



Siftwell

**2024 MEDICAID-ELIGIBLE
HEALTH EQUITY INDEX:**

NEW ENGLAND

A report on the state of racial and ethnic, health-related social needs (HRSN), behavioral and mental health, maternal and child health disparities within the New England region for Medicaid-eligible populations.



FOREWORD

“When I saw the results of our equity research, I was both disappointed and unsurprised. Healthcare inequity remains ever-present and especially egregious for individuals covered by Medicaid. It’s clear that harmful biases get in the way of members accessing care and receiving the supports and services they deserve,” said Trey Suttan, CEO and Co-Founder of Siftwell.

“As a former Medicaid CFO and Managed Care leader, I understand the challenges and the profound responsibility we have to make meaningful impacts on the lives of the members and communities we serve. We must come together – Medicaid agencies, managed care organizations, providers, and CBOs – to address these inequities and drive meaningful change. To do that, we need to collectively see across the landscape, marshal our resources, and execute on practical solutions that have the highest impact. We can build a more inclusive healthcare system that ensures every member receives the care they need and deserve.

In recent years, we have seen promising strides made by Community-Based Organizations (CBOs) and Managed Care Organizations (MCOs) – as well as other stakeholders – as they work tirelessly to combat health disparities. However, the journey towards equitable healthcare is a long one. With unwavering dedication and collective effort, together we can make a significant impact and move closer to achieving our mission of improving member lives.

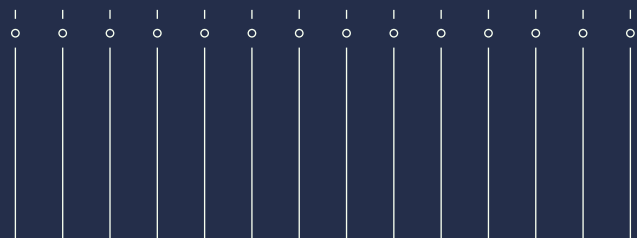
Siftwell is a mission-based organization, and this was an opportunity for us to lift up and amplify the voices of underserved populations. Our other motivation was to better understand members and make advancements in our national approach to engaging with at-risk groups. At Siftwell, we go beyond insights and help our health plan partners take action to improve member health and strengthen communities. The insights captured in this report provide us with perspective as we partner with health plans to drive real change. To that end, we are pleased to bring you this assessment, reflecting the voices of people and their unique perceptions of care within the New England region.”



TREY SUTTAN,
CEO & CO-FOUNDER OF SIFTWELL

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INTRODUCTION

While New England states are often seen as a hub for high quality healthcare - being home to prestigious medical academia, world-renowned hospitals and high state-by-state rankings for healthcare - we don't often hear of the experiences of all residents in this region.

This report uncovers a concerning number of healthcare disparities among New England's Medicaid population, revealing that people on or eligible for Medicaid face unequal quality and access to care based on race, sexual orientation, disability status, and more. Notable inequities exist in mental healthcare, maternal and child health, and access to preventative health services. The report reflects the perceptions of the Medicaid-eligible population and their experiences regarding health equity.

Everyone, regardless of ethnicity, socioeconomic status, gender, sexual orientation, age, or ability, deserves affordable, high-quality care to live a happy and healthy life. To its core, that's why Medicaid was born. Collectively, we're all working towards that goal and by identifying the most significant problems and barriers within the region, providers and payers have a blueprint to enhance care and accessibility for high-risk populations. Amplifying the voices of those experiencing these inequities, healthcare providers and payers have an opportunity to address and resolve these barriers, ensuring fair and accessible care for all.

METHODOLOGY

The data was collected across the New England region in the US between the 7th - 13th of May 2024. A total of 1,752 completes were achieved, the sample was nationally representative of the USA. All respondents were screened on annual income and only included if their income was below \$60,000, to ensure that they would be eligible for Medicaid coverage.

READ ON TO SEE WHAT WE FOUND.



