Healthy Connecticut 20XX

State Health Assessment Concept

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Table of contents

Welcome **5**

Acknowledgements **6**
Connecticut Department of Public Health 6

Preface **8**
Letter from the Commissioner 8

I Introduction and Process **10**

1 State Health Assessment Overview **11**
1.1 What is the State Health Assessment? 11
1.2 Visions for Health Equity 11

2 Methodology **13**
2.1 Engagement Process 13
2.1.1 Community Survey 13
2.1.2 Community Focus Groups 14
2.1.3 Public and Partner Input 15
2.1.4 Assets and Resources 15
2.2 Kinds of Data Presented in the Assessment 15
2.3 Limitations of assessment 17
2.4 Connecticut Maps 17

II Describing Connecticut **18**

3 Overview **19**

4 Social Factors **21**
4.1 Education 21
4.1.1 Early Education 22
4.1.2 Education Attainment 23
4.2 Neighborhood and Built Environment 25
4.2.1 Access to Health Foods 25

4.2.2 Food Insecurity 26

5 Economic Factors **28**

6 Key Population Characteristics **29**

7 Mortality **30**

III Maternal, Infant, and Child Health **31**

8 Placeholder **32**

IV Environmental Health **33**

9 Placeholder **34**

V Drinking Water **35**

10 Placeholder **36**

VI Chronic Diseases **37**

11 Placeholder **38**

VII Infectious Diseases **39**

12 Placeholder **40**

VIIIBehavioral Health, Trauma, and Injury **41**

13 Placeholder **42**

IX Health Systems **43**

14 Placeholder **44**

X Climate and Health **45**

15 Placeholder **46**

XI Navigating Health Equity **47**

16 Placeholder **48**

XII Meta **49**

Data Layer Concept **50**
The Concept 50
The Ideal (Probably) 50
The nitty-gritty 50
The onus 50

References **51**

Welcome

This is a website for showcasing how the state can adopt to using markdown, quarto and the Open Data Portal (ODP) to streamline the State Health Assessment creation process allowing for more timely releases and in turn providing stakeholders with greater agency and the ability to act on the information housed therein.

This concept will be *deliberately* using the same or similiar language from the 2025 Health Assessment for ease of comparison. This meant to be a vertical slice of the 2025 Health Assessment, showcasing a little bit of everything.

> **Note**
>
> - To learn more about Quarto books visit https://quarto.org/docs/books.
> - Please do check out previous CT State Health Assessments here; they really are a tremendous amount of work to produce and it's a small miracle that they happen at all.
> - To learn more about the latest CT State Health Assessment visit https://portal.ct.gov/dph/state-health-planning/healthy-connecticut/healthy-connecticut-2025

Acknowledgements

> ❗ Remember this is all fake!
>
> Throughout this book there will be the same or similiar language and a whole lot of *lorem ipsum*. This is meant to highlight the differences and similiarities and is not intended to steal or otherwise offend any of SHA authors, contributors and their references

Connecticut Department of Public Health

J. Smith Commish, MD, MPH *Acting Commisioner*

J. Smith Dep, MPH, LNHA *Deputy Commisioner*

This Connecticut State Health Assessment was developed by the Connecticut Department of Public Health with the assistance of the Connecticut Health Improvement Coalition, and its Action Teams and Advisory Council.

This Assessment is the result of more than a year of dedicated and collaborative effort of DPH staff, staff from several other State agencies, and subject matter experts throughout the state who analyzed and contributed data and reviewed multiple iterations of this document as it evolved. This Assessment would not have been possible without their expertise and commitment to this project.

We gratefully acknowledge the contributions of our consultant,

Health Resources in Action
Boston, MA

for facilitating collaborative activities of the State Health Improvement Coalition and its Advisory Council, and for assisting with compiling this Assessment in cooperation with DPH.

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Preface

Letter from the Commissioner

To Our Residents and Public Health Partners:

The Connecticut Department of Public Health is pleased to present the Healthy Connecticut 2025 State Health Assessment. Subject matter experts from the Connecticut Department of Public Health (CT DPH), in collaboration with other state agencies, statewide partners and community organizations, have assembled data reflecting on the health and safety of Connecticut residents. The last such document was published in 2014.

