Commission on Racial Equity in Public Health

MONDAY, MAY 23RD, 2022

Welcome to our third meeting!

- Role Call
- Public Comment
- Welcome to Incoming Executive Director
- Meeting Minutes Approval
- Guest Speaker Panel: Dept. of Public Health & Dept. of Social Services
- Subcommittee Updates
- Discussion on Equity Focused Legislation being considered during the 2022 Session
- Good of the Order
- Next Steps & Adjournment

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

Speakers are limited to 3 minutes

Welcome to Incoming Executive Director

Meeting Minutes Approval:
March 28th
May 9th

Dept. of Public Health Guest Speaker:

Sandra Gill, Planning Consultant

Commission on Racial Equity in Public Health

Healthy CT 2025: State Health Improvement Plan (SHIP) Update

Monday, May 23, 2022

CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

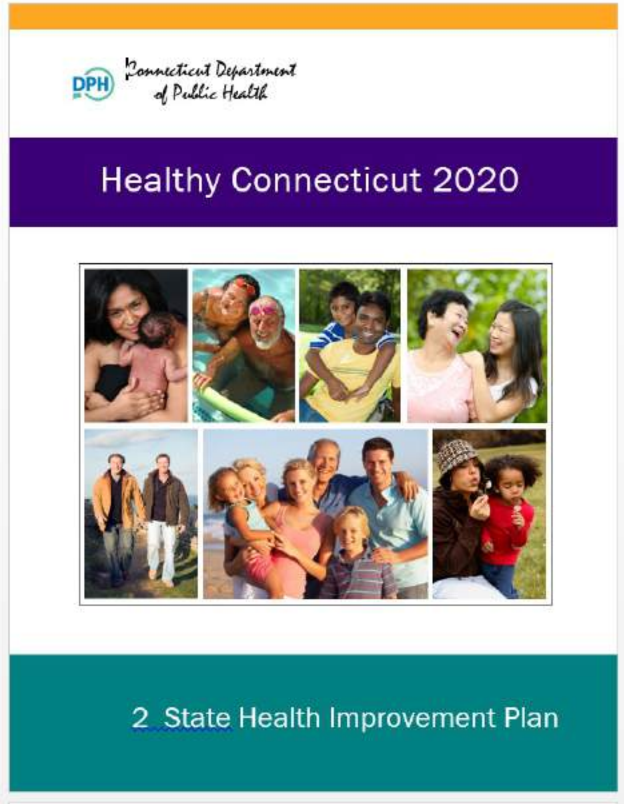
www.ct.gov/dph/SHIPCoalition

What is a SHIP?

- A State Health Improvement Plan (SHIP) is a strategic plan which provides guidance to health departments, community partners, and organizational/agency stakeholders for improving the health of the population.
- A SHIP includes:
  - Statewide health priorities identified from the State Health Assessment (SHA)
  - Policy, systems, and environmental change strategies to address the priorities
  - Designation of individuals and organizations responsible for implementing strategies
  - Measurable outcomes
- A SHIP is a **collaborative process** with multi-sector partners that **aligns** priorities and initiatives across communities to identify ways to build off them, remove barriers at the state level, eliminate redundancies, and coordinate efforts for maximum impact.

Healthy CT 2020 SHIP

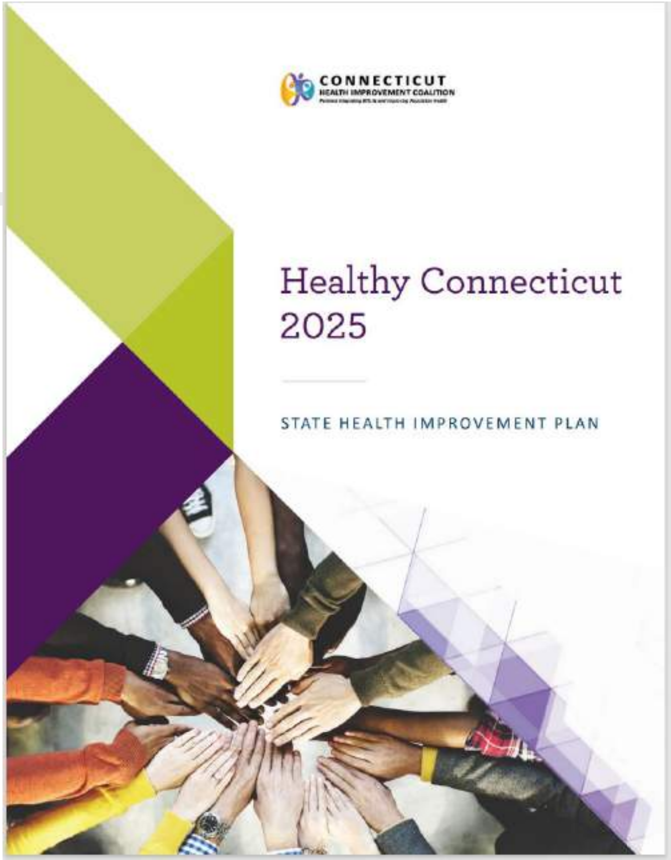
- Maternal, Infant & Child Health
- Environmental Health
- Chronic Disease
- Infectious Disease
- Injury & Violence Prevention
- Mental Health & Substance Abuse
- Health Systems



