



Meeting Summary, February 17, 2009

Commission Attendees: Martha Burr (Multicultural Health Network), Paul Cleary (Dean, Yale School of Public Health), Lorraine Carrano (St. Vincent's Hospital), Jeannette DeJesus (Hispanic Health Council), Kelson Etienne-Modeste (Hartford Public Schools), Ann Ferris (UConn Center for Public Health and Health Policy), Cheryl Harris Forbes (African-American Affairs Commission), Colleen Gallagher (Department of Corrections), Cathy Graves (Urban League, Southern Connecticut Chapter), Kevin Lembo (Office of the Healthcare Advocate), Lina Lorenzi (Latino-Puerto Rican Affairs Commission), Jose Ortiz (Department of Mental Health and Addiction Services), Stephanie Paulmeno (public member--Greenwich Department of Health), Natasha Pierre (PCSW), Jim Rawlings (Connecticut NAACP), Gregory Stanton (public member--Lawrence & Memorial Hospital), Tory Westbrook, Robert Zavoiski (DSS)

Other Attendees: Elizabeth Brown (Commission on Children), Elizabeth Krause (Connecticut Health Foundation)

Administrative Attendees: Victoria Veltri and Michael Mitchell (Office of the Healthcare Advocate)

All members were provided with a copy of the meeting agenda. All members and other attendees were asked to sign-in to confirm attendance.

Jim Rawlings proposed moving action items to the top of the agenda since commissioners may have to leave early. Motion was made and seconded to re-order and all agreed to move action-oriented agenda items to the top of the agenda.

Vicki Veltri updated the commission on the status of pending appointments and indicated that the three slots of Senator McKinney's were the only slots that are still empty. Vicki suggested action by full commission in order to fill the remaining slots.

Jim Rawlings asked Jose Ortiz to report on the actions of the nominating committee. Jose said that the slate of nominees includes Stephanie Paulmeno as Treasurer and Jeannette DeJesus as Vice-Chair. Elizabeth Krause has agreed to be Secretary, but has yet to be appointed, so the committee recommends that Stephanie Paulmeno and Jeannette DeJesus be voted on today, while staying the vote for the Secretary position until Elizabeth's formal appointment. A motion was made and seconded to vote on the two nominees. There was no discussion. The election of the slate of Stephanie and Paulette was unanimous on a voice vote.

On the finance issues, Jim Rawlings mentioned that there was a recommendation by the commission to work to expand funding for OHA to include funding for the commission, but this is now on hold because of the budget crisis. Jim Rawlings mentioned that Senator Harp thought she might be able to get some traction on this issue behind the scenes.

Jim mentioned other finance issues such as asking Attorney General to put the commission on a short-list in terms of recipients of fines collected for violations of law—a letter needs to be drafted. He also stated that dialog with funders to get some funding needs to begin in earnest now that the Executive Committee has been formed.

There was some dialog about assisting OHA in the budget process. Vicki Veltri said she'd be happy to talk to anyone about OHA's budget after the meeting, but she did not want to confuse the commission's duties with other matters.

Liz Brown gave a report from the framework committee – notes were distributed at the meeting. Liz said there would be some work done with Nancy Berger to ensure that the commission does not duplicate the work of the DPH's Multicultural Health Partnership. There would also be some focus on promoting health equity as well as destroying barriers. The group decided that use a Results Based Accountability approach should be used in moving forward in planning. The ultimate question is, “[a]re people better off?” This gives us a framework to set up outcome measures. The group decided that it should:

- Review data to ascertain trends & find targeted opportunities—evaluate existing programs including some that commissioners are involved in.

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- Measure social and structural determinants of health including broad measures and such detailed measures as the siting of hospitals and clinics for geographical access.
- Identify geographic distribution and trends in health and healthcare disparities
- Prioritize issues by proposed measures such as prevalence, population affected, impacted populations, and other measures.
- Review best practices for addressing issues – e.g., look at federal grants that were previously awarded that now have expired to determine, in systematic way, what we've learned.
- Make recommendations for a discrete demonstration project for reducing healthcare disparities.
- Identify relevant statutes in light of prioritized issues that can be focused on, keeping in mind that almost any legislation in the state can affect health equity.

