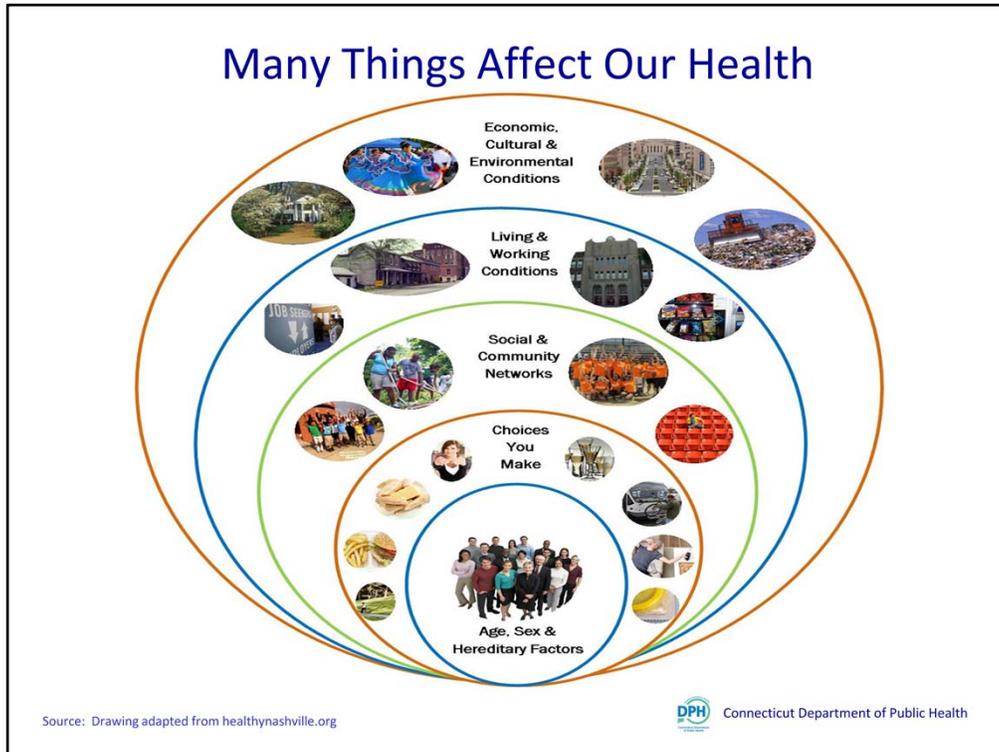


A Healthier Connecticut by 2020



Forum for State Agencies
November 25, 2013



Our health is the product of many things, beginning with our sex, age, and what we inherit from our parents.

But many other things shape our health—

- Personal choices about diet, exercise, and smoking
- Social and community networks
- Home, work, and recreational environments
- And social, economic, and government policies



The Connecticut State Health Assessment covers a broad range of health issues.

These are some of the topics that we'll be talking about today.

Who Lives in Connecticut

When we think about the health of Connecticut residents, knowing certain things about them can help put their health into perspective.

[Go to bulleted slide]

Who Lives in Connecticut (2007-2011)

- Our population is getting older and more diverse



- Median Age:
 - Connecticut: 39.8 years
 - United States: 37.0 years
- People of color:
(Non-white, non-Hispanic):
 - Connecticut : 28.2%
 - United States: 35.8%

- Living in poverty
 - Connecticut: 9.5%
 - United States: 14.3%

Source: US Census Bureau, American Community Survey,
3-Year and 5-Year Estimates, 2007-2011.

 Connecticut Department of Public Health

Connecticut, its towns, and its populations, are not balanced socially and economically, so state averages are not always meaningful.

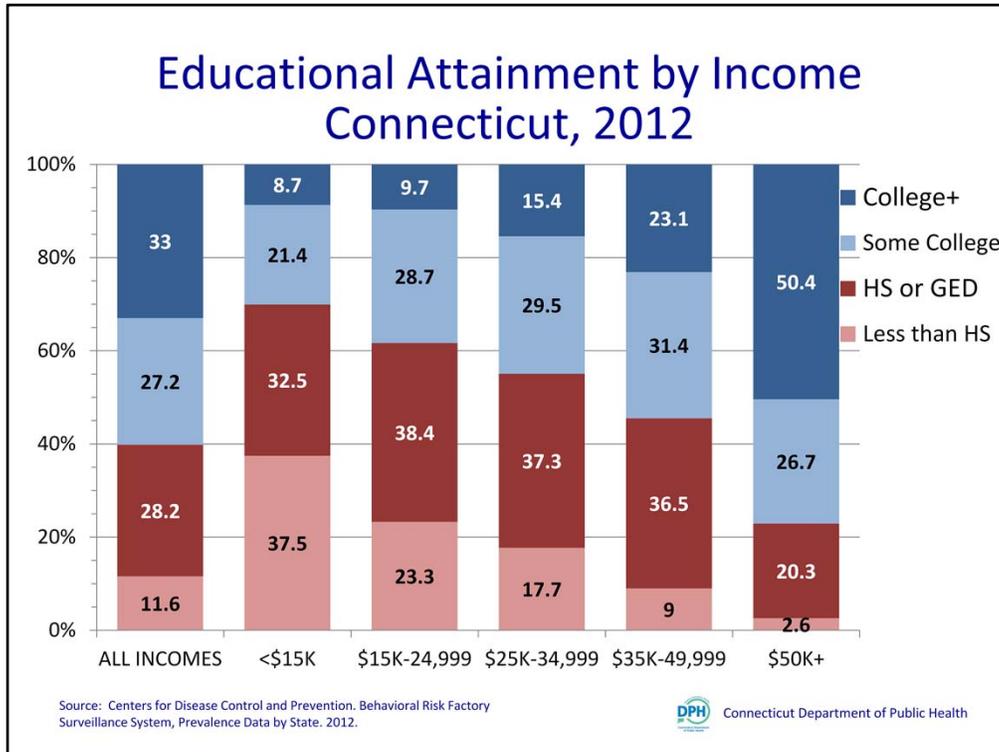
Age and cultural background are important, because they can be barriers to access and use of medical care, and they also can define health needs.

- Connecticut's population is about **3 years older** on average than the US population, and our state is **less culturally diverse** than the US, even though our minority populations are growing. About 28% of our population is non-white and non-Latino. (*US Census Bureau, American Community Survey, 5-Year Estimates, 2007-2011*) [Note: In 2012—ACS 1 Yr Estimates—30.0% white, non-Hispanic]
- But statewide figures don't apply to all towns and all populations. For example, 83% of Hartford residents are people of color, compared to only 6% of New Canaan residents. And while the median age statewide is about 40 years, the median age of white non-Hispanics is 45, and for Latinos it's 27 ½ years. (*ACS 5-Yr Estimates*)

Poverty also is associated with less access to health care and with poor health outcomes.

- About 10% of the Connecticut population lives below the federal poverty, compared to over 14% nationwide. But there's great variation across towns. 35% of Hartford residents, for example, live in poverty, compared to only 2% in New Canaan. (*ACS 5-Yr Estimates*)

[Note to presenter: The federal poverty level is about \$11,100 for a single person and about \$23,000 for a family of 4.]



Education and income also are related to health care access and health outcomes.

The educational attainment status of Connecticut adults is one of the highest in the nation. 88% have graduated from high school or gotten a GED, and more than 60% have gone on to college.

As we see here, educational attainment and income are closely related. People with the highest incomes are the most likely to graduate from college, while those with the lowest incomes are most likely to drop out of high school.

Connecticut's "Special Populations"

Population Group	Number of Individuals
Veterans, 18+ yrs	216,095
Prison Inmates	16,641
Sexual Minorities (Lesbian, Gay, Bisexual)	115,511
With a Disability:	372,637
< 18 years	29,689
18-64 years	181,201
65+ years	161,746

Sources: US Census Bureau, Selected Social Characteristics in the United States. American Community Survey, 3-yr Estimates, 2010-2012 (Veterans, Disability Status). CT Department of Correction, Research Unit, Average Confined Inmate Population and Legal Status, March, 1, 2013. Gates, G.J. 2006. Same-sex couples and the Gay, Lesbian, Bisexual Population: New Estimates from the American Community Survey. The Williams Institute (2005 estimate).



