Advancing Health Equity in the Health Insurance Marketplace in Connecticut

A Pilot Study of the Marketplace Health Equity Assessment Tool (M-HEAT)

PROJECT SUMMARY

With support from Connecticut Health Foundation, Texas Health Institute developed and administered Connecticut's Marketplace Health Equity Assessment Tool (M-HEAT) to identify progress, opportunity, and areas for improvement in achieving health equity objectives through the state health insurance marketplace, Access Health Connecticut (AHCT).

BACKGROUND

The M-HEAT is intended to assist health insurance marketplaces and advocates across states in collecting and monitoring data on their actions, progress, and gaps in reaching and enrolling diverse populations. The M-HEAT's definition of diverse populations includes individuals from different racial, ethnic, and linguistic heritage as well as lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations. The vision of the M-HEAT is based on the National Partnership for Action to End Health Disparities' definition of "health equity":

> ***Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.***[i]

To this end, the M-HEAT intends to serve as an equity inventory, review, and assessment tool. It orders, organizes, and solicits self-reported data from the health insurance marketplace as well as survey data from community advocates and representatives within the state to corroborate and identify the extent to which the marketplace and its partners are taking explicit steps to assure conditions that will guarantee equal opportunities for enrollment for all populations, including those historically disenfranchised.

What are the M-HEAT's Primary Objectives?

- To provide a marketplace self-assessment of progress and performance toward health equity.
- To provide a 360° evaluation, combining results from the marketplace self-assessment with an assessment of progress and performance toward health equity by community stakeholders and advocates.

What Does the M-HEAT Tell Us?

Information from the M-HEAT—including both the marketplace assessment and stakeholder survey—will assist marketplaces and their partners in addressing four priorities:

- Identifying and quantifying level of marketplace commitment and actions to advance health equity;
- Gauging point-in-time and over-time progress in advancing health equity;
- Documenting strengths and areas of potential concern in advancing health equity;
- Understanding opportunities for improvement in advancing health equity.

Questions address health equity progress, performance, and outcomes both point-in-time as well as over time to chart successes and to identify areas for improvement in reaching, enrolling, and retaining health insurance for these individuals. The M-HEAT also seeks to document how marketplaces may influence access to care, while offering a unique opportunity to systematically monitor and report on how and how well the marketplace is working to extend health care coverage to historically disadvantaged population groups. It helps to elucidate the marketplace's progress and performance in addressing health equity, diversity, language access, and cultural competency in its structure, process, and outcomes. Furthermore, the tool offers insight on leading efforts and models for application, as well as areas for improvement and advocacy to help better reach and enroll specific population groups.

Data from the marketplace and community are intended to be assessed for their level of agreement or disagreement about the marketplace's progress and performance in advancing health equity. This exercise is explicitly intended to offer internal (marketplace) and external (priority population) perspectives on how well the state's marketplace is furthering equity goals. It also offers an opportunity for the marketplace and its stakeholders to identify ways to share responsibility and actions to advance the common goal of health equity.

M-HEAT APPLICATION IN CONNECTICUT

The application and implementation of the M-HEAT in Connecticut was supported by the Connecticut Health Foundation and guided by thought leaders and marketplace stakeholders in the community (see figure below) who informed the tool's conceptualization, content, and process beginning in Spring 2015. AHCT was also engaged in a parallel course to inform and offer feedback on the M-HEAT's content and development. After initial discussions the project team, in consultation with the Foundation, determined that the tool would focus explicitly and solely on understanding equity related progress concerning Qualified Health Plans, and would exclude Medicaid enrollment. The tool and participating CBO respondents focused on understanding equity related progress in Qualified Health Plans. At the same time we understand that a subgroup of CBO respondents may also serve Medicaid populations.

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Community Stakeholder Survey

Sample Construction. The 46-item community stakeholder survey was administered in October – December 2015. Texas Health Institute worked with the Connecticut Health Foundation and other members of their Advisory Group in the state to compile a sample of AHCT community stakeholders. The sample included organizations working with AHCT in an advisory, outreach, enrollment, or other capacity. Examples of segments of the sample include:

- In-person assister, navigator, and certified application counselor organizations listed in AHCT's online directory accessed in Fall 2015;
- Member and participant organizations in AHCT Consumer Experience and Outreach Committee and Meetings identified in Fall 2015; and
- Members from other AHCT stakeholder and advisory committees (e.g., SIM CAB) also as of Fall 2015.

Survey Respondents. The survey was sent to individuals at 143 community stakeholder organizations, of which we received responses from 64 organizations (45% response rate).

- Sectors represented: 27% self-identified as being from CBO/nonprofits; 23% from health centers or clinics; 22% from advocacy groups; 9% from hospitals; 8% from state/local agency; and 11% from others including brokers.
- Involvement with AHCT: 68% say they had a role in outreach and enrollment; 32% were navigators/IPAs; 31% in stakeholder engagement; 24% involved to provide marketing input; and 13% engaged in strategic planning.
- Populations served: 94% said they serve African Americans; 89% served Hispanic/Latinos; 79% Whites; 76% Asians; 81% Limited English Proficient; and 66% LGBTQ. Essentially we captured a group of stakeholders serving a very multicultural community.

Marketplace Assessment

The marketplace version of the M-HEAT was administered in January – April 2016. We worked with AHCT staff to provide data on a series of quantitative and experiential questions on their programs and progress toward health equity objectives.

M-HEAT Findings

Key findings from the M-HEAT (including marketplace and community stakeholder data) are detailed in the accompanying slide deck produced for the AHCT Board of Directors Meeting scheduled for May 19, 2016. A final report on Connecticut is forthcoming as well as an Issue Brief comparing findings with the administration of the M-HEAT in California.

[i] National Partnership for Action to End Health Care Disparities. (2011). Health equity and disparities. U.S. Department of Health and Human Services. Available at: http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34