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NHVHEALTH
DEPARTMENT PROMOTE PREVENT PROTECT

2026-2030 STRATEGIC PLAN

New Haven Health Department

August 2025

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MESSAGE FROM DIRECTOR BOND

As Director of the New Haven Health Department (NHV Health), I am pleased to present our Strategic Plan for 2026–2030. This plan affirms our commitment to advancing health and well-being in every neighborhood and ensuring that all New Haven residents have the opportunity to thrive.

New Haven's diversity is one of its greatest strengths. Yet we recognize that not everyone experiences the same access to safe housing, transportation, education, food, or economic opportunity. These conditions influence health over a lifetime. Public health has a responsibility to respond with approaches that are fair, grounded in evidence, and shaped by the experiences of the people we serve.

This strategic plan provides a clear framework for how we will strengthen public health systems, expand prevention efforts, support a skilled and representative workforce, and enhance readiness for emergencies and long-term risks. It emphasizes partnership, accountability, and responsible stewardship of public resources to ensure that our decisions are informed by data and are aligned with community needs.

The development of this plan included insights from NHV Health staff, the Board of Health Commissioners, community organizations, and residents whose lived experiences informed our priorities. Their engagement strengthens this plan and reflects our shared responsibility in improving health for all.

As we implement this plan, we will communicate progress, listen to feedback, and remain adaptable as conditions evolve. Our work is guided by the principle that every individual deserves the opportunity to live with dignity, security, and well-being.

I am grateful for the commitment of NHV Health employees and the collaboration of partners across the city. Together, we will continue to build trust, foster connection, and advance to a healthier and more resilient New Haven.

Thank you for supporting this essential work.

Maritza Bond, MPH, MDiv
Director of Heal

BOARD OF PUBLIC HEALTH COMMISSIONERS

The Board of Public Health consists of six members. At least two members must hold a Doctor of Medicine degree from an accredited medical school and have a minimum of five years of experience in clinical medicine, public health administration, or university-level teaching.
The Board advises the Health Director on departmental programs, policies, and strategic priorities. On the recommendation of the Health Director, the Board may adopt rules and regulations designed to prevent disease, promote wellness, and protect the health of New Haven residents.
In its governance role, the Board reviews and adopts public health policies to ensure alignment with Connecticut statutes, the City Charter, and PHAB 2022 standards.
This year, the Board welcomed **Dr. Ada Fenick** and **Dr. David Cantonwine** as new members, along with **Dr. Tamiko Jackson-McArthur**, who returned for a new term after previously serving. **Dr. Darnell Young** also began his term as the new Board Chair.

DARNELL YOUNG, DMD (Chair)
2ND Term (February 1, 2025, to February 1, 2030)

Pediatric Dentist, True Dental Pediatric Care

Dr. Darnell Young has served as a commissioner on the New Haven Board of Health since 2018. He is a board-certified pediatric dentist who provides care via private practice. Serving the community and providing practical, yet exceptional dental care is of utmost importance to Dr. Young. He has received numerous accolades as a clinician and for community service, including being recognized as one of the area's top dentists in 2017, 2019, and 2021. Dr. Young was selected as one of the Connecticut Dental Health Partnership's Oral Health Heroes in 2021.

He holds numerous professional affiliations and memberships, including the New Haven Dental Association, the Connecticut Society of Pediatric Dentistry, and the American Dental Association. He received his Doctor of Dental Medicine degree from the University of Connecticut School of Dental Medicine and completed his specialty training in pediatric dentistry at Temple University Hospital. Dr. Young resides in the city of New Haven with his family.

DAVID CANTOWINE, PhD, MPH
1st Term (February 1, 2024, to February 1, 2026)

Assistant Professor of Obstetrics, Gynecology and Reproductive Biology, Brigham and Women's Hospital

Dr. Cantonwine is reproductive environmental epidemiologist at Brigham & Women's Hospital in Boston, Massachusetts. Originally from Ames, Iowa, he completed his undergraduate studies at Iowa State University and went on to earn an MPH and PhD in Environmental Health from the University of Michigan. His research primarily investigates the effects of endocrine disrupting chemicals on pregnancy-related disorders, such as preeclampsia and preterm birth, and their potential links to long-term maternal health issues like cardiovascular disease. Early in his career, he studied the impact of low-level lead exposure on early-life cognition as part of the Early Life Exposures in Mexico to Environmental Toxicants (ELEMENT) project, as well as the association between phthalate exposure and preterm birth in the Puerto Rico Test site for Exploring Contamination Threats (PRoTECT) study.

Currently, he leads the LIFECODES pregnancy study at Brigham & Women's Hospital, which has enrolled over 7,000 women since 2006. This project serves as a vital platform for a diverse array of researchers to understand and prevent major obstetrical conditions.

What inspired him to join the Board of Public Health Commissioners: New Haven is his home and Dr. Cantonwine wanted to give back to his community. For over 20 years, he has studied public health, with a specific emphasis on how our environment can affect us. He wanted to bring that skill set to the Board's decision making to enrich the lives of everyone in our community.

In this role, he would like to address topics like legacy lead exposure in New Haven and bring more of a focus on how our environment can impact health concerns in New Haven.

ADA FENICK, MD
1st Term (February 1, 2024, to February 1, 2028)

Professor of Pediatrics, Yale School of Medicine

Dr. Fenick, an Associate Professor of Pediatrics at Yale School of Medicine, embodies a commitment to pediatric care and medical education. Originally from New Jersey, she pursued her undergraduate and medical degrees at the University of Michigan.

Following residency at the Cornell Medical Center in Manhattan and private practice in Long Island, she joined Yale to contribute her expertise in primary care and has been a resident of New Haven for a total of 12 years and counting!

Dr. Fenick's impact at Yale is far-reaching; she co-edits the esteemed Yale Primary Care Pediatrics Curriculum, utilized by over 100 training programs nationwide. Additionally, she spearheads initiatives as the medical director for the Medical-Legal Partnership Project at Yale-New Haven Children's Hospital, collaborating with the Connecticut Center for Children's Advocacy. She also oversees School Based Health Centers at YNHCH and serves as the associate clerkship director for pediatric primary care at Yale School of Medicine.

Driven by her upbringing and experiences, Dr. Fenick embraces primary care for its continuity with families and the potential to impact young lives. Her dedication to holistic healthcare, combined with a passion for teaching, embodies the ethos of lifelong learning and compassionate practice, shaping the future of pediatric medicine in New Haven and beyond.

What inspired her to join the Board of Public Health Commissioners: to contribute her time and expertise to New Haven, a city she deeply loves, and its smallest citizens – children!

In this role, she hopes to help to guide the BOH as it shifts and grows, contributing to all our health and wellbeing.

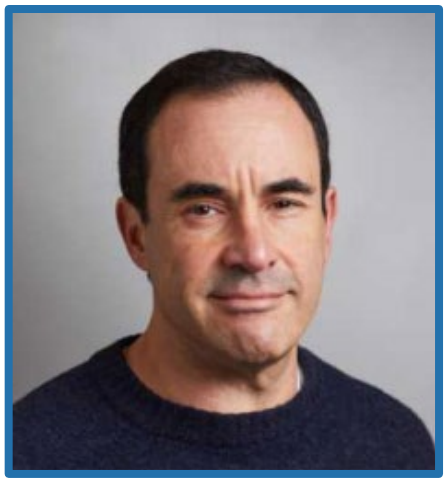
ALICE FORRESTER, PhD
2nd Term (February 1, 2025, to February 1, 2030)

CEO, Clifford W. Beers Guidance Clinic
CEO, Child Guidance Center of Mid-Fairfield County

Under Dr. Forrester's leadership, Clifford Beers received a 2014 Center for Medicare and Medicaid Services (CMS) Healthcare Innovation Award for a model of care called Wrap Around New Haven.

In 2020, Clifford Beers was again awarded a CMS grant to create a new system of care called Integrated Care for Kids (InCK), a seven-year initiative focused on improving child health, reducing avoidable inpatient stays and out of home placement, and creating a sustainable Alternative Payment Model (APM) for Intensive Care Coordination. Clifford Beers was recently awarded a five-year National Child Traumatic Stress Initiative grant through the Substance Abuse and Mental Health Administration which will focus on developing a Trauma Informed Anti-Racist Whole Family Approach to Care.

Dr. Forrester has been appointed to the CT Behavioral Health Partnership Oversight Council, serves on the Children's Mental Health Task Force and the Urban Violence Commission and was also appointed to the Sandy Hook Commission. Dr. Forrester holds a Master's degree from New York University in Drama Therapy and a PhD in Clinical Psychology from Fielding University.



