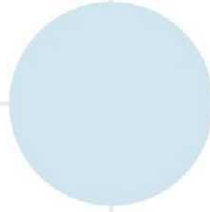
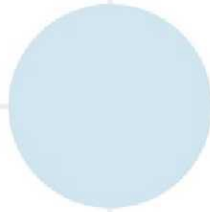




**Evaluation of the
Connecticut Health Foundation's
Health Equity Goal from 2014 until
2017**

March 31, 2018



Preface

This report summarizes the Connecticut Health Foundation's (CT Health) accomplishments and the strategies that contributed to these accomplishments related to its goal to expand health equity between 2014 and 2017. Findings from previous evaluations completed in 2015 and 2016 were integrated into this report to emphasize an accomplishment, CT Health's contribution, or insight, where appropriate. This report provides an opportunity for CT Health to reflect on its past investments and inform its new strategic plan.

Community Science would like to thank the leadership, guidance, and assistance provided by Patricia Baker (President & CEO), Tiffany Donelson (Vice President of Program), Sylvia Henderson (Grants Manager/Program Administrator), and Garrick Wong (Senior Program Officer). We also would like to express our appreciation to all the individuals who took the time to share their viewpoints and experiences with us. Our staff that contributed to this report include Kien Lee (Project Director) and Elisa Gonzalez.

Executive Summary

Introduction

In 2017, the Connecticut Health Foundation (CT Health) continued to focus on cultivating stronger capacity in leadership and in advocacy for health equity in healthcare access and delivery, while also working to reduce disparities experienced by people of color, low-income families, and low-income pregnant mothers. To accomplish this, it implemented a three-prong strategy of grantmaking, strategic communications, and policy advocacy to (1) engage elected, organization, community, and other leaders in advocating for systems change and leveraging relationships with various stakeholders; (2) ensure that people get enrolled and stay enrolled; (3) improve navigation of and connection to care; (4) optimize the role of the safety net in healthcare reform; and (5) integrate physical, oral, behavioral, dental, and obstetric services. CT Health intended to advance health equity by affecting changes in these five areas.

The evaluation of CT Health’s grantmaking, policy work, and strategic communications work was designed to answer the following questions:

1. Have CT Health’s strategic approach and investments in grantmaking, strategic communications, and policy worked together to advance health equity in the state of Connecticut?
2. What, if any, are the indicators that health equity has been incorporated into policy and systems in Connecticut? Did CT Health contribute to these changes and if yes, how?
3. Based on its strategic goals and objectives, did CT Health invest in and assemble the most optimal set of resources to advance health equity? What did CT Health leave off the table?

Methodology and Organization of Report

The findings in this report are based on the Evaluation Team’s analysis of data gathered from five information sources:

- Reports of grantees whose grant activities occurred from 2014 until the first half of 2017 and whose work CT Health staff considered to have the greatest implications for its strategies;
- CT Health’s communication products and reports of communication efforts produced between 2014 and 2017;
- Healthcare legislation and policy documents that affected the changes sought by CT Health and its partners during the same time period;
- Articles by *The Connecticut Mirror* and the Connecticut Health Investigative Team — two media outlets that consistently received support from CT Health to cover important health policy issues; and
- Interviews with 26 individuals, including selected grantee representatives whose work significantly contributed to CT Health’s goals, journalists who reported on health matters, system leaders whose work directly related to the areas that CT Health was working to impact, and consultants to CT Health.

In our analysis, we searched for themes and patterns about CT Health’s accomplishments and its role in advancing health equity in the state, and when combined, could answer the evaluation questions. A theme or pattern emerged when there were three or more independent corroborating sources (e.g., interviewees, newspaper article, policy document). We also identified first-time events that could not have happened without CT Health’s support. If our analysis revealed a gap in information, we immediately identified a data source to fill the gap. Consequently, data collection and analysis were

iterative processes. Additionally, we revisited interview notes we collected and analyzed in 2014, 2015, and 2016, to both corroborate current information and understand the evolution of certain changes.

Accomplishments that Support and Advance Health Equity

Stronger leadership and advocacy capacity. CT Health successfully cultivated a growing cohort of health equity advocates in the state that are situated in different types of organizations. These advocates, contributed to changes in their organizational practices, policy decisions, and passage of legislation. Two examples of this influence are the successful advocacy efforts of Health Equity Solutions (HES) and Connecticut Oral Health Initiative (COHI) — two organizations that CT Health established and supported — to help pass legislation on community health workers and maintain dental care coverage for low-income and pregnant women, respectively.

Coordination and integration of physical, oral, and behavioral health services, and dental and obstetric practices. CT Health brought attention to the importance of coordinated and integrated care through its communications products, participation of its staff and grantees in relevant committees, as well as by brokering relationships among leaders and representatives from different sectors. CT Health funding has strengthened the capacity of safety net providers, particularly Community Health Centers (CHCs) that serve large populations of color, to provide coordinated and integrated care. Grantees also developed and enhanced their knowledge, protocols, and practices to address the impact of substance use and other risk-taking behaviors on youth and adults' health.

Optimal role of the safety net in healthcare reform. CT Health funding and support was critical to the promotion of safety net institutions as important parts of the state's healthcare system. Efforts to adopt standardized quality standards by School-Based Health Centers (SBHCs) supported by CT Health have contributed to the sustainability of safety net services despite state budgetary challenges. Similarly, several CHCs utilized foundation grants to advance the adoption of quality standards and standardized practices. In addition to enhancing the safety net for underserved families and children, the Connecticut Association of School Based Health Centers (CASBHC), Community Health Center Association of Connecticut (CHCACT) and individual CHCs also simultaneously helped advance the practice of coordinated and integrated care.

Holding systems accountable for health equity. Indicators of CT Health's influence driving progress to hold systems accountable for health equity include legislative changes and integration of health equity-related language in the state's healthcare reform documents. Examples of these changes include: the establishment of the Office of Health Strategy within the State Government's Executive Branch, the integration of health equity into the SIM initiative's decisionmaking and published standards, and the implementation of a system to ensure that DSS complies with federal Medicaid regulations and processes HUSKY applications in a timely manner. Other important developments include legislation supporting the integration of Community Health Workers (CHWs) into the state's healthcare delivery system, the maintenance of existing guidelines for community water fluoridation, and changes to proposals to reduce HUSKY eligibility that resulted in less severe cuts than originally intended.

Enrollment in affordable health insurance plans and continued coverage for people of color. CT Health raised public awareness about the impact of the Affordable Care Act (ACA) on Connecticut and the consequences of repealing the act. These efforts dovetailed with a 45% decline in the number of uninsured individuals in Connecticut between 2013 and 2016. Related to efforts to decrease the number of uninsured individuals CT Health, together with its partners and grantees, advocated for less severe

changes in HUSKY eligibility during 2015 and 2016. However, proposals to change eligibility for HUSKY A parents continued in 2017 and eventually resulted in more families losing health coverage.

CT Health Strategies that Contributed to the Accomplishments

Alliances, cross-sector collaboration, and relationship building. CT Health achieved the above accomplishments by fostering alliances and cross-sector and cross-system collaboration. CT Health's power as a funder and its connections to system leaders and decisionmakers in the state enabled it to convene stakeholders from different sectors and promote the articulation of a unified and coordinated voice to advocate for reforms. CT Health's grantmaking also fostered the creation of spaces for relationship building and interactions within and across sectors and systems. For example, representatives from grantee organizations noted that the support received from CT Health allowed them to engage with influential stakeholders in the state to advance their work.

Promoted and supported data-informed practices. The foundation advanced efforts to generate, synthesize, disseminate, and support the adoption of lessons learned and data-informed practices. As a result, CT Health became a consistent source of reliable data and meaningful insights as well as a crucial sponsor of research efforts. CT Health willingly supported innovative ideas and projects, which in turn generated knowledge disseminated through educational and advocacy tools, and supported the development of healthcare protocols. The dissemination of these informational and advocacy tools also informed legislators' decisionmaking around key policy issues.

Active participation in governing and decisionmaking bodies. CT Health leveraged relationships and capacities through its staff's direct involvement in healthcare reform governing and decisionmaking bodies, such as the State Innovation Model (SIM) initiative. Grantee representatives and Fellows who participated in the foundation's Health Leadership Fellows Program also participated in influential committees and entities — sometimes as a result of personal initiative and sometimes brokered by CT Health. CT Health also sought to leverage relationships to influence change by working with media outlets to cover stories and disseminate information about current health equity issues in the state.

Development and engagement of leaders to advocate for systems change. CT Health developed and engaged elected, organization, community, and other leaders in advocating for systems change by investing in key organizations such as COHI and HES and programs such as the Health Leadership Fellows Program and the new Academy for Health Equity Advocacy and Leadership (AHEAL). These investments resulted in a cohort of strong advocates located in strategic parts of the state's healthcare system. Additionally, findings point to an increase in the capacity of healthcare professionals, legislators, and advocates to advocate for systems change as a result of their interaction with CT Health's communications products and their participation in educational forums convened by the foundation and its grantees.

Conclusion, Lessons Learned, and Recommendations for Future Investments

CT Health's strategic approach and investments in grantmaking, strategic communications, and policy worked together to advance health equity in the state of Connecticut. The evaluation found that CT Health was a powerful influence in educating, informing, and pushing the dialogue on racial and ethnic health disparities, health equity, and systems change in the state of Connecticut. This influence stems from its role as a funder as well as from its staff's expertise about healthcare policies and issues. More important, its three-pronged approach of grantmaking, communications, and policy advocacy strategies

jointly fostered changes in policies and practices by generating knowledge, testing innovative ideas, bringing attention to issues, strengthening alliances within and across systems and sectors, and cultivating a cohort of leaders to advance health equity — all three strategies were essential to CT Health's goal.

