

***Southern Connecticut State University
Introduction to Health Promotion
Professor Jean Breny***

***Moving Towards Health Equity in
Connecticut***

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***Connecticut Department of Public Health
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Background

- ❖ Eliminating health disparities is a major goal of *Healthy People*, the U.S. Surgeon General's health objectives for the nation.
- ❖ Refer to unfavorable differences in health status between the minority and majority populations.
- ❖ Achieving health equity, eliminating disparities and improving the health of all groups are included as objectives for *Healthy People 2020*.

National HP 2020 Goals

- ❖ Eliminate preventable disease, disability, injury, and premature death
- ❖ Achieve health equity, eliminate disparities, and improve the health of all groups
- ❖ Create social and physical environments that promote good health for all
- ❖ Promote healthy development and healthy behaviors across every stage of life

Website: www.healthypeople.gov

Healthy Connecticut 2020

- ❖ CT belongs to the Healthy People's National Coordinator Network – April 2012 Summit.
- ❖ State Health Assessment – Summer 2013.
- ❖ State Health Improvement Plan – Fall 2013.
- ❖ Collaborative process among public, private, and community sector organizations – 24-member advisory council.
- ❖ Healthy People awareness and use survey – distributed to local health and hospital partners.
- ❖ Public forums in 8 CT Counties – Fall 2013.

Website: www.ct.gov/dph → “State Health Improvement Plan”

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.”

Source: Connecticut Department of Public Health, 2007.

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: 6 out of 50 U.S. states

- Personal income, per capita (1st)
- Higher immunization coverage (1st)
- Lower obesity prevalence (2nd)
- Fruit and vegetable consumption (2nd)
- Lower smoking prevalence (3rd)
- Lower infectious disease incidence (3rd)

Source: *America's Health Rankings, 2012.* www.americashealthrankings.org/

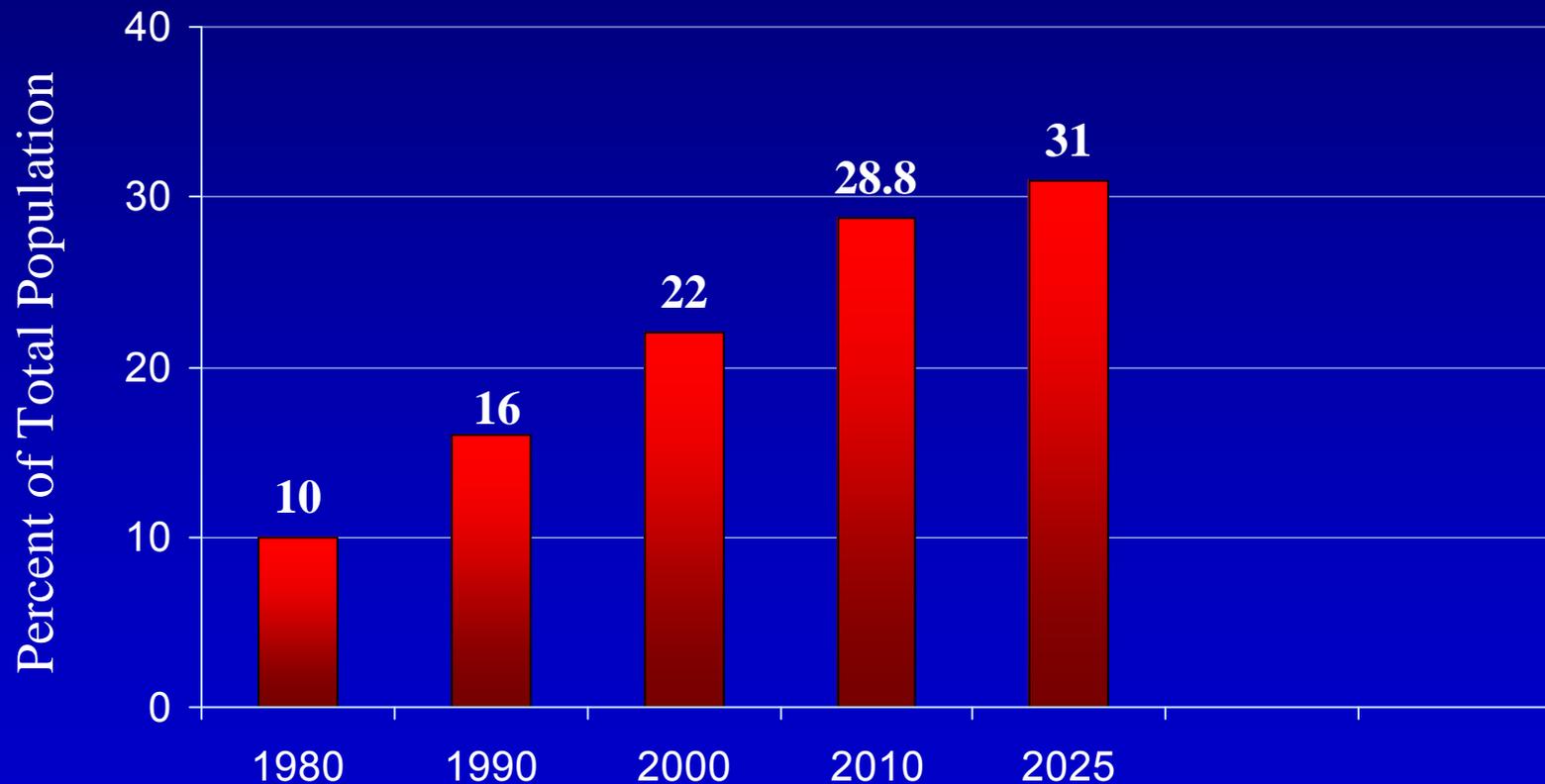
Connecticut in U.S. Context

Challenges:

