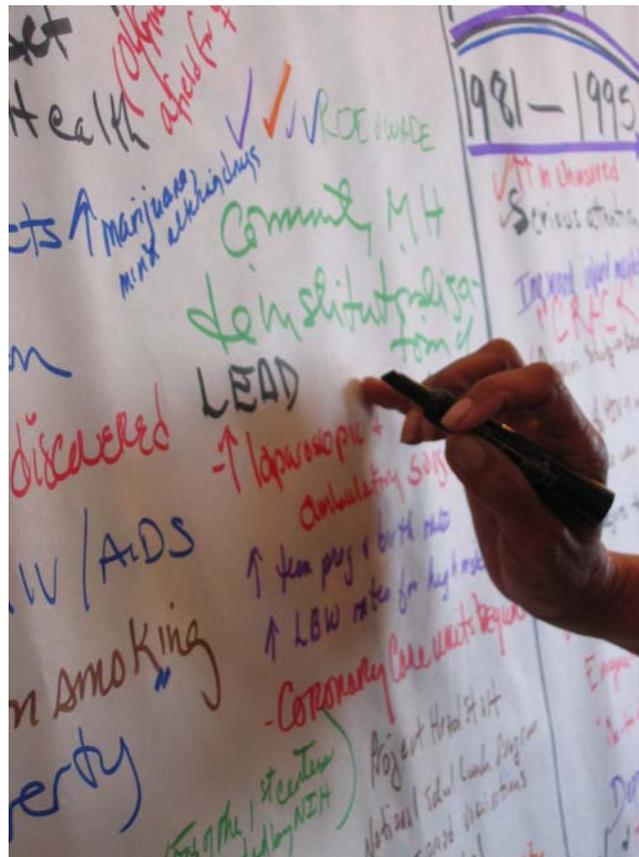


# WORKING TOGETHER: The Future of Health in New Haven

May 14-15, 2007  
New Haven, Connecticut  
Consensus Conference Proceedings



Yale Center for  
Clinical Investigation

CARE: COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT



# Forward

***A strong New Haven is a healthy New Haven:*** Improving health, health research, and the healthcare system in our community is an important goal for many of us who live and work here. Like other urban areas, New Haven faces a number of economic, social, and health challenges, including poverty, obesity, high rates of asthma and diabetes, HIV/AIDS, lead exposure, youth violence, and substance abuse. However, we can prevent or reduce the severity of many adverse outcomes through proactive engagement and innovative research to understand, intervene and improve health. Collectively, New Haven and Yale have the expertise and dedication to address these and other public health issues, improving health across the lifespan.

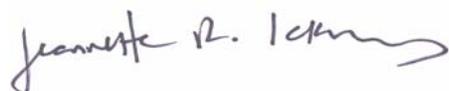
To be successful, members of the New Haven and Yale communities must collaborate substantively. We must be bold and innovative, finding creative ways to conduct and translate research that includes the scientific community and the communities of healthcare providers, business and non-profit agencies, government, foundations, faith-based organizations, schools, neighborhoods, and families. In the words of Pulitzer Prize winning poet, Gwendolyn Brooks, “*we are each other’s business.*”

On May 14 and 15 of this year, more than 70 leaders from the New Haven and Yale communities came together for a Future Search Consensus Conference to answer the question: *How can New Haven and Yale University obtain and use research-related resources to advance clinical research that will improve health care and strengthen the health of our community?* We demonstrated that we are capable and ready to work together to create a healthier New Haven, and in so doing, we may well serve as a model for other urban centers that strive for productive community-university relationships.

As co-chairs of the Community Alliance for Research (CARE) Advisory Council and sponsors of the Future Search Consensus Conference, we sincerely thank our community and university partners for their dynamic, enthusiastic participation and substantive contributions to the consensus conference. This report summarizes the experience and outcomes of the meeting; the appendix includes the actual conference proceedings. The ambitious agenda that emerged from the conference revealed the breadth of health priorities in New Haven – some within CARE’s scope, and some not. Therefore, we recognize that only by working collaboratively can we meet the conference goals.

In the month following the meeting, progress has been made. The excitement and momentum has carried forward to a new grant application that includes six community and university partners; the funding of the initial two CARE Community Research Partnership pilot grants in July, and concrete plans for training and dissemination of research findings. We will work to best leverage current resources and seek additional resources to conduct and disseminate community-responsive health research, and invite your ongoing participation to secure a sustainable community-university partnership for health in New Haven.

Sincerely,



Jeannette Ickovics, PhD  
Director, CARE  
Professor, Yale School of Public Health



Kica Matos, JD  
Co-Chair, CARE Advisory Board  
Administrator, New Haven Community  
Services

## Participating Organizations

Area Agency on Aging  
Center for Interdisciplinary Research on  
AIDS  
Christian Community Action, Inc.  
Community Action Agency of New Haven  
The Community Foundation for Greater New  
Haven  
Connecticut Association for Human Services  
Connecticut Department of Mental Health  
and Addiction Services  
Connecticut Mental Health Center  
Connecticut Voices for Children  
Connecticut Women's Health Project  
Empower New Haven, Inc.  
Fair Haven Community Health Center  
First City Fund Corporation  
Gateway Community College  
Greater New Haven Chamber of Commerce  
Hill Health Center  
Hospital of Saint Raphael  
Holt, Wexler & Farnam, LLP  
Livable City Initiative  
Mayor's City Youth Initiative  
New Haven Board of Alderman  
New Haven Community Services  
Administration  
New Haven Family Alliance  
New Haven Health Department  
New Haven Healthy Start  
New Haven Home Recovery, Inc.  
New Haven Office of the Mayor  
New Haven Public Schools  
Pfizer Global Research and Development  
Planned Parenthood of Connecticut  
Stone Academy  
United Way of Greater New Haven

Workforce Alliance  
Women's Health Research at Yale  
Yale-Griffin Prevention Research Center  
Yale Medical Group  
Yale School of Nursing  
Yale School of Public Health

### Yale-New Haven Hospital

Community Health  
Patient Services  
Primary Care Center

### Yale School of Medicine

Department of Genetics  
Department of Internal Medicine  
Department of Pediatrics  
Department of Psychiatry  
Department of Therapeutic Radiology  
Office of International Health  
Office of Multicultural Affairs  
Office of Scientific Affairs  
Robert Wood Johnson Clinical Scholars  
Program  
Yale Cancer Center  
Yale Center for Clinical Investigation  
Yale Child Study Center

### Yale University

Dwight Hall  
Health Services/Yale Health Plan  
Human Investigations Committee  
Office of Cooperative Research  
Office of New Haven and State Affairs  
Office of the Provost  
Rudd Center for Food Policy and Obesity

## Planning Team

Laurie Bridger, Fair Haven Community Health Center  
Maria Damiani, New Haven Health Department  
Tom Ficklin, Empower New Haven, Inc.  
Jeannette Ickovics, Yale School of Public Health  
Woody Lee, Yale School of Medicine  
Georgina Lucas, Yale Robert Wood Johnson Clinical Scholars Program  
Lois Sadler, Yale School of Nursing  
Maurice Williams, Yale-Griffin Prevention Research Center  
*With* Denise Cormier, Cormier Associates, Consultant/Conference Facilitation

# Overview: CARE and the Future Search Consensus Conference

CARE -- Community Alliance for Research and Engagement was formed in early 2007 as part of the new Yale Center for Clinical Investigation (YCCI). YCCI's activities are guided by a five-year *Clinical and Translational Science Award* from the National Institutes of Health. The purpose is to transform the local, regional, and national environment for clinical and translational research, thereby increasing the efficiency and speed of the research. As Dr. Elias Zerhouni, Director of the National Institutes of Health, states: "It is the responsibility of those of us involved in today's biomedical research enterprise to translate the remarkable scientific innovations we are witnessing into health gains for the nation." Zerhouni emphasizes that with the disease burden shifting from acute to chronic conditions, the inclusion of community partners in health research is essential to improving health and accomplishing health research. YCCI outlined its approach to this mission with the following aims:

- 1) To attract highly talented students and junior faculty across medicine, nursing, public health, biological sciences, and biomedical engineering; train them in the use of state-of-the-art research tools; give them skills to work within complex research teams; and support their professional development; and
- 2) To foster translation of disease-related discoveries from the laboratory into the community by: stimulating the creation of interdisciplinary teams; making available state-of-the-art core facilities and expanded biostatistical and bioinformatics resources; establishing organizational and regulatory infrastructure for clinical studies; **and forging a dynamic new partnership that will integrate community leaders, physicians, and health centers.**

***This final component is spearheaded by CARE: Community Alliance for Research & Engagement.***

The CARE Advisory Council includes health leaders in the New Haven and Yale University communities, in equal number, who are committed to working collaboratively – with an eye toward advancing how research is translated into better health practice, policy, and health. A focused CARE Planning Team, consisting of eight community and university representatives, considered ways to create a common vision to strengthen our collaborative work and to improve the health of New Haven residents by developing a new agenda for research and engagement. The Planning Team recognized the need for an efficient way to "jump start" this process, and agreed that a *Future Search Consensus Conference* would enable this goal. Future Search is an interactive planning process that brings together individuals who care deeply about a common theme, in this case: health in New Haven. The collaborative process of Future Search can accelerate months/years of planning in just two days. The CARE conference was entitled, **Working Together: The Future of Health in New Haven.** It focused on the following question: ***How can New Haven and Yale University obtain and use research-related resources to advance clinical research that will improve health care and strengthen the health of our community?***

## **DESIRED OUTCOMES:**

- (1) Create common ground and vision for the future of health in New Haven;
- (2) Provide direction to CARE regarding its governing structure and priorities; and
- (3) Instill ownership/control of our shared successes to community and university stakeholders.

**METHODOLOGY:** The Future Search Consensus Conference is a multi-stakeholder planning method that brings diverse groups together to discover shared values and purpose. It was chosen to draw out opinions and creative vision as well as enable us to use our expertise to find common ground and create strategic action steps to meet priorities to enhance health in New Haven. It forces “systems thinking” – promoting a broad yet integrated approach. The Planning Team met for 4 months to prioritize stakeholders, participants, and outcomes.

A Future Search Consensus Conference specifically aims to:

- Facilitate a common understanding of features of the group history
- Map trends affecting the whole group
- Assess contributions and regrets by stakeholder group, as an important step in the development of mutual understanding
- Devise ideal future scenarios
- Identify common-ground themes and plan strategic action

**PARTICIPANTS:** Future Search conference participants included more than 70 leaders from a cross-section of stakeholder groups with an interest in New Haven’s health, including the business community, community-based leaders, government officials, health care providers, and Yale faculty, researchers and senior administrators.

**NEXT STEPS:** Inspired by the conference participants’ spirited discussion and public commitment to CARE’s ideals of using research to improve health in New Haven, CARE priorities for the coming year include:

- **Governance structure:** Establish an inclusive and transparent structure, including workgroups to continue cross-sector collaboration around priority city health issues.
- **Ethical plan of engagement:** Develop/implement clear guidelines for providers, health center and communities and their rights and responsibilities in the research process;
- **Community-based research:** Solicit and fund community-university pilot research projects in two phases. Phase I was initiated prior to the conference. Phase II will give preference to projects that focus on *promoting health equity* – a key priority from the conference. Encourage and provide opportunities for a broader range of faculty and community members to participate in collaborative community based research. Develop a focused program of research aimed toward improving health outcomes in New Haven.
- **Dissemination plans:** Communicate research results and relevant health information within the New Haven community as an important means to translate research into action and practice, via accessible community forums, newsletters, web, and outreach.
- **Training:** Increase access to training and research support to enhance the capacity of community agencies and practitioners to conduct research, and offer training to create research career opportunities for community residents. Train Yale Fellows and Faculty to conduct more collaborative and culturally appropriate community-based research.
- **Development:** Work to identify public and private sources of funding to create a sustainable infrastructure for CARE.

Each stakeholder group and individual publicly and eagerly committed to short and long term goals that reflect the health and health research recommendations that emerged from the conference. Goals are reported in detail in the body of the report. The process was powerful – called “remarkable” and “exciting” by those who participated. The networks created and relationships established or strengthened at the conference will be nurtured by creating opportunities for continued collaboration. CARE will work with community and university partners to support the achievement of strategic priorities aimed towards strengthening health in New Haven.

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## Day 1: Understanding the Past

More than seventy public and private stakeholders representing the New Haven health community gathered for two-days to build consensus around the priorities for a new partnership between Yale and the New Haven community. The question leading the discussions at the conference was:

*How can New Haven and Yale University obtain and use research-related resources to advance clinical research that will improve health care and strengthen the health of our community?*



In his opening remarks, New Haven Mayor John DeStefano cited the city's success combating the HIV epidemic through its groundbreaking needle-exchange program as an example of an effective partnership between Yale and the community. He challenged the group to continue to aggressively address the city's health problems. "What you all

have to deliver are bold goals and a transparent and effective governance structure to achieve those goals," said Mayor DeStefano of the conference's mandate.

Yale's health professional schools' support for CARE was honored with greetings from the Medical, Nursing, and Public Health School Deans. "Yale has always been a national and international treasure, but we realize that we must also be a local treasure – and to benefit the community, we really need to interact with the community," noted Yale School of Medicine Dean Robert Alpern. "This conference is the first step in a process to define what we can all do together."

Margaret Grey, Dean of the Yale School of Nursing delivered comments through Lois Sadler, Co-Director of CARE and Assistant Dean for Academic Affairs. "The School of Nursing has a long and rich history of community health nursing and community service involving our students and faculty in ongoing intervention research and collaboration with many New Haven community partners. We look forward to continuing this important work with renewed energy alongside our partners and the CARE initiative."

Yale School of Public Health Dean Paul Cleary summarized the goal of the University's commitment to CARE, stating, "Our job is to improve health. All of us are in the primary business of improving the health of our communities. We are all used to having goals and vision. This partnership needs to be about execution. It's not going to be an easy, smooth or short partnership, but if we can make this work, we will be a model for collaborations across the country."



Conference organizers challenged the participants to overcome pre-conceptions about New Haven's past and move forward to identify opportunities for collaboration. "We come to this conference understanding that people have different ideas. It is impossible to have seventy people in a room and not have differences," says conference facilitator Erlene Belton. "While we acknowledge these differences, this process is about finding common ground and new possibilities for consensus."

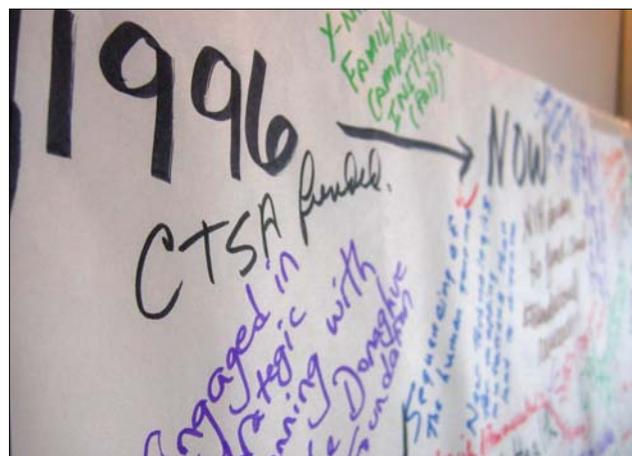
The conference started with small-group discussions on the meaning and symbols of partnership.

Barbara Tinney, Executive Director of the New Haven Family Alliance, reported to the group at the initial working session, "In discussing our personal understanding of partnership, I recognized an extraordinarily rich sense of sharing. I had not left all of my cynicism at the door this morning, but having listened to the diversity and authenticity in our initial discussion, I am ready to listen as the group works together over the next two days."

Thomas Ficklin, Chief Information Officer at Empower New Haven, Inc. also commented on the group's understanding of the meaning of partnership, "We dealt with family partnerships as well as natural partnerships, good and evil, the yin and yang, dark and light. We talked about the body/mind/spirit connection and the partnerships that evolve naturally out of that connection."

### **A Shared History**

Participants spent 30 minutes building a shared history of personal milestones, New Haven's relationship with Yale, and of the role of health research in the community since 1965. Many of the participants highlighted the economic challenges faced by the community over the last 50 years. Despite the broad impact of economic growth and development, New Haven's health history continues to be defined in part by class and race disparities in health and access to health care.





