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July 13, 2021
Commissioner Deidre S. Gifford
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Gifford,

Under your leadership, Connecticut's Department of Social Services (DSS) provides critical support to Connecticut residents, including low-income residents and people of color who face wide health disparities. The underlying inequities driving health disparities are rooted in systemic racism that limits opportunities to be healthy for people of color. Addressing racism is no small or simple task; yet, there is a clearly delineated path and we implore the Department of Social Services to leverage the practices and approaches instituted by Connecticut's Department of Children and Families (DCF), described here, as a starting point along this path.

Explicitly name racial justice as a value of the DSS. Explicitly stating a commitment to racial justice provides a formal and public commitment to act at the organizational, programmatic, and system level to address racism. For example, DCF features a [racial justice page](#) on its website that includes a commitment to "becoming an anti-racist organization whose beliefs, values, policies and practices achieve racially just outcomes."

Establish a formal structure for implementing ant-racist policies and processes. Many states task a person or group with informing strategy, implementing actions, assessing progress, and publicly reporting on the agency's racial justice efforts. DCF has an ongoing Racial Justice Work Group shepherded by the Director of Multicultural Affairs, a role dedicated to managing the department's racial justice workstreams and leading a team comprised of senior leadership, agency staff leads, and [four subcommittees](#) with wider representation from community members and stakeholders. DCF also has created a consistent feedback loop with community stakeholders by dedicating a portion of each monthly Statewide Advisory Council (SAC) meeting to discussing racial justice.

Develop a strategic plan with timebound and measurable goals towards health equity. The work of dismantling racism is complex and enduring. Establishing short, medium, and long-term goals can actualize this process and help to identify, analyze, and eliminate the ways that racism impacts the work of DSS both internally and externally. DCF's 2021 [Legislative Report on Racial Justice Data, Activities, and Strategies](#) provides an example of the multifaceted approach and array of coordinated initiatives that the department has conducted to address systemic racism. For example, DCF is in the process of implementing results-based accountability (RBA) performance outcomes measures for all contracted community programs. This effort includes establishing a specific racial justice performance measure for each of the 80 contracted types of services to consistently assess progress across service types. DSS could implement similar outcome measures for contractors, including those who implement Medicaid services.

Strengthen data infrastructure and the department's capacity to consistently disaggregate and publicly report data by race and ethnicity. Data is the lynchpin to identifying and illuminating inequities

in outcomes and provision of services. Investing in a well-resourced team to analyze and contextualize data through a racial justice lens and publish findings for use internally by DSS leaders and externally by stakeholders would directly support DSS's efforts to recognize and address racism. We urge the department to follow DCF's practice of routinely reporting a disproportionality index identifying overrepresentation of certain groups in program enrollment and service utilization relative to the general population and a disparity index enabling the comparison of disproportionate outcomes between races and ethnicities. The Medicaid transparency dashboard is well-positioned to share similar indices and could be expanded to include similar data on other programs implemented and overseen by DSS. These efforts would further benefit from a commitment to improving the collection of race and ethnicity data in alignment with [recent legislation](#).

Institutionalize culturally and linguistically appropriate standards (CLAS) by embedding culturally & linguistically competent care as routine evaluation criteria across all requests for proposals.

Meaningfully actioning CLAS requires significant investment, planning, and commitment. To prioritize CLAS among contractors, DCF has implemented a standard section within [requests for proposals](#) that comprises 15% of the application's total score. The section includes the following:

- An organization's knowledge and experience serving diverse communities
- Specific engagement strategies to "establish rapport and trust" with program participants "related to experiences of racism and other forms of oppression"
- Workforce analysis to assess an organization's internal diversity
- A CLAS plan and account of follow-up implementation actions

Furthermore, recently enacted statute, [Public Act No. 21-35](#), highlights the importance of cultural humility in addressing racism. It defines cultural humility as "a continuing commitment to (1) self-evaluation and critique of one's own worldview with regard to differences in cultural traditions and belief systems, and 2) awareness of, and active mitigation of, power imbalances between cultures." DSS is primed to build on this through providing opportunities for cultural humility training for agency staff and service providers to help build the department's capacity to assess cultural and linguistic appropriateness of care beyond the limitations of CLAS.

At a recent [press conference](#), DCF Commissioner Vanessa Dorantes acknowledged: "Racism is such a pervasive thing that it often feels too lofty for one person to do anything about, so institutional change basically says: 'As a senior leader, what do I have control over that I can make a difference in the sphere of racial justice?'"

At Health Equity Solutions, we understand that transforming our systems to be equitable and inclusive is a shared responsibility across the state. With your active commitment to acknowledging and dismantling systemic racism, we believe DSS can play a vital leadership role in advancing health equity in Connecticut.

We would be honored to provide more details and further discuss any of the actions that we have suggested above. Thank you for your time and attention.

Sincerely,

A handwritten signature in black ink, appearing to read "Tekisha Everette". The signature is written in a cursive, flowing style.

Tekisha Everette, PhD
Executive Director

cc:

Governor Lamont

Paul Mounds

Kate McEvoy