

About the Commission on Racial Equity in Public Health:

The Commission on Racial Equity in Public Health was established through Section 2 of Public Act 21-35. Our mission is to make policy and systems change recommendations to eliminate racial and ethnic inequities. We advance this mission through study, documentation, policy analysis, and collaboration with impacted communities, state agencies, and stakeholders. Our vision is a healthy, racially equitable state.

About the display:

This display showcases a subset of disparity data specific to Connecticut that the Commission is tracking and reporting to the General Assembly. These data were collected by State agencies and the Census Bureau. The Commission thanks the Office of Policy and Management, the Department of Public Health, the State Department of Education, the Department of Energy and Environmental Protection, and the Department of Economic and Community Development for these data. The Commission thanks the University of Connecticut's Health Disparities Institute for their support and partnership in developing this display.

About the Artist:

Lindaluz Carrillo is an Artist and Graphic Designer from Hartford, CT. Carrillo uses typography, textile patterns and design elements to tell stories about her life experiences and values. Her work reflects topics such as self love, growth, resilience, and encouraging others to stand in their truth. Her work serves as a message to speak your mind with honesty, and without fear to embrace who you are. Carrillo received her BFA in Visual Communication Design through the Hartford Art School at the University of Hartford. She applies graphic and graffiti design skills to her work adding an urban edge.

As you walk through this display, we ask you to consider why these disparities persist and what policy and systems changes need to occur for Connecticut to be a healthy environment for all its residents.

PREGNANCY-ASSOCIATED DEATHS

3 OUT OF 5

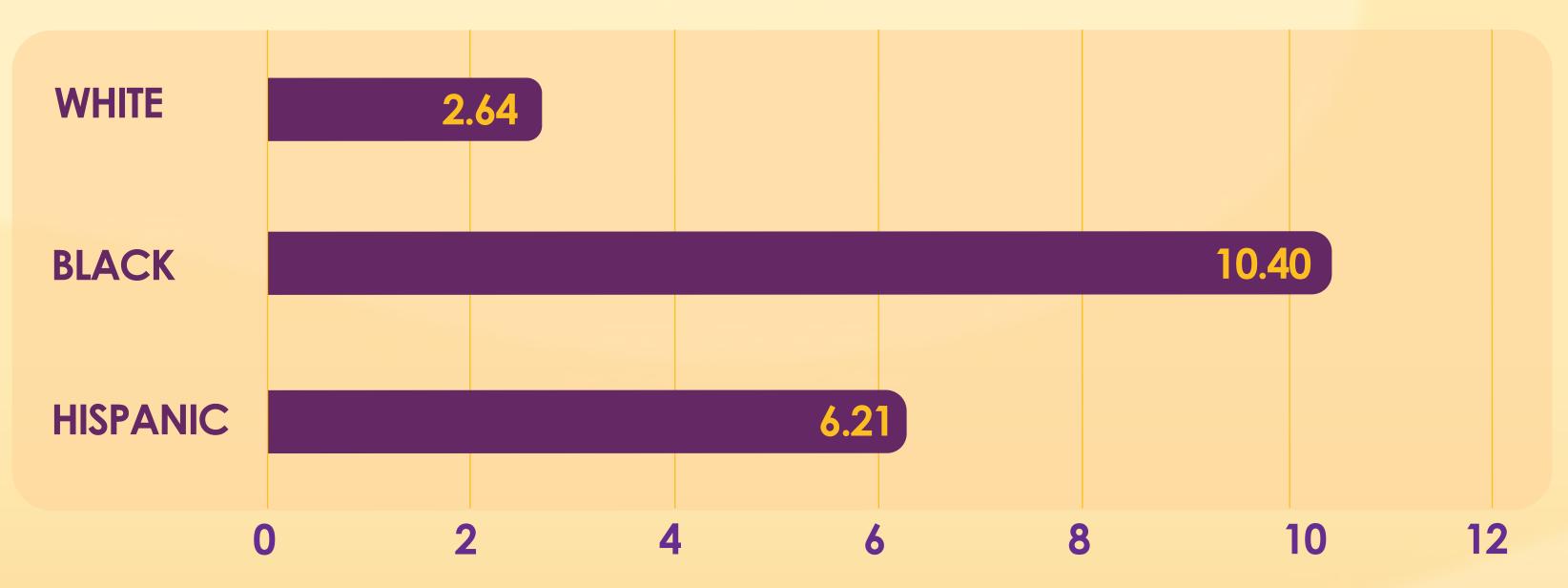
pregnancy-related deaths were preventable.

Maternal mortality disparities are staggering. In Connecticut, Black women are almost 4x more likely to die within a year of pregnancy than White women. Hispanic women are more than 2x as likely to die than White women.



Lack of insurance and other barriers to care, including poverty, health literacy problems, unstable housing, unreliable transportation, and language or cultural barriers are just some of the factors which speak to why Black and Hispanic women suffer from worse maternal health outcomes than White women.

PREGNANCY-ASSOCIATED DEATHS IN CT BY RACE / ETHNICITY (2015-2020) RATE PER 100,000 LIVE BIRTHS



Education level, income, class, and health insurance do not protect Black and Hispanic women from pregnancy-related death.

Black women in particular face discrimination while seeking care in the health system, and are more likely to be undertreated or have their concerns disregarded. Racial prejudice can have dire consequences in the health system, even resulting in death.

"Hispanic" refers to Hispanic/Latino/a people of any race. All other race categories shown are non-Hispanic.

Source: Issue Brief: Pregnancy-Associated Deaths in Connecticut: Data from Connecticut Maternal Mortality Review Committee, 2015-2020

