

HEALTH DISPARITIES IN CONNECTICUT

**Racial and ethnic health disparities are pervasive in Connecticut.
It doesn't have to be this way.**

What the data shows

5x

Black children and teens were more than **five times** more likely than white children to go to the emergency room for asthma in 2022.

4x

Babies born to Black mothers were **four times** as likely to die before turning one than babies born to white mothers in 2020.

2.6x

Black women are **2.6 times** as likely as white women to die within six weeks of childbirth.

4x

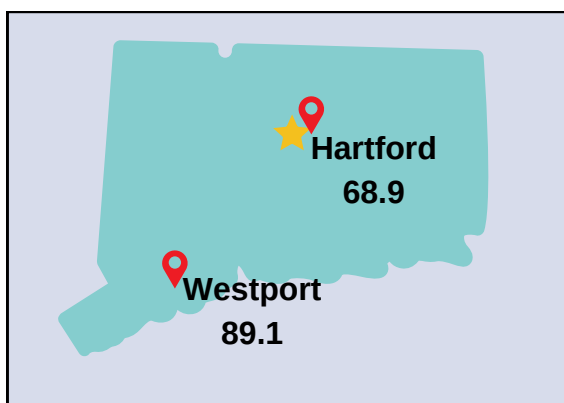
3x

Black Connecticut residents with diabetes are **four times** more likely than white residents to have a lower extremity amputated. Hispanic residents are **three times** more likely.

2x

Hispanic women are **nearly twice** as likely as white women to be diagnosed with cervical cancer.

Life expectancy in CT



80.8 years: Life expectancy overall in Connecticut.
But that varies by where you live.

68.9 years: Life expectancy in Northeast Hartford, a neighborhood where 69% of residents are Black and 29% are Hispanic.

89.1 years: Life expectancy in part of Westport, where 91% of residents are white.

What causes disparities?

Differences in access to health care providers, insurance, and resources.

- Compared to white residents, Black and Hispanic Connecticut residents are **less likely to have insurance** and less likely to have a **regular source of care**.
- Black and Hispanic Connecticut residents are less likely to have reliable access to **transportation, stable housing, and food**.

It's not just socioeconomic status.

- While people with higher incomes tend to have better health outcomes, controlling for income and education **does not eliminate disparities**.
- For example, Black women with a college education or higher were **1.6 times more likely** to die from pregnancy-related causes than white women without a high school diploma.

Experiencing racism affects people's health.

- Research has linked the experience of racism to **physical and mental health consequences**, including depression, anxiety, **hypertension, breast cancer**, and **giving birth preterm**.

Disparate treatment in health care.

- Research has found that people of color receive **unequal treatment** in health care. For example:
 - Hispanic patients were **half as likely** to be given pain medication as white patients when they went to the ER with a broken bone.
 - Before the opioid epidemic, among pediatric patients with appendicitis, Black children and teens were **less likely** to be given opioids to treat pain.
 - Black patients with heart issues were significantly **less likely** than white patients to receive therapeutic interventions that can prolong long-term survival.

What can we do?

- **Ensure everyone has health care coverage.** People with insurance are more likely to get preventive care and have **better outcomes** and **survival rates**.
- **Collect better data on patients' race, ethnicity, and language preference.** This can be used to **identify and address** disparities in care and outcomes.
- **Use evidence-based practice and treatment guidelines.** These have been found to reduce disparate treatment.
- **Expand the use of community health worker services.** These services can help connect people to care and services, and have been shown to **reduce disparities** and **improve health**.
- **Increase the number of health care providers of color.** **Research** has found that when a patient of color shares a racial background with his or her provider, the outcomes are better.

Sources

What the data shows

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Maternal mortality: CT Department of Public Health, [Healthy Connecticut 2025, 2020](#), p. 93.

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- Steffie Woolhandler and David U. Himmelstein, "[The Relationship of Health Insurance and Mortality: Is Lack of Insurance Deadly?](#)" Annals of Internal Medicine (Sept. 19, 2017): 424-431.

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