

REPORT TO THE CONNECTICUT GENERAL ASSEMBLY

**DEPARTMENT OF PUBLIC HEALTH
OFFICE OF MULTICULTURAL HEALTH**

**FIVE-YEAR ACTIVITIES REPORT
2004-2009**

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INTRODUCTION

The Connecticut Department of Public Health's Office of Multicultural Health (OMH) was established in 1998 to improve the state's health status by eliminating preventable differences in disease, disability, and death rates in ethnic, racial, and cultural populations. Section 19a-4j of the Connecticut General Statutes directs the OMH to monitor health status of African Americans, Latinos/Hispanics, Native Americans, Alaskan Natives, Asians, Native Hawaiians and other Pacific Islanders. The Department was also required to compare selected populations with the health status of non-Hispanic Caucasians to assess preventable health disparities. In addition, OMH shall assess the health education of and resources for ethnic, racial and cultural populations, as well as maintain a directory of multicultural and multi-ethnic health resources in Connecticut.

Administratively, the Connecticut legislature and Governor's Office has authorized OMH to seek and secure private, state, and federal funding. Furthermore, OMH may, provide grants for culturally appropriate health education and activities to improve health among racial, ethnic and cultural populations.

This document serves as a cumulative report for the years 2004 through 2009.

ADVISORY COMMISSIONS

In 2000, an Advisory Commission on Multicultural Health was established under Connecticut General Statutes, Section 19a-4k, Section 11, that states the mission of the commission shall be the elimination of disparities in health status among the state's cultural and ethnic communities and the overall improvement of the health of state residents. Section 19a-4k also states that the commission will consist of the following members: one member of the Black and Puerto Rican Caucus of the General Assembly, one member of the National Association for the Advancement of Colored People, one member of an advocacy group for Native Americans, one member of an advocacy group for Asian-Americans, one member representative of an advocacy group for Hispanics, the chairperson of the Connecticut African-American Affairs Commission, the chairperson of the Latino and Puerto Rican Affairs Commission, the chairperson of the Permanent Commission on the Status of Women, and eight members of the public, representing diverse multicultural and multi-ethnic backgrounds. The advisory met quarterly with the goal to advise the Commissioner of Public Health and the Director of the Office of Multicultural Health concerning the preparation and implementation of reports and strategic plans and the coordination of reports and strategic plans. The commission was also charged to advise the Commissioner of Public Health on the development of a multicultural health promotion plan, and make recommendations to the Commissioner and the joint standing committee of the General Assembly concerning multicultural health issues, policies and programs.

During the 2000 Special Session, Section 19a-4k was revised and Section 11 of Public Act 00-216 was repealed, while adding Section 14 that clarified membership appointers and the addition of an affiliate of the National Urban League.

In 2008, Section 19a-4k regarding the Advisory Commission on Multicultural Health was repealed. The legislature passed Public Act 08-171, An Act Establishing a Commission on Health Equity (CoHE), to substitute the DPH Commission. The CoHE was created with the mission of eliminating disparities in health status based on race, ethnicity, linguistic ability and improving the quality of health for all of the state's residents. The Act states that the commission shall consist of the Commissioners of Public Health, Mental Health and Addiction Services, Developmental Services, Social Services, Correction, Children and Family Services, and Education, the Dean of the University of Connecticut Health Center, the Director of the University of Connecticut Health Center and Center for Public Health and Health Policy, the Dean of Yale University Yale University Medical School, the Dean of Public Health and the School of Epidemiology at Yale University, an affiliate of the National Urban League, a member of the National Association for the Advancement of Colored People, a member of the Black and Puerto Rican Caucus of the General Assembly, one member with the advice of the Native American Heritage Advisory Council or the chairperson of the Indian Affairs Council, a member of an advocacy group for Hispanics, a member who is a representative of the state-wide Multicultural Health Network, the chairperson of the African –American Affairs Commission, the chairperson of the Latino and Puerto Rican Affairs Commission, the chairperson of the Permanent Commission on the Status of Women, the chairperson of the Asian Pacific American Affairs Commission, the Director of the Hispanic Health Council, the chairperson of the Office of the Health Care Advocate, eight members of the public representing communities facing disparities in health status based on race, ethnicity, and linguistic ability.