The emergence of HIV in the late 1970's and the university and community's joint response to the AIDS epidemic emerged as a defining issue for conference participants. The city's experience fighting AIDS highlighted the potential for successful collaboration.

While remarkable biomedical and technical advances were acknowledged, "health" events were generally categorized in broad terms: violence, terrorism, smoking, obesity, asthma, heart disease, cancer, diabetes, depression. Participants took a life course perspective, identifying issues from infant mortality to the social, emotional, and physical needs of our community's older adults.

Stephen Updegrove, pediatrician and Coordinator for Community-Based Research at the Hill Health Center and medical advisor to the New Haven Public Schools, commented on the evolving tone of the University-Community collaboration, "I thought there was a sense of convergence, with a lot of things beginning to form. In the initial stages of the history (1960's), there was a lot of turmoil and strife, but as we got into the last period (1996 to present), we start to get a sense of why we are here today."

Maria Damiani, Director of Women's Health at the New Haven Health Department, commented on the history of the community-university partnership, "It is important to realize that when Yale and New Haven came together, some really incredible things happened. However, sometimes this relationship has been symbiotic and sometimes it has been a *using* relationship. Despite any challenges that we have faced, we are very much linked -- as is our success."

Leif Mitchell, Assistant Director of the Community Research Core at the Center for Interdisciplinary Research on AIDS noted how New Haven's health history, "demonstrates how there are two or sometimes three 'Connecticut's' – those with private health care, those accessing federally qualified health centers, and those who are not accessing the health system at all. We are excited to find common ground today to move towards *one* Connecticut."

While health disparities were discussed throughout the review of New Haven's health history, some participants noted that framing New Haven's history in terms of general disparities may obscure underlying issues of race and class. Maurice Williams, CARE and Yale-Griffin



Prevention Research Center Community Outreach Coordinator, challenged conference participants to, “not use the word ‘disparities.’ I would like us to focus on ‘equity’ instead. When we have distinctions between race and class, we need to focus on equity.”

### Mapping Priorities

Moving beyond a general discussion of New Haven’s history and the role of health research in the community, conference participants engaged in a brainstorming session to identify key health issues facing the community today. Primary issues identified included ethnic and racial demographic changes, lack of trust between the community and the research agenda, aging population, workforce changes, and challenges to the healthcare infrastructure. This ‘web’ of interconnected issues was first mapped out on a large poster called ‘mind map’ and then each participant selected five issues that they viewed as most important to the future of health and health research in New Haven. Votes were tallied and the key issues that emerged from this early round of brainstorming included:

1. Insufficient healthcare access for un-insured and under-insured
2. Reducing health disparities/Promoting health equity
3. Methods to disseminate results to the community
4. Racism
5. Criminal justice issues
6. Exploitation of people in the community
7. 17-year gap between health innovation and application in practice
8. Sustaining CARE activities once the initial grant is completed
9. Childhood obesity
10. Achievement gap (in education and employment)



Despite broad agreement on the importance of these issues, stakeholder groups differentially emphasized the centrality of certain topics with regard to their own contributions.

- **Senior Yale administrators:** highlighted the difficulty in sustaining intervention programs following the completion of grants as well as difficulty disseminating research results and lack of funding for information technology.
- **Community-based organizations:** highlighted the childhood education achievement gap and criminal justice issues, as well as racism in the community and lack of respect and trust of researchers.
- **Government:** highlighted the increasing vulnerability of the elderly community in New Haven, specifically access to affordable housing and quality care.
- **Business community:** highlighted the need to address malpractice costs and the long time frame for health innovation.
- **Healthcare providers:** focused on the increasing vulnerability of New Haven's elderly given the complexity of end-of-life issues and the shortage of adequate caretakers and nursing shortage. Providers also cited the lack of services for mental health and the need to get those with disabilities and chronic disease back into the workforce.
- **Faculty members:** focused on the need for outreach and preventive health interventions for high-risk groups as well as the long healthcare innovation pipeline.
- **Yale research administrators:** noted research findings are not always ready for dissemination; therefore studies need to build in more immediate benefits for the community, even if their health is not directly affected by the research.

Participants also shared their perspective on our community's current response to each issue. "Anyone working in the primary care setting in New Haven knows insufficient access for the un-insured and under-insured is an unfortunately persistent and large growing problem for providers and patients" said Gretchen Berland, Assistant Professor at the Yale School of Medicine. Berland went on to describe the long referral waiting lists and informal networks that patch together services for the uninsured. Michelle Barry, Professor of Medicine and Public Health in the Yale School of Medicine also identified "vertical networks" and small programs that serve certain populations, but across the board leave large gaps in service access.



The first day closed with each stakeholder group listing what they are most proud of in contributing to New Haven's health and what they regret they have not done.

## Day 2: Planning for the Future

On the second day, the conference shifted focus from the past to the future. Jeannette Ickovics, Director of CARE and Professor of Public Health and Psychology at Yale, opened the day by recalling the impact of research collaboration between the University, Health Department and community organizations. “At the start of the needle-exchange program, 70 percent of the needles collected were infected with HIV. Within 3 months of the program’s launch, we reduced that to 45 percent, a level that was maintained over the next 18 months. Beyond reducing HIV transmission, twenty percent



of those involved in the program were referred to drug treatment. This was the first evidence of prevention effectiveness to support syringe needle-exchange, and promoted development and implementation of evidence-based programs in New Haven, across the United States, and in cities worldwide. This is a great example of community-based research impacting practice and practice influencing policy. It should be a model for our future work.”

Ickovics reiterated CARE’s commitment to support community and University collaboration and emphasized the immediacy of this commitment as well as CARE’s responsiveness to the needs identified during this conference. “When I look at the priority areas identified during the first day of this conference, dissemination was already a priority for CARE,” noted Ickovics. “But given the prominence of this issue in our discussions, we are going to move rapidly to institutionalize this function. We are going to have community forums and focus groups about health in New Haven -- in churches, in libraries, all over the community.”

### Common Goals for the Future

Following the opening discussion, mixed-stakeholder groups began the day by developing presentations of their vision for the future of health in New Haven. Conference participants embraced the possibility of a collaborative health community that makes concrete changes in the way healthcare and health research are delivered in the city. Supported by their positive tone, the presentations highlighted the need for additional sources of funding, new and diverse leadership as well as the desire for Yale University and the business community to significantly increase their commitment to the community’s health.



Visions for the future included improved school and training programs to increase the health research workforce; recreation and parks, food access and other environmental programs to address asthma and obesity; as well as community centers to provide lifelong learning and childcare opportunities. Participants also focused on the possibility to reduce violence, child abuse, and elderly isolation through evidence-based interventions addressing children and families.

Through an iterative process of reflection on the top priorities (listed on page 4) and scenario content, common themes and recommendations emerged:

### **Recommendations for Improving Health in New Haven:**

- Build strong collaborative partnership, governance, and leadership for a healthy community
- Ensure diverse institutional and political leadership committed to healthcare reform that achieves health equity
- Specify health and social indicators to document our successes
- Eliminate health disparities through health promotion and preventative care
- Work toward creating universal access to healthcare to eliminate health disparities
- Identify sustainable funding for healthcare and research initiatives
- Make quality education for lifelong success universally accessible
- Work toward creating a community environment that promotes healthy lifestyles
- Acknowledge that a safe New Haven is a healthy New Haven
- Disseminate all research results to the community

**Participants agreed these are priorities that CARE and the community must unite to address, and we were invested in collaborating on these recommendations.**

### **Planning Action**

Next, participants grouped themselves around a specific recommendation of personal interest, from the list above. Each group then developed an explicit set of actions to address the recommendation. Then, the original stakeholder groups convened to review the recommendations and associated actions. Stakeholders developed short- and long- term action steps that they themselves were willing to work on over the next three months and three years. They determined what they will do, identified help they will need from other stakeholders, and set initial targeted deadlines.



The **CARE Advisory Council** stakeholder group will create a governance structure that will include participation from both the community and the university. In addition they will review the Future Search proceedings to develop specific priorities for CARE that are feasible within the present budget. CARE/YCCI will review, evaluate, and fund two pilot studies by 1 July 2007, and an additional two pilot studies in the Fall. CARE will also refine and disseminate their strategic plan and the principles for ethical community engagement for review and discussion with community and university members. CARE staff and Advisory Council will continue working on community indicators for monitoring the program's success and the health of New Haven. Long-term goals include supporting new and ongoing collaborative community-based research, developing a strategic program of research, and creating sustainable funding.



In the short term, **Government** stakeholders committed to sharing existing data across departments within the city, as well as implementing the Health Equity Index to assess community disparities. William Quinn, Director of the New Haven Health Department, stated they will strengthen relationships between the state and local health departments. In addition, they will compile and disseminate examples of existing city-wide governance plans (e.g. homeless commission bylaws, Mayor's Task Force on AIDS) to the CARE Advisory Council for consideration in planning CARE governance structure.



**Community Based Organizations (CBOs)** stated they would first research whether and how to develop and sustain a Community Research Advisory Board (CRAB) -- and possibly visit other cities with established boards to review their successes, challenges, and structure. They will review how to include additional CBOs and residents from other sectors into CARE review and planning processes. They will meet for a "CBO retreat" this summer at one of the participant's homes to build stronger relationships and explore collaborative potential.

**Healthcare Providers** offered to act as advocates for community-based participatory research by strengthening relationships with collaborators and raising interest in CARE research training. In addition, they will work with CARE to draft ethical principles of engagement for community-university research as well as establish protocols for adherence to IRB (Institutional Review Board). Longer term goals include collaboration with CARE to create a training curriculum for community-based research that includes a strong mentoring component. They would like to help create a CBO internship database to expose more local young people and professionals to health research, and help to meet thesis and community service requirements. They will work with new and established investigators to broaden involvement and strengthen collaboration in citywide research efforts.



Assessing the feasibility of a ‘Quit-to-Win’ smoking cessation program was presented by Stephanie O’Malley, Yale Professor of Psychiatry. **Yale Faculty** highlighted the program’s success in other communities across the country. By incorporating neighborhood small businesses such as barber shops and salons in the study, the value of this evidence-based intervention would directly benefit the community. In the short



term, Yale faculty will review current health indicators on smoking in New Haven to choose the appropriate target population. Long term goals are to select and implement an appropriate smoking cessation intervention within the community. O’Malley suggested that once the community dissemination model is piloted successfully, new research could then be disseminated through the established network.

**Yale Research Administrators** thought they could be most effective in developing plans for research dissemination. Jessica Lewis, Associate Director of the Connecticut Women’s Health Project, presented the group’s short term goal of developing a listserv for each Future Search Conference Stakeholder group. Over the course of the grant, administrators will commit to work with the Yale Human Investigations Committee to create a database of all past and existing Yale research projects so that interested community members or organizations can review the results of completed studies, or

participate in cutting-edge research either through organizational collaboration or enrollment in clinical trials.

**Senior Yale Administration** offered to first help synthesize short term goals for CARE, set priorities, and construct a comprehensive strategic plan that maintains involvement of community-based organizations in leadership positions. Administrators plan to meet with the broader Yale community to present the results of the conference and request additional in-kind resources for CARE. “We also need to recognize that there is already collaboration occurring,” said Stephanie Spangler, Deputy Provost for Biomedical and Health Affairs. YCCI is planning to launch a web site of current activity this summer. Lastly, the group will, “initiate meetings with the Yale Development Office to secure funding to support a lot of the activities we have discussed here today,” Spangler said.



Moving forward, the **Business Community** proposed presenting the CARE initiative to the local Chamber of Commerce Board and their Health and Nonprofit Councils. In addition, they will develop a “value proposition” for the business community that explains the benefits of a healthy workforce, lowered health costs, and community-image enhancement that comes along with progressive health policies. Over the long term, they will deliver the CARE message and solicit business participation in specific opportunities/projects with the research community to improve community health.

## Detailed Short Term and Long Term Stakeholder Action Steps

Stakeholder	Short Term Action Steps (Three Months)	Long Term Action Steps (Three Years)
<b>Business Community</b>	<ul style="list-style-type: none"> <li>• Develop and deliver presentation on CARE to Chamber of Commerce Board, Health Council, and Nonprofit Council               <ul style="list-style-type: none"> <li>◦ Draft presentation approved by CARE Advisory Committee</li> <li>◦ Identify other groups to brief on CARE</li> </ul> </li> <li>• Define “value proposition” to business community               <ul style="list-style-type: none"> <li>◦ Well-workforce, lower health costs</li> <li>◦ Community image enhancement</li> </ul> </li> <li>• Develop business plan to support process to connect businesses and researchers to pursue specific opportunities/projects</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver message of CARE and the conference</li> <li>• Solicit business participation in specific opportunities with research community to improve community health</li> </ul>
<b>CARE Advisory Council</b>	<ul style="list-style-type: none"> <li>• Develop governance structure, working with Wellspring Consulting and other colleagues</li> <li>• Create small workgroups by priority areas</li> <li>• Identify priorities for CARE</li> <li>• Identify other stakeholder groups/individuals to address issues beyond CARE’s scope</li> <li>• Begin funding/resource/development strategy</li> <li>• Community Partnership Pilot grants: review and fund – 2 by July 1, +2 in September with priorities established from Future Search</li> <li>• Disseminate strategic plan</li> <li>• Principles for Ethical Engagement</li> <li>• Baseline health indicators for New Haven, working with Community Solutions workgroup</li> <li>• Survey and qualitative interviews with health leaders by Robert Wood Johnson Clinical Scholars</li> </ul>	<ul style="list-style-type: none"> <li>• Build research network for Community Based Research</li> <li>• Training: Community and University</li> <li>• Annual Community Forum</li> <li>• Create sustainable funding, endowment</li> <li>• Ongoing dissemination</li> <li>• Evaluate CARE; refine approach as needed</li> </ul>
<b>Community Based Organizations (CBOs)</b>	<ul style="list-style-type: none"> <li>• Plan a CBO retreat at a participant’s home</li> <li>• Familiarize other CBOs on the “CRAB” model from University of Pittsburgh, Center for Minority Health (Community Research Advisory Board)               <ul style="list-style-type: none"> <li>◦ Including possible fieldtrip to Pittsburgh to fully participate and inform the process</li> </ul> </li> <li>• Establish an equal vote at the table</li> </ul>	<ul style="list-style-type: none"> <li>• Consider creation of a community based research review board comprised of community representatives who represent non-profit shareholders and community residents whose primary practice is not healthcare delivery to vet community based research</li> <li>• Consider new collaborative projects</li> </ul>
<b>Government</b>	<ul style="list-style-type: none"> <li>• Continue developing Health Equity Index for baseline community health measures</li> <li>• Provide data leadership, share existing data</li> <li>• Provide examples of bylaws</li> <li>• Identify community members to involve in CARE</li> </ul>	<ul style="list-style-type: none"> <li>• Establish relationships with state and city Health Departments, and other governmental agencies</li> </ul>
<b>Health Care Providers</b>	<ul style="list-style-type: none"> <li>• Act as advocates for community based participatory research (CBPR) within our organizations</li> <li>• Identify and meet potential collaborators within and across our organizations</li> <li>• Recruit potential organizational collaborators to participate in CARE trainings</li> <li>• Act as resource to CBOs</li> </ul>	<ul style="list-style-type: none"> <li>• Codify core principles for community-based research and create IRB process to document adherence</li> <li>• Develop training curriculum for CBOs in research with mentored opportunities</li> <li>• Create CBO internship database</li> <li>• Work toward National Child Study as a potential citywide collaboration (if funded)</li> <li>• Strengthen vetting process for grants to ensure community input</li> </ul>

Stakeholder	Short Term Action Steps (Three Months)	Long Term Action Steps (Three Years)
<b>Yale Faculty</b>	<ul style="list-style-type: none"> <li>• Complete formative research on implementing a 'Quit to Win' Intervention in New Haven; assess feasibility               <ul style="list-style-type: none"> <li>○ Identify high-risk groups</li> <li>○ Identify ideal points of intervention (e.g. barber shops, churches, salons)</li> <li>○ Review health statistics</li> <li>○ Funding</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Implement smoking cessation program</li> <li>• Use Quit to Win network and partnerships to disseminate new interventions (e.g. increasing physical activity, increase screenings, etc.) once Quit to Win is sustainable.</li> </ul>
<b>Yale Research Administration</b>	<ul style="list-style-type: none"> <li>• Communicate and collaborate to establish methods of dissemination</li> <li>• Repository of dissemination posted on YCCI website</li> <li>• Help needed from YCCI to:               <ul style="list-style-type: none"> <li>○ Create listserv from conference subdivided by stakeholder group</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Contribute to guideline development for CARE re: dissemination and outreach</li> <li>• Develop larger network of CBPR researchers</li> <li>• Contribute to development of searchable database of ongoing and submitted research through HIC electronic submission</li> </ul>
<b>Yale Senior Administration</b>	<ul style="list-style-type: none"> <li>• Work with CARE to digest and synthesize conference activities into an interim report to participants               <ul style="list-style-type: none"> <li>○ Help needed: CARE staff &amp; Advisory Council</li> <li>○ Meet with key Yale leadership to discuss conference observations</li> </ul> </li> <li>• Initiate University-supported dissemination tools and strategies               <ul style="list-style-type: none"> <li>○ Help needed: YCCI/CARE staff, University communications, Yale School of Medicine, YNHH</li> </ul> </li> <li>• Initiate meetings with Yale Development Office to raise funds for CARE initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Work with/through CARE to develop strategic plan based on conference results</li> <li>• Maintain involvement of key leaders at the University</li> <li>• Maintain and expand integrated communication strategies</li> <li>• Work with the University to prioritize development efforts</li> </ul>

### **Closing Remarks, Personal Commitments**

With stakeholder group tasks set, each individual then offered a personal goal to maintain their involvement in the CARE initiative. Many participants will meet with new colleagues in the health field over the coming months to strengthen relationships and glean a deeper understanding of the services provided by different stakeholders at the meeting. Leaders and doctors from area clinics vowed to visit their colleague's healthcare facilities. Researchers vowed to get involved with the community and speak at local schools and libraries about the research process, their own work and motivations to do health research, and the importance of good health.

