Connecticut Commission on Health Equity

Established by the General Assembly in 2008 to eliminate disparities in health status based on race, ethnicity, gender or linguistic ability

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Governor

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Good afternoon Senator Gerratana, Representative Johnson, Senator Welch, Representative Srinivasan and distinguished members of the Public Health Committee. "Thank you" for the opportunity to testify on raised bill 5337. I am Dr. Helen Newton, licensed physician in the State of Connecticut for the past 11 years and have had the opportunity to practice for a total of 23 years. I am presently the Executive Director of the Commission on Health Equity. On behalf of the Connecticut Commission on Health Equity we support the work of the Department of Public Health's Office of Multicultural Health.

Other than the very close name association between the Commission on Health Equity and the Office of Health Equity and the inevitable name/function confusion, we enthusiastically support the presence of this office in the Department of Public Health. We support the mission of the Office of Multicultural Health which is to improve the health of all Connecticut residents by working to eliminate differences in disease, disability and death rates among ethnic, racial and other population groups that are known to have adverse health status or outcomes. We are also very supportive of the Office of Multicultural Health's provision of resources for the use of culturally and linguistically appropriate services in the state.

According to State Statute Sec.38a-1051 the mission of the Commission on Health Equity is to eliminate disparities in health status based on race, ethnicity, gender and linguistic ability, and improving the quality of health for all state residents.

State Statute Sec. 38a-1051(j) mandates the Commission on Health Equity to make a determination as to whether the duties of the commission are duplicated by any other state agency, office, bureau or commission and shall include information concerning any such duplication or performance of similar duties by any other state agency, office, bureau or commission.

We are requesting clarification on Sec 5 c (3) of bill 5537 which states: The office shall assist the department in its efforts in the following areas: 3) Assess the effectiveness of state programs in eliminating differences in health status . Are these state programs sponsored by state agencies or state programs sponsored by DPH?

In State Statute Sec. 38a-1051(e)5 ; the Commission on Health Equity is specifically mandated to evaluate the 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 DPH, DSS, DCF, DDS, Education, DMHAS, DOL, DOT, and Housing Finance.

In addition, the Commission on Health Equity is in the process of rolling out the CLAS (Culturally and Linguistically Appropriate Services) standards state wide. We have seven agencies that have handed in stage one paperwork which includes a Health Equity Plan, Health Equity Policy Statement signed by the commissioner and an Impact Statement. Stage 2 encompasses an Organizational Chart, SWOT analysis, demographics of the clients that are being served and identification of a champion. The training for the roll out will be conducted by Johns Hopkins Center for Health Disparities Solutions which will be offered on March 18, April 15 and May 20 with a special session for agency heads and commissioners.

With limited staff, the Commission on Health Equity is presently offering this training to the 7 agencies that have handed in paperwork which includes: Office of Healthcare Advocacy, Department of Public Health, Department of Children and Families, Department of Energy and Environment, Department of Mental Health and Addiction Services, Department of Corrections and the Connecticut State Department of Education. We will start with the actual assessment on April 7th with the Office of Healthcare Advocacy. The Commission is aware of the cost of the program but the benefit of finding a solution will greatly outweigh this initial cost investment.

Although there appears to be an overlap of mission and/or responsibility, this can have an additive or even a multiplicative effect with mutltiple organizations and agencies working toward the same goal. The area of concern is more in duplicated efforts in assessing state agencies and the associated duplicated cost related to health disparities. State Statute Sec. 38 a-1051 (e) (2) requires the Commission on Health Equity to review and comment on the Department of Public Health's health disparities performance measures which would include their Office of Multicultural Health and directing the implementation of policies, procedures, activities and resource allocation to eliminate health status disparities in the state.

As a result, with the clarification of Section 5c (3) from raised bill 5537 to ensure that this does not represent a duplication of the purview of duties of the Commission on Health Equity, we would support the changes to the State Statute language presented in this bill.

Thank you.

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