2024 HEALTH EQUITY SUMMIT

Setting the Context – National Perspective on Health Equity

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Disparities in Health and Healthcare

Key Questions:

- 1. What are health and healthcare disparities?
- 2. Why is it important to address disparities?
- **3.** Where are we with addressing disparities today?
- **4.** What are recent federal and state actions to address disparities?
- 5. What does the future hold?



What are health and healthcare disparities?

Health and healthcare disparities refer to differences in the health, healthcare access, delivery, and outcomes between differing groups that result from broader inequities.

- According to the Healthy People 2030 Initiative, disparities are a particular type of health difference that is linked with social, economic, and/or environmental disadvantage, and that adversely affects groups of people who have systematically experienced greater obstacles to health.
- According to the CDC, disparities are preventable differences in the burden, disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups and communities.
- Includes differences between groups in health insurance coverage, affordability, access to and use of care, and quality of care.



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What are health and healthcare disparities?

Health equity generally refers to individuals achieving their healthiest level through elimination of disparities in health and healthcare.

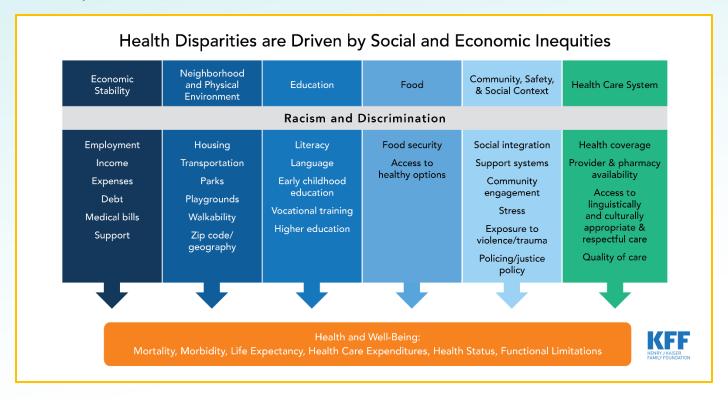
 Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and health and healthcare disparities.



What are health and healthcare disparities?

Health and healthcare disparities are often viewed through a race and ethnicity lens but can occur across a broader range of dimensions.

 Disparities occur across socioeconomic status, age, geography, language, gender, disability status, citizenship status, and sexual identity and orientation.





Why is it important to address disparities?

Addressing disparities in health and healthcare is important from an equity standpoint for improving the nation's overall health and economic prosperity.

- Underserved groups, including people of color, have higher rates of death and overall illness burden, which impacts the overall healthiness of the nation.
- Disparities result in higher costs of medical care, often borne by the government (state and federal) and employers as well as a loss of productivity, which can impact the commercial sector as well.

It is increasingly important to address health disparities as the population becomes more diverse and income inequality continues to grow.

- The U.S. population is becoming more diverse and as the percentage of people of color grows, disparities will increase.
- Income inequality and the wealth gap is increasing, resulting in growing health disparities.

Example: The COVID-19 pandemic had a greater impact on lower paying occupations.



Disparities in health and healthcare are long known but remain persistent and prevalent.

- 1985: Former Health and Human Services Secretary Margaret M. Heckler (1983-1985) commissioned the Heckler report which concluded that health disparities accounted for 60,000 excess deaths each year and that six causes of death accounted for more than 80% of mortality among Blacks and other minority populations.
 - The report further outlined several recommendations to reduce health disparities and revealed the need to improve data collection among Hispanic, Asian American, and American Indian/Alaska Native populations where national health data were limited or lacking.
- 2003: Institute of Medicine's Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care Report:
 - Unequal treatment: Confronting racial and ethnic disparities in healthcare.
 - Identified systemic racism as a major cause of health disparities in the United States.



People of color and other marginalized and underserved groups remain more likely to be uninsured despite gains in coverage since implementation of the Affordable Care Act (ACA) in 2014.