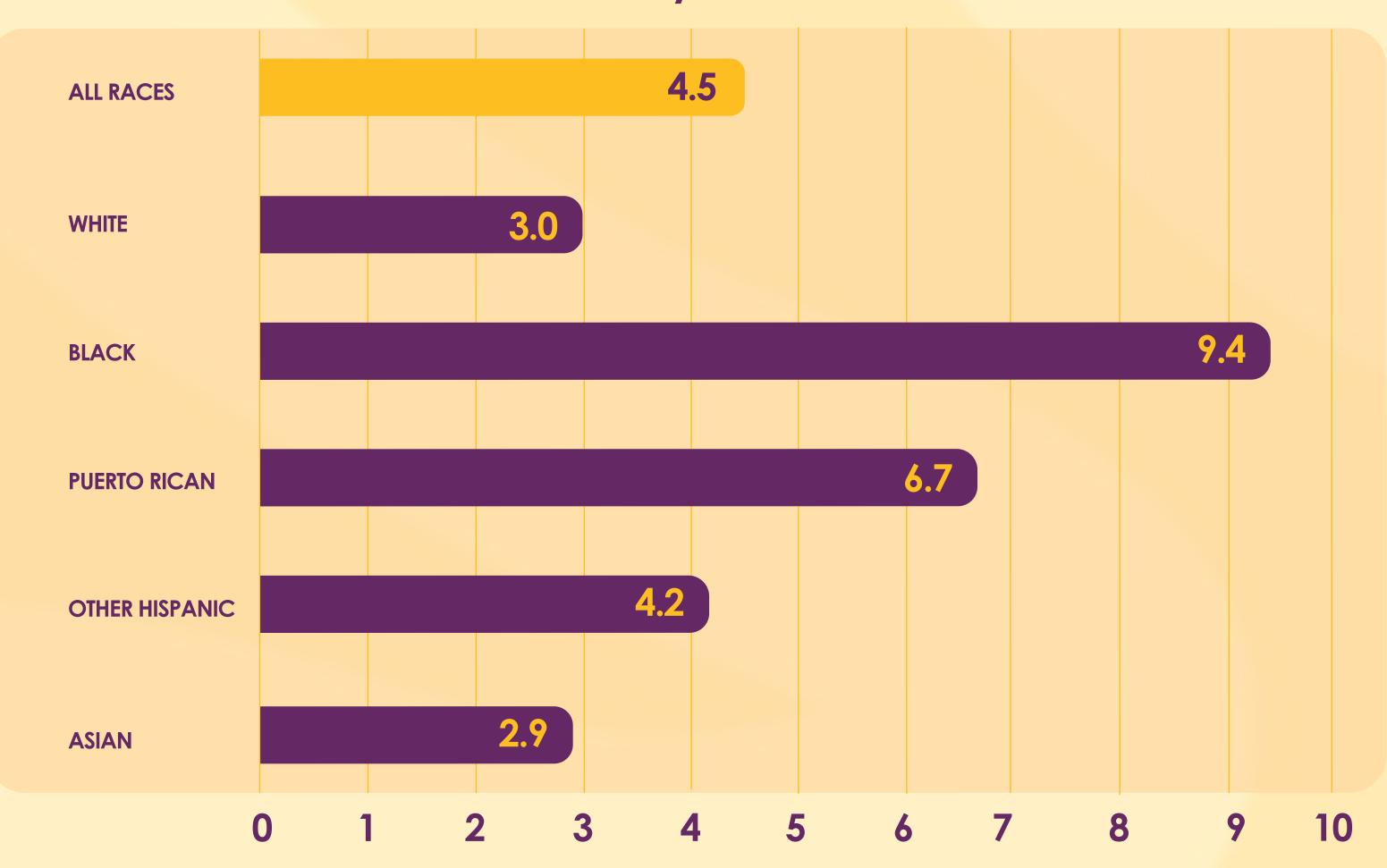
The displayed data includes deaths occurring during or within one year of pregnancy. Not all the deaths accounted for are necessarily causally related to pregnancy. Forty percent (40%) of deaths in these data were determined by the Connecticut Maternal Mortality Review to be caused by pregnancy or its mismanagement.

INFANT MORTALITY



Infant Mortality is defined as deaths that occur before the child's 1st birthday.

INFANT MORTALITY IN CT PER 1,000 LIVE BIRTHS (2017 - 2021)



The racial disparities in infant mortality are due to the exposures and experiences of the infant's mother, including her access to appropriate medical care leading up to and following birth.

While socioeconomic status can alleviate barriers to care, wealthy Black women in the U.S. have infant mortality rates at about the same level as impoverished White women.¹

Racism and the stress response it elicits in the human body is a leading cause of adverse maternal and infant health outcomes.

The mortality rate for Black infants is more than 2X the state average.

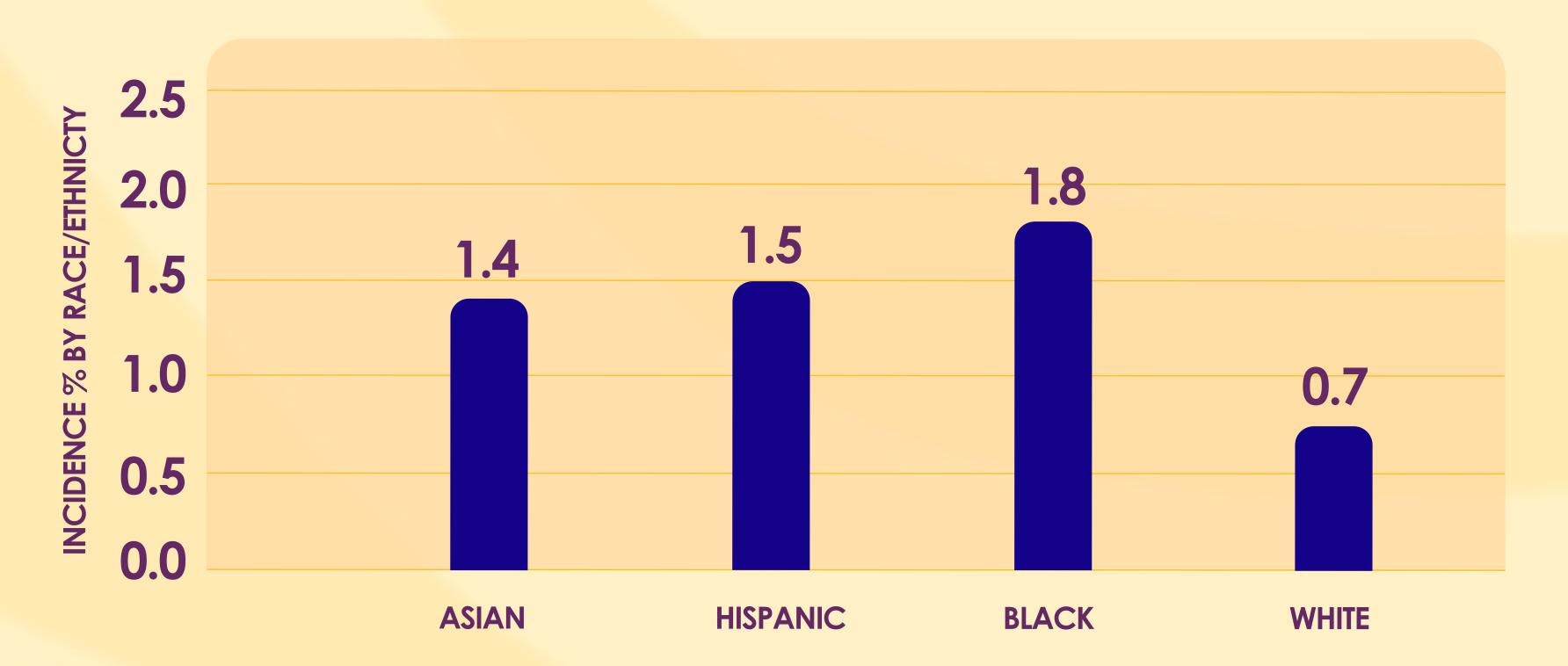
Studies show a more diverse healthcare workforce and the use of doulas may improve birth outcomes for Black families.²

"Hispanic" refers to Hispanic/Latino/a people of any race. All other race categories shown are non-Hispanic.

