STRATEGIC PLAN

JUNE
2025

COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH

CONNECTICUT GENERAL ASSEMBLY

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Letter from Executive Director and Advisory Body Co-Chair

In 2021, reeling from the coronavirus pandemic and murder of George Floyd, the Connecticut General Assembly declared racism to be a public health crisis and established the Commission on Racial Equity in Public Health. Racial disparities in health outcomes and the factors that influence health are well-documented and persistent. We acknowledge that inequities in health outcomes and life expectancy are the result of long-standing policies and practices that have caused harm. It will take time and sustained efforts to unravel the harmful effects of racism and create a state where all residents have the resources and options to attain their best health. We are committed to this vision and prepared to stay the course.

The Commission was tasked with developing a strategic plan to eliminate health inequities in the state of Connecticut and make policy recommendations for the General Assembly's consideration to that effect. We are proud to deliver our first iteration of the Commission's strategic plan, executed by UConn's Health Disparities Institute and developed in partnership with directly impacted residents across the state. The priorities and policy solutions in this document were developed through a community-based participatory planning process. The work was organized by social drivers of health, assuring we addressed not only the health system, but the factors that shape health options and exposures. The community research team, the Commission and its advisors identified top problems that needed to be addressed by policy change, and then identified or developed solutions for each of the identified problems. There was a notable theme across all priorities: affordability and accessibility.

In a time when people are feeling economic pressure, it is unsurprising that affordability and accessibility were top of mind for residents. Additionally, we know economics conditions directly influence health, shaping whether individuals can access nutritious good, secure safe housing, afford quality childcare, or avoid the crushing burden of medical debt. While economic stress touches residents across Connecticut regardless of race, age, or political affiliation, the data is clear: Black and Latino/a households consistently face deeper financial hardship, with lower average incomes, significantly less generational wealth, and lower rates of home ownership compared to White households.[1] Confronting these economic barriers is essential to dismantling racial health inequities and bolstering the well-being of all Connecticut residents.

At the Commission on Racial Equity in Public Health, we believe in focusing on the needs of the most overburdened and finding solutions that make things better for all. Our vision is a healthy, racially equitable state, in which race no longer predicts a person's outcomes. We are excited to share our first complete set of strategic

goals towards better health and racial equity. To be successful, the execution of this plan requires collective action and constant interaction between decision makers and directly impacted peoples. This plan outlines goals and feasible strategies to advance racial health equity through policies that are supported by community. The Commission will continue to serve as a bridge between community and the General Assembly, and strengthen our connections through study, education, and collaboration. Together, we can achieve these goals and build towards a healthier and more just Connecticut. The work does not stop with this plan, or even when the goals in this plan are accomplished. This is a living document, which will be amended and built on over time. As we make progress, new goals will be adopted and accomplished goals will be monitored to ensure successful implementation.

Rolling up our sleeves,

Ayesha R. Clarke, MSW, MPH
Chair, Advisory Body

Pareesa Charmchi Goodwin, MPH
Executive Director

[1] https://www.hfpg.org/what-we-do/new-and-noteworthy/datahavens-community-wellbeing-index-highlights-connecticuts-challenges-and-opportunities

Executive Summary

The Commission on Racial Equity in Public Health (the Commission) was formed with a legislative mandate to develop a strategic plan to eliminate racial and ethnic inequities in health and the social drivers of health in Connecticut. To that end, the Commission contracted with the Health Disparities Institute at UConn Health to conduct a statewide community-based participatory assessment and planning process.

This plan describes priority areas and strategic goals as well as recommendations for legislative action designed to eliminate racial and ethnic health disparities and inequities (referred to as racial health inequities throughout) across sectors by addressing the impacts of racism on health. The goals and recommendations were developed through a community-based participatory planning process, vetted by the broader community, and then further refined by the Commission, in partnership with thought leaders and key policy experts.

SUMMARY OF STRATEGIC GOALS AND RECOMMENDATIONS

HEALTH AND WELLBEING

Make healthcare more affordable and reduce medical debt.

