

Initial Analysis of Racism as a Public Health Crisis in Manchester



Town of Manchester, CT

**Office of Budget & Research
November 2020**

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Racism: a Public Health Crisis in Manchester, CT



On Tuesday, July 7th, 2020, The Board of Directors Town of Manchester, CT unanimously voted 9-0 to declare racism a public health crisis in Manchester. "This bold action is an important step in Manchester's ongoing efforts to address structural racism and live up to our vision of being a national model for what it means to be a truly welcoming, diverse, inclusive, and thriving American community", said Mayor Jay Moran. Manchester now joins neighboring towns Windsor, Hartford, Bloomfield, West Hartford and New Britain who have passed similar resolutions.^[1]

In this report, the connection between racism and public health will be explored, and a variety of presently-available statistics and performance measures across the Town organization are presented that relate to racial equity and representation in our Town government. Further steps that are being taken to deepen our monitoring and examination of these issues are also outlined.

Resolution of the Board of Directors of Manchester

WHEREAS, racism is a social construct that manifests as individual racism that is interpersonal and/or internalized, and/or systemic racism that is institutional or structural; and affords opportunity and assigns a person's value based on the social interpretation of how one looks;

WHEREAS race has no biological basis;

WHEREAS racism unfairly disadvantages specific individuals and communities, while unfairly giving advantages to other individuals and communities, and saps the strength of the whole society through the waste of human resources;

WHEREAS racism is a root cause of poverty and constricts economic mobility;

WHEREAS racism causes persistent discrimination and disparate outcomes in housing, education, employment, and criminal justice, and is itself a social determinant to health;

WHEREAS racism and segregation have exacerbated a health divide resulting in people of color in our town and across Connecticut bearing a disproportionate burden of illness and mortality most recently with respect to COVID-19 infection and persistently death, heart disease, diabetes, and infant mortality;

WHEREAS African-American, Black, Native American, Indigenous, Asian and Latinx residents are more likely to experience poor health outcomes as a consequence of inequities in economic stability, education, physical environment, food, and access to health care and these inequities are, themselves, a result of racism;

WHEREAS numerous studies have linked racism to worse health outcomes; and

WHEREAS the collective prosperity and wellbeing of Manchester depends upon equitable access to opportunity for every resident regardless of the color of their skin:

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the Town of Manchester asserts that racism is a public health crisis affecting our town and all of Connecticut;

BE IT FURTHER RESOLVED, that the Board of Directors of the Town of Manchester will establish itself as an equity and justice-oriented organization, by continuing to identify specific activities to enhance diversity and to ensure antiracism principles across our leadership, staffing and contracting; and

BE IT FURTHER RESOLVED, that the Board of Directors of the Town of Manchester will promote equity through all approved policies and enhance educational efforts aimed at understanding, addressing and dismantling racism and how it affects the delivery of human and social services, economic development and public safety;

BE IT FURTHER RESOLVED, that the Board of Directors of the Town of Manchester will improve the quality of the data Manchester collects and analyzes by using qualitative and quantitative data to assess inequities in impact and to enable continuous improvement; and

BE IT FURTHER RESOLVED, the Board of Directors of the Town of Manchester will continue to advocate locally for relevant policies that improve health outcomes in communities of color, and support local, state, regional, and federal initiatives that advance efforts to dismantle systemic racism; and

BE IT FURTHER RESOLVED, the Board of Directors of the Town of Manchester will seek to form alliances and partnerships with organizations that are confronting racism and encourage other local, state, regional, and national entities to recognize racism as a public health crisis;

BE IT FURTHER RESOLVED, the Board of Directors of the Town of Manchester will support community efforts to amplify issues of racism and engage actively and authentically with communities of color; and

BE IT FURTHER RESOLVED, the Board of Directors of the Town of Manchester will identify clear goals and objectives, and require periodic reports from town departments, boards, and commissions to assess progress and capitalize on opportunities to further advance racial equity.

“This is an action plan that falls in line with what Manchester has already begun, said Director Pamela Floyd-Cranford. “I want to make it very clear this is not merely some gesture to check a box to make everybody feel good. This is the right thing to do for a town like Manchester.”

Director Ellen Dougan stated that “This important step shows our Town is unified when it comes to condemning racism, addressing it locally, and embracing the diversity that makes Manchester such a great community.”

What is Public Health?

According to the World Health Organization (WHO), "Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases." ^[2]

Public health does not only encompass eradication of particular diseases but focuses on the entire spectrum of health and well-being. Public Health applies to many domains of society like housing, education and employment etc.

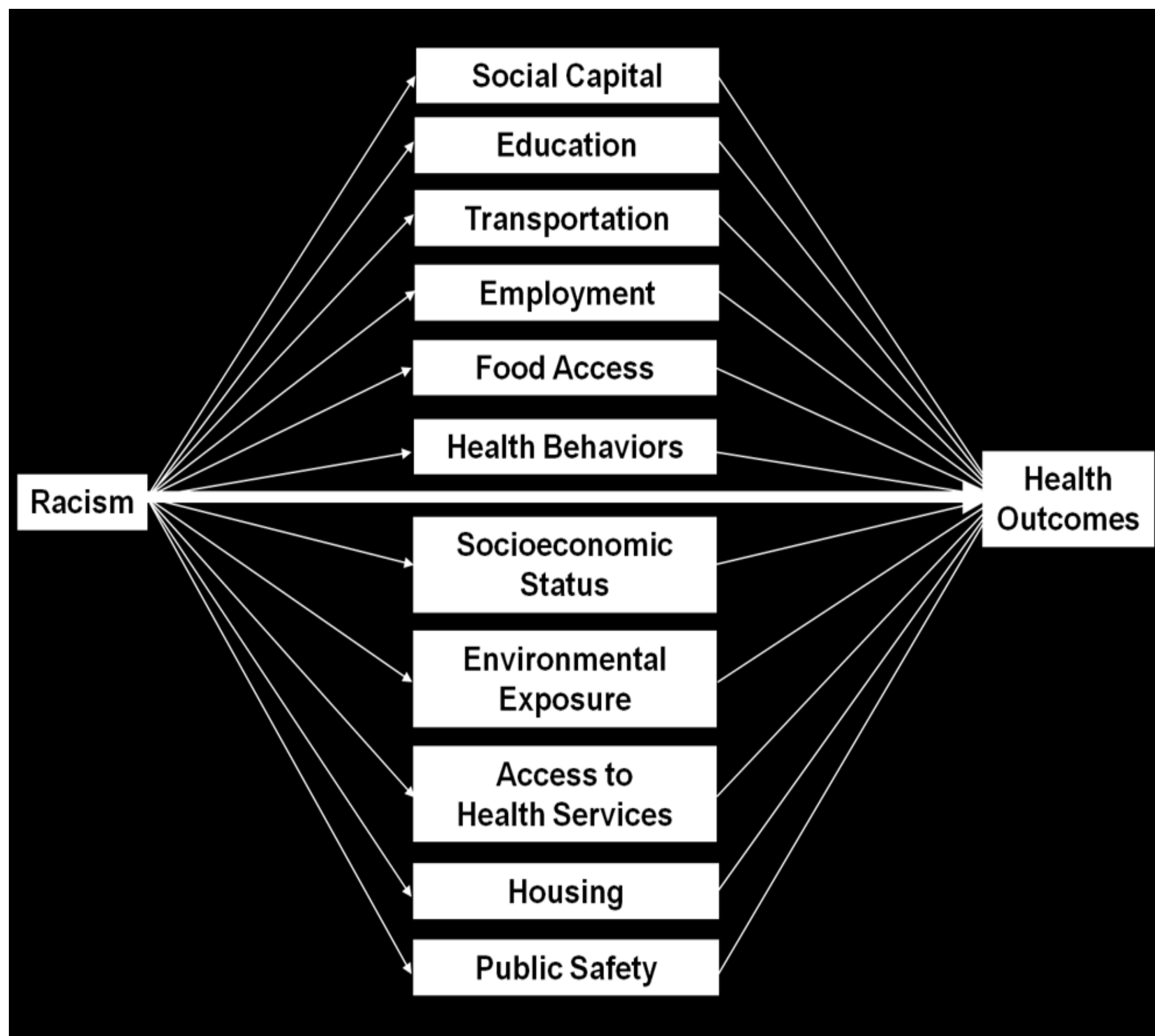
What is Racism?

"Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources." ^[3]

How Racism and Public Health are Connected Together?

Identifying racism as a public health issue is not something new. Health professionals have been discussing this issue for well over a decade. According to these health experts, racism affects in many ways i.e., housing, occupation, educational gaps, income and wealth gaps, and access to healthcare to name a few. Inequities in these social determinants of health put racial and ethnic minority groups at increased risk of getting sick and even dying from pandemics like COVID-19. These public health experts are of the view that recognizing racism as affecting people's lives is an encouraging preliminary understanding and they hope that this recognition continues and awareness spreads to further educate the world population.

Healthcare researchers, clinicians, and advocates continue to realize that a focus on health care disparities is an important aspect of improving healthcare outcomes. Activities toward eradicating these disparities must bring together many elements of our healthcare delivery system. Population groups that have customarily been underserved in the American health care system include African Americans, Latinos, Native Americans, and Asian Americans. ^[4]



Source: Boston Public Health Commission

This framework shows how racism has an independent influence on all the social determinants of health outcomes. Racism, among many Structural Inequities, negatively impacts health outcomes and other social determinants of health. Racism may be intentional or unintentional. It operates at various levels in society and is a driving force of the social determinants of health. ^[5]

The term "health disparities" is defined as "a difference in which disadvantaged social groups such as the poor, racial/ethnic minorities, women and other groups who have persistently experienced social disadvantage or discrimination systematically experience worse health or greater health risks than more advantaged social groups." By this definition, there is an increased presence and severity of certain diseases, poorer health outcomes, and greater difficulty in obtaining healthcare services for certain ethnic and racial social groups. ^[6]

HEALTH DISPARITIES BY RACE & ETHNICITY

	White	Black/African American	Hispanic/Latins	Asian	Native Hawaiian/ Other pacific Islander	Indians / Alaska Natives
Health Coverage	5.9% uninsured; 93.7% with health coverage;	10.6% uninsured; 84.9% with health coverage;	16.1% uninsured; 83.9% with health coverage;	7.3% uninsured; 92.7% with health coverage;	8.3% uninsured; 66.9% with health coverage;	14.9% uninsured;
Chronic Health Condition	8.3% have fair or poor health; 64.8% are overweight or obese; 7.7% children with asthma; 28.7% adults suffer from hypertension	13.8% have fair or poor health; 80% are overweight or obese; 12.6% children with asthma; 42% adults suffer from hypertension	10% have fair or poor health; 21.5% adults diagnosed with diabetes; 25% have high blood pressure	Tuberculosis is 35 times more than whites; are at twice as likely to develop chronic hepatitis B and 8 times more likely to die from this.	Higher rate of smoking, alcohol consumption and obesity in comparison to other populations; 10% more likely to have heart diseases than whites	17.4% have fair or poor health; HIV infection rate twice as high as that of whites; 3 times more likely to have diabetes and 2.5 times more likely to die from diabetes than whites.
Mental Health	8.7% adults receive mental health services; 15.3% adults received prescribed medication for mental distress.	18.6% adults receive mental health services; 6.2% adults received prescribed medication for mental distress.	8.8% adults receive mental health services; 6.8% adults received prescribed medication for mental distress.	2.1% adults receive mental health services; 3.6% adults received prescribed medication for mental distress.	10.9% adults receive mental health services; 6.3% adults received prescribed medication for mental distress.	14.1% adults receive mental health services; 11.6% adults received prescribed medication for mental distress.
Leading Cause of Death	Heart Disease, cancer and Chronic lower respiratory disease; 3.7 infants death per 1,000 live births	Highest mortality rate for all cancer combined compared with any other racial and ethnic group; 11 infants death per 1,000 live births (twice the national average of 5.8)	Heart Disease, cancer and accidents; 5.1 infants death per 1,000 live births	Heart Disease, cancer, accidents and diabetes; ; 3.8 infants death per 1,000 live births	Highest mortality rate for all types of cancer in the state; 7.6 infants death per 1,000 live births	Heart Disease, cancer and accidents; 9.2 infants death per 1,000 live births

Source: facts derived from 'Health Disparities by Race and Ethnicity' by Sofia Carratala and Connor Maxwell (May 7, 2020)

This fact sheet shows some of the health related inequities faced by American residents from different racial/ethnic groups. Health disparities can be reduced by addressing social determinants of health, such as socioeconomic status, education, health behavior, access to health care, housing and public safety, through collective efforts. ^[7]

The Town of Manchester is dedicated to ensuring its operations are not contributing to the health crisis that is racism, and further, that we may take every opportunity to counter its impacts and improve the circumstances of the lives of its residents, as well as its employees and those that the Town does business with. In order to provide accountability on these fronts, the Town will be collecting and reporting data across various parts of the operation which relate to the racism public health crisis. Since this is an initial report presented only a few short months after the resolution, the report will only reflect data presently available. As this effort progresses, more measures will be developed and analyzed, and wherever areas needing improvement are identified, strategies to address such areas will be developed and implemented and reported to the Board of Directors as well as the citizens of Manchester.

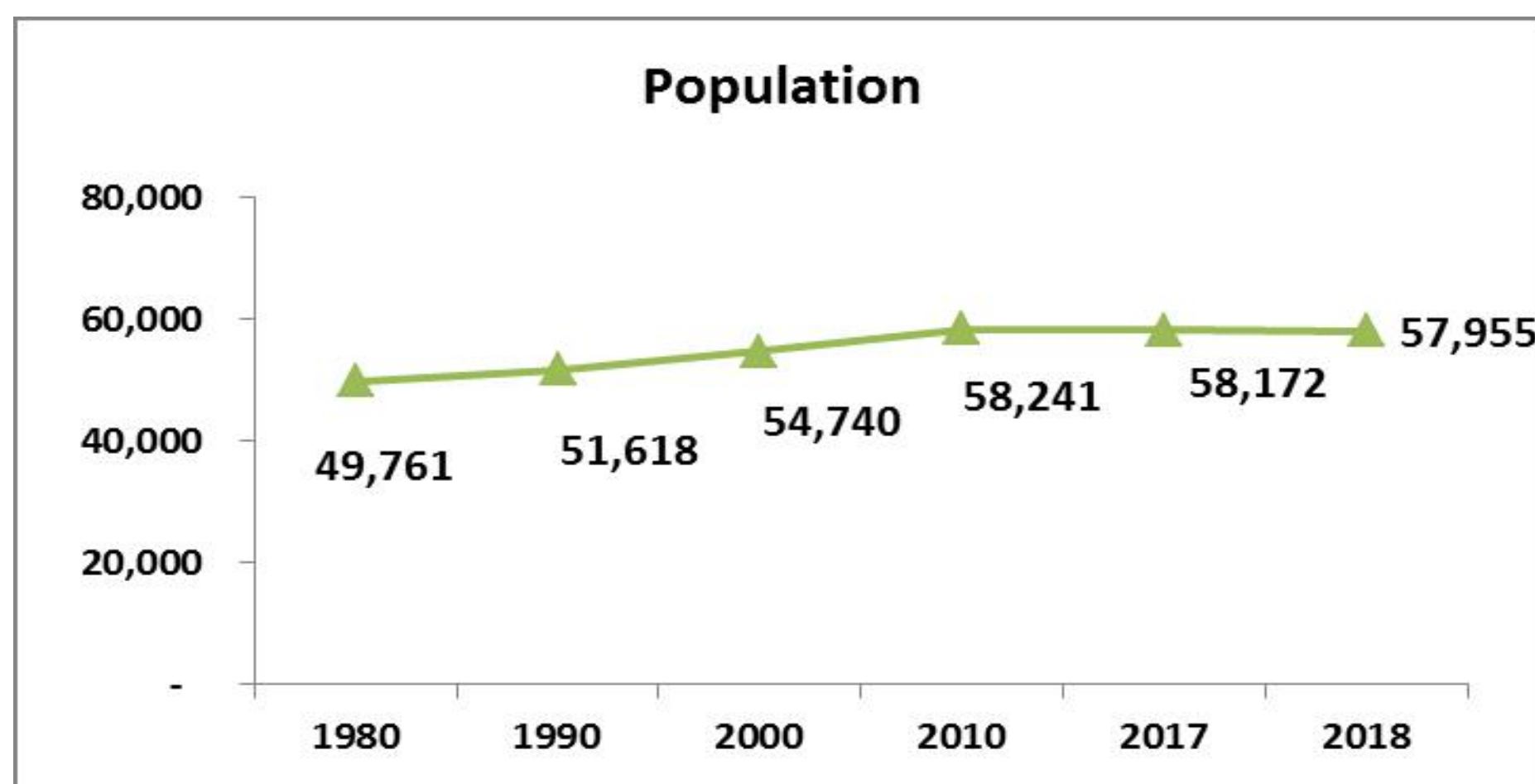
Town Initiatives Vs Intent of the Resolution

The Town of Manchester is proactively working to promote and embrace racial diversity in the town. Following are the focus areas with some measurable metrics that meet the intent of the resolution.

