

Four strategies for improving health in Connecticut

Connecticut consistently ranks among the healthiest states in the country, yet not everyone in the state has the same opportunities to be as healthy as possible. **People of color face worse health outcomes and encounter significant barriers to staying healthy.**

The good news is there are ways to achieve health equity – that is, to change the health care system to ensure that everyone has a fair chance to live a healthy life, regardless of race, ethnicity, hometown, or income.



These approaches can help improve health for everyone in Connecticut. Here is a look at some of the key health issues in Connecticut, how the state is doing, and what the next governor can do.

These strategies include:

1. Preserving
health care
coverage.

2. Supporting
health care
innovation
to improve
outcomes and
control costs.

3. Improving
the quality of the
health data the
state collects and
reports.

4. Linking clinical
care with the
community-
level factors that
affect health.

1. Health care coverage

The issue:

Coverage is a critical first step toward ensuring that people can access the care they need.

How Connecticut is doing:

Connecticut's uninsured rate has fallen dramatically in the past decade, from 9.1 percent in 2010 to 4.9 percent in 2016.⁴ Much of this decrease is the result of the Affordable Care Act, which created two new forms of coverage:

- **Access Health CT**, the state's health insurance marketplace, which offers health plans for people who don't have coverage through their jobs. More than 114,000 people signed up for coverage through Access Health during the most recent open enrollment period last fall (2017). Nearly three-quarters qualified for federal financial assistance to discount the cost of their premiums.⁵
- **HUSKY D**, a portion of the state's Medicaid program that covers low-income adults without minor children. More than 200,000 Connecticut residents are covered by HUSKY D.⁶

HUSKY, as Medicaid is known in Connecticut, is a particularly critical source of coverage, providing health insurance for close to 800,000 people. HUSKY covers residents of every city and town, and insures:

- **34 percent** of children and teens in the state.
- **47 percent** of adults with disabilities.
- **70 percent** of nursing home residents.⁷

Among adults under 65 who are not disabled and are covered by HUSKY, approximately 70 percent have jobs.⁸

Hispanics in Connecticut are twice as likely to be uninsured as white state residents.⁹ Despite Connecticut's recent success in reducing the uninsured rate, there is still more to do to ensure that everyone is covered.

What the next governor can do:

- Preserve coverage by **maintaining existing Medicaid eligibility levels** to help ensure state residents can get the preventive care they need, manage chronic conditions, and get timely treatment for medical issues.
- Ensure state residents can easily access coverage by **promoting policies that make the sign-up process as user-friendly as possible**. Avoid administrative barriers that cause eligible people to lose coverage, a situation that can lead to higher costs in the long run.

2. Health care innovation

The issue:

High-quality health care means patients get what they need to be as healthy as possible. For a patient with diabetes, for example, high-quality care might involve regularly monitoring his condition, coordinating the care he receives from all his health care providers, and working with him to ensure he buys healthy food and

takes the right medication at the right time. Yet in the current health care system, health care providers are paid based only on the quantity of services they deliver, not whether their care addresses patients' needs and improves their health.

How Connecticut is doing:

Efforts are underway in the private and public sectors to change how care is delivered and financed, and to create a system that positions health care providers to deliver the care and services that best address patient needs. Many of these efforts are being coordinated by the state's Office of Health Strategy, which has brought together the health care functions of multiple state

agencies and streamlined their work to ensure effective coordination and organization. The office is now helping the health care system transform into one that delivers high-quality care and emphasizes keeping people healthy, not just treating them once they get sick.

What the next governor can do:

- **Support the Office of Health Strategy's** efforts to bring together the public and private sectors to foster health care innovation.
- Ensure the state has a robust system for allowing health care providers secure access to their patients' medical records. Such a system will ensure health care providers have the full picture of their patients' health

and can help avoid duplicative testing. A **system to exchange health information** can also enable health care providers to better analyze their patients' health needs and target interventions appropriately.

3. Health data

The issue:

Reliable, detailed data is critical to addressing a problem. To improve the health of Connecticut residents, it is critical to know where the biggest challenges exist, which communities have good outcomes that could be replicated, and how well interventions are working. Recognizing the importance of data, other states have adopted laws on the collection of data on race and ethnicity. These include:

- California. State laws require including detailed data on race and ethnicity in agency reporting on rates of major diseases, causes of death, pregnancy, and housing. These laws include provisions to ensure that the individuals' privacy is protected.

- North Carolina. Health care providers are required to collect self-reported race and ethnicity data about their patients.
- Minnesota. Efforts are underway to collect information on the languages people speak.¹⁰

These policies can lead to a better understanding of residents' health status, while making clear where strategic health interventions, funding, and programming should be directed.

How Connecticut is doing:

Connecticut does not have a statewide health data collection policy.¹¹

While many of the data sets collected in Connecticut include information on race and ethnicity, much of the race and ethnicity data is not published. There is little collection of more detailed data on race and ethnicity – data that could provide insights into disparities within racial or ethnic groups.¹² For example, among Hispanics nationally, Puerto

Ricans tend to have the highest infant mortality rate, while Cubans have very low rates.¹³ Data that reports more detail than “Hispanic” could offer Connecticut policymakers insights into strategies for addressing infant mortality.

Similarly, although data on the languages people speak could identify barriers to getting quality care for some communities, little language data is available in Connecticut.¹⁴

What the next governor can do:

- **Set data reporting standards** so all reports produced by state government include data that is clear and consistent. Reporting standards would ensure that researchers can make the best use of the data that is already collected and reported, and policymakers will have good data on which to form policy.

- **Ensure state agencies report data in a timely manner** to make sure policies and interventions are based on the most accurate information possible. Some data sets that are shared publicly now are five years old or more.
- **Make health data a priority** and adopt best practices in collecting detailed race and ethnicity data.

4. Linking clinical care and communities

The issue:

Most of what influences people's health happens outside the doctor's office. Factors such as stable housing, access to healthy food, reliable transportation, and people to turn to for help make an enormous difference in a person's ability to stay healthy or follow a doctor's recommendations.

There is increasing recognition within the health care system of the need to link clinical care with patients' communities – something that can improve health

outcomes and care quality, and contribute to the elimination of racial and ethnic health disparities.¹⁵

One critical strategy is the use of community health workers – frontline public health workers who are trusted community members and can help to identify and address barriers that keep patients from being as healthy as possible.¹⁶

How Connecticut is doing:

Connecticut is on the path to ensuring that community health workers are integrated into the state's health care system. As part of a 2017 law, state policymakers are studying the feasibility and impact of a certification program for community health workers.¹⁷

While many health care and community organizations have successfully incorporated community health

workers into their care teams, most have done so using grant funding. Work is now underway to pilot sustainable funding models for community health worker services, including those focused on high-need, high-cost patients such as frequent emergency department visitors.¹⁸

What the next governor can do:

- **Implement a certification program** to ensure that community health workers have the necessary knowledge and skills. A certification program will help ensure standards for this growing workforce and will give potential employers confidence in the field, enhancing the likelihood of widespread adoption of community health worker services.

- **Work with the private sector** to encourage pilot programs to test sustainable funding models for community health worker services.

Endnotes

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