



CONNECTICUT'S PATH TO EQUITY



GUIDE TO STATE POLICY FOR HEALTH EQUITY



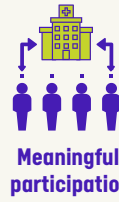
CONNECTICUT'S PATH TO EQUITY

Diversity & Inclusion

Diversity: Paying attention to who is at the table or hired to do a specific job.

Inclusion: Systems, processes, and circumstances that are open to and respectful of the needs of diverse people.

Representation



Transparency



Access

The ability to receive high-quality health care that meets each person's needs.



Technology



Culturally & linguistically appropriate care



Non-clinical health workers & community-based supports



Ample workforce

ECONOMIC STABILITY

The ability of a household to meet its financial needs (such as food, housing, health insurance, and transportation) sustainably.



Educational programs



Universal childcare



Paid sick days

Race, ethnicity & language data



Intersectionality



Anti-Racist Structures

Dismantle racism through policies & practices that advance racial justice and promote equity.

Anti-racist systems & policy-making



Opportunities to be Healthy

The conditions and circumstances that enable us to prevent illness and injury and maintain the best possible quality of life when disease or accidents occur.



Basic needs



Affordability

People are able to get health care while still being able to cover routine expenses.



Insurance coverage



Adequate coverage



Scan QR Code!

Research and experience tell us that one of the greatest barriers to achieving health equity for all people in Connecticut is the historical and contemporary relationship between racism and health.

Systemic racism is a root cause of health inequities and, in turn, the longstanding disproportionate burden of death and disease experienced by Black, Indigenous, Latino/a, Asian, and other people of color in Connecticut. Reckoning with root causes of unequal opportunities for being healthy is how we flip the script and make equity a reality.

As the state of Connecticut and several of its towns declared racism a public health crisis over the past 2 years, we heard concern that the next steps felt isolated, overwhelming, or inadequate. It does not have to be that way. Dismantling racism is not simple AND it is possible.

“Connecticut's Path to Equity: A Guide to State Policy for Health Equity” was created with input from many partners to lay out concrete, feasible state policies to advance health equity. This guide outlines the steps towards equity so policymakers, candidates, advocates, and voters have a clear understanding of **HOW** we can make equity a reality.

It calls on us to advance:

- Anti-racist structures;
- Diversity & inclusion;
- Access;
- Affordability;
- Economic stability, and lastly;
- Opportunities to be healthy.

Each section includes an introductory explanation of what the terms mean and why they are important to advancing health equity. Policy recommendations follow these introductions and link to evidence and Connecticut organizations working on these policies.

Over 50 organizations signed on in support of Connecticut's Path to Equity and the policies it outlines in the following pages. Collectively, we will work to dismantle racism and construct health equity in Connecticut. We invite you to join us.

Sincerely,



Ayesha R. Clarke, Interim Executive Director
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ANTI-RACIST STRUCTURES

Anti-racist structures acknowledge that all people and institutions exhibit racism at some point or in some way and are committed to dismantling racism through policies and practices that advance racial justice and promote equity.

Systemic racism has many consequences and facets. Discrimination in housing, education, and employment and long-term effects of racism (such as limited inheritance of wealth) all limit opportunities to be healthy for Black, Indigenous, Latino/a, Asian, and other people of color in our state. To address these facts, we must recognize the racism embedded in the foundations of the United States and woven throughout our systems today.

Acknowledgments, including declarations that racism is a public health crisis, are a critical starting point to dismantling systemic racism.

What comes next? Holding our systems and structures accountable for identifying and addressing bias in the status quo and in any new policies, programs, or practices.

Race, Ethnicity, and Language (REL) Data

...quantifies the impacts of racism and helps us track progress towards dismantling it. Anti-racist structures must collect and analyze quality REL data to track when and how disparities occur and where changes are needed to address them.

This section includes recommendations for collecting, sharing, and using REL data.

QUESTIONS FOR POLICYMAKERS REGARDING ANTI-RACIST STRUCTURES

How will you ensure that policy changes do not reinforce the racism in our status quo?

How will you ensure anti-racism and equity are priorities and not afterthoughts in policymaking?

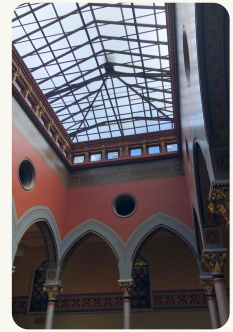
How would you use racial and ethnic impact statements on proposed bills?

What role should REL data play in policymaking and what data are needed to make anti-racist policy decisions?

>Create Racial and Ethnic Impact Statements on All State Legislative Proposals

Connecticut passed legislation in 2018 allowing legislators to request racial and ethnic impact statements on proposed legislation to provide an analysis of any disparate impact before they vote on a bill. Now, the Connecticut General Assembly must fund and hire research staff trained to apply an equity lens to policy and establish rules for how and when statements are produced.

