

New DataHaven report investigates why discrimination and other social factors lead to a 20-year divide in life expectancy in Connecticut, and how they are compounded by COVID-19

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New Haven, CT – The COVID-19 pandemic has exposed stark differences in how Connecticut residents are able to access the resources they need to maintain good health. These health disparities are rooted in broader inequities in education, economic stability, nutrition, housing, health care, and social context, all of which must be addressed in order to help communities to recover from the pandemic and promote resilience, according to a new report from DataHaven.

The new report, titled “**Towards Health Equity in Connecticut: The Role of Social Inequality and the Impact of COVID-19**,” offers an in-depth analysis of the factors underlying widespread health inequities in the state, such as discrimination, poverty, and access to community resources. Among the most pronounced results of these are the gaps in life expectancy, where people born in neighborhoods just a few miles apart may see life expectancy gaps of up to 20 years. The report is available for free online at ctdatahaven.org/healthequity.

“Never has the DataHaven report on health equity in our state been more timely,” said **Sten Vermund, Dean of the Yale School of Public Health**. “The documentation of how social inequalities drive adverse health care outcomes is stark, reminding us that social determinants of disease are the strongest drivers in Connecticut of who lives and who dies.”

The report focuses on five social determinants of health: Education & Economic Stability, Nutrition & Hunger, Housing & the Physical Environment, Health Care Coverage & Affordability, and the Social Context of Health Care. Each of these categories draws on relevant indicators from a wide range of data sources, including DataHaven’s live interviews with over 32,000 randomly-selected individuals across Connecticut. An executive summary is attached.

Indicators throughout the report reveal that social inequality has created a chasm between Connecticut residents with access to resources that are instrumental in maintaining health—economic opportunity, healthy living conditions, safe neighborhoods, and medical care—and those without the same resources.

COVID-19’s disparate impact on different demographics has thrust health inequity into the spotlight.¹ However, these disparities pre-date the pandemic. Barriers to health disproportionately impact people of color, low-income individuals, people experiencing

¹ Within Connecticut, the age-adjusted COVID-19 death rate per 10,000 residents was 19 for Black, 11 for Latino, and 7 for white residents, according to statistics from June 8. See DataHaven’s “COVID-19 in Connecticut: Data Analysis”: <https://ctdatahaven.org/reports/covid-19-connecticut-data-analysis>. According to APM Research Lab’s analysis of national data, if they had died at the same rate as White Americans, at least 14,400 Black Americans would still be alive (<https://twitter.com/APMResearch/status/1270832519223615488>).

homelessness, women, the elderly, and people with disabilities. These are some of the same groups that have faced the most severe cases of illness and death from COVID-19.

Unequal access to health care providers, insurance coverage, or COVID-19 testing resources are just the beginning. Even before an individual requires medical attention, their likelihood of being exposed to the virus and getting sick are tightly linked to social factors like food and housing insecurity, discrimination in the health care system, pre-existing comorbidities—often resulting from financial insecurity, working conditions requiring close contact with many people and other obstacles to social distancing.

“The racial and ethnic health disparities that are so clear during this pandemic reflect longstanding disparities in health outcomes and access to resources that cannot be separated from the impact of racism and discrimination,” said **Patricia Baker, president and CEO of the Connecticut Health Foundation**, a funder of the new report. “It is critical that as we work to eliminate disparities, we recognize and address the many ways that racism shapes health outcomes and influences the systems and institutions we all rely on for health and well-being. This report provides important context for everyone working to respond to COVID-19 and underscores the importance of data on race and ethnicity to identify disparities.”

This report offers actionable recommendations for mitigating health disparities by addressing social disparities, such as expanding insurance coverage; closing gaps in educational opportunities beginning in youth; increasing economic opportunities and access to food, housing, and comprehensive social services; and reducing discrimination in employment, health care, policing, wealth building, and urban planning. To target communities most affected by the legacy of discrimination, these policies should be designed and executed in collaboration with community-based organizations. These measures alone will not end the devastation of COVID-19—that will require continued work—but reducing social inequality can alleviate the pandemic’s burden on the most vulnerable Connecticut populations and boost community resilience.

