HEALTH CATEGORIES

From the Health Equity Index   http://index.healthequityalliance.us/
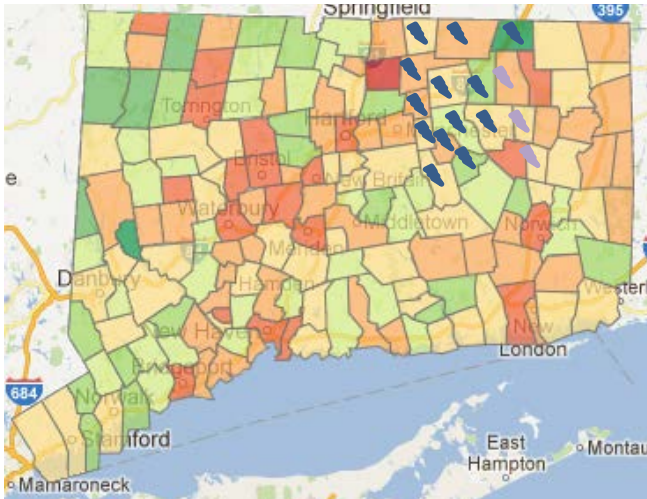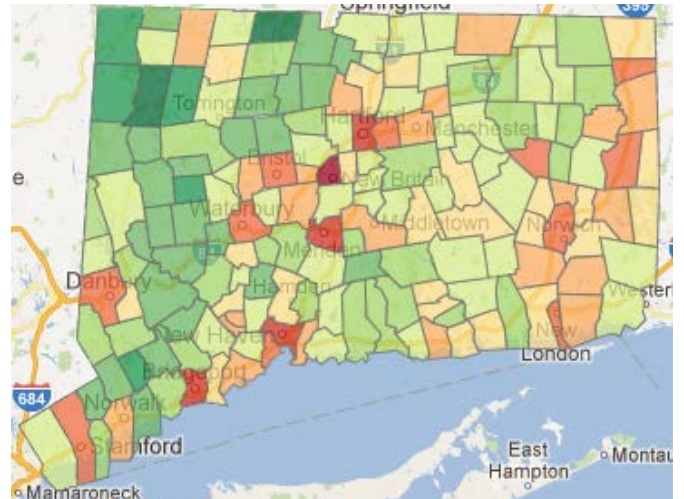
Accidents and Violence

Accidents (unintentional injuries) (AAMR)
All injuries (AAMR)
Homicide & Legal Intervention (YPLL)
Homicide &legal intervention (AAMR)
YPLL: accidents
YPLL: injuries

Healthcare Access

Ambulatory care sensitive hospitalizations
Births Not Receiving Prental Care in the First Trimester
Births w/ Non-adequate Prenatal Care (APNCU Index)
Emergency department visits
Outpatient visits
Percent of hospitalizations that are without insurance
Primary care sensitive ED visits*

