

Connecticut Commission on Health Equity

Minutes of the June 26, 2013 Meeting

Place: Commission Retreat – Legislative Office Building, Room 1A

As recorded by Commissioner Christine Palm, PCSW

Submitted July 1, 2013

Commission Chair Dr. Marie Spivey called the meeting to order at 9:27 a.m.

Present: Dr. Marie Spivey, Arvind Shaw, Marjorie Colebut-Jackson, Sylvia Gafford-Alexander, Dr. Margaret Hynes, Glenn Cassis, Werner Oyanadel, Kristen Noelle Hatcher, Brad Plebani, Colleen Gallagher, Christine Palm

Absent: Dr. Paul Cleary, Dr. Ann Ferris, Dr. James Gatling, Cathy Graves, Dr. Marja Hurley, Elizabeth Krause, Stephanie Knutson, Stephanie Paulmeno, Gregory Stanton, and Rev. Michael Williams.

RBA Consultant: Ron Schack

1. Chair's Report:

Dr. Spivey welcomed the members of the Commission attending this CHE Retreat. She then announced the resignation of the former Health Equity Director, Dr. Raja Staggers-Hakim to pursue other career opportunities. We are awaiting approval from OPM to refill the position.

2. Legislation Round-Up:

The Chair asked for members of the Commission to report on any significant legislation that occurred in the last legislative session which can result in the occurrence of future health disparities and health inequities.

- Margaret Hynes discussed the failure of a Bill that would have required proposed legislation on data collection standards for DPH and other human service agencies in Connecticut, noting that the finalized revised language by the legislature was not something her agency could support;
- Sylvia Gafford-Alexander noted CHE should weigh in on future such legislation;
- Arvind Shaw stated that the state is “struggling with spotty data” as it is irregularly reported and collected. We should have a single repository for data addressing health disparities to avoid “spending money and not knowing how we are spending it...”
- M. Hynes responded to concerns about lack of data in the Asian and Pacific Islander population in Connecticut, noting that the small numbers of this population make reliable statistics somewhat difficult. The best sources of existing data on the Asian and Pacific Islander population come from the U.S. Census, and in terms of health data, the birth and death records.

- M. Spivey stated that as a commission, the CHE office will do more tracking of proposed legislation in the future. There are several sources of data that are not connected to a concrete single point of entry.
- Christine Palm reported on the passage of four bills on which PCSW worked: human trafficking, FMLI task force, sexual assault in cases of inability to give consent, and budget bill concerning Husky A.
- A discussion then ensued regarding the bill passed which revised timing of cultural competence training for physicians.

3. Affordable Care Act:

A lengthy discussion regarding the ACA took place. Commission members agreed that:

- Too few Connecticut residents understand how the ACA will work;
 - There is considerable miscommunication about the procedures for enrollment;
 - No one group can accomplish widespread public education alone, although Access Health CT is making strides.
- Brad Plebani noted: the problem of ignorance regarding the ACA is nationwide, not specific to CT. It is a matter not only of getting people enrolled; they must be retrained in *how* to use the healthcare system. M. Spivey stated that navigators, community health workers and others also need to be appropriately trained in order to answer questions and give instructions in one voice.
 - Kristin Noelle Hatcher said: CHE needs to be more of a watchdog, especially since “some people will be on the cusp of Medicaid and the Health Exchange and may fall through the cracks” if they don’t know about coalitions there to help them. CHE can be part of that increased awareness.
 - Werner Oyanadel stated: there is too little awareness of the ACA among communities represented by LPRAC. He wonders, “Can CHE help bring together stakeholders, business owners and individuals to clear up confusion”? He also offered to convene a small planning group to address this issue in the venue of a Forum, as the Commission has prepared in the past.
 - Coleen Gallagher noted: there is also a lack of knowledge at the DOC, and misinformation “greatly affects our population.”
 - S. Gafford-Alexander said: “We (CHE) need to be advocating for cultural competence of the health exchange “navigators”.
 - M. Spivey: DSS and OHA, working together as the “core connection” will advisedly address these matters.

4. Annual Report

A. Shaw formally thanked Christine Palm for volunteering to shepherd the Annual Report through to completion. M. Spivey urged all commissioners to cooperate in providing the missing information reported and needed by C. Palm to complete the documentation. C. Palm then read a list of concerns and missing information to be garnered. Palm circulated photos and text for the commissioners' review and feedback. She urged all present to get comments to her by week's end.

5. Guest Presenter

M. Spivey introduced Ron Schack of Charter Oak Group, LLC, and presenter on Results Based Accountability, who walked the Commission through ways to focus our mission, based on RBA principles. Highlights to emerge from the discussion include:

- B. Plebani: Proposing, supporting, advocating and monitoring health disparities should be our priority. He said the larger issue is lack of adequate funding for CHE. We need to prove we actually *save* the State money each year. Need to find a way to get the message to Legislature.
- M. Spivey: Agreed, but we have not collected and analyzed data to identify the cost of health disparities to providers and/or to communities throughout Connecticut.
- M. Hynes: CHE could play an important role in helping devise (public) policy and advocacy.
- K. Hatcher: Financial and ethical aspects of disparities are not mutually exclusive (fiscal imperatives and social responsibility go together).
- B. Plebani: what about some sort of report card, e.g., a "good list" and "bad list" rating of agency (s) compliance?
- Marjorie Colebut-Jackson: We need to remember to count how natural disasters create and magnify health disparities as we forecast future disparities.

6. Goals for Coming Year:

M. Spivey summarized future goals as follows:

- Review RBA framework recommendation from consultant's report.
- Work with government officials and others to secure a workable budget in this next legislative session.
- Executive Committee/Committee Chairs will function as the Search Committee to recruit the next Health Equity Director as soon as approval has been obtained.
- Secure funding needed for additional work on Health Equity Plans with state agencies.
- Create a process/partnership/funding to monitor implementation of the newly Enhanced CLAS Standards.

Ron Shack will transcribe and submit the final report to the Chair by or before July 12, 2013.

Meeting was adjourned at 12:15 p.m.