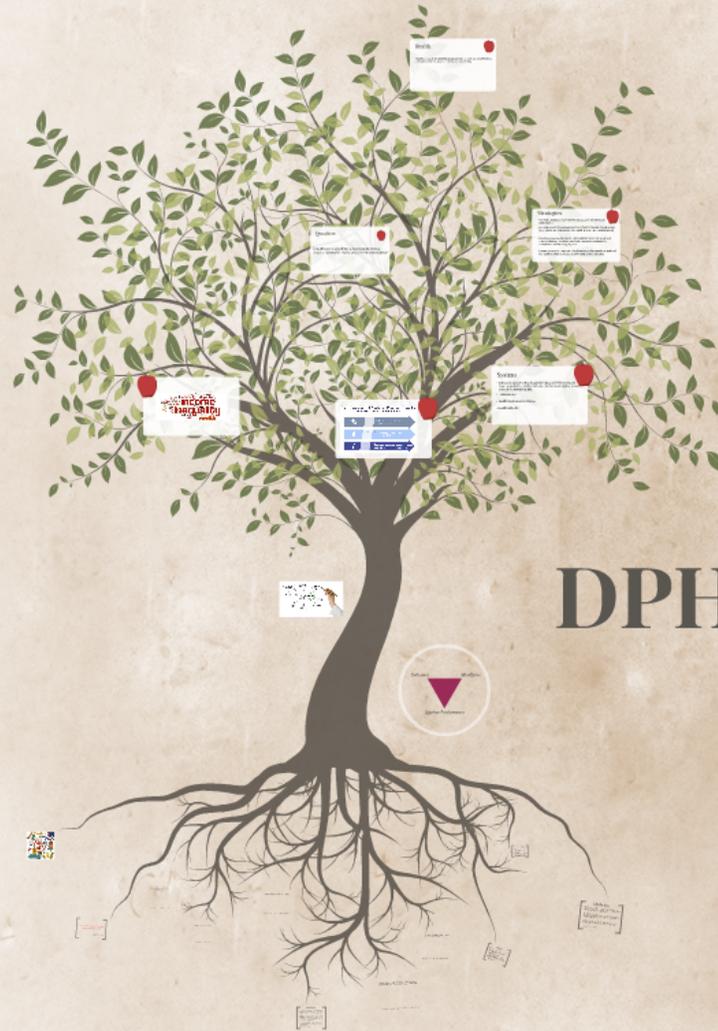
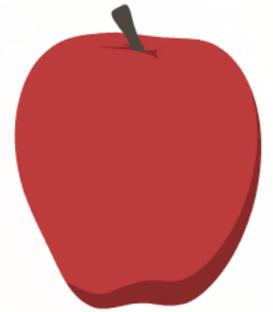


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Health



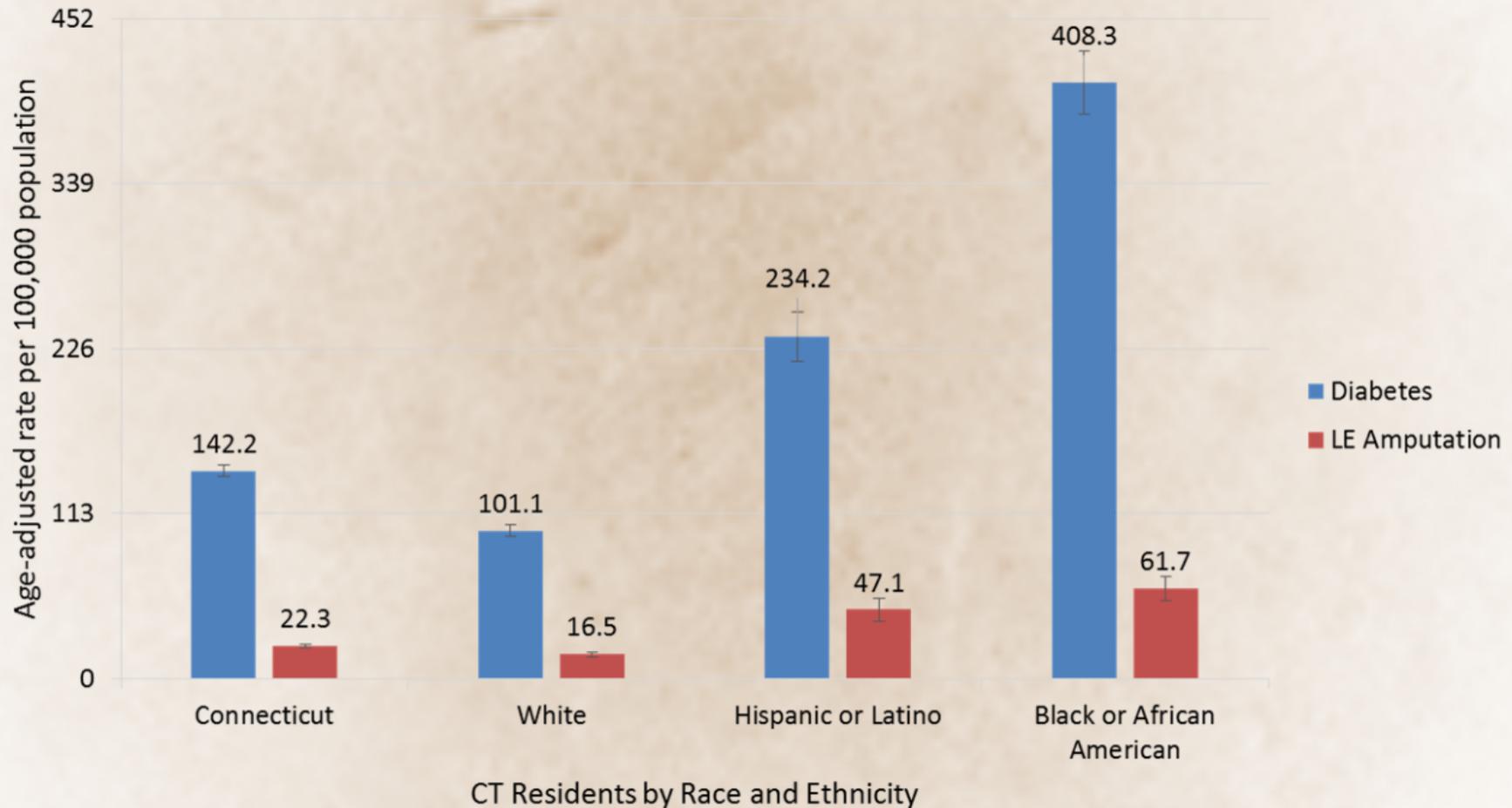
Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.



