



# Health Equity Alliance

Working together for healthier communities

## Connecticut Health Equity Initiative

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Angie Funaiolo, Communications Specialist

### Connecticut Association of Directors of Health

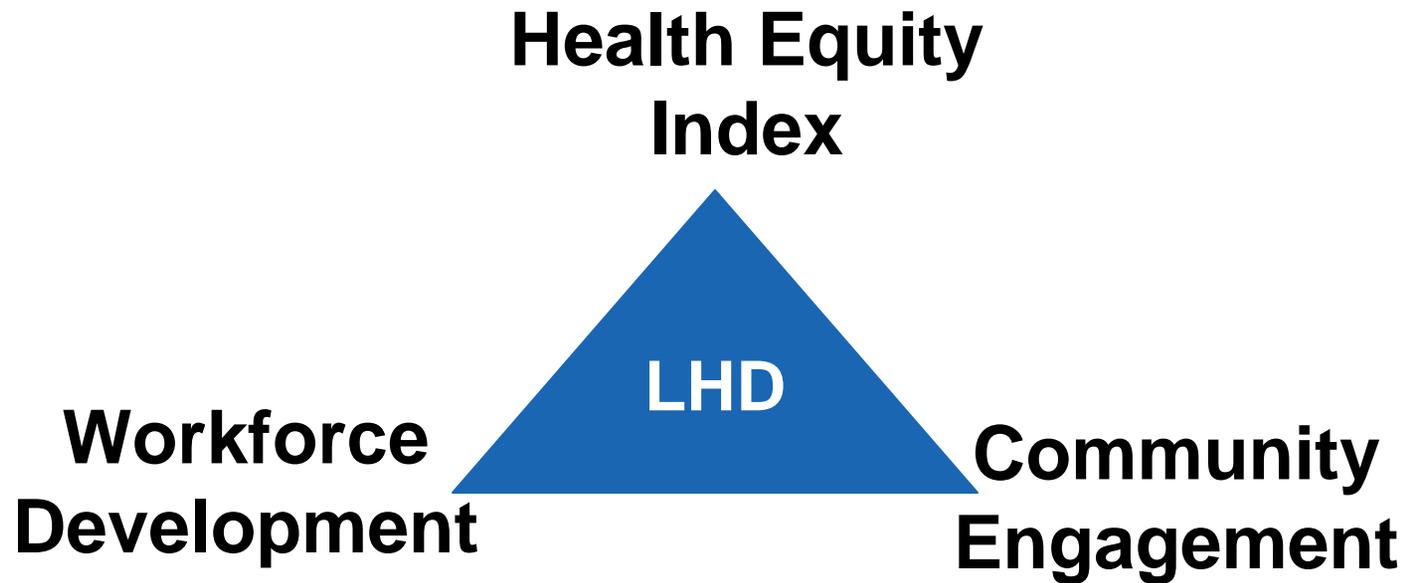


# Health Equity Alliance Mission:

Enhance the capacity of local health departments, in partnership with community partners and leaders, to achieve health equity through a focus on the social, political, economic, and environmental conditions that affect health.



# HEA Model



# Project Development (2003-Present)

**Year 1:** Concept/Planning

Funding: None

**Year 2:** LHD Survey/HEAT

Funding: UHCF

**Year 3 and 4:** HEI Development  
HEI Pre-test

Funding: CT Health and  
Joint Center

**Years 5-7:** Community Application

Funding: WKKF



# Pilot Site Selection Process

- RFP released in March 2009
- 17 full time health departments submitted letter of intent
- 11 proposals were submitted
- Review panel
- In May, 3 demonstration sites were announced
  - Ledge Light Health District (Groton)
  - Hartford Health and Human Services Department
  - New Haven Health Department



# HEA Model

Health Equity  
Index



# What is the Health Equity Index (HEI)?

- A way to conceptualize and measure community contextual influences (*conditions*) on population health and health disparities
- Uses traditional and non traditional domains, both quantitative and qualitative data sources, both statistical analysis and “street science”
- Aims to trigger policy and regulatory improvements to reduce inequity



# 8 Social Determinants

- Economic Security & Financial Resources
- Livelihood Security & Employment Opportunity
- School Readiness & Educational Attainment
- Environmental Quality
- Civic Involvement & Political Access
- Adequate, Affordable & Safe Housing
- Community Safety & Security
- Transportation