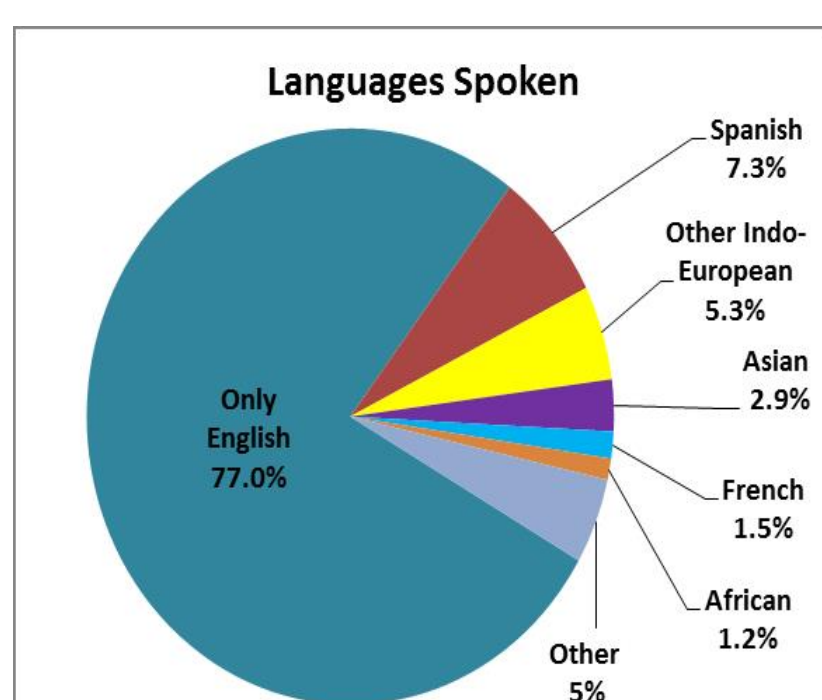
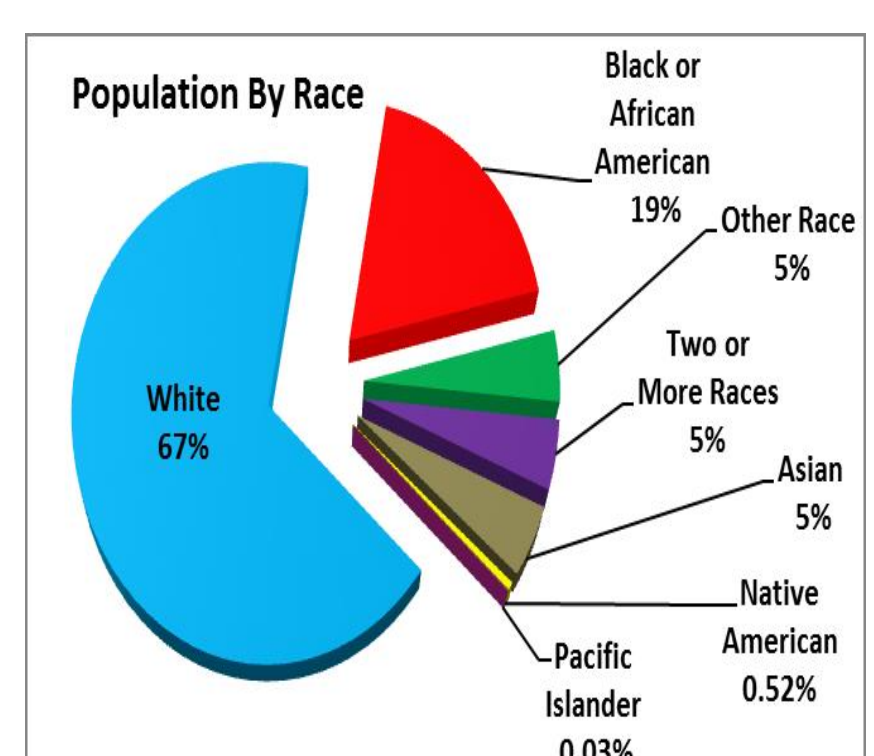
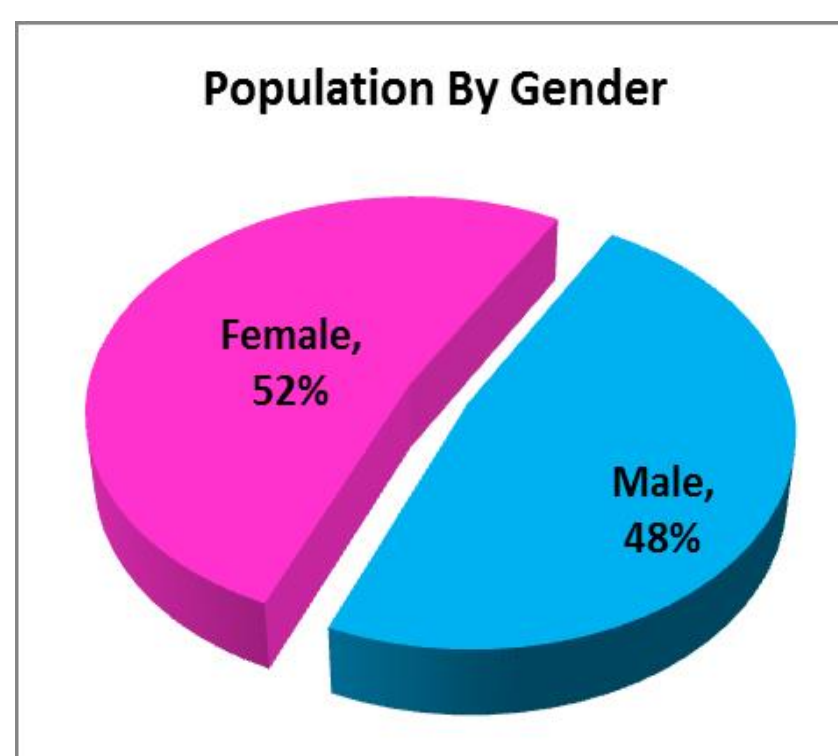
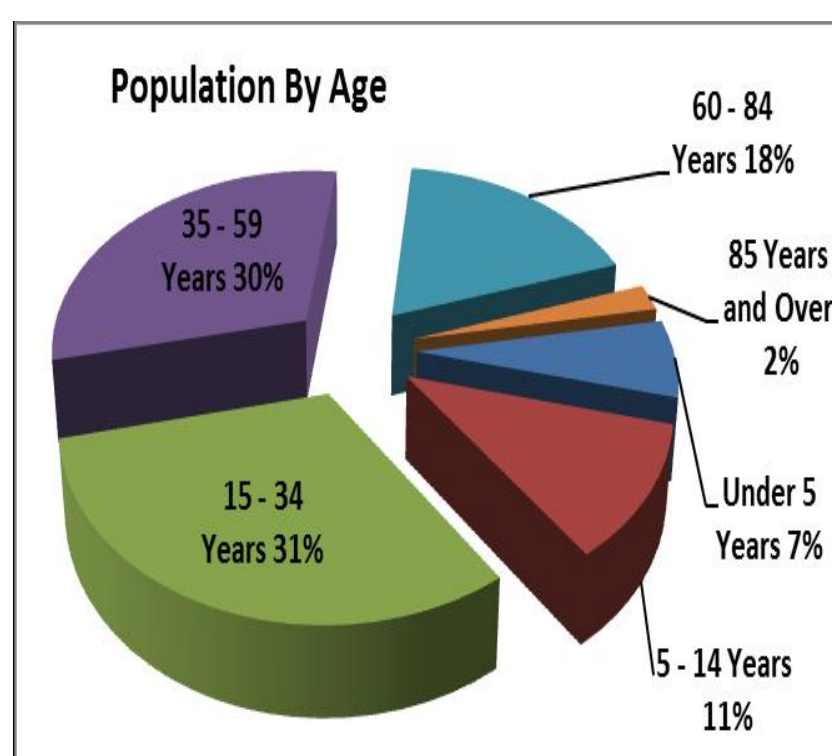
- **Diversity & Inclusion in Town Operations**
- **Equitable Delivery of Town Services**
- **Equitable Protection Under the Law**
- **Outreach & Engagement**
- **Diversity in Participation in Town Programming**

1. Diversity & Inclusion in Town Operations

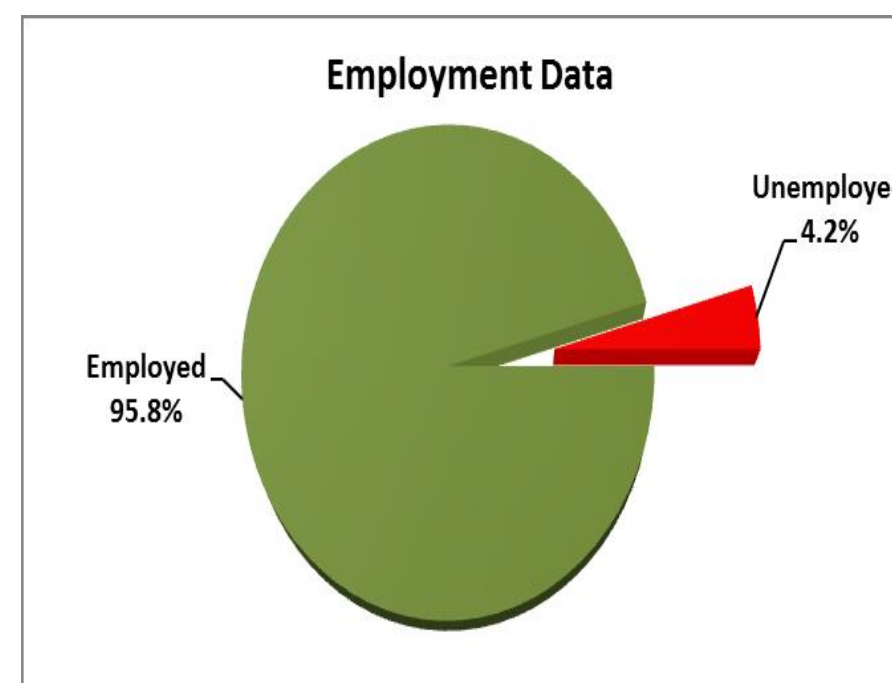
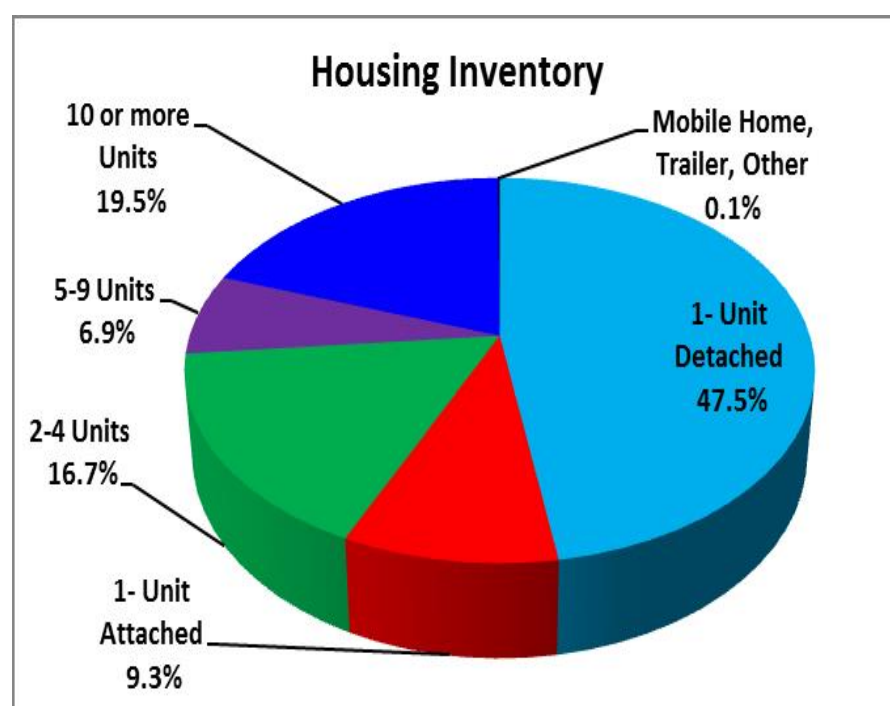
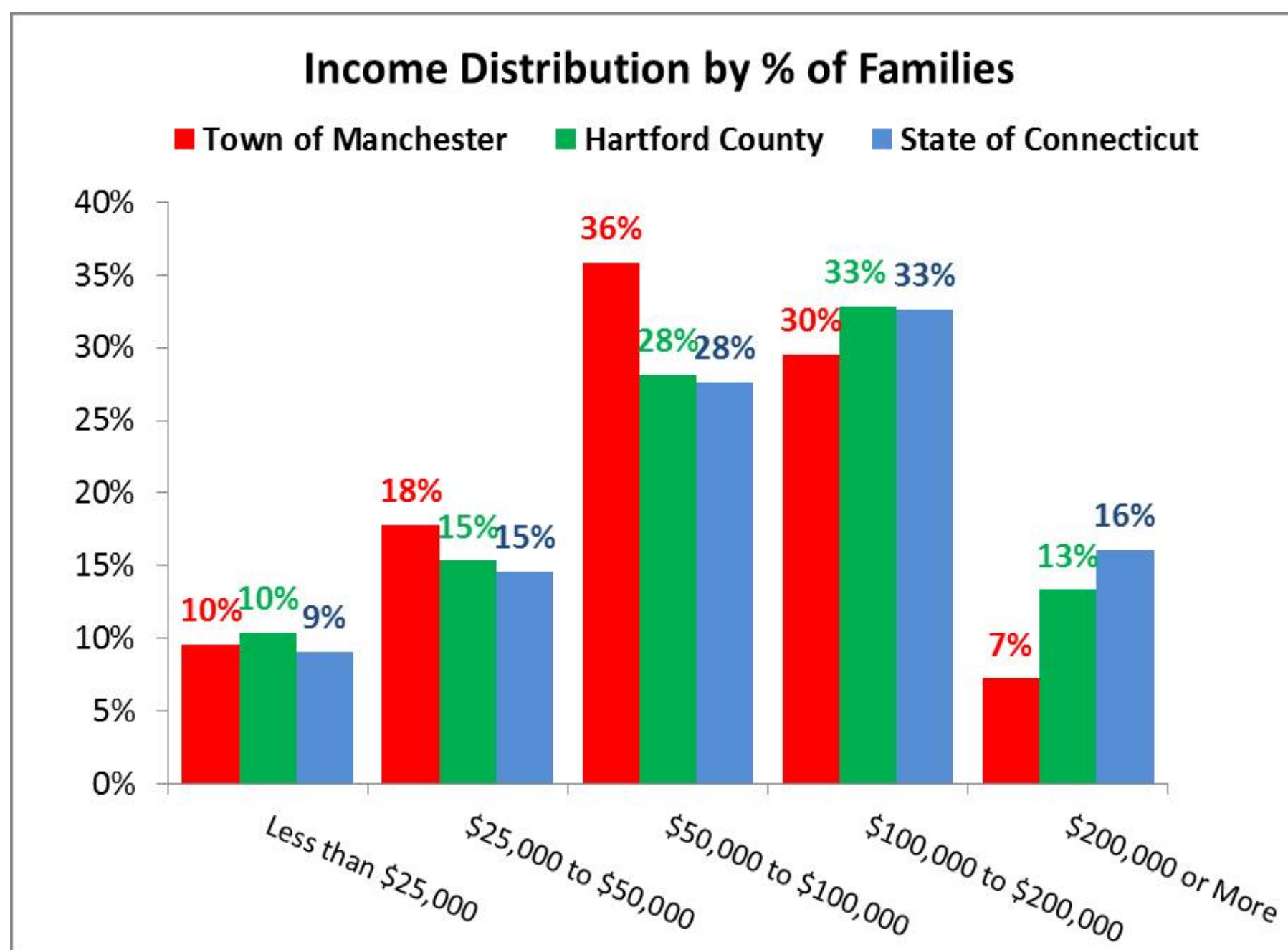
i. Economic and Demographic Information of Town Manchester, CT



Per Estimates released by the Connecticut State Data Center, the current population of Manchester is expected to grow to 73,000 by 2040.



- These graphs reflect the diversity in the overall population of Town of Manchester in terms of age, gender and race.
- Manchester is a very well diverse town in terms of languages spoken as well.

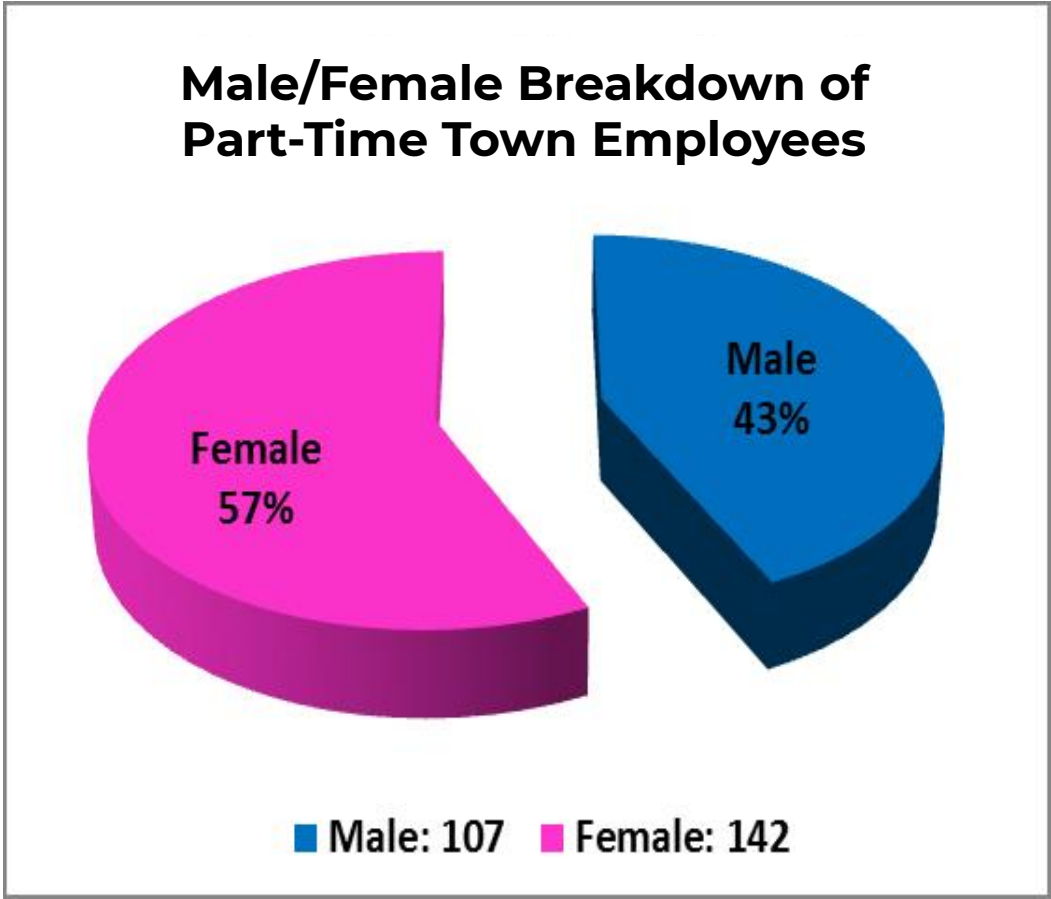
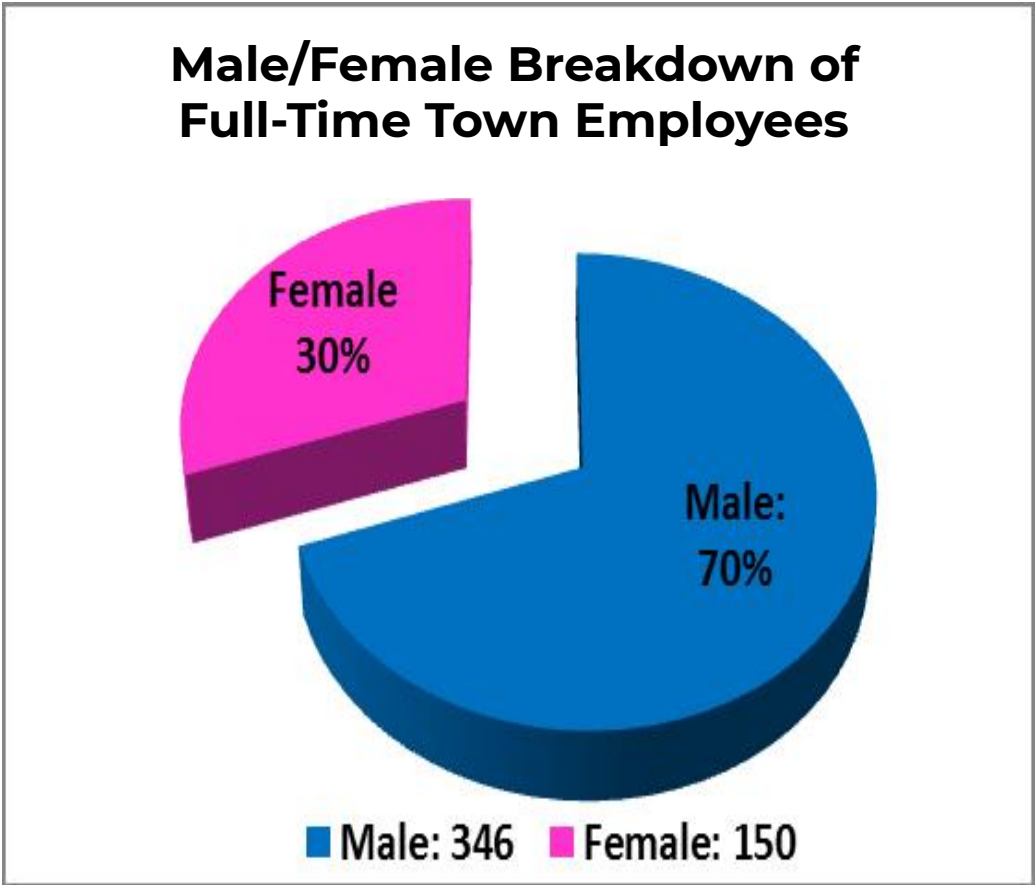
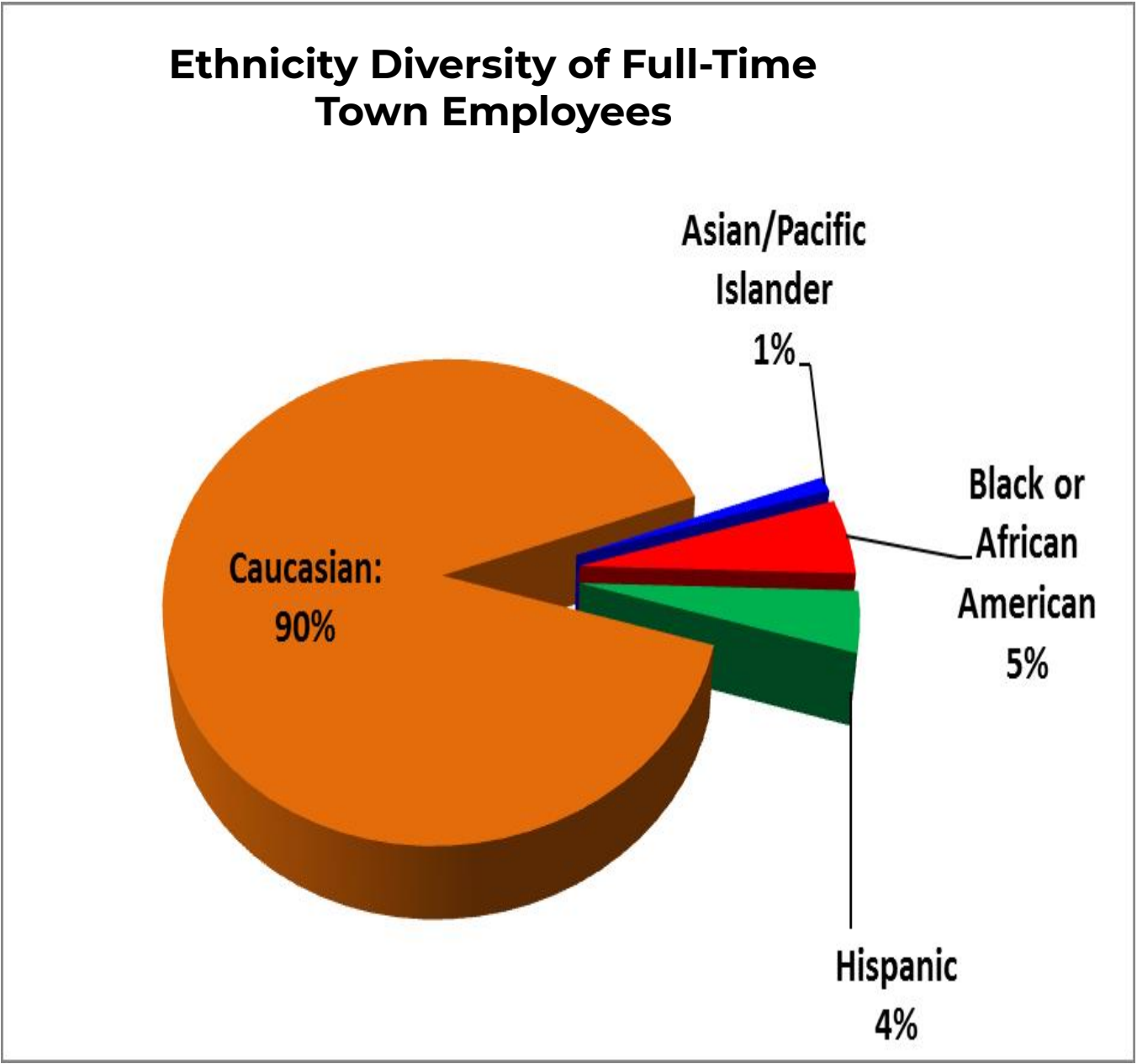