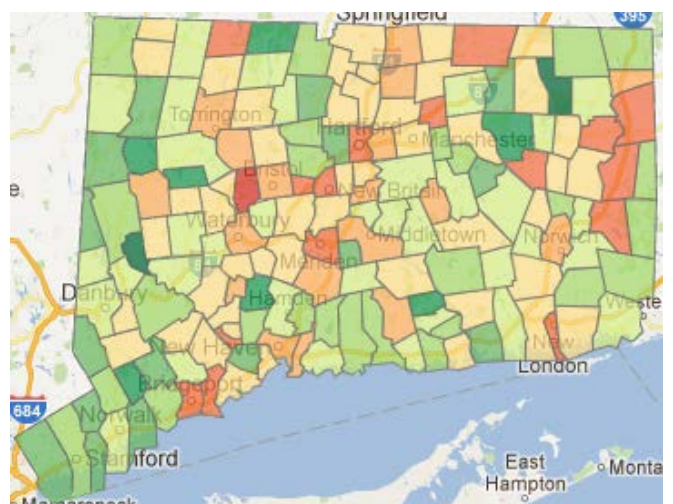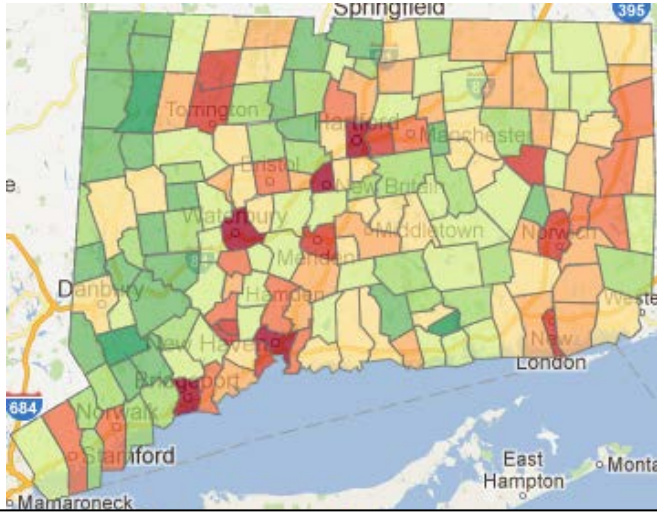| Low			Average				High		
1	2	3	4	5	6	7	8	9	10
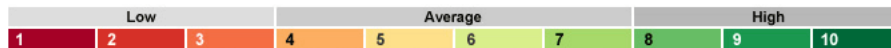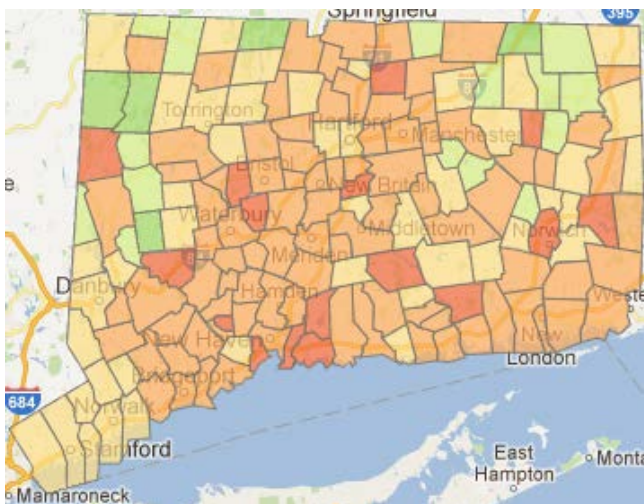
Cancer

Cancer AAMR, YPLL & incidence rate for:
- Overall, Cervical/Uterine/Ovarian, Colorectal, Breast, Lung, Non-Hodgkins Lymphoma, Pancreatic, Prostate, Skin

Cardiovascular Disease

Major cardiovascular diseases (AAMR)
YPLL: cardiovascular

Childhood Illness

Asthma-related ED visits, age 0-18
Asthma-related hospitalizations, age 0-18
Elevated lead levels as a % of children age 0-5, 2004-10

Childhood asthma is not only a health outcome, but also an indicator of possible future health problems. Asthma rates are directly correlated with poor environmental conditions caused by pollution levels, housing stock quality, and poverty levels.
Childhood lead poisoning can lead to a life-time of cognitive and health problems. Older housing stocks may still contain substantial levels of lead paint which can be both ingested by children and inhaled. Older housing stock may also be using lead pipes, which introduces another vector for lead ingestion. Neighborhoods can also have high levels of lead in the environment from a variety of sources.

