# Racial Equity in Public Health Commission

Co-Chairs: Claudio Gualtieri, OPM Designee & Tekisha Dwan Everette, PhD, Executive Director Health Equity Solutions

## Regular Commission Meeting Minutes

Monday, March 28th, 2022
10:00 AM-11:30 AM
Via Teams

**Members Present:** Co-Chair Claudio Gualtieri, Co-Chair Tekisha Everette, Astread Ferron-Poole, Craig Burns, Heather Aaron, Katie Dykes, Kean Zimmerman, Kenyatta Muzzani, Kyle Abercrombie, Marina Marmolejo, Melissa Santos, Steven Hernández, Tammy Hendricks, Tiffany Donelson, Vannessa Dorantes, Victoria Veltri, Hilda Santiago, Chavon Hamilton, Chlo-Anne Bobrowski for John Frassinelli,

**Guest Presenters:** Caroline Beitman from the Office of Legislative Management, Mark Abraham - Executive Director for DataHaven, Sumit Sajnani – OHS Health Information Technology Officer, and Karen Wang, MD, Yale ERIC.

**Members Absent:** Carline Charmelus, Mary Daughtery Abrams, Jonathan Steinberg, Travis Simms, Leonard Jahad, Diana Reyes

**Opening Remarks from the Co-Chairs**

Dr. Everette welcomed members and announced that Claudio Gualtieri, OPM Senior Policy Advisor to the Secretary, was named as the new co-chair for the Commission by Acting OPM Secretary Jeff Beckham. Dr. Melissa Santos was also recognized for attending her first meeting. She was appointed by Senator Duff to replace Ryan Calhoun as a representative of CT Children's.

**Meeting Minutes Approval**

Dorantes moved approval of the meeting minutes and Veltri seconded the motion. Burns noted that his title on the PowerPoint presentation was incorrect, it should be "Chief Mental Health Officer" not "Chief Mental Health Commissioner." He requested that if the title was incorrect in the minutes, the adjustment also be made there. It was determined an adjustment only needed to be made to the PowerPoint. The minutes were approved unanimously.

**Public Comment**

Kim Sandor, Executive Director of the CT Nurses Association, shared information about the Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program (MFP). Applications are now open for the 2022-2023 program and the deadline to apply is April 30th. The program is open to individuals considering earning a master's or doctoral degree in psychiatric mental health nursing and identify as a member of an ethnic minority in the U.S. Taken from the program's website: "*The MFP aims to improve behavioral health care outcomes for racial and ethnic populations by growing the number of racial and ethnic minorities in the nation's behavioral health workforce. The program also seeks to train and better prepare behavioral health practitioners to more effectively treat and serve people of different cultural and ethnic backgrounds."* The full website address to the MFP is https://www.samhsa.gov/minority-fellowship-program. Sandor also shared a PowerPoint presentation that is attached to these minutes.

**Update on the Executive Director Hiring and Recruitment Process**

Caroline Beitman shared that OLM received 34 resumes to consider after the job was posted. That pool was narrowed to 6 candidates and then to 4. She said that legislative leaders will consider which four candidates to advance for a final round of interviews with Commission co-chairs during the first week of April. Once the co-chairs have selected a final

candidate, the Commission would confirm the candidate by a majority vote during the next full Commission meeting on May 23rd.

**Guest Speakers**

The Commission had three guest speakers. Mark Abraham's presentation focused on DataHaven's approaches to community data needs, results from their 2021 Family Economic Security Survey, efforts to create Town Equity Reports and Regional Equity Profiles. Sumit Sajnani gave an update on OHS's efforts on the CT Race, Ethnicity and Language (REL) initiative per Section 11 of the PA 21-35. The presentation included an overview of OHS' responsibilities prescribed under PA 21-35 and their REL journey to date. Dr. Karen Wang gave a history of past, present, and future work on race and ethnicity data collection and analytics for health equity and provided an overview of the 7 stages of the *Roadmap for Race, Ethnicity, and Language Data Collection and Use in Connecticut*. The full presentations are included with these minutes.

DPH Deputy Commissioner Aaron also gave an update on HB 5045 An Act Reducing Lead Poisoning. The bill was proposed by Governor Lamont and would strengthen early intervention in instances of lead poisoning by gradually reducing the blood lead level that triggers parental notifications and home inspections to align with CDC and AAP recommendations more closely.[1] At the time of the meeting, the bill had been voted favorably out of the Public Health Committee and was awaiting a vote of the House and then Senate.

**Adjournment**

The co-chairs adjourned the meeting at 11:30 AM because only 90 minutes had been allotted for the meeting. Many commission members also had to attend legislative events occurring simultaneously and later that day. The following agenda items were not addressed during the meeting due to this timing: Discussion on Equity Focused Legislation being considered during the 2022 Session, Subcommittee Updates, and Good of the Order. Subcommittee chairs were asked to submit reports to be included in the minutes.

**Criminal Justice Subcommittee Report**

- **Overview:** Currently, the Criminal Justice Subcommittee is collecting and reviewing percentages of disparity in the state based on race in criminal justice indicators, including rates of system involvement. The subcommittee's current goals are efficiently and effectively combining this information into a resource that can be expanded as further expertise and analysis are explored.
- **Current Subcommittee Priorities:**
    - **Collecting existing reports and analyses regarding racial disparity in the juvenile and adult criminal justice system.** Health Equity Solutions staff are collecting available online reports and presenting them to the subcommittee for review for inclusion in the resource the subcommittee is developing. This will create an initial foundation of subcommittee understanding that will be informed and reinforced through discussions with agencies and organizations managing the data or issuing reports.
    - **Contacting agencies and organizations that manage racial disparity data, or report racial disparity data analysis, to seek more detailed information and to invite them to attend future subcommittee meetings.** The subcommittee is identifying agencies that maintain data, or have issued reports, regarding racial disparity in the juvenile justice and criminal justice systems both involving people housed in facilities and under supervision. The subcommittee will seek guidance from the agencies and organizations managing this information regarding how best to interpret and include it in the resource the

[1] Taken from HB 5045 Fact Sheet that can be accessed here: AA-Reducing-Lead-Poisoning.pdf (ct.gov)

subcommittee is developing. The subcommittee is developing a method to contact these agencies or organizations.

- **Seeking community input on the impact of criminal justice system disparities.** The subcommittee is identifying impacted organizations and individuals who may be willing to share input regarding the effect of disparities in the adult criminal and juvenile justice systems. Like item (b) above, the subcommittee is developing a list of organizations and people to contact as well as a method to invite them to participate in the subcommittee. This priority will seek primarily qualitative input to complement the quantitative data under the second bullet point.

**Public Health Subcommittee Report**

- **Overview:** Currently, the Public Health Subcommittee is conducting a landscape analysis of the various indicators related to public health to then use as benchmarks to measure progress. The subcommittee is also in the process of identifying state agencies and organizations to speak at future meetings.
- **Current Subcommittee Priorities:**
  - **Identifying indicators to create benchmarks to measure progress.** Health Equity Solutions staff are identifying and collecting reports and data that are available online on topics such as disparities in access to health insurance, education, maternal and child health, behavioral health, social determinants of health, and chronic disease rates. Health Equity Solutions will then organize these indicators into the categories of education, physical health, and environmental health. Afterwards, the subcommittee will proceed with narrowing down the indicators within those categories that we wish to explore further and that we wish to develop benchmarks for.
  - **Identifying agencies and organizations to present their organization's data at future meetings.** For future meetings, we are considering inviting guest speakers from various state agencies to elaborate on the indicators that are chosen so that we may gain a deeper understanding of what may be possible when deciding on how to create benchmarks for them.

**Zoning Subcommittee Report**

The Zoning Subcommittee of the Commission on Racial Equity in Public Health has met four times. To start, we began by familiarizing ourselves with the enabling legislation, and working toward defining our charge. Then we began to build out our knowledge of the subject matter by doing preliminary research on zoning, housing, public health, and data collection. We are now currently working to engage with stakeholders to learn more about work currently being done to combat racial disparities in these research areas.

Additionally, the Partnership for Strong Communities is working with Trinity College's Master of Arts in Public Policy program and participants in the Public Policy Practicum class. These students are currently:

- Examining the impact of zoning restrictions on the creation of housing disparities and how such disparities impact public health.
- Conducting a literature review of existing research on the impacts of zoning on public health disparities & data from the state health department.
- Comparing demographically similar municipalities in Connecticut that have been zoned differently and have thus resulted in differing public health outcomes.

These students have offered to share their findings with our subcommittee, including a written report and PowerPoint presentation to the Partnership and the Commission.

# Commission on Racial Equity in Public Health

MONDAY, MARCH 28, 2022

# Welcome to our third meeting!

- Opening Remarks
- Public Comment
- Update on the Executive Director Hiring and Recruitment Process
- Guest Speaker Panel: Data & Health Equity
- Discussion on Equity Focused Legislation being considered during the 2022 Session
- Subcommittee Updates
- Good of the Order
- Next Steps & Adjournment until Next meeting: May 23rd

# Racial Equity in Public Health Commission

## Co-Chairs:

- **Claudio Gualtieri**, Secretary Designee– OPM
- **Tekisha Everette**, Executive Director – Healthy Equity Solutions

## Members:

- **Astread Ferron-Poole**, Chief of Staff – DSS
- **Carline Charmelus**, Collective Impact & Equity Manager, Partnership for Strong Communities
- **Chavon Hamilton**, Coordinator of Community Research Alliance
- **Diana Reyes**, Quality Improvement Data Specialist – OEC
- **Craig Burns**, Chief Mental Health Officer – DOC
- **Heather Aaron**, Deputy Commissioner – DPH
- **Hilda Santiago**, State Representative & BPRC Member
- **John Frassinelli**, Division Director for the Bureau of Health, Nutrition, Family Services and Adult Education – SDE
- **Jonathan Steinberg**, House Chairperson of the Public Health Committee
- **Katie Dykes,** Commissioner – DEEP
- **Kean Zimmerman,** Attorney and Member of the CT Bar Diversity, Equity, and Inclusion Committee
- **Kenyatta Muzzanni**, Director of Organizing – Katal Center
- **Kyle Abercrombie**, Director of Government Affairs – DECD
- **Leonard Jahad**, Connecticut Violence Intervention Program
- **Marina Marmolejo**, Program Manager, UniteCT – DOH
- **Mary Daughtery Abrams**, Senate Chairperson of the Public Health Committee
- **Melissa Santos**, Division Head, Pediatric Psychology; Connecticut Children's
- **Steven Hernández**, Executive Director – CWCSEO
- **Tammy Hendricks**, Access Health CT Director of Health Equity
- **Tiffany Donelson**, President & CEO – CT Health Foundation
- **Travis Simms**, State Representative & BPRC Member
- **Vannessa Dorantes**, Commissioner – DCF
- **Victoria Veltri**, Executive Director – OHS

# Public Comment

# Meeting Minutes

# Update on the Commission's Executive Director Hiring and Recruitment Process

# Guest Speaker Panel: Data & Health Equity

Mark Abraham, Executive Director, DataHaven

Sumit Sajnani, Health Information Technology Officer, OHS

Karen Wang, MD, Yale ERIC



# Setting the Stage: Data for Racial Equity

**Presentation to Commission on Racial Equity in Public Health**

March 28, 2022

Mark Abraham, Executive Director, DataHaven

Email: info@ctdatahaven.org  Instagram/Twitter: @ctdata

# Approaches to Community Data Needs

## DataHaven Supporters

- All major community foundations and United Ways in Connecticut
- Regional and municipal agencies
- Universities and other private foundations, such as Connecticut Health Foundation, Robert Wood Johnson Foundation, Tremaine Foundation
- All major hospitals in CT, and local health department partners - **Community Health Needs Assessments (CHNAs)** require funding for qualitative and quantitative data analysis, as well as contributions of raw data
- State agencies (such as Housing, CTOHS, DMHAS, CTDPH) - funding for specific projects, as well as contributions of raw data

# Approaches to Community Data Needs

**DataHaven Community Wellbeing Survey**

- Ongoing 2012 to 2021, live interviews with 45,000 randomly-selected adults
- Designed with 300 Advisory Council members and 100 public and private funders – adding the most relevant questions each year to support CHNAs