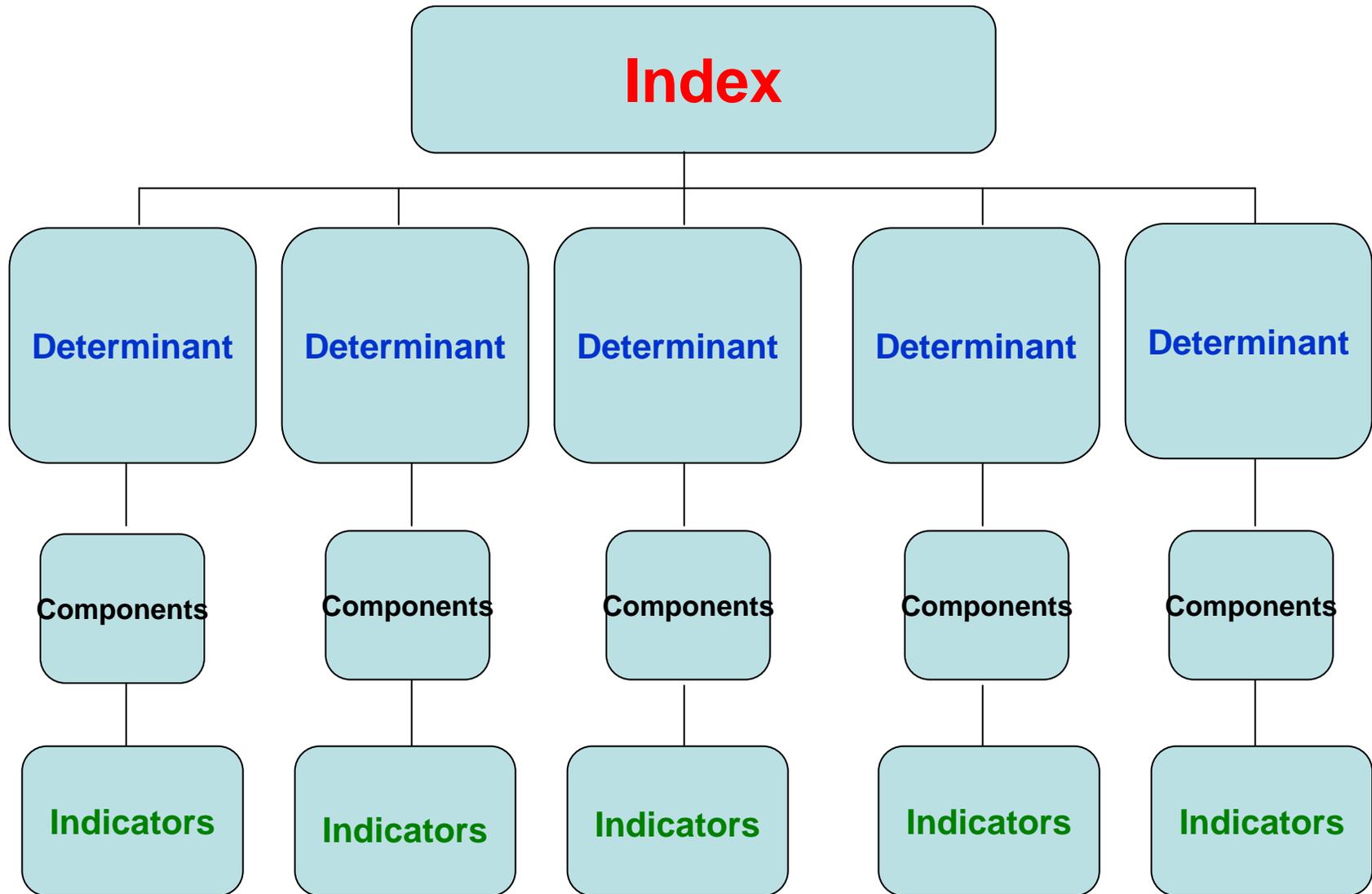


# Index Framework

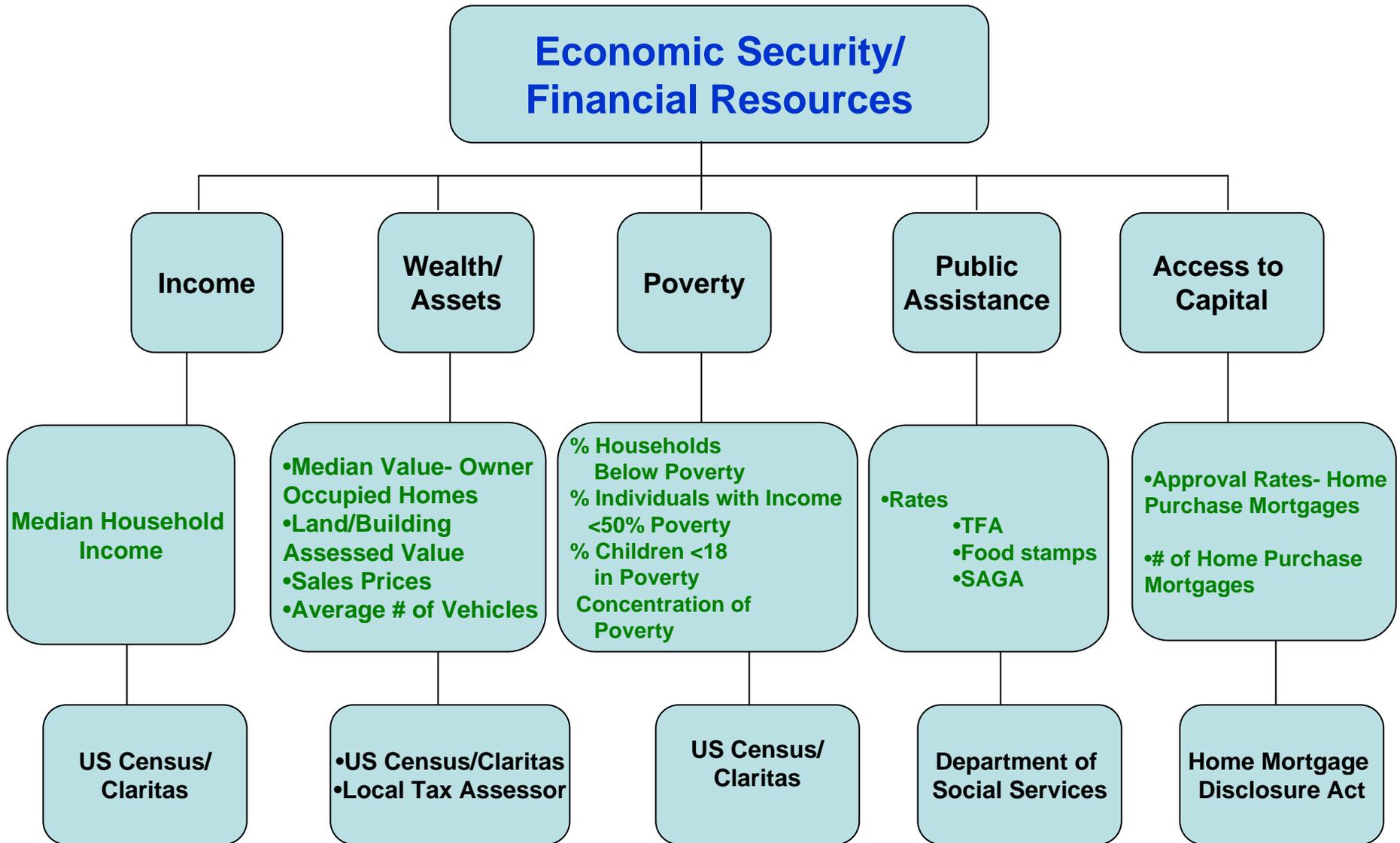
- Set of Social Determinants
- Indicators
- Indicator Selection Criteria
- Data Sources
- Scoring Methodology
- Correlations



