Access Health CT – Board of Directors

February 18, 2021

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Board Agenda

A. Call to Order and Introductions

B. Public Comment

C. Vote
- Review and Approval of Minutes

D. CEO Report

E. Special Enrollment Update

F. Open Enrollment 8 Final Report

G. AHCT Health Disparities Study Presentation

H. Future Agenda Items

- 2022 Standard Plan Designs and Qualified Health Plan Certification Requirements
- Subsidiary
- Strategic Initiatives

I. Adjournment

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Public Comment

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Vote

- **Review and Approval of Minutes**

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CEO Report
James Michel

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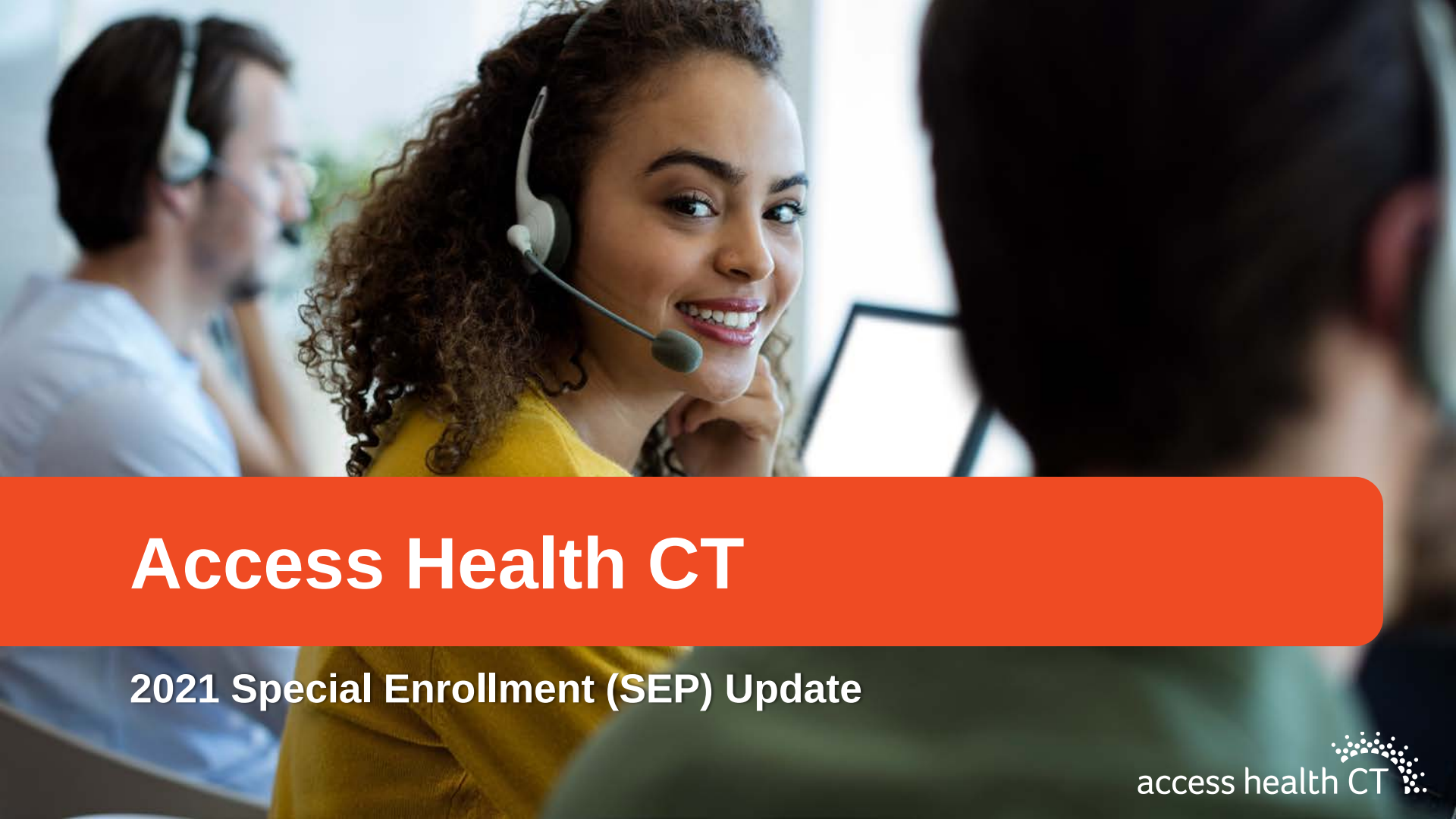

