



# CONNECTICUT

HEALTH IMPROVEMENT COALITION  
HEALTHY CONNECTICUT 2025

## SHIP Summit Jigsaw Exercise Responses September 20, 2019

*The bullet points below reflect responses of SHIP Summit participants during the small group discussions at the 2019 SHIP Summit.*

### **Question #1: Which of the 2-3 upstream factors (SDoH) are the primary contributors to these issues and are therefore most important to address? Why?**

- **Economic stability**

- **Housing instability**

- **Housing affordability/quality**

- Aging buildings – older housing stock in cities often originally built as temporary around emerging industries that have since run their course or moved on from CT; buildings now need updating to protect the health and safety of occupants
- Absentee Landlords - need to invest in buildings to assure health & safety
- Need to address the dynamics of where people live - Intentionality of real estate industry - continues to influence poverty and centralization of poverty in some situations
- Affordable housing is often a “bad” word in some communities - believe it is related to condition of housing
- Lack of affordable housing – contributes to childhood obesity – parents forced to pay for not so healthy foods to pay for rent, especially single parents who would then need to work two jobs to pay the bills
- There is a long waiting list for affordable housing
- Priority goes to women and children -Low income men also have housing issue.

- **Poverty**

- Found this question difficult as we are looking for silver bullet but issues are multifactorial – if forced to answer the question: poverty – it is a cause and effect, it encompasses all issues
- We need a poverty map of Connecticut – need to spread across geography and address all groups experiencing poverty
- Language barrier often equals lack of access to income, housing, and healthcare
- Is it easier to get buy-in if more communities perceive that it impacts them vs focus only on those communities with greatest need, which the low need communities perceive as someone else’s problem
- Children of teen parents are more likely to have teen parent children
  - More teen pregnancy education would prevent more kids from growing up in poverty
- People don’t know what resources are out there;
- Systemic institutional racism – Contributes to keeping people living in poverty and/or living paycheck to paycheck

- **Food insecurity**

- Families don’t have means to find access to healthcare or find food; parents having to work 2-3 jobs - kids home by themselves – contributes to obesity



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- **Neighborhood & Built Environment**
  - **Environmental Conditions**
    - CT cities built around aging industry, perhaps they were built to be temporary
    - Landlords, absentee landlords, how do we get people to invest in these buildings to revitalize them
    - Housing: need to lead a conversation – dynamics of where people live
      - Societal trends that millennials are moving into urban neighborhoods
      - Why is affordable housing such a bad word, some communities do not want to think about it
      - Affordable housing is thought to be dirty
      - Renters are discriminated against vs. home owners
      - Intentionality of real-estate which segregates to urban and suburban which perpetuates poverty
  - **Safety**
    - Secure safe housing for everyone - CT already has a lot of legislation in place - may need to look at other states to see what else we could do to improve housing access for low income
    - Kids not home in safe environment - nowhere for kids to go out and play
- **Health & Healthcare access**
  - **Health Literacy**
    - literacy tied to knowledge and education; People don't know what they don't know
    - Home economics, basic life skills (balance check, make bed, “adulating”)no longer offered in schools
  - Discrimination (including beyond race/ethnicity)
  - Underlying the SODH is intentional inequity and systemic institutional racism
  - Mental Health parity and equity
  - **Incarceration**
    - Generational and Intergenerational
    - Laws of the past have impacted communities including both women and men which has created a ripple effect
    - There is a tie to teen pregnancy – need for evidence based pregnancy prevention interventions
  - **Stigma**
    - Especially related to mental health/behavioral health - cuts across socioeconomic levels
    - Often a barrier to addressing SDoH
    - Poverty has no color
  - **Civic participation:**
    - The element of voting – Those who vote contribute to power structure within communities; Empowering local leaders; or repressing voices
    - Making voting day a holiday to support a culture where everyone can vote
  - **Diversity:**
    - Needing more diverse teachers, not just race and ethnicity but also LGBTQ for lived experience so kids can relate



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- Need diversity in healthcare workforce – nursing, physicians, physician assistants
- **Education**
  - Infrastructure is depleted
  - Need to address Maslow’s hierarchy of needs, which impact
    - A child’s readiness to learn and ability to concentrate when material presented
    - Simple needs such as hunger and lack of clothing, which are causing children to miss school
    - These are simple needs but we need to find a way to connect and help kids obtain education to fix the infrastructure
    - Overarching issue tied to this are obesity and type II diabetes and on insulin pumps
  - Improve diversity of teachers
  - Lack of education is a major driver for poverty
  - Parents who are not educated may also lack knowledge of a healthy diet and how to find quality foods for a reasonable/economical price –This contributes to food insecurity and obesity
  - The foundation of children being educated now will contribute to generations to come and form the basis of services being provided; children need to be able to obtain the knowledge to navigate the maze of life and provide for their future families/communities; education is required to know how to navigate through barriers and adversity
  - Everything leads back to education - need to be educated on where to go for help; where to find services; how to cook; feed family at decent price
  - Segregation contributes to inequity
- **COMMENT:**
  - If you had to pick one organ to save: heart, brain, lungs – organs and systems too intertwined to focus just on one and not the others – similar to choosing just one social determinant.
  - Question is a little difficult - trying to find bottom line cause when most issues are multi-dimensional - poverty is both cause and effect
  - Maybe the question we should be asking is which one is the most amenable to improvement?
  - **Equitable wellbeing** - what is in the way of that --- short term thinking - how do you move into long term thinking? Move from self-interest to shared interest; CT is 3rd healthiest state in the nation. 43rd in terms of disparity