- Income disparity (49th)
- Fair/poor health status (47th)
- Binge drinking (43rd)
- Unemployment and underemployment rates (28th)
- Public health funding (27th)

Source: *America's Health Rankings, 2012.* www.americashealthrankings.org/

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



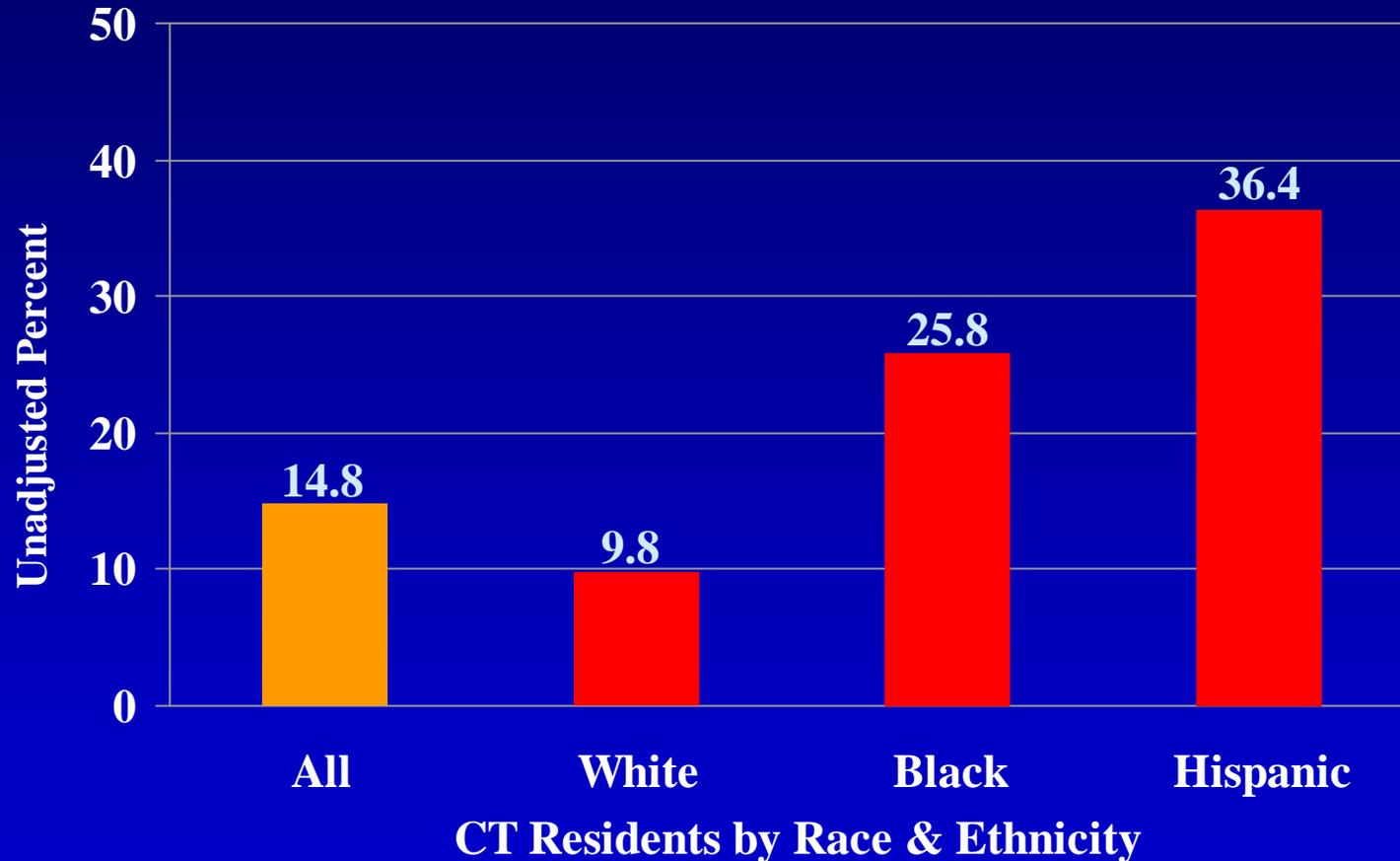
Source: US. Bureau of the Census.

Connecticut Population by Race and Ethnicity, 2010

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

Source: U.S. Bureau of the Census, 2011.