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2021 Special Enrollment (SEP) Update

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SPECIAL ENROLLMENT PERIOD (SEP) 2022

- January 28, 2021 President Biden issued Executive Order for HHS to consider a new Special SEP for the Federally Facilitated Marketplace (FFM) due to the exceptional circumstances of the ongoing COVID-19 pandemic
- CMS determined SEP should be opened for the 36 states served by the FFM due to exceptional circumstances from 2/15/2021-5/15/2021

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Access Health CT SEP

- AHCT will follow the FFM and have new SEP starting on 2/15/2021
- Initial period from 2/15-2021-3/15/2021
- AHCT to assess whether there is public need to continue SEP
- SEP may continue up to 4/15/2021
- Uninsured consumers may enroll in a QHP during SEP, no verification of eligibility for SEP required
- Current QHP enrollees may not change plans during the SEP
- Financial assistance is available
- Consumers may enroll online or by phone
- Enrollment assistance will be available

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2020 Enrollment Report

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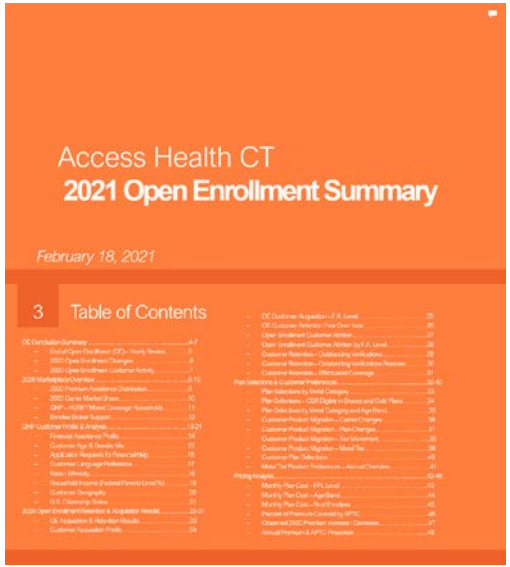
2021 Open Enrollment Report

- **2021 OE Annual Report Posted To Agency Website:**
  - https://agency.accesshealthct.com/meetings
  - Navigate To: Board of Directors → 2021 → February 18
- **Report Includes Figures On:**
  - Marketplace Overview and Customer Profile
  - Acquisition & Retention Results
  - Plan Selections and Product Preferences
  - Pricing Analysis
- **New Exhibits Added in 2021 for Annual Out-Of-Pocket Costs & Customer Churn By Race and Ethnicity**
- **AHCT Available To Answer Questions From Readers**



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AHCT Health Disparities Study Presentation

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Health Disparities and Social Determinants of Health in Connecticut

Summary of Results & Next Steps
February 18, 2021

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About us

MINTZ+HOKE

Mintz + Hoke is a Connecticut-based advertising agency founded on the principle of uncovering unmet, often unseen, customer needs. For 50 years, Mintz + Hoke has worked with leading Fortune 500 and 1000 organizations, along with many local, state-based entities and has taken on all manner of complex and sensitive issues, from social issues, personal finance and insurance coverage, economic disadvantage, epidemics and crime prevention.

BJM Solutions LLC

BJM Solutions, LLC is a Connecticut-based economic consulting firm specializing in public policy analysis. BJM's principals, Dr. Gerald Jaynes and Dr. Fred McKinney have over 70 years of combined experience working with and for organizations as wide ranging as the White House, the Rand Corporation, Yale University, and dozens of large corporations, states, non-profits, municipalities. BJM Solutions, LLC is a certified minority owned enterprise.