2.0

MORE THAN HALF OF NEW ENGLAND'S MEDICAID-ELIGIBLE POPULATION IS FACING HEALTH INEQUITIES, PARTICULARLY RACIALLY BASED

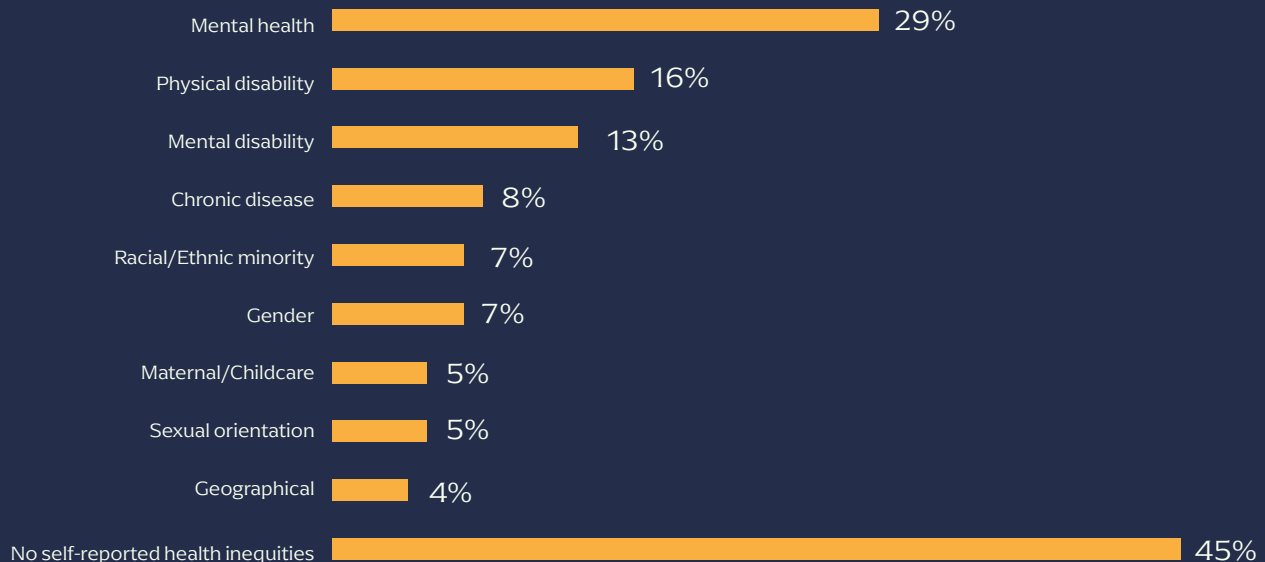
Despite the progress made through Medicaid expansion under the Affordable Care Act (ACA) and the public health emergency (PHE), racial health inequities remain a significant issue within Medicaid-eligible populations. New England's Medicaid-eligible members experience care gaps, putting them at risk for health issues that could be avoided with preventative care. The root causes of these disparities are multifaceted, demanding a robust approach to effectively address them.

Black, Hispanic, and American Indian/Alaska Native (AIAN) individuals still face more challenges in accessing quality healthcare. These barriers contribute to worse health outcomes, including higher rates of premature mortality and chronic conditions. The situation is exacerbated by structural issues such as residential segregation, economic suppression, historical bias in the system, and a lack of minority healthcare providers.



The reasons behind these perceived inequities vary across different groups. According to our data, Hispanic or Latino (31%) and white respondents (29%) most frequently attribute inequitable care to their mental health status, while Black or African American respondents (25%) are more likely to cite racial bias as a contributing factor.

Which of the following health inequities have you faced, if any?



3.0

COMMUNITY PERCEPTION OF HEALTHCARE ACCESSIBILITY

When asked about the perceived ease of access to healthcare for different racial and ethnic groups in their area, respondents:

27%

agreed it's 'very difficult' for Black or African American people

23%

agreed it's 'very difficult' for Hispanic or Latino people

8%

agreed it's 'difficult' for white people

Notably, non-white participants in the report were more likely to agree:

+20%

believe that it's 'very easy' for white people to access healthcare in their area

+6%

believe that it's 'very difficult' for Black or African American residents

+5%

believe that it's 'very difficult' for Hispanic or Latino people

When asked about the quality of support doctors in their area provide to people of color:

15%

said they provide amazing help

29%

said they provide appropriate help

22%

said they provide some help

7%

said they don't provide appropriate or any help

3.0

FEARS OF NOT BEING BELIEVED & BEING JUDGED BY PROVIDERS DISCOURAGE PEOPLE OF COLOR FROM SEEKING CARE

Below the surface of racial care barriers, we discovered that people of color (POC) are experiencing significant emotional and sociocultural barriers to accessing healthcare, which profoundly impacts their overall well-being and the quality of care they receive.

37% More than a third (37%) of POC on Medicaid reported feeling judged or know someone who felt judged due to their race in a healthcare setting.

Only 18% of white respondents surveyed said they were treated unfairly... While, 30% of non-white respondents indicated that they or someone they know has been treated unfairly in a healthcare setting. A quarter (25%) of respondents reported struggles with not being believed or listened to by healthcare providers, and nearly one in five (19%) experienced language or cultural misunderstandings with their healthcare providers.

When examining the responses of white participants, 39% agreed that neither they nor anyone they know has ever experienced difficulties in their healthcare experiences. Among those who did report issues, the most common concerns were feeling judged (22%) or not being believed or listened to (21%). Survey respondents emphasized the pervasive problem of being judged and mistreated due to one's socioeconomic status, gender, sexual orientation, and health insurance, leading to feelings of being devalued by medical professionals.



Health care providers are far too quick to judge a patient by their gender, sexual orientation, racial or religious identity.
- Female, 72 (white and straight)



White people get called in way before I do and they came after me.
-Male, 25 (Hispanic/Latino and straight)



3.0

PEOPLE OF COLOR

WHITE PEOPLE

Feeling judged	+20%	+5%	Feeling judged
Being treated unfairly	+6%	+5%	Being treated unfairly
Not being believed or listened to	+5%	+6%	Not being believed or listened to
No, neither myself nor anybody I know have experienced difficulties	+6%	+20%	No, neither myself nor anybody I know have experienced difficulties
Healthcare provider not understanding your language or culture	+5%	+6%	I am unsure if anyone I know has experienced difficulties

REPRESENTATION MATTERS:

How important do you think it is for your healthcare provider to be the same race or ethnicity as you?