Source: Connecticut Department of Public Health Office of Vital Records and Surveillance Analysis and Reporting Unit, Deaths Registry vDEC8_2022, A narrative summary of state Infant Mortality Rate Trends over time and disparities by race/ethnicity current through 2018 is available on pages 12-13: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Vital-Statistics/Registration_Reports/2018_CT_Registration_Reports/2018_CT_Registration_Reports/2018.

LEAD POISONING

CHILDHOOD LEAD POISONING IN CT BY RACE / ETHNICITY (2020)



Lead poisoning disproportionately affects people of color, particularly Black families and notably Black children.

This is due to a multitude of factors including the effects of:

institutionalized racism

environmental injustice

Redlining led to the concentration of people of color in high poverty areas. As a result, they face significant exposure to environmental hazards and pollutants from highways, waste disposal sites and other facilities that emit dangerous toxins into their immediate surroundings.

People living in older homes containing lead paint can be exposed to lead though chipped paint and dust particles from the walls around them or the pipes that give them water. In the most extreme cases, lead poisoning can result in seizures, and even death. The most common effect is the delayed physical and mental development of children.¹



Children exposed to lead score lower on tests and perform worse in school.



Nearly half of lead poisoned children in Connecticut live in racially segregated cities, further cementing racial inequities.²

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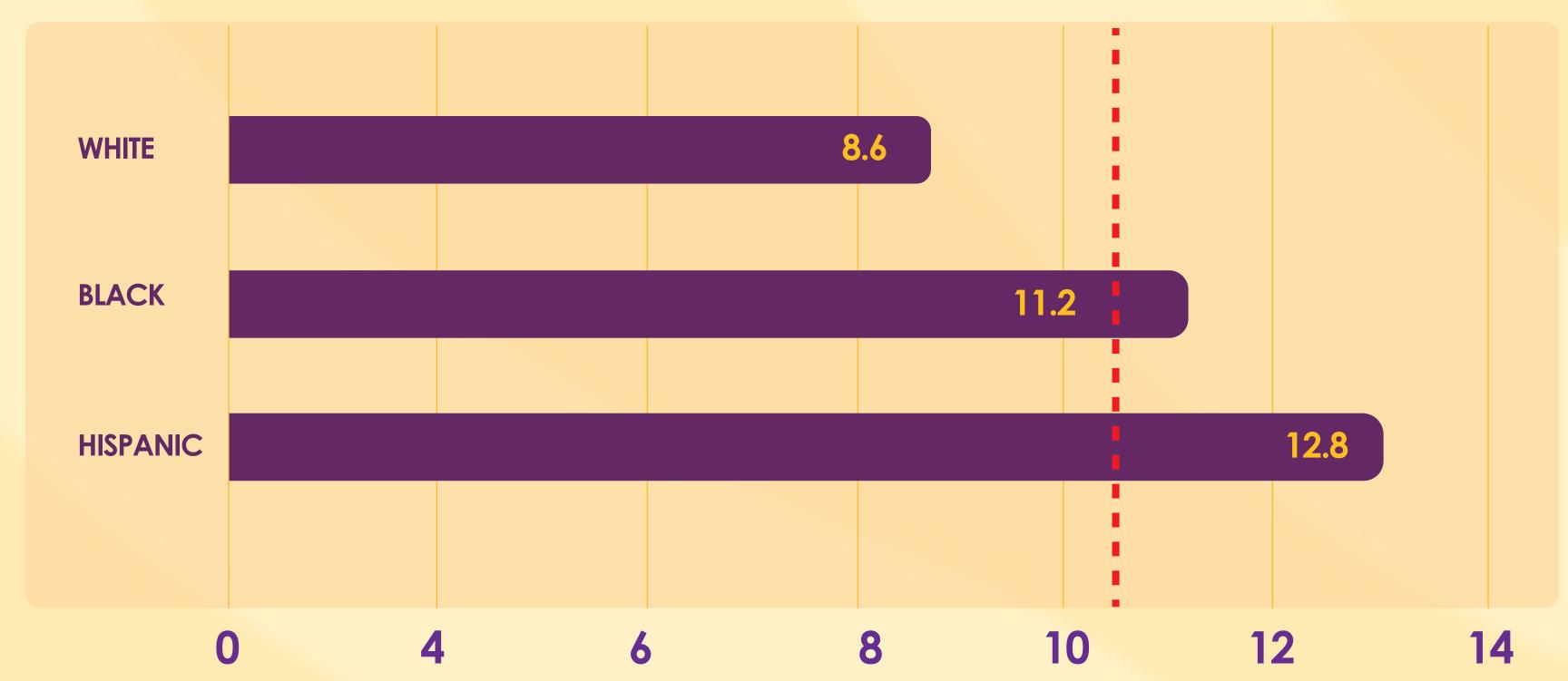
Source: CT DPH- Executive Summary: Childhood Lead Poisoning Surveillance Report, https://portal.ct.gov/-/media/DPH/EHDW/Executive-Summary-of-CT--2020-Childhood-Lead-Poisoning-Surveillance-Report-and-prev-data-tables.pdf

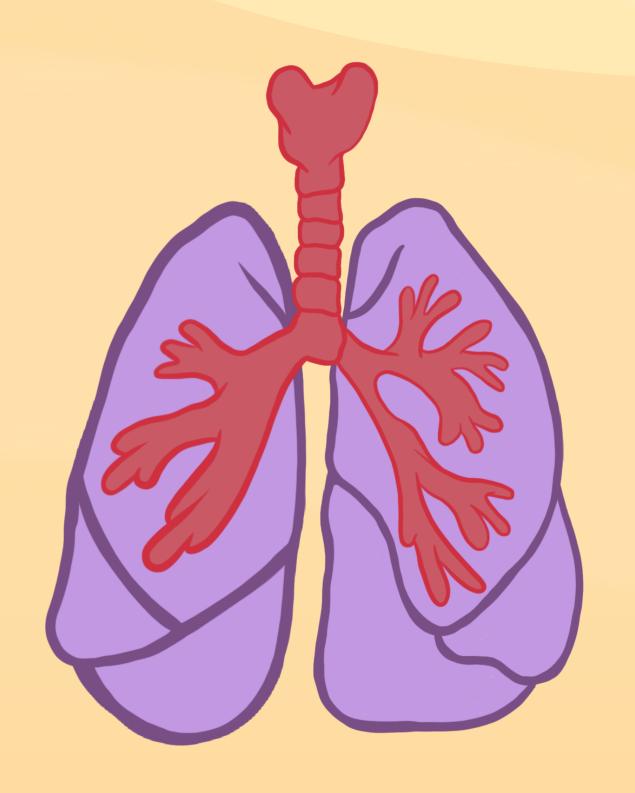
1. Lockett. E, Healthline, February 7, 2022 "How Lead Poisoning Disproportionately Affects Black Communities," https://www.healthline.com/health/lead-poisoning-black-communities#affects. 2. Frank, J. Connecticut Acts to Help its Lead-Poisoned Children. May 4, 2022. Connecticut Health I-Team. https://c-hit.org/2022/05/04/connecticut-acts-to-help-its-lead-poisoned-children/

CHILDHOODASTHMA

% OF CHILDREN IN CT WHO CURRENTLY HAVE ASTHMA BY RACE / ETHNICITY (2018 – 2020)







Asthma is a disease which occurs when lungs and airways become constricted when exposed to triggers such as dust, mold, and air pollutants.¹

In Connecticut, asthma disproportionately affects Black and Hispanic children at a greater rate than White children.