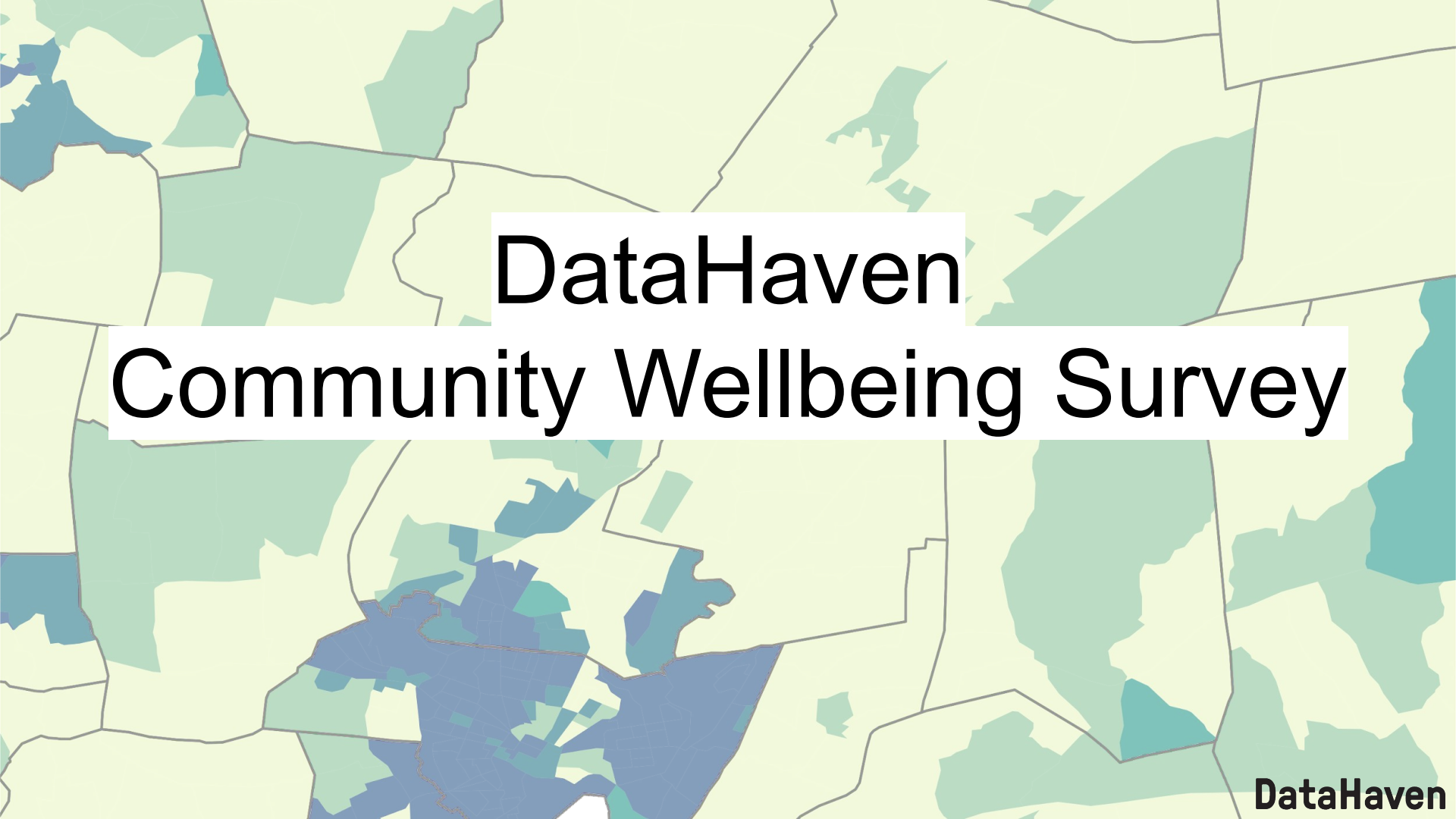
**Connecticut Town Equity Reports and Health Disparity Profiles (w/ CTOHS)**

- Reports for all 169 towns; also available for regions and service areas

**2021-2022 Data Across Sectors for Health (w/ United Way of Central/NE CT)**

- Additional interviews/focus groups with 130 stakeholders in 10 regions of Connecticut, focused on most pressing community data needs

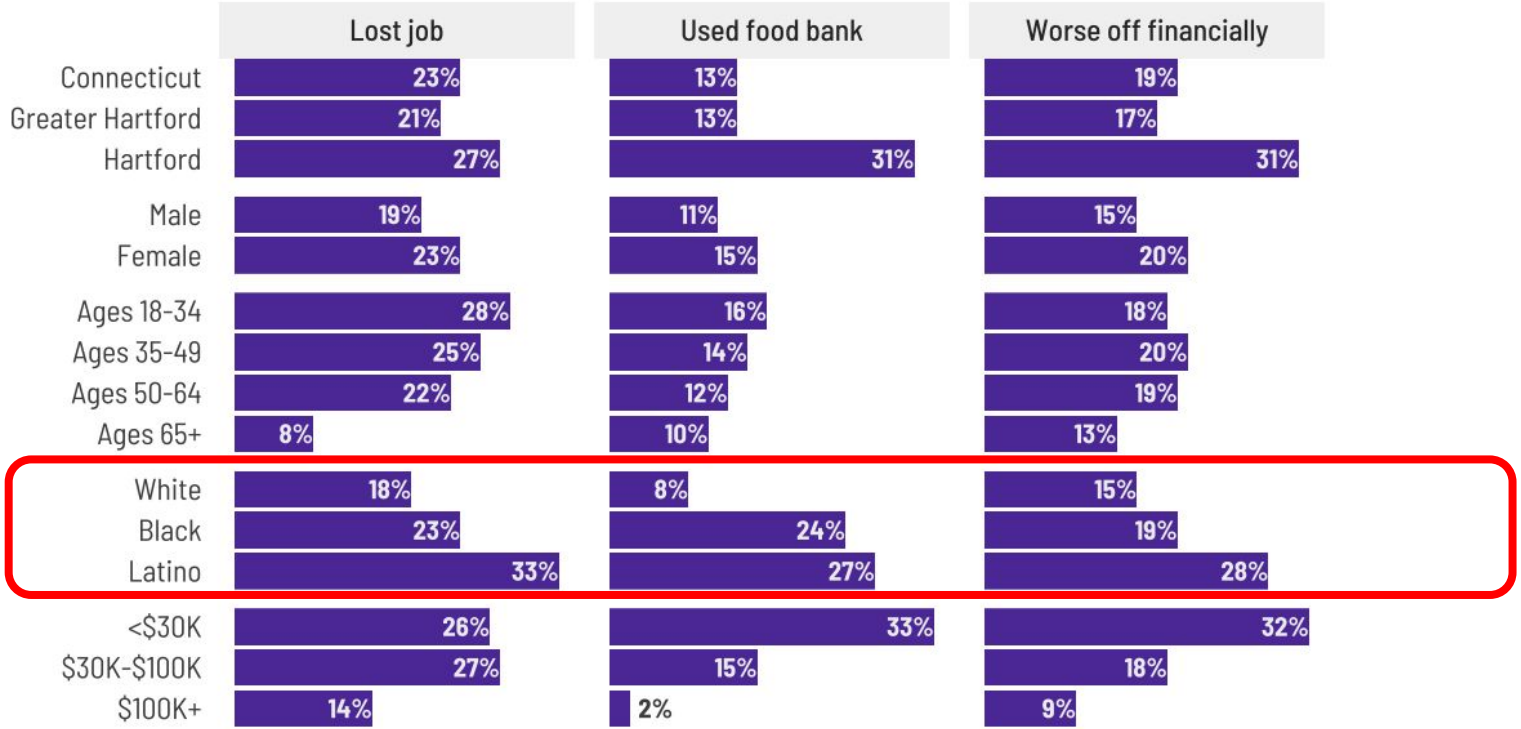
**Health Equity Data Analytics (w/ CTOHS, Health Equity Solutions, Yale ERIC)**


DataHaven
Community Wellbeing Survey
DataHaven

# Family Economic Security: 2021 DataHaven Survey Data

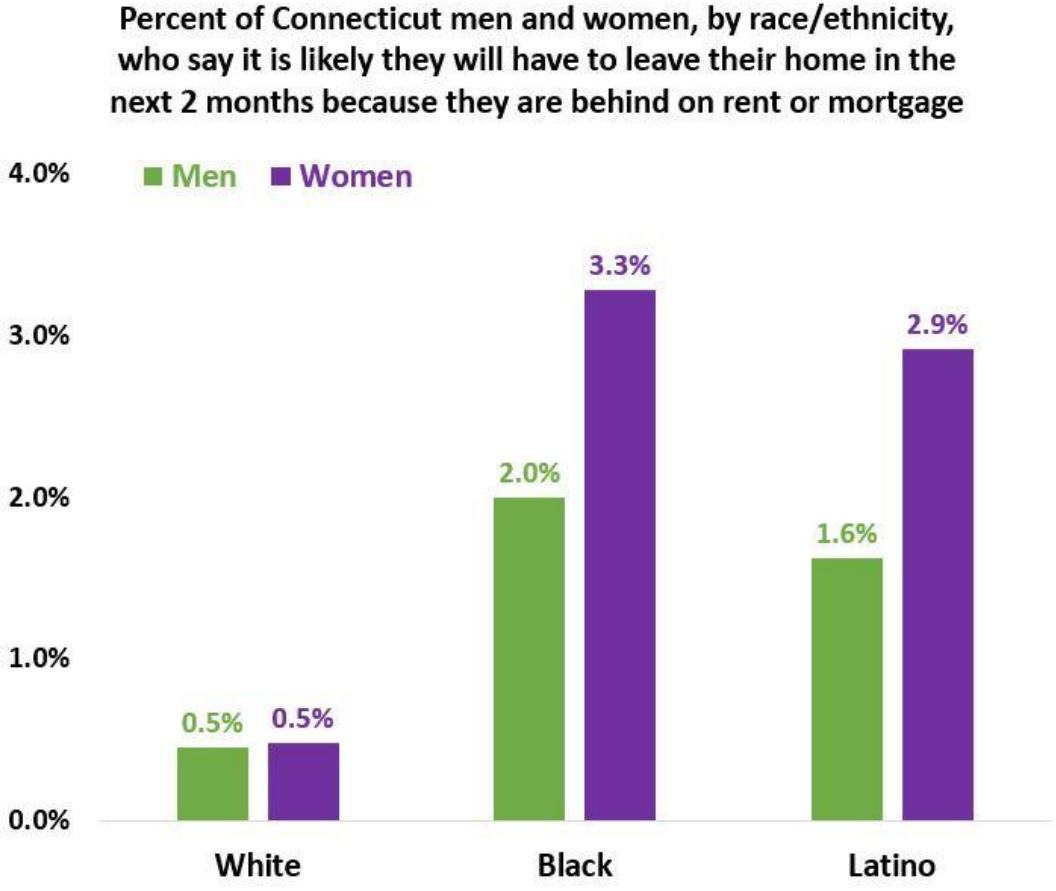
## Pandemic-related hardships widely affected low-income, Black, and Latino adults in Greater Hartford

Share of Greater Hartford adults, with totals for Hartford and Connecticut for reference, 2021




