

Connecticut State Innovation Model State Health Profile

*Preliminary Findings
presented to the
Population Health Council*

Anitha Nair, MPH

Connecticut Department of Public Health

September 22, 2016



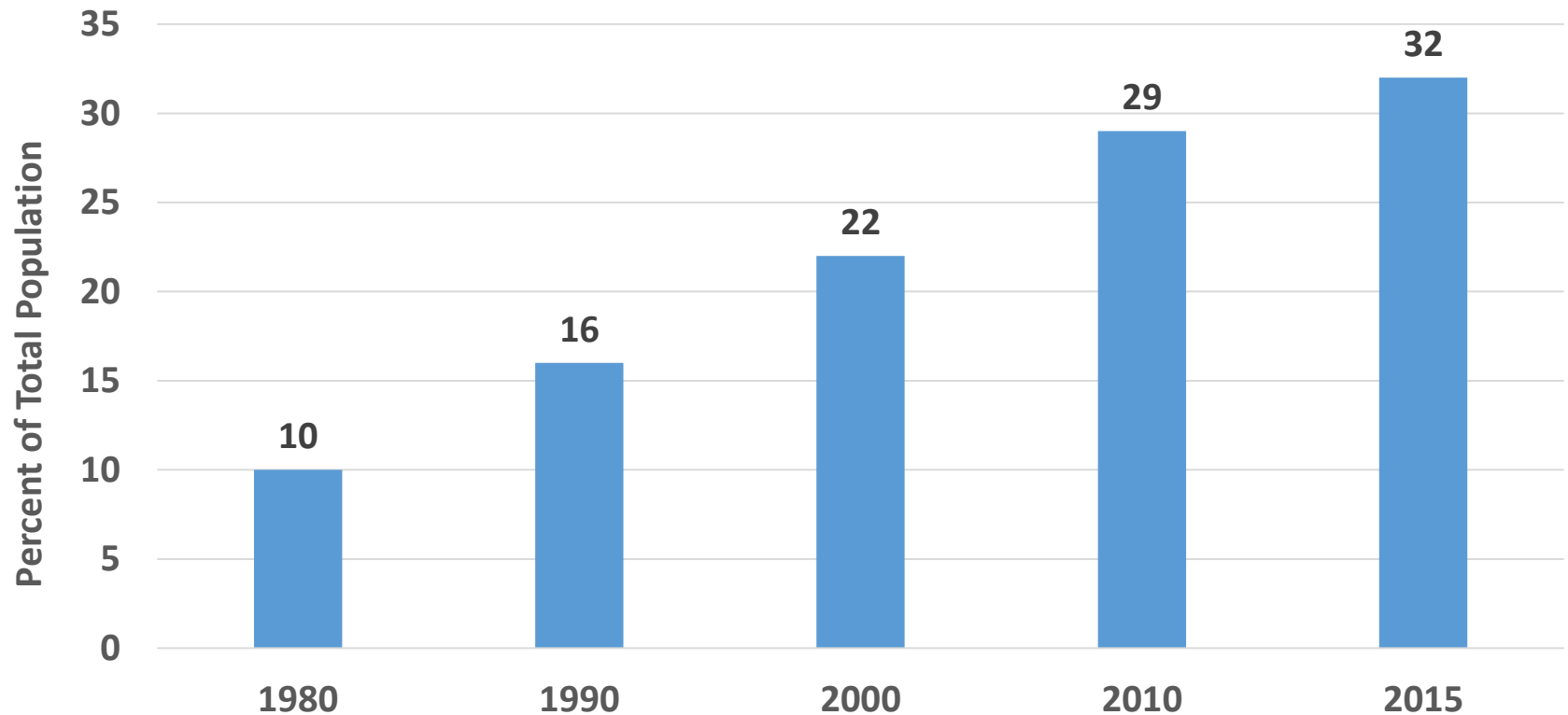
Many Things Affect Our Health



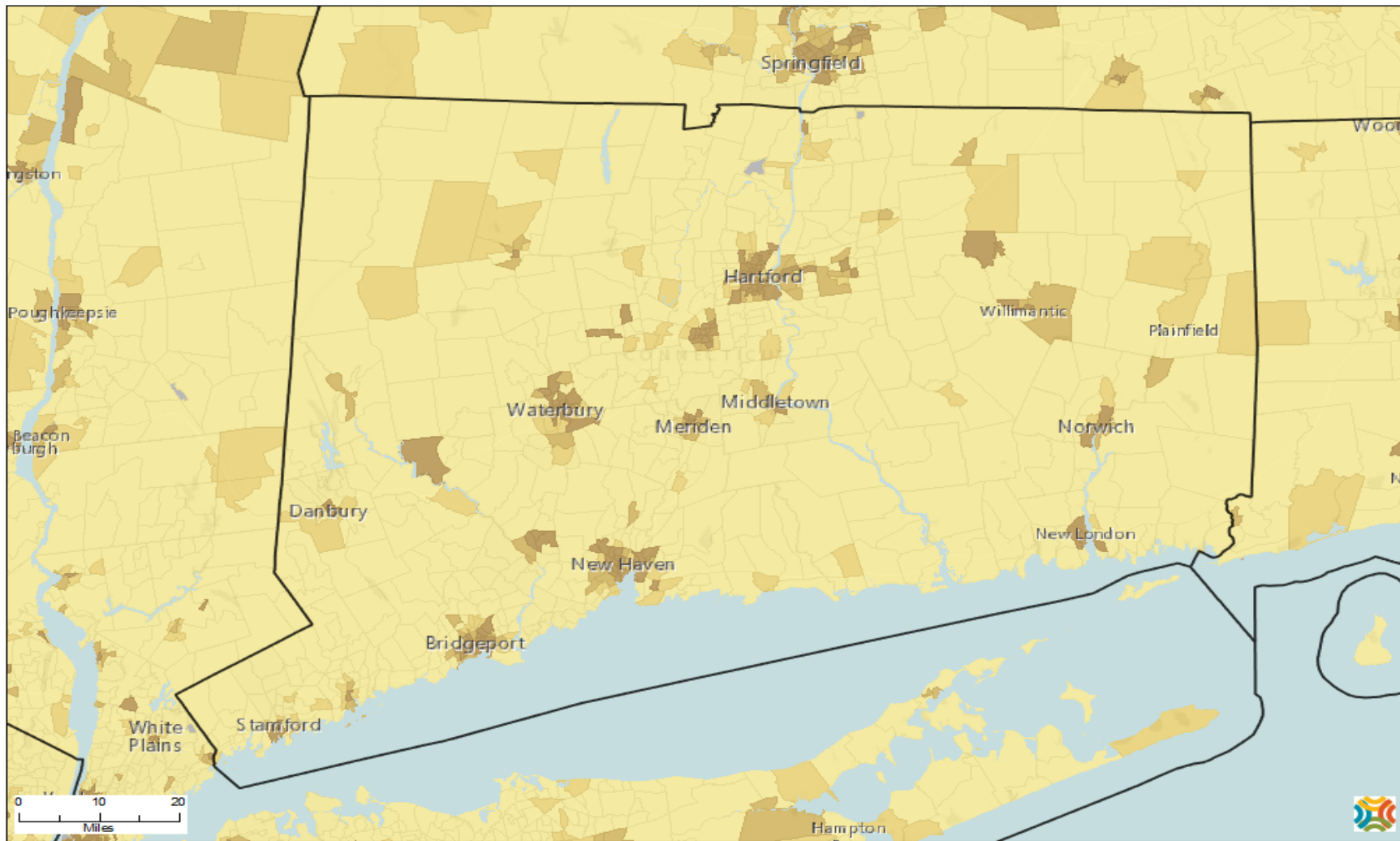
Who Lives in Connecticut