Comparative Measures	Town of Manchester	Hartford County	State of Connecticut
Population	57,955	894,730	3,581,504
Per Capita Income	\$35,940	\$39,260	\$43,056
Median Household Income	\$70,736	\$72,321	\$76,106
Percent of Families Below Poverty Level	6.3%	7.9%	6.9%
Median Age (Years)	35.7	40.4	40.8
Percent Unemployed 2018	4.2%	4.2%	4.2%
Total Housing Units	25,570	378,700	1,512,305
Owner-Occupied Housing Median Value	\$184,300	\$237,700	\$272,700

Source:
Official Statement Dated February 11, 2020 - Town of Manchester
<https://worldpopulationreview.com/us-cities/manchester-ct-population>
U.S. Department of Commerce, Bureau of Economic Analysis, American Community Survey, 2014-2018
CT State Data Center, Analysis by DataHaven

ii. Racial Data: Town of Manchester Employees

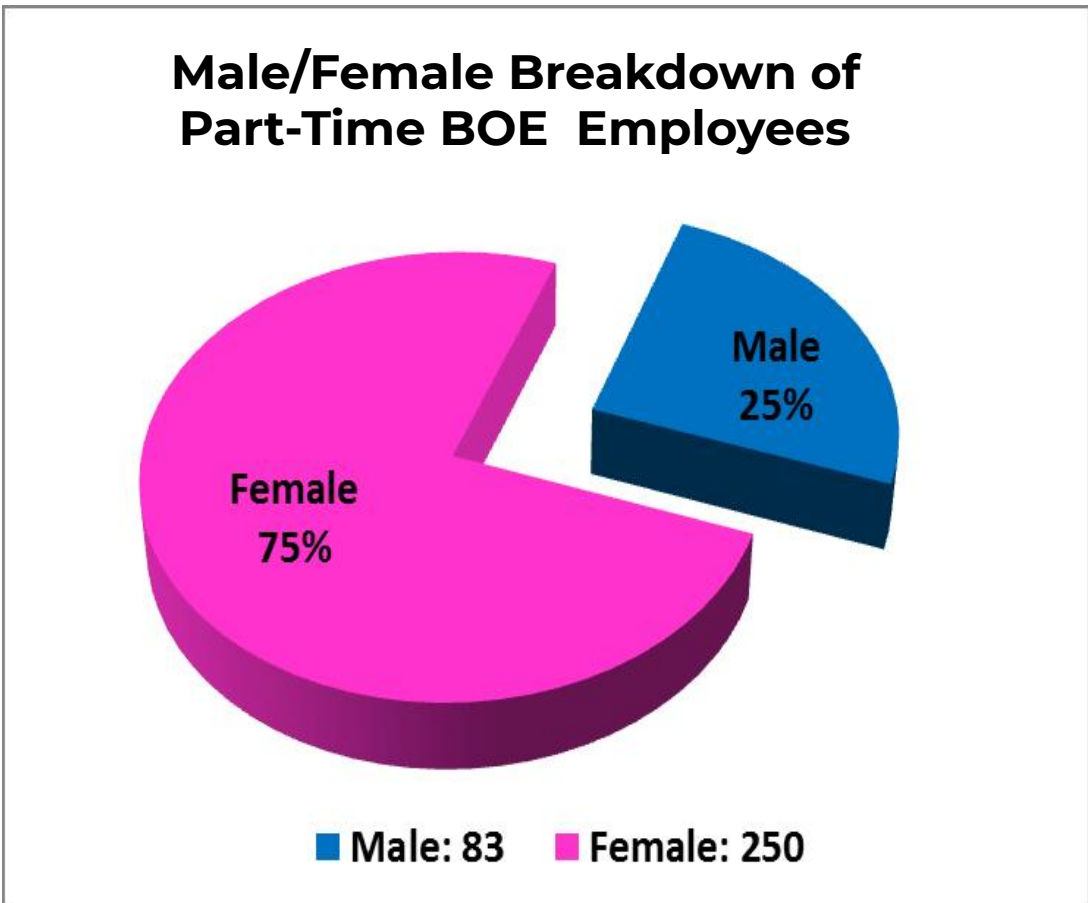
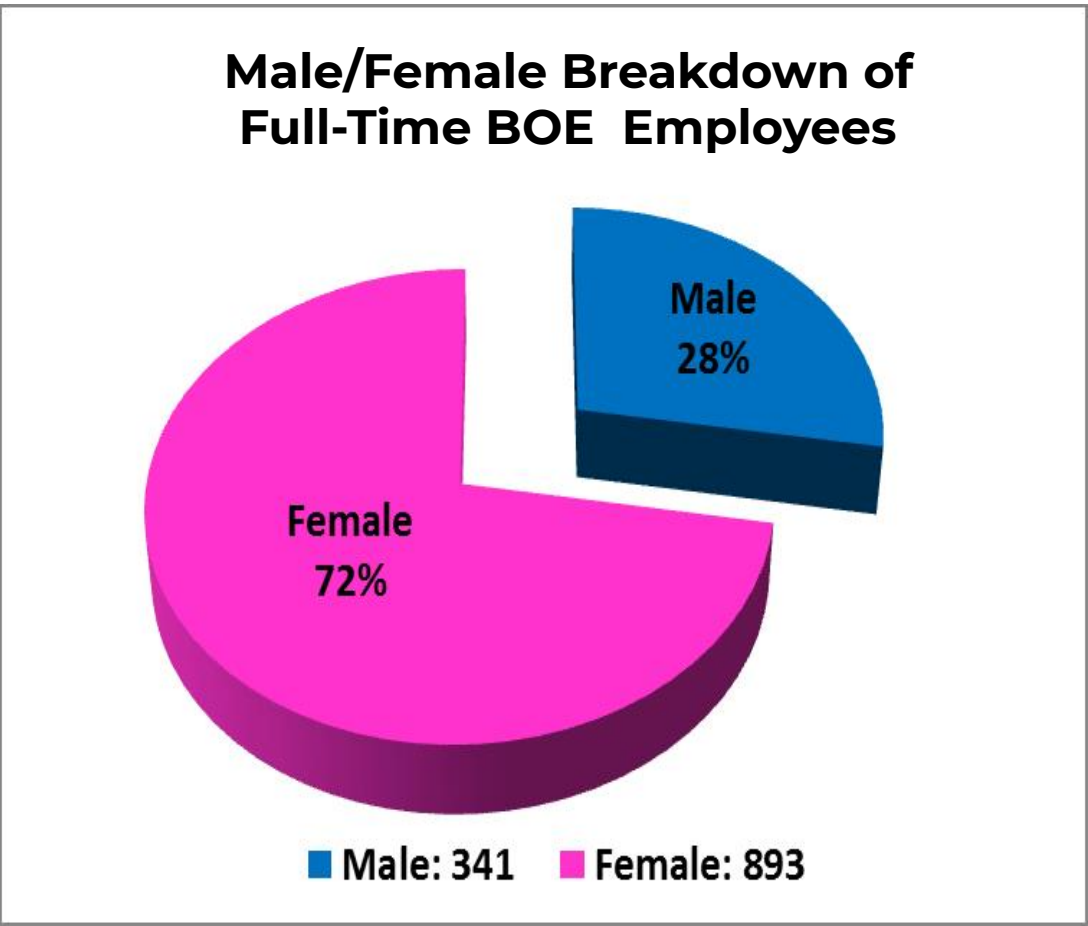
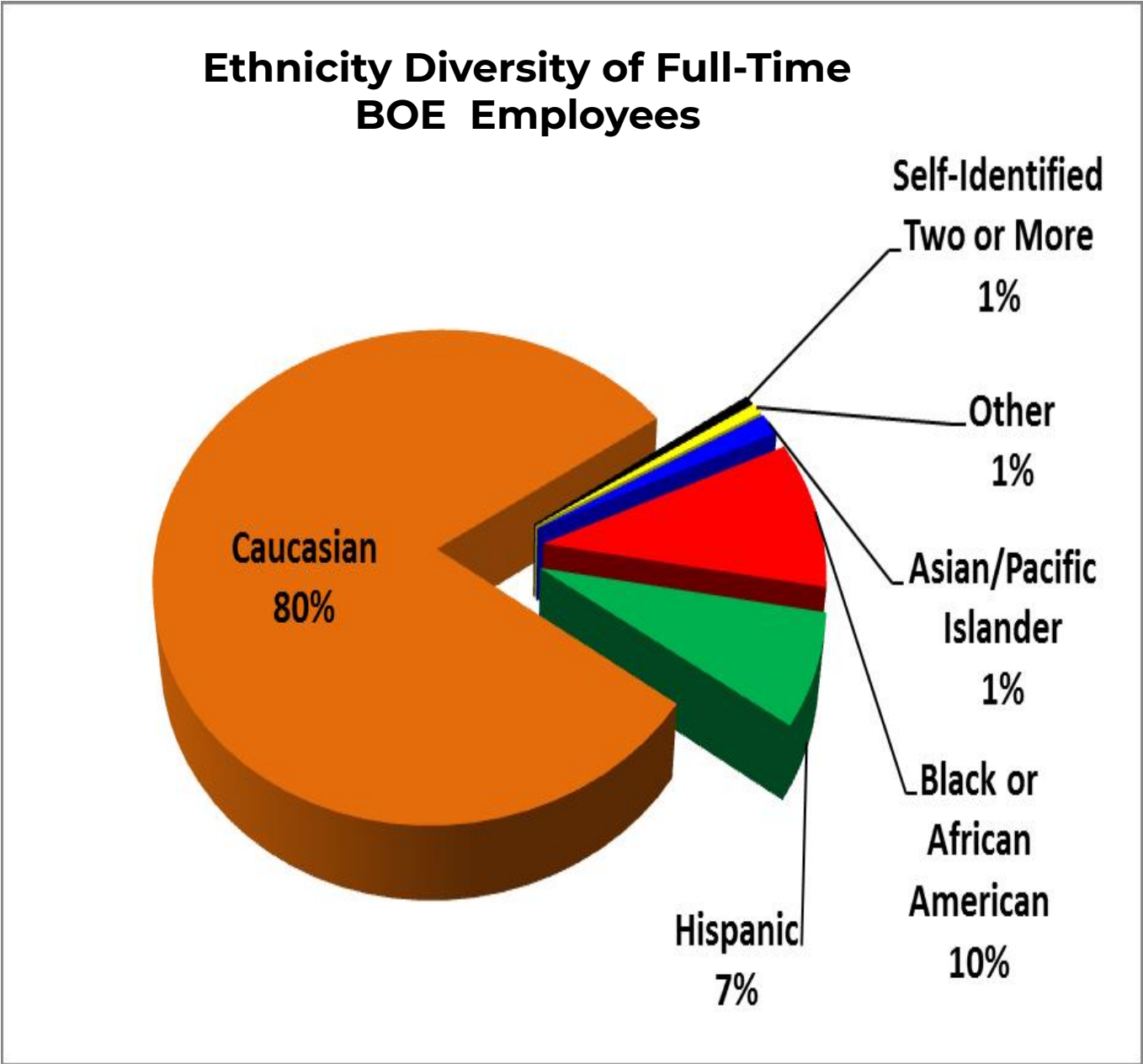
Ethnicity and Gender Diversity of Town Employees



In FY 2020, the Town of Manchester has **496** full-time employees and **249** part-time employees.

iii. Racial Data: Board of Education Employees

Ethnicity and Gender Diversity of BOE Employees



In FY 2020, the BOE has **1,234** full-time employees and **333** part-time employees.

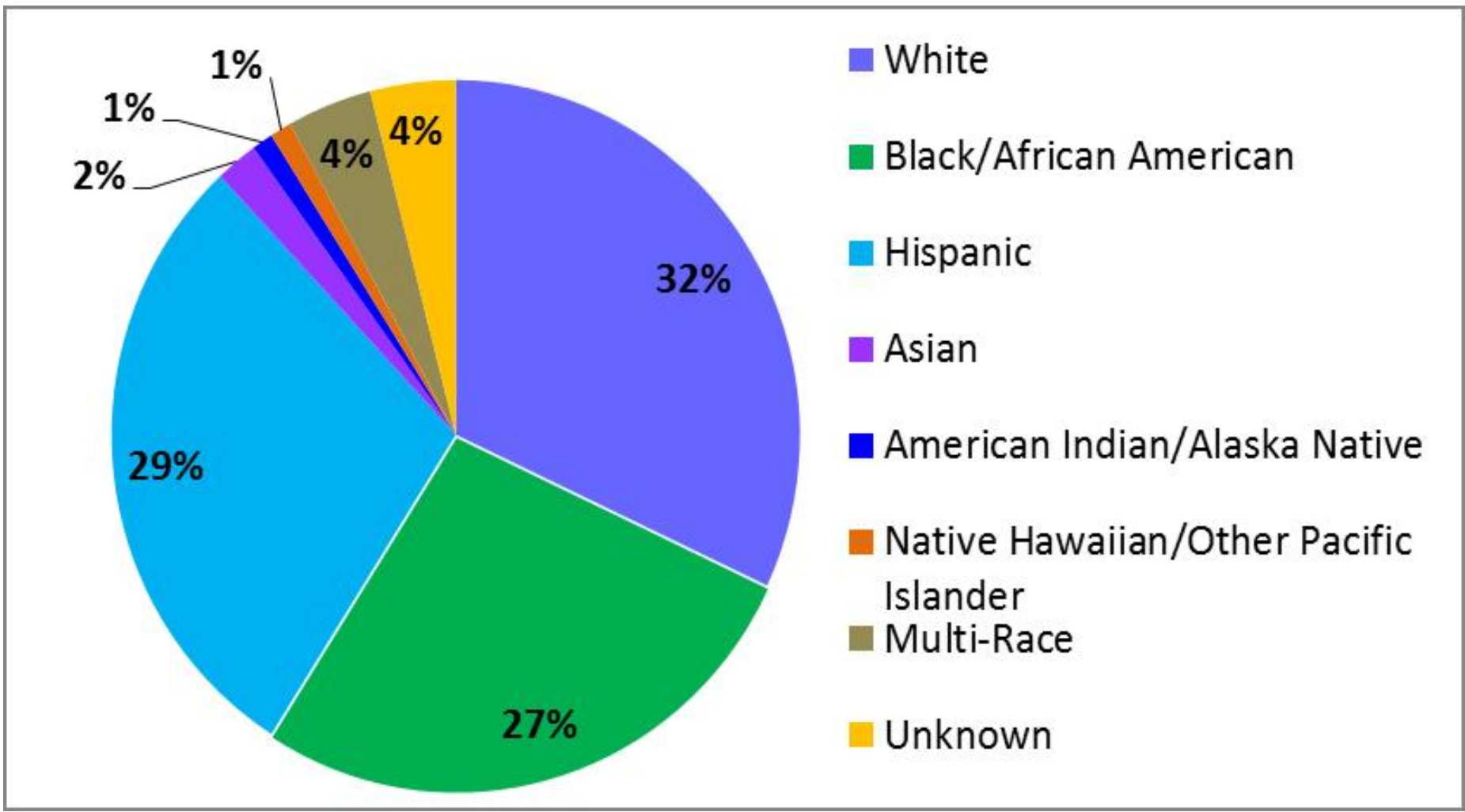
2. Equitable Delivery of Town Services

i. Social Services: Community Agencies Funded By Town of Manchester

The Human Services Administration oversees planning and program initiatives that assess and impact the human service needs of the diverse community of Town of Manchester. It secures grants and other resources to implement new programs. It provides contract oversight for community agencies receiving Town funds as well as contract oversight for some grant programs funded by both the state and federal government.