DataHaven

# Family Economic Security: 2021 DataHaven Survey Data



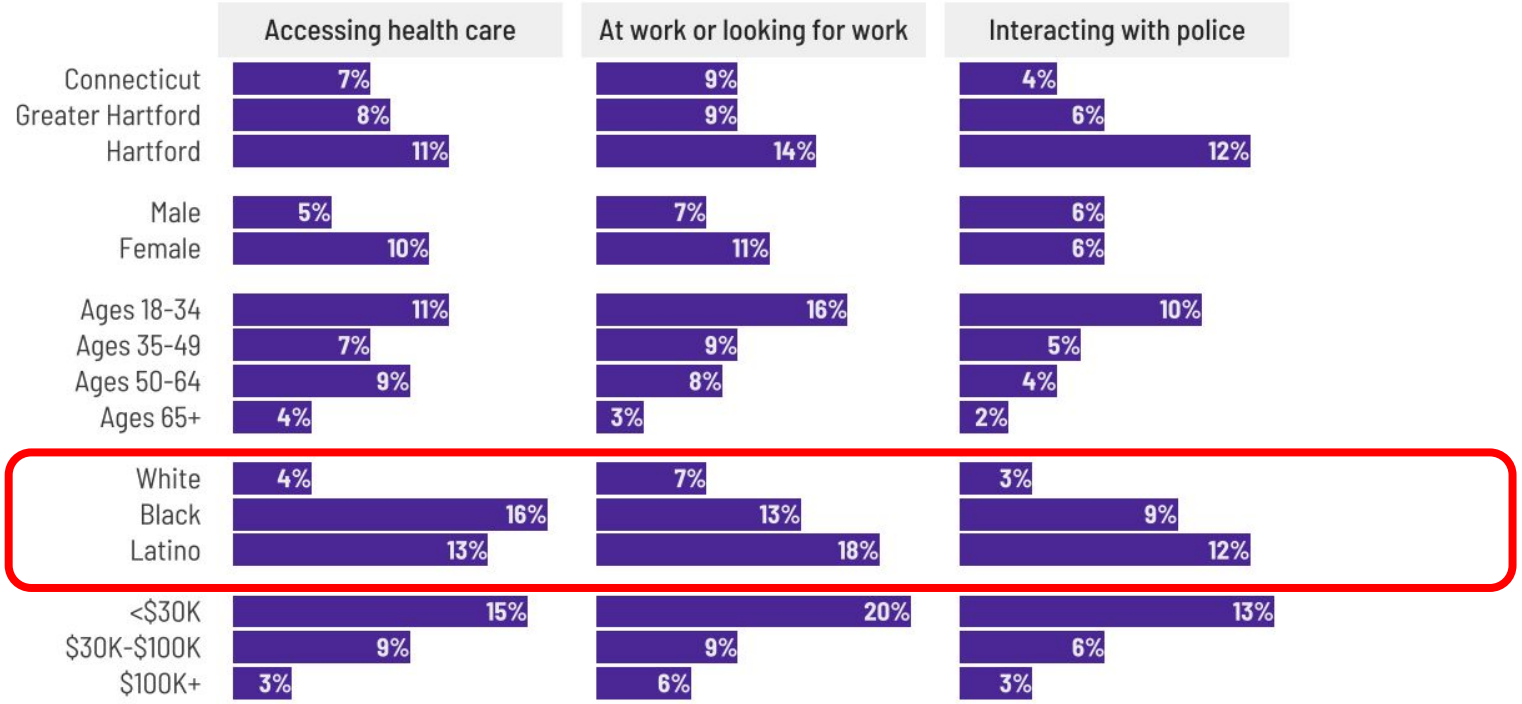

Source: 2021 DataHaven Community Wellbeing Survey (n=9,139 statewide, June to December 2021)

DataHaven

# Experiences of Discrimination: 2021 DataHaven Survey Data

## Young adults, Black and Latino adults, and low-income adults report more experiences of discrimination

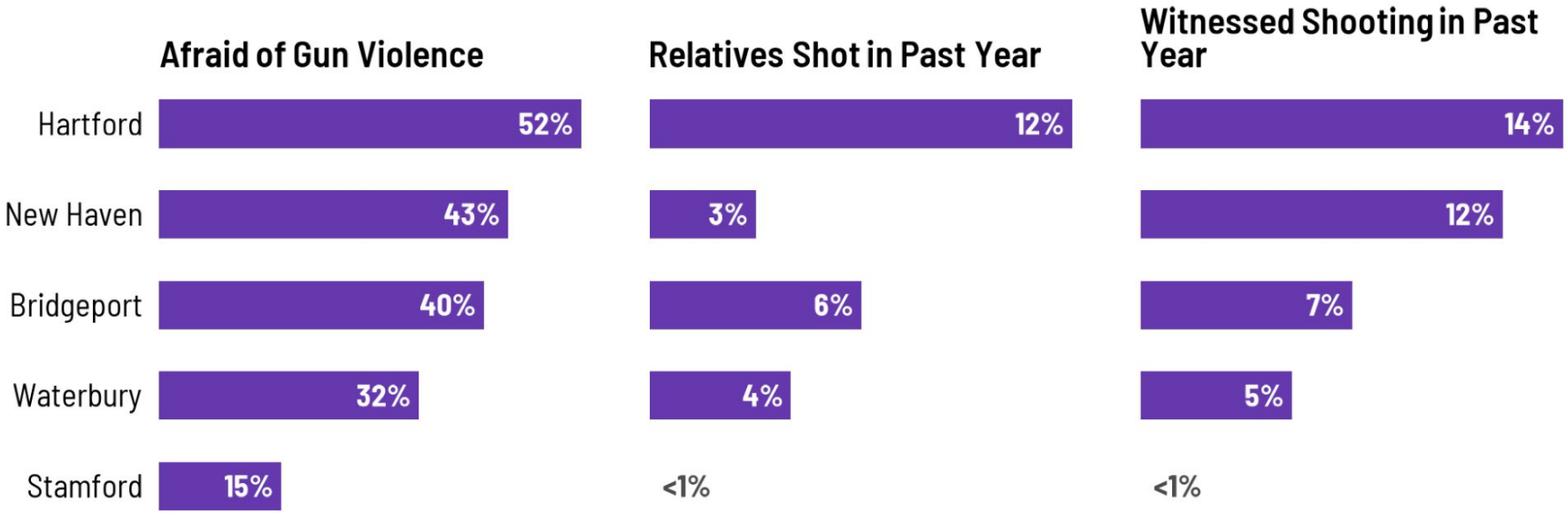
Share of adults who reported experiencing being treated unfairly in the past 3 years, by scenario, 2021




DataHaven

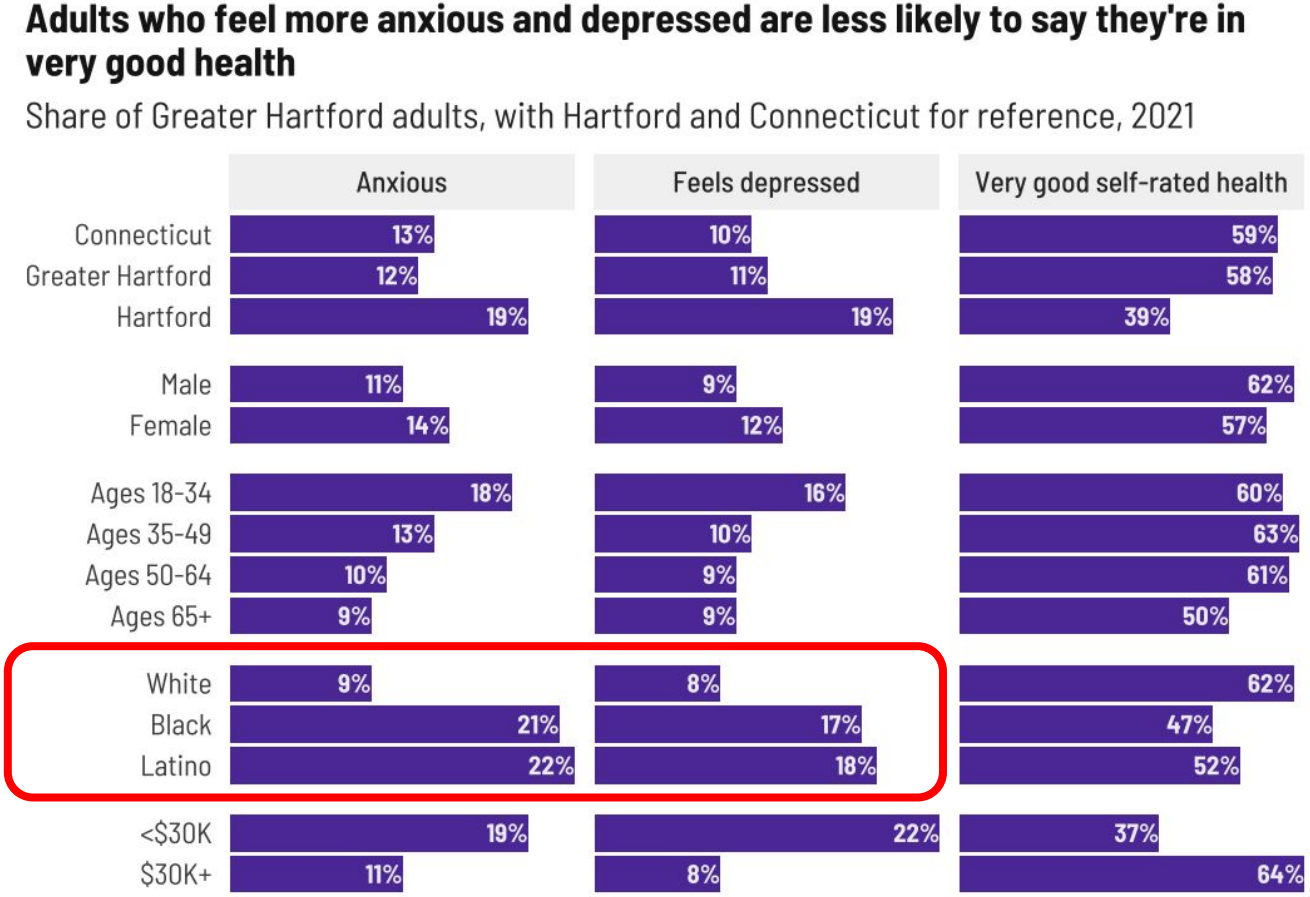
## Gun Violence a Major Concern in Hartford; Stamford Residents Report Feeling Safer