The CoHE was establish for the purpose of advising on and directing the implementation of policies, procedures, activities and resource allocations to eliminate health status disparities among racial, ethnic and linguistic populations in the state, prepare and submit to the Governor and General Assembly an annual report, that provides both a demonstrative and future view of health disparities and the state's efforts to revolutionize identifiable disparities among populations of the state experiencing racial, ethnic, cultural or linguistic disparities in health status, explore other successful programs in other sectors and states, and pilot and provide grants for new creative programs that may diminish or contribute to the elimination of health disparities in the state and culturally appropriate health education demonstration projects, for which the commission may apply for, accept and expand public and private funding, have the authority to collect and analyze government and other data regarding the health status of state inhabitants based on race, ethnicity, national origin and linguistic ability, including access, services and outcomes in private and public health care institutions within the state, including the data collected by the Connecticut Health Information Network, have the authority to draft and recommend proposed legislation, regulations and other policies designed to address disparities in health status, and have the authority to conduct hearings and interviews, and receive testimony, regarding matters relevant to its mission.

In anticipation of the Legislature's intent, the Department of Public Health decided to continue its efforts with local and state colleagues through the development of the Connecticut Multicultural Health Partnership (CMHP). The Vision of CMHP is that systems are in place and norms adopted to effectively eliminate health disparities. The Mission of CMHP is to develop and implement a state plan to identify and address health disparities and multicultural health issues through effective and systematic collaboration of a diverse, multidisciplinary group (The Partnership). A major focus of the plan will be the implementation of the CLAS Standards in Connecticut. The Goals of CMHP are to have quality health care and health education for all race and ethnic minority and diverse populations, to have language proficiency among health care and health education providers, for cultural competency to exist among the health care and health education providers, and to have a diversified health care and public health workforce to better represent race and ethnic minority populations.

The functional areas of CMHP are in education and training, awareness and communication, advocacy and outreach, media and marketing, assessment and evaluation, and policy and program development. The key strategies will focus on building capacity, developing and enhancing systems, promoting policy and environmental change, enhancing awareness, engaging stakeholders, empowering consumers, building partnerships and networks, communication of needs, identifying and sharing resources, collaborating effectively, accessing and utilizing data, and evaluation to assure accountability.

The CMHP is divided into several committees: Access and Policy Advocacy, Awareness and Outreach, Communication and Media, Cultural Competency, Data, and Workforce Development. As the structure of the Partnership evolved, elements of leadership were addressed and an Executive Committee and Leadership Team were established as well. Both the Executive Committee and the Leadership Team have additional members who have been identified by the 'founding members' and others. Both bodies have members from the incipient coalition, the Connecticut Cross Cultural Training Committee (CCTC), as well as members who are new to the Partnership. Virtually all of the members of the CCTC have continued on as members of either the Executive Committee or the Leadership Team. Consensus building continues as the Partnership evolves and is likely to be ongoing throughout the life of the Partnership, given the way successful coalitions function.

In July 2008, the Multicultural Health Partnership Inaugural event was held. Agencies, organizations and individuals throughout the state were invited to join the Multicultural Health Partnership. Ninety six percent of those invited responded positively and accepted the invitation. Additionally, once the invitations went out, many people contacted this Office to ask if others could attend. Since the Partnership's criteria for membership is to support the vision and mission, we welcomed any who did.

The Partnership members have recruited additional members and worked to enhance each Committees' efforts.

The second Annual Meeting was held in July, 2009 to adopt by-laws, establish Committee priorities, and approve a draft strategic plan to move the Partnership's efforts forward.

STRATEGIC PLAN

The Department and OMH address health disparities through policy, planning, and programming in consultation with federal, state, and local partners. The Institute of Medicine published valuable guidance in *Unequal Treatment Report: Confronting Racial and Ethnic Disparities in Health Care* and the Surgeon General released an information *Report on Health Disparities*. In Connecticut, the Connecticut Health Foundation produced *Health Disparities Report of 2005: Pathways to Equal Health: Eliminating Racial and Ethnic Health Disparities in Connecticut*.

With these and other documents, as well as many conversations with public policy and health partners, OMH applied the guidance and lessons learned to establish its goals:

1. Maintain the Office of Multicultural Health at the Department of Public Health;
2. Engage an Advisory Commission or Partnership to collaboratively eliminate health disparities;
3. Improve Cultural Competency and Language Proficiency among public health and healthcare providers;
4. Increase Workforce Diversity among public health and healthcare systems;
5. Enhance Health Education in mitigation and prevention efforts to eliminate health disparities.