Diabetes
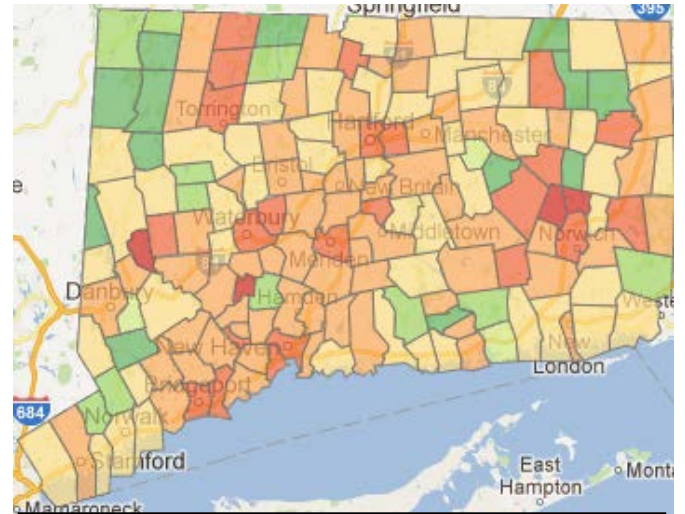
Diabetes mellitus: AAMR & YPLL

Low			Average				High		
1	2	3	4	5	6	7	8	9	10
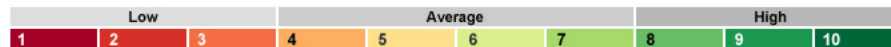
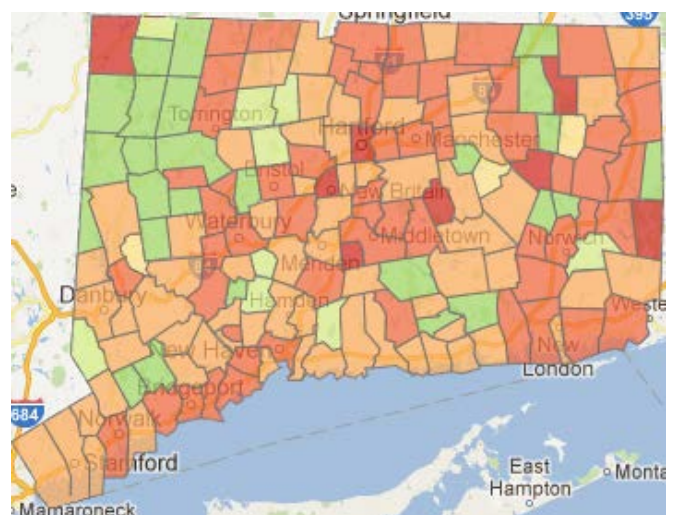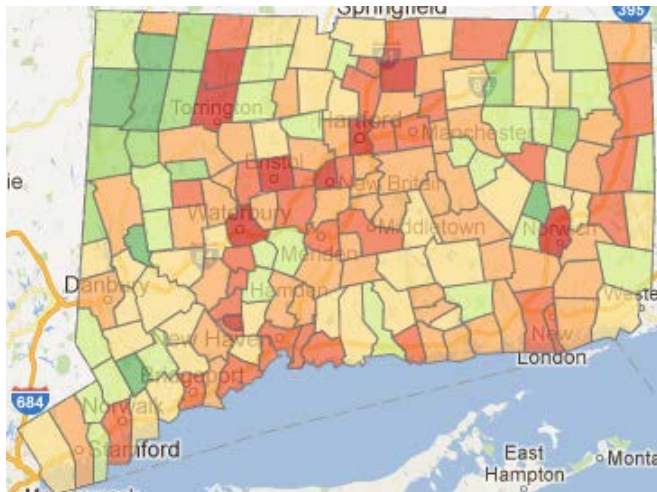## Infectious Disease
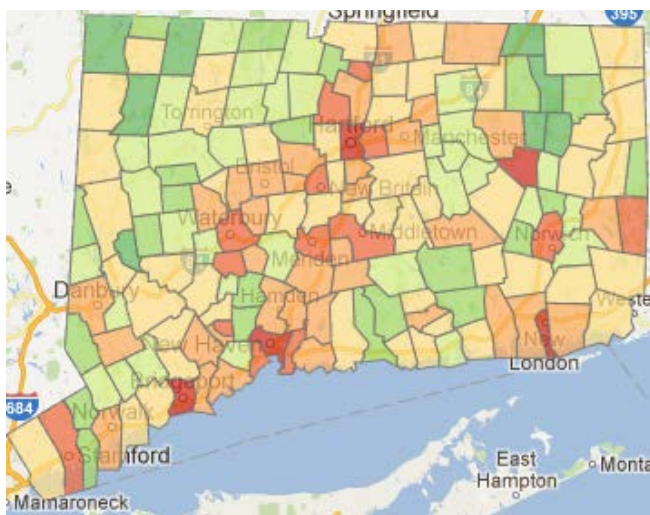
Chlamydia/Gonorrhea rate per 1000 residents
Hepatitis C rate per 1000 residents
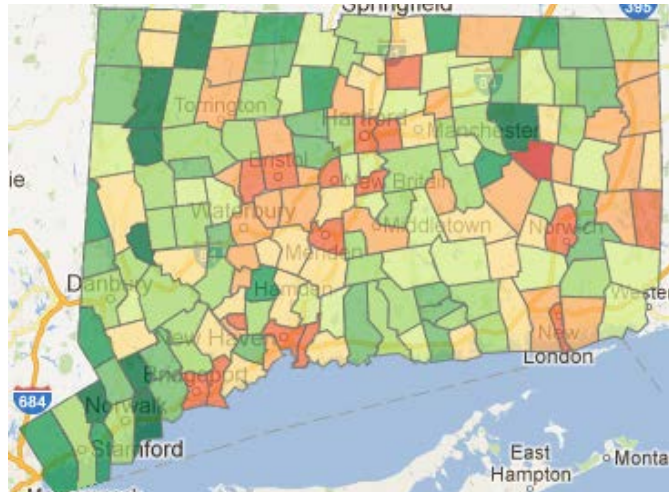Infectious and parasitic diseases: AAMR & YPLL