1. Require hospitals to strengthen financial assistance policies in the following ways:
    a. Create a common application for financial assistance.
    b. Allow automatic qualification for patients enrolled in SNAP and WIC.
    c. Notify patients in their preferred language of their right to receive care regardless of their ability to pay.
2. Establish a system for monitoring hospital financial assistance implementation and addressing patterns of inequity through corrective action plans.
3. Increase Medicaid/HUSKY[2] reimbursement rates for primary care, mental health, and oral health to rates that consider the actual cost of care.

HOUSING, ENVIRONMENT, AND COMMUNITIES

Increase the availability and accessibility of healthy and affordable housing.

1. Expand community land bank initiatives to preserve affordability, maintain community control, and reduce displacement.
2. Support expansion of the state rental assistance program by increasing state funding and exempting the income earned by a child from eligibility determinations.

EDUCATION AND ECONOMIC SECURITY

Improve childcare accessibility and affordability.

1. Expand the childcare subsidy program (Care4Kids) by increasing funding to reduce the waitlist and eligibility thresholds to improve affordability.
2. Provide funding and guidance for the expansion and creation of small business and nonprofit childcare centers in childcare deserts.

CRIMINAL JUSTICE

Ensure people in re-entry or involved in the criminal legal system have access to healthy affordable housing.

1. Form an oversight body to hold landlords and entities that manage affordable housing, particularly transitional housing, accountable for property safety and health conditions standards.
2. Expand and increase access to existing repair subsidies programs for small landlords[3] who rent to low-income tenants, who may need funds to make necessary health and safety improvements in a timely manner.

[2] HUSKY is the name of the Medicaid program in Connecticut.
[3] Small landlords in Connecticut are defined as those who own four or fewer units.

About the Commission on Racial Equity in Public Health:

Vision, Mission, & Legislative Mandate

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 vision and mission of the Commission are provided below:

Vision: A healthy, racially equitable state.

Mission: Make policy and systems change recommendations to eliminate racial and ethnic inequities.

The Commission advances this mission through study, documentation, policy analysis, and collaboration with impacted communities, state agencies, and stakeholders.

Pursuant to C.G.S. § 19a-133b, the Commission was directed to develop and periodically update a comprehensive strategic plan to eliminate racial and ethnic health disparities and inequities (referred to as racial health inequities throughout) across sectors by addressing the impacts of racism on health.

The Commission is also statutorily required to engage with a diverse group of community members, including people of color who identify as members of diverse groups of the state population, including on the basis of race, ethnicity, sexual orientation, gender identity and disability, who experience inequities in health. As such, the Commission required the use of a community-based participatory approach throughout the strategic planning process.

What's in This Plan

This plan includes priority areas and strategic goals as well as recommendations for legislative action designed to eliminate racial health inequities in the state of Connecticut. The goals and recommendations were developed through a community-based participatory planning process vetted by the broader community, and then further refined by the Commission, in partnership with thought leaders and key policy experts.

Affordability and accessibility were common themes across all of the recommendations. This is likely due to the ways in which racism and poverty intersect to exclude and marginalize broad segments of the population. Thus, improving health for all in Connecticut calls for solutions designed to counteract the harmful effects of this intersection. The goals in this plan serve as an important starting point on the path to racial equity in public health, and as they are achieved, the Commission will continue to partner with communities to expand on them, and to identify additional areas of focus.

The Challenge at Hand:
Racism is a Public Health Crisis

In recognizing racism as a public health crisis, the state of Connecticut not only acknowledged that racial inequities in health are driven by racism, but also incorporated action items in statute, including the formation of a strategic plan, to address these inequities. Structural racism is defined in C.G.S. § 19a-133c as "a system that structures opportunity and assigns value in a way that disproportionately and negatively impacts Black, Indigenous, Latino or Asian people or other people of color," referred to as people of color throughout. Racial health disparities, or differences, are symptoms of racial inequities, which are social injustices embedded in the conditions of day-to-day life from education to housing to healthcare. These differences in health outcomes are unnecessary, avoidable, and unjust. Because the policies and systems that created these inequities have long-term impacts, even lasting beyond policy and systems changes, we do not anticipate change to be immediate. Thus, we recognize the challenge at hand and have committed to a process that involves meaningful engagement and intentional recommendations for legislative action.