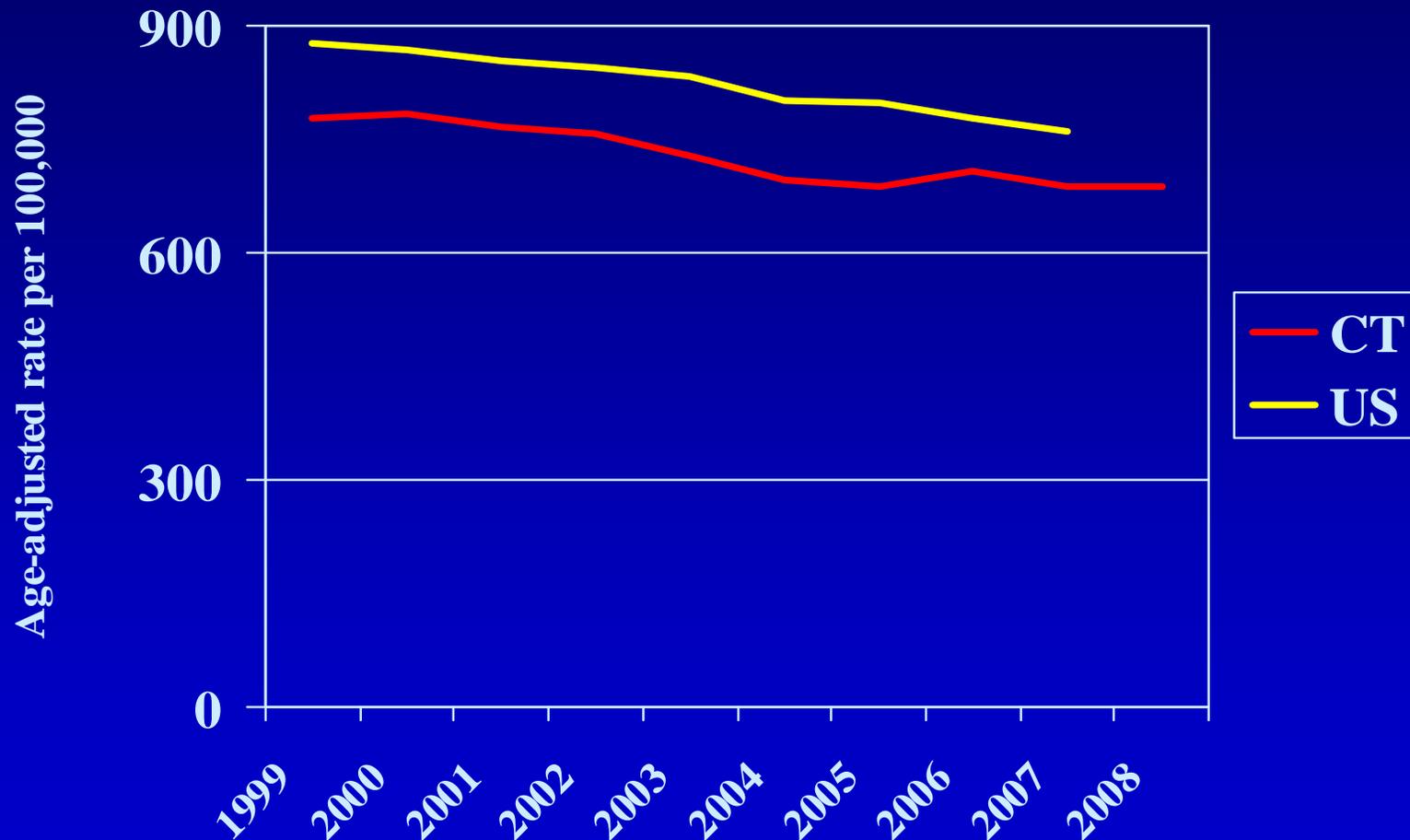
CT Adults 18 – 64 Without Health Insurance by Race & Ethnicity, 2011



Source: CDC 2011 Behavioral Risk Factor Surveillance Survey .

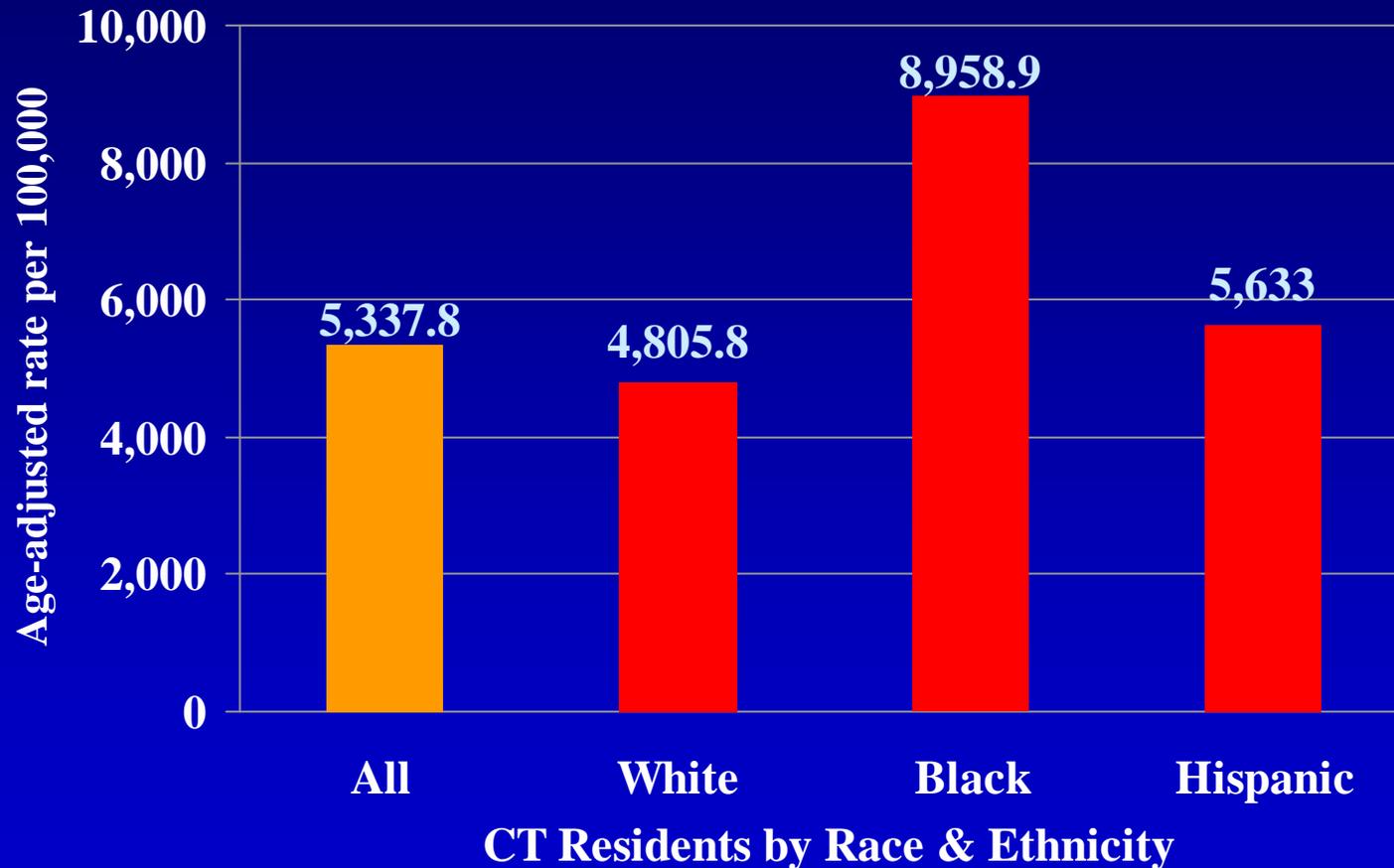
Mortality & Premature Mortality
All Causes

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



Source: Connecticut Department of Public Health, Vital Records Mortality Files, 2010; CDC WONDER, Compressed Mortality Files, 2010.