Liver Disease

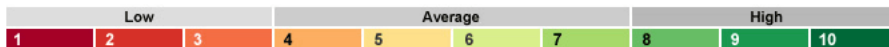Chronic liver disease and cirrhosis: AAMR & YPLL

Mental Health

Alcohol-induced deaths (AAMR)
Alcohol-induced deaths (YPLL)
Drug-induced deaths (AAMR)
Drug-induced deaths (YPLL)
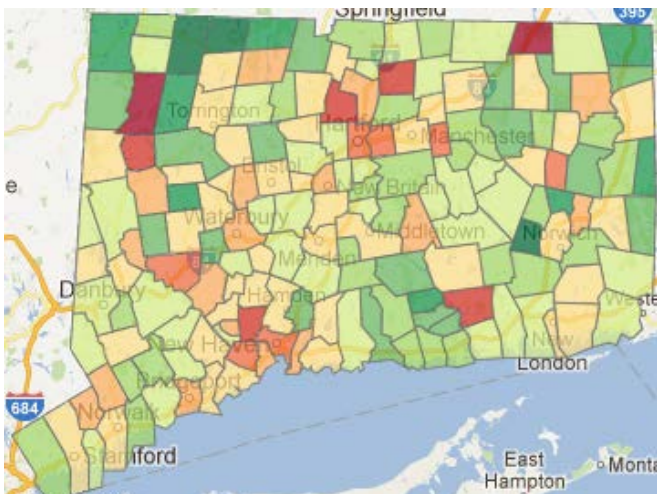Mental health ED treatments
Mental health hospitalizations

Life Expectancy

All causes of death listed on the death certificate are included: AAMR & YPLL

	Low			Average				High		
1	2	3	4	5	6	7	8	9	10	

Perinatal Care

Low and Very Low Birthweight Babies

Low birthweight is a major cause of infant mortality and long-term health problems, and decreasing birthweights less than 2,500 grams are associated with increasing risk of death within the first year of life. In addition to increased risk of mortality, low and very low birthweight are associated with increased risk of disability, such as mental retardation, cerebral palsy, and vision and hearing disabilities. Among the risk factors for low birthweight babies are low socioeconomic status, low level of education, nonwhite race, poor nutritional status, use of alcohol and drugs, environment and inadequate prenatal care.

