

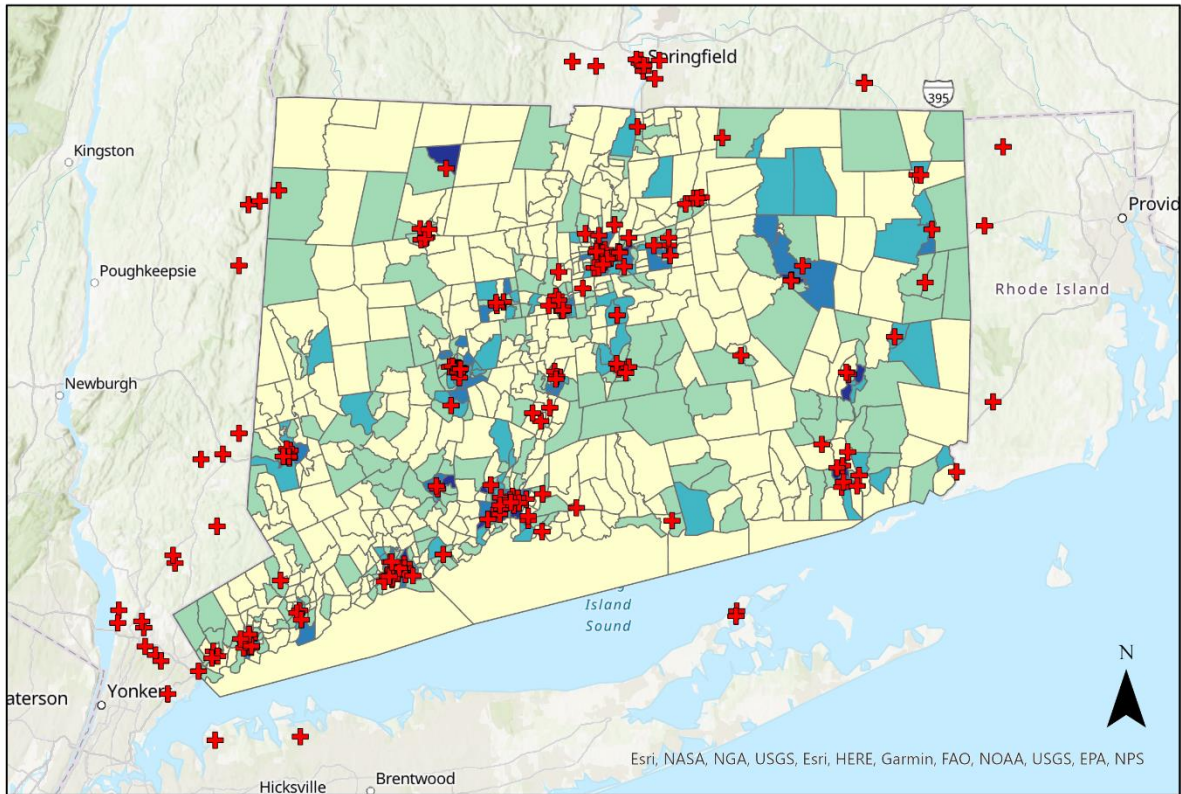
# Elderly Healthcare Access in Connecticut down only at 15%

Logan Selley for the Connecticut Health Equity Organization

Hartford, Connecticut, 2/1/2021 – When we started investigating people's geographic access to healthcare and health services here in Connecticut, we wanted to focus on the access of those in the most need. To this end we focused our research around federally qualified health centers (FQHC) that are subsidized to serve underserved areas and populations. In order to identify the populations in the most need we focused on 4 variables: people in poverty, people over age 65, unemployed people, and people on public assistance and compared them to the general population. For measuring accessibility, we used a distance of 1 mile as the cutoff and measured that distance in both Euclidean (as the crow flies 1 mile radius) and networked (1 mile of road distance) distance.

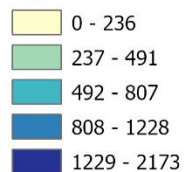
As for what we found, Connecticut's FQHCs are accessible by 27.9% (Euclidean) or 20.6% (Networked) of the total population, but the percentages for our measures were wildly different. Of people below the poverty line, 53.9% (Euclidean) or 44.8% (Networked) have access to a FQHC and looking at figure 1 it is apparent that these FQHCs are heavily clustered around areas with higher poverty in the central and southern areas of the state and figure 3, showing the networked accessibility measure confirms that these areas are well served. This pattern holds the same with those on public assistance (51.9% E, 42.7% N) and to a lesser extent those who are unemployed (39.3 E, 31.6% N). On the other hand, people who are age 65 or over fell under the total population in terms of accessibility at 21.7% Euclidean or 15.1% networked. Looking at figure 2, depicting this variable we can see many of the areas with the highest number of retired people have no access to a FQHC, which is confirmed by comparing with figure 3. While it should be expected that the population of the elderly should be more distributed like the total population, and harder to cover well, it is clearly unacceptable for them to have less access on average, especially when they are a population so likely to require medical care. It is of the utmost importance that we subsidize more FQHCs in these more suburban areas to care for the elderly who need it most.