Focus Areas	7
Objectives	135
Strategies	785

Healthy CT 2025 SHIP

- Access to Health Care
- Economic Stability
- Healthy Food & Housing
- Community Strength & Resilience



Focus Areas	4
Objectives	22
Strategies	135

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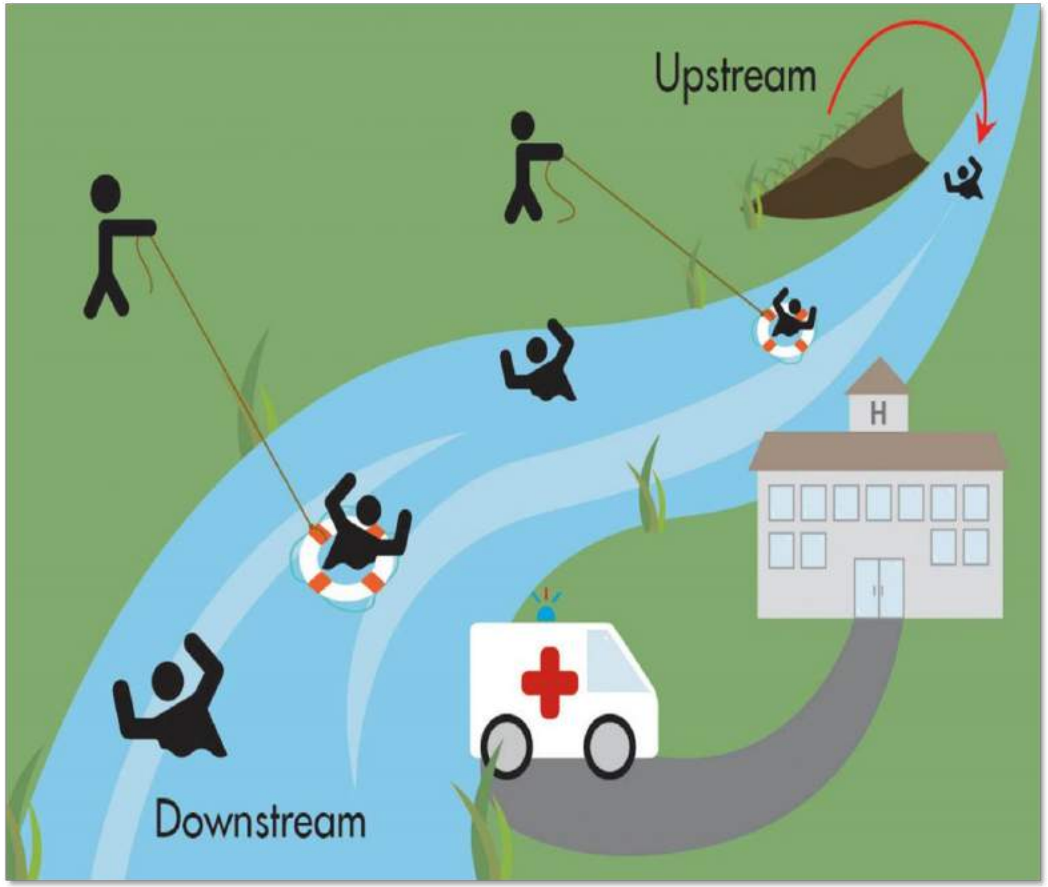
CT State Health Improvement Plan: Vision, Values, and Operating Principles

- Vision
  - Connecticut is a state where everyone can attain their optimal health and well-being without social or physical barriers.
- Values and Operating Principles
  - Health Equity: Focusing on structural racism and inherent bias as the root causes of the Social Drivers of Health.
  - Collaboration: Promoting an interdisciplinary, multi-sector approach.
  - Asset-based: Building on and expanding from existing community strengths and initiatives.
  - Structural and Systemic Change: Using promising, community- and evidence-informed policy, systems, environmental change, and primary prevention strategies.
  - Transparency and Accountability: Sharing information and data in a meaningful and accessible way.

