

**Connecticut Commission on Health Equity
Planning Retreat
March 17, 2009: 9:00 AM – 1:00 PM**

Retreat Summary

Retreat Participants (17): Nancy Berger, Bruce Carlson, Paul Cleary, Jeanette DeJesus, Mary Eberly, Kelson Etienne, Paul Flinter, Elizabeth Krause, Jose Ortiz, Natasha Pierre, Jim Rawlings, Marie Spivey, Greg Stanton, Tory Westbrook, Janet Williams, Michael Williams, Werner Oyanadel

Retreat Facilitator: Jacqui Lindsay, President of Innovation by Design

Introduction

James Rawlings, Chairman of the Commission, opened the retreat by welcoming everyone, introducing the retreat facilitator, and thanking everyone for showing up to help achieve the goal of the retreat -- to reach agreement on what first-term priorities the Commission should focus on consistent with its mission and responsibilities defined by the General Assembly, including delivering a report to the Governor and General Assembly no later than June 1, 2010.

The facilitator reviewed the proposed agenda and Commissioners approved it. She also reviewed the Commission's mission -- to eliminate disparities in health status based on race, ethnicity, national origin, and linguistic ability; and to improve the quality of health for all of the state's residents -- as well as the Commission's job description: to build shared understanding among retreat participants about what performance expectations from the General Assembly the Commission must meet.

The Commission's Definition of Health

The first item of discussion was what definition of health should guide the Commission's work. The discussion was informed by several definitions of health that had been researched by Elizabeth Krause and shared with Commission members before the retreat. **The group agreed that the following statement -- with the deletion of one word -- issued by the World Health Organization in 1947, should introduce the Commission's definition of health: "Health is a state of physical, mental and social well-being and not merely the absence of disease or infirmity."**

Several members of the group suggested that this introductory statement be followed by two other pieces of information to refine the definition:

1. A statement about the role that culture plays in the health and adaptability of individuals and groups. **Action item:** Jose, Tory, and Jeanette agreed to propose language for the group to consider and respond by email.

2. A statement listing possible dimensions of health, to ensure that key dimensions are understood by the Commission, the people of Connecticut, and their elected leaders as fundamental to improving the quality of health for all of the state's residents. **Recommendation:** Marie Spivey proposed that the Commission consider adding the dimensions of health listed in the background document prepared by Elizabeth.

Action item: Commission members agreed to give their feedback about both of these statements by email before the Commission's next planning meeting on June 16, 2009. The time of this meeting will be determined following this retreat.

Project Plan for 2009: Key Milestones and Timeline

To support achievement of the Commission's mission and job description

Discussion:

- We are a political entity. The proposed timeline doesn't track our political timeline in Connecticut. We need a timeline that can inform and influence the political process. To influence next year's legislative session, we need to make a set of recommendations to the Governor and General Assembly by the end of December or early January at the latest -- so there is time to build support for the recommendations we make.
- I agree, and I want to remind us that our report and recommendations are intended to inform the General Assembly as well as the Governor.
- **The Commission agreed to the following timeline for its work:**
 - Hold retreat to define the Commission's first-term priorities and form work groups to recommend to the Commission what its strategic priorities should be. 3/17/09
(a half-day meeting)
 - Discuss and agree on action plans from work groups. 6/16/09
(a half-day meeting)
 - Discuss and agree on key findings to date from work groups to inform Commission's annual report to Governor and General Assembly. 9/15/09
(an all-day meeting)
 - Work groups discuss and agree on recommendations for annual report. 10/09
(a half-day meeting)
 - Draft report to Commissioners for their review and comment. Also get feedback from key allies, leaders in the legislature, and the Governor.* 11/09

- Send final draft of annual report to Commissioners for a vote. 12/09
- Submit annual report to Governor and General Assembly. 1/10
- * Need to define at the Commission's planning session on 6.16.09 the timeline and plan for getting feedback from key allies, the Governor, and key leaders in the legislature: agree on whose feedback is needed, and who will invite it. Revisit and refine this plan at Commission's September planning session.

