Testimony from Paul Dworkin, MD- Pediatrician and Executive Vice President for Community Child Health at Connecticut Children's Medical Center
to the Public Health Committee
Regarding Senate Bill 1- *An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic*
March 16, 2021

Senator Abrams, Representative Steinberg, and other esteemed members of the Public Health Committee, thank you for the opportunity to share our thoughts regarding Senate Bill 1, *An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.*

My name is Dr. Paul Dworkin and I serve as the Executive Vice President for Community Child Health at Connecticut Children's Medical Center.

Before commenting on the bill, I want to provide some background about the Office for Community Child Health (OCCH). At Connecticut Children's, we know that only about 10% of children's overall health and well-being is determined by the health care services they receive. Furthermore, 80 to 90% of our desired outcomes for children are driven by social, environmental, and behavioral factors. OCCH works to improve the social determinants of health such as housing, transportation, food and nutrition, and family support services. We know that strong families, healthy homes, and healthy communities build healthy children. The coronavirus pandemic has unfortunately only served to exacerbate many of the existing social and economic challenges facing families and we believe that the work we do within OCCH is now more important than ever.

We are pleased that the proposed Truth and Reconciliation Commission in Section 7 would include a member from Connecticut Children's. Achieving health equity in Connecticut must specifically include health equity for all of our state's children and we are looking forward to our membership on this commission. By prioritizing our youth, advancing policies that support their health and well-being, and increasing cultural sensitivities in care for BIPOC (Black, Indigenous, and People of Color), we strengthen families, communities, and the state's future workforce.

Bearing this in mind, we wish to offer a language change. Lines 113-114 stipulate that commission membership include a "representative from the Connecticut Children's Medical Center Foundation." We respectfully request that "foundation" be removed from the language, and instead read, "representative from Connecticut Children's Medical Center." We believe someone from our broader organization and not specifically the foundation (which is our charitable fundraising division) would best serve this commission.

We must acknowledge and boldly speak to the structural barriers rooted in racial inequality that have thus far prevented us from achieving health equity for our children. To that end, I support the proposal within the bill to declare racism a public health crisis.

It is an unfortunate reality that children growing up in low-income communities experience poorer health outcomes than their peers in more affluent communities. COVID-19 has made these disparities all the more stark. Children are spending more time at home than ever before and, for

some kids, that means increased exposures due to living in older homes that contain toxins and hazards like lead-based paint, mold, and unsafe windows and stairs that can lead to illness and injury. Many families will also be faced with the choice of “heat or eat” this winter, meaning they will have to choose between paying their heating bill and going grocery shopping. Many also struggle with access to affordable and healthy foods as well as safe outdoor spaces to exercise and connect with nature. All of these factors, often referred to as the “social determinants of health,” strongly impact a child’s ability to grow, learn and succeed to their fullest potential.

You may also be surprised to learn that the average time between the onset of behavioral health illness symptoms and the start of treatment for kids in Connecticut is 7 years. There are many reasons for this including stigma, insufficient community resources and, unfortunately, inequity in quality care given to minority populations.

Connecticut Children’s is the largest provider of emergency behavioral health services for children in the state of Connecticut with over 3,000 visits in 2020. Depression and suicidal ideation (contemplating suicide or wanting to take one’s own life), or threats of self-injury are the most common presenting problems. Recognizing the growing incidence of suicide, Connecticut Children’s Emergency Department began screening all children starting at the age of 10 for risk of suicide, even those who may be visiting us for a broken bone or a couple of stitches. In the first year, over 16,000 children were screened in the emergency room, including those coming in for a medical condition. Sixteen percent of those children screened tested positive for risks of suicide. This does not include those children who are admitted each year with serious medical complications resulting from failed suicide attempts. We have found a disturbing trend in recent months. The rates of positive screens in October 2020 increased to 19%, November was 24% and December was 21%. We need to act now to better support the mental health of children in Connecticut.

Section 19 of the bill calls upon the Department of Public Health and the Department of Children and Families to, “study and identify areas of the state where access to quality and affordable mental and behavioral health care services for children is limited due to various barriers including, but not limited to, geographic and transportation barriers, mental health professional shortages and lack of insurance.” By identifying gaps in care, I believe we can help improve our current pediatric behavioral health system and ensure that more children are able to access care where and when they need it.

I am also encouraged to see Section 14 of the bill require a mental health examination at every annual physical, as we know that mental and physical healthcare are often siloed. We know that one’s emotional health can significantly impact one’s physical health, and vice versa, so it is critical that providers focus on delivering holistic care for the “whole child.” Additionally, Sections 34 and 35 represent important investments in behavioral health services. With regards to Section 35, I would urge a portion of grant funds be allocated to specifically strengthen the capacity of pediatric primary care providers. Connecticut Children’s partners with primary care pediatricians across the state as part of our Clinically Integrated Network. We have heard from our pediatricians that many of them are shocked and overwhelmed by the number of children they are currently seeing with behavioral health concerns. Ensuring that behavioral health funding is allocated to the primary care level to strengthen early detection of behavioral concerns, referral and linkage

to community services, and counseling and treatment will ensure that many children get the care they need from a community provider whom they know and trust.

With regard to Section 8, we would like to share comments in opposition to the proposed nurse-patient ratios. Connecticut Children's is committed to providing the highest quality care to achieve optimal patient outcomes. We are intensely engaged in building and sustaining an organizational culture of safety and employing high-reliability strategies and evidence-based practices to prevent patient care complications and ensure the best patient experience. Healthcare providers at the bedside and not the government should be making important patient care decisions. Our nursing professionals at Connecticut Children's continuously assess patient care needs and consider a wide range of factors that go beyond numbers and ratios to make staffing decisions. Some examples include patient-specific factors such as the severity and urgency of a patient's condition, age, cognitive and functional ability, scheduled procedures, and stage of recovery. Staff-specific factors such as licensure, educational preparation, skill level, years of experience, tenure on the patient unit, and level of experience with a particular type of patient care are considered. These elements are not captured by simply counting the total number of patients and the total number of staff at any level.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Emily Boushee (eboushee@connecticutchildrens.org), Government Relations Associate.