*“Every system is perfectly designed
to get the results it gets.”*

Paul Bataldan et al,
Institute for Healthcare Improvement

Age-Adjusted Hospitalization Rates – Diabetes & Diabetes w/ LE Amputation-CT Residents by Race & Ethnicity, 2013



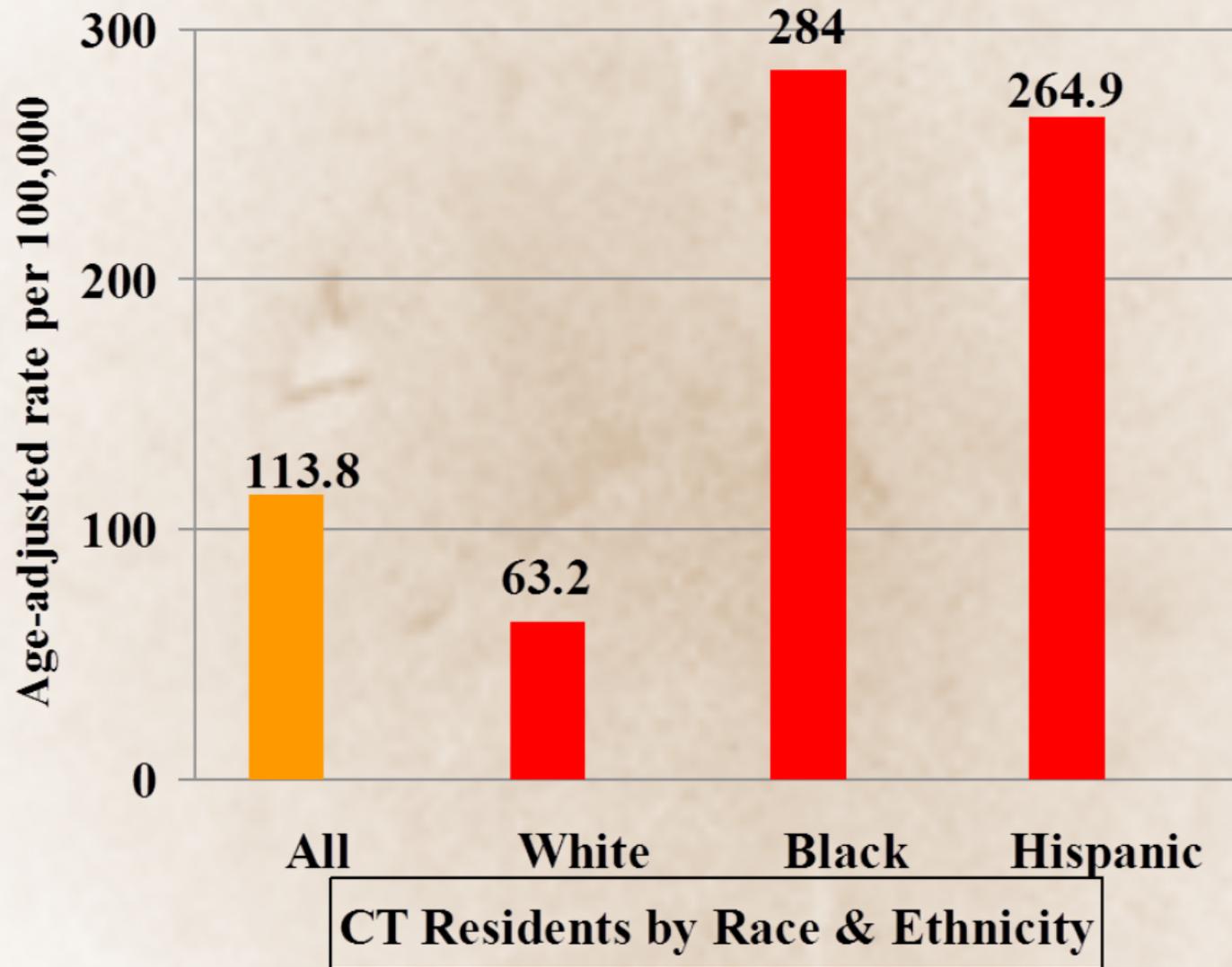
Source: Connecticut Department of Public Health, Hospital Discharge & Abstract Billing Database, 2016.

Diabetes

- An estimated 250,000 adults in Connecticut (8.9%) have diagnosed diabetes, with higher rates among racial and ethnic minorities and adults with household incomes <\$25,000 per year (1).
- About 180,000 Connecticut adults age 20 or older have diagnosed pre-diabetes (blood sugar level higher than normal, but not high enough for a diagnosis of diabetes) (1).
- In 2014, the estimated hospital cost for diabetes was \$63 million and the estimated total medical cost for diabetes was \$2.3 billion (2,3).

1. Behavioral Risk Factor Surveillance System, 2012-2014.
2. Hospital Discharge Data, 2014.
3. CDC Cost Calculator.

Age-Adjusted Hospitalization Rates – Asthma. CT Residents by Race & Ethnicity, 2013



Source: Connecticut Department of Public Health , Hospital Discharge & Abstract Billing Database, 2015.

Asthma

- Nearly 330,000 Connecticut residents have asthma, affecting 1 in 10 children and 1 in 11 adults (1).
- In 2014, there were nearly 4,300 asthma-related hospitalizations and 22,000 emergency department visits (2). Asthma was linked to 34 deaths (about 3 per month) in 2013 (3).
- Non-Hispanic African Americans are 2-3 times more likely to die from asthma than any other racial or ethnic group.
- The estimated asthma hospitalization and emergency department visit costs grew from about \$36 million in 2009 to about \$43 million in 2014, about a 20% increase (2). Estimated total medical costs for asthma were \$688 million in 2014(4).

