

# SustiNet Health Partnership

## Health Disparities & Equity Advisory Committee

**Co-Chairs**  
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### Health Disparities and Equity Committee

AFT \* Connecticut – 35 Marshall Road – Rocky Hill, Connecticut  
April 6, 2010 at 7:30 a.m.  
Regular 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 Mierzwia; Brad Pelbani; and Arvind Shaw

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

**Absent:** Yvette Martas; and J. Nwando Olayiwola, Stephanie Paulmeno

**Guests:** Elizabeth Krause

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Marie Spivey opened the meeting by welcoming committee members and the Office of the Healthcare Advocate staff.

Marie requested that all present in person and via phone introduce themselves.

The March 1, 2010 and March 22, 2010 meeting minutes were approved as written by all present.

Marie spoke on the Data Analysis Workplan Review in which the committee should (a) assemble existing studies on health disparities regarding access, quality and outcomes; (b) analyze and prioritize existing recommendations; (c) identify and assess nature and extent of any existing programs/ approaches to mitigate racial and ethnic disparities in the state; (d) identify areas needing study/further study. Invite presenters as needed to fill information gaps. Bring in additional resource people to the committee to complement/expand knowledge base; (e) identify ARRA and other federal funding sources as well as private sources that could assist with funding of initiatives or pilot programs. Assess whether Connecticut has the infrastructure to be competitive for grants; and (f) assess how federal reform affects racial and ethnic disparities. Incorporate into recommendations.

Marie initiated the discussion of the HDEC Members Workload Distribution Reports:

- **Elizabeth Krause** was charged with contacting the American Health Insurance Plan for a committee presentation and Contacting the Institutes of Medicine and Commonwealth reports on collecting race/ethnicity information. There were two handouts provided: [National Health Plan Collaborative \(NHPC\) to Reduce Disparities and Improve Quality](#) and the [National Committee for Quality Assurance \(NCQA\): Recognizing Innovation in Multicultural Health Care Awards](#). Elizabeth informed the group that the Health Information Technology (HIT) webinar provided information that there can be a reduction of disparity using Electronic Medical Records (EMR) and Patient-Centered Chronic Disease Management. SustiNet must be designed from the very beginning with health disparity and equity in mind using various processes, such as pay for performance, EMR, etc. Although HIT can help, it will not eliminate the disparities that run across race,

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#### Members

Yolanda Caldera-Durant • Leo Canty • Grace Damio • Yvette Martas  
J. Nwando Olayiwola • Stephanie Paulmeno • Brad Plebani

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ethnicity, and language, which should be key components. The use of HIT has been adopted by the clinical side, but use remains low on the patient side.

- Estela Lopez stated that health insurance companies request certain information that is used to set rates. If the data collected is not measured then it will not matter in the long run for health disparity reduction. The internet is not the most accessible vehicle among patients and should not be heavily relied upon for increasing health equity.
- Marie stated that health literacy should be a focus of all the committees, especially if one is able to use HIT to benefit the patient and provider(s). The outcomes from the NHPC report are not made public as of date, but will prove helpful in the planning process when released. Elizabeth mentioned that all health plans are not very comprehensive, even with an essential benefits package. Rafael Perez-Escamilla questioned if the Massachusetts Health Plan have an overarching role, to which the reply was yes.
- **Arvind Shaw** was to report on Medical Specialty Fields Trends with baseline data acquired by the American Health Insurance Plan (AHIP). Arvind reported that when he attempted to gather information, it was explained that his request was proprietary and privileged information owned by the Department of Social Services (DSS). He states that the real issue is that the available data is at least five years old, in which to address disparity issues current information is needed and the committee can not plan on retroactive data. There are barriers to healthcare that seem small, but are quite large to individuals who are not functioning at moderate/high-levels of understanding; these are the individuals society needs to pay attention to.
  - Elizabeth and Estela agreed with Arvind's discussion and included that a dashboard indicator should be generated to monitor current healthcare for all individuals, especially those with lower literacy levels.
  - Sharon Mierzwa pointed to the Agency for Healthcare Indicators has something similar being discussed, but is as recent as 2003.
  - Brad Plebani informed the group that money is available for data collection and reporting in the new Federal healthcare Reform law.
  - Leo Canty stated that other committee / taskforce co-chairs made need some data elements that only the HDEC can provide. The HDEC committee should develop a data set / module that is specific to Connecticut and can be used by all of the other committee members. Leo noted that there is a various range of inconsistency among the health insurance companies and it should be a requirement to give detailed data regarding disparity.
  - Rafael said that it would be useful to listen to the expert from Massachusetts who helped design their health care reform/law. Yolanda Caldera-Durant said that in this case a webinar can be used to do the presentation. Bonita Grubbs stated that Ellen Andrews (SustiNet HIT Co-Chair) consistently uses Webinars and will seek counsel from her. Estela said the broad discussion needs to be narrowed.
- **Sharon Mierzwa** was to contact the Joint Center of Political and Economic Studies (JCPES) and the Health Policy Institute to determine how the federal health care reform law addresses health disparity. Sharon stated there are a few briefs discussing race and ethnicity and the economic burden of healthcare. The Agency for Healthcare Research and Quality does have a dashboard analysis that is outdated.
  - Leo asked if the argument could be made to promote health disparity reduction as a budgetary impact item and look at the ways that healthy living will have a long term fiscal impact.
  - Arvind stated the use of econometrics is in order because the effect of a healthy life will increase life expectancy and thus provide at least \$1 billion for the economy. The analysis of lifestyle and education will have a direct effect on the healthcare system and potential of having better healthcare.
  - Sharon stated there is a benefit of reduction incidence and creates cost effectiveness.
  - There was interesting group discussion regarding nursing/breastfeeding and the impact this action has on health, economy, culture, etc. and how the low-income and undereducated need to receive more information about the benefits of a healthy lifestyle.
- **Sharon and Arvin** stated that they did not have an opportunity to meet to discuss the relevant content of the Robert W. Johnson report on CT county health rankings. Arvind stated that he did forward the link from DPH (OHCA) regarding county health rankings: <http://www.countyhealthrankings.org/connecticut/health-factors-map>. The data is interesting,