The Human Services Administration deals a number of community agencies in the Town of Manchester. The following graph illustrates the racial diversity of clients served by the Community Renewal Team (CRT), Manchester Area Conference of Churches (MACC) and Manchester Early Learning Center (MELC). These 3 agencies cover the following basic services categories in Manchester:

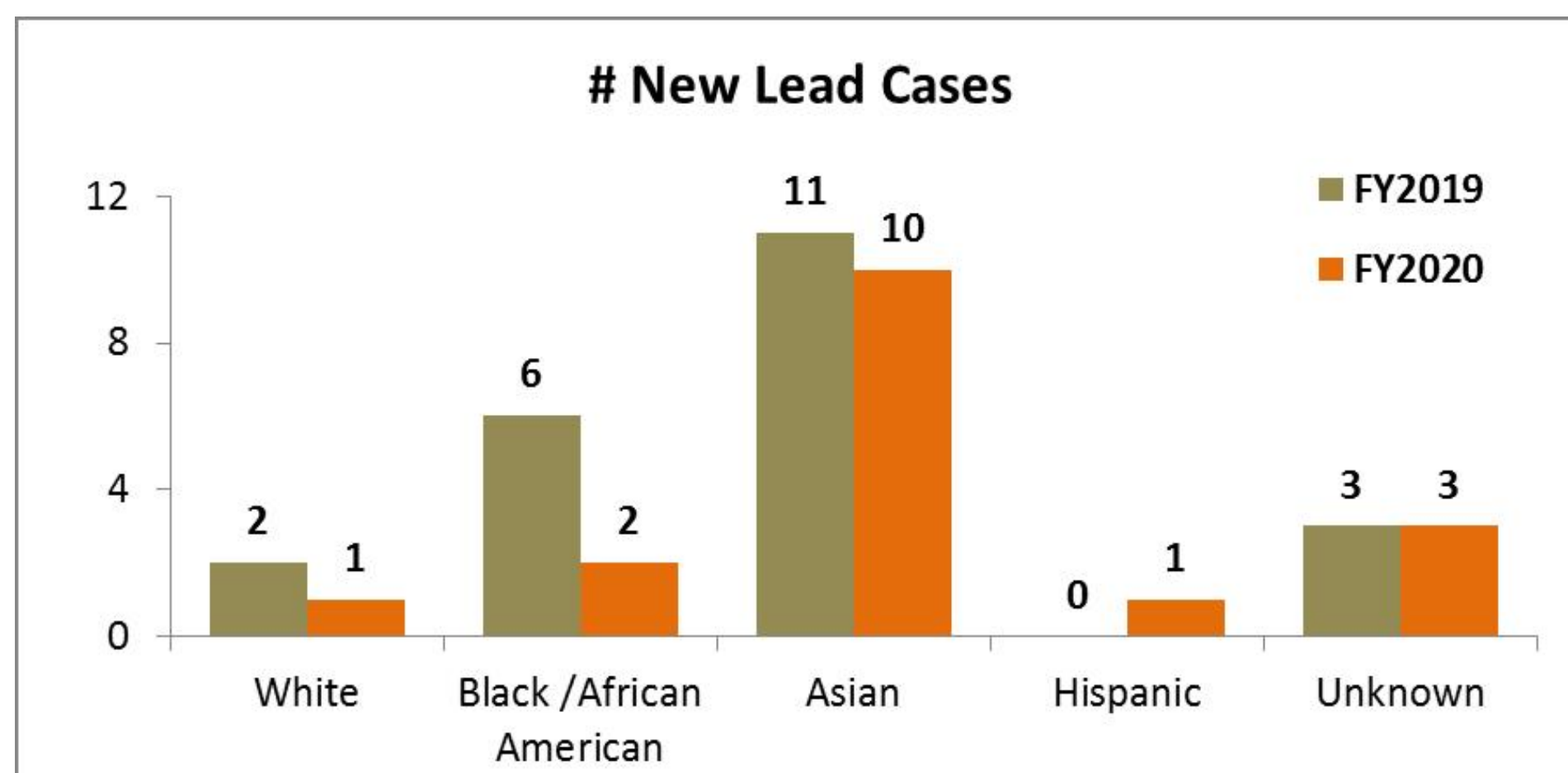
- Energy Assistance
- Financial Assistance
- Early Education
- Emergency Food (Food Pantry/Emergency Bags)
- Emergency/Community Outreach



This data represents service to over 1500 Manchester residents. This graph shows that almost one-thirds (32%) of the services resources are used by the Manchester white population. Hispanic and Black/African American use 29% and 27% respectively. The rest of the 8% are from minorities including Asian, American Indian/ Alaska Native and Native Hawaiian/Other Pacific. However, 4% are from unknown race/ethnic background.

ii. Health Service : Blood Lead Testing

The Health Department of Town of Manchester provides a wide range of information and health services to the Manchester residents, including blood lead testing. The following graph illustrates the racial distribution of the people receiving blood lead testing services from the Town of Manchester:



Most Asian cases are not housing related but rather children coming to the United States possibly already with a higher blood lead level from food additives, medicine, jewelry, etc.

Lead is highly toxic and can affect many organs and systems throughout the body. The Manchester Health Department provides blood lead testing to the Manchester residents. Universal Blood Lead Testing is mandated in CT to test children as follows:

- Between 9 months and 36 months of age, each year for elevated blood lead levels.
- Most providers test at 12 months and 24 months of age.
- Between 25-72 months of age, if not previously been tested, regardless of risk .
- < 72 months of age, with developmental delays (especially if associated with pica) . A new case is defined as a capillary blood test that is elevated (equal to or greater than 5µg/dL) and then confirmed with a diagnostic (venous) blood lead test.

iii. Health Service : Lead Abatement Program

Lead abatement in regard to lead poisoned children under 6 are inspected and approved for abatement by the Health Department of Town of Manchester. Environmental case management is triggered by:

1. A venous test result of 20 µg/dL of blood or greater
 - An epidemiological investigation
 - Order Lead Abatement to prevent further exposure
 - Effect relocation (if necessary)
 - Within 30 days report result of investigation and action taken
2. Two venous tests taken at least three months apart with results between 15 and 19 µg/dL of blood.
 - Provide parent with information on lead poisoning, precautions to be taken and eligibility for Birth to 3 services
 - Conduct on-site inspection to identify source of lead
 - Order remediation



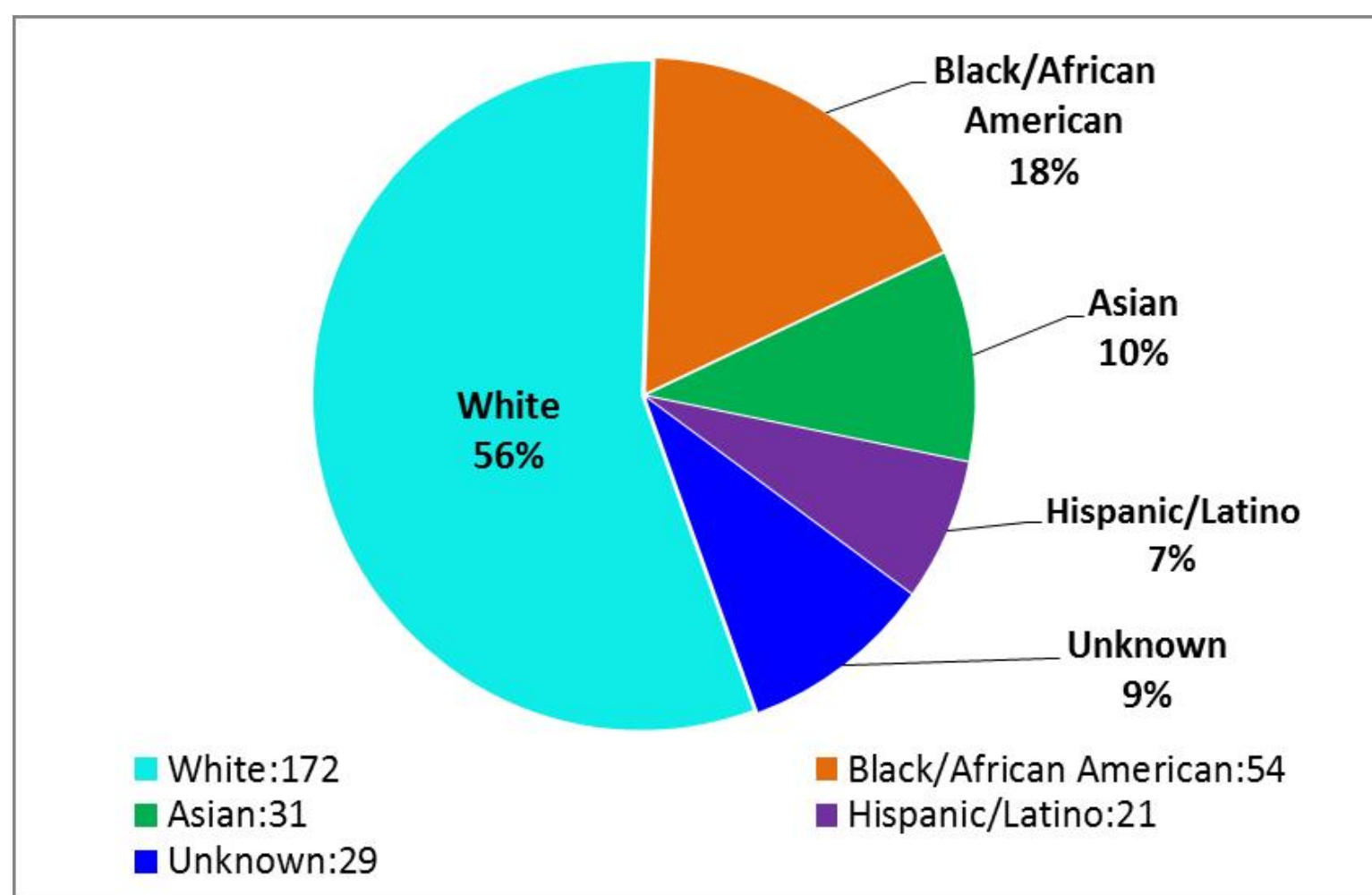
Image Credit: health.hawaii.gov

Medical Follow-up: Public Health Nurse is required to track the child's blood lead level and remind the parent and or pediatrician's office of follow up venous blood testing until the child's blood lead level is below 5 ug/dL.

iv. Health Service : COVID-19 Testing Events

Presently US is experiencing its worst public health crisis because of COVID-19. This has presented challenges to local governments and institutions across the country. However, the professional and talented employees of Town of Manchester, are dedicated to provide quality service to the Manchester community even during this ongoing, dynamic challenge.

The Town of Manchester Health Department approached the global pandemic in a professional and honest way as they steered through uncharted waters. The health department started conducting contact tracing and data monitoring for all COVID-19 cases in Manchester. They also started preparations for a COVID-19 vaccination clinic for when a vaccine becomes available.



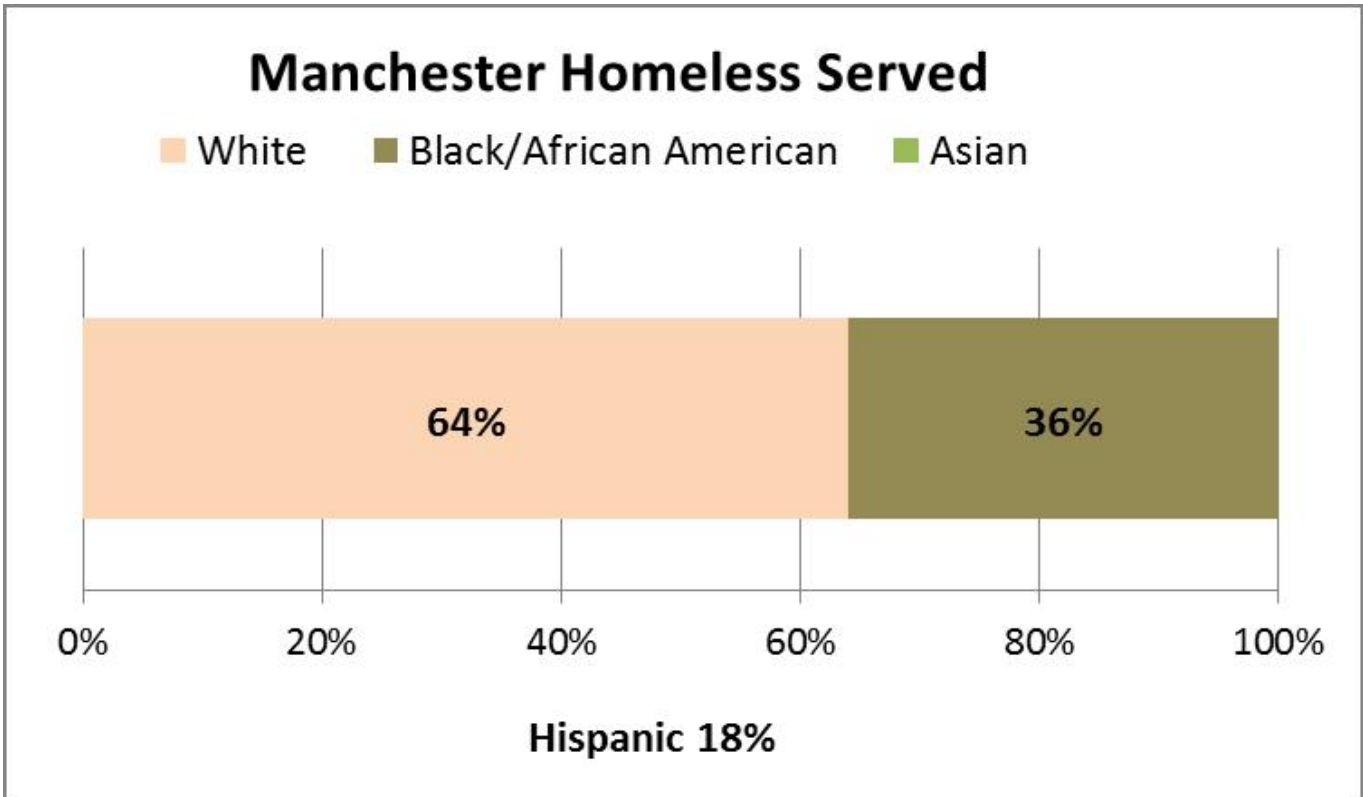
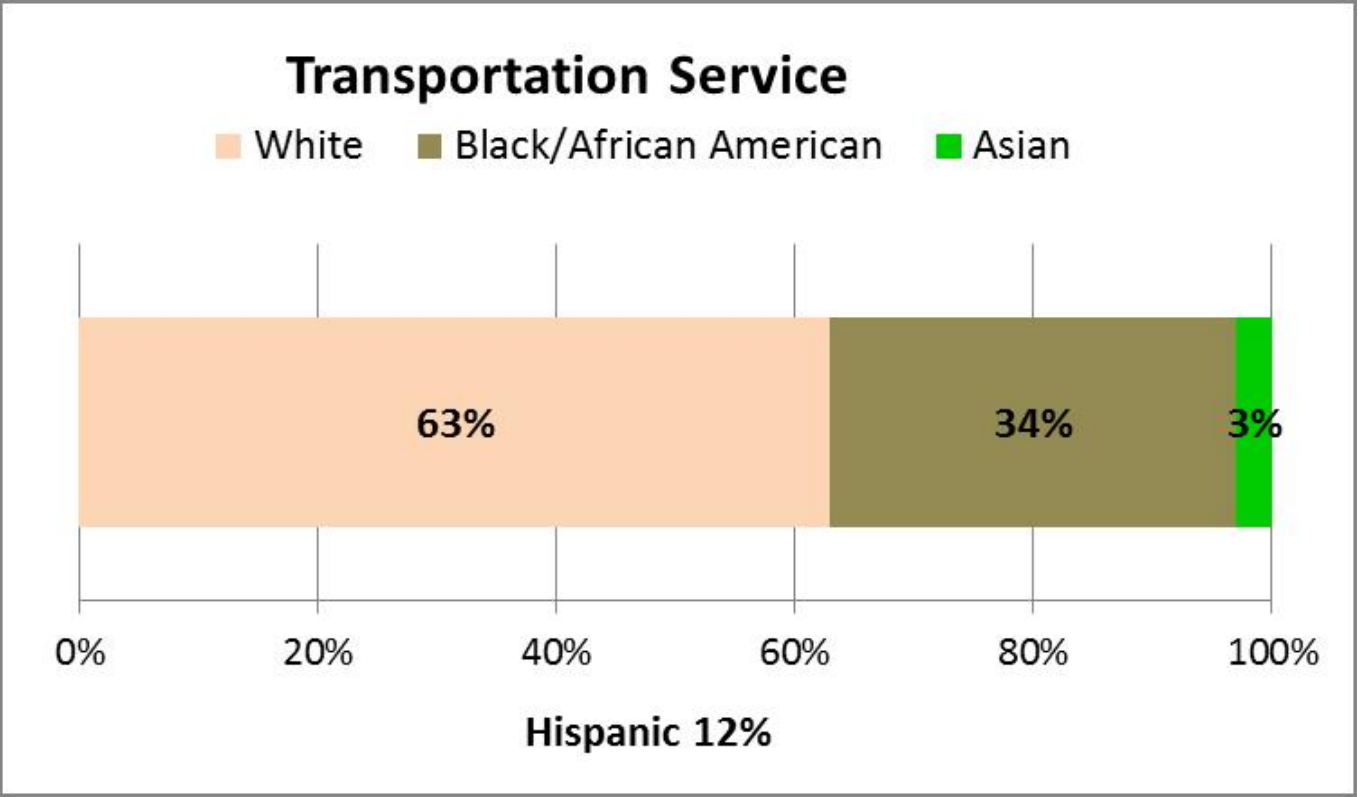
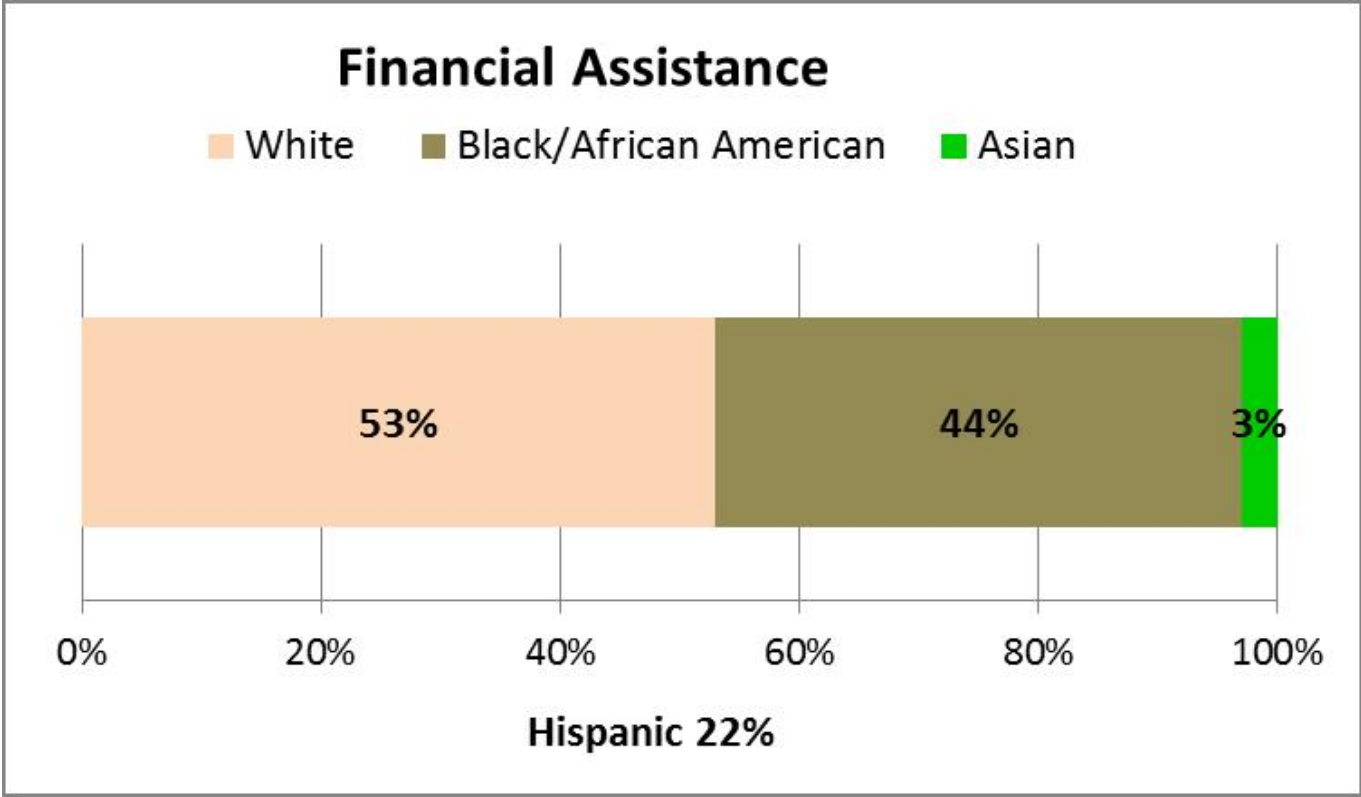
The Town of Manchester Health Department hosted **3** COVID-19 testing events at following 3 different locations, where total **307** individuals from diverse backgrounds were tested:

- Lincoln Center on 09/28/2020
- Whiton Library on 10/08/2020
- Senior Center on 10/22/2020

The event attendees were asked to self-report race & ethnicity. The above graph shows that 56% of the individuals tested for COVID-19 were white. 18% of individuals tested were Black/ African American. Asian and Hispanic/Latinos comprised of 10% and 7% respectively. However, 9% of individual tested preferred not to report their race/ethnicity.

