



UConn
HEALTH
HEALTH DISPARITIES
INSTITUTE



November 2024

PHASE 1 SURVEY BRIEF REPORT

Recommended Citation: Betz, G., Diaz, V., Pitter, T., Bartholomew, Z., Coman, E., Sprague Martinez, L. Phase 1 Survey Brief Report. UConn Health Disparities Institute. 2024.

Introduction

Background

The Commission on Racial Equity in Public Health (CREPH) is tasked with addressing the impact of racism on health and advancing racial equity in Connecticut.

In 2024, CREPH contracted the Health Disparities Institute (HDI) at UConn Health to initiate community-based participatory research and strategic planning.

As part of this work, CREPH developed a community engagement survey. This report outlines the survey process and findings

Purpose

The purpose of this survey was to explore Connecticut residents' perceptions of social factors that influence health as well as solutions that could address these factors.

The data collected from these surveys informed the strategic planning process for CREPH.

Methods

The survey was conducted in partnership with Access Health CT. Access Health CT navigators distributed flyers with a QR code for the survey link at health fairs and outreach events throughout the state.

Survey participants were given the option to take the survey themselves or have a navigator read the survey to them.

The survey asked about participant needs and their ideas for solutions related to food access, neighborhood safety, healthcare access and costs, and housing.

Participants were also asked to share their racial/ethnic identity, gender identity, age, and health insurance type.

The survey was available in five languages: English, Spanish, Haitian Creole, Portuguese, and Albanian.

Findings

Below please find a brief summary of the survey findings for participant demographics, needs, and solutions. See the full “**Survey Results**” section for more details.

Participants

There were 95 survey participants.

Most participants:

- Spoke English, followed by Spanish
- Identified as Hispanic or Latino/a/e, followed by White and Black or African American
- Received health insurance through their employer or union, followed by Medicaid and no insurance
- Identified as women
- Were between the ages of 30-49 years
- Lived in the Waterbury area

Needs

Participants said they most worried about paying rent and the cost of medical care. Most participants said they were able to:

- Get fresh food in their neighborhood
- Afford fresh food
- Feel safe in their neighborhood
- Have easy access to a family doctor when they are sick

**Participants’
top concerns:**
**Paying Rent
& Cost of
Medical Care**

Solutions

Participants chose the one solution they thought was most important for each topic below. The solutions are listed in order of importance based on participant responses.

TOPIC	SOLUTIONS
Better access to housing	<ol style="list-style-type: none">1. More affordable housing units2. Less barriers in the rental process3. More programs to fix up existing buildings for safety4. Housing voucher improvements
Safer neighborhoods	<ol style="list-style-type: none">1. Officers having better relationships with the community2. More youth programs3. More well-lit sidewalks and parks4. More violence prevention programs
Easier to get healthcare	<ol style="list-style-type: none">1. Relief from medical bills2. Insurance coverage for needed services3. Consistent health insurance4. Someone to help with paperwork, transportation, and language

Relationships

There were significant relationships between social needs and specific demographics, including race/ethnicity, age, and insurance type. A few of these patterns are listed below.

Participants who:



Identified as Black, Hispanic/Latino, or more than one race worried most about paying their **rent** and felt the **least safe** in their neighborhoods compared to White participants.



Were **older** appeared to afford fresh food more frequently. However, the **18-29-year-old** age group reported affording fresh food more frequently than **30-49-year-old participants**.



Had purchased **(private) insurance** reported getting and affording fresh food more frequently than those with **veteran insurance, no insurance, or Medicaid**.

