Introduction and Process

What is the State Health Assessment?

The 2019 Connecticut State Health Assessment is an update on the health status of Connecticut residents, with a specific focus on the social determinants of health that are having the greatest impact on health outcomes. The assessment provides the basis for the Connecticut State Health Improvement Plan, and together, make up the state health planning framework, *Healthy Connecticut 2025*.

The purpose of the assessment is to provide the public, policy leaders, partners, and stakeholders with information on the health of the Connecticut population to develop a shared understanding of health issues and inform data-driven decision making and program planning. This state health assessment is an important tool to help identify the underlying conditions and factors that influence health, reflect on existing services and policies, and inform future public health planning for the benefit of all Connecticut communities.

Vision for Health Equity

Connecticut has a bold vision for Healthy Connecticut 2025: Healthy People in Healthy, Equitable Connecticut Communities. More specifically, CT DPH and partners envision the following:

Through effective assessment, prevention, and policy development, the Connecticut Department of Public Health and its stakeholders and partners provide every Connecticut resident equitable opportunities to be healthy throughout their lifetimes and are accountable to making measurable improvements toward health equity.

This vision lifts up a number of guiding principles that we uphold to center health equity:

- A focus on *every Connecticut resident*: We strive for all Connecticut residents to experience optimal health and wellbeing.
- Attention to the health needs of residents throughout their lifetimes
- A need to collaborate as *stakeholders and partners*: No one entity can advance health equity in isolation. A multi-sector and community-engaged approach is necessary to effectively understand the interconnected social determinants that impact health, and effectively address the practices, policies, and systems that support them.
- A multi-pronged approach through *assessment, prevention, policy development* and *accountability to achieve measurable improvements in health equity*

Methodology

The Healthy Connecticut 2025 State Health Assessment was ultimately guided by Connecticut's vision for health equity. The health indicators selected to be presented in the assessment reflect the social determinants of health that are impacting residents and highlight where health is experienced differently based on geographic or demographic characteristics.

Health Indicator Prioritization Criteria

CT DPH subject-matter experts established the following criteria to prioritize the health indicators included in the assessment:

All health indicators included in the assessment must be:

- Reliable or validated (studies in the larger literature demonstrate strong consistency and validity)
- Available within the last 5 years
- Available by population sub-group and/or geography (e.g., county level)

A health indicator should meet the majority of the following criteria:

- A health condition or issue affecting a sizeable population/high cost to society
- Associated with high morbidity/mortality or multiple outcomes
- Assesses/enables monitoring over time of progress toward health equity
- Comparable to national benchmark or is aligned with national initiatives
- Potential improvement opportunities are aligned with current programmatic efforts and/or are able to be addressed within the next 5 years
- Easy to communicate
- Enables the telling of a comprehensive "story" about the health status of CT residents
- Used consistently in CT DPH/sister agency reports

The development of this assessment incorporated the Mobilizing for Action through Planning and Partnerships (MAPP) framework and Public Health Accreditation Board (PHAB) standards and measures. A cross-disciplinary team of internal and external stakeholders was engaged to develop a vision for Healthy Connecticut 2025 and to prioritize a list of health indicators for inclusion in the report (Appendix A). In addition, community members were provided opportunities to contribute to the development of the assessment through surveys and focus groups, and finally through a public comment period.

Engagement Process

This assessment collected data and feedback from Connecticut residents and partners in several ways: a community survey, targeted focus groups with priority populations of interest, a public comment period, and data presentations to Coalition and local partners.

Community Survey

To gather broad input from as many Connecticut residents as possible, we developed a 28-question Community Health Priority Survey to identify health issue priorities for their communities. The survey, available both in English and Spanish, was conducted anonymously to encourage respondents to share openly their opinions about community needs and weigh in on where Connecticut should prioritize resources to improve the health of their community. Surveys were distributed online through the State Health Improvement Coalition, a diverse partnership of local, regional, and statewide organizations and agencies, who forwarded the survey to their own networks and partners. Over 1,000 survey responses were collected, with at least one response from almost every town in the state. In addition to the online survey, a shorter, 12-question survey was also developed and distributed to populations of focus in collaboration with faculty and students from the University of Connecticut School of Public Health. These populations of focus included:

- Parents of children with special healthcare needs
- Department of Social Services Field Offices
- Federally-Qualified Health Centers (FQHCs)

Appendix B of the final report will include an analysis of the survey results.