Key Takeaway

Despite CT's high ranking in income and health, many indices reveal disturbingly **large disparities** in the **health status** and **healthcare delivered** to **lower income residents** in general and **lower income people of color**, more specifically.

MILES AWAY, YET WORLDS APART

A NEIGHBORHOOD IN WEST HARTFORD
91.0% White, 0.2% Black, 5.1% Hispanic

A NEIGHBORHOOD IN NORTHEAST HARTFORD
4.9% White, 59.7% Black, 34.3% Hispanic

Born on the same day, the life experiences of Marcus and Tyler are dramatically different.

TYLER

MARCUS

* DOB DEC 31 2020

3.38 x Higher Infant Mortality Rate

Marcus reaches his first birthday, despite facing a higher infant mortality rate than Tyler.

Both boys develop asthma, but school attendance is a challenge for Marcus (24.18% Absenteeism Rate vs 5.94%) as his asthma is untreated.

13.4 x Higher Uninsured Rate

36.0% Rate of Obesity vs 26.1%

Both try out for football. With untreated asthma, Marcus is cut. This, plus few healthy food options (2.60 x higher Food Insecurity Rate), contribute to his increasing weight.

Despite his attendance, Marcus works hard to graduate on time, as does Tyler.

77.46% Earn a High School Diploma vs 97.57%

7.51% Earn a Bachelor's Degree vs 80.79%

Both boys dream of college, but Marcus can't afford it and, due to health-related absenteeism, his GPA is too low for scholarships.

Without a degree, Marcus's opportunities are limited. His low-paying job has no benefits and just covers rent and inexpensive, processed food.

Median Earnings
$96,000

Median Earnings
$37,000

11.6% Diagnosed with Diabetes vs 8.9%

29.2 x Higher Uninsured Rate (Adults only)

Both reach 50, but Marcus spends it in the ER. He learns he'll need medications, which he can't really afford.

Life Expectancy
68.9

Marcus continues to struggle and dies as a result of diabetes at age 68.

RIP

Life Expectancy

Given life expectancy rates, Tyler goes on to live well into his 80s.

RIP
86.2

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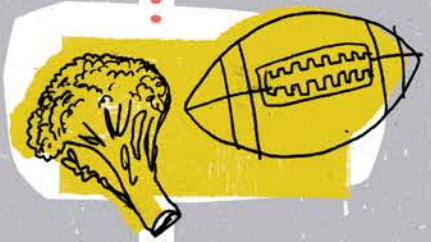

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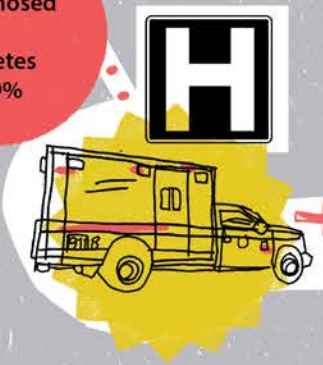

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Life Expectancy

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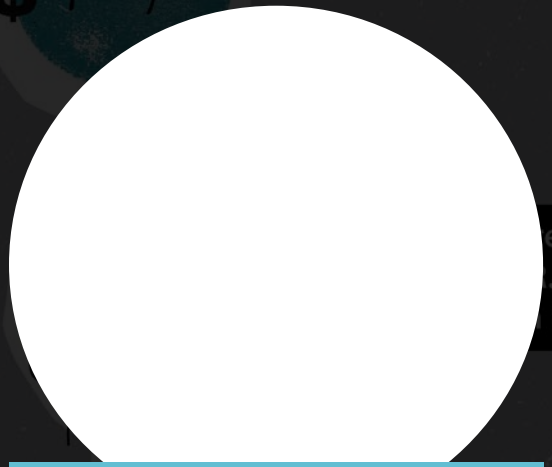
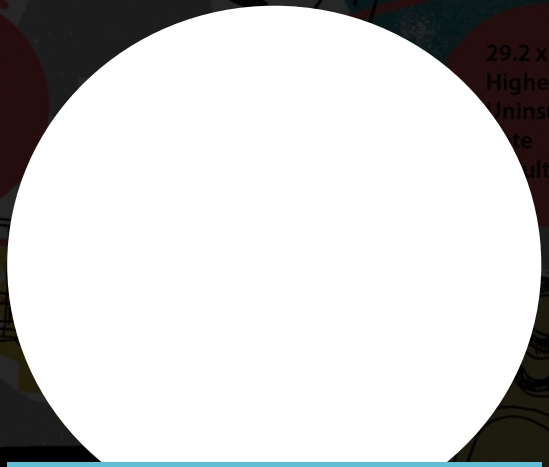


Given life expectancy rates, Tyler goes on to live well into his 80s.