The Connecticut General Assembly (CGA) must fund and hire research staff trained to apply an equity lens to policy.



Take a peek into the Connecticut State Capitol!

Embed Health Equity in All Executive Branch Decision-Making Through a Health Equity in All Policies Approach and/or an Equity Monitor

Cross-agency councils can help states center equity in regulations, policies, and internal processes and catalyze collaboration across government programs to address the consequences of racism. Requiring community engagement as a part of this process makes it even more effective. Several states, including Wisconsin and Michigan, have created Offices of Health Equity, which report to the Governor and are responsible for coordinating health equity initiatives across state agencies.

Require All State Agencies to Develop a Community-Informed Equity Strategic Plan with Time-Bound and Measurable Goals

Requiring all state agencies to publish health equity goals helps hold them accountable for advancing anti-racism.

Connecticut's Department of Children and Families (DCF) has outlined how the agency will address inequities, with input from community members. Requiring all state agencies to publish health equity goals helps hold them accountable for advancing anti-racism and ensures equity is a central consideration in their work.

Require All Legislators, Connecticut General Assembly Staff, State Agency Employees, and Health Care Providers to Regularly Participate in Anti-Racism, Cultural Humility, and/or Health Equity Training

Trainings improve knowledge about inequities in health and help us recognize and address our implicit biases. Understanding and consciously considering the impact of racism can help decisionmakers and health care providers address biases and promote equity.

>>> Eliminate Barriers to Voting

Civic engagement not only ensures all voices are included in policymaking, but also has secondary health benefits. Connecticut should address structural barriers which disproportionately impact people working in lower income jobs that do not allow time off for voting and who are more likely to lack reliable transportation to polling places.

- Expand automatic voter registration beyond the DMV to ensure more eligible voters are registered when engaging with the state.
- Restore the right to vote for people who have been convicted of felonies.
- Expand no-excuse absentee ballots.
- Implement early voting.



>>> VOTE FOR HEALTH EQUITY!

HEALTH EQUITY means each person has the resources necessary to attain optimal health regardless of their race, ethnicity, or socioeconomic status.

As a health equity voter, you pledge to take action on health equity and health care this election season by **LEARNING** candidates' positions, **RAISING HEALTH EQUITY** at candidate forums, and **RECRUITING** other health equity voters.

Most importantly, you pledge to **VOTE** in this year's election, and make health equity and health care a factor in your decision when voting.

➤➤➤ Fully Implement REL Data Standards

Public Act No 21-35 standardized the collection of health-related REL data across state agencies and health care providers. Some state agencies and provider participants already have the tools to collect REL. Others will need [infrastructure updates](#), new workflows, and training. Who collects this data and how questions about REL are asked can have a big impact. Connecticut should monitor data quality, train data collectors, and update forms to [implement best practices](#).

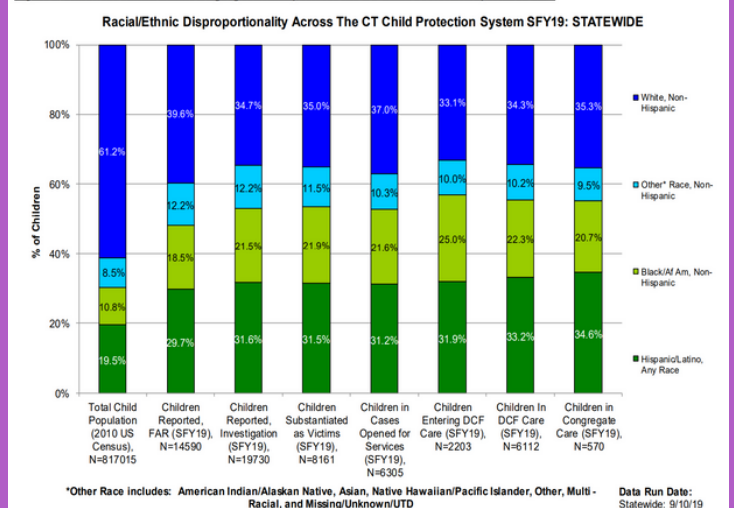
➤➤➤ Develop a Statewide Disproportionality Index

A [disproportionality index](#) measures whether a certain population's representation in a particular system is proportionate to, over, or below their overall presence in the general population. Instead of comparing one group to another, this allows us to evaluate progress towards equity for any given group.

Connecticut's Department of Children and Families uses a [disproportionality index](#) to show the distribution by race/ethnicity of children involved in Connecticut's child protection system.

A statewide disproportionately index should be created and shared to benchmark Connecticut's progress towards equity.

