



COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH

CONNECTICUT GENERAL ASSEMBLY

July 2025 Report to the Connecticut General Assembly's Public Health and Appropriations Committees and to the Office of Policy and Management

Commission Activities January 1 – June 30, 2025

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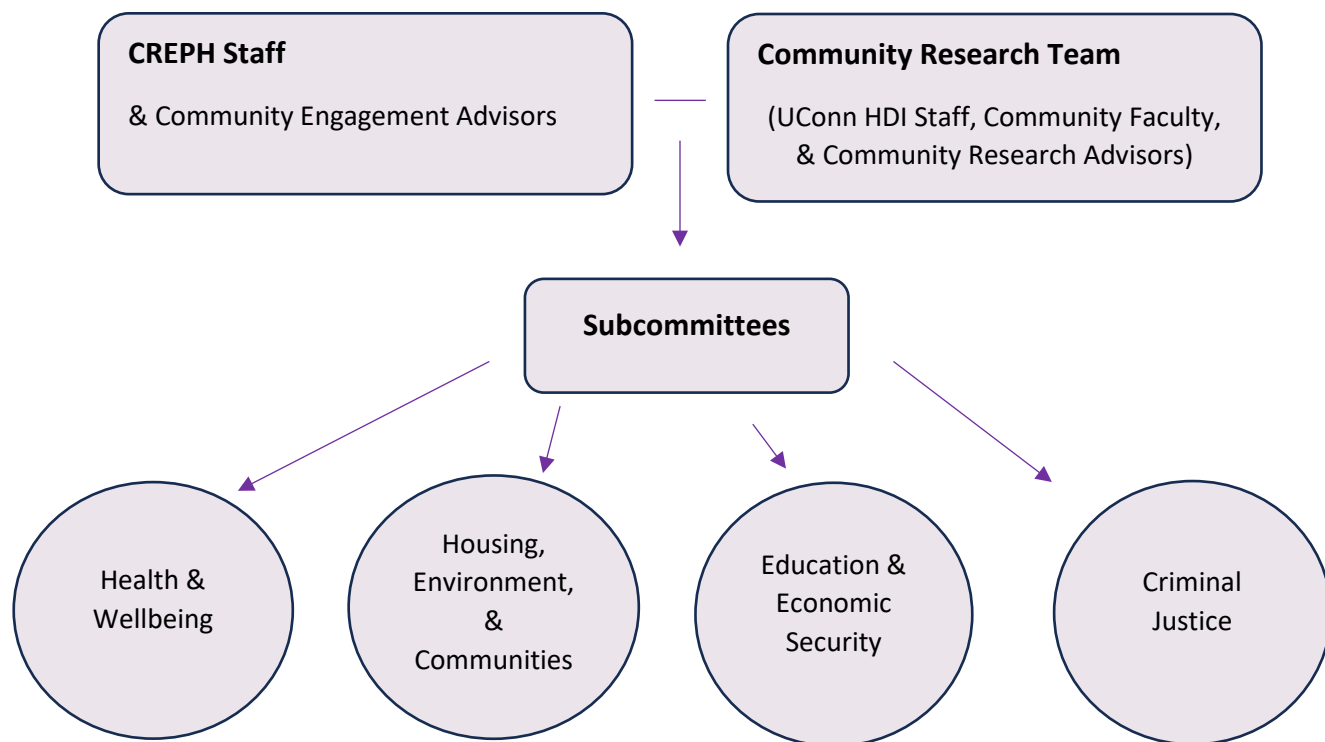
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Community Engagement & Strategic Planning Updates

In February 2024, the Health Disparities Institute (HDI) at UConn Health was contracted to assist the Commission with its community engagement and strategic plan development.

HDI assembled a **Community Research Team** consisting of their staff, Community Research Advisors and Community Faculty. A full list of team members and brief bios can be found [here](#).

