UCONN
HEALTH
HEALTH DISPARITIES INSTITUTE

ASSESSMENT REPORT

Phase 2

MAY 2025

COMMUNITY RESEARCH TEAM

The data that informs this report was made possible by our Community Research Team. Both Community Research Advisors and Community Faculty co-led the design and implementation of the Phase 2 assessment protocols with UConn Health Disparities Institute. Together, we developed questions, recruited participants, facilitated interviews and groups, and conducted data analysis.

HDI Team

- Linda Sprague Martinez, PhD
- Gillian Betz, MPH, CHSE
- Valen R. Diaz, MPH, MCHES
- Zaire Bartholomew, MPH
- Emil Coman, PhD
- Trisha Pitter, MS

Community Research Advisors

- Amber M. Costin
- Amber Parker
- Katia Ruesta-Daley, MSW
- Leslie M. Brown, BS
- Millie Landock, BA, CCHW
- Quiana Mayo
- Stephanie Lazarus, MPA
- Teth Pickens

Community Faculty

- Pastor André L. McGuire, BA, JD
- Armando Jimenez
- DeLita Rose-Daniels, CHW
- Jennifer Ibarra, MPH
- Yadley Turnier, MPH

BACKGROUND

In 2021, the Connecticut General Assembly declared racism a public health crisis and established the Commission on Racial Equity in Public Health (the Commission) through Public Act No. 21-35. The Commission is tasked with addressing the impact of racism on health and advancing racial equity in Connecticut. In 2024, the Commission contracted the Health Disparities Institute (HDI) at UConn Health to initiate community-based participatory research and strategic planning. As part of this work, HDI assembled a Community Research Team (CRT) to design and implement a statewide community assessment in two phases to inform the strategic planning process. In this report, a brief overview of the second phase of the assessment is provided, including methods, findings, and next steps.

LAYING THE GROUNDWORK: RACISM IS A PUBLIC HEALTH CRISIS

Racial inequity in health is *unnecessary, avoidable*, and *unjust* [1]. In this section, we briefly define racism and provide theoretical background on racism to describe how it interferes with public health. Racism has been defined as a system of advantage based on race [2]. It is fueled by *white supremacy ideology*; a way of thinking that posits the ideas of white people are superior to those of other groups [3]. In the context of this ideology, decision-making power and authority are assigned to whiteness [3]. Populations not deemed "white" are not assigned value and subsequently excluded. Systematic exclusion results in societal systems that are not designed to work for everyone. This creates conditions which result in racial disparity in health and social indicators [3]. Racism emerged during the age of enlightenment, prior to this period there was not a racial hierarchy [4]. Early on, it was used to justify the institution of slavery and the exploitation of people of color; thus, it is deeply entrenched in social and economic systems [5]. Racism, not race, drives racial health inequity.

OUR APPROACH: COMMUNITY PARTICIPATION IN STRATEGIC PLANNING

The inclusion of previously excluded groups in decision-making is critical for undoing racism. Using a participatory planning process, we developed the Phase 2 assessment plan. First, in analyzing the Phase 1 assessment data, the Community Research Team identified what else we needed to know to inform policy recommendations addressing the impact of racism on health in Connecticut. This ideation led to the creation of overarching goals of the Phase 2 assessment.

The Community Research Team also led the Commission's subcommittees through a prioritization and consensus-building process to select the top three priority areas for each subcommittee, using the results of the Phase 1 assessment. Then, the Community Research Team engaged in further prioritization of specific solutions to include in the assessment in an effort to focus the scope. The proposed solutions addressed the impacts of racism on **health, criminal justice, housing, the environment, education, and economic opportunity** in Connecticut.

Finally, the Community Research Team selected methods to accomplish their identified goals, both of which are outlined below.

PURPOSE

The overall purpose of each method was:

- **Survey**: To explore the acceptability of proposed solutions from the perspective of people disproportionately impacted by racial health inequities.

- **Virtual focus groups and key informant interviews**: To explore the potential feasibility and sustainability of proposed solutions associated with each priority area as well as factors in the local landscape that may impact their feasibility and sustainability.

METHODS

SURVEY

Sampling and recruitment

We used a non-random sampling strategy that included purposive, agency-based, and snowball sampling to reach CT residents impacted by racial inequity as well as health and social service providers who service them.

To recruit survey respondents, the Community Research Team created a list of groups across the state that do work related to the proposed solutions and serve the audience of the survey. We contacted these organizations and groups to ask them to disseminate the survey to their clients, patients, and/or communities. The Community Research Team also utilized their networks to identify contacts that could further disseminate the survey.

Survey Items

The survey was administered in nine languages identified by the Community Research Team: English, Spanish, Haitian Creole, Portuguese, Albanian, Arabic, Pashto, Chinese Mandarin, and Vietnamese. At the beginning of the survey, each respondent selected one of the nine languages in which to complete the survey. Then, respondents were screened for eligibility and asked if they lived in CT. Only those who said "yes" to living in CT could proceed. The survey asked eligible respondents to rate on a scale of 1 to 5 how beneficial each solution was to their community, with 1 being the least beneficial and 5 being the most beneficial, to assess acceptability of the solutions. A response option for "unsure" was also included. Respondents were also asked demographic questions at the end of the survey. Finally, respondents could choose to give their email address to be entered into a raffle for a $50

electronic gift card and/or to receive the survey results when ready. All questions were optional, with the exception of the language selection and CT residency eligibility question.

Procedures

Once we finalized the survey items, survey questions, outreach language, and fliers, they were translated by a professional Connecticut-based language service.

The survey was managed in Qualtrics. We disseminated the survey electronically with a link / QR code and in hard copy. We circulated the survey via individual emails, list serv / mass emails, social media, fliers, presentations at statewide meetings, and in-person events. Our survey outreach included local community centers, healthcare providers and federally qualified health centers, non-profit organizations, advocacy groups, neighborhood associations, faith-based communities, food banks and pantries, schools, diaper banks, state and local agencies, and more. We also contacted individuals who participated in Phase 1 to invite them to take the Phase 2 survey.

To increase accessibility, Community Research Team members and partners also brought hard copies of the survey to events, programs, and community gatherings to collect surveys on paper. These hard copy surveys were then entered by hand into the electronic survey database. Afterwards, they were destroyed.

At the conclusion of the survey, the survey raffle was conducted using a random number generator to select 10 participants for every 100 completed surveys. Selected participants received a $50 electronic gift card via email.

Data analysis

Once data collection was complete, data were downloaded from Qualtrics. Descriptive data analyses were performed using Excel and Stata. Geospatial mapping was also performed.

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS

Sampling and recruitment

Purposive followed by snowball sampling was used to identify key informants. Participants were recruited via email messaging and telephone outreach. The community research team identified specific people across the state with knowledge and expertise related to the proposed solutions in each area. Key informants were invited to participate in a focus group discussion or 1-on-1 interview. The invitation described the purpose of the focus group/interview and what to expect. Participants were also asked at the end of their focus group or interview if there were other individuals with expertise in or knowledge of solutions that we should invite to participate.

Procedures

Interested participants registered using an electronic form included in the invitation email. Focus groups were organized by focus area, which included health and wellbeing, criminal justice, education and economic security, housing, environment, and communities. If participants were unavailable for focus group dates, they were provided with date options for a 1-on-1 interview instead. Participants could also opt for a 1 on 1 interview if they preferred that format to a group discussion. Interviews were also categorized by focus area.

Once participants registered, they were sent a calendar invite with a meeting link and confirmation email that included the solutions for their focus area to prepare them for the discussion. Participants were also asked to complete a demographic form. Reminder emails were sent to participants prior to the focus group or interview.

Virtual focus groups/interviews were conducted on Microsoft Teams and recorded.

The focus groups and interviews were facilitated primarily by Community Research Advisors and Community Faculty, with the support of HDI staff as notetakers. At the beginning of each group, the facilitator introduced themselves and HDI staff members. Then, the facilitator reviewed the purpose of the discussion, the process, and the voluntary nature of participation, detailing what participants could expect in the group and asking members to maintain the group's confidentiality (applicable to focus groups only). The facilitator then answered questions about the process and sought permission to make an audio recording of the discussion. This process was conducted in English only.

Next, the facilitator reviewed the solutions that were sent in advance. The facilitator moved through the prompts, which asked about existing efforts, benefits, feasibility, opportunities, and threats related to the solutions. Following the discussion, participants received a $50 electronic gift card via email.

Data analysis

Recordings were transcribed by a professional transcription service in English. Data were analyzed by a 9-member coding team. Hsieh and Shannon's (2005) content analysis framework was utilized to explore and identify patterns in the data from key informant interviews and focus groups [6]. Subsequently, a codebook was created that captured the patterns in the dataset. A collaborative approach was used to collect feedback from the CRT to achieve agreement in the codebook to be utilized in the analysis. NVivo software was used to code the transcripts.

FINDINGS

SURVEY

Respondents

- 397 CT residents completed the survey.
- Languages represented include English (89.4%), Spanish (5%), Chinese Mandarin (5%), and Arabic (0.5%).
- Primarily White (38.3%), Black (22.9%), and Latino (11.1%) CT residents responded to the survey.
- Survey respondents identified primarily as community members (66.5%) and community/social services providers (31%).