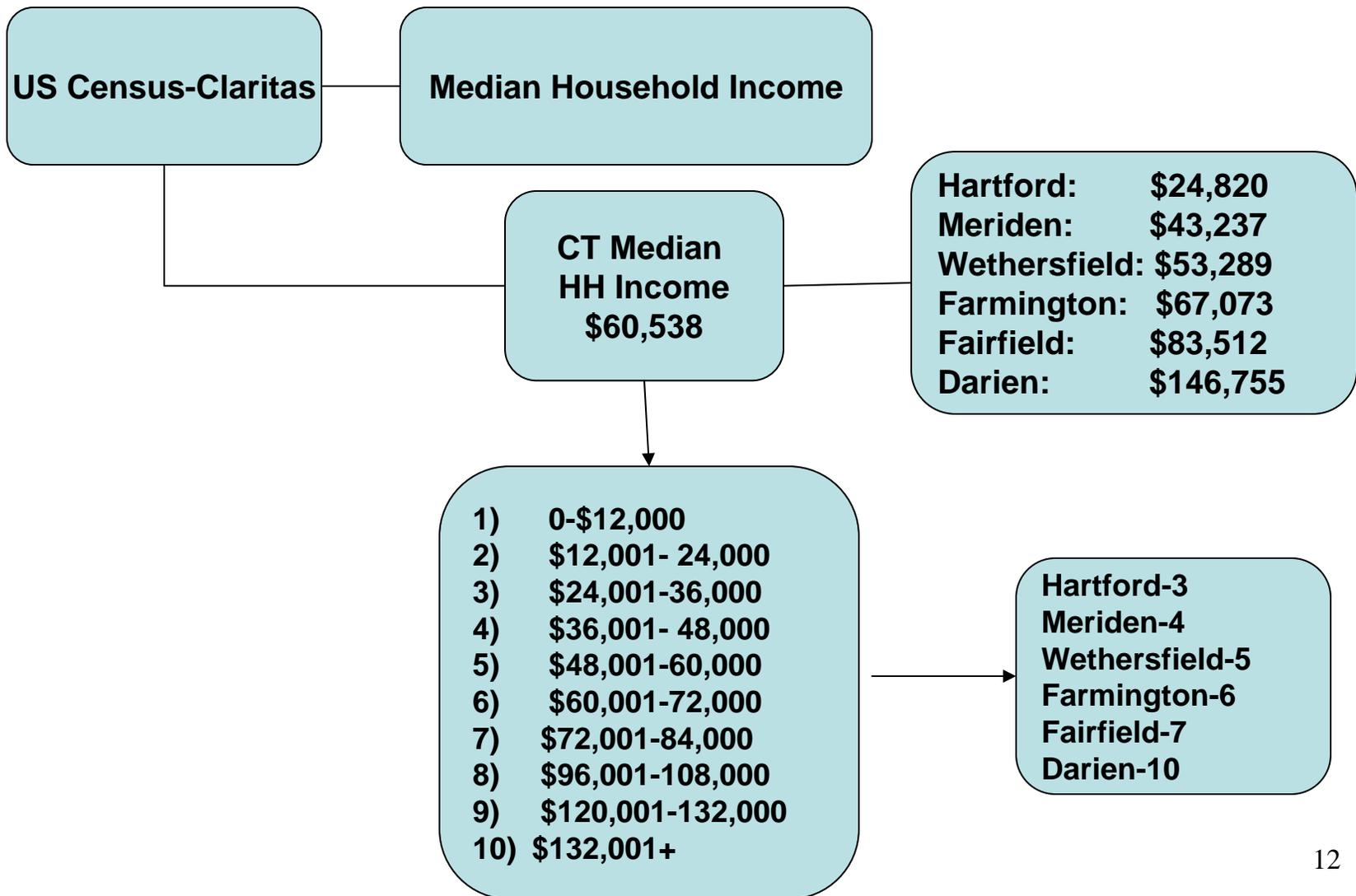
# Index Construct



# Determinant Construct - Example



# Indicator Construct – Example



# Scoring

- Indicators
- Health Outcome Indicators
- Determinants
- Index



Scored

1-10



# Health Equity Index: Correlations

## ➤ Index Score

- Demographics
- Health Outcomes

## ➤ Determinant

- Demographics
- Health Outcomes

## ➤ Indicator

- Demographics
- Health Outcomes



# Web-Based Community Profiles

- Disseminate community health equity data using GIS & the Web
- One-stop access to social, economic, environmental, political information in relationship to demographic and health outcomes information
- Use as a drawing board for turning data into information
- Support collaboration among multiple partners
- Share methods, tools, and ideas
- Raise awareness about social determinants of health
- Design will be based on extensive user testing





