



Connecticut Health  
FOUNDATION

Changing Systems, Improving Lives.

# STRATEGIC PLAN 2024-2028



# ABOUT THE PLAN

The Connecticut Health Foundation’s mission is to improve the health of Connecticut residents. We focus on improving health outcomes for people of color and ensuring that all Connecticut residents have access to quality, affordable health care, regardless of race, ethnicity, or socioeconomic status. We work to change systems that affect people’s lives, with the vision of ensuring that the next generation will be free from racial and ethnic health disparities.

This document is meant to share details about our strategic plan and the context behind it. It includes a description of the planning process, the reasons for the choices we made, how we intend to carry out the plan, and what is and isn’t changing in how we do our work.

## THE PLANNING PROCESS

This strategic plan will guide the foundation’s activities from 2024 through 2028. It is based on extensive research focused on understanding both the landscape for advancing health equity and how the foundation can best support change. We produced the plan with the assistance of Community Wealth Partners, a consulting firm that conducted research, as well as interviews and focus groups with 67 people. Those who provided feedback in the process include grantees, community members, people working in philanthropy, and members of our Board, staff, and Community Advisory Committee.

Strategy requires tradeoffs, because effectiveness requires focus. The goals in the plan represent choices about where momentum exists to advance health equity, where the foundation can add value, and where the levers available to make change align with our primary tools of grantmaking, policy advocacy, research, convening, and strategic communications.

This plan builds on areas where we have seen success, recognizes the importance of fostering the advocacy and

information infrastructure needed to support health equity, and includes the exploration of a new area where there is momentum at the national, state, and local levels, and where our partners have identified the opportunity for impact.

As is the case with any multiyear plan, there is the possibility for significant shifts in the landscape that will affect our work. We have included both five-year goals and broader statements about the long-term vision in each topic area, which we hope will help to guide us in being nimble and responsive if the need arises.

## 2024–2028 STRATEGIC PLAN GOAL AREAS

- **Expanding health care coverage**
- **Sustainable payment for community health workers**
- **Maternal health equity for people of color**
- **Fostering the infrastructure for health equity**

## REMAINING COMMITTED TO HOW WE DO OUR WORK

As we move into a new strategic plan, we anticipate continuing the core ways we work as an organization. This includes our focus on changing the systems that affect people’s lives—that is, the rules, structures, and practices that influence what opportunities people have to be healthy.

We will maintain our theory of change, which centers on advancing knowledge, influencing action, and developing leadership to change systems. Our tools—grantmaking, policy advocacy, strategic communications, research, and convening—won’t change.

Similarly, we will continue to view our work through the lens of racial equity, with an emphasis on ensuring that the changes we seek benefit people of color. Many of our approaches are universal—they are designed to benefit everyone—but we recognize that without specific focus on the impact on people of color, we run the risk of reproducing, rather than eliminating, inequitable outcomes.

# WHAT'S IN THE PLAN:

## OUR 2024–2028 GOALS AND OBJECTIVES

### 1 EXPANDING HEALTH CARE COVERAGE

Having health insurance is critical to staying healthy and managing illnesses. Connecticut has made tremendous progress in reducing the number of uninsured residents in the past decade, but some state residents remain shut out from coverage. Most undocumented residents above age 13 are ineligible for Medicaid\* and are prohibited from purchasing coverage through the state's health insurance exchange, Access Health CT.

The state has also made progress in providing affordable coverage options for people with incomes just above the threshold for Medicaid, creating Covered Connecticut to eliminate premiums and cost-sharing for those with low incomes who do not get coverage through an employer. It will be important to ensure that this relatively new program is working as intended—that people are able to get and maintain coverage and use their coverage to get care.

\*As of July 1, 2024, undocumented youth ages 13 to 15 will become eligible for Medicaid, under state legislation passed in 2023.

#### LONG-TERM VISION



Everyone in Connecticut has health care coverage.



#### 5-YEAR GOAL



Expand coverage options for people who do not currently have them.



#### OBJECTIVES



HUSKY eligibility is expanded to cover more undocumented residents.

Options have been identified to make coverage available to undocumented residents with incomes above the HUSKY threshold.

State residents with incomes below 200% of the federal poverty level have affordable coverage options (such as Medicaid or Covered CT) that are sustainable and accessible.

## 2 SUSTAINABLE FUNDING FOR COMMUNITY HEALTH WORKERS

Community health worker services are widely recognized as one of the best tools for advancing health equity. These services can help people get care and make sure their needs are met in ways that are respectful and culturally responsive.

There is a wealth of evidence on the impact of community health workers and a strong understanding among state policymakers of the value of their services, and we see momentum toward sustainable payment and broader incorporation into health care. A law adopted in 2023 calls for the state to begin paying for community health worker services through Medicaid, a sustainable form of payment used to fund these services in many other states.

Assuring the successful implementation of this funding will be critical to making sure community health workers are available to support those who need them.

While Medicaid primarily supports services delivered in a health care setting, some community health workers are based in community organizations, and more needs to be done to secure sustainable ways to fund this work.

