TO: Connecticut Health Care Cabinet
Office of the Healthcare Advocate, Hartford CT Jan 17, 2018

My name is Supriyo B. Chatterjee and I reside in West Hartford Connecticut. I would like to submit my comments for your consideration. In my prior testimonial (Nov 15, 2016) to the Healthcare Cabinet, I had suggested that Health Equity be addressed within the provision of the 'Office of Health Strategy'. Currently, there are three 'Offices of Health Equity' (or similar) within various State agencies. This could lead to gaps in coordination of services, measurement & reporting across agencies and distribution of funding to address health equity. An estimated cost of health disparities in the state is at $550m. A unified plan from the 'Office of Health Strategy' to address health equity would help improve the effectiveness of related programs and manage the economic costs of disparities.

I would like to elaborate on three initiatives that contribute to health equity in Connecticut and how the 'Office of Health Strategy' can help coordinate and align these efforts with state strategies.

1. There is a need for a uniform approach in capturing Race, Ethnicity, and Language (REL) data across the delivery system by using predefined guidelines and categorizations. REL data usage in operations, analysis, and planning can provide insights into more efficient and effective care management. Well-integrated systems that span agencies and programs have helped reduce healthcare disparities and also provide for more precise measurement for Value-Based outcomes. Currently, Health Equity Solutions has organized a working group that meets periodically to examine the issue and provide recommendations for effective use of REL data. The Office of Health Strategy can help this effort by considering it as an instrument of health equity that is used uniformly across state agencies, systems, and programs.

2. Cultural Competency in Healthcare: This includes consideration of a patient's social, cultural, and linguistic needs for effective cross-cultural communication. It is one of the most effective way of providing quality care, mitigating disparities, and lowering costs. Over the past several years, there was considerable effort and resources spent in the implementation of 'The National Standards for Culturally and Linguistically Appropriate Services' in Health Care (CLAS Standards). The aim was to improve quality and advance health equity by using a framework to serve the increasingly diverse communities. This program's outcomes remains inconclusive as shown by the attendance at the Town Hall meeting of Southeast Asian immigrants (Oct 2015) and the subsequent findings of the South East Asian American Health Coalition (Oct 2017). To many, this has become a major health equity concern. The Office of Health Strategy can help improve 'cultural competency' of providers by reassessing past efforts and currently, ensuring more inclusion of diverse patient groups.

3. Including Social & Behavioral data into the clinical data structure: There is ample evidence that addressing social and behavioral determinants of health can bring achievement in health outcomes. Linkages between these determinants and outcomes are important to identify the conditions and can contribute to the diagnosis and treatments. Community Health Workers in the field can be supplemental to provide social data of patients and communities. The Office of Health Strategy can help this effort by coordinating it across state agencies that are not directly in the healthcare arena, e.g., housing.

Thank you,
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