- Primarily women took the survey (56.2%).
- Respondents were predominantly 18 – 49 years old, mostly concentrated in the 30 – 39 year age range.
- Most participants had health insurance through their employer/union (47.6%), had some college (28.5%) or a Bachelor's degree (32%), were married (55.4%), had a household income between $30K-$60K (21.2%) or $60K-$90K (27.2%), were employed full-time (63.7%), and has never been under any form of criminal justice supervision (83.1%).

See the end of the report for full survey respondent demographic tables.

GEOGRAPHIC DISTRIBUTION

The map below illustrates the distribution of survey respondents across the state of Connecticut. The shading represents the density of respondents (ranging from 1 respondent to more than 4 respondents). The eight counties of Connecticut are labeled as reference points.

Tolland

Windham

Litchfield

Hartford

Middlesex

New London

Fairfield

New Haven

1
2–3
4 & >
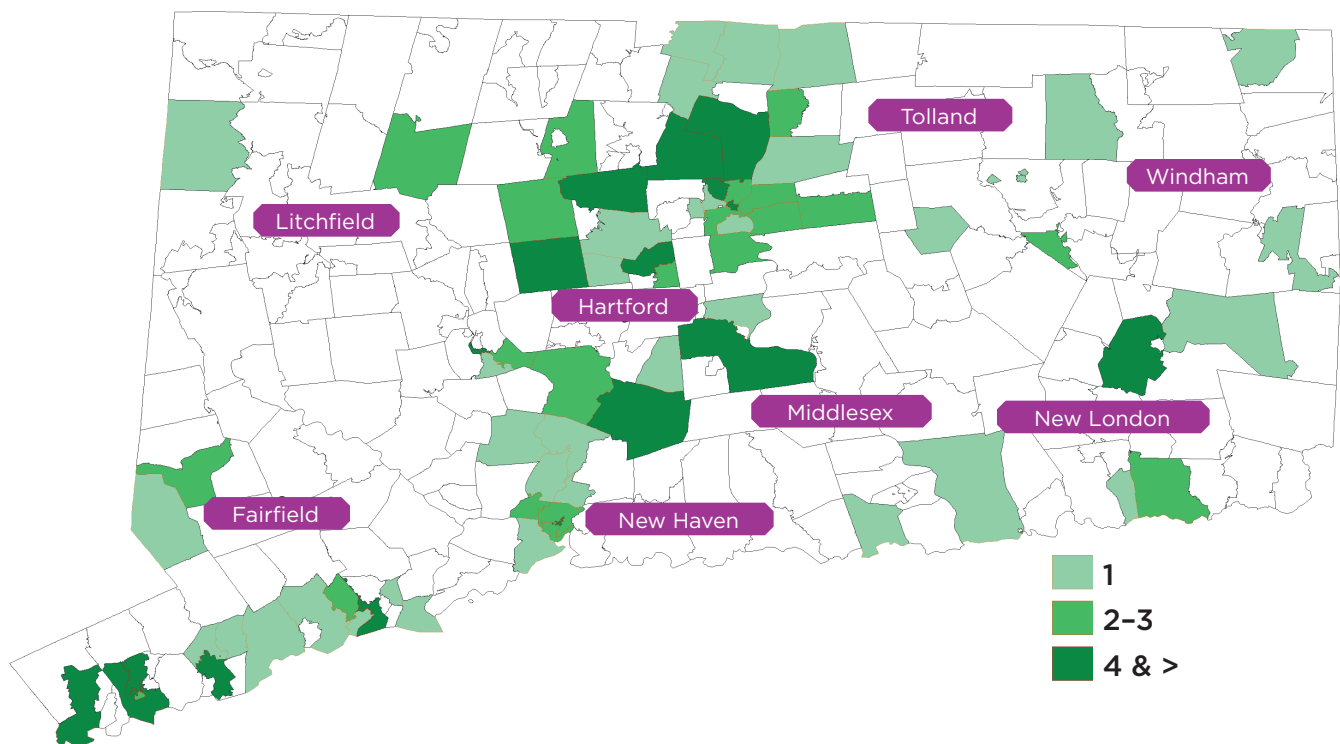
ACCEPTABILITY OF SOLUTIONS

Below please find tables of average acceptability scores for each solution across the focus areas of Health & Wellbeing; Housing, Environment, & Communities; Education & Economic Security; and Criminal Justice.

The rating scale was 1 to 5, with 1 representing the lowest acceptability and 5 representing the highest acceptability. Overall, the solutions had fairly high acceptability scores.

In addition to ratings, participants were also given the opportunity to provide narrative responses in the survey. Quotes are provided below to illustrate common sentiments shared by respondents. These excerpts help convey the nuance and context behind the data, offering a more well-rounded understanding of the survey results. Please note quotes have been edited for length and clarity.

HEALTH & WELLBEING

The solutions were categorized into Culturally and Linguistically Appropriate Care, Healthcare Financing and Affordability, and Accessibility. The top three solutions were: (1) Make hospital financial assistance policies and procedures better, so patients don't have medical debt, (2) Identify and monitor community health center capacity to deliver care and find long term ways to fund them, and (3) Increase Medicaid/ HUSKY payments to healthcare providers.

Following are quotes from survey respondents with additional ideas about Health & Wellbeing solutions:

"Free healthcare in the U.S."
– Survey Respondent

"Increase access to affordable healthcare for low-income families."
– Survey Respondent

Culturally and Linguistically Appropriate Care	Average Rating
Create a system for agencies to certify bilingual staff as interpreters and offer them incentives to support with interpretation and ensure care is culturally meaningful.	3.82
Engage communities in reviewing translation to ensure materials developed are culturally sensitive.	3.84

Healthcare Financing and Affordability	Average Rating
Increase Medicaid/HUSKY payments to healthcare providers.	3.95
Make hospital financial assistance policies and procedures better so patients don't have medical debt.	4.23

Accessibility	Average Rating
Identify and monitor community health center capacity to deliver care and find long term ways to fund them.	3.96
Require emergency departments to make a referral to primary care before being paid.	3.75
Adapt successful transportation models, like Ryan White initiatives, for broader care access.	3.90

HOUSING, ENVIRONMENT, & COMMUNITIES

The solutions were categorized into Affordable Housing and Accessibility, Tenant Protections and Housing Quality, and Food Deserts and Healthy Food Access. The top three solutions were: (1) Simplify eligibility for farmers' market programs and promote connections between the community and local farmers for education and collaboration, (2) Set up mobile food markets and incentivize supermarkets in underserved areas to provide more affordable fresh produce and healthy options, and (3) Increase penalties for negligent landlords and expand city/town inspection and enforcement abilities.

Affordable Housing and Accessibility	Average Rating
Include affordability protections in all housing development policies, like transit-oriented development.	3.96
Expand community land trust initiatives to prevent gentrification and increase state investments in affordable housing projects.	3.75
Make it easier for people to apply for affordable housing and eliminate credit score requirements.	3.90

Tenant Protections and Housing Quality	Average Rating
Identify and monitor community health center capacity to deliver care and find long term ways to fund them.	3.92
Increase penalties for negligent landlords and expand city/town inspection and enforcement abilities	4.04

Food Deserts and Healthy Food Access	Average Rating
Set up mobile food markets and incentivize supermarkets in underserved areas to provide more affordable fresh produce and healthy options.	4.07
Simplify eligibility for farmers' market programs and promote connections between the community and local farmers for education and collaboration.	4.14

QUOTES FROM SURVEY RESPONDENTS WITH ADDITIONAL IDEAS ABOUT HOUSING, ENVIRONMENT, & COMMUNITIES SOLUTIONS:

"More help to need less for security deposits. There must be a way to improve a sliding scale so that more people could get Sec 8 or low-income housing faster. There should also be shelters that are open during the day, especially for someone homeless who has children. Food assistance should be more specific like it used to be—veggies, fruit, cheese, peanut butter, eggs, etc."

– Survey Respondent

"Rent control. Large corporations should not be able to purchase certain homes or land."

– Survey Respondent

"COVID is over, yet prices remain high and monthly incomes unchanged."

– Survey Respondent, Arabic language

"The government could provide financial support to developers who build affordable housing units."

– Survey Respondent

"Increase investment in affordable housing, provide housing subsidies, tax incentives and other policies to help low- and middle-income families afford housing, and reduce the economic pressure and health risks caused by high housing costs."

– Survey Respondent

"Create safe housing and effective transportation infrastructure. Environmental safety plays a critical role in addressing racism and improving health in the community."

– Survey Respondent

"I wish to see a significant increase in the supply of affordable housing units. The local government and developers should collaborate more closely to allocate more land for affordable housing projects. This could involve incentives like tax breaks for developers who build affordable homes. Additionally, there should be a system in place to ensure that these units are accessible to low and middle-income families in the community. For example, implementing income-based eligibility criteria and a fair lottery system for allocation."

– Survey Respondent

"Landlords are already reluctant to take section 8 vouchers because of the expense/ potential expense involved in getting houses to code. I think a more effective course would be to publicly subsidize and/or provide the funds for repairs. This would incentivize more landlords to accept vouchers which would in turn increase the housing available to section 8 recipients."