Agreement on The Commission's First-Term Priorities

- When the Commission was launched, the social and economic context was quite different. Given the shifts that have taken place, I would like to see us produce a more focused statement now: one that tries to protect the populations we care about by expressing our concerns about potential policies being discussed by the current legislature that can decimate the infrastructure that supports people already experiencing disparities. I feel a sense of urgency about this, and that the statement we make now can also lay the foundation for the Commission to influence the policy direction of next year's legislative session.
- I agree that we need more voice and influence over what is happening right now. The already fragile infrastructure for minority health is being dismantled while we're planning for next year's legislative session. I believe we can do the planning we're charged to do, while also being responsive to policies we believe will negatively impact the populations we're charged to protect – and both of these responsibilities are in our job description. I feel it's important to identify soon what potential policies we believe would have negative impact, and then to communicate our concerns to the Governor and General Assembly. In the next few weeks I'd like to see us write a proactive letter to the Governor and leadership of the General Assembly and the Appropriations Committee, stating our concerns.
- I also suggest that the Commission form a legislative committee as soon as possible to continue monitoring and commenting on any policies considered during this legislative session that we believe will negatively impact the populations we are charged to serve.
- I envision the power of the Commission is to be comprehensive and analytic, and having a legislative committee look at options informed by our analysis. I think we need to differentiate individual advocacy from having a comprehensive analysis that then drives our priorities. I think we need to focus on doing a systematic assessment of what will have the greatest impact.
- I think we can express our concerns about the populations we care about without suggesting we are commenting on specific legislation. I think it's important that we speak as a Commission about this and not as individuals.

- I would go even further. I think if there are policy proposals on the table that speak directly to our mission, we should comment on these whenever we feel we have relevant data, knowledge and expertise to bring to the table.
- I agree. I think we have a leadership responsibility to respond in some way, and that we should decide whether there are specific policies to respond to.
- I think we have to be very comfortable knowing the authority we have. This gives us a platform for saying what we need to say, plus I agree we have the expertise at the table to comment.
- We can say things known from existing data. We should show leadership and determine what we know and can say based on data.
- **The Commission agreed to the proposal to send the letter, and to the following process for developing the letter:** 1) a small group of Commissioners -- Jeanette, Jim, Mary, and Natasha -- will draft the letter, informed by preliminary work already done on this issue; 2) a draft of the letter will be sent to all Commissioners next Monday (March 23) for their review and feedback within 48 hours; 3) based on this feedback, the small group will revise the letter and send it to the political leadership specified in the proposal.
- **The Commission also agreed to form a legislative committee right away – today – and that the policy/legislative monitoring, review, and comment of this committee would be one of the short-term priorities the Commission focuses on.**
- For the Commission to have weight, we need to be able to make our arguments based on data. I'd like to see us take a systematic approach that uses data to frame our call to action: i.e., identify where data exists that's relevant to our mission, assess it to identify key issues that need to be addressed, look at best practices and models that offer promising solutions to address these issues, and then use all this information to make recommendations that help achieve our mission, including regarding demonstration projects we believe need to be implemented and evaluated to help inform and accomplish the change we believe is needed. A framework committee met recently to think through what the Commission needs to do to make its work data-driven. I'd like to see us build on the thinking of this group and make the collection and use of data to make our arguments and frame our recommendations one of our priorities going forward – this is also part of our job description defined by the General Assembly.

The Commission agreed to the following three first-term priorities for its work plus work groups to define and achieve these priorities – to inform the findings and recommendations included in the Commission's annual report to the Governor and General Assembly by January 2010:

1. ***Collect and analyze data relevant to the mission of the Commission -- including on metrics, best practice, and promising models/initiatives – to inform its arguments, recommendations, and call for action.***
 - Priority is related to following objectives of Commission’s job description: 2, 8, 7
 - Work group formed at retreat to address this priority: *Nancy Berger, Paul Cleary, Elizabeth Krause, and Greg Stanton*

2. ***Monitor, review, analyze, and comment on the impact of current or proposed legislation and policies on the Commission’s mission: i.e., on eliminating health disparities and improving the quality of health for all of the state’s residents.***
 - Priority is related to following objectives of Commission’s job description: 1, 3, 5, 9
 - Work group formed at retreat to address this priority: *Bruce Carlson, Jeanette DeJesus, Mary Eberly, Kelson Etienne, Jose Ortiz, Marie Spivey, Michael Williams,*

3. ***Build public voice, public involvement, and public support for the Commission’s work: by connecting with and convening populations experiencing health disparities, as well as by holding convenings of the diverse general public -- to listen and learn from these residents of Connecticut, and to share and get feedback on the Commission’s work.***
 - Priority is related to following objectives of Commission’s job description: 4, 10
 - Work group formed at retreat to address this priority: *Natasha Pierre, Jim Rawlings, Janet Williams, Tory Westbrook, + the man who joined the group late*

The Commission agreed that Commissioners not present at the retreat will be invited to join one of the three work groups. In addition, each work group will may also recruit non-Commissioners, if needed, to help define and implement its work plan to address the short-term priority it has agreed to address using the resources of the work group. The work group on data, because it was so small, may especially be interested in pursuing this strategy for building its group with both the skill sets and diversity it needs to effectively achieve its priority.