Throughout the strategic planning process, community members discussed how the impacts of racism affected all aspects of their lives, and their belief that the government needs to do something about it. From their perspective, racism is the root cause of racial inequity as illustrated in the following quotes[4].

> *"...the racism definitely is...everywhere from the schools, the grocery stores – in our communities, the grocery stores...for us [diverse Black people] gettin' charged – for the same penalties they gettin' charged... For us not havin' our own interests...own establishments or own businesses ...that work for us or workin' for other people...racism [in Connecticut] is almost the same as it was damn near before...So in the workforce, we're way more segregated than ever."*
>
> – Phase 1 Focus Group Participant, Hartford, English language group

> *"... problems and deep-rooted issues [driven by racism] that have never been addressed, and then now we're just behind the ball on gettin' help, and the help is not there for people that look like us."*
>
> – Phase 1 Focus Group Participant, Hartford, English language group

Community members also shared their ideas for solutions to address the impact of racism on health:

> *"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."*
>
> – Phase 2 survey respondent

> *"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."*
>
> – Phase 2 survey respondent

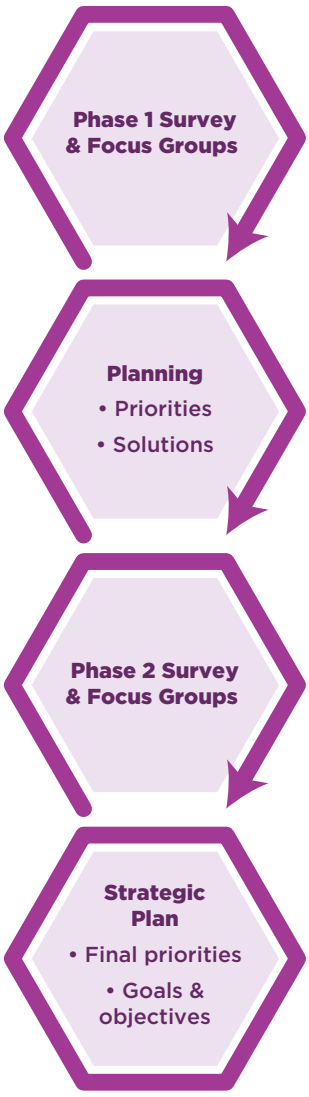
[4] Quotes throughout have been edited for length and clarity.

The message from Connecticut residents was unified in their calling for an urgent need to address the effects of racism on health and achieve racial equity. The recommendations outlined in this plan are designed with racial equity at the forefront.

OUR APPROACH: COMMUNITY-BASED PARTICIPATORY PLANNING

Those closest to the problem are closest to the solution. This philosophy is embedded in the Commission's statutory requirement to engage impacted populations in its work. Thus, the Commission called for a community-based participatory planning process for the strategic plan. Processes such as these are inclusive and intentionally center the voices and views of impacted groups. Participatory research has been described as promoting anti-racist practice, making it an effective practice for addressing racism in public health [1]. The Health Disparities Institute (HDI) at UConn Health was contracted to conduct this process. Guided by the National Association of County and City Health Officials (NACCHO) model, this model outlines key steps for public health departments to engage in strategic planning as well as government agencies advising on public health and social drivers of health matters, such as the Commission.

Figure 1.
Participatory Planning Process



Using a community-based participatory research approach, HDI assembled a statewide Community Research Team of impacted people with lived experience. This team co-developed and led the implementation of the community assessment. In addition, to bring policy creation and implementation expertise to the strategic planning process, the Commission created subcommittees to represent the priority areas outlined in the legislative mandate. These subcommittees were comprised of Advisory Body members, subject matter experts from across the state, and key members from relevant state agencies to advise on state priorities and existing efforts. Members were categorized into four subcommittees: Health and Wellbeing; Housing, Environment, and Communities; Education and Economic Security; and Criminal Justice. The Commission also worked with a group of Community Engagement advisors comprised of current and former Advisory Body members.

