DataHaven
2023

Healthcare Packet

Topics covered:

1. Healthcare access and trust
2. Opioid Crisis
3. Discrimination in healthcare; barriers to healthcare
4. Rural healthcare
5. LGBTQ+ healthcare
6. Maternal care

Important vocabulary:

- ➔ Healthcare professional
- ➔ Opioid
- ➔ Asset
- ➔ Maternal
- ➔ LGBTQ+

Grade level(s):

- ➔ 9-10
- ➔ 11-12

Description of activities:

- ➔ Reading on the opioid crisis in Connecticut
  - ◆ 9-10 grade reading level
  - ◆ 11-12 grade reading level
- ➔ Opioid Crisis PSA
- ➔ Health Outcomes and Challenges Stations
- ➔ LBGTQ+ Healthcare Graphic Creation
- ➔ Practice using Evidence Exercises/Letter Writing (Maternal Deaths & Missing Healthcare)
- ➔ Data Analysis Question/Conclusion Practice

Authored by:
Sarah Wiederecht
Social Studies Teacher
sarah.wiederecht@gmail.com

With support from:
Dylan Bober
Victor Cazabal
Emilie Waters

2023

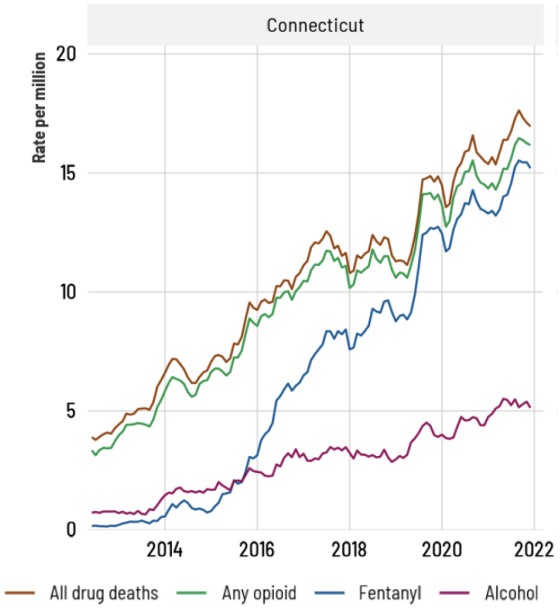
Readings

The Opioid Crisis in Connecticut
(Level III Reading)

The *opioid crisis* refers to the widespread misuse and addiction to opioid drugs. Opioids are powerful pain-relieving medications that can be prescribed by doctors to help people manage severe pain. However, some people may misuse or become dependent on these medications, leading to addiction and harmful effects on their health. They may also use opioids that are not from doctors, like heroin. Some opioids, like fentanyl, are found both in the healthcare system and in substances people can buy through dealers. There are many ways to access opioids, either on purpose or accidentally. This can further lead to barriers in helping people who struggle with addiction or who overdose.

The opioid crisis can have devastating effects on people and their communities. Addiction to opioids can cause physical and mental health problems, strained relationships, financial difficulties, and legal troubles. It can also lead to overdose and, in some cases, even death. Communities experience the ripple effects of the crisis, including increased healthcare costs, strained resources, and social challenges. Trauma and anxiety in communities hit by the opioid crisis puts them even more at risk of using and becoming addicted to the substances. While efforts such as Narcan (which reverses overdoses from opioids) distribution, community outreach and education, methadone (a medication used to treat Opioid Use Disorder) clinics, and more regulation on prescribed opioids have helped, the crisis still soars in Connecticut.

For those already struggling with opioid addiction, access to effective treatment and support is vital. Treatment options include medication-assisted treatment, counseling, and support groups. Recovery is a journey that requires patience, understanding, and ongoing support from healthcare professionals, friends, and family members. Compassion is essential in addressing the opioid crisis. It's important to remember that people struggling with opioid addiction are facing a complicated challenge. They need support, understanding, and access to appropriate healthcare services. By treating them with empathy, respect, and without judgment, the stigma can be reduced and people will be encouraged to seek help and recovery.



