

Commission Meeting
December 18th, 2023



Agenda



Opening Remarks



Roll Call



Minutes



Our Purpose



Year in Review & Looking Forward



Public Comment



Good of the Order



Adjournment



Our Purpose

How the Commission Came to Be

- ▶ Through PA 21-35 (SB1), the Connecticut General Assembly declared racism a public health crisis and acknowledged that disparities in health outcomes are largely the result of race-based inequities.
- ▶ Section 2 established the Commission on Racial Equity in Public Health to examine racial/ethnic inequities and to recommend policies that further health equity.

Main Functions

- Racial/Ethnic Inequity Data Reporting
- Community Engagement
- Policy Analysis & Recommendations



Year in Review

▶ First Data Report Released in May 2023

▶ Data Gallery and Report Launch took place mid-May

▶ Report & Gallery are Publicly Posted on the CREPH Website Reports Page:

<https://wp.cga.ct.gov/creph/reports/>

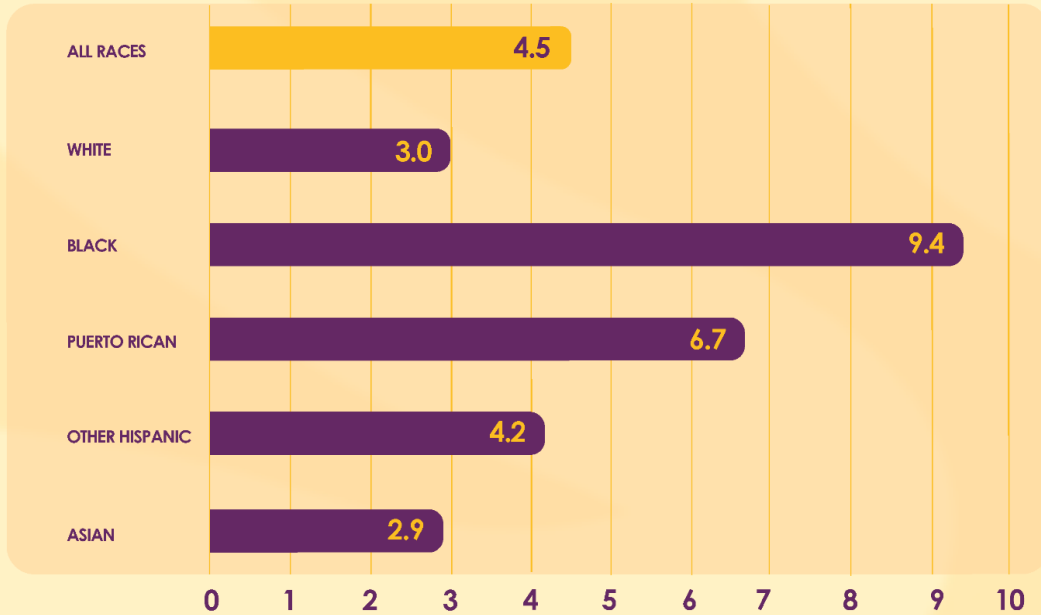


UNDERSTANDING RACIAL INEQUITIES THROUGH DATA



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.