Developing the Framework

Innovative Approach Prior to the Pandemic

- Move focus upstream
  - Policy, systems, environmental changes
  - Programs as supports rather than drivers for change
- Identify common ground across existing funding stream silos
- Recruit and engage more non-health/non- traditional partners
  - Find a common dialect
  - Define consistent data indicators



Where Did We Start?

- 2018
  - Began discussion of a framework redesign with the **SHIP Advisory Council** and **SHIP Action Team members**
- 2019
  - Conducted **State Health Assessment** (SHA)
  - **2019 SHIP Summit** engaged over 120 partners from across the state to prioritize health conditions and align them with the social determinants of health that would have the most impact on improving these conditions over the next 5 years
- 2020
  - Gathered informal input from state agencies on how their work impacts, and is impacted by, the social determinants
  - Conducted a **Coalition-wide Survey** to ask for consensus on where we had solidified the focus for the Healthy CT 2025: State Health Improvement Plan
  - Gathered input via (6) **community dialogue sessions** held across the state in the spring of 2020 testing and validating the proposed framework redesign

. . . *Then the pandemic happened . . . .*

- The COVID-19 Pandemic provided the very real demonstration of the interconnectedness of social drivers and their impact on equity and health outcomes
- The events and findings over the last two years -
  - Provided a universal ***PAUSE*** in the "way we have always done" things
  - Demonstrated how critical **health** is **for ALL sectors** of our communities to thrive
  - Provided a visible demonstration of disparity in health outcomes with **Connecticut specific data**
  - Provided **current year data** that was shared broadly through media coverage
  - Contributed to the declaration of **Racism as a Public Health Crisis**
  - **Validated** that our SHIP planning partners were on the right track

Developing Goals, Objectives, and Strategies

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Key Questions

- What is the most important health issue to address over the next 5 years?
  - What social determinants of health would have the greatest impact on improving these health issues?
    - What would you like to see done to address the primary social determinants and who should be engaged to address them?
      - What would success look like in five years if we are able to impact the upstream factors?

