

Health & Human Rights in Connecticut: Building an Equitable Health Care System

UConn School of Social Work – April 28, 2011

The Landscape of Health Disparities in Connecticut

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Health Disparities

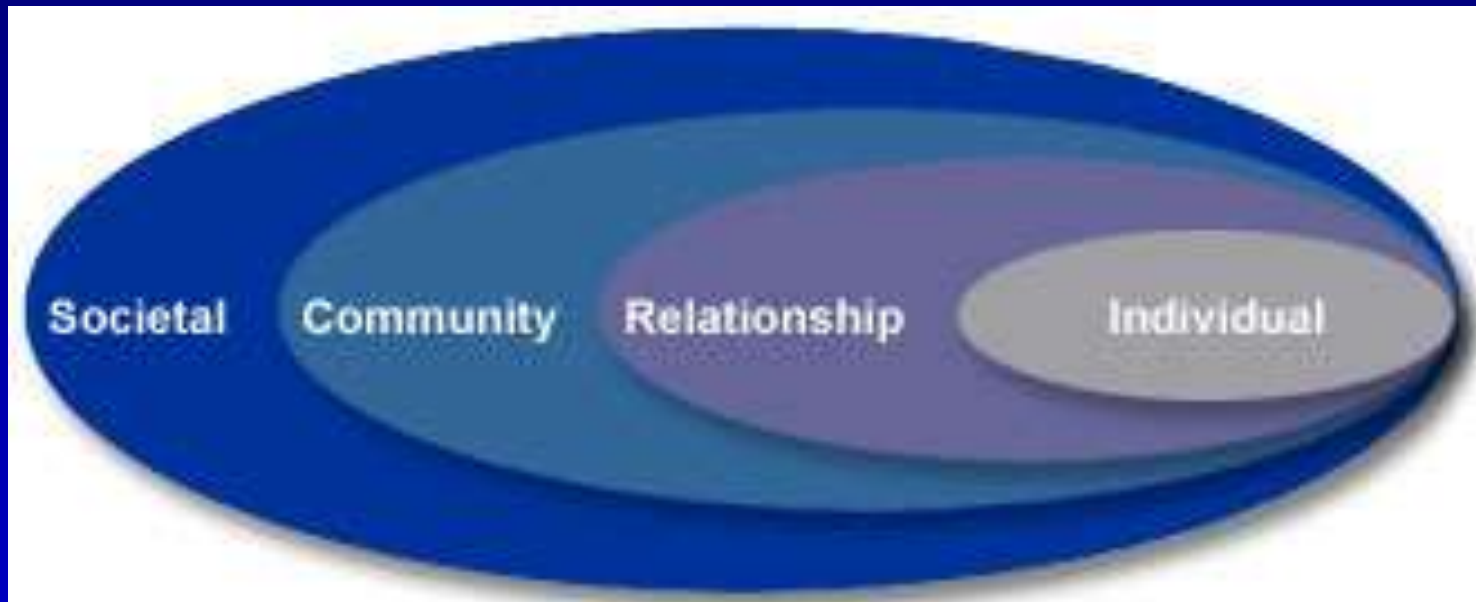
- ❖ “....may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, and geographic area of residence.
- ❖ ...*avoidable* differences in health that result from cumulative social disadvantages.”

Health Disparities / Health Equity

Complex interplay of factors:

- Social supports
- Housing stock
- Neighborhood safety
- Schools
- Fair wage jobs w/benefits
- Social safety net
- Transportation
- Availability of food markets and healthy foods
- Access to quality health care

Social Ecological Model



Source: Centers for Disease Control and Prevention, 2011.

Connecticut in U.S. Context

CT Overall Rank: 4 out of 50 U.S. states

- Lower smoking prevalence
- Lower obesity prevalence
- Lower % of children in poverty
- Higher immunization rates
- Lower premature mortality rates

Source: *America's Health Rankings, 2010.*

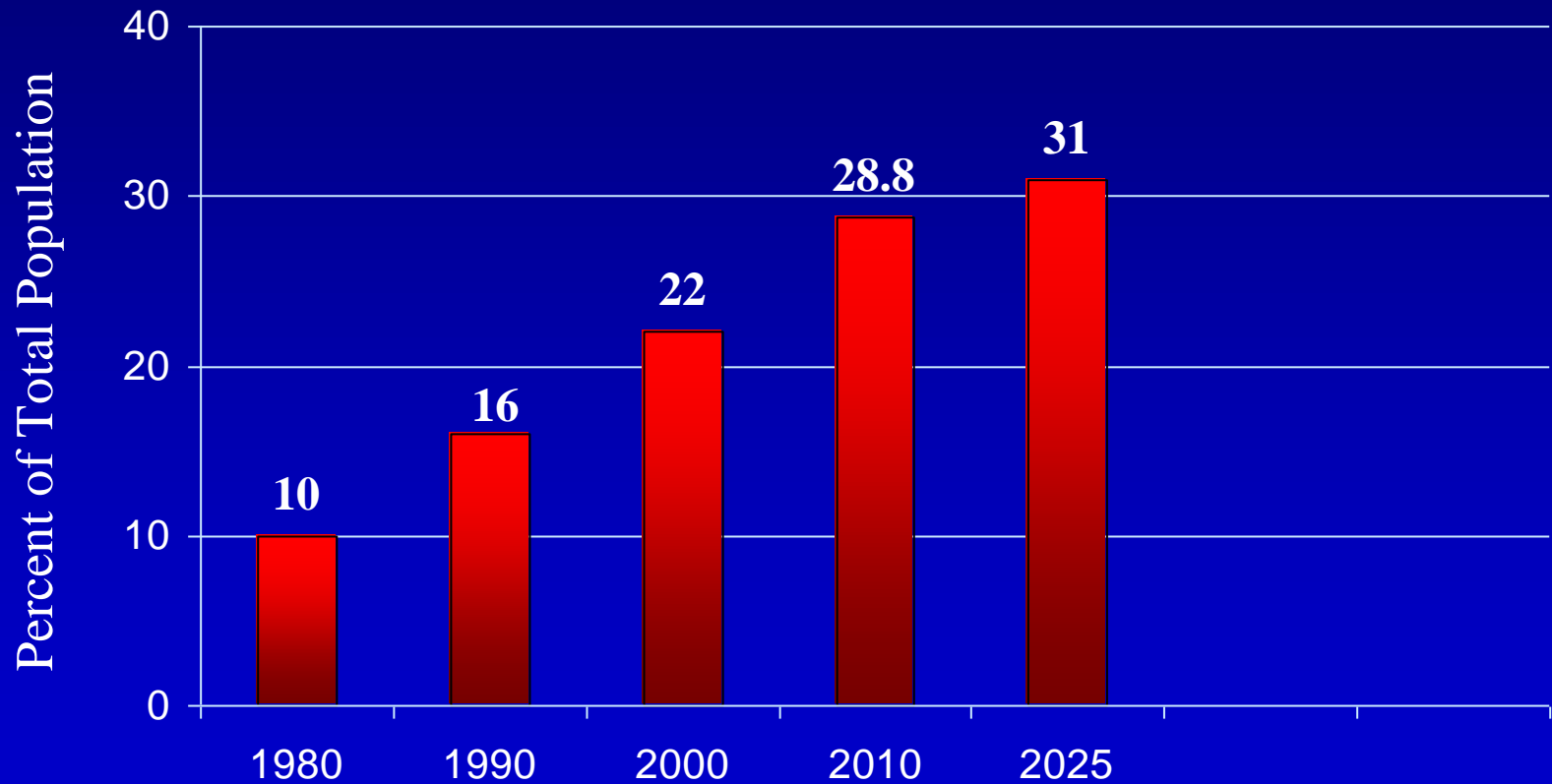
Connecticut in U.S. Context

Challenges:

- Higher binge drinking rates
- Higher infectious disease rates
- Lower public health funding
- Increasing rates of uninsured

Source: *America's Health Rankings, 2010.*

Growth in the CT Racial and Ethnic Minority Population, 1980 - 2025



Source: US. Bureau of the Census.