“Connecticut must take corrective action on the policies and practices that have led to the social inequities documented in this new report,” said **Mark Abraham, Executive Director of DataHaven**. “These are more important than ever to monitor through a health equity lens, as the data about Connecticut’s recovery as a whole can otherwise hide how conditions may be worsening for groups that are impacted by racism and other forms of oppression.”

“The new DataHaven report is a vital tool. The COVID-19 pandemic and recent community stresses highlight the need to continue to address health inequities among communities of color,” said **Maritza Bond, Director of the New Haven Health Department**.

“Social inequities erect barriers to health for people of color in Connecticut,” said **Karen Siegel, Director of Policy at Health Equity Solutions**, an organization that promotes equal access to health in Connecticut. “This report points to the need to mobilize community health workers to

connect their communities with the social, health, and economic services needed to weather the pandemic and long recovery period ahead.”

“In our society, racism is a virus too. The new DataHaven report reinforces that we cannot address the consequences of COVID-19 without treating the symptoms of this much older and more resistant affliction, said **Mendi Blue, Chief Community Impact Officer at Fairfield County’s Community Foundation**. “Fairfield County’s Community Foundation is doubling down on our commitment to achieving equity, and explicitly acknowledging that health inequity is overwhelmingly correlated with race. We cannot close opportunity gaps without facing this reality and targeting our funding, capacity building, and other resources towards racial justice. We are committed to this complex, sometimes uncomfortable, and transformative work.”

Contact

Mark Abraham

Executive Director, DataHaven

Email: info@ctdatahaven.org, Phone: 203-500-7059, Twitter: @ctdata

About DataHaven

DataHaven is a New Haven-based non-profit organization with a 25-year history of public service to Connecticut communities. Its mission is to empower people to create thriving communities by collecting and ensuring access to data on well-being, equity, and quality of life. Learn more at ctdatahaven.org.

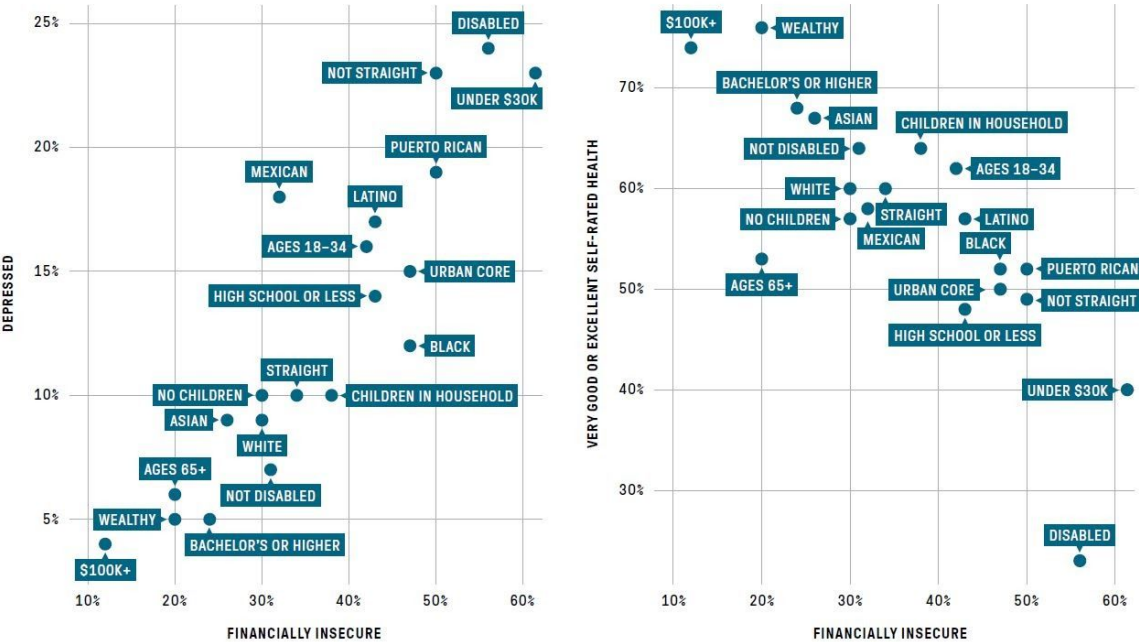
Executive Summary

Towards Health Equity in Connecticut: The Role of Social Inequality and the Impact of COVID-19

Report by DataHaven, June 2020
View the complete report: <https://www.ctdatahaven.org/healthequity>

Based on quality-of-life rankings, Connecticut is one of the best places to live in the United States. However, this is not the case for all residents of the state. Take a closer look, and you find stark disparities in social equality delineated by age, race, wealth, and other factors. As a result, not all Connecticut residents have equal opportunities to attain and maintain good health, and this leaves some populations particularly vulnerable during crises like the current COVID-19 pandemic.