Renal Disease
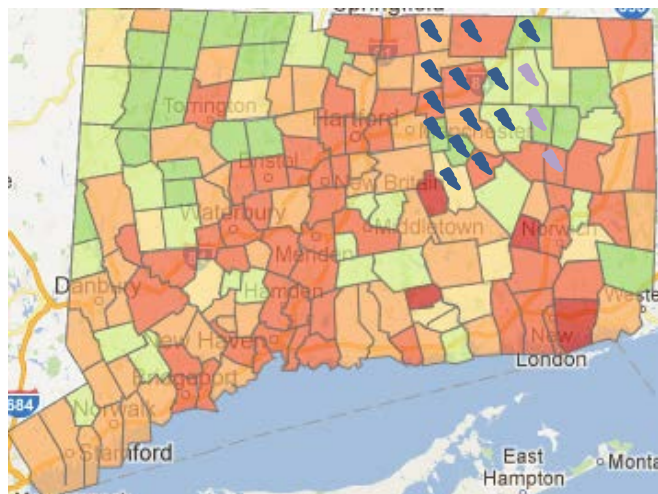
Nephritis, nephrotic syndrome, nephrosis: AAMR & YPLL

Respiratory Illness

Chronic Lower Respiratory Diseases: AAMR & YPLL

	Low			Average			High		
1	2	3	4	5	6	7	8	9	10
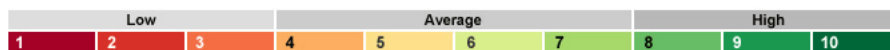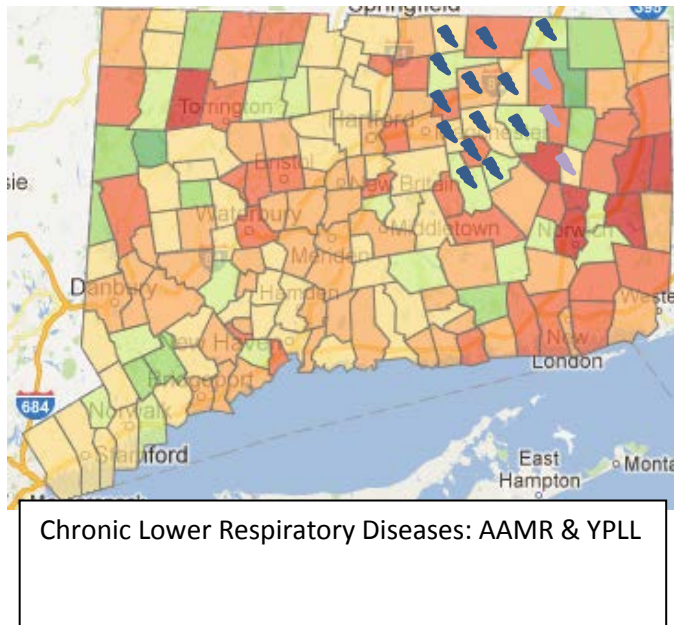
Age-adjusted Mortality Rates (AAMR) are the death rates that would occur if the observed age-specific death rates were present in a population with an age distribution equal to a standard population. Values higher than a predetermined average (national, state, county) indicate that, after accounting for differences in age, a predetermined area's (city, zip code, neighborhood) mortality rate is higher than the average.

Mortality rates tend to emphasize common causes of death in the elderly. This is because the risk of death increases with age. Years of Potential Life Lost (YPLL) measures the incidence of premature death. It is therefore a better measure of preventable disease and death from the perspective of public health policy, which should be focused on prevention.