Equity and Social Drivers* of Health

- **Health equity** is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

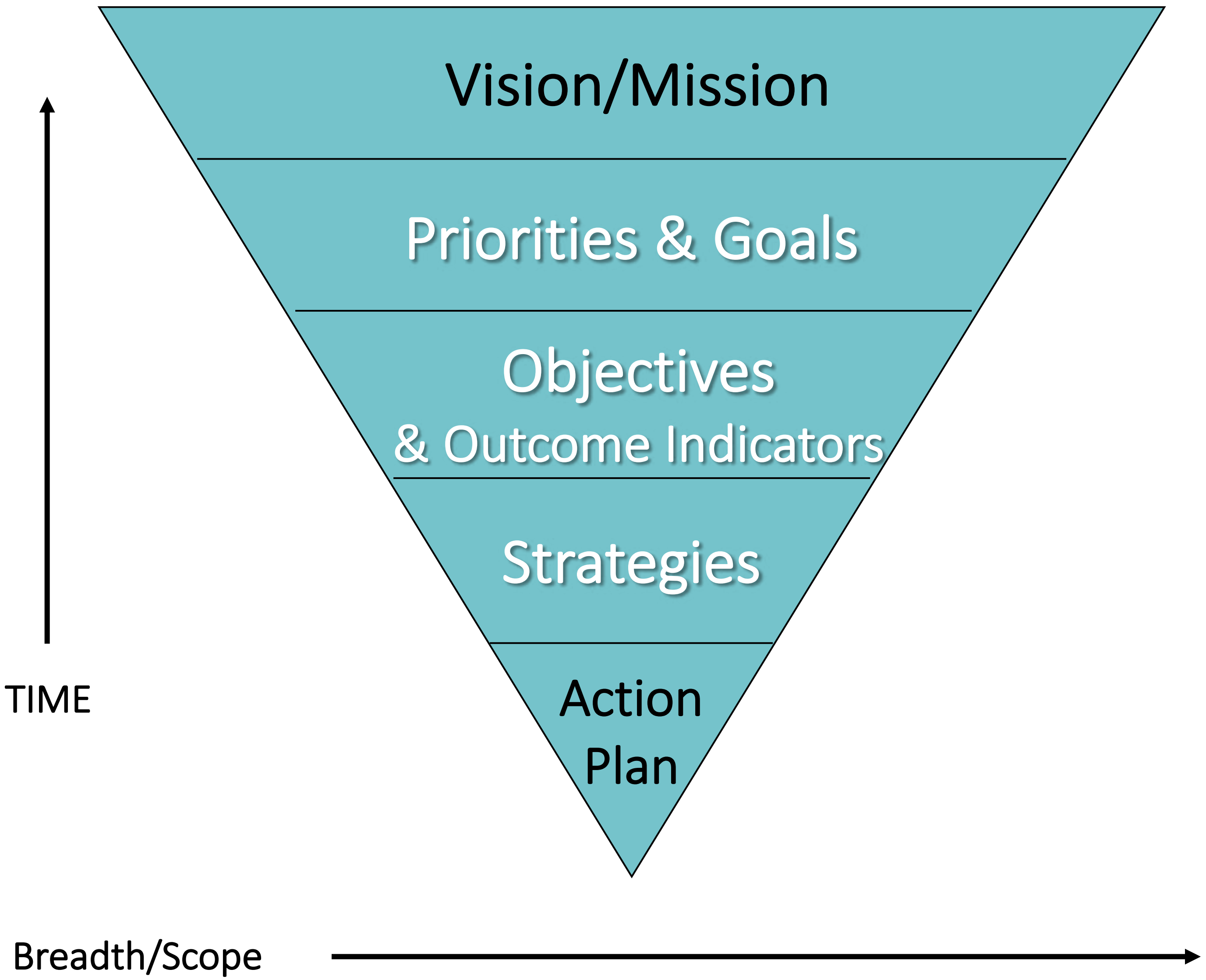
  Healthy People 2020

- **Social determinants of health** are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices.

  World Health Organization, May 2013

**NOTE: Based on feedback from our SHIP planning partners we adjusted our reference of the social determinants of health to the social drivers of health*

Planning Pyramid



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Focus: Root Cause of Health Inequities (**Structural Racism** and **Inherent Bias**)

Key Impact/ Surveillance Measures	**Priority Areas: Social Drivers of Health**			
	A. Access to Health Care Primary care, health/mental health care	**B. Economic Stability** Poverty, unemployment	**C. Healthy Food and Housing** Housing quality/ accessibility, healthy food access	**D. Community Strength and Resilience** Cohesion, safety, emergency response & preparedness
• Obesity • Suicide • Drug Overdose Deaths • Sexual Violence • Domestic Violence • Percent Insured • ER Visits	Increase points of access Clinical best practices and standards Community preventive health best practices and standards Health education framework across the lifespan Diversity of care providers and services Reduce health care cost to income ratio	Living expenses to income ratio Capital investment in communities Employer investment in retention and wellness Equitable, affordable education on career and finance Equitable and sustainable employment opportunities across all demographics	Increase affordable and sustainable housing Statewide property maintenance code Increase owner-occupied housing Utilization of food & housing assistance programs Increase access points to healthy and nutritious food	Access to critical and essential emergency resources Trauma informed aid to the public Access to technology & internet Access to state and community information Resident community connectedness Environmental and social justice through meaningful community engagement.

Cross-Cutting Themes Addressed by PSE & PP Strategies: **Transportation & Education**

Access to Health Care

Goal A: Ensure all CT residents have knowledge of, and equitable access to, affordable, comprehensive, appropriate, quality health care.

Objectives

- A1: Increase the number of traditional and alternative (community- and technology-based) places people can access health care by 2025.
- A2: Increase adoption of accepted best practices and standards of care among clinical health care providers by 2025.
- A3: Increase adoption of accepted best practices and standards of care among community health preventive care providers by 2025.
- A4: Develop a comprehensive, across-the-lifespan, statewide health education framework by 2025.
- A5: Increase the availability and diversity of primary care providers, community partners, and care management services by 2025, while respecting patients' rights to privacy and choice.
- A6: Decrease the number of CT residents who are at risk of spending more than 10% of their net income on health care services and coverage by 2025.

