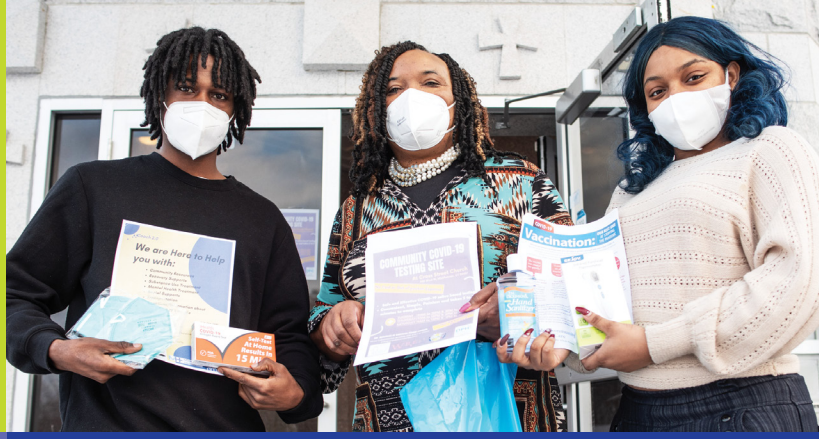
EXECUTIVE SUMMARY



TWO YEARS IN
Lessons from the COVID-19 pandemic

The COVID-19 pandemic exposed deep inequities that existed long before the novel virus. At virtually every stage, people of color faced the starkest challenges and the worst outcomes. Black and Hispanic Connecticut residents were the most likely to get COVID-19, to have underlying conditions that made complications more likely,[1] and to die from the virus.[2] They were more likely to lack health insurance[3] and face a level of economic vulnerability that made the consequences of missed work more dire.[4] Often, they were the last to receive access to the resources that helped keep people safe, including tests and vaccines.[5]

The state's initial approach to many challenges focused on reaching as many people as possible, without initially addressing the additional challenges facing many of those who were hardest hit. Targeted interventions typically came later. As a result, those who were already disadvantaged were left even further behind.

Two years after Connecticut's first COVID-19 case, it is critical to take stock of the lessons and consider how to address the inequities that made this crisis particularly painful and deadly.

In moving toward recovery from the pandemic, Connecticut can return to a society that resembles the old, deeply inequitable one we had before – or we can incorporate the lessons learned from this experience and produce a stronger, more resilient state.

There have been promising changes, including a new law focused on advancing racial equity in health, new initiatives designed to better serve communities, and a wider recognition of the inequities in our state. These are critical first steps; there is much more to do.

This report is based on our observations, experiences, and interviews with foundation partners who are involved in the response to COVID-19. Our purpose is to assure that we all learn from the past two years and use these lessons to create a more equitable Connecticut. We hope others will join us in sharing what they learned and committing to working to create a state where all residents have the opportunity to thrive.

To read the full report, visit www.cthealth.org.

Connecticut Health FOUNDATION
Changing Systems, Improving Lives.

IN THE REPORT:

COVID in context: Why people of color were more vulnerable before the pandemic.

LESSONS LEARNED

Our recommendations are focused on state and local governments, but everyone has a role to play in making our state more equitable and can apply many of these lessons to their own organizations. For changes to be most effective, they must be incorporated widely and into regular practice — not just in temporary programs or individual organizations.

People of color were more at-risk in the pandemic because of existing inequities. Making Connecticut more resilient will require addressing these inequities, not just restoring what existed before.

It was no coincidence that people of color were more vulnerable to the effects of COVID-19 and the economic disruption it caused. Even before the pandemic, people of color faced higher rates of illness and premature death than their white peers, and many struggled financially.

Connecticut has an opportunity to take on the underlying inequities that have produced some of the most glaring health disparities in the country. But only if policymakers take intentional steps to do so.

IN THE REPORT:

How New Haven is using federal funding to address longstanding inequities.