Higher childhood asthma rates in communities of color are both caused by and lead to greater racial disparities. Black and Hispanic families are more likely to live in poor housing conditions and in areas that lack clean air quality and green space. Communities of color are often near highways and facilities which emit harmful toxins, further increasing the likelihood of developing asthma.²

Asthma takes a toll on a child's overall health and wellbeing, leading to disruptions in their schooling and quality of life. Missed school days due to frequent doctors' visits accumulate and can hold a child back from reaching their full potential.³ Asthma can lead to adverse health outcomes such as permanent lung damage and barriers to economic opportunities.



Source: CT DPH, Asthma Statistics, Child Current Rolling Average, https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Asthma/Asthma-Statistics

3. Harvard School of Public Health, "Children's Asthma Rates Linked with Neighborhood Characteristics, Race, Ethnicity", June 9, 2022 https://www.hsph.harvard.edu/news/hsph-in-the-news/childrens-asthma-rates-linked-with-neighborhood-characteristics-race-ethnicity/

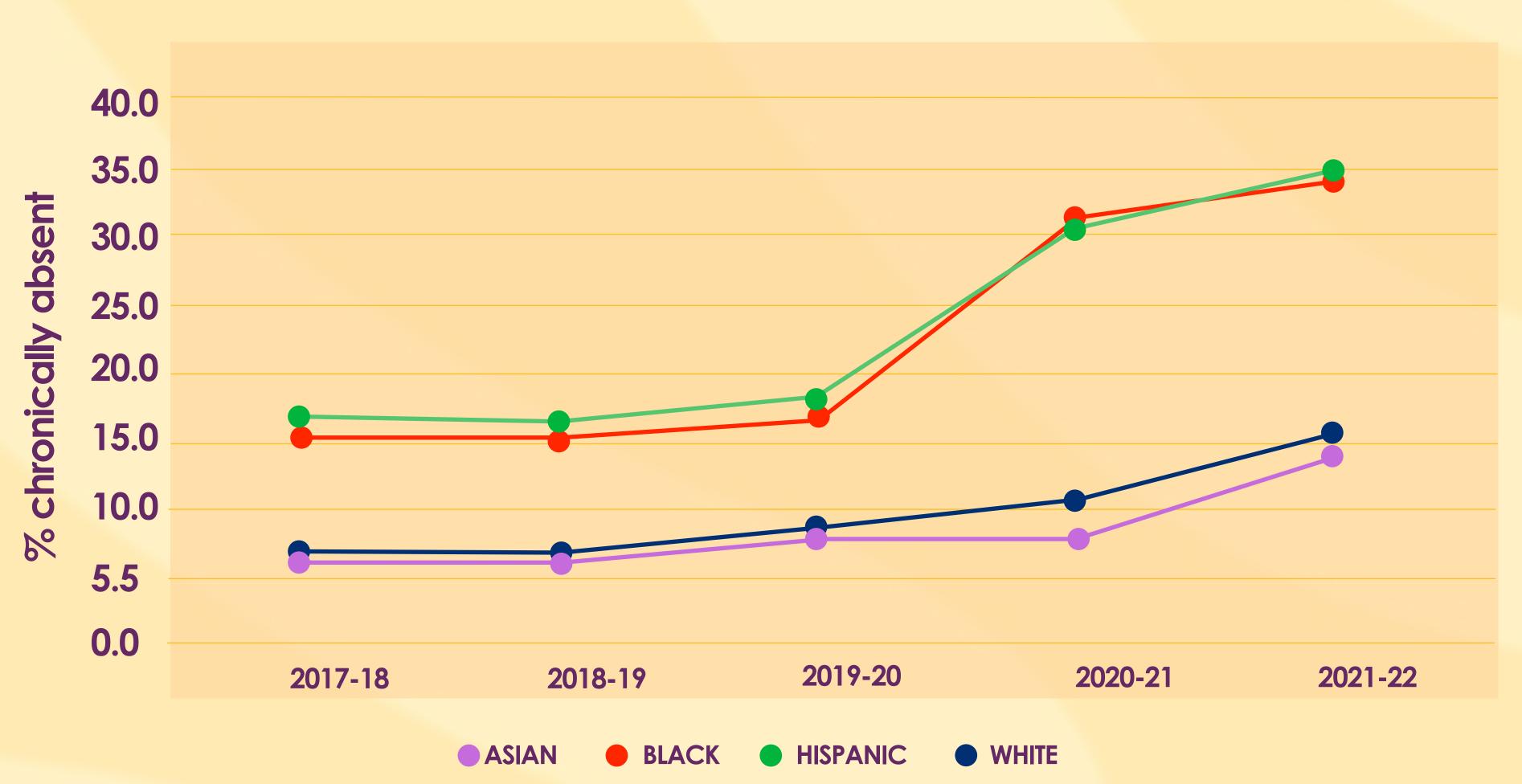
[&]quot;Hispanic" refers to Hispanic/Latino/a people of any race. All other race categories shown are non-Hispanic.

^{1.} CDC, "Asthma in Children," Centers for Disease Control and Prevention, November 13, 2018, https://www.cdc.gov/vitalsigns/childhood-asthma/index.htm

2. "Asthma Disparities in America," Asthma & Allergy Foundation of America (blog), accessed February 13, 2023, https://aafa.org/asthma-allergy-research/our-research/asthma-disparities-burden-on-minorities/.

