

Healthy by Design:

The Connection Between Where We Live and Chronic Diseases

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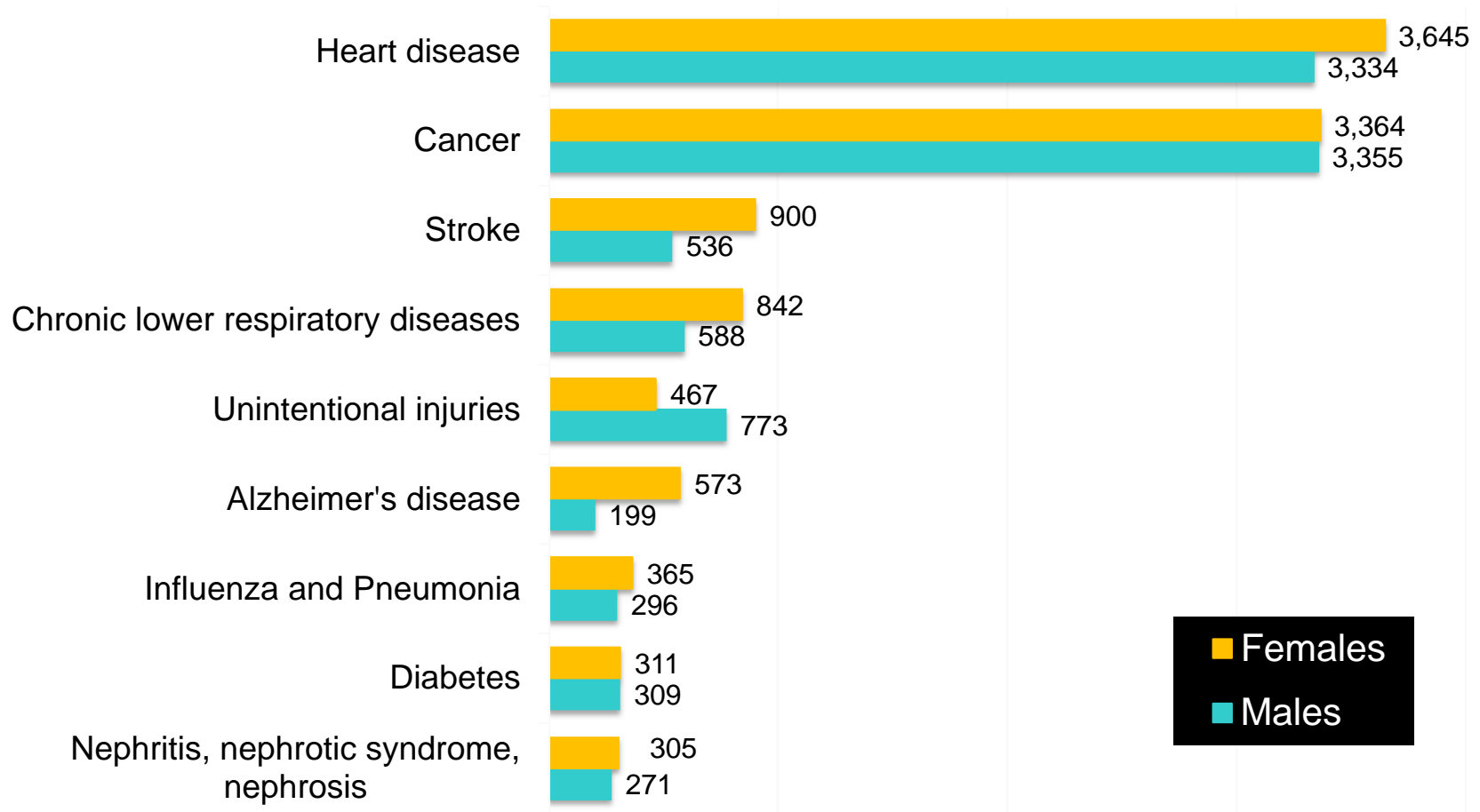
Chronic Disease Director