Education plays a crucial role in preventing opioid misuse and addiction. By learning about the risks and potential consequences of opioid use, people can make informed decisions about their health. Prevention programs and initiatives can raise awareness about the dangers of opioids and provide resources for early intervention in communities. In Connecticut, the rate of overdose induced deaths is increasing. There is a clear need for more work to be done.

DataHaven, 2023

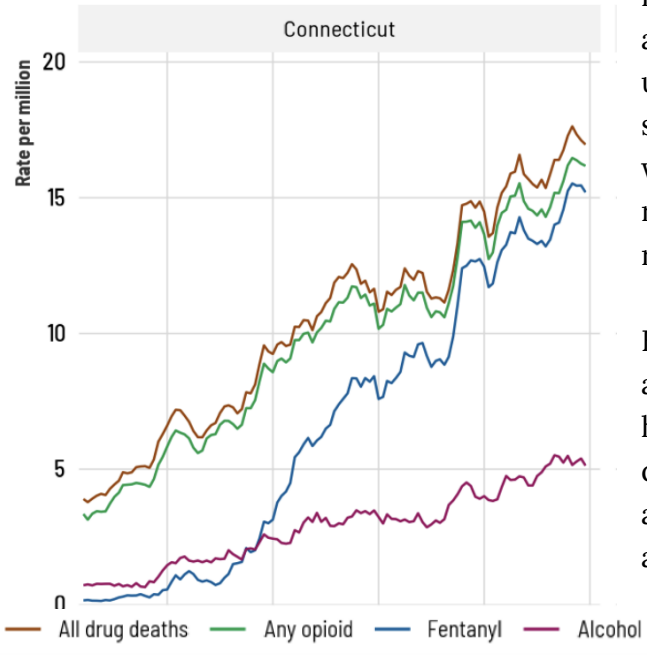
The Opioid Crisis in Connecticut

(Level II Reading)

The *opioid crisis* is the terms used for the abuse of and addiction to opioid drugs. Opioids are powerful pain-relieving medications that can be prescribed by doctors to help people manage bad pain. However, some people may not use them correctly or become dependent on these medications, leading to addiction and harmful effects on their health. They may also use opioids that are not from doctors, like heroin. Some opioids, like fentanyl, are found both in the healthcare system and in substances people can buy through dealers. There are many ways to access opioids, either on purpose or accidentally. This can further lead to barriers in helping people who struggle with addiction or who overdose.

The opioid crisis can have devastating effects on people and their communities. Addiction to opioids can cause physical and mental health problems, damage relationships, money problems, and getting in trouble with law enforcement. It can also lead to overdose and, in some cases, death. Communities are hurt as well, including increased healthcare costs, not having enough resources, and trouble taking care of its community members. Trauma and anxiety in communities hit by the opioid crisis puts them even more at risk of using and becoming addicted to the substances. While efforts such as Narcan (which reverses overdoses from opioids) being made available, community outreach and education, methadone (a medication used to treat Opioid Use Disorder) centers, and more rules for prescribed opioids have helped, the crisis still gets worse in Connecticut.

For those already struggling with opioid addiction, access to treatment and support is very important. Treatment options include medication-assisted treatment, counseling, and support groups. Recovery is a journey that requires patience, understanding, and ongoing support from healthcare professionals, friends, and family members. Compassion is essential in trying to end the opioid crisis. It's important to remember that people struggling with opioid addiction are facing a very hard challenge. They need support, understanding, and access to appropriate healthcare services. By treating them with empathy, respect, and without judgment, the stigma, or risk of shame, can be reduced and people will be encouraged to seek help and recovery.



Education plays a huge role in preventing opioid abuse and addiction. By learning about the risks and what can happen because of opioid use, people can make educated decisions about their health. Prevention programs and actions can raise awareness about the dangers of opioids and provide resources for early intervention in communities. This would allow communities to stop opioid addiction before it can even start. In Connecticut, the rate of overdose induced deaths is increasing. There is a clear need for more work to be done to help communities in Connecticut.