RECOMMENDATIONS

- Use the pandemic recovery as an opportunity to identify policies and programs that can address underlying inequities in economic well-being and health. Develop a list of policy goals and outcomes that will address underlying inequities and commit state agencies to achieving them.
- Develop processes for community input on how federal funding is used and prioritize transparency so we can all see how our tax money is being spent.
- Use a checklist like this one developed in Illinois to assess how equitable potential interventions are. For another useful tool, see this framework for assessing racial equity implications of health policy, which could also apply to policies beyond health.
- Make use of racial and ethnic impact statements to assess pending legislation.[6]

Making something "accessible" requires addressing barriers people face.

Making sure everyone has a fair opportunity to access something — whether it's a vaccine clinic or a home test kit distribution — requires more than simply making something available. It requires considering and accommodating varying needs. For example, what transportation do people need to get there? Does the timing work for people with a variety of work and caregiving schedules? Is information about it being shared widely, in languages people speak, and through messengers people trust?

"We're never going to find the perfect solution to reach everybody, but we have allowed our systems to use that as an excuse to throw up their hands and take the path of least resistance, which generally ends up centering and benefitting the people who have lots of access," said Jen Muggeo, deputy director of Ledge Light Health District, which serves nine communities including New London. "Building health equity involves flipping that."

RECOMMENDATIONS

- Expect that one-size-fits-all approaches won't effectively reach those who most need services and plan for multiple strategies from the beginning.
- State and local officials should anticipate varying needs within each community by regularly identifying barriers and resources, including transportation challenges, languages spoken, and trusted information sources. Many local government staffers know much of this information and can help design the best way to assure people's needs are met. DataHaven's town-by-town health equity reports[7] offer additional data that could help fill in gaps.
- Include people who face access barriers in planning. Incorporating their input will help to design approaches that are accessible to more people and strengthen the overall reach.
- Apply this broader concept of access beyond the pandemic.

IN THE REPORT:

A list of recommended considerations to improve accessibility.

"Trusted messengers" are critical in a crisis — and are necessary partners in advancing health and well-being in regular times.

In times of crisis, getting reliable information out widely is critical. Often, the messenger can be more important than the message itself, particularly in communities that have not always been well-served by government agencies and other authorities.

Throughout the pandemic, faith leaders, community-based organizations, community health workers and others who earned trust at the local level played an important role in providing information and helping their communities stay safe. State agencies turned to them when they needed help getting the word out about COVID safety, vaccines, or assistance programs.

The value of trusted messengers won't end when the pandemic recedes. In fact, if government agencies and health institutions seek to better serve communities of color, it will be critical to support those who have the ability to build trusting and meaningful relationships in their communities.

RECOMMENDATIONS

- State agencies should build relationships with and fund community-based organizations to share information, conduct outreach, and solicit feedback from community members. Relying on their outreach services without funding perpetuates existing inequities and limits their capacity and potential impact.

- Outreach campaigns should include specific funding for ethnic media that has strong reach in communities of color.

IN THE REPORT:

The story of pastors whose role as trusted messengers helped vaccinate more than 15,000 people.

Connecticut must invest in public health, social services, and regional coordination.

The pandemic hit Connecticut and other states after years of eroding funding for public health and social services, making the response to the needs that arose — particularly early on — more difficult. In addition to funding, coordination between the various systems that serve people — including health, social services, and emergency response — and between municipalities is critical in making crisis response more efficient and effective.

RECOMMENDATIONS

- State and local governments should consistently fund local public health agencies and assure they have the resources and staffing to best serve their communities.
- Funding for social services should be able to keep pace with demand. Connecticut needs a robust safety net to meet people's needs during regular times and in crises.
- Coordination between the state and local agencies, and among local agencies, before and during crises could help to avoid inefficiencies and inequities. State agencies could provide more guidance, and regional coordination could help local officials share ideas and resources.

IN THE REPORT:

Hear from local public health and social service leaders.