Growth in the Racial and Ethnic Minority Population, 1980-2015



CT Poverty Level by Census Tract

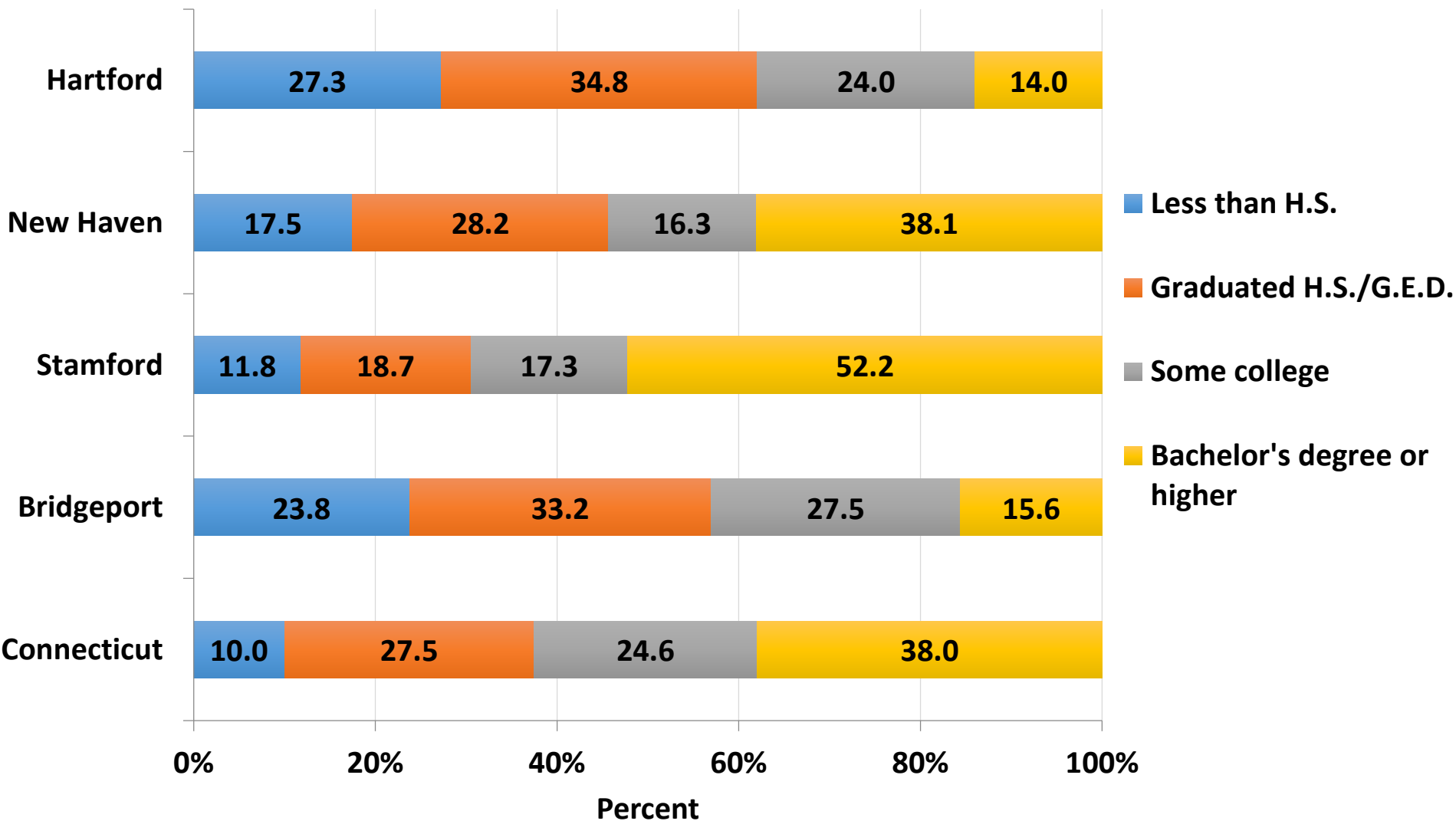


Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2010-14

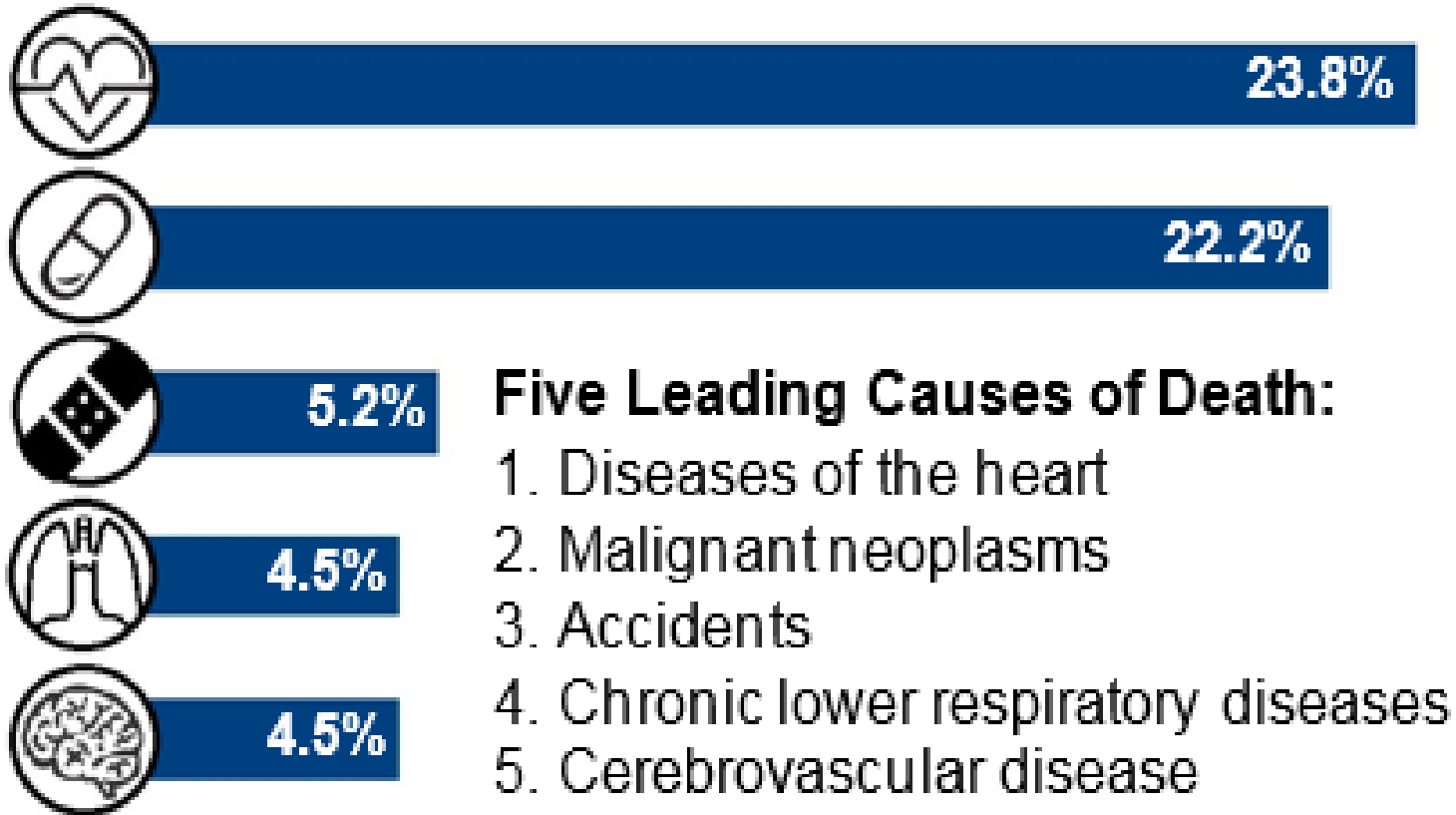
- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Percent of Population, By Educational Attainment, Connecticut and Its Largest Towns, 2014



