

Commission on Health Equity

March 13, 2009

Connecticut Commission on Health Equity Members

Commissioners,

Please find attached the basic materials in support of our retreat scheduled for 3/17/09 at the office of the Hispanic Health Council, 175 Main Street in Hartford beginning at 9:00 AM.

I am very pleased that this retreat will officially launch our efforts to improve the health status of our Connecticut residents and particularly those who have been disproportionately impacted resulting in health inequities and negative outcomes in our state. This has been a long journey to bring about the reality of a Commission whose sole charge is to reduce and eliminate health inequities in the State of Connecticut as mandated by our Governor's signature. I am so proud of the character and professionalism of those who have volunteered to lead this initiative and look forward to our work for the day.

The attachments for the retreat include:

- Agenda
- Background document: What is Health Equity?
- OHE deliverables and timeline through June 2010
- Possible criteria for setting priorities through June 2010
- 10 goals for the Commission's work by the legislature
- Work plan template
- Commission on Health Equity 2008-2009 Membership List



James E. Rawlings, Chair
Commission on Health Equity

cc: Jacqui Lindsay, Facilitator - Innovations by Design, Inc

OBJECTIVE

The charge of the Commission should not be viewed as a strategic plan, but rather as a tool that indicates the need for the State of Connecticut to develop a comprehensive, time-phased strategic plan to address health care disparities within minority populations. A plan with clear goals, objectives, and timetables is necessary to address this complex problem.

Commission on Health Equity: Planning Retreat
March 17, 2009: 9:00 AM – 1:00 PM

Facilitator: *Jacqui Lindsay*, Innovation by Design, Inc

Agenda

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| LIGHT BREAKFAST (<i>Coffee</i>) | 8:45 |
| 1. Welcome, Introductions, Why We Are Here: <i>Jim Rawlings</i> | 9:00 |
| 2. Meeting Overview: <i>Jacqui Lindsay</i> | 9:05 |
| 3. Background Document: Any questions? | 9:10 |
| 4. Deliverables + Timeline for Commission's Work through June 2010 | 9:30 |
| • Review | |
| • Any questions? | |
| 5. Criteria for Deciding Our Short-Term Priorities: through June 2010 | 9:45 |
| • Are there any other criteria you believe are important to consider? | |
| • Reach agreement on criteria we will use. | |
| 6. Agreement on Our Short-Term Priorities | 10:00 |
| • Review the 10 goals defined for our work by the legislature. | |
| • Of these 10 goals, select 3 goals we will focus on through June 2010. | |
| • Additional goal we will accomplish: development of a strategic plan to define our longer-term direction for accomplishing all 10 goals. | |
| 7. Formation of Cluster Groups for Short-Term Priorities | 10:30 |
| • Role of cluster groups: to define and implement plans to achieve our short-term priorities, and to inform the progress report we send to the Governor by June 2010 | |
| • Who is interested in working on which short-term priority? | |
| BREAK | 10:45 |
| 8. Discussion in Cluster Groups | 11:00 |
| • Review template for developing cluster group's implementation plan: Any questions about template? Anything missing/needed to strengthen it? | |
| • What is doable by 2010 using resources of our cluster group? | |
| • Identify 2 people to serve as co-conveners of group through June 2010. | |
| 9. Reports from Cluster Groups + Large Group Discussion | 12:00 |
| 10. Next Steps and Meeting Evaluation | 12:45 |
| LUNCH (<i>bring your lunch, brown bag</i>) | 1:00 |

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".

WHO 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 Time Line for discussion

- Retreat 3/17/09
- Draft action plans due to Commission 6/01/09
- Presentation final work plan due to Commission 1/01/10
- Presentation of preliminary report to Governor 3/01/10
- Final report to Governor 6/01/10

Criteria to set Commissioner'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?

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

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

Work Plan Template

Goal:

- Objectives
- Measures of success
- Time line
- Who is responsible?
- Resources