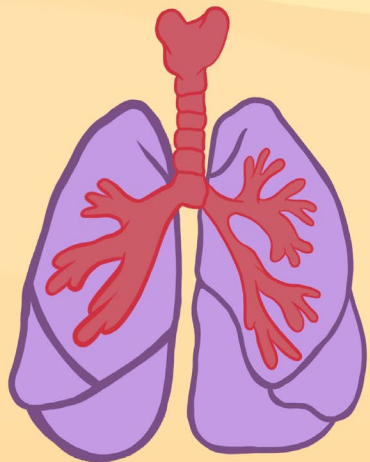
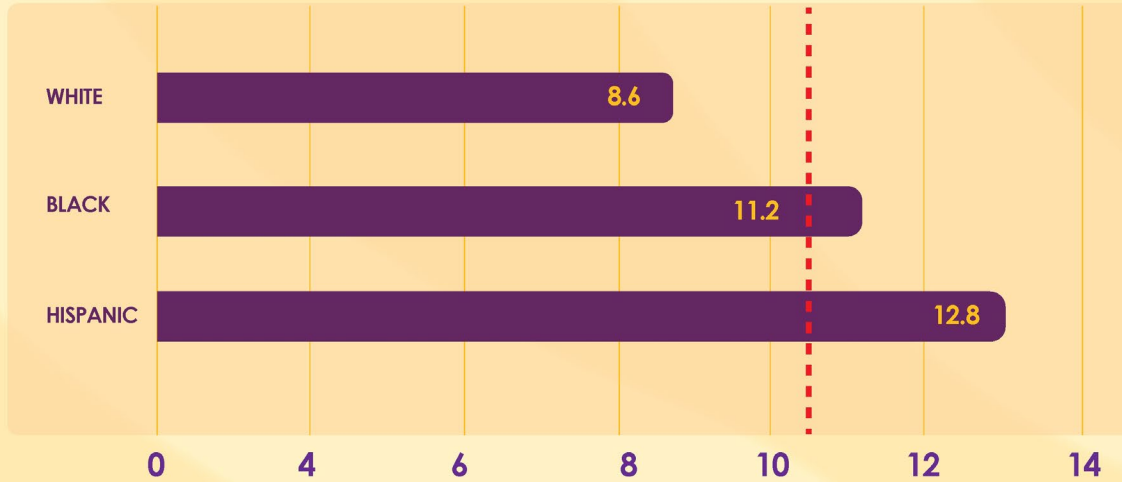
The mortality rate for Black infants is more than **2X** the state average.



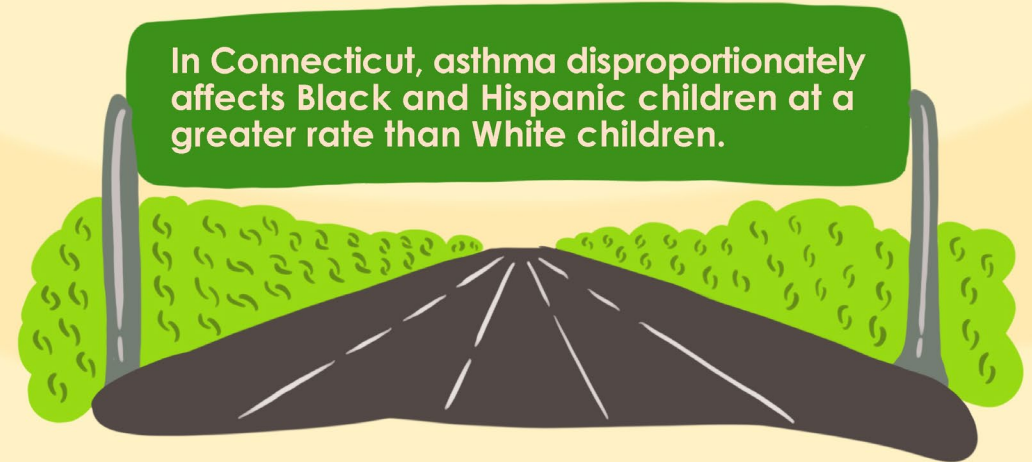
Studies show a more diverse healthcare workforce and the use of doulas may improve birth outcomes for Black families?

CHILDHOOD ASTHMA

**% OF CHILDREN IN CT WHO CURRENTLY HAVE ASTHMA
BY RACE / ETHNICITY (2018 – 2020)
RED DASH LINE INDICATES CT CHILDHOOD ASTHMA AVERAGE = 10.2%**



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.

