

S.B. No. 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.

Public Health Committee
Doris Maldonado
March 17, 2021

Dear Senator Mary Daugherty Abrams, Representative Jonathan Steinberg, and Members of the Public Health Committee, my name is Doris Maldonado and I am a Latina voter from West Hartford. I stand in support of S.B. No. 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic. I serve as a Certified Community Health Worker and Statewide Bilingual Health Information Specialist for PATH CT and CT representative on the National Family Voices Cultural Responsiveness Taskforce. PATH CT has been providing informational and emotional support to hundreds of families who have a child (birth-26) with developmental or health-related needs since 1986.

Tying community benefits spending to needs identified by communities is critical, especially to already marginalized communities. By federal law, nonprofit hospitals must spend money on “community benefits” to maintain their nonprofit status. This can include financial benefits like subsidizing services for uninsured patients or making up for the lower reimbursement rates of Medicaid. In addition, community benefits programs can include activities that improve community health (non-financial benefits)—like childhood immunization, health awareness campaigns, housing development, or lead abatement, for example. Hospitals must conduct Community Health Needs Assessments (CHNAs) and develop a community health improvement plan based on that assessment every 3 years. In CT, there does not have to be a clear connection between the CHNA and community benefit programs.

- Many states have laws outlining community benefit spending requirements and reporting standards. Connecticut does not.
- In Connecticut, financial community benefits are a far greater part of hospital spending (9.6%) than spending on community-specific programs (.4%). Source: FY 2018 tax returns from Connecticut non-profit hospitals.
- COVID-19 has demonstrated the need and value of local community resources to maintain health in times of vulnerability. Ensuring that community benefit dollars address health disparities and social determinants of health ensures that nonprofit hospital reinvestments stay local and help to financially support needed community resources.

PATH CT promotes meaningful participation by providing hope, support and information to protect and promote the health of all families in all communities coping with similar situations throughout CT, the organizations that serve them to reduce isolation and social determinants, empower families as advocates for their children and reaffirm their values as parents and caregivers.

Declaring racism to be a public health crisis or emergency offers a clear path to intentionally acknowledging and addressing disparities and inequities. Systemic racism is a social determinant of health itself, and also produces inequities across all social determinants of health. According to the US Dept of Health & Human Services' Office of Minority Health Resource Center, Hispanic health is often shaped by factors such as language/cultural barriers, lack of access to preventive care, and the lack of health insurance. The CDC has cited some of the leading causes of illness and death among Hispanics, which include heart disease, cancer, diabetes, asthma, chronic obstructive pulmonary disease, obesity, and liver d Hispanics have higher rates of obesity than non-Hispanic whites. There are also disparities among Hispanic subgroups. For instance, while the rate of low birth weight infants is lower for the total Hispanic population in cisease. Puerto Ricans have a low birth weight rate that is almost twice that of non-Hispanic whites. Also, Puerto Ricans suffer disproportionately from asthma, HIVAIDS and infant mortality. Mexican Americans suffer disproportionately from diabetes.

- Across the country, at least 185 different entities have declared racism a public health crisis including the states of Michigan, Minnesota, Virginia, and Nevada by their Governor or General Assembly, as well as 20 municipalities in Connecticut!

The pandemic did not create the deep racial inequities in our state, but we hope it will move Connecticut to address them. This bill offers opportunities to dismantle components of systemic racism and move Connecticut closer to health equity. We urge this committee to engage and empower community participation in the 'Health Equity in All Policies' process with diverse racial, ethnic, sexual orientation, gender identity, and disability status groups who experience inequities in health as well as requiring representation of relevant state agencies, councils and representative community members.

As a Latina with Disabilities, adoptive mother of 17 year old twins with special needs and a thriving toddler. Between my children and I, we have over 15 physical and mental health disabilities making us immunocompromised. Health access **IS AN ESSENTIAL human and civil right**. People with Disabilities, Minorities with disabilities are perpetually the have-nots existing a year after WE WERE forgotten & remanded to isolation without voice or choice. Our family lost 4 matriarchs last year because of COVID. My eldest son, now a senior in HS, survived 16 days with a false negative COVID diagnosis right after the world shut down only to have my mother pass the following month and aunts at other facilities die every other thereafter. I've had electrical shock treatments twice to my heart. We are better but are exposed daily to COVID because of work. My son works at a market, I'm a Certified Community Health Worker and my partner is one of 2 male Nurses at a residential nursing facility.

Will you make comprehensive access to Mental, Behavioral and Physical Health Care equitable? How will you equalize it beyond the pandemic?

Respetuosamente agradecida,
Doris Maldonado

Health inequity has fueled my participation as a graduate from CT Partners in Policymaking, UCEDD LEND program and UMKC Project ECHO (*Project ECHO is committed to addressing the needs of the most vulnerable populations by equipping communities with the right knowledge, at the right place, at the right time. ECHO has grown to reach over 90,000+ learners worldwide.*); as the North Central Leader Charting the Lifecourse Linguistics Ambassador, NAMI SMARTS advocacy trainer, Ending the Silence Facilitator and NAMI BASICS Bilingual trainer.

I've dedicated over 25 years to amplifying the voices as a community advocate for the marginalized and was recognized as one of the 2020 top 50 Latino Leaders in CT as a Community Leader and 2020 Hispanic Women's Leadership Award. I've had the honor of being featured on Identidad Latina, NBC Univision, El Show de Analeh and CT Latino News regarding the health disparities among the marginalized Latino, disabled and youth in foster care.

I am currently a member of the Keep the Promise Coalition, Unitarian Society of Hartford Accessibility & Inclusion Ministry, Children in Placement Guardian ad Litem, Greater Hartford Interfaith Action Alliance, Mental Health CT Policy Committee, Ct Children's Medical Family Advisory Council & Behavioral Team, Developmental Disabilities Council Lifecourse Linguistics Ambassador & Board, Dept. of Education State Advisory Council Legislative Committee, Yale PRCH Latino Colectivo, CT Family First Prevention Community Team & QRTP, CT Emergency Support Function (ESF) #15 Diverse Communities & Disabilities Task Force, Annie Courtney Foundation Board and Police Accountability Taskforce: Disabilities and Youth Subcommittees.

References:

[Health Equity Solutions - Home \(hesct.org\)](https://hesct.org)

The 10 Essential Public Health Services: [EPHS-OnePager-English.pdf \(phnci.org\)](https://phnci.org)

US Dept of HHS: [Hispanic/Latino - The Office of Minority Health \(hhs.gov\)](https://hhs.gov)