## Personal Commitments

### Stakeholder group: Business Community

**Jan Barese:** Communicate and distribute approved information from CARE to Chamber of Commerce membership.

**Sharon Bradford:** Expand fitness and nutrition programs within the unserved and underserved populations of New Haven, as well as expand health careers within the same populations. To combat poor health and poverty. Collaborate with others through New Haven Family Alliance and Stone Academy, and work with CARE.

**Jim Farnam:** Connect the work of DataHaven with the work of CARE, the Robert Wood Johnson Clinical Scholars, New Haven Health Department – Community Solutions workgroup -- to make good indicators accessible to the community. Develop an evidence based early childhood plan for New Haven.

**Chandler Howard:** Focus bank on supporting this effort and making all of you customers.

**David Lewin:** Read business plans to engage business participation.

### Stakeholder group: CARE Advisory Council

**Penny Canny:** Commit to working with Community Solutions and DataHaven on indicators and health data.

**Jeannette Ickovics:** Governance, strategic priorities, sustainable funding, and collaboration with all of you.

**Georgina Lucas:** Work on priorities for CARE governance and structure.

**Robin Pinsker:** Assist YCCI in identifying short and long term priorities to move CARE forward. Define governance structure for CARE Advisory Council.

**Lois Sadler:** I commit to continuing as CARE Co-Director along with Jeannette and Woody to begin to integrate and implement the many good ideas brought forth by this group.

**Judy Tabar:** Inform my senior leadership team about CARE and the Future Search process and results.

### Stakeholder group: Community Based Organizations

**Katherine Burdick:** Will host first retreat/meeting of Community Based Organizations by request.

**Kellyann Day:** Attend CBO retreat; investigate Community Research Advisory Boards (CRABs)

**Linda Dickey-Saucrer:** Share outcomes from CBO planning retreat with colleagues.

**Tom Ficklin:** Publicize the CARE initiative.

**Neysa Guerino:** Advocate for healthcare for all.

**Natasha Ray:** Commit to completing all Community Based Organization (CBO) action steps.

**Amos Smith:** Attend CBO retreat; investigate Community Research Advisory Board (CRAB).

**Barbara Tinney:** To continue to support CARE and Robert Wood Johnson, and to go to the CBO retreat in August.

### Stakeholder group: Faculty

**Walter Gilliam:** Discuss dissemination ideas with Clinical and Translational Science Award and CARE.

**Barbara Gulanski:** Help with Quit-to-Win community project.

**Selby Jacobs:** Support my group project on Quit-to-Win and lead the Faculty stakeholder group.

**Beth Jones:** Advocate for dissemination of research findings.

**Tené Lewis:** Follow up with community contacts that I met at this workshop, and facilitate my own community-based research program. Contribute to program of research on job programs for youth.

**Stephanie O'Malley:** Help support Quit-to-Win planning and roll-out; Share with Transdisciplinary Tobacco Use Research Center.

### Stakeholder group: Government

**Maria Damiani:** Continue involvement with CARE Advisory Board.

**Andrea Jackson-Brooks:** Stay in touch with Kica Matos to assist her in whatever she needs me to do.

**Kica Matos:** Champion efforts around reducing health disparities in the City of New Haven.

**Catherine McCaslin:** Continue process toward equitable research collaboration.

**Bill Quinn:** Shepherd the Health Equity Index (HEI) and continue to lead Community Solutions workgroup.

### Stakeholder group: Health Care Providers

**Vivian Acevedo-Rivas:** Commit to sharing with the internal groups at the clinic [FHCHC] what I have learned here today. I will also share that with three groups outside of the clinic, and with family and neighbors ,

**Ivette Becerra-Ortiz:** Act as an advocate for community-based participatory research within Fair Haven Community Health Center and share the conference proceedings with the clinic's management, programming and technology group.

**Gretchen Berland:** Link Maurice Williams' interest in a New Haven Hoopfest with Southern California Hoopfest colleagues. What I liked most about this event was meeting people and thinking about small do-able ideas.

**Laurie Bridger:** Contact Ingenia Geneo to arrange joint visit to Yale Primary Care Center and Fair Haven Community Health Center (FHCHC).

**Inginia Genao:** Visit the Yale Primary Care Center.

**Bob Hill:** Discuss conference proceedings with providers; identify research opportunities at Hill Health Center.

**Tahiry Sanchez:** Assist/collaborate with YCCI leadership in identified goals.

**Steve Updegrove:** Provide leadership for the health care provider stakeholder group.

**Keith Williams:** Review my email from my collaborators and respond on time.

### Stakeholder group: Yale Research Administration

**Sandra Alfano:** Work with the Community Based Organizations group on the Community Research Advisory Board (CRAB) initiative.

**Beth Comerford:** Assess who is doing what with regard to health in the community and convene the group.

**Gina D'Agostino:** Champion dissemination effort with Human Investigations Committee; begin Speakers' Bureau for YCCI; find existing data regarding bureaus through hospital, university, etc. and assess gaps.

**Maria Elena de Asis:** Commit to discuss results of projects with staff and two research programs at Yale University School of Medicine (YSM); continue to communicate with participants at the Yale Research Administration stakeholder table; disseminate strategic plan results with directors in two YSM centers.

**Chris Keevil:** Build key objectives identified in this conference into the tracking and evaluation system for YCCI; governance structure.

**Jessica Lewis:** Follow up with the people I have met who are interested in a "Certified Research Assistant" training program for New Haven residents to try to make it a reality.

**Leif Mitchell:** Commit to sharing the Center for Interdisciplinary Research on AIDS (CIRA) dissemination models and community-based HIV/AIDS Research Guidelines for Successful Partnerships more broadly within CARE and Yale, and non-HIV/AIDS Community Based Organizations (CBOs).

**Marlene Schwartz:** Apply for pilot grant from CARE; talk with Beth Comerford from the Yale-Griffin Prevention Research Center about moving forward with environmental evaluation ideas.

**Maurice Williams:** Commit to CARE outreach and outreach to the community to improve the health and lives of New Haven citizens.

### Stakeholder group: Yale Senior Administration

**Tesheia Johnson:** Work with CARE and its leadership to move forward with the action items raised at the meeting today.

**Sara Rockwell:** Speak on research process to at least one non-science audience.

**Woody Lee:** Continue CARE work. Mentor youth and provide internships in research projects.

**Maddie Wilson:** Commit to champion any Yale Health Plan (YHP) involvement that may arise out of CARE; continue to meet with David Smith, Yale Health Plan representative for research and education.

Participants were eager to present the conference results to their organizations and communities. They appreciated that we convened such a large and diverse group of stakeholders who were truly engaged and committed to this discourse on health. Participants valued strengthening existing professional relationships and developing new ones. Overall, the Future Search Consensus Conference was a great success that renewed motivation for community and university partners to work together to improve health and community-responsive health research in New Haven.

# Acknowledgements

**A conference of this size and scope would not have been possible without the assistance of many people. Sincere thanks to:**

## **Future Search Planning Team**

Laurie Bridger, Medical Director, Fair Haven Community Health Center

Maria Damiani, Director of Women's Health, New Haven Health Department

Tom Ficklin, Chief Information Officer, Empower New Haven

Jeannette Ickovics, Professor, Yale School of Public Health

Woody Lee, Professor and Assistant Dean of Multicultural Affairs, Yale School of Medicine

Georgina Lucas, Deputy Director Robert Wood Johnson Clinical Scholars Program,

Lois Sadler, Associate Professor, Yale School of Nursing

Maurice Williams, Community Outreach Coordinator, Prevention Research Center

Drs. Woody Lee and Lois Sadler, CARE Associate Directors for your strong guidance and active engagement

Dr. Robert Sherwin, Ms. Tesheia Johnson, Mr. Kevin Palmer and our Yale Center for Clinical Investigation colleagues for your continued support

Deans Robert Alpern, Paul Cleary and Margaret Grey

Ann Bellenger for major conference report contributions and editing

Ann Bellenger, Michael Long, and Zohar Massey for conference documentation

Denise Cormier and Erline Belton, conference facilitators

Mary Marcarelli and her staff at the Yale School of Medicine Office of Continuing Medical Education for conference planning

Geoff Hotz and staff of Access Audio

Amarante's Sea Cliff restaurant for the healthy food and excellent accommodations

**All of the participants and participant organizations who committed two full days to this meeting, and who continue to dedicate attention and resources to the CARE initiative and to improving health in New Haven**

# Appendices

1. AGENDA
2. PARTICIPANT LIST
3. WORKSHEETS

## **Appendix 1: Agenda**

### *Overall Purpose*

To help CARE (Community Alliance for Research and Engagement) and New Haven begin the planning process to co-creating a healthy New Haven by identifying how Yale's research related resources can best be used to advance clinical research that will improve health care and strengthen health of the community.

### *Desired Outcomes*

Create a common ground vision of the future of health in New Haven. Provide recommendations to CARE's advisory board regarding structure and priorities for this new organization.

### *Agenda*

#### Day One – Monday

Gathering – 8:00 AM

Opening – 8:30 AM sharp

Setting the Stage

Reviewing the Past

Identifying Trends

Owning the Present

Closing – 5:30 PM

#### Day Two – Tuesday

Gathering – 8:00 AM

Opening – 8:30 AM sharp

Creating ideal futures

Finding common ground

Lunch

Finding common ground continued

Action Planning and Next Steps

Closing – 5:00 PM

## Appendix 2: Participant List

### **BUSINESS COMMUNITY**

**Jan Barese, Project Manager**  
Greater New Haven Chamber of Commerce  
900 Chapel Street 10th floor  
PO Box 1445  
New Haven, CT 06510

**Sharon Bradford, Evening School Director**  
Stone Academy  
1315 Dixwell Ave # 3  
Hamden, CT 06514

**Jim Farnam, Principal**  
Holt, Wexler & Farnam, LLP  
900 Chapel Street, Suite 620  
New Haven, CT 06510

**Toni Hoover, Senior Vice President and Site Director**  
Groton/New London Laboratories  
Pfizer Global Research and Development  
Eastern Point Road, 118W/W271  
Groton, CT 06340

**Chandler Howard, President & CEO**  
First City Fund Corporation  
205 Church St. 3rd Floor  
New Haven, Ct. 06510

**David Lewin, Associate Director**  
Office of Cooperative Research  
Yale School of Medicine  
333 Cedar Street  
SHM I-210  
New Haven, CT 06510

**Jack Healy, President & CEO**  
United Way of Greater New Haven  
71 Orange Street  
New Haven, CT 06510

**Susan Godshall, Senior Vice President**  
Greater New Haven Chamber of Commerce  
900 Chapel Street 10th floor  
PO Box 1445  
New Haven, CT 06510

**Althea Richardson, Executive Director**  
Empower New Haven, Inc.  
59 Elm Street  
New Haven, CT 06510

**Marita Shurkus, Manager**  
Workforce Alliance  
560 Ella T. Grasso Boulevard  
New Haven, CT 06519

### **CARE ADVISORY COUNCIL**

**Priscilla (Penny) Canny, Chief Operating Officer/Managing Director**  
Connecticut Voices for Children  
33 Whitney Avenue  
New Haven CT 06510

**Jeannette Ickovics, Professor of Public Health and of Psychology**  
Yale School of Public Health  
60 College Street, Room 432  
PO Box 208034  
New Haven, CT 06520-8034

**Dorsey Kendrick, President**  
Gateway Community College  
60 Sargent Drive, LW 213  
New Haven, CT 06511

**Georgina Lucas, Deputy Director**  
Robert Wood Johnson Clinical Scholars Program  
Yale School of Medicine  
333 Cedar Street, IE-61 SHM  
PO Box 208088  
New Haven, CT 06520-8088

**Robin Pinsker, Coordinator**  
CARE: Community Alliance for Research and Engagement  
Yale Center for Clinical Investigation  
Yale School of Medicine  
2 Church Street South  
New Haven, CT 06519

**James Rawlings, Executive Director of  
Community Health**

Yale-New Haven Hospital  
20 York Street  
New Haven, CT 06510-3202

**Lois Sadler, Associate Professor &  
Assistant Dean for Academic Affairs**

Yale School of Nursing- RM 298B  
100 Church Street South  
PO Box 9740  
New Haven, CT 06536

**Judy Tabar, President/CEO**

Planned Parenthood of Connecticut  
345 Whitney Avenue  
New Haven, CT 06511

**COMMUNITY BASED  
ORGANIZATIONS**

**Katherine Burdick, General Secretary**

Dwight Hall  
67 High St  
PO Box 209008  
New Haven, CT 06520-9008

**Kelly Ann Day, Executive Director**

New Haven Home Recovery Inc.  
153 East Street  
Suite 300  
New Haven, CT 06511

**Thomas Ficklin, Chief Information Officer**

Empower New Haven, Inc.  
59 Elm Street – Fourth Floor  
New Haven, CT 06510

**Neysa Guerino, Executive Director**

Area Agency on Aging  
One Long Wharf Drive  
New Haven, CT 06511

**Cheri Quickmire, Deputy Director  
of Early Care and Education**

Connecticut Association for Human  
Services  
110 Bartholomew Avenue, Suite 4030  
Hartford CT 06106-2201

**Natasha Ray, Philanthropic Officer,  
Consortia Coordinator**

New Haven Healthy Start  
The Community Foundation of Greater  
New Haven  
70 Audubon Street  
New Haven, CT 06510

**Amos Smith, President/CEO**

Community Action Agency of New Haven  
781 Whalley Avenue  
New Haven, CT 06515

**Barbara Tinney, Executive Director**

New Haven Family Alliance  
370 James St, 2<sup>nd</sup> Floor  
New Haven, CT 06513

**GOVERNMENT**

**Maria Damiani, Director of Women's  
Health**

New Haven Health Department  
54 Meadow Street  
New Haven, CT

**Che Dawson, Deputy Chief of Staff**

Mayor's City Youth Initiative  
330 Sherman Avenue  
New Haven, CT 06511

**Barbara Geller, Director**

Connecticut Department of Mental Health  
and Addiction Services  
410 Capitol Avenue  
PO Box 341431  
Hartford, CT 06134

**Andrea Jackson Brooks, Alderwoman**

New Haven Board of Alderman &  
Executive Assistant  
State Comptroller  
55 Elm Street  
3rd floor  
Hartford, CT 06106

**Kica Matos, Administrator**

New Haven Community Services  
165 Church Street, Room 274  
New Haven, CT 06510

**Catherine McCaslin, Director**  
Department of Research Assessment and  
Student Information  
New Haven Public Schools  
54 Meadow Street  
New Haven, CT 06519

