



Connecticut Multicultural
Health Partnership

ANNUAL REPORT 2010-2011



The Connecticut Multicultural Health Partnership (CMHP) was launched in July 2008, through the Connecticut Department of Public Health Office of Multicultural Health (DPH-OMH). The Partnership was established to draw together expertise, resources, and programming to eliminate health disparities in Connecticut. The Partnership is a member-organization with over 300 individual members representing over 190 organizations.

Mission of the Partnership

To develop and implement a state plan to identify and address health disparities and multicultural health issues through the effective and systematic collaboration of a diverse, multidisciplinary group (the Partnership).

- A major focus of the plan will be the implementation of the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) in Connecticut.

CMHP Objectives

1. Enhance the infrastructure of DPH as well as other relevant state agencies to bring consistency across state departments regarding the purposes and functions of Offices of Multicultural Health/Affairs
2. Enhance the capacity of CMHP to bring information and resources to health related organizations so they may provide cultural and linguistic appropriate service standards and enhancements
3. Facilitate the process of CMHP to implement & re-evaluate the State's Multicultural Health Plan
4. Increase awareness of health disparities among health care professionals and their organizations, as well as among policy makers and the general public
5. Collect and utilize data and research findings to ensure planning and programming is grounded in evidence based and/or acceptable practices

Executive Committee

Margaret Steinegger-Keyser, *Chair*
Nancy Berger, *Past Chair*
Brad Plebani, *Vice Chair of Planning*
Lorrie G. Gardella, *Vice Chair of Development*
Egdonu Onyejekwe, *Vice Chair of Communication*
Meg Hooper, *Secretary*
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Brenda Delgado, *Member-at-Large*
Stacy Brown, *Member-at-Large*
Rev. Lydell Brown, *Member-at-Large*
Rasy Mar, *Awareness & Outreach*
Karen D'Angelo, *Awareness & Outreach*
Sylvia Gafford-Alexander, *Consumer Initiatives*
Sarah Diamond, *Data & Evaluation*
Maritza Rosado, *Language Access Services*
Catherine Wagner, *Professional Development*
Lynn Charbonneau, *Professional Development*
Heang Kim Tan, *Communication & Media*

Staff

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Eastern Area Health Education Center
CMHP, *Project Management*

Multicultural Leadership Institute
CMHP, *Data & Evaluation*

Milton Jackson
Graphic and Web Designer



NATIONAL PARTNERSHIP FOR ACTION

to End Health Disparities

Training Venue	Learning Strategy	National Partnership for Action
<i>Faces of Disparity Awareness Campaign</i>	Exposed to the thoughts and perspectives of patients and consumers who experience health disparities	Increased awareness of health disparities
	Exposed to the thoughts and perspectives of health and public health leaders in the state who are addressing health disparities	Increased awareness of health disparities and strengthened leadership at all levels
	Exposed to the CLAS Standards as a vehicle for awareness and action	Improved patient-provider communication and improved cultural and linguistic (including health literacy) competencies
<i>Care in Context: Physician's Guide to Eliminating Health care Disparities</i>	Exposed to the thoughts and perspectives of health care leaders and peers within the state who are addressing health disparities	Increased awareness of health disparities, strengthen leadership at the physician level
	Exposed to language and concepts that advance the conversation to one of health equity	Improved cultural and linguistic (including literacy) competencies
	Offered a context for understanding other training components and stimulate discussion	Improved patient-provider communication, utilization of research and outcome evaluations
<i>Unnatural Causes: Place Matters</i>	Viewing of the video is followed by a group discussion that focuses on individual action	Increased awareness of health disparities

I'm in!

I support a nation free of disparities in health and health care.
Take the pledge: www.minorityhealth.hhs.gov/npa

Unnatural Causes

Is inequality making us sick?

