3) Chronic Diseases

Problem:

Six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes. These and other chronic diseases are the leading causes of death and disability in America, and they are also a leading driver of health care costs.² This same is true in Stamford.

Many chronic diseases are caused by significant risk behaviors, such as smoking/vaping, unhealthy food choices, excessive alcohol intake, insufficient sleep and lack of physical activity. By making

² <https://www.cdc.gov/chronicdisease/index.htm>

healthy choices, people can reduce the likelihood of getting a chronic disease and improve their quality of life.

In their last Community Health Needs Assessment, Stamford Health found that hypertension is among the most prevalent chronic conditions reported among residents in Stamford. When broken down by income and race, those making less than \$30k per year are nearly twice as likely as those making over \$75k per year to report having been told that they have hypertension. Those making less than \$30k per year are also most likely to report having been told that they have diabetes and/or asthma.

Response:

As Mayor, Caroline Simmons should prioritize involvement in the upcoming Community Health Needs Assessment, which is currently under development and being led by Stamford Health. This would minimize duplication of efforts and leverage thin scarce human and financial resources. There are many departments within the City of Stamford that should be key partners at the table as strategies to address chronic diseases are developed and implemented, including the Department of Health, Department of Social Services and the Office of Public Safety, Health and Welfare.

Within 100 days:

- Create a Chronic Disease Task Force within the Health Department, which can study and prioritize the chronic diseases impacting Stamford residents
- Prioritize data sharing to improve the health outcomes of the community related to chronic diseases
- Continue involvement in the development of the Community Health Needs Assessment

Within a year:

- Identify three chronic disease issues, which were highlighted as priority areas in the Community Health Needs Assessment and will be the focus of the Health Department's Chronic Disease Task Force
- Develop an epidemiological approach to sharing and analyzing data from key organizations across the city
- Take an active role in creation of the Community Health Improvement Plan with Stamford

Health and identify specific tactics in it that the city will pursue

Fiscal Impact:

Fiscal impact varies depending on the project.

(4) Health Access and Health Equity

Problem:

Woven throughout these health care priorities stated above is the challenge of health access and health equity. Recent studies have shown that despite the improvements in the overall health of the country, BIPOC (Black, Indigenous, and People of Color) communities experience a lower quality of health care, they are less likely to receive routine medical care, and they face higher rates of morbidity and mortality than non-BIPOC communities.³

The Institute of Medicine (IOM) performed an assessment on the differences in the kinds and quality of health care. The IOM report found that:

- Disparities in health care exist between BIPOC and non-BIPOC communities and are associated with worse health outcomes.
- Health care disparities occur in the context of broader inequality.
- There are many sources across health systems, providers, patients, and managers that contribute to disparities.
- Bias, stereotyping, prejudice, and clinical uncertainty contribute to disparities.

For specific information on health equity, please see attached Data Haven report “Stamford 2021 Equity Profile”.

Response:

As Mayor, Caroline Simmons will create a task force that is charged with directly addressing the health access gaps that exist in the City of Stamford. These efforts will work collaboratively with other stakeholders already tackling this big issue and include providers as well as consumers of service. We should aspire to health equity for all city residents.

Within 100 days:

³ <https://www.ama-assn.org/delivering-care/patient-support-advocacy/reducing-disparities-health-care>

- Create a Health Equity Advisory Board, inclusive of voices from the community, to provide input to the Health Department's response and actions related to Covid 19, mental health issues, and chronic disease management.
 - This Advisory Board's approach should be reflective of:
 - Ensuring access to care, particularly for specialty care and preventive care
 - Addressing the health disparities within BIPOC
 - Addressing the needs of the undocumented, uninsured, and/or underinsured population
 - Promoting effective, inclusive and broad-reaching communication strategies
 - Studying other models, such as the diversity inclusion in health equity management from New Mexico
- Develop an epidemiological approach to sharing and analyzing data from key organizations across the city.

Within a year:

- Continuously partner with the Health Department's Task Forces and Boards to ensure equity is always at the center of decision making and implementation
- Create a strategy for implementing accessible health care services in forms that were proven effective during the pandemic, such as in-home care and community-based services (e.g. in churches, community centers, and congregate housing), which are linguistically and culturally inclusive
- Integrate the work of the Health Equity Advisory Board with other Mayor's task forces to address social determinants of health (e.g. housing, food insecurity, education, safety, etc.)

The Public Health Committee's recommendations are all interdependent with other Committees requiring policy coordination in order to minimize duplication and optimize synergies. Without a healthy population none of the other objectives can be achieved.