



National expert Alan Jenkins
comments on racial and
ethnic health disparities

TAKE A LEADING ROLE IN THE 10-YEAR STRATEGIC PLAN

Partnerships Vital to Improve Health Outcomes in Connecticut

Health care providers and patients.
Grantees and the families they serve.
Advocates and policymakers. All of these
partners, and more, joined with the
Connecticut Health Foundation (CHF)
to improve the health of Connecticut's
residents by contributing their ideas
during its 10-year strategic processes.

In this first year of CHF's 2007-2017
strategic plan, the foundation continues
to work closely with its constituents to
gradually transition from the previous
strategic plan to the current one.

As the foundation seeks to make signifi-
cant changes in the health care system in

the coming decade, these partnerships
will be as critical as the plan itself.

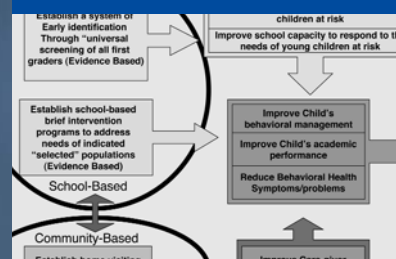
CHF's 10-year strategic plan affirms and
deepens the foundation's goals of: reduc-
ing racial and ethnic health disparities;
expanding oral health services for publicly
insured children; and improving children's
mental health services.

"As we developed the plan, we went
through an extensive and interactive
planning process that included focus
groups, board meetings, a subcommittee
of constituents and a community advisory
committee," says Leo C. Canty, chair,
CHF's Board of Directors.

(continued on page 3)



Upcoming CHF requests
for proposal



2006 Annual Report now
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Ask the Experts

As the Connecticut Health Foundation (CHF) embarks on its 10-year strategic plan, we asked national and local experts to comment on a key initiative in each of our three priority areas. As you will read below, the health care challenges we face are not limited to Connecticut. That being said, the innovative solutions detailed in CHF's plan may very well affect positive outcomes beyond state lines, as experts across the country track our progress.

MENTAL HEALTH

chf news recently asked **Stephanie McGencey, Ph.D., M.P.H.**, executive director of Grantmakers for Children & Families, and **Jean Adnopo, Ph.D.**, CHF board member and clinical professor in the Child Study Center at the Yale University School of Medicine, about the importance of early identification and intervention for young children at risk of mental health problems.

Stephanie: Early screening and identification empowers parents, as every parent has some anxiety if his or her child is developing normally and on time. Screening will either allay their fears or if the child is not doing well, they can get the information they need to be a better advocate for their child, which can positively impact the outcome.

Also, when issues are identified early on, appropriate treatment can begin sooner, which benefits the child. If there are any challenges, we can realize benefits in terms of the cost of care and perhaps serve more children in need.

Jean: The importance of early screening and intervention programs is underscored by their ability to both promote the healthy development of young children and also provide the support and respect that all parents need to feel competent in their role.

It is essential that the people that assess, evaluate and treat children share information with parents, work closely with them and see them as full partners in the process. This is the best way to remediate whatever situation is of concern.

RACIAL AND ETHNIC HEALTH DISPARITIES

Recently, *chf news* asked **Alan Jenkins**, executive director of The Opportunity Agenda, and **Sanford Cloud, Jr.**, CHF board member and chairman and CEO of The Cloud Company, LLC, about the importance of building communities and creating public will to address racial and ethnic health disparities.

Alan: Americans feel that race and ethnicity should not determine quality of care. Due to a lack of understanding, many are skeptical that inequality exists in the health care sector. And when they learn of it, they are unaware that it affects them through the health of the community, productivity and cost of care.

While we work for changes in policy and behavior, we need to build public understanding and support with a number of audiences, including decision-makers, patients, health care providers, and voters. If we don't do that, our success is limited.

Sandy: A lot of people across the divides of racial and ethnic communities do not know or even believe that there are any disparities.

While we are now making progress in getting the issues out there, in order to make change, we need to reach a broad cross-section of Connecticut. The goal is to have people agree that these disparities exist, and that they want and demand public policy changes.

10-Year Strategic Plan *(continued from front page)*

From the work of many and the dedication of all, an innovative plan emerged that will take up to 10 years to make its mark. To create not just change, but positive, lasting change throughout the interrelated systems that contribute to health care and health outcomes in Connecticut.

“When we completed our first three-year strategic plan, the conclusion was that much work still needed to be done in our focus areas to accomplish our goals. A longer timeframe is necessary for this plan because of the level of change we are seeking,” says CHF’s President & CEO Patricia Baker.

Change of this magnitude, in short, takes time. And it takes committed partners, which include a community of grantees, those that build constituencies and others that help to identify the priorities, form the messages, implement the strategies and bring the plan to fruition.

“AS WE REFINE, RESEARCH AND REVIEW LITERATURE, WE CONTINUE OUR CONVERSATIONS WITH OUR COMMUNITIES TO CREATE THE STRONG CONCEPTUAL FRAMEWORK NEEDED TO ENSURE OUR HYPOTHESIS OF CHANGE WILL HAPPEN,” CONTINUES BAKER.

As we look ahead ...

RACIAL AND ETHNIC HEALTH DISPARITIES



“Within 10 years,” says Baker, “we hope to create systems change by coming together as a state and as individual communities to understand and eliminate disparities. The

goal is that all of the residents of Connecticut have the opportunity to actualize their health as well as maintain the same health care and treatment options.”

According to local and national data, racial and ethnic health disparities are one of the most pressing issues for the state as well as for the nation. In order to effect change, we must focus on the whole picture that encompasses patients from a variety of backgrounds, rather than only focusing on one program at a time.