– Survey Respondent

"Affordable housing and accessibility should also include teaching folks how to go from renters to homeowners. We need to encourage and teach people about home ownership, financial education and local economic opportunities sooner than later. Too many people have the knowledge and choose not to share it."

– Survey Respondent

"Provide more convenient and reliable public transportation services."

– Survey Respondent)

"We don't need just initiatives, we need explicit policy, removal of bureaucratic systems...that must give approval to allow things like land access. Stop using terms like food deserts...its food apartheid, stop saying social determinants of health they are political determinants of health. Explicit approaches that call in and disrupt racism with accountability for those who cause it."

– Survey Respondent

EDUCATION & ECONOMIC SECURITY

The solutions were categorized into Living Wages and Housing Security, Addressing Inequities in Education, Workforce Development, Financial Literacy, and Career Readiness. The top three solutions were: (1) Expand eligibility for Care 4 Kids and increase childcare vouchers to improve accessibility and affordability, (2) Partner with organizations that reflect the local community to increase career readiness and financial literacy (e.g., student loans, getting a career) in schools and community programs, and (3) Invest mental health services and mentorship programs for schools most affected by inequities.

Living Wages and Housing Security	Average Rating
Establish a living wage law.	3.84
Incorporate policies to increase housing security, like rent control for fair cost of living and eviction protections, into economic strategies.	3.97
Transform 211 from a passive inconsistent information source into an active referral resource to link people to housing, especially people who use drugs.	3.81

Addressing Inequities in Education	Average Rating
Invest in mental health services and mentorship programs for schools most affected by inequities.	4.03
Balance how resources are spent and shared within districts, such as addressing disparities among paraprofessionals.	4.02

Workforce Development, Financial Literacy, and Career Readiness	Average Rating
Partner with organizations that reflect the local community to increase career readiness and financial literacy (e.g., student loans, getting a career) in schools and community programs.	4.06
Expand eligibility for Care 4 Kids and increase childcare vouchers to improve accessibility and affordability.	4.08

QUOTES FROM SURVEY RESPONDENTS WITH ADDITIONAL IDEAS ABOUT EDUCATION & ECONOMIC SECURITY SOLUTIONS:

"Expand access to affordable early childhood education programs."

– Survey Respondent

"Don't punish people for working by taking away their childcare..."

– Survey Respondent

"Fully-funded universal pre-school and special education. Also, the mental health and mentorship models should be rooted in the cultural understandings of the race and ethnicity of the community and tied to parent empowerment and coordination. Do not reproduce oppressive models."

– Survey Respondent

"Make higher education more accessible and affordable for community members. This can be achieved by providing scholarships, grants, and student loan programs with favorable terms. Additionally, collaborate with local colleges and universities to offer more part - time and online courses to accommodate the needs of working adults and those with other commitments."

– Survey Respondent

"Financial literacy should be taught in school. Care4Kids is so important I don't know what I would have done without it. I was able to send my child to a good, safe daycare."

– Survey Respondent

"Care4Kids should also help the children with undefined migration status, and kids should not be discriminated for this reason."

– Survey Respondent, Spanish language

"Affordable childcare. We expect these families to work without resources to take care of their children."

– Survey Respondent

CRIMINAL JUSTICE

The solutions were categorized into Reentry Support, Housing and Shelter Access, and Responsibility of Criminal Justice System. The top three solutions were: (1) Increase access to and improve the quality of existing mental health services, (2) Provide housing support for youth getting out of detention or at risk of homelessness, and (3) Increase accountability for parole/probation officers as well as organizations that run transitional housing ("halfway houses").

Reentry Support	Average Rating
Evaluate and improve the quality of existing reentry programs	3.77
Support and expand financial literacy and law education programs for youth before criminal justice involvement as well as incarcerated and re-entering individuals	3.90
Set up a healthcare and social services referral and care connection hub for individuals in re-entry.	3.98
Increase access to and improve the quality of existing mental health services.	4.06

Housing and Shelter Access	Average Rating
Establish a task force to monitor and respond to housing concerns related to safety, affordability, and quality.	3.89
Implement a state-level "right to shelter" policy that includes transition to affordable quality housing, especially for recently released people.	3.85
Provide housing support for youth getting out of detention or at risk of homelessness.	4.06

Responsibility of Criminal Justice System	Average Rating
Increase accountability for parole/probation officers as well as organizations that run transitional housing ("halfway houses").	3.94
Develop systems to monitor and address race-based policing, including brutality, that are enforceable.	4.00

QUOTES FROM SURVEY RESPONDENTS WITH ADDITIONAL IDEAS ABOUT CRIMINAL JUSTICE SOLUTIONS:

"Support reentry programs to help formerly incarcerated individuals find jobs and housing."

– Survey Respondent

"Have re-entry case managers assist more than just make referrals. Improve quality of halfway houses—or better, have more supported housing in better neighborhoods. Don't segregate."

– Survey Respondent

"We set people up for failure when we release them from prison to homelessness. How can anyone thrive if they are released from prison to absolutely nothing. No housing, no clothes, no food, no job, and no money. That is a disservice. It's a punishment greater than jail time."

– Survey Respondent

"18-year-olds who were in foster care should not be just dumped off. There should be safe supportive housing for them."

– Survey Respondent

PARTICIPANTS WERE ALSO ASKED GENERALLY ABOUT IDEAS FOR SOLUTIONS TO ADDRESS THE IMPACT OF RACISM ON HEALTH IN THEIR COMMUNITIES. QUOTES ABOUT THEIR IDEAS ARE PROVIDED BELOW:

"Review and amend policies and regulations that may be racially discriminatory to ensure equality before the law."

– Survey Respondent

"Provide nonclinical spaces to address race-based trauma and inequity. Workshops, support group. There has never been a nationwide intervention to address the effect of slavery on individuals and or their descendants. We have ways to address every crisis except this one. We are doing the work we need more financial contributions that help not create more work for those that are already committed to change."

– Survey Respondent

"Community-led initiatives: Supporting community-led initiatives and organizations that address systemic racism and promote equity. Racial justice training: Providing racial justice training for healthcare providers, educators, and community leaders to recognize and address implicit bias. Cultural competency: Developing cultural competency programs that promote understanding and respect for diverse cultures and experiences. Policy reforms: Advocating for policy reforms that address systemic racism, such as policing reforms, voting rights protections, and education equity."

– Survey Respondent

"Stop racial profiling, stop red lining, free access to healthcare, educate people about other people's culture and history so we can understand others way of life."

– Survey Respondent

IDEAS FOR SOLUTIONS TO ADDRESS THE IMPACT OF RACISM ON HEALTH IN THEIR COMMUNITIES (CONTINUED)

"Carry out extensive anti-racism awareness-raising campaigns through various media channels, such as TV, radio, social media, etc. Produce and disseminate public service advertisements, documentaries, films and TV programs related to racial equality to showcase successful cases of racial harmony, raise public awareness of the harm of racism, and advocate inclusive and diverse social culture."

– Survey Respondent, Mandarin language

"Incorporate housing and education policies into health assessments, such as providing stable housing for homeless individuals to reduce emergency use. Next is to increase the minimum wage, expand paid sick leave, and alleviate the negative impact of economic pressure on health."

– Survey Respondent

"Across the board, the recommendations are excellent, but solutions that target only the disparate communities are doomed to fail. Eliminating disparities MUST include components that target people and communities that foster and nurture beliefs that lead to systematic racism. That is the cause of healthcare and other disparities. Medicating the symptoms is great, but there should be initiatives directed toward cutting out the cancer."

– Survey Respondent

ACCEPTABILITY OF SOLUTIONS BY RACE/ETHNICITY

Acceptability was high overall. As such, we explored the extent to which there was variation across racial and ethnic groups. A summary of patterns that emerged is provided by focus area.

Health & Wellbeing:

- Latino respondents rated culturally and linguistically appropriate care solutions the most acceptable compared to all other groups.

- Latino respondents rated healthcare financing and affordability the most acceptable compared to all other groups.

- Latino, Black, and Native American respondents gave higher acceptability ratings to accessibility solutions compared to all other groups.

Housing, Environment, & Communities:

- Latino, Native American, and multi-racial respondents generally had higher acceptability ratings for affordable housing and accessibility, including eliminating credit score requirements.

- Latino and Black respondents had higher acceptability ratings for tenant protections and housing quality compared to all other groups.

- Latino and Native American respondents had higher acceptability ratings for healthy food access solutions than all other groups.

Education & Economic Security:

- Latino and Black respondents generally had higher acceptability ratings for education and economic security solutions than other groups.

Criminal Justice:

- Latino, Black, and multi-racial respondents generally had higher acceptability ratings than other groups.

- Generally, White respondents reported lower acceptability ratings than all other groups.

In summary, the solutions proposed across all areas were found to be acceptable to community members. The level of acceptability varied slightly by race and ethnicity.

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS

PARTICIPANTS

We conducted focus groups and key informant interviews during April 2025. We talked to 19 individuals across the following focus areas.

Participating sectors in key informant interviews included:

- Health and healthcare
- Education and academic institutions
- Government and public sector
- Nonprofits and social justice
- Faith-based organizations
- Direct service providers

Overall themes from key informant interviews and focus groups are summarized below across the areas of benefits, facilitators, barriers, and unintended consequences by focus area. Quotes are also included to illustrate the themes. Please note quotes have been edited for length and clarity. Existing solutions and assets shared by participants are included at the end of this report.

