

Commission on Health Equity: Planning Retreat
Legislative Office Building, Room 1B
November 17, 2009: 9:00 – 1:00

Retreat Goals:

- Hear and discuss reports from work groups.
- Agree on top issues Commission will recommend to Connecticut.
- Define CHE work plan through June 2010, including agreement on plan for producing CHE's annual report to GA, Governor, and the public.

Agenda

Facilitator: *Jacqui Lindsay*, Innovation by Design

1. **Welcome, Introductions, Why We Are Here:** *Jim Rawlings* **9:00**
2. **Meeting Overview:** *Jacqui Lindsay* **9:05**
3. **Reports from Work Groups: Data, Policy, and Public Voice** **9:10**
 - Report from data group: *(15 min.)*
 - Results of meeting with Meg Hooper, DPH
 - Criteria and thinking used to identify top issues CHE should recommend to CT
 - Top issues CHE should recommend to CT to make a difference in reducing health inequities and improving the health of the people of CT
 - Group discussion and agreement on top issues CHE will recommend to CT. *(45 min.)*
 - Report from policy group *(15 min.)*
 - Report from public voice group *(15 min.)*
- BREAK** **10:45**
4. **Commission Work Plan and Timeline through June 2010: 2 Scenarios** **11:00**
 - Scenario #1: Using top issues to focus CHE's work, what does each work group and CHE need to accomplish, and by when, to produce CHE's annual report by 6/2010?
 - Scenario #2: What are options for securing resources to get community feedback on top issues, to inform key findings and recommendations in CHE's annual report?
 - Who will define what process CHE will use to reach agreement about key findings and recommendations to include in its annual report to GA, Governor, and public by 6/2010?
5. **Plan for Producing Commission's Annual Report** **12:00**
 - What does the report need to include: key components?
(informed by research on other commission reports)
 - Who will be involved in drafting the report: a lead writer + small team?
 - When will writing team complete its draft of the report to share with commissioners?
 - Whose feedback is needed before finalizing the report?
6. **Resources needed to support achievement of plan through June 2010 as well as CHE beyond** *(informed by research on other commission budgets)* **12:45**

7. Next Steps and Meeting Evaluation

12:55

*Information Packet for Commissioners to Review before November 17 Retreat
(Materials to support retreat discussion)*

1. Agenda for retreat
2. Report from data work group
3. Retreat summary from Commission's planning retreat on September 15, 2009
4. Commission's work plan for 2009 -- defined at its retreat on March 17, 2009
5. Commission's job description -- defined by the General Assembly

Connecticut Commission on Health Equity (CCHE)

MISSION of CONNECTICUT COMMISSION on HEALTH EQUITY
(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 2009-2010

Project Deliverables

1. An annual report and recommendations from the Commission to the Governor and General Assembly by June 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. 3/17/09
(a half-day meeting)

- Discuss and agree on preliminary action plans from work groups. 6/16/09
(a half-day meeting)
- Discuss and agree on key findings to date from work groups to inform Commission's annual report to Governor and General Assembly. 9/15/09
(an all-day meeting)
- The Commission discusses and agrees on top issues to focus on. 11/17/09
(a half-day meeting)
- Draft report to Commissioners for their review and comment. Also get feedback from key allies, leaders in the legislature, and the Governor.*
- Send final draft of annual report to Commissioners for approval.
- Submit annual report to Governor and General Assembly. 6/10

Commission on Health Equity Deliverables

Its Job Description: Ten Goals

(Defined by General Assembly of Connecticut)

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.

CHE Priorities for 2009 and Work Groups to Define and Achieve Them

1. *Collect and analyze data relevant to the mission of the Commission -- including on metrics, best practice, and promising models/initiatives – to inform its arguments, recommendations, and call for action.*
 - Priority is related to following objectives of Commission's job description: **2, 8, 7**
 - Work group formed at retreat to address this priority: *Nancy Berger, Paul Cleary, Elizabeth Krause, and Greg Stanton*

2. ***Monitor, review, analyze, and comment on the impact of current or proposed legislation and policies on the Commission's mission: i.e., on eliminating health disparities and improving the quality of health for all of the state's residents.***
 - Priority is related to following objectives of Commission's job description: **1, 3, 5, 9**
 - Work group formed at retreat to address this priority: *Bruce Carlson, Jeanette DeJesus, Mary Eberly, Kelson Etienne, Jose Ortiz, Marie Spivey, Michael Williams*

3. ***Build public voice, public involvement, and public support for the Commission's work: by connecting with and convening populations experiencing health disparities, as well as by holding convenings of the diverse general public -- to listen and learn from these residents of Connecticut, and to share and get feedback on the Commission's work.***
 - Priority is related to following objectives of Commission's job description: **4, 10**
 - Work group formed at retreat to address this priority: *Natasha Pierre, Jim Rawlings, Janet Williams, Tory Westbrook, + the man who joined the group late*