Health equity has been incorporated into policy and systems in Connecticut and CT Health contributed to this accomplishment. CT Health has contributed to the incorporation of health equity and of measures to address health disparities into policy, practices, and systems in Connecticut through ways described in the previous section. Indicators of how health equity has been incorporated into policy and systems in the state include:

- Establishment of the Office of Health Strategy, which some interviewees perceive as the central body to address health equity issues in the state;
- The Connecticut SIM the only SIM initiative in the country that explicitly addresses health equity;
- Quality measures and program standards in documents produced by the SIM that promote and support behavioral health integration, oral health, and monitoring of racial and ethnic disparities;
- Cuts to HUSKY eligibility that were not as extensive as initially proposed in 2015 and 2016;
- Health insurance coverage for mental or nervous conditions;
- Maintenance of water systems' fluoride content on par with federal recommendations;
- Recognition of the role of CHWs as part of the healthcare delivery system;
- At least one hour of education or training in cultural competency for dental hygienists;
- A task force to study public health prevention efforts, including public school health curriculum for disease prevention and a unique billing code for SBHCs, which supports the role of SBHCs as part of the state's safety net; and
- Monitoring of the Department of Social Services' compliance with federal Medicaid regulations and processing of HUSKY applications in a timely manner.

CT Health invested in the right set of resources to advance health equity. The evaluation found that CT Health invested in organizations that were able to advance health equity in the past three years, including state associations that promote health (e.g., CASBHC, CHCACT), advocacy organizations that advocate for health equity (e.g., COHI, HES), media outlets that cover important health issues (e.g., *The Connecticut Mirror* and Connecticut Health Investigative Team), and CHCs and other providers that are part of the safety net and serve communities of color and low-income communities. CT Health also invested in individuals who are situated in different parts of the healthcare system and could advocate for health equity (i.e., graduates of the Health Leadership Fellows Program).

Recommendations for CT Health's consideration for its new strategic plan. As CT Health transitions into its new strategic plan, it might want to consider the following recommendations to leverage the successes and the lessons learned from the past three years:

- Pay more attention to its relationships with organizations that are led by African American leaders and serve African American communities. The African American population in the state is disproportionately affected by health disparities and its leadership needs to have the capacity to advocate for systems changes that can improve the population's health outcomes. CT Health has partnered with and funded organizations that are led by Hispanics/Latinos and serve the

Hispanic/Latino communities, but has supported fewer organizations led by African Americans and serve the African American population.

- Allocate resources to educate advocates, policymakers, and the public about the connection between structural racism, social determinants of health, and health equity, in response to the criticism by a few individuals about why CT Health chose to focus only on race and ethnicity at the risk of leaving out poverty and other factors that contribute to health inequity.
- Direct more attention to enforcing existing policies and emerging healthcare reforms supporting health equity that are perceived as tenuous because the primary focus has been on informing and advocating for the passage of policies. CT Health could support studies about these matters to generate knowledge that will inform subsequent actions, including studies about the impact of the Patient Centered Medical Home Plus model which concerned several healthcare providers and advocates.
- Develop and strengthen its relationships with the business and education sectors, while continuing to emphasize engaging the health and nonprofit community. The business community plays a crucial role in advancing health equity by supporting policies and practices that positively affect the health of their employees. The education sector plays an equally important role by supporting the institutionalization and sustainability of solutions such as SBHCs, and practices that respond appropriately to children with behavioral health issues.
- Develop a strategy to use the Fellows and Leaders from the Health Leadership Fellows Program and the current AHEAL program to help bring attention to specific issues and policies of importance to its new strategic plan. The Fellows and now, the Academy Leaders are situated in different organizations and settings and CT Health has provided them with the knowledge and skills to advance health equity. They could use their positions and relationships to promote new ideas and solutions in a concerted effort facilitated by the foundation.

Table of Contents

Executive Summary	ii
Table of Contents	vii
Acronyms.....	viii
1. Introduction	1
1.1 Methodology.....	2
1.2 Organization of report	3
2. Findings	3
2.1 Stronger leadership and advocacy capacity	3
2.2 Coordination and integration of physical, oral, and behavioral health services, and dental and obstetric practices.....	5
2.3 Optimal role of the safety net in healthcare reform	7
2.4 Holding systems accountable for health equity	8
2.5 Enrollment in affordable health insurance plans, continued coverage, ease of care navigation, and connection to a regular source of care for people of color	10
3. CT Health Strategies That Contributed to Advancing Health Equity	11
3.1 Foster alliances and cross-sector and cross-system collaboration.....	11
3.2 Generate, synthesize, disseminate, and support the adoption of knowledge based on lessons learned and data-informed practices.....	12
3.3 Leverage relationships and other capacities to influence change.....	14
3.4 Develop and engage elected, organization, community, and other leaders in advocating for systems change	17
4. Discussion	18
4.1 CT Health’s strategic, three-pronged approach and investments worked together to advance health equity in the state of Connecticut	18
4.2 Indicators that health equity has been incorporated into policy and systems in Connecticut and signs of CT Health’s contributions.....	21
4.3 Strengths of CT Health’s past investments and lessons for future investments	23
5. Conclusion	25

Acronyms

CASBHC	Connecticut Association of School Based Health Centers
CCAG	Connecticut Citizens Action Group
CCY	Consultation Center at Yale
CHA	Connecticut Hospital Association
CHC, Inc.	Community Health Center, Inc.
CHCACT	Community Health Center Association of Connecticut
CHDI	Child Health and Development Institute
CFDO	Connecticut Foundation for Dental Outreach
CHPP	Connecticut Health Policy Project
CLS	Connecticut Legal Services
CMHP	Connecticut Multicultural Health Partnership
COHI	Connecticut Oral Health Initiative
CPCA	Connecticut Primary Care Association
CSDA	Connecticut State Dental Association
CTJJA	Connecticut Juvenile Justice Alliance
CTDHP	Connecticut Dental Health Partnership
CTMOM	Connecticut Mission of Mercy
CT Voices	Connecticut Voices for Children
DAS	Connecticut Department of Administrative Services
DPH	Department of Public Health
DSS	Department of Social Services
HDI	Health Disparities Institute, University of Connecticut
HES	Health Equity Solutions
HHC	Hispanic Health Council
NAMI CT	National Alliance on Mental Illness, Connecticut
OCA	Office of the Child Advocate
OHA	Office of the Healthcare Advocate
OHIT	Office of Health Information Technology
SBHC	School-Based Health Centers
SIM	State Innovation Model
SWAHEC	Southwestern Area Health Education Center
UHCFC	Universal Health Care Foundation of Connecticut

1. Introduction

In 2017, the Connecticut Health Foundation (CT Health) continued to focus on cultivating stronger capacity in leadership and in advocacy for health equity in healthcare access and delivery, while also working to reduce disparities experienced by people of color, low-income families, and low-income pregnant mothers. To accomplish this, it implemented a three-prong strategy of grantmaking, strategic communications, and policy advocacy to (1) engage elected, organization, community, and other leaders in advocating for systems change and leveraging relationships with various stakeholders; (2) ensure that people get enrolled and stay enrolled; (3) improve navigation of and connection to care; (4) optimize the role of the safety net in healthcare reform; and (5) integrate physical, oral, behavioral, dental, and obstetric services. CT Health intended to advance health equity by affecting changes in these five areas. Exhibit 1 is a visual illustration of the foundation's strategic framework developed by the Evaluation Team (Community Science) in collaboration with CT Health staff. This framework guided the evaluation conducted annually between 2014 and 2017.

Exhibit 1: CT Health Strategic Framework that Guided the Evaluation between 2014 and 2017



The evaluation of CT Health’s grantmaking, policy work, and strategic communications work was designed to answer the following questions:

1. Have CT Health’s strategic approach and investments in grantmaking, strategic communications, and policy worked together to advance health equity in the state of Connecticut?
2. What, if any, are the indicators that health equity has been incorporated into policy and systems in Connecticut? Did CT Health contribute to these changes and if yes, how?
3. Based on its strategic goals and objectives, did CT Health invest in and assemble the most optimal set of resources to advance health equity? What did CT Health leave off the table?

1.1 Methodology

The findings in this report are based on the Evaluation Team’s analysis of data gathered from five information sources:

- Reports of grantees whose grant activities occurred from 2014 until the first half of 2017 and whose work CT Health staff considered to have the greatest implications for its strategies;
- CT Health’s communication products and reports of communication efforts produced between 2014 and 2017;
- Healthcare legislation and policy documents that affected the changes sought by CT Health and its partners during the same time period;
- Articles by *The Connecticut Mirror* and the Connecticut Health Investigative Team — two media outlets that consistently received support from CT Health to cover important health policy issues; and
- Interviews with 26 individuals, including selected grantee representatives whose work significantly contributed to CT Health’s goals, journalists who reported on health matters, system leaders whose work directly related to the areas that CT Health was working to impact, and consultants to CT Health.

For the interviews, Community Science developed an initial list of individuals from the grantee pool and our research on decisionmakers relevant to CT Health’s goals. We consulted with CT Health staff to ensure that we did not leave out someone with an informative perspective. We also asked each person we interviewed to identify additional individuals they felt influenced decisions and outcomes relevant to CT Health’s strategic goals.

We contacted and interviewed 26 individuals who could provide us with a diverse set of perspectives about the state of progress in Connecticut related to (1) CT Health’s desired short- and long-term outcomes, shown in Exhibit 1 (i.e., health equity leadership, advocacy, and accountability; integrated and coordinated care; safety net; and access to healthcare coverage and ease of navigation) between 2014 and 2017; (2) the role of CT Health and other individuals and organizations in facilitating or hindering progress; and (3) missed opportunities to deal with current emerging challenges that could have been anticipated earlier.

In our analysis, we searched for themes and patterns that could answer the evaluation questions. A theme or pattern emerged when there were three or more independent corroborating sources (e.g., interviewees, newspaper article, policy document). We also looked for an event that could not have happened without CT Health’s support and a first-time occurrence due to CT Health’s support. Additionally, if our analysis revealed a gap in information, we immediately identified an information source that could fill the gap. Consequently, data collection and analysis were iterative processes.

Additionally, we revisited interview notes we collected and analyzed in 2014, 2015, and 2016, to both corroborate current information and understand the evolution of certain changes.

1.2 Organization of report

To answer the evaluation questions listed in Section 1.1., this report begins with a synopsis of accomplishments and progress in the areas of health equity leadership and advocacy; integrated and coordinated care; safety net; accountability of systems to health equity; and access to healthcare coverage and ease of navigation (Section 2). This is followed by a summary of how CT Health contributed to the accomplishments and progress (Section 3). A discussion that answers the evaluation questions based on the findings summarized in Sections 2 and 3 is included in Section 4, along with the findings' implications on CT Health's strategic plan for the next five years (Section 4), and recommendations for the foundation leadership's consideration (Section 5).

