CHECK LIST FOR ALDERMANIC SUBMISSIONS

| X Cover Letter X Resolutions/ Orders/ Ordinances X Prior Notification Form X Fiscal Impact Statement - Should include comprehensive budget X Supporting Documentation (if applicable) X Disk or E-mailed Cover letter & Order | | | | | | |
|---|----------------------------|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| Date Sul | bmitted: | June 23, 2022 | | | | |
| Meeting | ; Submitted For: | July 5, 2022 | | | | |
| Regular | or Suspension Agenda: | Regular | | | | |
| Submitted By: | | Maritza Bond, Director of Health | | | | |
| Title of Legislation: | | | | | | |
| ORDER TO THE BOARD OF ALDERS AUTHORIZING THE NEW HAVEN HEATLH DEPARTMENT TO APPLY FOR AND ACCEPT A GRANT AWARD OF \$500,000 ANNUALLY FROM THE US OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH AND OFFICE OF MINIORITY HEALTH FOR THE PERIOD OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2025 TO ADDRESS FACTORS CONTRIBUTING TO STRUCTURAL RACISM IN PUBLIC HEALTH. | | | | | | |
| Comments: Legistar FILE 15: LM-2022-0320 | | | | | | |
| | | 1939 - 194 - | | | | |
| | | | | | | |
| | | | | | | |
| Coordin | ator's Signature: | WO CHO | | | | |
| Controll | er's Signature (if grant): | Minde | | | | |
| Mayor's | Office Signature: | 1820 | | | | |

Call 946-7670 with any questions. <u>jrodriguez@newhavenct.gov</u>

CITY OF NEW HAVEN

Health Department



54 Meadow Street, 9th Floor • New Haven, Connecticut 06519 • 203-946-6999

Justin Elicker, Mayor • Maritza Bond, MPH, Director of Health

July 5, 2022

The Honorable Tyisha Walker-Myers President, New Haven Board of Alders City of New Haven 165 Church Street New Haven, Connecticut 06510

RE: Resolution to the Board of Alders authorizing the New Haven Health Department to apply for and accept a grant award of \$500,000 annually from the US Office of the Assistant Secretary for Health and Office of Minority Health for the period October 1, 2022 through September 30, 2025 to address factors contributing to structural racism in public health and to execute, acknowledge, implement and deliver any and all documents as may be considered necessary or appropriate with respect thereto.

Dear President Walker-Myers:

In accordance with the Order of New Haven Board of Alders (Board) authorizing the Mayor to apply for and accept all grants on behalf of the City of New Haven (City), passed on 17 October 1994, I write to respectfully request the Honorable Board of Alders to authorize the Mayor of the City of New Haven to apply for and accept a grant award of \$500,000 annually from the US Office of the Assistant Secretary for Health and Office of Minority Health for the period October 1, 2022 through September 30, 2025. Through this grant, the Health Department will address structural racism in public health through the assessment of current policies and modifying and creating new policies to reduce or remove these barriers and to execute, acknowledge, implement, and deliver any and all documents as may be considered necessary or appropriate with respect thereto.

Should you require additional information, please do not hesitate to contact me directly.

Sincerely,

Maritza Bond, MPH Director of Health

Attachments

..title

ORDER TO THE BOARD OF ALDERS AUTHORIZING THE NEW HAVEN HEALTH DEPARTMENT TO APPLY FOR AND ACCEPT A GRANT AWARD OF \$500,000 ANNUALLY FROM THE US OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH AND OFFICE OF MINORITY HEALTH FOR THE PERIOD OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2025 TO ADDRESS FACTORS CONTRIBUTING TO STRUCTURAL RACISM IN PUBLIC HEALTH AND TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.