**William Quinn, Director**  
New Haven Health Department  
54 Meadow Street  
New Haven, CT

**Raphael Ramos, Director Code  
Enforcement**  
Livable City Initiative  
165 Church Street, 3rd Floor  
New Haven, CT 06510

## **HEALTH CARE PROVIDERS**

**Vivian Acevedo-Rivas, Director of  
Social Services**  
Fair Haven Community Health Center  
374 Grand Avenue  
New Haven, CT 06513

**Ivette Becerra-Ortiz, Director of Operations**  
Fair Haven Community Health Center  
374 Grand Avenue  
New Haven, CT 06513

**Gretchen Berland, Assistant Professor**  
Yale School of Medicine  
Department of Medicine  
LMP 5038A  
15 York Street  
New Haven, CT 06510  
& Family Health Center,  
Waterbury CT

**Laurie Bridger, Medical Director**  
Fair Haven Community Health Center  
374 Grand Avenue  
New Haven, CT 06513

**Inginia Genao, Medical Director**  
Yale Primary Care Center  
15 York Street  
New Haven, CT 06510

**Robert Hill, Nurse Practitioner**  
Hill Health Center  
400 Columbus Avenue  
New Haven, CT 06519

**Tahiry Sanchez, Director of  
Patient Services**  
Yale New Haven Hospital  
20 York Street, EP 10-521C  
New Haven, CT 06510

**Stephen Updegrave, Coordinator for  
Community-Based Research, and School  
Medical Advisor**  
Hill Health Center  
15 York Street  
New Haven, CT 06510

**Keith Williams, Director  
Women and Children's Health**  
Hospital of Saint Raphael  
1450 Chapel Street  
New Haven, Connecticut 06511

## **YALE FACULTY**

**Michelle Barry, Professor of Medicine  
& Public Health, Director of Office of  
International Health**  
Yale University School of Medicine  
15 York Street, DCB 13A  
New Haven, CT 06510

**Karen Dorsey, Assistant Professor of  
Pediatrics**  
Department of Pediatrics  
Yale School of Medicine  
464 Congress Avenue  
New Haven, CT 06520-8064

**Walter Gilliam, Assistant Professor  
of Child Psychiatry & Psychology**  
Yale Child Study Center  
NIHB G02  
230 South Frontage Rd  
New Haven, CT 06519

**Barbara Gulanski, Associate Professor,  
Internal Medicine**

Yale New Haven Hospital  
20 York Street, EP 10-516  
New Haven, CT 06510

**Selby Jacobs, Director Connecticut  
Mental Health Center and Professor of  
Psychiatry**

Yale University School of Medicine  
Connecticut Mental Health Center  
34 Park Street  
New Haven, CT 06519

**Beth Jones, Associate Professor of  
Epidemiology and Public Health**

Yale School of Public Health  
60 College Street, Room 438  
PO Box 208034  
New Haven, CT 06520-8034

**Stephanie O'Malley, Professor of  
Psychiatry**

Yale University School of Medicine  
Connecticut Mental Health Center  
34 Park Street  
New Haven, CT 06519-1187

**Kimberly Yonkers, Associate Professor  
of Psychiatry**

Yale University School of Medicine  
142 Temple Street, Suite 301  
New Haven, CT 06520

**Tene Lewis, Assistant Professor of  
Epidemiology and Public Health**

Yale School of Public Health  
60 College St., Room 431  
PO Box 208034  
New Haven, CT 06520-8034

**YALE RESEARCH ADMINISTRATION**

**Sandra Alfano, Chair Human  
Investigation Committee & Associate  
Research Scientist, Department of  
Internal Medicine**

47 College Street, Room 204  
PO Box 208010  
New Haven, CT 06520-8010

**Susan Anderson, Director, Quality  
Assurance and Training Yale Cancer  
Center**

25 York Street, WWW 213  
New Haven, CT 06510

**Beth Comerford, Deputy Director**

Yale-Griffin Prevention Research Center  
130 Division Street  
Derby, CT 06418

**Gina D'Agostino, Coordinator of  
Education and Training**

Yale Center for Clinical Investigation  
2 Church Street South, Suite 114  
New Haven, CT 06519

**Linda Dickey-Saucier**

Yale Cancer Center  
Office for the Elimination of Health  
Disparities  
333 Cedar Street  
PO Box 208028  
New Haven, CT 06520

**Maria Elena de Asis, Coordinator,  
Women's Health Research at Yale**

200 College Street, Suite 208  
New Haven, CT 06510-2409

**Chris Keevil, Managing Director**

WellSpring Consulting, LLC  
198 Amity Road, Suite 23  
Woodbridge, CT 06525

**Jessica Lewis, Associate Director,  
Connecticut Women's Health Project**

Yale School of Public Health  
135 College Street, Suite 323  
New Haven, CT 06510

**Leif Mitchell, Assistant Director  
Community Research Core**

Center for Interdisciplinary Research on  
AIDS  
135 College Street, Suite 200  
PO Box 208034  
New Haven, CT 06520-8034

**Marlene Schwartz, Associate Director for Research**

The Rudd Center for Food Policy and Obesity  
309 Edwards Street  
New Haven, CT 06511

**Maurice Williams, Community Outreach Coordinator**

Yale-Griffin Prevention Research Center  
130 Division Street  
Derby, CT 06418

**YALE SENIOR ADMINISTRATION**

**Marianne Dess-Santoro, Chief Operating Officer**

Yale Medical Group  
300 George Street, 6F1  
New Haven, CT 06511

**Richard Edelson, Director**

Yale Cancer Center  
333 Cedar Street  
PO Box 208028  
New Haven, CT 06520-8028

**Tesheia Johnson, Chief Operating Officer**

Yale Center for Clinical Investigation  
Yale School of Medicine  
2 Church Street South  
New Haven, CT 06519

**Forrester (Woody) Lee, Professor and Assistant Dean of Multicultural Affairs**

Yale School of Medicine  
PO Box 208036  
New Haven, CT 06520-8036

**Michael Morand, Associate Vice President Office of New Haven and State Affairs**

433 Temple Street  
New Haven, CT 06511

**Sara Rockwell, Director, Office of Scientific Affairs, and Professor of Therapeutic Radiology and Pharmacology**

Yale University  
15 York Street, HRT 213E  
New Haven, CT 06510

**Stephanie Spangler, Deputy Provost for Biomedical & Health Affairs**

Yale University  
1 Hillhouse Ave  
PO Box 208365  
New Haven, CT 06520-8365

**Carolyn Slayman, Deputy Dean for Academic and Scientific Affairs, Sterling Professor of Genetics**

Yale School of Medicine  
333 Cedar Street, SHM I 202  
New Haven, CT 06510

**Madeline Wilson, Physician & Chief Internal Medicine**

University Health Services  
17 Hillhouse Avenue  
PO Box 208237  
New Haven, CT 06520-8237

## **Appendix 3: Future Search Conference Worksheets**

### **Worksheets #1-4 – Understanding the Past, Focusing on the Present:**

Develop a community picture of our world, our values, and our histories. Identify themes and patterns that have shaped the New Haven community's health and health research. Establish a context for our shared future.

### **Worksheet #5 – Mapping the Future:**

Build a shared context of our concerns and priorities. Create a "mind map" of all trends affecting health and health research in New Haven right now.

### **Worksheet #6 – Stakeholder Perspectives on External Trends:**

Identify our present actions and commitments in response to the challenges we face.

### **Worksheet #7 – Focus on the Present – "Prouds", "Sorries" and Owing up:**

Celebrate what we have done in our community with regard to health and health research that makes us proud, and, acknowledge what we have done that makes us sorry.

### **Worksheet #8 – Focus on the Future – Ideal Future Scenario:**

Imagine a future you want to live in and work toward. Imagine yourself 10 years into the future, in 2017...Money Magazine has named New Haven as one of America's best and healthiest places to live, and CARE is about to receive their Community Key Award for the role it has played in creating the linkages and partnerships that were essential to receiving this coveted designation. List your accomplishments since 2007, any barriers you had to overcome, and any opportunities you leveraged.

### **Worksheets #9 and #10 – Common Ground for the Future:**

Discover the common ground desired by the conference. As you watch the scenarios, note the desired themes that are being presented, and how scenarios present ways to reach those themes.

### **Worksheet #11 – Projects to Implement our Common Future Agenda:**

Specify specific ways that our common future agenda can be implemented.

### **Worksheet #12 – Stakeholder Action Planning:**

Decide on short and long term action steps that, as a group, you are willing to work toward.

### **Worksheet #13 – Personal Action Planning:**

Decide on short and long term action steps to create our common future agenda that you are personally committed to.

# WORKSHEETS #1 - 4

## Understanding the Past, Focusing on the Present:

TASK: Develop a community picture of our world, our values, and our histories. Identify themes and patterns that have shaped the New Haven community's health and health research. Establish a context for our shared future.

### Timelines: Personal, Health and Health Research, and Yale and New Haven Events

Personal Events: 1965-1980		
<ul style="list-style-type: none"> <li>• Birth of my son – 1965</li> <li>• Toured the British isles with the greater Boston Youth Symphony orchestra as a bassoonist</li> <li>• Married, had first child</li> <li>• Birth of second child</li> <li>• Moved to CT/moved to New Haven</li> <li>• Moved from NY to CT</li> <li>• Married</li> <li>• Graduate school – MPH, MBA PharmD</li> <li>• Decided to go to med school</li> <li>• Brother, Ian, died at birth</li> <li>• Braces on!</li> <li>• Began college</li> <li>• Graduated HS/college/grad school</li> <li>• My mother (a nurse) went to Mississippi to help voter registration drive</li> </ul>	<ul style="list-style-type: none"> <li>• Father became disabled, and mother went to college and started working</li> <li>• I was born</li> <li>• 1967 – moved from Canada to US</li> <li>• Worked as public health nurse in DC</li> <li>• Transition from Midwest to New Haven</li> <li>• Learned to drive stick shift</li> <li>• Moved to CT</li> <li>• Could have credit card and bank account</li> <li>• Teen mom</li> <li>• Black Panther movement</li> <li>• Started career</li> <li>• Father died</li> <li>• Moved ***</li> </ul>	<ul style="list-style-type: none"> <li>• Graduated med school</li> <li>• Lived in Memphis</li> <li>• Got divorced</li> <li>• Born in 1972!</li> <li>• Born, 1966</li> <li>• New job at Southern CT Gas</li> <li>• Death of both parents</li> <li>• Black Panther Party</li> <li>• School breakfast program</li> <li>• First research experience</li> <li>• Participation in the struggle for civil rights</li> <li>• Peace corps Togo, included smallpox/yellow fever eradication, began interest in public health</li> <li>• Peace corps Liberia, Married, Pop died</li> <li>• Began 27 year career at Planned Parenthood</li> </ul>

### Personal Events: 1981-1995

- Immigrated to the United States
- Registered to vote/voted!
- Directed CCA head start – CT Department of Human Resources
- Got drivers license
- Introduction to New Haven's poorest communities
- Married and had two children
- Became a doctor
- Drove across the US
- Visited Ireland for the first time
- Breast cancer
- Bought first house
- Lost brother to AIDS
- I was born
- Promotion on job
- Graduated med school
- Became a US Citizen
- Moved from public to private sector -- and back

- Bought house
- Attended Yale School of Management
- Mother died
- Became a human subject of research
- World travel/cultural adaptation
- Traveled and lived in different parts of the world
- Adopted son (foreign adoption)
- Children completed education
- Launched eldercare as a human rights issue
- Launched LTC Project
- Helped launch Traveler's Center on Aging at UCONN
- Death of stepfather
- Came out of the closet and attended first Gay Pride event
- Moved to CT

- Began PhD program
- Assistant Dean- EPH
- Second child born
- Assaulted in NY
- Got married
- Immigrated to US to be reunited with parents
- Smithsonian
- Divorced
- Took admin position at Yale
- Grandfather died
- Moved 5 times
- Fell in love
- Taught public school where three children committed suicide – rethought my life
- Parents died
- Graduated college and grad school

### Personal Events: 1996-Now

- Katrina hits hometown
- Empty-nested/divorced
- World Trade Center/Sept 11<sup>th</sup>
- Moved to CT
- Began working at Yale
- Became an Executive Director
- Working in higher education
- Trying to address educational needs of under-prepared people
- Grandchildren born
- Working at Fair Haven Community Health Center
- Graduated
- To Dwight Hall at Yale
- Moved to Yale for fellowship
- Graduated from medical school
- Attended graduate school and received PhD
- Father Passed away
- Kids attend Edgewood school in New Haven

- Had 2 kids
- Lost both parents
- Built first house
- Started work at JUNTA, moved to City Hall
- After 12 years at Yale, left to retire but returned after 6 boring months
- Major career change for husband from business to teaching
- Death of brother and sister
- First grandchild
- Daughter was born
- Returned to academics and health services from corporate work
- Came out, met my partner
- Career evolving
- Got my voice back (literally)
- Mother-in-law died
- Founded a consulting firm
- Kids left home

- Kids graduated high school
- Began working at Yale
- Working in clinical research began
- Legally recognized civil union in CT with my partner
- Mountains of work
- Marriage, birth of child, death of dad
- Finished medical school and residency
- Graduated with double masters degrees
- NAACP involvement
- New job with Health Initiative at New Haven Family Alliance
- Early retirement from SCG
- Survived cancer
- Marital strife
- Mother forgot my name due to Alzheimer's Disease
- Completed PhD
- Tenure at Yale

### Health and Health Research Events: 1965-1980

<ul style="list-style-type: none"> <li>• Medicare and Medicaid</li> <li>• Advancements in reproductive health</li> <li>• Child cancer cure rate exceeds 50%</li> <li>• Vietnam War: returning vets</li> <li>• Small pox eradication-checked</li> <li>• Sickle cell gene defined/ discovered</li> <li>• Emergence of HIV/AIDS *****</li> <li>• Surgeon General's Report on Smoking</li> <li>• "War on Poverty"</li> <li>• General Clinic Research Center grant funded at Yale (one of the first centers funded by NIH) *</li> <li>• Cancer Center grant funded at Yale *</li> <li>• Community Mental Health- deinstitutionalization of Mental Health</li> <li>• Project Head Start</li> </ul>	<ul style="list-style-type: none"> <li>• Nixon address on "health care", war on cancer</li> <li>• Performed a study on the environmental impact of pharmaceutical companies</li> <li>• Racial disparities in health care</li> <li>• Tuskegee Study</li> <li>• Research on sugar linked with hyperactivity</li> <li>• Stopped when 2 papers published funded by food companies</li> <li>• Federal Communications Commission tries to stop advertising to children; authority removed</li> <li>• Personal Responsibility Act (TANF)</li> <li>• Increase in marijuana and other mind-altering drugs</li> <li>• OB-GYN becomes a field</li> <li>• Roe vs. Wade ***</li> </ul>	<ul style="list-style-type: none"> <li>• Lead and related issues</li> <li>• Laparoscopic surgery and ambulatory surgery increase</li> <li>• Teen pregnancy and birth rates increase</li> <li>• Low birth weight rates for high risk women</li> <li>• Coronary Care units begun</li> <li>• National School Lunch Program</li> <li>• Widespread vaccinations for school-age children</li> <li>• Mobile health unites</li> <li>• Civil Rights Act passed</li> <li>• Aging of America; Medicaid &amp; Medicare implemented</li> <li>• Methadone research</li> <li>• RWJ Grant to integrate Yale New Haven primary care into community</li> <li>• Attention to blood pressure and blood sugar control</li> </ul>
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### Health and Health Research Events: 1981-1995