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Opioid Crisis PSA

Directions: After learning about the ongoing opioid crisis in Connecticut, your task is to create a public service announcement (PSA) to educate others. A PSA is a message for the public about a certain issue with the goal of raising awareness.

In order for a PSA to be effective, the message must be clear, simple, and accessible. Use the facts that you have learned and think about how you can convey them in an understandable way to the public to ignite understanding and change.

This PSA can be either a poster or a video. For inspiration, google examples of PSA posters or videos on social issue topics (drunk driving, drug abuse, domestic violence, gun violence, eating disorders, social media safety, etc. These topics may be triggering, so please take care while searching).

Make sure your teacher approves your proposal before you begin working. Use the rubric as you work to ensure you meet the requirements. You may work with a partner.

Proposal:

We will do a (circle one): Poster Video

We will be using information on (addiction rates, what recovery resources are available, etc):

An outline of the key information in our poster or video:

Reflection: After you have completed the PSA, answer the following prompts in a well-worded, completed paragraph in the space below. Write 5-10 sentences, using specific examples from the PSA's.

1. How can PSAs help us combat the opioid crisis? Why are these important to make and share?
2. What was difficult about creating your PSA?
3. After viewing your PSA and your classmates', describe what makes an effective PSA. What elements, data, and information is important to include?

Rubric

Content	PSA does not include any content from the readings or other research. **0-10**	PSA includes minimal content from the readings or other research. **15**	PSA includes some content from the readings or other research, but is unclear or unfinished. **20**	PSA includes enough content from readings or other research for viewers to understand the crisis. **25**
Accuracy	PSA does not include accurate information on the opioid crisis or related information. **0-10**	PSA includes content with many errors or inaccuracies. **15**	PSA includes content with few errors or inaccuracies. **20**	PSA includes content that is accurate based on the given information. **25**
Uses Time Wisely	Student(s) did not use class time wisely and did not turn in the PSA by the assigned due date. **0-10**	Student(s) did not use class time wisely or did not turn in the PSA by the due date. **15**	Student(s) were off task at times, but handed in the PSA on time. **20**	Student(s) were on task and completed the PSA on time. **25**
Creativity	PSA does not include creative content or effort, student(s) do not put effort in making the PSA appealing or unique. **0-10**	PSA shows some creativity but is not made appealing or unique. **15**	PSA shows some creativity and is somewhat appealing or unique. **20**	PSA is creative and is appealing to look at while also being unique and original. **25**

Total Points for PSA: /100

Total Points for Reflection: /50

Health Outcome Stations

Directions: Using the excerpts and data sets from *Towards Health Equity in Connecticut: The Role of Social Inequality and the Impact of COVID-19 (June 2020)*, answer the guided questions on the answer sheet.

Group member names:

Station 1: Smoking Rates

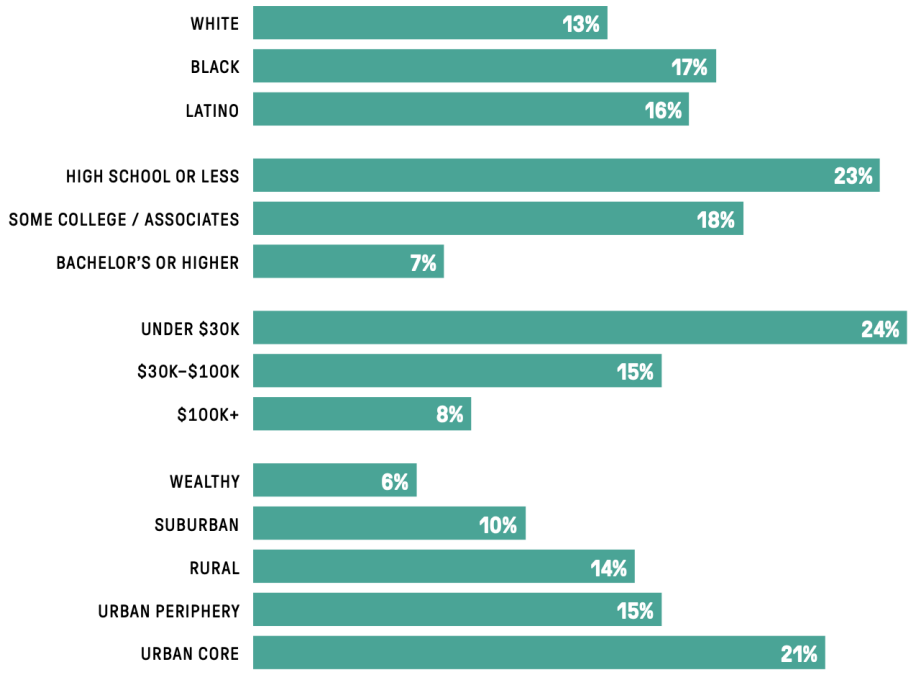
Cigarette smoking is highly correlated with lower socioeconomic status and has numerous negative and potentially deadly health consequences, including cancer. Fourteen percent of adults in Connecticut smoke cigarettes, but adults who are low-income or lack a high school diploma have smoking rates three times higher than richer, more educated adults. Smoking rates are also elevated among Latino and Black adults compared to White adults.

The emergence of e-cigarette usage, or vaping, is also a rising concern, with many users across the country recently hospitalized with serious respiratory complications, although the long-term health effects of vaping remain to be seen. Statewide, 19 percent of adults had tried e-cigarettes as of 2018, and 8 percent used them at least once in the past month. Vaping is more common among younger adults—36 percent of adults ages 18 to 34 had tried e-cigarettes, and 18 percent were regular users.

FIG 8

Smoking rates are elevated among adults with low income and low educational attainment