Figure 3: Statewide Racial/Ethnic Disproportionality Across the CT Child Protection System SFY19



➤➤➤ Increase Collection of Sexual Orientation, Gender Identity (SOGI), and Disability Status Data

Disability status, sexual orientation, and gender identity are critical to evaluating progress towards equity for and within minoritized groups. Barriers to health are associated with multiple aspects of identity and racial disparities persist within communities that experience other kinds of discrimination. LGBTQ+ populations face disparate health outcomes as a result of discrimination in [housing, employment, health care, and public accommodations](#). Many states have begun to collect SOGI data, including some [Connecticut health care providers](#). Disability status is associated with many kinds of discrimination and may functionally limit access to opportunities for health. Yet, statewide collection of SOGI data is [inconsistent](#) and disability status is often limited to whether an individual is eligible for social security. More specific and consistent data collection is needed to identify and address barriers to health.

➤➤➤ Report All Health Information by REL and Other Demographic Factors

Medicaid and other state-run programs report on who receives services and how well those services are delivered. Evaluating disparities in the utilization and quality of health care by race and ethnicity can identify the impacts of systemic bias and help assess if efforts to address disparities are working. Connecticut should require consistent reporting of health metrics and health care costs by REL. For example, we [should require](#) reporting of federally required Medicaid quality metrics and hospital bill collection lawsuits by race and ethnicity.



DIVERSITY & INCLUSION

Diversity often means paying attention to who is at the table or hired to do a specific job.

Inclusion means being open to and respectful of the needs of diverse people.

Diversity and inclusion are crucial because people with lived experience are experts in the opportunities and barriers that shape their health.

“Nothing about us without us” isn’t just about a desire to be heard; it is about creating **equity-centered, effective policies that respect and value** the ideas of the people they impact.

This section focuses on policies to foster a more racially and ethnically diverse health care provider workforce and to ensure the experiences of community members with lived experience are a key part of policymaking.

“Nothing about us without us” means valuing lived experience



QUESTIONS FOR POLICYMAKERS REGARDING DIVERSITY & INCLUSION

What opportunities do you see to make Connecticut’s policies and programs more inclusive?

Which policies do you think would best diversify our state’s health care workforce?

>>> Engage Communities in Designing, Implementing, and Evaluating Programs and Policies

Engaging community members to create or inform decisions that affect their families and communities has positive impacts on health and makes government programs more effective and efficient. Community engagement that respects the voices and needs of community members is vital to identifying barriers to health and health equity. From simply asking for input to more robust, ongoing engagement, there are many opportunities for the legislative and executive branches to embed community engagement in decision making. For example, Medicaid member experience advisory councils are in place in several states and should be more fully implemented in CT. Effective engagement is intentionally inclusive, accessible to people with an array of abilities and experiences, and addresses power dynamics.

>>> Improve CT's Ability to Reach All its Residents by Leveraging Trusted Messengers

The COVID-19 pandemic provided new evidence that leveraging trusted messengers can address inequities in health care. Connecticut must leverage these lessons and continue to meet people where they live, work, play, and pray through trusted sources of information like community health workers and clergy.

Often from the communities that they serve, trusted messengers are known by many different job titles, such as lay-health-workers, community health workers (CHWs), navigators, etc. and have a wide range of responsibilities. Specific ways to employ trusted messengers are noted throughout this guide. Each opportunity to do so is also an opportunity to diversify the health care workforce.



"[community health workers] CHWs are not solely clinical; they are addressing the social determinants of health and holistic health of communities - people need to become aware of this in order to increase understanding of their contributions and support of their services..."

- Community Health Worker (CHW) Forums Summary Report, 2021

>>> Establish a Path for Dental Therapists in Connecticut to Expand and Diversify the Dental Workforce

Dental therapy programs can lead to a more diverse dental workforce and increased access to oral health care. Oral health disparities persist in CT and dental therapy is part of the solution. While the state took an initial step towards licensing dental therapists, additional legislation is needed.



Establish Pipeline Programs, Expand Loan Forgiveness, and Create Scholarships to Diversify Connecticut's Health Care Workforce

Biases in our education system, limited exposure to health careers, a lack of intergenerational wealth, and other consequences of systemic racism establish barriers to entering health professions for Black, Latino/a, Indigenous, and other people of color. Diversity among health care providers helps to mitigate bias in our health systems and can be particularly important in the mental health workforce, where shared cultural backgrounds play a role in establishing a therapeutic relationship.

Improve Language Access Across Health and Social Services

More than 1 in 5 Connecticut residents speaks a language other than English at home, and about 1 in 4 Connecticut households has limited English language proficiency. While federal law requires health care providers to offer interpretation and translation, such services remain difficult to access and/or inadequate. To achieve an inclusive health care system, we must strengthen and enforce these requirements.