Connecticut Population by Race and Ethnicity, 2010

<i>Subgroup</i>	<i>Number</i>	<i>Percent of total</i>
White, NH	2,546,262	71.2
Hispanic	479,087	13.4
Black, NH	335,119	9.4
Asian, NH	134,091	3.8
≥ two races, NH	59,505	1.7
Some other race	12,190	0.3
AI or AN, NH	6,885	0.2
Nat HI and PI, NH	958	0.0
Total	3,574,097	100.0

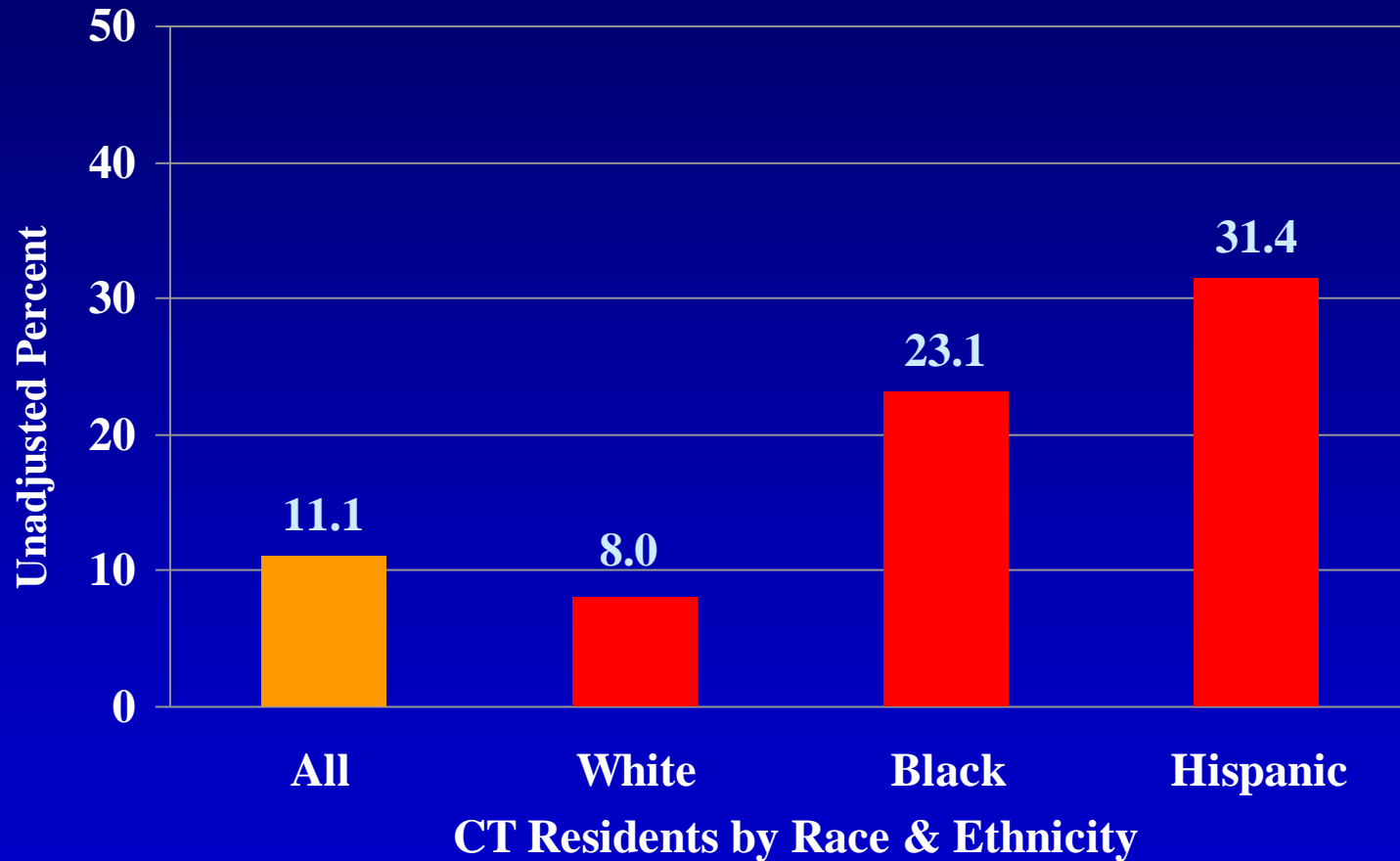
Source: U.S. Bureau of the Census, 2011.

Uninsured in Connecticut

<i>Years</i>	<i>Number</i>	<i>Percent</i>
2006-2007	325,500	9%
2008-2009	380,500	11%

Source: U.S. Bureau of the Census, 2010; CT DPH Office of Health Care Access, 2011.

CT Adults 18 – 64 Without Health Insurance by Race & Ethnicity, 2009



Source: CDC 2009 Behavioral Risk Factor Surveillance Survey , 2010.