- Undocumented individuals generally remain uninsured, except with some state exceptions.
- Eligible individuals go without coverage due to barriers to enrollment.



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Beyond having insurance coverage, people of color and other marginalized and underserved groups continue to experience many disparities in accessing and receiving care.

- Had higher rates of hospitalization and saw greater declines in life expectancy due to the pandemic.
- Higher rates of maternal and infant mortality.
- Higher rates of chronic conditions associated with environmental factors, such as asthma and diabetes.
- Similar rates of cancer prevalence, but higher rates of death.



Concerns about mental health and substance use have increased since the onset of the pandemic, particularly among some groups.

- Rising rates of suicide and drug and alcohol-related deaths exceed rates in Whites/Caucasians.
- Rates of self-harm and suicidal ideation are higher among females.
- Suicide and homicide rates concerning the LGBTQ+ community, particularly the trans community.



In the wake of the COVID-19 pandemic, there has been a growing awareness of, and focus on, addressing social and health disparities.

- The 2020 murder of George Floyd lead to national outcry of social and racial inequities in the United States.
- Presidential Executive Orders: outlined equity as a priority of the federal government broadly and as part of the pandemic response and recovery efforts.
- Federal agencies were directed with developing Equity Action Plans that outlined concrete strategies and commitments to addressing systemic barriers across the federal government.



- The Department of Health and Human Services (HHS) outlined a series of new strategies:
 - Addressing increased pregnancy and postpartum morbidity and mortality among Black and Asian women;
 - Addressing barriers that individuals with limited English proficiency face in obtaining information, services, and benefits from HHS programs;
 - Leveraging grants to incorporate equity consideration into funding opportunities.



The Centers for Medicare and Medicaid Services (CMS) updated their framework to advance health equity, expand health coverage, and improve health outcomes for people covered by Medicare, Medicaid, CHIP, and the Health Insurance Marketplaces.

- Outlined five priorities:
 - Expanding the collecting, reporting, and analysis of standardized data on demographics and Social Determinants of Health (SDOH);
 - Assessing the causes of disparities within CMS programs and addressing inequities in policies and operations;
 - Building capacity of healthcare organizations and the workforce to reduce disparities;
 - Advancing language access, health literacy, and the provision of culturally tailored services;
 - Increasing all forms of accessibility to health services and coverage.



- The Administration identified advancing health equity and addressing SDOH as key priorities within Medicaid and has encouraged states to propose Section 1115 Medicaid waivers that expand coverage, reduce health disparities, and/or advance "wholeperson care." States have increasingly requested and/or received approval for waivers that aim to advance equity.
 - Growing number of states have approved or have pending waivers with provisions related to addressing health-related social needs such as food and housing, focusing on specific populations with high needs or risks.



CMMI AHEAD Model:

 In September 2023, CMS announced a new voluntary, state total cost of care (TCOC) model: the States Advancing All-Payer Health Equity Approaches and Development Model ("States Advancing AHEAD" or "AHEAD" Model).

Goal:

- Collaborate with states to curb healthcare cost growth;
- Improve population health; and advance health equity by reducing disparities in health outcomes.
- Model components: aim to increase investment in primary care, provide financial stability for hospitals, and support beneficiary connection to community resources.



Actions by the Administration and Congress to stabilize and increase access to health coverage during and after the pandemic.

- Families First Coronavirus Response Act (FFCRA)
 - Included a temporary requirement that Medicaid programs maintain continuous enrollment during the COVID-19 Public Health Emergency in exchange for enhanced federal funds.
 - Due to continuous enrollment provision:
 - Medicaid enrollment has grown substantially compared to pre-pandemic numbers, and the uninsured rate has dropped.
 - Uninsured rates between people of color and White people is narrowing.
- American Rescue Plan Act (ARPA) 2021
 - Enhanced Marketplace subsidies