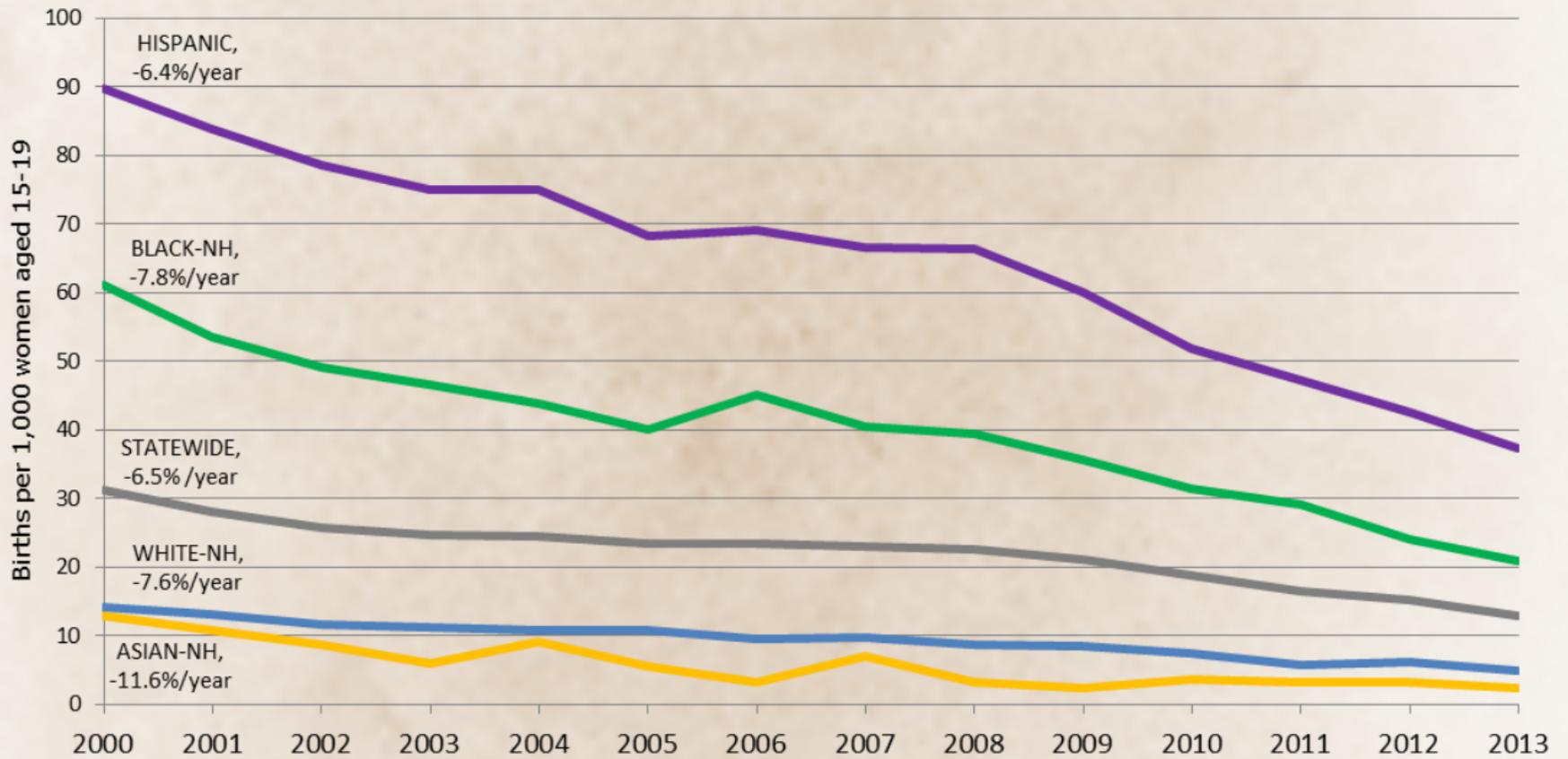
1. Behavioral Risk Factor Surveillance System, 2014

2. Hospital Discharge Data, 2014

3. Connecticut Vital Records Death Registry, 2013

4. CDC Cost Calculator

Teen Birth Rates with Annual Percent Change* by Race and Ethnicity, Connecticut, 2000-2013



* All estimated annual percent change trends were significant (p<.05).