Community Focus Groups

The purpose of these focus groups was to identify community health concerns, assets and barriers to health, recommendations to address community health priorities, and residents' vision for the future. These focus groups were conducted in collaboration with faculty and students from the University of Connecticut School of Public Health. Populations represented in focus groups included:

- LGBTQ Senior Community
- LGBTQ Youth Community
- Intellectually Disabled
- Caregivers of Alzheimer Patients
- Recently Incarcerated
- Mental Health & Substance Abuse Recovery Consumers

- Hispanic/Latino
- Veterans and Families
- Black/African-American
- Immigrants/Refugees

Public and Partner Input

CT DPH held two data presentations with Coalition and local health partners to share preliminary findings from the health assessment and solicit feedback on its development. Both presentations occurred in August 2019. In addition, to further ensure that this report represents the perspectives and speaks to the most important needs of our state's residents, CT DPH presented a draft of this assessment report on its website for a public comment period in October-November of 2019.

Assessment of Assets

As CT DPH teams gathered and analyzed data for the assessment, they also compiled a list of programmatic and state-wide assets. Additionally, through an analysis of local community health assessments and hospital health needs assessments, community assets were added to develop a comprehensive list. A Force Field Analysis exercise was then conducted to identify opportunities to leverage existing activities for future state health improvement planning efforts. A description of community assets and resources, and the results of the force field analysis are available in Appendix C.

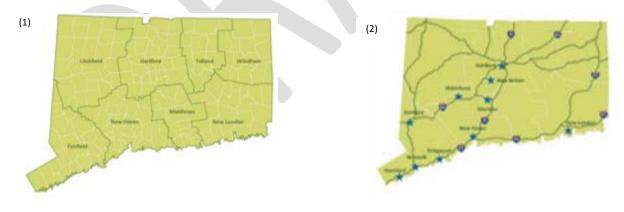
Kinds of Data Presented in the Assessment

The State Health Assessment presents many kinds of data visualized in graphs, tables, and maps. Here are some of the data types included in this report and what they mean.

Data Type	Answers the Question	Definition	Example
Census	How many total people	An official count or	A total of 3.5 million
	are/have?	survey of a population,	people live in Connecticut
		typically recording	
		various details of	
		individuals	
Prevalence	What percentage of	Describes how many	About 200 of every
	people have?	people have a disease or	100,000 people has
		condition among an	diabetes
		entire group of people.	
		Often you will see this as	
		a rate or percentage of a	
		whole.	
Incidence	How many new cases of	This refers to the number	The incidence of infection
	happened in a	of individuals who	went down from X cases
	period of time?	develop a specific disease	per 10,000 to just Y cases.
		or experience a specific	
		health-related event	
		during a particular time	
		period (such as a month	
		or year).	

Maps are presented in infographic style throughout the report. Below are three reference maps of Connecticut's counties and towns (1); its major highways and cities (2); and major waterways (3).







Limitations of assessment

The Healthy Connecticut 2025 State Health Assessment represents a comprehensive view of the current health status of residents and the contexts that enable or hinder attainment of health. However, there are limitations to what is presented in this report. This assessment presents information about a focused list of indicators, which means that some indicators were not included. This decision was made to ensure the report was a reasonable length and presented indicators that represent current trends and opportunities for intervention. Another limitation is that some data are unavailable. Some indicators were not available by important characteristics or stratifiers such as income level or geography. Other indicators lacked recent data. Limitations of specific data are mentioned throughout the report. More information about the data sources is available from the CT DPH.