25% of people vocalized that they believe it's important that their healthcare provider is the same race as them

Black or African American, and Hispanic or Latino respondents were 15% more likely to agree that it's "very important"

White respondents were at least 15% more likely to agree that it's "not important at all"

DIFFICULTY ACCESSING REPRESENTATIVE CARE

When it comes to the ability for people to find doctors that look like them:

44% of New England's Medicaid-eligible population say it's easy

Only 11% find it difficult. But notably: Black, African American, Hispanic and Latino respondents were at least 16% more likely to find it difficult than white respondents.

4.0

INCOME AND RACE ARE PERCEIVED TO BE THE MOST DETRIMENTAL FACTORS AFFECTING THE QUALITY OF PREGNANCY CARE

Black women and low-income mothers in the United States face a disproportionate risk of pregnancy-related complications. Preventing serious complications and maternal mortality requires recognizing urgent maternal warning signs, providing timely treatment, and delivering respectful, high-quality care. Negative sentiments towards providers, such as feeling judged or dismissed, create another layer of challenges to equal pregnancy care.

51%

Over half (51%) of the Medicaid population agrees that a person's quality of pregnancy care and support is impacted by their race, gender, sexual orientation, disability, or income.

PERSONAL DIFFICULTIES WITH PREGNANCY CARE

- Nearly a third of respondents (31%) reported they or their partner have experienced difficulties with pregnancy healthcare
- 6% more POC stated their partner experienced issues versus white respondents
- Members of the LGBTQ+ community also experienced 15% more issues



PATIENT EXPERIENCES:



"I had a hard time finding a doctor that accepted MaineCare with my first pregnancy. I ended up getting into a low income clinic, where I was extremely uncomfortable and received sub par care due to more patients than the limited staff had adequate time to care for properly."
- Female, 35

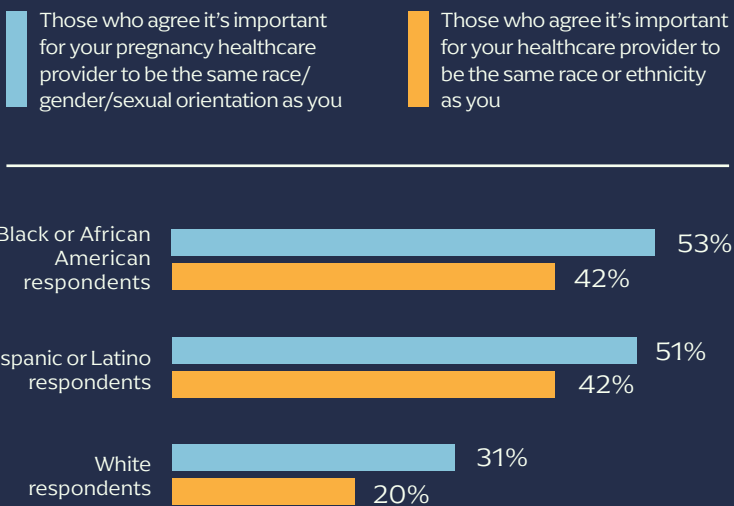


"My local hospital hasn't had a NICE or proper materials, FOR YEARS. They have midwives that support you through your entire pregnancy, and then right before you give birth, let you know that they don't have the materials, and you can't deliver your baby and that you would have to drive to the next hospital, which is 45 minutes away."
- Female, 34

DOES REPRESENTATION MATTER EVEN MORE FOR PREGNANCY CARE?

People also firmly believe that it's important for pregnancy healthcare providers to be of the same race, gender or sexual orientation as the patient to provide the right care, compared to other healthcare providers. Over a third (36%) of overall respondents found it important, with POC and LGBTQ+ respondents agreeing much more frequently. We expect further studies into this area to illuminate how different groups weigh these characteristics differently; i.e., Hispanic/Latino respondents may view language concordance as of primary importance, while Black/African American respondents may view racial concordance as of primary importance.

The graph below compares the importance of having a provider of the same race, gender, or sexual orientation for individuals seeking general and maternal care.



5.0

LONG WAIT TIMES AND SCHEDULING DIFFICULTIES ARE BLOCKING PREVENTATIVE CARE

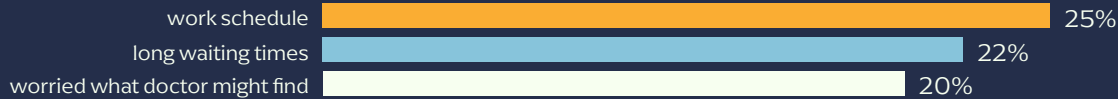
Regular check-ups and active participation in preventative care are key elements of positive health trajectories for all populations. When regular doctors' appointments are skipped or go unscheduled, early indicators of risk may be overlooked and lead to conditions down the line that are harder to treat. The relationship and familiarity that may have been built between doctor and patient may also fail to develop.

TOP FACTORS IMPACTING ABILITY TO MAKE REGULAR DOCTORS' APPOINTMENTS:

Here, the data points to overburdened providers and a crowded health system as barriers to preventative care.



