



Testimony of Sarah S. Lewis, MPH, Vice President of Health Equity Hartford HealthCare
Submitted to the Appropriations Committee in support of
House Bill 6662, An Act Declaring Racism as a Public Health Crisis and
Establishing the Commission on Racial Equity in Public Health

Sen. Osten, Rep. Walker, Sen. Miner, Rep. France and Members of the Appropriations Committee:

Thank you for the opportunity to testify in support of House Bill 6662.

This bill would declare racism a public health crisis, support the integration of health and equity into public policies, and encourage the recruitment and retention of people from backgrounds that are currently underrepresented into the health professions in our state. It would also establish a much-needed Commission on Racial Equity and Public Health, charged with convening a diverse group of state government and community stakeholders in order to examine institutional racism in public health; racial disparities in behavioral health and chronic disease; and the structural and social upstream influences of so many downstream inequities.

The Covid-19 pandemic has given our organization a renewed sense of urgency around our responsibility to root out inequities, break down access barriers, become more trustworthy in the eyes of historically marginalized and under-resourced communities, and fight institutional racism. We recognize that a first and difficult step in this effort is to look in the mirror and critically assess our own culture and practices. Much of what you are proposing aligns with the steps we are taking internally to address structural racism and elevate equity, diversity and inclusion within our workforce, in public health and beyond.

Among the steps that we are taking to embed a culture of equity and inclusion across our system, HHC now requires bias awareness education and training for every colleague, including patient-facing staff. We all have subconscious prejudices that manifest in the way we treat others; studies show healthcare providers are no exception.

We also know that some patients from historically marginalized communities are more comfortable receiving care from a provider who looks like them; indeed this patient-provider concordance has in some instances been shown to lead to better patient outcomes. This is why improving recruitment and retention of people with backgrounds that are underrepresented in healthcare is so important. Over the past year HHC has renewed our efforts to recruit, retain, and promote a diverse workforce. We have expanded our early career recruitment and training process, created system-wide colleague engagement programs, conducted CEO Roundtables in which our colleagues can share their experiences directly with executive leadership, and significantly expanded community engagement opportunities for our provider workforce.

And as part of our commitment to the communities, neighborhoods, and families we serve, we are expanding our Fair Chance Program, which provides appropriate job opportunities for justice-involved individuals. As you are aware, Black and brown members of our community are disproportionately subject to unjust encounters with law enforcement, and are imprisoned at rates far exceeding their representation in the population overall.

Local businesses are the backbone of Connecticut's economy and as an organization that utilizes a wide range of goods and services, we recognize the power of our supply chain to support local businesses and those owned by entrepreneurs of color. Through our system-wide Supplier Diversity Council we are engaging and contracting with a greater number of historically underutilized local suppliers.

In 2019, I became the first Vice President of Health Equity at Hartford HealthCare. My department focuses on identifying and measuring racial and ethnic health disparities and introducing interventions to reduce them.

For example, with the help of a grant from the Office of Health Strategy, we have developed the capacity to collect and incorporate self-reported race and ethnicity information into patient electronic medical records. We use this information to identify health disparities and implement interventions to address them.

And over the past year, our department has worked to embed equity into our system's response to the COVID-19 pandemic. We have leveraged both internal and external data to gain greater visibility into the impact of COVID-19 on our most vulnerable communities. Instead of following a one-size-fits all approach in our COVID-19 testing and vaccination strategy, we collaborated across our system and with local community partners to meet our patients where they are. This work continues each day, through expanded access to vaccines for people from historically under-resourced communities, mobile vaccine clinics, partnering with trusted community organizations to register patients for vaccine appointments, and ongoing education and awareness events. Our pandemic response is an example of our pledge to be better than normal going forward: to continuing to embed equity in everything we do, and to build and maintain a culture in which colleagues and patients alike can thrive and live their healthiest lives.

There is much more work to do and we commend the committee for this initiative to address racism, equity, diversity and inclusion in public health and in society and would welcome the chance to partner with you in this effort.

Thank you for the opportunity express our support. For additional information, contact Cara Passaro at cara.passaro@hhchealth.org.

The HHC system includes seven acute care hospitals, the state's most extensive behavioral health network, a physician group, a clinical care organization, a regional home care system, an array of senior care services, and a large physical therapy and rehabilitation network.