Effective Democracy

The Issues

We cannot solve the problems of our poorest residents and those without access to jobs, health care, education and housing if policy-makers do not hear their voices. We need a healthy democracy in Connecticut where money and special interests do not drown out other voices, where communities can organize to make their voices heard, and where people from every part of the state vote and participate in government. In Connecticut while 74% of the voting age population is registered to vote there is tremendous disparity between urban and suburban voting participation. For example, in Hartford only 53% of the voting age population is registered to vote and 33% voted in the last presidential election as compared to 94% and 86% respectively in Avon. We need to remove the barriers to voting and encourage full and reflective civic participation and representation of all of Connecticut’s citizens.

Solutions

Campaign Finance Reform

The system of campaign financing that currently exists, nationally and in Connecticut, is one that mutes the voices of people without money. With the costs of campaigns increasing, especially at the statewide level but also for legislative races, our democracy is diminished in several ways. The levels of fund raising required discourage many people, particularly people of color and women, who could run and add to our political life. Candidates who do run spend inordinate and discouraging amount of time raising funds. And those people or PACS who can give large campaign contributions have disproportionate influence on the process. Comprehensive campaign finance reform, including public financing would end the dominance of large contributors in our political life.

Policies to Maximize Voter Registration and Participation

Voter registration is an entry point to participation. We should take steps to register all eligible citizens, especially young people and people traditionally unregistered. Voter registration at schools, in agencies, by organizations should be energetically undertaken. Connecticut should explore innovations in voting that other states have enacted including Election Day registration, mail-in voting and on-line voting. The six states with Election Day registration consistently achieve voter registration that is 8-15% better than the national average. Civics education, mandated by legislation two years ago, and community service requirements should be effectively implemented as ways to encourage young people to become involved. Education materials and programs about the removal of previous restrictions to voting for people with a felony conviction who are on probation should be implemented throughout criminal justice and community based organizations.
Diversity in Appointments to Boards and Commissions

Connecticut needs to address the under-representation of people of color and women on State and municipal boards and commissions. The March 2000 report prepared by the Office of the Secretary of State indicated that out of 1,997 appointed members of over 203 State boards and commissions 34.7% were women, 6.6% black, 2.7% Hispanic, and 1.3% other ethnicity. Connecticut’s population is approximately 80.7% white, 8.8% black, 8.5% Hispanic and 1.9% other. Several strategies to address this issue of under-representation should be utilized to make these decision-making bodies more reflective of Connecticut’s citizens. Appointing legislators and the boards and commissions need to utilize the Talent Banks of the African American Affairs, Latino and Puerto Rican Affairs, and the Permanent Commission on the Status of Women state Commissions to increase the participation of people of color and women. This has the potential for building social capital and providing opportunities for civic involvement for many more of Connecticut’s citizens.

Contacts for More Information

1. Connecticut Contacts

Democracy Works - Carolyn Gabel, Joyce Hamilton and Americo Santiago, 860-727-1157, democracyworks@home.com
Connecticut Citizen Action Group (CCAG) - Tom Swan, 860-947-2200, tswan@igc.apc.org
Common Cause - Rebekah Harriman, 860-549-1220, commoncause@snet.net
CT Latino Voting Rights Committee - Yolanda Castillo, 860-231-1877, csctillizzy@aol.com
CT League of Women Voters - Dorothy Blanche, 203-869-3760, ebla913271@aol.com
CT NAACP - Lisa Scails, 203-748-2333, hrmserve@snet.net
CT NOW - Beverly Brakeman - 860-524-5978, ct_now@yahoo.com

2. Regional and National Contacts

Center for Policy Alternatives - Bettye Jo Pakulis, 860-727-1115, bipakulis@cfpa.org
Northeast Action - David Desiderato, 860-231-1405, ddesiderato@neaction.org
Demos - Miles Rapoport, 212-633-1405 x202, mrapoport@demos-usa.org
Fannie Lou Hamer Project - Stephanie Wilson, 616-349-9760, swilson@flhp.org
Public Campaign - Nicholas Nyhart, 202-293-0222 x24, nnyhart@publiccampaign.org
Quality Education
“We believe every child can learn”

The Issues
Quality education is a necessity throughout one’s lifetime, from early childhood through college, and including life-long learning opportunities. It is the strong underpinning for economic security, a productive life and a resilient, sustainable economy. Connecticut boasts educational leadership on many fronts. Although Connecticut’s K-12 education system is one of the best in the nation, many schools do not have the facilities and resources to help children learn. Thousands of our youngest children, many of whom are Latino or African American, do not receive the care and education they need to thrive. And at the other end of the spectrum, college tuition is so costly that many cannot afford to attend, yet it is difficult to earn enough money to support a family without higher education.

In the wake of seismic changes in Connecticut’s economy, and an increasingly diverse population, investment and support for quality education at all stages of life is essential to our future as a democracy. We believe that every child can learn, and will learn if the State makes a serious commitment to early education and childcare, a re-engineered K-12 system, and better access to higher education to ensure a highly skilled workforce.