* Primary care sensitive emergency department visits measure the percentage of all ED visits that are categorized as a) non-emergent; b) emergent, primary care treatable; c) emergent- ED needed, preventable/ avoidable. These classifications are based on the New York University Center for Health and Public Services Research Emergency Department Classification Algorithm

*ACS hospitalization is often used as a proxy measure to gauge the accessibility and adequacy of primary care services for population sub-groups and geographic areas. Although chronic conditions may not in themselves be prevented, they can be managed through periodic check-ups and proper use of medications or medical devices. However, problems gaining access to primary care or failure to understand the management of a chronic condition may lead to hospitalization.

*The rate of emergency department visits is used a proxy measure for a lack of access to health insurance and primary care services.

*Although the rate of outpatient visits is an imperfect indicator of access to care, major barriers to health care access (e.g., lack of health insurance) are usually reflected in lower rates of outpatient physician visits
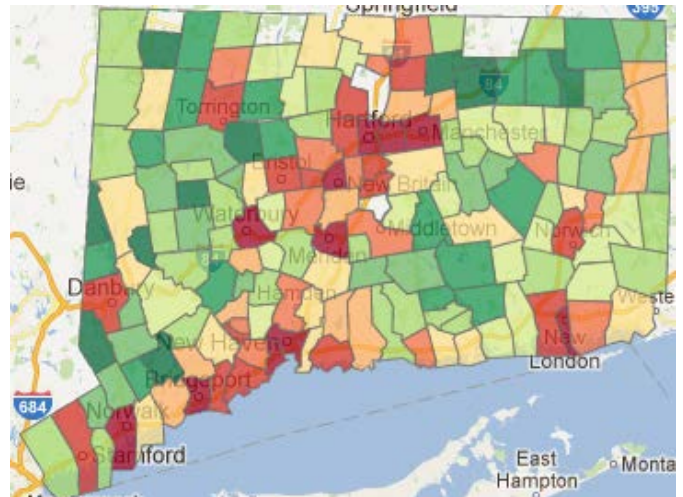
SOCIAL DETERMINANTS

From the Health Equity Index   http://index. healthequityalliance.us/
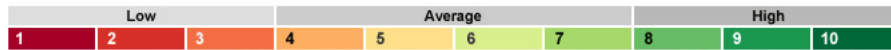
Civic Involvement
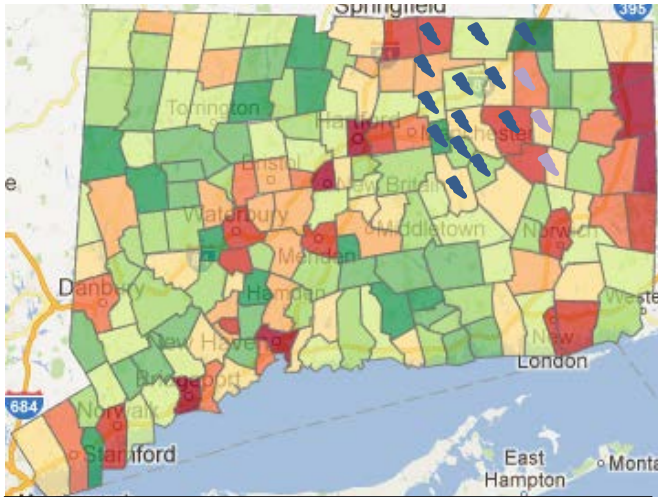
| % of adult population registered to vote
% of registered voters that voted in general elections
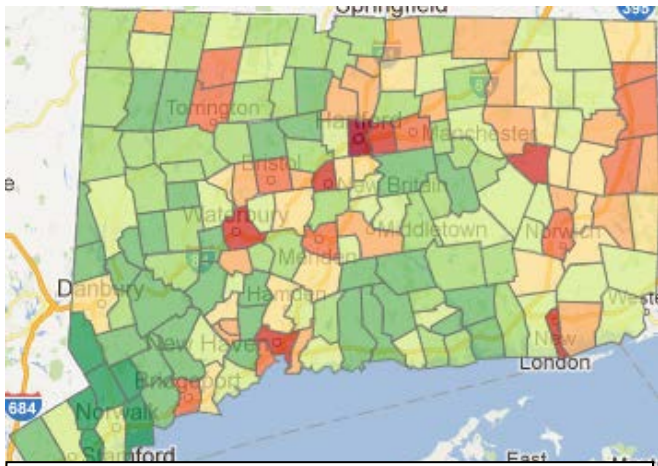% of registered voters that voted in municipal elections |