SHARE OF ADULTS WHO CURRENTLY SMOKE, CONNECTICUT, 2018

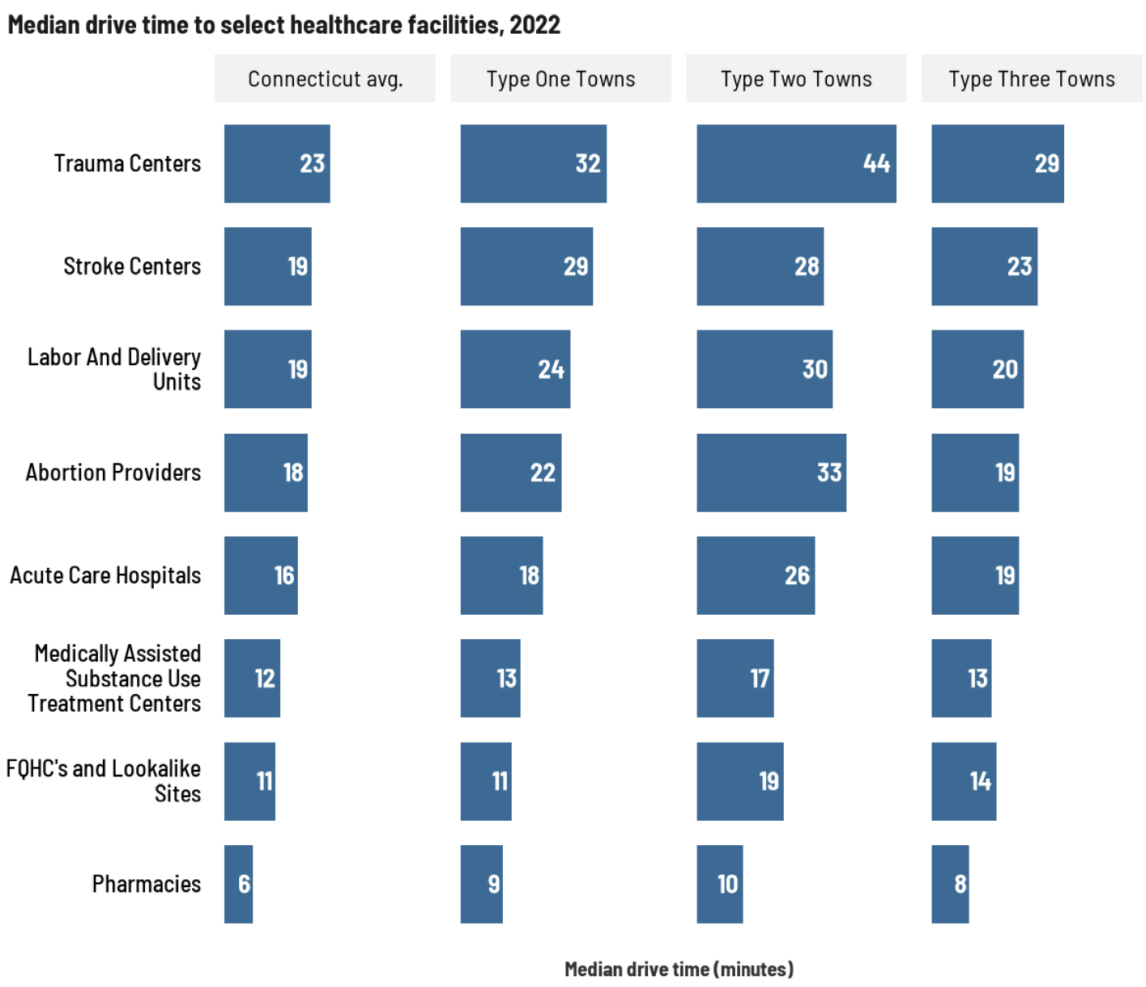


Station 2: Rural Healthcare Access

One of the principal challenges facing residents of rural areas is the distance to various health care facilities and services, such as hospitals. While Connecticut is a geographically small state, limited access to facilities can lead to individuals not seeking necessary medical services, or facing potentially long drives to the nearest hospital during medical emergencies or while in labor.

One important caveat to this data is that we only used locations within Connecticut. In some cases, the nearest facility may be in Rhode Island, Massachusetts, or New York. Due to data limitations, we were not able to collect this information across all categories, and omitted them from this analysis.

In general, residents of rural towns in Connecticut face longer drive times to health care facilities than the state average. As could be expected, pharmacies have the shortest average drive time since they are very numerous, while trauma centers have the longest average drive times since they are less numerous in general due to the nature of their qualifications.



In the past decade, Connecticut has seen a number of hospital closures or consolidations, including the closure of two labor and delivery units. As of 2021, three more rural hospitals are in the process of closing their units. The fourth and last rural labor and delivery unit, Day Kimball Hospital, is currently being considered for acquisition by Catholic health care system Covenant Health. Advocates are concerned the acquisition could reduce or eliminate the existing reproductive care facilities at Day Kimball.