The State Health Assessment establishes the health status of the state, and will inform the prioritization and development of the next Healthy Connecticut 2025 State Health Improvement Plan (SHIP). This plan will serve as a 5-year roadmap for promoting and advancing population health in our State. Statewide partners from the Connecticut Health Improvement Coalition, along with CT DPH, will begin the collaborative development of the SHIP in January 2020.

While Connecticut is a healthy state overall, this assessment highlights the challenges faced around achieving health equity for all our residents. The Centers for Disease Control and Prevention (CDC) states that health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." CT DPH is committed to enhancing health equity for our state; this document is an affirmation that equitable access to healthcare and addressing those social conditions that impact health is a basic human right.

The Healthy Connecticut 2025 initiative will focus on making the connection between social determinants and health outcomes. To experience success with these efforts we must prioritize examining the impact of social, behavioral and environmental factors on health to better inform policies and promote systemic change, while exploring collaborative place-based initiatives with our municipal and local health partners. It is our hope that we continue to work together to address the needs of Connecticut residents and afford every single person the opportunity to be as healthy as possible.

We look forward to collaborating with you in the future on this important work.

Sincerely,

J. Smith Commish, MD, MPH
Acting Commissioner

Part I

Introduction and Process

1 State Health Assessment Overview

1.1 What is the State Health Assessment?

The 2019 Connecticut State Health Assessment is an update on the health status of Connecticut residents with a focus on the social determinants of health that are having the greatest impact on health outcomes. The assessment provides the basis for the Connecticut State Health Improvement Plan, which together make up the state health planning framework Healthy Connecticut 2025.

The purpose of the assessment is to provide the public, policy leaders, partners, and stakeholders with information on the health of the Connecticut population to develop a shared understanding of health issues and inform data-driven decision making and program planning. This state health assessment is an important tool to help identify the underlying conditions and factors that influence health, reflect on existing services and policies, and inform future public health planning for the benefit of all Connecticut communities.

1.2 Visions for Health Equity

Connecticut has a bold vision for Healthy Connecticut 2025. More specifically, the Connecticut Department of Public Health (CT DPH) and partners envision the following:

> Through effective assessment, prevention, and policy development, the Connecticut Department of Public Health and its stakeholders and partners provide every Connecticut resident equitable opportunities to be healthy throughout their lifetimes and are accountable to making measurable improvements toward health equity.

This vision lifts up a number of guiding principles that we uphold to center health equity:

- **A focus on every Connecticut resident:** We strive for all Connecticut residents to experience optimal health and wellbeing.

- Attention to the health needs of residents **throughout their lifetimes.**
- **A need to collaborate as stakeholders and partners:** No one entity can advance health equity in isolation. A multi-sector and community-engaged approach is necessary to effectively understand the interconnected social determinants that impact health, and effectively address the practices, policies, and systems that support them.
- A multi-pronged approach through **assessment, prevention, policy development and accountability to achieve measurable improvements in health equity.**

More information about health equity, health disparities, and the Social Determinants of Health can be found in the Describing Connecticut chapter.

2 Methodology

The Healthy Connecticut 2025: State Health Assessment was ultimately guided by Connecticut's vision for health equity. The health indicators selected to be presented in the assessment reflect the social determinants of health that are impacting residents and highlight where health is experienced differently based on geographic or demographic characteristics.

The development of this assessment incorporated the Mobilizing for Action through Planning and Partnerships (MAPP) framework and Public Health Accreditation Board (PHAB) standards and measures. A cross-disciplinary team of internal and external stakeholders was engaged to develop a vision for Healthy Connecticut 2025 and to prioritize a list of health indicators for inclusion in the report. In addition, community members were provided opportunities to contribute to the development of the assessment through surveys and focus groups, and finally through a public comment period.

2.1 Engagement Process

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2.1.1 Community Survey

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eget enim at diam bibendum tincidunt eu non purus. Nullam id magna ultrices, sodales metus viverra, tempus turpis.