<ul style="list-style-type: none"> <li>• Significant increase in uninsured</li> <li>• Serious attention to geriatric issues</li> <li>• Increased infant mortality rates</li> <li>• Crack</li> <li>• Aspirin study; large clinical trial for myocardial infarction</li> <li>• Emergence of HIV*****</li> <li>• HIV hits New Haven *****             <ul style="list-style-type: none"> <li>○ initially we were concerned about contracting the illness via contact but we were actually the big risk to patients</li> </ul> </li> <li>• Needle exchange program</li> <li>• Inner city health plummets</li> <li>• NIH begins to fund more clinical research</li> <li>• Emergence of pharmaceutical sponsored drug trials</li> <li>• "Me-too drugs"</li> <li>• Health disparities recognized as important issues **</li> <li>• State &amp; business community implement "Drugs Don't Work"</li> </ul>	<ul style="list-style-type: none"> <li>• Obesity and Diabetes Research*</li> <li>• Healthy People 2000</li> <li>• Racial disparities in healthcare *</li> <li>• Concept "Fight AIDS, not people with AIDS" *</li> <li>• Introduction of anti-cholesterol treatments</li> <li>• Introduction of 1<sup>st</sup> treatment for Alzheimer's disease</li> <li>• Emptying of state psychiatric hospitals</li> <li>• Cocaine research</li> <li>• Jocelyn Elders fired</li> <li>• 1<sup>st</sup> Drug approved for alcoholism in 40 years</li> <li>• Tobacco settlement *</li> <li>• Rise of Managed Care ***</li> <li>• "Diagnosis-Related Groups" (DRG's) introduced *</li> <li>• Negative impact of Ronald Reagan et.al. on environment</li> </ul>	<ul style="list-style-type: none"> <li>• Clinton healthcare reform effort fails</li> <li>• Dolly cloned</li> <li>• Husky program implemented in New Haven</li> <li>• Smoking banned in public places</li> <li>• ACT UP founded to force HIV drugs from drug companies to people living with HIV</li> <li>• Etha Henry fired</li> <li>• Community Foundation for Greater New Haven</li> <li>• Angioplasty changed health care</li> <li>• Rise of health management organizations</li> <li>• Long-term care becomes an issue</li> <li>• Awareness of disparities</li> <li>• Depression research-serotonin uptake drugs</li> </ul>
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## Health and Health Research Events: 1996-Now

<ul style="list-style-type: none"> <li>• CTSA funded **</li> <li>• 40% of homeless are children</li> <li>• More prevention research</li> <li>• More people need <u>medicine</u></li> <li>• More 'patients'</li> <li>• Healthy Start</li> <li>• Impact of environmental exposures on human health</li> <li>• Focus on behavioral health</li> <li>• Yale Center for Clinical Investigation Launch</li> <li>• Oral mucositis study</li> <li>• NIH funding down</li> <li>• Cancer cure rate exceeds 50%</li> <li>• Internet access increasing</li> <li>• Ability to get medical articles at your desk</li> <li>• Ability to access health info "democratization of info"</li> <li>• Ability to communicate with researchers around the world</li> <li>• Working in outreach programs in New Haven</li> <li>• 9/11-Bioterrorism concerns change research priorities</li> <li>• Concerns with integrity of pharmaceutical research</li> </ul>	<ul style="list-style-type: none"> <li>• Stem cell research ****</li> <li>• Focus on obesity research, metabolic syndrome in children</li> <li>• Focus on maternal &amp; child health</li> <li>• Partners Reducing Effects of Diabetes: Initiatives through Collaboration and Teamwork (PREDICT)</li> <li>• Three tier system of health care, rich/poor</li> <li>• Lyme Disease increase</li> <li>• West Nile increase</li> <li>• E3 increasing</li> <li>• Lifespan again extended</li> <li>• Iraq vets</li> <li>• Bidil race and drug treatments</li> <li>• CARE Pilot grants</li> <li>• New technologies for mapping mutations that lead to disease</li> <li>• Resistant viruses: HIV, Staph</li> <li>• Engaged in strategic planning with the Donaghue Foundation</li> <li>• Sequencing human genome</li> <li>• NIH decides to fund clinical translational research</li> <li>• CHIP Program insures millions of children</li> </ul>	<ul style="list-style-type: none"> <li>• Immune based therapies</li> <li>• Violence increases **</li> <li>• Vaccine for HPV</li> <li>• Managed Care *</li> <li>• WeWalk in New Haven (WeWin)</li> <li>• WeWin/Arthritis Foundation Senior Exercise program</li> <li>• Health Disparities</li> <li>• HIV care increasingly COMPLEX, drug cocktails and "adherence" issues</li> <li>• Gates \$\$\$</li> <li>• Obesity increasing</li> <li>• Asthma increasing</li> <li>• SARS/Pandemic concerns</li> <li>• Ryan White CARE Act reauthorized</li> <li>• Participated in 1<sup>st</sup> clinical study at Yale (Breast cancer study)</li> <li>• Research on nicotine and tobacco increasing</li> <li>• Women's Health Initiative results: curious that it took so long to empirically test</li> <li>• Practice so important to health</li> <li>• Expansion of research on alcoholism and medications</li> </ul>
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### New Haven and Yale Events: 1965-1980

<ul style="list-style-type: none"> <li>• Yale Health Plan and Connecticut Mental Health Center founded</li> <li>• Polly McCabe School opened for pregnant students in New Haven</li> <li>• Malley's closed</li> <li>• Fair Haven Community Health Center founded 1973</li> <li>• Grace Hospital becomes Yale New Haven Hospital</li> <li>• 1965, Griswold v CT, landmark supreme court decision- made it legal for married couples to use birth control, case originated in New Haven</li> <li>• ~1965—New Haven designated for federal model cities funding</li> <li>• 1966, Cancer and Mental Health Center opens</li> </ul>	<ul style="list-style-type: none"> <li>• 1969, Yale University admits first women ***</li> <li>• 1970, Black Panther Demonstrations *****</li> <li>• I-95 Connector built separates Hill from Yale University</li> <li>• "Doors"</li> <li>• Mory's allows women to join</li> <li>• Hunger in America study</li> <li>• New Haven Head Start</li> <li>• School lunches</li> <li>• 1970, New Haven under siege, army lined Broadway</li> <li>• 1971, More awareness of the need to address health care issues for women of color (birth control, cancer, and others)</li> <li>• Tent City, Rental Assistance Program Pilot</li> </ul>	<ul style="list-style-type: none"> <li>• 1965-1980—one party political rule</li> <li>• Yale plays role, through William Sloan Coffin, in influencing Civil Rights and resolution of Vietnam War</li> <li>• Yale/City lawsuits over Whitney/Grove site, etc. (bad climate)</li> <li>• Hollingshead begins groundbreaking work on social class systems at Yale studying New Haven</li> <li>• Community Progress Incorporated – the first Community Action Program with a major anti-poverty focus.</li> <li>• Feds push participatory decision-making, community involvement: Failed</li> </ul>
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### New Haven and Yale Events: 1981-1995

<ul style="list-style-type: none"> <li>• Worked in Nursing recruitment from foreign countries</li> <li>• Macy's closed</li> <li>• Creative Arts Program – YNHH</li> <li>• Accepted to Ph.D. program/surprised</li> <li>• 1988 Daniels elected</li> <li>• Yale strike</li> <li>• "Economic Impact Study" of Yale and New Haven</li> <li>• Rental Assistance Program goes statewide</li> <li>• Ziegler Centers – CT Family Resources Centers</li> <li>• 1981-1995 one party/one rule</li> <li>• Yale and community orgs agree that Yale will not compete for Ryan White funds</li> <li>• New Yorker series (Finnegan) on drugs in New Haven</li> <li>• 1990, Yale/New Haven agreement = voluntary payments to city</li> <li>• "Fighting Back"</li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> supportive housing programs developed</li> <li>• Poverty commission</li> <li>• Infant &amp; Child Health – Healthy Start</li> <li>• Yale buys New Haven streets! (2<sup>nd</sup> person makes note next to this: "well, not really...")</li> <li>• Yale homebuyer program initiated</li> <li>• YNHH builds new facility</li> <li>• CT tennis center, \$18 million used 2 weeks each year</li> <li>• Murder rates soar in New Haven</li> <li>• New Yorker article on Christian Prince's murder</li> <li>• Ronald McDonald House YNHH Children's Hospital built</li> <li>• Family Campus Initiative (failed)</li> <li>• Family homeless shelters</li> </ul>	<ul style="list-style-type: none"> <li>• Beginning of real collaboration between the powers that be in the city and Yale — "chess game" Benno Schmidt, Bart Giamatti, Mayor Dilieto</li> <li>• Morris Cove secessionist movement</li> <li>• Community expectations on the conduct of research at Hill Health Center</li> <li>• Rick Levin appointed</li> <li>• Southeast Asian event at Yale School of Public Health</li> <li>• Gentrification university area</li> <li>• School-based health centers opened</li> <li>• Condom-availability in School-based Health Centers</li> <li>• C&amp;T strike, classes moved off campus or cancelled</li> </ul>
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### New Haven and Yale Events: 1996-Now

<ul style="list-style-type: none"> <li>• Empowerment zone improved</li> <li>• YCCI created</li> <li>• Advent of Community Policing</li> <li>• Hope IV/Public Housing change</li> <li>• Yale awarded CTSA grant!</li> <li>• Wilson branch library</li> <li>• CIRA established and further bridges university/community HIV prevention research efforts</li> <li>• State aid to New Haven soars way above the consumer price index</li> <li>• Yale's global initiative</li> <li>• Future Search</li> <li>• ACTG 076: mother to child HIV transmission can be prevented</li> <li>• Asthma rates in children high</li> <li>• Teen pregnancy rates decline</li> <li>• School Readiness Council, School Task Force</li> <li>• Concern that relationships are deteriorating between City &amp; Yale</li> <li>• September 11, 2001 **</li> <li>• Union strike, Yale and community – YNHH disputes on labor</li> <li>• Contributed to CTSA grant submission</li> <li>• Implosion of New Haven Coliseum</li> </ul>	<ul style="list-style-type: none"> <li>• Introduced to gender differences in research</li> <li>• International Festival of Arts And Ideas **</li> <li>• New Haven received federal money to reduce infant mortality ***</li> <li>• Yale investing in New Haven economic development</li> <li>• Yale takes ownership of Broadway commercial area</li> <li>• New Haven events: Arts and Ideas, LEAP, Rail to Trail, concerts on the green</li> <li>• Yale—increase diversity, money to all who need it</li> <li>• Yale plays role in attracting Omni hotel ****</li> <li>• Yale helps fund Market New Haven, Inc.</li> <li>• Yale ignored health issues of community</li> <li>• Community suspicious of researchers</li> <li>• Yale-Griffin Prevention Research Center Community Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Married, optimistic</li> <li>• Yale only major employer in New Haven</li> <li>• Yale tercentennial</li> <li>• United cultures of epidemiology and public health</li> <li>• Illegal migrant entry into low paying jobs</li> <li>• School construction program Yale Cancer Center, disputes with employees, political corporate campaign</li> <li>• Construction started on Oncology North pavilion joint YNHH/Yale venture</li> <li>• Yale notices health disparities crisis in CT and NH</li> <li>• DataHaven founded **</li> <li>• 9/11—increase in emergency planning</li> <li>• Participated in Yale University AIDS walk</li> <li>• 1996, now one party one rule</li> <li>• Community-Based Participatory Research</li> <li>• Concerts on the green</li> </ul>
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# WORKSHEET #5

## Mapping the Future

TASK: Build a shared context of our concerns and priorities. Create a “mind map” of all trends affecting health and health research in New Haven right now.

### Healthcare Infrastructure

- Cost of medical malpractice
- Develop new technologies to treat disease
- Lack of access to dental care
- Lack of services for mental health clients
- Insufficient access for uninsured and underinsured
  - Access to specialty services
- Outreach for high risk groups
- Need for evidence-based prevention
- Absence of universal healthcare
- Illiteracy, health illiteracy, digital divide
- Collapse in economic model for family practice
- Lack of funding for information technology for medical records
  - Inadequate integration of information technology
- Overburdened emergency care
- Reduced efficiency in new therapy models
- Nursing shortage
- Better data – consistently
- Lack of compliance to standards of care
- 17 year gap between innovation and application

### Children and Adolescents

- Child abuse
- Funding for community centers
- HPV vaccine for girls and access
- Jobs for teens
- Substance abuse: prevention and treatment
- Lack of access to healthcare and ability to pay
- Risk of contracting sexually transmitted disease
- Bicycle safety
- Need more primary prevention programs
- Overrepresentation of children of color in juvenile justice system
- Federal research restrictions
- Achievement gap and how to address it
- Increase in exposure to violence
- Childhood obesity
- Adequate healthcare for children
- Tobacco and food marketing to children
- Asthma

### New Haven Community of Trust Related to Research

- Principal Investigators and community equal partnerships
- Sensitivity to cultural differences
- Adequate informed consent
- Creating a sense of mutuality?
- Inadequate funding for the partnership
- Adequate training for all parties
- Follow through and reporting back
- Methods to disseminate results to the community
- Sustainability once grant is finished
- Leaving a legacy for infrastructure
- Agreement on priorities
- Setting potential for improved health outcomes
- Getting community involved and empowered
- Investment in the community
- Exploitation of people in the community
- Staffing to reflect demographics
- Inclusion of institution building
- Community-based Human Investigations Committees and Institutional Review Boards
- Need for community gatekeepers
- Barriers to participation in research
  - Location
  - Transportation
- Funding constraints
  - Time constraints

### More Latinos, African Americans and Asians in Connecticut

- Vulnerable elderly
- Residential segregation
- Racism
- Economic security
- Educational attainment level
- Cultural competence
- Research that looks at specific groups
- Health disparities
- Healthcare access
- Increase in undocumented individuals

- Criminal justice issues, men of color
- Language

### **Workforce Changes**

- Discrimination by age and race
- People living with HIV going back to work
- Decrease in skilled jobs
- Fair compensation
  - Yale-New Haven Hospital Union issues
- Increase in service jobs
- No net new jobs since 1989
- Need for new kind of leadership
  - Local
- Decrease in 25-40 workforce
- Creating jobs in health research
- Not enough people achieving their potential
- Ensure diversity from top to bottom
- Safe, affordable childcare
- Faculty shortages
  - Shortage of clinical researchers
  - Lack of capacity to train students
- Vocational skill training and related crisis
- Partnerships between business, education and community to identify skill sets
- Creating safe work environments for everyone
  - Documented and undocumented individuals
- Transportation
- Resources for working single parents
- People with disabilities and chronic illness back into the workforce
- Gap in future leaders (baby boomers to young adults)
- Ex-offender re-entry into the community

### **Aging Demographics**

- Healthcare Financing
- Early Retirement ages
- Safe adult daycare facilities
- Pharmaceutical costs
  - Inadequate pharmaceutical coverage in Medicare
- Alzheimer's Disease and caretakers
- Risk of suicide in elderly males and females
- Lack of dental coverage
- Long term care
- Grandparents raising children
- Sexually active
- End of life issues/hospice
- Loss of partners
- Overburdened healthcare facilities
- Nursing Shortage
- Poor health
- Negative immigrant acceptance in nursing homes
- Affordable housing
- Type of healthcare facilities
- Violence against the elderly





## WORKSHEET #6

### Worksheet #6 – Stakeholder Perspectives on External Trends:

Identify our present actions and commitments in response to the challenges we face.