Source: US Census Bureau, 2014 CP04 File, 1-year estimates

Leading Causes of Death, Connecticut, 2013

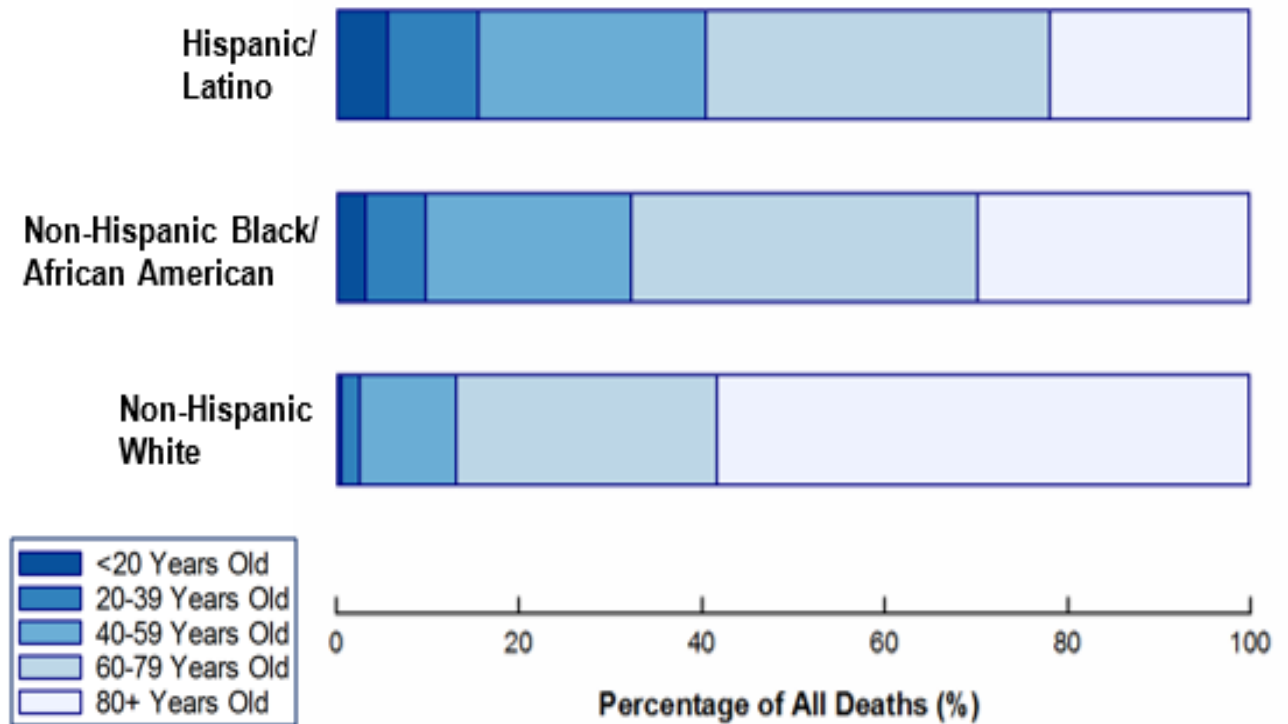


Percentage of All Deaths by Age and Race/Ethnicity, Connecticut, 2013

In 2013, deaths to residents over 80 years old represented:

- 58% of non-Hispanic White deaths;
- 30% of non-Hispanic Black/African American deaths; and
- 22% of Hispanic/Latino deaths.

