

# CREATING A CLEARER PATH TO BETTER HEALTH

For a lot of us, achieving better health is simply part of our daily routine. For others, particularly people of color, there are more hurdles, making it harder to get — and stay — healthy.

## TAKE ANDRÉ FOR EXAMPLE.



He's healthy for the most part, but is managing diabetes and high blood pressure. André wants to lead a happy and healthy life, but there are obstacles that make addressing his conditions especially difficult.

Black Connecticut residents are **TWICE AS LIKELY** as whites to have diabetes.<sup>1</sup>

## WHAT KIND OF OBSTACLES?

We're glad you asked.

### "MY INSURANCE COSTS TOO MUCH."



HISPANICS ARE **2x MORE LIKELY**

to be uninsured than whites in Connecticut.<sup>2</sup>

#### COVERAGE

André's employer doesn't offer insurance, so he bought coverage through the state's marketplace. Sometimes he struggles to pay his premiums.

### "I CAN'T AFFORD THIS BILL, OR THAT PRESCRIPTION."

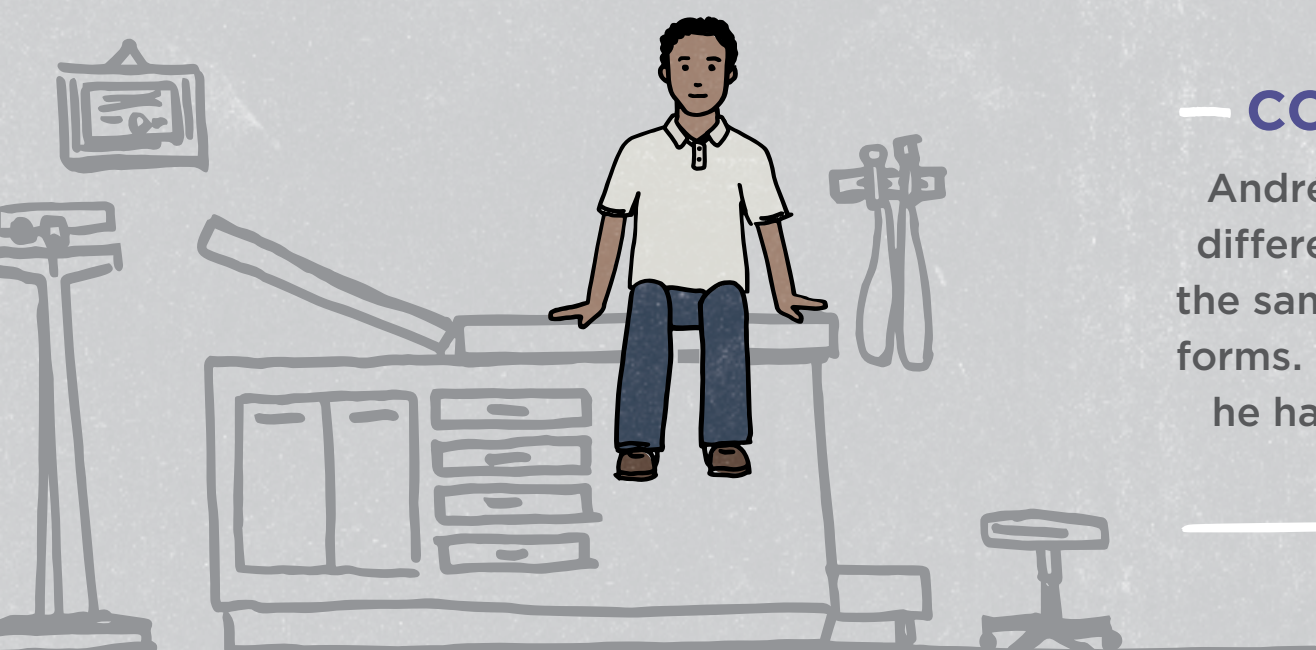
#### COST

Because André's health plan has a high deductible, he pays a lot out of pocket when he receives care. He delays appointments so he won't miss work at his hourly job, and sometimes skips his medication, which has landed him in the ER.



IN 2016 **1 IN 10** adults either delayed or didn't receive medical care due to cost.<sup>3</sup>

### "I DON'T HAVE A DOCTOR."



#### CONNECTION TO CARE

André goes to a clinic where he sees a different doctor every visit. He answers the same questions and fills out the same forms. It's not an easy commute, either — he has to take two buses to get there, which takes over an hour.

IN 2016 **33%** of Hispanic Connecticut residents didn't have a personal doctor.<sup>4</sup>

### "WHY DON'T I FEEL BETTER?"

#### QUALITY OF CARE

André and his doctor don't talk about sources of stress in his life, like his neighborhood, where it's not safe to exercise. It seems like they don't get to the root of his problems. It's no surprise André's condition stays the same, and at times, seems to get worse.



## NEXT!

Today's health care system pays doctors based on how many patients they see instead of the quality of the time spent with them or whether their health improves.

### "HOW AM I GOING TO STAY HEALTHY?"

#### LIVING

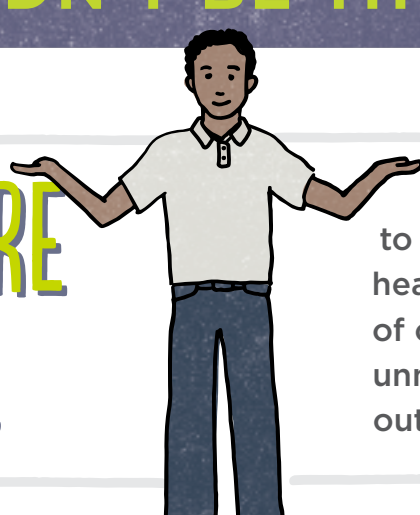
Living on minimum wage doesn't leave André much money for healthy groceries after paying his monthly bills — even though he knows nutritious food is better for his diabetes.

In 2014, **2x AS MANY**

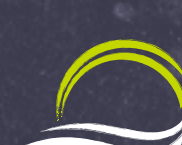
black and hispanic Connecticut residents couldn't afford food for their families than white residents.<sup>5</sup>

## THE ROAD TO BETTER HEALTH SHOULDN'T BE THIS HARD.

## THAT'S WHERE WE COME IN.



At CT Health we're working to improve the path to better health for all, especially people of color, by eliminating unnecessary obstacles in and outside the doctor's office.



**Connecticut Health**  
 FOUNDATION  
 Changing Systems, Improving Lives.



Learn how we're improving the path to health for all:

**SIGN UP FOR OUR NEWSLETTER**

1. Connecticut Department of Public Health, [Connecticut Diabetes Statistics Report](#), March 2016.

2. Kaiser Family Foundation, [Uninsured Rates for the Nonelderly by Race/Ethnicity](#), 2016.

3. Cynthia Cox and Bradley Sawyer, "How Does Cost Affect Access to Care?" Kaiser Family Foundation, January 17, 2018.

4. Kaiser Family Foundation [State Health Facts](#). Data Source: Kaiser Family Foundation analysis of the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) 2013–2016 Survey Results.

5. DataHaven and Sienna College Research Institute, [2015 DataHaven Community Wellbeing Survey Connecticut Statewide Crosstabs](#), Dec. 4, 2015.