FACT SHEET

Connecticut Health FOUNDATION
Changing Systems, Improving Lives.

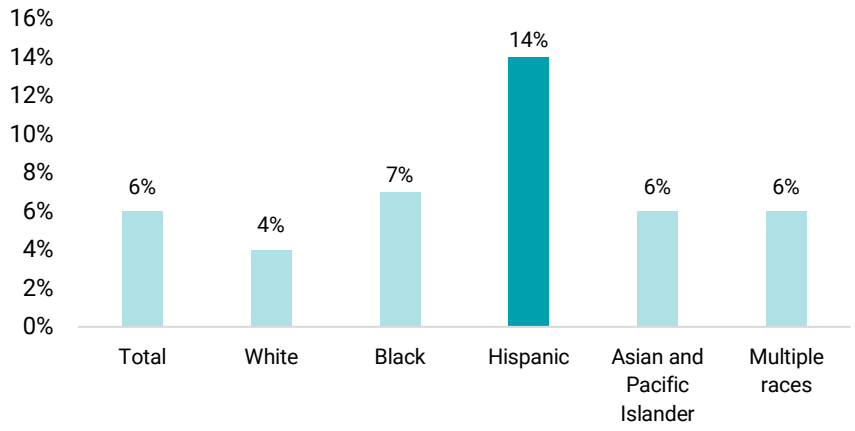
Health Disparities in Connecticut:
CAUSES OF DISPARITIES

Racial and ethnic health disparities have many causes. These include unequal access to health care and other resources that influence health, as well as unequal treatment within the health care system and the psychological and physiological effects of racism.

DIFFERENCES IN INSURANCE COVERAGE

Having health care coverage is key to good health.[1,2] Yet in Connecticut, Black residents are nearly twice as likely as white residents to be uninsured. Hispanic residents are more than three times as likely to be uninsured.

Uninsured rate for Connecticut residents under 65, 2018[3]

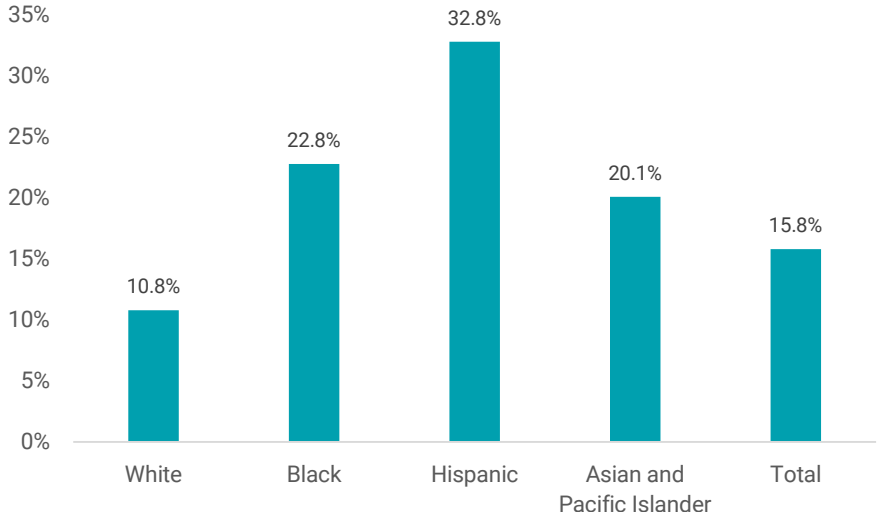


ACCESS TO A REGULAR HEALTH CARE PROVIDER

Another key to good health is having a regular health care provider to go to for preventive care or to address a problem.

In Connecticut, Hispanic residents are more than three times more likely than white residents to not have a personal doctor, while Black and Asian residents are approximately twice as likely.

Connecticut adults who report not having a personal doctor or health care provider, 2018[4]



There are also significant disparities in adults who did not see a doctor because of cost. More than twice as many Black and Hispanic residents reported not seeing a doctor because of cost in the previous 12 months compared to white residents.