Place Matters

PRESENTATION OF THE AWARENESS & OUTRACH COMMITTEE

Partners

Center for the Elimination Health
Disparities among Latinos
CT Multicultural Health Partnership
Hispanic Health Council
University of Connecticut Health Center

Learning Objectives

1. Describe ways the environment impacts health status
2. Explain the concepts of health equity and social determinants of health
3. Describe ways to promote health equity
4. Develop and commit to ways you can personally promote health equity through advocacy efforts



324 health care providers, health profession students and community members attended Unnatural Causes: Place Matters

Learning Strategies

- View Unnatural Causes: Is inequality making us sick? Place Matters
- Panel responses from multiple perspectives selected according to attending audience
- Small Group discussion designed for attending audience which includes identifying local advocacy suggestions and recommendations, and identifying personal commitments
 - How might you apply what has been discussed this evening to your life (e.g. class assignment, curriculum enhancement, community project)
 - What are some of the ways you can/will promote health equity within your organization? Be specific...
 - Who might you partner with to move your ideas forward?
 - What are some of the barriers you might encounter?

An evaluation tool is used to determine if learning objectives are met and the format of the discussion and call to action is highly rated by all audiences.

- 97% of the participants strongly agreed or agreed that “As the result of this workshop, I feel that my knowledge of the topic health inequities increased.”
- 90% of the participants reported that the value of the information presented was excellent or good, and 72% reported that the session will have an impact on how they practice medicine.

Health Inequalities

Those differences in population health [or health care] that can be traced to unequal economic and social conditions and are systemic and avoidable—and thus inherently unjust and unfair

Stratton, Alison, Margaret M Hynes, and Ava N. Nepaul. 2009. The 2009 Connecticut Health Disparities Report. Hartford, CT: Connecticut Department of Public Health.

Social Determinants of Health

Health disparities refer to the differences in disease risk, incidence, prevalence, morbidity, mortality, and other adverse conditions, such as unequal access to quality health care, that exist among specific populations groups in Connecticut. Population groups may be based on race, ethnicity, age, gender, socioeconomic positions, immigrant status, sexual minority status, language, disability, homelessness, and geographic area of residence. Specifically, health disparities refer to those avoidable differences in health that result from cumulative social disadvantage.

Stratton, Alison, Margaret M Hynes, and Ava N. Nepaul. 2007. Issue brief: Defining health disparities. Hartford, CT: Connecticut Department of Public Health.



For more information...

Karen D'Angelo, MSW

Cross Cultural Trainer

NIH Center for Eliminating

Health Disparities

Hispanic Health Council

Awareness & Outreach

Committee Co-Chair

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Rasy Mar, MPH

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Physician Training Program on Racial & Ethnic Health Disparities

PRESENTATION OF THE PROFESSIONAL DEVELOPMENT COMMITTEE

In collaboration with the Connecticut State Medical Society
Funded by the Connecticut Health Foundation



Learning Objectives

Participants will be able to:

1. Define and describe health disparities, health equity and health literacy as key concepts in providing culturally and linguistically competent health care.
2. Describe and explain the social context of diverse patient populations in the state and how the social context impacts health behaviors and thus outcomes.
3. Apply culturally and linguistically competent clinical strategies during patient encounters.

Learning Strategies

1. Exposed to the thoughts and perspectives of health-care leaders and peers within the state who are addressing health disparities.
2. Exposed to language and concepts that advance the conversation to one of health equity.
3. Offered a context for understanding other training components and stimulate discussion.

Course components include a Resource Guide, Training Video, Experiential Exercises and Discussion

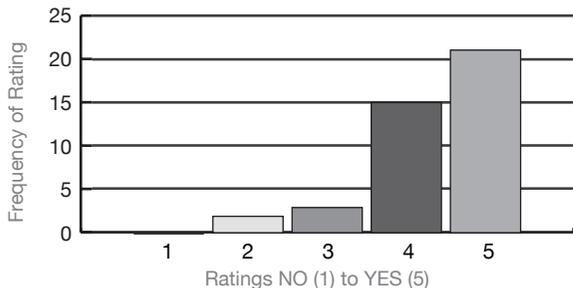
Over **1,300 physicians** participated in the [Care in Context: A Physician's Guide to Eliminating Health Disparities](#).

Discussions of personal assumptions and systematic discrimination made for challenging and sometimes difficult grand round discussions. A process CMHP and its members are committed to wrestle with toward the elimination of health disparities based on race and/or ethnicity.