Focus Area	Number of Participants*
Health & Wellbeing	5
Housing, Environment, & Communities	7
Education & Economic Security	6
Criminal Justice	4

Some participants spoke to multiple focus areas and are included in more than one row, so the totals do not amount to 19.

HEALTH & WELLBEING

Key informants identified **five** potential benefits associated with the proposed solutions.

1. **Benefits for English and non-English speakers, both patients and providers,** from translation services and culturally appropriate care

2. **More accessibility to providers** for those who are on HUSKY/Medicaid by increasing reimbursement rates

3. **Assistance for those on HUSKY/Medicaid** by improving transportation

4. **Reduce emergency department (ED) recidivism rates** through ED referrals to primary care

5. **Support for those whose first language is not English and/or are uninsured or underinsured** through all solutions

In the table below, we outline the facilitators, barriers, and unintended consequences associated with health & wellbeing solutions identified by key informants.

Facilitators	• Health equity advocacy groups • Programs like Ryan White • Community engagement
Barriers	• Medical debt • Lack of primary care providers and healthcare in rural areas • Current political landscape and emphasis on the removal of existing programs, such as HUSKY/Medicaid • Political climate breeds open engagement in discriminatory attitudes, perceptions, and ideas • Legislation and legislators • Financing and affordability of healthcare, finance departments of hospitals and emergency departments • Providers having a high clinical load and the need to be focused on billing makes it hard to address all patient issues • Lack of funding to increase reimbursement rates • Lack of money being put into the community and support to those doing the work • Transportation for individuals insured by HUSKY/Medicaid • Translation services are not accurate, so staff are used and work outside their role
Unintended Consequences	• Exacerbated health disparities, income inequality, mental stress • Financial and affordability burdens for high-deductible plans • When engaging with communities there can be a lack of training in trauma informed experience • Having to do interpreter-based visits takes more time and can lead to burnout if providers have to do more clinic visits to meet their numbers • Patients relying on third parties for transportation and technology services • HUSKY/Medicaid cuts will hurt how hospitals get reimbursed, which will affect the quality of care • The national landscape and cuts to public health initiatives, such as the $150 million cut to CT Department of Public Health in early 2025

"I think high-deductible plans are a defective product. A defective insurance product... Because when used as designed, and used as marketed and advertised, it creates three absolutely unquestionable problems...Number one, it exacerbates healthcare disparities. And it leads to income inequality, not just healthcare disparities. Income inequality, which is even worse. Second, it creates healthcare problems. Because when you have high deductibles or you have medical debt that you talk about, financing and affordability, you start taking a half a pill instead of one pill a day. And then the next thing you know is you're taking it two pills a week. Or you postpone going to the doctor. Or, in many cases, because you are in debt with the medical practice, they don't wanna see you anymore. And they won't see you. Not to mention the mental stress and mental health consequences of all that. So, healthcare disparities and health effects, health outcomes. Worse health outcomes. So, that's just because we are using the system as designed."

– Key Informant, 3-18-25

"[Healthcare financing and affordability] is truly going to be influenced by the national landscape, whether it's from what's being dismantled, or just cost-cutting in terms of where is funding gonna come from for HUSKY [Medicaid] providers if there's going to be talk of $880 billion dollars in Medicaid cuts? Hospital systems are already bracing for these cuts, and they're thinking about already how they're going to need to make adjustments, and those adjustments will affect levels of care to certain communities, especially those communities that are most at risk. We're gonna see medical debt likely increase. There will be more people who will not be covered. That medical indebtedness will likely go up, and there's likely finite resources to help some of those patients that incur medical debt, and that's not going to improve. So, are there opportunities for us to say to look even more to philanthropy to help citizens address some of those debts, but I think we're gonna see more and more systems talk about the write-offs that they're doing for charity care...so, [healthcare financing and affordability] is the one that's most concerning to me."

– Key Informant, 4-3-25

"I mean, nobody can say it's [strengthening hospital financial assistance policies] not good on its face, of course. But if you're really talking about solutions, not just statements that will do nothing...the state has looked at how to improve that and really enforce that. Because if they're not enforcing these things – which is what, by the way, among the things that allows the Hartford health system and Yale New Haven health system to collect millions and millions and millions of dollars and be tax exempt is wrong. In the olden days, patients would sue their doctors for things that go wrong. In Connecticut, between 2011 and 2017, 85,000 people were sued in a court of law by hospitals for past due medical debt, to the tune of $110 million. The poorest of the poor. So, things have changed. Times are changing. And those are, by the way, only small claims -- $5,000.00 of medical debt or less. If you add more than $5,000.00, which is litigated in superior court as opposed to a small claims court...so, this is a silent crisis, and right now, the only "solution," which is not a solution – it's a Band-Aid – is that philanthropic contributions to purchase secondary debt in the secondary debt market to – they used to call it "forgive" medical debt, which I object to, because the word "forgiveness" has a moral connotation, and medical debt is the only non-voluntary debt that we have."

– Key Informant, 3-18-25

"I think the biggest barrier right now to us physicians is the clinical load. So, a lot of people can't focus on these small [needs] – they're not small for the families, right? But we're so focused on billing, and seeing a number of patients. Because this is the amount, this is how much the hospital wants to revenue, and this is how much insurance will pay. All these things, really, are big barriers to doctors really doing, or any medical provider, doing anything outside of their face-to-face interaction with the family. And so, us having 15 minutes to see a follow-up visit, when five or 10 of those minutes are them getting roomed, is like pretty tricky. And to be able to focus and have the time to really dive into what other needs the family might have is even another barrier."

– Key Informant, 4-4-25

KEY INFORMANTS ILLUSTRATE THE THEMES RELATED TO HEALTH & WELLBEING (CONTINUED)

"… from an interpreter perspective, unintentional consequence, but there's no way around it, is that it takes more time… instead of doing a 15-minute slot for an interpreter visit, for a patient that needs interpreter, doing 25 minutes. Giving him one and a half times. Because it's unfair, and it's not equitable to say that you're gonna do the same amount of talking with an interpreter in the same allotted time. But you're not gonna be able to reimburse more. So, then, that impacts your numbers. So, that means I have to see more clinic visits on maybe non-clinic days, which also then leads into burnout for physicians. So, I think the unintended consequence is, yes, you have to spend more time with them. So, you have less time in the day. And your patients might be late. If it's budgeted for, great. But that might mean that you have to see more patients on off days if you're not meeting… your number of patients that you have to see. Which, then, can lead to more burnout, which we're already in this cycle for physicians. And specifically, in the acuity spaces. So, emergency room, ICU, where things are much more high speed, much faster. It might take more time. But again, I don't think that's wrong. I think that's the right thing to do. And depending on which physician you get, they might – depending on the generation that they come from, as well as how burned up they are, they may or may not use interpreters as easily, as well."

– Key Informant, 4-4-25

"Unintended consequence for transportation… I think an, maybe unintended consequence, or just a consequence in general, is that when you're relying more on third parties, families get more confused. Then, they are gonna have to make those phone calls. And there's always that technology gap. So, I feel like, sometimes, we can do what's best and try to create a transportation model for them. But if they don't know how to access it, it might not be as helpful. Like, "Do we need an app? Do they know how to use apps? From an interpreter, can they call and ask what language they prefer?" Because a lot of these families…don't speak English as their first language, that need the transportation help. So, then, there's all these other barriers that we need to think about if we wanna do it appropriately."

– Key Informant, 4-4-25

HOUSING, ENVIRONMENT, & COMMUNITIES

Key informants identified five potential benefits associated with the proposed solutions.

1. Stronger tenant protections through tools like the implied warranty of habitability to protect against eviction

2. More accessible housing by simplifying application processes and reducing reliance on credit scores

3. Healthier outcomes for children and families due to improved access to healthy food

4. Stronger social connections through co-living

5. Leverage for legislators to secure additional resources for their communities by creating formal funding for housing strategies amplifying the reach and impact of local housing initiatives

In the table below, we outline the facilitators, barriers, and unintended consequences associated with housing solutions identified by key informants. For this section, we break the themes into the categories of housing, food access, and overall.