> 1 in 5 Connecticut households speaks a language other than English



1 in 4 Connecticut households has limited English proficiency

Require Health Insurance Plans, Health Systems, and Providers to Adhere to Federally Recognized Standards for Advancing Health Equity

Implementing cultural competency and humility training can build empathy among providers.

Health systems and insurance plans should be required to gain Health Equity accreditation from the National Committee for Quality Assurance (NCQA).

NCQA's Health Equity Accreditation Programs

Health Equity Accreditation and Health Equity Accreditation Plus give health care organizations an actionable framework for improving health equity.





ACCESS

Access is the ability to receive high-quality health care that meets each person’s needs.

Access means you can make an appointment at a convenient time, in a location you can get to, with a provider you trust. It also means getting information in a language you prefer and in ways you can both understand and apply. And it means having technology to monitor your health or participate in telehealth and community-based supports to help you get and stay as healthy as possible.

The impacts of systemic racism include social and economic factors that disproportionately limit access to care, particularly for Black, Indigenous, Latino/a, and other residents of color in our state.

The [section on affordability](#) lays out policies to address the costs of health care and burden of medical debt. The [section on diversity and inclusion](#) considers the diversity of the health care workforce. This section focuses on other barriers to health and health care.

KEY CONCEPTS IN HEALTH CARE ACCESS

Technology Access: Having a phone or computer, internet access, and digital fluency



Ample Workforce: An appointment with a provider who meets the person’s needs & is available within a reasonable distance and timeframe



Lay Health Workers: Community health workers, doulas, patient navigators, & others who are from the communities they serve & link individuals to needed services & supports



Community-Based Supports: These services address barriers to health and share information through local organizations



QUESTIONS FOR POLICYMAKERS REGARDING ACCESS

What would you do to improve access to health care in Connecticut?

How would you prioritize lay health workers?



>>> Fund Community-Based Supports Through Medicaid Innovation and Collaboration with Health Insurance Providers

Lay health workers (also known as traditional health workers) —including community health workers, doulas, and peer support workers—help people navigate health and social service systems. Community health workers help people find providers, make appointments, figure out transportation and childcare issues, “translate” advice from health care providers into the context of their lives, and communicate with clinicians. Access to doula services promotes equity in birth outcomes. Peer support workers provide social and logistical support during recovery from substance use disorders. Lay health workers also provide social support throughout the screening, diagnosis, and treatment processes.

Lay health workers help health systems treat the whole person, not just one symptom at a time.

Connecticut should establish a robust community health worker program through Medicaid, leveraging the high return on investment in both dollars and health outcomes. Private insurance should be encouraged to pay for these services, too.



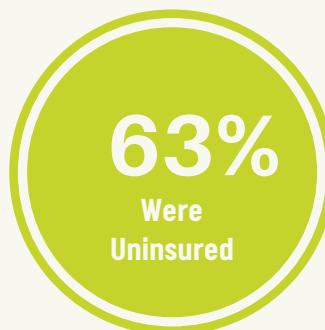
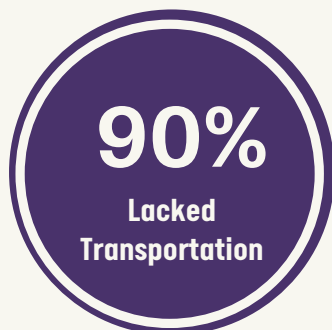
>>> Establish and Implement a Voluntary Doula Certification Process

Access to doula services improves birth outcomes and inequities. A Doula Advisory Committee is being established by the Department of Public Health to set standards for doula certification and training curricula. Passing the recommendations of this committee into law will be the final step in establishing doula certification in Connecticut. Certification will enable Medicaid and other health insurance to directly reimburse doulas.

>>> Increase Access to School-Based Health Centers (SBHCs)

About 25% of children in Connecticut experience at least one emotional, behavioral, or developmental condition. SBHCs bring care to children at school, removing barriers related to transportation and type of insurance, and addressing disparities. Adolescent Black and Latino/a boys are disproportionately likely to go without needed behavioral health care and SBHCs are an effective solution to the main barriers—stigma, insurance coverage, and transportation.

AMONG CT RESIDENTS SEEKING MENTAL HEALTH SERVICES IN COMMUNITY-BASED SETTINGS (2011)



>>> Position Telehealth to Promote Equity

Rapid expansion during the pandemic showed the promise of telehealth in eliminating barriers caused by transportation, wait times, and other logistics of in-person care. Yet, these services have not reached all populations equally.

Why? Factors such as housing density and related privacy concerns are more likely to impact people of color. Access to and comfort with technology and trust in new providers vary widely.

