

## Acknowledgments

The Commission on Health Equity gratefully acknowledges assistance from the Office of Healthcare Advocate, the Connecticut Department of Insurance, and the Connecticut Department of Administrative Services.

### Executive Officers

**Dr. Marie M. Spivey**, Chair  
**Dr. Catherine Medina**, Vice-Chair  
**Cathy Graves**, Secretary  
**Arvind Shaw**, Treasurer

### Commissioners

**Glenn Cassis**  
African American Affairs Commission

**Paul Cleary**  
Yale School of Public Health

**Marjorie Colebut Jackson**  
Mashantucket Pequot Tribal Nation

**Ann Ferris**  
UConn Health Center, Center for Public Health & Health Policy

**Sylvia Gafford-Alexander**  
Department of Social Services

**Colleen Gallagher**  
Department of Corrections

**James Gatling**  
Member of the Public, Appointed by Minority Leader of the Senate

**Cathy Graves**  
Urban League of Southern Connecticut

**Marja Hurley**  
UConn Health Center

**Stephanie Knutsen**  
Department of Education

**Elizabeth Krause**  
Non-Voting Member

**Margaret Hynes**  
Department of Public Health

**Kristen Noelle Hatcher**  
Connecticut Legal Services, Inc.

**Werner Oyanadel**  
Latino and Puerto Rican Affairs

**Brad Plebani**  
Statewide Multi-cultural Health Partnership

**Sharon Mierzwa**  
Appointed by Minority Leader of the Senate

**Christine Palm**  
Permanent Commission on the Status of Women

**Stephanie Paulmeno**  
Member of the Public, Appointed by Minority Leader of the House

**Arvind Shaw**  
Asian Pacific American Affairs Commission

**Gregory Stanton**  
Member of the Public, Appointed by President, Pro Tempore of the Senate

**Sue Tharnish**  
Department of Mental Health and Addiction Services

## Planning for a More Equitable Future: Assessing Need

*Catherine Medina, Chair*

During FY 2012-2013, **The Policy Committee** of the Commission on Health Equity met with state agencies to discuss the findings of the health equity plans submitted by 13 out of 18 state and private agencies (72% response rate). The Committee had designed an initial tool to assess the status of health equity initiatives and plans in the state. Data was collected, evaluated and analyzed through both quantitative and qualitative research methods. The following is a summary based on findings.

### Areas of state agencies' strengths:

- 91% of health equity plans acknowledged the intent of the agency to contribute to the advancement of health equity and the elimination of health disparity in Connecticut among vulnerable populations;
- Cited laws and policies that enabled the provision of services to racially, ethnically, and linguistically diverse populations;
- Clear statement of service provision;
- Acknowledgement of diverse and underserved populations; and
- Positive movement/commitment toward health equity plans in the future.

### Key health issues for which the agencies had concerns in relation to services rendered:

- Access to medical care;
- Oral health;
- Mental health: depression, cognitive impairment, attention deficit disorder;
- Age related illness: dementia, vision, hearing, and chronic illnesses; and
- Behavioral health: substance use, injury prevention

### Agencies identified the challenges and limitations in service provision to racially diverse communities primarily as a lack of funding and resources for:

- Programs (job training, comprehensive cancer screening, obesity)
- Translation services (most referred to need for Spanish translation)
- Need for a bilingual and bicultural workforce
- Marketing and outreach to underserved communities

### Challenges of underserved communities include:

- Poverty
- Access to primary care and prevention services
- Follow-up referrals and resources for specialty care
- Transportation

In addition, through interdepartmental and inter-professional discussions with the Multicultural Leadership Institute, webinar trainings and technical assistance support was offered to state agencies for further enhancement of their health equity plans. This was sponsored through funding from the Connecticut Department of Health and Addiction Services.

# Goals/Looking Ahead to 2014

## Resource Development Committee

Last year, the Resource Development Committee applied for funding support from John Snow, Inc. Research & Training Institute's Office of Women's Health for the Women Health Leaders Retreat Project, but the application was not funded. We plan to pursue funding for the project through grant applications to various local and national foundations.