Facilitators	**Housing** • Proactive inspections before renting • Enforcement of housing standards by municipalities and/or state • Adequate funding • Location of affordable housing near existing transit systems **Food Access** • Nutrition education and health screening integrated into food systems • Incentivize grocery store development in food deserts **Overall** • Tri-sector collaboration between private industry, government, and community members • Corporate buy-in to hire based on nontraditional education and training paths • Workforce development through certifications

Barriers	**Housing** • Fees and complicated housing application processes, especially for those with housing vouchers but no income • Overburdened housing navigators with high caseloads and staff turnover • Shelter shortages, long wait times, and delays • Outdated zoning laws limiting shared housing • Lack of awareness around co-living as a legitimate, community-oriented housing solution • Political and fiscal opposition to inspections • Difficulty gaining support for certain solutions (e.g., simplified applications, transit expansion) • Lack of unified and coordinated advocacy, especially in the face of strong opposition to tenant protections and affordable housing • Inability to scale interventions **Food Access** • Restrictions on Community Eligibility Provision (CEP, school meal programs • Fear of consequences of filling out applications for free/reduced meals, especially for undocumented families • Lack of community buy-in for mobile food solutions that prioritize outsiders, rather than local entrepreneurs
Unintended Consequences	**Housing** • Gentrification due to transit-oriented development • Risk of landlord retaliation against tenants for reporting • Under-enforcement and under-reporting due to tenants' fear of displacement and extremely limited (if any) options for alternative housing • Displacement risk from enforcement if repairs aren't made or if units are shut down • Losing access to housing or vouchers due to delays in inspections or units failing minimal standards, even when units are otherwise acceptable to live in • Potential lease breaks to get out of poorly maintained housing can be a disqualifying factor for future housing • People experiencing homelessness often cycle in and out of the system due to poor housing quality, unaffordable rent, or policies that penalize brief absences (e.g., losing a voucher if they are 90 days in the hospital) • Losing access to a housing voucher due to rigid criteria (like time away from the unit) can return people to homelessness, despite having secured housing temporarily • Housing quality discussions often neglect environmental hazards like pollution, pests, and mold — which significantly impact health outcomes, particularly in low-income areas

Unintended Consequences (continued)

Food Access

- Changes in food access models (like CEP or free lunch programs) may reduce reported eligibility for free/reduced-price meals, which could lower state education funding for districts that depend on that data
- Programs like mobile markets and food trucks may not align with working people's schedules, limiting their usefulness
- Community gardens are helpful in warmer months but don't address food insecurity in colder seasons

Overall

- Well-meaning solutions (e.g., new developments) may overlook the existing social, cultural, and economic ecosystems, especially if they're not designed with the community
- Even when new food or housing services are introduced, people may not use them if they're not accessible, trusted, or aligned with community habits
- State fiscal guardrails and disinvestment may block or delay critical investments in housing and food systems, despite local readiness or need
- Development plans (e.g., for grocery stores or housing) can fall short due to delays, poor execution, or mismatched assumptions about community behavior or need

THE FOLLOWING QUOTES FROM KEY INFORMANTS ILLUSTRATE THE THEMES IN HOUSING, ENVIRONMENT & COMMUNITIES.

"You don't want, necessarily, a big-box grocery store to come into the community and those entrepreneurial food bodegas go away. Is there an opportunity potentially to work and co-create with them? For instance, how do you inventory the foods that they have and assess the nutritional value, and help them with some best practices around how they might be able to improve what they sell, whether it's prepared food, packaged food, or whatever, and keep them in business, and make it so that there's a win-win for the bodegas in addition to a big box that may come into town."

– Key Informant, 4-3-25

"And I know a lot of people who have cycled through that at least two or three times. And so, they're homeless, and then they're not. And then they're homeless, and then they're not. So, I used to think, "Oh, once they get an apartment, that's great. And then they're set." And there are so many barriers even once they're in the place. Some of that is just – it's very hard if you've been on the street for a long time to transition into housing. It can be really isolating."

– Key Informant, 4-3-25

KEY INFORMANTS ILLUSTRATE THE THEMES IN HOUSING, ENVIRONMENT & COMMUNITIES.

"And so, there's a ton of barriers,... to getting even to the point where they get a voucher. Once they get a voucher, they think they're gonna have housing. But if it's Section 8 or something, they have to find their own apartment. So, I think that is where the affordability stuff comes in, which is that they often cannot find an apartment that will take them with a criminal history, with a credit – bad credit score or no credit score. A lot of them don't have credit, have never had a credit card, or have bad credit like you're saying. They give people extensions that you have 90 days to find a place. But a lot of times, the housing navigators are so overworked that they don't help you find a place, or they don't have relationships with landlords. So, they end up either not finding a place, having to get an extension, maybe finding a place then, or they end up with a really crappy landlord. Who we have something called Mandy Management here in New Haven. I mean, they're basically slumlords. But they are the ones who take our people a lot of times. So, people end up in apartments that have mice infestations, that have – and that have heaters that don't work, that have – and so a lot of times people get really disillusioned. And sometimes they just leave the apartment. So, that happens, I mean, a fair amount. I know people left – lots of people who've just left."

– Key Informant, 4-3-25

"Through Greater Hartford Interfaith Action Alliance (GHIAA) and neighborhood organizing, there was a big thing in Hartford about getting rid of slumlords. And that was one of those out-of-town, out-of-state negligent – they engage with HUD though on the federal level because that building received federal subsidies. And so, I don't know what that's gonna look like with the current administration. But municipal inspections...strengthening those and making sure that those are actually [effective] – 'cause what we learned in the HUD process was that it gave more points to external appearances and there was built-in racism in the algorithm because it automatically gave them grace for – "Oh. Well, the tenants probably messed up the building. Oh, there are no exit lights. Well, somebody probably took them off." So, gave them [landlords] a certain number of points of grace. And so, they could pass the inspection with only exterior improvements and not addressing anything on the inside. And so if there's a way with the federal government maybe not being in that space anymore – for the cities to be in that enforcement spot feels really important. And though it goes in tandem with the availability of housing. Because what we heard – some folks were afraid of speaking up and trying to work on it. Because if that building got condemned, where would they go 'cause there wasn't other affordable housing? And so, that's some of the tension with some of the tenants and tenant unions and tenant rights is like, "Wanna fight for our rights. And also if they close the building, where would we go?"

– Key Informant, 4-2-25

"I think I've already mentioned some of them [threats to solutions]. Resistance at town level. And then for the policies that are statewide, I think there's increasing feasibility but not necessarily likelihood. I think the barriers are the NIMBYs (not in my backyard)...There's a lot of opposition from my experience and my observation. There's like, "Oh yeah. Affordable housing's not in my town, and not here." And so, particularly with the transit-oriented [development], I've been hearing [opposition] even around highway noise. Right? So, thinking about expanding the transit infrastructure feels like that would be a hard sell. Not a hard sell, but it would face roadblocks from local opposition of folks who don't want public transit in their area because they don't – well, I think it's of racism. They don't want those people able to access their communities easily. So, the transit-oriented development too I think brings up the NIMBYism in a different way."

– Key Informant, 4-2-25

"I'm just thinking of community buy-in to the food trucks. Because this is where maybe something is missing, right? And so, is there a way to create, not self-serving, but self-sufficient communities with some of these ideas? So, is there a way to have a community member who's in the food business have one of these food trucks, and sell food in their own community? To sort of help with—what's the word I'm looking for? Small business development, right? Business capital. And so, if you're talking about some of these ideas, I think maybe some of the challenges are like, "Why should we have outsiders coming in and selling us all this stuff?" Our money's already sort of escaping our community. Maybe we can keep some of these great ideas within the community. So, that's something to think about."

– Key Informant, 3-27-25

"...right now, given the federal landscape, there is a huge, huge barrier coming down. And given the cuts that we're gonna see in funding, the legislature and municipalities are gonna be less willing to fund new initiatives, new solutions, new programs when they're trying to figure out how to make up for these impending cuts that are coming. And our fiscal constraints are a huge barrier, which are considered fiscal guardrails, our rainy day fund are a huge barrier and the policy around what needs to happen to be able to touch into those billions and billions and billions of dollars. I think the fact that we don't tax the rich enough in our state and policies that the mansion taxes don't exist...I think that if there's not more uniformity in the messaging and ensuring that we're all fighting this together, that it shouldn't be an either/or, should never be housing and shelter access or re-entry support. It should never be universal preschool education or housing and shelter or whatever. That's something that can just hinder implementation. I think when there's a scarcity of resources and they can have everyone fighting for the same dollar amount, it becomes a huge threat because then we're classifying ourselves to see who or what population is more deserving of the resources as opposed to seeing it as a statewide solution."

– Key Informant, 3-24-25

"I think collaborations across organizations and groups is gonna be a key aspect of it. No one organizing or advocacy effort can do any of this 'cause there's such opposition to a lot of the – particularly the housing and tenant protections. So, working together is definitely a big need."

– Key Informant, 4-2-25

EDUCATION & ECONOMIC SECURITY

Key informants identified **six** potential benefits associated with the proposed solutions.

- **More effective policies** by including people with lived experience

- **Improved transparency and accountability** through clear population definitions and publicly available data

- **More support for low-income residents** through basic funding and Medicaid expansion

- **Reduced dependency on social services and boosted tax contributions** through stable housing

- **More families entering the workforce supports the broader economy** by expanding childcare vouchers

- **Benefits for low-income communities, inner-city youth, and people of color** who struggle with rent, mental health care, and access to mentorship from all solutions

In the table below, we outline the facilitators, barriers, and unintended consequences associated with education & economic security solutions identified by key informants.