The percentage of deaths among racial/ethnic minorities was greater than that among non-Hispanic Whites for all age groups under 80 years old.



Connecticut's Specific Populations

Population Group	Number of Individuals	Percent of Population (%)
Veterans (18 years and older)	216,000	6.2
Prison Inmates	17,000	0.5
Sexual Minorities		
LGB Adults	116,000	3.3
LGB Youth (15-19 years old)	14,000	0.4
Disabled	373,000	10.6
Less than 18 years old	30,000	0.8
18-64 years old	180,000	5.2
65 years and older	160,000	4.6

Sources: US Census Bureau, Selected Social Characteristics in the United States. American Community Survey, 3-yr Estimates, 2011-2013 (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).



How Do We Compare



Connecticut's Ranking for Selected Health Indicators Among all States and Territories in the US, Adults, 2014

Preventive Health Behaviors

CT ranked
better than
most states
(Top 10)

- Have had a Dental Visit in the past year (1st)
- Screened for Colorectal Cancer, 50+ years (2nd)
- Women having had a clinical Breast Exam (4th)

Health Risks

CT ranked
better than
most states
with fewer:

- Strokes
- Cardiovascular Disease, 45+ years
- Obesity
- Cigarette Smoking

CT ranked
worse than
most states
with more:

- Special equipment use
- Asthma
- Cancer



At-Risk Adult Populations

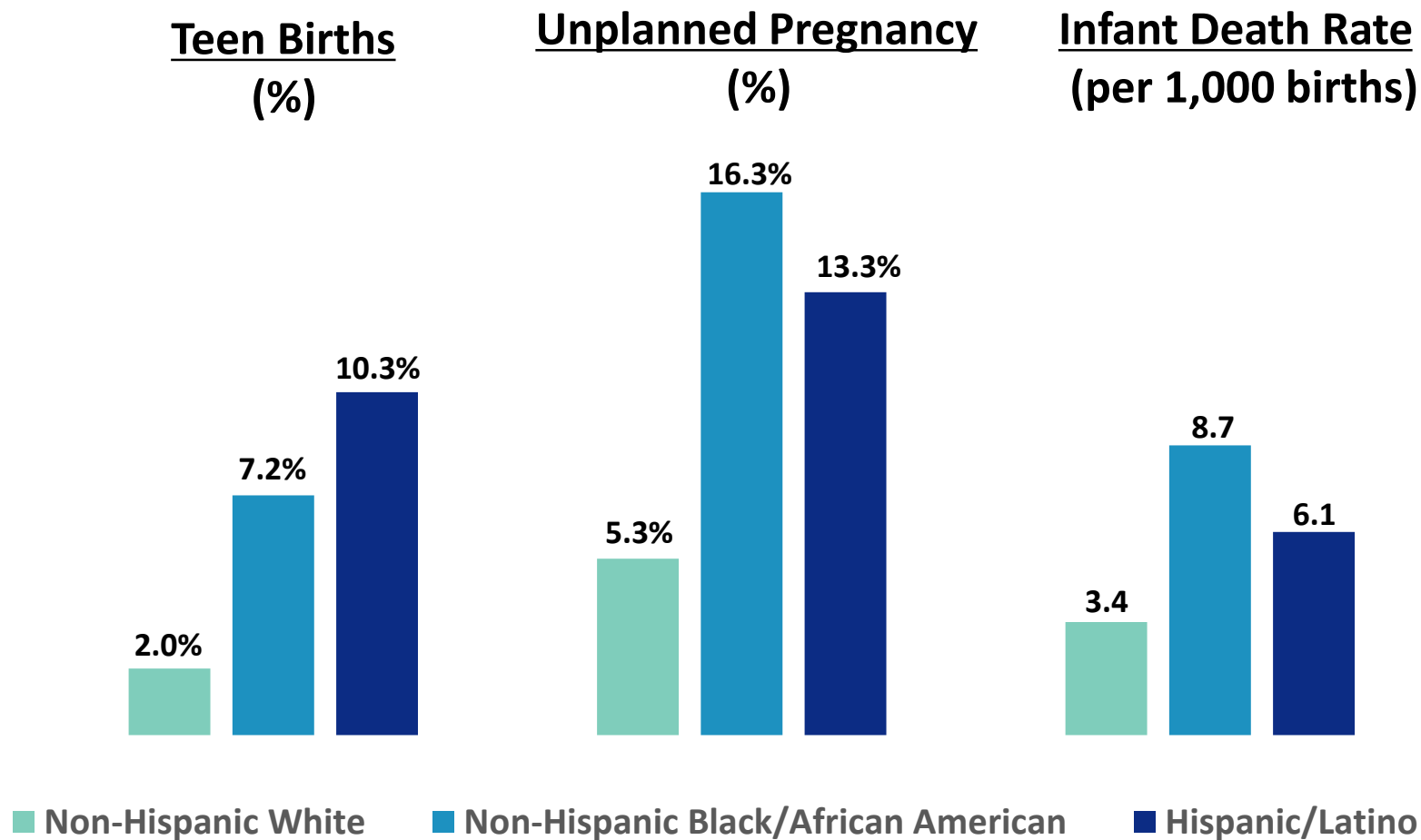
- Hispanic/ Latino ethnicity
- Non-Hispanic Black/African American race
- Disabled
- Low household income (up to \$35,000 annually)
- No health insurance
- High school degree or less.



Maternal, Infant, and Child Health



Maternal Infant Child Health Racial and Ethnic Disparities, Connecticut, 2013



Source: DPH Connecticut Registration Report of Births, Deaths, and Marriages, Calendar Year 2013; Connecticut Pregnancy Risk Assessment Monitoring System (PRAMS), 2013



Connecticut Department of Public Health

Our Environment: Health and Where We Live



Community Environmental Quality Concerns

Indoor Environment	Outdoor Environment
1) Mold and mildew	1) Ozone
2) Vapors, fumes & odors	2) Particulate matter
3) Insects, vermin, & 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 & affordable healthy foods
8) Radon	8) Walkable communities & open space
	9) Wood burning boilers

Connecticut's "Food Deserts"



Over 280,00 people live in food deserts.