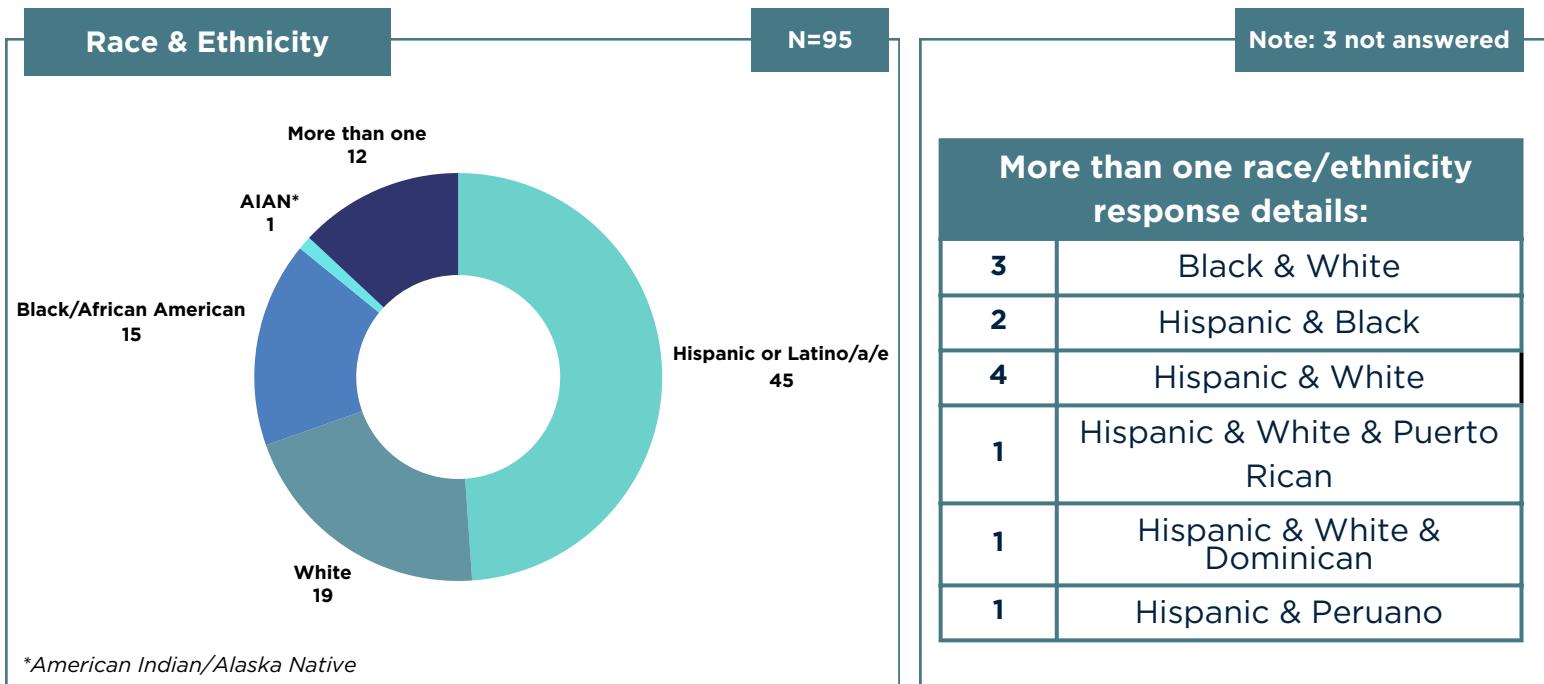
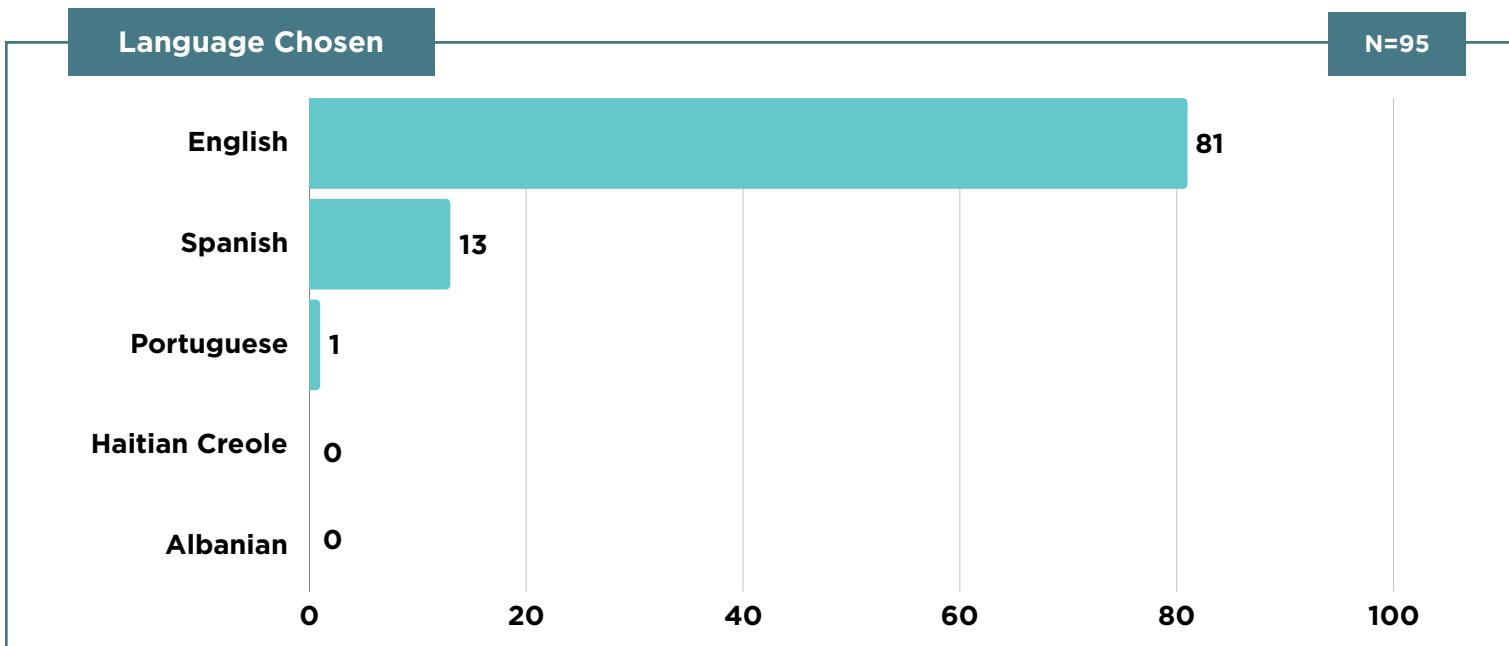