While communities of color, people who reside in rural areas, people with limited English proficiency, women, and other groups are affected by health disparities, recognition of health disparities among "Negroes" was noted by Booker T. Washington as far back as 1914. The coming year, 2014, provides the Commission and its partners with an opportunity to demonstrate how a problem that involved a subset of the population has grown and proliferated in other populations, thereby posing a threat to the economic and social health and wellbeing of the state and the nation. To that end, plans are under way for a large community observance marking this centennial.

## Youth Committee

The Youth Committee has set its priority for the next year and will address health equity for young men of color and behavioral health. As part of this work, we plan to convene young men from around the state in several televised forums to discuss the issues that are affecting them most and provide them with the tools to bring their concerns to the policy makers charged with serving their interest.

In addition, we plan to seek solutions to restrictions on the release of data that is collected by the Department of Education but not released due to privacy restrictions, that is essential to addressing health concerns that have a disparate impact on students of color in the educational setting.

## Public Voice Committee

In the coming year, the Public Voice Committee will, among other initiatives: Strengthen the Health Disparities-Health Equity Sabbaths scheduled for April 2014; Work with Resource Development Committee to secure funding to support Minority Women Health Retreat Weekend; Develop additional video modules; and Schedule at least three public forums in locations not visited.

## Data Committee

Without the ability to measure the outcomes we are seeking, it is difficult to track progress. As the Commission and its committees continue to evolve in building consensus on focused action to reduce and eliminate health inequities, it's clear that successful results require a sense of synergy and agreement of goals and strategies to be implemented by multiple stakeholders. These stakeholders include state agency representatives, health care providers and payers, public health decision-makers, and residents. To this end, the Data Committee will continue to gather, track and analyze significant data to be used as a resource in the work to eliminate health disparities.

## Policy Committee

In the coming year, we will continue to identify racial/ethnic population groups and % of health disparities; advocate for funding and resources; remove linguistic barriers (increasing health literacy); identify program needs concerning obesity, disproportional health impacts on residents in urban/rural environments (geographical placement), and specialty care; and advocate for social determinants beyond agency's control, e.g., poverty, economic insecurity, transportation.

# From the Chair

Marie M. Spivey, Ed.D., RN, MPA

Several times over this past year, enormous upheavals on the national front have thrown social inequities into high relief. Climate change continues to wreak havoc, and recovery efforts are especially arduous for poorer communities. Debates over immigration reform continue to shine a light on workers without benefits. Our struggling economic recovery has meant too many homes are foregoing health insurance for food. And recent Supreme Court decisions have made big changes in rights for voters in minority communities and for the LGBT community. Everywhere, it seems, “inequity” is being looked at, debated, and sometimes challenged.

At the same time, passage of the Affordable Care Act (ACA) has promised to usher in a new era of health care access to millions. Here in Connecticut, the Access Health CT network will need to carry the

---

***CHE developed a set of Health Equity Policy Guidelines to work with state agencies to help identify negative and/or positive health impacts of state agency work on vulnerable populations.***

---

ball for education and enrollment of thousands of families. The Connecticut Commission on Health Equity (CHE) stands as a ready and willing partner to help government, healthcare providers and other stakeholders navigate the winding road to better healthcare for more of our state’s residents.

The CHE has been engaged in a number of activities with communities and state agencies to increase awareness of the significance of health disparities, their impact on the communities within the state as a whole, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations including women. Among its legislative mandates to evaluate policies, procedures, ac-

tivities and resource allocations to eliminate health status disparities among racial, ethnic and linguistically challenged populations in the state, there is also the authority to convene the directors and commissioners of all state agencies whose purview is relevant to the elimination of health disparities. Accordingly, the CHE developed a set of Health Equity Policy Guidelines to work with state agencies to help identify negative and/or positive health impacts of state agency work on vulnerable populations and communities and assist them in devising strategies to resolve health disparities.

In partnership with the Department of Mental Health and Addiction Services, the CHE engaged the services of the Multicultural Leadership Institute to retain consultants to work with the agencies. The initial report was presented at the Commission’s September meeting. We know this is just the first step in this work and we expect to identify resources that will support positive health outcomes with the agencies involved.