Share of adults in Connecticut's five largest cities, Aug. 2021

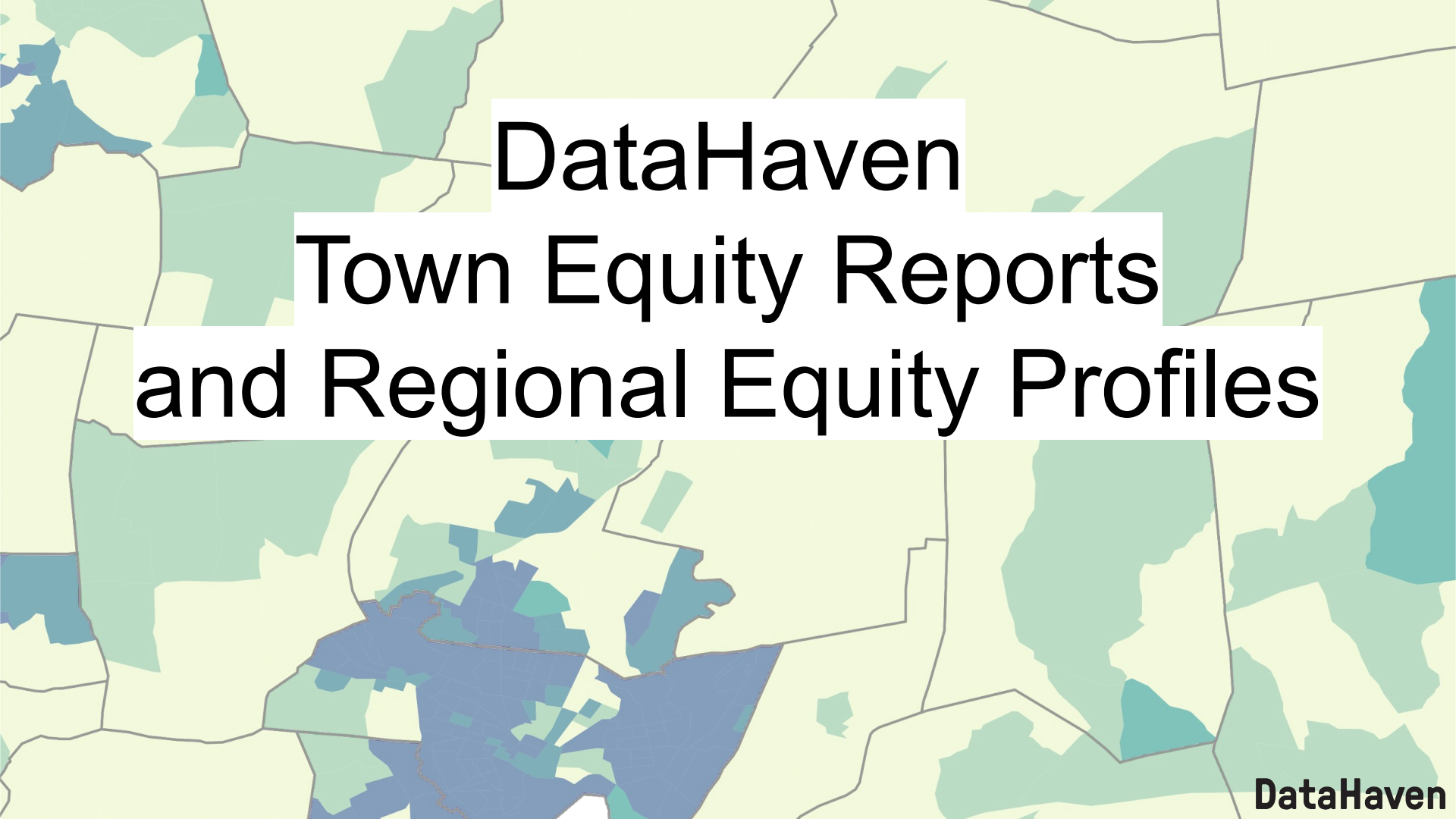



DataHaven

# Health Status and Outcomes: 2021 DataHaven Survey Data




DataHaven

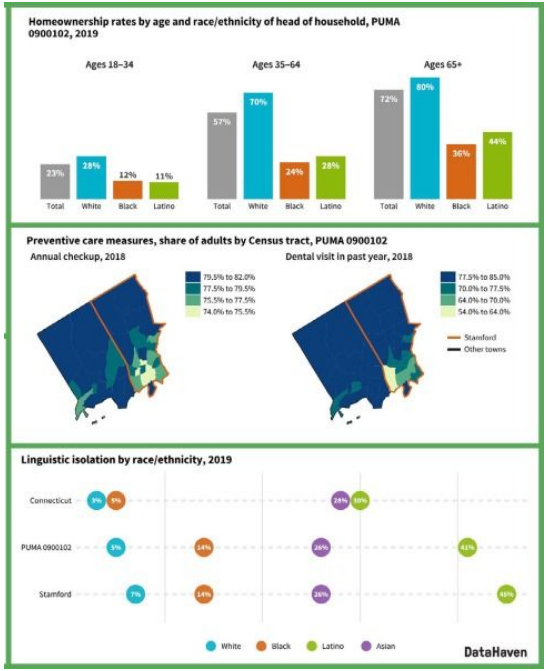

DataHaven
Town Equity Reports
and Regional Equity Profiles
DataHaven

# Town Equity Reports: Creating new information on racial equity for all 169 towns

Our response to **many requests from racial equity committees** and others for disaggregated, town- and regional-level data

Reports use new approaches to analyze data from:

- 2020 Census
- American Community Survey
- State and federal agencies
- DataHaven Community Wellbeing Survey
- More data and new indicators to be added for version 2.0 (send suggestions)

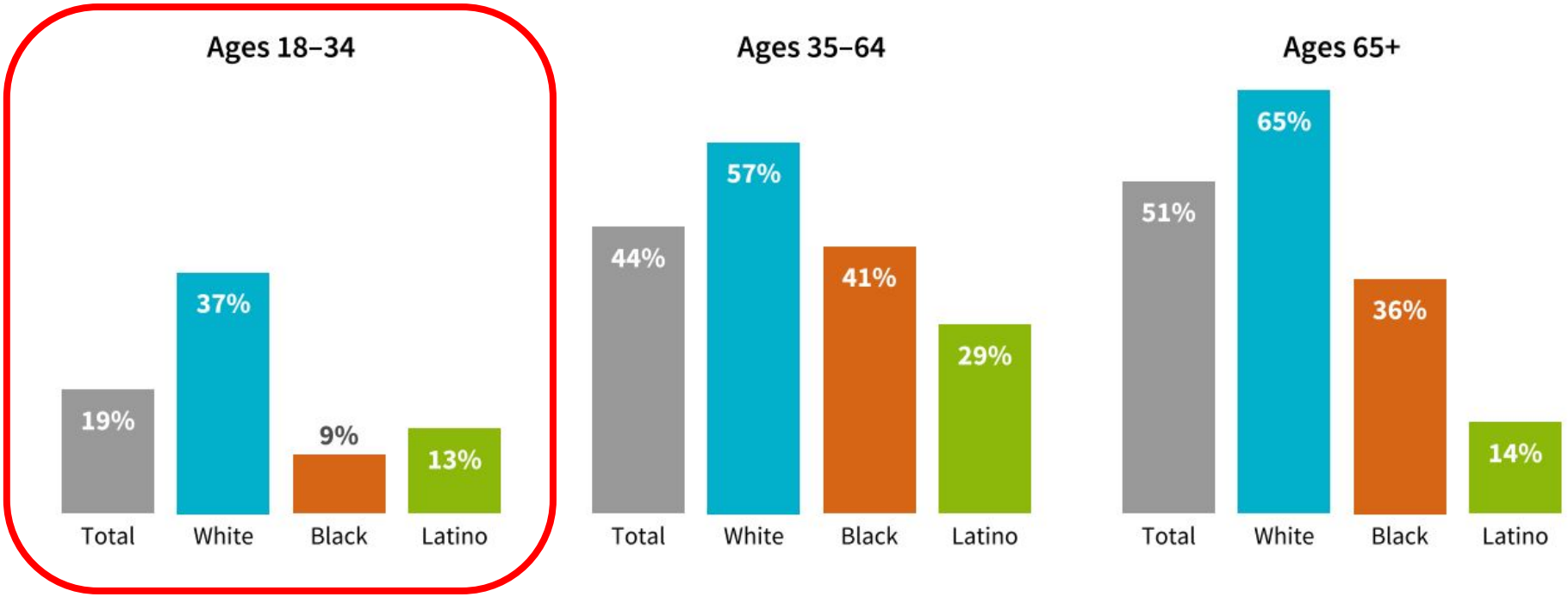



https://www.ctdatahaven.org/reports/connecticut-town-equity-reports

DataHaven

# Town Equity Reports: Creating new information on racial equity for all 169 towns

**FIGURE 5: HOMEOWNERSHIP RATES BY AGE AND RACE/ETHNICITY OF HEAD OF HOUSEHOLD, WATERBURY, 2019**



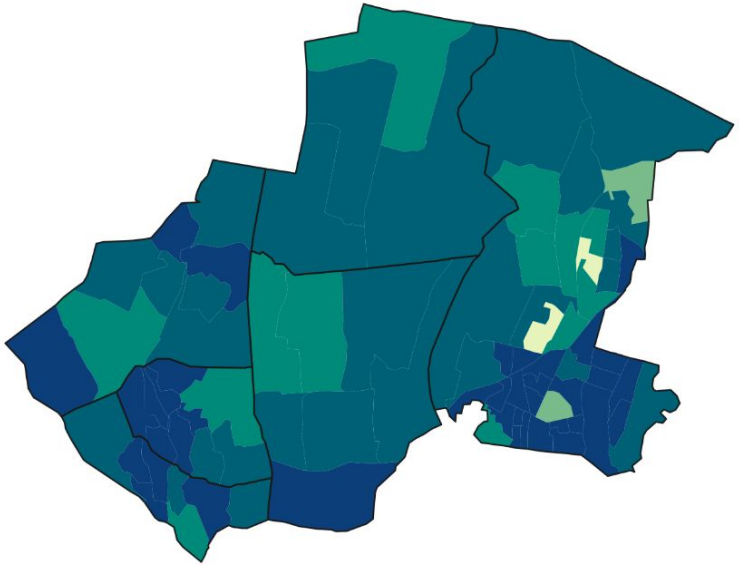

DataHaven

# Town Equity Reports: Creating new information on racial equity for all 169 towns

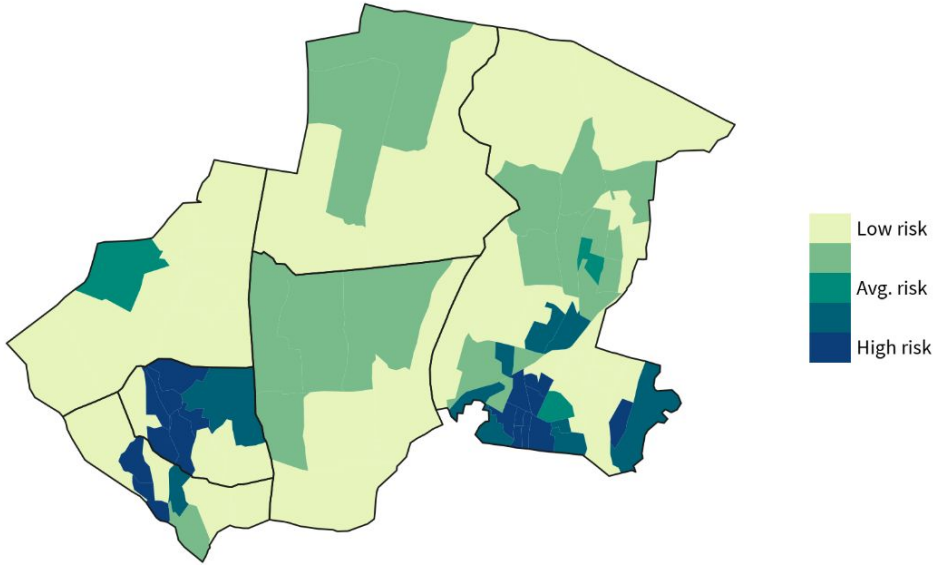
Unadjusted and adjusted indices: Should data users pinpoint not just disparities, but potential lack of resources to deal with them?

**EPA Environment Justice Index by block group, PUMA 0900903**

Lead paint exposure risk, unadjusted

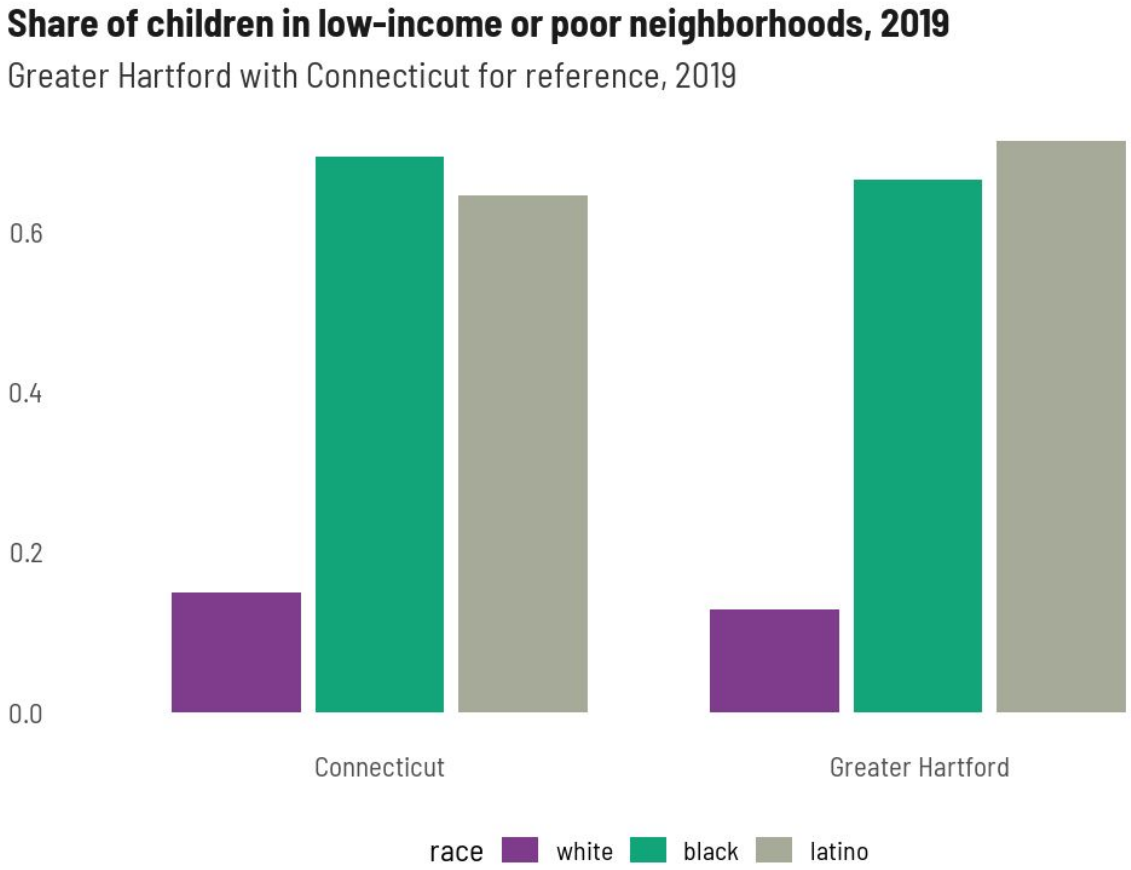


Lead paint exposure risk, EJ adjustment




DataHaven

# Town Equity Reports: Creating new information on racial equity for all 169 towns



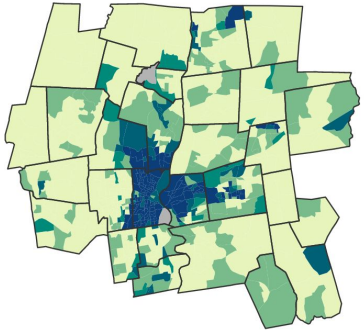

Looking at local exposure of different groups (e.g., children) to social drivers of health

