State of Connecticut
QUI TRANSTULIT SUSTINET
Commission on Health Equity

June 12, 2009

Commissioners,

Our March retreat was very successful in officially launching our efforts to improve the health status of our Connecticut residents. I am very proud of the character and professionalism of those who have volunteered to lead this initiative and look forward to our continuing work on this important collaboration.

Please find attached the CHE agenda and related materials for our **June 16th retreat at the Office of the Hispanic Health Council, 175 Main Street in Hartford from 8:30 AM to 1:00**. Please bring your lunch.

We will begin our retreat next week by taking stock of where each work group is in its planning. **If need be, we will revise the agenda included in this packet, to give work groups time to meet during the retreat to develop their work plans**. Our goal will be to have each work group clear about the plan it will implement between now and our next retreat on September 15, where groups will share progress reports on their work that will be included in the Commission's annual report to the General Assembly and Governor.

The attachments for our retreat next week include:

- **A retreat agenda for 6-16-09, 8:30 – 1:00**
- **The Commission's work plan for 2009**
- **The Health Equity Value Statement being proposed to be included in the Commission's definition of "Health"**
- **A summary of the Commission's March 17th Retreat**

James E. Rawlings

James E. Rawlings, Chair
Commission on Health Equity

cc: Jacqui Lindsay, Facilitator
Innovation by Design, Inc

Commission on Health Equity: Planning Retreat
Hispanic Health Council: 175 Main Street: Hartford, CT
June 16, 2009: 8:30 AM – 1:00 PM

Retreat Goals:

Agree on:

- The Commission's definition of health
- Action plans of work groups
- When progress reports from work groups are due and what they need to include
- A plan for producing Commission's annual report to Governor and General Assembly

AGENDA

Facilitator: *Jacqui Lindsay*, Innovation by Design

Gather, coffee and light breakfast	8:15
1. Welcome, Introductions, Why We Are Here: *Jim Rawlings*	8:30
2. Meeting Overview: *Jacqui Lindsay*	8:35
3. Review Key Agreements from March 17 Retreat: ▪ Performance requirements and plan for 2009 ▪ Definition of health: ➢The introductory statement ➢Agreement to get feedback from commissioners on two possible additions to introductory statement: information about the role of culture in health, and dimensions of health to include in the definition of health. ➢Any questions?	8:40
4. Discuss and Agree on Additions to Commission's Definition of Health ▪ Proposal #1: Health Equity Value statement to include in definition ▪ Proposal #2: Dimensions of health to include in definition	9:15
5. Report and Agree on Action Plans of 3 Work Groups for 2009 ▪ 3 work groups – data, policy, and public voice – report their action plans. ▪ Feedback to clarify and strengthen action plans ▪ Commissioners agree on action plans, co-conveners, and calendar of meetings for each work group to implement its action plan and document progress.	9:30

BREAK	10:45
6. Discussion of when Progress Reports from 3 work groups are due ▪ When progress reports – key findings to date from each work group – need to be submitted to inform Commission's annual report to Governor and General Assembly ▪ What progress reports from work groups need to include	11:00
7. A Plan for Producing Commission's Annual Report to Governor and GA *Including discussion and decisions about the following:* ▪ What the annual report needs to include ▪ Who will be involved in drafting the report: a lead writer +small team ▪ How information from diverse sources – work groups and possible interviews – will be analyzed, shared, and synthesized to inform the report ▪ Whether it is important to gather information from key informants through interviews, and, if so, from whom. Agree on who will do this. *(If resources are available, consultant is available to conduct interviews as well as to help facilitate public hearings or community meetings.)*	12:00
8. Next Steps and Meeting Evaluation ▪ Consultant drafts meeting summary – noted and agreements – and send to Chair. ▪ Chair reviews meeting summary and sends to Commissioners to support the implementation of action plans by work groups. ▪ Work groups meet to implement their action plans and document their progress. ▪ Work groups submit their progress reports by the agreed upon deadline. ▪ Commissioners review progress reports from 3 work groups before the Commission's September planning meeting. ▪ Commission meets on September 16, 2009 to achieve the following goals: ➢ Discuss findings captured in reports from work groups ➢ Agree on key findings to include in the Commission's annual report to the Governor and General Assembly ➢ Begin to define the Commission's plan longer-term – i.e., beyond June 2010 -- to support achievement of its mission and guided by its job description.	12:45
LUNCH *(bring your lunch)*	1:00

Information Packet for Commissioners to Review before June 16 Retreat

(*Materials to support retreat discussion*)

1. Agenda for retreat

2. Commission's work plan for 2009 -- defined at its retreat on March 17, 2009

3. Health Equity Value Statement – proposed as an addition to the Commission's definition of health

4. Retreat summary from Commission's planning retreat on March 17, 2009

Connecticut Commission on Health Equity (CCHE)

Mission of Commission

(*Defined by the General Assembly of Connecticut*)

- Eliminate disparities in health status based on race, ethnicity, national origin, and linguistic ability.
- Improve the quality of health for all of the state's residents, with a special focus on racial and ethnic inequities.