There are a few considerations to bear in mind about this report:

- As mentioned above, the findings pertain to the latter part of CT Health's 2013-2017 strategic plan (i.e., from 2014 until the middle of 2017);
- Some grants were ongoing at the time of our data collection and did not have outcomes yet; nevertheless, we were able to assess whether their activities supported and reflected CT Health's direction for health equity; and
- It was not possible to quantify the impact of CT Health's systems change work or measure its attribution because of the complex root causes underlying health disparities and inequity as well as the multiple forces affecting the state's health care system. Thus, we relied on qualitative data to reveal patterns of impact to which CT Health contributed.

2. Findings

2.1 Stronger leadership and advocacy capacity

There is evidence to indicate a growing cohort of health equity advocates in the state that are situated in different types of organizations and whose advocacy capacity was strengthened by CT Health's support, directly or indirectly. These advocates contributed to changes in their organizational practices, policy decisions, and passage of legislation. Organizations such as Community Health Center Association of Connecticut (CHCACT), Connecticut Oral Health Initiative (COHI), Connecticut Association of School Based Health Centers (CASBHC), Connecticut Voices for Children, Health Equity Solutions (HES), Hispanic Federation, and National Alliance on Mental Illness-Connecticut (NAMI CT) have been actively involved in the decisions that affect the state's healthcare system. These organizations were funded by CT Health and have successfully advocated for changes in oral health, the safety net, integration of Community Health Workers (CHWs) into the state healthcare system, and maintenance of eligibility for HUSKY coverage.

The data that point to a growing cohort of health equity advocates include:

- Individuals from the organizations mentioned above have been involved in the task forces and committees that support the State Innovation Model (SIM) initiative and spoke up about the importance of oral and behavioral healthcare, CHWs, and the role of school-based and community health centers. Examples of changes they contributed to include the integration of oral health measures in the SIM initiative's *Practice Transformation Report* and of quality

measures for behavioral health access in the SIM initiative's Quality Council report, *A Multi-Payer Quality Measure Set for Improving Connecticut's Healthcare Quality*.

- Individuals representing the organizations mentioned above, as well as several Fellows who participated in foundation's Health Leadership Fellows Program, provided testimonials at legislative hearings in support of passed legislation, including Public Act (PA) No. 17-74 (to define the roles and responsibilities of CHWs), PA No. 16-4 (to optimize community water fluoridation levels based on U.S. Department of Health and Human Services recommendations), PA No. 15-69 (to revise children's coverage provisions under HUSKY Plus), and informed the revisions to PA No. 15-226 (an act concerning health insurance coverage for mental or nervous conditions).
- There were reports from nongrant recipient respondents that certain nonprofits repeatedly communicated and promoted the need for health equity, and the respondents knew that these nonprofits were funded by CT Health, which has visibly promoted health equity.
- There have been presentations about health equity topics by organizations with the capacity to reach large numbers of providers, such as Connecticut State Medical Society (a symposium in 2015 about health disparities) and Connecticut Hospital Association (a symposium in 2015 on health equity). Both organizations had been funded by CT Health to promote and advance health equity.

Leadership and advocacy capacity for health equity increased significantly with the establishment of HES, which contributed to the successful passage of legislation on community health workers (PA No. 17-74). Interviewees mentioned that HES and its director have been very vocal and active in promoting health equity. CT Health seeded this organization, and over the last three years it has grown from an idea to an established organization. As such, it can be concluded that CT Health is directly responsible for increasing the advocacy capacity for health equity in the state. The HES executive director has presented on issues related to health equity in different settings (e.g., on nurses' role in promoting access and equity at the Northern Connecticut Black Nurses Association conference). Interviewees repeatedly acknowledged HES' long-standing commitment to advancing community health workers as a model for improving healthcare and acknowledged its leadership's efforts in gathering support for the statutory definition of community health workers' role and competencies as part of the legislation. The HES executive director received the Families USA Health Equity Award for 2018 because of her successful contribution to the advocacy effort to get this legislation passed.

Leadership and advocacy capacity for oral health increased significantly with the establishment of COHI, continual efforts by COHI and other grantees, and educational materials by CT Health, and this increase contributed to the legislative decision to maintain the statute on community water fluoridation in 2016 (PA No. 16-4). COHI and its executive director were repeatedly described as the major advocate for oral health. This organization was initially established with CT Health funds and continued to be supported by CT Health in subsequent years. Also, CT Health helped facilitate COHI executive director's participation in committees that support the SIM initiative. As such, it can be concluded that CT Health is directly responsible for the advocacy capacity for oral health in the state. The capacity to advocate for oral care in communities of color also was strengthened with support from CT Health, with such examples as the Hispanic Health Council and the Latino and Puerto Rican Affairs Commission, which distributed educational materials to legislators and community members about the importance of oral health coverage for their communities in the context of Medicaid reforms. It is difficult to ascertain the exact degree to which these organizations increased the utilization rate for oral healthcare services among Hispanic Medicaid beneficiaries, who have one of the highest utilization rates

in the country. However, several interviewees shared their belief that the increase was likely due to the extensive community outreach efforts over the past years.

CT Health and grantees' advocacy effort directly contributed to the legislative decision to update the community water fluoridation statute, despite opposition from anti-water fluoridation groups. CT Health distributed a brief on the fluoridation of water that was used by advocates to develop and distribute talking points for other advocates, and CT Health funded the Connecticut Dental Health Partnership to conduct specific advocacy training on the issue.

Leadership and advocacy capacity for oral health for pregnant women also increased and played a key role in informing legislators about the consequences of pregnant mothers on Medicaid losing dental coverage along with the rest of their health benefits. CT Health played a critical role in laying the groundwork to build this capacity by first funding a statewide survey of young children's use of oral healthcare services and a survey about dentists' practices regarding pregnant patients. The survey findings raised awareness about the limited services for and myths surrounding pregnant mothers, and CT Health funded the Connecticut State Dental Association (CSDA) to educate its provider community. Since then, institutions such as the CSDA and the state's Department of Public Health (DPH) and Department of Social Services (DSS) have continually paid attention to this issue. For example, DSS reached out to Head Start programs to reinforce the need for parents to continue dental appointments. The state legislative body was made aware of the consequences of ending Medicaid coverage for pregnant women and adults when oral health advocates such as COHI informed legislators that if these people lost their Medicaid, they would also lose dental coverage because they would not be eligible for any other health insurance plan that includes dental benefits.

2.2 Coordination and integration of physical, oral, and behavioral health services, and dental and obstetric practices

Some of the grantees and system leaders interviewed by the Evaluation Team perceived progress in the state regarding coordinated and integrated care, including their observation that primary care pediatricians have, in consultation with psychiatrists, enacted new systems to care for children with certain behavioral health issues. Other interviewees felt that the progress has been inadequate. Regardless, they perceived CT Health as a leader that helped facilitate the progress by bringing attention to the importance of such care in its publications; convening health professionals from the behavioral, physical, and oral sectors; and funding organizations to pilot-test ideas and projects (more about CT Health's role is discussed in Section 3).

CT Health brought attention to the importance of coordinated and integrated care through its communications products, support of The Connecticut Mirror and Connecticut Health Investigative Team which covers important health policy topics, and participation of its staff and grantees in relevant committees, as well as by brokering relationships among leaders and representatives from different sectors. CT Health published several briefs that brought attention to the medical and dental divide (*Improving Children's Oral Health by Crossing the Medical-Dental Divide* and a blog post about the lack of integration between the electronic health record systems of medical and dental care providers in 2015). *The Connecticut Mirror*, which received funding support from CT Health, also published several articles including: *In Some Primary Offices, the Social Worker Will See You Now* (September 2015) and *Mental Health Agencies Take On Larger Role in Coordinating All Care* (September 2015). The Connecticut Health Investigative Team, supported by CT Health, published an article on *Private Insurers Deny More Claims for Mental Health Care* (May 2016). The foundation's staff and grantee representatives served on

committees of the SIM initiative and contributed to the inclusion of standards about behavioral health integration in the final *Report of the Practice Transformation Taskforce on Community and Clinical Integration Program Standards for Advanced Networks and Federally Qualified Health Centers*. Additionally, CT Health President & CEO serves on the Behavioral Health Partnership Oversight Council established in legislation to advise three state agencies on the implementation of the statutory Behavioral Health Partnership.

Several community health centers and other providers that serve large populations of color or provide specialized services (e.g., for individuals with disabilities) strengthened their capacity to provide coordinated and integrated care. CT Health grants include the following:

- Clifford Beers Clinic, which serves Greater New Haven, used a grant from CT Health to support a one-year planning project to establish best practices and system design for an integrated model of care for children and families with autism spectrum disorder. This effort led to the opening of a new clinic in Hamden that provides comprehensive services (e.g., psychiatric services, care coordination, medication management and therapy, nutrition support) for children and adults with autism.
- Community Health Center Inc. pilot-tested a model to integrate trauma and diabetes care.
- Cornell Scott-Hill Health Center reported the successful development and enhancement of technologies and population health management tracking systems to coordinate oral healthcare for patients who visit the health center for physical and behavioral healthcare (e.g., flags built into the systems). The health center also was able to identify and fill the knowledge gaps among its medical and behavioral healthcare staff regarding oral healthcare, and educated dental providers about mental health and substance abuse issues affecting the populations they serve.
- Cornell Scott-Hill Health Center also reached a collaboration agreement with Yale New Haven Hospital and Fair Haven Community Health Center (FHCHC) to create a New Haven Primary Care Consortium. This partnership puts in place new structures and systems to integrate mental, oral, and primary care provision and expand access to coordinated care for the populations served by these institutions.
- FHCHC tested a new information technology interface between dental and medical electronic health records. Based on the results from the testing phase, FHCHC expects that this system will allow the institution to seamlessly integrate dental and medical information. This integration will also enable FHCHC to create oral health promotion reminders for medical staff, medical screening reminders for dental staff, and smoking cessation and hypertension care reminders.
- Wheeler Clinic developed core metrics, data analysis technologies, and data exchange mechanisms at three of its health and wellness centers, which helped to expand access to primary care services for individuals with behavioral health issues. Wheeler Clinic was recently designated as a Federally Qualified Health Center, which will allow it to continue developing services for medically underserved populations.
- There is an increasing number of community health centers (CHCs) that provide fluoride varnish to children as part of their primary care services, according to the Foundation for Children.