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

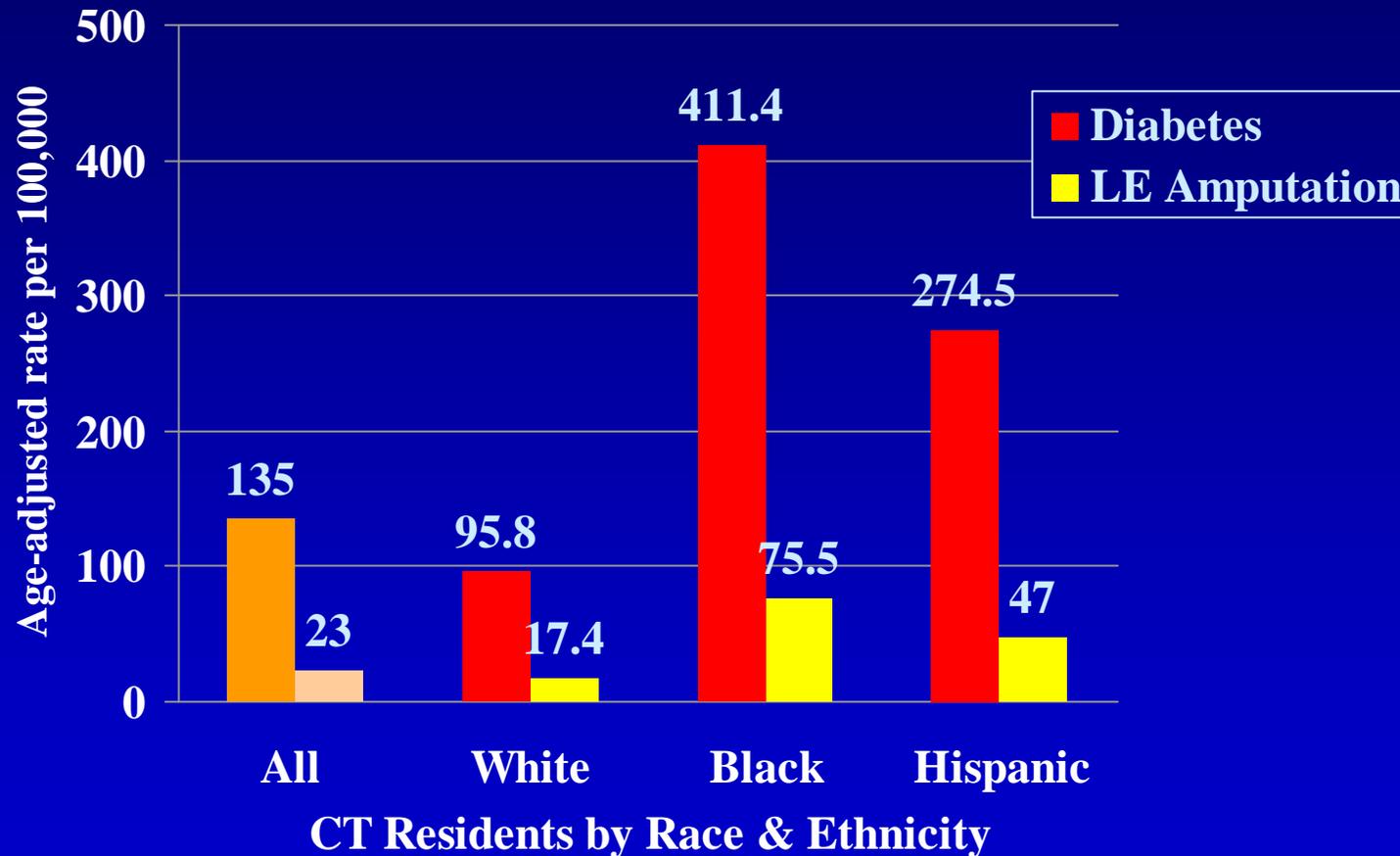


Source: Connecticut Department of Public Health, Vital Records Mortality Files, 2010.