Assuring that community health worker services are widely available will also require making sure that potential employers—such as health systems and community organizations—recognize their value and are well-positioned to integrate them into their care teams.

### LONG-TERM VISION



Community health worker services are widely available to Connecticut residents, integrated into the health care and social service systems, and supported by sustainable payment.



### 5-YEAR GOAL



Achieve sustainable payment for community health workers.



### OBJECTIVES



Medicaid and commercial insurance plans pay for community health worker services.

Connecticut is on a pathway toward sustainable payment for community health workers in community-based settings outside the health care system.

Community health worker services are widely available through health systems and community-based organizations.

### 3 MATERNAL HEALTH EQUITY FOR PEOPLE OF COLOR

There is significant momentum in the state and nationally to address the severe disparities that exist in maternal mortality and morbidity. We believe the foundation can play a role in convening key stakeholders and working collaboratively to develop a unified, statewide blueprint for maternal health equity.

At the same time, there is more for us to learn to ensure that we are approaching the issue with adequate focus and in a way that will make our work as effective as possible. Our initial plans include convening an advisory body made up of those already engaged in maternal health equity efforts, including people with lived experience, health systems, community-based organizations, foundations, and state agencies, to inform and guide our work in this area. We also envision this body helping to

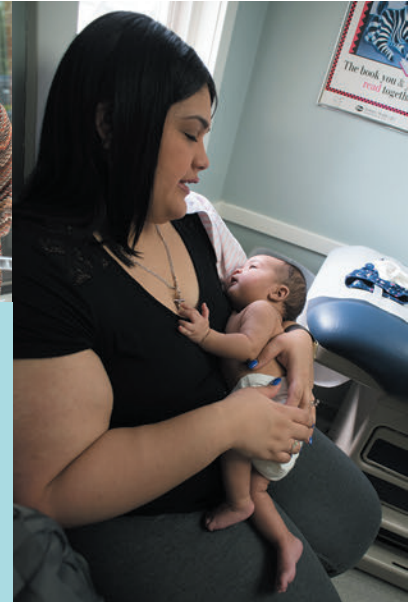
inform the development of a blueprint for advancing maternal health equity, which is intended to be a useful tool for a range of state stakeholders that will map the efforts already taking place, articulate the changes those in the field want to see and the actions needed to get there, and identify how the foundation and other state stakeholders can contribute unique skills to the work, with the desired outcome of maternal health equity for Connecticut.

We know our work will be focused on systems change and anticipate that we will use our tools including grantmaking policy, advocacy, and convening. We intend to work collaboratively with those already focused on maternal health equity. The objectives below reflect the first phase of this work; we expect to develop additional objectives after the initial blueprinting phase.

#### LONG-TERM VISION



All pregnant people of color have the opportunity for a healthy pregnancy, birth, and start to parenthood, with the elimination of associated preventable mortality and severe morbidity.



#### 5-YEAR GOAL



Meaningfully advance policies and practices that will help to eliminate preventable causes of maternal mortality and severe morbidity and assure that racial equity is central to statewide strategies to improve maternal health outcomes.

#### OBJECTIVES FOR PHASE 1



An advisory group focused on maternal health equity is formed and meets regularly to inform the blueprint development and its implementation.

The completion of a blueprint for advancing maternal health equity for people of color in Connecticut that can serve as a unifying framework for existing and new efforts and support collaboration across the state.

A clearly defined set of priorities for the foundation's work on maternal health equity and baseline data for benchmarking.

# 4 FOSTERING THE INFRASTRUCTURE FOR HEALTH EQUITY

Our overarching goal of achieving health equity for people of color could not occur without a strong field of advocates at both the grassroots and grassroots levels who work to drive change. Similarly, advancing health equity requires having reliable information. News coverage that can inform debates about health care issues is necessary to achieve the best health policy. The ability to identify, track, and

address disparities in health care and outcomes requires strong processes for collecting and analyzing data on patients' race, ethnicity, and language preference.

The activities related to building and supporting the field of advocacy and leadership, and of media coverage and data collection, can all be understood as part of the infrastructure necessary to make progress toward health equity.

## LONG-TERM VISION



A strong network of individuals and organizations focused on equity for people of color exists and has the tools and support to meaningfully inform policy decisions. As a result, health policy decisions in Connecticut continue to be well-informed by those with an understanding of health inequities and their impacts on communities in the state, by disaggregated data on health outcomes, and by news coverage that highlights the real-world impacts of health disparities.



## 5-YEAR GOAL



CT Health grantees and partners are engaged in activities to build the field of advocacy for racial equity and health equity.

Health policy and equity issues are regularly covered by Connecticut news organizations.

Health care providers have effectively implemented the standardized collection of race, ethnicity, and language data and use the data to identify, and create interventions to address, disparities.



## OBJECTIVES



A network of grassroots and grassroots advocates regularly comes together and collaborates on policy and advocacy efforts.

Health policy debates are informed by robust news coverage of health policy and equity issues and input from foundation partners.

Health systems and other care providers have implemented standardized REL data collection and regularly analyze data to identify and address disparities.

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