CHRONIC ABSENTEEISM

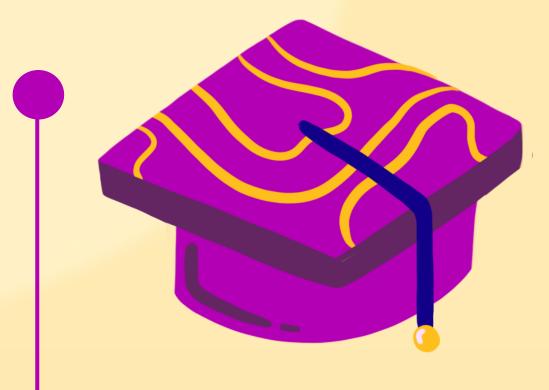
CT STUDENT ABSENTEEISM BY RACE / ETHNICITY (2017 – 2022)



Chronic absenteeism, defined as missing 10% or more of the school year, is much more prevalent among Black and Hispanic students. Whether it be because of health conditions, instability in the home, taking on jobs during the school day, or interactions with the juvenile justice system, there is a close link between absenteeism and social determinants of health.¹

Chronic disease, mainly asthma and dental pain from untreated cavities, is a major contributor to kids missing school.

Schools in more low-income areas have fewer resources, including educators and student services, to address causes of absenteeism.



Education is commonly identified as a marker of future economic stability and opportunity. Continued absences have a detrimental effect on a student's future earning potential, and subsequently, stability in other areas such as housing.



The more a student misses class, the less likely they are to graduate from high school, and build a better life for themselves.

The racial disparity in chronic absenteeism perpetuates racial and economic inequity throughout the life course.²

"Hispanic" refers to Hispanic/Latino/a people of any race. All other race categories shown are non-Hispanic.

Source: EdSight, https://public-edsight.ct.gov/students/chronic-absenteeism?language=en_US•Note that this is K-12 by race/ethnicity. Staff plan to further break this down by grade levels in the future, with the assistance of SDE.

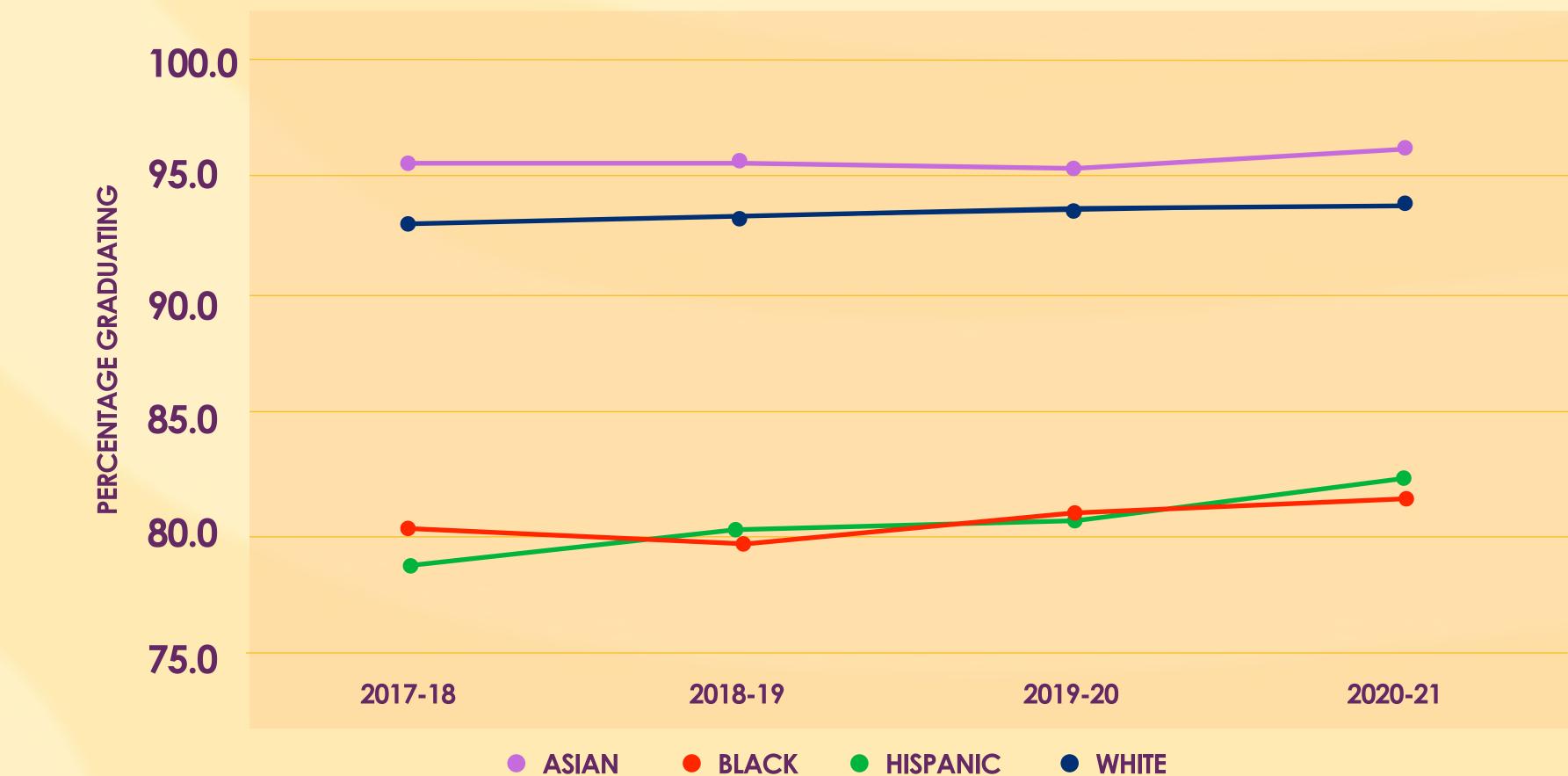
1. AFT, "Chronic Absenteeism: Lead Poisoning Plus Systemic Racism Are Harming Black Kids' Test Scores" https://www.aft.org/childrens-health-safety-and-well-be-ing/childrens-access-care/chronic-absenteeism#:~:text=Additionally%2C%20major%20social%20determinants%20of,delinquency%20affect%20a%20student's%20attendance

2. K. Lindsey, "Lead Exposure, Segregation Combine to Widen Achievement Gap", Duke Global Health Institute, August 11, 2022 https://globalhealth.duke.edu/news/lead-exposure-segregation-combine-widen-achievement-gap

HIGH SCHOOL GRADUATION

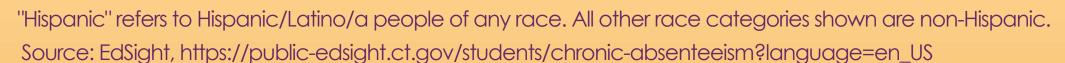
Education gives people the ability to garner opportunities to earn higher income and is linked to better health. Not completing high school closes off many routes for people to improve their lives, subsequently impacting their overall health.¹

CT STUDENT FOUR-YEAR HS GRADUATION RATE BY RACE / ETHNICITY (2017-2021)



Black and Hispanic families in Connecticut are more likely to live in areas with underperforming schools, lack access to high-speed internet and technology, and experience financial stress. These factors take a toll on young students. Parents or caregivers struggling to juggle low-wage jobs and pay bills, lack of help in the home or with childcare, or living in areas with environmental stressors and poor housing conditions all chip away at the ability to navigate early life.²









MEDIAN HOUSEHOLD INCOME

MEDIAN HOUSEHOLD INCOME IN CT (2016 - 2021)

(RED DASH LINE INDICATES CT MEDIAN INCOME ACROSS ALL GROUPS = \$83,572)



Income is a predictor of health - a higher household income unlocks many avenues which lead to better health outcomes. Whether it is the ability to buy a home in a good school district, live in an environment free of pollutants, or have the means to afford quality health insurance and services, money facilitates access to a higher standard of living.