Teen Pregnancy

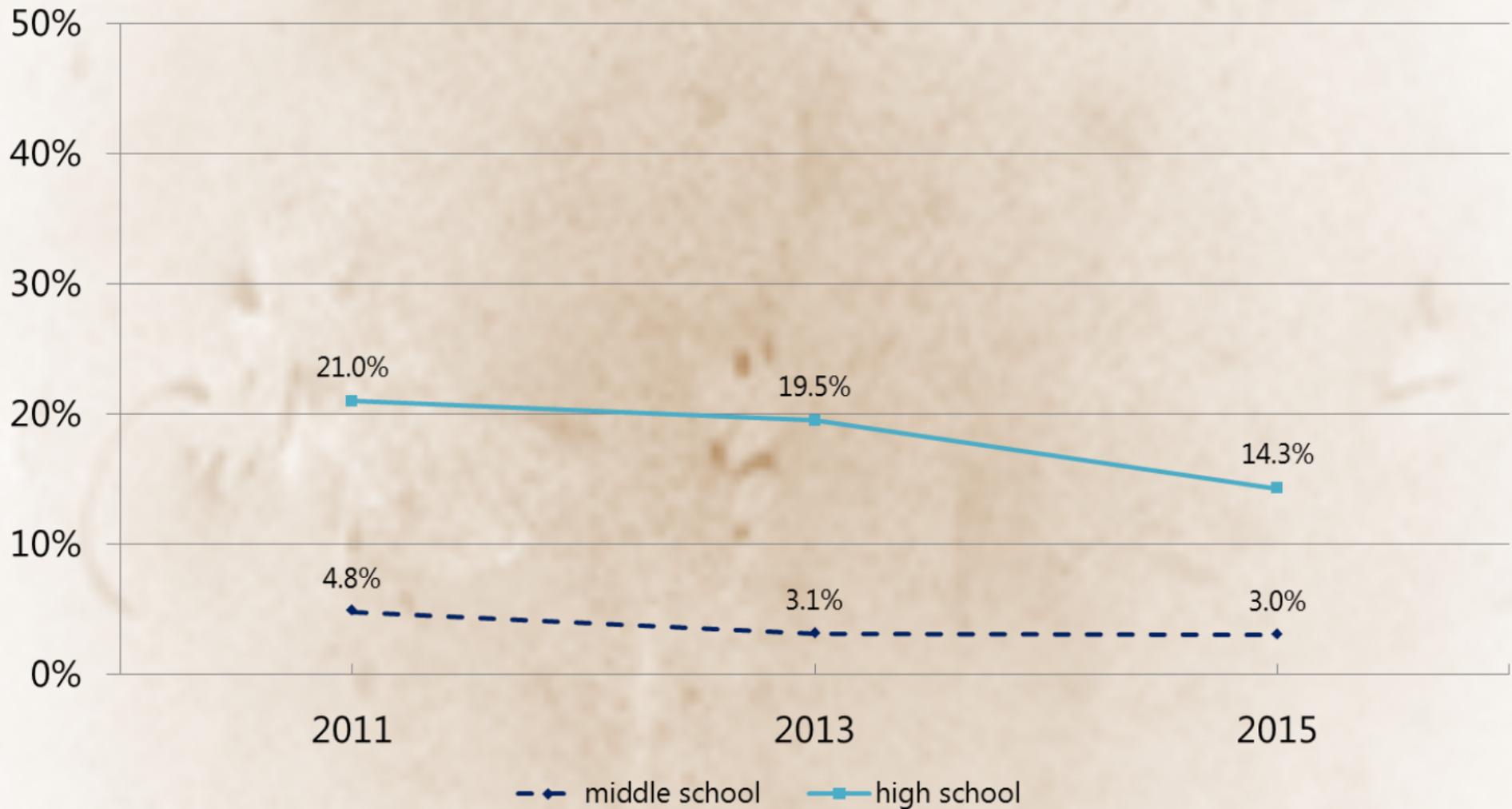
- Nationally, approximately half of all pregnancies are unplanned. In Connecticut, the rate is slightly lower. In 2013, 28.5% of births to Connecticut residents were unplanned (1,2).
- Rates of unplanned pregnancy were higher among groups who also experience higher rates of other risk factors and adverse outcomes, including non-Hispanic Blacks, Hispanics, younger women (<20 and 20-24 years), and women who were on Medicaid or were uninsured.
- In 2013, the estimated total cost (federal and state dollars) for publicly-funded unintended pregnancies in Connecticut is \$206 million, or \$16,561 per publicly-funded unintended pregnancy (3).

1 Centers for Disease Control and Prevention, <http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/index.htm>

2 Connecticut Pregnancy Risk Assessment Monitoring System (PRAMS), 2013

3 Note: This is a conservative estimated based on 2010 public cost data detailed in a February 2015 report by the Guttmacher Institute, "Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care – National and State Estimates for 2010". Abortions and miscarriages are not included in these data. Therefore, the number and rate of unplanned pregnancy and their associated costs could be much greater, especially if 2013 cost data were applied.

CT Youth Current Tobacco Use* 2011-2015



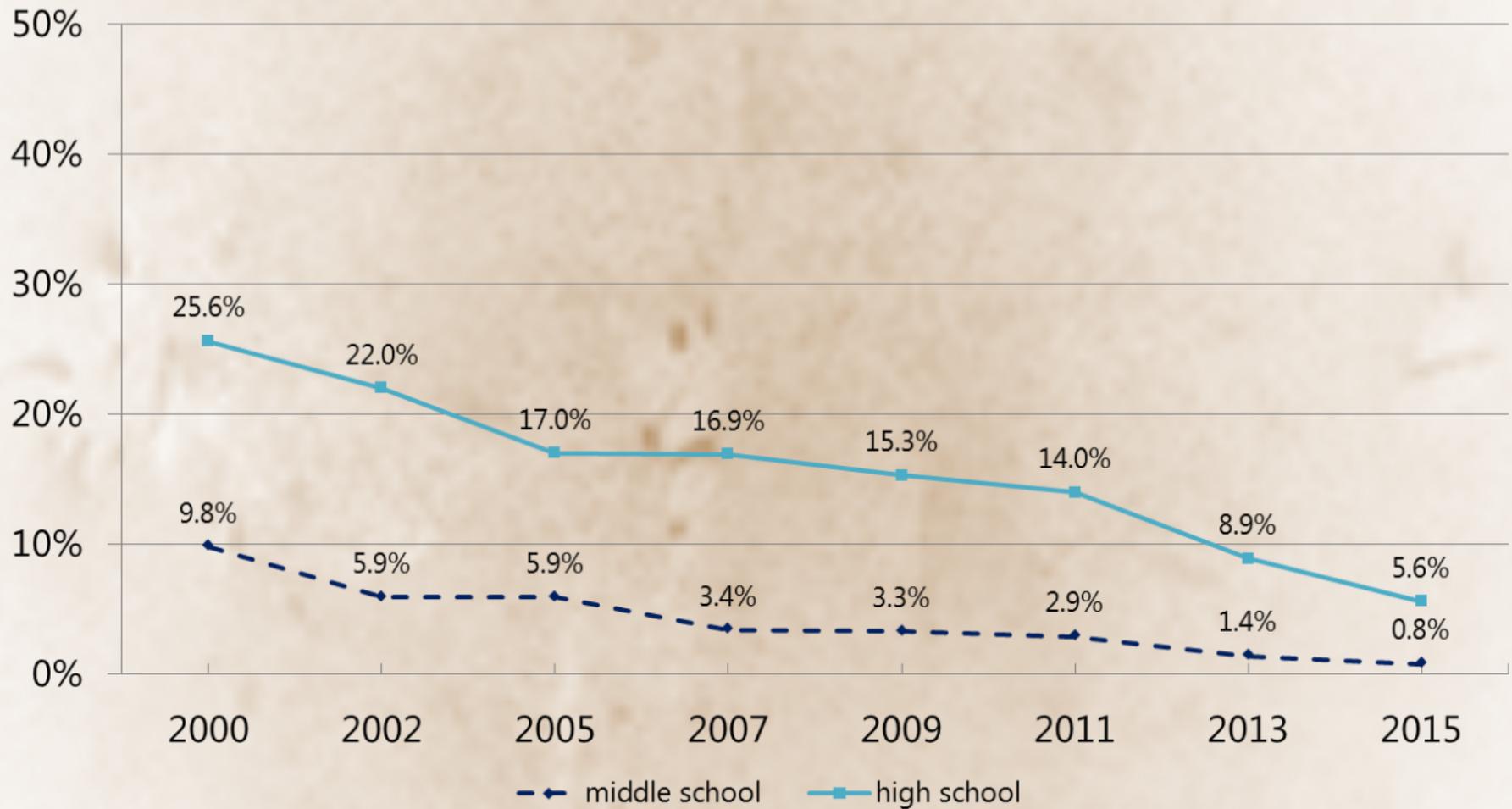
Source: CT Youth Tobacco Survey (YTS); 2011-2015