### **FOCUS ON THE PRESENT** **Stakeholder Perspectives on External Trends**

#### **Top Issues Across Stakeholders (total # votes):**

1. Insufficient healthcare access for un-insured and under-insured (39)
2. Reduce health disparities/promote health equity (23)
3. Methods to disseminate results to the community (13)
4. Racism (13)
5. Criminal justice issues (9)
6. Exploitation of people in the community (8)
7. 17-year gap between innovation and application (8)
8. Sustaining CARE activities once the initial grant is completed (8)
9. Childhood obesity (8)
10. Achievement gap (7)

## **BUSINESS-SPECIFIC PERSPECTIVES ON EXTERNAL TRENDS**

<b>Trend</b>	<b>What we are doing right now...</b>	<b>What we want to do...</b>
<b>17-year gap between innovation and application of health research</b>	<ul style="list-style-type: none"> <li>• Use different business models for biotech and start-up companies</li> <li>• Yale's investment in life sciences and translational research</li> <li>• Yale-Pfizer partnerships to enhance and speed innovation</li> <li>• Biotech/life sciences as growth industries for CT as identified in regional economic strategies</li> <li>• Increase research focus on genomics/pharmacogenomics</li> </ul>	<ul style="list-style-type: none"> <li>• Create more skilled jobs, sustainability</li> <li>• Broaden application of successful protocols (treatment guidelines)</li> <li>• More successful partnerships with industry to speed new treatments to patients</li> <li>• More state &amp; private investment to create more opportunities, more businesses</li> <li>• More training in allied health careers, increase in highly-skilled careers in state</li> <li>• Develop ways to attract and retain highly skilled workforce</li> <li>• Improve capital efficiency</li> <li>• Reduce medical malpractice costs, transfer money to increase research funding.</li> </ul>

## **CARE ADVISORY COUNCIL PERSPECTIVES ON EXTERNAL TRENDS**

<b>Trend</b>	<b>What we are doing right now...</b>	<b>What we want to do...</b>
<b>Methods to disseminate results to the community:</b>	<ul style="list-style-type: none"> <li>• SOME INVESTIGATORS: newsletters, press releases, web, professional journals</li> </ul>	<ul style="list-style-type: none"> <li>• More rapid and complete dissemination for more researchers</li> <li>• Strategic communications plans</li> <li>• More direct feedback to the participants and the community-DataHaven, community libraries, churches, Public Service Announcements (PSAs), Community Health Centers, ER</li> <li>• Monthly community breakfasts</li> <li>• Monthly "CAREtips"</li> <li>• Use existing infrastructure to disseminate information</li> </ul>
<b>Building Trust/Reducing exploitation of community</b>	<ul style="list-style-type: none"> <li>• Training young investigators</li> <li>• This meeting</li> <li>• Robert Wood Johnson community immersion</li> </ul>	<ul style="list-style-type: none"> <li>• Adopt a set of ethical principles</li> <li>• Train community and investigators on informed consent</li> <li>• Human Service Protection</li> <li>• Consider Community IRB (CRAB)</li> </ul>
<b>Health disparities</b>	<ul style="list-style-type: none"> <li>• There are a lot of good research projects addressing the issue of health disparities</li> <li>• YNHH Health Disparities Initiative – impacting clinical care</li> </ul>	<ul style="list-style-type: none"> <li>• Increase primary and secondary research on health disparities</li> <li>• Apply for research grants</li> <li>• Identify disparity priorities with the community</li> </ul>

## COMMUNITY-BASED ORGANIZATIONS PERSPECTIVES ON EXTERNAL TRENDS

Trend	What we are doing right now...	What we want to do...
<p><b>Access to Care</b></p> <p><b>Racism as pervasive in disparities in health</b></p>	<ul style="list-style-type: none"> <li>• Develop culturally competent programs</li> <li>• New Haven Healthy Start</li> <li>• DMHAS cultural competent systems change</li> <li>• Male Involvement Network</li> <li>• New Haven Healthy Start</li> <li>• Educating communities</li> <li>• Raising awareness</li> <li>• RWJ Scholar Program</li> <li>• WeWalk in New Haven</li> <li>• Sisters' Journey</li> </ul>	<ul style="list-style-type: none"> <li>• Community gatekeeper for research</li> <li>• Develop culturally competent training programs for providers</li> <li>• Universal healthcare</li> <li>• Peer mentoring programs to address cultural competency</li> <li>• Engage media to inform a broader audience</li> <li>• Mandatory marketing and media dissemination of research results</li> <li>• Mandatory community involvement in research projects</li> <li>• Address: promotion, tenure, evaluation, and credibility</li> </ul>

## GOVERNMENT PERSPECTIVES ON EXTERNAL TRENDS

Trend	What we are doing right now...	What we want to do...
<p><b>Health disparities</b></p>	<ul style="list-style-type: none"> <li>• Heath Equity Index implementation</li> <li>• Tobacco Prevention Program</li> <li>• Reports and data gathering on the local level</li> <li>• Culturally competent treatment</li> <li>• HIV, Lead, infant mortality</li> <li>• "Root causes"</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the instrument</li> <li>• Neighborhood level, implement recommendations</li> <li>• Resources to sustain it</li> <li>• Adequate treatment for all!</li> <li>• Sustain our gains</li> <li>• Anything!</li> </ul>
<p><b>Insufficient access to health care for under- and uninsured</b></p>	<ul style="list-style-type: none"> <li>• Healthy Start</li> <li>• HUSKY</li> <li>• Free clinic (adolescents)</li> <li>• School-based clinics</li> <li>• Access to mental health services for uninsured</li> <li>• Community health centers</li> <li>• Nurturing Families</li> <li>• Fetal and Infant Mortality Review (FIMR)</li> <li>• Polly McCabe School</li> <li>• Medicaid waivers</li> <li>• Homecare</li> <li>• Family planning</li> <li>• Revolution!</li> </ul>	<ul style="list-style-type: none"> <li>• Universal health care!</li> <li>• Better coordination of existing services</li> <li>• Adequate resources to sustain current resources</li> <li>• Partnership between Yale and Health Department for teenager services</li> </ul>

## HEALTHCARE PROVIDER'S PERSPECTIVES ON EXTERNAL TRENDS

Trend	What we are doing right now...	What we want to do...
<b>Insufficient access to health care for under- and uninsured</b>	<ul style="list-style-type: none"> <li>• Healthy Start</li> <li>• Begging “calling in favors”</li> <li>• 340b program (pharmacy)</li> <li>• Creating informal networks</li> <li>• Mothercare, smiles to go, etc</li> <li>• WAITING</li> </ul>	<ul style="list-style-type: none"> <li>• CHOICE/ quality of care</li> <li>• More accountability</li> <li>• Better reimbursement “advocate”</li> <li>• One pay system</li> <li>• Expand existing programs and networks</li> <li>• Optimize case management</li> <li>• Improve communication between specialty and primary care</li> <li>• Increase awareness of vulnerability</li> <li>• Eliminate 2-tier system at Yale (advocacy issue)</li> </ul>
<b>Racism (Discrimination)</b>	<ul style="list-style-type: none"> <li>• Set up culturally competent care</li> <li>• Recruit more minorities</li> </ul>	<ul style="list-style-type: none"> <li>• Explain/train on cultural competency</li> <li>• Eliminate bias by increasing awareness of sources of bias</li> <li>• Educate Yale research on these topics</li> <li>• Open dialogue with those who do not have the clinical research exposure</li> <li>• More studies to determine the link between racism and health disparities</li> <li>• Mentor minorities into leadership positions</li> <li>• Address explicitly minority bias</li> </ul>

## YALE FACULTY'S PERSPECTIVES ON EXTERNAL TRENDS

Trend	What we are doing right now...	What we want to do...
<p style="text-align: center;"><b>Exploitation of the community</b></p> <p><b>(Perception: discrepancy between researchers and community expectations)</b></p>	<ul style="list-style-type: none"> <li>• Research in community</li> <li>• Review process with community representation (IRB)</li> <li>• Research with community partners</li> <li>• Dealing with negative stereotype re: research</li> <li>• Researchers design studies with insufficient input from target community</li> <li>• Journal publication</li> <li>• Report to funders</li> <li>• Hit or miss</li> <li>• Perception "Research only"</li> </ul>	<ul style="list-style-type: none"> <li>• Involve community</li> <li>• Improve IRB expertise in community</li> <li>• Increase community-based studies</li> <li>• Increase CBPR</li> <li>• Balance research and community needs</li> <li>• Begin dialogue about role of research</li> <li>• Community input</li> <li>• Town hall community forums to discuss research through <u>entire</u> process</li> <li>• <u>Responsible</u> dissemination</li> <li>• <u>Applications</u> to improve health</li> <li>• Challenges:               <ul style="list-style-type: none"> <li>○ Legacy</li> <li>○ Sustainability</li> <li>○ Dissemination</li> </ul> </li> </ul>

## YALE RESEARCH ADMINISTRATION'S PERSPECTIVES ON EXTERNAL TRENDS

Trend	What we are doing right now...	What we want to do...
<p style="text-align: center;"><b>Methods of dissemination of research findings to community</b></p>	<ul style="list-style-type: none"> <li>• Community-level dissemination</li> <li>• Communication plan</li> <li>• Legislative</li> <li>• Communication checklist</li> <li>• Radio show</li> </ul>	<ul style="list-style-type: none"> <li>• Create a dissemination model</li> <li>• Utilize Yale Office of Public Affairs</li> <li>• Sharing dissemination strategies</li> <li>• Develop a model that is culturally competent (audience)</li> <li>• Market analysis of community reach</li> </ul>
<p style="text-align: center;"><b>17 yr. gap between innovation and application</b></p>	<ul style="list-style-type: none"> <li>• Follow-up pilot studies</li> <li>• Community based participatory research (CBPR) takes time</li> </ul>	<ul style="list-style-type: none"> <li>• Educate re: evidence-based practice</li> <li>• Share with other Yale centers and then community</li> <li>• Incentives for faculty to do CBPR</li> <li>• Catalogue what we do</li> <li>• Find ways so that different functions run parallel</li> </ul>
<p style="text-align: center;"><b>Obesity and chronic diseases: <i>issue that we believe should have been on the list</i></b></p>	<ul style="list-style-type: none"> <li>• Research</li> <li>• Studied food stores in New Haven</li> </ul>	<ul style="list-style-type: none"> <li>• Apply research to community (disseminate info)</li> <li>• Community infrastructure to promote healthy lifestyles</li> <li>• Marketing sponsor to counter junk food marketing</li> </ul>

## YALE SENIOR ADMINISTRATION'S PERSPECTIVES ON EXTERNAL TRENDS

Trend	What we are doing right now...	What we want to do...
<b>Health disparities and equity (including access)</b>	<ul style="list-style-type: none"> <li>• Providing care to the uninsured</li> <li>• Increase participation in Medicaid managed care networks</li> <li>• Research regarding disparities including female/gender-related research</li> <li>• Primary care services</li> <li>• Student-run free clinic</li> </ul>	<ul style="list-style-type: none"> <li>• CTSA/CARE to focus on disparities access – provide organizing structure/ coordination</li> <li>• Training programs for local community-based research</li> <li>• Influence government funding policies</li> <li>• Research plans/structure to address issues of social justice, access protections for vulnerable populations</li> </ul>
<b>Dissemination/ Sustainability/ Non-exploitation</b>	<ul style="list-style-type: none"> <li>• Individual and center projects that include plan about dissemination/ sustainability</li> <li>• IRB represents community organizations that don't have own IRB</li> <li>• Reviews for exploitation of subjects</li> <li>• Research and resource affiliate training program</li> <li>• RWJ Clinical Scholars Program for community based research</li> <li>• Good research data/findings being produced now of importance to community</li> </ul>	<ul style="list-style-type: none"> <li>• Future – ALL projects include this plan – and code of conduct for research</li> <li>• Identify new agencies to engage in partnerships</li> <li>• CARE will disseminate research findings, learn from research, educate</li> <li>• Educate faculty on how to approach/engage community in equal partnership</li> <li>• Governance structure that links university/community fully represents joint planning, funding, and sustainability</li> </ul>

# WORKSHEET # 7

## Focus on the Present – “Prouds”, “Sorries” and Owing up:

Celebrate what we have done in our community with regard to health and health research that makes us proud, and, acknowledge what we have done that makes us sorry. (Bolded bullets were emphasized by stakeholder group)

### BUSINESS

We are proud that we...	We are sorry that we...
<ul style="list-style-type: none"> <li>• <b>Bring forward new ways to treat disease faster and at lower cost</b></li> <li>• <b>Are thinking creatively in a changing global environment</b></li> <li>• Provide health care to employees</li> <li>• Provide meds at reduced costs to those who otherwise couldn't afford</li> <li>• Have been able to recruit and train those in health careers (re-train, re-employ, new opportunities in allied health)</li> <li>• <b>Give back to the community through philanthropy</b></li> <li>• Provide returns on investments to stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Did not build resiliency into both corporate and social responsibilities (societal)</b></li> <li>• <b>Are unable to fully provide/subsidize health care</b></li> <li>• <b>Don't provide security/ didn't foresee business trends leading to sustainable careers/futures</b></li> <li>• Have not fully addressed education and training capacity issues in health care</li> <li>• Cannot sustain increased levels of community philanthropy</li> </ul>

### CARE ADVISORY COUNCIL

We are proud that we....	We are sorry that we...
<ul style="list-style-type: none"> <li>• <b>Invited a diverse group of stakeholders with equal representation between university and community</b></li> <li>• Leveraged community engagement in getting grant</li> <li>• <b>Create synergies between existing efforts in university and community (e.g., RWJ/CARE)</b></li> <li>• We will release \$100,000 in pilot grants during the first 16 months of the grant with community and university joint PIs</li> <li>• Have achieved rapid implementation</li> <li>• <b>Have an opportunity to do things differently</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Don't have more money</b></li> <li>• <b>Silos exist and persist between and within schools and community</b></li> <li>• <b>Didn't collaborate before now – between university schools and between community</b></li> <li>• <b>Couldn't include more people and constituency groups, including consumers, faith-based, students, deans.</b></li> </ul>

## COMMUNITY BASED ORGANIZATIONS

We are proud that we...	We are sorry that we...
<ul style="list-style-type: none"> <li>• Work with coalition of community members to design a health disparities fitness and nutrition intervention and collected health assessment data over 4 years and translated into evidence based</li> <li>• <b>Collect data on population and men on service needs, health risks, etc. with low and very low income non-custodial fathers</b></li> <li>• <b>Are consistently able to generate more funding for supportive housing</b></li> <li>• <b>Target funds for programs that serve minorities</b></li> <li>• Hire bicultural staff in Latino community</li> <li>• <b>Reduced the infant mortality rate from 20% in 1996 to 6% in 2006 through the Healthy start program – 1996 funding IMR at 20% and now in 2006 it is at 6%</b></li> <li>• Are one of the few agencies in New Haven with a consortium of service providers and consumers</li> <li>• Serve nutritional needs of seniors across 17 communities</li> </ul>	<ul style="list-style-type: none"> <li>• Were unable to sustain the coalition because of staffing</li> <li>• <b>Did not start sooner with data collection</b></li> <li>• Have not housed everyone in adequate housing</li> <li>• Have insufficient materials translated into Spanish, and are not always successful in hiring bicultural/bilingual staff</li> <li>• <b>Have not reduced the infant mortality in African American population below 12%</b></li> <li>• Have not researched diet needs of seniors more adequately.</li> </ul>

## GOVERNMENT

We are proud that we...	We are sorry that we...
<ul style="list-style-type: none"> <li>• <b>Reduced the infant mortality rate</b></li> <li>• <b>Implemented the first legal needle exchange program in the northeast</b></li> <li>• <b>Reduced the number of children with elevated lead levels dramatically</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Are not doing enough</b></li> <li>• <b>Have not impacted the root causes of inequity</b></li> <li>• <b>Have not generated enough resources to lift the city out of poverty</b></li> <li>• <b>Have not done enough to address core issues of youth violence</b></li> </ul>

## HEALTH CARE PROVIDERS

We are proud that we...	We are sorry that we...
<ul style="list-style-type: none"> <li>• <b>Have a strong mission and our successes in achieving our mission</b></li> <li>• <b>Have already participated in Yale research</b></li> <li>• Are linking ideas and collaborating to reduce health disparities</li> <li>• Care</li> <li>• Try to create more patient-centered care</li> <li>• <b>Aspire to accomplish the goals of this conference</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Have not advocated more for our patients</b></li> <li>• <b>Don't ask for research results</b></li> <li>• Do not generate research</li> <li>• Have not shared value of research with our patients</li> <li>• Have not been able to provide consistent care to our patients, as individuals, and as a system</li> <li>• Don't reach out to more specialty providers</li> <li>• Have discriminated against our patients</li> <li>• Brought cynicism to work</li> </ul>

## YALE FACULTY

We are proud that we....	We are sorry that we...
<ul style="list-style-type: none"> <li>• Train excellent clinicians and researchers</li> <li>• Develop substance abuse treatment and research programs</li> <li>• Develop research and housing for homeless</li> <li>• <b>Trained 500 people at intersection of research and policy to be excellent clinicians and researchers</b></li> <li>• <b>Discovered new treatments for HIV, infectious diseases, substance abuse, diabetes, and causes of disparities</b></li> <li>• Completed research on disparities in cancer and built infrastructure</li> <li>• <b>Carry out uncompensated care, consultation, and community service</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Delay research publication in journals and translation to public</b></li> <li>• Have no community forum</li> <li>• Put other priorities above community</li> <li>• <b>Have not fully embraced CBPR</b></li> <li>• Did not give results to participants</li> <li>• <b>Have not advocated for promotion of faculty with higher priority on community research</b></li> </ul>

## YALE RESEARCH ADMINISTRATION

We are proud that we....	We are sorry that we...
<ul style="list-style-type: none"> <li>• Have a community member on IRB</li> <li>• Have received \$18,000,000 since 1998 at the Yale-Griffin Prevention Research Center</li> <li>• Have consumers on advisory board</li> <li>• Have given grants to 14 departments within Yale and more than 100 community agencies</li> <li>• Collaborate with the state</li> <li>• <b>Have our research used by legislature to change policy</b></li> <li>• Are one of 12 institutions in CTSA</li> <li>• <b>Have community based PI's</b></li> <li>• Are effective fundraisers</li> <li>• <b>Developed an IRB Research Affiliate Kit</b></li> <li>• Use fundraising to supplement grant money</li> </ul>	<ul style="list-style-type: none"> <li>• Don't include consumers on Advisory board</li> <li>• <b>Don't disseminate results enough</b></li> <li>• Don't collaborate with community groups</li> <li>• <b>Don't collaborate with each other</b></li> <li>• <b>Don't apply for program funding after research funding</b></li> <li>• Don't move fast enough</li> <li>• Don't have knowledge or access to the technology that could facilitate our work</li> </ul>

## YALE SENIOR ADMINISTRATION

We are proud that we....	We are sorry that we...
<ul style="list-style-type: none"> <li>• <b>Have excellent faculty that are motivated to conduct clinical research and we have terrific students who are engaged in community research</b></li> <li>• <b>Are recognized by the NIH for the excellence of our clinical research and our potential to be a model for community-based research</b></li> <li>• <b>Provide excellent clinical care</b></li> <li>• Are ranked #2 in research funding per faculty member</li> <li>• Are taking research from bench to bedside</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Have not done a better job in disseminating research studies and we have not fully engaged our community partners in all aspects of research activity</b></li> <li>• <b>Have not provided primary care and access to specialty care to more New Haven residents</b></li> <li>• <b>Have valued our basic research at the expense of developing stronger clinical research and clinical care</b></li> </ul>

# WORKSHEET # 8

**Focus on the Future – Ideal Future Scenario:**

Imagine a future you want to live in and work toward. Imagine yourself 10 years into the future, in 2017...Money Magazine has named New Haven as one of America’s best and healthiest places to live, and CARE is about to receive their Community Key Award for the role it has played in creating the linkages and partnerships that were essential to receiving this coveted designation. List your accomplishments since 2007, any barriers you had to overcome, and any opportunities you leveraged.