PLANNING PROCESS

The planning process involved community participation in all aspects including the identification of priority areas, the statewide assessment, and strategic planning. It was both iterative and dynamic, informed by subcommittee feedback on assessment findings, and Community Research Team recommendations. Prioritization and consensus building techniques were utilized for decision-making throughout the process. This resulted in a strategic plan that includes community-informed priorities as well as goals and recommendations for legislative action. See Figure 1 for a visual of the planning process. Read more about the community participatory process and assessment findings on **the Commission's website**.

Strategic Goals and Recommendations for Legislative Action

The policy solutions presented below were derived from the process of participatory planning and represent the priorities of the community in conjunction with the Commission's subcommittees. Priority areas seen in the table below reflect the subcommittee structure and include Health & Wellbeing; Housing, Environment, & Communities; Education & Economic Security; and Criminal Justice.

Throughout this process, community engagement proved to be an integral part of the formation of the priorities and the development of the solutions. As such, the Community Research Team and the subcommittees determined that community engagement should continue to be embedded in the implementation of the strategic plan.

In the table below, the primary goal associated with each Commission priority area is detailed. Following each priority area's goal is a cross-cutting goal focused on the creation of an execution and monitoring plan for every policy. The execution plan will help ensure that recommendations are implemented and enforced and are done so in an equitable manner. This was deemed necessary to guarantee that any policies associated with the strategic goals are monitored to ensure implementation. Moreover, a monitoring plan is necessary to identify potential unintended consequences associated with implementation that could exacerbate inequities in the state.

HEALTH & WELLBEING	HOUSING, ENVIRONMENT, & COMMUNITIES	EDUCATION & ECONOMIC SECURITY	CRIMINAL JUSTICE
Cross-cutting Priority: Community Engagement in Planning and 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.
Cross-cutting Goal: Create an execution and monitoring plan for every policy to ensure equitable implementation.			

In the sections that follow, each of these goal areas are described and followed by specific recommendations for legislative action.

HEALTH & WELLBEING

Goal: Make healthcare more affordable and reduce medical debt.

Residents of color in Connecticut face a disproportionate burden of both uninsurance and underinsurance resulting in high rates of medical debt. This is critical because healthcare costs and medical debt shape treatment accessibility and quality. In our community assessment, Connecticut residents maintained that healthcare financing matters and has an adverse impact on how and when they seek treatment. Healthcare financing drives affordability, accessibility, and quality of care. Addressing the impact of healthcare costs will help alleviate significant financial burdens on Connecticut families and will help reduce inequities.

More appropriate healthcare financing prevents costs from being passed on to the patient, making care more affordable and reducing medical debt. Studies have shown that people of color are disproportionately impacted by medical debt [2–5]. Furthermore, medical debt is responsible for half of all U.S. bankruptcies and contributes to patients delaying or not seeking needed care [5]. This results in avoidable complications and emergency room visits, which are more costly healthcare interventions for both patients and taxpayers.

To achieve racial equity, we must address medical debt. We heard many stories from community members about the burdens of medical debt and how it is a barrier to healthcare. There is support at the state level for addressing medical debt, including a state level plan to erase medical debt through a public-private partnership (initial announcement and update). Also, recent legislation was passed that prohibits healthcare providers from reporting medical debt to credit agencies. These recent efforts to address medical debt, while worthwhile, are not sustainable. Reducing medical debt and, most importantly, making healthcare more affordable, is recognized as a pressing community need in Connecticut.

Hospital financial assistance can also help reduce medical debt for patients. During Connecticut's 2025 legislative session, a bill strengthening hospital financial assistance policies was passed. While progress was made, additional policies are needed to meet communities' concerns. To ensure appropriate implementation of these policies, hospitals should routinely examine data regarding who is applying for and obtaining financial assistance. These data should be disaggregated in accordance with existing race, ethnicity, and language standards. Moving towards racial equity requires consistent interrogation of how policies are implemented in order to determine their effectiveness.

While healthcare costs and medical debt are issues driving inequities, Medicaid reimbursement rates also need to be addressed. At the state level, there are efforts to increase Medicaid reimbursement rates, which continue to lag behind Medicare and private rates. This creates a tiered and inequitable reimbursement structure and is further pressured by anticipated cuts on the federal level. The Connecticut General Assembly recently increased Medicaid/HUSKY reimbursement for behavioral health providers for children. Mostly recently, the legislature also considered proposed plans to increase Medicaid/HUSKY reimbursement rates for providers using Medicare rates as a benchmark; however, while supported, this legislation did not pass in the 2025 legislative session. There is broad support for this approach among healthcare organizations across the state.