Chronic Diseases and Their Risk Factors



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

Tobacco

Currently, **15.4%** of adults smoke, which is approximately 400,000 Connecticut residents.

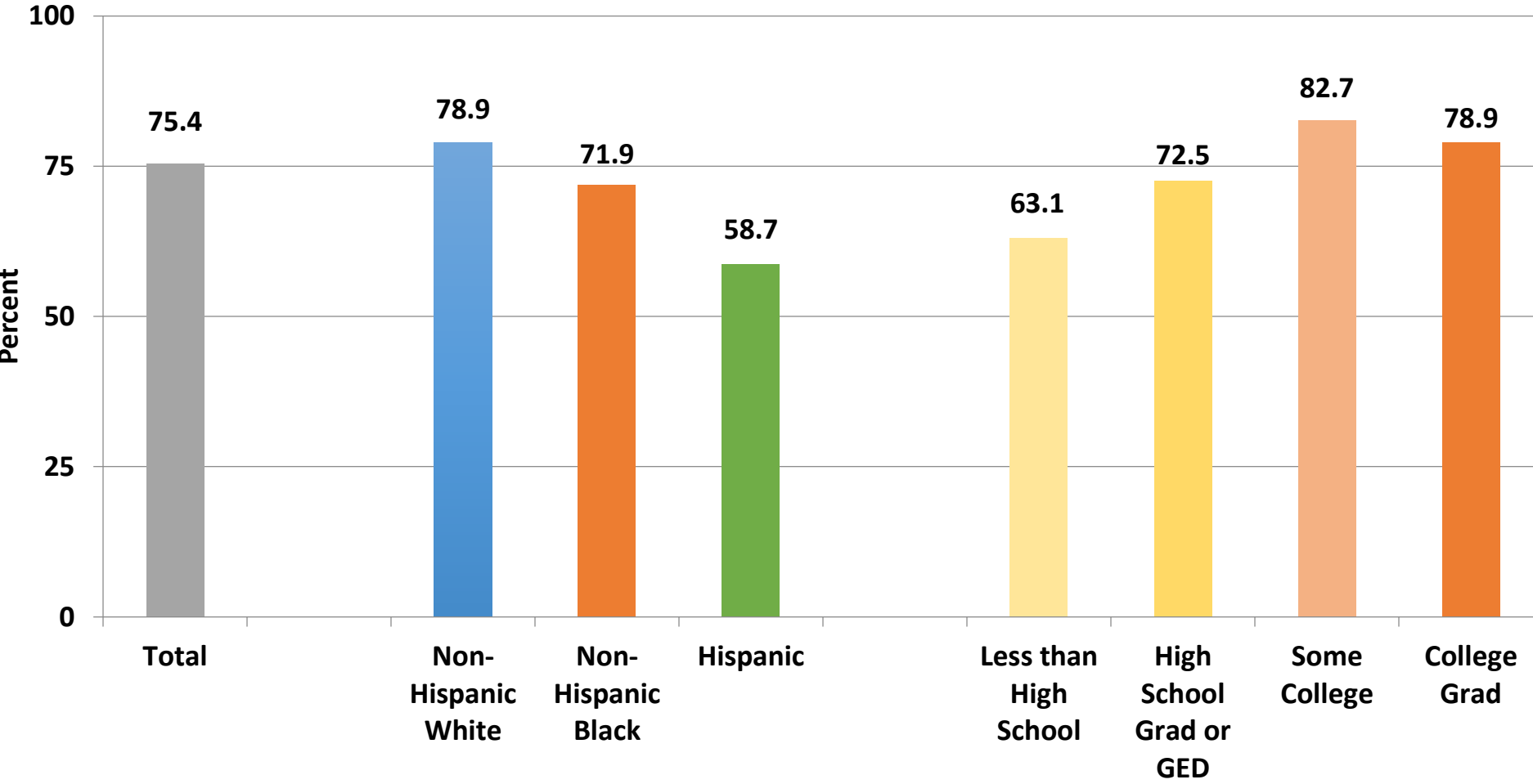


That is **1** out of every **6** people!

63% of adult smokers attempted to quit in 2014.



Percent of Adults with Diabetes Who Had at Least 2 A1C Tests in the Past Year, Connecticut, 2012-2014



Data Source: BRFSS, 2012-2014



Obesity, Physical Activity & Nutrition

Adult Obesity



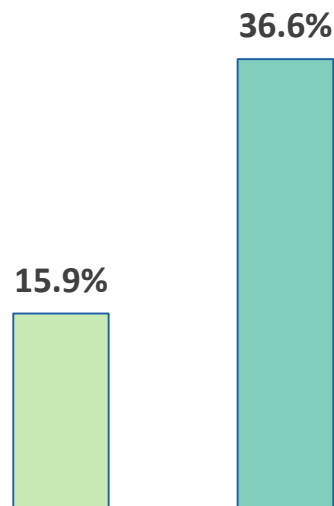
60% of adults are overweight or obese.

Physical Activity



Only 1 in 5 adults meet CDC guidelines on physical activity.

Childhood Obesity



All children Low income

The obesity rate is more than double for children living in low income households.

Asthma in Connecticut



1 in 10

adults and children
have asthma



Asthma is more common
in **women** than men.



12.1%

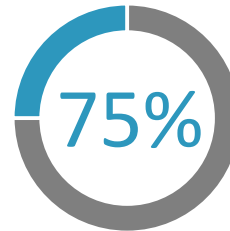
Of women have asthma

6.0%

Of men have asthma

34 people

The number of **deaths** due
to asthma in 2014.



Of the **4,300**
hospitalizations for
asthma in 2014
were **preventable**.

High Blood Pressure & Cholesterol

High Blood Pressure

Non-Hispanic Black or African American adults are more likely to have high blood pressure compared with non-Hispanic White and Hispanic or Latino residents.



Cholesterol

Over one-third of Connecticut's adults have high cholesterol and are, therefore, at risk for coronary heart disease.



Mental Health, Alcohol, and Substance Abuse



Hospitalizations and Emergency Department Visits for Mental Disorders Connecticut, 2014

	Inpatient Hospitalizations	Emergency Department Visits	Combined Total
Number of Events	31,374	78,642	110,016
Total Charges (\$)	\$921 million	\$178 million	Over \$1 billion

Binge Drinking in Connecticut

1  IN 6

Adults

&

1  IN 7

High School Students

BINGE DRINK IN CONNECTICUT

What is Binge Drinking?