# Connecticut Total Population Below Poverty by Census Tract and Federally Qualified Health Centers (2017)

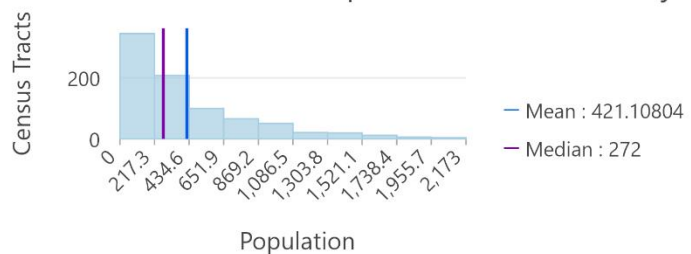


 Federally Qualified Health Center

Total Population Below Poverty  
By Census Tract



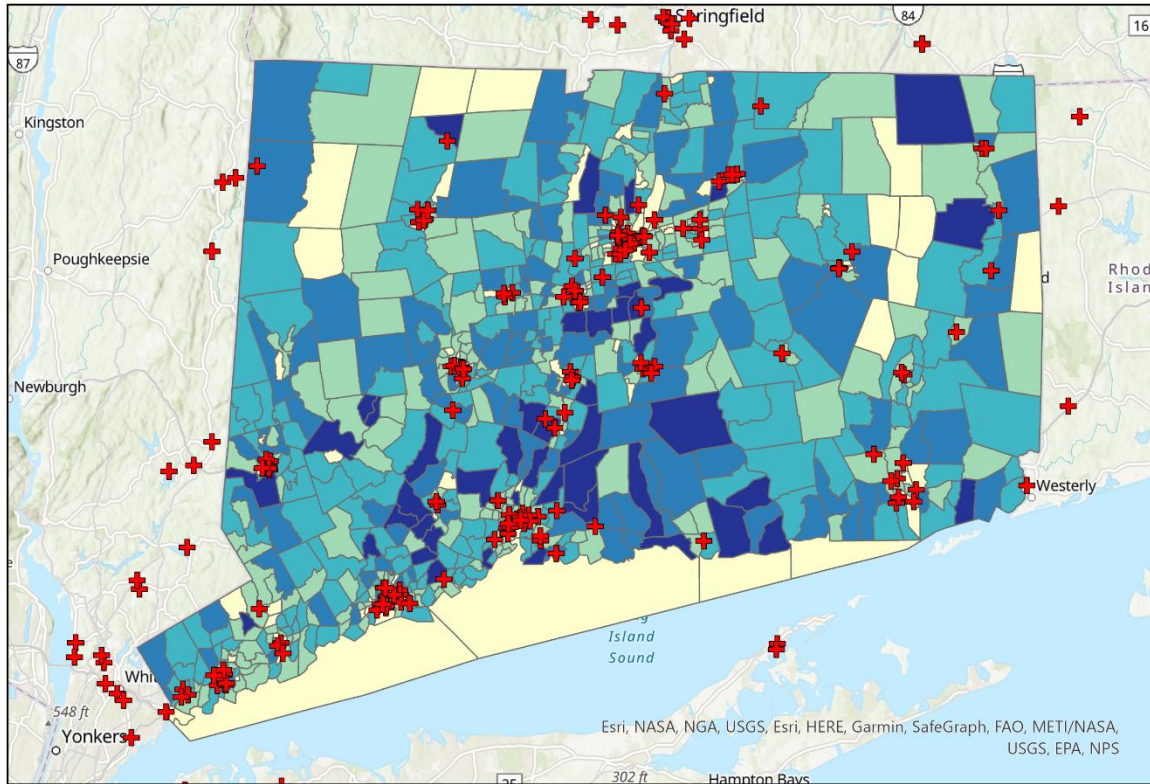
Distribution of Total Population Below Poverty