These populations of focus included:

- Parents of children with special healthcare needs
- People receiving services from the Connecticut Department of Social Sevices
- Patients of Deferally-Qualified Health Centers (FQHCs)

2.1.2 Community Focus Groups

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- Aging Adults
- Black/African-American Women
- Families Affected by Alzheimer's
- Families Affected by Autism
- Families of Children with Special Healthcare Needs
- Formerly Incarcerated Persons
- Hispanic Community
- Immigrants and Refugees
- LGBTQ Aging Adults
- LGBTQ Younger Adults
- Veterans and their Families

2.1.3 Public and Partner Input

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2.1.4 Assets and Resources

As CT DPH teams gathered and analyzed data for the assessment, they also compiled a list of programmatic and state-wide assets. Additionally, through an analysis of local community health assessments and hospital health needs assessments, and partner input, community assets were added to develop a comprehensive list. A high level description of community assets and resources is available in Appendix B. A more detailed listing of identified assets, including the analysis of the local community health and hospital health assessments is contained in a companion document “Assets and Resources” available on the Coalition website. This document will serve as a dynamic and continuously updated resource for mapping assets to intentionally developed collaborative strategies.

2.2 Kinds of Data Presented in the Assessment

The State Health Assessment presents many kinds of data visualized in graphs, tables, and maps. Here are some examples of data types included in this report and what they mean.

> **!** Important
>
> Please note we can do much prettier tables in code, and in fact I’ll insist on it, but for demonstration purposes, we’ll use straight markdown.

Data Type	Answers the Question	Definition	Example
Census	How many people are/ have _____?	An official count of a population, typically recording various details of individuals	A total of 3.5 million people live in Connecticut.
Prevalence	What percentage of people have _____?	Describes how many people have a disease or condition among an entire group of people. Often you will see this as a rate or percentage.	About 200 of every 100,000 people has diabetes.
Incidence	How many new cases of _____ happened in a period of time?	This refers to the number of individuals who develop a specific disease or experience a specific health-related event during a particular time period (such as a month or year)	The incidence of infection went down from X cases per 10,000 to just Y cases.

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2.3 Limitations of assessment

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2.4 Connecticut Maps

Below is an example map made using the `ggplot2` package. `ggplot2` are static and by keeping them static, this book can be converted into multiple different formats like pdf, word etc... If users choose to forgo those options and stick with this as primarily a website and .html, than interactive maps/visuals can be added as well. In my opinion, I think this document should stay static, and then other tools/platforms (like CT Open Data Portal) can tap into the same data streams and they can offer deeper interactive dives into the data.

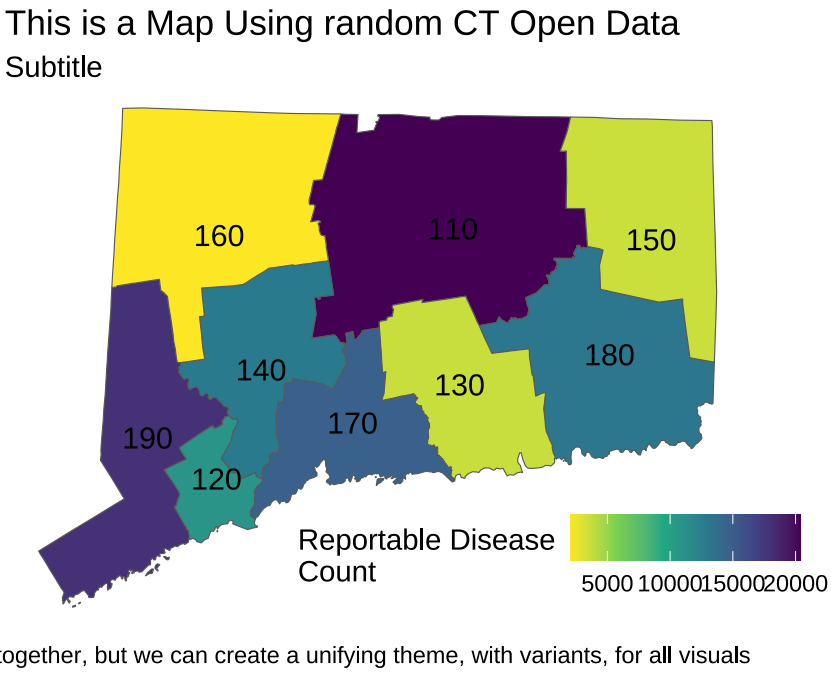

Figure 2.1: source: John J. Smith (2024)

Part II

Describing Connecticut

3 Overview

> In order to fully understand the state of Connecticut's health and health outcomes, it is imperative for this State Health Assessment to begin by describing our residents by those fundamental sociodemographics that contribute to certain populations experiencing a greater burden of ill health; the difference in these health outcomes on a population level are health disparities. The World Health Organization states that "what makes societies prosper and flourish can also make people healthy." At a glance it would appear that Connecticut is doing well from a national perspective; America's Health Rankings 2018 Annual Report reported that Connecticut is the third healthiest state in the country. But even when our society thrives there continue to be pockets of our people who experience worse health outcomes solely because they identify or pertain to historically underrepresented groups based on but not exclusive to sex and sexual orientation, gender identity, race, ethnicity, or age.