OMH developed a five-year workplan to meet these goals for both the Department and our partners serving Connecticut's residents. The OMH workplan and activities were grouped according to following chief strategies:

1. Enhance Capacity, Infrastructure, and Resources
2. Promote and Develop Leadership
3. Advocate for Multicultural Programs and Policies
4. Enhance Awareness, Education, and Training

The following section presents the accomplishments of OMH between 2004 and June, 2009 according to these workplan strategies.

WORKPLAN STRATEGIES AND ACCOMPLISHMENTS

1. ENHANCE CAPACITY, INFRASTRUCTURE, AND RESOURCES

- ◆ The Office of Multicultural Health (OMH) is located in the Planning Branch at the Connecticut Department of Public Health. The Planning Branch also houses the Vital Records, Tumor Registry, Connecticut Health Disparities Project, and Behavioral Risk Factor Surveillance Programs for Connecticut. A commitment supported by the Branch and the Department is to develop comparable data to enhance the description and monitoring of health disparities.
- ◆ OMH was staffed by Director Nancy Berger, Research Analyst Angela Jimenez, Health Program Associate Michele Stewart-Copes, and Health Program Associate Felicia Epps until June 2009. Director Berger elected to participate in the Governor's Retirement Incentive Program. Due to a reduction in Federal and State support, Associates Stewart-Copes and Epps were moved from the OMH. Meg Hooper, Planning Branch Chief, is currently the Acting Director of OMH with the administrative coordination provided by Ms. Jimenez.
- ◆ OMH serves as the State Minority Health Officer and represents Connecticut on the New England Region Minority Health Directors' and Planning Committees.
- ◆ OMH advocates for capacity building opportunities of numerous partners by assisting in the development of grant applications and letters of support.
- ◆ OMH successfully applied for a federal Minority Health Leadership Grant and was awarded \$125,000/year for a three-year funding cycle from 2008-2010. The purpose of the grant is to develop and support the implementation of a state plan to address and multicultural health issues by forming a statewide Partnership of multidisciplinary professionals representing diverse populations.
- ◆ OMH facilitated the successful applications of Connecticut partners for receipt of funds from the regional Office of Minority Health such that 13 were funded at a maximum amount of \$3,500. The number of Connecticut proposals funded was more than the total funded for all of the other New England states combined.
- ◆ OMH facilitated a partnership with Yale University's Roosevelt Institute Center on Public Health to build capacity for project and program development. The Center on Public Health provides a forum for innovative student research into problems facing the healthcare system, such as access, cost, and quality of care.
- ◆ OMH served as the host agency and co-chaired the biennial New England Region Minority Health Conference (NERMHC) in southeast Connecticut in 2007. This was the first time that Connecticut hosted the regional conference attended by federal and state officials. Attendance expectations were exceeded with increased numbers from throughout the region, across the country and even international attendees. The success of the Conference positioned Connecticut for consideration as a national conference site by the federal Office of Minority Health and the newly formed ASTHO affiliate, the National Association of State Offices of Minority Health.

- ◆ OMH was successful in garnering fiscal support to offset registration and travel costs for over 100 attendees, including many students, to participate in the 2005 and 2007 New England Region Minority Health Conferences, a major educational event with a comprehensive agenda for building capacity to address health disparities.
- ◆ OMH was selected by the Ohio Department of Health, Health Disparities Council's Infrastructure Committee to participate as one of ten states in a project to guide the development of a Division of Health Equity. The Director participated in interviews, completed a survey, and provided information about the Connecticut DPH OMH. The Infrastructure Committee completed the analysis and issued recommendations in a report.
- ◆ OMH facilitated the successful applications of eight Connecticut school districts to receive funding to participate in a national pilot project on School Employee Wellness Programs. The criterion for eligibility was access to a significant number of diverse, multicultural school employees and students. The Centers for Disease Control and Prevention (CDC) funded the Directors of Health Promotion and Education (DHPE) to conduct this applied research project. The primary goal of the program was to develop best practices that can be transferred to the broad public health effort to promote health and eliminate health disparities. Following implementation and evaluation, the input from these Connecticut interventions contributed to the development, publication and dissemination of a national resource, School Employee Wellness: A Guide for Protecting the Assets of Our Nation's Schools. The first of its kind, this Guide provides information, practical tools, and resources for school employee wellness programs.
- ◆ OMH successfully arranged for 'grassroots' agencies and faith-based organizations to participate in a health education project for low-income, multicultural populations. The Connecticut Conference of Churches was selected and funded to convene focus groups to explore means for effective health education initiatives targeted to low-income, multicultural employees for implementation at worksites. The information collected was instrumental in guiding the development of health education and worksite wellness initiatives for this target population.

