

# FOUR RECOMMENDATIONS TO ENSURE CONNECTICUT'S COVID-19 RESPONSE DOES NOT LEAVE ANYONE BEHIND



Connecticut Health  
FOUNDATION  
Changing Systems, Improving Lives.



*As state leaders work to address the unprecedented challenge of the COVID-19 pandemic, it is clear that the virus is taking an especially heavy toll on people of color in Connecticut, particularly black residents, who are dying at a far higher rate than anyone else.<sup>1</sup>*

*An effective response to the pandemic must be designed to reach as many state residents as possible and tailored to the needs of those who are most vulnerable to the virus.*

*The following recommendations are aimed at ensuring that the response reaches those who are most at risk.*

## **MAKE TESTING ACCESSIBLE TO THOSE WHO NEED IT.**

Significantly increasing testing capacity will be key to the state's ability to move forward and safely reopen. Yet ensuring that everyone who needs a test can get it will require strategies that take into account the barriers that many state residents – particularly people of color – face.

This includes making sure testing sites are accessible to those who don't have cars – which is far more common among black and Hispanic state residents than their white counterparts.<sup>2</sup> The state can also make testing more accessible by using community health centers as testing sites. Many are situated in communities of need, have developed rapport with the local neighborhood, and serve many uninsured patients.

Another strategy that could be employed now is creating standard criteria statewide about who should receive priority to be tested. This would ensure clarity for the public and health care providers, as well as enable the state to ensure that those at highest-risk receive priority for testing while capacity is limited. As an example, Michigan recently expanded testing criteria to any essential worker still reporting to work in person, with a doctor's order.<sup>3</sup> Patients with underlying conditions, with symptoms, are also included in Michigan's testing priority criteria.<sup>4</sup> These criteria are more likely to reach people of color who are overrepresented in low-wage, essential jobs, and who are more likely to have comorbidities.

## TO DO

- Ensure rides are available to reach drive-through test sites and publicize their availability.
- Encourage or require test sites to accommodate patients who arrive on foot.
- Prioritize new test sites in accessible locations within neighborhoods, such as community health centers.
- Identify which groups should receive priority for tests and publicize the priorities.

## TAKE ADVANTAGE OF THE SKILLS OF COMMUNITY HEALTH WORKERS.

Community health workers are trusted members of their communities who serve as a bridge between individuals and the clinical care system.<sup>5</sup> They are especially valuable in communities that have barriers to being healthy and to accessing health care.

In this pandemic, they are a critical workforce: Community health workers know about the needs and concerns in their communities and are skilled in connecting people to resources. Because they already have many strong relationships, they are ideal messengers to ensure people have the right information, whether about social distancing, when to seek medical care, or how to get assistance meeting basic needs.

As officials ramp up contact tracing to identify people who might have been exposed to the virus, community health workers should top their list of potential tracers.

Community health workers' skills also make them well-suited to assist in other ways, including ensuring patients receive follow-up care and providing support for families in which someone has COVID-19.

In addition, because community health workers are usually experts in what's happening in their neighborhoods, those leading response and recovery efforts would be wise to listen to their on-the-ground experience as they plan the response and recovery efforts and seek to determine what is and isn't effective.



## TO DO

- Include community health workers in contact tracing work.
- Encourage the use of community health workers to support patients and families. Consider allowing reimbursement through Medicaid.
- Include community health workers in COVID-19 response and recovery planning work.
- Work with community health workers to develop and deliver important messaging about the pandemic, resources, and recovery efforts.



## PROVIDE SUPPORTS FOR PEOPLE WHO NEED TO ISOLATE.

Testing and contact tracing will be key to controlling the spread of the virus – but it will be equally important to ensure that people are able to isolate themselves if they test positive. For many people, particularly in low-income communities and communities of color, isolating at home is untenable, whether because family members are at high-risk for complications of COVID-19 or because they do not have the space to avoid contact with others in the household. Others might require more limited assistance, such as help getting food or other basic needs.

The state can make a significant difference by ensuring the availability of hotel rooms, dorm rooms, or other places for people to isolate away from home voluntarily, as well as assistance securing meals and other necessities for those who are isolating at home and cannot go out. This strategy is happening elsewhere. Chicago, for example, secured close to 2,000 hotel rooms for people who needed to isolate but could not safely do so in their homes.<sup>6</sup>

The state should also consider how to support low-wage employees who have exhausted the paid leave support provided by the federal Families First Coronavirus Response Act prior to December 31, 2020, or did not receive the support provided by the Families First Act.