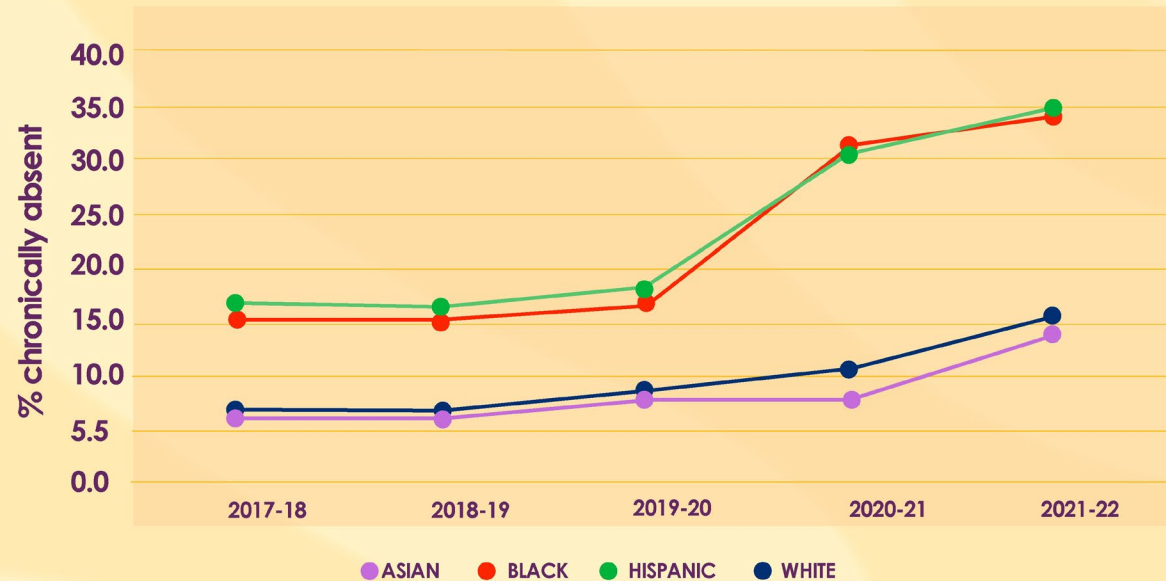
Higher childhood asthma rates in communities of color are both caused by and lead to greater racial disparities. Black and Hispanic families are more likely to live in poor housing conditions and in areas that lack clean air quality and green space. Communities of color are often near highways and facilities 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.



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.

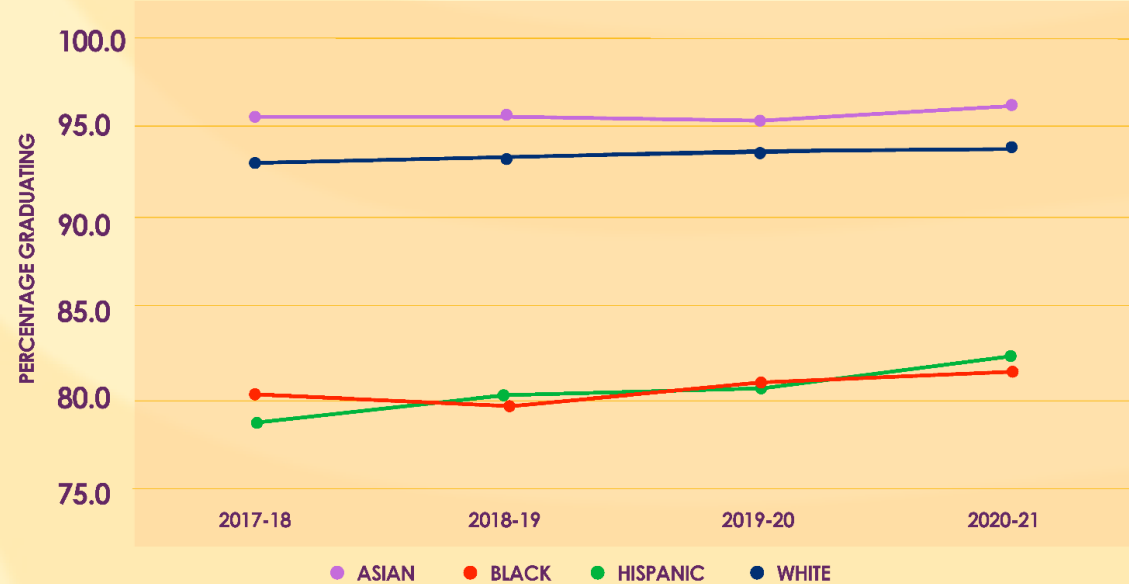


The more a student misses class, the less likely they are to graduate from high school, and build a better life for themselves.