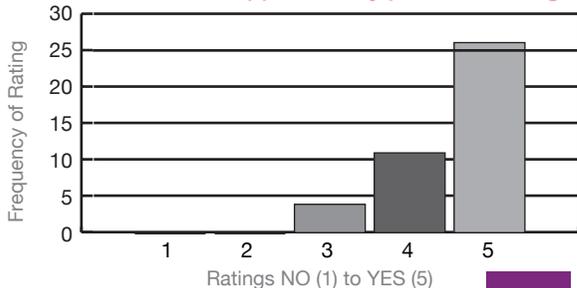
Primary Care Grand Round Series

- Overall, the evaluations we received demonstrated that physicians feel there is a practical application for the education we are providing to them. They find it a very important topic and one that is useful in their day to day practice.
- The mandate for CT physicians to receive one CME bi-annually is a source of frustration because the requirements are being directed from those outside of the profession.

The session met my personal learning needs



Information can be applied in my practice setting



“Excellent Speakers! Very captivating and engaging”

“Important topic, we could use a more in-depth training...”

“I would like to see evidence that these cultural competency trainings change or improve clinical outcomes”



For more information...

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Faces of Disparity Awareness Campaign

The Faces of Disparity Awareness Campaign, which was created by the Communication and Media Committee, consists of two complementary media productions: The Faces of Disparity Exhibit and the Faces of Disparity Video. The exhibit and video, which may be shown independently or together, raise awareness of health disparities in Connecticut and introduce the CLAS Standards (National Standards on Culturally and Linguistically Appropriate Services) as resources for change. Faces of Disparity is suitable for general audiences, policy makers, professionals, educators, and students.

The Faces of Disparity Exhibit is a portable display of nine free-standing panels that portray health disparities by means of personal stories. Connecticut residents from various racial, ethnic, cultural, and economic backgrounds describe how health disparities have affected their access to effective care. Each story is followed by relevant public health data and by a CLAS Standard that, if implemented, would improve health care and health outcomes for others. The Faces of Disparity exhibit is travelling throughout the state, and has already been viewed by an estimated **800 people** at such venues as the State Legislative Office Building, the University of Connecticut Health Center, Saint Joseph College, Trinity Episcopal Church, Hartford Hospital, Southern Connecticut State University and the New Haven Health Matters Symposium. Panels are available to all CMHP members for use in educational programs and for display at their locations.

The Faces of Disparity Video is a 15-minute documentary that integrates personal stories of health care consumers (as portrayed in the exhibit) with the perspectives of leading experts in health care and public health. The video defines health disparities, identifies contributing factors, and presents CLAS Standards as resources for change. Faces of Disparity DVDs have been distributed to CMHP members.

The Faces of Disparity DVD includes the video, a Self-Study Guide and a Facilitator Guide to be used with multiple audiences. For your Faces of Disparity DVD, contact Angela Jimenez (angela.jimenez@dph.us). The video may also be viewed on the CMHP website: www.ctmhp.org.

Health is not just seeing the doctor in the office; it's not just having surgery. It reflects the whole body and wellness and a state of body and mind. And if someone is living in poverty or they are living in a situation where they don't have access to food or an education or a job, they are not going to be as healthy as a counterpart who has those things.

M. Natalie Aehong, M.D.
Board Certified OB/GYN; Clinical Instructor
Yale University School of Medicine

The doctor knew nothing about my culture. He will never understand the damage that he caused.

Shaheen from Stamford

Language Access Services

PRESENTATION OF THE LANGUAGE ACCESS SERVICES COMMITTEE

Linguistic Competency

The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate (and those with communication disabilities).

Goode & Jones (modified 2009). National Center for Cultural Competence, Georgetown University Center for Child & Human Development

What are the Language Access Service Standards?

- Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
- Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
- Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
- Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

US Department of Health and Human Services
Office of Minority Health
National Standards on Culturally and Linguistically Appropriate Services
<http://minorityhealth.hhs.gov/>

For more information

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For more information

For More Information on the CLAS Standards Contact the Professional Development Committee: professionaldevelopment@ctmhp.org

What you need to know for Accreditation!