Federally qualified health centers (FQHCs) are heavily impacted by under-reimbursement, leading to staffing shortages and elimination of services. According to data from the Connecticut Department of Public Health, the populations served by FQHCs are primarily people of color and covered by Medicaid/HUSKY. When inadequate healthcare financing leads to elimination of services and hospital and health center closures, it further restricts access to care for those with the least resources and exacerbates existing inequities.

When considering reimbursement rates, primary care, mental health, and oral health are priorities

for community members. However, we also must consider Community Health Workers (CHWs), doulas, and patient navigators as important providers as often reflect the demographics of the communities they serve and are uniquely positioned to address social drivers of health by using lived expertise. In addition, individuals in these professions are beneficial to an already strained healthcare workforce. Investment in these community-based providers emphasizes the critical need for prevention and are a cost-saving measure that leads to savings in the long run. Efforts are ongoing to include CHWs, doulas, and patient navigators in care teams and to push for their reimbursement.

RECOMMENDATIONS FOR LEGISLATIVE ACTION:

1. Require hospitals to strengthen financial assistance policies in the following ways:
    a. Create a common application for financial assistance.
    b. Allow automatic qualification for patients enrolled in SNAP and WIC.
    c. Notify patients in their preferred language of their right to receive care regardless of their ability to pay.
2. Establish a system for monitoring hospital financial assistance implementation and address patterns of inequity through corrective action plans.
3. Increase Medicaid/HUSKY reimbursement rates for primary care, mental health, and oral health to rates that consider the actual cost of care.

HOUSING, ENVIRONMENT, & COMMUNITIES

Goal: Increase the availability and accessibility of healthy and affordable housing .

Housing policy in the U.S. is a major driver of racial inequity in health and wellbeing [6]. Racialized post-World War II housing policy in the United States coupled with exclusionary lending practices through redlining has had far reaching consequences for communities, including in Connecticut [7]. Simultaneously, the disinvestment that has occurred in redlined communities over generations has left them vulnerable to gentrification. Gentrification, or the conversion of poor urban neighborhoods to middle-class enclaves, began in the 1960s in America's cities [8]. Neighborhood gentrification often results in the displacement of the original residents, particularly residents of color, as well as locally owned small businesses [9–12].

Today, we are amid an affordable housing crisis both nationally and in Connecticut. This housing crisis is characterized by a shortage of affordable homes and rising housing costs [13, 14]. Through community-led assessments we learned that 1) Connecticut residents face challenges finding affordable housing, 2) gentrification is impacting affordability in many communities, and 3) the fear of displacement or becoming unhoused is a stressor. Community members described these barriers:

> *"The housing issue is, the housing crisis is a health crisis. 'Cause it affects your ability to live. I mean, and if you already have a chronic condition, it just exacerbates it, you know, whatever condition it may be, it just impacts you in so many different ways; if you have diabetes, if you have a mental health issue, the stress around housing in Connecticut it's ridiculous. And if you happen to be elderly or you have some, you know, issue, whatever issue it may be, it just becomes extremely untenable. It's untenable."*
>
> – Phase 1 Focus Group Participant, Bridgeport, English language group

> *"...those condos over there, not too far from here, that's waterfront property. That whole hub, you know, and those apartment – all those apartment buildings, they're not building them for low income, you know. And if they do, they give'm a little bit but they are so strict, you do one thing, they're kickin'm out. They did the same thing to Stamford when they changed all those apartment. Now, it's all the rich people. It*

[4] CGS § 8-39a: Defines affordable housing as housing where persons and families pay 30% or less of their annual income, and their income is less than or equal to the area median income.