~$400,000 in economic loss to Marcus' community



Marcus continues to struggle and dies as a result of diabetes at age 68

Agenda

- Study Methodology
- Study Findings
- Implications and Recommended Actions
- Data Website Demonstration
- Next Steps

Methodology

Launched in June 2020
Project was completed in three parts:

1. A review of third-party data to identify and quantify health and health-related issues, morbidity and mortality causes, and their relationship to the demographic and socioeconomic status factors that drive health outcomes.

2. Solicitation of perspectives from many Connecticut stakeholders to understand their perceptions of CT's health needs, of Access Health CT, and to ascertain potential partnership opportunities and product, service and support ideas.

3. Distribution of a consumer survey designed to understand Connecticut residents' views on health and health-related topics along with their interests and desires to engage with health-related products, services and supports.

Study Findings

Study Findings

Part 1

Major Disparities and Who Suffers Most

- In CT, mortality rates are lower than the national average
- However, CT mortality rates exhibit significant differences across racial and ethnic groups
  - In CT, Blacks have the highest mortality rates in 6 of the 10 leading causes of death
  - Hispanic mortality is generally lower, but Hispanic diabetes mortality is 1.67 times Whites'
- Nationwide, Native Americans have the highest mortality rate
- Covid-19 is leading cause of death in 2020

Diseases with Largest Disparities

1. Diabetes (7)
2. Septicemia (9)
3. Nephritis, nephrotic syndrome, and nephrosis (10)
4. Stroke (5)
5. Heart Disease (1)
6. Cancer (2)

Cumulative Effects of Health Disparities

Table 1. Top 5 Census Tracts with Highest & Lowest Life Expectancy and Sociodemographic Traits

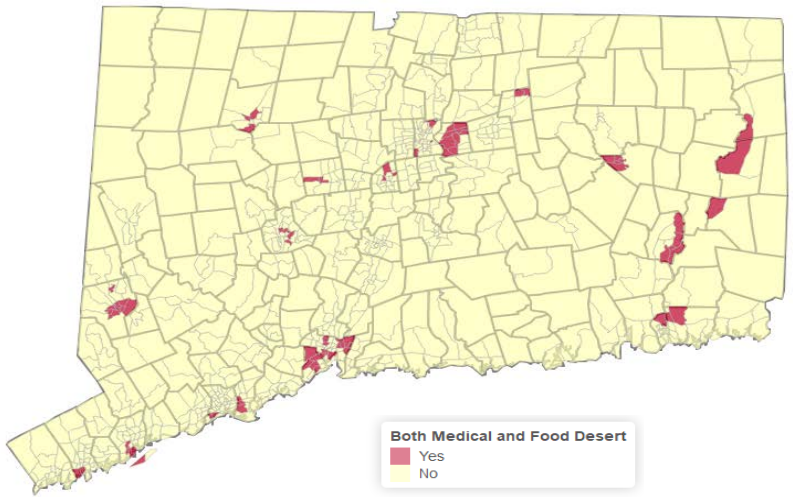
Town	Census Tract	Expectancy	NH White	NH Black	Hispanic	College Graduate	Poverty	Uninsured
Connecticut		80.8	67.5%	9.8%	15.7%	21.74%	10.03%	5.58%
Westport	501	89.1	90.5%	0.0%	0.7%	82.67%	3.74%	3.58%
Greenwich	112	88.8	78.5%	0.1%	18.3%	75.28%	6.13%	3.69%
Stamford	204	88.4	69.0%	3.4%	12.5%	67.76%	3.23%	1.42%
Avon	4622.02	88.1	72.8%	3.0%	2.8%	81.24%	4.41%	1.30%
Norwalk	436	87.9	65.7%	9.0%	13.0%	39.82%	7.05%	11.26%
Bridgeport	731	71.0	24.2%	28.7%	39.3%	21.21%	18.13%	9.53%
Bridgeport	709	70.4	7.1%	38.4%	51.6%	15.56%	34.83%	16.14%
New London	6905	69.8	38.6%	18.6%	28.7%	19.60%	40.46%	9.81%
Waterbury	3501	69.8	26.2%	14.6%	50.4%	7.38%	56.48%	12.67%
Hartford	5012	68.9	4.9%	59.7%	34.3%	7.51%	44.35%	7.79%