## **Question #2 – What would you like to see done to address the primary contributors and who should be engaged to address them (consider innovative development; design thinking)?**

- **Economic Stability**
  - Progressive tax reform; Equitable tax structure; Earned income tax credit; Redistribute the money to where the need exists; Example - School taxes should be collected and utilized statewide
  - Statewide centralization/regionalization of government systems
  - Establish universal/baseline income for all
  - Ensure employment for all including those with low income and/or mental health and/or DOC histories



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- “Everyone needs a job”
- Housing affordability
  - This can be achieved in 5 years if legislation is in place for housing issues that require new buildings to be mixed income, municipality levels enforce safety standards, secure safe housing for everyone
  - CT needs to go further to adopt other best practices like rent control, this is feasible in 5 year view
- **Neighborhood & Built Environment**
  - Code Enforcement; Enforcement of existing regulation; Make sure properties are safe and hold owners accountable; Identify what is needed to do this?
  - Rent Control Legislation
  - Repurpose abandoned buildings; Ensure that all regulations are maintained
  - Explore rezoning and promote mixed use properties
  - Change from short term thinking to long term planning for our communities; Are actions being made to benefit one vs many. Rising tide raises all boats; Unravel the root causes of our current issues
  - **Affordable housing EXAMPLE:** Boston is tackling poverty by having nice apartment units with sliding fee rents and mixed income rent housing units to change the residential composition of the building/neighborhood and give affordable housing to low income; Property has no color
    - Could be replicated in CT cities with lots of empty buildings.
    - Viewing Boston project through equity –wellbeing being a broader definition
- **Health & Healthcare**
  - Put money back into community organizations so as to allow programs/services to continue and expand their reach
  - Educate residents about what resources are available so as to maximize utilization
  - Education and prevention activity around mental health
  - Re-evaluate mental health services including those offered in schools
  - Home/Life – Person in Environment (PIE)
  - Project Echo offers telephonic and on-line counseling
- **Social & Community Context**
  - Incentivize resident participation by providing money and/or resources to people and/or communities that actively engage in improvement efforts
  - Reduce the stigmatization of mental health
  - Eliminate institutional racism by introducing anti-racism curriculum in all schools
  - Decrease incarceration for non-violent crimes
  - Increase programs for those recently released from correctional facilities
  - Young men are incarcerated an alarmingly high rate as compared to woman so focus release programs on those men.
- **Education**
  - Educational Service Partnerships
    - Connect technical schools to housing entities so that repairs can be done efficiently and inexpensively; Youth Build is an example of such a project though it has limited reach
  - Funding behind school choice needs to be appropriate and effective



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- Take a two-gen approach
  - Provide education to mothers
  - Mental Health needs should be assessed and addressed for all members of the household
  - Shift money from less effective programs to things like universal access to preschool programs and college; This will free up money within families for housing and healthcare
- **Cross Cutting Comments**
  - Promote and use diverse community informed decision making; Make sure policies are community informed; Consumer driven change to services; Consumer driven agenda to effort
  - Operate from a strength based perspective when creating community programs; Build on the strengths of a community and/or family
  - Start all interventions early such as in Preschool or Head start

### Question #3: What would success look like in five years if we are able to impact the upstream factors?

- **Economic Stability**
  - More jobs for all that pay well enough to sustain
  - Better fiscal planning and cost-shifting for communities and state
  - Reduced income inequality and reduce cost burdens;
  - Move toward living wage by using self-sufficient standard to direct public policy
  - Evaluate success based on economic and racial disparities
  - Increased affordability to live in this state
- **Neighborhood & Built Environment**
  - Lower crime and violence rates
  - More stable housing
  - More affordable housing by decreasing housing cost burden on communities
  - Increased residential engagement in local communities
  - Walkable communities
- **Health & Healthcare**
  - Healthcare access, coverage for all,
  - Integrated healthcare to serve mental health;
  - Integrated healthcare to serve LGBTQ population
  - Change fee for service model to value-based payment model
  - Physician education on SDOH prioritized in medical school and continuing education training
  - Improved health outcomes for all nonwhite populations
- **Social & Community Context**
  - Improved mental health
  - Reduced social segregation
  - Increased antiracist ethos as a state
- **Education**
  - Increase number of residents seeking higher education (college/post high school)



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- Universal pre-kindergarten
- Increased equitable culturally appropriate education
- Increased trends in higher education, trade schools;
- Increased accessibility for non-traditional older students
- Health education embedded into standardized curriculum for elementary and middle schools that is culturally appropriate and inclusive
- ***Cross Cutting Comments***
  - Reduction in disparities
  - Better indicators for quality of life vs. relying on life expectancy
  - More investments and reinvestments into community to promote good public health practice
  - Replicate Vita Health and Wellness District in Stamford – Stamford Hospital Investment into community to improve housing and medical access
  - Communities with better housing, access to clinics, pharmacists
  - Better partnerships with state and local communities
  - Change in federal support for social programs by educating candidates and elected officials on constituency interests improved policies
    - Improved data impact of census on funding to address needs of communities – fear of completing census will impact programs
    - Need for change when needs are apparent but then there needs to be federal support
    - Policy change and revision to accommodate needs
  - Elimination of root causes of SDOH
  - Coordination of services between departments – one stop shop for benefits (e.g. housing, Medicare, food)
  - Improved international health ranking
  - Have data and information provide racial impact statements to inform public policy
  - Disparities between races decreased/eliminated