



ISSUE BRIEF

Health Disparities Among Black/African American Women in Connecticut

Office of the Commissioner • September, 2014

Significant health disparities exist among Black/African American women in Connecticut, and social determinants are significant contributors

Connecticut is home to roughly 160,000 Black/African American adult women (at least 18 years old).¹ Compared to their White/Caucasian counterparts, a significantly greater proportion of Black/African American women are less than 35 years old, and a lesser proportion are greater than 55 years old. This concentration of ages toward younger Black/African American adult women coincides with significant disparities in social determinants of health. Compared to White/Caucasian women, significantly more Black/African American women in the workforce are unemployed, are mothers, do not own a home, have less than a high school degree, have an income of less than \$35,000, or have no health insurance.

The disparities in age and social determinants of health that exist among Black/African American women in Connecticut are echoed in disparities for risk behaviors and self-reported poor health outcomes.² Compared to White/Caucasian women, significantly more Black/African American women have not been vaccinated for pneumonia or seasonal flu, have had no recreational exercise in the past month or do not always wear seat belts. More report poor health at least 15 days in the past month, or report being diagnosed with diabetes or asthma. More Black/African American women with diabetes report being diagnosed before 50 years of age.

Disparities among Black/African American women also exist with perinatal health indicators. Compared to their White/Caucasian counterparts, significantly more Black/African American women who gave birth in 2012 were teen mothers, or entered prenatal care beyond the first trimester.³ Nearly four times more babies born to Black/African

KEY POINTS

- Significant disparities exist in Connecticut among Black/African American adult women, compared to their White/Caucasian counterparts.
- Factors such as age, income, overweight/obesity, educational level, and insurance status contribute significantly to health disparities.
- Coordinated strategies across multiple ecological levels (Individual, Institutional, Community, and State/Federal Policy) are needed to reduce disparities.

¹ Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2012 (PEPASR6H), U.S. Census Bureau (<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>), accessed September 2, 2014.

² Stone, C.L., Davis, L. (2014) Factors associated with health disparities among Black/African American women in Connecticut, Connecticut Department of Public Health, Hartford, Connecticut (<http://www.ct.gov/dph/BRFSS>). Data were obtained from the Connecticut Behavioral Risk Factor Surveillance System (BRFSS) for years 2011 and 2012, combined.

³ The Maternal and Child Health Services (Title V) Black Grant Allocation Plan, FFY 2014, (http://www.governor.ct.gov/malloy/lib/malloy/2013.10.02_ffy14_mch_allocation_plan.pdf).

American mothers were very low birth weight, and more than two times more died before the first year of life.

Disparities in a broad range of health behaviors and health outcomes among Black/African American women in Connecticut are significant, but these disparities can be at least partly explained by age and other determinants of health.² Age alone explains disparities in seatbelt use, and age and income together explain disparities in asthma. Age, income and obesity together explain disparities among women who report poor health. Overall, of eight health indicators studied, disparities among half can be explained by age and other factors such as income, educational level, insurance status, and obesity.

Health among Black/African American women in Connecticut is influenced by an ecological set of positive and negative determinants

Positive and negative determinants can be classified across four increasingly broad levels that influence population health and wellbeing (see **Ecological Framework**). These ecological levels are Individual, Institutional, Community, and State and Federal. Influences at the Individual level pertain to personal goals, beliefs, behaviors, and attitudes, and includes relationships with close friends and family members. The Institutional level includes healthcare centers, hospitals, schools, and local health departments. The Individual and Institutional levels together comprise the Community level, which also includes neighbors, faith-based and community-based organizations, and advocacy groups. The broadest ecological level is the State and Federal level, which includes state and federal government and public policy.

During a three-day workshop conducted to better understand the persistent disparities that exist in perinatal health among racial/ethnic minority groups in Connecticut, DPH worked with stakeholders across the state to identify positive and negative determinants of perinatal health.⁴ Described below are a set of positive and negative determinants for each ecological level that were modified from the workshop described above for Black/African American women in Connecticut across the lifespan. Some possible strategies for reducing disparities in health among Black/African American women in Connecticut are described in a companion document, *Strategies to Address Health Disparities Among Black/African American women in Connecticut*.⁵

Individual Level

Black/African women in Connecticut of all ages and income levels share many Individual qualities that, if broadly promoted, may reduce health disparities. Women of the Black/African American race exhibit an internal resilience that helps them work through difficult times, and many live with a sense of self and sisterhood onto which other internal features could be built. Many thrive despite a constellation of stressors that include trauma or abuse, low income due to a lower education level, and lack of job opportunities. Younger Black/African American women, especially those of

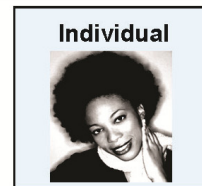
⁴ Lipkind, H. (2010) Persistent disparities in Connecticut's perinatal system of care. Connecticut Department of Public Health, Hartford, Connecticut (http://www.ct.gov/dph/lib/dph/family_health/perinatal_disparities_report_final_2-23-2010.pdf), accessed on July 7, 2014.

