

Governor's Council on Women and Girls
Subcommittee on Economic Opportunity and Workplace Equity
MEETING MINUTES

Thursday, December 8th, 2022 | 3:00 p.m.

Microsoft Teams Virtual Meeting

I. Call to Order/Greetings and Opening Remarks

Assistant State Comptroller Tara Downes called the meeting to order at 3:00 p.m.

II. Presentation Regarding the Connecticut Savings Program (*see Attachment 1*)

Jessica Muirhead, the director of the Connecticut Savings Program, reported that in Connecticut we have over 600,000 private sector workers who don't have access to an employer-sponsored retirement savings plan. She also shared that part-time employees are more likely to be women and less likely to have a retirement plan and that women are eighty percent more likely to live in poverty in retirement.

Jessica Muirhead shared that the program MyCTSAvings was a program created to help Connecticut residents save for retirement, which is an issue that impacts women and minorities disproportionately in the state. The program applies to employers that, as of October 1st, last year, have at least five employees that were paid \$5k or more that do not already have a retirement savings plan, and employees who are nineteen or older, are employed in Connecticut, and have worked at that employer for at least 120 days.

She then gave an overview of how the program functions through three main steps.

1. Eligible employers register through the secure portal.
2. The program creates and sets up a savings account, (a Roth IRA) for the employee. The employee can either become automatically enrolled into a default contribution of 3% of their gross salary, as well as into a target date fund, or they can opt-out. Employees can also choose their own contribution options.
3. Employer submits payroll.

Jessica Muirhead states that currently, about 85 percent of participants are staying in the program, and she shared an overall program update.

As of November 22, 2022, 29,520 total employers have been contacted by the program, 7,335 employers have been invited, 785 employers have registered, 3,263 employers have exempted themselves, and 265 employers are submitting payroll.

Regarding the employees, there were 4,338 funded saver accounts created, \$1,002,350 of total savings, the average account balance was \$231, the average deferral rate is 3.23 percent, and there was a total of 35,702 total employee records by the end of November.

For more information about this program, visit MyCTSAvings.com or contact 1-833-811-7435.

III. Presentation on Health Equity Study – State Employee Health Plan, 2022

(see Attachment 2)

Josh Wojeik, director of the state Health care benefits and policy, shared a presentation on the results of a 2022 health equity study. The goal of the study is “to focus on inequities that may be impacting the health and wellness of the plans’ members and identify opportunities to improve outcomes.” The data was focused on the State Employee Health Plan Medical and prescription drug claims from 2017 to 2020. The parameters that were evaluated included race, ethnicity, income, job classification, age, gender, socioeconomic status, and a variety of other factors.

Josh Wojeik shared general information about the study: It was commissioned by the Comptroller’s office, and the benchmarks used were from the Siegel data warehouse, which included nearly 100 clients with approximately two million covered lives.

The areas where the study found significant findings are the factors of race/ethnicity and gender. One of the findings specific to race and ethnicity is that there are significant disparities regarding preventative cancer screenings. According to the findings, the state’s Health Enhancement Program has significantly higher rates of compliance with recommended cancer screenings in comparison to the general population. Individuals not participating in the state’s Health Enhancement Program have a significantly lower compliance rate, which indicates that the improvements in compliance can be attributed to the program.

Josh Wojeik shared graphics displaying that compliance with recommended preventative cancer screenings within the state’s Health Enhancement Program significantly exceeds the benchmark data. These preventative screenings are essential in that they help reduce the occurrence of cancers and catch them early.

Josh Wojeik shared that another area in which race/ethnicity related disparities were observed is in emergent care visits. Blacks and Hispanics were significantly more likely to utilize emergent care and significantly less likely to receive preventative visits. Higher utilization of emergent care was also found to be associated with lower income levels, a higher area deprivation index, and a lack of provider advocacy.

A slight gender disparity was also observed, finding that women were 8 percent more likely than men to utilize emergent care. This along with additional data suggests that women are more likely to use the healthcare system proactively in comparison to men.

Josh Wojeik explained that there is a strong correlation between levels of income and utilization of the ER. Lower income correlates with more frequent utilization of emergent care, while higher income correlates with less frequent utilization.

Josh Wojeik showed data signifying that paraprofessionals are the profession that had the highest rate of emergent care utilization, and this is likely due to the living conditions associated with this job, such as lower levels of income. Administrative support follows paraprofessionals in this data, with only slightly lower rates of ER utilization. Disparities exist both between job classes and within job classes. Maternal health is another area in which significant disparities exist across racial and ethnic lines. According to the data of women of child-bearing age over a four-year period, Asian women had the highest pregnancy, birth, and miscarriage rate, and Black women had the highest preeclampsia rate.

Tara Downes took control of the presentation, sharing several opportunities for intervention that

could help reduce these disparities. One suggestion was to include health equity measures in Primary Care Initiative contracts and mutually share race and ethnicity data. To improve data collection, another suggestion was made to survey underserved populations to identify challenges that could result in increased ER utilization, as this is the first step in determining what ways to address these issues. Targeting communication to underserved and minority populations was identified as important in fixing these disparities. Finally, a suggestion was made to create reimbursement structures for maternal health that track disparities across race and ethnicity, rewarding improvements.

Christine Jean-Louise asked if it might be worth trying to collaborate with the chairs for health and safety, to see what they already know about why these disparities are occurring.

IV. Financial Literacy Subcommittee Updates

Catherine Blinder shared that a webinar was held in place of a normal meeting on the subject of credit unions and how they serve underserved communities and some of the ways they are benefitting language and culturally marginalized people.

The next meeting will be held in February, and it will focus on the access that older women have to financial services.

V. Updates on Subcommittee Meetings and Plans for 2023

Christine Jean-Louis shared that she would assist with oversight for this subcommittee in order to help it determine goals for 2023 once all the rearrangements with different commissioners and assignments are determined, as this will help organize and focus the meetings.

Christine Jean-Louis explained that the meeting dates have been posted online; however, the subcommittee is not meeting as often as it needs to be in between the full council meetings. The subcommittee will be meeting at least once in between the full council meetings. Christine shares that she intends to re-energize the group in 2023.

VI. Adjournment - The meeting was adjourned at 3:31 p.m.