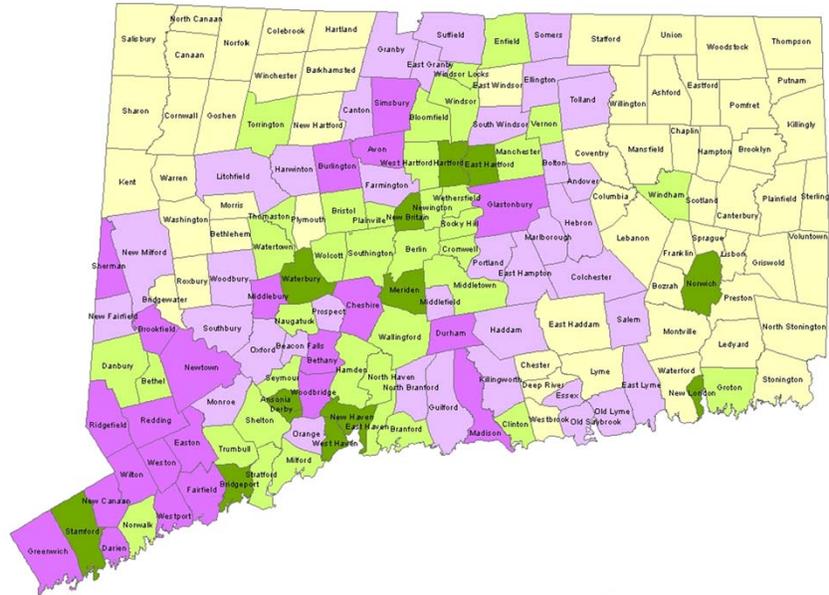
In addition to the traditional population break-outs by age, sex, race, and ethnicity, we also know that other groups experience health inequities.

They include nearly 400 thousand people with disabilities, 200 thousand veterans, 100 thousand sexual minorities, and nearly 17,000 prison inmates.

Health data for these populations is extremely limited.

[NOTE: For the purpose of this presentation, all references to "sexual minority high school students" refers to students in grades 9-12 who had sexual contact with both sexes or only with the same sex. They also may be referred to as "bisexual" or "gay/lesbian" respectively.]

“The Five Connecticuts” (2009)



Source: CT State Data Center, The Changing Demographics of Connecticut: The Five Connecticuts, recreated graph from updated 2009 data provided through personal communication.

DPH Connecticut Department of Public Health

In fact, Connecticut is known for concentrated extremes of rich and poor. We have the highest *per capita* income in the US, yet some of our cities are among the poorest in the nation.

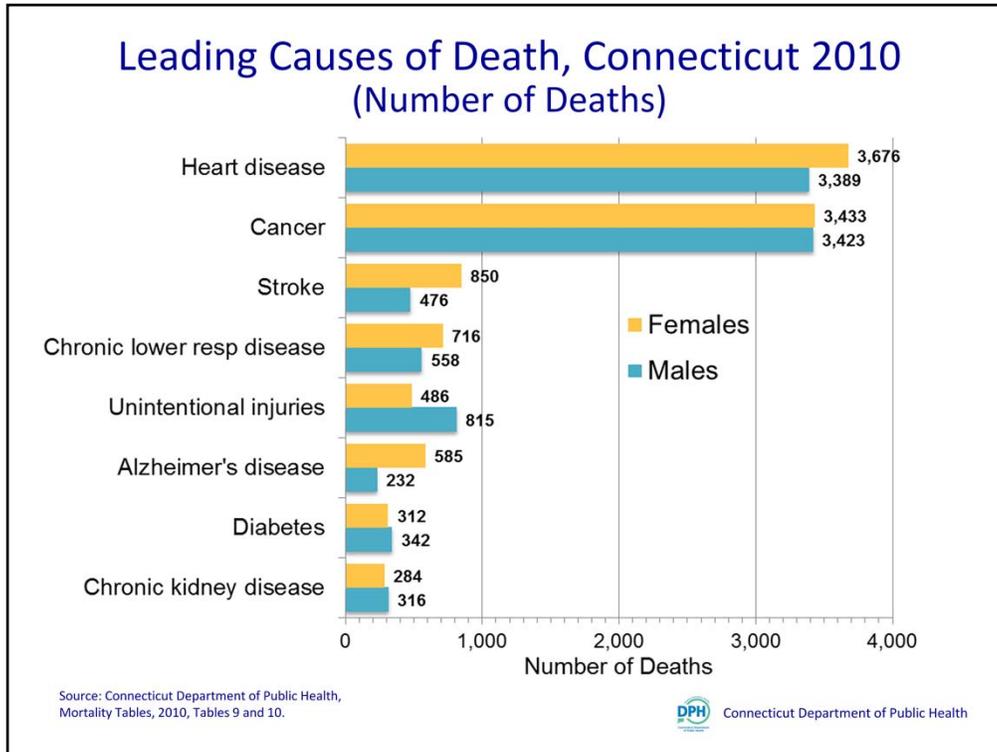
According to the Connecticut State Data Center, there are **FIVE** different Connecticuts based on certain social and economic characteristics of towns.

In this map, dark green towns have the lowest incomes, highest poverty, and highest population density. Dark purple towns have exceptionally high income, low poverty, and moderate population density. And towns with lighter shading fall somewhere in between. We even see some of the richest and poorest town side by side.

Leading Causes of Death

Now that we know a little about our population, let's look at some measures of health.

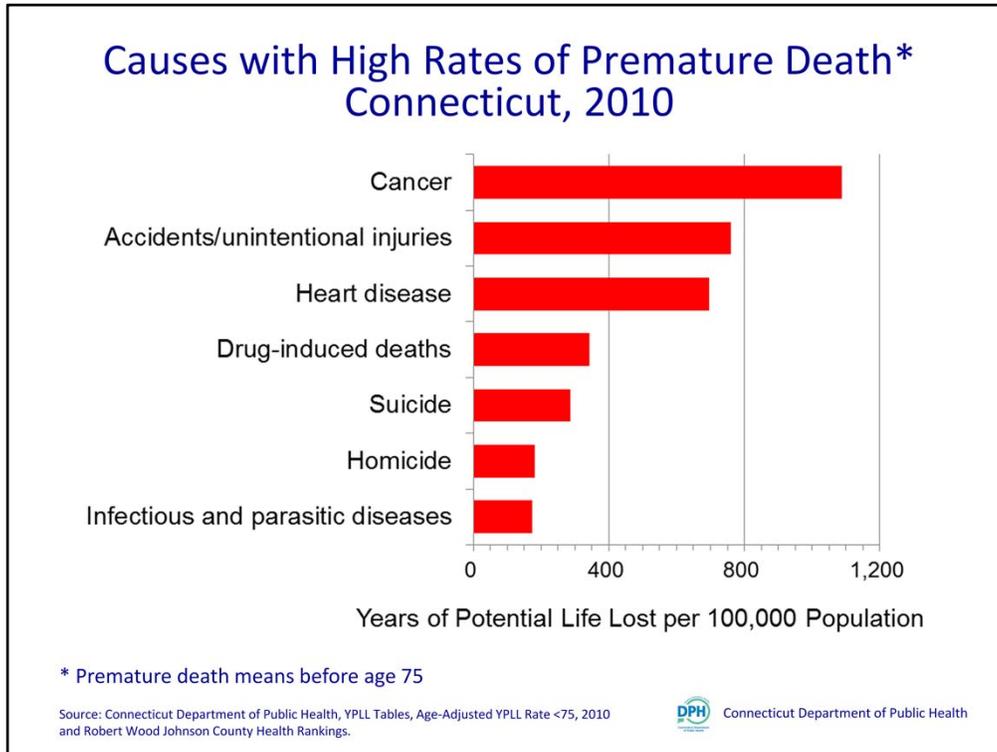
First, here's an overview of the leading causes of death.



Heart disease remains the leading cause of death for Connecticut residents overall.

But cancer has overtaken heart disease as the top cause of death for Connecticut males, and also for African Americans, Asians, American Indians, and Latinos in our state.

Stroke is the third leading cause of death overall, but accidental injuries has become the third leading cause of death for males and Latinos.



Deaths are called **premature** if they occur before age 75. Premature deaths are important because they're often preventable.

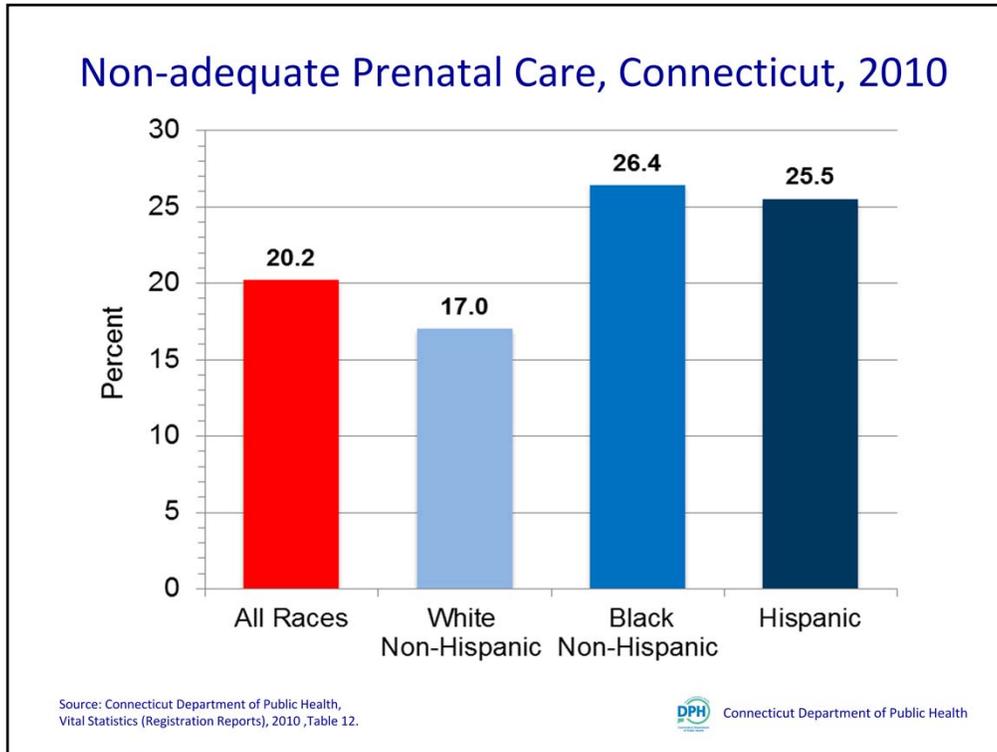
In Connecticut, Cancer, Accidents, and Heart Disease have the highest rates of premature death.