Economic Stability

Goal B: Achieve equitable economic wellbeing, stability and security so all CT residents have the opportunity to work here, and can afford to live, stay, and retire here.

Objectives

- **B1:** Increase the percentage of all CT residents who can meet their living expenses and have the ability to contribute at least 10% of their earnings towards savings by 2025.
- **B2:** Increase the amount of capital investment in communities and local businesses to support workforce development, community development, and entrepreneurship by 2025.
- **B3:** Increase the number of employers who invest in employee retention and wellness programs/policies that support the continuity of their work by 2025.
- **B4:** Increase the number of opportunities for children, young adults, adults, and retirees/older adults for equitable, affordable education on career development and personal finance by 2025.
- **B5:** Increase the number of employers across sectors that offer equitable and sustainable employment opportunities for all levels and demographics by 2025.

Healthy Food and Housing

Goal C: Ensure that all CT residents have equitable access to safe and affordable:

- nutritious and culturally appropriate food, and
- fair, stable, healthy housing

Objectives

C1: Increase the utilization of available housing and food programs by eligible residents by 2025.

C2: Increase the number of access points where people can obtain affordable, healthy and nutritious food by 2025.

C3: Decrease the number of persons experiencing or at risk of homelessness and increase opportunities to obtain affordable and sustainable housing by 2025.

C4: Adopt and begin to implement a Connecticut property maintenance code that includes a statewide definition for safe and quality housing by 2025.

C5: Increase the percentage of owner-occupied housing in CT by 2025.

Community Strength & Resilience

Goal D: Ensure community strength, safety and resiliency by providing equitable and sustainable access to community resources to address the unique physical, social, and behavioral health needs of all CT residents.

Objectives

- **D1:** Increase the number of community members who have the critical, essential resources to meet emergencies by 2025.
- **D2:** Increase the capacity of 1st responders, public health departments, and municipal service and community-based providers to deliver barrier-free, timely, trauma informed, and transparent aid to the public by 2025.
- **D3:** Increase the number of residents who have access to safe, affordable, and accessible technology, including internet-based public health and emergency information, by 2025.
- **D4:** Align existing multi-sector communication networks to provide a central point for accessing information statewide by 2025.
- **D5:** Increase the number of safe methods, spaces, and places for connecting residents to community life to measurably strengthen social capital by 2025.
- **D6:** Increase the number of policies and systems that address environmental and social justice, health disparities, and community safety as a result of meaningful community engagement by 2025.

Challenges of Defining Data Indicators

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Some Key Existing Data Sources

- 2019 State Health Assessment
  - Obesity
  - Suicide
  - Drug Overdose
  - Sexual Violence
  - Domestic Violence
  - Percent Insured
  - Use of Emergency Rooms
- DataHaven Community Wellbeing Survey
- Healthy People 2030
  - Health Care Access & Quality
  - Economic Stability
  - Neighborhood & Built Environment
  - Social & Community Context
  - Education Access & Quality
- County Health Rankings & Roadmaps
- Behavior Risk Factor Surveillance Survey

Challenges & Opportunities

This has been a learning process

- Looking through an equity lens is not as simplistic as it sounds – there is a greater complexity that needs to be considered in defining and measuring improvement
- Flipping the planning matrix to include non-health sector topics requires broader exploration of how data is defined, collected and tracked by those non-health sectors
- Innovative objectives inspire new approaches that sometimes require data that is not currently collected or tracked

- Creating opportunities
  - Creating alignment in how we define, collect, present, and track equity indicators will improve statewide communication and cross-sector collaboration toward addressing the social drivers of health
  - The planning framework of the **Healthy CT 2025 SHIP** creates an opportunity to engage cross-sector partners in meaningful dialog
  - The **Commission on Racial Equity in Public Health** provides visibility and an opportunity to align the way that we talk about equity as a state