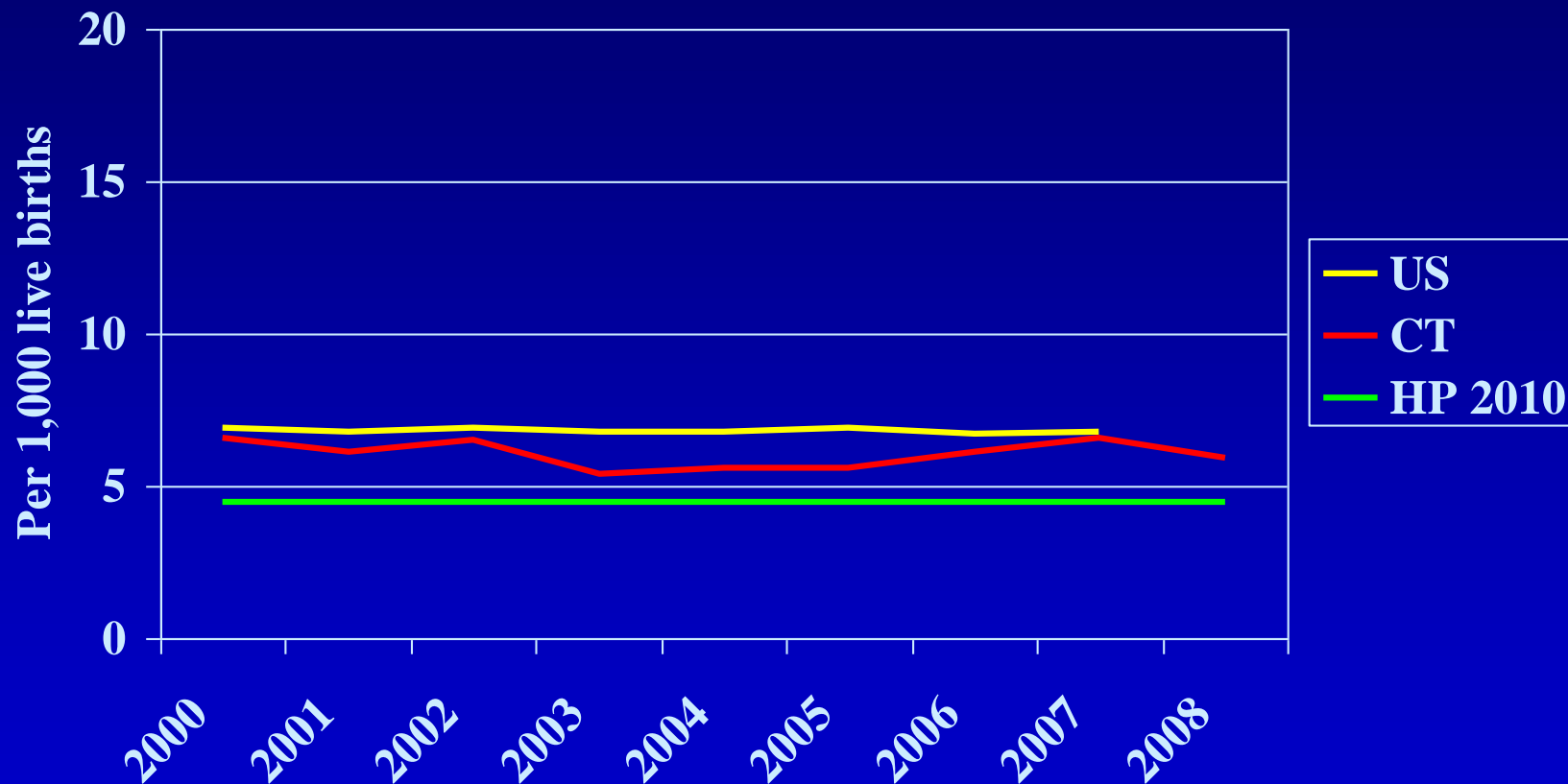
Leading Health Indicators

- Infant mortality
- All cause mortality & premature mortality
- Hospitalizations – asthma & diabetes
- Risk factors for chronic disease – obesity, diabetes, smoking, HBP

Infant Mortality Rate

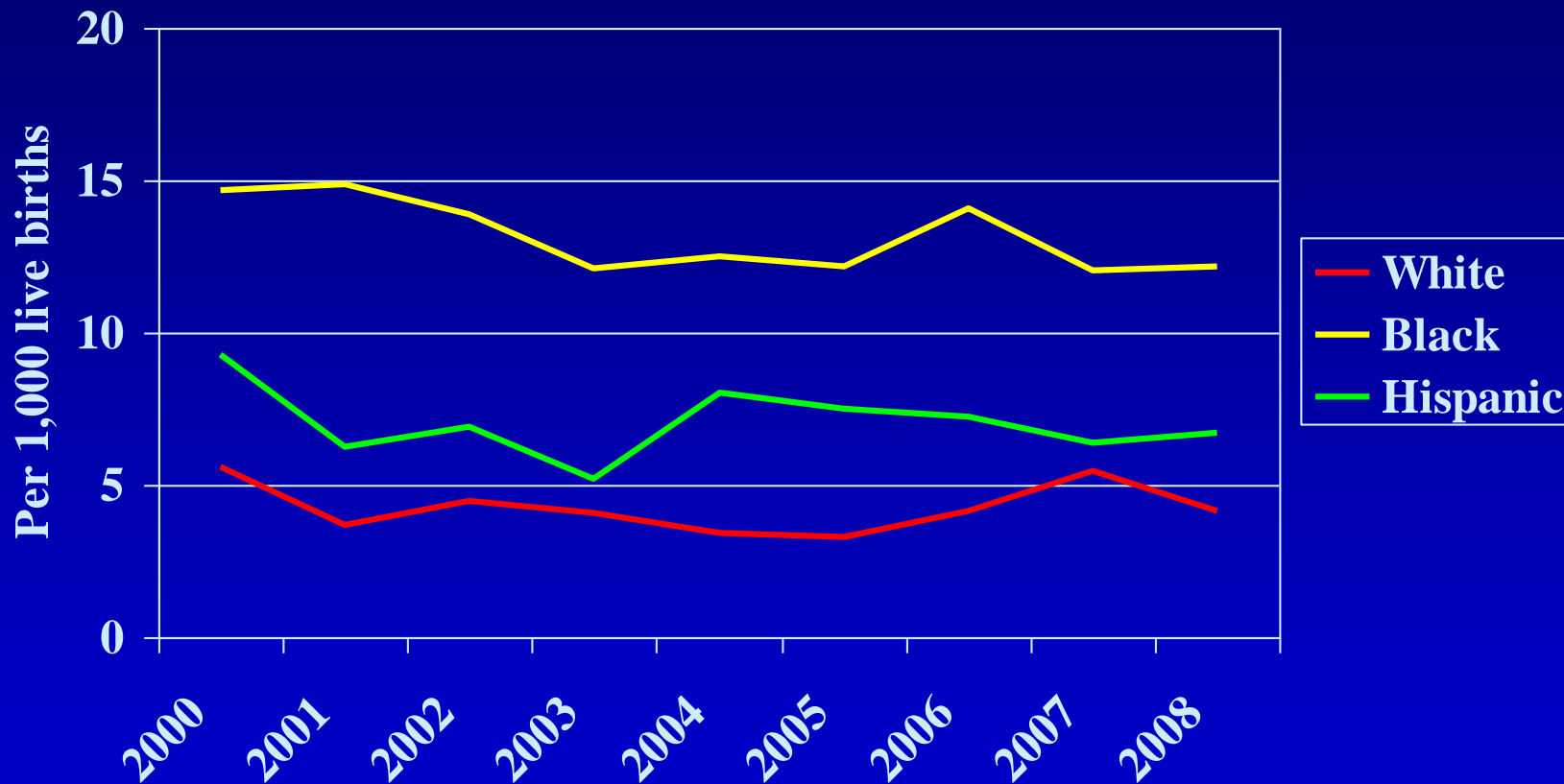
- Number of infant deaths (< 1 year) per 1,000 live births.
- U.S. ranks 41 among 193 WHO member nations (WHO, 2010).
- CT IMR is lower than the U.S. rate.
- Racial/ethnic inequalities in CT IMR.

Infant Mortality, Connecticut and US 2000-2008



Sources: Centers for Disease Control and Prevention, 2011;
Connecticut Department of Public Health, 2011. Registration Reports, 2000 – 2008.