Deaths involving drugs, homicide, and suicide also cause early deaths. So do infectious diseases such as HIV/AIDS and pneumonia.

Maternal, Infant, and Child Health

Now let's look at the health of pregnant women and their children.

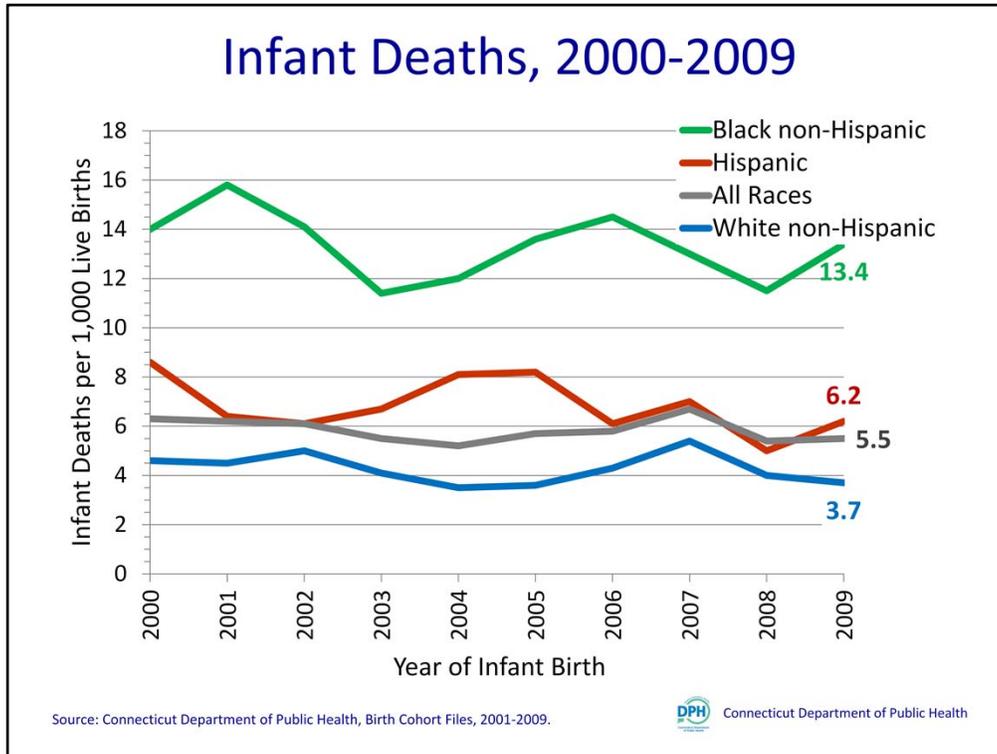
A newborn baby's health and future can be affected by many things. Two important factors are how early and how often a woman sees her doctor during her pregnancy. Together, they are called "adequacy of prenatal care."



Pregnant women who start prenatal care early and see their doctors regularly until they give birth have healthier babies. They also have less health problems, themselves.

One-fifth of Connecticut women who gave birth in 2010 did NOT get adequate prenatal care— that’s nearly 8,000 women whose babies were at risk.

The numbers were even higher for African Americans and Latinos.



This slide shows the death rates since 2000 for infants under a year old.

The chance of African American infants dying during the first year of life are **3 to 4 times** greater than for white infants, and the rates for Hispanic infants have been about twice as high compared to white non-Hispanics infants.

Our Environment: Health and Where We Live

Our environment— where we live, work, and play-- plays a major role in shaping our health.

Major Environmental Quality Concerns

Indoor Environment	Outdoor Environment
1) Mold and mildew	1) Ozone
2) Vapors, fumes and odors	2) Particulate matter
3) Insects, vermin, and other pests	3) Toxic chemicals, spills
4) Carbon monoxide	4) Pesticides
5) Secondhand tobacco smoke	5) Safe drinking water
6) Lead	6) Age of housing
7) Asbestos	7) Available and affordable healthy foods
8) Radon	8) Walkable communities and open space
	9) Wood burning boilers

Data Source: Environmental and Occupational Health Assessment Phone Log Database, Connecticut Department of Public Health, 2012

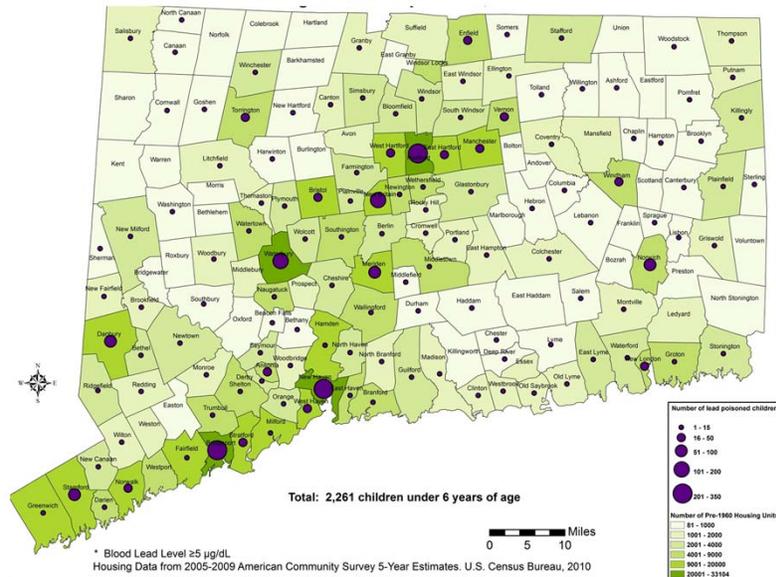
 Connecticut Department of Public Health

The environment isn't just the outdoors. It's also what's inside our homes, schools, and workplaces.

Physical, chemical, and biological pollutants in air, water, soil, and food can cause many illnesses, and sometimes even death.

Other qualities of our environment, such as the age of our homes and the availability and affordability of fresh fruits and vegetables, also affect health and quality of life.

Lead-poisoned Children and Older (Pre-1960) Housing Connecticut, 2012



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Old housing can affect health adversely in many ways. Lead poisoning is one way.

Lead was a common additive to paint and gasoline until it was banned from paint in 1978 and from fuel in 1996. Today it's found in flaking interior paint in old buildings, and in contaminated dust and soil.

No amount of exposure to lead is safe. Young children are the most vulnerable, because of the effects of lead on mental and physical development.

This map shows how old housing and lead poisoning are related.

- The towns colored dark green have the most old housing, and the purple dots represent numbers of young children with lead poisoning.
- The largest dots—representing the most cases of lead poisoning—are mostly in Connecticut's cities, which also have the most old housing units.

Connecticut's "Food Deserts"



Source: U.S. Department of Agriculture, Economic Research Service, Food Desert Locator, 2009. Map provided by personal communication.

DPH Connecticut Department of Public Health

It's well established that unprocessed foods and fresh fruits and vegetables protect against many diseases.

But healthful foods aren't affordable and easy to get everywhere in Connecticut.

The red areas on this map are the locations of "food deserts," areas designated by the US Department of Agriculture. They denote regions with a lot of fast food restaurants, bodegas, and other places that sell sugary, fatty foods, but where fresh, whole foods are expensive or not readily accessible.

There are clusters of food deserts all over Connecticut but mostly in and around our larger towns and in rural areas in the eastern part of the state.

Chronic Diseases and Their Risk Factors

Now let's look at chronic diseases and some of their risk factors.

Chronic diseases are long-lasting conditions, such as cancer, heart disease, diabetes, and asthma, that can be controlled but not cured. They account for many leading causes of death in Connecticut, and many of them can be prevented through modification of risk factors.

It's well known that certain lifestyle and environmental factors can increase a person's chances of developing chronic illnesses.