Community Engagement & Strategic Plan Project Governance



Phase 1

The Phase 1 survey discussed in our previous report to the Connecticut General Assembly served as a source of data to inform the Commission's community engagement and strategic planning efforts. The Community Research Team (CRT) identified three top priority areas to explore in focus groups. These included:

- Income, Employment, Cost of Living
- Health Care Access/Mental Health
- Living environment, climate, safety (housing as a subcategory)

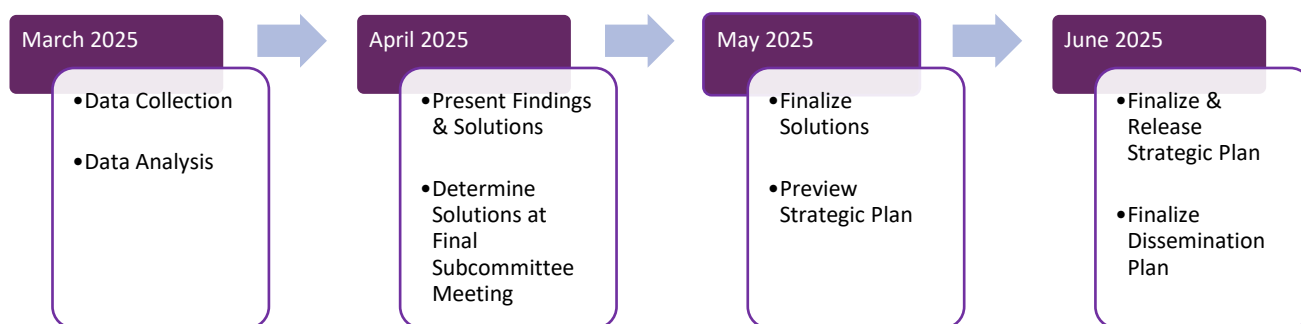
Based on conversations with subcommittee members and the CRT, HDI drafted priorities and solutions that were responsive to Phase 1 findings. Subcommittee members finalized priority areas for the strategic plan and the Community Research Team prioritized solutions for the Phase 2 assessment.

Phase 1 [reports](#) are available in English and Spanish on the Commission website.

Phase 2

The Phase 2 assessment consisted of a survey and virtual focus groups/interviews with key informants. The survey was distributed by HDI, CREPH Advisory Body, and Subcommittee networks. There were 397 survey responses, and 19 individuals were engaged through focus groups or interviews.

See below for Phase 2 timeline.



Strategic Plan

Priority Areas

The goal of Phase 2 was to finalize priority areas and strategic goals, as well as develop recommendations for legislative action that would help eliminate racial health inequities in the state. These priority areas, goals, and recommendations were developed in conjunction with the broader community, the Commission, thought leaders, and key policy experts. The priorities are outlined in the chart below.

Health & Wellbeing	Housing, Environment, & Communities	Education & Economic Security	Criminal Justice
Cross-cutting Priority: Create an execution and monitoring plan for every policy to ensure equitable implementation.			
Make healthcare more affordable and reduce medical debt.	Increase the availability of healthy and affordable housing.	Improve childcare accessibility and affordability.	Ensure people in re-entry, and/or involved in the criminal legal system have access to healthy affordable housing.

Affordability and accessibility were common themes across all the recommendations and subcommittees. This is due to the ways in which racism and poverty intersect and exclude segments of the population from opportunities and resources. Addressing racial health inequities requires a focus on economic inequities as well.

Strategic Plan Preview Reception

On May 21st, the Commission and UConn HDI hosted a strategic plan preview reception at the Capitol. The event marked the informal unveiling of the strategic plan recommendations. Attendees included legislators, members of the community research team, state and municipal leaders and staff, Advisory Body and subcommittee members. Senator Saud Anwar delivered remarks underscoring the importance of eliminating racial disparities for residents in the state. Members of the Community Research Team, Linda Sprague Martinez, Commission Co-Chair Ayesha Clarke, and Executive Director Pareesa Charmchi Goodwin also spoke to the audience regarding how the strategic plan will help address inequities and the significance of community engagement in the creation of the plan.

The event was featured in [UConn Today](#) and publicized in [local media](#).



2025 Legislative Session Priorities

As part of our charge and mission to make recommendations that decrease the effect of racism on public health, the Commission monitored proposed legislation and provided testimony in the following areas.

Racial Ethnic Impact Statements (REIS)

In 2018, the Connecticut General Assembly passed legislation ([PA 18-78](#)) on a bipartisan basis to expand the use of Racial Ethnic Impact Statements (REIS) in the legislative process. The statute stipulated that legislators could make a request for a REIS on certain proposed bills. The REIS would provide an analysis of a bill's potential impact, if any, from a racial equity perspective. Since the bill's passage, however, REIS has yet to be implemented. In 2023, the Commission was assigned the responsibility for producing REIS, and in preparation, made suggestions to the legislature to amend the statute to facilitate operationalization.