CONNECTICUT



MAINE



MASSACHUSETTS



NEW HAMPSHIRE



RHODE ISLAND



VERMONT



Black or African American respondents were most likely to cite work schedule (28%) or long waiting times (26%) as top factors.

Hispanic or Latino respondents were most likely to cite not enough money (23%) or work schedule (23%) as top factors.

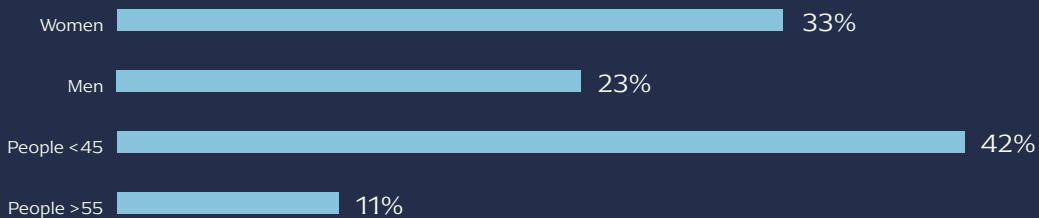
White respondents were most likely to cite trouble getting to the doctor's office (22%) or not enough money (22%) as top factors.

6.0

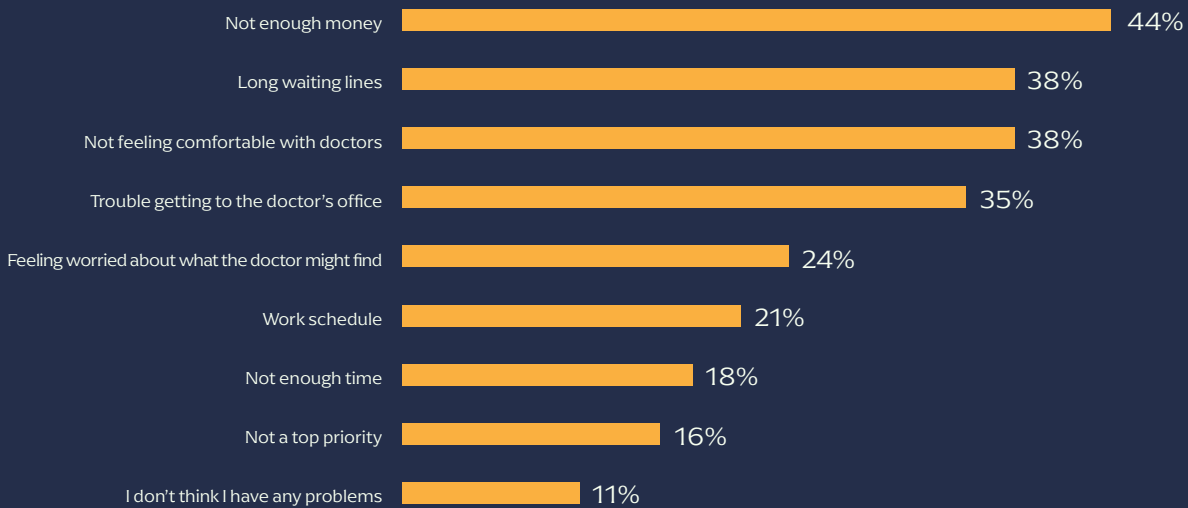
FINANCIAL ISSUES REMAIN THE BIGGEST BARRIER TO MENTAL HEALTHCARE

Mental healthcare remains a significant challenge for Medicaid-eligible individuals in New England, where low reimbursement rates^{^1} limit provider participation and access, leading to high out-of-pocket costs and workforce shortages that disproportionately affect low-income populations.

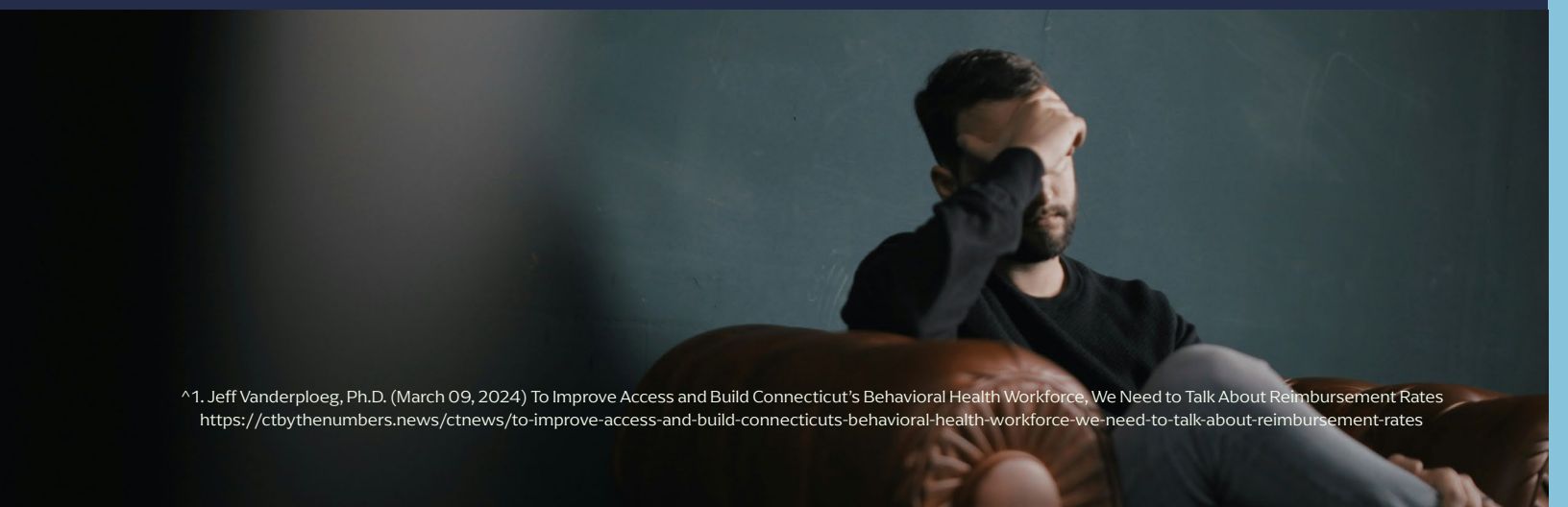
As mentioned earlier in the report, nearly a third (29%) of New England’s Medicaid-eligible population say they’ve faced mental health inequities, which were reported more amongst the following groups:



Problems that respondents think people have trying to access support where they live



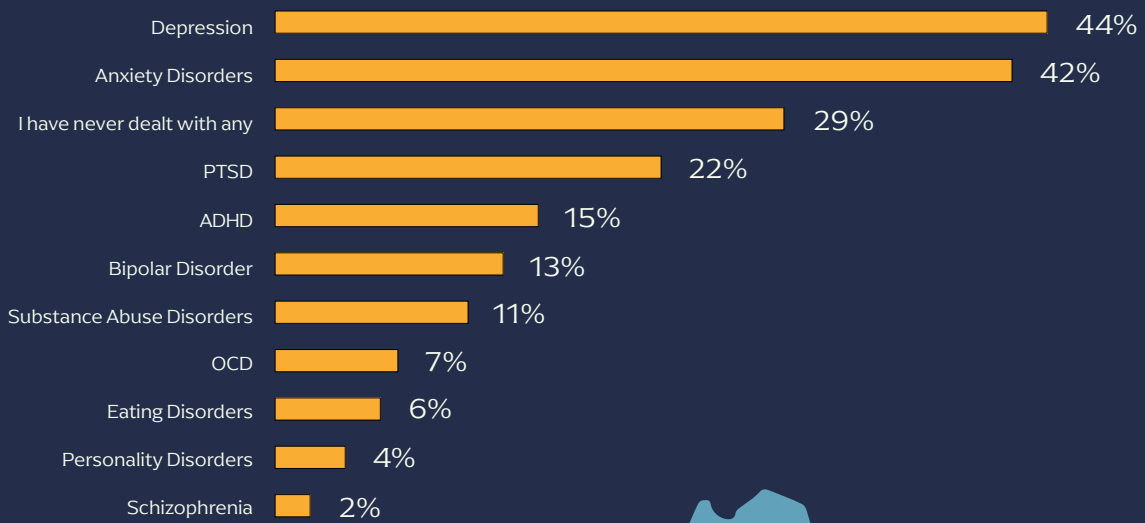
^{^1} Jeff Vanderploeg, Ph.D. (March 09, 2024) To Improve Access and Build Connecticut’s Behavioral Health Workforce, We Need to Talk About Reimbursement Rates <https://ctbythenumbers.news/ctnews/to-improve-access-and-build-connecticuts-behavioral-health-workforce-we-need-to-talk-about-reimbursement-rates>



6.0

44% OF NEW ENGLAND'S MEDICAID-ELIGIBLE RESPONDENTS SAY THEY'VE BEEN DIAGNOSED WITH DEPRESSION WHILE 42% HAVE BEEN DIAGNOSED WITH ANXIETY

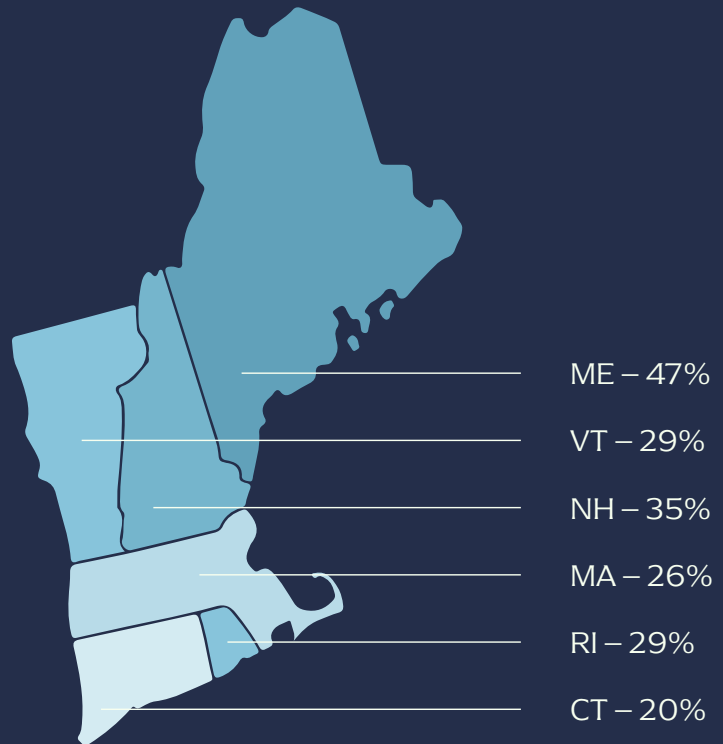
Which of the following, if any, mental health disorders have you been diagnosed with?