Chronic Diseases and Their Risk Factors

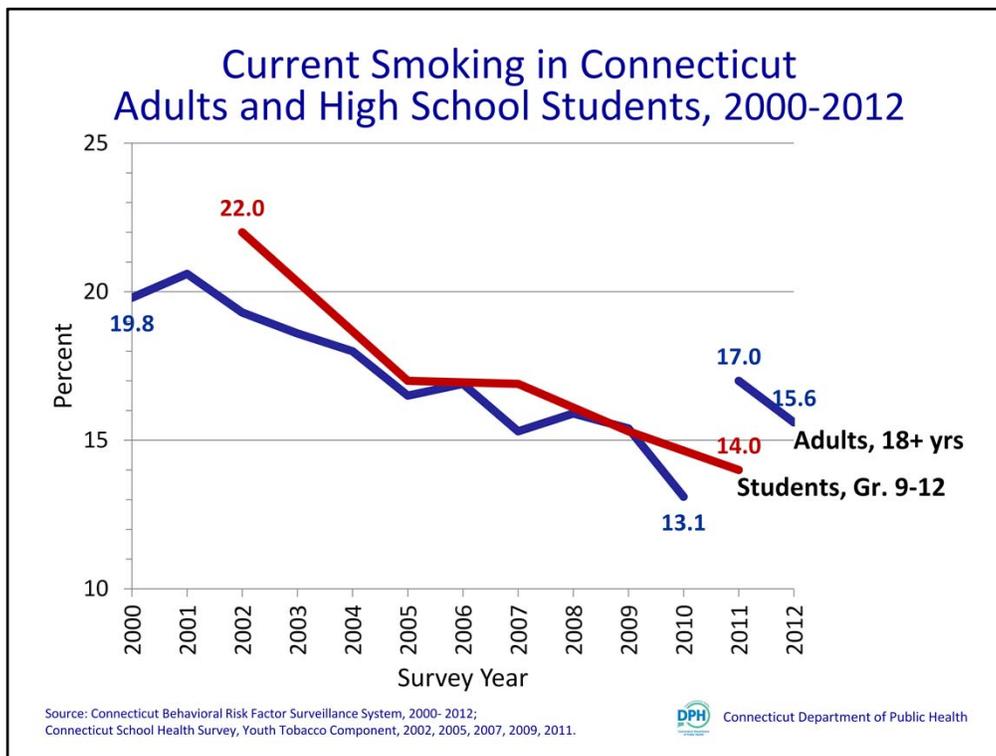
Modifiable Risk Factors	Chronic Diseases					
	Cancer	Diabetes	Heart Disease	Stroke	Chronic Respiratory Diseases	Chronic Kidney Disease
Obesity/overweight	✓	✓	✓	✓		✓
Physical inactivity	✓	✓	✓	✓		✓
Tobacco use	✓		✓	✓	✓	✓
Unhealthy diet	✓	✓	✓	✓		✓
Excessive alcohol use	✓	✓	✓	✓		✓
Indoor/outdoor air quality (incl. secondhand smoke)	✓		✓	✓	✓	
High cholesterol			✓	✓		✓
High blood sugar (pre-diabetes)			✓	✓		✓
Occupational risk (Chemical, dust, exposure; repetitive joint use)	✓				✓	
Excessive sun exposure	✓					
Microbial agents (Unprotected sex, contaminated needles)	✓					
Ionizing radiation	✓					
Allergens					✓	

Source: Connecticut Department of Public Health, Public Health Systems Improvement. Compiled from various sources.

 Connecticut Department of Public Health

Here— highlighted in yellow-- we see 6 risk factors for one or more chronic diseases. These risk factors are: **obesity, physical inactivity, smoking, poor diet, alcohol, and poor air quality.**

The message from this table is that **changing even one risky behavior—** like losing weight, getting more exercise, or quitting smoking-- can lower a person's chances of getting cancer, heart disease, stroke, and many other chronic conditions.



Smoking is **the single most preventable** cause of disease, disability, and death.

Cigarette smoking in Connecticut has been declining for more than a decade, and we now have some of the lowest smoking rates in the country.

The red line in this graph shows the trend in smoking by high school students, and the blue line shows adult smoking. *(The break in the trendline for adults represents a change in survey methods, so it's not possible to compare the years before and after the change.)*

But smoking rates for certain populations are different from the state average. For example, men, people 25-34 years old, people at the low end of income and education scales, and people with mental illness* are significantly more likely than others to smoke.

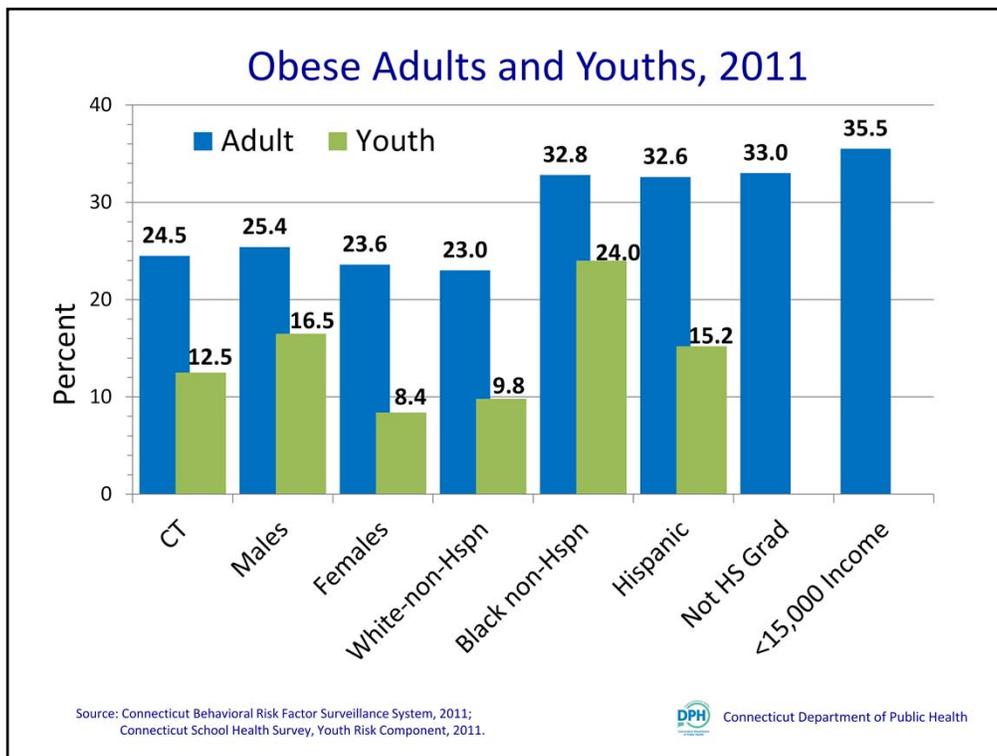
Nationally, smoking prevalence is also significantly higher among veterans and people currently serving in the military. About 1 in 3 individuals in these groups smokes cigarettes.**

In Connecticut, one-third to more than half of sexual minority high school students are current smokers.

References:

* MMWR vol. 62, Feb. 5, 2013. Current cigarette smoking among adults aged ≥ 18 years with mental illness—United States, 2009-2011. (Other data from DPH.)

** CDC. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. Cigarette Smoking in the United States. Current Cigarette Smoking among US Adults Aged 18 Years and Older. www.cdc.gov/tobacco/campaign/tips/resources/data.



Obesity is a risk factor for **nearly every chronic disease and condition**.

While smoking has been decreasing during the past decade, obesity has been increasing steadily.

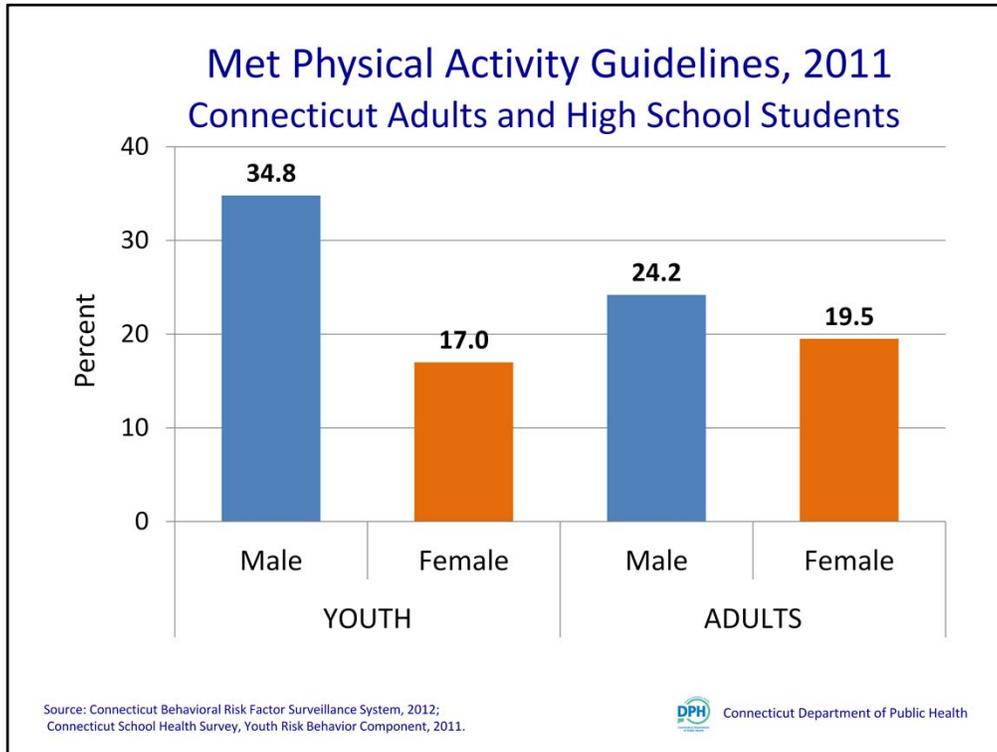
We see here that in our state, 1 in 4 adults (shown in blue) and 1 out of 8 high school students (shown in green) are obese. We've also found that up to **1 out of 5 young children is obese**.*

Obesity rates in Connecticut are highest in African Americans, Latinos, and people with the least education and lowest incomes. **About one out of three people in these groups is obese**.