*used some form of tobacco (including cigarettes, cigars, chewing tobacco, snuff, dip, pipes, bidis, hookahs, clove cigarettes, or hookahs) on 1 or more of the past 30 days

Note: The definition of tobacco use changed in 2011 to include more products. Therefore, YTS tobacco use data prior to 2011 are not presented because they are not comparable to YTS tobacco use data for 2011 and forward.

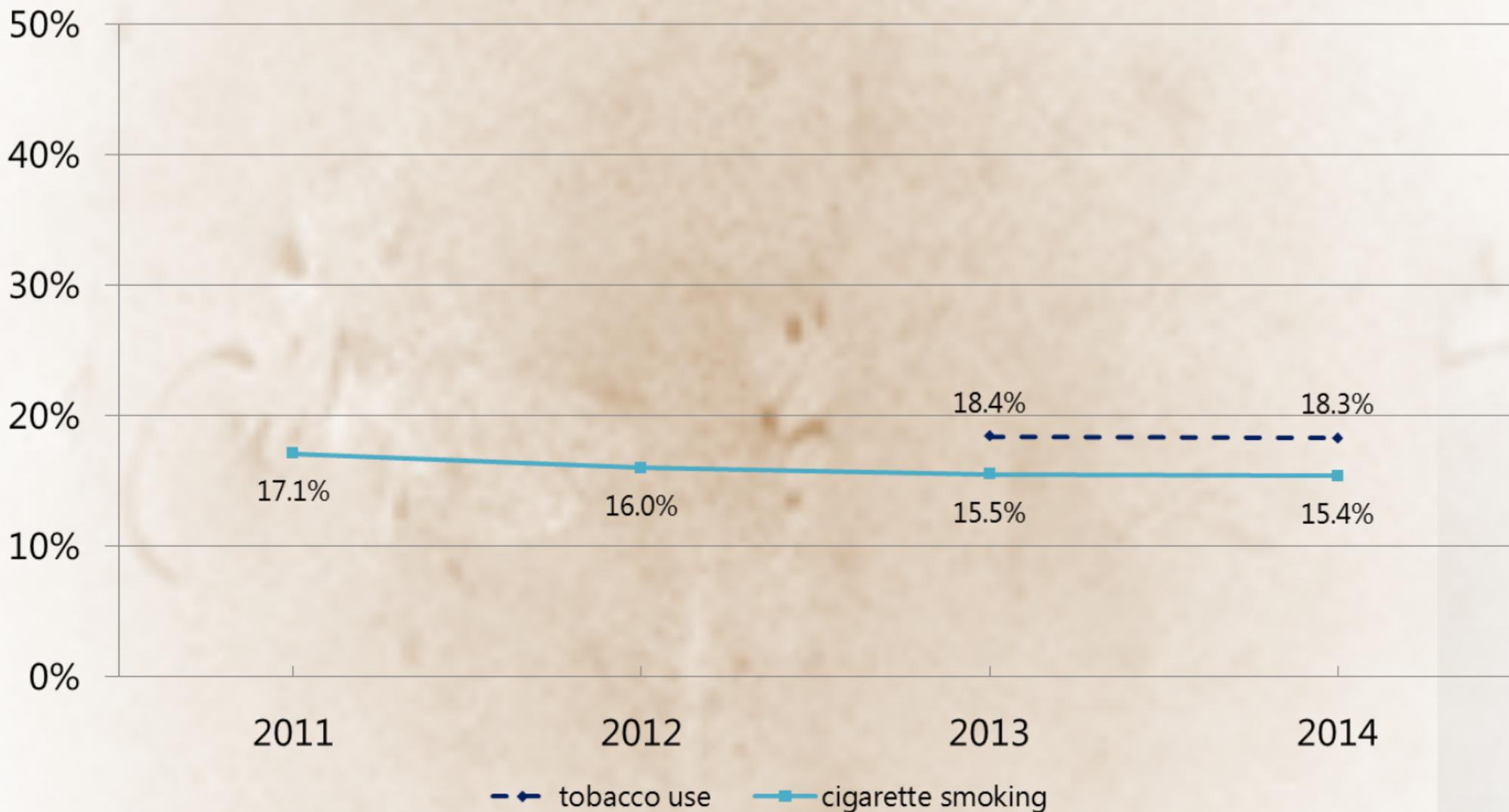


CT Youth Current Cigarette Smoking*-2000-2015



Source: CT Youth Tobacco Survey; 2000-2015 *smoked cigarettes on 1 or more of the past 30 days