Connecticut Department of Public Health

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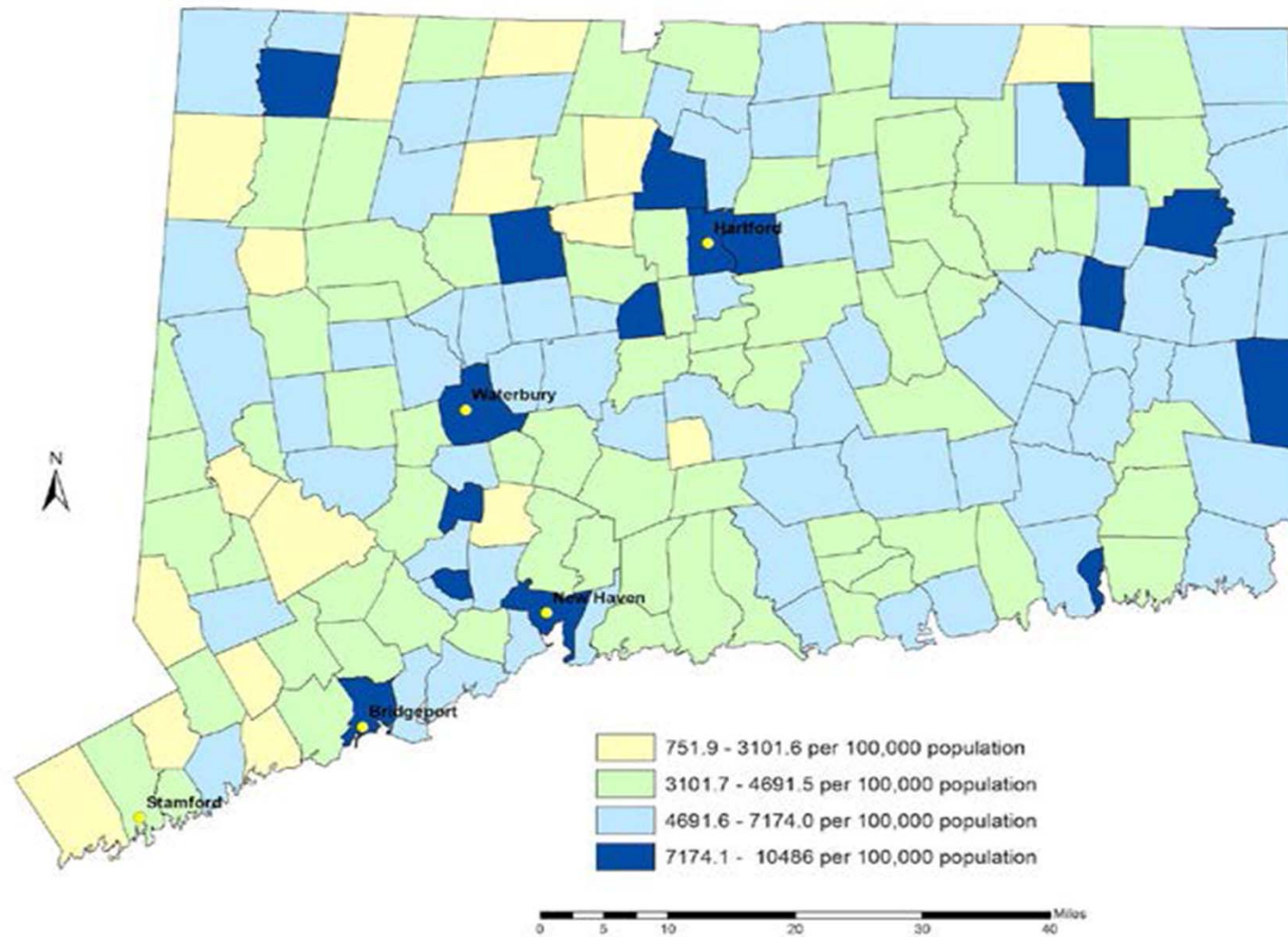


Leading Causes of Death in Connecticut



Source: Connecticut Department of Public Health, Mortality Tables, 2009, Tables 9 and 10.

Premature Mortality by Town, 2006-2010



Source: Connecticut Department of Public Health, Health Statistics & Surveillance, Statistics & Analysis Reporting, 2006-2010.

“Why Your ZIP Code May Be More Important to Your Health Than Your Genetic Code”

- James Marks, MD, MPH, Robert Wood Johnson Foundation

- Medical care accounts for only 10 to 15 percent of an individual’s health
- Some Americans will die 20 years earlier than others who live just a few miles away because of differences in education, income, race, ethnicity and where and how they live.
- College graduates can expect to live five years longer than those who do not complete high school.
- Middle-income people can expect to live shorter lives than higher income people, even if they are insured.
- And people who are poor are three times more like to suffer physical limitations from a chronic illness.

