

# Connecticut Commission on Health Equity Executive Committee

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## Minutes to the June 15, 2010 Meeting Legislative Office Building Room 1B

Present: Marie Spivey, Chair; Glenn Cassis; Marja Hurley; Elizabeth Krause; José Ortiz; Sylvia Gafford-Alexander; Ann Ferris; Arvind Shaw; Lorraine Carrano; Greg Stanton; Sharon Mierzwa; Marta Moret; Chris Smith; Kelson Etienne-Modeste; James Gatling; (some inaudible names); Michael Mitchell from the Office of the Healthcare Advocate

Absent: Kenneth Alleyne, Paul Cleary, Jeannette DeJesus; Paul Flinter; Colleen Gallagher; Cathy Graves; Meg Hooper, Marie Kirkley-Bey, Werner Oyanadel; Stephanie Paulmeno; Natasha Pierre; James Rawlings; Janet Williams; Michael Williams; Tory Westbrook

1. Chair Marie Spivey welcomed the Commission and visitors to the meeting. All present identified themselves and the organizations they were representing.
  2. Marie spoke of recruitment efforts for this Commission and said she still hasn't heard from the Native American community. She asked Commission members to let her know of any contacts they may have for this particular group.
  3. Marie provided an update on the Health Equity Director. She said the position has been posted, adding that she encourages all interested, qualified individuals to apply. June 29, 2010 is the closing date for applying for this position. She asked for volunteers from the Commission to assist with the interviewing process, which will probably occur in mid to late July. Kelson Etienne-Modeste, Elizabeth Krause, José Ortiz and Glenn Cassis agreed to serve on the interview committee. Marie said this group will develop questions to be used during the interviews. The Department of Administrative Services (DAS) will screen applications to determine which applicants are qualified. She added that she was very pleased that this will become a reality.
  4. Marta Moret, the consultant who is writing this Commission's report, spoke of efforts to collect data from each workgroup. The public voice group has accumulated much information and Marta is working with them to set up some community-based focus groups. Marta said she isn't going to simply write a report, but is interested in working with each workgroup on technical assistance issues. For example, the public voice group is looking at existing focus
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groups, conferences and public interviews that have been done across the state on issues of racial and ethnic healthcare inequalities. There will be two or three focus groups formed to obtain perspectives from various people on bridging such issues. Marta said she has not yet met with the data workgroup, but has received their excellent report. She feels that in writing the report, there should be a discussion of what the model will be for bridging inequalities, thus allowing the new director to use this as a launching pad for implementation issues. She is also working to identify the resources that will be necessary to move the report from a policy and information piece to an implementation piece. Marta said she has been meeting with the policy subgroup and is in the process of reading interviews that have been done and pulling together an analysis with the plan of determining what the priorities are and what the focal point of the policy subgroup's report should be. Marta said she has put together an outline of what the report should look like. Marie and Elizabeth have reviewed this and made comments. Marta said she would incorporate their comments and make the outline available to the entire Commission, hopefully by the next meeting. Michael Mitchell extended an offer of assistance with arranging meetings, conference calls etc.

Marie said that she and Jeannette DeJesus met with the president and CEO and the vice president of human resources at CT Hospital Association. They are genuinely interested in participating in the work of the Commission and building on their strategic plan. They want to assist hospitals in Connecticut in becoming more culturally competent. They are specifically interested in data and legislative review. They also expressed interest in membership in this Commission, which would prove to be very helpful to the Commission and likewise the Commission would be helpful to them.

## 5. Committee reports

José reported for the policy subgroup. He said he and Jeannette have met with several different agencies, including DDS, DMHAS, DCF, DPH, DOE and DOT, to learn what is being done regarding reducing disparities. Most of the meetings were with commissioners, although some were with department heads. José said he felt that generally good work is being done; however it is fragmented. The work DOT has done to eliminate disparities is impressive. Every department is doing its own thing, but they are not connecting. None of the agencies have a general plan with the exception of DMHAS. There are plans to meet with DOC, DSS and Department of Housing. Elizabeth asked José if he felt that there was a high level of awareness within departments regarding disparities-related activities and programs. José replied that he didn't think so. Marie added that the idea of creating objectives to eliminate disparities and inequities is relatively new. She said that after the completion of this Commission's report there will be meetings held with department commissioners to provide them with opportunities to learn what each other is doing and what they can be doing. Hopefully this will open the door to meeting once or twice a year and eventually result in a statewide plan. José said that although some commissioners were unaware of this Commission's mission, he felt they were willing to help with the process.

There was no new information to report from the data committee. In a data-related issue, Elizabeth reported that the Community Health data scan will be transferred from the Connecticut Health Foundation to this Commission. There will be steps taken this week and communication will be forthcoming. Michael Mitchell requested that he be notified of any hardware or software needs for this project.

Kelson reported for the public voice subgroup, saying they have met and hope to meet again before the next Commission meeting. They are researching public forums and interviews that have been held in the past to gauge what has already taken place. He said they hope to work

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with the data subgroup and Marta to collect available data. He said the plan is to fill in the gaps and hold public forums in areas where they haven't occurred. The subgroup is compiling a list of activities that Kelson will share with the Commission, and he asked members to keep him apprised of any omissions. There also has been a discussion of best practices for disparities and inequities, with the suggestion of consulting with representatives from other states. He mentioned that Massachusetts has a good program and that perhaps someone from there would be willing to attend a Commission meeting. Marie said the most important piece of this is to acquire information regarding racial, ethnic and linguistic inequities from the populations being served. She also suggested contacting the Connecticut Association of the Directors of Health for obtaining information from the community. José asked if there would be forums held specifically for Latinos, where language may be an issue. Kelson responded that there will be forums specifically for Latinos in addition to as many other ethnic groups as possible. He hopes to have the groups that will be meeting participate in the planning process. Marta said that the data gathering would provide information on what groups should be specifically targeted. She said groups should be held in Bridgeport, Hartford and New Haven as well as in rural areas. This subgroup could create a template for what should continue over the life of the Commission under the Executive Director. There could be a second template consisting of a series of questions that will be used with other groups, looking at outcomes with the hope of reaching five-year impacts showing the beginning of a reduction in inequities. Marta said this would be an ongoing process.

6. Next steps - Marie spoke of setting both short-term and long-term measurable objectives in working with state agencies, community organizations and the community at large. She said there also needs to be a process for identifying outcomes to measure whether this collaborative process has made a difference. Marie said this is a great opportunity to create a model that can become very powerful in eliminating disparities and inequities, and help to improve communication with each other.

Marta suggested that the next meeting would be a good opportunity to flesh out what the Commission feels are its primary goals and objectives and determine what should be included in the report. Marie said the report had been due on June 1, adding that she has requested an extension until September 1 and is awaiting a reply. Marie said that the original work plan has been separated into policy and legislation. The new Health Equity Director will work with the legislative committee to review legislation and its impact on eliminating disparities and inequities. The Director will also work on resource development. Ann Ferris offered to help with setting up a format for this.

Meeting was adjourned.

**Next meeting will be 7/20/10 at 9:30 a.m.**