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

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

Source: US. Bureau of the Census.
## Connecticut Population by Race and Ethnicity, 2010

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

**Source:** U.S. Bureau of the Census, 2011.
## Uninsured in Connecticut

<table>
<thead>
<tr>
<th>Years</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>325,500</td>
<td>9%</td>
</tr>
<tr>
<td>2008-2009</td>
<td>380,500</td>
<td>11%</td>
</tr>
</tbody>
</table>

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

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**

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

![Graph showing infant mortality rates among different races in Connecticut from 2000 to 2008.](image)

**Source:** Connecticut Department of Public Health, 2011. Registration Reports, 2000 - 2008
Infant Mortality Rate
Connecticut Residents, 2006-2008

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

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

Chronic Disease Hospitalization Indicators

- Asthma
- Diabetes
- Diabetes w/ lower extremity amputation
Age-Adjusted Hospitalization Rates – Asthma
CT Residents by Race & Ethnicity, 2008

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

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


Obesity Prevalence
CT Adults by Household Income
2007-2009

Diabetes Prevalence
CT Adults by Household Income
2007-2009

Current Smokers
CT Adults by Household Income
2007-2009

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

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

<table>
<thead>
<tr>
<th>Minimum Standard</th>
<th>Ideal Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Age</td>
</tr>
<tr>
<td>Gender</td>
<td>Gender</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Ethnicity &amp; expanded ethnicity</td>
</tr>
<tr>
<td>Race</td>
<td>Race</td>
</tr>
<tr>
<td></td>
<td>Geography of residence</td>
</tr>
<tr>
<td></td>
<td>Language</td>
</tr>
<tr>
<td></td>
<td>Acculturation</td>
</tr>
<tr>
<td></td>
<td>Socioeconomic position</td>
</tr>
<tr>
<td></td>
<td>Other sociodemographic data of interest</td>
</tr>
</tbody>
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1959 – 2011

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