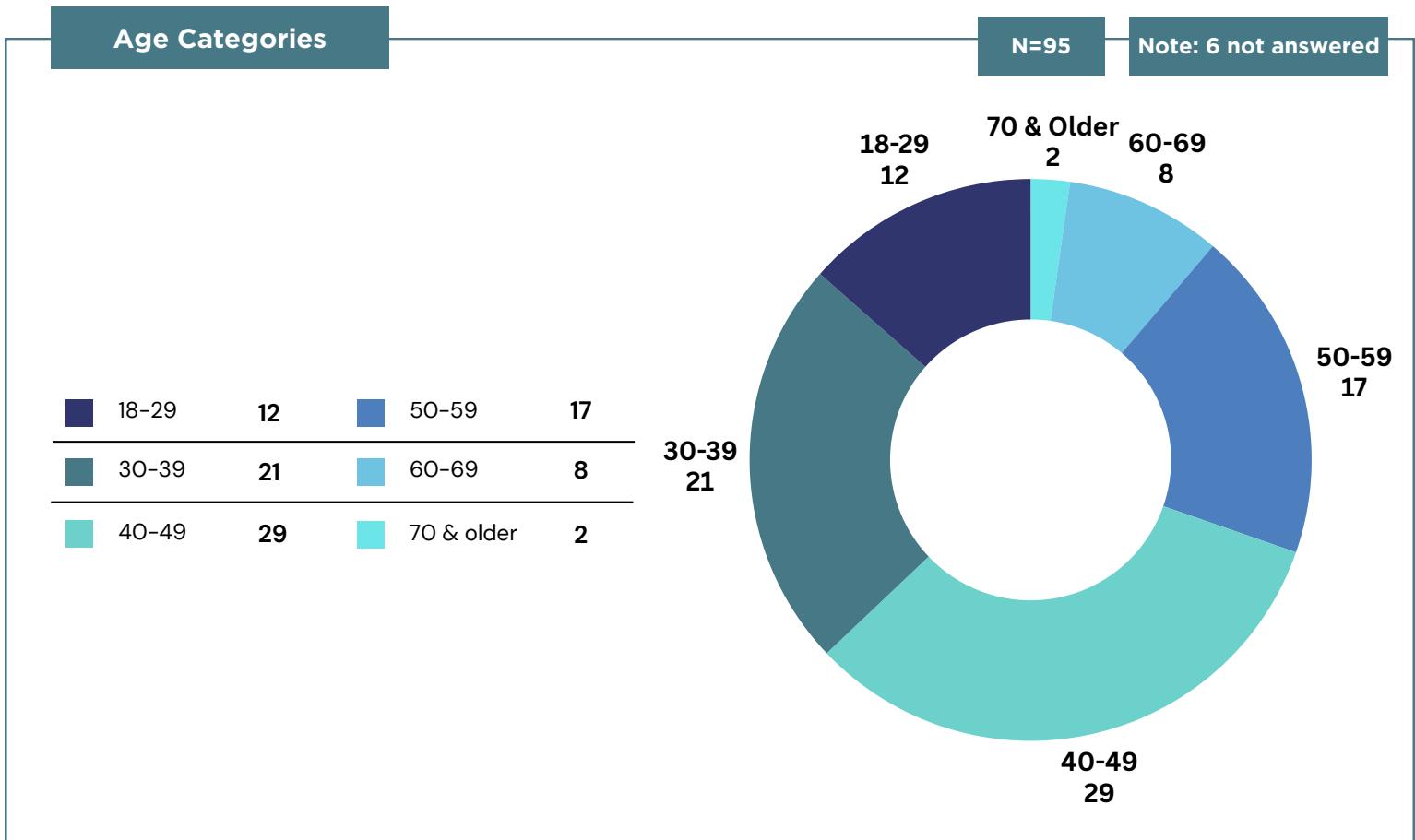
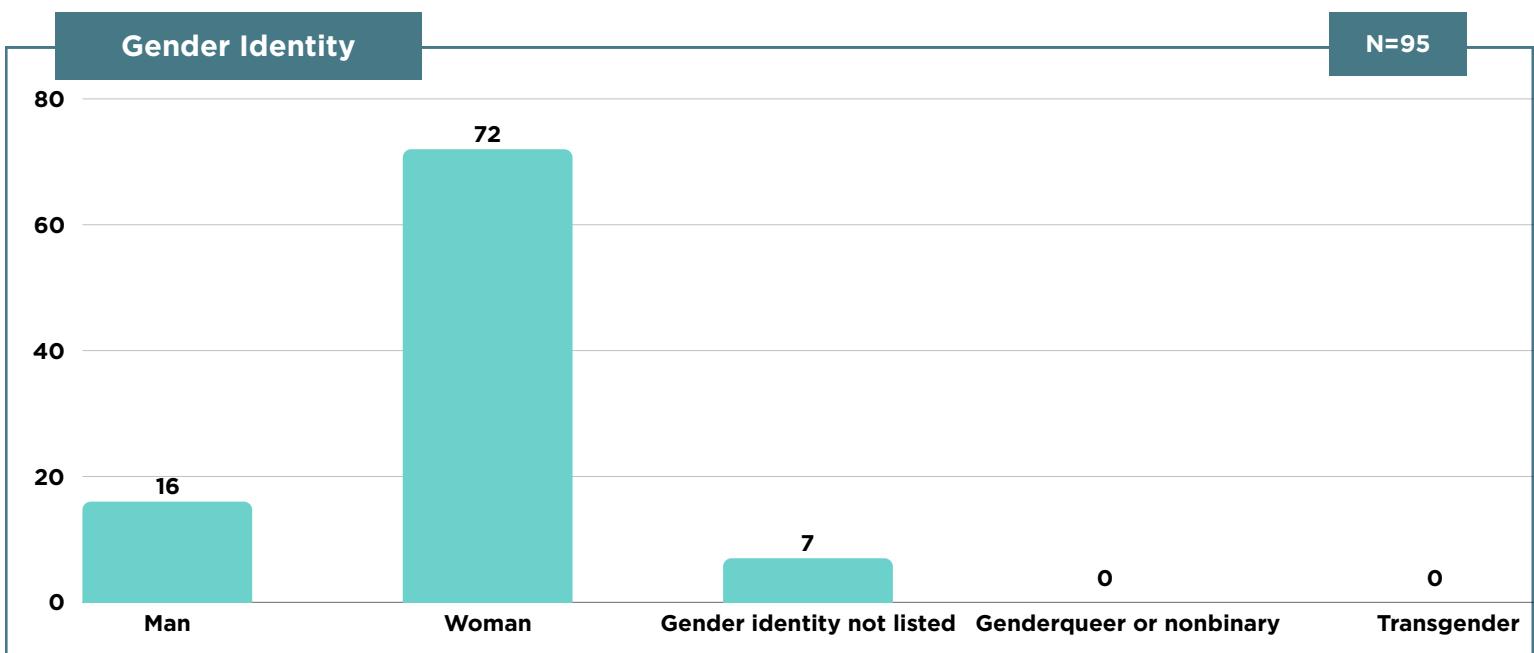
Had **Medicaid worried the least** about the **cost of medical care**.