Source: <http://www.rwjf.org/en/research-publications/find-rwjf-research/2009/04/why-your-zip-code-may-be-more-important-to-your-health-than-your.html>

What Affects Health?



What's "Really" Determining Health?

Complex interplay of factors, many directly or indirectly influenced by community design.

- Social supports
- Housing stock
- Neighborhood safety
- Schools
- Fair wage jobs w/benefits
- Social safety net
- Transportation
- Availability of food markets and healthy foods
- Access to quality health care

Example 1: Design and Poor Health Outcomes

Multi-unit housing without smoke free policy



Second-hand smoke exposure



Lung Cancer

Example 2: Design and Poor Health Outcomes

Residential proximity to high traffic Areas



Exposure to particulate pollutants and ozone



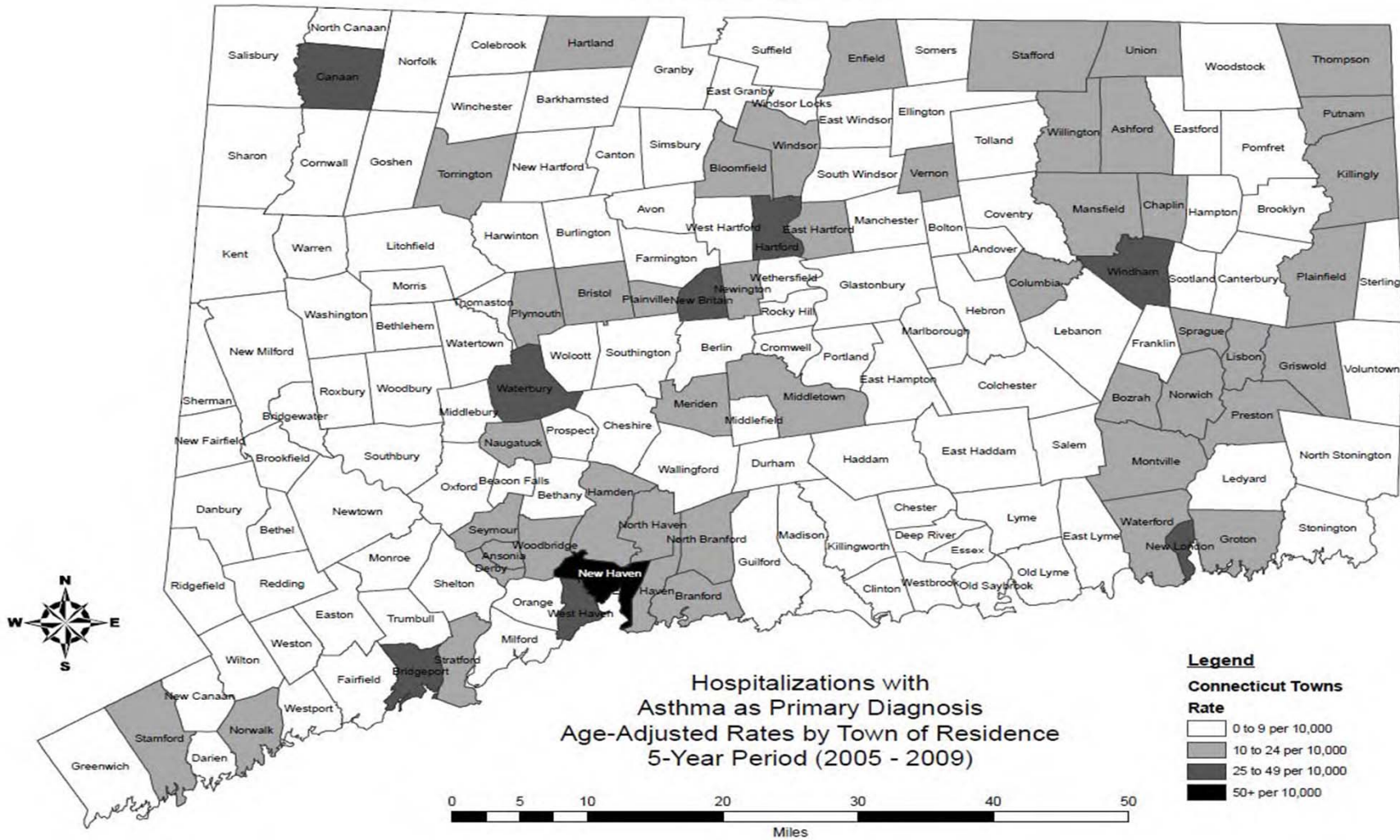
Asthma Exacerbation



Hospitalization

Asthma Hospitalizations, 2005-2009

State of Connecticut



Example 3: Design and Poor Health Outcomes

No grocery stores



Limited access to healthy food



Poor diet

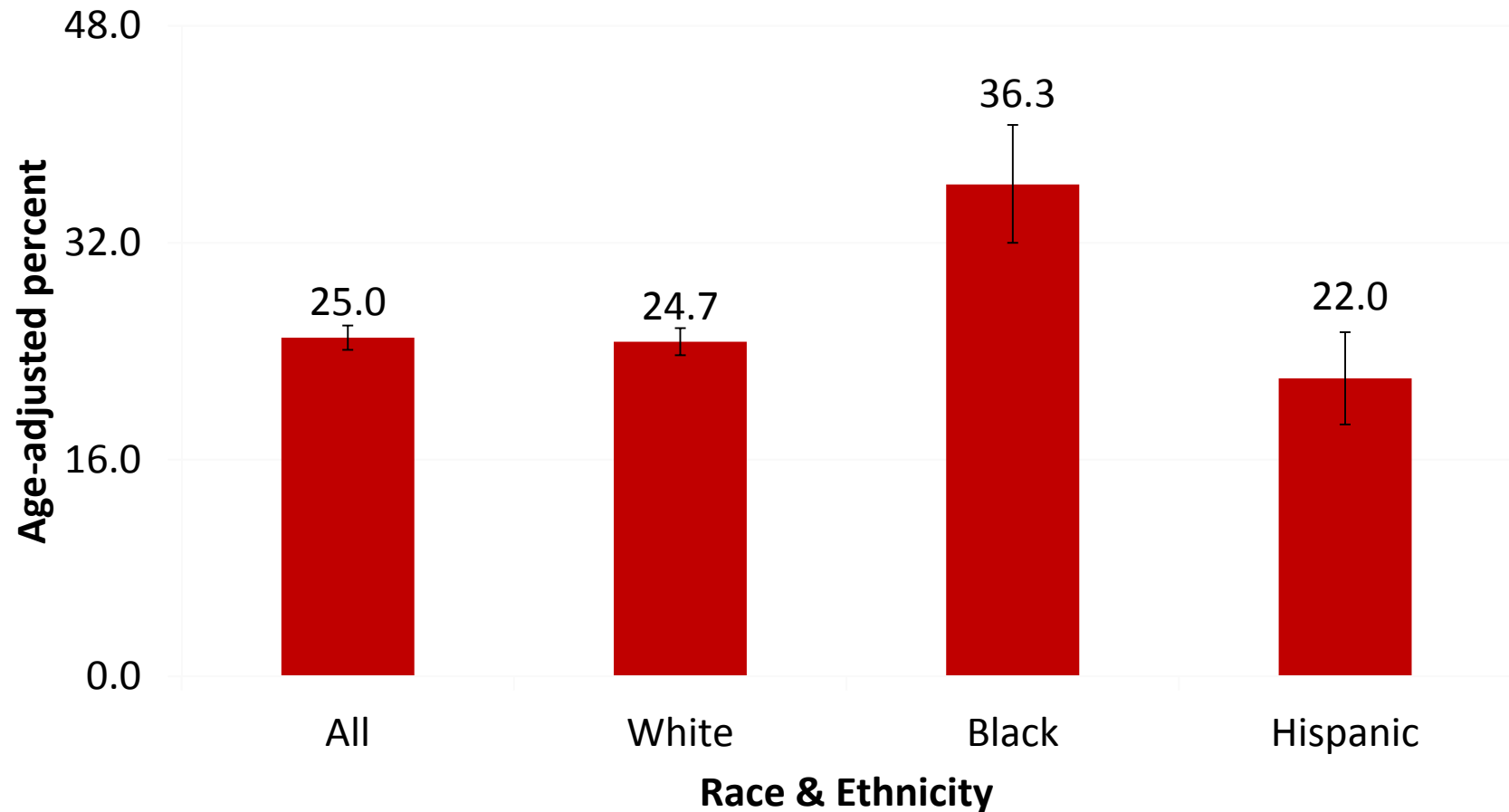


High cholesterol and high blood pressure



Heart Attack

High Blood Pressure Prevalence CT Adults by Race & Ethnicity



Source: CT Department of Public Health.
Behavioral Risk Factor Surveillance System, 2011.