According to national studies, obesity also varies by sexual orientation. Lesbians have more than double the odds of obesity compared to other groups, whereas gay men have half the risk of obesity. Obesity also is more common in patients with mental illness.

[References: Ulrike Boehmer, Deborah J. Bowen, and Greta R. Bauer. Overweight and Obesity in Sexual-Minority Women: Evidence From Population-Based Data. American Journal of Public Health: June 2007, Vol. 97, No. 6, pp. 1134-1140. V.H. Taylor, et al. Canadian Journal of Psychiatry. January, 2012. Vol. 57, no. 1. Beyond Pharmacotherapy: Understanding the Links Between Obesity and Chronic Mental Illness]

* 1 in 5 third graders and 1 in 7 kindergarteners-- from 2012 CT Obesity Report



Lack of physical activity is a major contributor to obesity and is a risk factor even in normal-weight people.

Being physically active is one of the best things you can do for your health.

Exercise lowers the risk of getting heart disease, stroke, diabetes, and cancer, and it also improves strength, balance, and mental function.

- In Connecticut, only about a quarter of all high school students and adults meet the federal guidelines for recommended physical activity. Connecticut's sexual minority high school students also are significantly less likely than heterosexual students to meet the guidelines.*

* [Source: CDC 2011. *Sexual identity, sex of sexual contacts, and health risk behaviors among students in grades 9-12. MMWR vol. 60, 133 pp.*]

Asthma in Connecticut (2010)

Currently have asthma:

- 1 in 9 children
- 1 in 11 adults



Each year:

- 24,000 ED visits
- 4,500 hospitalizations
- 50 deaths
- > \$100 million in ED and hospitalization charges

Source: Connecticut Department of Public Health. The Burden of Asthma in Connecticut: 2012 Surveillance Report. Connecticut Hospitalization Report, 2011.

DPH Connecticut Department of Public Health

Asthma is another important chronic disease.

About 1 in 10 Connecticut residents has asthma.

Although asthma can be controlled with medications and by avoiding triggers that can cause an attack, two-thirds of people with asthma are NOT controlling it well. They end up going to Emergency Rooms for treatment and being hospitalized, adding up to more than \$100 million in hospital charges every year.

African Americans and Latinos are 4 to 5 times more likely than whites to go to Emergency Rooms for asthma.

Mental Health, Alcohol, and Substance Abuse



Mental health disorders, including alcohol and substance abuse, is another important public health concern in Connecticut.

Hospitalizations and Emergency Department Visits for Mental Disorders Connecticut, 2010

	Inpatient Hospitalizations	Emergency Department Visits	Totals
Number	31,005	72,115	103,120
Total Charges	\$ 682 million	\$ 123 million	\$ 805 million

Source: Connecticut Department of Public Health, Hospital Discharge and Billing Database, 2010;
Connecticut Emergency Department Data, 2010.

 Connecticut Department of Public Health

- Mental health conditions range from anxiety, depression, and eating disorders to schizophrenia and dementia.
- Mental disorders are among the most common reasons for emergency room visits and hospitalizations in Connecticut.
- They account for more than 70,000 ED visits and 30,000 hospitalizations a year, and more than \$805 million in hospital charges.
- Adults 18 to 44 years old have the highest rates of emergency room visits and hospitalizations for mental disorders.
- Mental disorders are also a problem in Connecticut prisons and for our veterans.
- 85% of Connecticut's prison population has a history of substance abuse, and 20% have severe mental illness.*
- In addition, more than 1 in 3 **veterans** is diagnosed or treated for depression or post-traumatic stress disorder after returning from deployment.**

References:

* Connecticut Department of Correction. *Integrated Care for DOC Inmate Patients. DSS & DOC Joining Together for the Care & Management of A Complex Group of Patients. March 2, 2012 (slide presentation).*

**Center for Public Policy and Social Research. 2011. *Connecticut Veterans Needs Assessment Study.*

Binge Drinking

In Connecticut in 2011,
1 in 6 adults and nearly
1 in 4 high school
students were binge
drinkers.



Source: Connecticut Behavioral Risk Factor Surveillance System, 2011;
Connecticut School Health Survey, Youth Behavior Component, 2011.

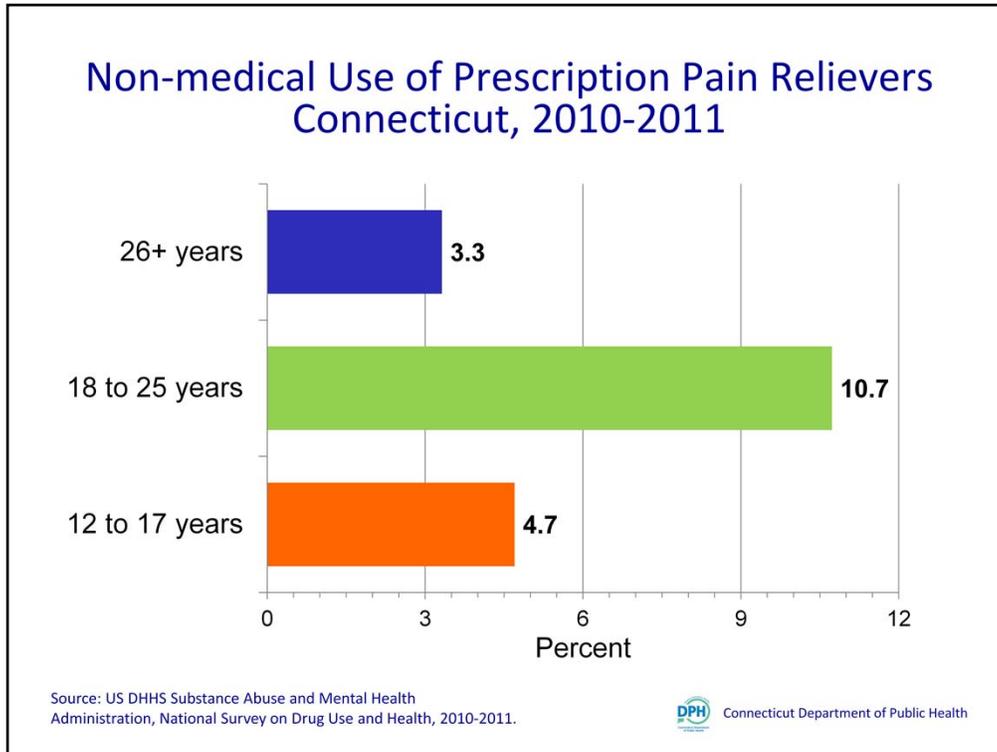
 Connecticut Department of Public Health

- Alcohol use and abuse are important health issues and risk factors for other conditions.
- Drinking alcohol— even small amounts— can increase a person’s chances of getting cancer and other chronic diseases.
- Binge drinking is a common type of alcohol abuse. It’s defined as when men have 5 or more drinks, or women have 4 or more drinks, in about 2 hours.
- Binge drinking is related to a host of health problems, notably falls, car accidents, homicides, and suicides.
- The prevalence of binge drinking is higher in certain groups. In Connecticut, 1 in 6 adults, nearly one-quarter of all high school students, and half of bisexual students* binge drink.
- In addition, nearly half of active duty military personnel report that they binge drink,** and 1 in 5 Connecticut veterans binge drink at least once a month.***

*[Source: *MMWR* vol. 60, June 6, 2011. Note: “bisexual” refers to students who have sexual contact with others of both sexes.]

** [Source: *Institute of Medicine. Report Brief: Substance Use Disorders in the US Armed Forces.* September, 2012.]

*** [Source: *Connecticut Veterans Needs Assessment Study, October 2011, Table 6, p. 10.* Refers to 6 or more drinks on one occasion. An additional 35% of veterans have 3-6 drinks on a typical day.]



Non-medical use of prescription drugs such as codeine and oxycodone is second only to marijuana as the most common drug problem in the US.

This slide shows that misuse of prescription drugs is also a problem in Connecticut, and that it's most common in young adults.

About 1 in 5 Connecticut veterans misuse prescription drugs, and 85% of prison inmates in our state have a history of drug abuse.

[See previous slides for references.]

