

Executive Summary

Background

The Connecticut Health Care Survey provides a rich source of self-reported data on the health and health care of Connecticut residents, including health insurance coverage, access and sources of care, continuity of care, health status, and patient-provider experience. The state-level data are intended to be used to inform Connecticut agencies striving to improve the health of Connecticut residents. Six health care foundations in the State of Connecticut sponsored the survey: the Aetna Foundation; Connecticut Health Foundation; the Patrick and Catherine Weldon Donaghue Medical Research Foundation; the Foundation for Community Health; the Universal Health Care Foundation of Connecticut, Inc.; and the Children's Fund of Connecticut. The study was conducted by the Office of Survey Research at the University of Massachusetts Medical School.

This Executive Summary provides a brief overview of the methodology and highlights the key findings.

Methods

The statewide survey was conducted between June 2012 and February 2013 to gather data from Connecticut residents about themselves and about the children within their household. The average interview length was 20 minutes. A total of 5,447 surveys were completed — 4,608 regarding adults and 839 regarding children. A random-digit-dial (RDD) telephone interview strategy was employed that drew participants from a sample of Connecticut landline and cell phone numbers. The sample was stratified by geographic location to ensure the Connecticut population was accurately represented in the final survey results. Oversampling of geographic strata, such as urban centers, was employed to ensure sufficient sample sizes for hard to reach groups, including residents of Hispanic or Latino origin. The survey responses were weighted to account for unequal probabilities of selection during sampling and for survey non-response. Survey estimates for race/ethnicity and geographic area were age-adjusted to allow for comparisons across these subgroups¹.

Key Findings

An overview of select findings is provided below based on the adult and child data.

Demographic Characteristics²

- The adult population is primarily White, non-Hispanic (74%); 12% are Hispanic/Latino, 9% Black, non-Hispanic, and 4% Asian, non-Hispanic.³
- The ethnic population skews younger while Whites skew older. 27% of adults are in the 18-34 age group compared to 22% Whites, 46% Hispanics/Latinos, 35% Blacks, and 39% Asians.
- Approximately half the state residents (48%) live in ethnically diverse areas (Urban Centers, Manufacturing Centers or Diverse Suburbs).



Adult Findings

Health Status

- While 87% of adults report their health status to be good/very good/excellent, 13% report their health to be fair or poor, which is similar to national estimates⁴. Fair/poor health status ratings are more predominant among Hispanic/Latino (26%) and Black (24%) groups than they are among Whites (10%).
- 45% of adults report having been told by a health professional that they have diabetes, hypertension, asthma, heart disease and/or cancer. The incidence increases with age, with approximately 28% reporting they have been told they have these conditions among ages 18-44, 48% among ages 45-64 and 77% among ages 65 and older.
- Obesity estimates, based on self-reported height and weight, indicate 23% of adults are obese compared to a national average of 29%⁵. Consistent with racial differences in health status, obesity estimates also differ by race — 39% among Hispanics/Latinos and 35% among Blacks compared to 20% among Whites.

Health Care Coverage and Access to Care

- 91% of adults reported having health insurance. The percent insured was higher among adults 65+ (98%) compared to ages 18-64 (89%); also higher among Whites (94%) compared to Hispanics/Latinos (75%) or Blacks (84%).
- With regard to access to care, 11% of adults experienced a time in the prior year when they could not get the care they needed. The percentage was lower for ages 65+ (5%) compared to ages 35-44 (16%).
- 28% of adults reported postponing needed medical care in the prior year. The percentage was lower for ages 65+ (11%) compared to ages 45-64 (30%), 35-44 (38%) and 18-34 (29%).
- Among adults who didn't receive the care they needed and/or postponed needed medical care within the prior year, worrying about the cost was the predominant reason for their unmet medical needs (59%).
- 15% of adults reported cost as a barrier to obtaining needed prescription medication in the prior year. The percentage was lower for ages 65+ (7%) compared to ages 45-64 (18%), 35-44 (21%) and 18-34 (14%). The percentage was also lower for Whites (13%) compared to Hispanics/Latinos (26%) and Blacks (25%).

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- 71% of adults reported a preventive dental visit in the prior year. The percentage was lower for Hispanics/Latinos (57%) compared to non-Hispanic Whites (74%).

Patient Experience with Usual Source of Care

- 86% of adults reported having a usual place to go for medical care, which is comparable to the national average of 84%⁶. The percentage was lower among the younger age groups when compared to the older age groups — ages 18-34 (75%) and ages 35-44 (83%) compared to ages 45-64 (93%) and ages 65+ (94%). The percentage was also lower for Hispanics/Latinos (76%) compared to Whites (87%).
- Among adults with a usual source of care, 18% identified a clinic or health center as their usual place to go for medical care, which is just shy of the national rate of 21%⁷. The percentage was higher for ages 18-34 (28%) compared to ages 45-54 (15%) and ages 65+ (9%). The percentage was also higher for Hispanics/Latinos (46%) and Blacks (34%) compared to Whites (13%).
- Among adults with a usual source of care, 86% reported always seeing the same provider. The percentage was lower among younger adults when compared to older adults — 76% among ages 18-34 and 80% among ages 35-44 compared to 92% and 95% among ages 44-64 and ages 65+, respectively.