Elizabeth Krause thanked the planning committee for laying out a framework and stated that the CT Health Disparities Project of DPH is soon going to release a report for review. She also mentioned that the CT Health Foundation also completed a Community Health Data Scan for Connecticut in 2007 that can be described in more detail at a future meeting if commissioners want that to happen.

Elizabeth then asked a question about the potential impact of the budget on the many communities that are served by agencies that are proposed to be eliminated in the Governor's budget. She suggested that the commission itself could play an important role and asked whether this could be part of the framework.

Jim Rawlings asked whether the framework committee cross-walked its proposals against the commission's legislation. Liz Brown said the framework committee took a holistic approach – viewing the statute as a whole in constructing its framework.

Jeannette DeJesus asked what role the policy agenda should play in developing a strategic plan. She also stated that it was clear that there were immediate issues that needed to be addressed. Jeannette offered to lead a policy group to address the immediate and longer-term issues. Stephanie Paulmeno supported Jeannette's suggestion stating that the Commission on Health Equity is formed from many of the commissions that are slated for elimination in the Governor's budget, so it is important that this commission pay close attention to this issue. Another (unidentified) commissioner echoed this comment.

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Jeannette suggested the formation of small group to deal with the proposed budget cuts that would affect the commission. Jim Rawlings suggested that the Executive Committee should deal with this directly in the next seven days because of its urgency.

Natasha Pierre reported on legislative activities. The list is getting longer because so many things impact health. Major issues are DSS budget, the DPH budget and the commission issues. Natasha also supported a policy discussion on the budget and other legislative issues. Natasha said that the timeline should be in place now to adequately express the commission's concerns. She stated that the commission needs to figure out a strategy; e.g., a position statement or individuals testifying on behalf of the commission.

Jeannette suggested that many organizations are already mobilizing people, and maybe it will be helpful to inventory our resources for hearings. Natasha also suggested that the commission needed to decide on its demeanor. Jeannette suggests that the commission, as its own entity, needs to know what it can and cannot support in the budget. Jim suggested that a position statement within 14 days will be helpful.

Vicki Veltri pointed out that state agency employees with policy-making authority have to abide by ethics rules and may not be able to act independently.

Natasha said that the effort to include gender and the Commission on Children in our statute is on hold because of the other issues facing those commissions.

Liz Brown described some of the efforts underway to examine the federal stimulus package as a platform to move forward and address systemic issues such as health disparities.

Jim Rawlings reminded people of the commission's report deadline of June 2010. The Executive Committee will put a framework for the retreat together and some outlines for the annual report timeframe. Jim stated that by April he hopes to have priorities in place and by June to have all committees in place.

After some discussion, the retreat was scheduled for March 17th at the Hispanic Health Council.

Many commissioners mentioned the need for some information prior to the retreat. Vicki Veltri agreed to post reports on the commission's website so that these can be reviewed in advance of the retreat. She asked commissioners to please send links to reports for easy posting on the site. Vicki offered to try to categorize reports if people wanted categories. Colleen Gallagher brought up the point that the commission is charged with

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looking at items such as policies and procedures that create many of the problems; the commission cannot neglect these “categories” of documents. Jim Rawlings said that if, at the retreat, the commission established “buckets” or categories, the folks working in each of those buckets, will have to mine the data and become familiar with the actual causes and impacts of these issues.

Colleen Gallagher expressed concern that in the reports that have been done, the private sector is not examined and it should be.

Elizabeth announced that the CT Health Foundation is accepting applications for its Health Leadership Fellows program.

Vicki Veltri reminded the commissioners that the Health Equity website is accessed by going to the website for the Office of the Healthcare Advocate, www.ct.gov/oha, and clicking on the picture that says “Health Equity.” The commission’s official e-mail address is health.equity@ct.gov. Vicki also reminded commissioners to sign the Conflicts Resolution Statement, if they have not already done so.

A motion to adjourn was made and seconded and the meeting was adjourned.

Next Meeting: Strategic Planning Meeting, March 17, 2009, Hispanic Health Council, 9:00 a.m. to 1:00 p.m.

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