Food Deserts and Medically Underserved Areas in CT

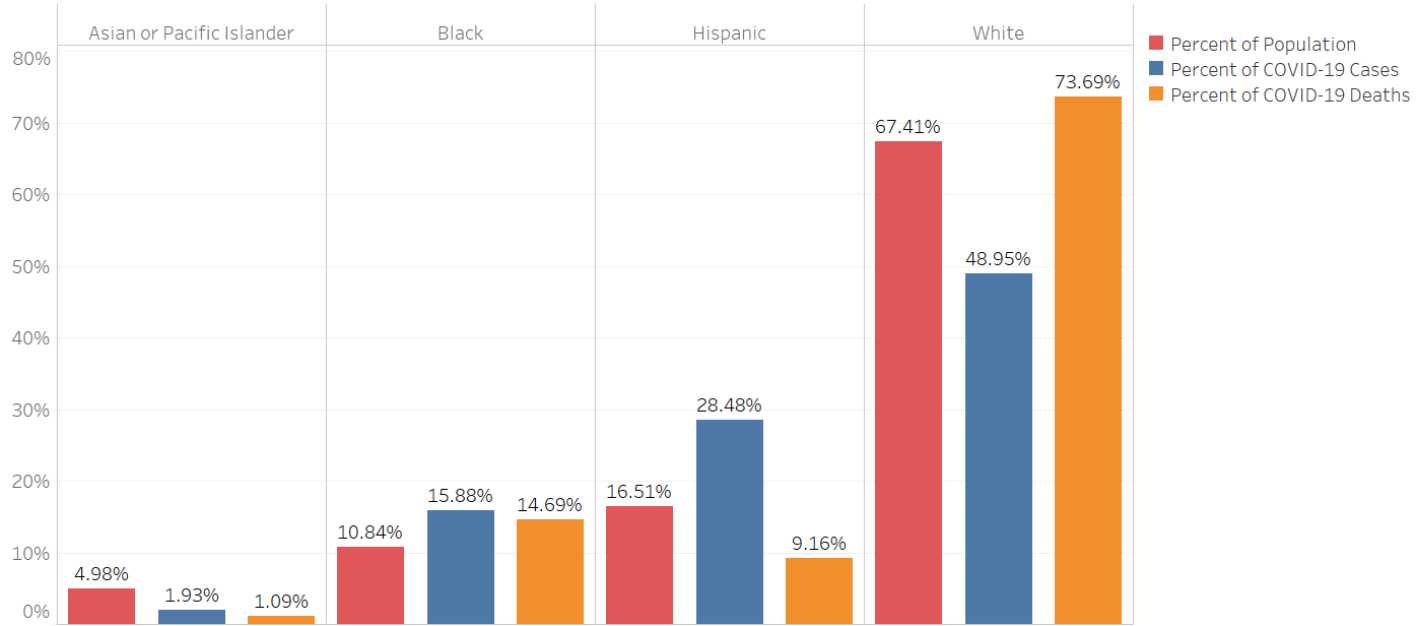
- 76 of CT's 833 census tracts are both food and medical deserts
- 16 CT cities have two or more census tracts that are both food and medical deserts
- Residents of these dual desert neighborhoods are 2 times more likely: to be in poverty; to be without health insurance; and they have a life expectancy 4 years less than people not living in food or medical deserts