GREGG GONSALVES, PhD
2nd Term (February 1, 2025, to February 1, 2030)

Associate Professor, Yale School of Public Health and Yale Law School

Gregg Gonsalves is an Associate Professor in the Department of Epidemiology of Microbial Diseases at Yale School of Public Health and an Associate Professor (Adjunct) at Yale Law School.

At Yale, he also co-directs the Global Health Justice Partnership, an initiative of YSPH and YLS, working at the intersections of health and human rights and social justice. For close to 30 years, he has been an AIDS activist working first with the AIDS Coalition to Unleash Power (ACT UP) in Boston and New York, then co-founding the Treatment Action Group (TAG) and the Internal Treatment Preparedness Coalition (ITPC).

He has worked with the Gay Men's Health Crisis in New York and the AIDS and Rights Alliance for Southern Africa in Cape Town. He studied Russian and English and American Literature at Tufts University in the 1980s before dropping out of college, then returning to finish his Bachelor of Science in Ecology and Evolutionary Biology in 2011 at Yale, where he also received his Doctorate (PhD in Public Health). He is a 2018 MacArthur Fellow.

TAMIKO JACKSON-MCARTHUR, MD

1st Term (February 1, 2024, to February 1, 2029)

Board Certified Pediatrician and Owner of New Haven Pediatric and Adolescent Medical Services

Tamiko Jackson McArthur, MD has practiced pediatric medicine in New Haven since 1998. She started her private practice in 2006, New Haven Pediatric & Adolescent Medical Services. This practice remains the only privately owned pediatric practice by a black woman in New Haven County.

Dr. Jackson McArthur grew up in the Fair Haven section of New Haven and knew at an early age that she would become a pediatrician. She rode on a New Haven Head Start float in the Freddie Fixer Parade dressed as a doctor at the age of 4! Yes, she is a New Haven Head Start Alumna. She attended Howard University College of Medicine and trained to become a pediatrician at the University of Medicine and Dentistry in Newark, New Jersey.

She started New Haven Pediatrics after having worked at the Hospital of Saint Raphael for 8 years. While working at the hospital she held many posts. She was acting chairman of the department of pediatrics, supervisory physician for the pediatric nurse practitioners/PAs, attending physician to the Yale residents/students, as well as lead physician for the hospital's private pediatric group.

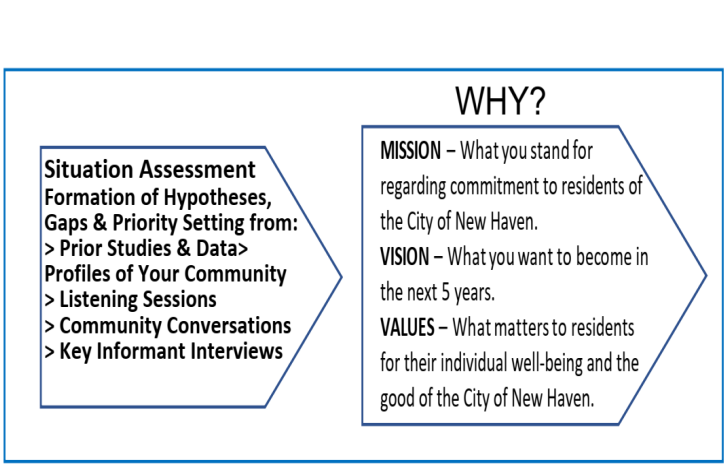
While leading in these capacities, she still knew there was more to do for the community that could not be attained while working at the hospital. New Haven Pediatrics was born out of her desire to provide compassionate care to her very own community.

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

"A dream written down with a date becomes a goal. A goal broken down into steps becomes a plan. A plan backed by action becomes reality."

Greg S. Reid



HOW ↓ WHAT

Strategic Priorities	GOAL #1	GOAL #2	GOAL #3
OBJECTIVE #1			
OBJECTIVE #2			
OBJECTIVE #3			
OBJECTIVE #4			
OBJECTIVE #5			

The NHV Health Strategic Plan for 2026-2030 is a five-year map of strategic priorities, goals, and objectives to guide the programming and priorities for the department.

Five strategic priorities were identified based on input received from 200 residents, stakeholders, and community partners. These are further delineated into 18 goals and 27 objectives.

STRATEGIC PRIORITIES	
1	COMMUNITY-CENTERED APPROACH: Collaborate with community partners to enhance community health
2	OPTIMIZE RESOURCES: Leverage funding to coordinate care and address service gaps while sustaining programs
3	WORKFORCE DEVELOPMENT: Strengthen workforce to support delivery of quality services
4	COMMUNICATIONS: Continue messaging awareness, value, and impact of our services by telling our story
5	QUALITY: Continue to strive for excellence in services and increase access to achieve equitable outcomes

Goals are broad, long-term aims, while objectives are specific, measurable, and time-bound steps to achieve those goals. Goals provide direction and purpose, while objectives outline the actionable steps to reach that destination.

In essence, objectives are the "how" to achieve the "what" of the goals. They provide a clear pathway to success by breaking down large goals into smaller, manageable steps. In concert with the Mission-Vision and Values of the New Haven Health Department, the objectives are expressed in 'SMARTE' terms—Specific, Measurable, Achievable, Reasonable, Time-based, and Equity-centered.

OUR STORY – WHAT WE DO

New Haven Health Department (NHV Health) is a municipal public health agency serving New Haven, Connecticut. Public health agencies work to prevent disease, promote health, and prolong life among the population. The New Haven Health Department cares about the health of residents, their families, and their neighborhood.

The following sections of NHV Health work to protect the public from unsafe environments, prevent adverse health events, and promote wellness by encouraging healthy behaviors.

Administration

- Provides oversight of grants
- Supervises sections
- Maintains department's operating budget
- Ensures operations run smoothly

Nursing

- Provides school nursing services
- Operates Health & Wellness Center to provide:
  - School physicals
  - Routine childhood immunizations
  - STI testing and treatment
  - Tuberculosis testing
  - Hepatitis, Mpox testing and vaccinations
  - COVID-19 & flu vaccinations
- Manages school physical & vaccination records

Epidemiology

- Studies diseases and health events and how they spread
- Tracks patterns and collects data on public health issues such as the flu, COVID-19, RSV, Tuberculosis, foodborne illnesses, lead poisonings, overdoses and gun violence
- Creates reports on public health issues to predict and inform responses

Health Programs

- Implements grants on key public health topics in the City of New Haven including: overdose prevention and response, suicide prevention, child passenger safety, childhood immunizations, tobacco prevention/cessation, and treatments and services for people livings with HIV/AIDS

Environmental Health	Public Health Emergency Response	Communications	Vital Statistics
• Inspects and licenses food establishments, day care centers, school and group homes and checks for food safety • Inspects and licenses salon, tattoo and body care facilities for sanitary conditions • Inspects and licenses tobacco and smoking product retailers • Conducts lead inspections, facilitation of abatement and lead poisoning prevention education • Tests water quality of public swimming pool and public beaches • Inspects and licenses weights and measuring devices used for sales	• Develops plans to respond to public health emergencies, including those that could be caused by acts of terrorism and natural disasters. • Oversees the New Haven Health Department Medical Reserve Corps volunteers • Hosts community-wide exercises to plan for public health emergencies • Hosts CPR, AED and first aid trainings	• Ensures all health communication is grounded in public health best practice and health equity • Promotes events and programs of NHV Health • Oversees department communication channels including website, social media and email • Leads press efforts and supports team with speaking engagements • Directs paid media campaigns for grant-funded projects • Plans and leads communication responses to public health emergencies	• Provides birth certificates, marriage, and death certificates • Provides marriage licenses • Offers Elm City Resident Card