In April 2013, the U.S. Department of Health and Human Services launched a newly enhanced set of National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Accompanying these standards is a Blueprint for Advancing and Sustaining CLAS Policy and Practice. The Commission will use the Blueprint to strategically promote these standards to attain health equity in the state of Connecticut during 2013-2014. Our work will emphasize diversity, raise the knowledge in our communities of the determinants which cause health disparities, and focus on strengthening the primary goal to eliminate long-standing disparities in the health status of people of diverse racial, ethnic, gender differences, and cultural and linguistic backgrounds.

We look forward to working more closely with the Governor, the General Assembly, state agencies, community-based organizations and diverse populations throughout the state to achieve the attainment of the highest level of health for all people in the state of Connecticut.

# Committee Reports

## **Resource Development: *Garnering Financial and Human Resources***

*Sylvia Gafford-Alexander, Chair*

The right to health is a human rights issue, but it is also very much an economic issue that has broad implications for the overall health of Connecticut. The creation of initiatives that contribute to the eventual elimination of health disparities requires resources – both human and financial, and eliminating health disparities requires the involvement of all stakeholders. **The Resource Development Committee** views its role, including partnering with other Commission committees and external individuals and organizations, as an essential component in this process.

Because no organization can exist without financial support, to that end, it is the responsibility of the Resource Development Committee to:

- Secure funding and other resources that help the CHE carry out its mandate;
- Identify financial and human resources that facilitate the various CHE committees' work; and
- Help plan, develop, implement and evaluate programs that contribute to the reduction or elimination of health disparities and/or inequities.

Over the last year, the Resource Development Committee has secured funding and/or human resources support for the following:

- Technical assistance for state agencies to assist with the creation of the required State Health Disparities Plans. Technical assistance has been provided by the Multicultural Leadership Institute. The Committee responsible for this particular activity is the Policy Committee.
- Through a successful response to a competitive RFP, secured attendance for two Commission members and a member of the community to attend NNEDLearn I3. Held in Albuquerque, New Mexico, NNEDLearn I3 offered these three attendees an opportunity to learn about and prepare to offer in Connecticut "Prime Time Sister Circles." This particular strategy focuses on engaging African American women as active participants in their health and health outcomes. The evidence-based strategy has been implemented in various locations with noteworthy success; the three attendees will continue with training, via webinar, for five additional sessions. NNEDLearn I3 defrayed all expenses – travel, lodging, mileage, and food.
- In addition to actual financial support, the chair of Resource Development also worked very closely with the Public Voice Committee's Chair, Commissioner Glenn Cassis, to develop and offer the first Health Disparities Sabbaths in Connecticut. Resource Development assisted with outreach and awareness; it also created documents and guides used to create homilies, sermons, etc. The purpose of Health Disparities Sabbaths is to increase the actual number of people who are knowledgeable about and actively engaged in activities that lead to the reduction or elimination of health disparities.
- The chair of the Resource Development Committee assumed supervisory responsibility for a social work intern who was placed with the Commission.

## Encouraging Health in Youth: Addressing Health Inequities Early

*Kristen Noelle Hatcher, Esq., Chair*

**The Youth Committee** recognizes that engaging young people in developing healthful habits is critical to their future. We also recognize, however, that many young people suffer from health disparities beyond their control, and that these can have negative impacts on young lives.

The Youth Committee works with many stakeholders from the community, and continually adds to its network of partners. Included are:

- The National Alliance on Mental Health – CT (NAMH-CT)
- The Office of the Child Advocate
- The Office of the Healthcare Advocate
- The Department of Mental Health & Addiction Services (DMHAS)
- An in-home family therapist from DCF's program
- Connecticut Voices for Children
- The School Based Health Center Association
- A consultant from the Dept. of Education
- A “children-at-risk” attorney

## Putting a Voice on Disparity: Public Forums and Feedback

*Glenn A. Cassis, Chair*

It is of the utmost importance for the Commission on Health Equity to have an understanding of the issues that disproportionately affect those in need of quality health services. In this context, **The Public Voice Committee's** purpose is to gather a preliminary understanding of the perceptions of health disparities among medically underserved and socioeconomically deprived racial and ethnic minorities in the state of Connecticut as well as women who experience gender based bias. The PVC listens to constituents from across the state and disseminates information to various stakeholders.