Data on race, ethnicity, and language preference are critical tools in tracking equity.

Collecting and reporting data on race, ethnicity, language, and other relevant information is a critical way to catch disparities. During the pandemic, this information helped leaders recognize the need for additional strategies when vaccines were not reaching everyone equitably. Yet this data is not always collected or use to identify and address disparities in care.

Connecticut has made progress. A new law requires health care providers to collect patients' self-reported race, ethnicity, and language preference (while giving patients the ability to opt out). This is a tremendous advance, but its biggest value will be if the data is used to assure that everyone is receiving high-quality care — and to find and address gaps when they occur.

RECOMMENDATIONS

- Implement the new state requirements for data collection. Build on these steps by incorporating data analysis to assure that the data is used to identify disparities and address them.
- During emergencies, prioritize transparency and report data by race and ethnicity whenever it is available. This can help identify problems and potential solutions as quickly as possible.
- Expand the collection and use of race, ethnicity, and language data beyond health care to assure that services and outcomes are equitable in other sectors including housing, education, employment, and social services.

READ THE FULL REPORT

at www.cthealth.org

Taking time to get community feedback is critical.

It can be difficult to take time to gather community feedback while responding to a crisis. Yet doing so is essential to assuring that the response best reflects the needs of the community. Equally important is maintaining a way to gather input throughout the response, to monitor how things are working and where to adjust to better meet people's needs.

When this process goes well, and those offering feedback feel heard, it can build trust, the interventions can be more effective, and community leaders and organizations can help to spread the word about programs and resources. Word-of-mouth is powerful, and when something isn't working well, word of people's frustrations can spread widely and discourage others from participating.

RECOMMENDATIONS

- State agencies should solicit information from community members to inform their plans from the beginning, and, if possible, build in touch points throughout.
- State agencies should draw on trusted relationships to know when and how problems are arising in underserved communities. This will allow them to learn about emerging issues and better understand the nuances of issues that arise.
- Getting feedback isn't a one-and-done event; there are always more people to hear from and perspectives to consider. Those providing or funding services should be willing to listen and learn continuously.

Read the full report at www.cthealth.org.

Endnotes:

1 Arielle Levin Becker, "Health Disparities in Connecticut: Causes, Effects, and What We Can Do," Connecticut Health Foundation, January 2020. https://www.cthealth.org/wp-content/uploads/2020/01/Health-disparities-in-Connecticut.pdf

2 Connecticut Open Data, "COVID-19 Cases and Deaths by Race/Ethnicity." Calculations are based on age-adjusted death rates as of Feb. 24, 2022. https://data.ct.gov/Health-and-Human-Services/COVID-19-Cases-and-Deaths-by-Race-Ethnicity/7rne-efic/data

3 Kaiser Family Foundation, "Uninsured Rates for the Nonelderly by Race/Ethnicity," 2019. https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

4 Mark Hugo Lopez, Lee Rainie, and Abby Budiman, "Financial and Health Impacts of COVID-19 Vary Widely by Race and Ethnicity," Pew Research Center, May 5, 2020. https://www.pewresearch.org/fact-tank/2020/05/05/financial-and-health-impacts-of-covid-19-vary-widely-by-race-and-ethnicity/

5 2020 DataHaven Community Well-Being Survey Ð COVIDÐ19 Rapid Response Wave, conducted July 27-Aug. 18, 2020, page 5. https://www.ctdatahaven.org/sites/ctdatahaven/files/DataHaven_2020_COVID_Survey_Crosstabs_PressRelease_091620.pdf 12% of Latinos said they wanted a test but could not get it, double the percentage of all adults

6 Connecticut General Statutes, 16 CGS § 2-24b. https://www.cga.ct.gov/current/pub/chap_016.htm#sec_2-24b

7 DataHaven's Connecticut Town Equity Reports are available at: https://www.ctdatahaven.org/reports/connecticut-town-equity-reports