Connecticut should follow emerging evidence demonstrating which health services are best suited to virtual care, expand free and low-cost broadband access (particularly in areas with poor access or high rates of poverty), and ensure in-person visits are an option at no additional cost.

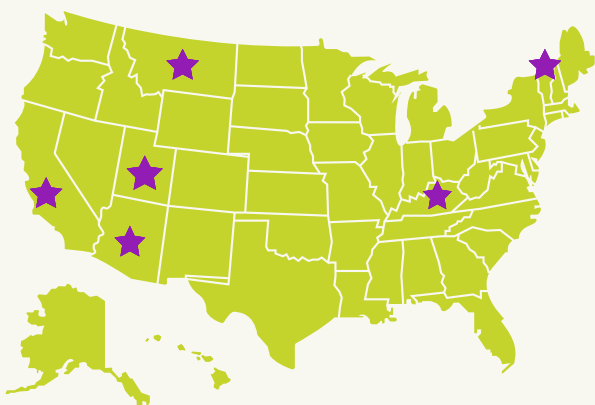


> 1 in 5 Connecticut Households Lack High-Speed Internet

...limiting their access to virtual health care and online application and renewal forms for health and social services.

>>> Initiate Medicaid Coverage for Justice-Involved People Prior to Release

Connecticut should join other states in leveraging Medicaid to provide reentry services pre-release to help incarcerated individuals transition back into society and manage chronic conditions.



In 2021, Arizona, California, Kentucky, Montana, Utah, and Vermont submitted 1115 Waivers to provide Medicaid coverage for justice-involved people for 30-90 days prior to release.

>>> Increase Access to Comprehensive Health Care for People Incarcerated in Connecticut's Prisons

Black and Latino/a residents of our state are disproportionately convicted and incarcerated due to systemic racism and related factors such as poverty and biases in our justice system. Connecticut is the only state where the Department of Correction oversees and operates the prison health system. Third party oversight is a common and preferable approach. Many incarcerated people are medically vulnerable, suffering from conditions like obesity and diabetes and face a higher risk of contracting communicable diseases such as COVID-19 and hepatitis C than the general population.



AFFORDABILITY

Affordability means people can access health care while still being able to cover routine expenses.

Approximately 18% of Connecticut households with working adults have health care costs that exceed their ability to afford basic needs and the rate is far higher (42%) for people who purchase insurance on Access Health CT, the state health insurance exchange.

Black, Latino/a, and low-income families are disproportionately affected by higher health care costs and face more hurdles to meeting basic needs.

High health care costs often lead to putting off health care until it can't wait. Low-income households and people of color face large gaps in health insurance coverage, quality of care, and health outcomes. For example, Black and Latino/a people are less likely to have access to employer-sponsored health insurance, Black employees are more likely to work for employers who do not contribute to their health insurance premiums, and medical debt disproportionately impacts Black families. These are consequences of structural racism that result in higher health care costs, more avoidance of care, and ultimately, inequities in wealth and health.



42% of Connecticut households who purchase health insurance on Access Health Connecticut have health care costs that exceed their ability to afford basic needs.

QUESTIONS FOR POLICYMAKERS REGARDING AFFORDABILITY

What steps would best ensure all Connecticut residents have health insurance and can afford to use it?

What is the most important thing CT can do to promote equity in health outcomes?

➤➤➤ Improve Hospital Financial Assistance Programs

Hospitals are key drivers of medical debt due to the steep growth in hospital prices and the more costly services they offer. Hospitals must offer financial assistance programs for people who are uninsured or unable to afford care. However, many people are unaware of financial assistance options. Connecticut's medical debt policies are weaker than those of 15 other states. Further, consolidation is associated with price increases unrelated to the cost of care and Connecticut's health systems have seen significant consolidation.

Connecticut should adopt a universal financial assistance application; limit pricing for medically necessary services; require hospitals to inform patients of financial assistance in all communications and billing documents; offer payment plans before sending bills to collections; and report on the demographics of patients sued for unpaid charges.

➤➤➤ Expand Eligibility for Covered Connecticut

Covered Connecticut provides no-cost health insurance through Access Health Connecticut for adults earning just over Medicaid eligibility limits, but less than 175% of the federal poverty level (\$40,300 for a family of 3 in 2022). The US Federal Poverty Level (FPL) uses annual income and household size to determine eligibility for many government programs, including Covered Connecticut. Households earning less than 200% FPL are more likely to be uninsured due to a lack of affordable coverage options. Even with subsidies and cost-sharing on Access Health CT, insurance remains costly. A family of 3 making \$41,000/year could spend up to \$3,150 or about 7.7% of their annual income on premiums and out-of-pocket costs.

Expanding access to Covered Connecticut would help more people stay insured throughout the year as their income fluctuates and avoid gaps in care that occur when people cycle on and off Medicaid.