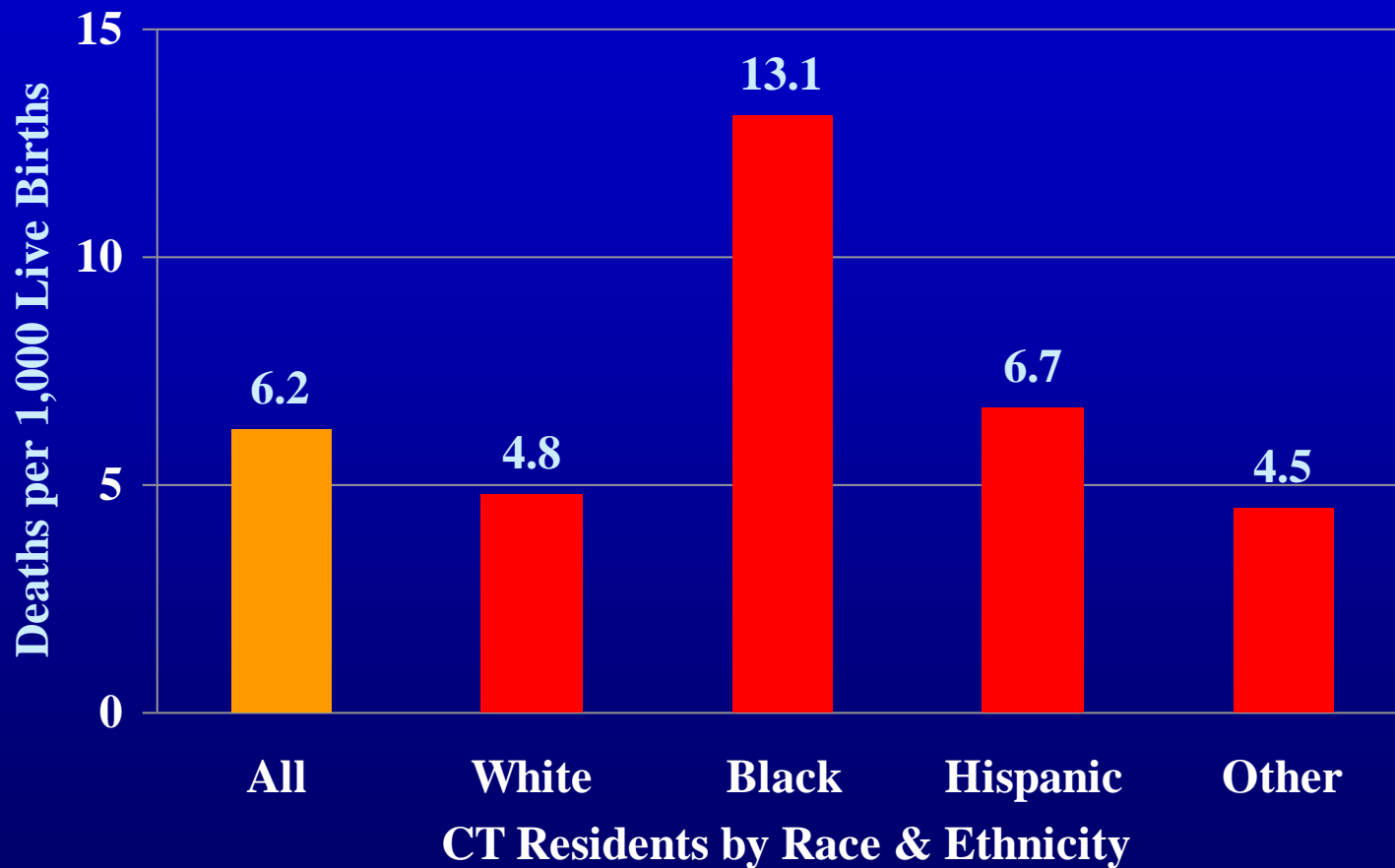
Infant Mortality among Connecticut Residents by Race & Ethnicity, 2000-2008



Source: Connecticut Department of Public Health, 2011. Registration Reports, 2000 - 2008

Infant Mortality Rate

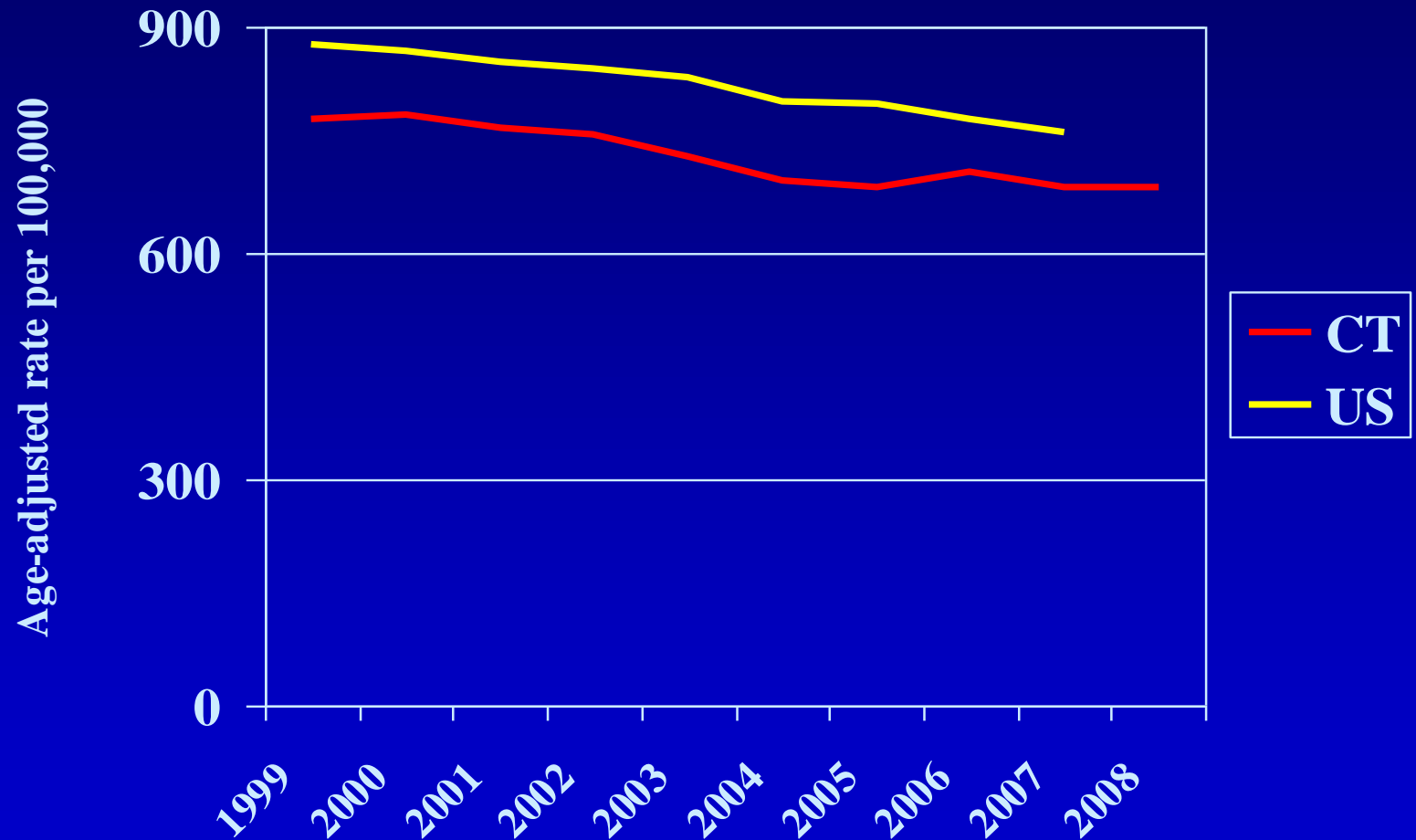
Connecticut Residents, 2006-2008



Source: Connecticut Department of Public Health, 2011. Registration Reports, 2006-2008.