Data sourced from the 2017 American Community Survey

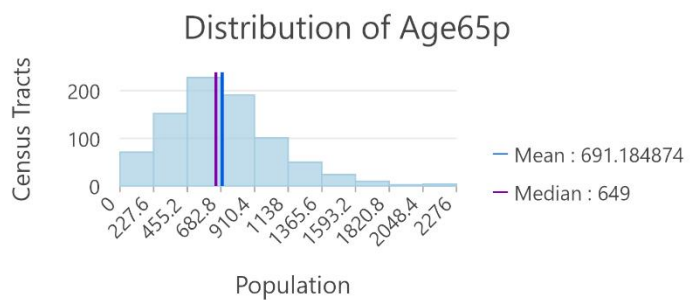
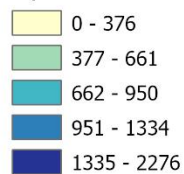
Figure 1

## Connecticut Population Age 65 or Older by Census Tract and Federally Qualified Health Centers (2017)



**+** Federally Qualified Health Center

**Population Age 65 or Older  
By Census Tract**

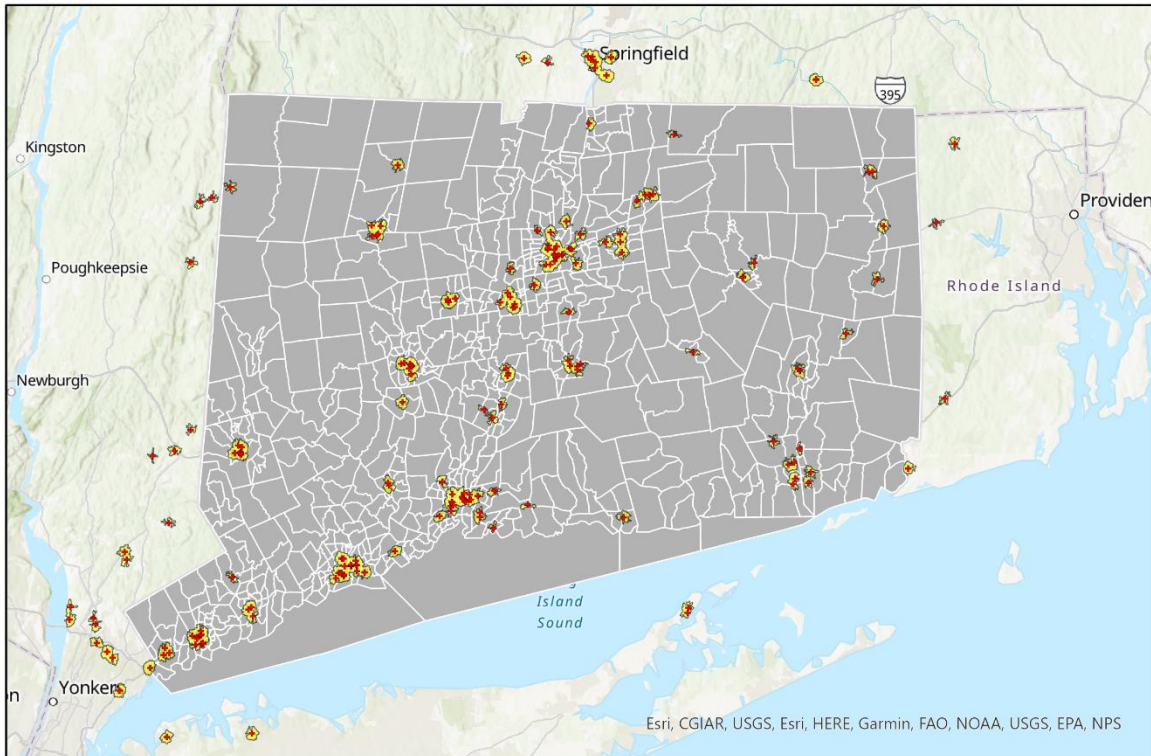


Data sourced from the 2017 American Community Survey

Figure 2





## Connecticut 1 Mile Networked Accessibility to Federally Qualified Health Centers



 Federally Qualified Health Center

### Connecticut Networked FQHC Accessibility (1 mile)

 1 Accessible  
 Inaccessible

Accessibility determined by 1 mile of road length from a  
federally qualified health center.

Data sourced from the Children's Environmental Health  
Initiative for the year 2018

PopulationGroup	Count	Euclidean	PercentEuc	Networked	PercentNet
TotPop	3594478	1002014	27.9	740721	20.6
BelowPov	350783	189206	53.9	157151	44.8
Age65p	575757	124913	21.7	86820	15.1
TotUnempl	140712	55233	39.3	44419	31.6
PubAsst	50386	26159	51.9	21495	42.7

Figure 3