



Testimony Regarding COVID-19 Related Public Health Issues

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Appropriations, Human Services, and Public Health Committees

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Dear Senator Osten, Representative Walker, Senator Moore, Representative Abercrombie, Senator Abrams, Representative Steinberg, and esteemed members of the Appropriations, Human Services, and Public Health Committees,

My name is Karen Siegel and I submit this testimony on behalf of Health Equity Solutions, where I serve as Director of Policy. Health Equity Solutions is a nonprofit organization with a statewide focus on promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

The dramatically disproportionate impact of COVID-19 deaths experienced by Connecticut's Black residents is just one symptom of systemic racism. Preventable death and disease continue to disproportionately impact people of color because of our state's history of segregation, employment discrimination, lack of investment in communities with more Black and brown residents, and more. The same social and economic barriers to health that led to people of color experiencing higher rates of death and disease during the pandemic are the same barriers that limit access to health care and increase rates of heart disease, diabetes, asthma, and other chronic conditions among CT's residents of color. The pandemic has also led many people to delay necessary medical care, particularly for chronic conditions, which will mean even more preventable illness and death.

Connecticut routinely ranks among the 10 states with the widest inequities in health, education, and socioeconomic status. The path to building equity in our state is not a blank slate, but rather a clearly marked roadmap of proven policies and the time to take action is long overdue. We ask you to consider the following policy proposals in the near term:

- Declare racism a public health crisis and commit to an equity audit of state policies across sectors. Across the U.S. over 128 local jurisdictions in 22 state have declared racism a public health crisis. Minnesota's House of Representatives passed a resolution and others are pending in Ohio, Michigan, and California. In Connecticut, 16 cities/towns have declared racism a public health crisis: Bloomfield, Bridgeport, Colchester, Easton, Glastonbury, Hamden, Hartford, Manchester, Middletown, New Britain, New Haven, New London, South Windsor, West Hartford, Windham, and Windsor.
- Ensure improved and standardized collection of race, ethnicity, and language data on the impact of COVID-19 and the distribution of related services including unemployment, SNAP, Medicaid, and support for small businesses and health care providers. For

HEALTH EQUITY SOLUTIONS

example, race/ethnicity data is “unknown” for less than 1% of COVID-19-related deaths but nearly 30% of cases.

- Establish an equity task force or monitor embedded in decision-making processes in the executive branch. At least 5 states have done so in response to the pandemic and many others have ongoing task forces or positions related to equity.
- Ensure access to health care during the pandemic by extending and improving access to telehealth and expanding community-based outreach to provide culturally and linguistically appropriate information and support.
- Identify and institutionalize equity-focused health reforms, particularly in Medicaid. The pandemic has highlighted the need for a health system that has the flexibility to meet the needs of our residents rather than being driven by the number of appointments or procedures providers complete.

We would be privileged to offer more details on any of these priorities as well as on the longer-term proposals for advancing equity in the state laid out in the attachment. Should more information be of interest, we can provide the research on which these recommendations are founded and models from other states.

Thank you for this opportunity to testify. Please contact Karen Siegel at ksiegel@hesct.org or 860.937.6437 with any questions.

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.*



“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.



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.