State of Connecticut
Commission on Health Equity

Meeting Summary, December 15, 2008

Commission Attendees: Kenneth Alleyne for Cato Laurencin (Director, UConn School of Medicine), Nancy Berger (Department of Public Health), Martha Burr (Multicultural Health Network), Paul Cleary (Dean, Yale School of Public Health), Lorraine Carrano (St. Vincent's Hospital)Jeannette DeJesus (Hispanic Health Council), Kelson Ettienne-Modeste (Hartford Public Schools), Ann Ferris (UConn Center for Public Health and Health Policy), Paul Flinter (Department of Education), Cheryl Harris Forbes (African-American Affairs Commission), Colleen Gallagher (Department of Corrections), Cathy Graves (Urban League, Southern Connecticut Chapter), Kevin Lembo (Office of the Healthcare Advocate), Lina Lorenzi (Latino-Puerto Rican Affairs Commission), Andres Martin (Yale New Haven Children's Hospital), Jose Ortiz (Department of Mental Health and Addiction Services), Stephanie Paulmeno (public member--Greenwich Department of Health), Jim Rawlings (Connecticut NAACP), William Rivera for Janet Williams (Medical Director, Department of Children and Families), Marie Spivey (public member—Capitol Workforce Partners), Gregory Stanton (public member--Lawrence & Memorial Hospital), Tory Westbrook, Theresa Younger (PCSW), Robert Zavoski (DSS)

Other Attendees: Elizabeth Brown (Commission on Children), Elizabeth Krause (Connecticut Health Foundation), Efrain Diaz (DPH)

Administrative Attendees: Victoria Veltri and Michael Mitchell (Office of the Healthcare Advocate)

All members were provided with a copy of the meeting agenda, draft meeting summary from 11/20/08, draft by-laws and conflicts resolution statement. All members and other attendees were asked to sign-in to confirm attendance.

After introductions, the first item for discussion was approval of the draft meeting summary from the meeting of the Commission on Health Equity November 20, 2008. (Colleen Gallagher noted that her name was omitted from the list of members in attendance.) The meeting summary with the addition of the names of these members was approved without objection.

Greg Stanton reported that the by-laws have been changed to reflect the adopting approved changes to the by-laws adopted at the last meeting. Greg addressed outstanding issue for by-laws work group – the conflict resolution statement. He summarized the statement and reminded the commission that it will be attached to the by-laws once it's approved. Motion to accept the policy was made and seconded. Jim Rawlings proposed an amendment that the statement should be signed every year by commission members.

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The conflict statement as amended by Jim Rawling's friendly amendment was adopted by the commission.

Finance Working Group and Concepts working group – Jim told commission that the finance committee drafted and revised several versions of a concept paper, the final draft version of which was distributed to the full commission. Jim says the finance committee recommends a core staffing approach. Jim referenced the amount requested is for three staff members, office space and the like, an Executive Director, a legislative liaison and one more staff person. Marie Spivey commented that the intent of the work group is to make this a white paper for approaching funders. The draft will be kept open for funders. Jim said the work group has compiled a list of approximately fifteen funders that might be potential supporters.

Jeannette DeJesus asked how the group that approaches the funders will communicate discussions to the entire commission. One member cautioned against allowing the commission to be limited by the funding structures and to remain flexible on the staffing structure. There was discussion on having deliverables for the funders.

Kevin Lembo said that since the commission is currently housed at OHA, the office's rules for accepting gifts have to follow because of the office's independence. The office cannot currently accept gifts from PhRMA or managed care foundations—its independence would be compromised.

Cheryl Harris-Forbes of the nominating committee workgroup reported that the workgroup met on 12/10 and sent an e-mail to the commission asking for racial, ethnic and cultural diversity in nominations, including considerations of geographical diversity Nominations should be sent to Kevin, but will also be accepted from the floor at the December and January meetings. Ballots will be distributed at the January meeting with space available for write-in candidates.

Kevin Lembo told the commission that members will be listed on the website along with a hotlink to their bios. The website is under construction, but some information is available now.

Jim Rawlings led a discussion on establishing priorities for the commission in light of the mandates in the statute and the corresponding timelines. He presented a "force field" analysis to determine priorities, action plans and success measures. Marie Spivey suggested that the group needs to discuss the mandates of the commission since individuals are at varying degrees of understanding and agreeing on the meaning of terms in the bill. She suggested a retreat of some kind to achieve consensus on the work of the commission. Jim suggested that while a retreat might be necessary, maybe the

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commission could pick some low-hanging fruit –items that can be acted upon quickly—and do them now. The group had a lengthy discussion about priorities and projects that can be acted upon quickly. Jeannette DeJesus expressed concern that the commission should not move too fast—the commission has a legislative committee that will make recommendations on legislative priorities and the like—and structure is needed to achieve success. We need to make sure we focus on a process. Marie Spivey suggested that if the commission moved along using the processes laid out by-laws, the commission might be able to move forward.

Kevin Lembo suggested that the commission hear from the agencies around the table about their work. He also suggested that requests for the legislative options that agencies are proposing could be compiled now. Cheryl Harris-Forbes suggested that the commission should also review national precedents and other information such as CDC and NIH reports and information before going forward and forming legislative priorities. Marie suggested that there are New England partners who have information that the commission should review and that DPH's Multicultural work involves many people from all over the state who could provide some valuable information to the commission. Members expressed concern that the commission not reinvent the wheel in terms of available data and resources.

Jim Rawlings suggested that however the commission proceeds, it needs to develop a report upon which action can take place. Vicki Veltri reminded the commission that the Health First Authority and Primary Care Access Authority issued a draft report in which these issues are addressed, and perhaps the commission could comment on the report. Jeannette DeJesus suggested that there be a systematic way to hear from the citizens of the state directly about the issues they are facing in order to shape the commission's agenda. Members agreed with that suggestion.

