

# **Healthy Connecticut 20XX**

**State Health Assessment Concept**

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# 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.

To learn more about Quarto books visit <https://quarto.org/docs/books>.

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

## Connecticut Department of Public Health

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

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

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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

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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:

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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.

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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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### **2.1.2 Community Focus Groups**

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### **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
Census	How many people are/ have _____?	An official count

Data Type	Answers the Question	Definition
Prevalence	What percentage of people have _____?	describes how many
Incidence	How many new cases of _____ happened in a period of time?	this refers to the number

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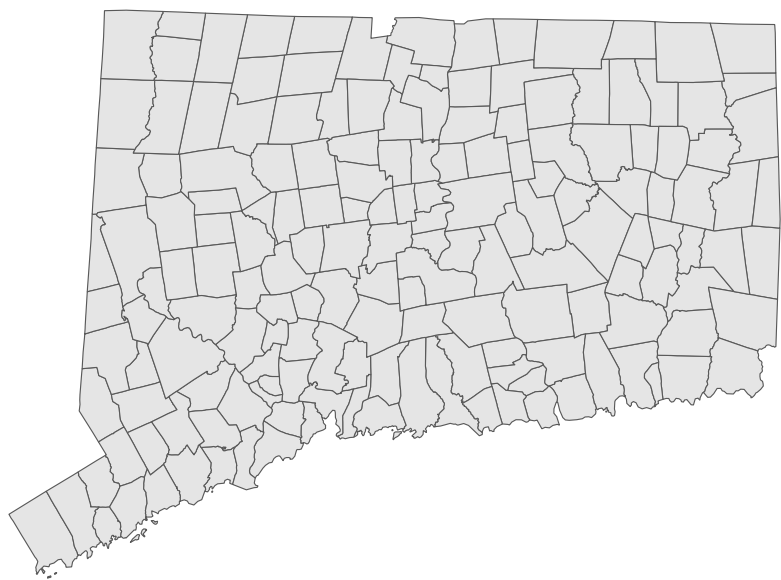
## 2.3 Limitations of assessment

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## 2.4 Connecticut Maps

Maps are presented in infographic style throughout the report. Below are three reference maps of Connecticut's counties and towns (1); its major highways and cities (2); and major waterways (3).

This is a map



**Part II**

**Describing Connecticut**



## 3 Introduction

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.”<sup>1</sup> 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.”(Vavrus, Obscherning, and Patz 2015) More specifically, we apply an equity lens to ascertain which populations are being most negatively impacted.<sup>1</sup>

Look references on highlight - go find that same reference easily in the original document. It’s not clickable, and the pdf is 400 pages long so it’s had to find the reference page, and it takes a while to load. So much friction, now references are easier to work with.

### 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.<sup>3</sup> It has been demonstrated that individuals without a high school diploma have higher incidences of risk behaviors and other adverse health outcomes; and earn less money, which can limit access to resources and healthy environments.

#### 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 so-

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<sup>1</sup>We can do footnotes on highlight, that also show up at the bottom of the page

cial and economic challenges and narrow inequitable gaps in health outcomes.<sup>5</sup> 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.

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### CONNECTICUT RANKS NINTHS IN THE US FOR EARLY EDUCATION SPENDING PER CHILD<sup>2</sup>

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- Connecticut has three state-funded pre-kindergarten programs: School Readiness Program, Child Day Care Contracts, and Smart Start<sup>3</sup>
- In 2018, 14,585 children were enrolled in state pre-kindergarten programs<sup>4</sup>
- On average, our state spent \$7,612 per child enrolled; this reflects a 30% drop in average per child expenditure since 2011<sup>5</sup>
- According to most recent estimates available (2013–2014 school year), children enrolled in CT early childhood and pre-kindergarten programs were:<sup>6</sup>
  - 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

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<sup>2</sup>Another footnote :)

<sup>3</sup>Friedman-Krauss, A.H., et al. (2019). The State of Preschool 2018: State Preschool Yearbook. National Institute for Early Education Research. Retrieved from [http://nieer.org/wp-content/uploads/2019/05/YB2018\\_Executive-SummaryR.pdf](http://nieer.org/wp-content/uploads/2019/05/YB2018_Executive-SummaryR.pdf).

<sup>4</sup>Friedman-Krauss, A.H., et al. (2019). The State of Preschool 2018: State Preschool Yearbook. National Institute for Early Education Research. Retrieved from [http://nieer.org/wp-content/uploads/2019/05/YB2018\\_Executive-SummaryR.pdf](http://nieer.org/wp-content/uploads/2019/05/YB2018_Executive-SummaryR.pdf).

<sup>5</sup>Friedman-Krauss, A.H., et al. (2019). The State of Preschool 2018: State Preschool Yearbook. National Institute for Early Education Research. Retrieved from [http://nieer.org/wp-content/uploads/2019/05/YB2018\\_Executive-SummaryR.pdf](http://nieer.org/wp-content/uploads/2019/05/YB2018_Executive-SummaryR.pdf).