Facilitators	• Providing clear instructions and awareness, given 211 is often the starting point for accessing help • Engaging local leaders and listening to their needs • Addressing the assumption that some communities don't have problems • Tailoring policies to local realities to resonate with communities. • Tracking who is proposing and supporting legislation and engaging both supporters and dissenters to build coalitions • Outreach to immigrant communities • Community-based decision-making • Amplifying underrepresented voices • Local health departments as partners in community outreach and implementation • Supporting small businesses and clearly defining them in living wage policy-making and advocacy • Better communication – across policymakers, communities, and organizations increases impact • Accessible information – messaging must be clear, relevant, and focused • Trust and relationships – building genuine connections strengthens efforts
Barriers	• Towns feel disconnected from statewide efforts • Paraprofessionals are underpaid, lack benefits, and can't unionize with teachers • Students often don't know about or feel confident using available resources. • Ongoing fear of DCF deters families from seeking help • School budget inequities • Lack of shared definitions • Housing instability or hunger • Lack of early education • Competing agendas, limited funding, and fragmented efforts • Lack of communication between organizations working on the same issues • Insufficient incomes for saving • Administrative red tape and work requirements blocks access to programs like Care 4 Kids • Stigma and high costs limit access to substance use treatment • Lack of awareness or trust in 211 due to fear of DCF or police involvement

Unintended Consequences	• Middle- and working-class families often get overlooked in programs
	• Mental health services are underfunded, even when districts want to offer them
	• Rent control and childcare subsidies don't solve the shortage of supply—they need to be paired with increased capacity
	• More funding may lead to large corporations dominating childcare, pushing out small providers

THE QUOTES BELOW FROM KEY INFORMANTS ILLUSTRATE THE THEMES IN EDUCATION & ECONOMIC SECURITY

"So, if we give them more mental health services and more mentorship programs, that doesn't make up for the inequities. That doesn't make for the long-term effects of lower reading and math skills. So, I'm not sure – yeah. Mental health resources are great. But for me, that doesn't actually address inequities... But one of the things that I think about in community when you think about in community organizing is are you locating the problem with the person who's impacted or with the system? And so, the resource allocations feel like systemic. The first one feels like locating the problem with the students."

– Key Informant, 4-2-25

"So, I've always thought it's important to figure out how do we do this in a way that supports the small entrepreneurs, particularly in childcare. You know, the women of color who have done a disproportionate amount of the work."

– Key Informant, 4-4-25

"I like to think everyone benefits from these. Whether you are directly benefiting from it or not as a resident of Connecticut, you are going to benefit from it in one way or another. When people have access to stable housing, they are able to rely less on social services. They are able to contribute more economically in terms of taxes, which if you're someone who has concerns about your tax bill, that will lessen that. If you are someone who wants to see Connecticut be a leader in the future and have a well-educated citizenry, addressing inequities in education will benefit everything. We obviously want a population that does not struggle with mental health, so providing more resources for that particularly for our youth is critical. And in terms of expanding eligibility for Care4Kids or increased childcare vouchers, not only will the individuals who are receiving those benefits be positively impacted, but businesses, the overall economy will all be impacted because if people...are able to have access to quality affordable childcare, they're able to enter the workforce more. And ultimately, those students will be better prepared going into kindergarten, K-12, and then higher ed or careers, which benefits everyone."

– Key Informant, 4-3-25

KEY INFORMANTS ILLUSTRATE THE THEMES IN EDUCATION & ECONOMIC SECURITY (CONTINUED)

"They're all tied together. Our organization talks specifically about education funding and equitable education funding, but whenever we have that conversation, we always say it doesn't exist in a silo. Everything connects to one another. A student can't learn if they are in an unstable housing situation, or if they are hungry, or if a student is going into their K-12 education, and they have not had access to quality early childhood education. That's going to impact them and the resources that they need to be provided. If a student is in a crowded classroom with just a teacher, and there's no paraprofessional, that's going to impact their education. And it's gonna present a drastically different educational experience than a student who is in a classroom of 20 kids, a teacher, and two paraprofessionals. That's gonna be a very different experience. So, they all connect to one another. And what we're really talking about with all of these, it's just leading basic human needs, which ultimately, we'd like to think is the role of policy is to make sure that everybody has the opportunities, access to resources that meet their needs and help them get to a place where they're thriving both personally and professionally."

– Key Informant, 4-3-25

"Well, given the parameters of the federal money [for childcare subsidies], I would say we go up to 85% of state median income. Because that's the amount that's allowable. We would pay providers at what we understand to be the cost of quality care instead of some percentage of the market rate. And we would allow looking for work as an eligible work activity. Because right now, you have to have a job or an offer of a job and the childcare in order to apply for something where you're probably going to wait for months before you get taken off a wait list. Well, I can't take that job that someone's offering me unless I have childcare. And I can't pay for the childcare unless I have the subsidy because I'm working a low wage job that isn't going to pay me enough to be able to pay rent and childcare. So, why do we make it harder for people. I look at the system as grossly underfunded, so we have administrative hurdles to ration it. So, 60% of people who apply for Care4Kids don't get a certificate. And half the families who get a certificate will lose it at the end of the year when they come up for redetermination. The most frequent reason is they didn't get all their paperwork in. Yet, the horror stories of I've submitted that piece of paper three times already and they keep telling me they don't have it."

– Key Informant, 4-4-25

"Rent control is great, except it doesn't address the lack of housing supply. Just like expanding Care4Kids subsidies or raising the income eligibility, it doesn't necessarily result in more childcare. It just means that people are able to pay more for the care that's available. So, I think all of these things need to be paired with a growth in the supply of the services that people are trying to access. Whether that's housing or that's mental health services or that's affordable childcare. That in addition to subsidies or additional payment levels under various programs, we really have to have an intentional effort to grow the supply of whatever it is that we're looking for."

– Key Informant, 4-4-25

CRIMINAL JUSTICE

Key informants identified three potential benefits associated with the proposed solutions.

1. Connect returning citizens to healthcare, mental health services, and other supports through a centralized referral hub

2. Successful reintegration after incarceration by providing wraparound services

3. Reduction in discrimination, improved job access, and increase tax contributions, benefiting the whole state economically and socially, through a more accountable system

In the table below, we outline the facilitators, barriers, and unintended consequences associated with criminal justice solutions identified by key informants.

Facilitators	• Healthcare discharge plan, including full access to their medical records, for those in reentry • Supportive housing models that pair residents with caseworkers and extend food assistance beyond SNAP • Expanding pardons for non-violent drug offenses • Educating individuals about their housing rights, including the difference between a notice to quit and a formal eviction • Mentorship programs for young people • Partnerships with small landlords and offer incentives to rent to people with justice involvement. • Including foster youth and others at high risk of homelessness in policy conversations • Fostering stronger collaboration between organizations to share resources and align efforts • Framing reforms in ways that appeal to skeptics—like showing how policies can benefit the private sector or reduce public costs • Using clear, inclusive definitions for terms like "affordable housing" and "homelessness"—including those in temporary or unstable living situations like couch surfing

Barriers	• Inconsistent definitions of homelessness • System backlogs, like Clean Slate expungements • Competition instead of coordination among organizations for funding • Limited intake capacity of service providers • High rents and limited housing options • Inappropriate and unfair rent calculations • Poor housing conditions and weak tenant protections • Fear of reporting issues due to risk of eviction • Fear of retaliation for advocacy for tenants' rights or organizing • Limited capacity of public housing • Stigma and discrimination due to incarceration status, especially for people of color • "Not in my backyard" (NIMBY) attitudes further limit where affordable housing can be built • Conflicts of interest in policy: Some landlords are also legislators, which creates tension and lack of accountability when forming or enforcing housing policies. • Lack of proper transition support (e.g., difficult to access, doesn't address their specific needs) for young people aging out of DCF or juvenile detention, contributing to a high risk of homelessness • Mistreatment and neglect in shelters, particularly for people with mental health needs or disabilities • Tax and policy inequality • Competing priorities and fragmented messaging weaken support for combined housing and reentry efforts
Unintended Consequences	• Wage theft and exploitation, especially experienced by reentering individuals and undocumented people • Tenants' fear of eviction or non-renewal of leases prevents complaints about poor housing quality • Not enough affordable housing for those who need it most is included new housing construction • Need for responsible landlords willing to rent to justice-involved individuals in landlord accountability efforts, as some avoid oversight through bankruptcies or shell companies

THE QUOTES BELOW FROM KEY INFORMANTS ILLUSTRATE THE THEMES IN CRIMINAL JUSTICE

"'Increase penalty for negligent landlords, especially out of state. Improve municipal inspection.' Yeah. So, negligent landlords is a huge problem. There's a lot of retaliation when people exercise their fair housing right, their implied warranty of habitability rights. And there are agencies that work on these issues, but it needs to be expanded. And so, I know of work happening there, but there's a lot of holes there. A lot of challenges that, where there's not enough enforcement happening of negligent landlords because their tenants are scared. Because landlords retaliate, and they evict them in a second."

– Key Informant, 3-27-25)

"...this is not just a private housing issue. Public housing also has some serious conditions violations. And holding the state accountable to fix the housing is another piece that is a part of this. So, yeah, it is actually missing – I think, anytime you're talking about housing quality, you're talking about environmental pollutants. And so, assessing, where are those health issues manifesting? So, when you're thinking about the social determinants of health, poor housing is very much a piece of that. And where is that happening? Primarily in communities of color. So, I do think that's definitely a part of it."