Nancy Berger described Multicultural Health Partnership. The Partnership has 12 initiatives going on right now including a public access broadcast, development a display at the LOB on consumers, a policy group, and an inventory project for the groups/projects in the state working on the issues of health disparities.

Theresa Younger stated that the Connecticut Women's Health Campaign a project of Permanent Commission on the Status of Women is partnering with many other groups and working on gender issues in access and healthcare outcomes.

Stephanie Paulmeno told the commission that in Greenwich she's chaired the Access to Care Committee she holds multicultural fairs and try to do surveys in tier area. She's part of a Health Improvement Partnership that attempts to get to the grassroots issues since

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that's where the answer lies. It's been difficult for her to get data on the number of Title XIX recipients in her area although she requested it two years ago.

Jose Ortiz says that DMHAS has been focusing on cultural competency since 1997. DMHAS providers are required to submit cultural competency plans.

Cheryl Harris-Forbes said that the AAAC has been working for three years under an MOU with DPH on chronic disease issues. Cheryl is also heading up the AAAC's work in the Multicultural Partnership.

Nancy Berger of DPH said that in addition to the partnership, DPH has been working on a workforce initiative to encourage more diversity in the healthcare workforce. DPH worked with the Office of Workforce competitiveness to provide grants to entities that are helping to develop a more diverse workforce. DPH has set up a Multicultural Health Network which communicates with members about a variety of information. DPH is working on the CLAS standards and agencies receiving Medicaid or Medicare must comply with them.

Kelson Ettienne-Modeste said that he's spent twelve years with city of Hartford's kids. Disparities start to show with educational differences. He stated that he believes that education will make a huge dent in disparities.

Kenneth Alleyne concurred with other members that the commission needs to get a sense of other efforts that are going on with the other entities in this same area. He said that the UConn Health Center is trying to figure out ways to better serve underserved communities and partner with strategic allies in the community. The UCHC is hoping to have a report on its efforts by the end the first quarter of 2009.

Liz Brown said that the Commission on Children has a partnership with DPH, are the communications for the immunization program, and that it is still an area in which there are disparities. The commission is also working on an initiative concerning low birth weight babies and many other projects.

Elizabeth Krause stated that the Connecticut Health Foundation invests in two strategies on racial and ethnic disparities. One is designed to improve the physician-patient relationship – the foundation funded a health literacy project that's coming to an end this month. The foundation's other objective is to increase public will to eliminate disparities.

Robert Zavoski from DSS states that DSS has several initiatives to improve access to healthcare: Charter Oak, the Medicaid managed care program and primary care case

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management. There is also a newborn initiative to cover newborns and coverage for undocumented pregnant women. DSS faces a problem in that it is a growth industry during economic times like this. DSS currently covers 1 in 6 adults and 1 in 4 children.

Colleen Gallagher of the DOC said it is working on workforce strategies with other agencies and on re-entry programs to connect people to their communities upon release.

Jeanette DeJesus described research, advocacy and direct service projects that the Hispanic Health council established including the Center to Eliminate Health Disparities among Latinos which is housed at UConn and the Latino Policy Institute to bring the voices of the people to the table. She discussed the coalition to initiate medical interpretation as a covered service under Medicaid.

Lina Lorenzi of Latino Puerto Rican Affairs Commission echoed the goals that Jeannette DeJesus mentioned.

Kevin Lembo of the Office of the Healthcare Advocate said that a retreat of some sort for strategic planning is going to be critical for the commission.

Jim Rawlings discussed the NAACP report's finding of a significant number of avoidable hospitalizations and these data are consistent with national data showing a ten year record of decreased avoidable minority hospitalizations. Shorter life expectancies and earlier onset of diseases are critical issues that need to be addressed, but the NAACP report can contribute to the commission's work. He sits on the NAACP's health committee.

Marie Spivey said there are five workforce development boards in the state to improve academic skills and personal supports for dislocated workers, youths and displaced adults with a priority focus on the allied health and nursing professions. They have received grants for assisting under-represented populations to improve skills in order to get them in allied health professions or nursing.

Ann Ferris reported that there are 3 initiatives: the Urban Health Partnership –to develop of model for the University as a whole to work with municipalities and others to address issues; the Connecticut Health Information Network funded by the legislature to integrate health data within and between agencies to analyze further; and program for students to build cultural competency and other expertise.

Lorraine Carrano from St. Vincent's Hospital said the hospital is heavily involved in the Bridgeport Primary Care Action Group which includes a diverse group of participants to create a regional health information organization in order to reduce barriers for uninsured

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and underinsured locally. There is also a dispensary program that takes advantage of free samples and supply overruns of prescriptions.

The discussion then switched to administrative matters. Kevin mentioned that he'd hoped that the commission could come up with a regular day for a meeting. After polling the membership, the third Tuesday of every month was found to be the date that most memberships could attend. The next meetings are scheduled for January 20th, February 17th and March 17th at 9:30 on each day.

Cathy Graves acknowledged that she is unable to attend any meetings on Tuesdays, but needs the conference call availability.

Kevin Lembo also reminded the commission that they need to designate a single e-mail for commission purposes. And we are going to set up one e-mail address for commissioners to use. It is health.equity@ct.gov.

Kevin also suggested getting the meeting summary translated into Spanish and called for volunteers to do so.

Vicki Veltri told the commissioners that the Health Equity website is up and can be accessed by going to the website for the Office of the Healthcare Advocate, www.ct.gov/oha, and clicking on the picture that says "Health Equity".

A motion to adjourn was made and seconded and the meeting was adjourned.

Next Meeting: January 20, 2009 LOB Room 1D

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