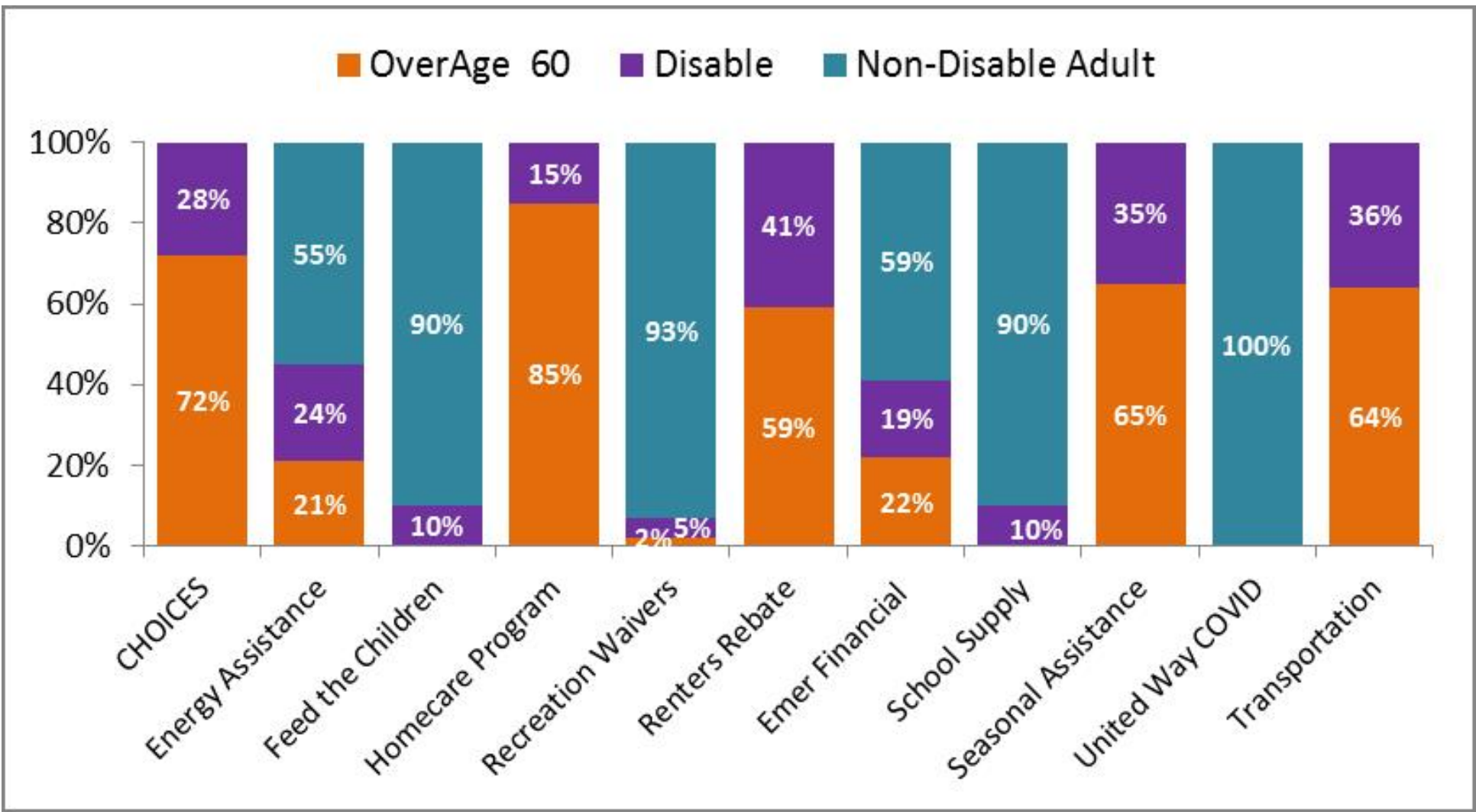
v. Senior, Adult and Family Services (SAFS)

Senior, Adult & Family Services (SAFS) serves Manchester residents of all ages to ensure that basic financial, housing, health and daily living needs are being met. Residents get prompt and accurate information about programs and services available.



SAFS assisted 64 Manchester residents who reported being homeless in some form, i.e. unsheltered, doubled-up, temporarily in a motel, living in a car, etc.

The above graphs show various services offered by SAFS and utilization of these services by Manchester population as racial percentage. SAFS financial assistance programs include Renters Rebate, Energy Assistance, Emer Financial and Seasonal Assiatance etc.



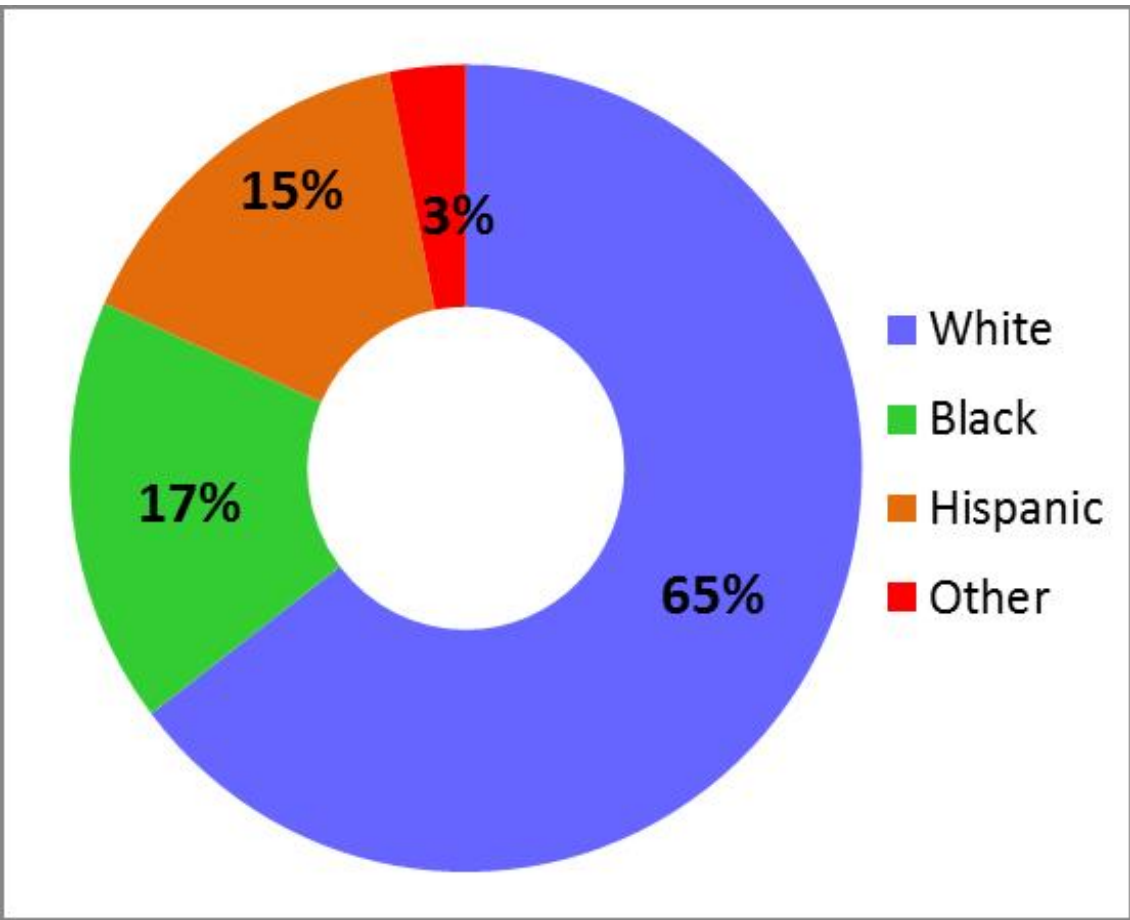
One of the goals of this division is to assist older adults and people with disabilities who want to remain independent in the community. This graph shows various services utilized by the older adults and individuals with disabilities in the Town of Manchester.

3. Equitable Protection Under the law

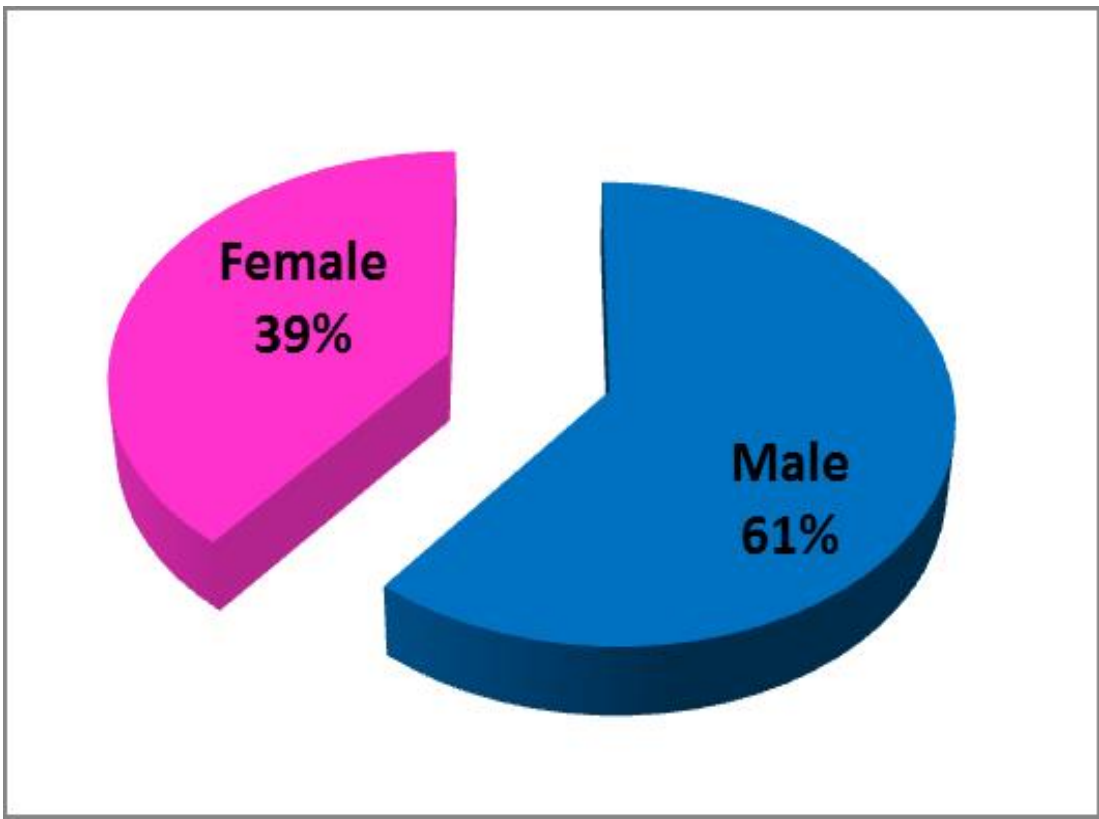
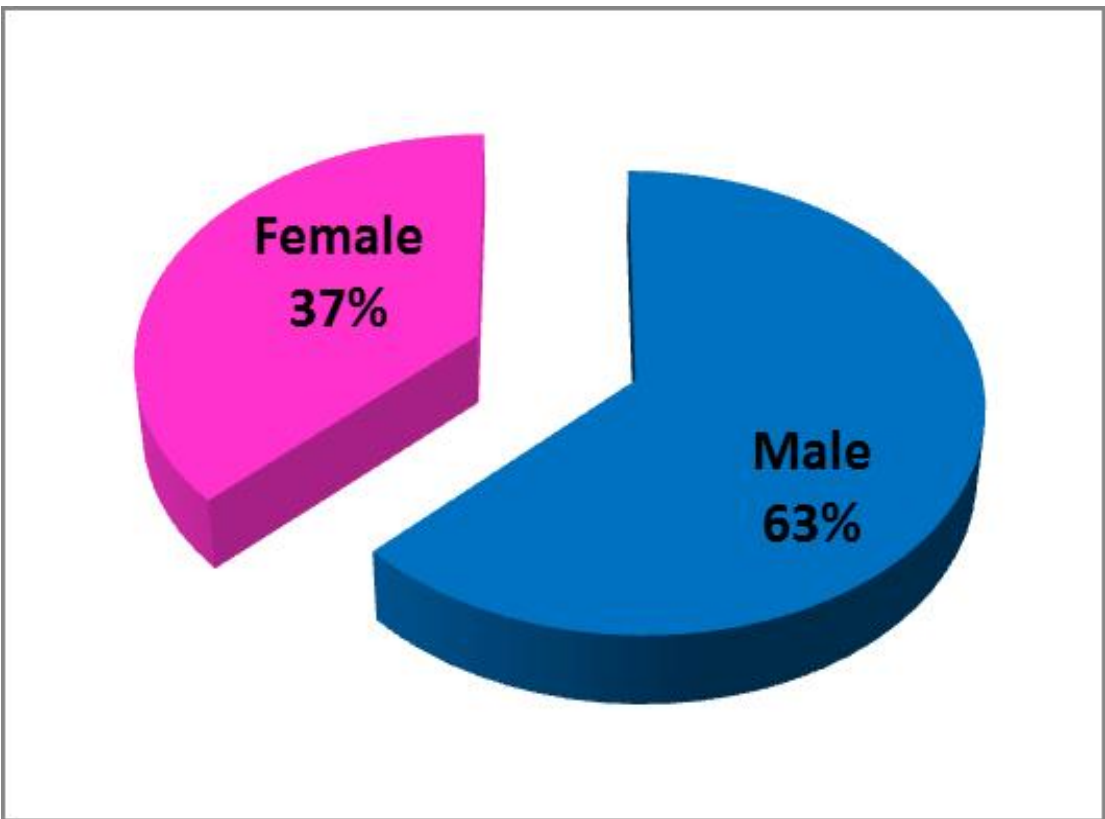
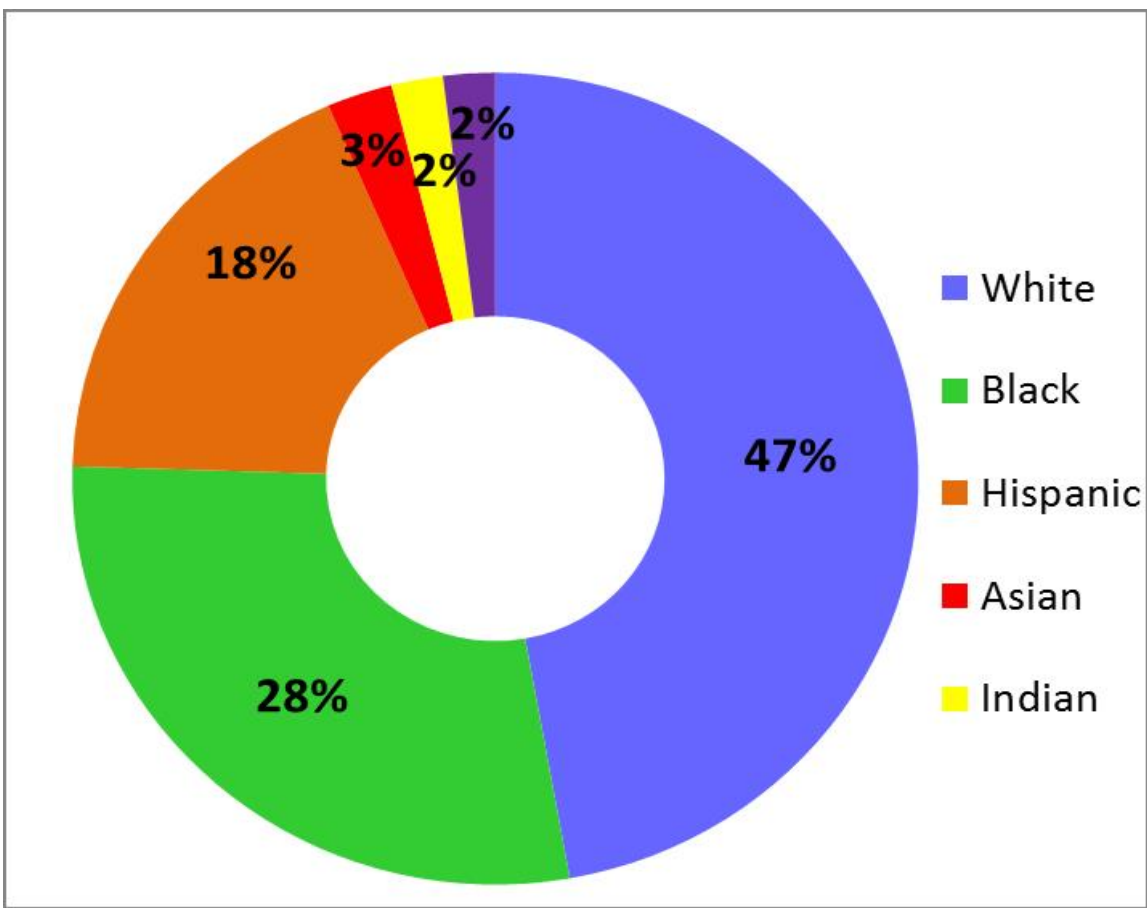
Racial Profiling Traffic Stops

Disparities across racial and ethnic groups occur in traffic stops in Connecticut. First enacted in 1999, Connecticut's anti-racial profiling law entitled, the Alvin W. Penn Racial Profiling Prohibition Act (Public Act 99-198), prohibits any law enforcement agency from stopping, detaining, or searching any motorist when the stop is motivated solely by considerations of the race, color, ethnicity, age, gender or sexual orientation of that individual (Connecticut General Statutes Sections 54-1l and 54-1m). In 2012 and 2013, the Connecticut General Assembly made several changes to this law to create a system to address racial profiling concerns in Connecticut.