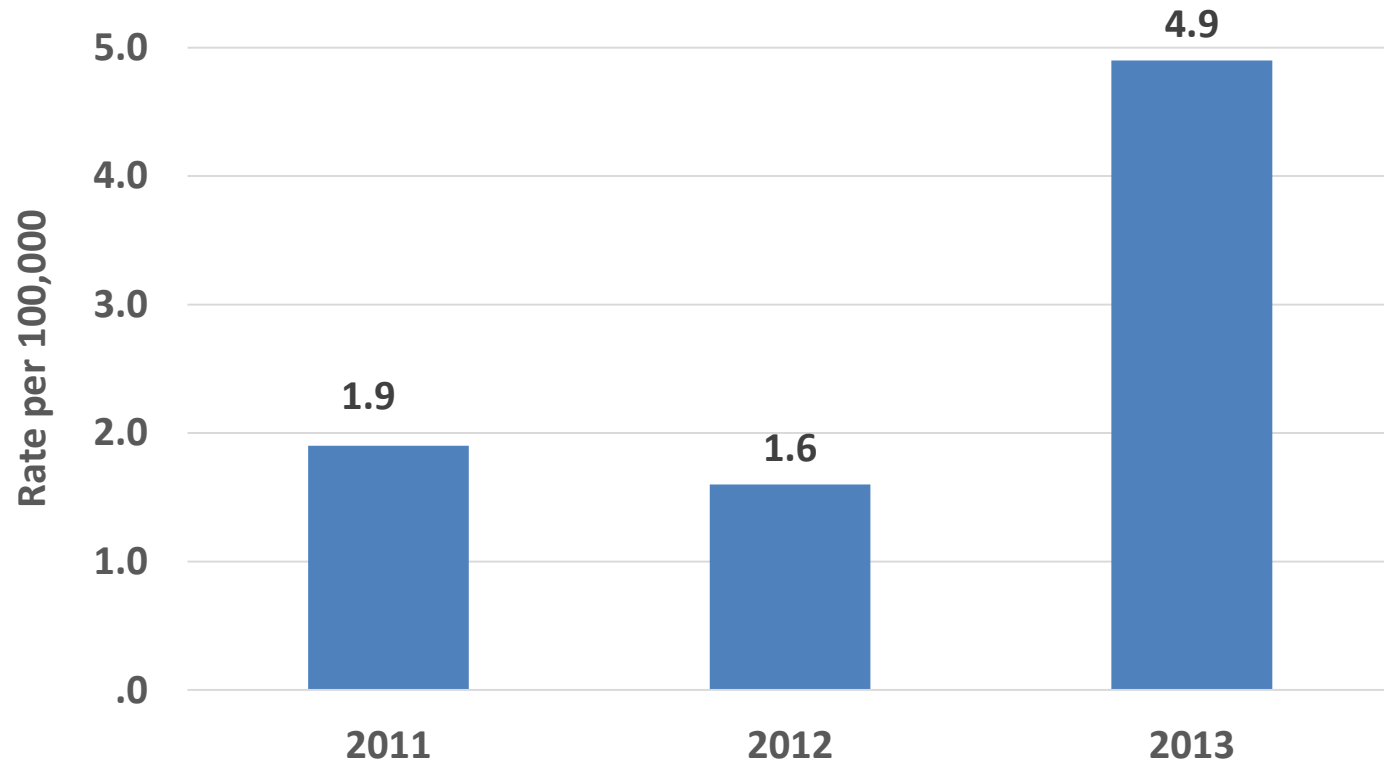


4 DRINKS 
in  2 HOURS



5 DRINKS 
in  2 HOURS

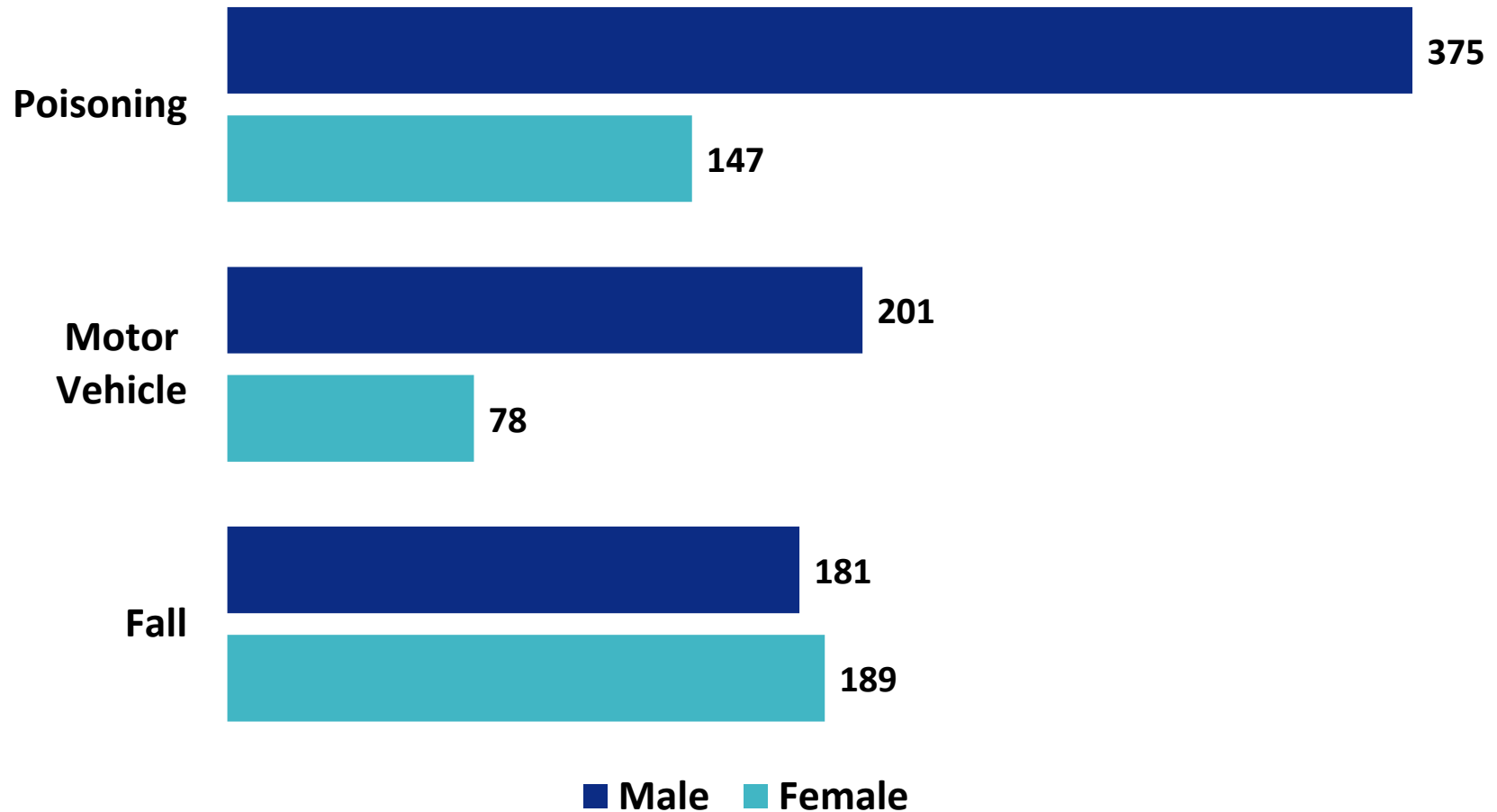
Rate of Unintentional Prescription Opioid Overdose Deaths per 100,000 Connecticut Residents, 2011-2013