Chronic Disease Hospitalization Indicators

- ❖ Diabetes
- ❖ Diabetes w/ lower extremity amputation

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

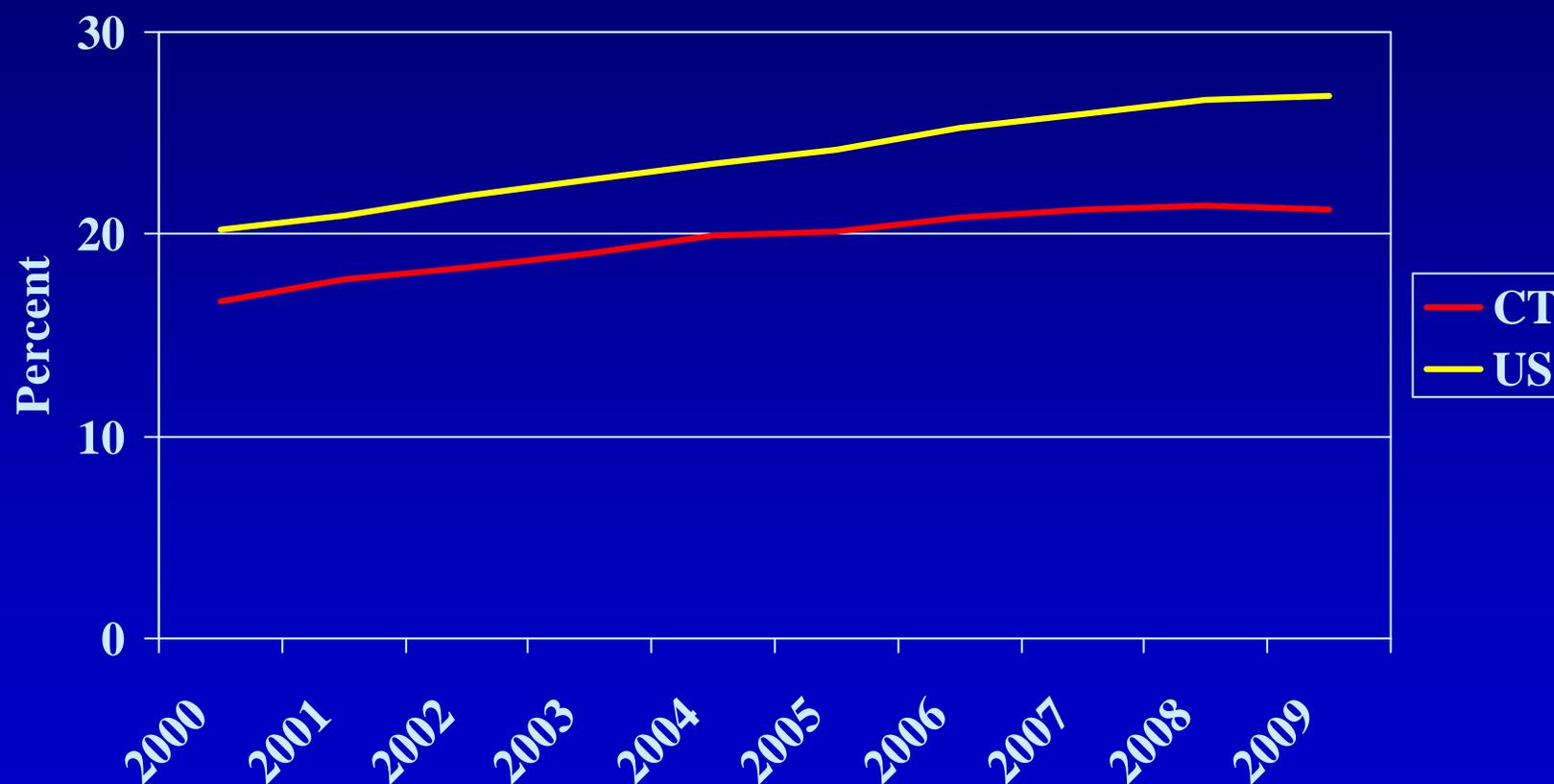


Source: Connecticut Department of Public Health, Hospital Discharge & Abstract Billing Database, 2010.

Risk Factors for Chronic Disease

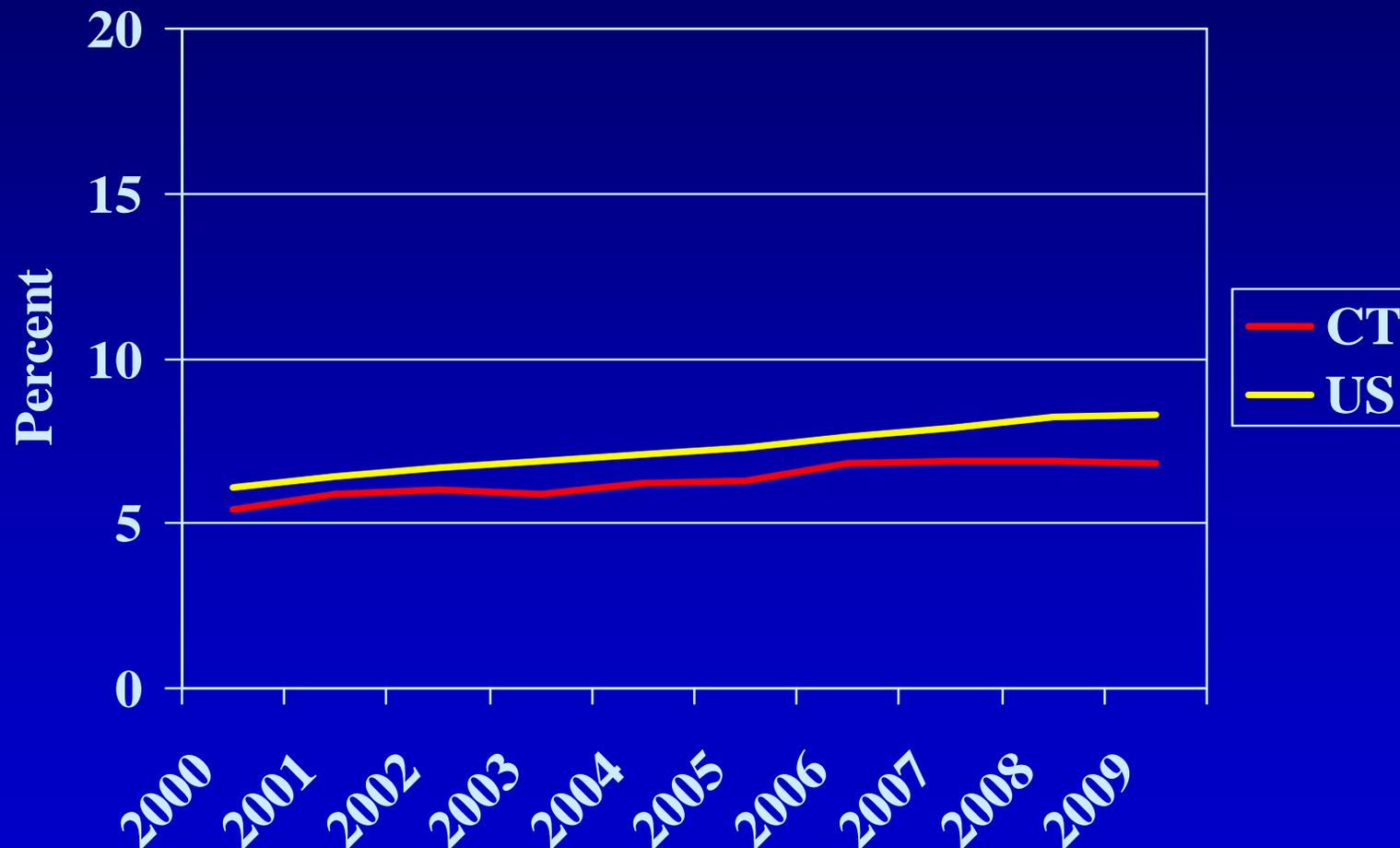
- ❖ Obesity
- ❖ Diabetes Prevalence
- ❖ Current Cigarette Smoking
- ❖ High Blood Pressure