– Key Informant, 3-27-25

"And so, to me, it seems like there's gonna have to be collaboration with the private market here. And so, I see an issue here being stigma around formerly incarcerated people, and certainly, people of color. And so, it seems to me like there could be a potential for more housing if there was a real effort to work with landlords who are willing and empathetic to these issues. And some incentives for private landlords to house individuals. And so, I just see affordable housing as – I don't see where affordable housing gonna go, especially considering exclusionary zoning policies. And I don't know if Connecticut – I don't, specifically, where Connecticut is on exclusionary zoning right now, aside from the fact that I just know it's extremely segregated. And there's a lot of "not in my yard," nimbyism, sort of thing. So, I just don't see where that affordable housing's gonna go, aside from urban centers. Cities where the housing is already squeezed. So, I'm seeing some issues there. And if there's a way to create more affordable housing, I think there needs to be collaboration with small landlords, and some incentive of some kind. And some real conversations about – but there's gonna be a lot of stigma around formerly incarcerated folks. So, these are some of the issues I'm thinking about, and the feasibility issues. Public housing, I think, makes sense, but I just don't know how that's gonna be in terms of capacity. The other thing, too, that I see here, that I think is important, are, risk of homelessness. There are youth that I feel like, formerly incarcerated, certainly. But also, individuals in the foster care system are really at risk, and there's a lot of risk for homelessness. And I think there's just a community of individuals that are kind of not usually brought into the conversation. There's certainly overlap in the criminal legal system. But I think there are organizations that are working with foster youth and thinking of ways to create more housing that could be helpful in terms of collaboration."

– Key Informant, 3-27-25

KEY INFORMANTS ILLUSTRATE THE THEMES IN CRIMINAL JUSTICE (CONTINUED)

"...larger landlords, they have the money to fix the problems. It's just about enforcing them to do it. Because you also have to think about how they're thinking about the market, right? They can afford to neglect their properties if they're not in necessarily a buy and hold situation. Sometimes, it's more profitable for them to neglect the property and then sell it. As opposed to medium, smaller landlords who buy and hold, and there's an incentive for them to improve the property. Whereas larger landlords, they have a business model. And sometimes, that business model includes neglect. And so, you have to sort of distinguish what's happening. And how can you incentivize those large landlords who have that business model of, "Neglect is probably better, more profitable for us. Because then, we can just sell it whenever we're getting in trouble," right? How can you address that issue? I think that needs to be thought about here."

– Key Informant, 3-27-25

"There's other states that have way more rampant protections for tenants, for those who are re-entering, who have been justice involved or impacted. And I think that if we are to hold landlords accountable, then we need to make sure that there are ready, willing, and able landlords to be held accountable and aren't doing what's happening and aren't declaring bankruptcy and aren't using shadow corporations to ensure that they're doing what they're doing, right? I think these could be very positive and very impactful. I just think that there needs to be a full implementation plan because it exceeds just creating the legislation. It requires full implementation, monitoring, and oversight, which is something that doesn't really happen in Connecticut, right? We'll have laws passed and in theory, they're supposed to be effective and support our communities. But then, there's a lot of community members who are afraid for good reason to come forward and step forward to raise these issues. There's a lot of wage theft for those who have been re-entering and even those who are undocumented."

– Key Informant, 3-24-25

LIMITATIONS

This statewide assessment had several limitations, driven primarily by the need for short turnaround time and data collection periods as a function of the overall project and funding mechanism timeline. For example, on the ground outreach in communities would have led to a more robust and diverse sample. However, given time restrictions, we used an electronic survey paired with outreach. As such, we were able to reach service providers more readily than the public. In addition, the survey was vulnerable to bot responses due to dissemination on social media and via email. We observed significant bot activity in the survey responses. Initially we received over 700 respondents; however, upon further inspection, more than half of those were found to be bots and were eliminated from the dataset. Another limitation is that the majority of survey respondents were English speakers and although we administered the survey in nine languages, we were unable to engage with members from all of those populations. Despite the limitations, we were able to reach a diverse audience of residents from across the state. Moving forward into dissemination, it will be important to continue to engage with linguistically diverse communities, and young people who were not as engaged in the assessment.

NEXT STEPS

The data from Phase 2 of the community assessment will be used to determine the final recommendations in the Commission's strategic plan.

More detailed information on the survey tool and interview/focus group facilitation guide is available upon request. Please contact Muna Abbas, Associate Commission Analyst, Commission on Racial Equity in Public Health, at muna.abbas@cga.ct.gov. To learn more about UConn HDI's community-based participatory research approach to assessment, please contact Dr. Linda Sprague Martinez at spraguemartinez@uchc.edu.

SURVEY RESPONDENTS: DEMOGRAPHIC TABLES

Language	Total Respondents (N)	Percentage (%)
English	355	89.4%
Spanish	20	5.0%
Chinese Mandarin	20	5.0%
Arabic	2	0.5%

Community Role* How would you define your role in your community?	Total Respondents (N)	Percentage (%)
Community Member	264	66.5%
Medical Provider	51	12.8%
Community/Social Services Provider (community health worker, social worker, case provider, etc.)	123	31.0%
Advocate	60	15.1%
Other	30	7.6%
Missing	14	3.5%

*Categories are not mutually exclusive

Racial Identity	Total Respondents (N)	Percentage (%)
Hispanic or Latino/a/e only	43	10.8%
White only	151	38.0%
Black or African American only	90	22.7%
Asian only	26	6.5%
Middle Eastern or North African only	3	0.8%
American Indian or Alaska Native only	12	3.0%
Native Hawaiian or Other Pacific Islander only	1	0.3%
Race not listed only	1	0.3%
Missing	41	10.3%
>1 category – Multi-racial	29	7.3%

Gender Identity	Total Respondents (N)	Percentage (%)
Man	132	33.2%
Woman	223	56.2%
Transgender	3	0.8%
Genderqueer or non-binary	1	0.3%
Gender identity not listed	2	0.5%
Missing	36	9.1%

Age Range	Total Respondents (N)	Percentage (%)
18-29	69	17.4%
30-39	142	35.8%
40-49	80	20.2%
50-59	38	9.6%
60-69	23	5.8%
70 years or older	8	2.0%
Missing	37	9.3%

Health Insurance	Total Respondents (N)	Percentage (%)
None	27	6.8%
Through employer/union	189	47.6%
Purchased by myself directly	48	12.1%
Medicare, for people 65 old or older or disabled	36	9.1%
Medicaid/HUSKY, for low income or disability	34	8.6%
Veteran/Affairs	6	1.5%
Other (please specify)	16	4.0%
Missing	41	10.3%

Highest Level of Education	Total Respondents (N)	Percentage (%)
Less than High School	9	2.3%
High School Graduate	48	12.1%
Some College	112	28.2%
Bachelor's Degree	127	32.0%
Post-Graduate Degree	65	16.4%
Missing	36	9.1%

Marital Status	Total Respondents (N)	Percentage (%)
Single	97	24.4%
Married	220	55.4%
Divorced	31	7.8%
Separated	5	1.3%
Widowed	5	1.3%
Missing	39	9.8%

Annual Household Income	Total Respondents (N)	Percentage (%)
$0-29,000	46	11.6%
$30,000-59,999	84	21.2%
$60,000-89,999	108	27.2%
$90,000-119,999	68	17.1%
$120,000+	45	11.3%
Missing	46	11.6%

Employment Status	Total Respondents (N)	Percentage (%)
Unemployed	28	7.1%
Unemployed due to Disability	12	3.0%
Employed Full-time	253	63.7%
Employed Part-time	33	8.3%
Self-Employed	25	6.3%
Missing	46	11.6%

Have you ever been under any form of criminal justice supervision, including on probation, in jail, or in prison?	Total Respondents (N)	Percentage (%)
Yes	49	13.8%
No	295	83.1%
Decline to Answer	11	3.1%
Missing	42	10.6%

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS: EXISTING SOLUTIONS AND ASSETS

Focus Area	Existing Solutions and Assets
Health & Wellbeing	• Culturally and linguistically appropriate care: research on translation and interpretation, advanced technology to facilitate translation, models of engaging communities in Boston, certify and incentivize bilingual staff as interpreters, events to connect providers with community members to increase awareness
	• Healthcare financing and affordability: Medicaid expansion campaign by HUSKY For Immigrants, plan proposed by Connecticut Hospital association to DSS to reinvest Medicaid dollars into the community
	• ED referrals to primary care: strengthening emergency department referrals
	• Ryan White Program
	• Doulas
	• Self-advocacy or working with advocacy organizations
	• Hispanic Health Council
	• HUSKY for Immigrants
	• Community promotoras, or trusted community members, as liaisons to the healthcare field

Housing, Environment, & Communities	**Housing**

Housing

- **Community Land Trusts:** The use of a land trust under a large affordable housing development in Waterbury was highlighted as a successful example of long-term affordability.

- **Reviewing the 8-30g Statute:** Stakeholders suggested evaluating the effectiveness of Connecticut's 8-30g affordable housing law to understand developer challenges and increase investment in affordable projects.

- **Partnerships & Developing Low-Income Housing:** Informants suggested partnering with private developers through incentives and education.

- **Transit-Oriented Development:** Developing affordable housing near public transportation is seen as a promising model for increasing access and mobility.

- **Integration of Housing Protections:** A gap was noted in integrating tenant protections with affordable housing development. Models that combine housing access with health and safety standards could fill this void.