Sexual minority high school students in our state are significantly more likely than heterosexual students to use ecstasy, heroin, methamphetamines, and illegal injection drugs.*

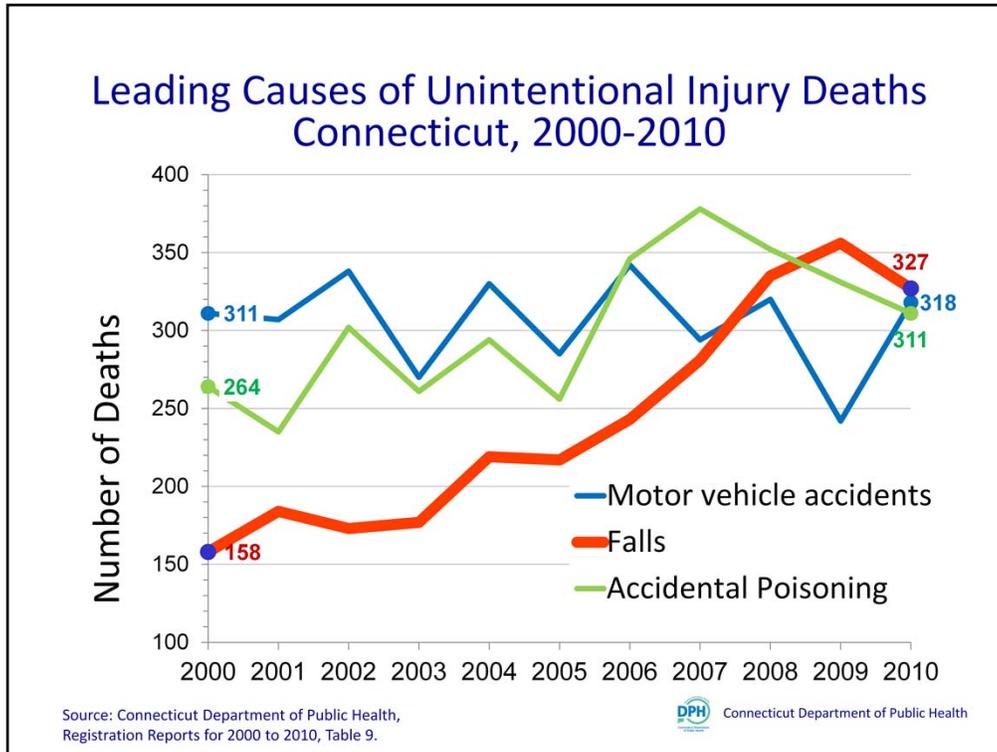
**[Source: MMWR, June 6, 2011.]*

Injury and Violence



Injuries, whether accidental or intentional, are especially important, because they're leading causes of hospital visits, death, and premature death. **And nearly all injuries can be prevented.**

Each year in Connecticut, injury and violence result in more than 350,000 Emergency Room visits and 30,000 inpatient hospitalizations. Together, they account for more than \$3 billion in hospital charges.

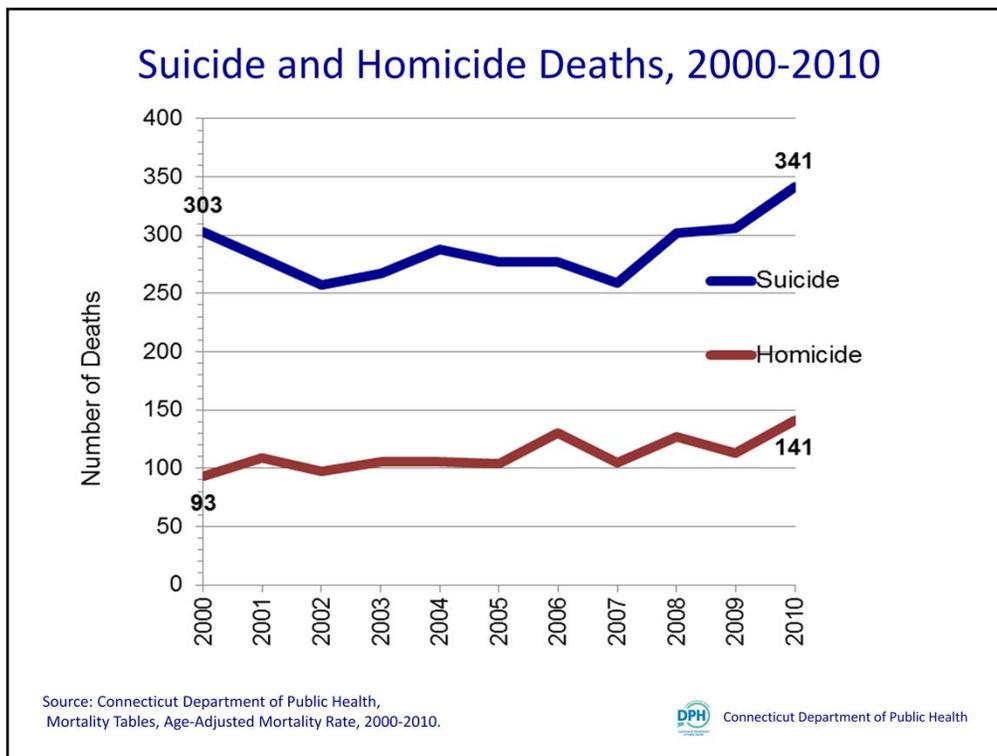


Accidental injuries are the 4th leading cause of death in Connecticut overall, and the 3rd leading cause for certain populations.

In the US, motor vehicle accidents cause the most accidental injury deaths, and **until recently, this was also true** in our state.

But as we see here in red, in Connecticut the number of deaths from falls has been climbing steadily, and doubled since 2000. **Falls is now our leading cause of death from accidental injuries.**

More than 2,700 Connecticut residents died from falls in the last decade. 8 out of 10 of them were older adults, mostly women.



Now let's look at deaths from **intentional injuries— suicide and homicide**.

Suicide kills more Connecticut residents than any other kind of injury. The number of suicides each year also has been climbing. We've had more than 3,000 suicide deaths since 2000.

- Men are about **4 times** more likely than women to die from **suicide**.
- Compared to Connecticut residents overall, **suicide rates** are significantly higher for **non-Hispanic whites**.
- At least 1 in 6 suicide victims in Connecticut are **Veterans**.* **People with disabilities** also are believed to have more risk factors for suicide, compared to the general population.
- **Gay, lesbian, and bisexual high school students** in our state are significantly more likely than heterosexual students to have risk factors for suicide and to attempt suicide. They're also more than twice as likely to stay home from school because they feel unsafe.**

Since 2000, more than 1,200 Connecticut residents have been homicide victims

- Men are about **4 times** more likely than women to die from **homicide**.
- Compared to Connecticut residents overall, **homicide rates** are significantly higher for **African Americans and Latinos**.

*[Source of veterans data: J. Kemp and R. Bossarte. *Suicide Data Report, 2012*, Dept. of Veterans Affairs, Mental Health Services, Suicide Prevention Program, page 21 (map).]

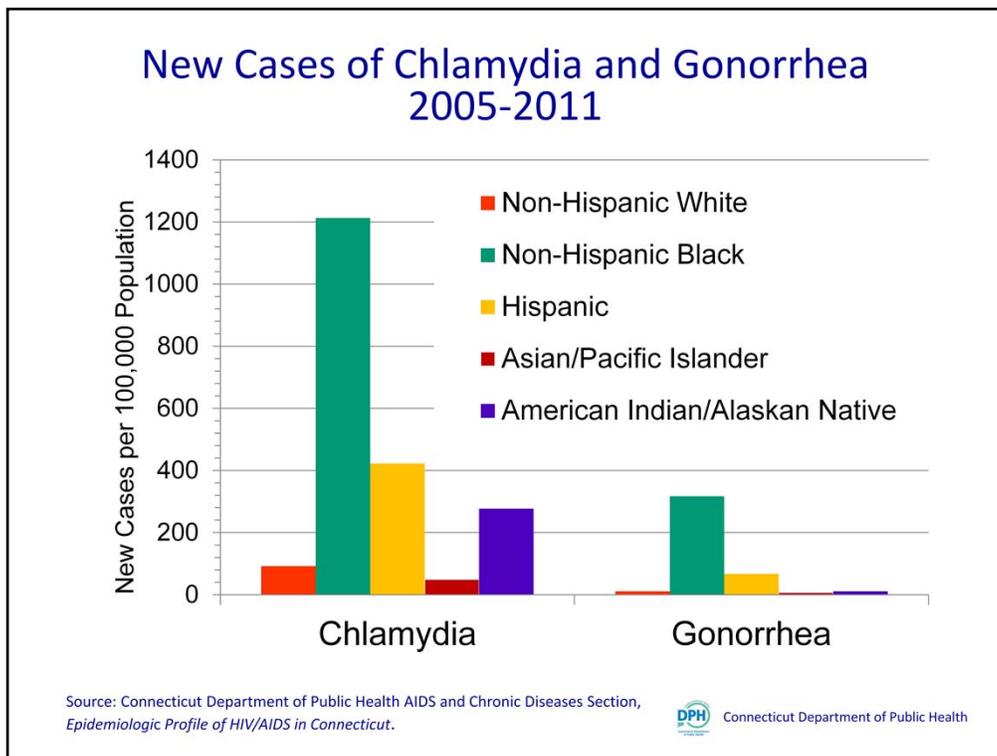
**[Source of LGB data: *MMWR*, vol. 60. June 6, 2011.]