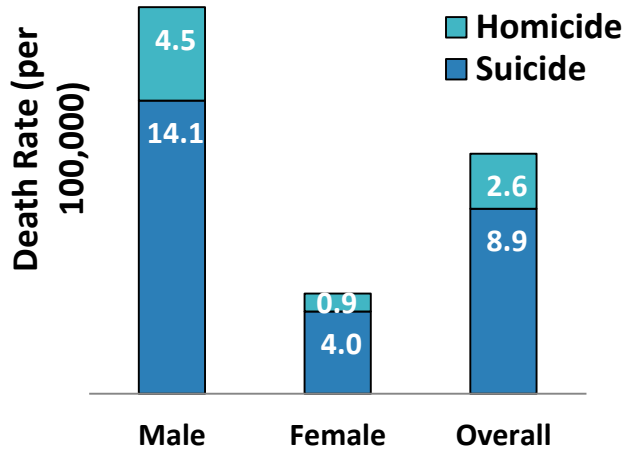
Injury and Violence



Number of Unintentional Injury Deaths, by Primary Cause of Death and Sex, Connecticut, 2013



Suicide and Homicide Deaths, 2013



The **male** death rate for **suicide** or **homicide** is

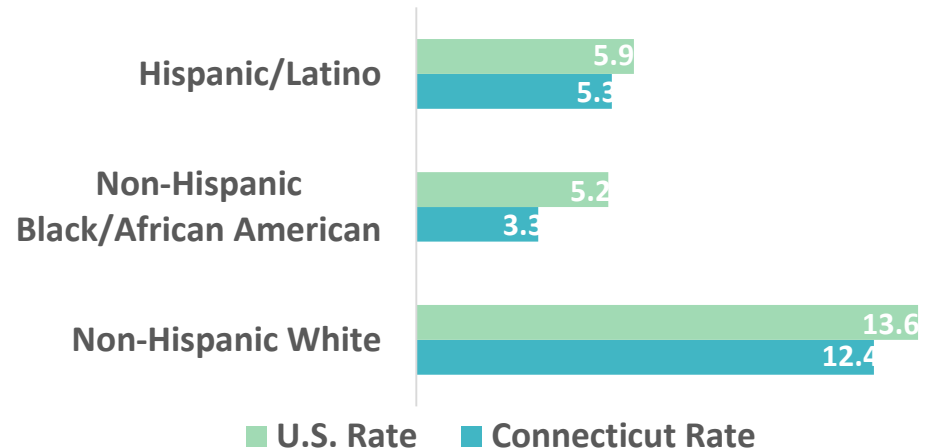


the rate for **females**.

416 suicide deaths in 2013, higher among those who are:

- **Male**
- **White non-Hispanic**
- **35-54 years old**
- Residing in **Middlesex** or **Litchfield County**

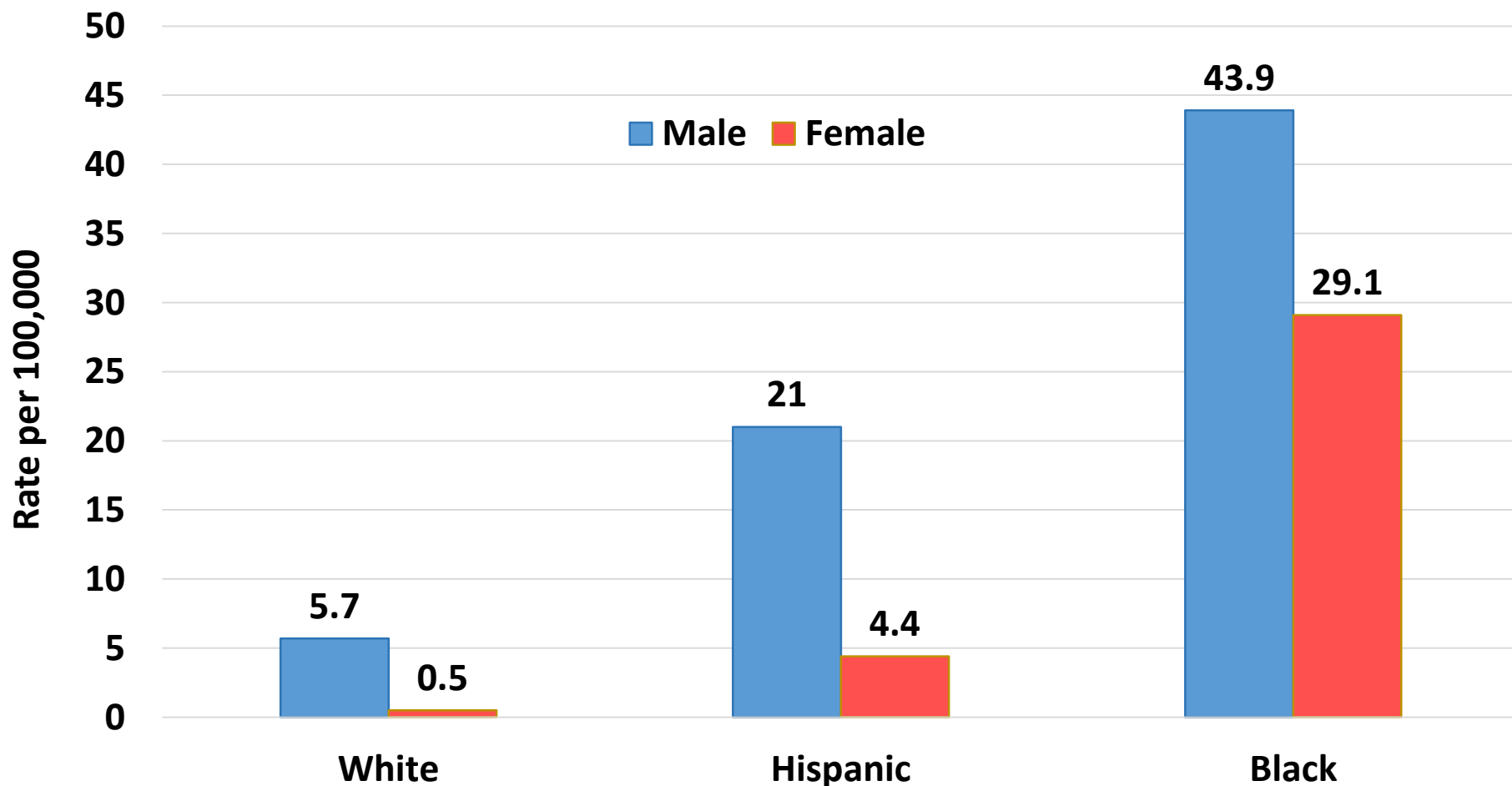
Suicide Rates by Race/Ethnicity, Connecticut and U.S.