- **Fair Rent Commissions:** Several towns have implemented fair rent commissions. Expanding these and encouraging regional tenant advocacy could be a scalable approach to tenant protection.

- **Just Cause Eviction Laws (NJ Model):** New Jersey's just cause eviction protections were pointed to as a strong tenant rights framework worth exploring in Connecticut. Informants referenced ongoing advocacy for just cause eviction laws in Connecticut. Greater Hartford Interfaith Action Alliance has been heavily involved.

- **Tenant Organizing Against Slumlords:** Hartford residents have used community organizing and partnerships with HUD to address issues with absentee landlords in federally subsidized buildings.

- **Tenant education on rights**: Fair Rent Commissions already exist in some places, but they're underutilized due to lack of awareness. *"Know Your Rights" education* is an untapped resource.

- **Open Communities Alliance, Connecticut for All**: These coalitions are working on housing justice and support the growth of tenant unions.

Housing, Environment, & Communities

- **Strengthening Local Inspections:** Improving municipal inspection systems — and correcting bias in federal scoring processes — was suggested as a key area of focus.

- **Rent-Into-Court and Receivership Programs:** Models that allow rent to be withheld until landlords make repairs, or where properties are placed in receivership due to neglect, were cited as effective ways to deal with negligent landlords.

- **Co-Living Housing Models:** Shared housing with private rooms and communal spaces was identified as a response to both the housing crisis and loneliness epidemic. Federally, HUD recognizes *co-living/ shared housing as a viable solution*. The barrier lies at the municipal level.

- **PadSplit model**: A $150M company facilitating co-living across the South, proving that *a managed, scalable co-living business* is viable and fundable. Could inspire replication or local adaptation. Similar to Airbnb, renting out your space as a co-living space.

- **Housing First Approach:** Models from other cities that prioritize housing without conditions (e.g., sobriety, program participation) were highlighted as promising for addressing homelessness.

- **Decriminalization of Homelessness:** Advocacy efforts focused on decriminalizing homelessness and shifting toward a rights-based, housing-first framework were mentioned as emerging models to consider

Food Access

- **Resident-Led Community Gardens:** In some housing communities, residents have organized their own gardens to improve access to healthy food — a grassroots model of community empowerment.

- **Food Access in High-Need Neighborhoods:** Longstanding efforts to address food deserts in North Hartford were mentioned as a model for neighborhood-level planning.

- **State Support for Local Food Systems:** Informants cited state efforts to fund locally grown produce in both urban and rural communities as a model for improving food access.

Housing, Environment, & Communities

- **Connecticut Foodshare & Food Bank networks**: Key players in statewide food access; already engaged in mobile markets and supporting food pantries.

- **Food co-ops for SNAP/WIC users**: The idea of *weekly preorder food co-ops* paired with cooking demos offers a model that stretches dollars, builds community, and promotes nutrition.

- **Farmers' market SNAP match programs**: Programs like *SNAP doubling at farmers markets* increase affordability and local food access — Urban Oaks was a successful example.

- **Black-owned mobile food distribution model**: A Black-owned enterprise distributed healthy food alongside biometric health checks, showing how *mobile food trucks can double as public health outreach*.

Overall

- **Community-led training:** There's an appetite and opportunity for training community members to implement solutions in their own neighborhoods, increasing sustainability and local buy-in.

- **North Hartford Triple Aim Collaborative:** A decade-old health and wellness partnership (Trinity Health, UConn Health, Hartford Healthcare, etc.) focused on comprehensive community wellbeing in underserved areas. Models used by North Hartford Triple Aim Collaborative (NHTAC) show that when healthcare providers team up with community organizations, outcomes improve — especially in long-term, regular interventions.

- **Multi-sector collaboration:** Effective solutions will require government, private sector, and community-based organizations working together (e.g., Urban League, legislators, and investors).

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Education & Economic Security	Hamden Special Education PTA (SEPTA) advocacy
	Zoning reform success
	Current legislation exploring broader definitions of family
	Ryan White Program considering cultural and economic diversity
	Early Childhood Alliance pushing for more funding for Care4Kids
	Hartford Foundation for Public Giving funding workforce development and financial security programs
	Re-entry programs, such as Women's Resettlement Working Group and Project MORE (New Haven)
	Camden Coalition (NJ) – a model for care coordination and community health
	New Haven's Office of Violence Prevention
	Grassroots organizing and advocacy: Cause Group and Open Communities Alliance
	Philanthropy, such as Hartford Foundation for Public Giving
Criminal Justice	For-cause eviction protections exist but are not the same as a right to shelter.
	Connecticut has passed the Clean Slate law and is exploring more reforms like "ban the box" and tenant union support.
	Other states offer stronger protections for justice-impacted individuals—Connecticut needs a full plan to implement, monitor, and enforce laws.
	ACLU and others have pushed for meaningful policies, but follow-through is still a gap.
	New Jersey's Public Advocate model is a strong example of a state office dedicated to protecting residents and holding systems accountable.
	Tenant advocacy and organizing: The "Just Cause Eviction" coalition is active in Connecticut, along with growing efforts to create tenant unions that push for housing justice and protect renters' rights.
	Legislative committees: The Housing Committee and Public Health Committee, The Human Services Committee
	Local government infrastructure: Town councils, city councils, and Neighborhood Revitalization Zones (NRZs)
	Youth engagement and involvement

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Commission on Racial Equity
in Public Health (CREPH)

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.
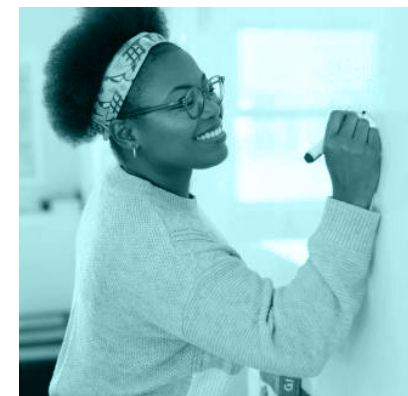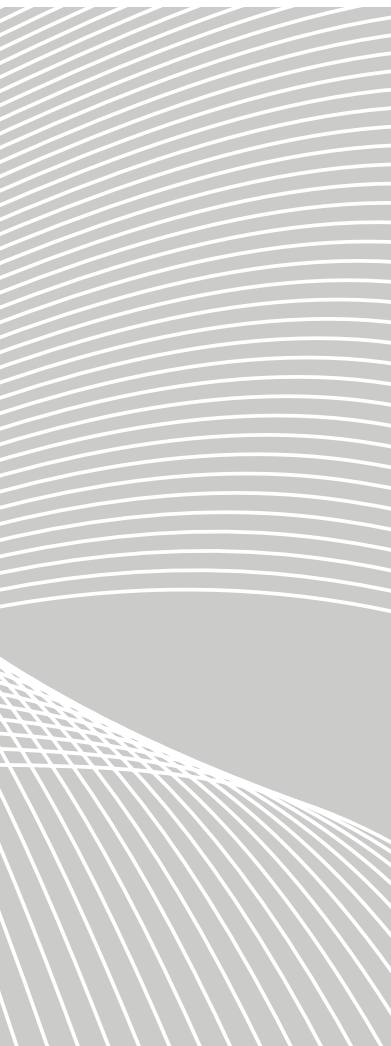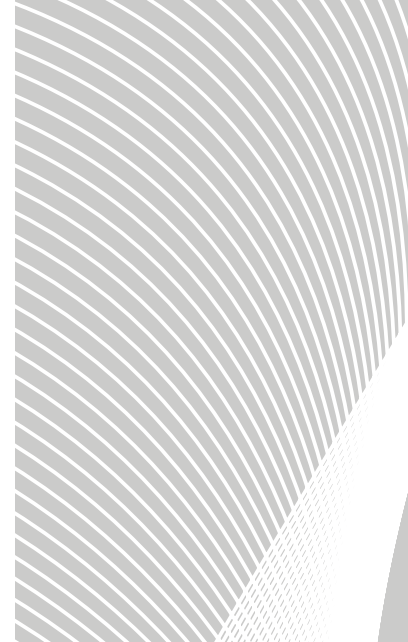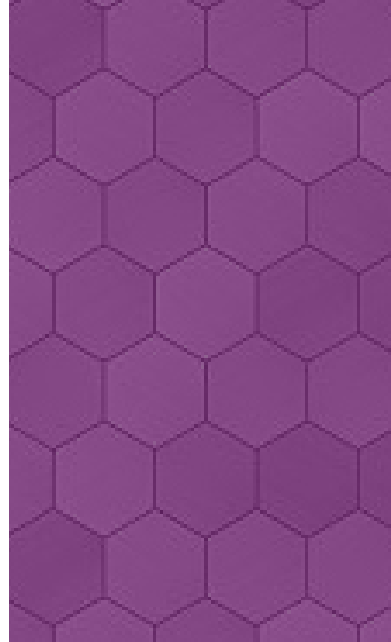
UConn Health
Health Disparities Institute

Our mission is to advance systemic change by tackling root causes of health inequities and implementing sustainable solutions through interdisciplinary community-based participatory research partnerships, data-driven community action, and workforce development efforts with communities disproportionately impacted by inequities.

Our vision is equitable health, education, and economic opportunity for all in Connecticut.

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