CT Adult Current Tobacco Use* 2011-2014



Source: CT Behavioral Risk Factor Surveillance System (BRFSS); 2011-2014

*Adult (age 18 years and older) current cigarette smokers are defined as persons who reported smoking at least 100 cigarettes during their lifetime and who, at the time of interview, reported smoking some days or every day. Adult current use of tobacco is defined as using a product (including cigarettes, chewing tobacco, snuff, dip, hookahs, snus, and e-cigarettes) on 1 or more of the 30 days before the survey. Prior to 2013, data on current use of hookahs, snus, and e-cigarettes were not collected, so no tobacco use data are available for 2011 and 2012. Additionally, due to methodological changes, BRFSS data for 2011 and forward are not comparable to BRFSS data prior to 2011. Due to these changes, cigarette smoking data for the years before 2011 are not presented

Smoking

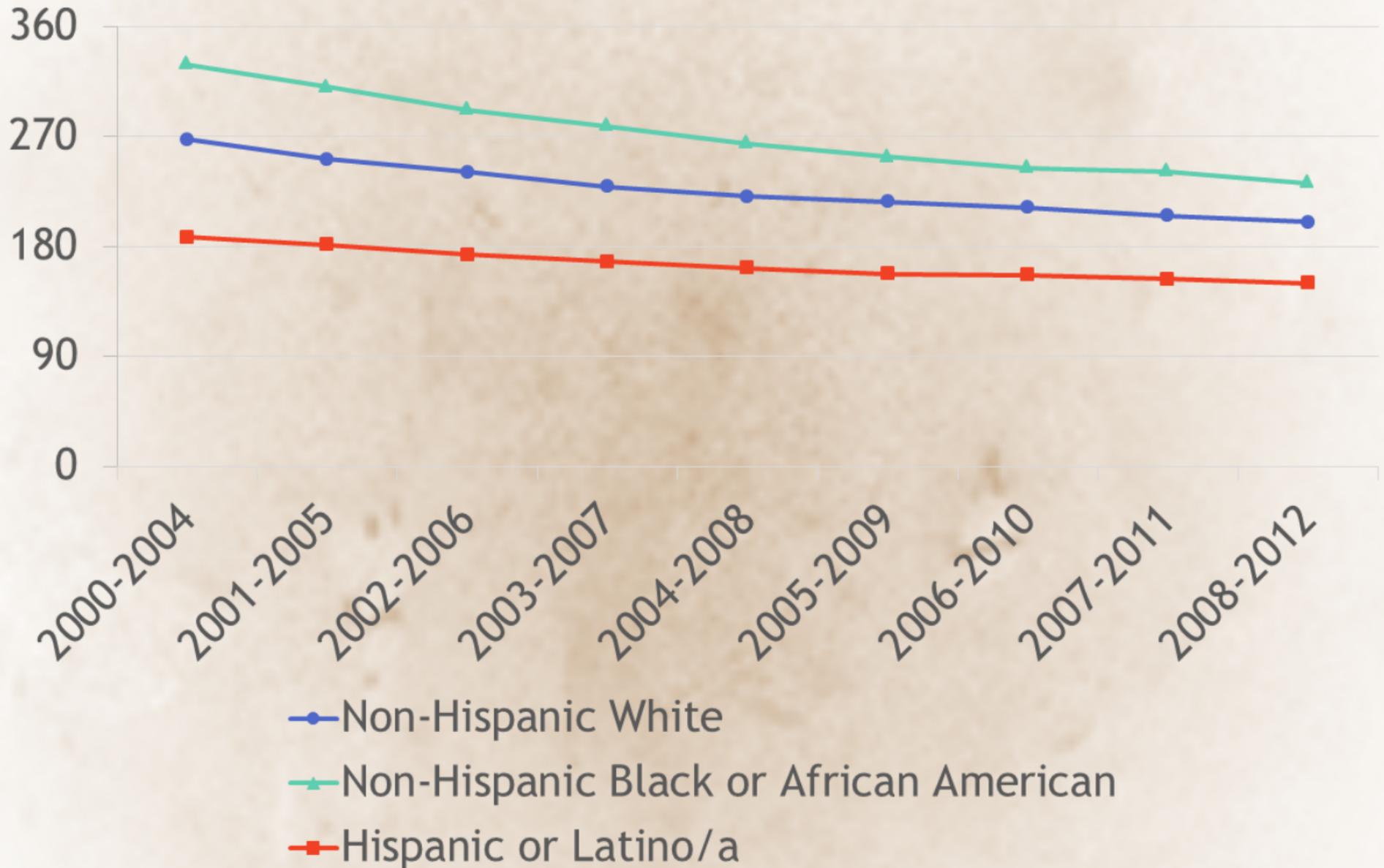
- Tobacco use is the leading cause of preventable disease and death in the United States. In Connecticut, 15.4% of adults smoke cigarettes (1). Additionally, 48% of children in grades 6-12 report recent exposure to secondhand smoke (2)
- Each year in Connecticut, 4,900 adults die from their own smoking and 440 die from secondhand smoke exposure (3). Smoking is higher among certain groups of adults in Connecticut, such as men (17.5%), those with no more than a high school education (22.5%), and those who are disabled (25.6%) (1).
- In Connecticut, the costs of smoking are estimated at \$3.3 billion annually, which includes \$2 billion in healthcare costs plus \$1.3 billion in lost productivity(3).