FIG 18
Groups that are more financially insecure are more likely to report that they feel depressed and less likely to report they are in very good health
SHARE OF ADULTS, CONNECTICUT, 2018



This report focuses on indicators within five broad social determinants of health: Education & Economic Stability, Nutrition & Hunger, Housing & the Physical Environment, Health Care Coverage & Affordability, and Social Context of Health Care. We find that across these categories, social factors repeatedly converge to concentrate

the resources for good health in some communities while creating obstacles in others. Barriers to educational attainment for high-needs students lead to lower graduation rates and reduced access to employment. Unemployment, underemployment, and poverty disproportionately impact people of color in the state and reduce their ability to maintain good health. Lower-income families also face more food and housing insecurity, which exacerbates both physical and mental health conditions. When people disadvantaged by these other social factors require health care, they face additional obstacles to obtain it.

FIG 1
Children born in wealthy towns can expect to live six years longer than children born in Connecticut's cities
 LIFE EXPECTANCY (YEARS), BY FIVE CONNECTICUTS GROUP, 2015



These disparities are concerning even outside of a pandemic. But as COVID-19 takes an especially sobering toll on already-disadvantaged communities, it becomes evident that systemic oppression based on race, language, poverty, and other socioeconomic factors has left some people more vulnerable than others. Viral transmission is facilitated by proximity, so overcrowded households and concentrated housing in low-income neighborhoods have become hotspots. Reduced access to affordable nutritious food and resources to maintain physical wellness can cause conditions like obesity, diabetes, and poor cardiovascular health, which put low-income communities and communities of color at even greater risk of poor COVID-19 outcomes.

The pandemic has made education dependent on access to technology, drastically reduced employment in certain sectors, and left large shares of residents unable to pay for food or housing. All of these events—and the uncertainties around them—have taken a toll on the physical and mental health of not just those who became ill or their caretakers, but on entire communities. As this continues to unfold, these aftershocks will only continue to exacerbate health inequality.

TABLE 6

Adults reporting altering or skipping prescriptions

CONNECTICUT, 2018

GROUP	COULD NOT AFFORD PRESCRIPTION IN PAST YEAR	ALTERED PRESCRIPTION IN PAST YEAR
Total	9%	7%
Female	10%	7%
Male	7%	6%
White	8%	6%
Black	11%	6%
Latino	18%	17%
Ages 18–34	12%	8%
Ages 35–49	10%	7%
Ages 50–64	9%	8%
Ages 65+	4%	3%
Under \$30K	15%	11%
\$30K–\$100K	10%	8%
\$100K+	5%	2%
High school or less	12%	11%
Some college or Associate's	10%	8%
Bachelor's or higher	6%	4%

Based on these findings, it is more urgent than ever to target large-scale social factors—such as employment, housing, and food—and close gaps in health outcomes. Doing this now will not only improve our ability to weather this pandemic, but will also have lasting benefits for all people in Connecticut. We recommend changing the current paradigm of health care to look beyond the patient's physical health to consider the social context shaping their well-being. This includes giving providers the resources and education to address social determinants of health, expanding the role of community health workers, and using the health care system as a point of contact to connect people to other services.

Furthermore, it is essential to make education, a living wage, food, housing, and health care available to everyone. We need to expand educational programs and close achievement gaps early, increase employment by promoting the vitality of local economies, make food and housing more affordable and accessible, remove barriers to obtaining comprehensive health insurance coverage, and support efforts that reduce discrimination experienced by people of color, women, sexual minorities, and people with disabilities within all of these settings. These goals require a new direction for statewide policy and philanthropic contributions, and community members must hold leaders accountable. It also requires collaboration with community-based organizations that directly carry out advocacy and programming.