Station 3: Food Insecurity

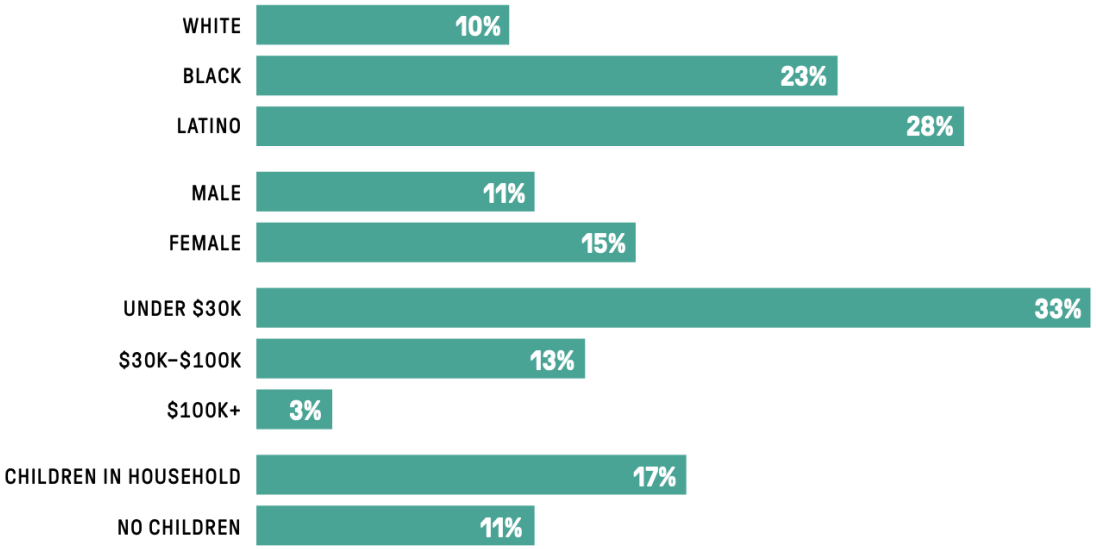
Food insecurity disproportionately affects people with lower incomes, and access to food remains a challenge for many people in Connecticut. The city of Hartford, for example, has very low food access coupled with financial constraints that contribute to food insecurity. The additional, widespread loss of income due to the COVID-19 outbreak exacerbated long standing conditions of food insecurity in the state, straining the limited existing resources for public support. Many families in Connecticut relied on the meals provided to their children in school—often at no cost to the family—and faced difficulty in accessing free food while schools were closed. Districts throughout the state organized alternative meal and grocery pickup and delivery services, but this change was yet another hurdle for many families. Food banks and pantries in the state saw unprecedented demand as families lost income and awaited federal benefits.

In 2018, one-third of Connecticut adults who earned less than $30,000 reported being food insecure—unable to afford food at least once in the past 12 months. By comparison, 13 percent of those earning between $30,000 and $100,000 and only 3 percent of adults earning more than $100,000 reported being food insecure. Black and Latino adults were more than twice as likely to have experienced food insecurity (23 and 28 percent, respectively) than White adults (10 percent).

FIG 9

Food insecurity disproportionately affects low-income and non-white adults

SHARE OF ADULTS WHO SAID THEY COULD NOT AFFORD FOOD AT SOME POINT IN THE PAST YEAR, CONNECTICUT, 2018



Other groups more likely to report being unable to afford food included adults living with children (17 percent) and women (15 percent).

Several hypotheses attempt to explain the co-occurrence of food scarcity and obesity, particularly relating to irregular food consumption and consumption of meals of lower nutritional quality.

Station 4: Neighborhood Assets

Neighborhood amenities can have a direct impact on residents' health and well- being. In 2018 about two-thirds of Connecticut adults reported having recreational facilities and safe bicycling facilities in their area; on both measures, however, residents of rural areas were less likely to report access to these resources. Overall, the most privileged groups—White adults, residents of suburban or wealthy towns, and adults with more income and education—were more likely to report that nearby parks and other public facilities were in good condition, but less likely to report that their neighborhood had safe sidewalks and crosswalks.

Black and Latino adults were less likely than other groups to feel that parks in their neighborhood were well- maintained. Access to recreational facilities and quality parks create opportunities to improve physical and mental health, and can improve residents' perception of their neighborhood and sense of belonging.

TABLE 4

Select housing conditions and neighborhood assets

†SHARE OF HOUSEHOLDS; ‡ SHARE OF ADULTS; CONNECTICUT, 2018

GROUP	OVERCROWDED HOUSEHOLDS	GOOD CONDITION OF PARKS	SAFE SIDEWALKS	SAFE BIKING	PARKS AND REC. FACILITIES NEARBY
Total	2%	75%	61%	63%	70%
White	<1%	79%	56%	62%	68%
Black	3%	59%	79%	66%	72%
Latino	6%	64%	73%	64%	75%
High school or less	N/A	66%	67%	61%	66%
Some college/Associates	N/A	71%	61%	63%	70%
Bachelors or higher	N/A	80%	56%	63%	71%
Under $30K	N/A	64%	68%	61%	64%
$30K–$100K	N/A	74%	63%	63%	71%
$100K+	N/A	82%	52%	65%	72%
Wealthy	<1%	89%	48%	56%	73%
Suburban	<1%	88%	46%	65%	70%
Rural	<1%	76%	37%	56%	58%
Urban Periphery	2%	72%	73%	66%	72%
Urban Core	4%	52%	77%	61%	70%

Station 5: Cost of Care

Simply having health insurance does not guarantee affordable health care. In fact, New England states have some of the highest per capita health care expenditures in the country.