Health systems also strengthened their capacity to provide coordinated and integrated care, creating far-reaching benefits for Connecticut residents. CT Health's funding of the following health systems led to far-reaching benefits for Connecticut residents:

- Connecticut Children's Medical Center pilot-tested a model of care coordination for all at-risk children which was adopted and replicated by DPH.

- Hartford Healthcare reported important outcomes as a result of integrating behavioral health clinicians into their primary care practices, including identification and treatment of patients with insufficiently treated behavioral health issues. The provision of behavioral healthcare interventions has resulted in decreases in admissions, re-admissions, and inappropriate utilization of emergency department resources.
- Planned Parenthood of Southern New England (PPSNE) received accreditation to become a medical home in September 2017. It now provides chronic disease and behavioral healthcare services.
- Saint Francis Hospital and Medical Center reported that protocols for the incorporation of oral healthcare in pregnancy care became permanent components of courses offered at the University of Connecticut's School of Medicine. St. Francis Hospital also piloted and then institutionalized protocols for screening expecting mothers for mental health issues during their first prenatal visit and for providing ongoing counseling and therapy through its Center for Women's Health.

Several grantees developed and enhanced their knowledge, protocols, and practices to address the impact of substance use and other risk-taking behaviors on youth and adults' health.

Grantee Northwestern Connecticut Area Health Education Center completed 21 Youth Mental Health First Aid trainings across the state in collaboration with community partners. Certified individuals reported directing at-risk youth to an appropriate behavioral health professional or other support strategies in the one-month follow-up survey. Another grantee, Cornell Scott-Hill Health Center, reported progress integrating a methadone maintenance software into its larger electronic health records systems, with the goal of further integrating clinical care for patients with substance use disorders. This grantee also reported making strides in training dental providers to use naloxone for opioid overdose.

2.3 Optimal role of the safety net in healthcare reform

Interviewees and grantee documentation point to important progress achieved in the state to strengthen safety net programs and promote their sustainability. However, interviewees considered these gains to be under significant threat, given the state fiscal situation and the broader national context. In these circumstances, CT Health funding has provided crucial support for safety net grantees in their efforts to strengthen their institutions and enhance their services. These efforts include the pilot-testing and adoption of standardized performance measures and quality improvement strategies for school-based health centers (SBHCs) and CHCs.

Promotion of SBHCs as an important part of the state's healthcare system and adoption of standardized quality standards by SBHCs contributed to the sustainability of the state's safety net services in the face of state budgetary challenges. CASBHC led efforts to pilot-test a modified set of National Committee for Quality Assurance (NCQA) quality standards and performance measures for school-based health services. The adoption of these quality standards allowed SBHCs in the state to apply for medical home recognition and access a host of federal resources. CT Health funding allowed CASBHC to identify sites to pilot-test the NCQA standards, support the sites as they produced the documentation needed to pass NCQA accreditation, and hire consultants with experience to assist the process. The recognition of SBHCs as medical homes as a result of their adoption of NCQA quality standards validates this model of care and its importance for both education and health outcomes. This work builds on efforts undertaken by CASBHC to establish a standard definition of school-based health services and SBHCs. Connecticut is one of a handful of states with a standardized definition of SBHCs.

CT Health also published a brief, *School-Based Health Centers: Critical to Health Reform and Improved Outcomes for Students*, in January 2017 and distributed it widely to legislators, policymakers, and the general public. The content for the brief was informed by CASBHC's participation in a nationwide initiative to test performance standards for SBHCs, organized by the national School-Based Health Alliance. CASBHC's work will impact 78 school-based health centers across the state.

Like SBHCs, CHCs also contributed to the sustainability of safety net services in the face of local budgetary challenges by adopting standardized quality standards. CHCACT received a Practice Transformation Network grant from the Centers for Medicare and Medicaid Services (CMS). As reported in the 2015 Evaluation Report, CT Health funding helped CHCACT prepare to successfully apply for this grant, which was a crucial step toward providing Federally Qualified Health Centers with resources to bring operational changes to their services. The CMS grant allowed CHCACT to further support members in their efforts to improve quality of care and promote coordination of services. This progress toward uniform adoption of quality standards increased the capacity of CHCs to access more federal resources and expand services for low-income populations in the state. Interviewees agreed that this push for standardization strengthened the safety net by helping raise reimbursement rates and promoting the sustainability and accountability of SBHCs and CHCs.

Besides enhancing the safety net for underserved families and children, CASBHC, CHCACT and individual CHCs also simultaneously helped advance the practice of coordinated and integrated care. Safety net providers have been at the forefront of the movement to integrate physical, oral, and behavioral health services. In grantee reports, CASBHC highlighted efforts to include oral health education and expand dentistry care as part of the services offered at SBHCs by developing a school-based dental services' manual and partnering with a network of advocates, including COHI, to advance oral health issues. These efforts helped to raise the profile of SBHCs "as part of the public health infrastructure." Interviewees described initiatives to invite more dentists to assist with services in school-based health clinics and to create a pre-K to 12 oral health education curriculum endorsed by the CSDA as important outcomes of these partnership efforts. Similarly, CHCs took advantage of the federal Transforming Clinical Practice Initiative grant to expand dental care and substance abuse services. FHCHC and Wheeler Clinic also built their capacity to coordinate and integrate care by implementing new information technologies to integrate dental and medical information; developing and implementing protocols for health data collection and exchange across sites; and obtaining external funding to support substance abuse and behavioral health services, as mentioned above.

2.4 Holding systems accountable for health equity

The advocacy conducted by CT Health, partners, and grantees to advance health equity contributed to several changes in policies and practices in the areas of health equity, specifically related to CHWs, coordinated and integrated care, safety net, and oral health.

Most recently, in 2017, legislation was passed to establish the Office of Health Strategy within the State Government's Executive Branch (Governor's Bill No. 795); CT Health's work informed the decision to establish the Office. The Office of Health Strategy will develop and implement a comprehensive and cohesive healthcare vision for the state and also direct and oversee the all-payers claim database program, the SIM initiative, and related successor initiatives. A few interviewees viewed the office as a central body to address equity issues under "one umbrella" and in a "more comprehensive way." As members of the Healthcare Cabinet, CT Health's President & CEO and representatives from partner organizations (including the Connecticut State Medical Society, Universal

Healthcare Foundation of Connecticut, and grantee Christian Community Action) directly influenced the decision to establish this new Office.

The SIM initiative and related efforts, which play a significant role in advancing the state's healthcare reform, have integrated health equity into their decisionmaking and published standards.

Accountability for health equity has been built into the SIM initiative through the following ways:

- The Connecticut SIM the only SIM initiative in the country that explicitly addresses health equity;
- Quality measures for behavioral health access are included in the Quality Council's final report *A Multi-Payer Quality Measure Set for Improving Connecticut's Healthcare Quality* (November 2016);
- Program standards related to behavioral health integration, responses to persons with complex health needs, and monitoring of racial and ethnic disparities are included in the final *Report of the Practice Transformation Taskforce on Community and Clinical Integration Program Standards for Advanced Networks and Federally Qualified Health Centers*; and
- Oral health — an often overlooked area of health disparities — is a measure of clinical importance under consideration as a core measure by the SIM Quality Council.

Several decisions were made and legislation was passed (or not passed if the legislation negatively affected health equity) that support the advancement of health equity. These decisions and legislation include:

- Cuts to HUSKY eligibility in 2015 that were not as extensive as initially proposed. In particular, eligibility for pregnant women was not reduced and the new income limit resulting from 2015 legislation was higher than the proposal originally introduced by the Governor;
- Improvement of oral health as an objective in the State Health Improvement Plan;
- Inclusion of oral health as part of the Access Health CT enrollment system;
- Health insurance coverage for mental or nervous conditions (PA No. 15-226) in 2015;
- Study of other states' healthcare reform efforts, including payment reform (PA No. 15-146) in 2015;
- Maintenance of water systems' fluoride content on par with federal recommendations (PA No. 16-4) in 2016;
- Definition and study of CHWs (PA No. No. 17-74) in 2017;
- At least one hour of education or training in cultural competency for dental hygienists (PA No. 17-146) in 2017; and
- A task force to study public health prevention efforts, including public school health curriculum for disease prevention (Special Act No. 17-17) and a unique billing code for SBHCs, which supports the role of SBHCs as part of the state's safety net.
- St. Francis Hospital and Medical Center continued to retain two staff members who bring a health equity lens to its initiatives and services — one who was a participant of CT Health's Health Leadership Fellows Program and another whose health equity position was first funded by CT Health and then sustained by St. Francis Hospital and Medical Center.

A system has been established to ensure that DSS complies with federal Medicaid regulations and processes HUSKY applications in a timely manner.

The Center for Children's Advocacy continued to work to ensure DSS compliance with federal Medicaid regulations related to access to data on behavioral screenings. This grantee is further monitoring DSS screening data for developmental and

behavioral concerns, and advocated for the agency to increase the frequency at which it compiles reports. This increased reporting will facilitate efforts to evaluate behavioral health screening provisions and whether those screens are effectively creating more mental health interventions. In addition, New Haven Legal Assistance Association and Greater Hartford Legal Aid called attention to the delays in DSS' processing of HUSKY applications, resulting in a settlement that requires DSS to provide monthly reports to the two legal organizations concerning the performance of the agency's call center.

2.5 Enrollment in affordable health insurance plans, continued coverage, ease of care navigation, and connection to a regular source of care for people of color

CT Health raised public awareness about the impact of the Affordable Care Act (ACA) on Connecticut and the consequences of repealing the act. CT Health funded Urban Institute to conduct an analysis of the impact of the ACA on Connecticut in mid-2017. The report showed that approximately 161,500 Connecticut residents have health insurance due to the ACA and that the number of uninsured residents fell by 45%, from 359,000 to 198,000. This report spurred articles by *Hartford Courant*, *New Haven Register*, and *The Connecticut Mirror*. While we were not able to measure the impact of this publication and its derivatives, we can conclude that the sharing of the findings in major newspapers raised awareness about the benefits of the ACA in Connecticut and the consequences if thousands of Connecticut residents lost their health coverage.

