Connecticut Commission On Health Equity

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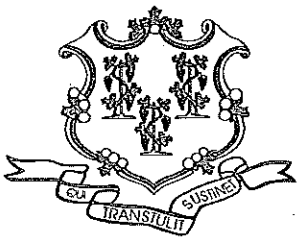

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Good afternoon, Senator Moore, Rep. Abercrombie and members of the Human Services Committee. My name is Glenn Cassis and I am the Executive Director of the African-American Affairs Commission and the new Chair of the Connecticut Commission on Health Equity (CHE). I wish to speak on behalf of the Commission on Health Equity and explain why it is essential that this Commission not be eliminated as put forth by the Governors.

CHE 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 CHE, the Connecticut General Assembly acknowledges 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.

Our mandate is very different from DPH's – DPH cannot compel other state agencies to address health disparities or equity. The CHE can. DPH also cannot police itself – its job is to promote prevention and prevention work. It has not demonstrated, to date, any interventions that address the underlying causes of health inequities and inequities in health outcomes. It also lacks the capacity or has not developed the capacity to convene, in an ongoing manner, all of the different entities that are crucial to reducing or eliminating health inequities. Moreover, to lodge the CHE mandate within a state agency will politicize functions integral not only to the health of citizens or groups of citizens but also the socio-economic health of Connecticut. Every in-coming governor and his/her appointees will be able to determine when, if, or how inequities in health will be prioritized or addressed. Is this really what we want for people of color? What is the message to these communities that are fast becoming the "face" of Connecticut? Essentially, the CHE is empowered to act and speak about and on behalf of those citizens who cannot speak for themselves and who remain out of the primary purview of all State agencies and existing entities. The CHE presents a comprehensive rather than a fragmented approach to health and health outcomes. DPH has known about the CLAS for years - what evidence do they have regarding implementation within DPH and within the contractual arrangements they have with their vendors that clearly indicate their commitment to eliminating/reducing inequities in health and health outcomes?

DPH will be faced with many retirements in the near future. They do not have the capacity to do the work that the "staff-less" CHE has been doing even for the past year. The CHE has held a Legislative Round Table, brought forward legislative initiatives to raise the level of cultural competency for all health care providers, held state agencies accountable for implementing CLAS, provided training for agency representatives, through our Public Voice Committee participated in health equity outreach programs with community and grassroots organizations in underserved neighborhoods that other state agencies do not reach, convened a Summit focused on the Social Determinants of Health for all people, served as the lead for local and national policy initiatives for the State, assisted in the distribution of the "I-Speak Cards" for DPH and continues to assist

in securing national funding for Health Equity initiatives. CHE continues to do its work despite not being allowed to fill the position of the director. The commissioners have remained steadfast in its commitment to do the work despite this major impediment. The CHE must be provided the resources needed to accomplish its Legislative mandate and that includes staffing.

The Legislature in its wisdom established the CHE knowing that that this would be the most prudent strategy to address health disparities in Connecticut. Health is the most important variable needed for success. Without good health outcomes you will not do well in school, you will not sustain employment, raising a family will be very difficult and it will be unfairly challenged to be a productive member of society. CHE was given the authority to monitor and insure health equity, not DPH. Please reject the elimination of CHE.

Thank you for accepting my testimony.

Submitted by,

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