Next Steps

SHIP Data Committee

- SHIP Advisory Council members had requested the development of an Ad Hoc SHIP Data Committee to identify indicators, define baselines, and establish targets to monitor SHIP progress
- Several data experts from across the state have been consulted during this planning process to inform the development of SHIP objectives
- Members of the SHIP Data Committee will be convened to:
  - Review collected data sources
  - Identify 1-3 existing indicators from reliable data sources that would most closely measure forward progress related to the intent of the objectives
  - Make recommendations for either revision or "developmental" designation of objectives with no identifiable data source
- SHIP Data Committee will provide regular updates to the SHIP Advisory Council on newly released data and CT progress toward meeting targets
- SHIP Data Committee findings and recommendations can also contribute to the statewide discussions on defining health equity metrics and the work of the Commission on Racial Equity in Public Health

HCT2025.DPH@ct.gov

- Send us an email
  - For additional information
  - To join a SHIP Action Team
  - To join the SHIP Data Committee

Dept. of Social Services Guest Speakers:

Dawn Lambert, Co-leader, Community Options Unit

Karri Filek, Manager

Kris Noam, Ph.D., MSc Health Research Scientist, Beacon Health Options

Susan Smith, Director, Business Intelligence + Analytics

Connecticut Housing Engagement and Supports Services

Commission on Racial Equity and Public Health

May 23, 2022

10:00-11:30am

Agenda

- Broad overview & background CHESS
- Why Combined Comorbidity Index?
- Operationalizing CHESS

CHESS – Connecticut Housing Engagement and Support Services

Issue to be solved

Is it possible to improve quality of life and reduce avoidable Medicaid costs by providing housing and supports to people who are homeless or at risk of homelessness and who have certain medical/behavioral health needs?

Our approach

Work with stakeholders

Base approach on state experience with the Social Innovation Fund Grant and Money Follows the Person

Create eligibility criteria, including a predictive methodology, implement the program and evaluate results.

Evaluate through UCONN

Key milestones

2016 Connecticut awarded Innovation Accelerator Program Award

State plan negotiated with Centers for Medicare and Medicaid Services 2020 - 2021

Approval to implement in August of 2021

First person housed in March 2022.

Topic 1.1:

Summary	The CHESS approach was finalized in September of 2019 after 3 years of work. In October of 2019, just prior CMS submission of the proposal, Optum's healthcare algorithm was found to be racially biased.
Fact #1	Connecticut's original approach was reviewed within days of the Optum report and found to be racially biased
Fact #2	CHESS was placed on hold pending a new algorithm that could both eliminate the racial bias and also meet the programmatic requirements of the program.
Fact #3	Beacon had the lead in review of literature and recommendation of a new algorithm

Why the Combined Comorbidity Index?

- Diagnoses vs. utilization
- Charlson Comorbidity Index and Elixhauser Comorbidity Index
- Behavioral and medical diagnoses

- Adding non-traditional measures: Social Determinants of Health
- The goal is to obtain fairness in the algorithm selection process

Data on the race/Hispanic identity of members selected

- Presented at NATCON in April 2022
- Movie shows the race/Hispanic identity of members selected by four of the algorithms
- Algorithm I: inpatient claims
- Algorithm II: inpatient claims & expenditures
- Algorithm III: Combined Comorbidity Index (CCI)
- Algorithm IV: Combined Comorbidity Index (CCI) & Social Determinants of Health

Next steps ensuring equity

- Continue to evaluate the outcomes regarding race/Hispanic identity
    - Self applicants vs. outreach members
    - Members with various authorizations

- Make adjustments if/when/where needed

CHESS – Connecticut Housing Engagement and Support Services

Issue to be solved	Our approach	Key Examples
Racial inequities exist in our healthcare system. How will CHESS continue to address these systemic biases and work to overcome them?	CHESS has an analytical approach in addressing these systemic biases through the design of technology and the development of processes. This includes collecting key data elements from point of application and incorporating additional resources into our our process.	**Systems design and development** • Application Data from the public facing application and the predictive population (HMIS Outreach); • Development of the Universal Assessment tool. **Process Development** • Facilitating access to medical professionals

Operationalizing CHESS

CHESS Applicant Information

RACE VALUE	NEW	Outreach	Grand Total
Did Not Answer	53	5	58 (3.8%)
American Indian or Alaska Native	22	1	23 (1.5%)
Asian, including Asian Indian, Chinese, Filipino, Korean, Vietnamese, other Asian	9	1	10 (.65%)
Black or African-American	331	11	342 (22.4%)
Declined	8		8 (.52%)
Native Hawaiian, Samoan, or other Pacific Islander	9		9 (.59%)
Other	74		74 (4.85%)
Unknown	170	16	186 (12.19%)
White or Caucasian	798	17	815 (53.4%) **21.35% of Hispanic Origin*
Grand Total	**1474**	**51**	**1525**