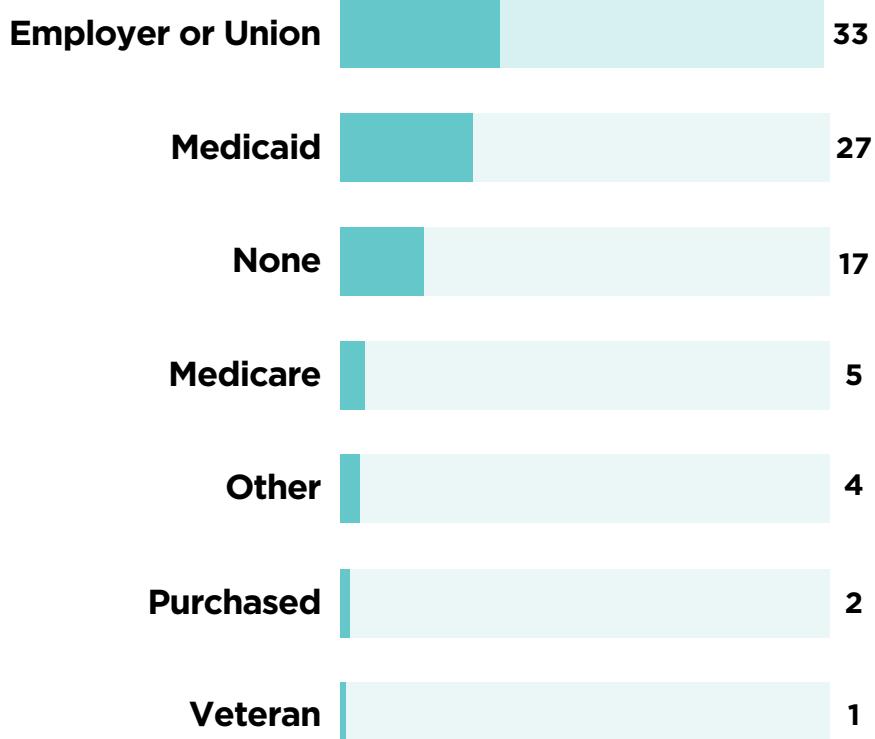
Survey Results

Below are detailed Phase 1 survey results for participant demographics, needs, and solutions.