Parental income, generational wealth, and educational attainment all affect earning prospects. Past policies like redlining and segregation have prevented minoritized groups from accruing housing equity, leading to ongoing disadvantages in education and access to capital.

Systemic policy change is needed to break this cycle.¹



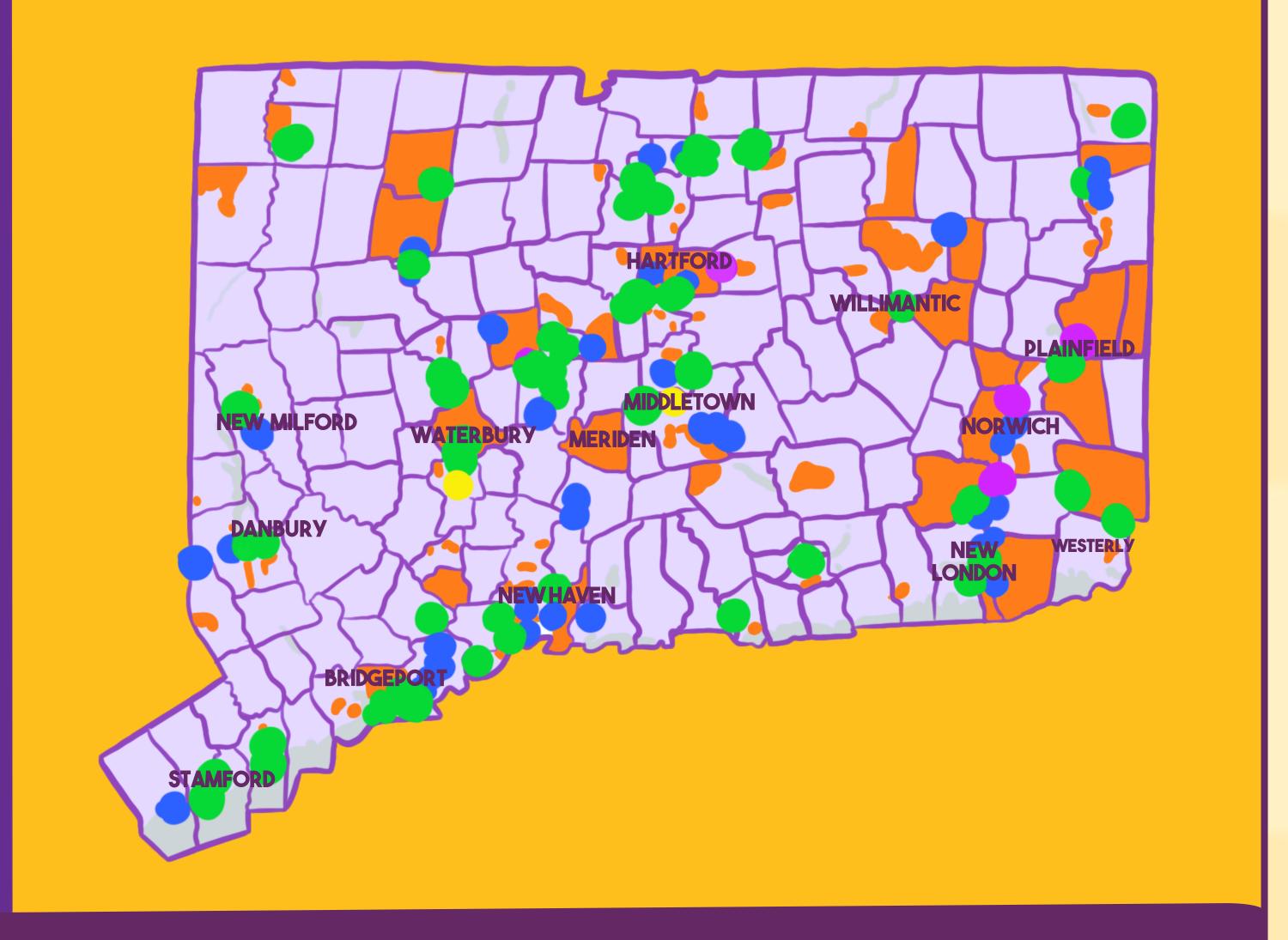
"Hispanic" refers to Hispanic/Latino/a people of any race. All other race categories shown are non-Hispanic. Source: 2021 US Census American Communities Survey, 5-year Estimates

ENVIRONMENTALJUSTICE

AFFECTING FACILITIES

- air
- waste
- water
- air, waste
- oir, water

ENVIRONMENTAL JUSTICE COMMUNITITIES



Air = site is an electric generating facility with a capacity of >10 MW and/or a major source of air pollution

Waste = site is a solid waste incinerator, landfill, and/or intermediate processing center, volume reduction facility or multitown recycling facility with a combined monthly volume >25 tons

Water = site is a sludge incinerator and/or a sewage treatment plant with a permitted capacity of >50 million ad/day

recycling facility with a combined monthly volume >25 tons

Water = site is a sludge incinerator and/or a sewage treatment plant with a permitted capacity of >50 million gal/day

Air, Waste = site falls under both the Air and Waste facility categories

Air, Water = site falls under both the Air and Water facility categories

Environmental justice aims to conquer inequitable exposure to environmental hazards that impact health, in part by **sharing decision-making power with communities**. The Connecticut General Statutes defines environmental justice communities as areas where 30% or more of the population are low-income persons, with incomes below 200% of the federal poverty level.¹

Facilities which produce environmental pollutants and hazards such as waste incinerators or sewage treatment plants are often located in low-income communities. In Connecticut, these communities' residents are predominately Black and Hispanic. The General Assembly is considering a proposal to restrict new or expanded affecting facilities in environmental justice communities.