Food Insecurity

- 12% of men and 15% of women report they did not have enough money to buy food for themselves or their family at some point during the past year
- White adults 9%; Black adults 22%, and Hispanic adults 27%



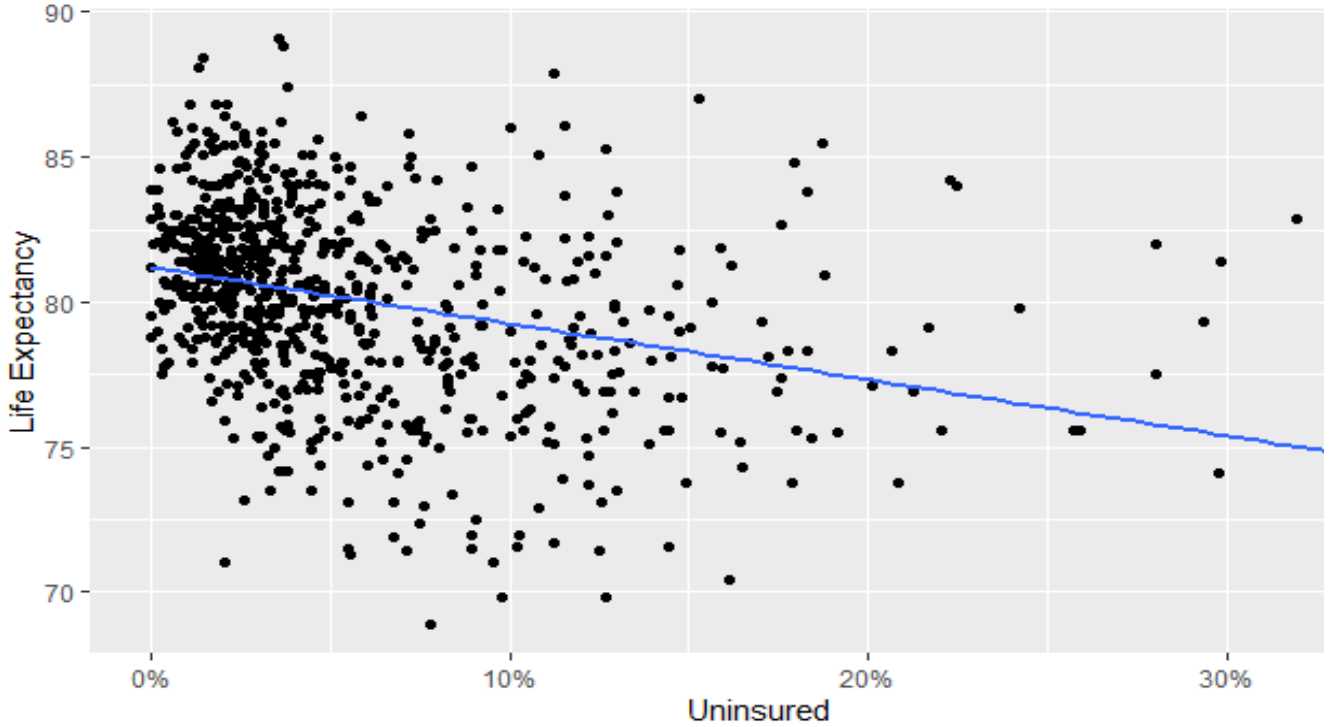
Share of Covid-19 Cases and Mortalities by Race/Ethnicity in CT



Description: Population share, proportion of COVID-19 cases, and proportion of COVID-19 deaths by race-ethnicity in Connecticut. Cases and deaths are cumulative as of November 10, 2020.[i]

[i] *COVID-19 Cases and Deaths by Race/Ethnicity* from Connecticut Department of Public Health. Accessed from https://data.ct.gov/Health-and-Human-Services/COVID-19-Cases-and-Deaths-by-Race-Ethnicity/7rne-efic.

Life Expectancy Decreases as Uninsured Rates Rise in CT



Study Findings

Part 2

Stakeholder Perspectives

- Conducted 45 in-depth interviews with leaders of key stakeholder organizations.
  - Organizations included public, private and non-profit sector entities currently supporting health and health-related causes.
- An online stakeholder survey of CACs, brokers, community partners, and navigators followed after the interviews.

