Testimony Regarding the Governor's Proposed FY 23 Budget Adjustments for Health Agencies

Karen Siegel, MPH
Appropriations Committee
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Dear Senator Anwar, Representative Dillon, Senator Somers, Representative Kennedy, and esteemed members of the Appropriations Subcommittee for Health,

My name is Karen Siegel and I am submitting this testimony on behalf of Health Equity Solutions (HES), where I serve as Director of Policy. Health Equity Solutions is a nonprofit organization with a statewide focus on promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Thank you for the opportunity to submit testimony regarding the Governor's Proposed FY 23 Budget Adjustments for Health Agencies. Overall, we support this proposal's components to **promote healthy and lead safe homes** and invest in **implementation of race, ethnicity, and language data collection standards**.

We strongly support promoting healthy and lead safe homes.
Lead poisoning causes irreversible impairment and is both all too common and entirely preventable. No family should be in the position of knowing their child has lead poisoning and being unable to stop the exposure and seek early intervention to mitigate its impact. Structural racism and its consequences mean that Black, Latino/a, and Asian children are at disproportionately high risk of lead poisoning.[1] Over half of lead poisoning cases occur in urban centers that have older housing stock and more rental properties.[2,3]

Connecticut has an opportunity to address this significant inequity in health by aligning the state lead screening and intervention standards with federal guidance and funding lead remediation/abatement and other health and safety improvements in housing.

Connecticut currently adheres to an outdated Centers for Disease Control and Prevention (CDC) threshold for lead poisoning (5 µg/dl).[4] Parental notification does not occur until a child has tested as having nearly three times (10 µg/dl) the baseline threshold for lead poisoning, at which time the child

[1] Connecticut Open Data, *Connecticut Childhood Lead Poisoning Surveillance Report*. Retrieved from https://data.ct.gov/stories/s/Childhood-Lead-Poisoning-Surveillance-Health-Dispa/fyci-9e2u
[2] Connecticut Department of Public Health, *2017 Annual Childhood Lead Poisoning Surveillance Report*. Retrieved from https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/environmental_health/lead/Surveillance_reports/CY-2017-Annual-Lead-Surveillance-Report-_Updated-2-27-2020Final.pdf
[3] Seaberry, C., Davila, K., Abraham, M. (2021). Equity Report. New Haven, CT: DataHaven. Retrieved from https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%20061820.pdf
[4] Ruckart PZ, Jones RL, Courtney JG, et al. Update of the Blood Lead Reference Value — United States, 2021. MMWR Morb Mortal Wkly Rep 2021;70:1509–1512. DOI: http://dx.doi.org/10.15585/mmwr.mm7043a4

may already experience developmental delays. An inspection to identify the cause of poisoning is only required when a child is poisoned at four times the federal threshold for lead poisoning. ***This means that poisoned children may continue to be exposed to lead even after a blood test shows they have lead poisoning*** unless their family is able to identify and remediate the source of the poisoning on their own, without support. This is especially troubling for renters, who have little control over housing conditions, in a state with high housing costs[5] that limit choices. Further, nearly three in four homes in Connecticut was built before lead was removed from paint in 1978.[6]

HES supports the proposal to provide parental notification of any lead poisoning that meets the federal threshold of 3.5 µg/dl and reduce the level necessary to trigger an inspection or epidemiological investigation. We further recommend the following to further address inequities caused by lead poisoning:

- Aligning the triggers for intervention so that inspection occurs for all cases of lead poisoning by 2025
- Providing additional support for landlords and homeowners in high-risk cities to engage in lead remediation before poisoning occurs
- Increasing public health campaigns to raise awareness about the need for lead screening and options for lead remediation to ensure programs reach more of Connecticut's residents

HES strongly supports implementing standardized collection of race, ethnicity, and language data collection.

Public Act 21-35 standardized the collection of health-related race, ethnicity, and language data in the state in alignment with best practices.[7] As a result of structural racism and its wide-reaching impacts, Black, Indigenous, Latino/a, and other people of color in Connecticut are more likely to live in densely populated neighborhoods, work wage-based jobs, have less wealth, lack health insurance, and suffer from chronic health conditions such as asthma and diabetes.[8] The cumulative impact of these barriers to health is invisible unless we evaluate and seek to address health disparities. Measuring the disproportionate impact of programs and policies allows us to identify and root out systemic racism. ***HES stands in strong support of these efforts to operationalize the data collection standards enacted in 2021.***

Additional recommendations:

- The study of behavioral health coverage and the health systems plan, both to be overseen by the Office of Health Strategy, should include recommendations on addressing inequities in

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[5] Connecticut United Ways, *Alice in Connecticut: A financial hardship study*. Retrieved from https://alice.ctunitedway.org/wp-content/uploads/2020/09/2020ALICEReport_CT_FINAL-8-20-20.pdf

[6] Connecticut By The Numbers, *Housing Stock in CT Cities Among Nation's Oldest*. Retrieved from https://ctbythenumbers.news/ctnews/2017/08/23/housing-stock-in-ct-cities-among-nations-oldest

[7] An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic, S. B. 1, Public Act No. 21-35. (2021). https://www.cga.ct.gov/2021/ACT/PA/pdf/2021PA-00035-R00SB-00001-PA.pdf

[8] Seaberry, C., Davila, K., Abraham, M. (2021). Equity Report. New Haven, CT: DataHaven. Retrieved from https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%20061820.pdf

health in the state and consider the longstanding and disproportionate health burdens borne by Connecticut's Black, Indigenous, Latino/a, and other people of color

- In addition to including behavioral health care providers in the loan repayment effort, outreach through employers and educational institutions should be undertaken to ensure providers who identify as people of color are aware of and able to participate in these programs; targeted efforts to mitigate the barriers to practicing in primary care and behavioral health (such as loan forgiveness programs) can foster workforce diversity
- Funding for telehealth equipment for clients of the Department of Mental Health and Addiction Services should be extended to any HUSKY enrollee who needs such equipment to engage in health care to address inequities in access to telehealth services

Thank you for the opportunity to submit this testimony regarding **The Governor's Proposed FY 23 Budget Adjustments for Health and the Governor's Proposed FY 23 Budget Adjustments for Health Agencies**. I can be reached with any questions at ksiegel@hesct.org or 860.937.6437.