ORGANIZATION CHART

FUNDING

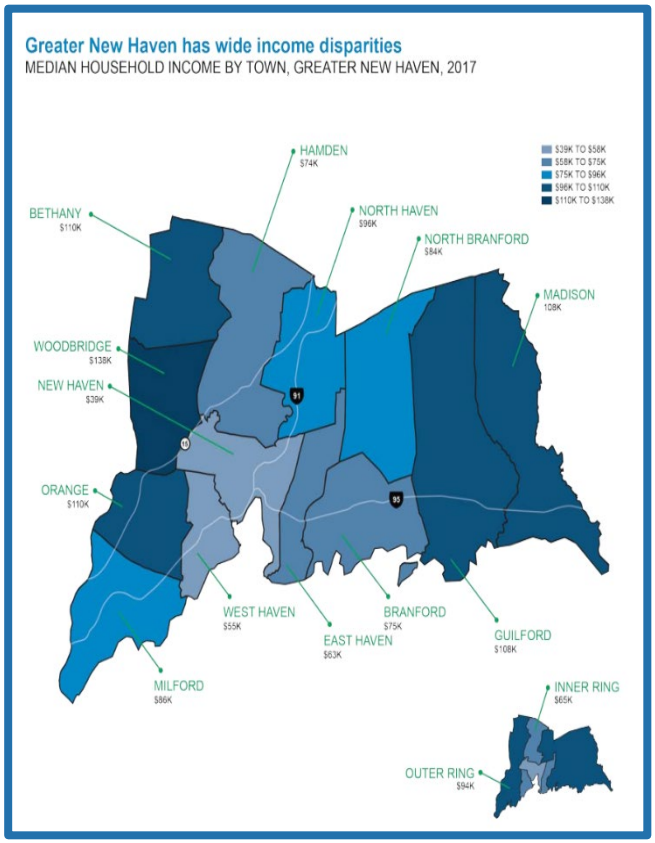
Grant funding from federal and state sources (typically pass-through of federal funds) constitutes 75% of New Haven Health Department's revenues. These are displayed by federal and state sources below:

FEDERAL FUNDER	AMOUNT	TENURE	DESCRIPTION
HUD: Lead Hazard Reduction (CTLHD0495-23)	$7.7 million	Nov. 2023-Nov. 2027	Maximize # of children under 6 years of age that are protected from lead poisoning
HRSA: Ryan White Part A	$5,589,629/ year $957,871 partial funding	March 1, 2025 – February 28, 2028	Provides funding for medical and support services for individuals with HIV
CDC: OD2A (Overdose Data to Action (OD2A)	$1,779,479/ year	2023-2028	Addresses the overdose crisis through surveillance strategies and evidence-based prevention program

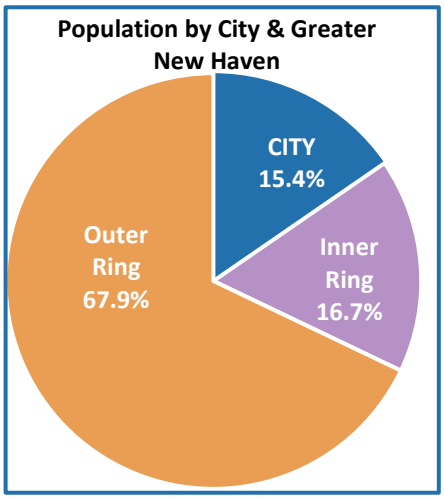
STATE GRANTS	TERM	AMOUNT	TOPIC
Block Grant	10/1/24-9/30/28	$300,000	Child Passenger Safety / QPR (Question, Persuade, Refer) Suicide Prevention
Per Capita	7/1/25-6/30/26	$408,423	10 Essential Public Health Services
ELC 2 – Epidemiology & Lab Capacitation	5/1/23-3/31/26	$1,272,115.7	COVID 19 and communicable disease prevention
Workforce Development	11/1/23-11/30/27	$770,513	Recruit, hire, retain public health workforce
IAP – Immunization Action Plan	10/1/25-6/30/28	$171,744	Ensure compliance with age-appropriate vaccines for 0-2 year olds
Best Practice Tobacco Control Programs Grant	5/1/26 – 4/30/29	$1,080,000	Lower rates of tobacco use and prevent tobacco initiation among New Haven residents
Public Health Emergency Preparedness (PHEP)	7/1/25-6/30/26	$79,299.66	Prepare and respond to emergencies.
Opioid Settlement Funds	Ongoing	$650,000	Respond to the opioid epidemic

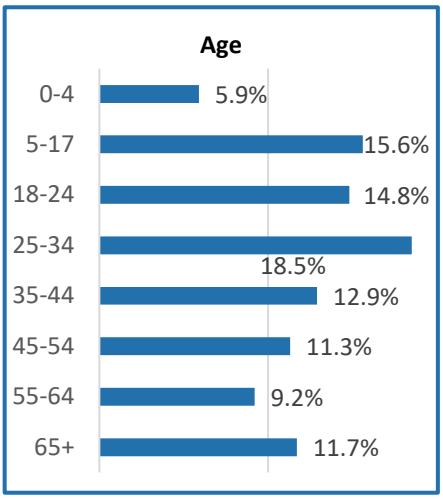
CITY OF NEW HAVEN

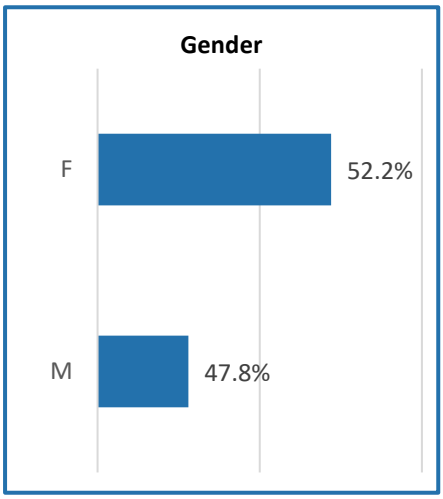
New Haven is the third-largest city in Connecticut (after Bridgeport and Stamford) with a population of 132,893. New Haven County is the third-largest county in Connecticut with a population of 864,835 in the 2020 census. Connecticut abolished county governments in 1960, resulting in towns being responsible for all local government activities. In some cases, neighboring towns will share certain activities.