[SB1506](#), *An Act Concerning Racial and Ethnic Impact Statements*, was introduced in the Judiciary Committee, passed through both chambers on a bipartisan basis and was signed by the Governor as [PA 25-27](#). Executive Director Charmchi Goodwin and Associate Commission Analyst Abbas testified in support of the bill [in writing](#) and in person. The bill made the following changes:

- Allows for REIS to be published publicly on a bill's web page (in the same place that fiscal notes and bill analyses are found).
- Modifies the request period for a REIS on an amendment to at least 15 days before sine die.
- Stipulates that the Commission will develop procedures and guidelines for REIS which will be memorialized in a letter to legislative leaders with a request for them to be included in the joint rules at the beginning of the biennial session.
- Clarifies the method and timeline for information requested from state agencies to 5 days unless there's a request for additional time.

The changes in statute put the Commission on a good footing to put REIS in motion. The Commission is now working to hire two analysts to oversee and produce REIS. In the fall, the Commission will begin developing the first drafts of guidelines and procedures in consultation with all four caucuses and legislative offices. By the 2026 session, the Commission hopes to begin producing pilot statements to test the process, adjusting when and where needed.

Healthcare Affordability

Due to increasing affordability concerns, the Commission followed legislation addressing healthcare costs.

Hospital Financial Assistance

[SB1192](#), *An Act Concerning Hospital Financial Assistance*, provided for the Office of the Healthcare Advocate (OHA) to contract with a vendor to develop an online financial assistance portal for use by patients. The bill also allowed for the OHA web site to provide information on Connecticut's medical debt erasure initiative, in addition to information on how to avoid medical debt. Lastly, the bill required hospitals to notify OHA of any changes to its hospital financial assistance policies and/or application forms.

In written [testimony](#), the Commission applauded the committee's prioritization of hospital financial assistance while also making recommendations for ways to strengthen the bill. The bill language was incorporated into [HB7287](#) where it successfully passed both chambers.

Healthcare Access

The Commission submitted [testimony](#) in support of [SB10](#), *An Act Concerning Health Insurance and Patient Protection*, which incorporated many important provisions for expanding health care access. The original bill language sought to shift the burden of proof from health care providers to insurers, prevent artificial intelligence from being used in adverse determinations of prior authorizations, address step therapy, and allow for the Connecticut Insurance Department to use affordability in rate review hearings. The bill also sought to regulate stop loss insurance policies which has raised concerns for many health care experts given the underwriting component associated with such policies. While the legislation ultimately passed ([PA 25-94](#)), the stop loss component was removed from the bill.

The Commission also submitted testimony in support of Section 1 of [HB7039](#), *An Act Concerning Health Insurance*, which addressed the issue of retroactive denials, (aka clawbacks). A [report](#) by the Connecticut chapter of the National Association of Social Workers showed that social workers are increasingly reluctant to accept insurance and are considering moving to a self-pay model which would require patients seek reimbursement from their insurance providers. Moving to such a model could have drastic equity implications. Unfortunately, the clawbacks legislation did not pass this session.

Maternal Health

[HB7214](#), *An Act Concerning Maternal Health*, sought to establish a maternity care report card for birth centers, among other things. The Commission submitted [testimony](#) supporting the report card which was incorporated into [HB7287](#) where it successfully passed both chambers.

Medicaid Rate Increases

Medicaid is an important safety net program with 63% of non-elderly Medicaid enrollees in Connecticut being people of color¹. However, Medicaid rates have not increased broadly since 2007² leading to underpaid providers. When providers are underpaid, fewer providers accept Medicaid which has led to growing concerns pertaining to access to care for Medicaid enrollees.

The legislative session began with several legislators expressing interest in addressing Medicaid rates. [SB1358](#), *An Act Concerning Inflationary Rate Increases for State-Contracted Nonprofit Human Services Providers*, establishes annual rate increases for state-contracted nonprofit behavioral health providers or providers who serve people with physical, intellectual, or developmental disabilities. The increases are tied to the commercial price index (CPI). If the CPI were to decrease, providers would not be subject to rate decreases.