DataHaven

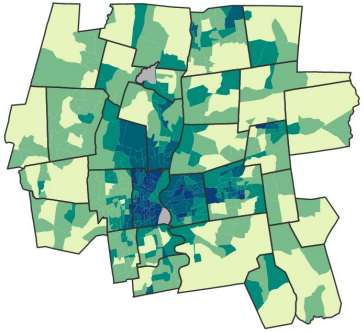
# Town Equity Reports: Creating new information on racial equity for all 169 towns

**EPA Environmental Justice Index by block group, Hartford Foundation area**

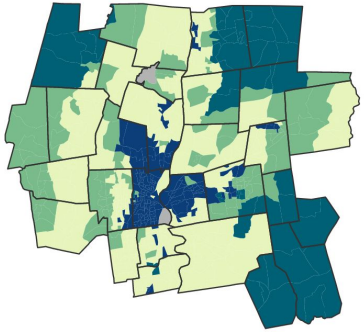
Lead paint exposure risk



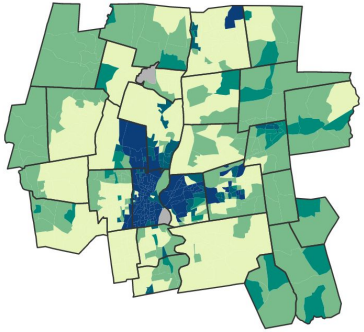
Air cancer risk



Proximity to water discharge



Proximity to treatment facilities



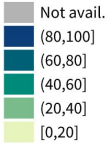



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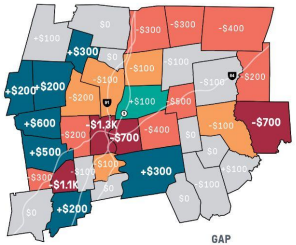
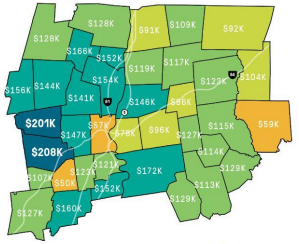
FIG 4.1

**Wealthier towns net more money from property values and spend more money on education**

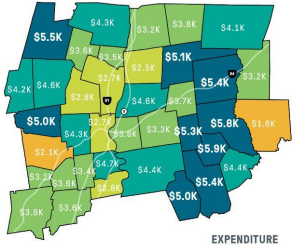
MUNICIPAL GAP/SURPLUS PER CAPITA, 2012



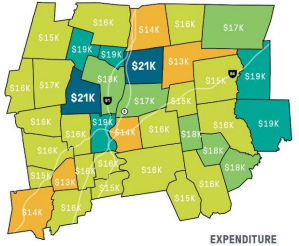

EQUALIZED NET GRAND LIST PER CAPITA, 2017




TOTAL EXPENDITURE PER DAYTIME POPULATION, 2017




EDUCATION SPENDING PER PUPIL, 2017



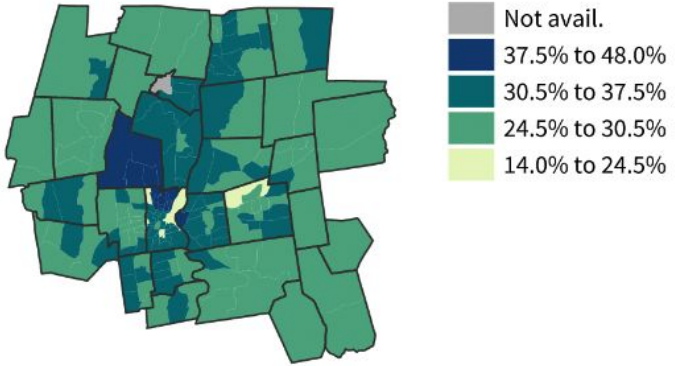

NOTE: OTHER THAN MUNICIPAL GAP, VALUES ARE GIVEN BY FISCAL YEAR.

**DataHaven** Greater Hartford Community Wellbeing Index 2019

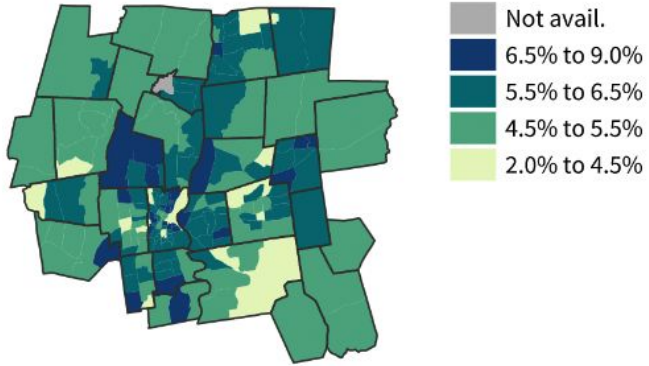
DataHaven

# Town Equity Reports: Creating new information on racial equity for all 169 towns

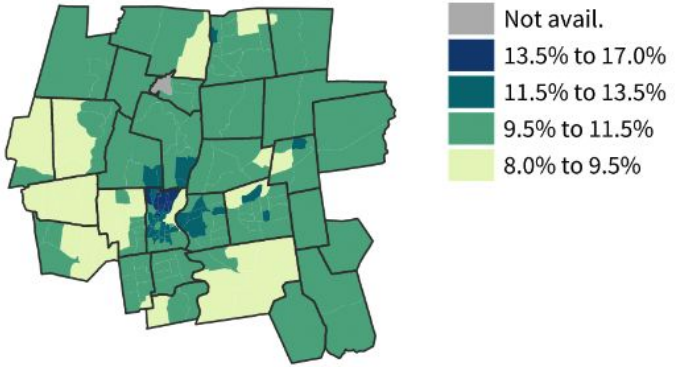
**High blood pressure, 2017**



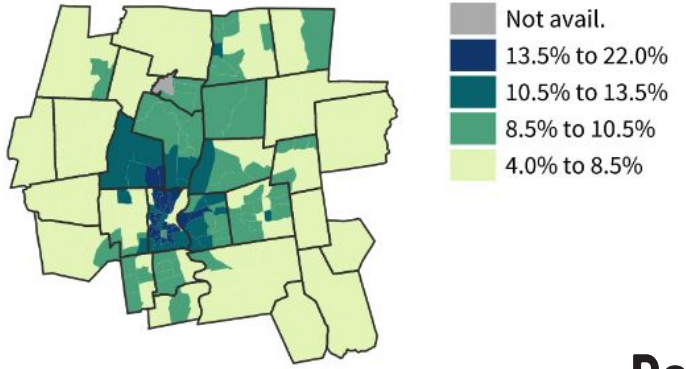

**Coronary heart disease, 2018**




**Current asthma, 2018**



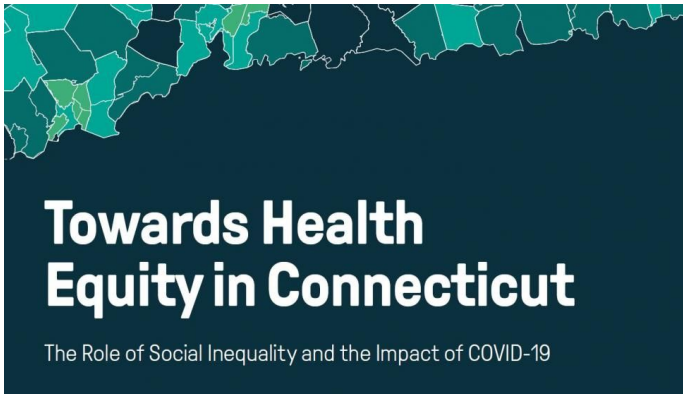

**Diabetes, 2018**




DataHaven

# Data Limitations: Town Equity Reports

- Many charts don't show every group, due to small sample sizes in Connecticut towns, although we often include statewide data as a benchmark
- Disparities can be "disguised" by data aggregation (e.g., Filipino within Asian race, Albanian or MENA within white race). Census/DataHaven survey data often allow more granular analysis.
- Native American race not same as tribal affiliation
- For context and discussion of indicators (e.g., details on redlining), users should refer to DataHaven's health equity report and Community Wellbeing Index reports
- Ability to obtain raw data is a limiting factor


DataHaven

# 2021-2022 Data Across Sectors for Health Project

with the United Way of Central and Northeastern Connecticut, and project partners including state agencies, ConnIE, CT Hospital Association, and others

DataHaven

# Prioritizing community health-related information needs across Connecticut

Draft summary of focus group discussions with 130 community leaders and stakeholders in 10 regions of Connecticut

1. **Ensure that data sources are published more frequently (or real-time)**
2. **Support centralized infrastructure and/or staff to help users find relevant information from agencies, assess quality, provide analytics**
3. **Continue to combine existing data sources for better insight**
4. **Collect stories and qualitative data to share alongside statistical data**
5. **Ensure the availability of local-level data that reflects:**
    a. **Each geographic neighborhood, town, or community in the area**
    b. **Minority populations, underserved populations, people with unique health or social needs**

# CT Race, Ethnicity and Language (REL)

Sumit Sajnani, CT Health Information Technology Officer



OHS
CONNECTICUT
Office *of* Health Strategy

# Key Topics

- Public Act 21-35 Section 11 General Requirements
- OHS Responsibilities Under PA 21-35
- REL Journey

# Public Act 21-35 Section 11

Required collection entities:

- Any state agency, board or commission that collects demographic data concerning ethnicity, race or primary language of residents of the state in the context of health care or for the provision or receipt of health care services or for any public health purpose

- Each health care provider with an electronic health record system capable of connecting to and participating in the State-wide Health Information Exchange

OHS CONNECTICUT Office of Health Strategy

# State Agencies Impacted by Public Act 21-35 Section 11

- Department of Social Services
- Office of the Chief Medical Examiner
- Department of Children and Families
- Department of Mental Health and Addiction Services
- Department of Developmental Services
- Department of Public Health
- Department of Veterans Affairs
- Department of Correction
- Office of Health Strategy

OHS CONNECTICUT Office of Health Strategy

# Public Act 21-35 Section 11 - Collection Requirements

- Allow for aggregation and disaggregation
- Expand race and ethnicity categories to include subgroup identities and follow the hierarchical mapping
- Option to select one or more ethnic or racial designations and include an "other" designation
- Option to individuals to refuse to identify with any ethnic or racial designations
- Be self-reported and not required to be provided by individual to receive services

OHS CONNECTICUT Office of Health Strategy

# Public Act 21-35 Section 11 Reporting Requirements

- When reporting data concerning individual's ethnic origin, ethnicity or race is reported to any other state agency, board or commission, that such data is neither tabulated nor reported without all of the following:

- The number or percentage of individuals who:
  - identify with each ethnic or racial designation as their sole ethnic or racial designation and not in combination with any other ethnic or racial designation
  - identify with each ethnic or racial designation, whether as their sole ethnic or racial designation or in combination with other ethnic or racial designations
  - identify with multiple ethnic or racial designations
  - do not identify or refuse to identify with any ethnic or racial designations

OHS CONNECTICUT Office of Health Strategy

# Public Act 21-35 Section 11 Reference Standards

- Expand race and ethnicity categories to include the OHS Community and Clinical Integration Program (CCIP) subgroup identities and align with the US Office of Office of Management and Budget (OMB) hierarchical mapping standards

- Align primary language categories with the International Organization for Standardization (ISO) language codes set

OHS CONNECTICUT Office of Health Strategy

# OHS Responsibilities Under PA 21-35

- Create:
  - REL Data Collection Standards
  - Implementation plan
- Review demographic changes in race and ethnicity, as determined by the U.S. Census Bureau
- Review health data collected by the state
- Review and reevaluate race/ethnicity categories from time to time

# Journey

- We are at the beginning; long road ahead - to undertaken collaboratively and in an iterative process
- Several challenges
- Preliminary standards and implementation plan published by OHS
- Started socialization of REL Standards to stakeholders
  - Outreach to state agencies and healthcare providers required to collect REL data
  - Outreach to **Connie** and through Connie to entities
  - Presentations to organizations
- Collaboration with organizations including Connecticut Health Foundation, Health Equity Solutions
- ARPA Funding

OHS CONNECTICUT Office of Health Strategy

# For more information on REL Data Collection Standards:

https://portal.ct.gov/OHS/HIT-Work-Groups/Race-Ethnicity-and-Language

# Race and ethnicity data collection for health equity– past, present, future work

Karen Wang, MD MHS
March 28, 2022


equity research
and innovation center
at the Yale School of Medicine

Opinion

# The Pandemic's Missing Data

## We desperately need to release the statistics on race and ethnicity.

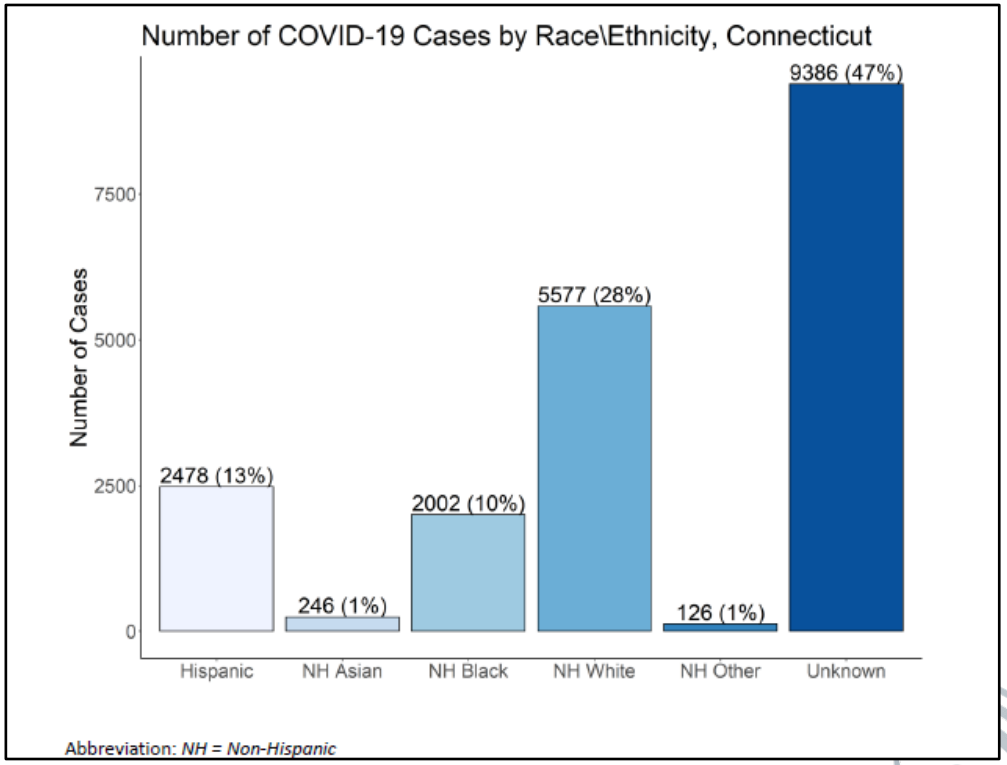
https://www.nytimes.com/2020/04/07/opinion/coronavirus-blacks.html

**By Aletha Maybank**

Dr. Maybank is the chief health equity officer at the American Medical Association.

April 7, 2020

Race and ethnicity data missing for 47% reported COVID-19 cases in Connecticut.




https://data.ct.gov/Health-and-Human-Services/CT-DPH-COVID-19-Race-and-Ethnicity-Data-Summary/8pga-qnuw

# Calls for improved collection and reporting race and ethnicity data in health systems are not new


2009 IOM report

- Main way to identify and address disparities, i.e., examine effects of racism on health and measure how we address
- Called for high quality race and ethnicity data & more granular data
- Methods to improve quality
  - Self reported
  - Select all that apply
  - More categories than OMB standards that reflect the person
  - If select more than one, f/u question would be to select one category only
- No standards exist to group those who select more than one category
- Key for patients and communities to understand the collection of this data

# Calls for improved standards for race and ethnicity data: CT state (2007)

The Collection of Race, Ethnicity, and Other Sociodemographic Data in Connecticut Department of Public Health Databases

October 2007

Suggested citation: Nepaul, Ava N., Margaret M. Hynes, and Alison Stratton. 2007. *The Collection of Race, Ethnicity, and Other Sociodemographic Data in Connecticut Department of Public Health Databases*. Hartford, CT: Connecticut Department of Public Health.




http://www.ct.gov/dph


Connecticut Department of Public Health
Planning Branch
410 Capitol Avenue
Hartford, CT 06134-0308

**APPENDIX D**

**Detailed Survey Results**

**Table D.1. Reported Race Data Collection Categories (n=37)**

| Corresponding 1997 OMB Race Category* | Category | No. | % |
|---|---|---|---|
| American Indian or Alaska Native (AIAN) | Alaskan/Native American | 1 | 2.7 |
| | American Indian | 10 | 27 |
| | American Indian or Alaska Native | 18 | 49 |
| | American Indian or Alaska Native, list name of principal or enrolled tribe | 2 | 5.4 |
| | American Indian/Alaskan Native | 3 | 8.1 |
| | American Indian/Eskimo/Aluet | 1 | 2.7 |
| | None | 2 | 5.4 |
| Asian | As. Indian; Other Asian; multiple nationalities | 1 | 2.7 |
| | Asian | 20 | 54 |
| | Asian Indian; Chinese; Filipino; Japanese; Korean; Vietnamese; Other As. | 1 | 2.7 |
| | Asian Indian; Chinese; Filipino; Japanese; Korean; Vietnamese; Other As. (specify, free text) | 2 | 5.4 |
| | Asian/Pacific Islander | 8 | 22 |
| | Chinese, Filipino, Japanese, Other Asian (specify, free text) | 1 | 2.7 |
| | Multiple nationality list includes Asian, NOS & Oriental, NOS | 1 | 2.7 |
| | Oriental/Asian | 1 | 2.7 |
| | None | 2 | 5.4 |
| Black or African American (BAA) | African Am not Hispanic | 1 | 2.7 |
| | Black | 20 | 54.1 |
| | Black, non-Hispanic | 1 | 2.7 |
| | Black/African American | 15 | 40.5 |
| Native Hawaiian or Other Pacific Islander (NHOPI) | Asian/Pacific Islander | 8 | 22 |
| | Hawaiian | 1 | 2.7 |
| | Hawaiian/Pacific Islander | 2 | 5.4 |
| | Native Hawaiian or Other Pacific Islander | 11 | 30 |
| | Native Hawaiian; Guamanian or Chamorro; Samoan; Other PI (specify, free text) | 2 | 5.4 |
| | Native Hawaiian; Other Pacific islander; Other Micronesian; multiple nationalities | 1 | 2.7 |
| | Other Pacific Islander | 1 | 2.7 |
| | Pacific Islander | 1 | 2.7 |
| | Pacific Islander and SEER categories | 1 | 2.7 |
| | None | 9 | 24.3 |
| White | White | 35 | 94.6 |
| | White, non-Hispanic | 1 | 2.7 |
| | White, not of Hispanic origin | 1 | 2.7 |
| None | Hispanic | 2 | 5.4 |

* See question #12 of the *Health Database Questionnaire*. The information presented here does not imply that the reported categories are equivalent to the categories outlined in the 1997 OMB standards.

Nepaul, Ava et al 2007. The Collection of Race, Ethnicity and Other sociodemographic data in CT DPH Databases. Hartford, CT CDPH

# Approach to standardized REL data collection in CT health systems (2021)


- collecting, reporting, and using REL data is essential to improving health equity;
- health system in US with successful implementation of REL data collection programs;
- Connecticut with no standards for REL data collection for health systems
- urgent need for standardized collection of REL data in Connecticut to improve delivery of care.

https://www.cthealth.org/publication/a-roadmap-for-race-ethnicity-and-language-data-collection-and-use-in-connecticut/

# Institute for Healthcare Improvement-CT Health Roadmap

## 7 Stages of the Roadmap for Race, Ethnicity, and Language Data Collection and Use in Connecticut

| Stage 1: Design | Stage 2: Data Storage | Stage 3: Training | Stage 4: Monitoring | Stage 5: Using REL Data at a Clinical Level | Stage 6: Scaling-Up Data Collection | Stage 7: Using REL Data at the State Level |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
| The process to decide upon standard REL data elements will build off existing efforts while ensuring consistency across health care providers. Before data collection can begin, key decisions must be made about the standardized data that will be collected, who will be responsible for collecting the data, and the workflow that outlines how the data will be collected. | The second stage involves looking at a health system's data infrastructure, with the goal of ensuring health systems have data infrastructure that can properly record and store REL data, including collecting and reporting standardized REL data and meeting all requirements for data and privacy protections. | Training staff to collect REL data is a key step in implementation. The primary goal is to ensure that the staff responsible for facilitating REL data collection are adequately trained and able to articulate the purpose of the data collection and respond to patient questions, including ensuring patients know that providing data is voluntary. | The monitoring stage focuses on ensuring that data is being collected and checked for accuracy and completeness. This includes quality assurance to ensure recorded REL data matches patient selection, monitoring the rates at which staff fill out the REL fields during an office visit, and assessing the completeness of the data. | This stage focuses on making sure that individual practices, health systems, and clinicians can:<br>1) review data;<br>2) identify where inequities exist;<br>3) prioritize specific areas; and<br>4) change systems and processes to eliminate health inequities and improve care overall with culturally relevant clinical interventions. | To address health inequities at a larger scale, REL data collection will need to be implemented in health systems across the state in a coordinated fashion. | The goal of this stage is to stand up a system to analyze REL data at the state level to inform population and community-level interventions to reduce health inequities. |

Reference: Imbeah, K., Howard, P., Brandes, R., Reid, A. Roy, B., Sivashanker, K. (2021). A Roadmap for Race, Ethnicity, and Language Data Collection and Use in Connecticut. (Data and Health Equity Spring 2021 Report). Institute for Healthcare Improvement. https://www.cthealth.org/wp-content/uploads/2021/04/CHF-REL-Report-5-Web.pdf

Current work, Spring 2022: Building a guiding coalition for implementation of standardized race, ethnicity, and language (REL) data collection in health care systems across CT

1. Generate **consensus on what implementation** of standardized REL data collection in health care systems across Connecticut should look like

2. Identify the **technical assistance needs** for standardized REL data collection, especially for smaller health care systems and providers across Connecticut

3. Develop a **network of champions** that are prepared to move forward with the implementation of standardized REL data collection and use in improving care and outcomes

Yale *Global Health Leadership Initiative*

Yale SCHOOL OF MEDICINE

Connecticut Health FOUNDATION
*Changing Systems, Improving Lives.*

erlc

# CT Health Foundation Policy Brief's CONNECTING CONNECTICUT: WHAT'S HAPPENING WITH HEALTH INFORMATION EXCHANGE IN THE STATE (2019)