Community Safety

Crimes against persons per 1000 local residents Crimes against property per 1000 local residents

| Low			Average				High		
1	2	3	4	5	6	7	8	9	10

Economic Security

Assessed residential property values
Average dollar value of home purchase mortgages
Foreclosure needs score
Home purchase mortgages approved per 1000 local residents
Home purchase mortgages initiated per 1000 local residents
Median household income
Median value for owner occupied housing
Percent of home purchase mortgages that are approved
Percentage of births to mothers under 20
Percentage of children age 18 and under living in poverty
Percentage of households with income below the poverty line
Percentage of population living in poverty
Sales price of existing homes
Temporary Family Assistance recipients per 1000 residents

Education
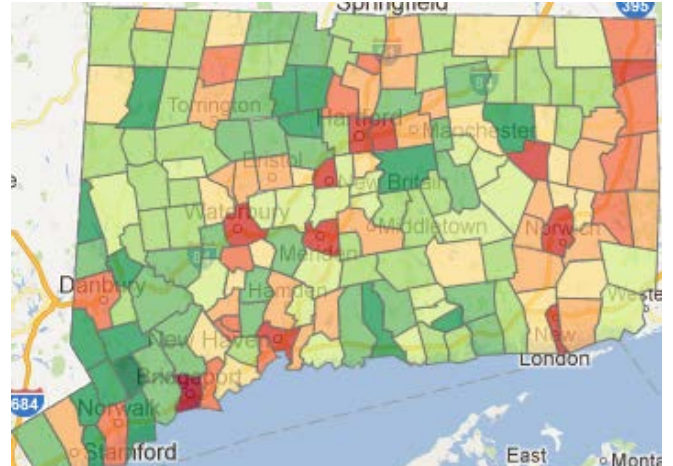
10th, 6th, & 8th grade Connecticut Mastery Test achievement rates
Average SAT composite, verbal, & math scores
Cumulative four-year drop out rate & High school graduation rate
# of years since last major renovation: elementary , high, middle schools
% of 4th grade students meeting Connecticut Mastery Test goals
%of adults with at least a BS degree & < 9th grade education
%of continuing elementary school students who attended the same school last year
%of elementary school students eligible for meal programs
%of high school graduates attending college
%of high school students enrolled in special education
%of kindergarten students with pre-kindergarten educational experience

