

March 12, 2008

To: Senator Slossberg, Representative Caruso, and members of the Committee on Government Administration and Elections

From: Marie M. Spivey, RN, MPA  
Co-Chair of the Statewide Multicultural Health Network

Re: Raised Bill No. 681  
**An Act Establishing A Minority Health Advisory Council**

**Historical overview:**

Good morning Senator Slossberg, Representative Caruso and members of the Committee on Government Administration and Elections. My name is Marie Spivey and I am currently the volunteer community partner who co-chairs the Statewide Multicultural Health Network. My co-chair is Nancy Berger, the current Director of the Office of Multicultural Health at the Department of Public Health who has done a remarkable job of developing and implementing activities to work with health professionals and community representatives around the state in order to visibly address the health disparities that are impacting the multiethnic, multicultural communities in this state.

In 1991, the sitting Commissioner of the Connecticut Department of Public Health convened the state's first Minority Health conference to raise the state's level of awareness of the health disparities among its residents, primarily those who were multiethnic, multicultural, medically underserved, and socioeconomically deprived. When Commissioner Adams passed away in the mid 1990's, a number of committed individuals came together from hospitals, education, community based organizations, community health centers, program employees from some of the state's human service departments, and a number of other interested participants to gather resources and carry out the tasks to design and implement three additional conferences

over the next several years. As a result of the second conference, and at the recommendations of the 350-400 individuals in attendance, the General Assembly approved the creation of an Office of Multicultural Health.

In 1998, SB No. 543 established *An Act Creating an Office of Multicultural Health*.

This General Assembly was the first state in New England to set the stage and authorize such an vital entity. The other five states followed, one-by-one. The Office was placed in the Department of Public Health where it sat with limited resources and was directed to function not as an Office, but as a program. Resources were available to support a director, an Epidemiologist, and an administrative assistant. Within a few years, those resources dwindled and there has never been a budget allocated specifically to implement the objectives legislated on an ongoing basis. Up until the past two years, little recognition and/or increased level of importance has been placed on the need to address health disparities in a concerted effort by the Department.

In 2000, SB No. 423 created *An Act Establishing An Advisory Commission on Multicultural Health* to develop a multicultural health promotion plan in conjunction with the Commissioner of Health; oversee the implementation of such plan, and make recommendations to the Commissioner and the joint standing committee of the general assembly, having cognizance of matters relating to public health concerning multicultural health issues, policies and programs. No state resources were authorized or approved to staff and support the Commission and therefore its existence has been just as void of resources and significance, as the Office.

I am providing this testimony in an attempt to clarify the structures we already have in place, even though they are extremely weak, unsupported structures. The language you see in

Bill No. 681 speaks only to what is currently a weak unsupported Advisory Commission, and does not reference the current weakly supported Office of Multicultural Health at DPH. In my opinion, (1) relocating the Office out of DPH, (2) restructuring the Office to staff the Commission and (3) supplying the Commission with the staffing and resources necessary to begin functioning as a credible Commission rather than an advisory entity void of support, would be the most efficient process to approach the goal of eliminating health disparities in this state thereby improving the quality of life for all. A newly developed Minority Health Advisory Council duplicates the language and intent of the Commission which could have carried out its responsibilities if resources had been available.

Thank you for allowing me to bring this testimony forward this morning. Should you have any questions, I am available to discuss this proposal further.