Key findings:

1. Education & Economic Stability:

- Gaps in academic achievement start early. The four-year public high school graduation rates for Black and Latino students (80 percent and 78 percent, respectively) are lower than the rate for white students (93 percent). Graduation rates are even lower for students who qualify for free or reduced-price meals (78 percent) and high-needs students like English Language Learners and students with Special Education designations (nearly 65 percent).
- Despite Connecticut's high percentage of adults over the age of 25 with a bachelor's degree (39 percent), adult educational attainment varies between demographic groups. Two-thirds of adults who speak Spanish at home have a high school diploma or less, which disadvantages them within the state's workforce. Adults with a high school diploma or less are more than twice as likely to be underemployed than those with a bachelor's degree or more.
- Twelve percent of Black workers and 10 percent of Latino workers in Connecticut were unemployed in 2018. These groups were also twice as likely as white adults to be underemployed.
- Many jobs in urban areas are high-wage but are in fields that often require higher levels of education, leaving those jobs out of reach for many urban residents who are less likely to have reliable access to a vehicle and have lower rates of post-secondary education.
- The average Black or Latino-led household in Connecticut had a median income in 2018 below \$50,000, compared to a median income of \$76,000 across households of any race statewide. Puerto Rican households averaged just \$35,000 per year. Twenty percent of Black and Latino Connecticut residents lived in poverty in 2018, a poverty rate twice as high as the statewide rate.
- **COVID-19:** The pandemic has necessitated remote learning, but not all Connecticut residents have equal access to computers and broadband internet. Additionally, school-based support systems are especially important for higher-needs students, who may now be further disadvantaged academically and socially. During its early stages, COVID-19 led to the shuttering of businesses involving retail, food service, personal care, and other industries that heavily employ immigrants and people of color. Socioeconomic disparities lead to crowded households, concentrated poverty, chronic health conditions, and habits like smoking that all have been associated with increased likelihood of developing severe cases of COVID-19.

2. Nutrition & Hunger

- One-third of Connecticut adults earning less than \$30,000 reported being unable to afford food at least once in the past year. Food insecurity was also high among women and adults living with children.
- While initiatives like Supplemental Nutrition Assistance Program (SNAP) help make food more affordable, the cost of food in Connecticut was 40 to 50 percent higher

than SNAP benefits in 2015. Food-insecure households are vulnerable to proposed changes to SNAP eligibility that would cut off thousands of Connecticut families.

- Inadequate access to nutritious food leads to chronic health conditions like obesity, diabetes, and poor cardiovascular health, which are especially prevalent among urban areas, Black and Latino adults, and low-income adults in Connecticut—communities that all face high rates of food insecurity.
- **COVID-19:** Food insecurity has increased as families have been cut off from school-based free food programs. Proposed cuts to SNAP have been temporarily tabled and some benefits have increased due to the pandemic, which has actually increased the number of applications. Chronic health conditions that stem from poor nutrition are often observed to be comorbidities of severe COVID-19 cases.

3. Housing & the Physical Environment

- Subsidized and lower-cost housing is concentrated in low-income urban neighborhoods. Single-family homes, on the other hand, tend to be in suburban areas, leading to a shift in wealthier families and a critical tax base out of cities. This leaves city governments with slim municipal budgets to provide necessary public services.
- Due to redlining and restrictive zoning, Black and Latino families face more obstacles to homeownership, and are more likely to rent their homes. Renters disproportionately live in overcrowded households.
- Households led by a Black or Latino adult are less than half as likely to own their house than those led by white adults. Households led by a single woman have similarly low rates of homeownership.
- In 2018, more than 10 percent of Black and Latino adults, young adults, and those with children at home reported being unable to pay for housing. Seven percent of renters who had moved in the past three years reported being evicted, a number that was again higher for Black and Latino adults, adults with children at home, and adults with a high school diploma or less.
- Two-thirds of Connecticut adults report having recreational facilities and a safe bicycling infrastructure in their neighborhood, but less privileged groups (residents of urban areas, adults with lower income and education) reported worse neighborhood resources than more privileged groups. Access to high-quality recreational facilities can improve physical and mental health.
- **COVID-19:** Due to income loss, many Connecticut residents are facing housing insecurity due to inability to pay rent or mortgages. Evictions and foreclosures are temporarily prohibited, but it is still unknown whether families will be asked to leave their homes if they are unable to pay past-due rent after the hold is lifted. Due to the concentration of high-value taxable properties in suburbs and resulting low tax base in urban areas, many local governments have insufficient funds to provide resources to support public health. For example, overcrowded housing and homelessness increase the risk of viral transmission. People of color and residents of urban areas also have reduced access to safe, high-quality outdoor spaces, which are especially important for maintaining physical and mental health during home isolation.