Example 4: Design and Poor Health Outcomes

Limited sidewalks or accessible parks



Sedentary Lifestyle



Obesity



Diabetes

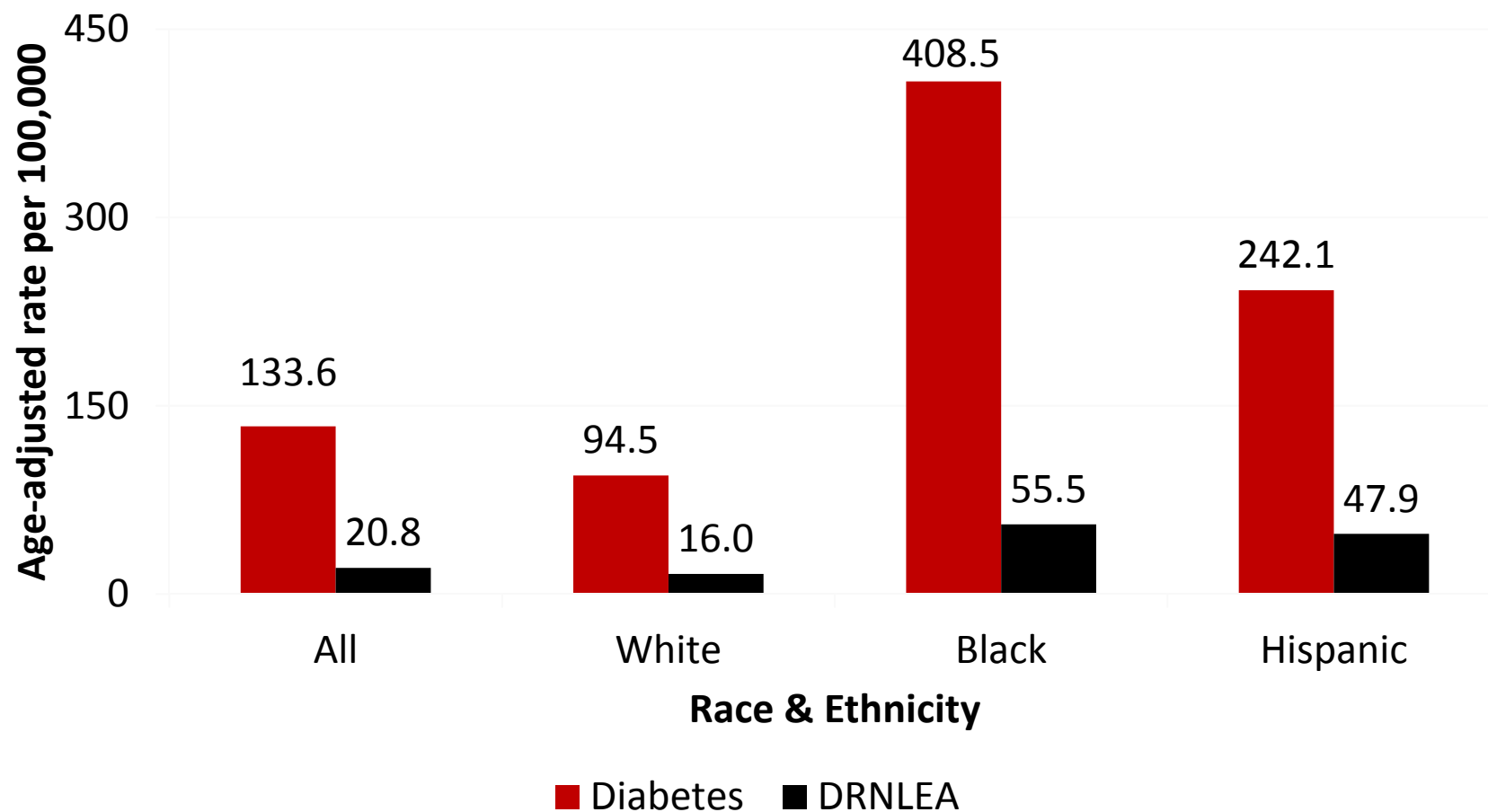


Nerve damage and foot ulcer



Lower Extremity amputation

Hospitalization Rates – Diabetes and Diabetes-Related Amputation

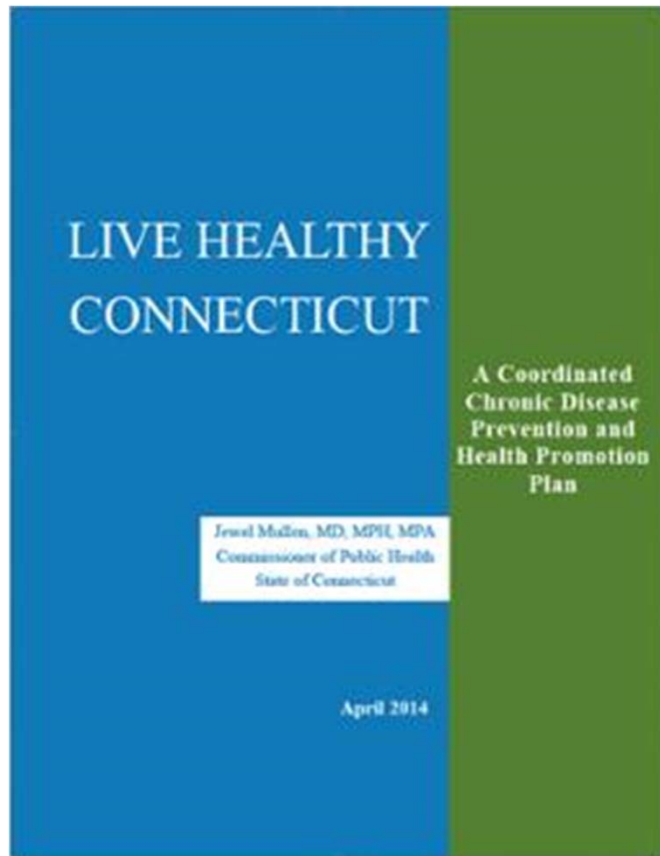


Source: CT Department of Public Health.
Acute Care Hospital Inpatient Discharge Database, 2012.

Three Layer Strategy to Address Chronic Disease

- 1. Environmental Strategies:** Make healthy behaviors easier and more convenient for more people where they live
- 2. Health Systems Strategies:** Make preventive and chronic health care high quality and accessible
- 3. Community-Clinical Linkage Strategies:** Support evidence-based community health programs and link them to clinical care