City or Town ▼

Report Indices ▼

# The Health Equity Index

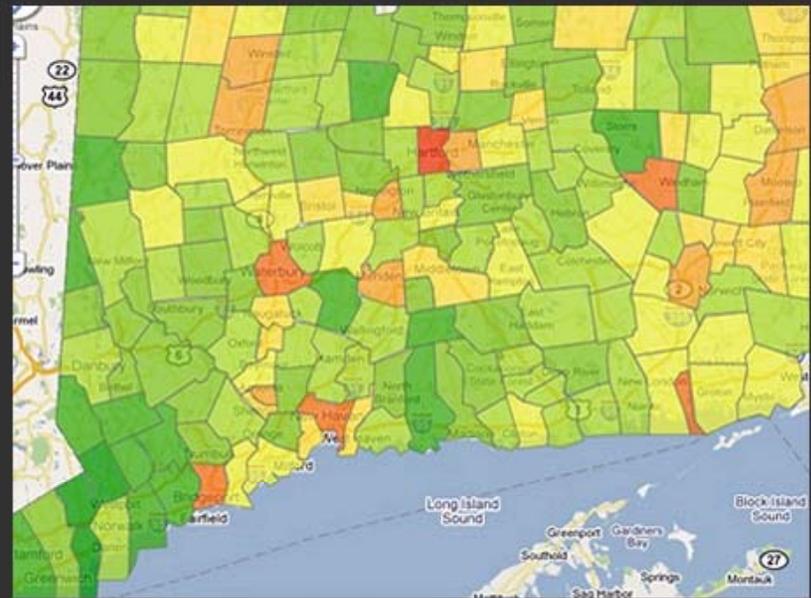
Explore social, political, economic, and environmental conditions that affect the health of your city or town.

## PILOT CITIES

Hartford

Groton

New Haven



▶ [Get Started](#)

▶ [Learn how the Index works](#)

▶ [Explore the HEA User Guide](#)

▶ [About this project](#)

## Watch Tutorial Videos



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## News

### News Title

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### News Title

SUNDAY, JUNE 1, 3:00 PM

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Connecticut

SEARCH

GO

[Towns Summary](#)

City or Town

Report Indicies

Hartford

Social Determinant Score



Health Outcome Score



Social Determinant	Score
Transportation	1
Community Safety	1
Economic Security	1
Education	2
Housing	2
Employment	2
Civic Involvement	3
Environmental Quality	7

Health Outcome	Score
Infectious Disease	1
Health Care Access	1
Mental Health	1
Childhood Illness	1
Perinatal Care	2
Diabetes	2
Respiratory Illness	3
Accidents/Violence	3
Life Expectancy	3
Cardiovascular	3
Cancer	7

Compare Towns

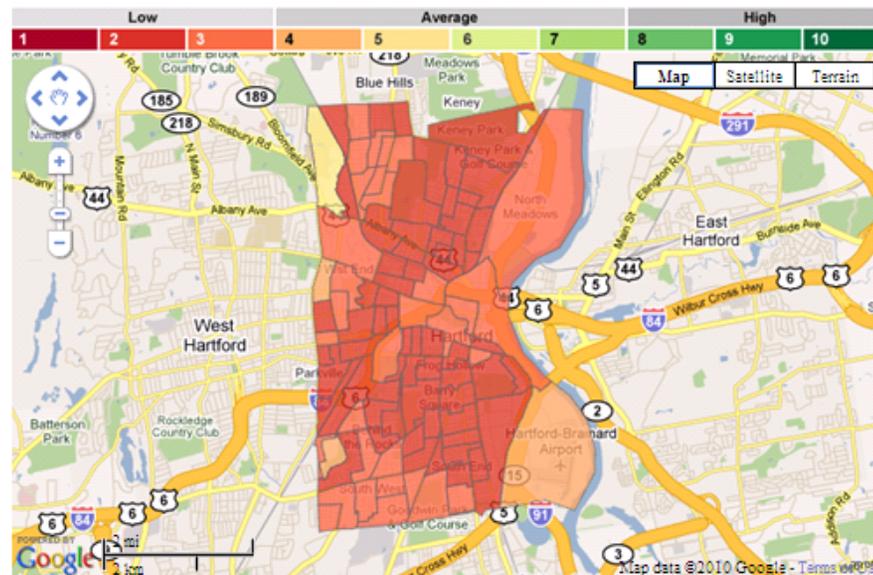
SIMILAR TOWNS

- 4 Stamford
- 2 Bridgeport
- 2 New Haven

NEARBY TOWNS

- 5 Wethersfield
- 5 West Hartford
- 4 Bloomfield
- 5 Windsor
- 3 East Hartford
- 5 Newington
- 6 South Windsor

Social Determinant Score by Neighborhood



Download Google Earth KML

Hartford Demographics

Total Residents 121,578

POPULATION

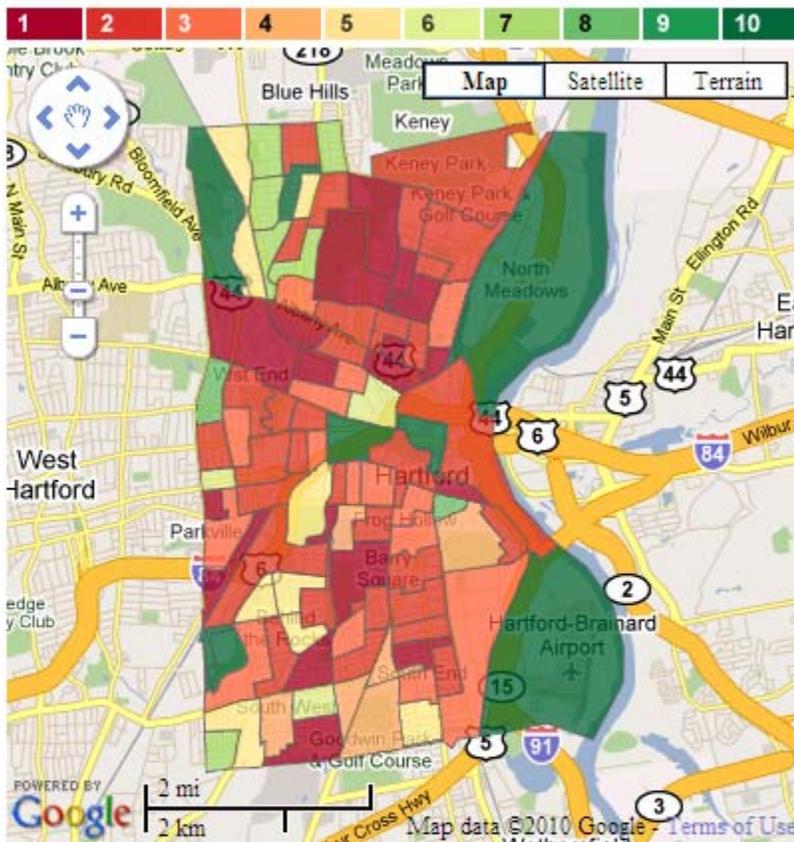
- Average age 31.7052
- Age 8 and under 14.52%
- Age 18 and under 30.22%
- Age 65 and over 9.87%