Public Health Roundtable Discussion

On May 2nd, the Commission hosted a [roundtable discussion](#) on *Understanding the Real World Impact of Federal Cuts to Public Health*. The roundtable brought together health experts, community providers, and government leaders. Department of Public Health Commissioner, Dr. Manisha Juthani discussed how federal cuts have impacted existing grants and contracts. She explained how the impact of these cuts trickled down to local health departments in the form of "stop work" orders and layoffs.

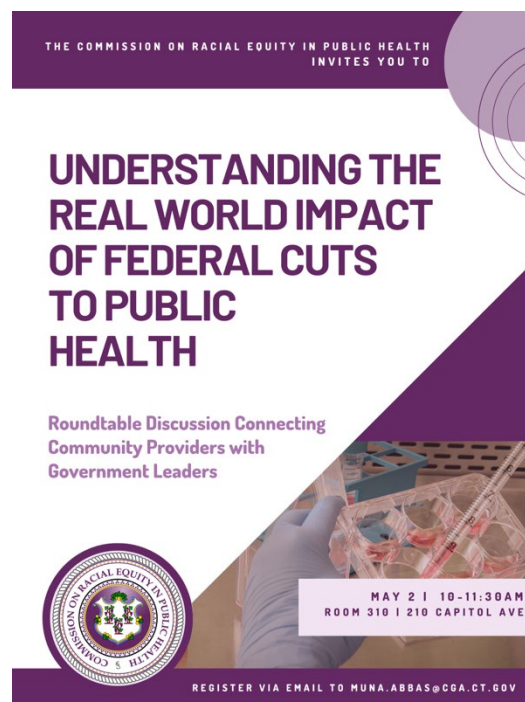
Community providers explained how these cuts have impacted their ability to serve community members. They described needing to reduce or eliminate resources relating to mobile van services, school-based health centers, as well as a variety of other programs. These programs include those providing services such as oral health care, housing, mental health care, early childcare, and food programs that assist children, seniors, and other vulnerable residents throughout the state.

¹ See August 2024 [Medicaid in Connecticut](#) Fact Sheet prepared by KFF.

² See February 19, 2024 article by Katy Golvala/CT Mirror, [Report: CT Medicaid underpays many health care providers](#).

Roundtable Participants:

- **Pareesa Charmchi Goodwin**, Commission on Racial Equity in Public Health, CGA, *Moderator*
- **Commissioner Manisha Juthani**, Department of Public Health
- **Cara Passaro** - Office of the Attorney General
- **Rep. Jillian Gilchrest**, Chair, Human Services
- **Dr. Jeffrey Hines**, UConn Health
- **Monika Nugent** - CT Nonprofit Alliance
- **Joanne Borduas** - Community Health & Wellness Center and Community Health Center Association of CT
- **Amari Brantley** - End Hunger Connecticut
- **Maritza Bond** - New Haven Department of Health
- **Rhonda Evans** - CT Association for Community Action
- **Sandra Ferreira-Molina** - CT Oral Health Initiative



A recording of the roundtable can be found [here](#), and a CT News Junkie article covering it can be found [here](#).

Involvement with State Committees, Boards, and Summits

Opioid Settlement Advisory Committee (OSAC)

Gretchen Shugarts and Pareesa Charmchi Goodwin have continued to represent the Commission on the [OSAC](#) and its research and data subcommittee.

Tobacco and Health Trust Fund (THTF)

Pareesa Charmchi Goodwin serves on the [THTF](#) at the pleasure of Speaker Ritter.

Office of the State Comptroller Healthcare Summits

The Comptroller's Healthcare Cabinet has brought together thought leaders, elected officials, policy makers, and providers to discuss obstacles faced by Connecticut residents and possible policy solutions. Shugarts has continued to represent the Commission in the Comptroller's Healthcare Cabinet meetings and its Urban Equity & Disparities subcommittee. The 2025 Healthcare Cabinet Report can be found [here](#).

Race, Ethnicity, Language (REL) Data Activities

Shugarts has remained an active participant of both the Office of Health Strategy's REL state agency convening as well as Yale University's REL network.

Prescription Drug Task Force

Shugarts was a member of the bipartisan, bicameral [Prescription Drug Task Force](#). [HB7192](#), *An Act Implementing Recommendations of the Bipartisan Drug Task Force*, passed with broad bipartisan, bicameral support.

Commission Presentations

In April 2025, Shugarts represented the Commission at a roundtable discussion for the Connecticut Public Health Association Next Gen Workforce event.