Infectious Diseases



Infectious Diseases are illnesses caused by microorganisms such as bacteria and viruses. They can be spread from person to person, or they can be transmitted to people by insects or animals.

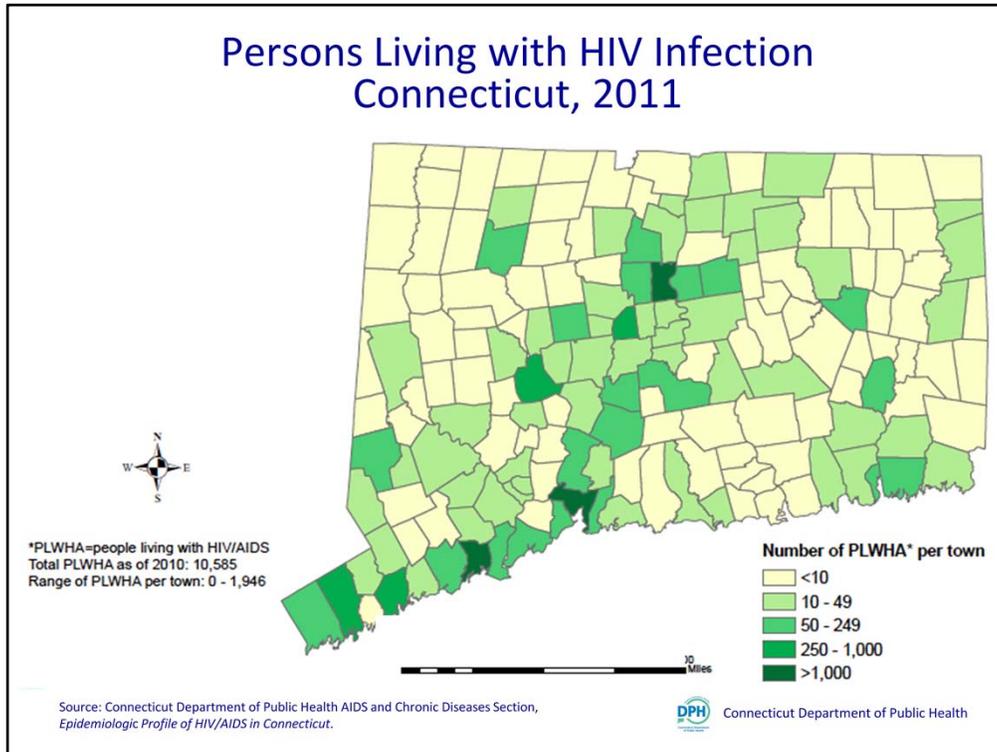
Many infectious diseases can be prevented by vaccination, or by protective measures and changes in behavior.



Chlamydia and gonorrhea are bacterial infections that are transmitted through unprotected sexual contact.

- Both chlamydia and gonorrhea can cause infertility and other serious health problems in women.
- **More important, they can more than double a person’s chances of getting infected with HIV**, the virus that causes AIDS.
- **African Americans, Latinos, American Indians, and young people 15 to 24 years old** have the highest rates of chlamydia and gonorrhea.
- **Inmates in Connecticut prisons** also are disproportionately affected by these infections, and also with HIV, tuberculosis, and hepatitis B & C infections. **Men who have sex with men and bisexual men** also have disproportionately high rates of STDs and HIV infection.
- Although most sexually transmitted diseases can be prevented by practicing safe sex, **up to half of sexually active high school students** in Connecticut don’t use condoms.

[Source of inmate data: UCHC Correctional Managed Health care. *CMHC Annual Report, July 2010-June 2011, p. 3*]

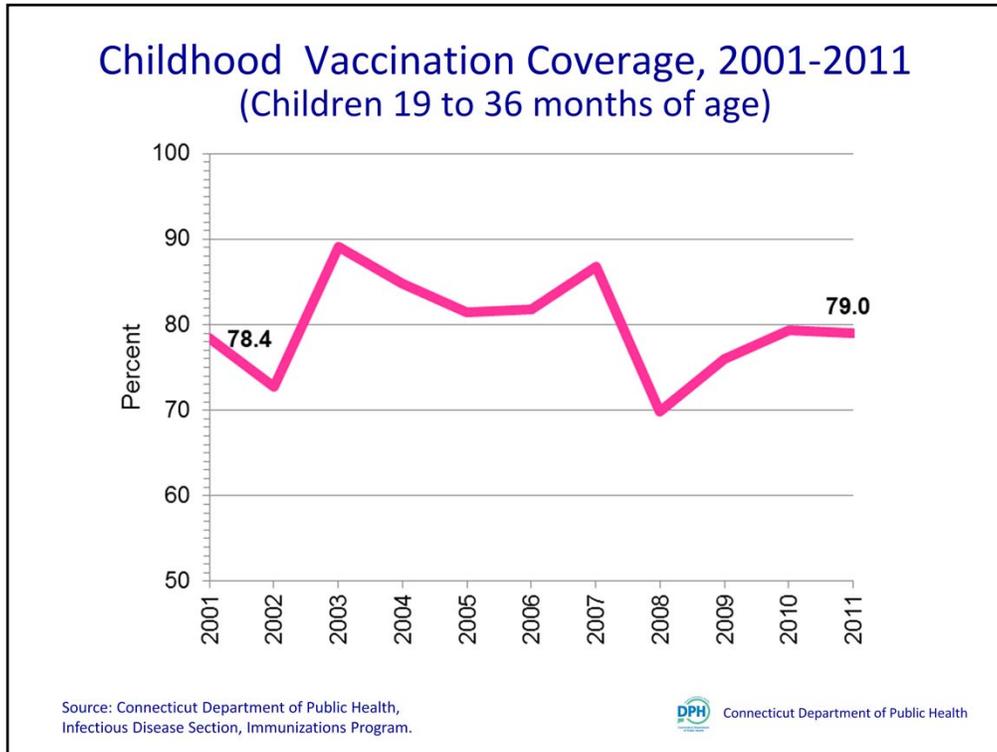


Because of medical advances, more than 10,000 Connecticut residents are now living with HIV/AIDS.

This map shows numbers of people with HIV/AIDS in towns across Connecticut.

Darker green means more people.

As you can see, the greatest numbers are in Connecticut towns with the largest populations.

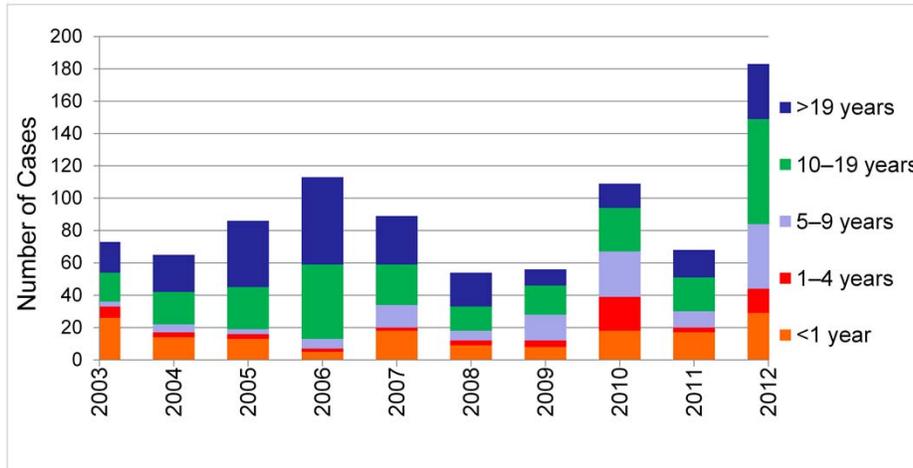


Many infectious diseases of children and adults can be prevented with vaccines.

The recommended vaccines for young children include measles, mumps, rubella, diphtheria, tetanus, pertussis, hepatitis B, and polio.

- Connecticut ranks in the top 10 states for vaccination coverage.
- Coverage rates are better than 90% for individual vaccines such as polio, measles, and mumps.
- But still, as we see here, more than **1 out of 5 young children** in our state haven't completed **the full series** of vaccines recommended by the CDC.