Patient-Provider Experience (Among Adults with a Usual Source of Care)

- 76% reported that their provider always spent enough time with them in the prior year. The percentage was lower for ages 18-34 (68%) compared to ages 65+ (80%).
- 70% reported that their provider completely took into consideration their values, beliefs and traditions when recommending treatments.

- Patient-Centered Medical Home (PCMH) related questions were also asked of adult respondents regarding self-management of their personal health. 57% reported talking about specific health goals with someone at their usual source of care, while 28% reported talking about things that make it hard to take care of their health⁸.
- Among those who had seen a specialist in the prior year, 57% reported that their provider always seemed informed and up-to-date about the care they received from specialists. The percentage was higher among ages 65+ (76%) compared to ages 45-64 (61%).
- Among those who had taken any prescription medication in the prior year, 79% reported that someone at their provider's office talked to them at each visit about all the prescription medicines they were taking.

Child Findings

The child findings are reported below at the state level and differences by subgroups such as those defined by race/ethnicity or age are not called out due to low sample sizes at the subgroup level.

Health Status

- 34% of parents reported that their children were either overweight or obese, similar to 2012 national rates.⁹
- 13% of children were reported to have asthma, compared to the national reported average of 9.3%.¹⁰

Health Care Coverage and Access to Care

- 98.5% of children were estimated as having health insurance.
- Unmet needs among children appear lower than those observed among adults. For 6% of children, needed medical care had to be postponed in the prior year.
- For 5% of children, cost was a barrier to obtaining needed prescription medication in the prior year.
- Among children aged 3-17 years, 93% had a preventive dental visit in the prior year.

Patient Experience with Usual Source of Care

- 98% of children had a usual place to go for medical care.
- 89% of children had at least one doctor's visit in the prior year.



- 81% always got the appointment when needed (among children with appointments for non-urgent care in the prior year).
- Among children with a usual source of care, 16% have a clinic or health center as their usual source of care.
- Among children with a usual source of care, 78% usually see the same provider.

Patient-Provider Experience (Among Children with a Usual Source of Care)

- 87% reported that the provider's office gave information about what to do if the child needed care during evenings, weekends or holidays.
- 75% reported that their provider always spent enough time with the child in the prior year.
- Among children who had taken any prescription medication in the prior year, 76% reported that someone in the provider's office talked to them at each visit about all the prescription medicines the child was taking.
- A series of counseling-related experiences was also assessed, including whether a provider talked about how much and the kind of food child eats (80%), things to do to keep child from getting injured (71%), the kind of exercise child gets (66%), specific goals for child's health (52%), and how much time child spends on a computer or in front of a TV (52%).

Conclusion

This summary provides a high-level overview of key findings from the Connecticut Health Care Survey. There are also a variety of subpopulations that can be further examined, not only age and ethnicity groups but also those defined in terms of health status and access to care, such as those with and without chronic conditions, usual source of care, patient-centered usual source of care, etc. The richness of the data source will no doubt be tapped further to glean information on many topics, including health care coverage, access and sources of care, continuity of care, health status, and patient-provider experience.

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¹ With the exception of demographic and child data reported herein, age distributions for race/ethnicity and geographic area subgroups were adjusted to match the 2000 U.S. Census national population. Age-adjusted estimates are not actual estimates of the respective subpopulation.

² Due to post-stratification procedures, sample characteristics reflect population estimates of the U.S. Census and American Community Survey for key demographics including race/ethnicity, age, and geographic area.

³ For ease of reading, throughout the remainder of this report, the term "non-Hispanic" is not added when referring to Whites, Blacks and Asians.

⁴ Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2012. http://www.cdc.gov/nchs/data/series/sr_10/sr10_260.pdf

⁵ Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-March, 2013, http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease_201309.pdf

⁶ Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2012. http://www.cdc.gov/nchs/data/series/sr_10/sr10_260.pdf

⁷ Imprecise estimates due to low base sizes for racial/ethnic groups, so no racial comparisons are offered.

⁸ PCMH survey items are taken from the CAHPS Clinician & Group Surveys developed by the Agency for Healthcare and Research Quality (AHRQ). Both items are included in NCQA's PCMH self-management support measure.

⁹ Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011-2012. *Journal of the American Medical Association* 2014;311(8):806-814.

¹⁰ Summary Health Statistics for U.S. Children: National Health Interview Survey, 2012. http://www.cdc.gov/nchs/data/series/sr_10/sr10_258.pdf