Over the past fiscal year, we:

- Partnered with Health Justice Town Hall - October 23, 2012
- On Wednesday, January 9, 2013, we held a forum in Torrington, CT, hosted by New Opportunities, Inc. and Dr. James Gatling. The forum had a diverse group of clients and service providers from the Torrington area. Attendance was approximately 30 including CHE staff and commissioners. The PVC received data on health issues and problems with access to health services that affect this population.
- Health Disparities-Health Equity Sabbaths – April 19, 20 & 21. Members reached out to Islamic and Christian faith leaders for support. Successful meetings took place and material developed by the Resource Development Committee was disseminated. Several faith organizations offered sermons and homilies using material provided by PVC. A good base was established for future Health Disparities-Health Equity Sabbaths.
- Attended the Minority Mental Health initiative held on December 1, 2012 in Hartford at the Kabbalah House on Albany Ave. PVC has remained in contact with this grass-roots community organization.
- Supported the Black Men: Take Charge of Your Health Day (Oct. 27, 2012) sponsored by the Omega Foundation of Hartford and Hartford Hospital.
- Collaborated with the Resource Development Committee in planning of Minority Women Health Retreat Weekend for late summer/fall 2013.
- The PVC secured funding support for Dr. Helen Newton's video project. The project will develop three modules directed to healthcare providers and staff and to the patients. The video program allows give-and-take by both the provider and the patients.

## Tracking Progress: Collecting and Sharing Valuable Data

Sharon Mierzwa, Chair

It is the responsibility of **The Data Committee** to determine, from existing data, the key diseases, illnesses, and/or injury areas that disproportionately affect groups based on race, ethnicity, culture, gender and linguistic ability. We collect and analyze such government and other data regarding the health status of these populations and then make recommendations based upon these findings.

### Highlights of 2013 accomplishments:

- Sponsored the December 2012 “Asthma Turn the Curve” session with the Latino and Puerto Rican Affairs Commission and Connecticut Department of Public Health, focusing on two indicators: hospitalizations and emergency department visits. Income, education, place of residence, and race/ethnicity are factors influencing chronic disease trends. Recommendations and proposed actions were developed to address high rates of hospitalizations and Emergency Department visits, particularly among non-Hispanic Black children and Hispanic adults and children.
- Proposed alignment of the CHE’s tracking of priority health areas with the Healthy People 2020 Leading Health Indicators, so that specific measures could be used to track progress in health equity. Incorporated mental health and dental health as additional areas of priority for the Commission.
- Proposed consideration of a performance management approach to track Commission activities to evaluate the effectiveness and impact of our efforts. This approach could enhance communication, coordination, and integration of data collection among committees and other stakeholders.
- Sponsored a “Data Makes a Difference” workshop. The purpose was to guide community-based organizations in the process of data access, interpretation, and use to address health disparities.

# Financials Fiscal 2012-2013

July 1, 2012 thru June 30, 2013

Account Description	Budgeted Amount	Expended Amount	Remaining Amount
I. Personal Services	\$111,616.44	1.5 FTE's \$ 80,254.89	\$ 31,361.55
II. Other Expenses	\$ 12,000.00	\$ 10,344.36	\$ 1,655.64
<b>Total Budget</b>	<b>\$123,616.44</b>	<b>\$ 90,599.25</b>	<b>\$ 33,017.19</b>

Due to the hiring freeze the amount of \$33,017.19 was returned to the state.  
This Financial report is prepared by the Department of Insurance.



*The Connecticut Commission on Health Equity (CHE)'s mission is to address persistent disparities in health outcomes based on race, ethnicity, gender and linguistic ability.*



**Mission Statement/  
Statute Language**

In 2008, Public Act No. 08-171 An Act Establishing a Commission on Health Equity, established the Connecticut Commission on Health Equity (CHE) to address persistent disparities in health outcomes based on race, ethnicity, gender and linguistic ability. In 2009, Public Act No. 09-232 amended the statute to include gender.

