



Connecticut Department of Public Health

Testimony Presented Before the Appropriations Committee

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House Bill 6662, An Act Declaring Racism as a Public Health Crisis and Establishing the Commission on Racial Equity in Public Health

The Department of Public Health (DPH) provides the following information regarding House Bill 6662, which declares racism a public health crisis. It also establishes a Commission on Racial Equity in Public Health, recommends specific operational procedures for the Commission, requires the Commission to develop and periodically update a comprehensive strategic plan to eliminate health disparities and inequities across sectors and calls for the implementation of equity initiatives in several state agencies. The Department would like to thank the Appropriations Committee for the opportunity to testify on this critical subject.

The Department supports the intent of the bill with suggested modifications that pertain to the use of appropriate terminology.

A **health disparity** is a preventable difference in health status, risk factors, and/or health outcomes among a population's subgroups. Although it often stems from social, economic, or environmental disadvantages, a disparity is merely a quantitative measure of a particular health outcome's separation from a reference point. It is not within the realm of possibility to eliminate health disparities, which would mean equalizing health outcomes. However, reducing disparities, or differences in health status, is a perfectly reasonable aspiration to the extent that interventions can prevent the determining factors. Subsection (i) of Section 2 requires the Commission to develop a comprehensive strategic plan to eliminate health disparities and inequities across sectors, and Section 3 calls for the plan to be updated periodically.

Although there is no value judgment associated with a metric alone, once the distribution of health determinants between populations is considered, fairness elements come into play. **Health inequality** is an equivalent term that describes the degree of association between the distribution rates of health determinants and health status rates. Some health inequalities are attributable to biological variations or free choices, while others are outside the individuals' control, such as external environmental conditions.

Health equity is defined as the attainment of the highest level of health for all people, regardless of age, sex, race or ethnicity, gender identity, sexual orientation, disability status, socioeconomic status or geographic location -- factors that contribute to an individual's ability to achieve good

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health. These factors are known as the social determinants of health or the conditions in which people are born, grow, live, work, age and die. Therefore, achieving health equity implies a fair distribution of resources, policies, and exposure to health determinants. However, health equity does not mean equality of health outcomes.

Health inequities are undesirable, unfair and otherwise unexplained inequalities of health outcomes. They include length and quality of life, rates of disease, the severity of illness, disability, death and access to healthcare and treatment, often exacerbated by poor distribution or allocation of resources, access and opportunities among different strata of population groups. It is perfectly feasible to eliminate health inequities to the extent that there is a willingness to modify the root causes.

Section 2 requires the Commission to develop a strategic plan and make recommendations concerning institutional racism in state laws and regulations impacting public health, and racial disparities in the criminal justice system, the food system, physical activity opportunities, public safety, pollution, health outcomes, zoning, housing, state employment and contracting. To that end, DPH is the lead convener for the [Healthy CT: State Health Improvement Coalition](#), a statewide cross-sector group of planning partners and stakeholders, which recently completed a collaborative strategic planning process to develop the Healthy CT 2025: State Health Improvement Plan (SHIP). An equity lens was integrated throughout every layer of a nearly two-year, iterative planning process. This process confirmed and validated four social determinants of health as the priorities for Healthy Connecticut 2025 and elevated structural racism as the root cause of these social drivers. The resulting SHIP framework codified the aims for equity and the elimination of structural racism at each level of the plan.

The Department is prepared to support the Commission with the products of this ongoing effort. Specifically, the goals associated with the plan's four priority areas include: **a)** to ensure that all state residents have knowledge of and equitable access to affordable, comprehensive, appropriate, quality health care; **b)** to achieve equitable economic well-being, stability, and security, so all residents have the opportunity to work, afford to live, stay, and retire in the state; **c)** ensure that all state residents have equitable access to safe, affordable, nutritious and culturally appropriate food as well as fair, stable, healthy housing; and **d)** to ensure community strength, safety, and resiliency by providing equitable and sustainable access to community resources to address the state residents' unique physical, social, and behavioral health needs.

Section 5 requires DPH to conduct a study on the development and implementation of a recruitment and retention program for health care workers in the state who are people of color. The Department is concerned that we would be unable to conduct such a study within the specified timeframes and available resources. If passed as written, the Department would not have the staff, expertise, or authority over the recruitment and retention of workforce segments that are mainly within the private sector. DPH recommends engaging the healthcare sector through their trade associations to perform such an assessment.

Thank you for your consideration of this information. DPH looks forward to working with the

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Committee to determine the impacts of several sections of the bill and is happy to respond to any questions members may have.

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