



FACTS ABOUT MINORITY HEALTH IN CONNECTICUT

MINORITY HEALTH MONTH – APRIL 2013

Advance Health Equity Now: Uniting our Communities to Bring Health Care Coverage to All

BACKGROUND

- Racial and ethnic diversity is increasing in Connecticut. From 2000–2010, the state’s Asian population increased by 61.1%; those reporting two or more races by 59.1%; the Hispanic or Latino population by 48.8%; and Black or African American population by 11.8%. In contrast, the White, non-Hispanic population decreased by 3.8%.¹
- In 2010, the Hispanic or Latino population comprised 13.5% of the Connecticut population, Black or African Americans, 9.5%; Asians, 3.8%, those reporting two or more races, 1.5%; American Indian or Alaska Natives, 0.2%; and Native Hawaiian and Pacific Islanders, 0.03%. White, non-Hispanics comprised 71.4% of the Connecticut population.¹
- Racial and ethnic disparities in health and health care exist in Connecticut and they are well documented. People of color, in general, experience worse access to health care and worse health outcomes. Since 1999, a series of Connecticut Department of Public Health reports have documented disparities across a range of health and social indicators, including birth outcomes, deaths, hospitalizations, access to health care and risk factors for chronic diseases. For more information, see: www.ct.gov/dph/healthdisparitiesdata
- High levels of poverty are linked to poor health and health outcomes. Racial and ethnic minority residents are more likely to be poor compared with White, non-Hispanic residents of Connecticut. Native Hawaiian and Pacific Islanders are 1.3 times, Asians 1.4 times, American Indian and Alaska Natives 3.7 times, Blacks or African Americans 3.8 times, and Hispanics or Latinos about 4.6 times to be living in poverty compared with the White, non-Hispanic population in our state.²

SOCIAL DETERMINANTS OF HEALTH

- A large body of research in social science and public health has demonstrated the importance of social factors on health. These “social determinants of health” are the conditions in which people are born, grow, live, work, age and die, including the health system. They include resources like housing stock, neighborhood safety, schools, fair wage jobs, transportation systems, and access to healthy food. These conditions are shaped by the unequal distribution of money, power, and other resources at global, national and local levels.³
 - To be effective, public health interventions and policies must address the multiple levels of health inequalities including individual, social structural, economic, and environmental factors.
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MATERNAL AND CHILD HEALTH

- The infant mortality rate [the number of infant deaths (< 1 year) per 1,000 live births] is an important indicator of societal health because it is associated with maternal health, access to and quality of medical care, socioeconomic conditions and public health practices. During the decade we have seen consistently higher infant mortality rates for Blacks/African Americans, and Hispanics compared with White Connecticut residents.⁴
- The Connecticut infant mortality rate (IMR) in 2010 was nearly three times higher among Black/African Americans compared with Whites (11.8 deaths per 1,000 live births versus 4.0 deaths per 1,000 live births, respectively). The IMR among Hispanics (7.5 deaths per 1,000 live births) was almost two times higher than the rate among White, non-Hispanics. Relative to 2009, the infant mortality rate in 2010 increased within the Hispanic community to the highest level since 2006, but a general decreasing trend continued within the non-Hispanic White and Black/African American populations.⁴
- Low birth weight places infants at much higher risk of death and long-term illness and disability. Between 2006 through 2010, the rate of singleton (single-child) low birth weight (LBW) among Connecticut mothers showed a slight decline across all racial and ethnic groups; however, disparities among minority racial and ethnic groups have not changed. In 2010, the rate of singleton LBW infants among Black/African American, non-Hispanic women (10.1%) was 2.3 times higher than that among White, non-Hispanic women (4.3%). The rate of LBW babies among Hispanic women (6.9%) was 1.6 times that of White, non-Hispanic women.⁴
- Prenatal care, begun within the first three months of pregnancy, allows for early identification of risks and appropriate treatment. Late or no prenatal care, defined as no care within the first trimester of pregnancy, is associated with poor birth outcomes. In 2010, the receipt of late or no prenatal care among Black/African American, non-Hispanic women (21.2%) was 2.3 times greater, among Hispanic women (20.5%) was 2.2 times greater than among White, non-Hispanic women (9.3%) in Connecticut.⁴
- The Connecticut Department of Public Health's Maternal, Infant and Early Childhood Home Visiting program is implementing a high-quality statewide home visiting program that is part of a comprehensive early childhood system. The purpose of this project is to implement, expand and/or enhance high quality evidenced-based home visiting programs for children and families who reside in high-risk communities. Through continued collaboration with multiple state agencies and private partners, Connecticut will build a quality, comprehensive statewide early childhood system for pregnant women, parents/caregivers, and children from birth to age eight and ultimately, to improve health and development outcomes. For more information about this program, see: <http://www.ct.gov/dph/cwp/view.asp?a=3138&q=503124>

PUBLIC HEALTH SPENDING AND PREVENTION

- Research has demonstrated that increased local public health spending can save lives. A study by Mays and Smith, published in the journal *Health Affairs*, tracked spending by local public health agencies and preventable mortality rates in the respective local communities from 1993 to 2005. The authors found that for each ten percent increase in local public health spending, there was a significant 6.9% decrease in infant deaths.⁵

HEALTH CARE COVERAGE AND HEALTH CARE REFORM

- Federal health care reform, enacted into law in 2010, supports community-based prevention efforts. According to U.S. Health and Human Services Secretary Kathleen Sebelius, the federal Affordable Care Act has extended free preventive care, such as mammograms or flu shots, to 71 million Americans with private health insurance in 2011 and 2012. Sebelius states that “Preventing illnesses before they become serious and more costly to treat helps Americans of all ages stay healthier.”⁶
- The 2010 Affordable Health Care Act (ACA) contains regulations to make sure that more mothers have access to services they need to ensure a healthy pregnancy, such as:
 - Screening for conditions that can harm pregnant women or their babies, including iron deficiency, hepatitis B, a pregnancy related immune condition called Rh incompatibility, and a bacterial infection called bacteriuria;
 - Special, pregnancy-tailored counseling from a doctor that will help pregnant women quit smoking and avoid alcohol use; and
 - Counseling to support breast-feeding and help nursing mothers.⁷

NOTE: *FACTS ABOUT MINORITY HEALTH IN CONNECTICUT* is published by the Connecticut Department of Public Health (Hartford, CT) as part of National Minority Health Month – April, 2013.

¹ US Census Bureau, Population Estimates Program. Intercensal population estimates for Connecticut, 2000 and 2010. Available at: <http://www.census.gov/>

² US Census Bureau. 2013. Table S1701: Poverty status in the past 12 months – Connecticut residents, 2007-2011 American Community Survey 5-year estimates. Available at: <http://www.census.gov/>

³ World Health Organization (WHO). 2008. *Closing the gap in a generation: Health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health*. Geneva: WHO.

⁴ Connecticut Department of Public Health, Family Health Section. 2013. Vital Records Birth Files, Unpublished data.

⁵ Mays, Glenn B. and Sharla Smith. 2011. “Evidence links increases in public health spending to declines in preventable deaths.” *Health Affairs* 30: 81585-1593.

⁶ US Department of Health and Human Services. 2013. *Affordable Care Act extended free preventive care to 71 million Americans with private health insurance*. News Release, March 18, 2013.

⁷ US Department of Health and Human Services. 2013. *Fact Sheet: Benefits for African Americans of new Affordable Care Act rules on expanding prevention coverage*. Available at:

http://www.healthcare.gov/news/factsheets/benefits_for_african_americans_.html