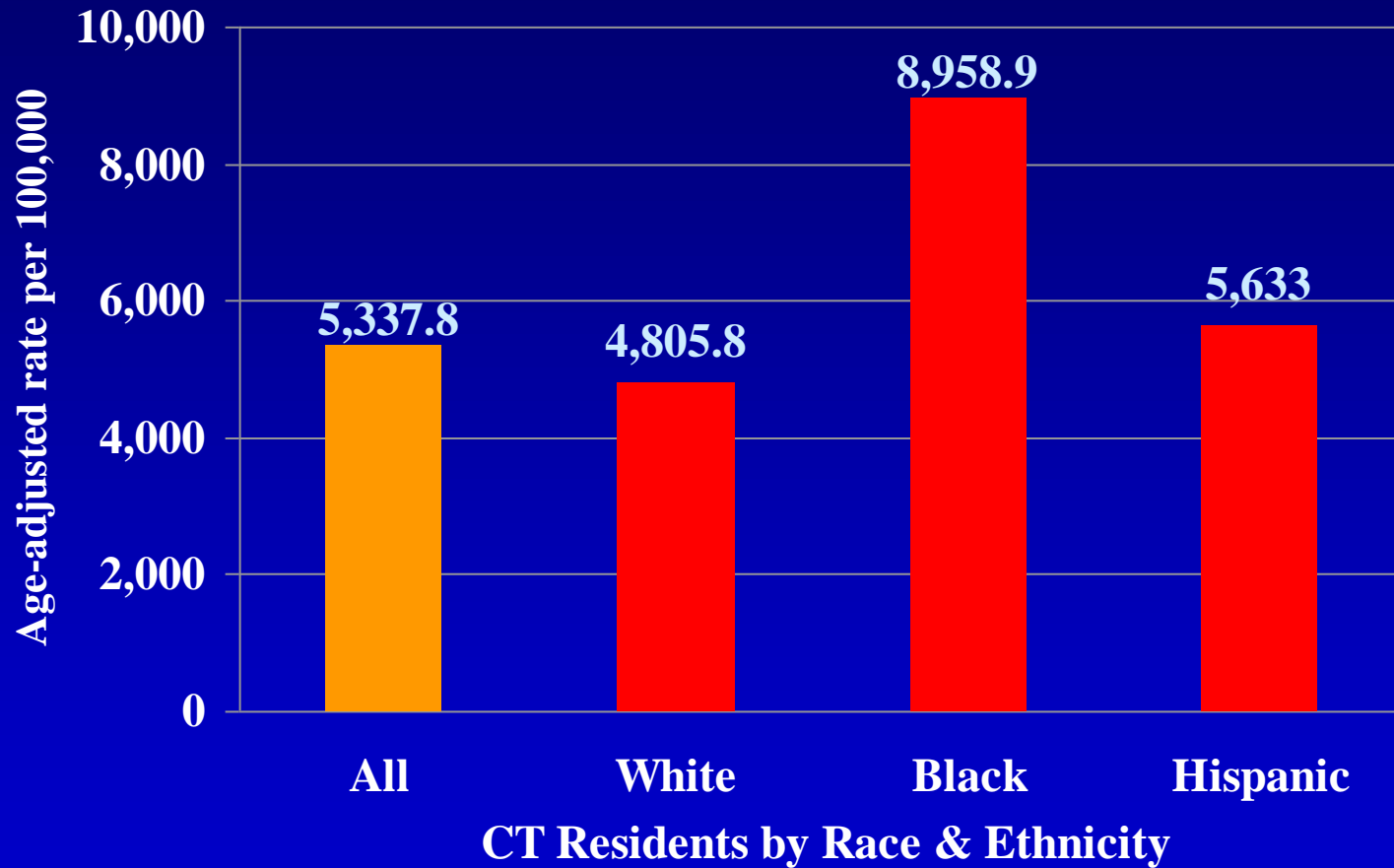
Mortality & Premature Mortality
All Causes

Age-adjusted Mortality Rates - All Causes Connecticut and US Residents, 1999-2008



Source: Connecticut Department of Public Health, Vital Records Mortality Files, 2010; CDC WONDER, Compressed Mortality Files, 2010.

***Age-Adjusted Premature Death Rates – All Causes
‘Years of Potential Life Lost Under 75 Years’
CT Residents by Race & Ethnicity, 2006-2008***

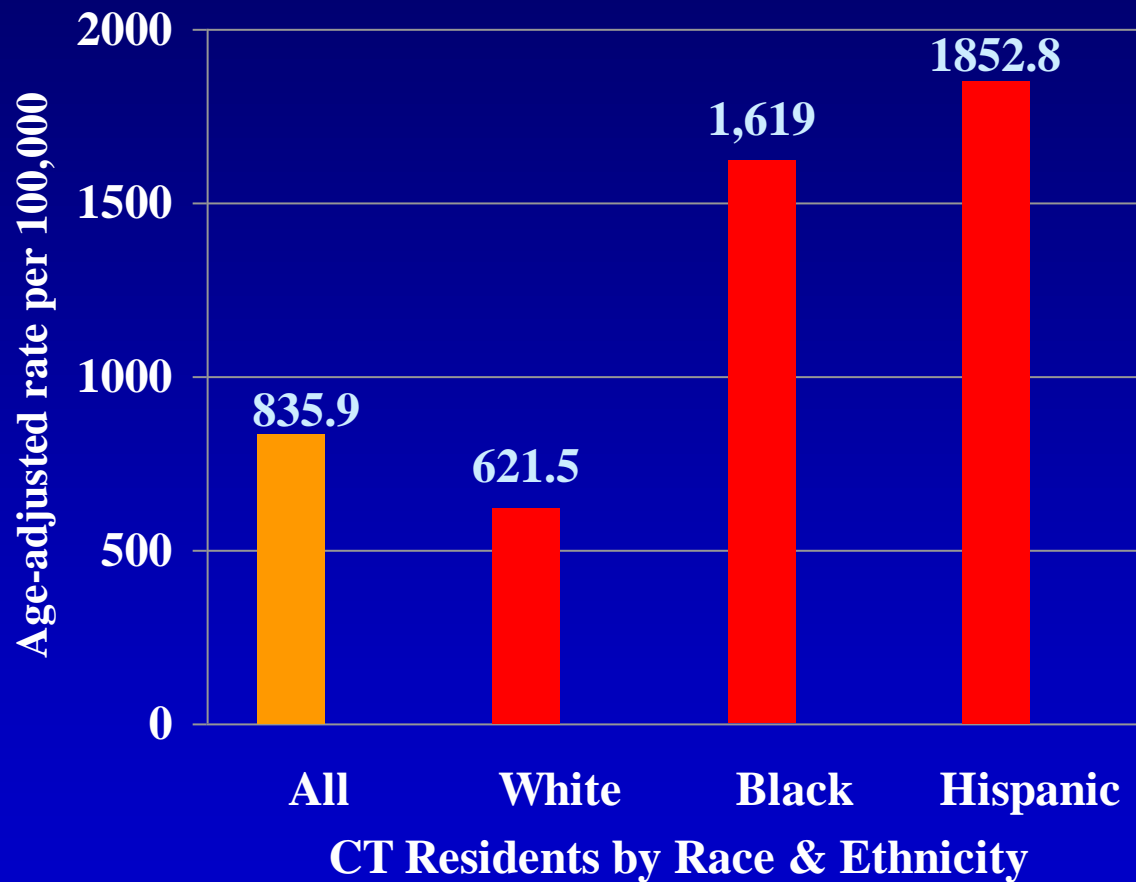


Source: Connecticut Department of Public Health, Vital Records Mortality Files, 2010.