> *used to be housing. They're gonna do the same thing to Bridgeport…it's because of money. Because like you're saying, because those people from…New York and Westport, and a lot of them are coming down here and buy their property. Just like he said, a lot of those properties on Newfield Avenue was waterfront property. What did they do? Took the gate, put, put some cover over it, so you can't see the sound. Like that was all minority families that lives there for years and years and years. Okay? So…if you're here, then…you should demand that we need—we lived here all our life. No, you put the affordable housing here. We deserve waterfront property."*
>
> – Phase 1 Focus Group Participant, Bridgeport, English language group

Residents also discussed redlining and the ways in which it has resulted in segregated neighborhoods with limited resources and poor and poorly managed housing stock.

> *"When you go right across the bridge to West Hartford or somewhere, those people are eatin' healthy because they got the full-service grocery stores right there where they can go shoppin'. But they want us to shop at the bodega…but we tryin' to, you know, just live day to day. That's basically sayin' that's red-linin' too."*
>
> – Phase 1 Focus Group Participant, Hartford, English language group

Efforts to maintain housing affordability and restore resident control over development, such as community land banks, provide a promising approach for mitigating decades of racialized housing policy by increasing affordable homeownership and avoiding displacement. Furthermore, the state rental assistance program (RAP) provides residents with greater accessibility to affordable housing. Ensuring the program is adequately funded and families are able to maintain eligibility are priorities for addressing racial inequities. In Connecticut, there are currently several efforts focused on expanding the availability of affordable and healthy housing using these approaches. We recommend employing the cross-cutting goal to ensure equitable implementation and evaluate the intended and unintended consequences of legislative efforts in affordable housing.

RECOMMENDATIONS FOR LEGISLATIVE ACTION:

1. Expand community land bank initiatives to preserve affordability, maintain community control, and reduce displacement.
2. Support expansion of the state rental assistance program by increasing state funding and exempting the income earned by a child from eligibility determinations.

EDUCATION & ECONOMIC SECURITY

Goal: Improve childcare accessibility and affordability.

Improving childcare affordability and accessibility for families is important for addressing racial inequity. Connecticut's Office of Early Childhood (OEC) has identified that childcare deserts are primarily in lower income and rural and urban neighborhoods. Affordable childcare increases family financial stability and reduces stress [15]. It can also help parents to avoid the economic detour associated with having to leave the workforce or forgo educational opportunity due to the lack of affordable childcare. Moreover, providing high-quality early childhood education for children leads to better outcomes in academic and social-emotional domains [16–18]. Thus, a focus on affordable childcare can promote equitable outcomes for this generation and the next.

In the 2025 legislative session, significant changes to help expand childcare access and affordability were passed. The legislation not only helps families pay for childcare but also aims to expand the number of available daycare spots across the state, particularly in childcare deserts. An important achievement was the establishment of the Early Childhood Education Endowment, funded by unappropriated state surplus funds to support early childhood education and childcare needs for low-income families. Other complementary

efforts to expand childcare accessibility include the implementation of a prospective payment system for Care4Kids; the creation and maintenance of an electronic portal on the OEC's website that provides information on childcare availability and allows enrollment in early childhood programs; and where possible, seeks to expand the number of children who can be enrolled at licensed home-based childcare centers.

The legislature also considered a proposal to raise the income eligibility limit for Care4Kids, preserving eligibility for working families and preventing the benefits cliff: a sudden loss of childcare assistance as household income increases. However, this piece of legislation did not move forward. Expansion of childcare assistance funding and eligibility was identified as a critical need by community members. One participant in our Phase 2 survey summarized:

> *"Don't punish people for working by taking away their childcare..."*
>
> – Phase 2 survey respondent

While the changes in the 2025 legislative session are welcome, more needs to be done to increase childcare services capacity and ensure childcare availability. Efforts to bolster childcare businesses through "incubator" programs and funding for renovations and construction should be supported. In these efforts, priority should be given to small businesses and nonprofit childcare centers located in childcare deserts that accept Care4Kids. Providing them with resources such as workforce development, guidance in navigating bureaucracy, and funding for capital expenses is a step toward advancing racial equity.