CHESS Enrollee Information

	Person 1	Person 2	Person 3	Person 4
Race	Other	White or Caucasian	Whit or Caucasian	White or Caucasian
Ethnicity	Hispanic /LatinX	No	No	No

CHESS – Connecticut Housing Engagement and Support Services

Issue to be solved	Our approach	Key Examples
CHESS continues to see racial inequities in application and enrollment data.	DSS continues to collect, analyze and evaluate data to inform process changes. This approach allows us to make improvements, in which DSS can be more equitable and better serve the population of Connecticut.	Identification of interventions to address equity and affirmed by group: • **Self-applicants:** Expanded networks and access to information • **HMIS Outreach**: Adjusted and active outreach to engage differently.

Questions

Analytics + Equity

Susan R. Smith

05.23.2022

Data Democratization

Improving access to high quality, high value DSS data

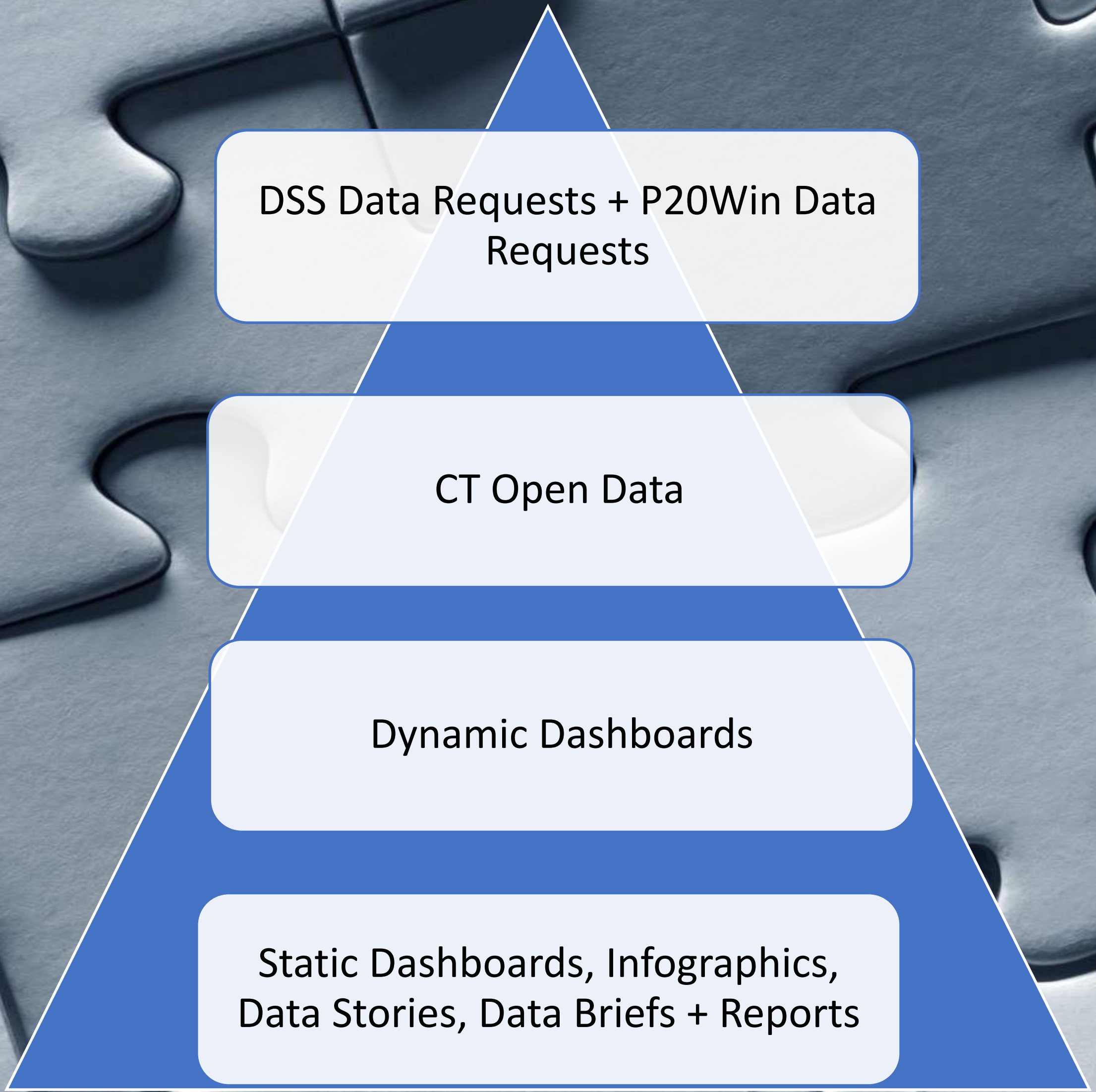
Data Democratization Promotes Data Equity