Identifying who is at greatest risk for preventable health conditions is an important initial step toward identifying relevant health inequities and supporting health equity. And while these populations are defined by elements that are immutable, there are other populations of interest — immigrants and refugees, veterans, the formerly incarcerated, and people with mental health disorders — who also experience poor health outcomes disparately. Although the 2018 America's Health Rankings Annual Report found that Connecticut is the third healthiest state in the nation, we must consider that it is also the most diverse state in New England; this greater diversity indicates a need for greater resources in order to respond more equitably. Each of these presents a different aspect of meeting the health needs of our communities, from having a competent and diverse workforce to removing language barriers.

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Where appropriate, this chapter provides comparisons between Connecticut, the New England region, and the United States.

4 Social Factors

The Social Determinants of Health (SDOH) are the upstream non-health factors that "impact a wide range of health, functioning and quality of life outcomes." For public health, this is as preventive as it gets. When considering these upstream factors in the work of a public health entity such as the Connecticut Department of Public Health (CT DPH), we can more effectively inform the public and policymakers so we can all live better lives. As an agency whose mission declares that the equal enjoyment of a person's highest attainable standard of health is a human right, we must also examine the conditions that contribute to "avoidable differences in health among specific population groups that result from cumulative social disadvantages."(John J. Smith 2018) More specifically, we apply an equity lens to ascertain which populations are being most negatively impacted.[1]

> **Note**
>
> References can be tracked and managed using BibTeX[2] and then quarto will convert it into a reference page and link it all through the document. It almost feels like magic. The orginal SHA document was around 400 pages long and it could be hard to find the references and then jump back to the original spot where the reader left off. Here the references show up on hover and clicking on them brings the user to the reference page, which can easily be opened into another tab, thus reducing alot of friction when interacting with the SHA.

4.1 Education

Economic factors such as poverty and unemployment can lead to unhealthy living conditions. Yet education can provide individuals with foundational knowledge, life skills, and social and psychological supports to make healthier choices. Therefore, quality education and higher educational attainment can be a protective factor that can advance more equitable outcomes(2021). It has been demonstrated that individuals without a high school diploma have higher incidences

[1] We can do footnotes that pop up on highlight, and that also show up at the bottom of the page! They can include citations too (and they can be shortened)(2018)

[2] BibTeX is a format for storing references that is easy to convert to many other formats. Check out bibtex.org for more info.

of risk behaviors and other adverse health outcomes; and earn less money, which can limit access to resources and healthy environments(2023).

4.1.1 Early Education

Experiences and education within the first five years of life can shape one's health trajectory across the lifespan. Early education and care programs can be protective against social and economic challenges and narrow inequitable gaps in health outcomes.5 Participating in these programs are also associated with higher educational attainment, better eating habits, increased use of preventive healthcare services, and lower rates of child injuries, child abuse/maltreatment, teen pregnancy, depression, use of tobacco or other drugs, and arrests and incarceration.

As noted in Figure 4.1, the rate of Pre-K enrollment for 4-year old children in state-funded preschool programs in Connecticut has made sizable gains over the past 5 years; however, enrollment among 3-year old children has remained fairly stable over the past decade and thus far peaked at 10% in 2016.

> **Be sure to hover over that figure link**
>
> Did you see how the chart pops up on mouse hover? Pretty cool! While mostly a fun novelty here, in a 400 page document this can allow authors to provide rich details and context around their data and narratives.

CONNECTICUT RANKS NINTH IN THE US FOR EARLY EDUCATION SPENDING PER CHILD[3]

- Connecticut has three state-funded pre-kindergarten programs: School Readiness Program, Child Day Care Contracts, and Smart Start[4]
- In 2018, 14,585 children were enrolled in state pre-kindergarten programs[5]
- On average, our state spent $7,612 per child enrolled; this reflects a 30% drop in average per child expenditure since 2011[6]

[3] ***Source:*** (John J. Smith 2021).
[4] ***Source:*** (John J. Smith 2021).
[5] ***Source:*** (John J. Smith 2021).
[6] ***Source:*** (John J. Smith 2021).