The 10-year strategic plan promotes a greater understanding of how health care is being directly related to patients’ beliefs, customs and medical issues relative to their race and ethnicity. “Enhancing trust, understanding and a mutual relationship between the health care provider and his/her patient is vital,” adds Baker.

ORAL HEALTH



The goal for children’s oral health is to improve the oral health of children insured under the Medicaid or HUSKY program.

However, unlike the other priority areas, the foundation seeks to achieve its oral health goals in five years. CHF experienced success in this area in a relatively short amount of time, and thus, can affect change sooner.

A key focus for the next five years is to address the rate of Medicaid reimbursement, as it is an essential part of children being able to see a dentist.

“Children covered under the HUSKY program who cannot find a dentist because of the low reimbursement rate directly contribute to the number one reason they miss school — a toothache,” says Canty. “That needs to become a thing of the past. It is critical that providers are compensated appropriately, which will help to increase the number of dentists to address these issues.

CHILDREN’S MENTAL HEALTH



The plan calls for communities to identify children with mental health issues earlier. The goal is to reduce the number of at-risk children ages 6-14 entering intensive treatment

and/or the juvenile justice system due to mental health problems.

“We are working to provide evidence-based interventions that allow children at risk of mental health illness to thrive in their community rather than ending up in the juvenile justice system and/or deep-end treatment,” says Baker.

Clearly, the community of partners that works with CHF is crucial to meet the challenges set forth in the strategic plan for each of the three focus areas. As they work together to identify the problems, they must continue to work with CHF to craft solutions.

“Grantees’ programs and initiatives are laboratories for solutions,” says Canty. “If we can provide data, research and evidence-based intervention models to health care problems, we are going to be more successful in bringing these issues to the decision-makers; in changing policy and refining systems; and in shifting public will.”

“It is certainly apparent that this is not just our work. It’s all of our work,” says Baker.

To learn how you can be part of the process, please call 860.224.2200 or visit www.cthealth.org.

chf news recently asked **James Crall, D.D.S., Sc.D.**, director of the Human Resources and Services Administration/Maternal and Child Health Bureau Oral Health Policy Center, and professor and chair of Pediatric Dentistry at the University of California, Los Angeles, and **Arthur Sperling, D.M.D.**, CHF board member, and oral and maxillofacial surgeon, about how to continue to support three to five years of best practices.

Jim: Best practices, or as I call them “promising approaches,” have been demonstrated through the collaboratives that involved representatives from local communities to build the infrastructure to improve access for children covered by Medicaid.

Looking ahead, policy solutions will need to be developed to sustain and expand local systems to meet the needs of underserved children and families. Investments also will need to be made to create more effective delivery systems and train the workforce. Further, if the state’s Medicaid program isn’t functioning well, all the rest won’t make a difference because Medicaid is the primary system for financing care for low income populations.

Art: Best practices have come through the collaboratives. Getting people involved, particularly the dentist and the people that are rendering care, to get them interested, engaged and retained is essential. Patient advocates, in another setting, help patients to learn that they as the patient are the key to health care.

Working to have Medicaid funds compensate, at least to a level where services can be rendered is vital, too. In addition, oral health is really a stepping stone in awareness of general health. The screening process brings about this awareness. Continuing best practices may very well result in positive outcomes beyond oral health.

HEALTH LITERACY FOCUS OF NEW RFP

To increase the health literacy skills and self-efficacy of learners in adult education settings, the Connecticut Health Foundation (CHF) released a request for proposals on May 31, 2007.

The Health Literacy Study Circles model developed by Rima Rudd, Sc.D., of the Harvard School of Public Health will be used. Designed to reduce health disparities, the model involves training adult education instructors to examine health tasks, identify related skills, teach sample lessons with their students, develop their own lessons, and plan how to use their existing expertise to incorporate health literacy into their existing programs.

Providers of adult basic education and English for speakers of other languages that serve primarily learners of color will be eligible to apply. The initiative will include professional development, technical assistance, and grant funds for health literacy instruction. Applications are due July 25, 2007. For more information, contact Program Officer Elizabeth Krause at elizabeth@cthealth.org.

NEW ORAL HEALTH RFP

The current funding strategy for the existing eight oral health collaboratives are coming to the end. After several meetings to receive input from the collaboratives, and work by the Connecticut Health Foundation (CHF) staff, new funding strategies for oral health are being developed.

The collaboratives are an important component of improving the oral health of children on Medicaid. As part of the new funding strategies, CHF will be releasing a new RFP for the collaboratives in early July. The aim of this RFP will be to enable collaboratives to solidify their existing successes, as well as to develop and implement sustainability plans, so that they can continue to improve the oral health of children insured under Medicaid. For more information, please contact Oral Health Consultant Joanna Douglass at 860.712.7311 or douglass@nso.uchc.edu.

NEW RFP FOR CHILDREN'S MENTAL HEALTH will focus on a Community-Based Approach

The Connecticut Health Foundation will release a Request for Proposal (RFP) in July to support communities in planning effective community-based approaches to assessing, identifying and providing brief interventions to children (ages 6-14) who are vulnerable to developing mental health problems. The 24-month planning grant will enable communities to dedicate time, attention and resources to convene community members, youth serving organizations, schools, and other stakeholders in a strategic planning process to decrease the number of youth entering the juvenile justice system, and/or referral to an intensive level of mental health treatment because of their mental health problems.

The foundation anticipates awarding 5-7 grants that range in average from \$60,000 – \$125,000. The RFP is scheduled to be released in early July, with a September 15 submission date. To learn more about this grant program, please visit www.cthealth.org or you may contact Program Officer Onell Calderas at Onell@cthealth.org.

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