In June 2025, Abbas presented to the Connecticut Association of Diversity & Equity Professionals (CADEP) to provide updates on the Commission's activities including the strategic plan and implementation of REIS.

Commission Meetings

March 13, 2025 – Regular Meeting

Abbas and Shugarts shared legislative priorities for the 2025 legislative session. The Health Disparities Institute provided updates of the community engagement and strategic planning project. Previous meeting minutes were adopted. The meeting agenda and minutes can be found [here](#). The CT-N recording of the meeting can be found [here](#).

June 12, 2024 – Regular Meeting

Dr. Linda Sprague Martinez and Valen Diaz of the UConn Health Disparities Institute provided updates of the community-based participatory research project that has informed the Commission's strategic plan. The strategic plan will be delivered by June 30, 2025, and will be posted on the Commission web site.

Pareesa Charmchi Goodwin provided an overview of the 2025 Legislative Session. She discussed legislation that passed this session that either affects the Commission directly or is relevant to the strategic plan. The [March 2025 minutes](#) were adopted with minor revisions to correct the year of the meeting and the spelling of a name. The meeting [agenda](#) can be found on the Commission website. Meeting minutes will be posted after they are approved by the Advisory Body at the September 2025 meeting. The CT-N recording of the meeting can be found [here](#).

2025 Commission Meetings

Regular Commission meetings are scheduled for 10:00am-11:30am on the second Thursday of September and December. Meetings can be held virtually, in-person, or hybrid. The location and mode of meetings is included in publicly posted meeting agendas, which can be found on the [Commission website](#) and the [State Agency Public Meeting Calendar](#).

Remaining 2025 meeting dates:

September 11th

December 11th

Additional Commission Information

Commission Executive Director, Pareesa Charmchi Goodwin, returned from parental leave on a part-time basis in January 2025 and resumed her full-time position in March 2025.

Advisory Body Appointments

The existing roster of appointed Advisory Body members is provided in the chart. Since the last report, there have been no changes to the advisory body membership. Vacancies are noted in red text.

No.	Auth	Appointer	Qualifications in Statute	Appointee
1	SPRO	Looney, Martin M	a health disparities expert affiliated with an academic research institution and shall serve as cochairperson	Vacant
2	SPRO	Looney, Martin M	a representative of a violence intervention program using a health-based approach to examine individuals' post-incarceration and policies for integration	Jahad, Leonard
3	SPRO	Looney, Martin M	a representative of a philanthropic entity that focuses on racial equity	Donelson, Tiffany
4	SPKH	Ritter, Matthew	a representative of a nonprofit organization that focuses on health policy and racial equity issues and shall serve as cochairperson	Clarke, Ayesha
5	SPKH	Ritter, Matthew	a representative of a nonprofit organization that focuses on racial equity and community engagement	Hamilton-Burgess, Chavon
6	SPKH	Ritter, Matthew	an expert in immigration policy and law	López, Barbara
7	SMAJ	Duff, Bob	a representative of a nonprofit that focuses on equitable housing policy	Mirza, Faryal
8	SMAJ	Duff, Bob	a medical professional with expertise in diversity, equity and inclusion policy	Santos, Melissa
9	HMAJ	Rojas, Jason	a representative of a nonpartisan criminal justice policy and research entity	O'Rourke, Patricia
10	HMAJ	Rojas, Jason	a biostatistician or epidemiologist with knowledge of the effects of social-structural factors on health	Njoku, Anuli
11	SMIN	Clarke, Ayesha ³	a public health educator or researcher affiliated with an academic institution	Santella, Anthony
12	SMIN	Harding, Stephen	a current or former educator, school counselor or school nurse with public policy experience	Vacant
13	HMIN	Clarke, Ayesha ⁴	an expert in environmental impacts on human health who affiliated with an academic institution	Brugge, Douglas
14	HMIN	Candelora, Vincent J	a representative of a nonprofit that focuses on economic research and policy	Charmelus, Carline
15	BPRC CHR	Miller, Patricia Billie	an education policy researcher affiliated with an academic research institution	Cotto, Robert

³ Pursuant to Public Act No. 23-204 Sec. 197(b)(5) and Sec. 197 (d) Chairs may appoint qualified individuals after a 60-day vacancy period. This designation holds until a successor is appointed pursuant to PA 23-204 Sec. 197(b)(5).

⁴ Ibid.