2. PROMOTE AND DEVELOP LEADERSHIP

- ◆ OMH has taken the lead role in chairing and developing the infrastructure of the Youth and Career Development sub-committee for the New England Regional Minority Health Committee (NERMHC). The mission is to disseminate information to seed the public health workforce pipeline through the following focus areas: awareness; recruitment; retention and career promotion.
- ◆ OMH established a leadership role in working to assure that subjects of human trafficking have access to health care services. We have started and lead a Human Trafficking Workgroup with members from within DPH, other state agencies, non-government organizations, and academia. The goal of the Workgroup is to build the capacity of the health care community to assess persons at health care settings in terms of their status as a subject of human trafficking, be aware of and advocate for the civil rights of subjects, and be prepared to assist with the health and safety needs of patients who are potential subjects of human trafficking. OMH collaborated with partners in sponsoring a symposium: Human Trafficking: First Contact—First Aid. The conference attracted media coverage and was well received by the participants.
- ◆ OMH led support for systematic means for addressing quality assurance for language translation and interpreting services. A logic model was developed to guide the planning efforts of local partners and form the Medical Interpreters Association of Connecticut (MIAC), launched in 2007.
- ◆ OMH developed statewide leadership by promoting the CLAS Standards promulgated by the U.S. Department of Health and Human Services, Office of Minority Health. These standards provide guidance for health care and public health leaders in structuring their agencies' program systems and services in a way that promotes the elimination of health disparities.
- ◆ OMH participated in the Connecticut Conference of Churches Faithworks Community Development Leadership Institute by presenting to the classes of 'fellows' on DPH's and others' work in addressing multicultural health issues and eliminating health disparities.

3. ADVOCATE FOR MULTICULTURAL PROGRAMS AND POLICIES

- ◆ OMH routinely provides resources, research findings, best practices, and information on a wide range of public health topics that relate to diverse populations to intra and inter agency colleagues and partners throughout the state. Examples include: Highlights of the CDC's Special Interest Projects (SIPs) that the Prevention Research Centers throughout the nation are funded to conduct each year. Many of these projects are specific to addressing health disparities and working with multicultural groups.
- ◆ OMH participated in numerous conferences, forums, workshops, etc. throughout the state to highlight the work of the OMH including its workforce development efforts, such as market public health as a potential career choice for people, especially youth. Examples include the 21st Century Women's Conference, The New Haven Health Symposium, Latinas and Power Summit, the National Association for the Advancement of Colored People, etc.
- ◆ OMH implemented a project to heighten awareness and prompt action for addressing multicultural health issues and eliminating health disparities. Using the national documentary, and borrowing its name, the Connecticut "Unnatural Causes Project" proposes to launch a statewide "dialogue" through simultaneous viewings and facilitated discussions at various parts of the state. "Unnatural Causes" is a groundbreaking tool with the potential to move the discussion regarding solutions to health problems and health inequities from an individual to a system perspective, and from a narrow focus on health topics to a broad prevention-oriented focus on the social determinants of health, and social solutions to health problems.
- ◆ OMH with the CMHP implemented developed a project plan for a major, statewide awareness campaign: The Faces of Health Disparities. The Faces project will feature diverse and multicultural people from various 'walks of life' in telling their story. A portable exhibit of high quality photographs and graphically appealing stories/vignettes was developed and a video that presents the series in a sequential flow and escalates to a poignant catharsis. The video can be used for academic training programs, agency pre- and in-service, civic group presentations, local cable television showings, etc. As a third product, the video material will be extracted to develop several effective Public Service Announcements (PSAs) to use continuously by numerous media outlets.
- ◆ OMH successfully advocated for a Health Disparities Committee as part of the structure of the Connecticut Cancer Partnership to function across the cancer spectrum committees. OMH facilitated the implementation of the Cultural Competence in Cancer Care: A Health Care Professional's Passport developed by the Intercultural Cancer Council.
- ◆ OMH collaborated with the Connecticut Cancer Partnership in the "Lion in the House: A Community Engagement Campaign" to improve the quality of health care services and health education provided to cancer survivors. Cancer Survivor Survey announcements were inserted into payroll envelopes, disseminated by the DPH Health Alert Network and outreach facilities, including school based health centers and outpatient clinics.