Statewide Traffic Stops



Manchester Traffic Stops

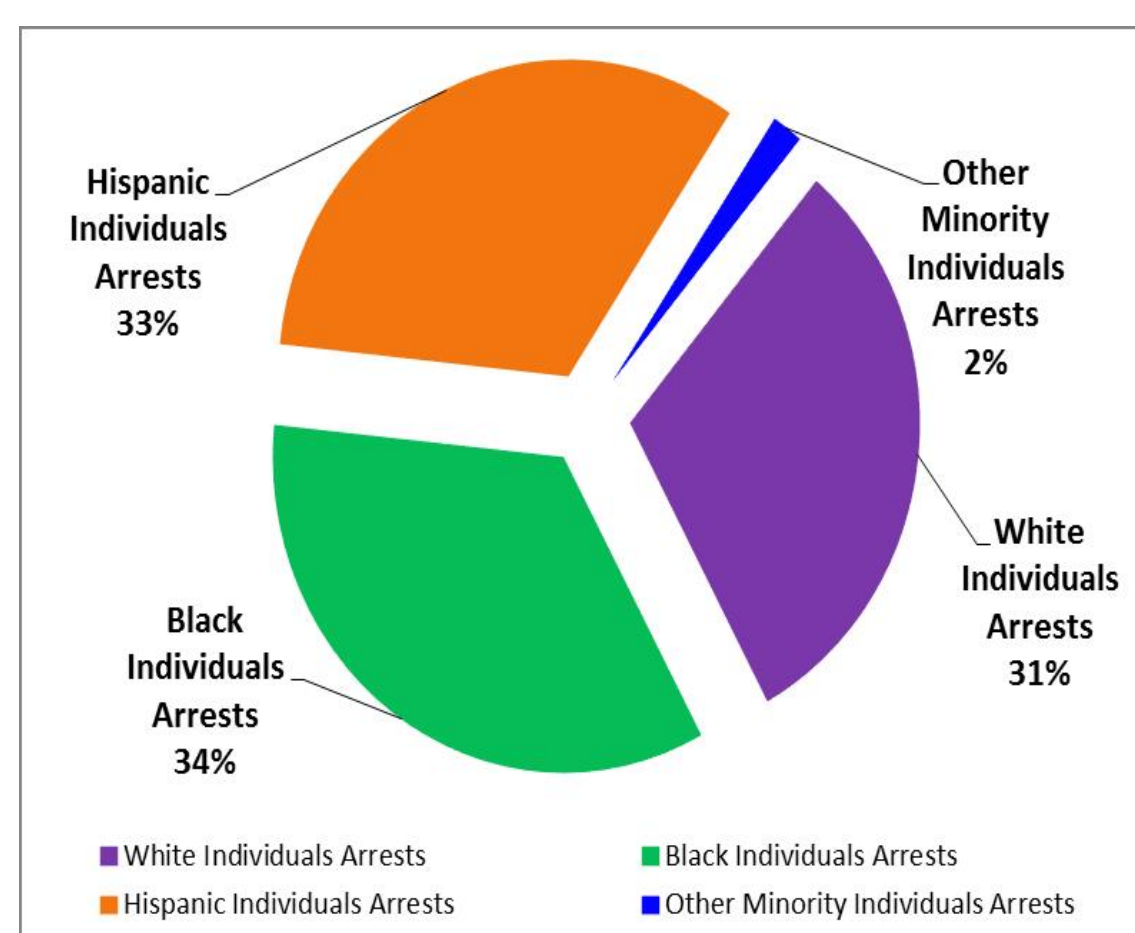


The above graphs present basic demographic data on traffic stops in Connecticut (statewide) and Town of Manchester (by the Manchester Police Department other than state police). The vast majority of stops were White drivers, the rest of drivers were minority motorists. Minority motorists include Black drivers, Hispanic drivers, Asian/Pacific Islander and American Indian/Alaskan Native drivers. Nearly two-thirds of drivers stopped were male.

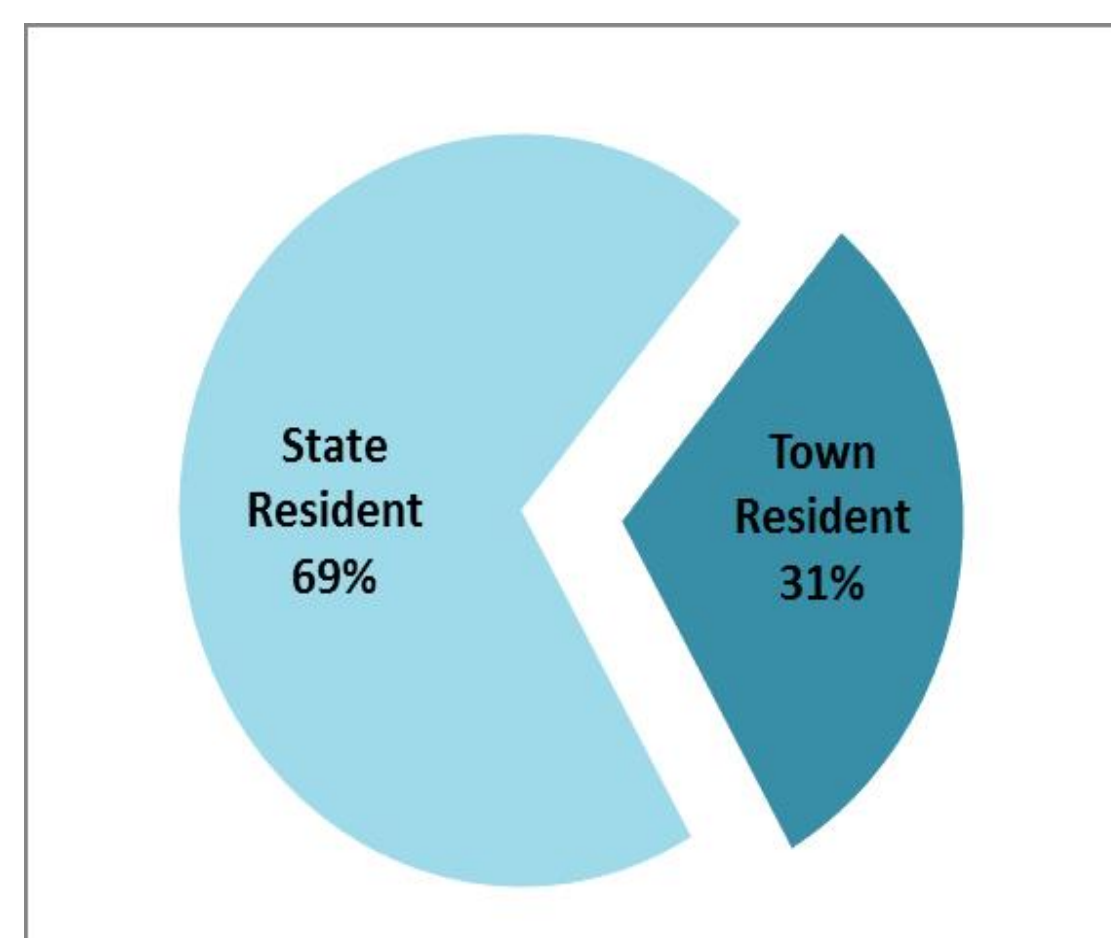
Traffic Stop Characteristics		
	Statewide [8]	Town of Manchester
Classification of Stops		
Motor Vehicle Violation	88.0%	82.3%
Equipment Violation	9.9%	15.1%
Investigatory	2.1%	2.6%
Outcome of Stop		
Uniform Arrest Report	0.8%	0.9%
Misdemeanor Summons	5.4%	8.4%
Infraction Tickets	40.9%	26.3%
Verbal Warning	37.6%	56.8%
Written Warning	13.9%	4.7%
No Disposition	1.4%	2.9%
Vehicle Searched	3.2%	4.1%

This table presents data on the characteristics of the traffic stops in overall state of Connecticut Vs Town of Manchester. Most traffic stops were made for a violation of the motor vehicle laws as opposed to a stop made for an investigatory purpose or motorist assist. Speeding was the most common violation that drivers were stopped for. In the Town of Manchester, after a driver was stopped, approximately 26% were given a ticket while most of the remaining drivers (61.5%) received some kind of a warning.

Traffic Stop Arrests



Traffic Stop Resident



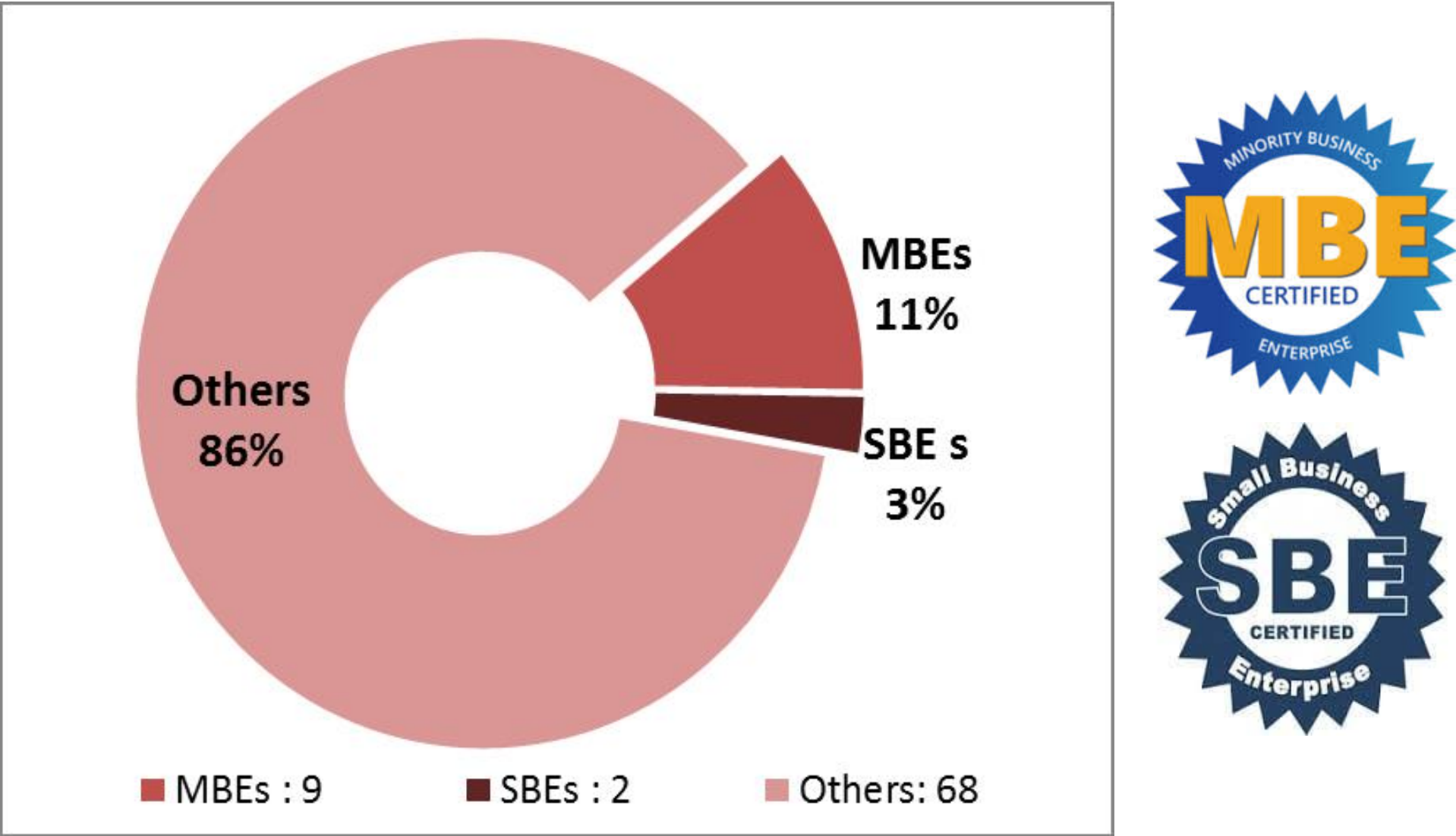
Statewide and in the Town of Manchester, less than 1% of traffic stops resulted in the arrest of a driver. During FY 2020, total 58 traffic stop arrests were made in the Town of Manchester. 18 (31%) of these arrests were white individuals and 20 (34%) were Black individuals. 19 (33%) were Hispanic and only 1 (2%) individual from minority group was under traffic stop arrest.

During FY 2020 in the Town of Manchester, 31% of stops were of town residents and 69% were state residents.

4. Outreach & Engagement

i. Purchasing : Bids Award to Minority Business Enterprises (MBEs) and Small Business Enterprises (SBEs)

Connecticut General Statutes (CGS) impose certain requirements with regard to the utilization of small business enterprises (SBE) and minority business enterprises (MBE). The set-aside programs require that twenty-five percent (25%) of the individual institution’s acquisitions be “set aside” and directed to such enterprises as have been certified by DAS, provided that all other statutory and regulatory requirements are met. In addition, twenty-five percent (25%) of that twenty-five percent (25%) is to be directed specifically to minority owned business enterprises, which include women-owned business enterprises. ^[9]



During FY 2020 Town of Manchester awarded **79** total bids: The contracts awarded to **9** MBEs and **2** SBEs collectively represent over **\$8.2** million dollars in work for these businesses.

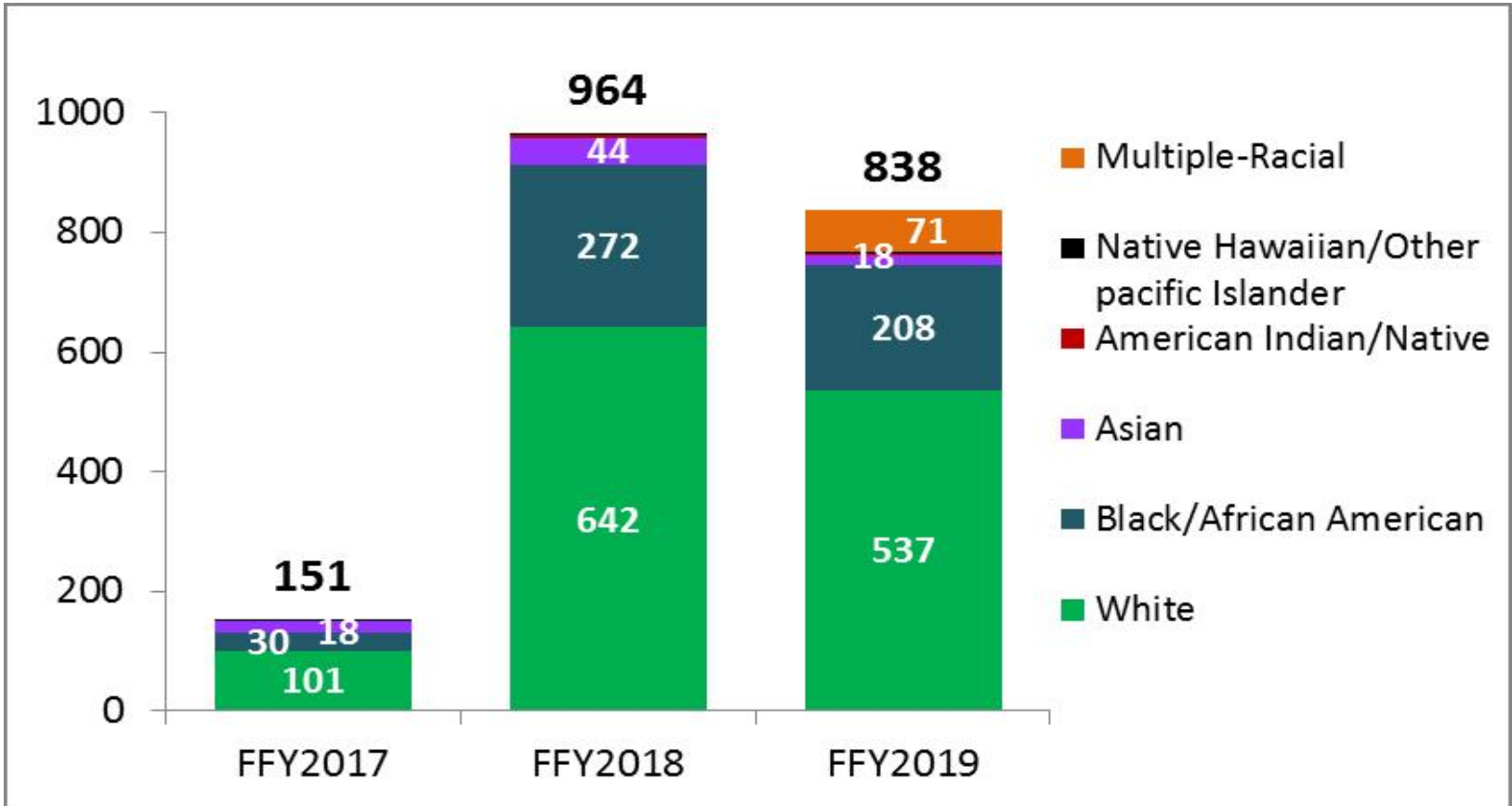
Minority group members are United States citizens who are Asian, Black, Hispanic and Native American. Ownership by minority individuals means the business is at least 51% owned by such individuals and the management and daily operations are controlled by those minority group members. ^[10]

In an effort to find out how other towns are tracking/handling MBE/SBE statistics, the Purchasing Department Town of Manchester, reached out to the Public Purchasing Association of CT. Glastonbury, Bloomfield and Bristol ask for this MBE/SBE information from awarded vendors only, although Glastonbury is thinking about adding this to the information they collect from all vendors who submit proposals. Danbury and Wallingford currently do not look at this metric at all, but are in the midst of transitioning to new electronic procurement systems where they will probably begin collecting this information.

ii. Planning & Economic Development :
Community Development Block Grant (CDBG)

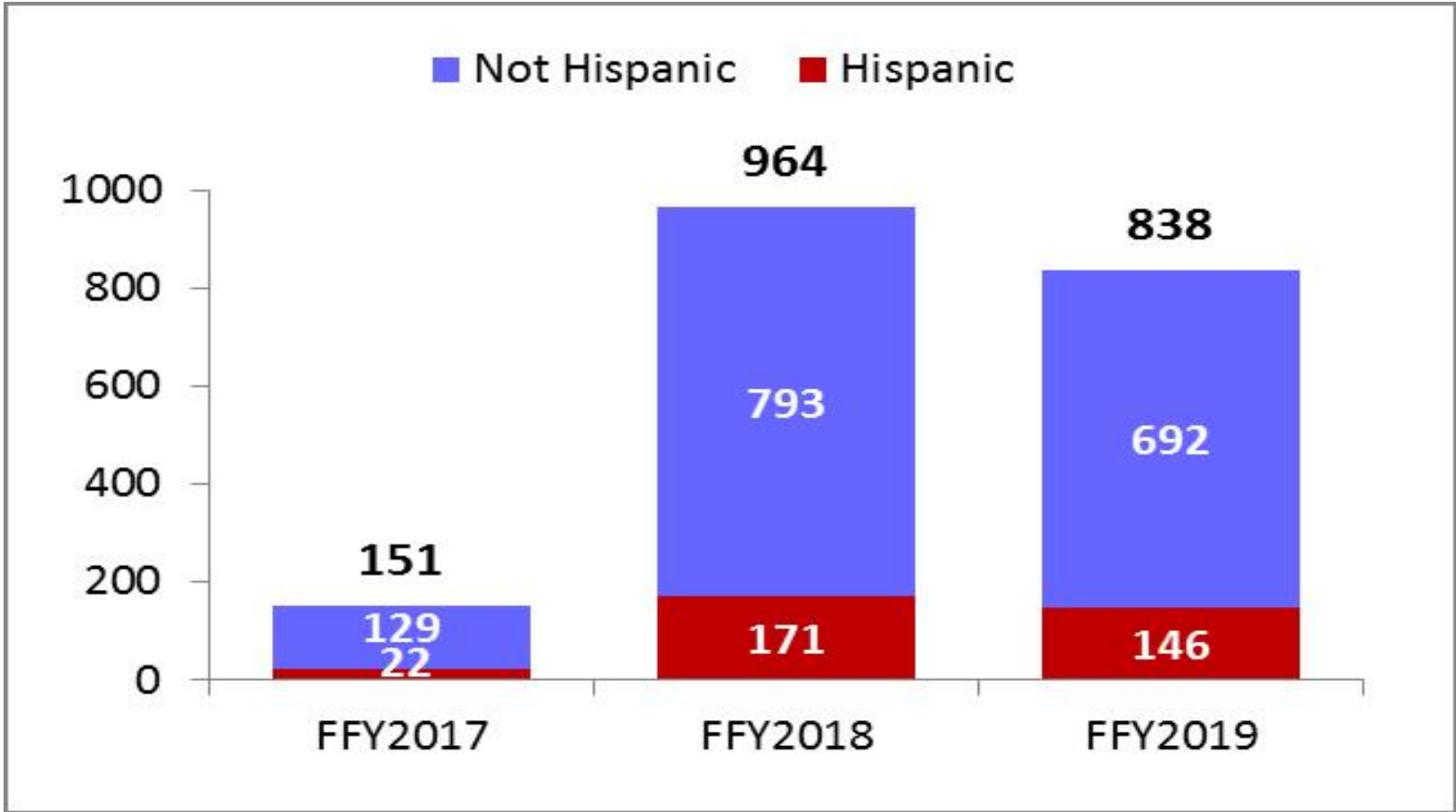


The Town of Manchester recognizes the importance of public service projects assisted through Community Development Block Grant (CDBG) funding. It is increasingly challenging to meet the needs of residents as funding for social services declines yet the need for such services continues to rise. These programs provide assistance to the homeless, enrichment activities for youth (i.e. East Side After-School Program) and try to improve the health and well-being of individuals and families (BrightStart workshops and Interval House East). The following graphs show assistance provided by CDBG-funded programs to various racial and ethnic groups over the past few years.