<sup>6</sup>Civil Rights Data Collection, 2013–2014 State and National Estimates: Total Enrollment in Early Childhood and Pre-K.

- 2% are English Language Learners (those who speak English less than “very well;” for more information about Limited English Proficient section)

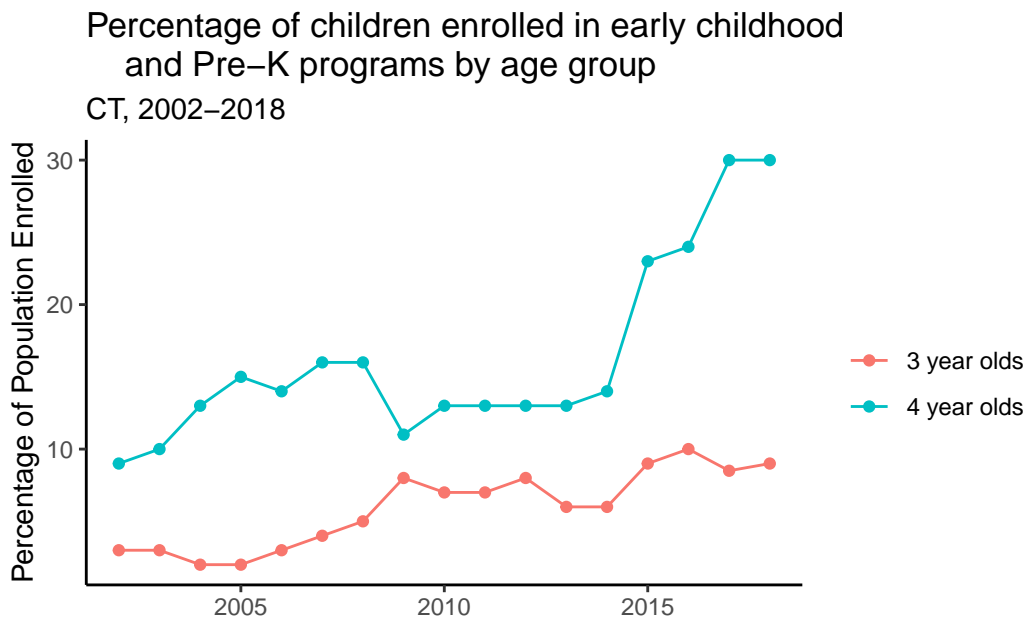


Figure 4.1: Quick Example Plot

#### 4.1.2 Education Attainment

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## 4.2 Neighborhood and Built Environment

### 4.2.1 Access to Health Foods

Etiam congue quam eget velit convallis, eu sagittis orci vestibulum. Vestibulum at massa turpis. Curabitur ornare ex sed purus vulputate, vitae porta augue rhoncus. Phasellus auctor suscipit purus, vel ultricies nunc. Nunc eleifend nulla ac purus volutpat, id fringilla felis aliquet. Duis vitae porttitor nibh, in rhoncus risus. Vestibulum a est vitae est tristique vehicula. Proin mollis justo id est tempus hendrerit. Praesent suscipit placerat congue. Aliquam eu elit gravida, consequat augue non, ultricies sapien. Nunc ultricies viverra ante, sit amet vehicula ante volutpat id. Etiam tempus purus vitae tellus mollis viverra. Donec at ornare mauris. Aliquam sodales hendrerit ornare. Suspendisse accumsan lacinia sapien, sit amet imperdiet dui molestie ut.

### 4.2.2 Food Insecurity

Etiam non efficitur urna, quis elementum nisi. Mauris posuere a augue vel gravida. Praesent luctus erat et ex iaculis interdum. Nulla vestibulum quam ac nunc consequat vulputate. Nullam iaculis lobortis sem sit amet fringilla. Aliquam semper, metus ut blandit semper, nulla velit fermentum sapien, fermentum ultrices dolor sapien sed leo. Vestibulum molestie faucibus magna, at feugiat nulla ullamcorper a. Aliquam erat volutpat. Praesent scelerisque magna a justo maximus, sit amet suscipit mauris tempor. Nulla nec dolor eget ipsum pellentesque lobortis a in ipsum. Morbi turpis turpis, fringilla a eleifend maximus, viverra nec neque. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos himenaeos.

Duis urna urna, pellentesque eu urna ut, malesuada bibendum dolor. Suspendisse potenti. Vivamus ornare, arcu quis molestie ultrices, magna est accumsan augue, auctor vulputate erat quam quis neque. Nullam scelerisque odio vel ultricies facilisis. Ut porta arcu non magna

sagittis lacinia. Cras ornare vulputate lectus a tristique. Pellentesque ac arcu congue, rhoncus  
mi id, dignissim ligula.

## References

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