Reports from Work Groups

Data Work Group

Co-conveners: *Paul Cleary and TBD*

Other members: *Nancy Berger, Elizabeth Krause, and Greg Stanton*

- We don’t want to reinvent the wheel: we want to first identify, inventory, and make better use of existing data -- research and reports -- across sectors to see how it can be used to further our mission.
- We will assess existing data to see where the data gaps are, and then try to use our findings to see how we can influence state agencies and others to collect the data that we believe that the Commission and state need to understand the current status of health disparities in Connecticut.

- We can highlight strengths and weaknesses of existing data: through webinars.
- Have an intern do a complete inventory of state and national reports (Paul has a research coordinator he will tap).
- Paul will also check to see what reports Data Haven has that are relevant to CCHE's work.
- We need to have key disparity indicators. We could do a survey of health disparities by agency and initiative: to identify who is doing what, and to put what we find out about indicators, tools, and resources online.
- Paul Cleary is one of the co-conveners of the data work group. The group plans to expand itself. The group wants to have a balance in its membership between academics and people who can make sure data is accessible to the public and in a form and language that can meet community needs. The data work group will decide whether it wants to recruit non-Commission data people to achieve this balance. The other co-convener will be chosen once the group completes its expansion.
- The data work group sees its purpose as twofold: 1) to compile, review, cross-reference, and synthesize data that forwards the agendas of the Health Equity Commission at large and the policy and public voice subcommittees specifically; and 2) to make recommendations to catalyze improvements in data collection, reporting, and the quality of the data needed for the Commission to reduce disparities and promote health equity.
- Next steps: essential to accomplishing this purpose is to form the data team to get this done. The work group's initial focus will be to:
 - 1) Expand its committee, which is the smallest of the three. Recruit additional members from those commissioners not present at planning retreat. Think about augmenting with participants who are not on commission. The committee wants to ensure that its membership is composed of technical experts as well as those who can think from the perspective of end data users for whom data must be accessible and practical.
 - 2) Start to inventory existing data reports and methodological approaches/best practices. An intern might be an ideal person to support this effort. Arrange a webinar or other mechanism to learn about what currently exists.

Public Voice Work Group

Co-conveners: *Kelson Ettiienne-Modeste and Janet Williams*

Other members: *Paul Flinter, James Rawlings, and Tory Westbrook*

- 1) Create learning collaborative with like-agencies -- such as NAACP, Hispanic Health Council, National Medical Association, and State Agencies -- to share information and resources regarding health disparities.
 - Plan to establish 10-25 Memoranda of Agreement with like-agencies.
- 2) Bring the public together in public forums across the state to inform and learn about experiences with health inequity. Emphasize/brand the Commission as a

portal regarding health inequities and what's needed to improve the quality of health for all of the state's residents.

- Utilize a survey or forum evaluation instrument to collect data.

3) Provide for public exposure about the issues pertaining to health equity.

- Create a webpage for the Commission on Health Equity and record the number of hits.
- Plan minimally to produce 12 media reports over the next 8 months in the form of articles, editorials, advertisements, etc.
- Create a quarterly newsletter to report on the Commission's activities, to share new information and learn about health equity activities across the country.

Policy Work Group

Co-conveners: *Jeanette DeJesus and Marie Spivey*

Other members: Bruce Carlson, Mary Eberly, Jose Ortiz, Natasha Pierre, Michael Williams, and *Werner ?*

Policy Committee Guiding Principals

- *Goal:* To gain the confidence and trust of diverse constituencies; to be trusted and viewed as unbiased.
- *Focus:* On populations experiencing health disparities
- *Policy Formulation:* To articulate policy that will influence and inform. Policy considerations will be driven by data.
- *Identification of Disparity and Position on Policies:*
The Commission will not take positions on individual policies, unless they have a substantial impact on a noted minority population. We will identify the disparity and provide information on the impact and consequences of a policy consideration/decision on the particular population identified.
- *Systems Change:* Policy will focus on systems change and not on individual programs/services.
- *Recommendations:* The commission will provide recommendations based on its analysis of the issues.

Next Steps

The Commission's next planning meeting will be on June 16, 2009, 9:00-1:00, again at the Hispanic Health Council. The focus of this meeting will be to discuss and agree on action plans from the three work groups formed today -- on data, public voice, and policy -- to help achieve and report to the Governor and General Assembly on what results the Commission has produced in 2009: what it has done, accomplished, learned, and recommends going forward.