Chronic Disease Hospitalization Indicators

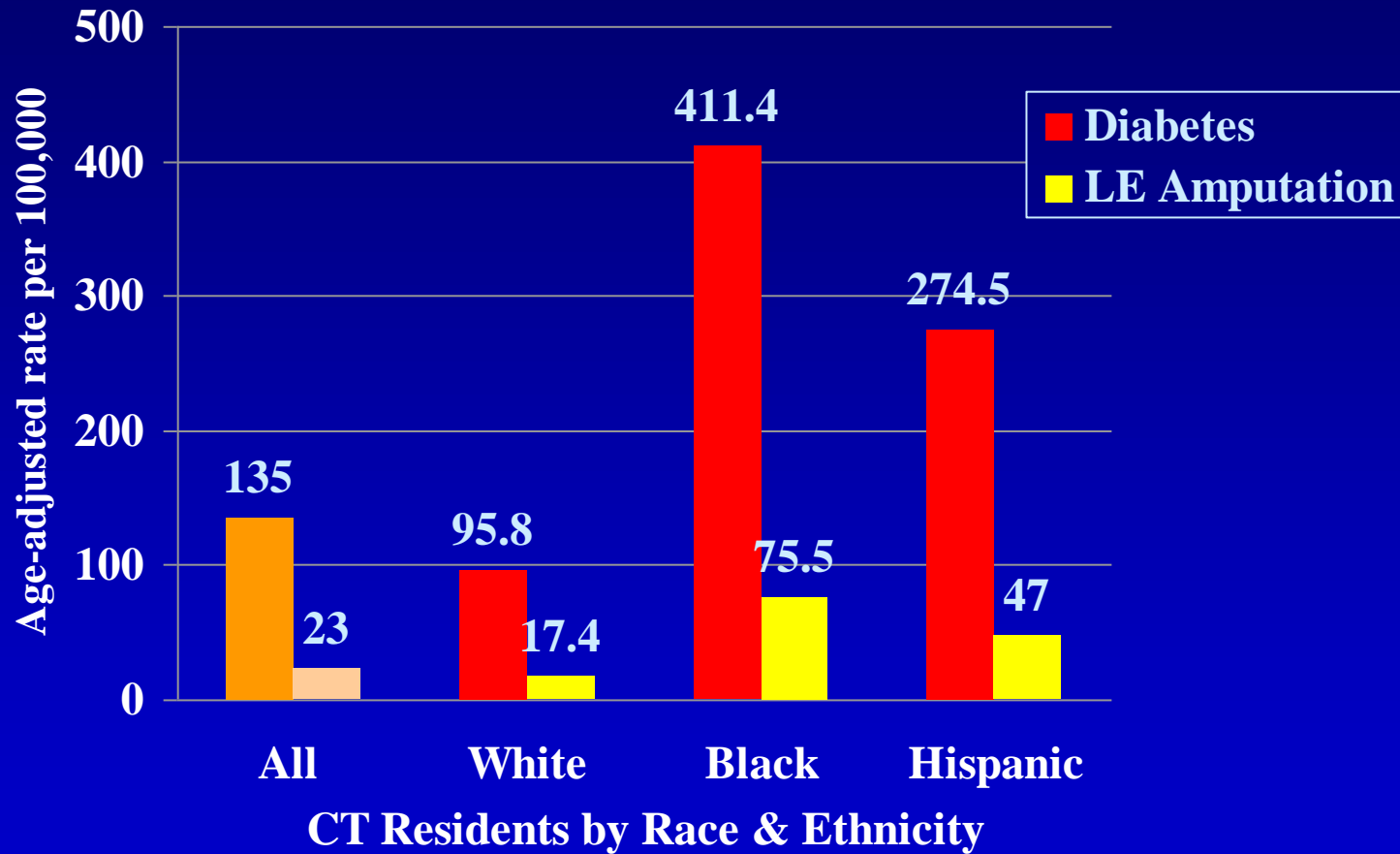
- Asthma
- Diabetes
- Diabetes w/ lower extremity amputation

Age-Adjusted Hospitalization Rates – Asthma CT Residents by Race & Ethnicity, 2008



Source: Connecticut Department of Public Health , Hospital Discharge & Abstract Billing Database, 2010.

Age-Adjusted Hospitalization Rates – Diabetes & Diabetes w/ LE Amputation CT Residents by Race & Ethnicity, 2008

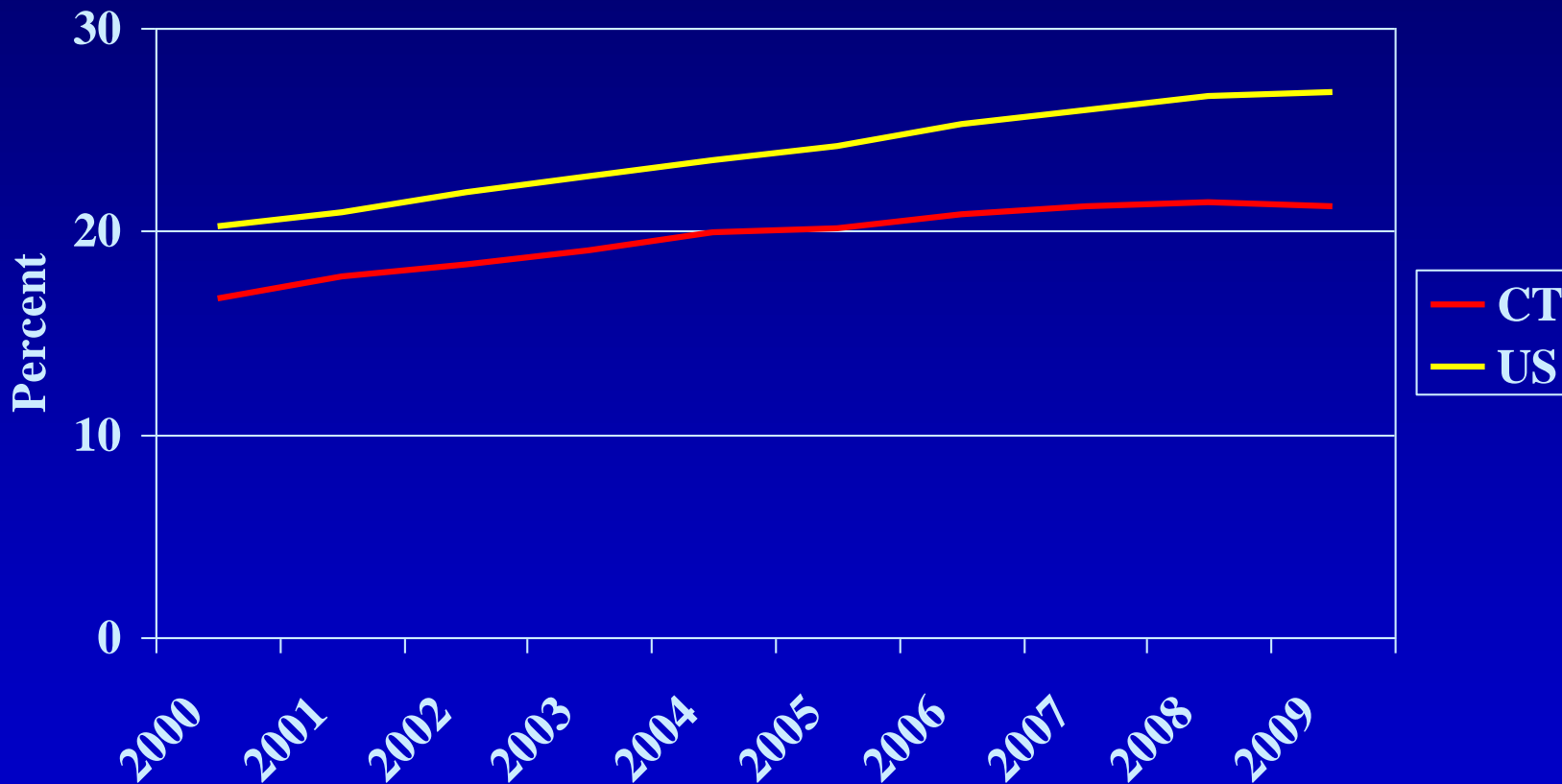


Source: Connecticut Department of Public Health, Hospital Discharge & Abstract Billing Database, 2010.