**EXHIBIT 2**

**HEALTH INFORMATION EXCHANGE IN CT NOW**

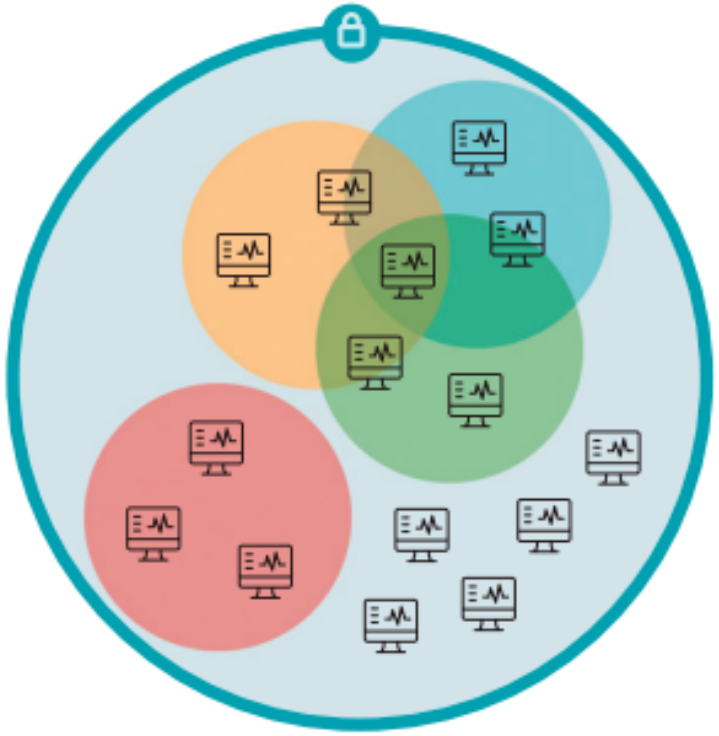
SEVERAL HEALTH CARE ORGANIZATIONS SHARE INFORMATION WITHIN NETWORKS; SOME AREN'T CONNECTED AND CAN'T SHARE INFORMATION.

HEALTH CARE ORGANIZATIONS (HOSPITALS, CLINICS, LABS, ETC.)

NETWORKS IN WHICH INFORMATION IS SHARED

**A STATEWIDE HEALTH INFORMATION EXCHANGE**

ONE STATEWIDE EXCHANGE THAT CONNECTS EXISTING NETWORKS, AS WELL AS ORGANIZATIONS OUTSIDE THEM.



STATEWIDE HIE

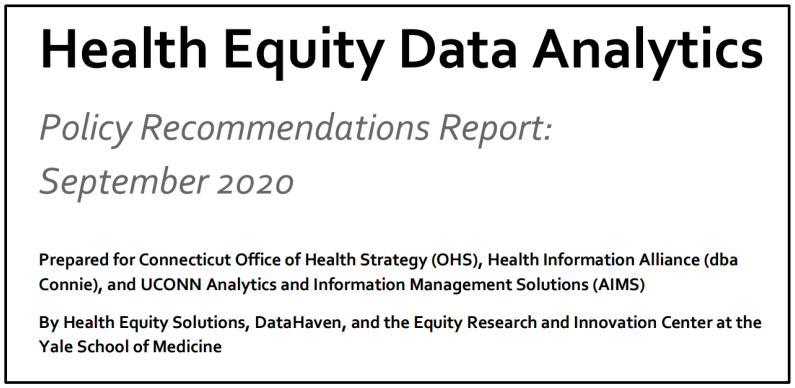
CONNECTING CONNECTICUT: WHAT'S HAPPENING WITH HEALTH INFORMATION EXCHANGE IN THE STATE Christina A. Worrall, MPP, and Emily B. Zylla, MPH SHADAC – State Health Access Data Assistance Center University of Minnesota, School of Public Health https://www.cthealth.org/wp-content/uploads/2019/11/HIE-brief-final.pdf

# Health Equity Data Analytics (HEDA) Project (2018-2020)


- Advancing health equity was an emerging issue for most existing HIEs in the country
- CT's Centering equity in the foundation of HIE seen as cutting edge
- Race/ethnicity, geocoded residential address, insurance status should be key initial priorities
- Social determinants of health are also important
- Wide variation in what was being collected across health systems and state agencies on health equity data elements

Abraham, M., Everette, T., McGann, S., Rizzo, T., Wang, K. Health Equity Data Analytics. June 2019. Report prepared for Connecticut Office of Health Strategy;

# HEDA Policy Recommendations (2020)



**Health Equity Data Analytics**

*Policy Recommendations Report:*
*September 2020*

Prepared for Connecticut Office of Health Strategy (OHS), Health Information Alliance (dba Connie), and UCONN Analytics and Information Management Solutions (AIMS)

By Health Equity Solutions, DataHaven, and the Equity Research and Innovation Center at the Yale School of Medicine

- Strategies to assess the health equity data elements across the data lifecyle
  - Data completeness
  - Data quality
  - Governance
- Policy recommendations
  - Standards of granular race and ethnicity data
  - Team with resources at HIE, solely focused on collection and use of data with health equity lens
  - Assess ways that patients and consumers are engaged with the HIE

Abraham, M., Everette, T., Rizzo, T., Sathasivam, D., Wang, K. Health Equity Data Analytics. Policy Recommendations Report: September 2020, prepared for Connecticut Office of Health Strategy, CONNIE, AIMS
https://portal.ct.gov/-/media/OHS/docs/HEDA-Recommendations_-Sept2020.pdf

# Considerations for the future: centering equity in the design and use of health information systems

- Patients and communities affected by structural inequities need to be at the table in the design/use of these data
  - Leverage existing strengths, asset, networks
  - Develop a community-engaged mechanism for accountability

- Interdisciplinary teams of experts to ensure that decisions pertaining to design/use of data (sharing, exchange) are assessed with a health equity lens

- Improve measures of and our examination of the impact of racism on health
  - social assignment of race/ethnicity; other measures of equity/inequities

- Use race and ethnicity data standards in all sectors across the State, e.g., correctional settings, housing

Dencik, L, et al. "Exploring data justice: Conceptions, applications and directions." *Information, Communication & Society* 22.7 (2019): 873-881; Abraham, M., Everette, T., Rizzo, T., Sathasivam, D., Wang, K. Health Equity Data Analytics. Policy Recommendations Report: September 2020, prepared for Connecticut Office of Health Strategy, CONNIE, AIMS; Wang, K, et al "Centering Equity In The Design And Use Of Health Information Systems: Partnering With Communities On Race, Ethnicity, And Language Data"

Thank you!

Contact:
karen.wang@yale.edu

# HEDA Policy Report (2020): Variation of collected race/ethnicity fields in CT State and community organization

**Table 1: Summary of race and ethnicity data fields collected from stakeholder outreach**

| DPH Minimum standard | DPH Ideal Standard | DSS | DMHAS | HHC |
|---|---|---|---|---|
| American Indian or Alaska Native<br>Asian<br>Black or African American<br>Native Hawaiian or Other Pacific Islander<br>White<br><br>Hispanic or Latino<br>Not Hispanic or Latino<br><br>(OMB 1997) | American Indian or Alaska Native;<br>Specify tribal affiliation:<br>Asian<br>Asian Indian<br>Korean<br>Chinese<br>Taiwanese<br>Filipino<br>Vietnamese<br>Japanese<br>Other Asian; specify:<br>Black or African American<br>Native Hawaiian or Other Pacific Islander White<br>Other race; specify: | White<br>Black or African American<br>American Indian or Alaska Native<br>Hispanic or Latino/a<br>Asian Indian<br>Chinese<br>Filipino<br>Japanese<br>Korean<br>Vietnamese<br>Other Asian<br>Native Hawaiian<br>Samoan<br>Guamanian or Chamorro<br>Other Pacific Islander | American Indian/Native Alaskan<br>Asian<br>Black/African American<br>Native Hawaiian/Other Pacific Islander<br>White/Caucasian<br>Other<br>Unknown | White (European, Middle Eastern, Arab, North African)<br>Black/African American (African, African American, Haitian, Jamaican, Dominican, West Indian)<br>American Indian/Alaskan Native<br>Asian (Chinese, Vietnamese, Cambodian, Asian Indian, other)<br>Native Hawaiian/Other Pacific Islander Other: |
| **DOH** | | | | |
| OMB 1997 +<br>Client Doesn't Know<br>Client Refused<br>Data Not Collected | Hispanic or Latino<br>Cuban<br>Mexican<br>Puerto Rican<br>South or Central American<br>Other Hispanic/Latin culture or origin, regardless of race; specify:<br>Not Hispanic or Latino | Mexican<br>Mexican-American<br>Chicano/a<br>Cuban<br>Puerto Rican<br>Other Hispanic, Latino/a or Spanish<br><br>*Renewal of Eligibility form | Hispanic-Other<br>Non-Hispanic<br>Hispanic-Puerto Rican<br>Hispanic-Mexican<br>Hispanic-Cuban<br>Unknown | Puerto Rican<br>Mexican<br>Cuban<br>Dominican<br>Central American (Salvadorian, Honduran, Guatemalan, other)<br>South American (Colombian, Ecuadorian, Peruvian, other)<br>Other Hispanic/Latino:<br><br>*Breastfeeding Heritage & Pride program intake |

HEDA Policy Report (2020): Completeness of race/ethnicity data in CT All-Payer Claim Database

# Appendix B

The following data were prepared by UCONN AIMS based on a limited data set of the Connecticut All-Payer Claims Database. The limited data set contained approximately 1.4 million unique individuals with commercial insurance. This data was released by OHS to UCONN AIMS and shared with the HEDA team.

**Table 1: Race & Ethnicity data completeness**

| Year | Primary Race | Secondary Race | Primary Ethnicity | Secondary Ethnicity |
|---|---|---|---|---|
| OVERALL | 8.77% | 5.63% | 10.44% | 10.44% |
| 2012 | 8.33% | 8.14% | 10.32% | 10.32% |
| 2013 | 8.16% | 7.19% | 10.28% | 10.28% |
| 2014 | 8.64% | 6.38% | 11.18% | 11.18% |
| 2015 | 8.76% | 5.12% | 10.85% | 10.85% |
| 2016 | 8.90% | 4.30% | 10.83% | 10.83% |
| 2017 | 9.26% | 3.57% | 9.84% | 9.84% |
| 2018 | 9.55% | 4.06% | 9.58% | 9.58% |

Examples on Challenges/Work ahead – Variation of "race" standard
NC3 effort to leverage data from 54 health systems – 6 millions individuals

**Table 2. Race data reporting schema by contributing sites**

| Reporting Schema | Data Partners, *n (%)* | American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White | Black | Hispanic | Asian Indian | Chinese | Filipino | Japanese | Korean | Other Pacific Islander | Polynesian | Vietnamese | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 39 (72.2) | | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | **Standards Only** |
| B | 2 (3.7) | | ✓ | ✓ | ✓ | ✓ | | | | | | | | ✓ | | | **Standards with Additional Categories** |
| C | 1 (1.9) | | ✓ | ✓ | ✓ | ✓ | | ✓ | | | | | | | | | |
| D | 1 (1.9) | | ✓ | ✓ | ✓ | ✓ | | | ✓ | | | | | | | | |
| E | 1 (1.9) | | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | |
| F | 5 (9.3) | | ✓ | ✓ | | ✓ | | | | | | | | | | | **Missing Standards** |
| G | 2 (3.7) | | | ✓ | | ✓ | | | | | | | | | | | |
| H | 1 (1.9) | | | ✓ | ✓ | ✓ | | | | | | | | | | | |
| I | 1 (1.9) | | ✓ | | | ✓ | ✓ | | | | | | | | | | **Missing Standards, Additional Categories** |
| J | 1 (1.9) | | ✓ | ✓ | | ✓ | | | | | | | | ✓ | | | |
| Total Data Partners, *n* | | 0 | 51 | 53 | 45 | 54 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 3 | 1 | 1 | |

Cook LA, Espinoza J, Weiskopf NG, Mathews N, Dorr DA, Gonzales KL, Wilcox A, Madlock-Brown C. Variability in EHR data about race and ethnicity as observed in the National COVID Cohort Collaborative Data Enclave. Podium paper presented at AMIA Summit; Chicago; 2022 Mar 21-24.