RACE

- American indian or alaskan native 0.40%
- Asian 1.95%
- Native hawaiian or pacific islander 0.05%
- Other 23.11%
- Multiracial 5.88%
- White 28.78%
- Black or african american 38.81%

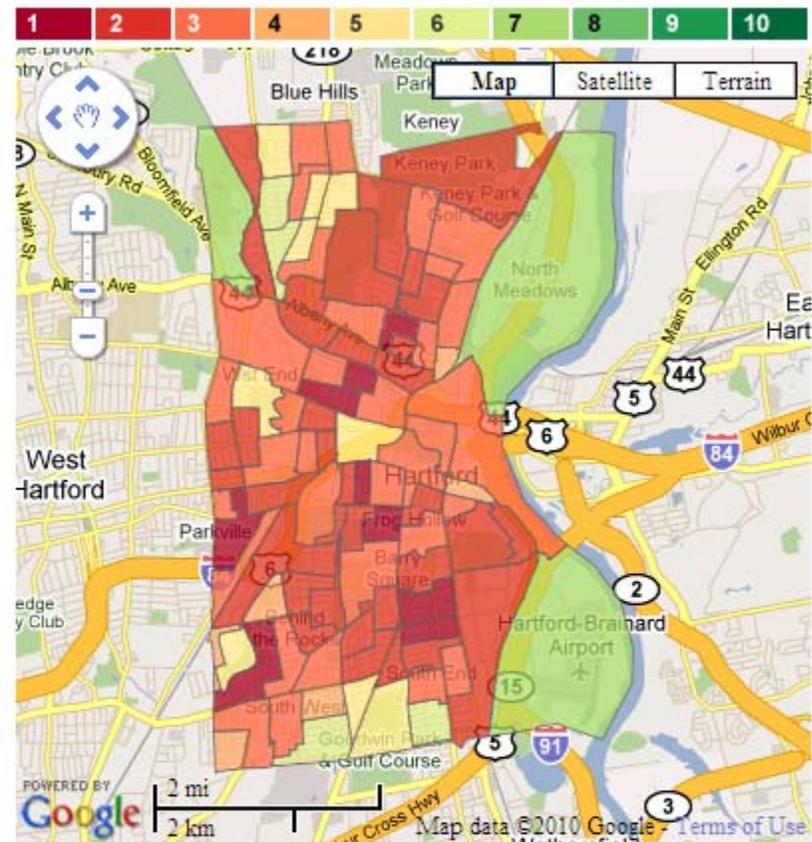
ETHNICITY

- Not hispanic or latino 61.07%
- Hispanic or latino 37.90%



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Hartford: Perinatal Care



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Hartford: Housing

Perinatal Care Score by Neighborhood



POPULATION

Average age	31.7052
Age 8 and under	14.52%
Age 18 and under	30.22%
Age 65 and over	9.87%