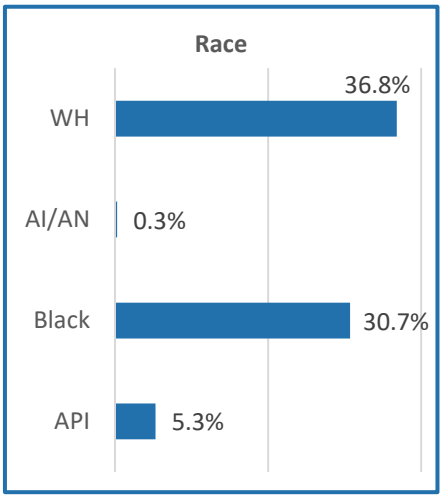


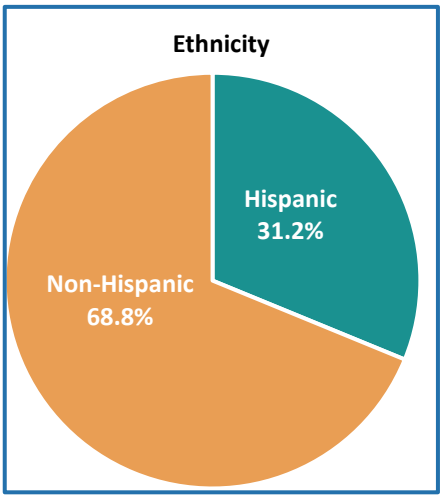
DEMOGRAPHICS OF THE CITY OF NEW HAVEN

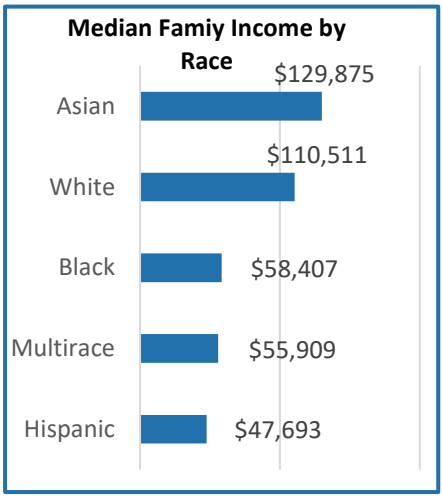


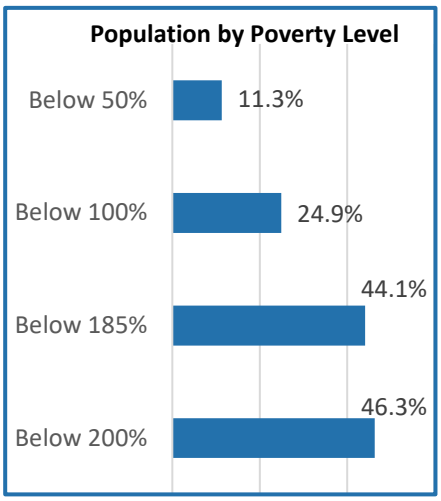


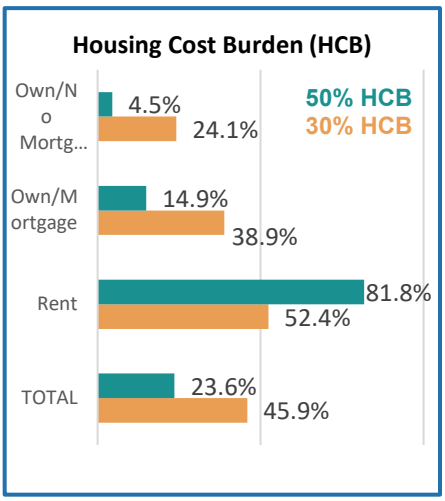


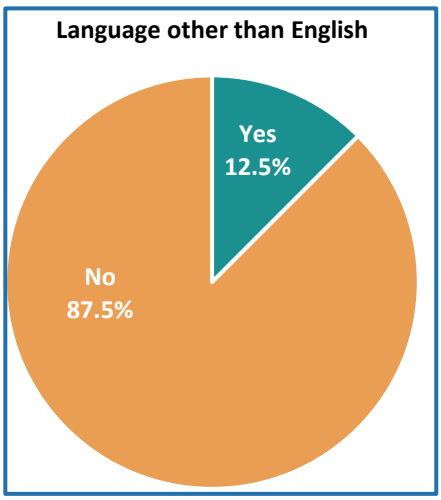








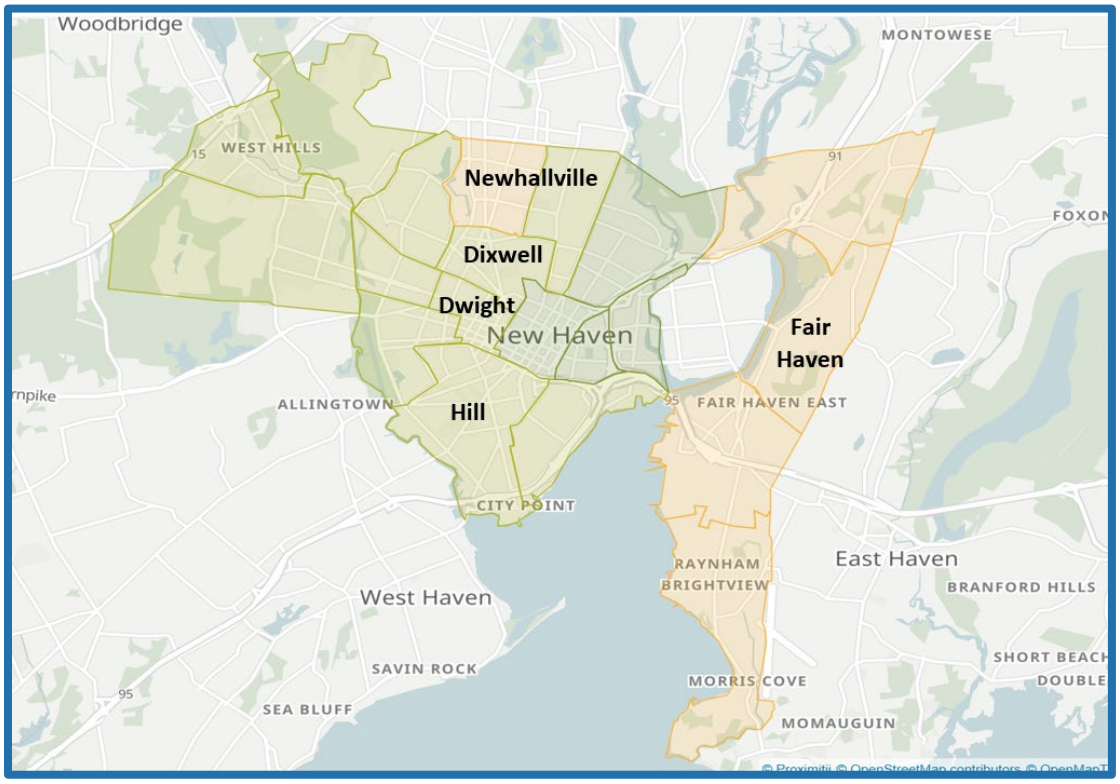




VULNERABLE POPULATIONS

Five neighborhoods were selected for resident input into awareness of the New Haven Health Department and its services. This choice was based on high poverty rates and related vulnerability as displayed in the table.

Over 200 residents from these five neighborhoods were engaged to generate ideas ranging from communication to service delivery to equitable access.



New Haven Neighborhoods & Map

CHARACTERISTIC	Dixwell	Newhallville	Fair Haven	Hill	Dwight
Home Price	$208,733	$189,950	$168,975	$196,525	$126,300
Graduation Rate from High School	85%	74%	81%	65%	65%
Property Crime Rate/ 100,000	4,187	4,623	4,062	4,027	4,705
Violent Crime Rate/100,000	615	679	597	592	691
Median Household Income	$46,071	$35,541	$52,708	$45,094	$31,465
Unemployment Rate	4.7%	10%	7.5%	6.7%	3.8%

Data Sources: 2021 United States Census Bureau American Community Survey
National Center for Education Statistics

PLANNING PROCESS

April to May 26	Tuesday May 27	Wednesday May 28	Thursday May 29
INPUT (APRIL TO MAY)			
✓ Review of Prior Strategic Plan ✓ Literature Map ✓ Community/ Equity Profile ✓ Section Head Discussions (6) ✓ Key Informant Interviews	✓ Community Conversations about Gaps & Disparities, view of NHV Health: ○ Fair Haven ○ Hill ○ Other ✓ Focus Group # 1 ○ Elderly	✓ Focus Group # 2 ○ Women (APNH) ✓ Staff Session # 1 in the afternoon ○ Shared input from above in SOAR format ○ Brainstorming & Stories on Gaps & Disparities with Live Sketching	✓ Staff Sessions # 2 and # 3 ○ Input from above in SOAR format ○ Brainstorming & Stories on Gaps & Disparities with Live Sketching
SUMMARY (JUNE 1 TO 16)			
✓ Summary of input from Community Voices ✓ Summary of Input from Staff Sessions ✓ DRAFT Goals & Objectives In Internal-External	✓ Detail Goals & Objectives into an Action Plan with goals and objectives by each Year	✓ Convert Action Plan to Monitoring Plan with Performance Measures	✓ Convert Monitoring Plan to Evaluation Plan
RESULT (JUNE 19 TO JULY 28)			
✓ Internal & External Strategic Plan drafts ✓ Strategic Plan presentation to Steering Committee and Board of Public Health Commissioners ✓ Detailed Strategic Plan	✓ Performance Measures with Tracking tool ✓ Where possible, tie to CHIP priorities	✓ Evaluation Plan by Goals & Objectives in Logic Model ✓ Benchmark to Local & Healthy People 2030	✓ Public Health Accreditation Board formats ✓ Checklist to show PHAB compliance ✓ July 9: Presentation to the Public Health Board of Commissioners ✓ July 21: Presentation to Steering Committee

Gaps –services that are needed not found or offered in the community

ENVIRONMENTAL SCAN

Parallel documents inform the New Haven Health Department Strategic Plan for 2026-2030. These include three references cited below:

- State of Connecticut Department of Public Health (2023-2025): Agency Strategic Plan
- Healthy People 2030 goals- Healthy People 2030 | odphp.health.gov
- Comparison of the strategic priorities of the 2022-2025New Haven Health Department Strategic Plan to this version (2026-2030) is provided as is comparison to the Connecticut State Department of Public Health Strategic Plan. Five strategic priorities were identified for the 2026-2030 NHV Health and the CT State 2023-2025 plans with eight in the prior NHV Health 2022-2025 Strategic Plan. Benchmark to Healthy People 2030 goals are provided. In addition, we examined the City's 10- year plan: About — New Haven Vision 2034.

2022-2025 NHV Health Strategic Plan	2026-2030 NHV Health Strategic Plan	CT State DPH 2023-2025
Strengthen and expand partnerships and collaborative activities with both private & public organizations	Community-Centered Approach	Community-Centered Solutions
Develop and promote a professional and diverse workforce	Workforce Development	Public Health Workforce Development
Provide and Facilitate Sharing of Public Health Data to multiple internal and external stakeholders	Communications	Trust and Transparency
	Quality	Health Access & Quality
Secure more funding	Optimize Resources	
Confront Racism and Advance Racial Justice Eliminate Health Disparities	Over-arching themes throughout Plan expressed in SMARTE Objectives	Health Equity expressed as Core Value in all Strategic Priorities
Develop Early Intervention Strategies to Protect Children from Violent and Unintentional Injuries		
Create policies and programs that assist in making healthcare and healthy foods more accessible to our community		

NOTED GAPS

Gaps were referenced from the Environmental Scan, specifically the DataHaven 2023 Health Equity Report.