Risk Factors for Chronic Disease

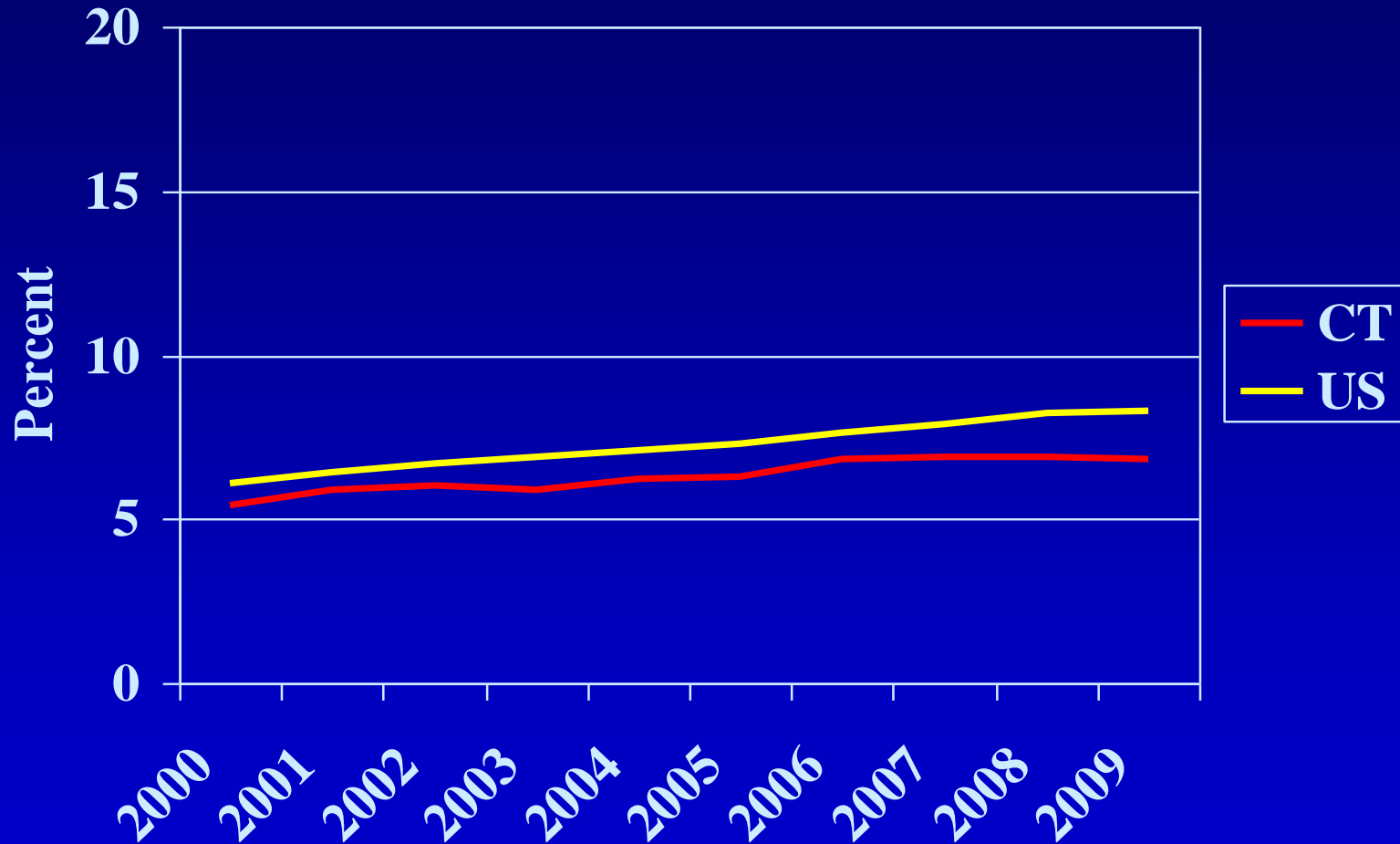
- Obesity
- Diabetes Prevalence
- Current Cigarette Smoking
- High Blood Pressure

Prevalence of Obesity Among Adults Connecticut and the United States, 2000-2009



Source: Connecticut Department of Public Health, Behavioral Risk Factor Surveillance Survey, 2011; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 2011.

Prevalence of Diabetes among Adults Connecticut and the United States, 2000-2009



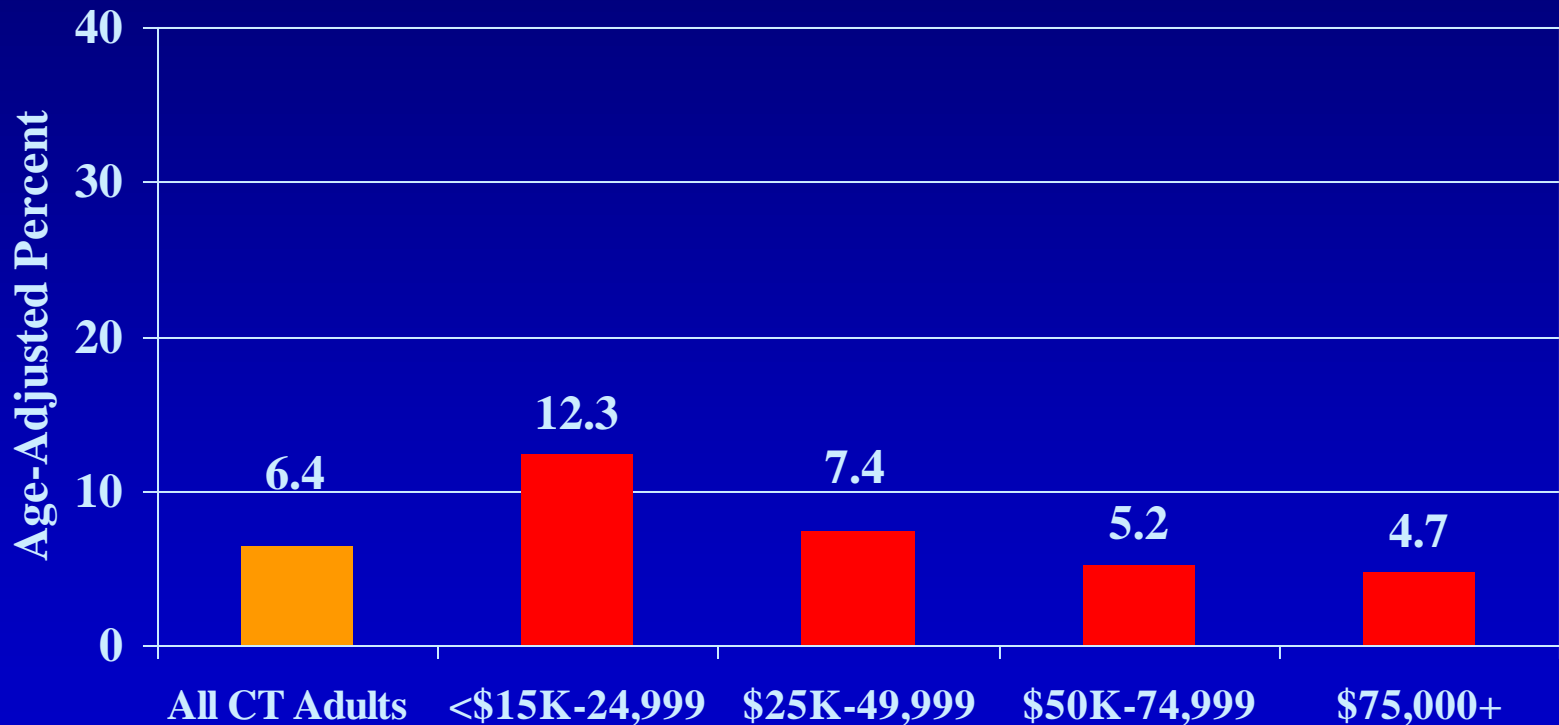
Source: Connecticut Department of Public Health, Behavioral Risk Factor Surveillance Survey, 2011. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 2011.