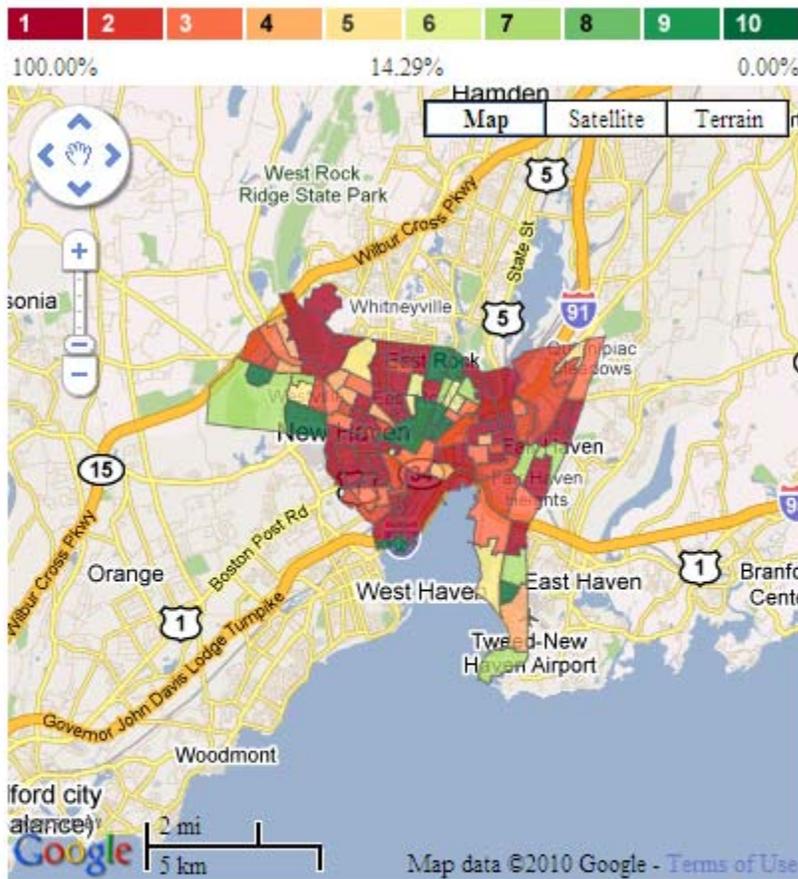
RACE

American indian or

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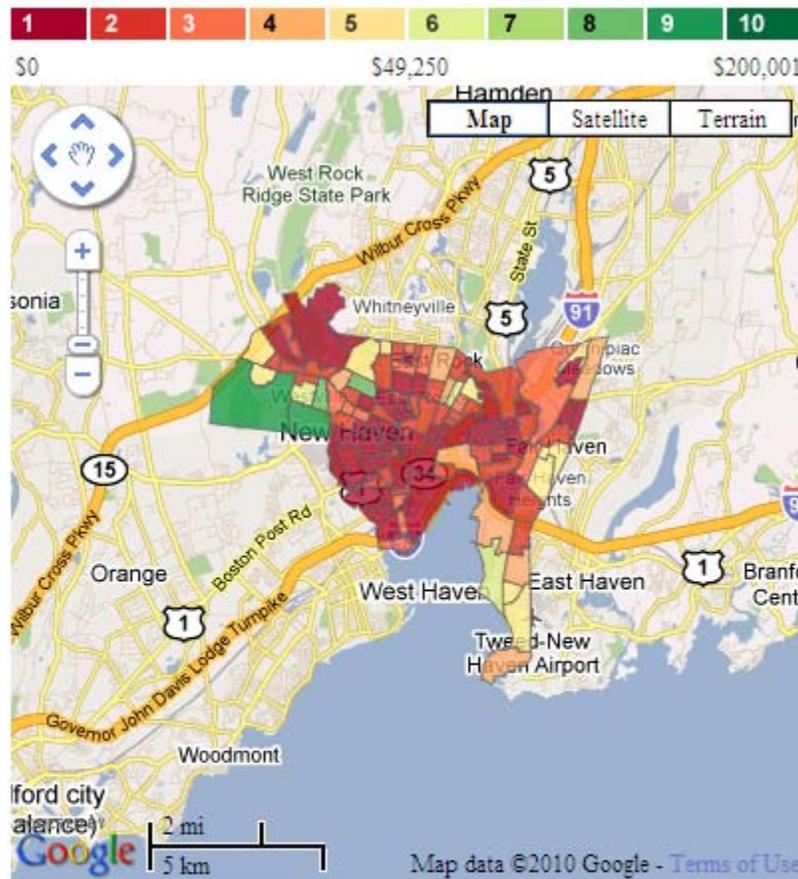
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### New Haven: Births Not Receiving Prenatal Care in the First Trimester

Timing of Prenatal Care measures the percent of mothers who did not receive care during the first trimester (i.e., within the first 13 weeks) of pregnancy. These cases are designated as receiving late or no care. Late prenatal care is defined as care initiated in the second or third trimester of pregnancy.



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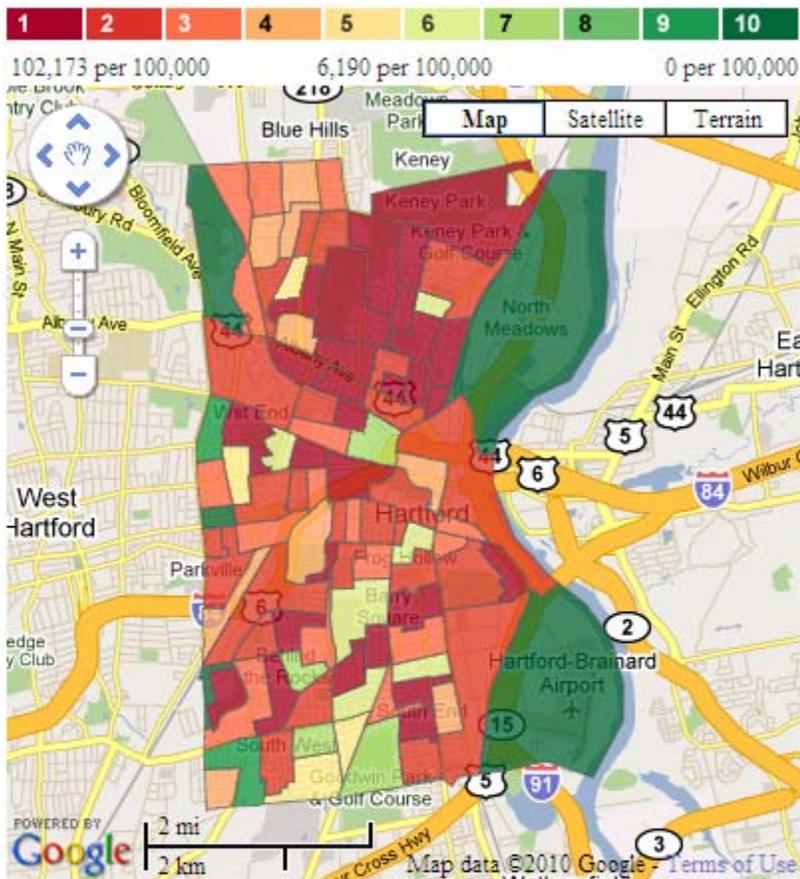
### New Haven: Median household income

Median Household Income is the income amount where one half of all households within the designated geographic area have income above and one half have income below that amount.