Solutions
State initiatives recognize the importance of the early years in the healthy growth of a child. Investment in a re-tooled early care and education system means resources to fund child care and school readiness programs to meet the needs of all working families. Quality programs also require investment in building a pre school professional workforce. Connecticut faces a crisis in staffing in the early care and education industry. Low salaries, lack of health care and benefits have led to a 40% turnover in pre-school teachers. Average salaries are between $15,000 and $18,000. To reform this system:

- Fund early care and school readiness programs,
- Link a continuum of support services for children and parents,
- Increase wages for pre school educators,
- Increase COLA and unit rate of reimbursement for publicly funded programs,
- Provide scholarships, incentives and apprenticeship programs to attract and retain a qualified workforce,
- Expand State funded healthcare insurance coverage to include early child care and pre-school teachers.

Strengthen K-12 School System
Investors put their money where it will have the greatest return, and so should the state of Connecticut. Students from 12 school districts consistently have the lowest scores on the Connecticut Mastery Test, the highest drop out rates, and supply 50% of the prison population.
Quality Education  
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Teacher shortages persist, with a projected 40% of the workforce reaching retirement age. Minority teaching staff only accounts for 7% of the teaching workforce. With the majority of all Connecticut parents working, too many school age children spend out of school time unsupervised; law enforce-
ment reports that most crime is committed between 2 p.m. and 6 p.m. To reform this system:

Extend the school day and link a broad range of community services in a school - community partnership.
Ensure competency in telecommunications and computer technology; provide adequate training for teachers for effective integration of computer technology in curriculum,
Expand early reading success program,
Target additional funds to assist low performing schools,
Fully fund the education cost sharing grant to reduce reliance on the property tax to fund education, thereby giving towns an incentive to work together to reduce racial and economic educational disparities,
Implement the recommendations of the Teacher Shortage Report: fund outreach and training to recruit teachers in shortage areas, including people of color,
Promote parent choice in public schools and oppose school vouchers to fund private education.

Access to Post-Secondary Education and Training
Families with children need at least $20.00/hour to pay for essentials - such as housing, clothing, food, child care. There is a direct relationship between education and increased earnings. Census data show that, in 1999, workers with no high school diploma had average earnings of $9.36 per hour, workers with high school but no further education, had average earnings of $12.75/hour; and workers with an Associate’s degree, had average hourly earnings of $16.11. By comparison, workers with a Bachelors degree enjoyed earnings of $22.90/hour and those with a professional degree earnings of $49.00/hour. The economy demands a highly skilled workforce. Low income families need opportunities to move out of low paying jobs. To increase access to post-secondary education and training:

Increase scholarship fund and tuition support programs to increase access to higher education for lower-income students and adults,
Provide funding for work study programs so that low income parents can increase their earnings through education and job training,
Incorporate literacy competency as part of welfare system.

Contacts for further information:
James Slaughter, Executive Director of the African American Affairs Commission; 860-240-0258, james.slaughter@po.state.ct.us
Werner Oyanadel, Legislative Liaison, Latino and Puerto Rican Affairs Commission; 860-240-8330, werner.oyanadel@po.state.ct.us
Liz Brown; Legislative Director, Commission on Children; 860-240-0290, elizabeth.brown@po.state.ct.us
Janice Gruendel, Co-President of CT Voices for Children; 203-498-4240, jmrab@aol.com
Health Security

What's the Problem?
Connecticut’s health care system is facing a crisis. The United States is the only industrialized nation outside of South Africa without a universal health program that covers all residents and has the ability to better regulate health care cost increases. Instead, we have a piecemeal system of different health programs, both governmental and private, that does not efficiently or adequately cover our citizens.

Rising Uninsured and Under-insured
At least 240,000 Connecticut residents are estimated to be uninsured, including 60,000 children. Many more people are “under-insured”. At least 500,000 state residents have no prescription drug coverage, including at 30-35% of all seniors. In the next 10 years, the price per prescription for seniors is predicted to rise by up to 70 percent. Eighty percent of the uninsured earn less than 300% of the poverty level in Connecticut ($43,890 for a family of three, or $25,770/single). Adults aged 19-34 represent approximately half of the uninsured. Nearly 60% of uninsured adults work full-time. Recently, the growth in the number of uninsured (39 million in US) had leveled off, but it is climbing again as the economy has worsened.

HMOs and Pharmaceutical Companies Squeeze Patients
HMOs have become the main provider of medical insurance for many people, whether they use private plans or government sponsored health care, such as Medicaid or HUSKY. Even Medicare uses HMOs, although to a lesser extent. Pharmaceutical companies have effectively become the secondary provider, as patients turn more and more to medications to treat ailments. Yet the practices of these for-profit corporations cause severe strains on our health system. Doctors have less say in treatment decisions. Patients are often denied care or medications. Privacy of medical records is limited. Nurse-patient ratios are too low. Hospitals have closed. Drug prices are rising. HMO reforms are a band-aid - not a solution.

