Adolescent Health In Connecticut

RBA Project 2011

Staff Findings Part I:
Population Level Results
December 20, 2011

Legislative Program Review & Investigations Committee

Today's Presentation

- Population level results: comparisons and trends
  - Key indicators
  - National assessments
  - Other state assessments
  - Critical elements
- Staff findings
  - Coordination and leadership
  - Access and utilization
  - Data for planning and accountability
- Next steps

RBA Framework

Quality of Life Results Statement:

"Connecticut adolescents have the health care services, supports, knowledge, and skills that promote optimal physical and mental well-being and success in life."

Key Indicators of Progress			
Mortality	Morbidity	Risk Factors	Protective Factors
1.Teen Fatality Rate	*2. Obesity*	*5. Binge Drinking*	*9. Insurance Coverage*
	3. Depression	*6. Drug Use*	
	4. Untreated Cavities	*7. Tobacco Use*	
		8. Sexual Activity	

How Are We Doing: Key Indicators

- On nearly all key indicators, Connecticut compares well with national data
  - Teen fatality and birth rates among lowest in country
  - Overweight/obese adolescent rate below U.S. average
  - Rates of adolescent depression, risk behaviors (binge drinking, illicit drug and tobacco use) about same as national averages
  - Smaller portion of adolescents uninsured than U.S. overall
  - Comparative data for dental health too limited to assess

How Are We Doing: State Rankings

- Connecticut also ranks among top states in national ratings of child and adolescent health
  - **6th best** on KIDS COUNT 2011 overall child well-being
  - **9th best** on Commonwealth Fund State Child Health System Scorecard 2011
  - **Better than U.S. overall on 9 NSCH 2007 key indicators** of child health
  - **Majority of NCCP 2011 state policies and practices** (associated with improved adolescent health service access and quality) **in place**

How are We Doing: Trends

- Steady progress on some indicators
  - Teen birth rates, cigarette smoking have been dropping
  - Portion uninsured declined significantly over past decade
- Improvement stalled on others
  - Little recent change in rates of depression, binge drinking, illicit drug use, overweight/obesity
  - Teen fatality rate increased
- Also substantial variation by race/ethnicity
  - Outcomes on most indicators generally worse for minority groups than Whites

Story Behind the Data

- Effective adolescent health: critical elements
  - Accessibility
    - Convenient, affordable, confidential
  - Coordination
    - Interdisciplinary, linked (strategic planning)
  - Quality
    - Fulfills needs (physical, behavioral, development), appropriate, scientifically supported (sound data)

Story Behind the Data

- Good health results for the state's most at-risk children and youth depend on:
  - High enrollment in HUSKY A and B programs (Connecticut's Medicaid and CHIP programs for low-income/uninsured children birth through age 18)
  - High participation in Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) services

- Like other states, Connecticut has problems retaining HUSKY coverage for adolescents and ensuring teens use available primary and preventive care

Story Behind the Data

- Recent analyses of HUSKY program data show problems with access to and use of primary and preventive care for Connecticut adolescents
  - Adolescents have shorter HUSKY enrollment periods, less likely to be continuously enrolled, and cases where mistakenly disenrolled
  - Very low EPSDT participation rates among older teens (30-40%) unchanged since 2000
  - Based on 2008 data, up to 25% of emergency department care provided to HUSKY teens for conditions that could have been prevented or treated in primary care office or clinic (such as an SBHC)
  - Highest used inpatient services by HUSKY members ages 13-20 are for pregnancy/childbirth complications and behavioral health diagnoses

Story Behind the Data

- Previous state system assessments found problems regarding access, other critical elements
  - **State Adolescent Health Strategic Plan (2005)**:
    - Overall, adolescents do well compared to nation
    - Trends improving
    - But significant racial, ethnic, age, and gender disparities
    - Many challenges to effective coordination
  - **State Adolescent Health Council (1994 report)**:
    - Barriers related to cost/insurance coverage, convenience, and coordination impede access to timely care
    - No locus for oversight, planning, and advocacy
    - Key indicators lag 3-4 years; some critical data unavailable

Staff Findings: Population Results

- Similar system deficiencies persist today
  - Statewide coordination and leadership
    - No strong coordinating mechanism
    - Up-to-date strategic plan, overarching policies lacking
  - Access and utilization
    - Eligible children still uninsured; HUSKY retention issues
    - Low EPSDT participation; significant disparities in health status
  - Adequate data
    - Numerous shortcomings in quality and availability
    - No systematic tracking of results

Next Steps

- Staff Report Part II upcoming
  - Present to PRI in February 2012
  - Contain additional staff findings/proposed recommendations
    - Systemwide improvements
    - School-Based Health Centers report card
    - Teen reproductive health services report card
    - Data development and research agenda

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