- According to most recent estimates available (2013–2014 school year), children enrolled in CT early childhood and pre-kindergarten programs were:[7]
  - 50% are non-Hispanic White, 26% are Hispanic/Latino, 15% are non-Hispanic Black or African American, and 5% are non-Hispanic Asian
  - 23% are students with disabilities served under the Individuals with Disabilities Education Act
  - 2% are English Language Learners (those who speak English less than "very well;" for more information about Limited English Proficient section)

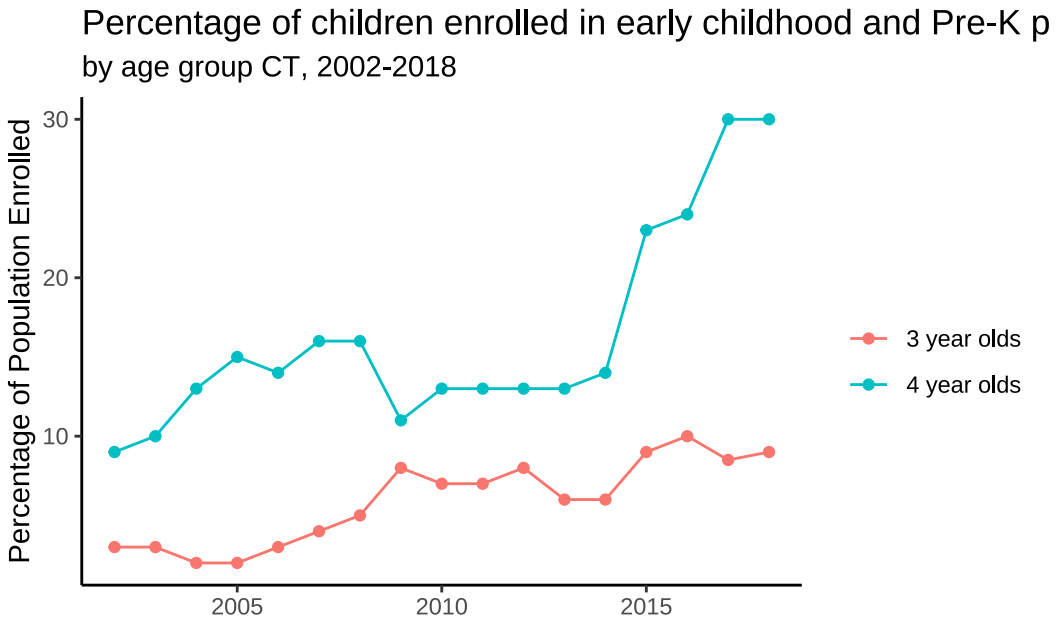

Figure 4.1: Quick Example Plot without CT Colors

Now the same plot with similiar themeing to the original plot, but now with CT approved colors and poppin font.

4.1.2 Education Attainment

In an age-adjusted multivariate analysis of the entire US, it was demonstrated that lack of high school education captured the effect of income inequality in addition to contributing

[7] ***Source:*** (John J. Smith 2021).