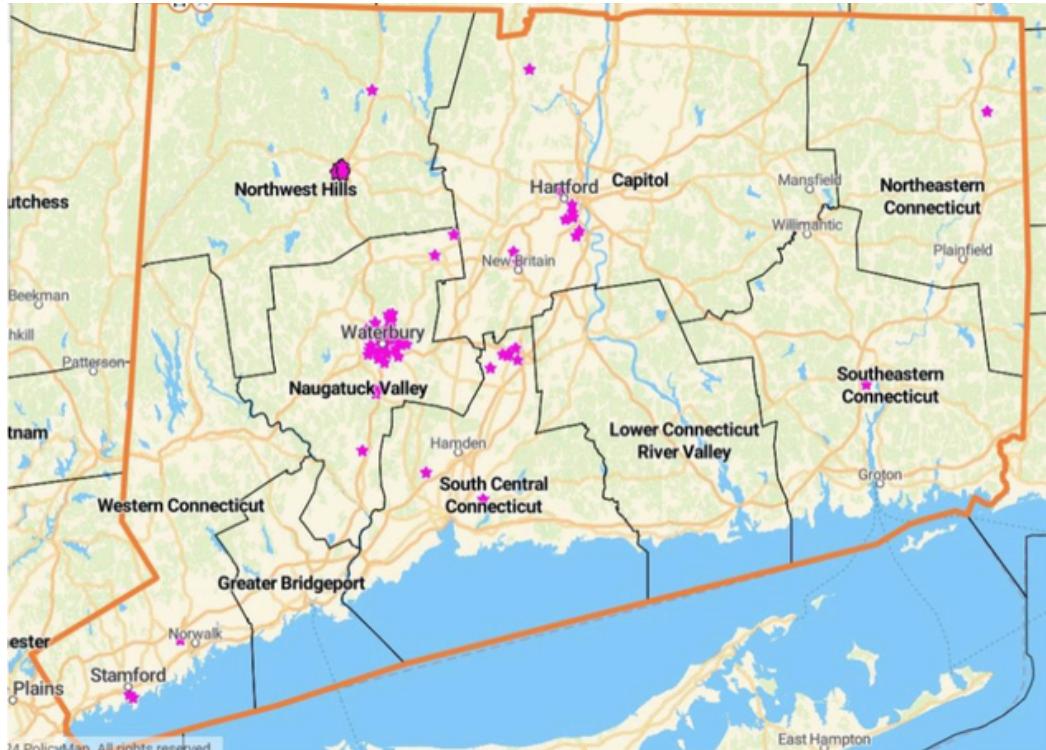
Demographics







Geographic Distribution



Pink stars indicate where a participant lives. Most participants live in Waterbury because the survey was mostly conducted at an Access Health CT location in Waterbury.

Needs

Indicate how often you experience the following things	Never	Rarely	Sometimes	Most of the time
I can get fresh food in my neighborhood	8%	18%	34%	40%
I can afford fresh food	6%	18%	44%	32%
In the past year, I worried about paying rent	18%	13%	45%	24%
I feel safe in my neighborhood	6%	14%	32%	48%
I have easy access to a family doctor when I am sick	7%	12%	33%	48%
I worry about the cost of medical care*	12%	16%	38%	35%

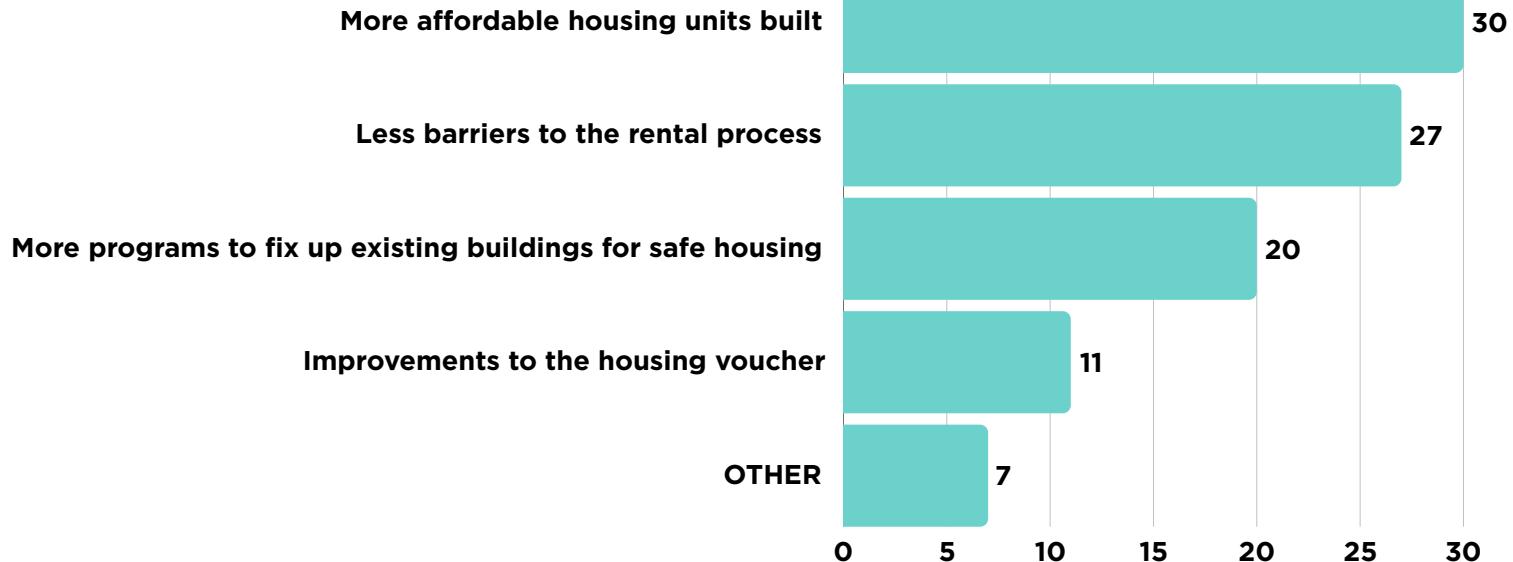
Of those who worried about the cost of medical care:

- Most of the time
 - 55% were employer insured
 - 24% were not insured
 - 9% were insured by Medicare
- Sometimes
 - 28% were insured by Medicare
 - 25% were employer insured

Solutions

Access to housing would be better if...