Between 2013 and 2016, the number of uninsured individuals in Connecticut declined by 45%. CT Health contributed to this decline by funding 18 organizations to reach out to and educate 74,505 people — approximately more than half of the uninsured in 2015 — and assist 2,720 people in enrolling in health insurance plans. The average percentage of racial and ethnic minorities enrolled across the 18 grantees in 2015 was 68 percent (this piece of information was not collected or reported by grantees in 2014, and thus, we have no comparison).

Related to the decline in number of uninsured individuals, CT Health and its partners and grantees successfully advocated against proposed changes to HUSKY eligibility in 2015 and 2016, resulting in continued coverage for pregnant women and fewer families losing coverage. The concerted effort to advocate against the proposed state budget cuts that adversely impacted HUSKY coverage for families was significant in the past three years. While the cut was eventually implemented in 2017, changes in eligibility did not include pregnant women. CT Health, partners, grantees, and members of the Medicaid Strategy Group advocated against the Governor's proposal and for the continuation of coverage for pregnant women. Activities that supported these advocacy efforts included:

- CT Health's policy briefs *Potential Consequences of Proposal to Further Reduce Eligibility for HUSKY Insured Parents* (April 2016) and *How Proposed HUSKY Cuts Will Harm Low-Income Families* (March 2015) was used by grantees, and radio station WNPR covered their efforts to educate the public and legislators about the consequences of the cuts;
- Community Catalyst received funding in 2015 to study enrollment churn — the findings were published in the foundation's policy brief *Ensuring Continuous Coverage for HUSKY Parents: Lessons Learned and Strategies from the Rhode Island Experience* (July 2015) and shared with advocates and policymakers, including the Director of Health Services at DSS and representatives of Access Health CT — and subsequently, received funding in 2016 to develop policy options to address churn;
- Blogs and other publications about the impact of the proposed change on families (e.g., CT Health blogposts *Here We Go Again....Deeper Medicaid/HUSKY Cuts Proposed to Balance Budget*

[April 21, 2016], *Coverage for HUSKY Parents Supports Oral Health Access for Two Generations* [March 20, 2015] and *A Human Face on the Proposed Cuts to Medicaid Eligibility* [May 18, 2015]; CT Health I-Team article *More Dentists Now Treating Low-Income Patients, But Coverage Gaps Persists* [April 5, 2015]; The Connecticut Mirror article *As Medicaid Cuts Loom, Critics Warned of More Uninsured* [June 9, 2015]];

- Testimonies by grantees at public hearings (e.g., New Haven Legal Assistance Association, Hispanic Federation, and member organizations at the DSS budget hearing) and sharing of information with elected officials (e.g., the Hispanic Alliance provided information about the impact of the cuts [including information generated by CT Health] with Rep. Christopher Rosario);
- Advocacy efforts by organizations that were funded by CT Health to promote oral health, including the Connecticut Oral Health Initiative (COHI), United Connecticut Action for Neighborhoods (UCAN), Bridgeport Child Advocacy Coalition (BCAC), and Quinnipiac Valley Health District;
- Press conferences to bring attention to the proposed cuts and their impact (e.g., organized by Better for Choices for Connecticut); and
- Participation by CT Health and grantee staff on various committees, including the Medicaid Strategy Group and Council on Medical Assistance Program Oversight, and their persistence in raising awareness about health equity.

CT Health began to shift its focus from enrollment to health insurance literacy, which was a need that also emerged nationally. The limited health insurance literacy among health insurance enrollees was a barrier to the success of the ACA. CT Health began to address this by:

- Funding the publication of an April 2017 brief — *Measuring Health Insurance Literacy in Connecticut*, Volume 1, by the University of Connecticut’s Health Disparities Institute — about the findings from a 2016 survey of 516 adult Connecticut residents enrolled in a qualified health plan through Access Health CT. The brief showed some enrollees struggled to understand basic health insurance terminology and did not know how to use their benefits correctly. The findings were also published in the *Hartford Courant* in partnership with the Connecticut Health Investigative Team.
- Funding the University of Connecticut’s Health Disparities Institute in 2017 to develop and build the capacity of a new coalition, Equal Coverage to Care Coalition, to increase health insurance literacy.
- Funding FAIR Health to design a free mobile app in English and Spanish to help insured and uninsured individuals understand and estimate the cost of medical and dental coverage. This assistance was made available in 2015, one year into the ACA’s implementation, and completed in 2016. Between September and December 2016, the blog post about this app was the second most frequently reviewed page on CT Health’s website.

3. CT Health Strategies That Contributed to Advancing Health Equity

3.1 Foster alliances and cross-sector and cross-system collaboration

CT Health’s influence and power as a funder and its connections to system leaders and decisionmakers in the state enabled it to convene stakeholders from different sectors and promote the articulation of a unified and coordinated voice to advocate for reforms. CT Health’s influence stems not only from its role as a major funder but also from its connections to system leaders and decisionmakers, including the governor, lieutenant governor, and other SIM leaders. One interviewee’s statement reflected what most people noted: “CT Health convenes movers and shakers, pretty much.” The success of CT Health’s

efforts to foster cross-sector alliances and collaboration was especially prominent in the area of coordinated and integrated care. Interviewees — including grantees, advocates, and system leaders — credited CT Health with engaging representatives from the physical, behavioral, and oral health sectors, as well as legislators, practitioners, and advocates, as part of the pursuit of this objective. CT Health specifically fostered these engagements by creating spaces for dialogue (e.g., the Listening Project in 2015), supporting the formalization of collaborative agreements and partnerships through its grantmaking (e.g., among Cornell Scott-Hill Health Center, Yale New Haven Hospital, and FHCHC to create a New Haven Primary Care Consortium), and educating decisionmakers through its publications (e.g., *Improving Children’s Oral Health by Crossing the Medical-Dental Divide*, January 2015).

CT Health’s grantmaking also strategically created spaces for relationship building and understanding within and across sectors and systems. CT Health’s grantmaking helped to cultivate relationships and understanding in the following ways:

- Staff from NAMI CT were active participants of the planning group organizing the SIM Behavioral Health Listening Forum intended to bring together stakeholder groups — including individuals receiving behavioral health services, providers, advocates, and concerned community members — to discuss behavioral healthcare reform.
- The Connecticut Children’s Medical Center Care Collaborative convened the first statewide forum on care coordination in order to transform children’s healthcare in the state.
- Partnership for Strong Communities hosted a Hospital Initiative Work Group meeting, which included healthcare, housing, and social service providers. Participants discussed the main findings of an evaluation of a pilot initiative to identify frequent users of emergency departments who are experiencing homelessness and connect them with housing assistance and supportive services.
- Safety net advocates participated in quarterly forums in which CHCs came together and shared practices with each other and talked about scaling and replication.
- Collaboration continued among Community Health Services Inc., Saint Francis Hospital, and University of Connecticut School of Medicine in the process of assuming the responsibility for the operations of the Burgdorf Health Center.

Representatives from grantee organizations noted that the support received from CT Health allowed them to engage with influential stakeholders in the state to advance their work. Interview respondents from grantee organizations noted that the support they received from CT Health was crucial for their ability to engage with important stakeholders. The foundation’s support was especially important in strengthening grantees’ ability to engage with representatives from state agencies and state associations. For example, PPSNE staff met with state elected officials to discuss the effects of attempts to deprive family planning providers, including PPSNE, of federal Medicaid funding. This meeting resulted in the inclusion of language in the human services implementer bill (HB No. 7040) to reallocate state Medicaid funding for these providers.

3.2 Generate, synthesize, disseminate, and support the adoption of knowledge based on lessons learned and data-informed practices

CT Health’s consistent focus on gathering, synthesizing, and disseminating research findings and promoting the adoption of data-based practices provided stakeholders with authoritative evidence to optimize safety net structures and promote integrated care systems. Apart from referring to specific CT Health’s publications that they have used in their work, interviewees highlighted the importance of efforts by the foundation’s staff to use data and research to give prominence to health equity issues as

part of initiatives such as the SIM. CT Health also advanced strategies to generate and disseminate knowledge by supporting the piloting of models of care and by supporting grantees' data collection efforts.

CT Health was considered a consistent source of reliable data and meaningful insights, as well as a crucial sponsor of research efforts. CT Health has successfully positioned itself as “a primary driver in conversation and action” and a “relentless reminder” of the importance of the health equity lens. Some of the CT Health publications mentioned by respondents as particularly effective vehicles to disseminate data-informed practices include the “Talking Points” document *Water Fluoridation: It’s Effective, Safe and Saves Money for Connecticut Families and Taxpayers*, as well as the briefs *Tomorrow’s Health Care System Needs Community Health Workers: A Policy Agenda for Connecticut* and *School-Based Health Centers: Critical to Health Reform and Improved Outcomes for Students*. Other research efforts that were supported by the foundation and that respondents thought played an important role in driving conversations around healthcare access and coordination in the state include the 2016 *Health Care Cabinet’s Cost Containment Study*.

