

February 25, 2015

Good Evening Senator Bye, Representative Walker and Honorable Members of the Appropriations Committee.

My name is Marie M. Spivey and I am a member and former chair of the Connecticut Commission on Health Equity. Thank you for allowing me to submit this testimony in support of the Connecticut Commission on Health Equity.

This Commission was signed into legislation in 2008 under Public Act No. 08-171, "an Act Establishing a Commission on Health Equity." The purpose of CHE is to affect legislation to improve the health outcomes of residents based on race, ethnicity, gender and linguistic ability. In establishing the CHE, the Connecticut General Assembly acknowledged that: (1) equal enjoyment of the highest attainable standard of health is a human right and a priority of the state, (2) Connecticut residents experience barriers to the equal enjoyment of good health based on race, ethnicity, national origin and linguistic ability, and (3) that addressing such barriers requires data collection and analysis and the development and implementation of policy solutions. Once the infrastructure was established, in the latter part of 2010, the Commission received funding for one staff person to engage in this work.

Historically, when a Commission of this stature is created, there is a clear line of execution required by the Governor and the General Assembly. However, this Commission was mandated to be positioned within the Office of the Health Advocate for administrative purposes only, which then automatically placed it in the Department of Insurance for budgetary purposes. This arrangement was problematic from the beginning. A few months ago we began working with DAS to not only create a better job description with appropriate remuneration but to identify a more suitable ASO (Administrative Support Only). There is bound to be some challenges when an entity that has some authority over another is connected to that agency by funding and administrative supports. In addition, the work of the Commission requires more than one full time 40 hour per week person! Therefore, we have been working with DAS and OPM to add a Coordinator's position.

As managers, we all know the more energy you put into your work - that much more is required.

Connecticut has been hailed and positively cited by health professionals in several other parts of the United States for creating an entity, the Commission on Health Equity, charged with ensuring equity in health for everyone. The legislation and legislators connected with its creation are regarded as courageous leaders, aware of the impact of diversity in determining health outcomes, and trailblazers. Those of us who have been fortunate enough to serve on the Commission know that the Commission is absolutely essential if health equity is to be pursued and achieved in Connecticut: Needless to say, we agree with the assessment and comments made by our colleagues in other parts of the country - this legislature is forward thinking and wants equity in health for all.

In spite of staffing and resource limitations, we have begun initial work with state agencies to create Health Disparities Plans. These plans will clearly indicate what the agency will do to reduce or eliminate health inequities among the people it serves. In 2013, the Commission received some support from a DMHAS' prevention grant to engage consultants to work with state agencies to create assessments that will inform the Plans. In addition, two members of the executive committee met with agency heads to discuss the work of the Commission and to determine what was being done with the *Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. Most had never heard of the CLAS standards! Implementation of the CLAS is a linchpin in reducing or eliminating health disparities. The Plans and implementation of the CLAS are Commission priorities.

This Commission on Health Equity has had its challenges along the way; however it is on a clear path that will allow it to meet its mandate. Under no circumstances should it be defunded and/or have its functions absorbed within DPH. The accountability, authority, in-depth and ongoing access to knowledge about the state of health disparities in Connecticut, New England, and the United States required by the legislation cannot be realized by any state agency. An independent body whose sole responsibility is to ensure health equity for ethnic and cultural minorities, other vulnerable populations and all others cannot have its purview and work endangered by changes of a political nature and/or the interests of the person in charge of the agency. That has been the fate of previous efforts to address health disparities in this State. I implore you - do not eliminate the Commission - keep it as an independent body and restore and expand funding which is derived from the insurance industry. Connecticut has the highest achievement gap in the nation; it also has one of the widest income disparities, and needless to say - we do not also want to be known for the degree of health disparities among residents of Connecticut.

Please continue to recognize and support the Commission's ability to concretely address its mandate to eliminate health disparities in this great state of Connecticut.

Thank you,

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