Obesity Prevalence CT Adults by Household Income 2007-2009



Source: Connecticut Department of Public Health. Behavioral Risk Factor Surveillance Survey, 2010.

Diabetes Prevalence CT Adults by Household Income 2007-2009

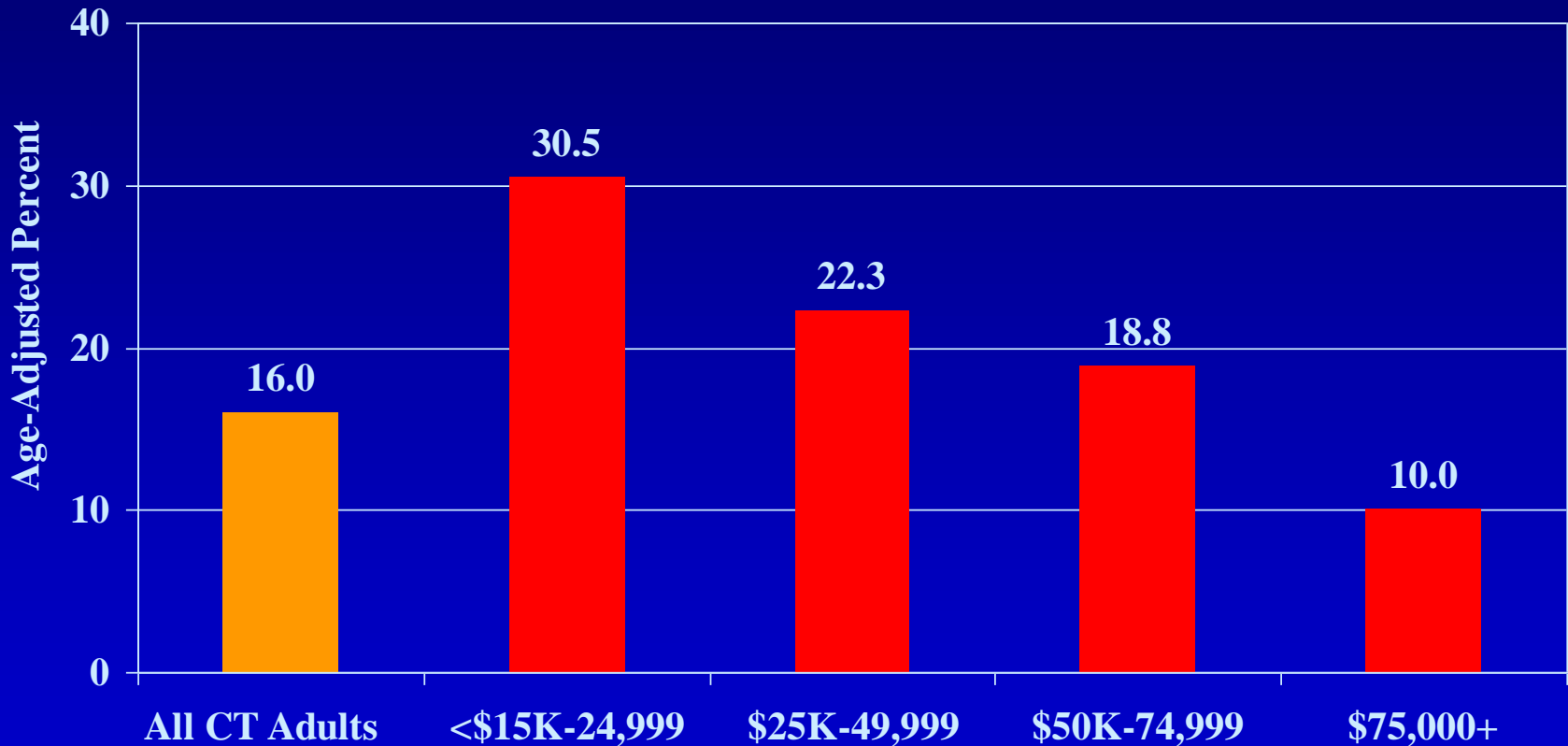


Source: Connecticut Department of Public Health. Behavioral Risk Factor Surveillance Survey, 2010.

Current Smokers

CT Adults by Household Income

2007-2009



Source: Connecticut Department of Public Health. Behavioral Risk Factor Surveillance Survey, 2010.

High Blood Pressure Prevalence CT Adults by Household Income 2007-2009



Source: Connecticut Department of Public Health. Behavioral Risk Factor Surveillance Survey, 2010.

Patient Protection and Affordable Care Act (P-PACA)

- P-PACA signed into law by President Obama on March 23, 2010 (Public Law No. 111-148).
- Disparities specific provision - Section 4302 requires the establishment of **uniform categories to be used in the collection of race, ethnicity, sex, primary language and disability status** for federally funded health care and health-related activities.

Connecticut Department of Public Health

**Policy on Collecting
Sociodemographic Data**

September 2008

CT Data Collection Policy



Minimum Standard

Age

Gender

Ethnicity

Race

Ideal Standard

Age

Gender

Ethnicity & expanded ethnicity

Ancestry

Race

Geography of residence

Language

Acculturation

Socioeconomic position

Other sociodemographic data of interest

CT Health Disparities Data Online

Visit us on the web!

<http://www.ct.gov/dph>

- Statistics & Research
- Health Disparities

Download publications



The screenshot shows a web browser window displaying the Connecticut Department of Public Health website. The page title is "The Connecticut Health Disparities Project". The main content area features a search bar, a navigation menu, and a main text block. The navigation menu includes links for "Licensing & Certification", "Vital Records", "Statistics & Research", "Parents & Children", "Disease & Prevention", "Environmental Health", "Public Health Preparedness & Response", "Local Health Departments", "News Room", and "Public Health Code". The main text block contains the following text:

The Connecticut Health Disparities Project

"Health disparities refer to the differences in disease risk, incidence, prevalence, morbidity, and mortality and other adverse conditions, such as unequal access to quality health care, that exist among specific population groups in Connecticut. Population groups may be based on race, ethnicity, age, gender, socioeconomic position, migrant status, sexual minority status, language, disability, homelessness, and geographic area of residence. Specifically, health disparities refer to those avoidable differences in health that result from cumulative social disadvantages" (Steiner, Himes and Kopel, 2007, Issue Brief: Defining Health Disparities, Hartford, CT: Connecticut Department of Public Health).

The Connecticut Health Disparities Project is a two-year effort of the Connecticut Department of Public Health to improve the statewide infrastructure for documenting, reporting, and addressing health disparities among racial and ethnic minority residents of our state. It is supported by a generous grant from the Connecticut Health Foundation. The four objectives of this project are:

- To evaluate the collection of racial, ethnic and other relevant sociodemographic information across all Department of Public Health databases, and make recommendations for the improvement of data collection;
- To coordinate agency planning objectives related to the elimination of health disparities among racial/ethnic subpopulations;
- To establish a comprehensive Connecticut health disparities surveillance

Thanks to DPH Staff:

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Alexander Vias, Ph.D.
Associate Professor, Geography
University of Connecticut
1959 – 2011



*“Health Disparities in Connecticut:
The Role of Local Poverty Levels on Mortality Rates,
1990 – 2000”*