Performance Requirements and Plan for 2010

Project Deliverables

1. An annual report and recommendations from the Commission to the Governor and General Assembly by January 2010
2. A plan to guide the Commission's work in 2010

Project Plan: Key Milestones and Timeline

➢ 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. *(a half-day meeting)*	**3/17/09**
➢ Discuss and agree on preliminary action plans from work groups. (*a half-day meeting*)	**6/16/09**
➢ Discuss and agree on key findings to date from work groups to inform Commission's annual report to Governor and General Assembly. (*an all-day meeting*)	**9/15/09**
➢ Work groups discuss and agree on recommendations for annual report. (*a half-day meeting*)	**10/09**
➢ 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**

Health Equity Value Statement

The Health Equity Commission values the richness of culture and language that defines and unites the many diverse ethnic groups in our state. We believe that to be effective, the commission must understand and address the reality that many factors, including income, education, environment, lifestyle and race relations play a role in health and well-being. The Commission recognizes that key determinants of health and well-being vary across racial, ethnic and cultural groups and given this strives to respect and address these variations in all relevant commission activities.

Retreat Summary from Retreat on March 17, 2009 *(See attachment)*

Definitions of Health

Which makes the most sense from a health equity agenda lens?

- ***World Health Organization 1947 Definition***: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

  The Commission chose this statement, with one modification (see retreat summary).

- ***World Health Organization 1984 Definition****:* "The extent to which an individual or group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities."

- ***Stokes, J. Journal of Community Health, 1982****:* "A state characterized by anatomic, physiologic and psychologic integrity; ability to perform personally valued family, work and community roles; ability to deal with physical, biologic, psychologic and social stress..."

- ***Dimensions of Health****, adapted by Aggleton & Homans (1987) and Ewles & Simnett (1992):*

  -Physical - mechanistic function of body

  -Mental - ability to think and make judgments

  -Emotional - recognize emotions such as fear, joy, grief and anger

  -Spiritual - ability to put into practice moral, religious or beliefs to achieve peace of mind

  -Sexual - acceptance and ability to achieve a satisfactory expression of one's sexuality

  -Societal - the basic infrastructure necessary for health, e.g. shelter, peace, food, income, a certain degree of integration or division within society

  -Environmental - physical environment includes housing, transport, sanitation, availability of clean water, pollution control

  -Social - the ability to make and maintain relationships with others

Deliverables and Timeline for Commission's Work through June 2010

(For discussion at retreat)

- Retreat: including formation of work groups 3/17/09

- Action plans from work groups discussed 6/01/09

- Progress reports from work groups discussed 9/01/09

- Final reports from work groups discussed to inform and shape the priorities and report what the Commission sends to Governor 1/01/10

- Commission's preliminary report sent to Governor for feedback 3/01/10

- Commission's final report sent to Governor 6/01/10

Criteria to Set Commission's Priorities

Current State - Future State Process

How can we affect change?

1) Idea Mapping:

What are the success/achievement factors? **(make a list)**

Where can improvements be made? **(make a list)**

Are there unanswered questions and what role do they play in achieving successful outcomes? (**make a list)**

2) Impact – Difficulty Matrix

How do we capitalize on the success/achievements already in place?

How do we sort and prioritize the information provided to identify what should be worked on first and why?

What will success look like?

IMPACT		LOW (Easy)	HIGH (Hard)
	HIGH	**Do First**	**Plan For**
	LOW	**Lots of Small Changes =Big Change**	**Avoid**

DIFFICULTY

COMMISSION ON HEALTH EQUITY

Our Job Description: Ten Goals

The commission shall:

(1) Review and comment on any proposed state legislation and regulations that would affect the health of populations in the state experiencing racial, ethnic, cultural or linguistic disparities in health status.

(2) Review and comment on the Department of Public Health's health disparities performance measures.

(3) Advise and provide information to the Governor and the General Assembly on the state's policies concerning the health of populations in the state experiencing racial, ethnic, cultural or linguistic disparities in health status.

(4) Work as a liaison between populations experiencing racial, ethnic, cultural or linguistic disparities in health status and state agencies in order to eliminate such health disparities.

(5) Evaluate policies, procedures, activities and resource allocations to eliminate health status disparities among racial, ethnic and linguistic populations in the state and have the authority to convene the directors and commissioners of all state agencies whose purview is relevant to the elimination of health disparities, including but not limited to, the Departments of Public Health, Social Services, Children and Families, Developmental Services, Education, Mental and Addiction Services, Labor, Transportation, the Housing Finance Authority and the Office of Health Care Access 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.

(6) Prepare and submit to the Governor and General Assembly an annual report, in accordance with section 11-4a of the general statutes, that provides both a retrospective and prospective view of health disparities and the state's efforts to ameliorate identifiable disparities among populations of the state experiencing racial, ethnic, cultural or linguistic disparities in health status.

(7) 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.

(8) 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, but not limited to, the data collected by the Connecticut Health Information Network.

(9) Have the authority to draft and recommend proposed legislation, regulations and other policies designed to address disparities in health status.

(10) Have the authority to conduct hearings and interviews, and receive testimony, regarding matters pertinent to its mission.

Action Plan Template for Work Group

- Goal defined by legislature
- Objectives
- Measures of success
- Actions and timelines
- Who is responsible for actions
- Resources from work group to support achievement of actions