- ◆ OMH developed a health education program for multicultural, race and ethnic populations by providing the leadership and convening a diverse group of partners to develop educational products for prevention, early detection, and quality management of disease. The Program, “You’ve Got the Power” includes a series of community guides. A community guide to Cancer Prevention and Early Detection was disseminated to over 35,000 Connecticut residents. As a measure of its quality, the guide won a MarCom Gold Award in 2006. The MarCom Creative Awards is an international competition that recognizes outstanding achievement by communication and marketing professionals.
- ◆ OMH represented the Department on the Governor’s Early Childhood Council’s Ready by Five, Fine by Nine Advisory Council. The OMH Director served on the Health Workgroup to identify intermediate and long-term health outcomes for the project, in accordance with the State’s Results Based Accountability initiative. The target population of the services included children from multicultural race and ethnic backgrounds.
- ◆ OMH collaborated with the City of Hartford to promote improved dietary intake by increasing the preference for and availability of fruits and vegetables in the city’s urban environments. A partnership was facilitated between the City’s Child Care and Healthy Tomorrow’s programs and the Department’s “Five a Day” program. OMH also connected the Hartford Health and Human Service colleagues with researchers at Temple University School of Public Health that developed a best-practice model for urban grocers to use for improving the nutritional quality of foods stocked and sold.
- ◆ OMH assisted the Hartford Visiting Nurse Association to enhance the cultural diversity of meals provided by the Meals on Wheels Program. Data collected from colleagues in other states and Connecticut’s local health departments were provided to the VNA policy and program development.
- ◆ OMH broadly circulated the National Standards on Culturally and Linguistically Appropriate Services (CLAS), Title VI of the Civil Rights Act of 1964, “Improving Access to Services for Persons with Limited English Proficiency”, and the Civil Rights Division Department of Justice Executive Order 13166 that documents mandated services for people receiving medical care from agencies/providers who receive federal funds as partial or full reimbursement for those services.
- ◆ OMH represented the Department on the CDC funded Nutrition Report Advisory Group, charged with developing a White Paper on their First National Report on Biochemical Levels of Selected Dietary and Nutritional Indicators in the U.S. The purpose of the Paper is to translate observations made from an analysis of the National Health and Nutrition Examination Survey (NHANES) data into recommendations for public health policy and practice. A major focus was on the nutritional status of special population groups, such as minorities and multicultural residents.
- ◆ OMH represented the DPH on the Connecticut Children’s Trust Fund (CTF) Council, which facilitates the CTF’s efforts by supporting collaborative partnerships with state agencies and community-based groups to increased public awareness of the depth and magnitude of child abuse.

4. ENHANCE AWARENESS, EDUCATION, AND TRAINING

- ◆ OMH researched, evaluated and promoted numerous training programs available to provide pre-service and in-service education to the public health, health care, and allied health care work force statewide.
- ◆ OMH assisted the Connecticut Area Health Education Agency (AHEC) as a supporter of the statewide training for medical interpreter and translation services.
- ◆ OMH created and engaged a broad coalition of partners to focus on developing a cultural skills training program for health care providers. The coalition was called the Cross Cultural Training Committee (CCTC). The CCTC researched specific competencies to be addressed and modalities for instruction.
- ◆ OMH led the Cross Cultural Training Committees (CCTC) in developing a pilot training that was conducted for the UConn Health Center in Farmington, CT. Nearly 100 health and allied health professionals and students participated in the training. Evaluations deemed the training was successful in meeting its goals.
- ◆ OMH led the efforts of the CCTC in planning and delivery of comprehensive, full-day cultural competency training as a featured component of the New England Region Minority Health Conference.
- ◆ OMH participated with DPH colleagues, the Board of Governors for Higher Education, the Connecticut Dept. of Higher Education, and the Office of Workforce Competitiveness to fund projects that develop and use innovative approaches or best practices in Nursing, Allied Health and Education Fields to help meet Connecticut's workforce demands. Fourteen projects at academic and health care settings across the state were approved and funded for a total of \$855,678.
- ◆ OMH has developed a working linkage with the Connecticut Public Health Association in high school student public health career recruitment and career awareness.
- ◆ OMH provided practicum experience for medical students, graduate public health students, and undergraduate students from numerous institutions of higher learning in the state. All students conducted research on multicultural health topics and planned interventions and/or systems development of implementation.
- ◆ OMH successfully researched opportunities for cultural competency training. The University of Tennessee (U of T), School of Public Health accepted the OMH application to participate in a pilot Public Health Multicultural Health Project to build cultural competence and cross-cultural skills among public health agency staff. OMH conducted "Meaningful Exchange: A Cultural Training Course for Public Health Professionals" for 170 DPH employees.