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

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





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**



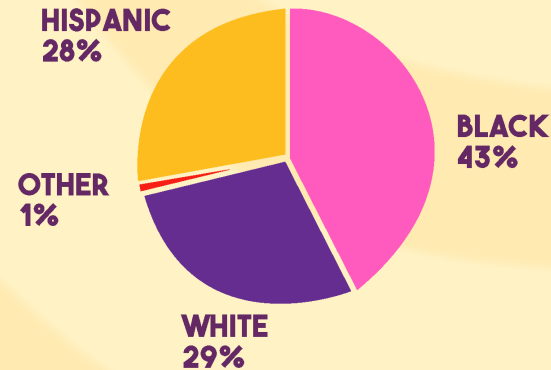
CRIMINAL JUSTICE

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**

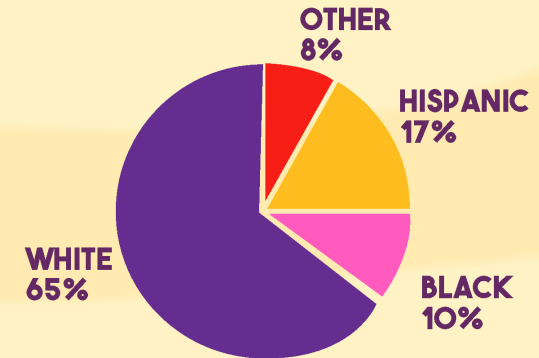
There are numerous factors that contribute to the disproportionately high incarceration of Black and Hispanic people.

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

CORRECTION FACILITY POPULATION IN CT BY RACE / ETHNICITY (2022)



CT POPULATION BY RACE / ETHNICITY (2021)



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



Criminal Justice Data by Race/Ethnicity

Department of Correction (DOC)

▶ Adult Population

- ▶ Incarcerated
- ▶ Under post-release supervision

▶ Juvenile Population

- ▶ Under secure confinement

Thanks to the Judicial Branch's Court Support Services Division for providing the following data:

▶ Adult Population

- ▶ Adult Arrests
- ▶ Adult Probation

▶ Juvenile Population

- ▶ Juvenile Court Referrals
- ▶ Juvenile Probation
- ▶ Juvenile Residential Admissions



Structural Racism Report

- Due to the CGA by January 1, 2024
- Pursuant to C.G.S. § 19a-133c the Commission on Racial Equity in Public Health is tasked with reporting best practices that state agencies can implement to reduce racial inequities and dismantle structural racism within state government.
- The report offers nine recommendations with accompanying examples pulled from federal government, other state governments, and internal practices already in place at Connecticut state agencies and branches.



Summary of Recommendations

1. **Establish leadership buy-in**
2. **Build infrastructure to support racial equity work in government**
3. **Require state agencies to produce equity plans**
4. **Commit to increasing diversity in state hiring**
5. **Increase diversity, equity, and inclusion training opportunities**
6. **Conduct racial equity impact analysis on policies and practices**
7. **Embed community engagement in evaluation of services**
8. **Ensure adequate interpretation and translation services**
9. **Commit to equitable contracting and procurement practices**



CEMENTING EQUITY IN STATE GOVERNMENT

ONE DAY SYMPOSIUM PRESENTED BY
The Commission on Racial Equity in Public Health &
The Commission on Human Rights and Opportunities



KEYNOTE SPEAKER
DIRECTOR KIRAN AHUJA
UNITED STATES OFFICE OF PERSONNEL
MANAGEMENT, BIDEN ADMINISTRATION

 **FRIDAY**
JANUARY 19, 2024
8:30AM - 3:30PM

 **ROOM 310**
STATE CAPITOL BUILDING
HARTFORD CT

CONFIRMED SPEAKERS



KEYNOTE SPEAKER
DIRECTOR KIRAN AHUJA
UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
BIDEN ADMINISTRATION

SPOTLIGHT ON THE JUDICIAL BRANCH SPEAKER
CHIEF JUSTICE ROBINSON
CONNECTICUT SUPREME COURT



SPOTLIGHT ON CT SPEAKER
COMMISSIONER VANNESSA DORANTES
DEPARTMENT OF CHILDREN AND FAMILIES



Community-Based Participatory Research & Strategic Planning Contract Updates



Request for Proposals Released in July



CGA Received 8 Proposals & the Evaluation Committee
Unanimously Selected the Most Qualified Bidder



The Contract is Under Review and CREPH will Share Updates
with the Advisory Body once the Contract is Executed



Public Comment