$r_s = 0.36$  Percentage of births to mothers under 20  1.5  
  $r_s = 0.36$  Percentage of households with income below the poverty line  0.8

alaskan native  0.077  
 Asian  3.66%

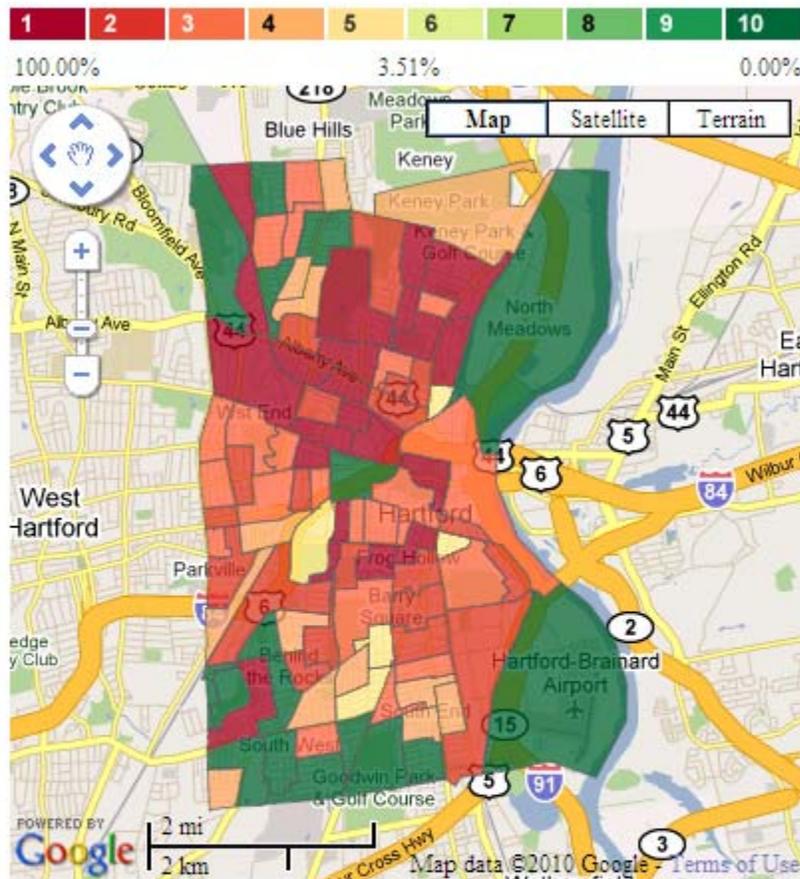
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6  
6



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### Hartford: YPLL: all causes

Years Potential Life Lost (YPLL) calculates the relative impact that various diseases and lethal forces have on an area. It highlights the years of life lost to that area's population as a result of youthful or early deaths. The figure for potential years of life lost due to a particular cause is the sum, over all persons dying from that cause, of the years that these persons would have lived had they experienced normal life expectancy. Those numbers are then normalized by dividing the YPLL score for a location by the population of that location.

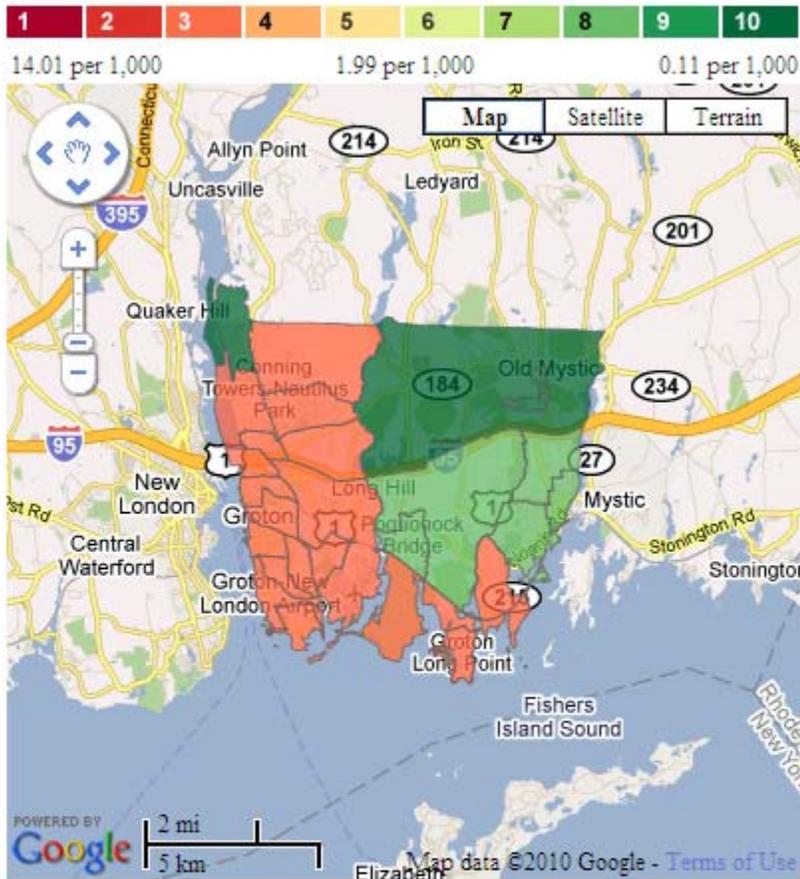


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### Hartford: Rental vacancy rates as a percentage of rental units

The rental vacancy rate measures the number of vacant units for rent in the neighborhood out of all renter-occupied units and vacant units that are for rent in the area.