Adults who report not seeing a doctor in the past 12 months because of cost, Connecticut, 2018[5]

Race/ethnicity	Percent
Overall	9.2%
White	6.9%
Black	13.2%
Hispanic	17.2%
Asian and Pacific Islander	6%

DISPARATE TREATMENT IN HEALTH CARE

Studies show that Black and Hispanic patients receive less aggressive medical treatment than white patients.[6] For example:

- Hispanic patients were half as likely to be given pain medication when they went to the emergency room with a broken bone.[7]
- Among pediatric patients with appendicitis, Black patients were significantly less likely to be given opioids to treat pain.[8]
- Black patients with heart issues were significantly less likely than white patients to receive therapeutic interventions, including implanted defibrillator devices that can prolong long-term survival.[9]

ACCESS TO RESOURCES THAT AFFECT HEALTH

Good health requires more than medical care; it's related to factors including people's ability to afford healthy food and whether they have access to transportation and a safe place to live. Data indicates there are big racial and ethnic gaps in access to these resources. According to a 2018 survey of Connecticut residents:[10]

- 87% of white residents said they "very often" had access to a car when they needed it – compared to only 65% of Black and Hispanic residents.
- 28% of Hispanic residents and 23% of Black residents said there were times in the past 12 months when they did not have enough money to buy food for themselves or their family. Among White residents, the rate was 10%.
- 43% of Hispanic residents and 40% of Black residents somewhat or strongly agreed with the statement, "I do not feel safe to go on walks in my neighborhood at night." Among White residents, 26% somewhat or strongly agreed.
- 13% of Black and Hispanic residents said they did not have enough money to provide adequate shelter or housing for themselves or their family in the past 12 months – more than twice the rate of white residents (6%).

THE PHYSICAL TOLL OF DISCRIMINATION

Research indicates that people can suffer a physical toll from the stress of experiencing racism and discrimination – both in the form of overt racist acts and more routine forms of unfair treatment, such as receiving poorer service than others in restaurants or stores, being threatened or harassed, or having people act as if they are afraid of you.[11]

Studies have linked the experience of discrimination with negative physical and mental health outcomes including depression, anxiety, hypertension, breast cancer, and giving birth preterm or having a low-birthweight baby.

ENDNOTES

1 Institute of Medicine Committee on the Consequences of Uninsurance, "Care Without Coverage: Too Little, Too Late," National Academies Press, 2002.
2 Steffie Woolhandler and David U. Himmelstein, "The Relationship of Health Insruance and Mortality: Is Lack of Insurance Deadly?" Annals of Internal Medicine (Sept. 1, 2017): 424-431.
3 Kaiser Family Foundation, "Uninsured Rates for the Nonelderly by Race/Ethnicity," 2018.
4 Kaiser Family Foundation, "Adults Who Report Not Having a Personal Doctor/Health Care Provider by Race/Ethnicity," 2018.
5 Kaiser Family Foundation, "Adults Who Report Not Seeing a Doctor in the Past 12 Months Because of Cost by Race/Ethnicity," 2018.
6 Kevin A. Schulman, Jesse A. Berlin, William Harless, et al., "The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization," The New England Journal of Medicine, Feb. 25, 1999, 618-626.
7 Knox H. Todd, Nigel Samaroo, and Jerome R. Hoffman, "Ethnicity as a Risk Factor for Inadequate Emergency Department Analgesia," JAMA, March 24, 1993, 1537-1539.
8 Monika K. Goyal, Nathan Kuppermann, Sean D. Cleary, et al., "Racial Disparities in Pain Management of Children with Appendicitis in Emergency Departments," JAMA Pediatrics, November 2015, 996-1002.
9 Quinn Capers IV and Zarina Sharalaya, "Racial Disparities in Cardiovascular Care: A Review of Culprits and Potential Solutions," Journal of Racial and Ethnic Health Disparities, September 2014, 171-180.
10 DataHaven and Siena College Research Institute, 2018 DataHaven Community Wellbeing Survey Statewide Connecticut Crosstabs.
11 David R. Williams, Yan Yu, James S. Jackson, and Norman B. Anderson, "Racial Differences in Physical and Mental Health," Journal of Health Psychology (1997): 335-351.