⁵ Davis, L, and Stone, CL (2014) Strategies to address health disparities among Black/African American women in Connecticut. Connecticut Department of Public Health, Hartford, CT.

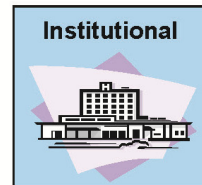
Ecological Framework Determinants of Health Among Black/African American Women in Connecticut

Positive (+) and Negative (-) Determinants¹

- (+) Internal resilience
- (+) Strong sense of self
- (-) Household trauma/abuse; Lack of household/social support
- (-) Overweight/obesity
- (-) Stress across the lifespan: Low income, unemployment, motherhood at early



- (+) Existing medical services
- (+) FQHC & SBHC services
- (-) Lack of wellness plan
- (-) Lack of culturally-appropriate health messages; Institutional racism
- (-) Lack of service coordination



- (+) Holistic social support, sense of community/sisterhood
- (+) Positive proactive community efforts
- (-) Stigma about depression; lack of behavioral health support
- (-) Limited acceptability of existing services



- (+) Enhanced support/resources for FQHCs
- (+) Nutritional programs (i.e., SNAP, WIC); Affordable health insurance
- (+) Culturally sensitive programs; relevant social marketing
- (-) Coordinated support at all ecological levels



¹—Positive and negative determinants adapted from "Persistent Disparities in Connecticut Perinatal System of Care," by Heather Lipkind (2010), Connecticut Department of Public Health (http://www.ct.gov/dph/lib/dph/family_health/perinataL_disparities_report_final_2-23-2010.pdf), accessed on July 3, 2014.

FQHC—Federally-qualified Health Centers (<http://www.ct.gov/dph/cwp/view.asp?a=3138&q=404892>);

SBHC—School-based Health Centers;

SNAP—Supplemental Nutritional Assistance Program (<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=411676>);

WIC — Special Supplemental Nutrition Program for Women, Infants, and Children (http://www.ct.gov/dph/cwp/view.aspa=3137&q=395460&dphNav_GID=1862&dphPNavCtr|#48077).

low income, need the opportunity to use their personal strengths to better their lives. Strategies are needed that build on these positive determinants to increase self-worth, self-advocacy, and health seeking behavior.

Institutional Level

Medical and social services in the state are nestled within a strong institutional environment. These services need to be transformed for a younger cohort of Black/African American women, evaluated for accessibility, and infused with health components that resonate with all Black/African American women. Prenatal care needs to be enhanced to reduce reported barriers to quality care.⁶ Institutions need to align resources and coordinate services to close gaps in quality services offered to Black/African American women.

⁶ Kurz, B, D'Angelo, K, Bryan, J (2013) Focus groups for the State of Connecticut fetal and infant mortality program – prenatal care experiences of women in Connecticut, University of Connecticut School of Social Work, West Hartford, Connecticut

Community Level

Black/African American women cooperate together to create and sustain an expansive network of support. This natural strength could be expanded to improve health throughout the community. The community of Black/African American women, working in partnership with the Institutional level, could build upon existing strengths to encourage health seeking behavior. Community organizations could take the lead to seek funding for local projects determined by the community to be of high priority.

State and Federal Level

Opportunities made possible at the State and Federal level have opened a path to improved health and wellbeing for Black/African American women. Health care centers are being enhanced with comprehensive services. Recent legislation promises to increase wages in Connecticut. Members of the State and Federal level could begin the difficult work of tackling other complex issues such as affordable housing and healthy homes, walkable areas, and easy transportation. Strategies are needed to ensure health insurance coverage through the Affordable Care Act and to encourage adult well-visits and comprehensive quality care. The state also needs to provide support and technical assistance to other ecological levels.

Coordinated strategies across multiple ecological levels will have the greatest impact on health disparities among Black/African American women in Connecticut

Coordinated efforts implemented simultaneously across all ecological levels are expected to have the greatest impact on disparities among Black/African women in the state.⁷ Commitment at all ecological levels is needed to work collaboratively. Comprehensive approaches across all ecological levels to reduce disparities among Black/African American women promise to allow all Connecticut residents the opportunity to strive for optimum health and wellbeing.

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⁷ Guyer, B. (1998) Problem-solving in public health (Chapter 2), in *Epidemiology and Health Services* (H.K. Armenian, S. Shapiro, eds), Oxford University Press, New York, New York.