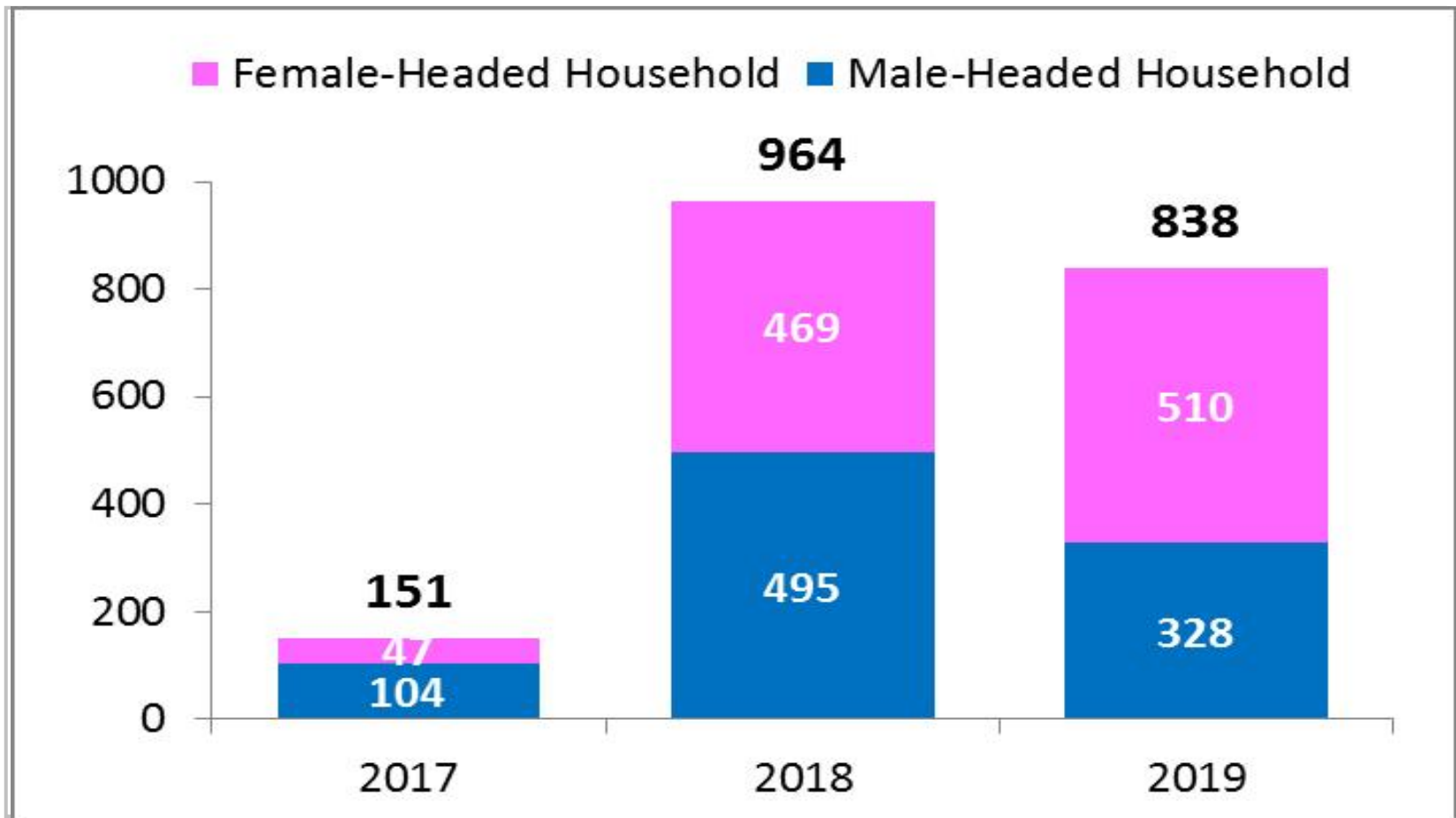
Racial Breakdown of Residents Assisted

Program beneficiaries are asked to self-report race, ethnicity and whether they live in a female-headed household. Information reported for FFY2017, 2018 and 2019 is displayed in the graphs to the left.



Assistance to Hispanic and Non-Hispanic Residents

The significant increase in residents assisted between FFY2017 and FFY2018 is due to the funding of Interval House East since FFY2018. Their domestic violence programs provide services to a large number of residents each year.



Assistance to Male Vs. Female-Headed Households

As is the case with the two other graphs, the number of female-headed households receiving assistance through CDBG-funded programs varies each year.

iii. Office of Neighborhood and Families (ONF) : Farmers Market

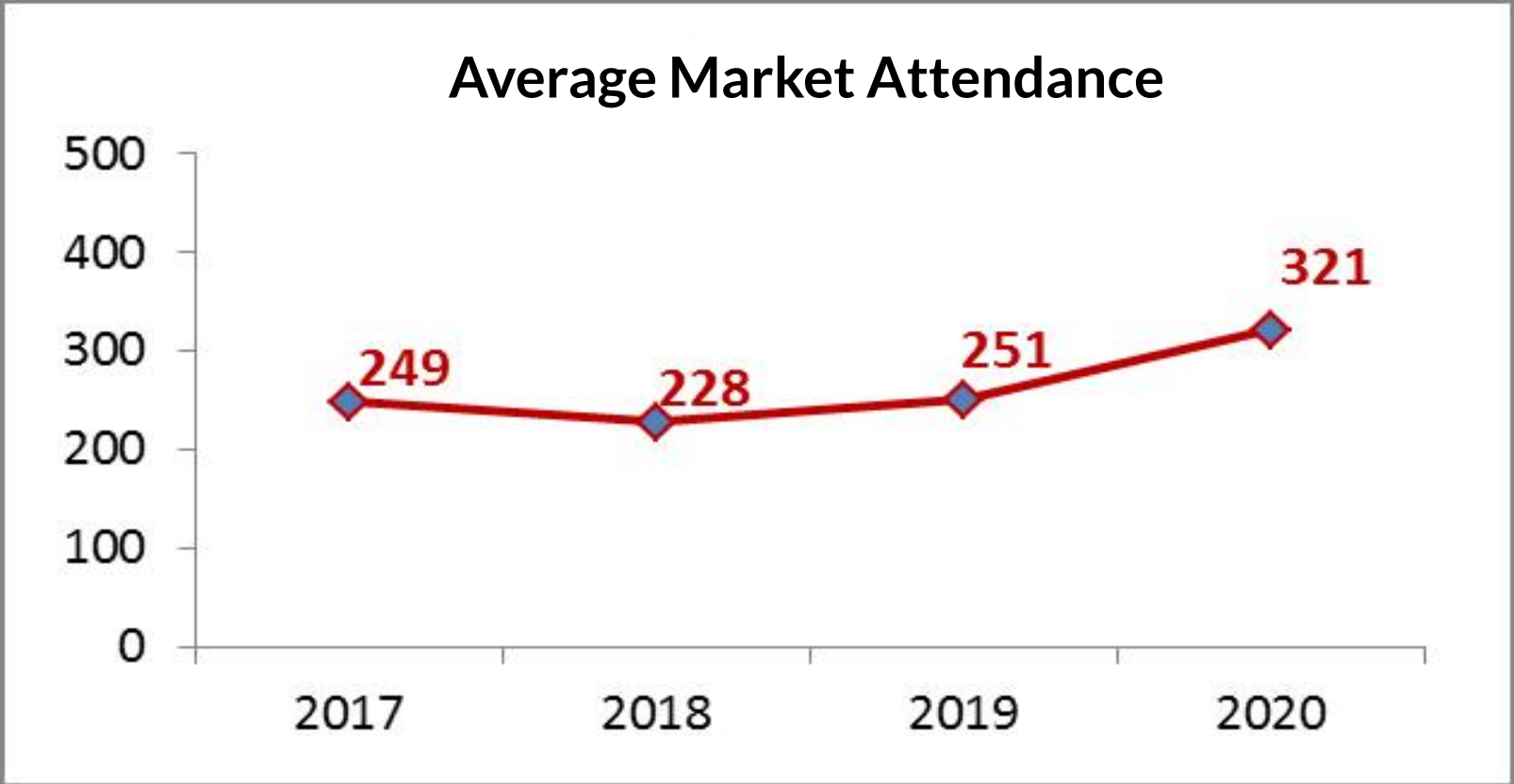
In 2009, the USDA estimated that 23.5 million American lived in a low-income area and more than one mile away from a supermarket or a large grocery store. The Limited access to supermarkets, grocery stores, or other sources of healthy and affordable food may make it harder for some residents to eat a healthy diet. There are many ways to measure food store access for individuals and for neighborhoods, and many ways to define which areas are food deserts—neighborhoods that lack healthy food sources. ^[11]



The Office of Neighborhood and Families (ONF), a division of the Department of Leisure, Family and Recreation, holds the Spruce Street Market every Wednesday night, from June to August. It is located in one of the more diverse & economically-stressed neighborhoods in Manchester where no walkable grocery store is available. It provide easy access to fresh food for all individuals.

This year ONF had:

- 35 vendors
- 2,250 customers
- \$1,071 SNAP Reimbursements



The FY 2020 Spruce Street Market had the highest average attendance, including an increase of 28 percent (70 people) from the FY 2019 market season.

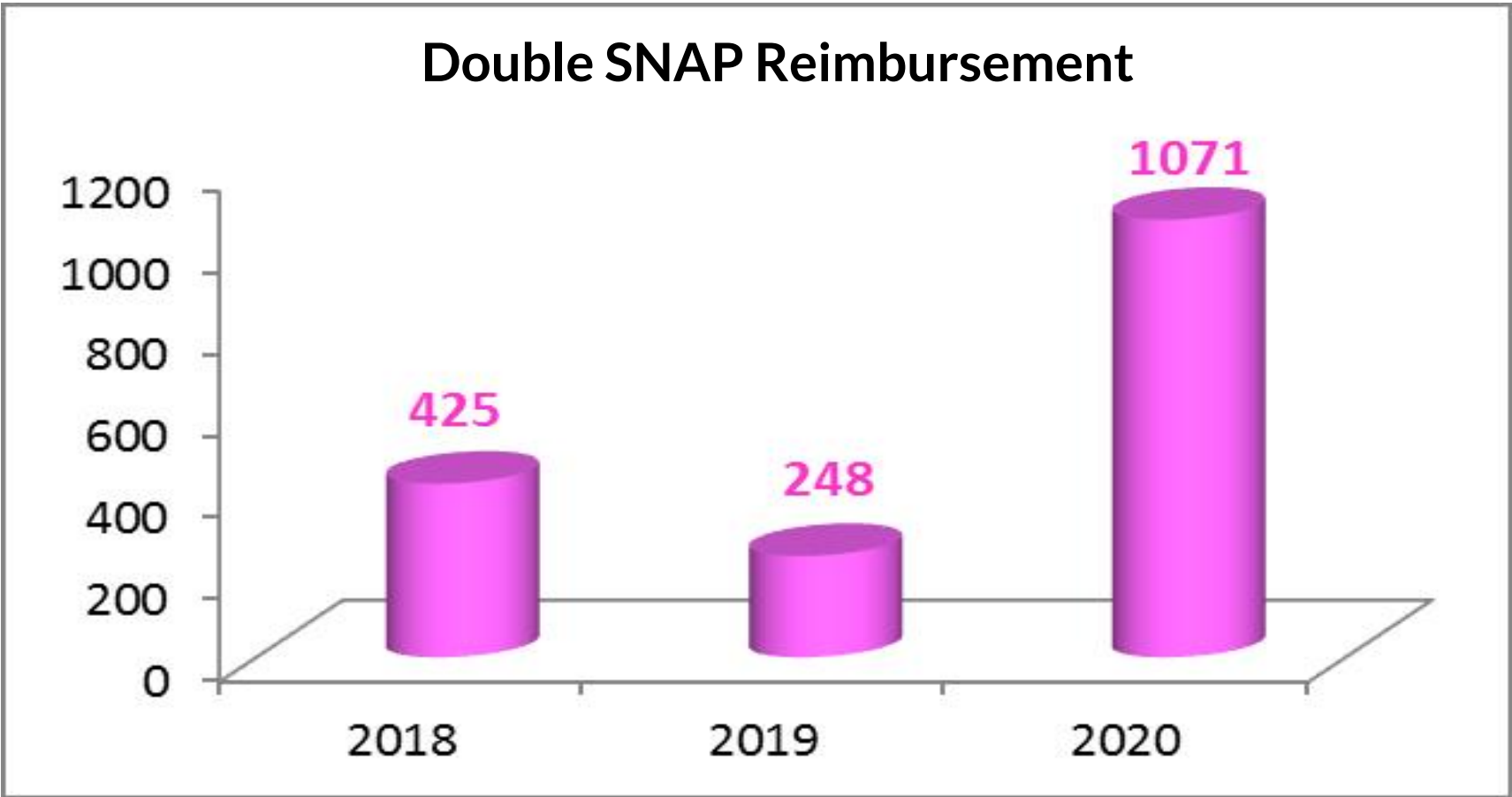


Photo Credit: Hartford Courant*

The Spruce Street Market is a recipient of the USDA’s Gus Schumacher Nutrition Incentive Program. These funds were awarded through Wholesome Wave. ONF works closely with 'End Hunger CT' and 'Farm Fresh Rhode Island' to manage these funds. This program doubles SNAP incentives for market customer. If a customer uses \$10.00 on their EBT card they will get \$20.00 worth of Connecticut Grown produce. The FY 2020 Spruce Street Market had the highest total Double SNAP Reimbursements, with over four times more incentives redeemed than during the FY 2019 season.

iv. Office of Neighborhood and Families (ONF) : Spruce Street Community Garden

The Spruce Street Community Garden is in a qualified food dessert area and provides growing plots for individuals who want access to local produce and of course healthy options.



The Spruce Street Community Garden has expanded to **27** planting beds. These are rented by neighborhood gardeners, providing food to **65** individuals all year round.



Made possible through funding from the Community Development Block Grant, the office of Neighborhoods and Families will be undertaking major renovations to the Spruce Street Community Gardens. The newly designed garden layout will feature 28 garden beds made from responsibly sourced repurposed wood, as well as changes to pathways and equipment storage that will make for a more user friendly space. All modifications to the existing garden are being made with the intention of increasing accessibility and user experience for diverse populations including community members who may require special accommodation. These upgrades will be a beautiful addition to the East Side Neighborhood and will have the added benefit of serving as a modern outdoor teaching garden for youth and adults.

iv. Human Resources: Diversity, Equity & Inclusion DEI Workshops

The Town of Manchester, provides employees' training and promotes diversity, equity, and inclusion in order to more fully cultivate the culture of anti-racism in the town. After the Board of Directors' adoption of the Community Engagement and Inclusion Plan for increasing inclusive public engagement in Manchester, the EIC (Equity & Inclusion Collaborative) meets periodically. Over the course of the last year it:



Photo Credit: American Physical Society **

- Discussed the transitions in Neighborhoods and Families Division staffing;
- Collaboratively developed a mental model of the EIC that includes role groupings and a process for how the group will collaborate in achievement of the action items in the plan;
- The DEI Coordinator will be responsible for overall project management of the plan with the support of two “work group leaders” temporarily selected to oversee the achievement of prioritized action items;
- Reviewed KJR Consulting’s role in this next phase of work in the development of tools for monitoring progress.

The priorities of these workshops are:



- To cultivate inclusive & culturally competent attitude and behavior in Manchester.
- To promote inclusive public engagement.

Human Resources department is hosting these educational Diversity, Equity and Inclusion workshops . During year 2020:



- 11 Total DEI workshops for full time staff;
- By December, all full time employees will have attended the workshops that cover topics addressing cultural competency and Equity 101.

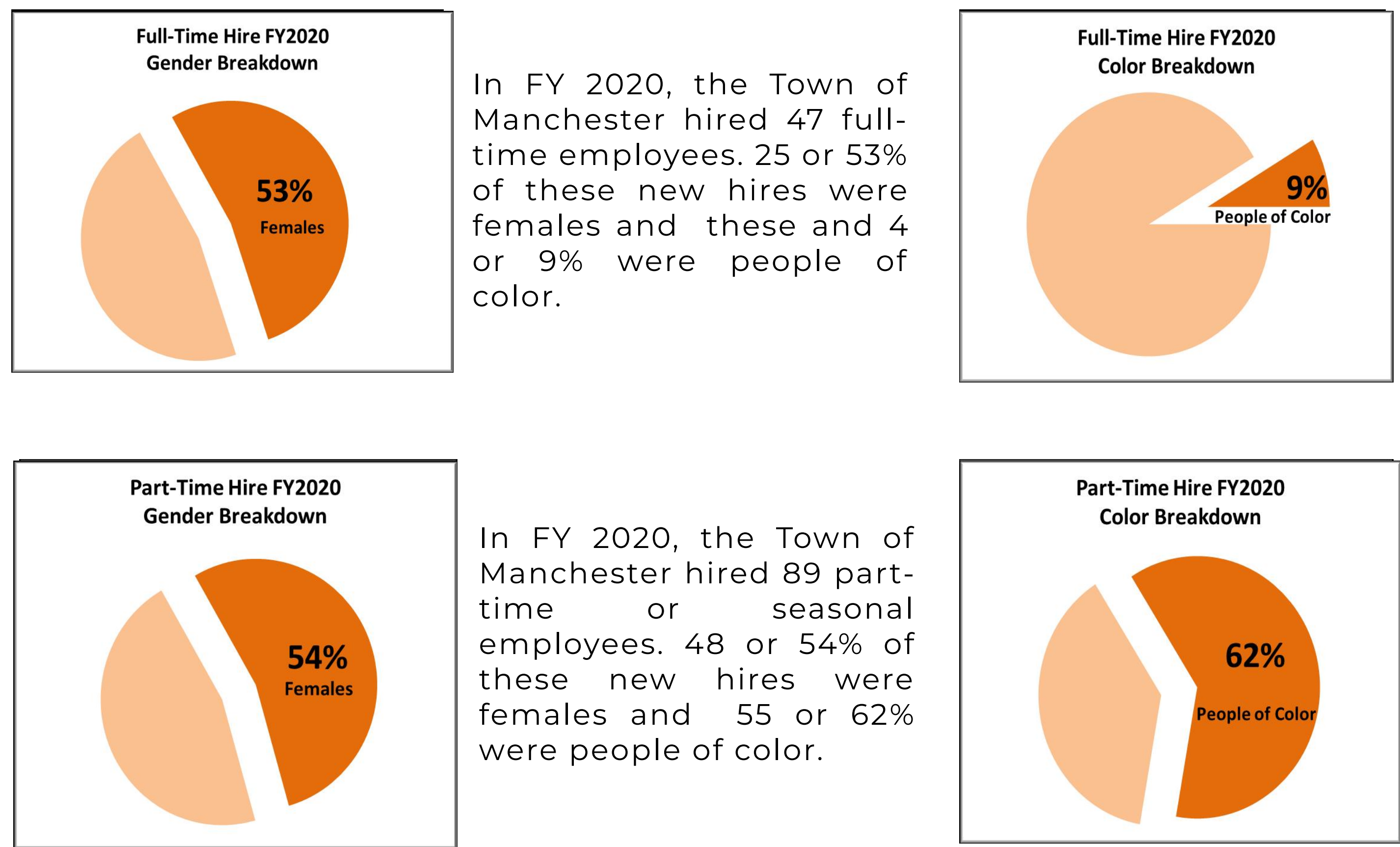


Source: Data and images provided by ONF and Human Resources departments of Town of Manchester.