Activating Data Democratization

What Data is Available

How Data is Accessible

Data Accessibility Continuum



Connecticut Department of Social Services

Connecticut State

Department of Social Services

Each year, the Connecticut Department of Social Services (DSS) serves about 1 million residents of all ages, across 169 cities and towns. Guided by our shared belief in human potential, DSS envisions a Connecticut where all have the opportunity to be healthy, secure, and thriving. Below is a glance at data about the people served by DSS from 2011 to the current CALENDAR year. By clicking on the "Year" filter, you will see the people served in the County and Town for the chosen year. Demographic data will also be presented for the selected year. *To support data protection and privacy, data values less than 11 will not be presented. **At the program and type of assistance level, people are counted more than once if they are receiving multiple services. Please see the *DSS Dashboard Guide* for more details on data methodology and definitions.

Year
2022

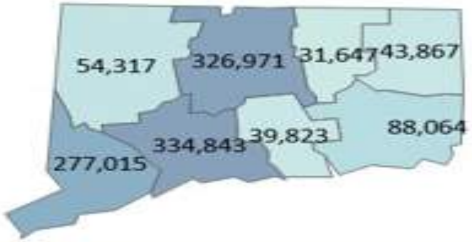
2022 PEOPLE SERVED COUNT

1,193,475

SEX

F	644,495
M	548,980

COUNTY



TOWN

Andover	614
Ansonia	9,203
Ashford	1,186
Avon	2,173
Barkhamsted	709
Beacon Falls	1,249
Berlin	3,885

AGE GROUP

Ages 65 and older	163,372
Ages 18-64	676,235
Ages 5-17	259,108
Ages 1-4	76,053
Under 1 year old	18,707

ETHNICITY

Another Hispanic, Latino/a, or Spanish origin	138,685
Cuban	1,750
Mexican, Mexican American, or Chicano/a	20,084
Not of Hispanic, Latino/a, or Spanish origin	819,137
Puerto Rican	158,877
Two or More Hispanic Origins	8,383
Unknown	46,559

RACE

Asian	35,156
Black or African American	206,276
Caucasian	709,544
Other	7,091
Two or More Races	49,946
Unknown	185,462

RACE/ETHNICITY

Asian	34,496
Black or African American	192,826
Caucasian	479,413
Hispanic/Latino, or Spanish origin	329,500
Multiracial	33,935
Other	4,674
Unknown	203,971

PROGRAM

CHCPE	2,954
CHIP	15,857
ConnTRANS	13
Emergency Medical	15,007
Medicaid	1,007,034
MSP	197,922
Refugee Cash	207
SAGA	4,231
SAGA Funeral	271
SNAP	397,562
Social Work Services	6,508
State Funded Medical	672
State Supplement	10,649
TFA	13,701

CASH, FOOD, MEDICAL and OTHER

CASH	28,723
FOOD	397,562
MEDICAL	1,169,637
OTHER	6,776

MEDICAL

HUSKY A	545,385
HUSKY B	15,857
HUSKY C	81,806
HUSKY D	347,915
HUSKY Limited Benefit	38,300
MSP	197,922
Other Medical	18,335

** SEX-All County-All Town-All Age-All Race-All Ethnicity-All Race/Ethnicity-All Program-All CFMO-All Medical-All*

Analytic Activities Centering Equity

- Racial Disproportionality + Disparity Indexing
- REL Data Quality
- Medicaid Quality + Cost Transparency
- Equity Assessment Framework
- Data Governance

Q & A

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 Muzzanni

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

Discussion:
Equity Focused Legislation raised during 2022 Session

Good of the Order

Next Steps & Adjournment