Prevalence of Obesity Among Adults Connecticut and the United States, 2000-2009



Source: Connecticut Department of Public Health, Behavioral Risk Factor Surveillance Survey, 2011; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 2011.

Prevalence of Diabetes among Adults Connecticut and the United States, 2000-2009



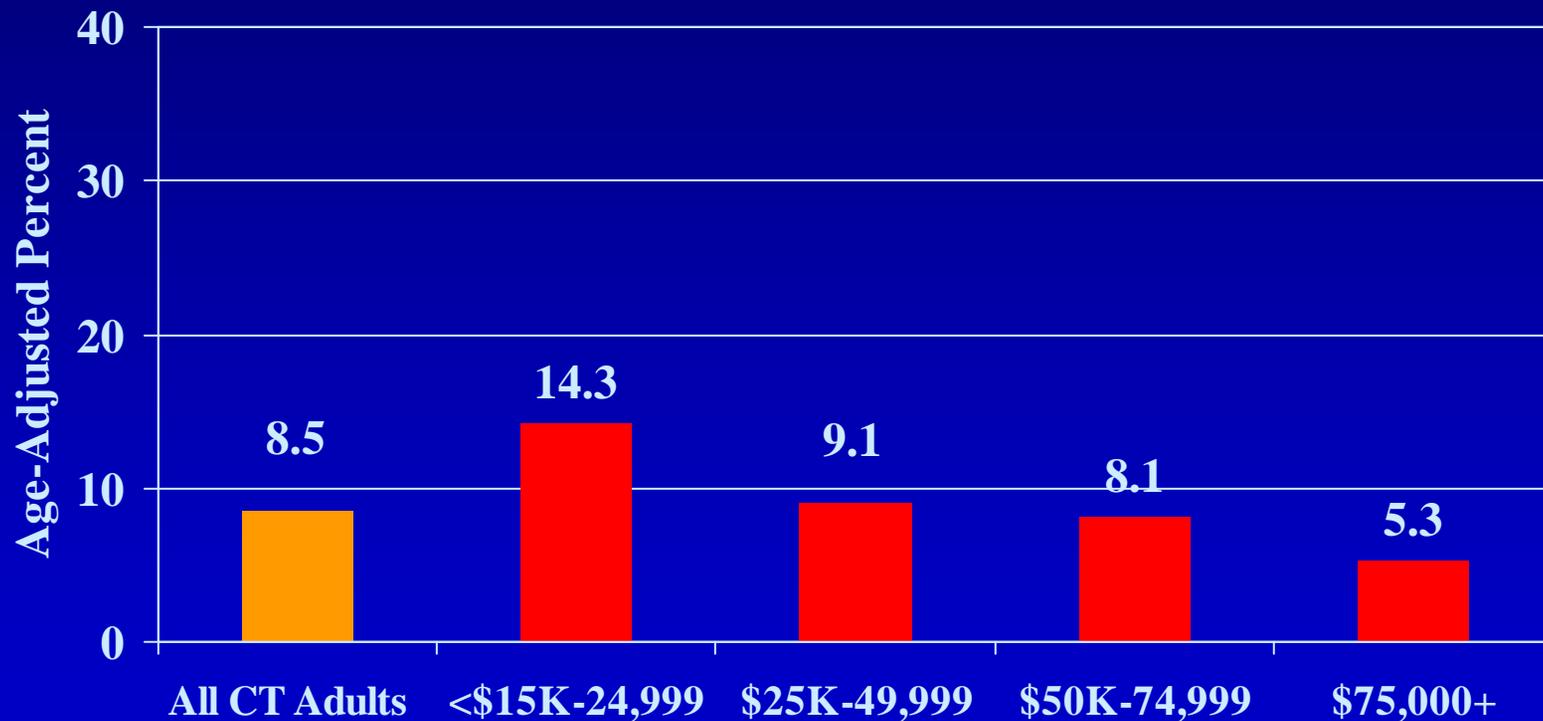
Source: Connecticut Department of Public Health, Behavioral Risk Factor Surveillance Survey, 2011. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 2011.