- Inflation Reduction Act 2022
 - Renewed subsidies
 - Enhanced enrollment outreach efforts
 - Allowed for a special enrollment period to account for the pandemic
- Administrative reversal of "public charge" policies
- Consolidated Appropriations Act 2023
 - Requirement for 12 months of continuous enrollment in Medicaid for children
 - Ended the PHE, which resulted in "unwinding" of continuous eligibility provision, resulting in losses of coverage



Federal efforts to address Maternal Health disparities:

- April 2021: President Biden proclamation recognizing the importance of addressing high rates of maternal mortality and morbidity among Black people.
- End of 2021: White House hosts inaugural White House Maternal Health Day of Action
 - Areas of concern in maternal health outcomes were identified and the Administration announced actions aimed at solving the maternal health crisis.
- June 2022: Administration releases Blueprint for Addressing the Maternal Health Crisis. Outlines priorities and actions across federal agencies to improve access to coverage and care, expand and enhance data collection and research, grow and diversify the perinatal workforce, strengthen social and economic support, and increase trainings and incentives to support women being active participants in their care before, during, and after pregnancy.



- July 2022: CMS announces Maternity Care Action Plan to support implementation of the Administration's Blueprint for Addressing the Maternal Health Crisis. Takes a holistic and coordinated approach across CMS to improve health outcomes and reduce inequities for people during pregnancy, childbirth, and the postpartum period.
- ARPA includes an option to make permanent in the Consolidated Appropriations Act provision that allowed states to extend Medicaid postpartum coverage from 60 days to 12 months.
 - As of April 2023, most states have taken steps toward extending postpartum coverage.
- The Human Resources and Services Administration (HRSA) also announced \$12 million in awards for the Rural Maternal and Obstetrics Management Strategies Program (RMOMS) to improve maternal health in rural communities.



Actions to address health disparities and discrimination experienced among LGBTQ+ people:

- President Biden Day 1 Executive Order: "Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation."
- Other actions to address discrimination within healthcare specifically:
 - May 2021: HHS Office for Civil Rights (OCR) announces intent to include gender identity and sexual orientation as it interprets and enforces the ACA's prohibition against sex discrimination (Section 1557), reversing the approach taken by the previous Administration.



- Additionally, the Administration has spoken out against state actions aimed at curtailing access to gender affirming care for transgender and gender nonconforming people, particularly policies targeting youth.
- January 2023: Federal Evidence Agenda on LGBTQ+ Equity announced to provide "roadmap for federal agencies as they work to create their own data-driven and measurable SOGI Data," which the Administration views as central to understanding disparities and discrimination facing this community."



In Connecticut:

- January 2024 Connecticut Equity Study Report by Faulkner Consulting Group for the Connecticut Commission on Human Rights and Opportunities
- Multiple state agency initiatives to address disparities and equity:
 - Office of Health Strategy
 - Department of Mental Health and Addition Services
 - Department of Public Health Office of Health Equity
 - Healthy Connecticut 2025
 - 2021 Connecticut LGBTQ+ Community Survey: Needs Assessment Report



- Department of Social Services
 - Integrated Care for Kids (InCK): Goal of model to reduce unnecessary expenditures and improve the quality of care for children through prevention, early identification, and treatment of behavioral and physical health needs.
 - Connecticut Housing Engagement and Support Services (CHESS): Combines Medicaid health coverage with a range of housing services for state residents struggling with homelessness and chronic health issues.
 - SUD waiver
 - Administrative Services Organizations (ASOs): Health Equity Plans
- Multiple initiatives by a myriad of community-based organizations



What does the future hold?

- National backlash to DEI Initiatives
 - Roll back of affirmative actions
- Impact of Dobbs v. Jackson Women's Health Organization in overturning Roe v. Wade on maternal health
- Multiple states enacting legislation prohibiting gender affirming care
- End of the PHE and unwinding of Medicaid continuous eligibility
- Growing mental health crisis and barriers to accessing mental healthcare



Questions?



Sources

What are health and healthcare disparities?

Slides 3-4:

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Slide 5:

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Where are we with addressing disparities today?

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