A specific form of data that CT Health supported was the collection of assessments of current healthcare-related practices, which provided advocates and grantees the information to highlight and address a problem. CT Health’s funding support for the collection of certain data frequently served as a catalyst for subsequent actions. The data that were often mentioned by interviewees included:

- A first-time survey in 2007 about the extent of oral health screening for preschool and elementary school children by the Connecticut DPH, which informed the department’s development of oral healthcare policies and interventions for children;
- A series of focus groups and interviews with low-income pregnant mothers about their use of dental care by the University of Connecticut School of Dental Medicine, and a 2014 survey of dentists’ practices related to pregnant patients (Institute for Community Research), which then informed educational materials developed by the CSDA; and
- CHCACT’s 2014 statewide survey of its members to assess the extent to which dental and behavioral health services were integrated with primary care, which helped lay the groundwork for a Practice Transformation Network grant to strengthen the capacity of 2,245 clinicians to enhance team-based care delivery, integrated care, resource and data sharing, and collaborative learning.¹

CT Health was willing to support innovative ideas and projects, which in turn generated knowledge that was disseminated through educational and advocacy tools, and informed the development of healthcare protocols. CT Health has funded efforts to develop, test, and refine models and protocols to integrate care in multiple ways, in various health institutions and care settings. These health institutions, some of which have several service sites across a city or the state, increase the potential for more people to benefit from the lessons learned (see Section 2.2, which described the projects funded by CT Health in the area of care coordination and integration). Other examples of the ways in which CT Health grantees have contributed to the dissemination and adoption of data-informed practices are:

- The Foundation for Children, in collaboration with the Connecticut chapter of the American Academy of Pediatrics, implemented a survey of pediatric practices to collect data about

¹ Community Health Center Association of Connecticut (2015, September 29). *Community Health Center Association of Connecticut receives Transforming Clinical Practice Initiative Award* [Press release].

methods used by commercial insurers to pay providers for behavioral and developmental screenings. Based on this survey, this grantee created a Behavioral and Developmental Tool Kit, which included some of the top screeners used by pediatricians, information on how to use them properly, and best practices for coding insurers for these services.

- Protocols for the incorporation of oral healthcare in pregnancy care became permanent components of courses offered at the University of Connecticut's School of Medicine through the St. Francis Hospital project to educate providers and medical students using Smiles for Life's Oral Health in Pregnancy curriculum and Smiles for Life's Prenatal Oral Health Pocket Card.
- A validated, comprehensive screening tool was adopted and implemented through the St. Francis Hospital Obstetrics Home that not only provides better screening for multiple forms of depression but also screens for other behavioral health conditions. Prior to receiving this grant, expectant mothers were screened only for clinical depression.

CT Health produced and disseminated information that supported legislators' decisionmaking. CT Health designed and distributed many briefs that advocates said they have used. It is difficult to determine which briefs contributed to which policies, but the following information distributed by CT Health was repeatedly mentioned by interviewees as particularly informative for legislators: talking points about the fluoridation of community water, consequences of reducing eligibility for HUSKY-insured parents (these briefs were disseminated in 2015, 2016, and 2017 to address the Governor's proposed budget cuts every year), dental health disparities for HUSKY A-insured children due to low pre-2008 reimbursement rates, and the Health Care Cabinet's *Cost Containment Study* (which was completed in September 2016 and went to the legislature in January 2017). One interviewee overheard a senior legislator discussing the legislative body's consideration to restore Medicaid eligibility given their increased understanding of the long-term effects of having more people without access to care.

3.3 Leverage relationships and other capacities to influence change

Key informant interviews and grantee documentation illustrate CT Health's ability to leverage relationships and capacities at the system and organizational levels to exert influence both directly and indirectly on legislators, state agencies, and other types of leadership to support and advance health equity. Besides generating and disseminating knowledge and cultivating alliances, CT Health also uses its connections to broker the participation of its partners, grantees, and Fellows in state policy debates and committees, such as those around the SIM initiative's implementation.

CT Health leveraged relationships and capacities through its staff's direct involvement in healthcare reform governing and decisionmaking bodies, such as the SIM initiative. CT Health's presence in the SIM initiative and related activities contributed to the maintenance of a consistent focus on health equity as part of reforms to transform the state's healthcare system (see Exhibit 2 for the major decisionmaking bodies in which CT Health staff participate). Not only was a definition and concept of health equity developed and integrated into the SIM initiative, practices that support health equity were also discussed as part of plans and proposed solutions. As previously reported, evidence of CT Health's influence as part of these processes include:

- Monitoring for racial and ethnic disparities as one of the central components of the Clinical and Community Integration Program Standards;
- Inclusion of quality measures in the Quality Council's draft report *A Multi-Payer Quality Measure Set for Improving Connecticut's Healthcare Quality* (November 2015) that meet the criteria to address health disparity concerns;

- Inclusion of addressing equity gaps in support of better community and clinical integration in the Practice Transformation Taskforce's draft report *Community and Clinical Integration Program Standards for Advanced Networks and Federally Qualified Health Centers* (October 2015); and
- Insertion of CHWs as an important feature of the SIM's focus on health equity and in support of community and clinical integration.

Apart from the involvement of its staff, CT Health grantee representatives and Fellows also participated in influential committees and entities — sometimes on their own merit and sometimes brokered by CT Health. Interviewees noted that they frequently hear CT Health and its grantees and Fellows bring up and discuss health equity in various settings, including committees on which they serve (see Exhibit 2). Their perspectives were perceived as consistent with what they hear directly from CT Health staff. For example:

- Through its active membership in the SIM Community Health Worker Committee, PPSNE provided input as part of discussions that informed the passage of PA 17-74, an act establishing a definition of CHWs and mechanisms to study the establishment of a certification program; and
- Leadership from NAMI CT helped guide the SIM process through membership on its Quality Council. NAMI staff reported that as part of this work, they too developed a better sense of how they can influence policy and decisionmaking concerning health disparities.

Exhibit 2: Involvement of CT Health Foundation, Fellows, and Grantees in Committees in 2017

	CT Health	Grantees	Fellows
<i>SIM Initiative</i>			
<i>Consumer Advisory Board</i>	✓	✓	✓
<i>Community Health Worker Advisory Committee</i>	✓	✓	✓
<i>Health Care Cabinet</i>	✓	✓	
<i>Healthcare Innovation Steering Committee</i>	✓	✓	
<i>Equity and Access Council</i>		✓	✓
<i>Practice Transformation Taskforce</i>		✓	✓
<i>Quality Council</i>	✓	✓	✓
<i>Access Health CT</i>			
<i>All Payers Claims Database Advisory Group</i>		✓	

	CT Health	Grantees	Fellows
<i>Consumer Experience and Outreach Advisory Committee</i>	✓	✓	
<i>Health Plan Benefits and Qualifications Advisory Committee</i>		✓	
<i>Navigator and In-Person Assister</i>	✓		
<i>Race and Ethnicity Data Collection</i>	✓		
Other Health Care-Related Committees			
<i>Advisory Board for the Children's Behavioral Health Implementation Plan</i>	✓	✓	
<i>Behavioral Health Partnership Oversight Council</i>		✓	
<i>CT Insurance Department of Mental Health Parity</i>	✓		
<i>CT School Based Health Center Advisory Committee</i>		✓	
<i>DSS Person-Centered Medical Home Care Coordination Committee</i>		✓	
<i>Juvenile Justice Policy and Oversight Council – Education and Goals Workgroups</i>		✓	
<i>Keep the Promise Mental Health Forum</i>		✓	
<i>Medicaid Strategy Group</i>	✓	✓	✓
<i>New England Asthma Innovation Collaborative, Workforce Committee</i>		✓	
<i>Protect Our Care CT Coalition</i>	✓	✓	✓
<i>Two-Generational Interagency Working Group</i>		✓	

CT Health also sought to leverage relationships to influence change by seeking media coverage and providing information and commentary about current health equity issues in the state. Interviewees, especially those who reported on healthcare matters, shared that CT Health is an important source of expertise for media stories and reporting on state debates related to healthcare access and equity. For instance, an interviewee recounted how CT Health's briefs on CHWs contributed to the recent legislation, because legislative staff contacted CT Health staff to discuss the brief and expressed interest in advancing legislation after reading the brief. Another interviewee who reports on healthcare issues indicated that CT Health's President & CEO is her knowledge source for issues related to healthcare and low-income families.

Also, by supporting organizations such as WNPR News, *The Connecticut Mirror*, and Connecticut Health Investigative Team, CT Health ensured that issues of access to care and the health equity implications of

policy reforms remained in the public eye. Topics covered by these publications in 2017 included insurance enrollment and education events throughout the state, availability of new or expanded behavioral health services, disparities in access to chronic disease screening and treatment, the state of safety net providers, local and national debates related to ACA, and state budgetary issues and their impact for Medicaid populations, among other matters related to health equity and the social determinants of health.

3.4 Develop and engage elected, organization, community, and other leaders in advocating for systems change

CT Health relied on a network of leaders and allies it cultivated by building their capacity to champion health equity across sectors and levels. With CT Health's support, these champions have in turn successfully engaged health professionals, policymakers, elected officials, and community leaders.

CT Health's investment in COHI, HES, the Health Leadership Fellows Program, and now the Academy for Health Equity Advocacy and Leadership (AHEAL) has resulted in a cohort of strong advocates located in different parts of the state's healthcare system. Interviewees frequently highlighted the creation of HES and COHI as particularly important steps that gave a platform for leaders and advocates to educate policy- and decisionmakers. The results of HES' and COHI's advocacy efforts were described in Section 2.1. Two system leaders who are not CT Health grantees also referred to Fellows they knew who became more conversant in health equity issues (e.g., integrated care) after participating in the Fellows Program. Additionally, the evaluation of the Health Leadership Fellows Program, conducted by Innovation Network, found that Leaders developed their knowledge and skills in the areas of health equity, leadership, and systems change; and served on state governing and decisionmaking bodies, which also helped to diversify decisionmaking tables. The interim evaluation of the AHEAL indicated that the Leaders' knowledge about health policy increased more than their knowledge about health equity and advocacy (from 2.2 to 3.5 on a 5-point scale).

More healthcare professionals, legislators, and advocates were likely to be more capable of advocating for systems change due to the materials distributed and educational forums convened by CT Health and its grantees. More healthcare professionals became knowledgeable about the relationship between behavioral and physical health due to the distribution of over 290 copies of the Center for Children's Advocacy's Behavioral and Developmental Toolkit. In addition, CT Health grantees NAMI CT and Clifford Beers Clinic participated in the January 2016 forum *Trauma Informed: What Does it Mean, Why it is Important for Children, Next Steps for Connecticut*. This educational forum for legislators, policymakers, and other stakeholders was organized by Children's Wellbeing Connecticut (formerly, Keep the Promise Children's Committee) and the Justice Resource Institute. The forum, held at the Legislative Office Building in Hartford, was also sponsored by the Connecticut General Assembly Committee on Children and its Co-Chairs, State Senator Dante Bartolomeo and Representative Diana Urban. While there are no outcome data that tracked the knowledge change, interviewees agreed that these activities played an important role increasing stakeholders' knowledge about the relationship between behavioral and physical health than before, which is a step in the right direction.