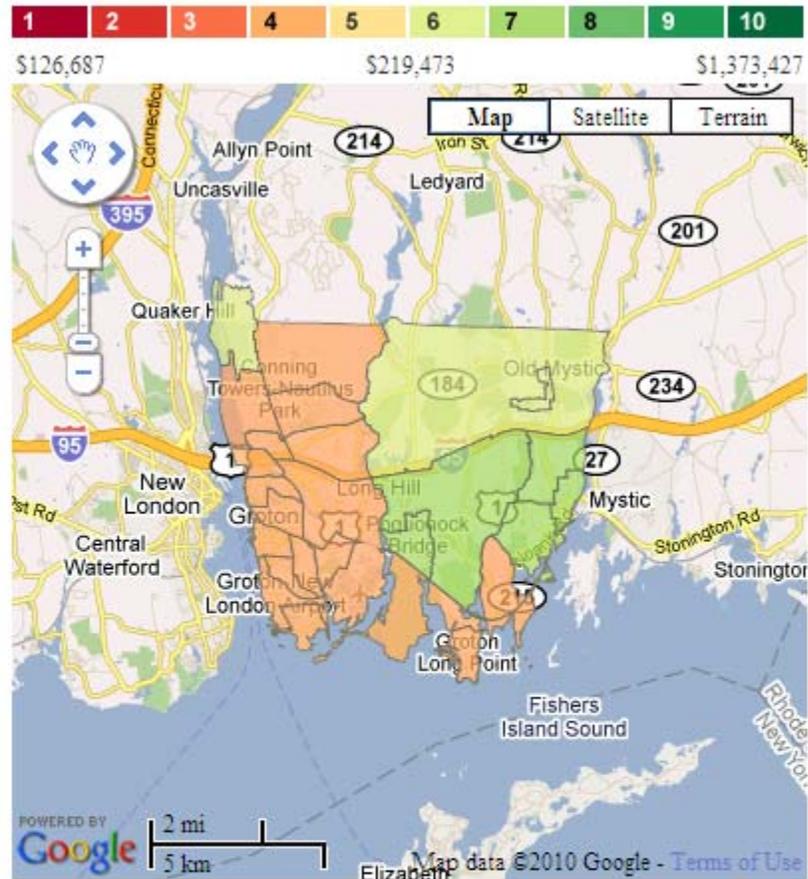
Compare



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### Groton: Asthma-related ED visits, age 0-18

Asthma-related Emergency Department Visits and Hospitalizations for Children 18 Years of Age and Under represents the rate per children 0-18 years of age in the zip code area for asthma-related hospital discharges for FY 2005. Rates were calculated separately for emergency department visits and hospitalizations.



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### Groton: Sales price of existing homes

The median sales price of homes is the selling price of a home that falls in the middle between the most expensive and least expensive home sale price in the area.

The median divides the value distribution into two equal parts: one-half of the cases falling below the median value of the property (house and lot) and one-half above the median. Median value calculations are rounded to the nearest hundred dollars.

# HEA Model



**Workforce  
Development**



# Capacity Building: Local Health Department

- Requires internal capacity building
  - Building Awareness
    - Emphasis on social determinants of health and political/social change
  - Integration of health equity through social justice in local health department practice
    - Addressing institutional “isms”
    - Including health equity into mission of the local health department



# Capacity Building: Pilot Site Workforce Development

- Pre/Post-Project Questionnaire
- Building awareness SDOH & HESJ
- Values, attitudes, goals
- Professional Development
- Facilitated Dialogue
- Collaborations with Sites and Municipal colleagues



# Capacity Building: Working with Municipal Colleagues

- Local Health Department as catalyst, convener & “shepherd”
- Requires paradigm shift
  - Emphasis on Social Determinants of Health
  - Political/social change actions through community partnerships



# Capacity Building: Working with Municipal Colleagues

- 5 focus groups were conducted in November and December 2008.
  - Assess existing knowledge of health inequities among municipal leaders.
  - Determine the extent to which health equity is considered in the development of regulations and policies/practices.
  - Identify potential benefits and barriers of working collaboratively with health directors.
  - Identify opportunities to communicate information on the root causes and opportunities to address health inequities.



# HEA Model



Community  
Engagement



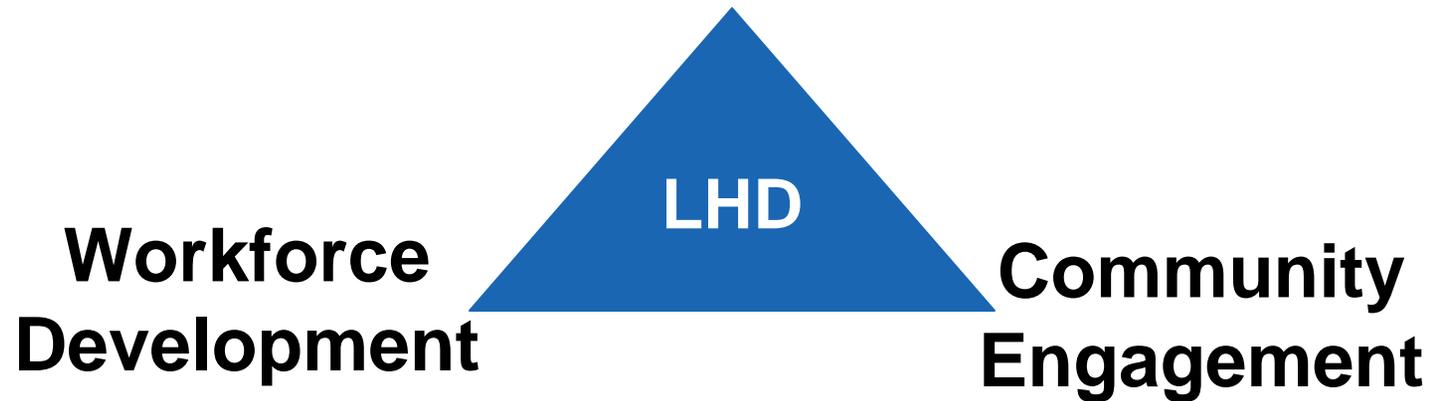
# Community Capacity Building: Pilot Sites

- Identify & organize partners
  - Local Champions
- Assess existing community efforts
- Develop a decision-making process
- Identify opportunities for policy change
- Ensure the process is inclusive and representative of local community stakeholder groups



# HEA Model

**Health Equity  
Index**





**Questions?**