For this goal to fully address racial equity, it is critical that implementation is monitored to ensure those who need childcare the most have access to it. Women of color face a disproportionate burden of childcare inequities. In 2023, Governor Lamont created the Blue Ribbon Panel on childcare which was charged with developing a strategic plan for a childcare system for families and providers in Connecticut. The final report noted how one quarter of households in the state are single-parent homes, with the vast majority of those being led by women of color. The financial barriers they face make it more likely that they have less access and face more barriers to affordable and high-quality childcare. In addition, as childcare workers, women of color comprise a significant portion of an occupation that is underpaid and has substandard or no benefits [19]. For example, in Connecticut, approximately 12.5% of the early childhood educator workforce lives in poverty, which is five times more than the poverty rate among elementary and middle school teachers [20]. Addressing the inequities experienced by women of color and their families may lead to solutions that benefit all Connecticut residents. Policy solutions must work for those disproportionately impacted, otherwise these policies will only serve to further widen the gap and perpetuate racial inequity.

RECOMMENDATIONS FOR LEGISLATIVE ACTION:

1. Expand the childcare subsidy program (Care4Kids) by increasing funding to reduce the waitlist and eligibility thresholds to improve affordability.
2. Provide funding and guidance for the expansion and creation of small business and nonprofit childcare centers in childcare deserts.

CRIMINAL JUSTICE

Goal: Ensure people in re-entry or involved in the criminal legal system have access to healthy affordable housing.

Mass incarceration in the U.S. is a highly racialized issue, rooted in the legacies of slavery and Jim Crow. Men of color are overrepresented in the prison system. Nationally, Black and Latino men are more than 4 and 2.4 times more likely to be incarcerated than white men [21]. In Connecticut, Latinos and Black Americans are 28% and 43% of the prison population, respectively, but only 17% and 10% of the state population [22]. As demonstrated by these data, structural racism is embedded within the criminal legal system and creates significant disadvantages for people of color when trying to pursue healthy lives, achieve their potential, and make meaningful social contributions.

Housing, a basic human need, is difficult to attain for many in re-entry, thereby contributing to recidivism. We heard consistently from community members that access to healthy, affordable, and stable housing is a significant challenge for Connecticut residents who are affected by the criminal legal system. These residents face discrimination, stigma, and barriers to accessing public assistance programs during a time when there is very limited availability of affordable housing stock. Thus, efforts to address housing challenges experienced by people in re-entry or involved in the criminal legal system advance racial equity. These challenges contribute to homelessness, instability, and difficulty re-establishing themselves in their communities after release. One participant explained:

> *"And Norwich, you can't get on the housing because I had a felony in 92. One on my whole entire record. One felony. And I can't get on housing. So there is no affordable housing. Okay, so say we – say I get in an apartment, correct? And they tell you how much they want you to pay. And you pay them. And then you find out that you can be there a month, two months, even 90 days. And guess what? The person that rented you the space, they—the owner is sellin' the building. Then you have to go through it all over again."*
>
> – Phase 1 Focus Group Participant, Norwich, Bilingual English-Spanish language group

We also learned that there is a lack of adequate transitional housing options and resources in the state. Despite advances in the implementation of "Re-entry Welcome Centers" and supportive housing programs, returning residents in Connecticut continue to face significant housing barriers related to affordability, accessibility, and quality. Moreover, accessibility is threatened by the intersection of stigma and discrimination associated with both race and history of criminal legal involvement. There have been previous legislative efforts in Connecticut aiming to address criminal records as a barrier to housing; however, more can be done in this area. In addition, there was a legislative effort to launch a task force charged with studying municipal penalties for health and safety violations. These recommendations are an important first step towards improving housing conditions for people in re-entry and reducing further entanglement in the criminal legal system. Highlighting the needs of people in re-entry is important when identifying housing solutions, so that all those in need benefit, and we move towards racial equity.

RECOMMENDATIONS FOR LEGISLATIVE ACTION:

1. Form an oversight body to hold landlords and entities that manage affordable housing, particularly transitional housing, accountable for property safety and health conditions standards.
2. Expand and increase access to existing repair subsidies programs for small landlords who rent to low-income tenants, who may need funds to make necessary health and safety improvements in a timely manner.

Acknowledgements and Contributions

The following individuals contributed to and participated in the community-based participatory assessment and strategic planning process. We thank them for their engagement and valuable insights throughout this process.

