



Testimony in Support of Raised Bill 6662, AN ACT DECLARING RACISM AS A PUBLIC HEALTH CRISIS AND ESTABLISHING THE COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH

By Jay E. Sicklick, Deputy Director, Center for Children's Advocacy
March 25, 2021

Senator Osten, Representative Walker, Senator Hartley, Representative Dathan, ranking members Miner and France: thank you for providing the **Center for Children's Advocacy** with an opportunity to submit testimony in support of Raised Bill 6662, **An Act Declaring Racism as a Public Health Crisis and Establishing the Commission on Racial Equity in Public Health**. I am the Deputy Director of the Center for Children's Advocacy ("CCA") and an attorney who has worked for the past twenty-one years on issues involving children's health and child welfare in Connecticut. CCA is the largest non-profit legal organization in New England devoted exclusively to protecting and advocating on behalf of the legal rights of children. CCA is affiliated with the University of Connecticut School of Law and provides holistic legal services for poor children in Connecticut communities through individual representation, education and training, and systemic advocacy. I also submit this testimony on behalf of the Center's *Medical-Legal Partnership*, an interdisciplinary collaboration between CCA and medical/clinical partners that advocates for health equity and health justice by improving children's health outcomes through interdisciplinary interventions in Connecticut.

We support the passage of Raised Bill No. 6662, AN ACT DECLARING RACISM AS A PUBLIC HEALTH CRISIS AND ESTABLISHING THE COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH. In light of the health inequities that have been fully revealed over the past year, the time is ripe to declare racism as a public health crises, and to establish a commission to identify concrete steps to bring equity, fairness and improved health outcomes to all individuals, especially children, in Connecticut.

- **The state must adopt Health in All Policies approach as espoused by the CDC**

A Health in All Policies approach mandates that health considerations be incorporated into policy making across sectors in order to take into account the multitude of factors that extend beyond traditional healthcare.¹The key tenets of Health in All Policies are rooted in the following:

- Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

¹ See Center for Disease Control & Prevention, *Health in All Policies* and the National Prevention Strategy and the National Prevention Council at <https://www.cdc.gov/policy/hiap/index.html>.

- Health is influenced by the social, physical, and economic environments, collectively referred to as the “social determinants of health.”
 - Health in All Policies, at its core, is an approach to addressing the social determinants of health that are the key drivers of health outcomes and health inequities.
 - Health in All Policies supports improved health outcomes and health equity through collaboration between public health practitioners and those nontraditional partners who have influence over the social determinants of health.
 - Health in All Policies approaches include five key elements: *promoting health and equity, supporting intersectoral collaboration, creating cobenefits for multiple partners, engaging stakeholders, and creating structural or process change.*
 - Health in All Policies encompasses a wide spectrum of activities and can be implemented in many different ways.
 - Health in All Policies initiatives build on an international and historical body of collaborative work.²
- **Marginalized children are adversely impacted by health inequities in every area of life – including access to education, access to quality behavioral health interventions, housing conditions that exacerbate health conditions and disproportionate contact with the juvenile justice system.**
 - **Connecticut has an abysmal record of addressing health disparities in the following areas that affect both children and adults:**
 - Asthma disproportionately affects children of color in that Black children are nearly 5.5 times more likely to go to the emergency department (ED) than white children; while latinx children are almost four more times likely to go to the ED.
 - Black residents are more than twice as likely to die from diabetes as white residents.
 - The infant mortality rate for Black children in Connecticut die at a rate of almost four times that of white children.³
 - Children and youth who are in the United States without legal status (undocumented citizens) are not eligible for *any type of health insurance – be it public or private.*
 - Connecticut’s acceptable lead level, pursuant to state regulation, is *four times the acceptable limit set by the CDC.*⁴

² *Health in All Policies: A Guide for State and Local Governments*, at p.10 See <http://www.phi.org/wp-content/uploads/migration/uploads/application/files/udt4vq0y712qpb1o4p62dexjlgxlnogpq15gr8pti3y7ckzysi.pdf> (emphasis supplied).

³ See Connecticut Health Foundation report, *Health Disparities In Connecticut: Causes, Effects and What We Can Do*. <https://www.cthealth.org/wp-content/uploads/2020/01/Health-disparities-in-Connecticut.pdf>

⁴ CDC currently uses a blood lead reference value of 5 micrograms per deciliter to identify children with blood levels that are higher than most children's levels, while the Connecticut level requiring inspection and remediation is set at 20 micrograms per deciliter.



March 25 – Page 3

These are just a few of the data points that already prove the point that *Racism is a public health crisis in Connecticut*. A Commission on Racial Equity in Public Health will ensure that our state begins to address these disparities in an evidenced based manner, consistent with policies already promulgated by the CDC.

As a child advocates and attorneys, we believe that Raised S.B. 6662 is a critically important step the legislature can take to ensure that all children and adults are provided equitable, quality healthcare.

Respectfully submitted,

Jay E. Sicklick,
Deputy Director