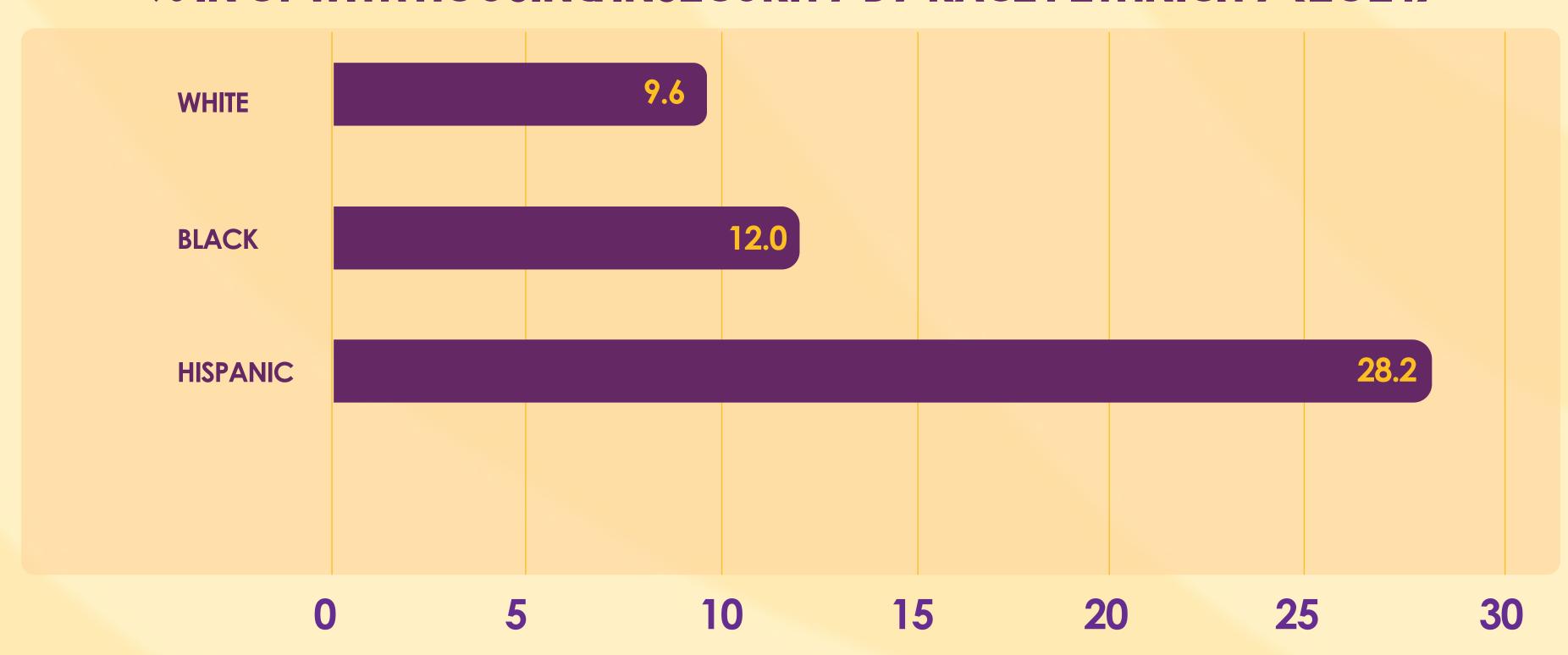
The continuous exposure to harmful toxins and pollutants from these facilities is associated with an increased prevalence of health conditions such as asthma, diabetes, ADHD, and cancers. In addition, noise annoyance, worsening air quality, and the lack of green space have been proven to harm mental health.



Source: CT DEEP, Environmental Justice Affecting Facilities, https://ctdeep.maps.arcgis.com/apps/webappviewer/index.html?id=7783574e2cd94d388124b54cdb82a34e

HOUSING INSECURITY

% IN CT WITH HOUSING INSECURITY BY RACE / ETHNICITY (2021)



Whether it is renters struggling with their rent increases, or would-be-buyers being priced out by rising interest rates, we see that racial and ethnic minorities have fared worse than their White counterparts. Hispanic households are particularly impacted by housing insecurity in Connecticut, with more than one out of four households reporting housing insecurity.

To make matters worse, households of color are disproportionately concentrated in high poverty areas. Neighborhood wealth reflects in school resources, fresh food availability, local job opportunities, local health services, area air quality, and infrastructural amenities such as sidewalks. These factors shape a community and influence the health of its residents.

Housing insecurity in this infographic is defined as the proportion of adults who "always" or "usually" felt worried or stressed about having enough money to pay for housing.

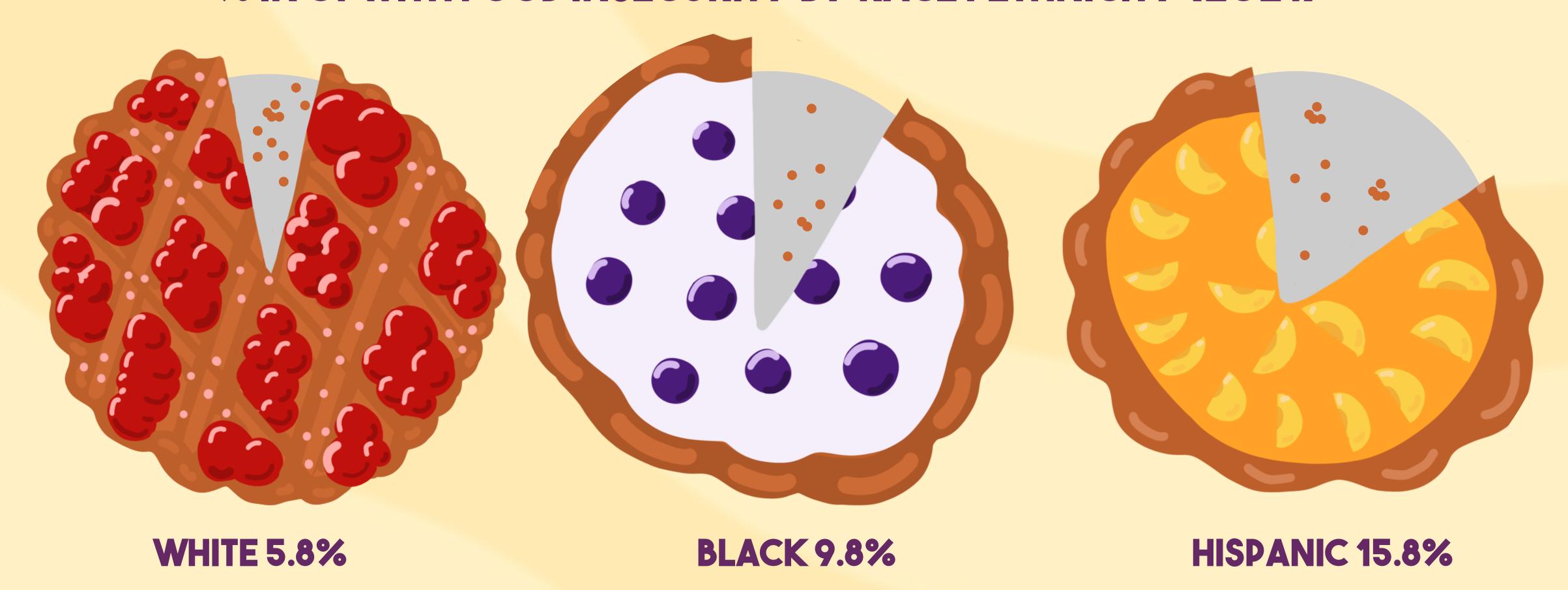
Connecticut is currently in a housing crisis. Residents are faced with high prices and few options¹.