ACCESS TO CARE:

29% say it's difficult to access mental health services where they live, with the following states ranking the worst for access to mental health care for those on or eligible for Medicaid.

Percent of Medicaid residents who find it difficult to access mental healthcare where they live:



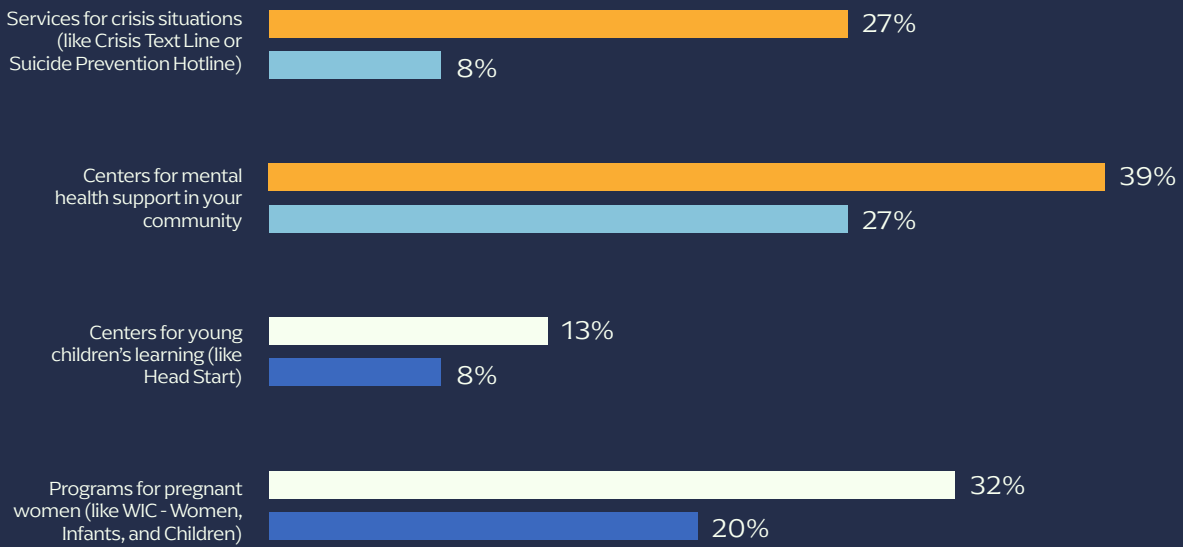
6.0

BUT, PROGRESS IS STEADY:

Local and state services seeking to provide extra assistance for community mental health are helping absorb some of this need. Mental health support services are used more widely than other services.

Between the Affordable Care Act mandate to offer mental health coverage to the same degree as physical health, the post-COVID explosion of telehealth services and digital therapeutics, and overall destigmatization and public awareness, 45% of people reported feeling that access to mental healthcare is getting better in their communities compared to 5 years, ago, with African American respondents more likely to agree.

Percentage of respondents that report using specific local and state services within their area.



7.0

WHAT'S WORKING - STATE/LOCAL SUPPORT PROGRAMS ARE BEING UTILIZED

The data shows clearly that a substantial portion of New Englanders do not believe that they are receiving equitable treatment in our healthcare system today. People of color, members of the LGBTQ+ community, and the disabled are frequently facing additional obstacles to care, exacerbated further by their income level. The responsibility to better support all people in our communities rests on each corner of the healthcare system, but there are safety nets that have already demonstrated some potential to help.

CENTERS SEEING THE HIGHEST USAGE:

Over half of New England's Medicaid-eligible population (58%) have used or do use local or state-wide services for help, with an additional 21% saying they might consider using them.

58%

Over half of New England's Medicaid-eligible population have used or do use local state-wide services for help.

21%

Additionally, more than 1 in 5 say they might consider using them.

16%

Members of the LGBTQ+ community are 16% more likely to use these services than straight people.