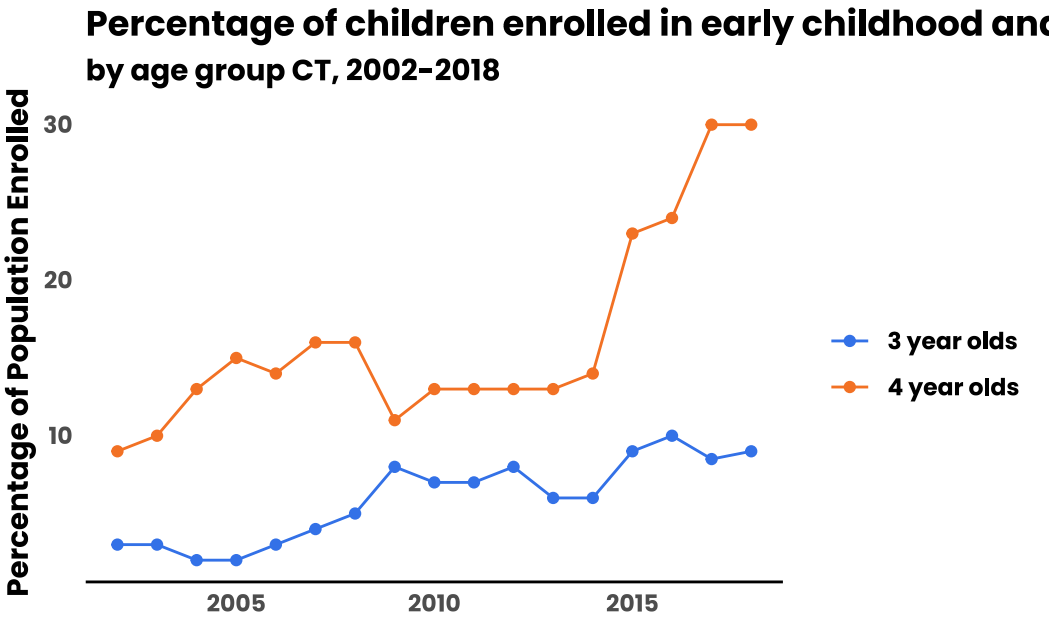

Figure 4.2: Source: (John J. Smith 2017)

to increased mortality that is attributed to increased risk of injury as a result of high-risk occupations, inadequate health insurance coverage, and unhealthy behaviors like smoking.6

In Connecticut, one in ten residents aged 25 and older have earned less than a high school degree, which is slightly less than the national proportion (Figure 4.3). As a state, nearly two in five residents 25 and older earned a bachelor's degree and above in 2017, exceeding the national rate.

Fairfield County had the greatest percentage of its residents with at least a bachelor's degree (47%) while residents from Windham County experienced the lowest percentage (24%); unsurprisingly, Fairfield County also has the most towns — 10 out of 23 — with median household incomes exceeding $125,000.

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4.2 Neighborhood and Built Environment

4.2.1 Access to Health Foods

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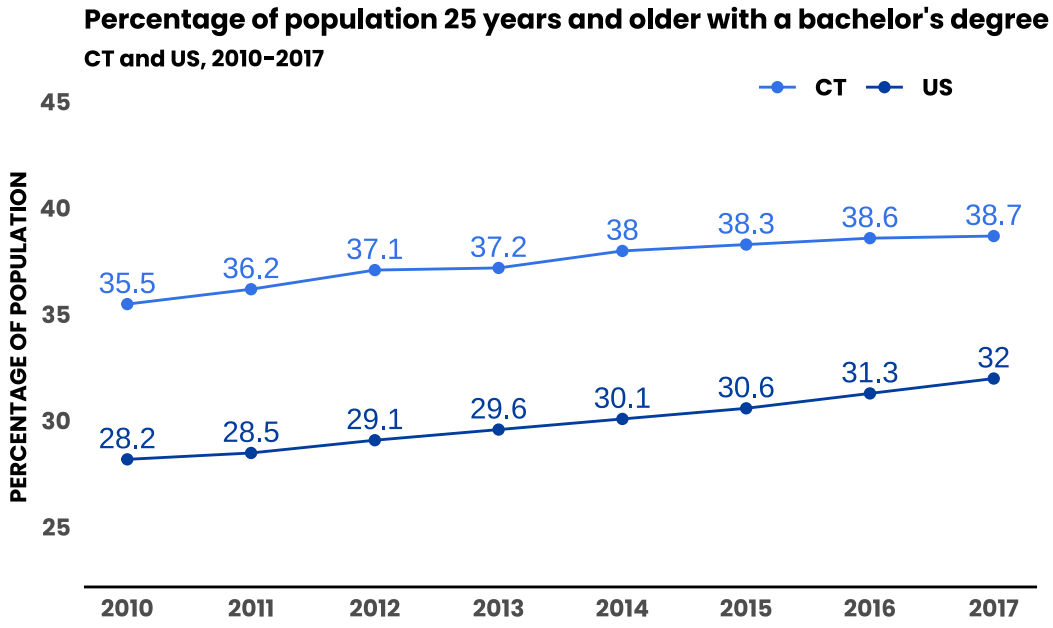

Figure 4.3: ***Source:*** (John J. Smith 2020)