..BODY

WHEREAS, the New Haven Health Department recognizes the importance addressing structural racism in public health and improving health equity;

WHEREAS, the City of New Haven will received the opportunity to apply for a grant from the US Office of the Assistant Secretary of Health and Office of Minority Health; and upon receipt of such grant, the City will accept said grant in its entirety;

WHEREAS, the Health Department will work to identify and assess polices related to pediatric health care access and lead poisoning prevention for the purpose of identifying and addressing structural racism in public health;

NOW, THEREFORE, be it ORDERED by Board of Alders of the City of New Haven that the Mayor, on behalf of the City, is authorized to apply for and accept the grant mentioned herein from the Connecticut Department of Public Health;

BE IT FUTHER ORDERED that the Mayor is authorized to execute said application for funding for an amount of about \$500,000 annually and to execute any revisions, amendments or modifications to said contract.

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

| ТО | (list appl | licable alders of): | ALL | | |
|---|---|--|---|----------------|------------------|
| | | | WARD# | | |
| DA | TE: | July 5, 2022 | | | |
| FRO | OM: | Department/Office Person | Health Maritza Bond, Director of Health | Telephone | 203-946- 8351 |
| | | form you that the folloof Alders in the near | owing matter affecting your w future: | ard(s) will be | submitted |
| ORDER TO THE BOARD OF ALDERS AUTHORIZING THE NEW HAVEN HEATLH DEPARTMENT TO APPLY FOR AND ACCEPT A GRANT AWARD OF \$500,000 ANNUALLY FROM THE US OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH AND OFFICE OF MINIORITY HEALTH FOR THE PERIOD OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2025 TO ADDRESS FACTORS CONTRIBUTING TO STRUCTURAL RACISM IN PUBLIC HEALTH. | | | | | |
| | ck one if Democra | f this an appointment at | to a commission | | |
| Republican | | | | | |
| Unaffiliated/Independent/Other | | | | | |
| INSTRUCTIONS TO DEPARTMENTS | | | | | |
| 1. | Departments are responsible for sending this form to the alder(s) affected by the item. | | | | |
| 2. | This form must be sent (or delivered) directly to the alder(s) before it is submitted to the Legislative Services Office for the Board of Alders agenda. | | | he Legislative | |
| 3. | The date entry must be completed with the date this form was sent the alder(s). | | | | |
| 4. | Copies to: alderperson(s); sponsoring department; attached to submission to Board of Alders. | | | Alders. | |

FISCAL IMPACT STATEMENT

| DATE: | JULY 5, 2022 | | | | |
|---|--|--------------|-------|--------------|------------------------------|
| FROM (Dept.): | Health | | | | |
| CONTACT: | MARITZA BOND, D | IRECTOR OF H | EALTH | PHONE | 203-946-8351 |
| SUBMISSION ITEM (Title | of Legislation): | | | | |
| ORDER TO THE EDEPARTMENT TO A | | | | | HAVEN HEATLH |
| FROM THE US OFFI | | | | | |
| MINIORITY HEALTH I | | | | | |
| TO ADDRESS FACTO | : | | | | |
| | e in as much detail a , capital or special fo | • | - | • | • |
| purpose | | | | arrentry baa | Becca for time |
| | | | | | |
| | | | | CAPITA | AL/LINE DEPT/ACT/OBJ CODE |
| | GENERAL | SPECIAL | BOND | 11 - 141/1 | DEFI/ACI/OBJ CODE |
| A. Personnel | | | | | |
| 1. Initial start up | | | | | |
| 2. One-time | | | | | |
| 3. Annual 105,002.77 | | | | | |
| B. Non-personnel | | | | | |
| 1. Initial start up | | | | | |
| 2. One-time | | 394,997.2 | 3 | | |
| 3. Annual | | | | | |
| List Revenues: Will this item result in any revenues for the City? If Yes, please list amount and type. | | | | | |
| | | | | | |
| NO X YES | | | | | |
| 1. One-time | | | | | |
| 2. Annual | | | | | |
| Other Comments: | | | | | |

NOTICE OF INTENT

NOTIFICATION TO THE NEW HAVEN BOARD OF ALDERS REGARDING PROPOSED GRANT AND CONTRACT APPLICATIONS TO BE MADE BY THE CITY OF NEW HAVEN DURING THE PERIOD:

July 1 2022, 2019 to July 30, 2022

| | ty Driven Appı Racism in Put | proaches to Address Factors Contributing to ablic Health |
|---|--|---|
| (X) | NEW (|) CONTINUATION |
| FUNDING LEVEL AVAILABL | E TO PROJE | ECT: \$500,000 (annually) |
| FUNDING SOURCE: Office of | the Assistant S | Secretary for Health, Office of Minority Health |
| PURPOSE OF PROGRAM: | to address poli disparities amo to demonstrate | nd support new policies and innovative practice licies that may create or perpetuate health nong racial and ethnic minority populations, and te the impact of these efforts on outcomes and to goal of advancing health literacy. |
| policies related to health care and action plans for modifying existing | housing that co | L: Create a multi-sector team to review and asse ontribute to pediatric health disparities, develop reating new policies to increase access to n and to prevent childhood lead poisoning. |
| MATCH REQUIREMENT FRO | OM GENERA | AL FUND (if any): <u>N/A</u> |
| PROPOSED SOURCE OF MA | ГСН: | - 0 - |
| ALLOWABLE INDIRECT CO | ST: 10% | |
| DEPARTMENT SUBMITTING | S APPLICATI | ION: New Haven Health Department |
| CONTACT PERSON: Maritza | Bond, Director | or of Health |

DATE: July 5, 2022

| | GRANT SUMMARY |
|--|---|
| Grant Title: | Community Driven Approaches to Address Factors Contributing to Structural Racism in Public Health |
| MUNIS #: | New New |
| City Department: | Health Department |
| City Contact Person & Phone: | Maritza Bond |
| Funding Level: | \$500,000 annually |
| Funding Period: | October 1, 2022 – September 30, 2025 |
| Funding Source: | Office of the Assistant Secretary for Health, Office of Minority Health |
| Funding Source Contact Person & Phone | Duane Barlow 240-453-8822 Duane.barlow@hhs.gov |
| Purpose of Program: | To develop and support new policies and innovative practices to address policies that may create or perpetuate health disparities among racial and ethnic minority populations, and to demonstrate the impact of these efforts on outcomes and the overarching goal of advancing health literacy. |
| Personnel (salary): | \$65,508 |
| Personnel (Worker's Comp): | \$419.25 |
| Personnel (Med. Benefit): | \$30,133.68 |
| Non-Personnel (total): | \$344,997.23 |
| Non-Personnel (M & U): | \$50,000 |
| New or Renewal? | New |
| Limits on spending (e.g., Admin. Cap)? | 10% Indirect |
| Reporting requirements: | Quarterly |
| Reporting requirements: Programmatic | Quarterly |
| Due date of first report: | January 15, 2023 |
| Audit Requirements: | independent Audit in accordance with 45 C.F.R. 75, subpart F |

| GRANT SUMMARY | | |
|--|---|--|
| Grant Title: | Community Driven Approaches to Address Factors Contributing to Structural Racism in Public Health | |
| MUNIS #: | New | |
| City Department: | Health Department | |
| City Contact Person & Phone: | Maritza Bond | |
| Funding Level: | \$500,000 annually | |
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| Non-Personnel (total): | \$344,997.23 | |
| Non-Personnel (M & U): | \$50,000 | |
| New or Renewal? | New | |
| Limits on spending (e.g., Admin. Cap)? | 10% Indirect | |
| Reporting requirements: Fiscal | Quarterly | |
| Reporting requirements: Programmatic | Quarterly | |
| Due date of first report: | January 15, 2023 | |
| Audit Requirements: | independent Audit in accordance with 45 C.F.R. 75, subpart F | |

Executive Summary

Through this grant, the New Haven Health Department will build a multi-sector team to identify, review, and access policies that affect health equity and health outcomes among children ages nine months to 20 years in New Haven. Policies to be accessed include those governing access to primary and preventive health care services and the identification and remediation of lead and asthma hazards in homes. The multi-sector review team will identify areas of improvement within these policies so that factors contributing to structural racism in public health can be addressed.

A policy and outcomes evaluation will be conducted by to assess the Team's work and effects in health outcomes among pediatric populations that can be attributed to policy modifications.