Obesity Prevalence CT Adults by Household Income 2011



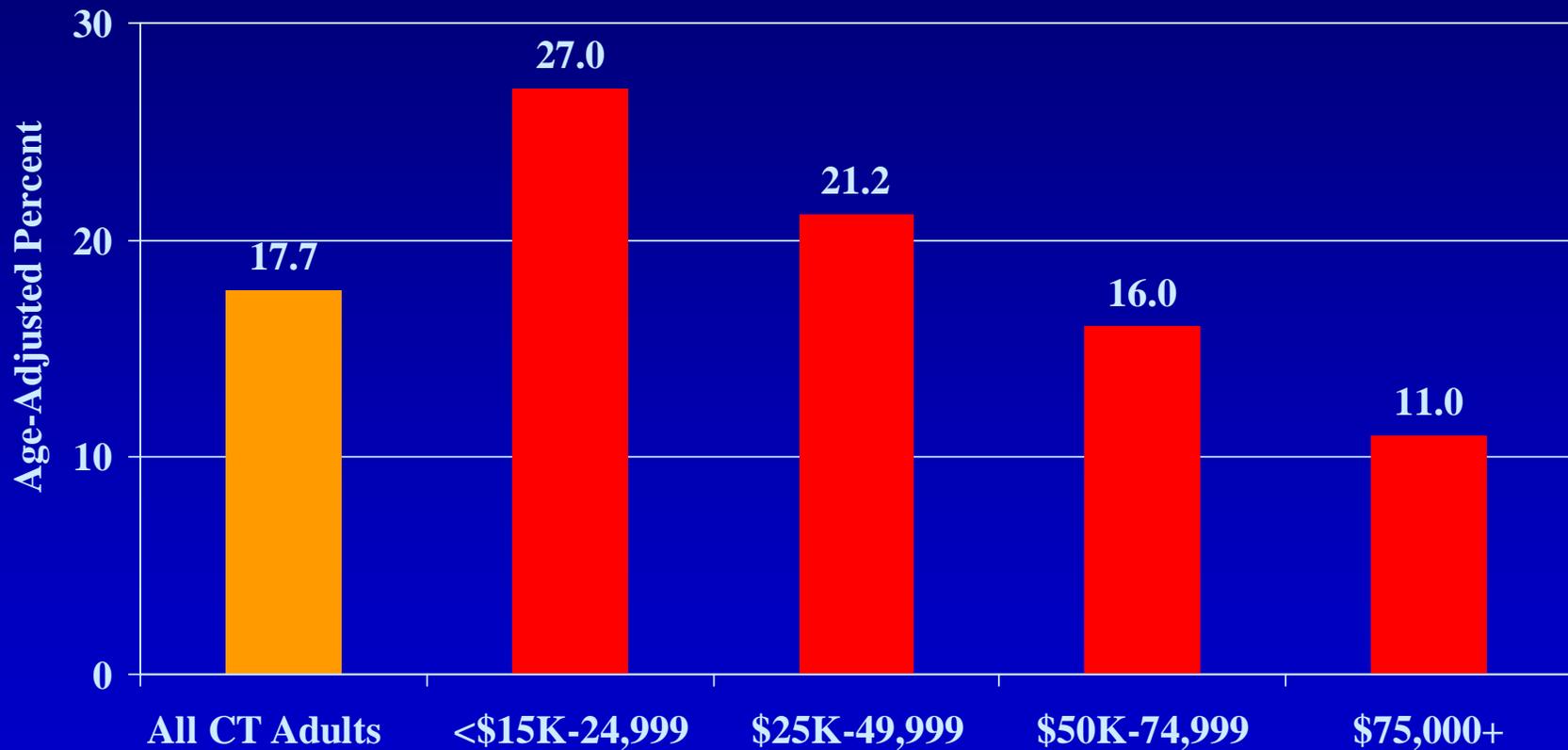
Source: Connecticut Department of Public Health. Behavioral Risk Factor Surveillance Survey, 2011.

Diabetes Prevalence CT Adults by Household Income 2011



Source: Connecticut Department of Public Health. Behavioral Risk Factor Surveillance Survey, 2011.

Current Smokers CT Adults by Household Income 2011



Source: Connecticut Department of Public Health. Behavioral Risk Factor Surveillance Survey, 2011.

High Blood Pressure Prevalence CT Adults by Household Income 2011



Source: Connecticut Department of Public Health. Behavioral Risk Factor Surveillance Survey, 2011.

Why Health Equity?

Why Now?

International Context

- ❖ 1948 *Universal Declaration of Human Rights*
- ❖ 1980 *The Black Report* (Britain).
- ❖ 2008 WHO Commission on Social Determinants of Health [SDOH].
- ❖ SDOH are “The [social] circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness” (WHO, 2008).

National Context

- ❖ 1985 USDHHS Report on Black & Minority Health (Heckler Report).
- ❖ 1990 *Healthy People 2000* Goals for the Nation.
- ❖ 2000 *Healthy People 2010* (Dr. David Satcher).
- ❖ 2003 *Unequal Treatment* (Institute of Medicine).
- ❖ 2003 *Healthcare Quality & Disparities* (AHRQ).
- ❖ 2008 *Unnatural Causes: Is Inequality Making Us Sick?* (CA Newsreel Film Series)
- ❖ 2009 Affordable Care Act.

Connecticut Context

- ❖ 1998 Office of Multicultural Health.
- ❖ 1999 *Multicultural Health: The Health Status of Minority Residents of CT.*
- ❖ 2001 *CT Women's Health.*
- ❖ 2005 *Mortality and Its Risk Factors in CT.*
- ❖ 2006-8 CT Health Disparities Project.
- ❖ 2008 Commission on Health Equity.
- ❖ 2009 *Sustinet* (CT affordable health care).
- ❖ *2009 CT Health Disparities Report.*
- ❖ 2011 *Access Health CT.*

*CT DPH Mission Statement**

To protect and improve the health and safety of the people of Connecticut by:

- ❖ Assuring the conditions in which people can be healthy;
- ❖ Preventing disease, injury, and disability; and
- ❖ **Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.**

* September, 2012



*CT DPH Health Equity Statement**

- ❖ Defines health disparities.
- ❖ Identifies priority populations.
- ❖ *Follows the Ten Essential Services of Public Health* with special attention to the needs of vulnerable population groups.
- ❖ Reviewed and edited by ~ 15 DPH staff and presented to DPH Leadership.
- ❖ Signed by Commissioner Mullen in May, 2012.