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4.2.2 Food Insecurity

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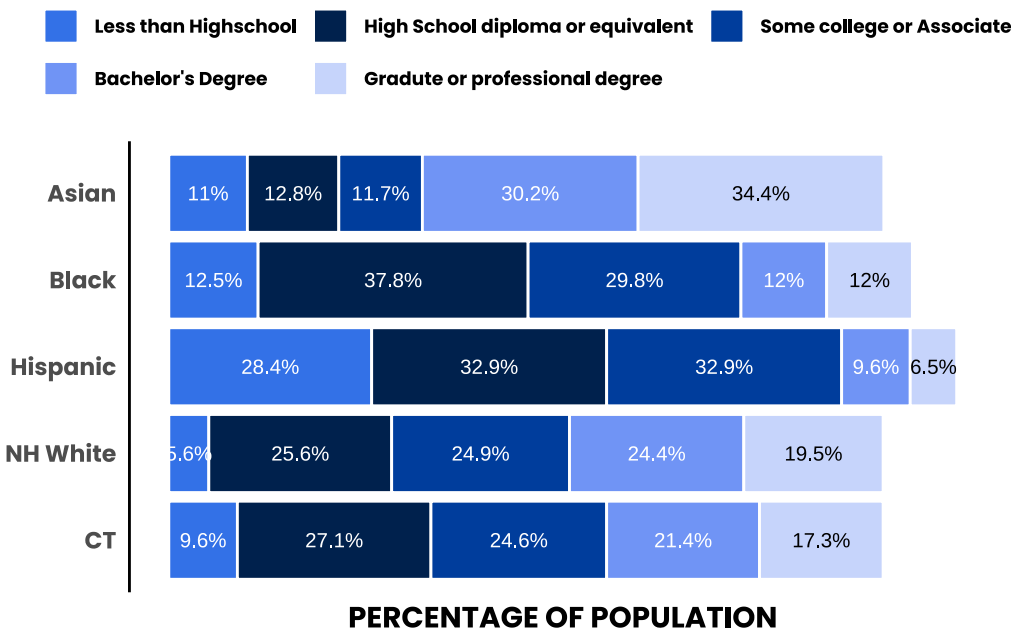

Figure 4.4: ***Source:*** (John J. Smith 2024)

5 Economic Factors

6 Key Population Characteristics

7 Mortality

Part III

Maternal, Infant, and Child Health

8 Placeholder

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Part IV

Environmental Health

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Part V

Drinking Water

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Part VI

Chronic Diseases

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Part VII

Infectious Diseases

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Part VIII

Behavioral Health, Trauma, and Injury

13 Placeholder

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Part IX

Health Systems

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Part X

Climate and Health

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Part XI

Navigating Health Equity

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Part XII

Meta

Data Layer Concept

The Concept

This is a concept project so the focus won't be on a fully fleshed out data layer. For now, just individual calls to the Connecticut Open Data Portal (ODP) will suffice.

The Ideal (Probably)

All data and derived data products and visuals come from open data sources like the ODP. The data layer is separate, but related and stored in another repository. It will dump data in a `data/` subfolder available to developers and the repository rendering the quarto book. Both the quarto book repository and the data pull and wrangle repositories are public and they reference each other in their respective readmes. The goal is to be reproducible, showcase the ODP without DDOSing them over and over again.

The nitty-gritty

To cut down on complexity with caching, freezing and playing nice and not hammering the ODP API the data layer can be code external to this project. Probably a separate repository and process (depending on the developer team git familiarity, could be a git submodule). As data feeds come online, this repository and project can grab everything needed from the ODP in an automated way and store everyting as parquet. Then the `dbplyr`, `duckdb` and `dplyr` can just reference the data stored locally in an efficient manner. An app token for the state health assessment should be made on the ODP side of the house.

The onus

The burden is really going to be having all the expected data on the ODP.

References

Smith, Johanna J. 2023. "Placeholders: This Isn't Real 73." Placeholder University Press. https://doi.org/99.9999/000/999999999999.000.0000.

Smith, John J. 2017. "Placeholders: This Isn't Real 172." Placeholder University Press. https://doi.org/99.9999/000/999999999999.000.0000.

———. 2018. "Placeholders: This Isn't Real 15." Placeholder University Press. https://doi.org/99.9999/000/999999999999.000.0000.

———. 2020. "Placeholders: This Isn't Real 101." Placeholder University Press. https://doi.org/99.9999/000/999999999999.000.0000.

———. 2021. "Placeholders: This Isn't Real 187." Placeholder University Press. https://doi.org/99.9999/000/999999999999.000.0000.

———. 2024. "Placeholders: This Isn't Real 200." Placeholder University Press. https://doi.org/99.9999/000/999999999999.000.0000.