- Lack of health insurance is one of many structural barriers that prevent individuals from seeking timely or preventive healthcare, especially for low-income adults, adults ages 18 to 64, those with limited English proficiency, immigrants, and Black and Latino residents. As a result, we also find elevated rates of financial and food insecurity among these groups.
- High costs of healthcare with a person's race, gender identity, age, or insurance status. Between 15% and 20% of Black adults, low-income adults, and adults living in Hartford and New Haven have experienced some sort of discrimination in a healthcare setting recently.
    - Poor experiences with providers are linked to a lower willingness to seek medical care, potentially leading those who need care to delay or skip necessary treatments altogether.
    - Over 40% of low-income adults said they had not seen a dentist in a year or more.
- In 2022, 15% of adults in Connecticut reported being afraid of gun violence, but these values ranged from 5% in suburban areas to 42% in the state's large cities.
    - Black boys and young men bear a high burden of premature death due to gun homicide. Between 2018 and 2021, 37% of gun homicide victims in Connecticut were Black men and boys between ages 15 and 24, yet this race-age group comprises only 3% of the state population. The economic and social impacts of this disparity in mortality ripple through generations.
- Fetal mortality is more than twice as high—and infant mortality three times as high—for Black babies than white babies in Connecticut. Similarly, nationwide, maternal mortality is 2.6 times higher for Black parents than white parents (52.0 deaths per 100,000 live births compared to 20.
    - In Connecticut, the overall maternal mortality rate is 24.9 per 100,000 live births and has risen in the past several years.
    - Regarding maternal mortality, data have demonstrated a failure of the healthcare system to treat patients with equal levels of care and compassion, and Black women in particular bear the worst outcomes as a result.
- Heart disease and cancer are two of the leading causes of death statewide and nationwide. These are often attributed to preventable risks related to smoking and low levels of physical activity; prior cardiovascular, respiratory, or other medical complications; and limited access to healthcare or health resources.
- Chronic kidney disease (CKD) also disproportionately affects the Black population in Connecticut, whose mortality rate from CKD is more than twice the rate of the white population. More than a quarter of Black adults ages 50 to 64 report having diabetes, compared to about one in ten white adults in the same age range.

COMMUNITY ENGAGEMENT

From April to June 2025, 200 community voices (residents, community partners, and staff) engaged in the 2026-2030 strategic planning process through:

Listening sessions:
6 Neighborhoods & 110 residents

Interviews:
32 Individual discussions

Half-day Sessions:
58 NHV Health Staff

Findings were presented to NHV Health staff and to a Steering Committee of 15 community leaders. They identified five strategic priorities. These priorities are supported by an action plan, a monitoring plan to track progress, and an evaluation plan to determine impact.

Community voices identified current awareness of NHV Health and its services, what is needed among our most vulnerable citizens and neighborhoods, and where to focus in the next five years. Widespread input helped to form and re-form the approach to service access, delivery, and quality provided in an equitable and compassionate manner for all City of New Haven residents.

COMMUNITY SECTORS AND POPULATIONS INTERVIEWED				
CITY OF NEW HAVEN	**ACADEMIA**	**COMMUNITY AGENCIES**	**ADVOCACY**	**STATE OF CT**
7 PEOPLE	5 WITH 9 PEOPLE	8 PEOPLE	4 PEOPLE	4 AGENCIES & PEOPLE
Board of Alders	Yale School of Public Health (3p)	APNH (2p)	IRIS	CT Non-Profit Alliance
Mayor's Office	Southern Connecticut State University (2p)	Community Action Agency	Junta for Progressive Action	CT Oral Health Initiative
Community Services Administration	University of New Haven	Fair Haven Community Health Care		CT Department of Health
Disability Services	University of Bridgeport	Yale Community Healthcare Van		
Elderly	New Haven Public Schools	CitySeed		
Livable Cities Initiative		Dixwell/ Newhallville Senior Center		
Youth & Recreation		Atwater Senior Center		

COMMUNITY VOICES FOR STRATEGIC PLAN

A total of 110 residents provided input.

Four community focus groups with a total of 61 participants:

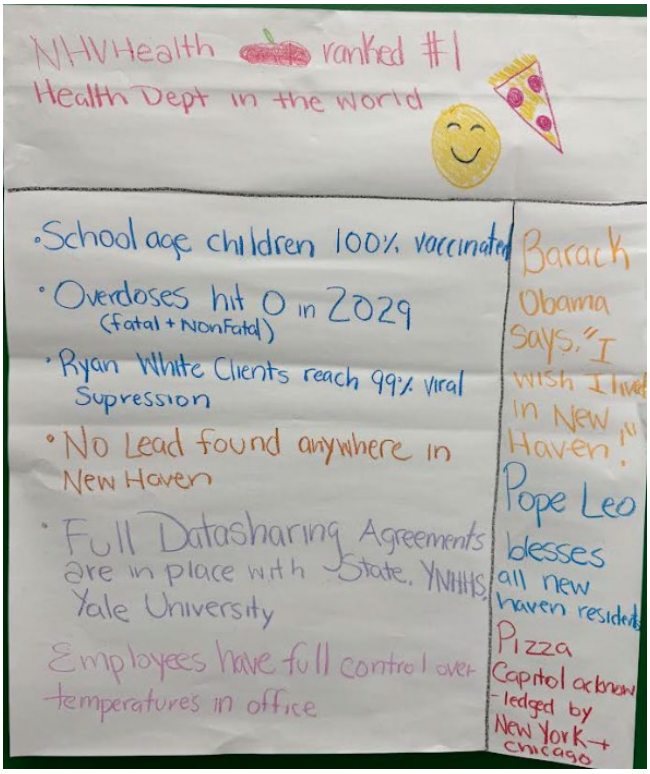
- 58 Female Participants
- 3 Male Participants
- 29 African American/ Black
- 20 Hispanic
- 12 White

49 community members in virtual Community Management Teams

"I really don't know about many services other than those they offer in the Clinic. I remember having Health Department staff come here to give me my COVID shot, but that is all."

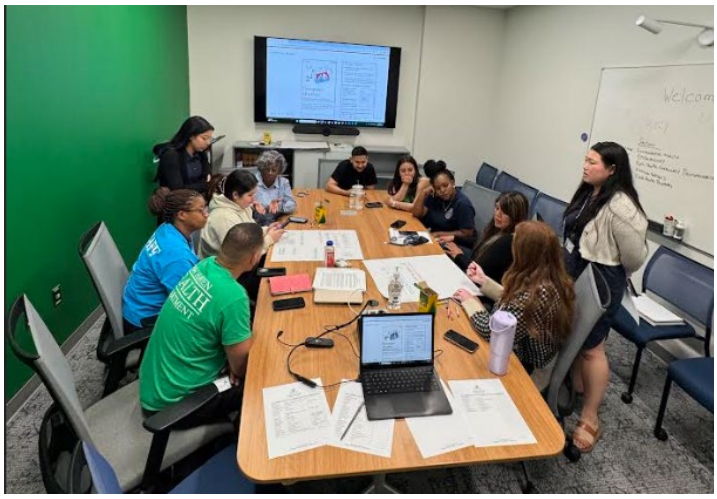
"We miss the attention to Women's Health that we felt there was before from the Health Department—not just mammograms and PAP smears but the focus on Black women and Mothers and Babies."

STAFF INPUT TO STRATEGIC PLAN

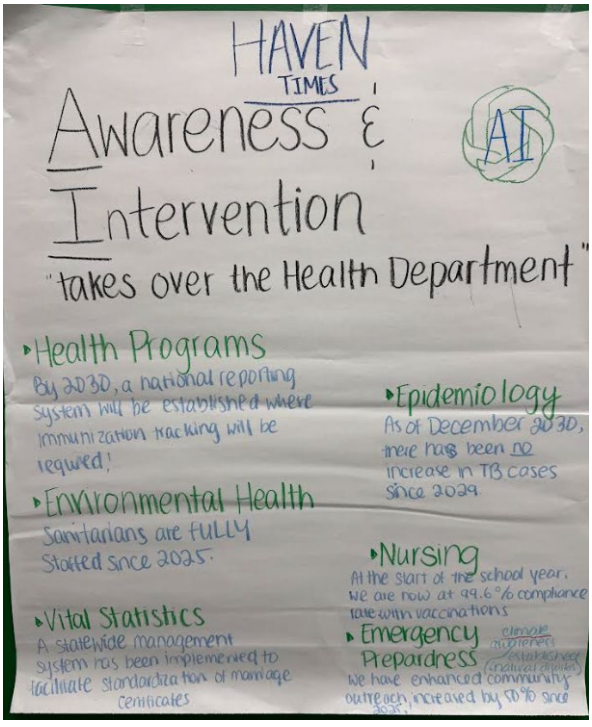


Three staff sessions comprised 58 or 89% of all staff from the 6 divisions in NHV Health.