4. Discussion

This section discusses the answers to the three evaluation questions listed in the beginning of the report.

4.1 CT Health's strategic, three-pronged approach and investments worked together to advance health equity in the state of Connecticut

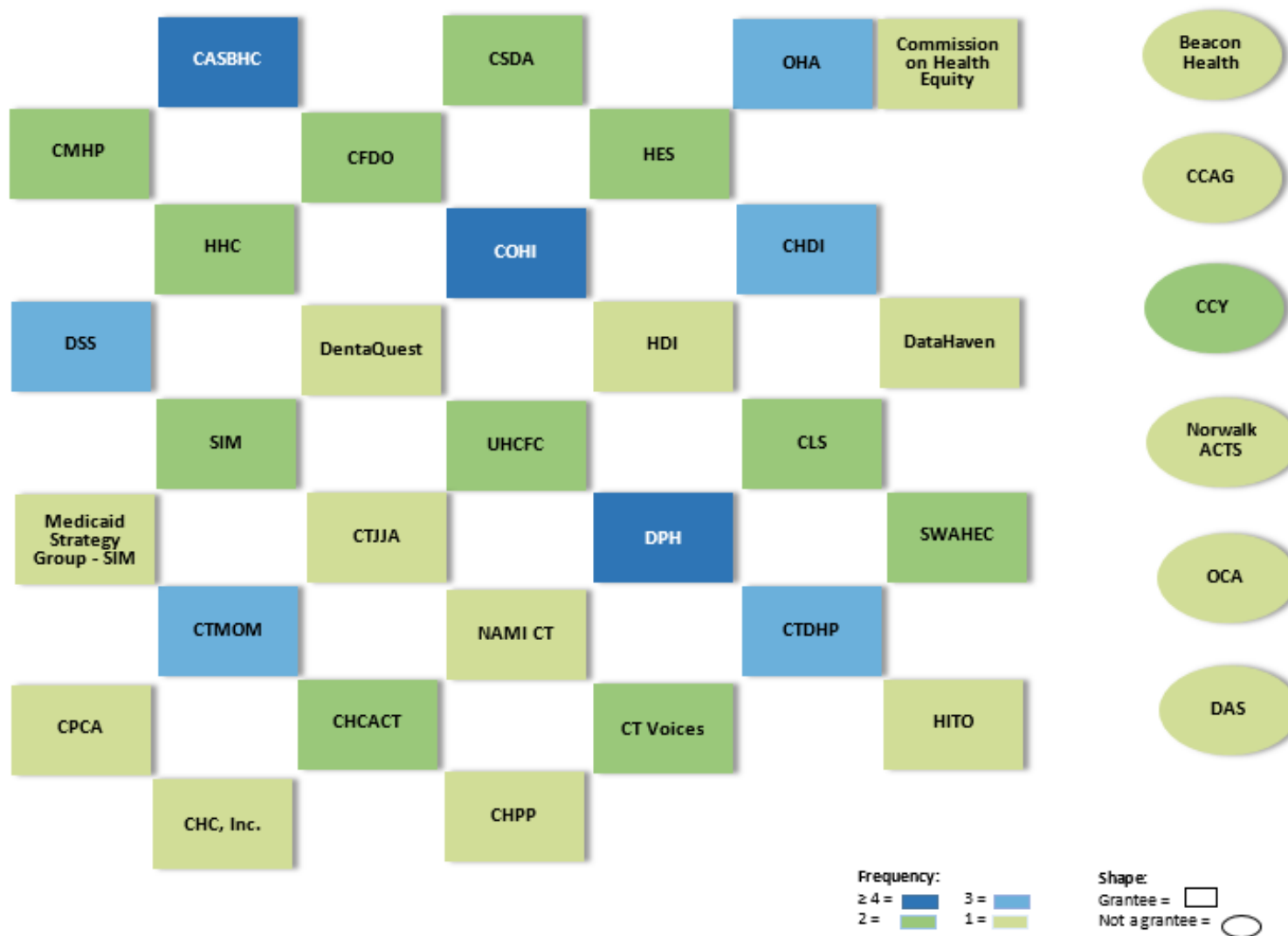
CT Health was perceived as a major influence at the systems level to educate, inform, and push the dialogue on racial and ethnic health disparities, health equity, and systems change; this power stems from its funder role and its staff's expertise about healthcare policies and issues. CT Health functioned in the state's healthcare reform in a way that no other organization did. CT Health has the unique ability to bring a systems perspective, because its mission does not focus on a specific health condition. It has relationships with the state's leadership; it has the resources to invest in researching and understanding a particular issue from a systems perspective and in innovative pilot projects to test and change aspects of the system; and its staff have a seat at multiple policy tables. Also, its staff are seen as knowledgeable about healthcare policies and issues. CT Health's expertise combined with its position as a major health funder in the state makes it a strong and influential voice.

CT Health's grantmaking, knowledge products, and policy advocacy combined had a cumulative effect on changing policies and practices; all three strategies were necessary to generate knowledge, test innovative ideas, bring attention to issues, strengthen alliances within and across systems and sectors, and cultivate a cohort of leaders to advance health equity. The successful efforts surrounding CHWs and oral health are evidence of this cumulative effect. It is difficult to distinguish the proportional impact of each of CT Health's three prongs. The data support the idea that when it came to CT Health's three-pronged strategy, "the whole is greater than the sum of its parts." The advances in oral health, promotion of CHWs, integration of behavioral and physical health, and the maintenance of coverage for low-income families would not have been possible without all three prongs. For instance, advances in oral health required grants to establish and build the capacity of COHI; briefs that made legislators more aware about the consequences for low-income children of eliminating HUSKY dental coverage; and equipping advocates with talking points to prevent a proposal eliminating community water fluoridation requirements. Similarly, the recent legislation on CHWs would not have passed without the leadership of HES (established through a CT Health grant), CT Health's consistent briefs on CHWs as a strategy for health equity for the past several years, and testimonials from the HES executive director and several Fellows. (CT Health's social media analytics indicated that in the six months before the legislation on CHWs was passed, the topic of CHWs was one with which social media users frequently engaged.)

Interviewees were asked to identify the individuals and organizations that were influential in the healthcare issues addressed by CT Health. Exhibit 3 illustrates the organizations that were identified. All the organizations mentioned, except for six of them, had received funding support from CT Health one or more times to implement innovative projects, strengthen their organizations, conduct research and develop knowledge products, or engage in advocacy work. As such, they were exposed to CT Health's conceptualization of health equity. This exhibit also supports the conclusion that CT Health has contributed significantly to healthcare reform in Connecticut because it has funded the efforts of many of the organizations considered influential in the area of health care.

CT Health's intent to effect systems change was realized and it has a strong reputation as an effective systems change advocate. It was clear that CT Health stood out as a systems thinker and broker and has played a significant role in affecting the state's healthcare reform. Its intent to effect systems change

Exhibit 3: Organizations Mentioned by Interviewees as Crucial to Promoting Health Equity
 (Note: for full names, refer to the list of organizations and their acronyms on page viii)



was successfully realized through its three-pronged strategy. Most of the advocacy, research, and healthcare organizations that were supported by CT Health had been around for a while, understood how to navigate systems (some of them had this capacity even before becoming a CT Health grantee; others developed this capacity because of a CT Health grant), and did not have an explicit focus on a particular racial or ethnic group, but on communities of color and low-income communities in general.

This finding was reported in an earlier evaluation report, and in response, CT Health established the Diverse Advocacy and Community Engagement grant initiative and funded organizations that serve the African American/Black and Hispanic/Latino communities. Organizations that were funded as part of this initiative, such as the Hispanic Federation and the Hispanic Alliance, met with legislators and distributed information to their communities about issues such as the “no wrong door” policy and fluoridation of community water. While these grants successfully engaged advocacy organizations led by people of color and helped advance policies that also affected communities of color (e.g., legislation in support of CHWs), the advocacy capacity of these organizations and their involvement in systems change efforts need to be continually strengthened and supported.

4.2 Indicators that health equity has been incorporated into policy and systems in Connecticut and signs of CT Health’s contributions

Indicators of health equity — signified by coordinated and integrated care, a strong safety net, healthcare coverage, and the institutionalization of CHWs as part of the formal healthcare system — which have the potential to reduce health disparities, have been incorporated into the SIM and related initiatives. Examples of these indicators include health equity as an explicit principle for the SIM; health insurance coverage for mental or nervous conditions (PA No. 15-226) in 2015; definition and study of CHWs (PA No. 17-74) in 2017; and a task force to study public health prevention efforts, including public school health curriculum for disease prevention (SA No. 17-17) and a unique billing code for SBHCs, which support the role of SBHCs as part of the state’s safety net. Section 2.4 included a more detailed account of the accountability measures that have been taken to continually promote and advance health equity.

The above indicators of health equity also have been incorporated into the policies and practices of healthcare systems and organizations. Examples of these indicators include Connecticut Hospital Association’s requirement that its hospital members use data to identify areas of disparities and use their resources to address the disparities. This requirement supports the American Hospital Association Committee on Health Equity’s pledge to promote health equity. Connecticut State Medical Society also established a Quality of Care Committee — the initial Health Equity Committee merged with this Committee — and one of its responsibilities is to review available data on quality, safety, and value.

Exhibit 4 shows the illustrative key efforts by CT Health and the significant events (e.g., changes in policies and proposed budget cuts) that affected health equity in Connecticut.

