FACT SHEET

Connecticut Health
FOUNDATION
Changing Systems, Improving Lives.

Health Disparities in Connecticut:
WHAT CAN WE DO?

Racial and ethnic health disparities are longstanding problems in Connecticut, but they are not intractable. There are steps the state, health systems, and others can take right now to reduce or eliminate these disparities. Here are four steps Connecticut can take.

1. IMPROVE DATA COLLECTION ON RACE AND ETHNICITY – AND ACT ON IT

The problem: Most publicly available health data in Connecticut is not broken down by race and ethnicity. Much of the data Connecticut state agencies collect on race and ethnicity is unpublished.[1] Even when data is collected by hospitals and health systems, it is often not used to measure clinical performance and care experience, or to identify disparities.[2]

Why it matters: It's hard to solve a problem without the data to pinpoint challenges and evaluate potential solutions.

What Connecticut can do:
Follow the lead of other states to improve data collection and reporting by:
- Setting reporting guidelines so all reports produced by state agencies include data on race and ethnicity, using the same categories and information.[3]
- Requiring the organizations that administer Medicaid to report health outcomes by race and ethnicity.[4]
- Requiring health care providers to collect patients' self-reported race and ethnicity data and publicly report health care quality measures by race and ethnicity.[5]

What health systems can do:
- Implement standardized processes for collecting self-reported race and ethnicity information for every patient, if not already done.
- Track clinical outcomes by patients' race and ethnicity to identify disparities – and take action based on the findings.

2. FOCUS ON GETTING MORE PEOPLE HEALTH CARE COVERAGE

The problem: Black and Hispanic Connecticut residents are significantly more likely to be uninsured.

Why it matters: Having health care coverage is critical to health.

What Connecticut can do:
- Support outreach to ensure people who qualify for Medicaid are enrolled. This is critical because 25% of Connecticut's uninsured residents are eligible for Medicaid or other public coverage but are not enrolled. [6]
- Examine eligibility system procedures to ensure those who are covered by Medicaid do not get dropped unnecessarily.
- Target enrollment efforts for Access Health CT coverage to communities with the highest rates of uninsured residents.
- Focus on creating more affordable coverage options for those earning just above the Medicaid threshold – the group most likely to be uninsured.[7]
- Offer state-funded Medicaid coverage to undocumented residents, who make up nearly one-quarter of the state's uninsured.[8]

Learn more about health disparities at www.cthealth.org

3. SUPPORT COMMUNITY HEALTH WORKERS

The problem: Black and Hispanic residents are less likely than white residents to have access to a regular source of health care and more likely to have worse health outcomes.

What to know: Community health workers are frontline public health workers who serve as a bridge between their communities and the health care and social service systems. They are often trusted members of a community who people turn to for help and advice. Research shows community health workers can improve health outcomes for people of color and ensure people receive preventive care.[9]

What Connecticut can do:
- Implement voluntary certification for community health workers.
- Allow Medicaid to pay for community health worker services.

What health systems can do:
- Hire community health workers to reach specific patient populations.

What public and private insurers can do:
- Test ways to pay for community health worker services.

4. PROMOTE CLINICAL PRACTICE GUIDELINES AND EVIDENCE-BASED TREATMENTS

The problem: Research shows that Black and Hispanic patients are less likely to receive aggressive or appropriate treatment when they seek medical care.

What Connecticut and health care systems can do:
- Support wider use of clinical care guidelines[10] and evidence-based care shown to reduce or eliminate disparities.[11]

Read more in our full report on health disparities in Connecticut available at www.cthealth.org

ENDNOTES

1   Karen Siegel, Data to Promote Health Equity for Children and Families in Connecticut, Connecticut Voices for Children, February 2018.
2   Asking Sensitive Questions in the Quest to Reduce Health Disparities: Health Equity Data Collection Guide, Connecticut State Medical Society, 2018.
3   An example from California: CA Gen Stat § 2-5-8310.7.
4   An example from Michigan: Monica Kwasnik, Medicaid Health Equity Project: Year 1 Report (HEDIS 2012), Michigan Department of Community Health, Medical Services Administration, Managed Care Plan Division, Quality Improvement and Program Development Section, June 2012.
5   Christina A. Worrall and Emily B. Zylla, Connecting Connecticut: What's happening with health information exchange in the state, Connecticut Health Foundation, November 2019.
6   Kaiser Family Foundation, Distribution of Eligibility for ACA Health Coverage Among Those Remaining Uninsured as of 2018. and Kaiser Family Foundation, Distribution of Nonelderly Uninsured Individuals who are Ineligible for Financial Assistance due to Income, Offer of Employer Coverage, or Citizenship Status, 2018.
7   Kaiser Family Foundation, Distribution of the Nonelderly Uninsured by Federal Poverty Level, 2017.
8   Samantha Artiga and Maria Diaz, Health Coverage and Care of Undocumented Immigrants, Kaiser Family Foundation, July 15, 2019.
9   Arielle Levin Becker, Understanding Community Health Workers: Who they are and why they matter for Connecticut, Connecticut Health Foundation, March 2019.
10 Quinn Capers IV and Zarina Sharalaya, "Racial Disparities in Cardiovascular Care: A Review of Culprits and Potential Solutions," Journal of Racial and Ethnic Health Disparities, September 2014, 171-180.
11 Jason M. Lang and Phyllis Lee, Better than Usual (Care): Evidence-Based Treatments Improve Outcomes and Reduce Disparities for Children of Color, Child Health and Development Institute of Connecticut, Sept. 5, 2019.