### TO DO

- **Secure dorm rooms and hotel rooms for people who need to isolate away from home. If the demand is overwhelming, consider criteria to determine who receives priority.**
- **Continue to pursue plans to provide food delivery to those who must isolate because of COVID-19 exposure and plans to allow SNAP beneficiaries to order groceries online.**



## PROVIDE CLEAR COMMUNICATION AND REPORT MORE RACE AND ETHNICITY DATA.

Clear communication is critical to instilling confidence, ensuring everyone is on the same page – and to monitoring whether services are being delivered equitably. This includes continuing to report data on race and ethnicity, as well as expanding what data the state currently provides. We know from data already being reported that black and Hispanic state residents are disproportionately getting COVID-19 and black residents are dying from it at significantly higher rates than others. It would be valuable to know the racial and ethnic makeup of all who have been tested, not just those who test positive, to determine if more work needs to be done to ensure certain groups are able to get tested.

Similarly, if the state were to establish specific criteria for who receives priority to be tested, communicating it regularly would go a long way to helping people understand whether they should seek a test or not.

In addition to increased, clear communication, it is important to find ways to get timely feedback on what is and isn't working.

### TO DO

- **Report on the racial and ethnic breakdown of the full population being tested, not just those who test positive.**
- **Communicate clearly and transparently about testing capacity and limitations,<sup>7</sup> as well as criteria for who can get a test.**
- **Create a way to collect feedback from people who have concerns about testing or treatment.**



More broadly, state leaders must make all decisions with a lens of fairness – one that recognizes that one-size-fits-all solutions often leave significant gaps, particularly for those who are already disadvantaged. This includes considering the unintended consequences of every decision, what additional barriers certain groups will face and how to remove them, and how to determine if any decision produces a disparate impact.

As state leaders work to fight the pandemic and consider steps to reopen, it is critical that they do so in a way that reduces, rather than widens, already significant racial and ethnic health disparities. These steps will benefit all Connecticut residents by making this a safer, healthier state.

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## REFERENCES

1. As of May 4, 2020, the rate of deaths per 100,000 population was 103 for non-Hispanic black Connecticut residents, 78 for non-Hispanic white residents, 40 for Hispanic residents, and 14 for non-Hispanic Asian or Pacific Islander residents. Data from the Connecticut Department of Public Health, available: <https://portal.ct.gov/-/media/Coronavirus/CTDPHCOVID19summary5052020.pdf?la=en>. Updated information is available at <https://portal.ct.gov/Coronavirus>.
2. DataHaven and Siena College Research Institute, 2018 DataHaven Community Wellbeing Survey Statewide Connecticut Crosstabs. <https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven2018%20Connecticut%20Statewide%20Crosstabs%20Pub.pdf>
3. Michigan Department of Health & Human Services, “Testing Remains Critical to Slowing the Spread of COVID-19 in Michigan,” April 24, 2020. <https://www.michigan.gov/mdhhs/0,5885,7-339--527003--,00.html>
4. Michigan Department of Health & Human Services, “Michigan expands COVID-19 testing criteria to anyone with symptoms and launches testing site locator,” April 14, 2020. <https://www.michigan.gov/coronavirus/0,9753,7-406-98158-525861--,00.html>
5. Arielle Levin Becker, Understanding Community Health Workers: Who they are and why they matter for Connecticut, Connecticut Health Foundation, March 2019. <https://www.cthealth.org/wp-content/uploads/2019/03/Understanding-CHWs-final.pdf>
6. Fran Spielman, “Lightfoot forges deals with hotels, shuttered hospital to provide space for quarantined COVID-19 patients,” Chicago Sun-Times, March 23, 2020. <https://chicago.suntimes.com/coronavirus/2020/3/23/21190805/coronavirus-hotels-quarantined-patients-hospitals-ymca-homeless-metro-south-blue-island-unite-here>. A.D. Quig and Stephanie Goldberg, “Chicago to re-open shuttered hospitals, use hotels for COVID-19 patients,” Crain’s Chicago Business, March 24, 2020. <https://www.modernhealthcare.com/government/chicago-re-open-shuttered-hospitals-use-hotels-covid-19-patients>
7. This report from Washington State is a model for transparent data reporting: [https://www.governor.wa.gov/sites/default/files/4\\_29\\_DataVisualizations.pdf](https://www.governor.wa.gov/sites/default/files/4_29_DataVisualizations.pdf)