Exhibit 4: Illustrative Key Efforts by CT Health and Significant Policy-related Changes that Affected Health Equity in Connecticut

Illustrative Key CT Health Efforts

- ✓ First statewide survey of children's use of oral healthcare services
 - ✓ Survey of dentists' practices regarding pregnant patients, resulting in CSDA issued guidance to state dentists for providing oral health services to pregnant women
 - ✓ Support of PCMH+ effort
 - ✓ Briefs on SBHCs and CHWs
 - ✓ Establishment of COHI and HES
 - ✓ 4 Diverse Advocates grants (for outreach to communities of color)
 - ✓ 22 Assister Grants (for enrollment in health plans)
-
- ✓ *Improving Children's Oral Health by Crossing the Medical-Dental Divide* brief (January 2015)
 - ✓ *How Proposed HUSKY Cuts Will Harm Low-Income Families* Brief (March 2015)
 - ✓ *Ensuring Continuous Coverage for HUSKY Parents: Lessons Learned and Strategies from the Rhode Island Experience* Brief (July 2015)
 - ✓ *Tomorrow's Health Care System Needs Community Health Workers: A Policy Agenda for Connecticut and School-Based Health Centers: Critical to Health Reform and Improved Outcomes for Students* Brief (July 2015)
 - ✓ 3 Diverse Advocates grants
 - ✓ Listening Project
 - ✓ Facilitated CHCACT's ability to successfully apply and receive a CMS practice transformation grant
-
- ✓ CT Health's brief *Potential Consequences of Proposal to Further Reduce Eligibility for HUSKY Insured Parents* published (April 2016)
 - ✓ *Water Fluoridation: It's Effective, Safe and Saves Money for Connecticut Families and Taxpayers* Talking Points (January 2016)
 - ✓ Concerted advocacy effort, led in large part by HES Exec. Dir., to make CHWs a formal part of the health care delivery system
 - ✓ Completion of Cost Containment Study
-
- ✓ *School-Based Health Centers: Critical to Health Reform and Improved Outcomes for Students* Brief (January 2017)
 - ✓ *Measuring Health Insurance Literacy in Connecticut*, Volume 1, by the University of Connecticut's Health Disparities Institute Brief (April 2017)
 - ✓ PPSNE accredited as a medical home
 - ✓ Clifford Beers Clinic opens new Integrated Care Autism Center

Illustrative Significant Events

- *State commissions that played a key role in promoting health equity and integrated care were eliminated – Commission on Health Equity, Dept. of Administrative Services, CT Multicultural Health Partnership*
-
- ✓ Number of uninsured individuals in Connecticut declined
 - ✓ State budget appropriations for SBHCs kept intact for FY 2015
 - ✓ Public Act No. 15-226—individual health plans must cover mental or nervous conditions
 - ✓ Public Act No. 15-146—required a study of other states' health care reform efforts, including payment reform
 - ✓ Integration of oral health into Access Health CT enrollment system
 - ✓ SB 1089—included provisions on improving behavioral health care and coordination of services among providers (new version of the Bill received favorable report from committee and went into effect in July 2015)
 - ✓ HB 6938—Feasibility study of model care coordination program in Waterbury (new version of the Bill received favorable report from committee and went into effect in October 2015)
-
- *Proposed budget cuts changed HUSKY eligibility and caused the loss of coverage for some families*
-
- ✓ Public Act No. 16-4—established DSS recommendations on fluoridation of the public water supply
 - ✓ OH as a measure of clinical importance under consideration for core measure by State Innovation Model (SIM) Quality
 - ✓ CT is one of a handful of states with standard definitions of school-based health
-
- *Proposed budget cuts changed HUSKY eligibility and caused the loss of coverage for some families*
 - *Proposed bill to cap dental benefits for adults and reduction in eligibility for HUSKY*
-
- ✓ Public Act No. 17-74—defined competencies of community health workers
 - ✓ Public Act No. 17-146—included cultural competency training as part of dental hygienists' continuing education requirements
 - ✓ Special Act No. 17-17—established task force to study public health prevention efforts, including public school health curriculum for disease prevention
 - ✓ Unique billing code for SBHCs went into effect
-
- *State budget cuts threaten recently expanded mental health services at SBHCs (August 2017)*
 - *Proposed bill to cap dental benefits for adults and reduction in eligibility for HUSKY*
 - *Gov. Malloy proposes a 10 percent cut to grant funding for the 93 school-based health centers and associated sites that receive money from the state Department of Public Health*
 - *Proposed budget cuts changed HUSKY eligibility and caused the loss of coverage for some families*

NOTE

Red text = Policies, proposals, and practices that challenge health equity

4.3 CT Health invested in the right set of resources to advance health equity and can learn from these investments to inform future investments

The evaluation found that CT Health invested in organizations that were able to advance health equity in the past three years, including state associations that promote health (e.g., CASBHC, CHCACT), advocacy organizations that advocate for health equity (e.g., COHI, HES), media outlets that cover important health issues (e.g., *The Connecticut Mirror* and Connecticut Health Investigative Team), and Community Health Centers and other providers that are part of the safety net and serve communities of color and low-income communities. CT Health also invested in individuals who are situated in different parts of the healthcare system and could advocate for health equity (i.e., graduates of the Health Leadership Fellows Program).

Strengths of CT Health's investments lie in its willingness to take risks and establish new capacities where these did not exist, consistency and persistence in its messaging, intentionally partnering with organizations that could enhance the foundation's reach, providing resources to generate knowledge, and strategically placing staff and advocates on committees and task forces that influence decisions. It might, however, want to pay more attention to its relationships with organizations led by African American leaders and serve African American communities. The Evaluation Team observed, based on the data we gathered and analyzed, that the strengths of CT Health's investments laid in the following:

- New advocacy organizations that support its health equity goal and strategic plan;
- Individuals (Academy Leaders and grantee representatives) for whom it brokered relationships and facilitated their involvement in governing bodies that affect decisions regarding policies and practices;
- Policy briefs and talking points that advocates could use;
- Persistence, perseverance, and extensive knowledge of its staff who were able to challenge colleagues and policymakers when health equity and systems change were left out of policy discussions and decisions;
- Relationships with organizations that have more access to the communities and decisionmakers needed to support (or prevent) proposed legislation and where CT Health has limited reach (e.g., Hispanic/Latino and African American communities and legislators);
- Relationships with organizations that can reach larger numbers of health care providers such as professional associations and healthcare delivery systems to be able to institutionalize a change that could have optimal impact; and
- Research studies that generate knowledge for decisionmaking.

These are investments that CT Health might consider continuing as it implements the new strategic plan for the next five years. CT Health also might want to spend more time strengthening its relationship with organizations led by African American leaders and serve African American communities. Some of the diverse advocates it funded had an explicit focus on the Hispanic/Latino community and their organizations were typically led by someone of Latino heritage. There were relatively fewer organizations that were led by an African American and served primarily the African American population. Relationships with such organizations could be helpful as CT Health moves toward supporting clinical and community integration as part of its new strategic plan.

There was slight criticism about why CT Health chose to focus only on race and ethnicity at the risk of leaving out poverty and other factors that contribute to health inequity, especially since the foundation has the influence to shape the policy and public discourse. CT Health might consider allocating resources to educate advocates, policymakers, and the public about the connection among structural racism, social determinants of health, and health equity. CT Health was credited by interviewees — grantees and nongrantees alike — for its push to address racial and ethnic health and healthcare disparities and promote health equity. A few individuals praised CT Health for its consistent reminder about the role of race and ethnicity in the state’s health and healthcare disparities (for example, during policy discussions and through its grantmaking) and understood that equity comes in the form of the indicators mentioned above. However, there were interviewees who were concerned that this push — especially by a funder as influential as CT Health — overshadowed other contributing factors to health disparities, such as poverty and stigma. It might behoove CT Health to allocate resources to educate the advocacy community and the health professional community about the cumulative impact of structural racism in this country, and how it intersects with other contributing factors to perpetuate health disparities and inequity (which are different concepts), and affects the social determinants of health.

CT Health has put resources into informing and advocating for the passage of policies that support health equity. Attention may need to be directed to the enforcement of these policies and emerging healthcare reforms that are perceived as tenuous. CT Health could support studies about these matters to generate knowledge that will inform subsequent actions. Policies intended to facilitate health equity have not been implemented well, according to interviewees. For instance, an article by the Connecticut Health Investigative Team in May 2016 reported that the number of denials by private insurers for claims for behavioral health services was on the rise,² followed by an article by *The Connecticut Mirror* about the push for more data on how insurers cover mental illness,³ despite a mental health parity law in Connecticut. Several interviewees also expressed concern about the Patient Centered Medical Home Plus model, which could affect the level of services provided to low-income families, and hoped that further examination of the model’s current implementation and outcomes — perhaps with support from CT Health — will be conducted before the Plus model replaces the Patient Centered Medical Home program across the state.

CT Health has placed a lot of emphasis on organizations and agencies in the health and nonprofit sector. It might want to develop and strengthen its relationships and reach with the business and education sectors. The business community plays a crucial role in advancing health equity by supporting policies and practices that positively affect the health of their employees. The education sector plays an equally important role by supporting the institutionalization and sustainability of solutions such as SBHCs, and practices that respond appropriately to children with behavioral health issues. These relationships will support CT Health’s goal to partner with the private sector as part of its new strategic plan and ensure that the safety net does not become weakened over time.

CT Health put a lot of resources into the Health Leadership Fellows Program and now the AHEAL program, and as mentioned before, some of the 194 Fellows from the earlier program have been credited with promoting health equity in different settings. The foundation might want to develop a strategy to more effectively use the Fellows Network, which includes the Fellows and current Academy Leaders to help bring attention to specific issues and policies of importance in its new strategic plan.

² Chedekel, L. (2016, May 12). *Report: Private insurers deny more claims for mental health care.*

³ Becker Levin, A. (2016, April 1). *Push for more data on how insurers cover mental illness.*

The Fellows and now, the Academy Leaders are situated in different organizations and settings and CT Health has provided them with the knowledge and skills to advance health equity. They could use their positions and relationships to promote new ideas and solutions in a concerted effort facilitated by the foundation. CT Health might want to convene the Fellows annually or as the need arises and use the opportunity to test ideas and design ways to extend its reach through the Fellows' connections.

5. Conclusion

Together, the efforts of CT Health and its Fellows, grantees, and partners signal a concerted and successful effort to impact the state's healthcare system. CT Health, through its three-prong strategy, was successful in bringing attention to health equity among the public and policymakers. Practices in support of health equity have been integrated into the SIM initiative and capacities to advocate for health equity have been built in selected organizations. Nonprofit and public leaders in the state perceived CT Health as an influential voice in Connecticut, where health equity is concerned. It can be concluded that CT Health was impactful in the past three years in affecting healthcare reform and the relationships, capacities, and lessons learned to date provide fertile ground for implementing its 2018-2022 strategic plan.