The Joint Commission, Christina Cordero, PhD, MPH

- Define qualification for language interpreters/translators
- Identify and address communication needs
- Provide language services
- Collect preferred language, race and ethnicity
- Allow access to support individual of the patient's choice
- Provide care free from discrimination

How the OCR enforces Title VI 1964 to ensure language access!

The Office for Civil Rights, U.S. Department of Health and Human Services

Peter K. Chan, Regional Manager, Region I

- **Investigation & Compliance Review**
 - Notification
 - Data Request, Response and Analysis
 - Interviews & Site Visits
 - Voluntary Resolution
 - Letter of Findings/Settlement Agreement
 - Formal Enforcement (referral to DOJ, termination of federal funds)
- **Typical Inadequacies**
 - Use allegedly bi-lingual person
 - Use bilingual person who lacks competency in subject area
 - Disregard for confidentiality, informed consent
 - Insensitive to risk posed by ineffective communication
 - Ad hoc and crisis-driven
 - Lack of linguistic/cultural relevancy/context

How to qualify your bi-lingual employees as medical interpreters!

International Medical Interpreter Association Isabel S. Arocha, M.Ed., CMI Executive Director

- National Board of Certification of Medical Interpreters

Performance Data System – Office of Minority Health

PRESENTATION OF THE DATA & EVALUATION COMMITTEE

Data collection, analysis and reporting are a very important aspect of the CMHP work. They contribute toward a continuous feedback mechanism and quality improvement for our programs. Most importantly, this ultimately helps us achieve our shared goals of implementing educational and informational strategies, and of facilitating critical conversations and processes in order to reduce health disparities. Towards these goals, CMHP spent the year developing methods for both qualitative and quantitative data entry and reporting. The CHMP utilizes internal data bases, qualitative narratives, and the OMH-Performance Data System (PDS) to track and report many of these indicators on a quarterly and annual basis.

Our evaluation instruments track the following types of indicators (non-exclusively):

- Number of unduplicated individuals and OMH funded programs and events
- Number of education and training events for service providers and related persons
- Demographic information on participants of programs, events and meetings
- Field of work of providers being serviced, and status of community members and other advocates being reached
- Number and percent of individuals with increased awareness and knowledge
- Number and percent of health care professionals with improvements in skills
- Number of individuals who receive instructional materials, forms, translated materials, etc. via hard copy or web
- The language of materials being created and disseminated
- Number and type of public policies that the CHMP monitors or influences
- Number of FTEs, PTEs and others on OMH supported programs
- Number and nature of Partnerships for collaboration towards goals
- Number of Grantee and Partnering Organizations with formal strategic planning processes in place
- Information on Members and Partners, including field of work, contributions, personal demographics, and age, gender language, and other demographics of their work service populations
- Number amount and source of funding and other resources leveraged for OMH projects

The data collection process to evaluate the CMHP programs and activities was formalized by developing a data collection plan, and establishing a timeline for accountability. Standardized evaluation tools were created for all programs to utilize, while allowing for each training program or committee to collect specific information tailored to their unique needs.

Program evaluation forms include one designed for individual study and one for group study, along with a demographic profile to be collected on all training participants.

A Data & Evaluation handbook was developed and is available on our website. Materials were also created for Committee Chairs and Committees to track other types of CHMP activities and actions, with a handbook to accompany these types of forms. Data collection and analysis of CMHP's strategic goals is now in operation and will be reported on in next year's annual report.



Join the Connecticut Multicultural Health Partnership

- Share your leadership and expertise
- Collaborate on multicultural health issues to maximize utilization of resources, promote coordination and reduce duplication of effort
- Provide guidance and support to the Committees
- Participate in forums to deliberate on health equity issues
- Actively engage in and commit to the development and implementation of the state plan to address Multicultural Health issues with a focus on CLAS standards
- Contribute to the Partnership's networking and information sharing
- Ensure that participation in the Partnership is beneficial to members and their respective organizations

visit us online:

www.ctmhp.org

The Connecticut Multicultural Health Partnership is supported and funded by the Connecticut Department of Public Health, Office of Multicultural Health; U.S. Department of Health and Human Services, Office of Minority Health.



Office of
Minority Health

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