Makes < \$40,300/yr

QUALIFIES FOR COVERED CT

0% of annual income spent on health insurance



Makes \$41,000/yr

DOES NOT QUALIFY FOR COVERED CT

7.7% of annual income spent on health insurance



➤➤➤ Establish Easy Enrollment Options on Access Health CT

Fluctuations in income are more common for lower income households and lead to many people becoming ineligible for Medicaid and then eligible again multiple times in a year. This can cause interruptions in health care, confusion, and unexpected bills. Many people who lose access to Medicaid do not enroll in another health plan because of complex and confusing paperwork and concerns about tax implications. The new Covered Connecticut program offers zero cost health insurance on Access Health Connecticut for some lower-income adults and removes the cost barrier for some, but enrollment remains low.

Connecticut should join other states in using tax data and data from social services programs to either obtain permission and then automatically enroll people in free health care or contact people to let them know they are eligible for free coverage.



>>> Expand HUSKY Eligibility to All Immigrants

About 113,000 people in Connecticut are immigrants without documents, of whom about 60% are without health insurance. Thanks to recent gains, Connecticut's HUSKY program for immigrants covers children up to age 12 and prenatal care for all residents who are immigrants. In 2023, HUSKY will expand to cover postpartum care for all residents who are immigrants. This is not enough.

Most immigrants without documents are ineligible for Medicaid AND unable to purchase health insurance. In addition, all adults who immigrated less than 5 years ago can only enroll in Medicaid while pregnant.

Ensuring access to health insurance for all immigrants living in Connecticut is a crucial part of advancing health equity in our state.

An estimated
60%
of immigrants without documents do not have health insurance

>>> Increase Availability of Community-Based Navigators

Navigators can help people find health care providers, understand how to use their health insurance, and alleviate stress and confusion as CT's health insurance options grow increasingly complex. When the federal declaration of a public health emergency ends, tens of thousands of Connecticut residents will lose access to HUSKY programs. Even if they remain insured, those with chronic health care needs may find it difficult to continue accessing care should their HUSKY provider not accept their new coverage.

Navigators share information and connect people to health care providers, health insurance, and social services. Navigators are often community health workers, who also provide outreach, education, and social support. These services are especially important for people who face cultural and linguistic barriers to health and who may have experienced or fear discrimination from health care providers.



>>> Embed Equity in Health Insurance Reforms

As noted above, the cost of care is particularly high for people insured through the state's health insurance exchange. Improving health outcomes will require strategies that center equity in the design and costs of Access Health Connecticut plans. How? The state can encourage diversity in provider networks, address implicit bias, alleviate the costs of screening and medications for conditions that disproportionately impact people of color, leverage rate review processes to consider affordability, and address networks in provider shortage areas.

Strategies to promote equity in insurance networks include leveraging non-clinical health workers like community health workers and doulas (see Access), considering geography and hours of operation when determining network adequacy, and ensuring sufficient overlap with public health insurance networks and "safety net" providers. These changes address disproportionate costs of medical needs borne by Black and Latino/a residents and help people with chronic conditions maintain their health when they move between Access Health Connecticut plans and Medicaid.



ECONOMIC STABILITY

Economic stability means a household can meet its financial needs (such as food, housing, health insurance, and transportation) sustainably. This includes being able to afford common, unexpected expenses such as medical bills for a minor accident or a brief period of unemployment.

Economic stability means being able to work or study AND get or stay healthy. Like Opportunities to Be Healthy, economic security plays a large role in our ability to engage in healthy behavior and live in healthy environments.

The impacts of systemic racism targeted in this section disproportionately limit access to economic stability and optimal health for Black, Indigenous, Latino/a, and other residents of color. Both wage and wealth inequality in Connecticut exceed the national average and have been rising steadily for decades. Equitable access to economic security requires access to education and childcare, expanding paid sick days, and funding universal childcare.

The section on Opportunities to Be Healthy lays out policies to address health equity through food, housing, and environmental policies. This section focuses on barriers to financial wellbeing.



Check out Data Haven's Town Equity Reports to learn more about equity and the social and economic well-being of your town.

QUESTIONS FOR POLICYMAKERS REGARDING ECONOMIC STABILITY

Which social and economic factors would you prioritize to promote health equity?

How would you ensure every resident of Connecticut could experience financial stability?

>>> Fund Education Programs that Promote Equity in High School Completion

High school graduates have better employment prospects and lifelong earning potential, which are significant economic determinants of health. Completing high school can open a multitude of opportunities for people to be healthy.

In Connecticut, graduation rates are especially low for students who are Black, Latino/a, live in low-income households, and who are English language learners. **These inequities are the result of longstanding disparities in education funding and services in Connecticut.**

To promote equity, Connecticut must incentivize equitable access to programs such as vocational training, social-emotional learning, mentoring and counseling, community services, and case management.