"In order to help others, we need the department to help us help the public around us in our communities"



"Increase the Health and Safety of the community by developing more collaborations with community partners."



STRATEGIC PLAN FOR 2026-2030
NEW HAVEN HEALTH DEPARTMENT

Refinements were made to the Mission-Vision-Values statement based on input from stakeholders and NHV Health staff. These are displayed below.

PRIOR

MISSION:

The New Haven Health Department's mission is to ensure the health and well-being of New Haven residents.

VISION:

The New Haven Health Department's vision for the future is to advocate and ensure health equity for all New Haven residents.

VALUES:


Integrity


Innovation


Collaboration


Diversity


Community-centered care

ADOPTED

MISSION:

The New Haven Health Department's mission is to enhance the health and well-being of New Haven residents.

VISION:

A New Haven where everyone has equitable access to a healthy life.

VALUES:


Integrity


Innovation


Collaboration


Diversity


Community Centered Approaches


Compassion

SUMMARY OF SOAR ANALYSIS

During the three staff sessions held from May 28 to 29 and based on input from key informant interviews occurring from May 8 to June 16, the following questions were posed to the 58 staff attendees and the 110 key informant interview participants.

STRENGTHS	OPPORTUNITIES
1. What can we build on? 2. What do we excel at? 3. What are our greatest accomplishments? 4. What are we most proud of? 5. What makes us unique? 6. What strengths are most valuable to our community?	1. What does our community need? 2. What community partnerships would lead to greater success? 3. What changes and trends in NHV Health align with our strengths? 4. What threats do you see? 5. What gaps (inclusion or content) do we need to fill?
ASPIRATIONS	**RESULTS**
1. What do we want to achieve? 2. What do we want to achieve in the next 3 years (2024-2026)? 3. What should we look like in specifics (services, staff) 4. How can we make the biggest difference? 5. What are we passionate about?	1. What is success? 2. What measures will tell us that we are on track? 3. How do we translate success into tangible outcomes? 4. How do we know when we are achieving our goals?

Responses to the SOAR analysis are summarized on the following two pages.

STRENGTHS-OPPORTUNITIES-ASPIRATIONS-RESULTS MATRIX

STRENGTHS	OPPORTUNITIES
1. NHV Health has a rich history of providing quality services to the City of New Haven. Areas of excellence include Environmental Health, sexual health, Emergency Preparedness, Health Promotion, School Nursing, Vaccinations, Lead Testing, Child Passenger Safety, and epidemiologic reporting capability. 2. Accomplishments include school nursing with knowledge of the vulnerable health of families, high ratings of the extensive food and water safety based on Environmental Health. 3. Pride and Unique features are reflected in over a third of our workforce being multilingual. 4. Strengths valued by New Haven residents include our visibility, outreach, and compassion.	1. Partnerships cited as desired were more liaison with the strong academic partners (Yale, Southern Connecticut State University, University of New Haven) to offer exposure to public health, provide leverage to NHV Health including developing business cases for the ideas presented in the Strategic Plan and tracking progress in the CHA/CHIP effort. 2. Changes cited were to return to visibility of ALL NHV Health leadership—Section Heads to inform community efforts of programs. Union contract changes would positively impact School Nursing and increased resources would help Epidemiology, Emergency Preparedness, and Communications. State databased listing of marriages licenses would improve Vital Statistics reporting as would better access to information listing. 3. Threats are the federal posture on public health, related funding cuts, and increased community issues related to homelessness and mental health/substance use. 4. Gaps exist for high entry barriers for entrepreneurship for minorities with high fees for food services compared to benchmark cities, the need for increased volume of clients receiving vaccinations, and parity issues with employed school nurses compared to private nurses needed to provide school nursing. The loss of funding for the Maternal Child Health grant was frequently cited as a gap.

ASPIRATION	RESULTS
1. Aspirations include greater awareness of NHV Health and the services provided, improved and modern information technology practices to leverage staff, involved leadership in shadowing front-line employees in their daily work. 2. Specific service changes include resolving pay disparity through union contract changes between employed and private nurses, resolving policies related to marriage record recording in local vital statistics, addressing high entry barriers for minorities in food service fees for initial and recurring inspections, and incorporating academic input in business cases, and public health internships. 3. Areas of impact include using Epidemiology to track impact of the regional Community Health Improvement Plan, interfacing health issues with the New Haven Vision-2024 and State Department of Health Plans and tracking the impact of the NHV Health Sections in the City of New Haven and NHV Health Annual Reports. 4. Areas of passion include the commitment to minorities, residents not speaking English as their primary language, providing human services to the vulnerable neighborhoods listed, and program-specific pride in services.	1. Measures A desire for a more robust department-wide list of measures beyond 'success measures' was cited. In addition, a crisp set of 3-5 performance measures was requested to communicate impact of the Sections without overwhelming the staff in data collection and reporting. 2. Tangible outcomes Community experiences, particularly related to specific programs/services was cited as desired. School nursing, the Wellness Center, sexual and environmental health were referenced as more easily understood, while efforts for prevention such as emergency preparedness, lead poisoning, and child passenger seat safety were less understood. Vital statistics and health promotion also need clearer outcome measures. 3. We know we are succeeding when: a) Residents of all income levels appreciate our efforts on a daily basis, not just during a pandemic or public health emergency. b) We feel appreciated doing our daily job. c) Community partners openly discuss the best location to deliver services to our most vulnerable residents. d) We pair with academic partners to provide services. e) We are nationally recognized as a quality leader in public health. f) NHV stands for Now Health is Valued.

STRATEGIC PRIORITIES

2026-2030 STRATEGIC PRIORITIES

Five strategic priorities emerged from the strategic planning process that reflect NHV Health's mission, vision, and values and our commitment to remain client, staff, and community-centered focused in all that we do. There were topical priorities that emerged from the discussions, with these recorded and documented for the Community Health Assessment/Community Health Improvement process.

These included the persistent and growing issue of homelessness, with perceptions that increased numbers of out-of-state and out-of-city entrants were moving to access services, related substance use and mental health concerns, food insecurity pressures, accidental injuries to children, primarily due to gun violence, and the increased fear that human services will suffer due to level or decreased funding. This prevailing concern is traced to federal funding cuts and the laudable effort of Connecticut state legislators to preserve Medicaid at all costs.

Additional social determinants listed were the high cost of housing throughout the City of New Haven, Greater New Haven, and the State; barriers to entrepreneurship for minorities; and the significant percent of residents without a personally owned vehicle. While the New Haven Health Department does not directly offer services aimed at addressing these issues, we partner with the Community Services Administration and New Haven Community Partners to support their efforts.

STRATEGIC PRIORITIES

1	COMMUNITY-CENTERED APPROACH: Collaborate with community partners to enhance community health
2	OPTIMIZE RESOURCES: Leverage funding to coordinate care and address service gaps while sustaining programs
3	WORKFORCE DEVELOPMENT: Strengthen workforce to support delivery of quality services
4	COMMUNICATIONS: Continue messaging awareness, value, and impact of our services by telling our story
5	QUALITY: Continue to strive for excellence in services and increase access to achieve equitable outcomes

1

COMMUNITY-CENTERED APPROACH: Collaborate with community partners to enhance community health

Goal 1: Support community efforts across NHV Health sections with community partners
Goal 2: Reduce health disparities of minority groups by increasing participation in preventive and wellness care.
Goal 3: Continue to develop and update public health emergency preparedness response protocols.

COMMUNITY-CENTERED APPROACH
Goal 1: Support community efforts across NHV Health sections with community partners
Objective 1.1.a: By 2026, develop a list of community efforts providing NHV Health leadership with a list of existing initiatives aimed at health for underserved, disproportionately impacted neighborhoods and residents. By 2026, develop a Resource Guide of community efforts to be shared with other health and human service organizations and the public.
Objective 1.1.b: By 2027, increase the overall wellness of residents with a focus on vulnerable communities through promotion, support, and connection to partner-led community programs through visible presence by NHV Health leadership at all levels. By 2027, the programs/services currently under consideration including PrEP, PEP, and a Travel Clinic in the Wellness Center will result in a 3% volume increase comprised of residents from vulnerable neighborhoods. (Pre-Exposure Prophylaxis, Post-Exposure Prophylaxis).
Objective 1.1.c: By 2026, through the CHA/CHIP, evaluate current and proposed services to ensure alignment of the CHIP with unmet community needs supporting the mission and vision of the department focused on vulnerable communities with inequities. Upon completion of the CHIP, this goal will need measurable indicators.

