HEALTH EQUITY SOLUTIONS

Health Equity Policy Priorities: COVID-19 & Beyond

*The COVID-19 pandemic has amplified **stark health disparities already faced by CT's people of color,** who bear a disproportionate burden of COVID-19 infections, complications, and deaths as well as a disproportionate share of the economic and social costs of stay-at-home orders.*
We know how to address these inequities.

INCLUSION

"Nothing about us without us" is more than a slogan. Meaningful representation from start to finish increases the likelihood that policies will not unintentionally exacerbate disparities and will reach all target communities.

- **Immediately:** Appoint a person or group to serve as a health equity monitor for COVID-19 response and recovery efforts.
- **In the near term:** Meaningfully include the health equity monitor in all decision making.
- **In the longer term:** Embed health equity in all policies by intentionally including voices of historically oppressed communities in decision making.

RACE & ETHNICITY DATA

By consistently collecting and publishing health data broken down by race, ethnicity, preferred language, gender, and geography we can evaluate who, how, and where disparities occur.

- **Immediately**: Release more comprehensive race and ethnicity data in an accessible format and use these data to make real-time adjustments to policy. See OR profiles, for example.
- **In the near term**: Continue to evaluate race and ethnicity data and course-correct policies so that they reach target communities.
- **In the longer term:** Expand uniform collection and reporting of detailed race, ethnicity, and language data.

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COVERAGE & SERVICES

Access to care depends on affordability, transportation, available providers, and trust.

- ***Immediately***: 1) Make social services applications mobile-friendly. 2) Remove administrative barriers to enrollment. 2) Bring testing and case tracing to communities at highest risk of impact in collaboration with community health workers and community-based organizations. 3) Ensure testing is accessible to those without a car or government-issued ID.
- ***In the near term***: 1) Restore parent eligibility for Medicaid to align with child eligibility limits. 2) Leverage outreach efforts to maximize enrollment in health insurance. 3) Protect network adequacy, particularly for Medicaid. 4) Extend telehealth capabilities while ensuring safeguards for patient choice.
- ***In the longer term***: 1) Ensure affordable coverage through Medicaid and private insurance plans. 2) Address logistical barriers to care such as transportation or internet access. 3) Scale up efforts to ensure care is culturally and linguistically appropriate, including through community health worker interventions. 4) Require hospitals to demonstrate a link between community needs and "community benefit" spending.

ADDRESSING BARRIERS TO HEALTH

Health doesn't just happen in a doctor's office. Linking communities, social services, and health systems bridges social, cultural, economic, and logistic barriers.

- ***Immediately***: 1) Disseminate information through culturally and linguistically appropriate means and through trusted community organizations. 2) Leverage community health workers to connect people with the services they need.
- ***In the near term***: Leverage community-based organizations and community health workers to address barriers to wellbeing.
- ***In the longer term***: 1) Require health systems to collaborate across sectors and with community-based organizations to address social and economic barriers to health. 2) Scale up community health worker interventions and sustainable employment of other non-medical health professionals, such as doulas.

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