10%

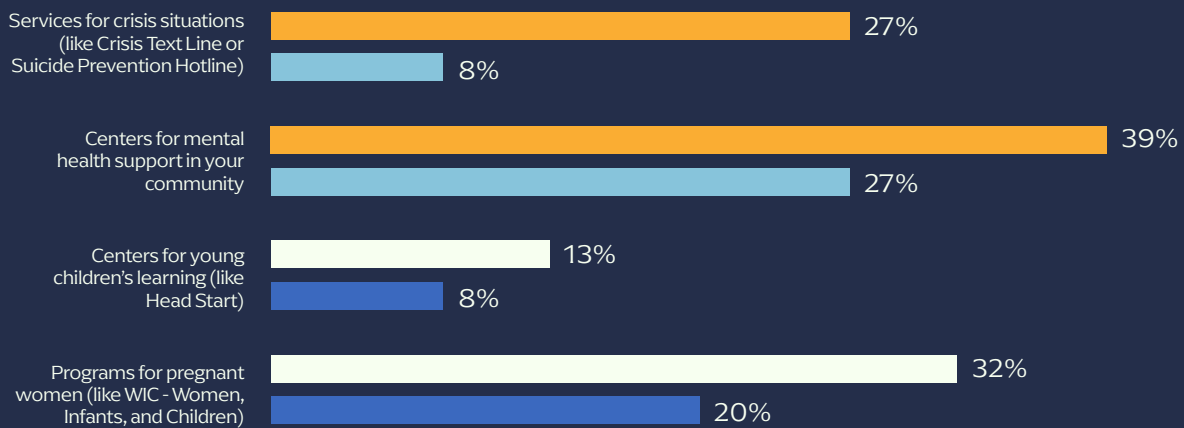
Women are 10% more likely to utilize state/local support services than men.

Mental health centers (29%) and programs for pregnant women (23%) are seeing the highest usage and are helping fill the large gaps that exist within the healthcare landscape, especially for people who are experiencing additional obstacles to care.

When it comes to new parent support services, 43% have heard of local childcare programs, support groups and healthcare services, and 41% of respondents believe there is enough support available where they live.

These findings highlight the critical role of specialized health centers in addressing the diverse needs of vulnerable populations and ensuring equitable access to care services.

LOCAL/STATE SERVICE CENTER USAGE BY DEOMOGRAPHIC:



8.0

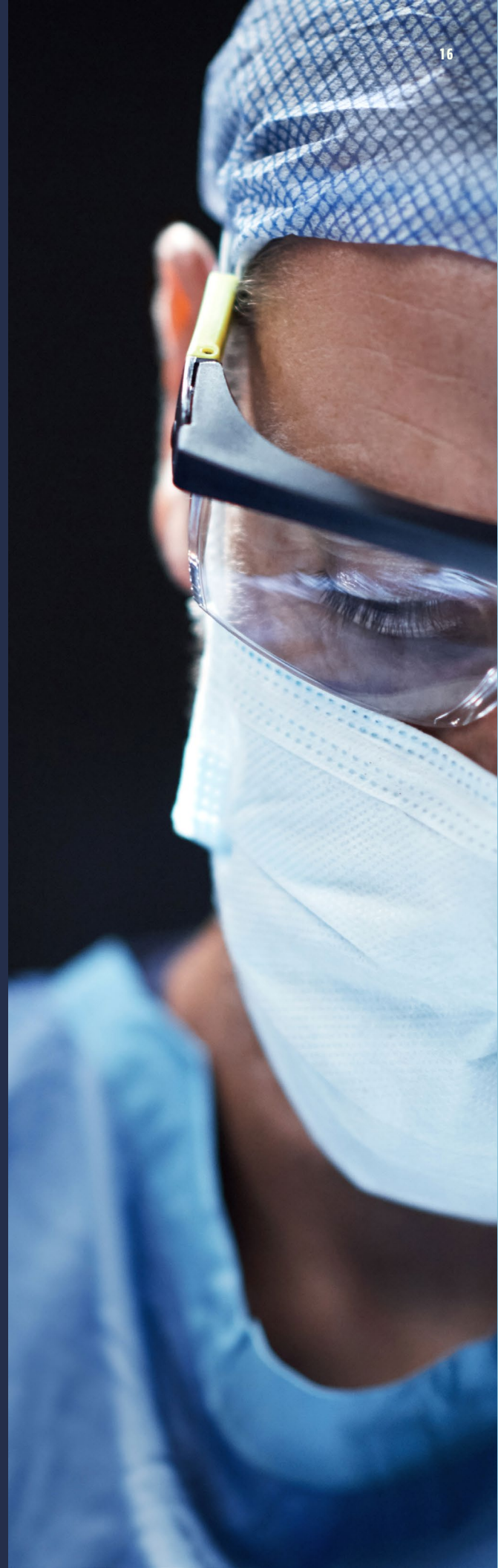
THE FUTURE OF COMMUNITY HEALTH: HUMANIZED AND ENHANCED BY AI

As artificial intelligence (AI) continues to permeate various parts of the healthcare ecosystem, aiming to transform care paths, member engagement, and back-office administrative work, every stakeholder—whether a plan, provider, or patient—has felt this shift. This trend will only intensify in the coming months and years, making it crucial for all involved to adapt and leverage these advancements.

The most successful AI models in healthcare are those that seamlessly integrate and maximize human touches while automating the algorithmic, time-consuming tasks that machines are well-suited for. This balanced approach empowers professionals to concentrate on what truly matters: member care.

