



Connecticut Department of Public Health

Testimony Presented Before the Human Services Committee

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The Department of Public Health (DPH) supports Senate Bill No. 17, An Act Implementing the Governor’s Budget Recommendations for Human Services. Sections 32 and 33 of this bill would eliminate the Commission on Health Equity under the Office of the Healthcare Advocate (CGS Section 38a-1051). The language repeals the Commission on Health Equity as it duplicates current responsibilities of the Department of Public Health.

The Department offers the following information regarding the responsibilities of the Commission on Health Equity as they compare to the responsibilities of the Department of Public Health.

Commission on Health Equity (as set forth in Section 38a-1051 of the 2016 supplement to the general statutes)	Overlap with responsibilities of DPH’s Office of Health Equity
(1) Review and comment 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.	Yes
(2) Review and comment on the Department of Public Health’s health disparities performance measures.	The ability for DPH to receive public input on its performance measures will be enhanced by the implementation of the State Health Improvement Plan (SHIP).
(3) Advise and provide 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.	Yes
(4) Work as a liaison between populations experiencing racial, ethnic, cultural or linguistic disparities in health status and state agencies in order to eliminate such health disparities.	Yes
(5) Evaluate 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 and to the elimination of health disparities, including but not limited	CGS Section 19a-4j authorizes the department to conduct activities that would be comparable to the majority of these requirements.

to, the Departments of Public Health, Social Services, Children and Families, Developmental Services, Education, Mental Health and Addiction Services, Labor, Transportation, and the Housing Finance Authority 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.	
(6) Prepare and submit to the Governor and General Assembly an annual report, in accordance with Section 11-4a, that provides both a retrospective and prospective view of health disparities and the state's efforts to ameliorate identifiable disparities among populations of the state experiencing racial, ethnic, cultural or linguistic disparities in health status.	Implementation of the State Health Improvement Plan (SHIP) will enhance the use of data and best practices to improve the health of Connecticut residents. DPH can report on these efforts on a routine basis.
(7) Explore other successful programs in other sectors and states, and pilot and provide grants for new creative programs that may diminish or contribute to the elimination of health disparities in the state and culturally appropriate health education demonstration projects, for which the commission may apply for, accept and expand public and private funding.	Yes
(8) Have the authority to collect and analyze government and other data regarding the health status of state inhabitants based on race, ethnicity, gender, national origin and linguistic ability, including access, services and outcomes in private and public health care institutions within the state, including, but not limited to, the data collected by the Connecticut Health Information Network.	Yes
(9) Have the authority to draft and recommend proposed legislation, regulations and other policies designed to address disparities in health status.	Yes
(10) Have the authority to conduct hearings and interviews, and receive testimony, regarding matters pertinent to its mission.	Unnecessary

The mission of the Department of Public Health's Office of Health Equity (OHE) 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. Such population groups may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, mental illness or geographic area of residence."

The OHE works to ensure that health equity is a cross-cutting principle in all agency programs, data collection, and planning efforts. The OHE's program activities focus on the underlying social determinants of health, and our federally-funded initiatives focus on promotion and

implementation of culturally and linguistically appropriate services in DPH contractor, local health, and community-based organizations.

The language in this bill is consistent with the Governor's budget, which will allow for continuation of the DPH Office of Health Equity's activities 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. As shown in the chart above, the implementation of the State Health Improvement Plan (SHIP) will also duplicate a number of the responsibilities required of the Commission on Health Equity. In addition, CGS Section 19a-4j allows the department the authority to conduct activities that would be comparable to the majority of the requirements in responsibility #5.

Thank you for your consideration of the Department's view on this bill.