1 CT Behavioral Risk Factor Surveillance System, 2014.

2 CT Youth Tobacco Survey, 2015, percent children reporting exposure in past seven days.

3 http://www.tobaccofreekids.org/facts_issues/toll_us/connecticut

Cardiovascular Disease (CVD) Age-adjusted Mortality Rate per 100,000 Population (AAMRs) by Race and Ethnicity, Connecticut



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



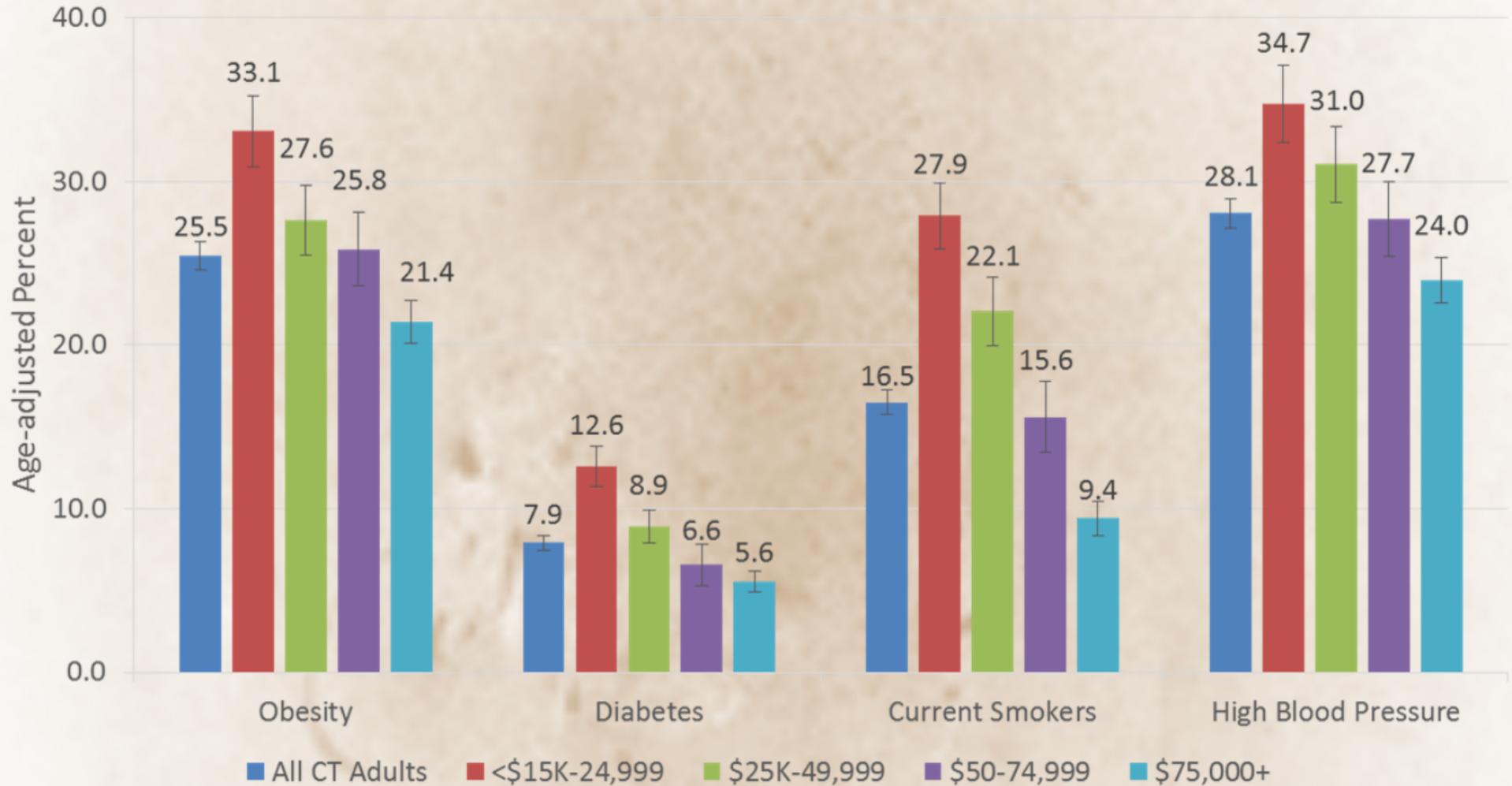
Outcomes

Workforce

System Performance

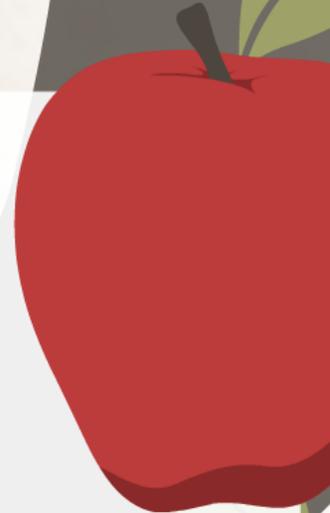
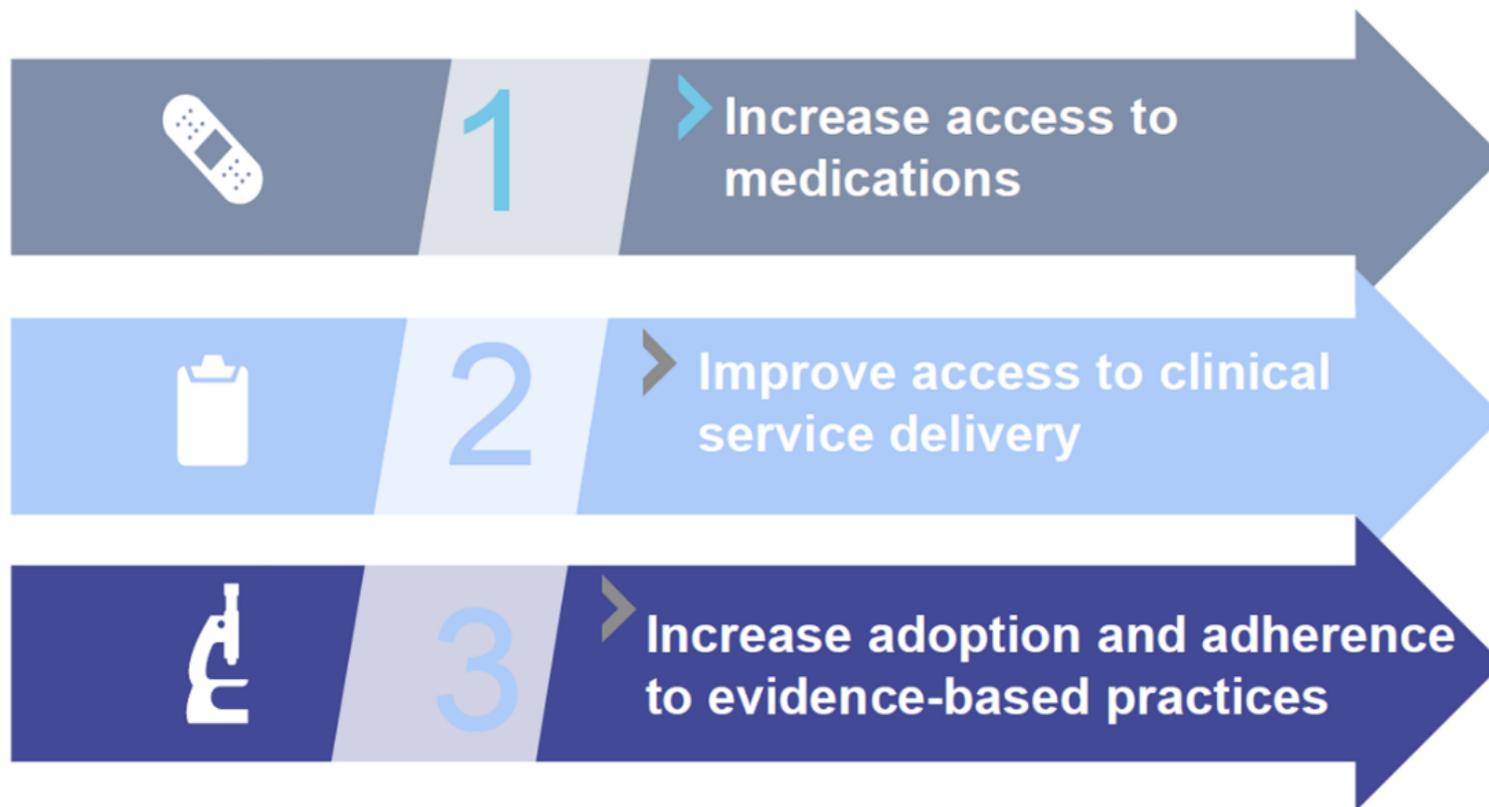