## Barriers and Opportunities

Barriers we overcame...	Opportunities we worked with...
Poverty Pollution Lack of feeling entitled to health care Homelessness Illiteracy Lack of insurance Underinsurance Lack of resources Pre-K-12 education system Lack of political will Lack of evidence-based investments, decisions and policymaking Turf issues Resource allocation/financial allocation for providing affordable healthcare through Yale University (e.g. pay of clinicians, rates returning to University, cost-sharing between University and Community) Educational training for community members in research by liaising with schools from high school through University Increased skillset of adult community members in research; Changed salary and job description structure for research associates to support more equitable compensation Get buy-in for key leadership roles (Deans, mayor, President of University, funding leaders Local & state government regulations Transportation issues Lack of trust by community Cynicism arising from a history of university/community conflict Racism Lack of funding Lack of childcare to support working parents Lack of usage of best medical practices Institutional silos*	All 6 Universities can form an alliance Connect with NH school system First Community Bank Safe pedestrian and bike paths through the city Waterfront Greenspace Strong partnership with community organizations Child care Preschool Clinics throughout city Education infrastructure at YCCI and hospital model Worked with HR infrastructure to develop current YCCI job descriptions and expanded compensation Built on CARE model of Advisory Council to develop sustainable infrastructure (Commission for Healthy New Haven) Funding through city-wide sale tax Award of \$25,000 CARE health care communications grant Future Search process to create <u>vision</u>

# WORKSHEETS # 9 and # 10

## Worksheets #9 and #10 – Common Ground for the Future:

Discover the common ground desired by the conference. As you watch the scenarios, note the desired themes that are being presented, and how scenarios present ways to reach those themes.

### Common Themes:

1. Build strong collaborative partnership, governance, and leadership for a healthy community
2. Ensure diverse institutional and political leadership committed to healthcare reform that achieves health equity.
3. Identify health and social indicators to document our successes
4. Eliminate health disparities through health promotion and preventative care
5. Create universal access to healthcare to eliminate health disparities
6. Create community environment that promotes healthy lifestyles
7. Identify sustainable funding for healthcare and research initiatives
8. Make quality education for lifelong success universally accessible
9. Disseminate all research results to the community
10. Recognize that a safe New Haven creates a healthy New Haven

### Uncommon Themes:

- Advocacy arms of organization
- Other Universities
- Employment
- Investment in community goes hand in hand with investment in health
- Research driving policy
- Evaluating programs and take corrective action
- Community fitness center
- Link education/training with jobs and economic development in New Haven
- Community pro-bono work for Yale faculty
- Research assistant training program
- All higher education university schools collaboration/alliance
- City-wide university research gathering (research a-palooza!)
- Wired access
- Health cards
- Community health care evaluated
- Common definition of community research
- Substance abuse/smoking
- Violence reduction
- Technology (IT, database, web)
- Diversity & leadership (Yale and City)
- ESL and language barriers
- Policy/advocacy
- Yale's stepping up financially
- Incentives for Yale faculty doing CBPR
- Affordable housing
- Data-driven decision-making
- Voting patterns/civic involvement
- Database sharing
- Yale as employer
- Yale and New Haven as EQUAL partners/power-sharing
- Language and Multicultural Integration
- Concrete ID or affinity cards
- Shared databases
- Housing
- Role of men in family and community
- Concrete ID or affinity cards
- Shared databases
- Housing
- Role of men in family and community
- Elder care
- Specific training opportunities/plans
- Arts education
- Physical activity and healthy lifestyles
- Gym
- Integrated systems
- Political advocacy
- Health reform and health equity
- Equal and full access to quality care
- Sexual orientation
- "Technology"
- Organized community feedback-Research and community forum
- Youth as health advocates and researchers
- Engagement of fathers and elderly

# WORKSHEET # 11

**Worksheet #11 – Projects to Implement our Common Future Agenda:**  
Specify specific ways that our common future agenda can be implemented.

## PROJECTS TO IMPLEMENT OUR COMMON FUTURE AGENDA

**Common theme #1: Build strong collaborative Partnerships, Leadership and Governance for a healthy community.**

<b>Important ideas for implementation</b>	<b>Additional ideas for implementation</b>
<ul style="list-style-type: none"> <li>• Work with the CARE advisory committee to evolve the governance structure</li> <li>• Look for a model that has already worked- Commission on Infant Health and others</li> <li>• Develop a mission, agenda and resources to build the future</li> <li>• Develop strong partnerships with the business community</li> <li>• Incentivize participation in CARE activities</li> <li>• Lobbying arm of CARE</li> <li>• Annual conference</li> </ul>	<ul style="list-style-type: none"> <li>• Increase local Farm/ Food markets</li> <li>• Direction of YCCI funding support to institutes and individuals who demonstrate collaborative behavior</li> <li>• Corporate/Yale tax increase returned to city for community programs</li> <li>• City establish corporate/Yale minimum participation for NH Residents</li> <li>• Expand “New Haven Saves” for recently migrated groups</li> <li>• Expand and market school-based health clinic (SBHC), identify intersecting interests (ongoing)</li> <li>• Budgeting based on results (results-based accounting)</li> <li>• Yale/Hew Haven corporate liaison at community clinics and agencies</li> <li>• Establish a CRAB</li> <li>• Define now how CARE needs to grow/expand to achieve this larger vision</li> <li>• “Year-long” International Festival of Arts and Ideas</li> <li>• Yale/Parks and Recreation Healthy Lifestyle and exercise program</li> <li>• City establish bilingual requirement in all NH schools</li> <li>• Si Se Puede, Program to move over, make room for the next migrant</li> <li>• Require Business to invest profits in priority areas</li> <li>• Welcoming project for newly migrated cultural group</li> <li>• New Haven Easy/Equitable access card</li> </ul>

**Common theme #2: Ensure diverse institutional & political leadership committed to healthcare reform that achieves health equity.**

<b>Important ideas for implementation</b>	<b>Additional ideas for implementation</b>
<b>NO ONE CHOSE THIS THEME</b>	

**Common theme #3: Identify Health and Social Indicators to document our successes.**

<b>Important ideas for implementation</b>	<b>Additional ideas for implementation</b>
<ul style="list-style-type: none"> <li>• What you measure is what you value: focus group or community forum</li> <li>• Leadership commitment to data collection, collaboration and sharing, both academic and community</li> <li>• Core principles for CBPR need to be developed and required by IRB</li> <li>• Potential use of Health Indices to create public awareness about indices performance (health and fitness indices)</li> <li>• Enhance DataHaven as a distribution point for indicators               <ul style="list-style-type: none"> <li>○ Model DataHaven</li> </ul> </li> <li>• Model central research site off of clinicaltrials.gov for New Haven               <ul style="list-style-type: none"> <li>○ Link CBO's with academic programs and student interns</li> </ul> </li> <li>• Brainstorm on how to collect important indicators that are not being measured (asthma, obesity, etc.), both now and ongoing               <ul style="list-style-type: none"> <li>○ Create a user-friendly document that outlines indicators and future goals</li> </ul> </li> <li>• Community training on data use and mentoring of CBO's by academic partners on data collection and use</li> <li>• Build community-health and demography programs into higher education</li> <li>• Evaluate best practices and evidence-based work across the country</li> </ul>	<ul style="list-style-type: none"> <li>• Create alliance with school system</li> <li>• Community-University research forum</li> <li>• Tracking and public awareness raising about health disparities</li> <li>• Citywide plan to participate in national child study</li> <li>• Specific programs/centers are created in every academic center that focus on community health in the broad sense and community focused faculty actively recruited</li> <li>• Centers are established for the collective interests on key health-related areas (e.g. violence, obesity, aging, HIV, school health)               <ul style="list-style-type: none"> <li>○ Start with EATS at Rudd and Greater NH asthma coalition</li> </ul> </li> <li>• Compare indicators with other towns, state, national</li> <li>• A database is created that links CBO's need for student assistance and projects to all academic programs and thesis, practicum and community service requirements</li> <li>• A central clearinghouse exists under the joint auspices of the Health Dept and EPH that lists all grant research</li> <li>• Health Equity Index (HEI) Index</li> <li>• New Haven Fitness and Health Index</li> <li>• Create an atmosphere of data collaboration and data sharing</li> <li>• A central data warehouse exists and is contributed to by all for the benefit of all</li> <li>• Evaluate what works</li> </ul>

**Common theme #4: Eliminate health disparities through health promotion and preventative care**

<b>Important ideas for implementation</b>	<b>Additional ideas for implementation</b>
<ul style="list-style-type: none"> <li>• Topics               <ul style="list-style-type: none"> <li>○ Smoking</li> <li>○ Obesity</li> <li>○ Asthma</li> <li>○ Screening</li> <li>○ Diabetes management</li> <li>○ Youth violence</li> </ul> </li> <li>• Community-based screening centers (eg. asthma, hypertension, diabetes) potentially in school-based health clinics (SBHCs).</li> <li>• Quit-to-Win contest for smoking               <ul style="list-style-type: none"> <li>○ Model could be extended for exercise or other health promoting behaviors</li> </ul> </li> <li>• Safe spaces for physical activities               <ul style="list-style-type: none"> <li>○ Supervised recreation for youth</li> </ul> </li> <li>• Subsidize fruits and vegetables in low-income neighborhoods</li> <li>• Develop culturally-competent ways to engage in health promotion and preventive care</li> <li>• Zoning to limit alcohol and tobacco advertisements in communities of color</li> </ul>	<ul style="list-style-type: none"> <li>• Universal health screening</li> <li>• SBHCs offering full scope primary care in every NH public school</li> <li>• Multi-generational parent support programs</li> <li>• Quality day care centers linked to pediatric health care</li> <li>• Day care in high schools/parenting program</li> <li>• Health Care!</li> <li>• Health card</li> <li>• Expansion of SBHCs with driven management</li> <li>• Yale Before/After school programs for NH students</li> <li>• NH Fitness Goal</li> <li>• We Walk in New Haven</li> <li>• Well-baby/Healthy Family Home visit programs</li> </ul>

**Common theme #5: Create universal access to healthcare to eliminate health disparities.**

<b>Important ideas for implementation</b>	<b>Additional ideas for implementation</b>
<ul style="list-style-type: none"> <li>• Delivery of care in the community that is               <ul style="list-style-type: none"> <li>○ culturally sensitive and</li> <li>○ outcomes would be access to specialty care and</li> <li>○ appropriateness of access to primary care.</li> </ul> </li> <li>• Community health centers should move into neighborhoods and community should be engaged through outreach workers.</li> <li>• Suggested to analyze data that exist</li> <li>• Estimate provider capacity with insurance coverage for everyone; study cost savings with community based care and appropriate use of emergency services</li> <li>• Understand what people want, why the go to care and why they don't go to care using mixed models.</li> <li>• This is a model that could bring jobs to New Haven, and would be attractive and bring more jobs into new haven. Could potentially bring more employers into New Haven. Employers could buy in to insurance schemes offered by the state.</li> <li>• Study barriers to care including the no show rate and the quality and quantity of care accessed.</li> <li>• Health care cards would be useful and could be established by looking at other health systems.</li> <li>• Identify university individuals to work with the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible fitness programs that are affordable to all</li> </ul>

**Common theme #6: Create community Environments that Promote Healthy Lifestyles**

<b>Top 11 ideas for implementation</b>	<b>Additional ideas for implementation</b>
<ul style="list-style-type: none"> <li>• Create environment that promotes physical activity</li> <li>• Link different parts of the city to existing non-car transportation (trains and buses)</li> <li>• City zoning should create opportunities to be physically active               <ul style="list-style-type: none"> <li>○ Smart growth zoning would put people in walking distance of stores, schools and food.</li> </ul> </li> <li>• Engage citizenship so that people take pride in their neighborhood (e.g. leaning parks and planting and maintaining trees and flowers, creating pedestrian and cycling pathways)</li> <li>• Change workplaces to promote using stairs instead of the elevator using motivational signage</li> <li>• Promote Community Supported Agriculture and farmers markets by allowing WIC and food stamps all over the city               <ul style="list-style-type: none"> <li>○ Coordinate local farmers with school system and head start, community centers, homeless shelters, neighborhood gardens food banks and small markets/convenience stores</li> </ul> </li> <li>• Engage youth with               <ul style="list-style-type: none"> <li>○ Civic activities</li> <li>○ Extracurricular activities</li> <li>○ Organized physical activity after school                   <ul style="list-style-type: none"> <li>▪ Farnam House</li> <li>▪ Boys and Girls club</li> <li>▪ Document positive impact</li> </ul> </li> </ul> </li> <li>• Create a template with ideas of what each community should have for a healthy environment</li> <li>• Support mixed income housing</li> <li>• Involve the parks department and the department of transportation</li> <li>• Assess what's out in the community now</li> </ul>	<ul style="list-style-type: none"> <li>• “Community Caring Corps” like a Community Policing Corps, to go into neighborhoods</li> </ul>

**Common theme #7: Identify sustainable funding for health care and research initiatives**

<b>Important ideas for implementation</b>	<b>Additional ideas for implementation</b>
<ul style="list-style-type: none"> <li>• Venture philanthropy = targeted to specific goals/benchmarks and committed renewal</li> <li>• Percent of business profits directed to community fund for health (from local companies and industries)</li> <li>• Leveraging human resources from community with expertise in specific areas with incentives attached (i.e. research training, grant writing)</li> <li>• Corporate leaders performance evaluations linked to CARE community service</li> <li>• Even and fair distribution of health costs to community</li> <li>• NIH, CDC and foundation research grants in support of community health (e.g. Gates foundation)</li> <li>• Create New Haven Health Development Corporation (pure philanthropy)</li> <li>• Central grant authority (administrative ~ support ~ experience ~ promote collaboration)</li> <li>• Donations of business products for use by the underinsured and uninsured (i.e. medications, diagnostics)</li> </ul>	<ul style="list-style-type: none"> <li>• City-supported grant application process to get federal money</li> <li>• Research and write grants collaboratively</li> </ul>