Infectious Diseases



Rate of Newly Diagnosed HIV, by Sex and Race/Ethnicity, Connecticut, 2014



Healthcare Associated Infection

HAI TYPE	# OF CONNECTICUT HOSPITALS THAT REPORTED DATA TO CDC'S NHSN, 2014 [†] Total Hospitals in Connecticut: 41	2014 STATE SIR vs. 2013 State SIR	2014 STATE SIR vs. 2014 Nat'l SIR	2014 STATE SIR vs. Nat'l Baseline [‡]	2014 STATE SIR	2014 NAT'L SIR
CLABSI Nat'l Baseline: 2008	31	↓ 20%	↓ 10%	↓ 55%	0.45	0.50
CAUTI Nat'l Baseline: 2009	31	↓ 5%	↑ 58%	↑ 57%	1.57	1.00
SSI, Abdominal Hysterectomy Nat'l Baseline: 2008	29	↓ 19%	↑ 3%	↓ 15%	0.85	0.83
SSI, Colon Surgery Nat'l Baseline: 2008	30	↑ 24%	↑ 44%	↑ 40%	1.40	0.98
MRSA Bacteremia Nat'l Baseline: 2011	32	↓ 13%	↓ 26%	↓ 35%	0.65	0.87
C. difficile Infections Nat'l Baseline: 2011	32	↑ 5%	↑ 17%	↑ 8%	1.08	0.92

[†]The number of hospitals that reported to NHSN and are included in the SIR calculation. This number may vary across HAI types; for example, some hospitals do not use central lines or urinary catheters, or do not perform colon or abdominal hysterectomy surgeries.

For additional data points, refer to the technical data tables.

[‡]Nat'l baseline time period varies by HAI type. See first column of this table for specifics.



Connecticut Hospitals Community Health Needs Assessments: Most Common Areas of Concern

■ Older Adult Health Issues

- Transportation
- Availability/affordability of senior assisted housing
- Social support systems
- Engagement in medical decision-making
- Repair/maintenance required of them to remain independent in their own homes
- Burden of chronic diseases

■ Access to Care

- Health literacy
- Cost of copays/medications
- Absence of program/services tailored for special populations (homeless, mentally-ill, teens, ethnic and racial minorities)
- Challenges navigating the insurance marketplace

■ Community Infrastructure

- Inadequate structures that fail to support physical activity
- Accessibility to green spaces
- Food deserts

■ Asthma

- Asthma management and prevention education
- Environmental and housing conditions

■ Mental Health & Substance Abuse Services

- Ineffective existing programs
- Limited treatment options (youth psychiatric and behavioral care)

■ Obesity

- Exercise and nutrition education
- Heart disease and Diabetes

Preliminary Cost Data

Table 1: Annual Estimates of Six High Cost, High Burden Conditions in Connecticut

Condition (per CDC 6.18 Initiative)	CDC National Estimate (annual)	CT Calculated Annual Estimate*	Year	Brief Description
Smoking	\$300 Billion	\$3 Billion	2014	Includes direct healthcare costs and loss of productivity.
Blood Pressure	\$42.8 Billion	\$428 Million	2011	Includes direct healthcare costs for hypertension only (not CVD, stroke etc.)
Healthcare Associated Infection	\$28.4- 45 Billion	\$284-450 Million	2011	Includes direct healthcare costs only
Asthma	\$56 Billion	\$560 Million	2007	Includes direct healthcare costs only
Unplanned Pregnancy	\$21 Billion	\$210 Million	2010	Includes direct health care costs only
Diabetes	\$245 Billion	\$2.44 Billion	2012	Includes direct and indirect healthcare costs

Source: CDC 6/18 Initiative

* Calculation method: CDC National Estimate X 0.01, 0.01 is the CT proportion of the U.S. population (rounded to 100ths)



Connecticut Department of Public Health

Conclusions

- While our statewide population is aging and growing more diverse, our racial and ethnic minorities are growing younger- putting them into a high risk category for risk behaviors like smoking, drinking, having unsafe sex, etc.
- Chronic diseases, cancer and accidental injuries top the list of causes of premature death in Connecticut.
- Residents that have lower-income, ethnic minorities, specific age groups such as youth, young adults and older adults are more likely than their counterparts to have risk factors for many diseases.
- Limitations on accessing and collecting data on health costs, specific populations, and in a regional capacity such as town-level data, remain a challenge for planning and policymaking.
- Vulnerable adults, 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 accidental and intentional injuries and infectious diseases.