# Examples on Challenges/Work ahead – NC3: 20% of individual data that does correspond to a specific race category

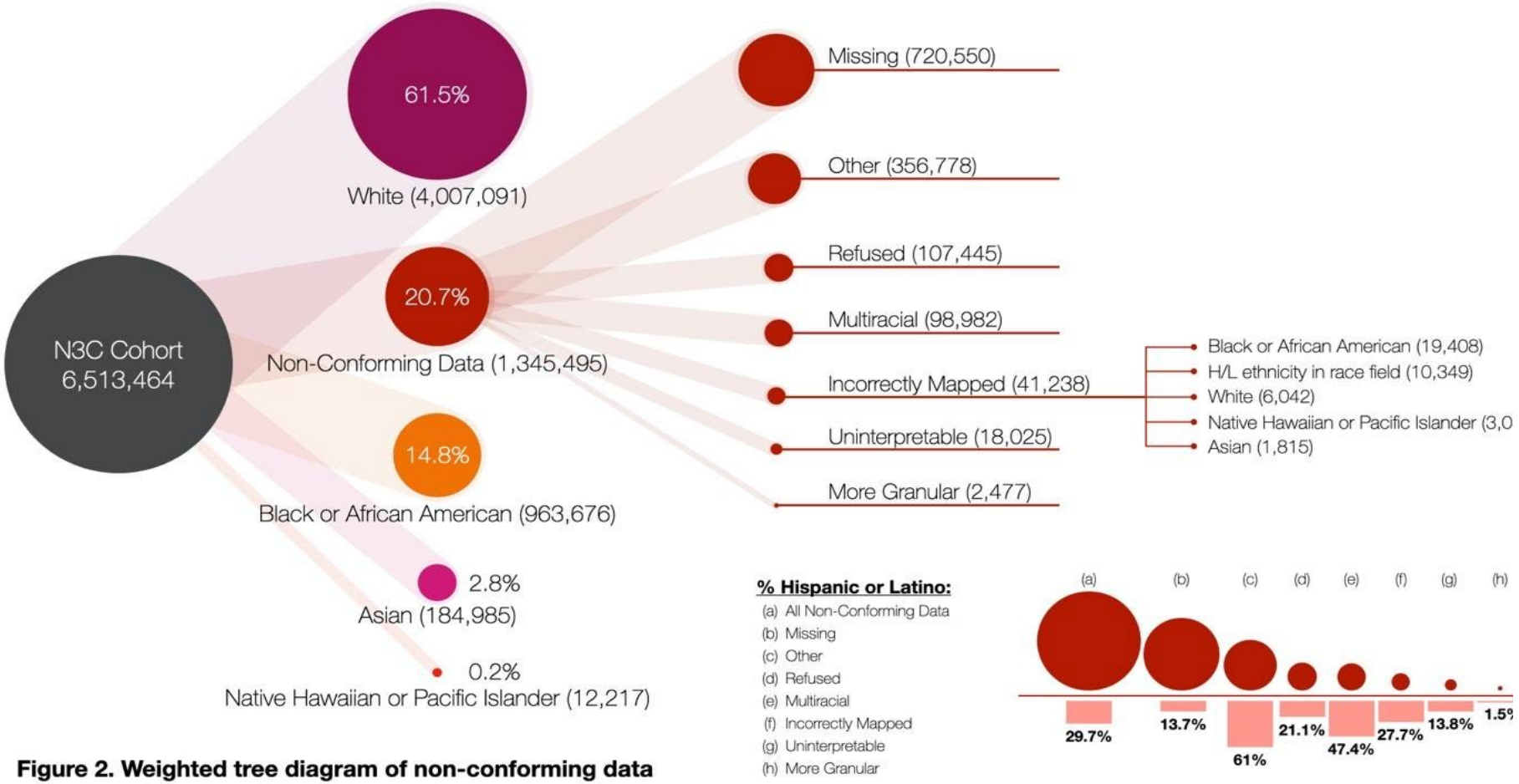



**Figure 2. Weighted tree diagram of non-conforming data**

Cook LA, Espinoza J, Weiskopf NG, Mathews N, Dorr DA, Gonzales KL, Wilcox A, Madlock-Brown C. Variability in EHR data about race and ethnicity as observed in the National COVID Cohort Collaborative Data Enclave. Podium paper presented at AMIA Summit; Chicago; 2022 Mar 21-24.

| Unique Race Values: |
| --- |
| Latino/a/x and/or Hispanic |
| Asian |
| Other Race |
| BLACK/AFRICAN AM |
| Asian or Pacific islander |
| Other |
| Unknown racial group |
| White |
| Black |
| Other White |
| Other Latin(x) and/or Hispanic |
| Declines to State |
| Natural American/Eskimo |
| AM INDIAN/AK NATIVE |
| African |
| Armenian |
| Missing |

| Unique Ethnicity Values: |
| --- |
| Hispanic or Latino |
| Not Hispanic or Latino |
| NOT HISPANIC/LATINO |
| HISPANIC/LATINO |
| Hispanic |
| Non-Hispanic |
| Ethnic group unknown |
| OTHER |
| NOT REPORTED |

Juan Espinoza et al, unpublished data in preparation

# Q & A

# Open Sharing Equity Focused Legislation being considered during the 2022 Session

# Subcommittee Updates

**Structural Racism in Laws, Regulation, State Business & Hiring:** (Recs #1 & 6)

- Hilda Santiago
- Heather Aaron
- Astread Ferron-Poole
- **Steven Hernández**
- Vicki Veltri

**Zoning:** (Recs #5)

- Carline Charmelus
- Travis Simms
- **Kyle Abercrombie**
- Marina Marmolejo
- Bruce Wittchen

**Criminal Justice:** (Recs #2)

- Leonard Jahad
- Kean Zimmerman
- Vannessa Dorantes
- Diana Reyes
- Craig Burns
- **Marc Pelka**
- Kenyatta Muzzani

**Public Health, Health Outcomes and Healthy Living:** (Recs #3, 4, & 7)

- **Tiffany Donelson**
- **Chavon Hamilton**
- Melissa Santos
- Mary Daugherty Abrams
- Jonathan Steinberg
- John Frassinelli
- Tammy Hendricks
- Heather Aaron
- Claudio Gualtieri

# Good of the Order

# Next Meeting:
# May 23rd 10 – 11:30 am

# Next Steps?

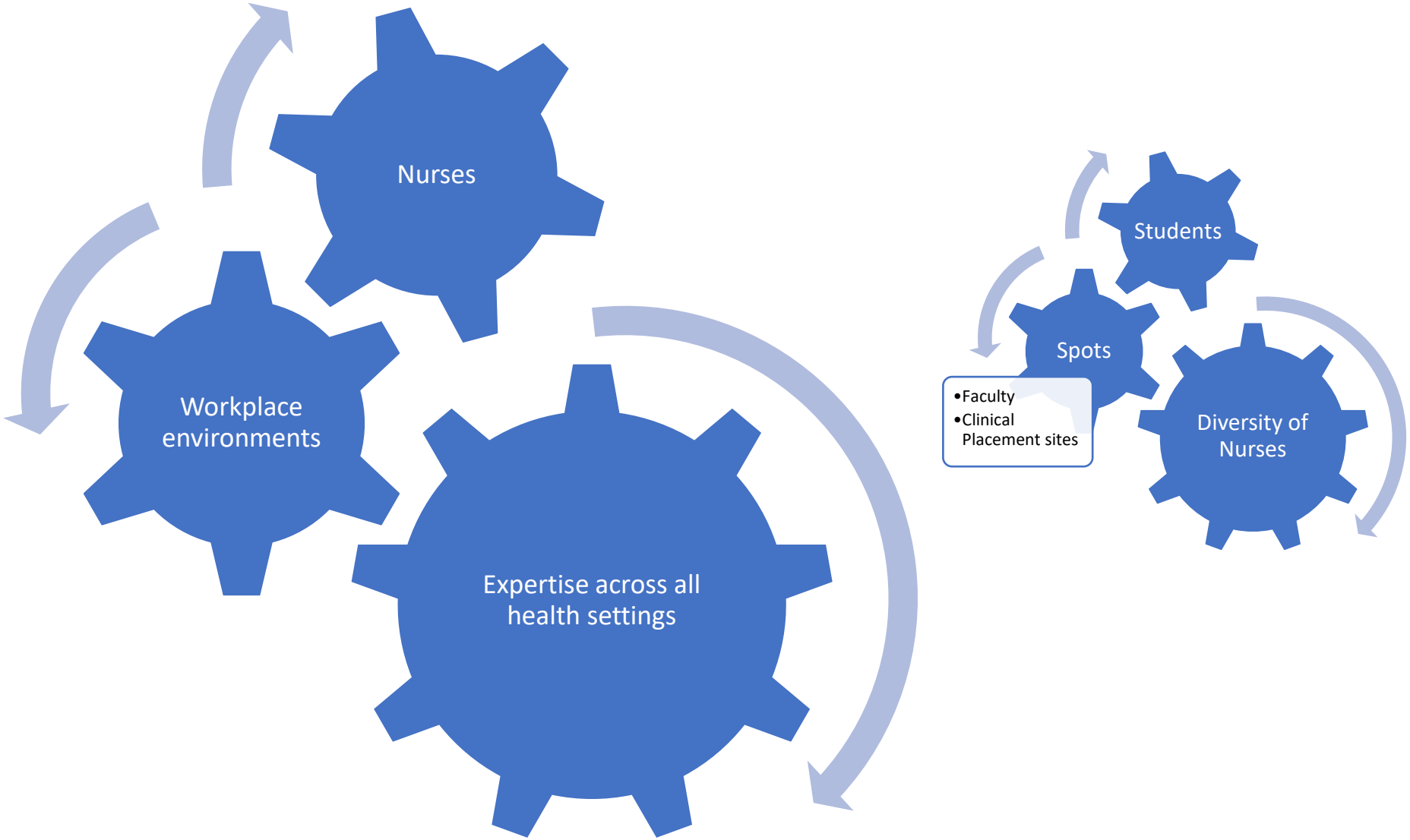
# Recruitment & Retention of a Diverse Nurse Workforce

Kimberly Sandor, MSN, RN, FNP

Executive Director, CT Nurses Association


https://nam.edu/publications/the-future-of-nursing-2020-2030/

# Complex and Interconnected System




SAMHSA

Substance Abuse and Mental Health Services Administration

https://www.samhsa.gov/minority-fellowship-program


# Minority Fellowship Program

# Mental Healthcare Providers

- Marriage and family therapy
- Nursing
- Professional counseling
- Psychiatry
- Psychology
- Social work
- Addictions treatment

https://www.samhsa.gov/minority-fellowship-program

# Goals

- Conduct research about substance abuse and mental health disorders prevention and treatment within minority populations, across all age groups and in a variety of settings;
- Assume leadership roles in the initiation of scientific investigations and service utilization phenomena that occur among ethnic minority populations;
- Expand and contribute to the evidence-based practice of substance abuse and mental health disorders prevention and treatment among ethnic minority populations throughout the lifespan; and
- Function as leaders and members of interdisciplinary research, public health policy, and direct-service care teams with the objective of improving the overall health status of ethnic minority populations.

# Fellowship Programs

- 2,3,5 year pursuing nursing masters and doctoral degrees
- **Gap**: Does NOT fund post masters psychiatric mental health certification program (APRNS providing mental health)
- **Gap:** enrolled Full time
- **Gap**: Annual stipend varies
  - $22,000 Doctoral Fellow
  - $15,000 Masters Fellow
- **Conflict**: student receiving other federal funding/loan repayments

# Action Plan

- Create a cohesive and consistent dissemination plan for opportunities
- Create connections to fellows in the state
- Engage fellows from across the country and share best practices and resources
- Add funding to award winners to fully support their education

# Connecticut Nurses Association

Kimberly Sandor, MSN, RN, FNP

ExecutiveDirector@ctnurses.org

203 980 2011

www.CTNurses.org