Live Healthy Connecticut: CT Chronic Disease Plan



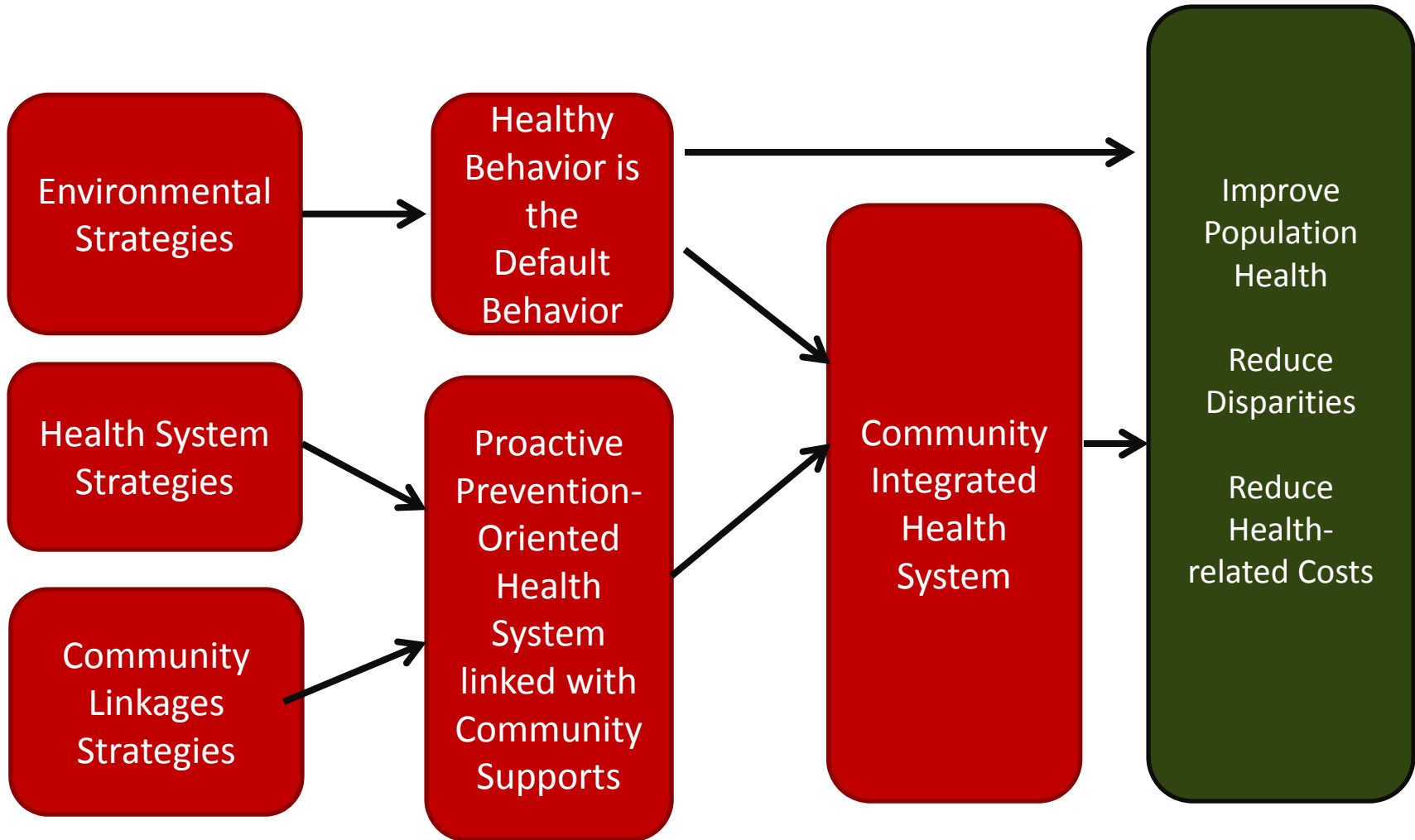
- Ambitious yet achievable 5-year goals.
- Focus on Healthy Equity
- Measurable indicators are aligned with State Health Improvement Plan

Live Healthy CT - Core Indicators

Live Healthy Connecticut Priority Areas and Core Indicators with Baseline and Five-year Targets.

Priority Area	Core Indicator	Baseline (data source)	5-year Target	
1	Health Equity	Percent of DPH databases that meet data collection policy standards	5.4% (2012 Data Quality Improvement Project)	54.0%
2	Nutrition and Physical Activity	Percent of adults (18+y) who meet the recommended 150 minutes or more of aerobic physical activity per week	52.6% (2011 BRFSS)	55.2%
3	Obesity	Percent of children (5-12y) who are obese	18.8% (2008-2010 BRFSS)	17.9%
4	Tobacco	Percent of adults (18+y) who currently smoke cigarettes	17.1% (2011 BRFSS)	15.0%
5	Heart Health	Rate of premature deaths (<75 years of age) from cardiovascular disease	889.0 per 100,000 (2007-2009 Death Registry)	540.0 per 100,000
6	Cancer	Percent of adults (50+y) who have ever had a sigmoidoscopy/colonoscopy	75.7% (2010 BRFSS)	79.5%
7	Diabetes	Percent of adults (18+y) with diagnosed diabetes	8.5% (2011 BRFSS)	8.0%
8	Asthma	Rate of ED visits among all CT residents for which asthma was the primary diagnosis	73.0 per 10,000 (2009 HDD)	69.4 per 10,000
9	Oral Health	Percent of adults (18+y) who have visited a dentist or dental clinic in the last year	80.6% (2010 BRFSS)	84.0%
10	Genomics and Health	Percent of adults who have collected health information from their relatives for the purpose of developing their family health history	54.0% (2011 BRFSS)	60.0%
11	Health Care Quality	Rate of preventable hospitalizations among all CT residents	1,526.0 per 100,000 (2008 HDD)	1,450.0 per 100,000
12	Health Care Access	Percent of adults (18+y) who have a regular source of care	83.9% (2011 BRFSS)	93.0%

Our Pathway



In Conclusion

- Chronic diseases are common, expensive and preventable. Certain populations suffer more.
- To prevent chronic diseases there is a need to look beyond the health sector – Design plays a critical role.
- To address chronic disease, DPH is employing a three layered strategy to address 1) the environment, 2) the health system and 3) linkages to community resources.

Thank you!

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ct.gov/dph/chronicdisease