This document was prepared by UConn Health Disparities Institute (HDI) for the Commission on Racial Equity in Public Health based on the data collected by the Community Research Team. The content does not necessarily reflect the official views of UConn HDI.

COMMUNITY RESEARCH TEAM

The community-based participatory assessment that informs this strategic plan was made possible by our Community Research Team (CRT). Both Community Research Advisors and Community Faculty co-led the design and implementation of the assessment protocols with UConn Health Disparities Institute (HDI). Together, the CRT developed questions, designed a survey, recruited participants, facilitated groups, and conducted data analysis.

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ADVISORY BODY AND SUBCOMMITTEE MEMBERS

**Advisory Body members are starred.*

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- Dr. Jeffrey Hines, *Vice President, Office of Diversity and Inclusion, UConn & UConn Health*
- MaryAnn Perez-Brescia, *Director of DEI, UConn School of Nursing*
- Karen Pasquale, *Administrative Officer, Connecticut Area Health Education Center/UConn Health*
- *Dr. Anthony Santella, *Professor & Director of the Doctor of Public Health program, Fairfield University*

Housing, Environment, and Communities Subcommittee

- **Chair:** *Carline Charmelus, *Collective Impact & Equity Manager, Partnership for Strong Communities*
- *Dr. Douglas Brugge, *Professor and Chair, Department of Public Health Sciences, UConn Health*
- Philip Shattuck, *Planning Analyst, Office of Policy and Management*
- Alex Rodriguez, *Environmental Justice Specialist, Save the Sound*
- *Dr. Anuli Njoku, *Professor, Southern Connecticut State University*
- Kasey LaFlam, *Director, LISC Connecticut*
- Debi Martin, *Program Officer, LISC Connecticut*
- Sonya Jelks, *Manager of Housing Sustainability, Department of Housing*
- Franches Garay, *Assistant Program Officer, LISC Connecticut*
- Kyle Shiel, *Principal Planner, Capitol Region Council of Governments*

Education and Economic Security Subcommittee

- **Chair:** Dr. Danielle Cooper, *Associate Professor of Criminal Justice, University of New Haven; Director of Research, Tow Youth Justice Institute*
- *Dr. Robert Cotto, *Director of DEI Campus & Community Engagement, Trinity College*
- Kate Dias, *President, Connecticut Education Association*
- Emily Byrne, *Executive Director, Connecticut Voices for Children*
- Michelle Boss, *Executive Director, Connecticut Association of School Counselors*
- Brittney Cavaliere, *Senior Director of Strategy, Connecticut Foodshare*
- Paul Klee, *Researcher, Tow Youth Justice Institute*
- Sana Shaikh, *Connecticut Commission for Educational Technology*

Criminal Justice Subcommittee

- **Chair:** *Patricia O'Rourke, *Executive Director, Connecticut Appleseed Center for Law and Justice*
- *Leonard Jahad, *Executive Director, Connecticut Violence Intervention Program*
- Maurice Reaves, *Assistant Division Director, Office of Policy and Management*
- Shelby Henderson-Griffiths, *Policy Administrator, Tow Youth Justice Institute*
- Yvette Young, *Associate Vice President, The Village for Families & Children*
- Jess Zaccagnino, *Policy Counsel, ACLU Connecticut*
- Will McClendon, *Family Functional Therapy Clinician, The Village for Families & Children*
- Benjamin A. Howell, *Assistant Professor of Medicine, SEICHE Center for Health & Justice, Yale School of Medicine*

Community Engagement Advisors

- *Ayesha Clarke, *Executive Director, Health Equity Solutions*
- Tammy Hendricks, *Director of Health Equity & Outreach, Access Health CT*
- *Chavon Hamilton-Burgess, *Founder and Executive Director, Hartford Health Initiative*
- *Barbara López, *Executive Director, Make the Road Connecticut*
- Rev. Robyn Anderson, *Executive Director, Ministerial Health Fellowship*
- Christina Gray, *Associate Director, Connecticut Age Well Collaborative*

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Commission on Racial Equity in Public Health
Connecticut General Assembly

Our mission is to make policy and systems change recommendations to eliminateracial 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.