**Common theme #8: Make quality education for lifelong success universally available**

<b>Important ideas for implementation</b>	<b>Additional ideas for implementation</b>
<ul style="list-style-type: none"> <li>• Provide health and healthy lifestyle education in pre-K-12</li> <li>• Build partnership with Superintendent of schools, Yale and Community health organizations to establish course/tracks in the healthcare area               <ul style="list-style-type: none"> <li>○ Focusing first on a health curriculum track at Career High School</li> <li>○ Expand to comprehensive high schools and community colleges</li> </ul> </li> <li>• Introduce students to Role Models/Mentors in Healthcare</li> <li>• Create a speaker’s bureau for school-based health sciences and health experts to teach in the schools</li> <li>• Build on Gateway Math Corner, create a Science Corner and Public Health Corner in the higher grades</li> <li>• Educate high school students in the biotech and research fields</li> </ul>	<ul style="list-style-type: none"> <li>• Health Research skill set-interviewing, data entry, preliminary analysis</li> <li>• Research Assistant Training program</li> <li>• Build health education and awareness into the curriculum from first grade up</li> <li>• Partnership between New Haven Public Schools and Yale University students</li> <li>• High school career prep programs tied to internships at businesses</li> <li>• Healthy Science Park</li> <li>• Inclusion vs. Exclusion in programming regardless of race, sexual identity, culture, handicap</li> <li>• Career high school-expand curriculum to include public health and research assistant track</li> <li>• Research how physical activity/nutrition affects school performance</li> <li>• Degree program in community-based research/outreach</li> <li>• Development of programs/courses that support specific career path</li> <li>• Grammar school mentoring program</li> <li>• Training programs with technical skills that support clinical research</li> </ul>

**Common theme #9: Disseminate all research programs and results to community**

Important ideas for implementation	Additional ideas for implementation
<ul style="list-style-type: none"> <li>• Bi-directional</li> <li>• Find network for dissemination</li> <li>• Speakers bureau/experts</li> <li>• Training for speakers</li> <li>• Institutional recognition of community activities</li> <li>• Marketing tools (know your audience)</li> <li>• Dissemination plan (project based)</li> <li>• Strategic CTSA dissemination plan</li> <li>• Mentoring (internal and external)</li> <li>• Utilize/optimize communication options</li> <li>• Community forums (e.g. community breakfasts)</li> <li>• “CARE tips” (e.g. postcards, bookmarks)</li> <li>• Better utilization of Yale’s communication options (e.g. collaborate with new Communications Director at EPH)</li> <li>• Effective communication (e.g. strategic; common, understandable language; level)</li> <li>• Social marketing research</li> <li>• Evaluation (e.g. different dissemination models)</li> <li>• Repository of research studies (e.g. clearinghouse / historian for all research in New Haven from beginning to end)</li> <li>• Education of research process</li> </ul>	<ul style="list-style-type: none"> <li>• Create community IRB</li> </ul>

**Common theme #10: Recognize that a safe New Haven creates a healthy New Haven**

Important ideas for implementation	Additional ideas for implementation
<p><u>Strategies</u></p> <ul style="list-style-type: none"> <li>• Safety by design               <ul style="list-style-type: none"> <li>○ e.g. Adequate street lighting in neighborhoods</li> </ul> </li> <li>• Neighborhood hubs for service delivery to increase trust with the community               <ul style="list-style-type: none"> <li>○ Neighborhood-based employment services</li> <li>○ Expanded asset-based youth-development programs</li> <li>○ Neighborhood-based parent activities: parenting skills should be viewed as a positive resource</li> <li>○ Programs for fathers that address youth violence</li> </ul> </li> <li>• Implement/Support street outreach programs               <ul style="list-style-type: none"> <li>○ Training for street outreach worker programs</li> <li>○ Yale to assist street outreach program with training and data collection</li> </ul> </li> <li>• Engage youth in community-based projects</li> </ul> <p><u>Outcomes</u></p> <ul style="list-style-type: none"> <li>• 0 gun violence in New Haven</li> <li>• 0 domestic violence in New Haven</li> <li>• Increase civic involvement at the neighborhood level</li> <li>• Increase the number of residents employed in livable wage jobs</li> </ul>	<p>n/a</p>

# WORKSHEET # 12

## STAKEHOLDER GROUP ACTION PLANNING

### Worksheet #12 – Stakeholder Action Planning:

Decide on short and long term action steps you are willing to work toward as a group.

Stakeholder	Short Term Action Steps (Three Months)	Long Term Action Steps (Three Years)
<b>Business Community</b>	<ul style="list-style-type: none"> <li>• Develop and deliver presentation on CARE to Chamber of Commerce Board, Health Council, and Nonprofit Council               <ul style="list-style-type: none"> <li>○ Draft presentation approved by CARE Advisory Committee</li> <li>○ Identify other groups to brief on CARE</li> </ul> </li> <li>• Define “value proposition” to business community               <ul style="list-style-type: none"> <li>○ Well-workforce</li> <li>○ Lower health costs</li> <li>○ Community image enhancement</li> </ul> </li> <li>• Develop business plan to support process to connect businesses and researchers to pursue specific opportunities/projects</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver message of CARE and the conference</li> <li>• Solicit business participation in specific opportunities with research community to improve community health</li> </ul>
<b>CARE Advisory Council</b>	<ul style="list-style-type: none"> <li>• Develop governance structure, working with Wellspring Consulting and other colleagues</li> <li>• Create small workgroups by priority areas</li> <li>• Identify priorities for CARE</li> <li>• Identify other stakeholder groups/individuals to address issues beyond CARE’s scope</li> <li>• Begin funding/resource/development strategy</li> <li>• Community Partnership Pilot grants: review and fund – 2 by July 1, +2 in September with priorities established from Future Search</li> <li>• Disseminate strategic plan</li> <li>• Principles for Ethical Engagement</li> <li>• Baseline health indicators for New Haven, working with Community Solutions workgroup</li> <li>• Survey and qualitative interviews with health leaders by Robert Wood Johnson Clinical Scholars</li> </ul>	<ul style="list-style-type: none"> <li>• Build research network for Community Based Research</li> <li>• Training: Community and University</li> <li>• Annual Community Forum</li> <li>• Create sustainable funding, endowment</li> <li>• Ongoing dissemination</li> <li>• Evaluate CARE; refine approach as needed</li> </ul>
<b>Community Based Organizations (CBOs)</b>	<ul style="list-style-type: none"> <li>• Plan a CBO retreat at a participant’s home</li> <li>• Familiarize other CBOs on the “CRAB” model from University of Pittsburgh, Center for Minority Health (Community Research Advisory Board)               <ul style="list-style-type: none"> <li>○ Including possible fieldtrip to Pittsburgh to fully participate and inform the process</li> </ul> </li> <li>• Establish an equal vote at the table</li> </ul>	<ul style="list-style-type: none"> <li>• Consider creation of a community based research review board comprised of community representatives who represent non-profit shareholders and community residents whose primary practice is not healthcare delivery to vet community based research</li> <li>• Consider new collaborative projects</li> </ul>
<b>Government</b>	<ul style="list-style-type: none"> <li>• Data:               <ul style="list-style-type: none"> <li>○ Continue developing Health Equity Index for baseline community health measures</li> <li>○ Provide leadership</li> <li>○ Share existing data</li> </ul> </li> <li>• Provide examples of bylaws</li> <li>• Identify community members to involve in CARE</li> </ul>	<ul style="list-style-type: none"> <li>• Establish relationships with state and city Health Departments, and other governmental agencies</li> </ul>

Stakeholder	Short Term Action Steps (Three Months)	Long Term Action Steps (Three Years)
<b>Health Care Providers</b>	<ul style="list-style-type: none"> <li>• Act as advocates for community based participatory research (CBPR) within our organizations</li> <li>• Identify and meet potential collaborators within and across our organizations</li> <li>• Recruit potential organizational collaborators to participate in CARE trainings</li> <li>• Act as resource to CBOs</li> </ul>	<ul style="list-style-type: none"> <li>• Codify core principles for community-based research and create IRB process to document adherence</li> <li>• Develop training curriculum for CBOs in research with mentored opportunities</li> <li>• Create CBO internship database</li> <li>• Work toward National Child Study as a potential citywide collaboration (if funded)</li> <li>• Strengthen vetting process for grants to ensure community input</li> </ul>
<b>Yale Faculty</b>	<ul style="list-style-type: none"> <li>• Complete formative research on implementing a 'Quit to Win' Intervention in New Haven; assess feasibility               <ul style="list-style-type: none"> <li>○ Identify high-risk groups</li> <li>○ Identify ideal points of intervention (e.g. barber shops, churches, salons)</li> <li>○ Review health statistics</li> <li>○ Funding</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Implement smoking cessation program</li> <li>• Use Quit to Win network and partnerships to disseminate new interventions (e.g. increasing physical activity, increase screenings, etc.) once Quit to Win is sustainable.</li> </ul>
<b>Yale Research Administration</b>	<ul style="list-style-type: none"> <li>• Communicate and collaborate to establish methods of dissemination</li> <li>• Repository of dissemination posted on YCCI website</li> <li>• Help needed from YCCI to:               <ul style="list-style-type: none"> <li>○ Create listserv from conference subdivided by stakeholder group</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Contribute to guideline development for CARE re: dissemination and outreach</li> <li>• Develop larger network of CBPR researchers</li> <li>• Contribute to development of searchable database of ongoing and submitted research through HIC electronic submission</li> </ul>
<b>Yale Senior Administration</b>	<ul style="list-style-type: none"> <li>• Work with CARE to digest and synthesize conference activities into an interim report to participants               <ul style="list-style-type: none"> <li>○ Help needed: CARE staff &amp; Advisory Council</li> <li>○ Meet with key Yale leadership to discuss conference observations</li> </ul> </li> <li>• Initiate University-supported dissemination tools and strategies               <ul style="list-style-type: none"> <li>○ Help needed: YCCI/CARE staff, University communications, Yale School of Medicine, YNHH</li> </ul> </li> <li>• Initiate meetings with Yale Development Office to raise funds for CARE initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Work with/through CARE to develop strategic plan based on conference results</li> <li>• Maintain involvement of key leaders at the University</li> <li>• Maintain and expand integrated communication strategies</li> <li>• Work with the University to prioritize development efforts</li> </ul>

# Worksheet #13

## Personal Action Planning

TASK: Decide on short and long term action steps to create our common future agenda that you are personally committed to.

### Stakeholder group: Business Community

**Jan Barese:** Communicate and distribute approved information from CARE to Chamber of Commerce membership.

**Sharon Bradford:** Expand fitness and nutrition programs within the unserved and underserved populations of New Haven, as well as expand health careers within the same populations. To combat poor health and poverty. Collaborate with others through New Haven Family Alliance and Stone Academy, and work with CARE.

**Jim Farnam:** Connect the work of DataHaven with the work of CARE, the Robert Wood Johnson Clinical Scholars, New Haven Health Department – Community Solutions workgroup -- to make good indicators accessible to the community. Develop an evidence based early childhood plan for New Haven.

**Chandler Howard:** Focus bank on supporting this effort and making all of you customers.

**David Lewin:** Read business plans to engage business participation.

### Stakeholder group: CARE Advisory Council

**Penny Canny:** Commit to working with Community Solutions and DataHaven on indicators and health data.

**Jeannette Ickovics:** Governance, strategic priorities, sustainable funding, and collaboration with all of you.

**Georgina Lucas:** Work on priorities for CARE governance and structure.

**Robin Pinsker:** Assist YCCI in identifying short and long term priorities to move CARE forward. Define governance structure for CARE Advisory Council.

**Lois Sadler:** I commit to continuing as CARE Co-Director along with Jeannette and Woody to begin to integrate and implement the many good ideas brought forth by this group.

**Judy Tabar:** Inform my senior leadership team about CARE and the Future Search process and results.

### Stakeholder group: Community Based Organizations

**Katherine Burdick:** Will host first retreat/meeting of Community Based Organizations by request.

**Kellyann Day:** Attend CBO retreat; investigate Community Research Advisory Boards (CRABs)

**Linda Dickey-Saucrer:** Share outcomes from CBO planning retreat with colleagues.

**Tom Ficklin:** Publicize the CARE initiative.

**Neysa Guerino:** Advocate for healthcare for all.

**Natasha Ray:** Commit to completing all Community Based Organization (CBO) action steps.

**Amos Smith:** Attend CBO retreat; investigate Community Research Advisory Board (CRAB).

**Barbara Tinney:** To continue to support CARE and Robert Wood Johnson, and to go to the CBO retreat in August.

### Stakeholder group: Faculty

**Walter Gilliam:** Discuss dissemination ideas with Clinical and Translational Science Award and CARE.

**Barbara Gulanski:** Help with Quit-to-Win community project.

**Selby Jacobs:** Support my group project on Quit-to-Win and lead the Faculty stakeholder group.

**Beth Jones:** Advocate for dissemination of research findings.

**Tené Lewis:** Follow up with community contacts that I met at this workshop, and facilitate my own community-based research program. Contribute to program of research on job programs for youth.

**Stephanie O'Malley:** Help support Quit-to-Win planning and roll-out; Share with Transdisciplinary Tobacco Use Research Center.

### Stakeholder group: Government

**Maria Damiani:** Continue involvement with CARE Advisory Board.

**Andrea Jackson-Brooks:** Stay in touch with Kica Matos to assist her in whatever she needs me to do.

**Kica Matos:** Champion efforts around reducing health disparities in the City of New Haven.

**Catherine McCaslin:** Continue process toward equitable research collaboration.

**Bill Quinn:** Shepherd the Health Equity Index (HEI) and continue to lead Community Solutions workgroup.

### Stakeholder group: Health Care Providers

**Vivian Acevedo-Rivas:** Commit to sharing with the internal groups at the clinic [FHCHC] what I have learned here today. I will also share that with three groups outside of the clinic, and with family and neighbors ,

**Ivette Becerra-Ortiz:** Act as an advocate for community-based participatory research within Fair Haven Community Health Center and share the conference proceedings with the clinic's management, programming and technology group.

**Gretchen Berland:** Link Maurice Williams' interest in a New Haven Hoopfest with Southern California Hoopfest colleagues. Wwhat I liked most about this event was meeting people and thinking about small do-able ideas.

**Laurie Bridger:** Contact Ingenia Geneo to arrange joint visit to Yale Primary Care Center and Fair Haven Community Health Center (FHCHC).

**Inginia Genao:** Visit the Yale Primary Care Center.

**Bob Hill:** Discuss conference proceedings with providers; identify research opportunities at Hill Health Center.

**Tahiry Sanchez:** Assist/collaborate with YCCI leadership in identified goals.

**Steve Updegrave:** Provide leadership for the health care provider stakeholder group.

**Keith Williams:** Review my email from my collaborators and respond on time.

### Stakeholder group: Yale Research Administration

**Sandra Alfano:** Work with the Community Based Organizations group on the Community Research Advisory Board (CRAB) initiative.

**Beth Comerford:** Assess who is doing what with regard to health in the community and convene the group.

**Gina D'Agostino:** Champion dissemination effort with Human Investigations Committee; begin Speakers' Bureau for YCCI; find existing data regarding bureaus through hospital, university, etc. and assess gaps.

**Maria Elena de Asis:** Commit to discuss results of projects with staff and two research programs at Yale University School of Medicine (YSM); continue to communicate with participants at the Yale Research Administration stakeholder table; disseminate strategic plan results with directors in two YSM centers.

**Chris Keevil:** Build key objectives identified in this conference into the tracking and evaluation system for YCCI; governance structure.

**Jessica Lewis:** Follow up with the people I have met who are interested in a "Certified Research Assistant" training program for New Haven residents to try to make it a reality.

**Leif Mitchell:** Commit to sharing the Center for Interdisciplinary Research on AIDS (CIRA) dissemination models and community-based HIV/AIDS Research Guidelines for Successful Partnerships more broadly within CARE and Yale, and non-HIV/AIDS Community Based Organizations (CBOs).

**Marlene Schwartz:** Apply for pilot grant from CARE; talk with Beth Comerford from the Yale-Griffin Prevention Research Center about moving forward with environmental evaluation ideas.

**Maurice Williams:** Commit to CARE outreach and outreach to the community to improve the health and lives of New Haven citizens.

### Stakeholder group: Yale Senior Administration

**Tesheia Johnson:** Work with CARE and its leadership to move forward with the action items raised at the meeting today.

**Sara Rockwell:** Speak on research process to at least one non-science audience.

**Woody Lee:** Continue CARE work. Mentor youth and provide internships in research projects.

**Maddie Wilson:** Commit to champion any Yale Health Plan (YHP) involvement that may arise out of CARE; continue to meet with David Smith, Yale Health Plan representative for research and education.