

Written Testimony on the Recommended Elimination of the Health Equity Commission in Governor Malloy's 2015-2016 and 2016-2017 Budgets

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To Senator Bye, Representative Walker, Appropriations Committee Members:

Thank you for your consideration of this testimony, written to request restoration of the Health Equity Commission and the associated funding, for budget years 2015-2016 and 2016-2017. The Connecticut Commission on Health Equity provides a unique and critical function to the state's population, involving a relatively small financial investment with a large return on investment. It is vitally important to the interests of the State of Connecticut to protect this Commission.

The U.S Department of Health and Human Services (HHS) defines a *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

The Joint Center for Political and Economic Studies estimates racial and ethnic disparities to have cost this nation \$1.24 trillion between 2003 and 2006: \$229.4 billion for direct medical care expenditures associated with health disparities and another \$1 trillion for the indirect costs of disparities.

Unfortunately, Connecticut shares this burden, as pervasive disparities in health and healthcare exist in the state, including major, avoidable differences in incidence of chronic diseases as well as complications, hospitalizations and mortality due to them. Addressing health disparities is essential to the health, well-being and productivity of Connecticut's population, and to the health of its economy.

HHS defines health equity as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

One of the key strategies that Connecticut has implemented towards achieving health equity and eliminating health disparities in our state is the Connecticut Commission on Health Equity (CCHE). It is short-sighted to eliminate this relatively inexpensive, effective strategy towards eliminating health disparities in our state, as its long-term economic benefit to the state is clear.

The mandate and purview of the CCHE cut across all other state commissions and agencies and impact all populations that experience health disparities. (Specific tasks of the CCHE are provided below.) It is for this reason that the CCHE is established outside the authority of the agencies whose work it is tasked with reviewing, advising and commenting on. In addition, the Commission is non-partisan; in its current form, its mandate is not subject to changes depending on the head or leader of a particular state agency, or, the politics of state leadership. Of particular importance is the independence of the CCHE’s work from the CT Department of Public Health (DPH), since CCHE is tasked with reviewing and commenting on DPH’s health disparities performance measures and evaluating its policies related to health disparities, among other things. This critical role of the CCHE serves as an important resource to DPH and the rest of the state, but only as an independent body. The transfer of the functions of the CCHE to DPH as indicated in the governor’s budget would contradict CCHE’s core function, and eliminate its ability to carry out much of its mandate.

Specific tasks of the CCHE include: (1) reviewing and commenting on any proposed state legislation and regulations that would affect the health of populations in the state experiencing racial, ethnic, cultural, or linguistic disparities in health status, (2) reviewing and commenting on the Department of Public Health’s health disparities performance measures, (3) advising and providing information to the Governor and the General Assembly on the state’s policies concerning the health of populations in the state experiencing racial, ethnic, cultural or linguistic disparities in health status, (4) working as a liaison between populations experiencing racial, ethnic, cultural or linguistic disparities in health and state agencies in order to eliminate such disparities, (5) evaluating 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, the Departments of Public Health, Social Services, Children and Families, Developmental Services, Education, Mental and Addiction Services, Labor, Transportation, the Housing Finance Authority and the Office of Health Care Access for the purpose of advising on and directing the implementation of policies, procedures, activities, and resource allocations to eliminate health status disparities among racial, ethnic and linguistic populations in the state .

In Connecticut, we have experienced first-hand the limitations of a commission with no dedicated resources. The CCHE was first preceded by the Multicultural Health Commission, established by the legislature nearly 20 years ago. When appointees and legislators showed up for the initial meeting of that commission, there was no leadership or support staff to facilitate the meeting or implement an agenda. That Commission never took form. Subsequently, DPH was authorized to create an Office of Multicultural Health; the staff person for that office had other responsibilities and, that effort was also less than successful.

In order to address the unacceptable inequities in health and well-being experienced by too many people in our state, and to reduce the resulting vast economic burden to our state economy, we need an independent body with its own staff, mission and agenda. It is critically important that the Commission on Health Equity be restored, along with its funding.