At Siftwell, we go beyond predictive analytics to bridge the gap between insights and action, understanding that healthcare must be contextual and highly personalized to be successful. Health happens at the speed of trust. By truly understanding individuals and meeting them where they are, we can build the trust necessary to support those who need it most

If you need assistance in exploring how AI can align with your unique organizational goals, visit us at www.siftwell.ai



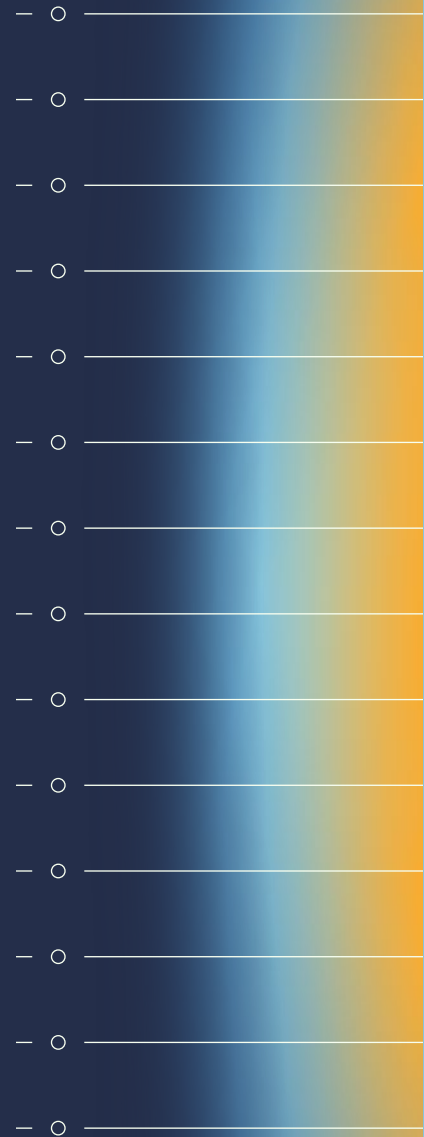
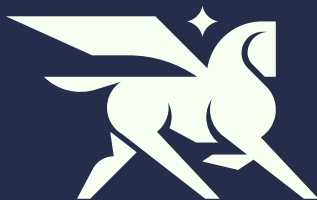
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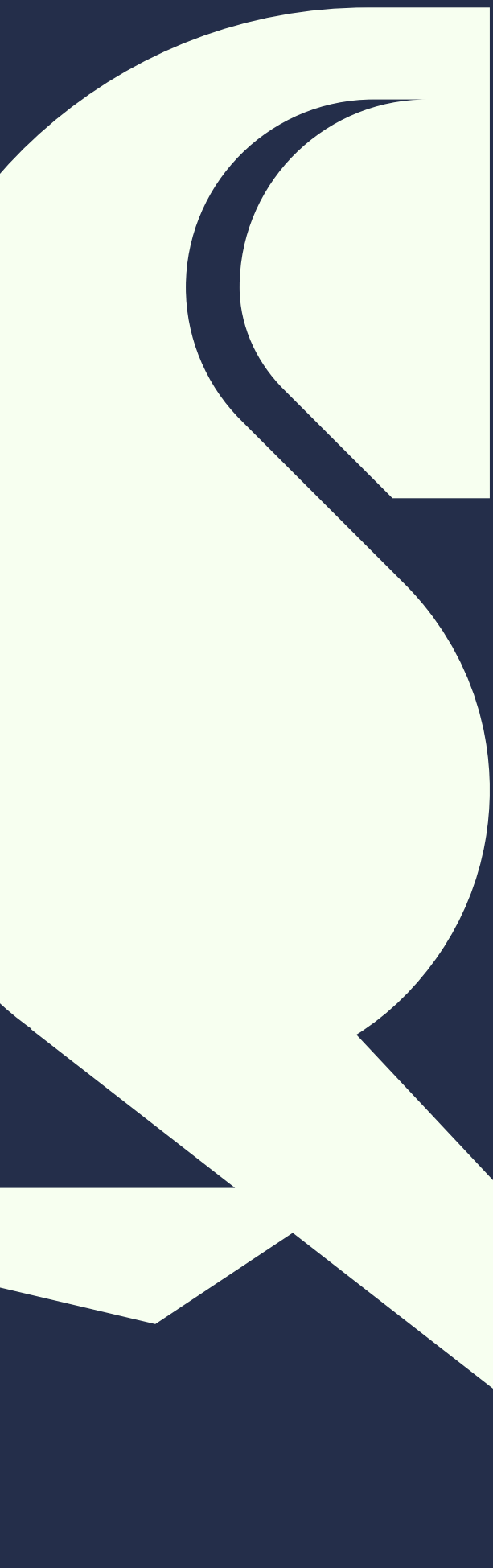
ABOUT SIFTWELL

Siftwell Analytics leverages causal and explainable AI to empower community health plans with better insights to drive earlier and more precise health interventions for members. Siftwell was founded with a fundamental commitment to address the unique challenges faced by community health organizations, beginning with Medicaid, Marketplace, and Medicare plans, who are entrusted with the care of our most vulnerable and complex populations. Recognizing a critical gap in tools available to member-facing teams, Siftwell leveraged its Managed Care Organization (MCO) operating expertise to develop a product that is as transformative in its technical foundation as it is in its application.

Siftwell assists population health, quality, and marketing teams in prioritizing outreach and interventions for the members who require it the most, by enabling teams to understand the precise, micro-efforts needed to allocate resources effectively and ultimately enhance member health. Siftwell serves organizations including Mountain Health CO-OP, Alliance Health and more.

For more information about Siftwell, please visit www.siftwell.ai





THANK YOU.

Siftwell