4. Health Care Coverage & Affordability

- In 2018, 94 percent of Connecticut residents had health insurance, but a lower percentage of non-citizens were insured in part due to limitations in public insurance coverage for undocumented immigrants. Only 80 percent of Latino adults under age 65 were insured, which was lower than the rates for Black (90 percent) or white (95 percent) adults.
- Insurance rates are lower in large cities and areas with higher poverty, higher unemployment, and lower median income.
- Public insurance programs enable more equitable insurance coverage for children and seniors: more than 95 percent of children and seniors in Connecticut were insured in 2018. Seventy-nine percent of children in households earning less than twice the federal poverty guideline were enrolled in Medicaid or the Children's Health Insurance Program.
- An estimated twenty-five percent of uninsured Connecticut residents may qualify for public coverage, while another 26 percent may qualify for subsidized insurance through Access Health CT.
- Seventy-four percent of Connecticut adults reported going to a dentist in the past year, but only 57 percent of low-income adults did.
- Health care costs are higher in New England than in most other parts of the nation, and one-third of per-capita spending in Connecticut goes toward hospital care. Fifteen percent of low-income Connecticut adults reported being unable to afford prescriptions.
- **COVID-19:** Because health insurance is often offered through employers, COVID-19-related layoffs have caused many people to lose their coverage. This leaves people who are especially vulnerable to contracting the infection unable to afford the costs of care and recovery.

5. Social Context of Health Care

- One-tenth of Connecticut adults reported experiencing discrimination while accessing health care. Black, Latino, and Asian adults were far more likely to report experiences of discrimination in health care due to their race, with around 7 percent of Black, 5 percent of Latino, and 3 percent of Asian adults reporting discrimination due to race, compared to less than 1 percent of White adults statewide. Other reasons for discrimination included gender, sexuality, disability, and insurance status.
- Nine percent of adults—particularly low-income, Latino, and young adults—reported missing medical care in the past year. The main reasons were cost, being too busy, insurance, and caregiving.
- Language is a barrier to health care access for households speaking Spanish or Asian/Pacific Island languages. For the latter, their households are especially isolated in rural areas, where they may not have other neighbors or health care institutions that speak their language.

- COVID-19:** Black, Latino, immigrant, and low-income populations are facing particularly high rates of COVID-19, but are also the groups that face discrimination from medical providers, and lack high-quality, culturally competent health care. The pandemic has spurred an outgrowth of COVID-19 testing through physicians and independent testing sites, but certain populations have had less access to these resources at times. People without a primary care provider—12 percent of Connecticut adults, and an even higher percentage of young adults and Latinos—have less access to a physician to order a COVID test. A multi-state review of patient records reveals that Black patients with COVID-19 symptoms were less likely to receive a test order than white patients. High-capacity drive-through testing sites may be less accessible to patients without vehicles.
- COVID-19 and opioids:** In 2019, drug overdoses reached an all time high in Connecticut with 1,200 deaths—an increase of nearly 20 percent from 2018. The report discusses how the pandemic creates an even more dangerous situation for opioid drug users. Overdoses are now common across all major racial and ethnic groups in Connecticut: From 2014 to 2019, the mortality rate per 100,000 residents due to opioid overdose doubled among white individuals (from 16 to 34), tripled among Latino individuals (from 10 to 30) and increased six-fold for Black individuals (from 5 to 31).

FIG 16
Race and insurance status are among the reasons for perceived discrimination in accessing health care
 SHARE OF ADULTS, CONNECTICUT, 2018, EXPERIENCING DISCRIMINATION IN ACCESSING HEALTH CARE BASED ON THEIR...

