

# DataHaven

## Classroom Materials

**Title of Material:** Coronavirus in Connecticut (The Role of Social Inequality and the Impact of COVID-19)

**Topics Discussed:** Health, healthcare, COVID-19, social inequalities

**Skills Utilized:** Reading skills, data analysis, reflection

**Format:** Individual or with a partner

**In Person or Online:** Either

**Procedure/Instruction Suggestions:**

“Think Pair Share” also available

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2020

# Coronavirus in Connecticut

## *The Role of Social Inequality and the Impact of COVID-19*

*COVID-19 exposed how little we have contributed to our collective safety net and just how much effort we put into dismantling it; meanwhile, the number who are on the precipice of hardship is growing daily. With so many in precarious financial circumstances, now is the time to consider whether our solutions to address these crises will widen or bridge the gap.*

**Directions:** Look at the table below. Fill out the “Before You Read” box with any questions you have about COVID-19, social inequality, and the impact on Connecticut. Then, read and annotate the following information and data, filling out the “As You Read” box with points that stick out to you as surprising, thought provoking, or that you do not understand. After you read, fill in the “After You Read” box with **at least three bullet points** summarizing what you learned about COVID-19, social inequality, and the impact on Connecticut.

<b>Before You Read</b> What questions do you have?	<b>As You Read</b> What has stuck out to you?	<b>After You Read</b> What have you learned?
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### **Background**

In January, 2020, the first confirmed case of coronavirus infection (COVID-19) was reported in the United States, and by March 8, the first infection was recorded in Connecticut. Early data from across the country suggest that Black, Latino, and indigenous communities are experiencing disproportionately higher rates of infection and serious complications. In Connecticut, Black and Latino individuals have died at higher age-adjusted rates than white individuals.

Disasters like the COVID-19 pandemic expose and exacerbate existing social inequities. Prior to the pandemic, communities of color endured disproportionately worse health outcomes and increased mortality as a consequence of decades of structural inequality. The pandemic has made these disparities only more obvious.

For many, the greatest barrier to overall good health is the legacy of racism, structural deprivation, and limited integration into the systems that help people achieve a better quality of life. Historically, people who have had unequal access to the resources needed to become and remain healthy have included people of color, especially Black people; specific ethnic groups—in Connecticut, especially people of Puerto Rican ancestry; immigrants, especially those who are undocumented; people with low incomes; people who identify as lesbian, gay, bisexual, transgender, queer, or as sexual/gender minorities (henceforth, LGBTQ); and people with disabilities.

### **Economic Inequality**

The economic impact of COVID-19 is evident as whole sectors of the economy constrict in an effort to prevent the virus from spreading. While the most privileged have begun to adjust to working at home, the ripples of economic collateral damage are beginning to emerge. The outcome, so far, has included thousands of business closures and tens of millions of new unemployment claims nationwide, including hundreds of thousands in Connecticut. Connecticut already has a vast income inequality; In 2018, the median household income in Connecticut was approximately \$76,000. In that year, the average household headed by a white person had a median income of about \$89,000 while the average Black or Latino-led household had a median income less than \$50,000. The average household headed by a person of Puerto Rican ancestry had an income of just \$37,000 per year. With COVID-19's massive impact on the unemployment rates and the ensuing economic pain felt, social inequalities already present in Connecticut begin to have even more of an impact. Further, poverty and the corresponding health inequities arising from a lack of resources are partially responsible for elevated COVID-19 infection rates in Black and Latino communities.

### **Educational Inequality**

An uneven transition to remote learning prompted by school closures in the wake of the COVID-19 pandemic may worsen the yawning student achievement gap. Access to a home computer and broadband varies widely across Connecticut towns. In urban areas, with more low-income families and comparatively under-resourced school districts, students are more likely to lack the technology needed for distance learning. Higher-needs students, such as those with learning disabilities, may lose access to their educational support system and risk falling behind academically and socially.

### **Food Inequality**

The additional, widespread loss of income due to the COVID-19 outbreak has exacerbated long standing conditions of food insecurity in the state, straining the limited existing resources for public support. Many families in Connecticut rely on the meals provided to their children in school—often at no cost to the family—and now face difficulty in accessing free food while schools are closed. Districts throughout the state have organized alternative meal and grocery pickup and delivery services, but this change is yet another hurdle for many families. Food banks and pantries in the state are also seeing unprecedented demand as families lose income and await federal benefits. Tens of thousands of new SNAP (Supplemental Nutrition Assistance Program, or food stamps) applications have flooded the Department of Social Services since March.

### **Housing Inequality**

As a result of lost income due to business closures during the COVID-19 pandemic, housing insecurity is a growing concern. Fewer protections are currently afforded to renters—who are more likely to be Black, Latino, or female—than to people who own their homes. Renters also face adverse housing conditions, including higher rates of overcrowding, that can facilitate transmission of the disease if an infected person is asked to home-quarantine during the course of their illness. In Connecticut, 76 percent of white heads-of-household own their home, about twice the share of Black (39 percent) and Latino (33 percent) heads-of-household. The loss of income due to the COVID-19 pandemic has put renters in precarious circumstances. By one estimate, about 70 percent of renters paid rent on time in April, 2020, compared to 81 percent in March. Once evicted, households immediately and repeatedly face the stress and anxiety of finding shelter. From that point forward, they will have a much more difficult time finding a safe, healthy, affordable, and stable place to call home.

### **Healthcare Coverage Inequality**

As a result of lost or reduced income, or lost health insurance, many families may now be unable to afford their existing medical expenses, let alone critical treatment in the event they contract COVID-19 and endure serious complications. The Urban Institute estimates that, at 15 percent unemployment during a COVID-19 related recession, 64,000 people in Connecticut may become newly uninsured. According to the American Community Survey, 94 percent of Connecticut residents had health insurance in 2018, although that rate was higher for citizens than noncitizens; only 70 percent of noncitizens were insured. In larger cities with higher rates of poverty and unemployment, and areas with higher concentrations of foreign-born residents, the overall insured rate is lower.

Telemedicine has emerged as an alternative to in-person health care provider visits, but individuals without access to the appropriate technology (such as a broadband connection or device with a camera) or whose insurance does not cover telemedicine may remain unable to safely access health care for COVID-19 or other health issues.

A lack of high quality health care in underserved neighborhoods, perceived discrimination during clinical encounters, and difficulty accessing culturally competent care often prevent people with the greatest health need from accessing necessary care. The COVID-19 pandemic is bringing the effects of this disparity into focus—recent data indicate that Black and Latino populations are experiencing higher rates of infection and COVID-related death than their white counterparts in Connecticut and across the United States.