CHA/CHIP

EXAMPLES OF PRIOR WORK COMPLETED BY NHV HEALTH COMMUNITY FORUM	
Ryan White Planning Council – monthly meetings of Ryan White Part A Eligible Metropolitan Area for federal funds for HIV/AIDS treatment & care for New Haven & Fairfield Counties. New Haven is the designated grantee.	Union Square Task Force – Project Planning meetings to obtain a HUD (Housing & Urban Development) grant to reinvigorate the Hill neighborhood.
Healthier Greater New Haven Partnership	Weekly Outreach & Engagement – meeting with outreach workers in the City to discuss city issues
COMPASS/Community Services Administration – discuss collaborative efforts to address homelessness	Homeless Outreach Team (HOT) – smaller monthly meeting to address issues with direct service outreach workers
Comp Stat monthly meeting with Police Department – review crime statistics and community issues/events	Community Action Committee (CAC) – NHV Health organizes and runs this team for the OD2A (Overdose Data to Action) grant from the Centers for Disease Control & Prevention
Fair Haven – biweekly meeting with Alders from Wards 9, 14, and 15 to discuss community issues	Rover Support Agency Group – meets every 3 weeks to discuss roving police officer findings (static post)
Clean Sweep – Convening City Departments to discuss trash, litter abandoned cars, noise in each police district hosted by the Chief Administrator's Office	Statewide Harm Reduction Action Group (SHARP) – quarterly sessions to connect harm reduction organizations across the State
Save the Sound- Community planning event in different New Haven communities to discuss environmentally based project	Lead Advisory Committee – Currently being restored with role of recommending policies, procedures, and programs to enforce the City's Lead Ordinance

COMMUNITY-CENTERED APPROACH
Goal 2: Reduce health disparities of minority groups by increasing participation in preventive and wellness care.
Objective 1.2: By 2027, increase participation of identified minority groups from 579 physical exams and 850 immunizations by 5% annually.

COMMUNITY-CENTERED APPROACH
Goal 3: Continue to develop and update public health emergency preparedness response protocols.
Objective 1.3: By 2027, raise awareness of public health emergency preparedness response protocols within minority communities through 3-5 outreach events compared to 1-2 current efforts. These are aimed at faith-based organizations, barbershops/beauty salons, and establishments in vulnerable neighborhoods.

2

OPTIMIZE RESOURCES: Leverage funding to coordinate care and address service gaps while sustaining programs

Goal 1: Create opportunities for coordinated care to leverage funding and increase impact.
Goal 2: Ensure fiscal compliance through evidence-based and data-informed decision-making that sustains services/programs.
Goal 3: Explore non-municipal, non-grant funding to maintain and expand services and programs.
Goal 4: Work with academic programs to provide students with exposure to public health, and to leverage NHV Health resources

OPTIMIZE RESOURCES
Goal 1: Create opportunities for coordinated care to leverage funding and increase impact.
Objective 2.1a: By 2027, foster new and continue to support existing partnerships to leverage community assets, expand expertise and resources, and mobilize change. These include collaboration with the Health Centers and New Haven Community-Based Organizations.
Objective 2.1b: By 2027, identify and pursue funding opportunities that align with community health priorities. Programs/services currently under consideration include PrEP, PEP, and a Travel Clinic in the Wellness Center. (Pre-Exposure Prophylaxis, Post-Exposure Prophylaxis).
Objective 2.1c: By 2027 ensure that Overdose Prevention program has clear objectives related to harm reduction supported by grant reporting metrics.

OPTIMIZE RESOURCES
Goal 2: Ensure fiscal compliance through evidence-based and data informed decision-making that sustains services/programs.
Objective 2.2: By 2027, evaluate fiscal systems within NHV Health to ensure that all services and programs are sustainable, with details of municipal allocation, grants from state and federal sources. Three to four city audits will continue to be conducted annually out of a total of 10 programs.

OPTIMIZE RESOURCES
Goal 3: Explore non-municipal, non-grant funding to maintain and expand services and programs.
Objective 2.3: By 2029-2030, increase non-municipal, non-grant funding from 3% currently to 5% of total revenue.

OPTIMIZE RESOURCES
Goal 4: Work with academic programs to provide students with exposure to public health, and to leverage NHV Health resources.
Objective 2.4: By 2026, support existing (Western Governors University, Yale, Southern Connecticut State University) and expand these collaborative opportunities with regional academic institutions, including the University of New Haven. Roles include public health/business students assessing potential business cases for recommendations in this plan and participating in annual internships to promote/expand understanding of NHV Health in the City of New Haven and the region. Mentorship of these programs will reside jointly with the sponsoring academic institution and NHV Health.

3	WORKFORCE DEVELOPMENT: Strengthen workforce to support delivery of quality services
	Goal 1: Develop career advancement pathways for internal staff to foster a learning culture focused on compassion and appreciation for staff providing essential yet often misunderstood services to the community. Goal 2: Facilitate training to increase employee satisfaction. Goal 3: Modernize technology and information practices that reduce administrative burdens by streamlining processes and leveraging technology. Goal 4: Improve workforce retention and recruitment, maintaining highly diverse staff. Goal 5: Work with New Haven Public Schools (NHPS) and Career Pathways to provide high school students from vulnerable neighborhoods with exposure to public health.

WORKFORCE DEVELOPMENT
Goal 1: Develop career advancement pathways for internal staff to foster a learning culture focused on compassion and appreciation for staff providing essential yet often misunderstood services to the community.
Objective 3.1: By 2027, support existing and develop three new career pathways by Section.

WORKFORCE DEVELOPMENT
Goal 2: Facilitate training to increase employee satisfaction.
Objective 3.2a: By 2027, build and sustain a work culture where staff are acknowledged, empowered, and engaged with 30 optional trainings offered per year compared to 20 in 2024-2025.
Objective 3.2b: By 2027, study School Nursing sector to develop equitable work standards for permanent employees compared to private sector nurses (9 versus 12 month contracts).
Objective 3.2c: Findings from a 2023 Workforce Development Study outline the following goals for mandatory trainings: • Year 1 (2026): There will be 75% staff compliance rate for required training demonstrated by attendance records. • Year 2 (2027): There will be an 85% staff compliance rate for the required training, demonstrated by attendance records. • Year 3 (2028): There will be 95% staff compliance for required training demonstrated by attendance records.

WORKFORCE DEVELOPMENT
Goal 3: Modernize technology and information practices that reduce administrative burdens by streamlining processes and leveraging technology.
Objective 3.3: By 2027, complete assessment of existing software, update current software to state-of-the-art, and train staff in qualitative and quantitative data collection, analysis, and reporting to support data-driven decisions. By 2027, a planned study on acquisition of a new Electronic Health Record will occur with recommendations (current platform is Experity). – See next table Urgent Care Software & Practice Management Solutions | Experity®

CURRENT INFORMATION TECHNOLOGY SOFTWARE	
Microsoft Office Suite	CAREWare – HRSA (Health Resources and Services Administration) and their HAB (HIV/AIDS Bureau) data entry website
VEOCI - Virtual Emergency Operations Center Software	EpiCenter – Outbreak investigation functionality forms the bridge from analysis to action through its investigation functionality.
CT EDSS – Connecticut Electronic Disease Surveillance System	SAS – Statistical Analysis System
MAVEN - Apache Maven is a powerful software project management and comprehension tool based on a Project Object Model (POM).	ArcGIS – A comprehensive platform for creating, managing, and sharing geographic information through interactive maps and applications (Arc Geographic Information System)
Municity - Municity is a cloud-based software solution for municipalities to access all their Code Enforcement & Community Development needs	Web EOC – web-based Emergency Operations Center software
MUNIS - MUNIS OnLine is a web application for City employees and retirees to access their payroll, benefits, and other information.	CANVA – online graphic design tool

WORKFORCE DEVELOPMENT
Goal 4: Improve workforce retention and recruitment, maintaining highly diverse staff.
Objective 3.4: By 2026, implement the Workforce Development Plan and document trainings in the software to effectively maintain PHAB standards and comply with strategic goals.

WORKFORCE DEVELOPMENT
Goal 5: Work with New Haven Public Schools (NHPS) and Career Pathways to provide high school students from vulnerable neighborhoods with exposure to public health.
Objective 3.5: By 2026, develop collaborative opportunities with NHPS Career Pathways program, offering three additional internships as a career pathway to the current 2-3 interns from Youth at Work. These internships promote understanding of NHV Health and provide outreach to vulnerable neighborhoods.