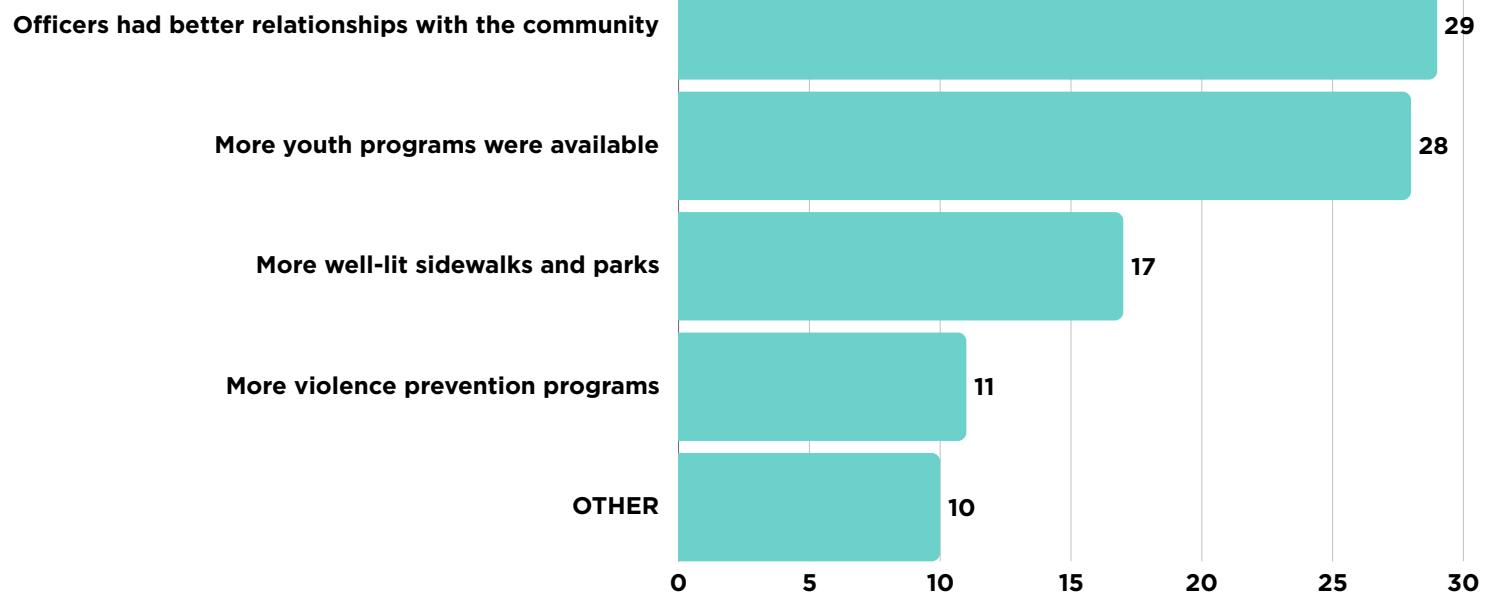
N=95



Other housing solutions: "If rent wasn't so high; If landlords lived in the state of CT and weren't allowed to price gouge their slum lord their apartments [sic]; Better income."

My neighborhood would be safer if...

