SustiNet Health Partnership

Health Disparities & Equity Advisory Committee

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Health Disparities and Equity Advisory Committee Meeting
March 1, 2010
Meeting Minutes

Committee Attendees**:** *Marie Spivey, Co-chair; Rafael Perez-Escamilla, Co-chair; Yolanda Caldera-Durant; Leo Canty; Grace Damio; Bonita Grubbs; Estela Lopez; Sharon Mierzwa; Stephanie Paulmeno; Brad Plebani; Arvind Shaw; Elizabeth Krause*

Office of the Healthcare Advocate: *Africka S. Hinds-Ayala*

Absent: *Sandra Brown; Yvette Martas; J. Nwando Olayiwola*

Marie Spivey opened the meeting by welcoming and thanking all Committee members for participating. Minutes from the February 17, 2010 meeting were approved.

There was a strategic discussion on Legislative Public Act 09-148. (Estela Lopez's comments were inaudible). Marie asked all Committee members for comments on anything of particular significance for this Committee. Arvind Shaw stressed education and the need to focus on cultural competencies within the workforce, emphasizing training and prevention. Marie said that there has to be an awareness of the many various cultures in CT, and that this will need to be a combined community and clinical effort. It is necessary to concentrate on prevention and treatment in a way that the various populations can understand. Arvind said that UConn has 107 students in a tracking program that begins in high school and continues into nursing, pharmacy, dentistry and medical school. Marie said that the Allied Health Workforce Policy Board presented to the Healthcare Work Force Task Force of SustiNet recently, and their research contains much valuable information gathered in the last two years. Marie also said that members of this Committee are involved in so many different groups, so this is a great opportunity to influence people to think about health disparities and inequities. Leo Canty commented that UConn has made great strides towards recruiting underrepresented people of color. Marie said that the Center for Public

Health and Health Policy has an Urban Health Initiative, and this Committee can help with that process.

Stephanie Paulmeno asked what is being done for community education regarding disparities, and also asked how much is being spent on individuals who aren't in public health programs. Elizabeth Krause said that the average Caucasian citizen doesn't understand the need for health reform. Grace Damio's comments were inaudible. Sharon Mierzwa said that the Aetna Foundation is working with CDM to address increasing minority representation.

Stephanie said that there needs to be differentiation of the development of care plans; discharge plans are not culturally competent and need to be individualized. She also said that immigrants are not addressed in healthcare bills, and that those who will have such an impact on healthcare shouldn't be ignored.

Africka Hinds-Ayala said that the Board of Directors retreat that had been tentatively planned for March will be postponed until April. Africka also said that she had met with Stan Dorn from the Urban Institute regarding health disparities. Stan recommended that other Committees be invited to present their findings to this Committee. This Committee could then give input to the other Committees on how to cut down on health disparities and increase equity in their efforts. Africka has agreed to contact other Committee co-chairs to see if they would be willing to do this. Stan suggested that this Committee develop 3 - 5 specific, objective, measurable goals that are determined by listening to the others. Once a goal is achieved, it is suggested that it be replaced with another goal. There was positive feedback from the Committee on Stan's suggestions.

Marie said that the recommendations are (inaudible). She suggested that this Committee prepare questions for members of other Committee to review before presenting here. Stephanie said that the Commission on Health Equity, of which she is a member, presented a forum recently. (inaudible) Marie said that the Policy Legislative Committee of the Commission on Health Equity is doing focus groups on health inequities. This is a joint effort with the state human services department to see what their plans are to eliminate health disparities, what the objectives of the plans are, and what barriers there are to carrying out their plans. The Commission wants to assist them so that they can follow through with their efforts.

Arvind Shaw said that self-management is a critical piece of this puzzle. The current system is too reliant on provider responsibility, and that self-management needs to be balanced with the delivery system. Grace Damio asked what conditions need to be in place for self-management. Arvind said that there need to be incentives for self-management. Marie said that she has found that when people are asked, they will say what they need as incentives for making behavioral changes. There needs to be a discussion between two people, who come to an agreement on what's reasonable for the patient to do, given his/her situation. This

works much better than handing a patient a care plan and saying that's what needs to be done.

An unidentified speaker said that the most powerful intervention in dealing with disparities is for people to obtain a quality education that will lead to a quality job. Sharon Mierzwa recommended an article that was in the Health Association Journal about (inaudible).

Rafael Perez-Escamilla handed out information about health disparities and healthcare access. To see his presentation, click here. An unidentified speaker asked about the low income piece of this. (inaudible, as was Rafael's response.) Stephanie also commented on low income groups, (inaudible).

An unidentified speaker said that while she agreed with most of the presentation, she challenged some of the definitions, saying (inaudible). There was discussion about the definitions. An unidentified speaker said that the concept of inequities needs further explanation. Sharon said that some of it is philosophical about the healthcare system. Rafael's response was (inaudible), but he said that he could clarify some of the content. He said that healthcare access issues cannot be understood without knowledge of quality healthcare. Additionally, he said that there is a need for developing a system that emphasizes community based primary and secondary healthcare. There is a great lack of access in lower income areas. There are many immigrants who don't receive healthcare. Lack of health insurance is a huge problem, mentally and physically. There is very little understanding of what type of care or how little care Latinos are receiving here when they move from other countries. Rafael continued, saying that there is a need to develop a culturally diverse workforce to assist in providing care to the many different populations.

Rafael spoke of how the cost of education for medical careers in the US far exceeds the cost in other countries. The most powerful intervention in resolving disparities is a quality education that will lead to a quality job.

Rafael recently compared healthcare systems among industrialized nations. He said that it's very clear that in the US, healthcare is doing comparatively poorly. More money is spent here and less care is received. For profit healthcare had led to an issue of lack of access for many people. Additionally, the differential between primary care providers and specialists is greater in the US than anywhere else. Marie said that this data is very valuable, but there also must be a willingness to change current practices.