* <http://www.courant.com/community/manchester/hc-mr-manchester-spruce-street-market-0827-20200821-yrz22g25czepnek7u6nqi4de2m-story.html>.

**DEI picture credit: IMAGE: AMERICAN PHYSICAL SOCIETY <https://news.psu.edu/story/630624/2020/09/02/academics/physics-department-joins-aps-network-improve-equity-diversity-and>

v. Human Resources: Recruiting and Outreach



The Town of Manchester provides an equal employment opportunity to all qualified individuals. It attracts and retains qualified and talented individuals from a wide range of backgrounds.

Diversity in Participation in Town Programs

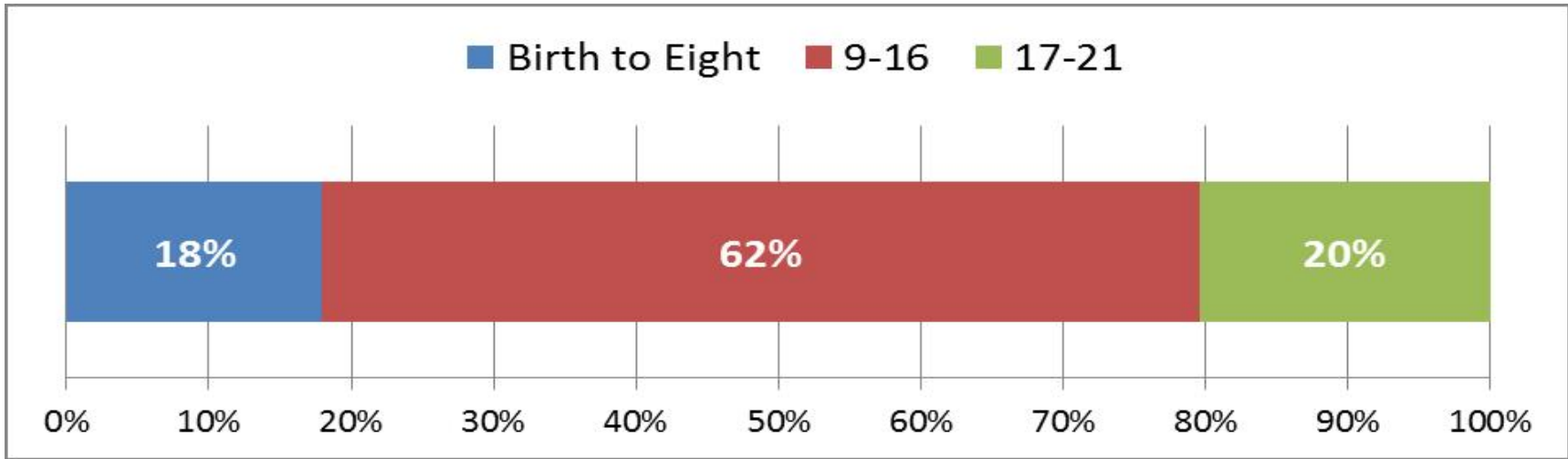
i. Youth Service Bureau Programs:

The Manchester Youth Service Bureau (YSB), a division of the Department of Leisure, Family and Recreation is a community based youth agency that provides a variety of no-cost programs and services to Manchester youth from birth to age 21. Programs and services fall under six core areas:

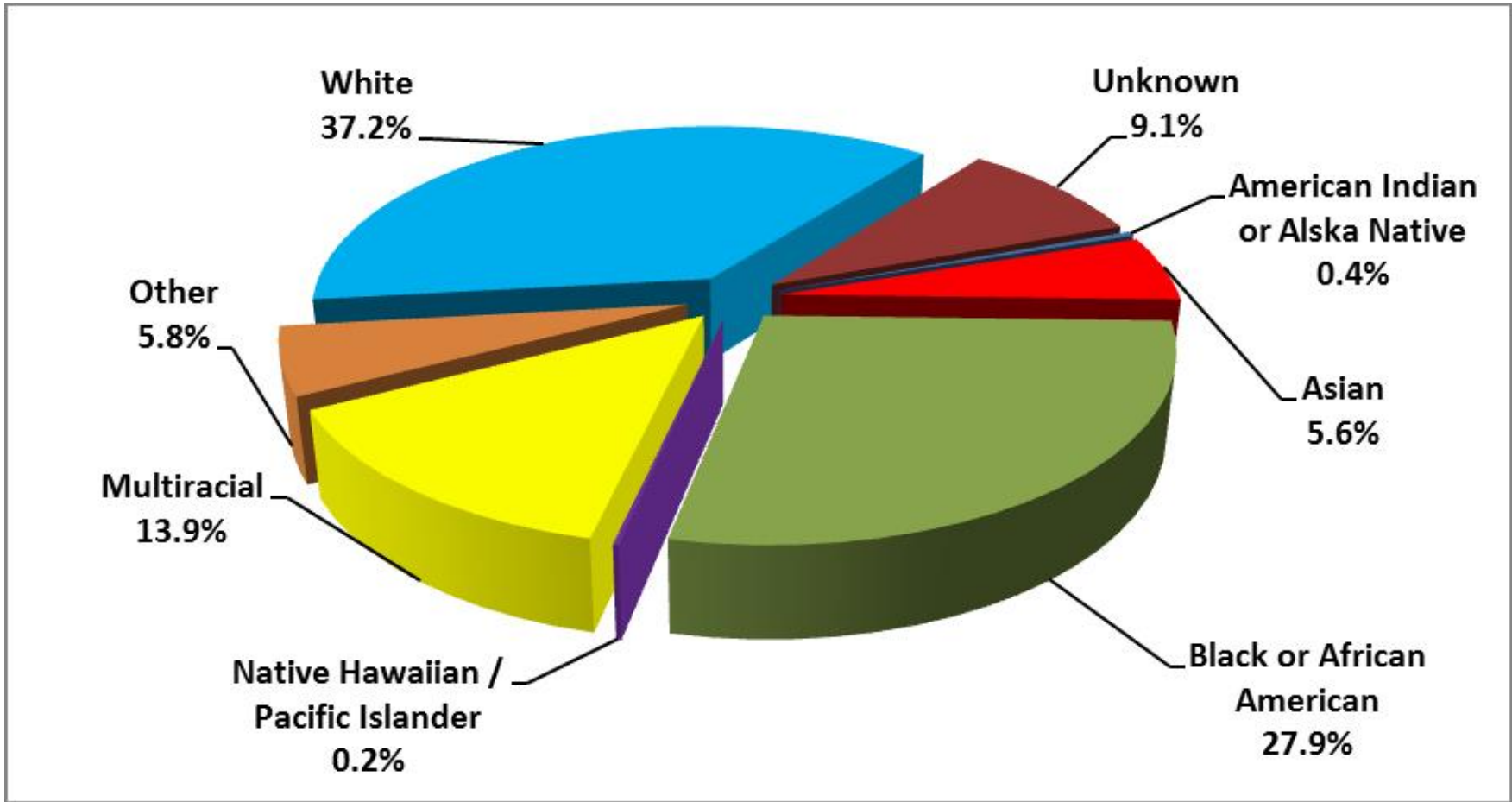
- Life Skills;
- Employment/Vocational skills;
- Community Service;
- Diversion;
- Early childhood Services;
- Teen Center Outreach.



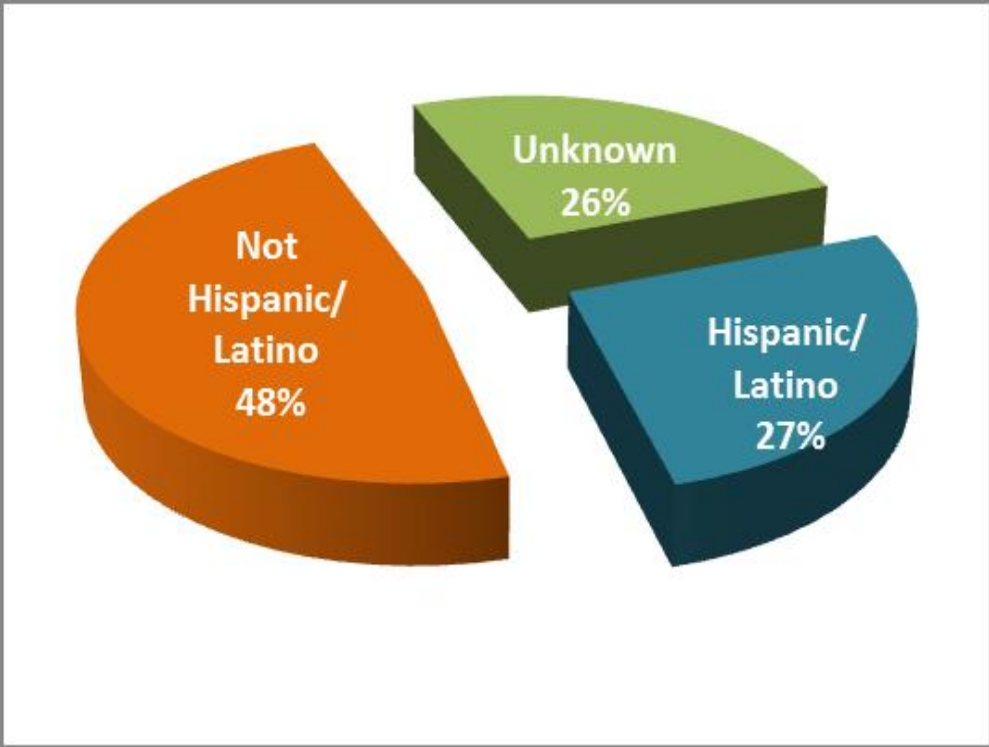
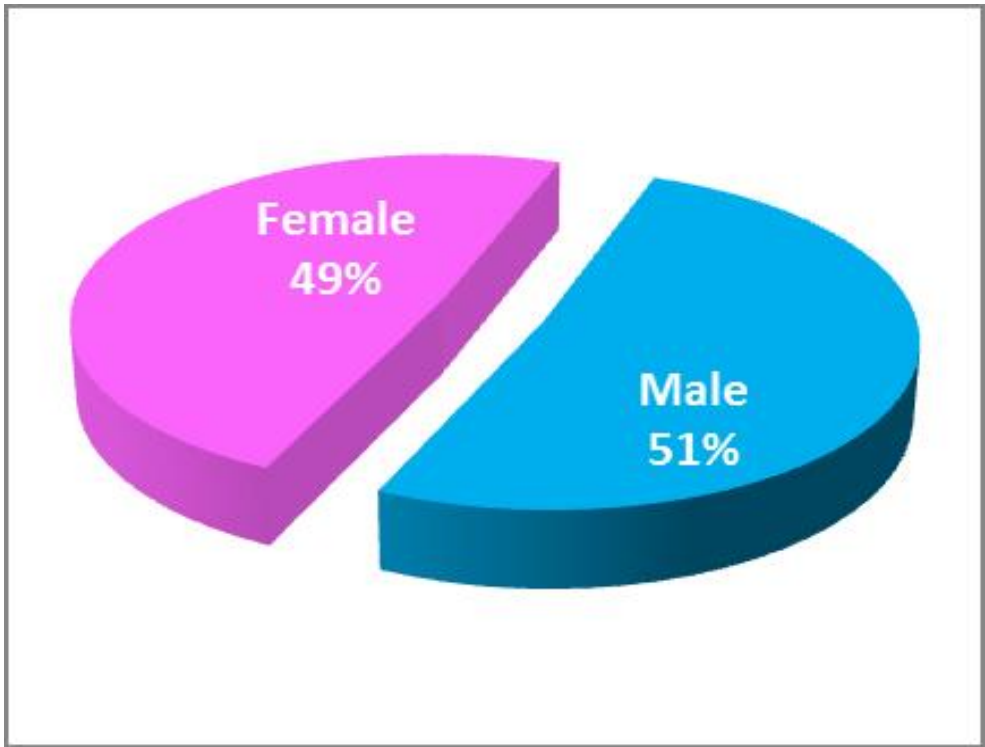
Youth By Age



Youth By Race Diversity



Youth By Gender & Ethnicity Diversity



ii. Recreation Programs:

Cricket Field:

Because of globalization, there are some sports that are now growing beyond their native borders and connecting with new people and cultures. Cricket is one of those sports in particular for which the global viewership has increased considerably.

The Town of Manchester strives to ensure recreation programs, resources and facilities evolve to meet the emerging desires and demands of its diverse community. Primarily because of growing population of South-East Asian in the town, cricket has for the past few years been played on any available open spaces in town.



Starting Spring-Summer 2021, cricket will have its own home—the field opposite to Whiton Library and adjacent to Robertson School. Construction was scheduled to begin spring 2019 allowing for a year of grass growth. However because of high drought season, and lack of water, the grass didn't grow to a condition suitable for use, so the Manchester Cricket Field has to wait another season. Its ribbon-cutting ceremony and exhibition game in coordination with local Cricket club in Manchester will be scheduled in Summer 2021.

Rec on The Run:

The recreation department introduced another exciting program 'REC ON THE RUN' last year. This is a mobile pop-up creative arts, sports and games vehicle which offers recreation programs, environmental projects, games and activities across Manchester. The Rec on the Run vehicle and its engaging staff bring recreation and much more to neighborhoods and parks around the diverse community.



It offers free book giveaways, even provides health and wellness information and information about other youth programs, facilities and services. The REC ON THE RUN vehicle can be found across community during the week and at various special community events July through August.

Path Forward

The following are areas highlighted as a path forward for which presently there is no availability of statistics or data:

- It is said that boards and commissions are at their best when there is diversity of culture, thinking and perspective. Diversity and inclusion are not just the right thing to do but are important for good governance as well. In an effort to fully understand the diversity & inclusion in Town's operations, there is an opportunity to collect the racial data of board and commission members.
- Manchester Public Library: Presently Mary Cheney Library and Whiton Library Manchester are not collecting any data on race or ethnicity. For a majority of its public programs, attendance is at 'No Advance Registration Required'. However, demographic data collection can be started from library card application process. In addition to this it can begin to count programs that are offered for some specific ethnicity or background highlighted, such as Cinco de Mayo or Black History Month etc.
- Recreation: The Recreation department does not collect any racial data as it relates to program registration and participation. There is an opportunity to start gathering the racial data by asking basic demographic questions at the time of registration for all recreation programs.
- Senior Center: Senior Center provides meals, trips, fitness programs, educational classes and leisure activities to the Manchester seniors. At present, it does not gather any race/ethnic data of its members. Those Manchester seniors who are looking for Senior Center membership, may provide their demographic information while signing-up.
- South Manchester Fire Department - At present, the Fire department does not collect any racial statistics from the residents it serves. This may be a good starting point if Fire Department starts capturing racial data from Paramedic Responses.
- Human Services - One of the responsibilities of Human Services is to monitor the contracts of community agencies receiving funds from the town as well as contract oversight for some grant programs funded by both the state and federal government. It can start tracking the demographics such as race and ethnicity by requiring these agencies to collect racial data from individuals utilizing their respective services.
- It will be useful if the data-driven criteria and metrics are used to address racial/economic activity in allocating capital funds. There is an opportunity where departments can indicate if a capital request would aid (or could be designed or marketed to aid) in serving a more diverse population. There may be a few capital requests that have some element of diversity, like park improvements in high ethnic minority areas, or something like the cricket field that really does aim to serve a more diverse population.

Taking Action^[12]

To achieve health equity, the injustices caused by racism should be addressed. No one is superior to other based on his/her color or racial/ethnic background. There should be equal opportunity for all. Following are some initial steps that should be taken to address the racism.

- **Engage Strongly with Vulnerable Communities:** The minorities hurt by disparities, know the root causes of racism and they are more likely to help resolve the issues arise from this. It is important to engage these vulnerable communities and provide them the relevant information and analysis. Their active participation will greatly help addressing racism.
- **Increase Civic Engagement of People of Color:** There is a racial gap between the overall population and the actual electorate. The increase in the political power of people of color, is the need of the hour. When the civic engagement of diverse communities increases, officials will have to address their concerns with greater focus.
- **Enforce Laws That Prohibit Discrimination:** There are legal frameworks designed to protect people from discriminatory treatment. However, these anti-discrimination laws should be enforced rigorously. Successful enforcement will reduce disparities while increasing awareness of the available legal protections and the consequences of violating these laws. People who know their rights and the procedures to enforce them are less likely to be victimized.
- **Shift Public Perceptions:** Most often media including television and newspapers, present negative images of people of color or racial background. These news channels must be held accountable for negatively portraying the minorities from racial backgrounds. At the same time, advocates and minorities should realize that they no longer have to rely on these channels alone. Social media tools are easily accessible. The minorities should make the best use of these tools to shift the public perceptions towards them. This will enable them to share the facts from their side, portray their real images and distribute their messages to the wider community.
- **Bring Law Enforcement Officials and Community Together:** A major component of addressing concerns about the possibility of racial profiling in the Town of Manchester is bringing law enforcement officials and community members together to discuss relationships between police and the community. There is an opportunity for the Manchester Police Department to increase its efforts and conduct more public forums throughout the town to bring these groups together and continue these dialogues in the foreseeable future. They serve as an important tool to inform the public of their rights and the role of law enforcement in serving their communities.

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- [1] http://customerservice1.townofmanchester.org/NewCustomerService/assets/File/PressReleases/2020/Declaring%20Racism%20a%20Public%20Health%20Crisis_PressRelease_7_9.pdf
- [2] <http://www.capitalareaphn.org/about/what-is-public-health>
- [3] <https://www.apha.org/topics-and-issues/health-equity/racism-and-health>
- [4] https://medicareadvocacy.org/medicare-info/health-care-disparities/#_ftn1
- [5] Framework Boston Public Health Commission adopted from <https://www.christenseninstitute.org/blog/addressing-racial-inequities-in-healthcare/>
- [6] <https://digitalcommons.brockport.edu/honors/213/>
- [7] Facts derived from 'Health Disparities by Race and Ethnicity' by Sofia Carratalla and Connor Maxwell (May 7, 2020)
<https://www.americanprogress.org/issues/race/reports/2020/05/07/484742/health-disparities-race-ethnicity/>.
- [8] State of Connecticut Traffic Stop Data Analysis and Findings 2018
- [9] <https://www.ct.edu/files/pdfs/policies-CSCU-Procurement-Manual.pdf>
- [10] <https://nmsdc.org/mbes/what-is-an-mbe/>
- [11] <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation/>
- [12] Strategies adopted from why place and race matter
https://www.policylink.org/sites/default/files/WHY_PLACE_AND_RACE%20MATTER_FULL%20REPORT_WEB.PDF

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