

Connecticut Commission on Health Equity

Executive Committee

Chairperson
Marie Spivey
Vice-Chairperson
Kelson Etienne-Modeste
Secretary
Werner Oyanadel
Treasurer
Stephanie Paulmeno



Phone:
866.466.4446

Facsimile
860.297.3992

E-Mail
Health.Equity@ct.gov

Post Office Box 1543
Hartford, CT 06144-1543
www.ct.gov/SustiNet

Minutes to the May 18, 2010 Meeting

Legislative Office Building Room 1B

Present: Glenn Cassis, Kelson Etienne-Modeste, Marja Hurley, Elizabeth Krause, Doreen McGrath, Jose Ortiz, Marie Spivey, Gregory Stanton, Paul Cleary, Natasha Pierre, William Rejada(?), Stephanie Knudsen(?), Kristin (inaudible), Stephanie Paulmeno, Sylvia Gafford-Alexander, Jennifer Kertanis, Marta Moret and Michael Mitchell from the Office of the Healthcare Advocate

Absent: Kenneth Alleyne, Paul Cleary, James Gatling, Meg Hooper, Marie Kirkley Bey, Natasha Pierre, James Rawlings, Janet Williams

- I. Chair Marie Spivey welcomed the Commission and visitors to the meeting and requested a roll call to determine attendance.
 - II. Minutes from the April 20, 2010 meeting were approved with corrections.
 - III. Committee reports
 - a. José Ortiz reported for the policy committee. He said that the interview process for Commissioners has begun. There have been interviews with DPH, DCF, DOE, DMHAS and DDS. There will be meetings with DOC, DSS and DOT. There have been many good responses to questions that were sent to various agencies.
 - b. Elizabeth Krause said there was nothing to report at this time from the data committee.
 - c. Kelson Etienne-Modeste reported that the public voice committee plans to hold a conference call during the week of June 7th to analyze the proposal for the forums. He also said that he will share information about the website when it is available.
 - IV. Update on Health Equity Director - Marie said that this position has been approved. Staff from Department of Administrative Services and the Department of Insurance are developing exam questions for the position. Marie said that the position should be filled within two or three
-

Connecticut Commission on Health Equity

months. She agreed to keep Committee members who expressed an interest in participating in the interview process updated on the process. Michael Mitchell agreed to send the link with the application information to Committee members as soon as it's available. Marie also mentioned that there are six openings for members on this Commission, and she welcomed suggestions for potential members.

V. Work Plan - Marie spoke of the committees that are designated in the work plan. She said each Commission member is expected to participate in a committee. Forms were passed out identifying each committee and its purpose.

VI. Marie introduced Jennifer Kertanis, Executive Director of CT Association of Directors of Health, to speak on the Statewide Health Equity Index Initiative. To access Jennifer's presentation, [click here](#).

Marie asked Jennifer if there was a phase-in plan to include other local health departments. Jennifer replied that this would be a powerful tool for all municipalities and local health departments. Marie asked how state agencies could access this information. Jennifer said DPH has been very helpful in providing access to health outcome data. She said now that the demonstration phase is moving forward, the focus is shifting towards state level agencies and organizations. Sylvia Gafford-Alexander asked who does the scoring on the initiative, and where ethnicity and culture are addressed. Jennifer said that once the model is built, scoring is straightforward, based on the distribution of the data and the reference point, which is the statewide median, so this will be built in. Correlations of the social determinants and health outcomes can be run against demographic characteristics including race and ethnicity.

Michael asked if it was specific enough that a medical case manager could create a profile of a person's risk for a disease, based on where they live and what they do. Jennifer replied that it wasn't. An unidentified speaker asked once the information is available on the website, what the expectations are for the demonstration sites. Jennifer said that the information is used for workforce development and building community partnerships at all levels. The index data is available to them, so this will be used internally, with the goal being to develop action plans that result in policy changes. Jennifer added that the index is actually built on conditions and populations and not on individuals. She said historically the individual has been blamed, but this gets beyond that, to show that these inequities are occurring because of conditions in the communities that support or don't support good health.

An unidentified speaker asked what the timeline was for having the index operational, and also what the cost would be for the state to maintain this. Jennifer said the demonstration sites are entering their second year. Three years of funding were provided by the Kellogg Foundation. There are talks with Kellogg to continue funding. Jennifer said it wouldn't be expensive to sustain this statewide. It would involve hosting a website, keeping statisticians on board and updating data banks. Marie said this would be part of the business planning to incorporate into the operational budgets of the various departments.

VII. Marie introduced Marta Moret, president of Urban Policy Strategies, an association of African-American and Latino research and policy consultants. Urban also provides training and technical assistance in program design, evaluation and policy assessment to government agencies, foundations and nonprofit organizations. Marta will be assisting this Commission with developing its report, among other things. She will help the Commission in moving towards objectives and strategies for the present and the future.

Connecticut Commission on Health Equity

Marta praised the work of Jennifer and her colleagues on the Health Equity Index, saying she believes this will be a great tool for CT to use. Her dream is that CT becomes a national health model in health equity issues for other states to emulate. Marta said CT is viewed as a place where funds are designated for report writing, studies are conducted, reports are written, and then very little money is spent on solutions. She said that isn't going to happen in this instance. She hopes that this Commission's report becomes a definitive tool for implementing healthcare systems change. A huge volume of work already exists, ready to be analyzed for opportunities to create system changes in reducing health disparities. Marta said the best approach to this is to pace incremental changes based on realistic time. Changes don't happen overnight and sometimes take years. The challenge is to keep the momentum going with continued pressure to move forward. Additionally, there must be a strong partnership among state agencies, policy leaders and representatives of the targeted community. There are many layers of people in the community who should be involved in this. A website is a great way to have a public voice in getting people involved, however it is necessary to consider several different approaches in reaching the many people who are unable to access computers. It also is necessary to continuously provide a public voice to the Legislature, and to be aware of available national and local funding opportunities. Marta said that the timing of this report fits so perfectly with healthcare reform; her dream is that the report ends up being read by the President of the United States. She also said that during a recession, when healthcare normally suffers, this will prove to be an invaluable tool.

Marta commented on the importance of a public voice. She mentioned strategic policy intervention, which entails careful design with rigorous research applications. The partnership with the community can become a powerful tool for implementation of that intervention. As an example, she spoke of working with the community promoting the use of condoms to reduce HIV transmission. She also spoke of efforts done to improve lifestyles and reduce the incidence of emergency care for heart attacks. She mentioned Norwalk as a good example of using a public voice, by using posters throughout the city and on buses and creating a series of walks throughout the community. They worked with Community Health Centers and community groups to form walking tours. They provided public transportation to the farmers' markets for anyone interested at no charge. They created a website and brochures which were widely available. This effort had been backed by the highest level of city management and received funding from the state and the city.

Marta said that although she has lots of experience in writing and with public health policy, she would like the Commission to take the lead on this and tell her how she can be helpful. She is hoping to build on work that's already been done to produce a meaningful strategy. She hopes the strategy includes influential partners, and develops a public voice that informs, motivates and educates support for implementation of this program. It is her vision that CT is one of the states that has a model program that shows how major resources work together to produce a blueprint for systems change.

Marie said that this will be an action-oriented report that provides guidance in moving forward to bring consistency to the health care system. CT is a small state that has too many inequities and disparities in healthcare. Marta will be in touch with the policy, data and public voice committees to assist with determining the next steps.

The meeting was adjourned.

Next meeting will be 6/15/10.