Number of Pertussis Cases by Year and Age Group Connecticut, 2003–2012



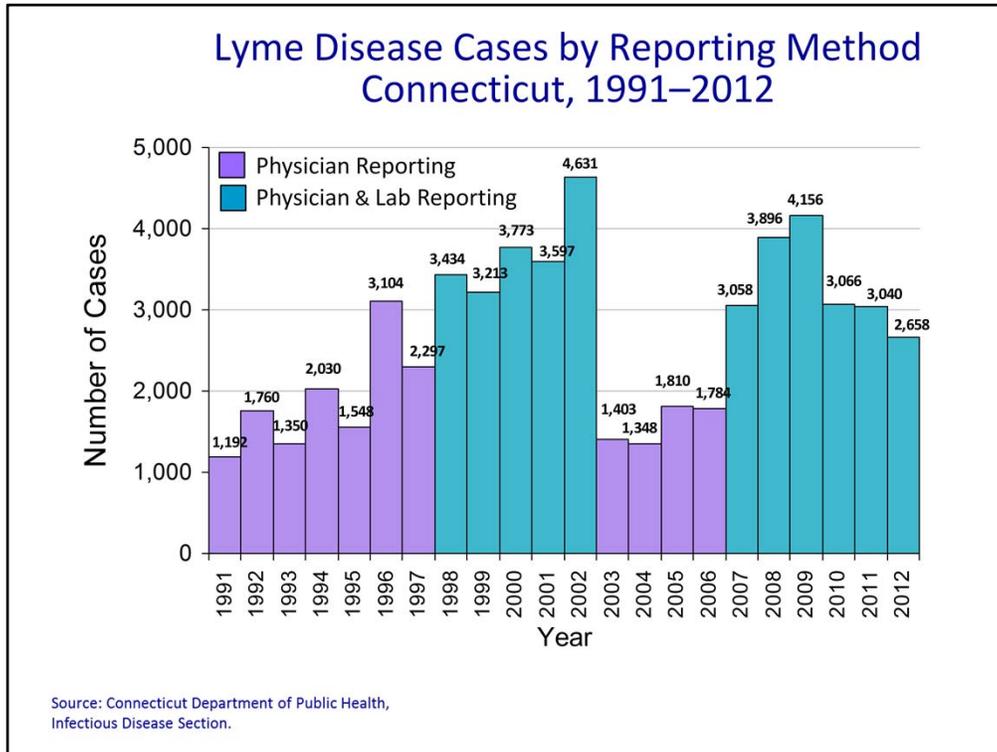
Source: Connecticut Department of Public Health,
Infectious Disease Section.

DPH Connecticut Department of Public Health

Pertussis is a good example of how we're still seeing cases of vaccine-preventable diseases, even though overall vaccination rates are high.

Pertussis is commonly called **whooping cough**. It's a highly contagious bacterial disease that **can be fatal**.

- **In 2012, Connecticut reported the highest number of pertussis cases in more than a decade.**
- Over half the cases typically are infants and children under 10. But because immunity isn't permanent, many cases are teenagers and adults. They are shown here in green and dark blue.
- This points to the importance of getting more young children vaccinated, and for teens and adults to get booster shots.



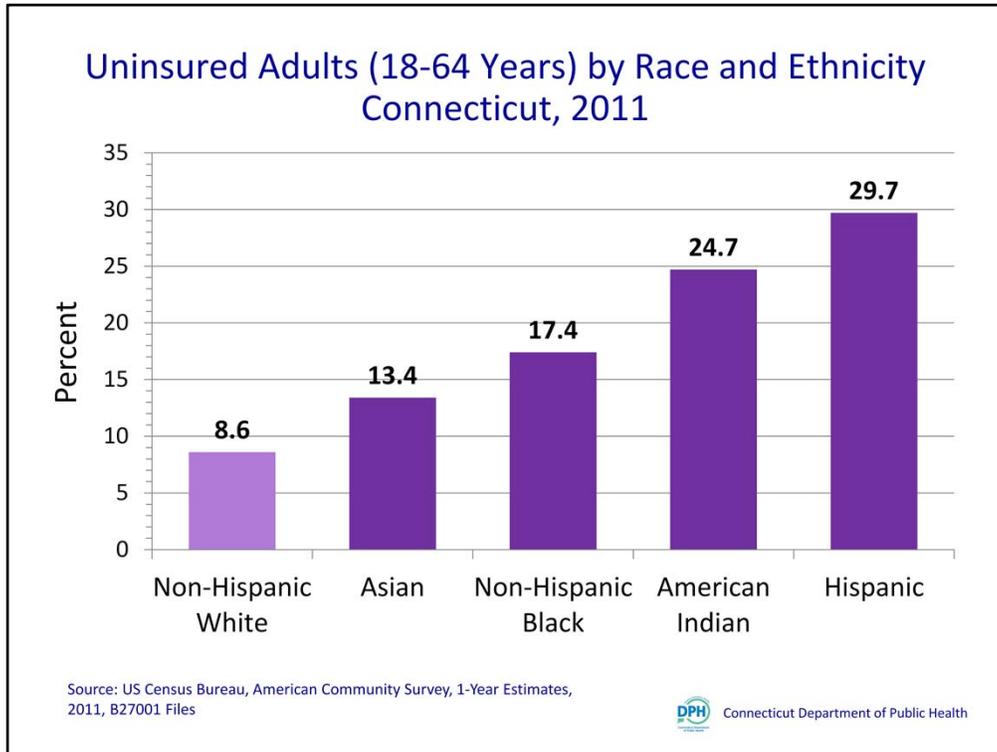
- Lyme disease is also caused by bacteria, but it's transmitted to humans by ticks.
- Connecticut has one of the highest rates of Lyme disease in the country.
- Since the late 1990's, about 3,000 cases a year have been reported in Connecticut.
- Over the years, cases of Lyme disease have been reported in different ways, depending on goals, resources, and the national case definition. So, as we see in this chart, more cases get reported in some years than in other years.
- For every case that gets reported, it's estimated that 10 cases are **not** reported. This means that 30,000 Connecticut residents probably get Lyme Disease every year.

In public health, we focus on teaching people how to avoid getting Lyme disease, but persistently high case numbers highlight the need for better prevention methods.

Access to Health Care

The ability to get health care is a major factor for staying healthy.

It's at least as important for people to see a doctor to **prevent** illness as it is to get treated when they're already sick.



Health insurance coverage is important, because it helps people to get timely preventive screenings and medical care. In turn, these lead to better health outcomes.

This slide shows the percentages of people in different population groups who **don't** have health insurance.

We see here that **people of color— especially Latinos and American Indians—** have higher percentages of uninsured adults, compared to non-Hispanic whites.

Connecticut residents with **low educational attainment and low incomes,*** and **veterans who have returned from deployment**** also are more likely than others to be uninsured.

* [2012 BRFSS]

** [Connecticut Veterans Needs Assessment Study, 2011]

Medically Underserved Areas or Populations (MUA/P) and Health Professional Shortage Areas (HPSA) Connecticut, April, 2012

County	Number of MUA/P Designations	Number of HPSA Designations		
		Dental	Primary Care	Mental Health
Fairfield	6	8	9	7
Hartford	7	10	9	4
Litchfield	1	2	2	2
Middlesex	1	3	1	1
New Haven	8	7	8	6
New London	3	4	3	3
Tolland	1	2	2	1
Windham	2	3	3	2
Tribal Nation	*	1	2	1
Connecticut	29	40	39	27

*Tribal nations have their own special designation.

Source: CT Department of Public Health, Office of Health Care Access, Statewide Health Care Facilities and Services Plan, October 2012, Chapter 9, Table 9.2.



A strong primary care workforce can lower the cost of health care and improve quality of care.

There are shortages of primary medical care, mental health, and dental professionals in every county in Connecticut. In addition to these “health professional shortage areas” (HPSAs), certain areas and populations are designated as “medically underserved” (MUAs and MUPs) by the federal government.

All these designations identify communities that need health services, and make them eligible for federal assistance to improve the availability of and access to care.

A culturally diverse healthcare workforce also is important for health care access and health literacy.

[Note: this is not illustrated in this slide.]

Yet Connecticut’s healthcare workforce is less diverse than the state’s population.

Connecticut’s population is about 72% white, 9% black, 4% Asian, and 13% Hispanic. Whites are over-represented (74-91%) in 10 out of 11 health care professions, and Asians are over-represented (5-17%) in 7 out of 11 professions. In contrast, Hispanics are under-represented in all 11 professions, and blacks are underrepresented in all but 2 professions (LPNs, 23%; and mental health counselors, 19%).*

These numbers are noteworthy, especially given the recent findings that non-white doctors provide a disproportionate share of care to underserved minority populations, and that the patients of non-white doctors tend to have poorer health compared to patients of white, non-Hispanic doctors.**

* Source: **Connecticut Health care Workforce Scan**. A report prepared by: University of Connecticut Center for Public Health and Health Policy, 6/28/2013 .

** Source: Marrast, L.M., et al. 2013. Research Letter: Minority physicians’ role in the care of underserved patients: Diversifying the physician workforce may be key in addressing health disparities. **JAMA Internal Medicine** published online 12/30/13.

Conclusions

- Chronic diseases, accidental injuries, and violence top the list of causes of premature death in Connecticut.
- Lower-income residents are more likely than people with higher-incomes to have risk factors for many diseases.
- The same is true for specific age groups such as youths, young adults, and older adults, and for certain racial and ethnic minority groups.
- Sexual minorities, veterans, and the prison population also have higher prevalence rates for some risk factors and suffer from many conditions at disproportionately high rates.
- Opportunities exist to address obesity, smoking, and other risk factors for chronic diseases, and to prevent injuries and infectious diseases.

Q & A and Discussion

- *What health issue is the most important to you, and why?*
- *How can Connecticut become a healthier place to live?*



Now we'd like to hear from you!

For More Information...

Connecticut Department of Public Health

www.ct.gov/dph

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