>>> Expand Paid Sick Days

Workers without paid sick days are

2X MORE LIKELY

to seek emergency room care compared to those with paid sick days.

Due to biases in our education systems and other consequences of structural racism, Black, Latino/a, and other people of color in the U.S. are less likely to have access to paid sick leave.

Paid sick time helps improve health outcomes and helps people remain economically secure and connected to their jobs when they face an illness, injury, or medical procedure.

Extending paid sick leave to include all types of workers in Connecticut will allow every person to take time off to recover their own health and protect coworkers or clients from infection.

>>> Fund Universal Childcare

Nearly half of Connecticut residents live in a “childcare desert” (an area with little or no access to quality childcare). 94% of families of color report being unable to afford infant or toddler care. Access to affordable childcare allows parents to work. It also helps set children up for success in school and promotes behavioral and physical health at a key stage of development.





OPPORTUNITIES TO BE HEALTHY

Opportunities to be healthy are the conditions and circumstances that enable us to prevent illness and injury and maintain the best possible quality of life when disease or accidents occur.

Our health is not fully or even mostly determined by how often we see a doctor. Underlying and upstream factors—like having a safe place to live, a job that pays a living wage, and access to healthy food and a healthy environment—play a much larger role in health outcomes.

Systemic racism has led to large disparities in these opportunities to be as healthy as possible. In fact, racism itself is a social factor that leads to negative health outcomes.

HOW DOES RACISM PLAY A ROLE IN DETERMINING HEALTH OUTCOMES?

Check out the resources below to learn more

- "[How Racism Makes Us Sick](#)" David R. Williams, TED TALK
- "[Redlining Was Codified Racism That Shaped American Cities And This Exhibit Shows It Still Exists](#)" Cristela Guerra, WBUR
- "[Allegories on race and racism](#)" Camara Jones, TEDxEmory

QUESTIONS FOR POLICYMAKERS REGARDING OPPORTUNITIES TO BE HEALTHY

How would you ensure equity in opportunities to be healthy in Connecticut?

Which opportunities to be healthy would you prioritize?



➤➤➤ Promote Access to Navigator Supports for Healthy Food Access

Black and Latino/a residents of Connecticut experience high rates of food insecurity, which is linked to other consequences of systemic racism. Food insecurity can lead to poor control of chronic conditions (such as diabetes or hypertension) due to a lack of consistent access to nutritious foods.

As noted throughout this guide, lay health workers help navigate social services. Community health workers can connect people with food programs (like SNAP or WIC) and adapt a clinician's dietary advice to a client's preferences and budget, using foods available in the client's neighborhood. For more on promoting access to healthy meals, please visit [here](#)!

➤➤➤ Create Ample Affordable Housing and Invest in Urban Areas



[Data Haven's Town Equity Reports](#)

Stable and affordable housing is tied to economic security, health, access to transportation, education, and jobs. Connecticut continues to see extreme racial and ethnic segregation in housing. This is no accident, but rather the result of generations of policy choices. Local policies continue to restrict multi-family housing, effectively barring affordable housing units in many towns. Requiring all Connecticut towns to maintain affordable housing offers low-income families a choice of where to live and is a start to addressing segregation.

At the same time, people should be able to choose to live anywhere in our state and have access to quality education, transportation, healthy food, green spaces, clean air and water, and other conditions that foster health. In other words, we must both distribute affordable housing more widely and invest in Connecticut's urban centers and low-income neighborhoods.

➤➤➤ Advance Healthy and Lead-Safe Homes

Connecticut faces high housing costs and the majority of homes here were built before lead was removed from paint in the U.S. In addition, housing and employment discrimination, a lack of inherited wealth, and other results of structural racism mean that Black and Latino/a families in our state are disproportionately likely to rent rather than own homes. All of these factors mean that Black, Latino/a, and Asian children are at disproportionately high risk of lead poisoning and other health impacts (like asthma) affected by conditions such as chipping lead paint, mold, and uncontrolled pests. Further, rental properties rarely incorporate energy efficiency upgrades, which impact utility costs.

Connecticut took steps to increase funding available for lead abatement in 2022 and should work with local departments of public health to ensure lead screening and mitigation programs are adequate. Further, lead, pest, and mold abatement, and energy efficiency programs to keep homes warm and reduce utility costs should be linked to Medicaid and other health and social services, especially those engaged in home visiting.

>>> Prohibit Projects that Would Result in Negative Environmental or Public Health Impacts in Already Overburdened Communities

In Connecticut, the transportation sector is the largest source of greenhouse gas emissions...



Connecticut remains segregated by both race and income and, as a result, Black, Indigenous, and other people of color in Connecticut are more likely to live near highways, warehouses, and distribution centers.