Employment
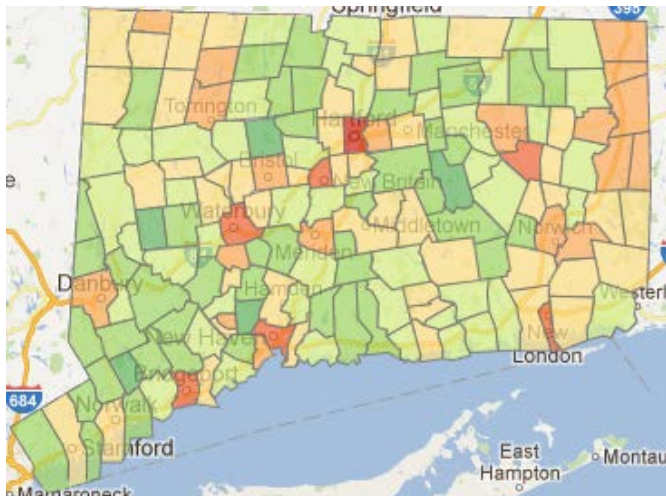
Businesses with 50+ employees per 1000 local residents
Food service workers & professional positions as a % of total emp
Full-time employment rate as a percentage of males 16 and older
Health service providers as a percentage of total employment
Job growth: 10 year average & 5 year average
Labor force participation as a percentage of males 16 and older
Maintenance workers & Management as a % of total employment
Percent of retail establishments with a revenue of $500K+
Unemployment rate as a percent of the civilian labor force
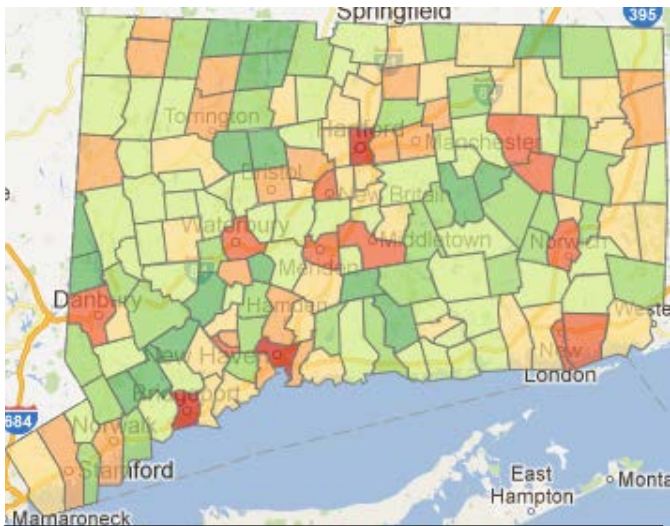
Environmental Quality
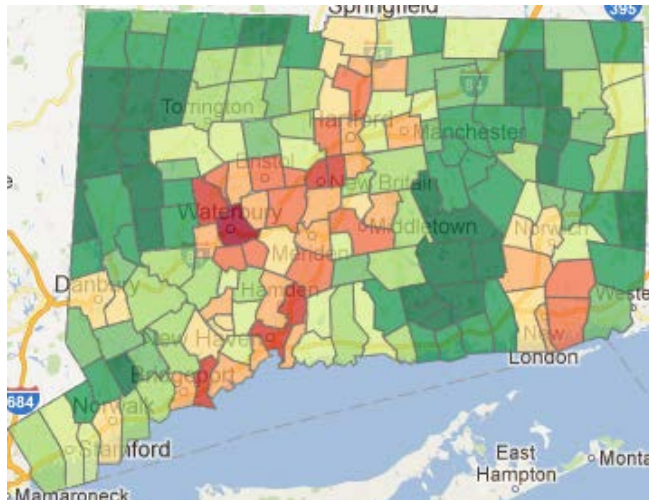
Federal Toxic Release Inventory (TRI):
- number of facilities reporting
- total air emissions in pounds
- total water discharge in pounds
- waste stream in pounds

Low			Average			High		
1	2	3	4	5	6	7	8	9	10
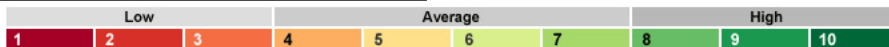
Housing

Crowded housing as a percent of total households
Median gross rent as percent of household income
Number of subsidized housing units per 1000 local residents
Owner-occupied housing as a percentage of total housing units
Percent of households paying over 30% of income for mortgages
Percent of households paying > 30% of income for rent
Percent of households that have moved in the last 5 yrs.
Rental vacancy rates as a percentage of rental units

**The lack of housing that the lowest income households can afford contributes to housing instability resulting in frequent moves and, for some families, periods of homelessness. Low-income families have higher rates of residential mobility than do middle- and upper-income families, and moves by low-income families are less likely to be for positive reasons than are moves by more prosperous families.