Cuts to Health Care Programs and Immigrants
Employer sponsored health care coverage is expected to rise by more than 13 percent this year, and more costs will shift to employees. Public health care will become even more important as people fall through the cracks. Medicare, Medicaid, HUSKY, General Assistance (SAGA), ConnPACE and CADAP (prescription assistance for HIV/AIDS) are Connecticut’s main public health programs. These are critical safety nets. Yet these programs are in jeopardy for the coming year or already in crisis. State legislators even proposed barring all low income legal immigrants from enrolling in any state health program earlier this year. This proposal was temporarily averted but will be back in 2002.

MEDICARE: On January 1st, 2002, for the third year, tens of thousands of seniors and disabled persons who chose to enroll in Medicare HMOS (instead of the traditional Medicare plan run by the federal government) will be dropped by their HMOs. Traditional Medicare will be their best and often only other option, except that it does not offer prescriptions. Seniors will be forced to buy Medigap if they can, or use ConnPACE if they are eligible. More than 500,000 people are eligible for Medicare.

CONNPACE: This program serves over 45,000 residents who are over-income for Medicaid. This year, state legislators increased the income limits for this state prescription assistance plan (enrollees pay $12 per Rx) from $15,100 for a single person to qualify, to $20,000 or $27,100/couple. The program expansion for 15,000 more people should take effect this April 2002. But it may be in danger of being cut back due to recent budget shortfalls. ConnPACE recipients will soon be required to use only generic drugs as a result of legislation passed in 2000.
GENERAL ASSISTANCE (SAGA): This health program covers 20,000 of the state’s poorest people; including homeless residents, who do not qualify for Medicaid or Medicare. Legislators proposed this year to cut SAGA by; limiting new enrollees and cutting core benefits like eyeglasses and transportation assistance. The program was saved when a new system of doctor coordinated care (PCCM) was proposed to control costs. Yet the Governor has proposed cutting this new system before implementation, again endangering SAGA.

HUSKY AND MEDICAID: Over 24,000 low income parents and children use these programs. The state does not run either; it contracts with four HMOs that then subcontract with other companies. Not surprisingly, the arrangement is problematic. Clients accuse HMOs of denying care and violating the Medicaid contract. The HMOs threaten to leave if the state does not pay them more money, and have lobbied and won tens of million of dollars in increased rates and tax brakes. Yet there is no analysis of the cost-effectiveness of the HMOs and little effort to find alternatives.

MEDICAID FOR SENIORS AND DISABLED: More than 80,000 poor seniors, disabled and medically needy persons receive benefits directly from the state (not HMOs), yet also face potential cutbacks. The state is taking a hard look at their prescription benefits as drug companies charge prices for medication that far outpace inflation and medication costs gobble up the state’s discretionary spending. The state will soon require up to two levels of pre-approval for brand drugs.

What Can We Do?
1. **Allow more uninsured adults to enroll in HUSKY.** Also, explore other state purchasing pool options and fully fund providers for the uninsured, such as community health centers.
2. **Expand access to prescription drugs while limiting rising drug prices.** Further expand ConnPACE A, implement ConnPACE B to allow residents to access the Medicaid Rx price, and allow the state to use its bulk-buying clout and legal authority to regulate high drug prices.
3. **Pass HMO reform and “accountability” laws, especially for HMO subcontractors, and explore alternatives to the current system.** This includes piloting of Primary Care Case Management, where doctors, not HMOs, coordinate patient care.
4. **Fund Critical health programs by attacking the root causes of runaway health spending.** This includes passage of a state tobacco tax to raise approximately $100 million annually for health care and tobacco cessation. It also includes reduction of pharmaceutical prices.

**Issue Contacts**
Health Care for All Coalition: Suzanne Haviland (general) at 860-947-2200 ext. 304, Prof. Ramon Castellblanch (Rx issues) at 860-947-2211 or Ellen Andrews (general) at 203-562-1636.
Connecticut Citizen Action Group, Tom Swan (general), 860-947-2200.
National Association of Social Workers CT Chapter, Steve Karp (managed care), 860-257-8066.
New Haven Legal Assistance Association, Sheldon Toubman (Medicaid for immigrants), 203-946-4811.

**Related Web Sites**
Families USA - www.familiesusa.org  
Public Citizen - www.citizen.org  
Center on Budget and Policy Priorities - www.cbpp.org  
National Health Law Program - www.healthlaw.org  
CT Health Policy Project - www.chealthpolicy.org  
Commonwealth Fund - www.cmwf.org  
Community Catalyst - www.communitycat.org  
Kaiser Foundation - www.kff.org  
Money and Health Care Policy various key links - www.healthlaw.org/election.shtml