The disproportionate exposure to transportation-related air pollution and poor air quality leads to higher rates of chronic diseases, such as asthma, and less access to clean air, soil, and water for outdoor exercise and nutrition.

Connecticut should prohibit the Department of Energy and Environmental Protection (DEEP) from issuing permits that would further burden low-income communities and communities of color.

>>> Provide robust public transit with equitable service options and affordable fares

Public transportation increases access to health care, employment and education opportunities, and social connection. Lack of access to public transportation disproportionately affects Black residents and lower income workers. Addressing Connecticut's fractured public transportation system requires engaging Black, Latino/a, and low-income communities in designing reliable, affordable, and safe bus and rail options.

PUTTING THE PATH TO EQUITY INTO ACTION

“

The policies we pass and implement in our state are a reflection of our values and our norms. We all are the faces of equity that can put this path into action. To build a new, more equitable normal, we must center those who have the least access and are most impacted by the problems we seek to address.”

Tekisha Dwan Everette, PhD., former Executive Director of Health Equity Solutions

CLICK HERE ([HTTPS://BIT.LY/3YCP9QY](https://bit.ly/3YCP9QY)) TO MEET THE PEOPLE ALREADY PUTTING CONNECTICUT'S PATH TO EQUITY INTO ACTION!

Working to put the Path to Equity into action? Reach out to tell us how! At hwebley@hesct.org.

OUR MISSION

To promote policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut.

OUR VISION

For every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

WHAT WE DO

We educate and advocate for change that ensures every Connecticut resident obtains optimal health regardless of race, ethnicity, or socioeconomic status.

The changes we promote as an organization are evidence-based or, at the very least, promising practices that can be linked to better health outcomes for people of color in Connecticut.

If we educate people, we anticipate they will become agitated and want to act, and we organize them to advocate.

WHY WE DO IT

One of the greatest barriers to achieving health equity is the historical and contemporary relationship between racism and health. We use a racial equity lens to identify and advocate for policies and practices in our systems, structures, and institutions to achieve better health outcomes for those most affected by the long-term consequences of systemic racism.

STAY IN TOUCH

To learn more about HES, please visit our website at <https://www.hesct.org/>.

Stay informed about our efforts to advance health equity in Connecticut by signing up for email here: <https://www.hesct.org/sign/>



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Contact us: For questions regarding this guide, please contact info@hesct.org.



53 Oak Street
Hartford, Connecticut
06106

Scan QR Code!



STAND IN SUPPORT OF CONNECTICUT'S PATH TO EQUITY

We, the undersigned below, stand in support of Connecticut's Path to Equity and the policies it outlines. Collectively, we will work to dismantle racism and construct health equity in Connecticut. We invite you to join us.



SCAN QR CODE!



Want to sign on? It's never too late.
Reach out to info@hesct.org.

THANK YOU TO THE FOLLOWING FOR SIGNING ON IN SOLIDARITY!

Advocacy to Legacy, Inc; CARE Community Alliance for Research and Engagement; Civic Mind; Community Action Agency of New Haven (CAANH); Connecticut Citizen Action Group (CCAG); Connecticut Coalition Against Domestic Violence; Connecticut Legal Rights Project, Inc.; Connecticut Nurses Association; Connecticut Oral Health Initiative (COHI); Connecticut Voices for Children; Connecticut Women's Education and Legal Fund (CWEALF); CT Alliance to End Sexual Violence; CT Association for Community Action (CAFCA); CT Black Women; Earth's Natural Touch: Birth Care & Beyond; End Hunger Connecticut!; Every Woman Connecticut (EWCT); Free Center; Greater Hartford Legal Aid; Health Equity Solutions; Hispanic Federation Connecticut; Hispanic Health Council; Khmer Health Advocates; Make the Road CT; March of Dimes; Mental Health Connecticut; Middlesex County NAACP Branch Unit 2018-B; Ministerial Health Fellowship; Moral Monday CT; National Association of Social Workers (NASW), CT Chapter; New Haven Healthy Start; New Haven Legal Assistance Association, Inc.; Nutmeg State Financial Credit Union; Partnership for Strong Communities; PATH CT; Planned Parenthood of Southern New England; Primary Maternity Care; Pro-Choice Connecticut; PT Partners; Save the Sound; SEE (Solidarity Equity Education) CT; SoliDarity; Southeastern Connecticut Organization for Racial Equity (SCORE); Southwestern AHEC, Inc.; The Commission on Women, Children, Seniors, Equity, and Opportunity; The CT Association of School-Based Health Centers; The CT Maternal and Child Health (MCH) Coalition; The Hartford Times; United Way of Central and Northeastern Connecticut; Universal Health Care Foundation of Connecticut; Yoga in Our City; YWCA Hartford Region.