4

COMMUNICATIONS: Continue messaging of awareness, value, and impact of our services by telling our story

Goal 1: Develop culturally and linguistically appropriate messaging about important public health and well-being topics or services that impact New Haven residents.
Goal 2: Promote the New Haven Health Department's role in the community and value by telling our story and building the trust of residents.
Goal 3: Leverage partner organizations' reach to increase our impact with New Haven residents.

COMMUNICATIONS
Goal 1: Develop culturally and linguistically appropriate messaging about important public health and well-being topics or services that impact New Haven residents.
Objective 4.1: By 2029, test 5 new tactics for promoting NHV Health-offered services that reduce language, literacy and cultural barriers. For example, maybe we learn that there is a particular event or way of communicating that reaches Afghan refugee populations and so we pilot that effort and measure its effectiveness.

COMMUNICATIONS
Goal 2: Promote the New Haven Health Department's role in the community and value by telling our story and building the trust of residents.
Objective 4.2.a: By 2028, build the email newsletter list by 50% from 1,900 in 2025 and consistently reach a 41% open rate, the industry average.
Objective 4.2.b: By 2028, develop a "About the Health Department" video and promote it across channels.
Objective 4.2.c: By 2028, boost NHV Health Section Heads visibility as engaged, public health leaders serving the community by proactively finding a total of 8 speaking opportunities.

COMMUNICATIONS
Goal 3: Leverage partner organizations' reach to increase our impact with New Haven residents.
Objective 4.3.a: By 2026, build social media list of key organizations, City Departments, schools and consistently tag or collaborate with organizations.
Objective 4.3.b: By 2029, implement 4 co-branded campaigns with different organizations with a particular emphasis on vulnerable populations.

LIST OF CAMPAIGNS NHV HEALTH CONDUCTED IN THE LAST 2 YEARS	
PROMOTING OUR SERVICES	**EDUCATION ON PUBLIC HEALTH TOPICS**
• Car seat checks/safety • QPR suicide prevention training • Narcan training • Healthy Homes program • Lead poisoning prevention program • Health and Wellness Center: ○ Back to school physicals/vaccines, STI testing services, COVID-19/flu vaccines, Mpox vaccine • Community flu vaccine clinics • Licensing for food service, salons/tattoo parlors • Bathing water testing • Marriage license updates for Office of Vital Statistics • Overdose prevention resources/messages	• Air quality • Radon awareness • Get your state required back to school physicals/vaccines • Lead poisoning prevention in your home • Respiratory illness prevention • COVID-19/flu/RSV vaccines • Heart health for women • Preventing bird flu spread • Where to get the Mpox vaccine • Breast cancer awareness/getting mammograms • Heat safety • Extreme cold safety • Tick prevention/safety • Mosquito bite prevention/safety • Substance use disorder stigma prevention • Overdose prevention/never use alone/where to test drugs/recovery support • Norovirus – about, prevention, management • Free annual dental clinic

5

QUALITY: Continue to strive for excellence in services and increase access to achieve equitable outcomes

Goal 1: Achieve Initial Accreditation through the Public Health Accreditation Board (PHAB).
Goal 2: In regular audits by monitoring agencies, achieve compliance with regulatory standards for all sections through integration of data.
Goal 3: Improve cultural sensitivity towards vulnerable residents to drive continuous quality improvement.

QUALITY
Goal 1: Achieve Initial Accreditation through the Public Health Accreditation Board (PHAB).
Objective 5.1: By 2026, demonstrate department and program competency through initial accreditation by the Public Health Accreditation Board. A readiness assessment was conducted in 2024-2025, with plans to apply for this designation post-completion of the Community Health Improvement Plan (CHIP) in the Fall of 2025.

QUALITY
Goal 2: In regular audits by monitoring agencies, achieve compliance with regulatory standards for all sections through integration of data.
Objective 5.2: By 2027, enhance the performance management system with 24 measures compared to 10 in 2024-2025 aimed to track compliance with regulatory and accreditation standards through improved technology.

QUALITY
Goal 3: Improve cultural sensitivity towards vulnerable residents to drive continuous quality improvement.
Objective 5.3: By 2026, increase NHV Health participation from 90% to 100% for annual Diversity/Inclusion/Equity training, including a cultural competency module.

FOUNDATIONAL PUBLIC HEALTH SERVICES MODEL

The Foundational Public Health Services model outlines eight core capacities needed to support basic public health protections, programs, and activities, identified as the Foundational Capabilities. NHV Health relies on this framework to focus on health equity using the 5 Strategic Priorities identified in this plan.

FOUNDATIONAL PUBLIC HEALTH SERVICES

- ✓ Assessment and Surveillance
- ✓ Equity (cuts across all areas)
- ✓ Policy development
- ✓ Emergency Preparedness
- ✓ Community Partnership
- ✓ Organizational competencies
- ✓ Communications
- ✓ Accountability and performance management

ALIGNMENT

The first three efforts are currently in process as we conclude the 2026-2030 Strategic Plan for the City of New Haven Health Department.

Community Health Assessment: The strategic plan correlates to this assessment that presents health data and information around the social determinants of health to provide an understanding of the health status of the City of New Haven.

Community Needs Assessment: This assessment, with a focus on poverty, presents data and information around the social determinants of health as well. The top priorities of this assessment align with the Community Health Assessment priorities, as viewed through a lens of moving people out of poverty. This assessment complies with regional health systems mandate to assess community needs.

Community Health Improvement Plan: This plan reflects partner engagement in the development of goals and objectives around the top health priorities identified in the Community Health and Needs Assessments. The work of the NHV Health is focused on contributing positive change to the items identified in the Community Health Improvement Plan (CHIP). Work addresses poor health outcomes experienced as a result of identified priorities. The strategic priorities give context to the program goals and objectives, which represent how the City of New Haven intends to contribute change to the issues identified in the CHIP. moving people out of poverty. This assessment complies with regional health systems mandate to assess community

Goals and Objectives: NHV Health staff identify short-term, medium-term, and long-term goals related to their work. Many of the goals and objectives are directly tied to the Community Health Improvement Plan.

LIST OF STRATEGIC PLAN PARTICIPANTS

Strategic Plan Facilitated by Kulik Strategic Advisers

NHV Health

- Maritza Bond, MPH, MDiv, Director of Public Health
- Brooke Logan, MPH, Deputy Director of Public Health
- Damaris Velez, Registrar of Vital Statistics
- Becky Rubenstein, Public Health Educator
- Farris Milling, Office Manager
- Brian Wnek, MPH, REHS/RS, Program Director of Environmental Health
- Dorothy Cohen, MPH, MEd, CIC Program Director of Epidemiology
- Jennifer Atkins, Public Health Emergency Preparedness & Response Coordinator
- Katherine Tucker, DNP, RN, APRN-BC, NE-BC, FADLN, Program Director, Nursing

Public Health Board Commissioners

- Darnell Young, DMD (Chair)
- David Cantonwine, PhD, MPH
- Ada Fenick, MD
- Alice Forrester, PhD
- Gregg Gonsalves, MD, PhD
- Tamiko Jackson-McArthur, MD

Steering Committee

- Sandra Bulmer, PhD, MS, BS, Interim President, Southern Connecticut State University
- Amos Smith, CEO, Community Action Agency
- Natasha Ray, MS, Director, New Haven Healthy Start
- Pareesa Charmichi Goodwin, MPH, Executive Director, Commission on Racial Equity in Public Health
- Monica Nugent, MPA, Public Policy Associate, CT Non-Profit Alliance
- Sandra Ferreira Molina, MBA, MS, Policy and Advocacy Director, CT Non-Profit Alliance
- Megan Ranney, MD, MPH, Dean, School of Public Health, Yale University
- Kathleen O'Connor Duffany, PhD, M.Ed, Yale School of Public Health Director of Research and Evaluation, Community Alliance for Research & Engagement
- Dayna Keene, PhD, Yale School of Public Health Professor of Public Health (Social and Behavioral Sciences)
- Carmen Chaparro, Section Chief Office of Local Health Administration, CT DPH
- Deanna D'Amore, MPH, President, CT Association of Directors of Health
- Eliza Halsey, Community Services Administrator, City of New Haven
- Suzanne Lagarde MD, MBA, FACP, CEO, Fair Haven Community Health Center
- Michael Taylor, CEO, Cornell Scott Hill Health Center
- Deirdre Gruber, APRN, Yale University School of Medicine Community Health Care Van
- Madeline Negrón, PhD, MA, Superintendent, Board of Education