* May 2012.



What's Data Got To Do With It?

Patient Protection and Affordable Care Act (ACA)

- ❖ ACA 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



Minimum Standard

Age

Gender

Ethnicity

Race

Ideal Standard

Age

Gender

Ethnicity & expanded ethnicity

Ancestry

Race

Geography of residence

Language

Acculturation

Socioeconomic position

Other sociodemographic data of interest

*Policy Solutions:
Upstream vs. Downstream
Approaches*

Downstream Approaches

- ❖ Short-term
- ❖ Problem-specific
- ❖ Do not address underlying structures
 - “fundamental causes of disease” (Link & Phelan 1995)
 - “manufacturers of illness” (McKinlay 1974)

Upstream Approaches

Address social & economic structures:

- housing conditions
- neighborhood environment
- food security
- fair wage / living wage jobs
- education (including early childhood)
- social safety net
- transportation
- affordable health care

Postscript

“Housing policy is health policy, educational policy is health policy, anti-violence policy is health policy, neighborhood improvement policies are health policies. Everything that we can do to improve the quality of life of individuals in our society has an impact on their health and is a health policy.”

Professor David R. Williams – *Unnatural Causes: Is Inequality Making Us Sick? Episode 5 – Place Matters* 2008

CT Health Disparities Data Online

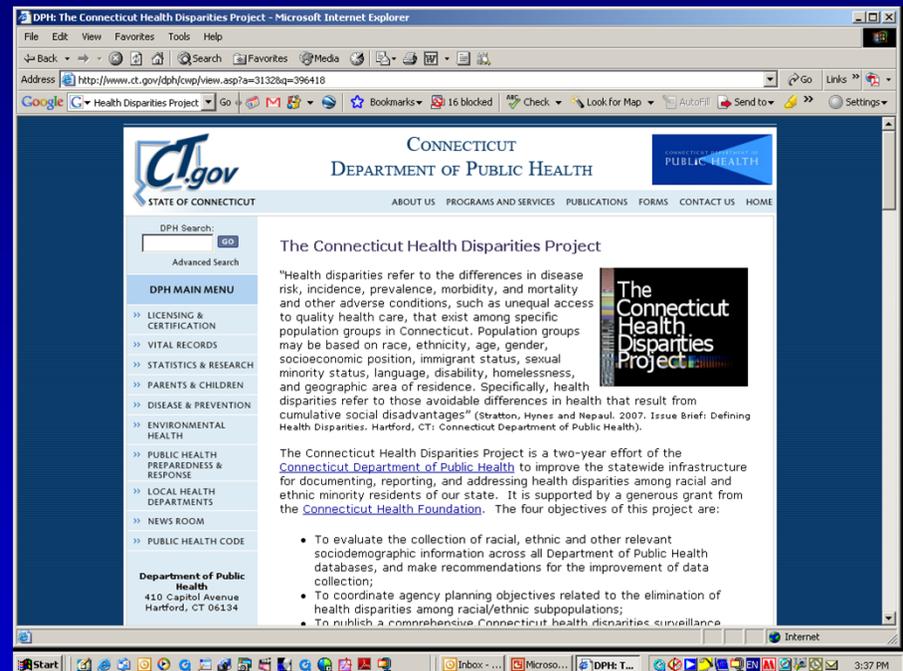
Visit us on the web!

<http://www.ct.gov/dph>

➤ Statistics & Research

➤ Health Disparities

Download publications



The screenshot shows a web browser window titled "DPH: The Connecticut Health Disparities Project - Microsoft Internet Explorer". The address bar displays the URL <http://www.ct.gov/dph/cwp/view.asp?a=3132&q=396418>. The website header features the "CT.gov" logo and the "CONNECTICUT DEPARTMENT OF PUBLIC HEALTH" text. A navigation menu includes "ABOUT US", "PROGRAMS AND SERVICES", "PUBLICATIONS", "FORMS", and "CONTACT US". The main content area is titled "The Connecticut Health Disparities Project" and contains a definition of health disparities, a project description, and a list of objectives. A sidebar on the left provides a "DPH MAIN MENU" with links to various services like "LICENSING & CERTIFICATION", "VITAL RECORDS", and "STATISTICS & RESEARCH".

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The Connecticut Health Disparities Project

"Health disparities refer to the differences in disease risk, incidence, prevalence, morbidity, and mortality and other adverse conditions, such as unequal access to quality health care, that exist among specific population groups in Connecticut. Population groups may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, and geographic area of residence. Specifically, health disparities refer to those avoidable differences in health that result from cumulative social disadvantages" (Stratton, Hynes and Nepal. 2007. Issue Brief: Defining Health Disparities. Hartford, CT: Connecticut Department of Public Health).

The Connecticut Health Disparities Project is a two-year effort of the Connecticut Department of Public Health to improve the statewide infrastructure for documenting, reporting, and addressing health disparities among racial and ethnic minority residents of our state. It is supported by a generous grant from the Connecticut Health Foundation. The four objectives of this project are:

- To evaluate the collection of racial, ethnic and other relevant sociodemographic information across all Department of Public Health databases, and make recommendations for the improvement of data collection;
- To coordinate agency planning objectives related to the elimination of health disparities among racial/ethnic subpopulations;
- To publish a comprehensive Connecticut health disparities surveillance

Internet

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