Stakeholder Themes

Research led to four broad stakeholder themes:

- This work will require the development of partnerships and cooperative efforts utilizing the resources and skills of the state's many healthcare stakeholders.
- Expanding access to health care and reducing state health costs require expanding health insurance to lower income minority communities.
- Establishing racial and ethnic equity in health outcomes and reducing cost of services requires greater participation and leadership roles for minorities in local communities.
- Large gaps in information about health and health care options in minority communities must be addressed with better dissemination of educational information to improve understanding of health care options and lifestyle choices.

Study Findings

Part 3

Consumer Perspectives

- 1,006 CT residents completed an online survey between November 23, 2020 and December 21, 2020.
- The overall goal was to assess barriers consumers say they face in accessing health insurance and healthcare and to gauge their interest in various products and services.

Barriers to Healthcare

Barriers to accessing healthcare are very pervasive, and residents who are experiencing barriers often experience multiple challenges rather than a single isolated problem.

Across the board, the following groups are more likely to experience barriers to getting healthcare:

- Low socioeconomic status (SES) residents
- Residents insured through Medicaid/Husky, or a non-traditional plan
- Residents who say they are in poorer health
- Residents of color
- Female residents
- Residents having other SDoH risk factors

Consumer Experiences in Healthcare System

Consumer experiences within the healthcare delivery system often exacerbate the impact of other SDoH and cause underutilization of the healthcare delivery system.

Particularly, there are three key areas of experience that provide barriers to the healthcare delivery system:

1. Not all insurance plans are accepted or treated equally
2. For consumers, the cost of healthcare is unmanageable
3. Poor patient/provider relations exist

Consumer Experiences in Healthcare System

1. Differences in insurance plans mean unequal opportunities for consumers to access healthcare
   - Simply having insurance does not guarantee equitable access or treatment
   - Residents report experiencing delays in getting care and receiving poor quality service due to having a certain type of plan, and they feel discriminated against when these challenges occur
   - Residents begin to distrust and resent the system when they feel that their insurance plan dictates care more than doctors' assessments of patients' best interests
   - On the other hand, residents insured through an employer sponsored health insurance plan or Medicare were less likely to report these types of issues

Consumer Experiences in Healthcare System

2. The cost of healthcare is unmanageable, and this discourages vulnerable groups from engaging
   - Members of vulnerable groups are disproportionately likely to say that “cost [of care] or insurance coverage” is a top barrier to healthcare engagement
   - Cost concerns result in chronic dread and avoidance around getting care because many consumers feel they cannot afford it even with coverage
   - Some people even feel exploited by healthcare providers due to perceived financial conflicts of interest or experiences with care that were poor in quality yet high in cost

Consumer Experiences in Healthcare System

3. Poor patient-provider interactions, often rooted in Providers' implicit bias, drives unequal health outcomes in multiple ways.
   - Consumers feel discriminated against based on:
     - Gender or gender identity (e.g., it was common for women to feel that their concern or pain was not taken seriously, especially by male doctors)
     - Race, skin color
     - Medical history (especially substance abuse or mental health complexities)
     - Medical condition (e.g., obesity, chronic pain, uncommon conditions)
     - Insurance status and type
     - Socio economic status
     - Language or accent
   - Research suggests that poor patient-provider interactions uniquely drive distrust in the healthcare system

Consumer Interests in Insurance and Health-Related Products/Services

When evaluating respondents' interests in insurance and other health-related products and services, consumers gravitated toward:

- Products/services with direct, concrete benefits (most appealing overall)
- Solutions that increase opportunities to get (timely) care
- Engagement-related solutions
- Concierge-type services to assist and connect
- Consider audience-specific communication when discussing insurance perks

Implications and Recommended Actions

Mission Critical

To achieve its mission to…

> *improve the health of the people of Connecticut by reducing the population without health insurance and increasing access to and utilization of health and medical services*

…Access Health CT can help to address the substantial health disparities between the state's racial/ethnic, rural/urban and income groups.