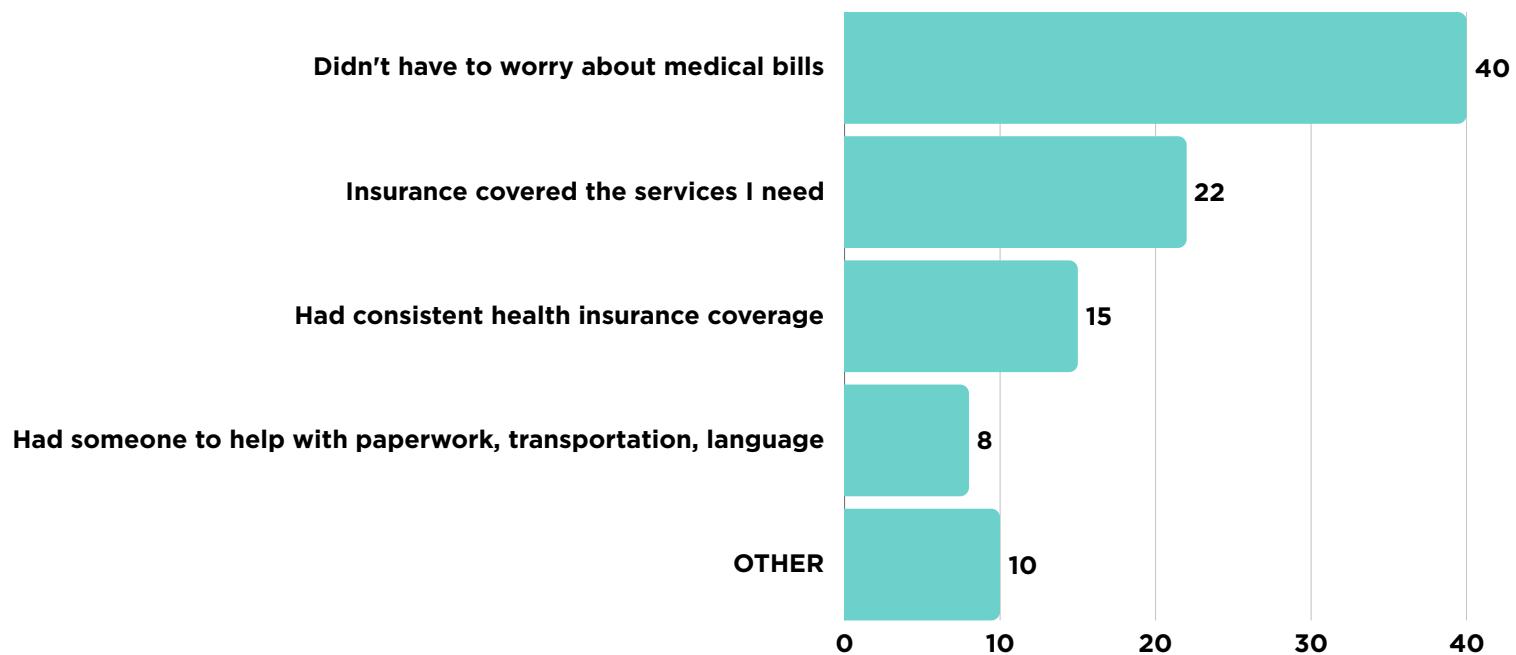
N=95



Other neighborhood safety solutions: "If there were more cameras in the city and more consequences for the criminal youth."

Getting the healthcare I need would be easier if...

N=95



Other healthcare solutions: "If I didn't have a high deductible; If healthcare systems took all types of insurance; If the doctor's offices weren't double booking and making everyone wait for care; If there wasn't racial disparities; If they had a greater personnel capacity because sometimes in the case of emergencies you spend the entire day to be seen by a doctor; and Low-cost insurance coverage."

Next Steps

These survey findings will be used to inform Phase 2 of the statewide community assessment, including another survey and focus groups. Please note these findings represent a relatively small number of respondents and are not generalizable to all Connecticut residents.

This process will identify community priorities and solutions for the CREPH strategic plan to make Connecticut a more racially equitable state.

More detailed information on the survey tool and results is available upon request.

Please contact **Muna Abbas**, Associate Commission Analyst, Commission on Racial Equity in Public Health, at muna.abbas@cga.ct.gov.

Acknowledgements

We gratefully acknowledge the contributions of the following individuals and organizations to developing and implementing the survey:

Ellyn Laramie and the **team of navigators**
at Access Health CT

CREPH Community Engagement

Subcommittee

- **Tammy Hendricks**, Access Health CT
- **Ayesha Clarke**, Health Equity Solutions
- **Leonard Jihad**, Connecticut Violence Intervention Program
- **Chavon Hamilton-Burgess**, Hartford Health Initiative

UConn Health Disparities Institute

241 Main Street, 5th Floor
Hartford, CT 06106
860-241-1168
uconnhdi@uchc.edu