More than 1 out of 4 Hispanic households are housing insecure.



FOOD INSECURITY

% IN CT WITH FOOD INSECURITY BY RACE / ETHNICITY (2021)



In Connecticut, Hispanic families are almost 3x as food insecure as White families, and Black families are almost 2x as food insecure as White families.

The history of redlining and racial segregation has resulted in inequitable access to quality housing, education, job opportunities, and healthy environments. Low-income cities in Connecticut, where most Black and Hispanic residents live, often lack fresh food options or grocery stores¹. Financial and local access barriers mean impacted families are more likely to opt for cheaper, lower-quality foods or to skip meals entirely.



"Hispanic" refers to Hispanic/Latino/a people of any race. All other race categories shown are non-Hispanic.

In this data, food insecurity is defined "always" or "usually" feeling worried or stressed about having enough money to buy nutritious meals.

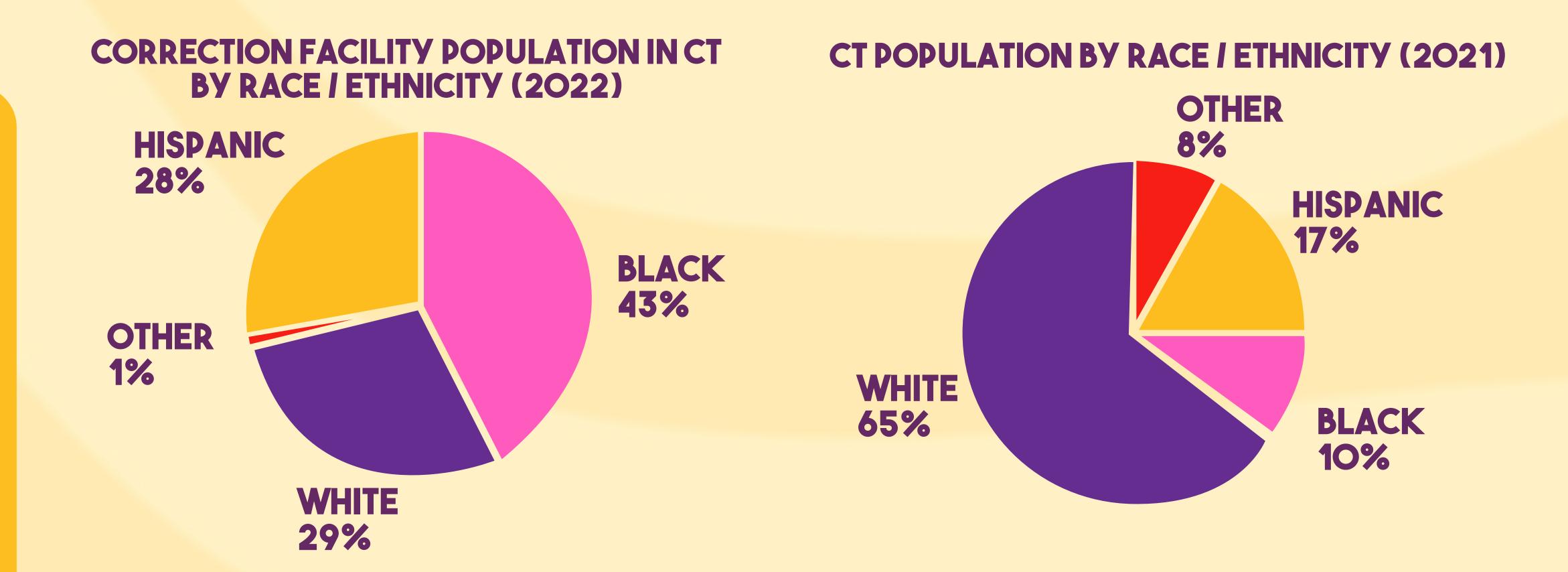
Source: 2021 Connecticut Behavioral Risk Factor Surveillance System (BRFSS), July-Dec

CRIMINALJUSTICE

There is a significantly disproportionate number of Black and Hispanic individuals who are incarcerated in comparison to the Connecticut population. While only 10% of Connecticut's residents are Black, 43% of the state's incarcerated population is Black – a four-fold overrepresentation. Where Hispanics are only 17% of the state's population, they are 28% of the incarcerated population. Nationwide data shows that if Black and Hispanic people were incarcerated at the same rate as White people, the prison population would decrease by almost 40%.1

There are numerous factors that contribute to the disproportionately high incarceration of Black and Hispanic people.

The context of someone's life – including access to housing, healthy food, education, health services, and financial resources - informs the likelihood of their involvement with the criminal justice system.²



The repercussions of incarceration continue long after release, with formerly incarcerated individuals struggling to reintegrate into society. They face barriers such as finding housing and employment, and accessing health care.³

Policies and systems that have a disparate impact on the basis of race are self-perpetuating.4

Poor HEALTH OUTCOMES

HOUSING INSECURITY

INCOME INFOURTY

CRIMINAL JUTICE INVOLVEMENT

"Hispanic" refers to Hispanic/Latino/a people of any race. All other race categories shown are non-Hispanic.

Source (Correction Facility Population in CT Chart): Connecticut Department of Correction (DOC), monthly data provided to OPM.

Note: Due to rounding error, the percentages listed in the correction facility population chart equal 101%.

Source (CT Population Chart): US Census Bureau, 2021 ACS 5-Year Estimates

Note: Asian residents account for 5% of the CT population. In this chart, Asian residents are included in the Other category for purposes of comparison to the correction facility population chart.

1.Mass Incarceration in the US, Northwestern University. Accessed April 30, 2023. https://sites.northwestern.edu/npep/background-on-mass-incarceration/
2. Smith. R, "Black Children, Trauma, and the School-to-Prison Pipeline", Mount Sinai Adolescent Health Center, July 21, 2016, https://www.teenhealthcare.org/blog/black-children-trauma-and-the-school-to-prison-pipeline/

ma-ana-the-school-to-prison-pipeline/
3. Nellis. A, 'The Color of Justice: Racial and Ethnic Disparity in State Prisons', The Sentencing Project, October 13, 2021, https://www.sentencingproject.org/reports/the-color-of-justice-racial-and-ethnic-disparity-in-state-prisons-the-sentencing-project/
4. Peterson. M, Brinkley-Rubinstein. L, 'Incarceration is a Health Threat. Why isn't it Monitored Like One?'', Health Affairs, October 19, 2021, https://www.healthaffairs.org/do/10.1377/fore-front.20211014.242754/full/