Recommended Areas of Focus

By focusing on **system level changes** of:

- Healthcare access
- Healthcare usage
- Healthcare insurance

Access Health CT will be better positioned to solve for its core mission.

Five Key Areas of Focus

1. Address systemic causes of health inequity: healthcare cannot be an observer of issues or continue to suggest that health inequity is sustained by broader social forces alone

- Our research shows that vulnerable groups feel that the healthcare system shuts them out and hinders their engagement in various ways.
- It is clear that consumer experiences within the healthcare delivery system exacerbate the impact of other SDoH and play a powerful role in perpetuating unequal health outcomes.

Implementing solutions at the system level will be critical for meaningful advances in health equity and reducing root causes of consumer healthcare avoidance

Five Key Areas of Focus

1. Address systemic causes of health inequity: healthcare cannot be an observer of issues or continue to suggest that health inequity is sustained by broader social forces alone

2. To improve patient-provider interactions, we must address implicit bias in healthcare and recognize how providers may be unwittingly contributing to inequities

Strategies that aim to reduce the impact of bias might include:

- Efforts to make care more patient-centered
- Bias training and cultural competency training that can help providers to become better attuned to implicit biases and develop skills to address them
- Fostering an organizational climate that is truly committed to equity – this has been found to be more effective at reducing bias than formal diversity curricula.
- Encouraging diversity in physicians and organizational leaders

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3. Take proactive measures to get people to engage with care

   People benefit from both intrinsic and extrinsic rewards to take interest in their health and well-being and to get and stay on any form of care path. However, they also need someone to reach out to bring them into the system first before they can get on this path.

Five Key Areas of Focus

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3. Take proactive measures to get people to engage with care

4. Assess current work around data and information centralization to see how Access Health CT can help

   True integration of care to support the whole person requires information sharing. For the commissions, organizations or providers that support underserved communities, there are limitations to how data is shared or a lack of data sharing.

   Access Health CT should assess work in progress around data centralization to understand how the data Access Health CT has can support or enhance these efforts.

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5. Access Health CT brand perception is neutral to positive

Other Considerations

Research identified other areas of importance including:

- Economic stability
- Food and diet
- Physical/environmental
- Education
- Community and social

While these areas are not within the purview of Access Health CT today, Access Health CT may collaborate with other entities to provide relief for those residents suffering within these areas.

Addressing Health Disparities CT Data Website

Addressing Health Disparities

Purpose

- Documents real-time health disparities data
- Assist stakeholders to reduce health disparities

How it Works

- Transforms data into a story
- Improves collaborations among stakeholders

Demonstration

Dashboard Next Steps

Official launch: Summer 2021
Comprehensive interactive dashboard based on health disparities report

Phase II: Advanced interactive dashboard, success stories, best practices

Phase III: Provide interactive tools for decision makers
(stakeholders, non-profit organizations, etc.)

Next Steps


Research Complete
✓ Market assessment
✓ Stakeholder qualitative assessment
✓ Consumer quantitative study
Ideation
Access Health CT ideating around five key areas of focus to provide relief for those CT residents who are suffering
Recommendation
After ideation is complete, Access Health CT will provide a recommendation to BOD on next steps

Questions

Appendix

Health Disparity by Definition

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic-status, gender, age, or mental health; cognitive, sensory, or physical disability; social orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

SYSTEMIC CAUSES OF HEALTH DISPARITIES

Social Determinants of Health

Economic Stability

- Employment
- Income
- Expenses
- Debt
- Medical bills
- Support

Neighborhood and Physical Environment

- Housing
- Transportation
- Safety
- Parks
- Playgrounds
- Walkability
- Zip code / geography

Education

- Literacy
- Language
- Early childhood education
- Vocational training
- Higher education

Food

- Hunger
- Access to healthy options

Community and Social Context

- Social integration
- Support system
- Community engagement
- Discrimination
- Stress

Health Care System

- Health coverage
- Provider availability
- Healthcare bias
- Provider communication and cultural competency
- Quality of care

Key Drivers of Health Inequity

Economic Instability

Implicit Bias

Health Care System

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Future Agenda Items

Adjournment

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