Risk Factors for Chronic Disease CT Adults by Household Income, 2012-2014

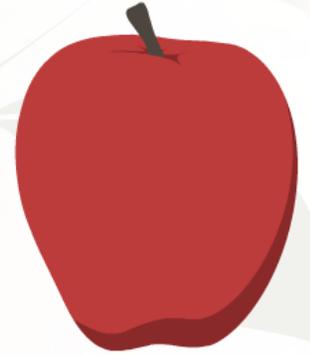


Source: Connecticut Department of Public Health. Behavioral Risk Factor Surveillance Survey, 2012-2014.

Three Categories of Purchaser, Payer, and Provider Evidence-based Interventions



Strategies

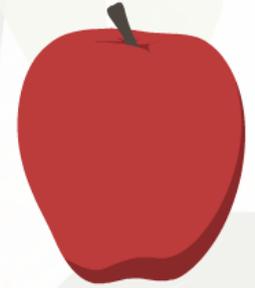


- Promote strategies that improve access and adherence to medications.
- Promote a team-based approach to Chronic Disease management (e.g., physician, pharmacist, lay health worker, and patient teams).
- Provide access to devices for self-monitoring for home-use and create individual, provider, and health system incentives for compliance and meeting of goals.
- Expand access to home visits by licensed professionals or qualified lay health workers to improve self-management education.

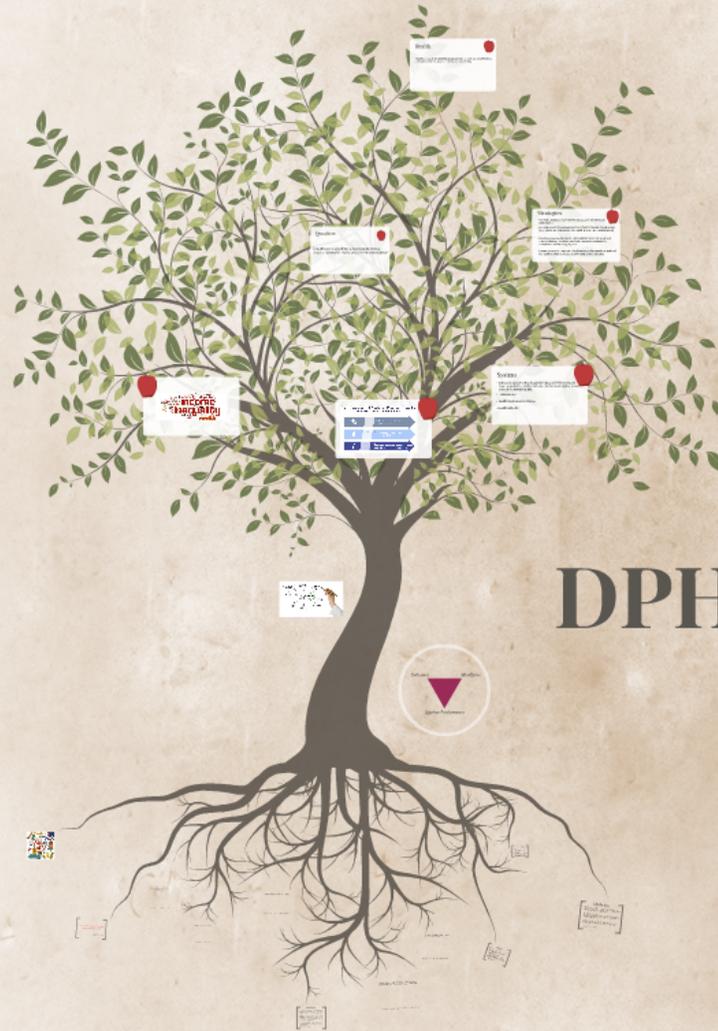
System

- Educated consumer that is actively engaged in his/her health care, rewarded for healthy behavior and for selecting the lowest price at the highest quality.
- Transparency.
- Health Information Exchange.
- Health Authority.

Question



Is health care and wellness a basic human right or simply a commodity rightly priced at the market place?



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