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but useful because it is old. Brad Plebani informed the group that Windham County ranked lowest among all of Connecticut's 8 counties.

- **Yolanda Caldera-Durant** reported that she connected with Maritza Rosado, of Eastern Area Health Education Centers (AHEC), regarding the 40-hour *Cultural Competency* training for medical staff. The year-round training model is a collaboration between Danbury Hospital and Eastern AHEC. The training has opportunities to assist the patient with addressing cultural competency issues. There was information sent to the committee through e-mail about the training being a certified course with funding assistance available through the Workforce Investment Act. Currently, support staff is going above and beyond their scope of work in taking this training. The locations for the training vary.
  - Grace Damio stated from a policy perspective that legislation reads that there is reimbursement for language interpretation by Medicaid.
  - Brad reiterated that the people who are attending these courses are support staff and it needs to be the dedicated staff.
  - Arvind stated that there is a program called *Health Stream*, which is internet based; he will find out more information to share with the committee.
- **Grace Damio** reported the need for cross-cultural and diversity requirements for providers to receive ongoing training; there are structural issues because of limited patient appointment time, which creates a negative issue on patient-centered medical care. Grace has information and will send out a packet.
- **Marie** reported on the March 24, 2010 meeting with the Office of Multicultural Health within the Department of Public Health. It seems that health disparity information is being filtered through DPH divisions programmatically. There is a new meeting being scheduled to address a) how the issues of health disparities is being addressed throughout the department functions, b) what the actual work is that is being done, c) what will require assistance from the Commission. Data is being collected without recommendations, but the Department is working closely with the Statewide Multicultural Health Partnership to address health disparities through outside organizations.
- There was general discussion among the group regarding various health disparity and equity topics, which included:
  - Estela stated that there needs to be measurable outcomes with a meaningful impact.
  - Marie wanted to know how the federal healthcare reform will affect racial disparity.
  - Brad will forward a link of interest from the House Ways & Means Committee.
  - Marie requested that information that needs to be shared should be sent to Africka S. Hinds-Ayala at [as.hinds-ayala@ct.gov](mailto:as.hinds-ayala@ct.gov), which she will maintain all the information that is shared in one folder and farmed out to the committee periodically.
  - Arvind asked: how do we develop a workforce? And definitively stated that oral health has been a failure and must be addressed.
  - Elizabeth inquired if there is some type of visual schematic that shows exactly how all the pieces of SustiNet inter-connect.
  - Leo is concerned that we are placing the "cart before the horse" because we are addressing state and federal healthcare reform simultaneously.
  - Bonita stated the 60-day report is being addressed and handled by the SustiNet Board of Directors.
  - Leo suggested that the committee prepares a concrete list of how to approach the committee work and be prepared with relevant information.
  - HDEC wants to set up the following Webinars/Calls: (1) Massachusetts Health Plans; (2) Cultural Competency Training with Maritza Rosado; (3) Patient-Centered Medical Home; and (4) Brian Smedley of the JCPES.

The review of operational definitions: health disparities/inequities, health care access, and social determinants of health were incorporated throughout the meeting discussion. The review and update of vulnerable groups: ethnicity/race, gender, sexual orientation, developmental challenges, and other groups were incorporated throughout the meeting discussion.

The conference call(s) with the other SustiNet committee and task force co-chairs has been scheduled.

There was no unfinished business to be addressed by the committee.

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The next meeting is scheduled for Monday, April 19, 2010 at AFT-Connecticut beginning at 7:30am.

Meeting was adjourned.