FIG 14

Costs of hospital care, physician services, and prescription drugs are high and rising

PER-PERSON MEDICAL SPENDING BY CATEGORY, CONNECTICUT (IN 2014 DOLLARS)

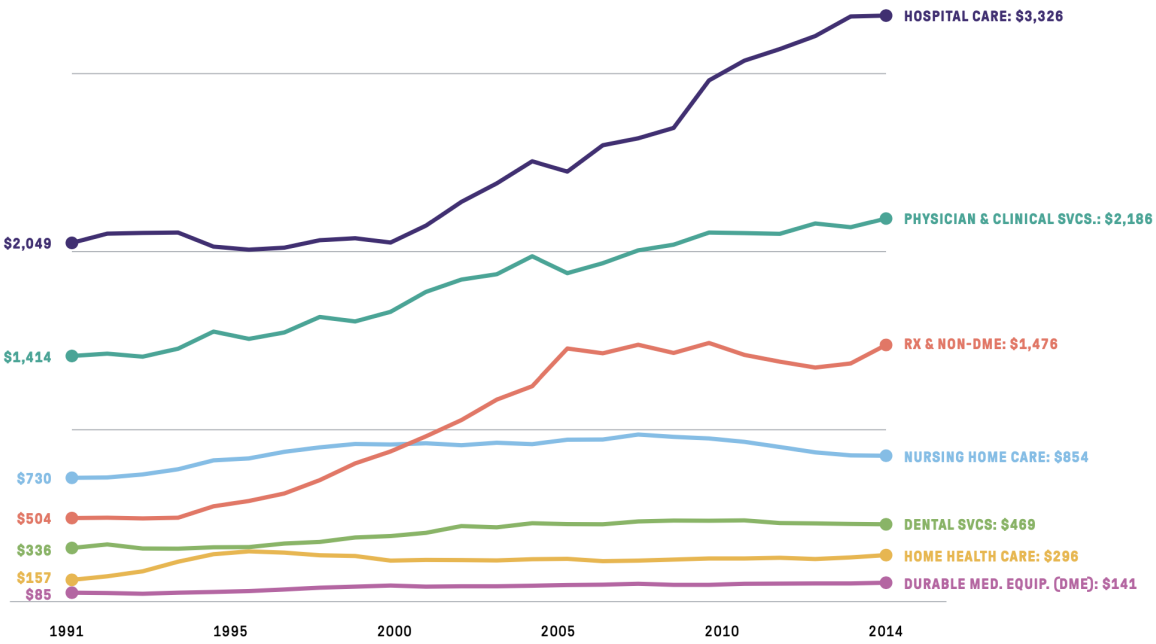


TABLE 6

Adults reporting altering or skipping prescriptions

CONNECTICUT, 2018

GROUP	COULD NOT AFFORD PRESCRIPTION IN PAST YEAR	ALTERED PRESCRIPTION IN PAST YEAR
Total	9%	7%
Female	10%	7%
Male	7%	6%
White	8%	6%
Black	11%	6%
Latino	18%	17%
Ages 18–34	12%	8%
Ages 35–49	10%	7%
Ages 50–64	9%	8%
Ages 65+	4%	3%
Under $30K	15%	11%
$30K–$100K	10%	8%
$100K+	5%	2%
High school or less	12%	11%
Some college or Associates	10%	8%
Bachelor's or higher	6%	4%

Due to the high cost of medications, some people are forced to go without them because they cannot afford the cost, and others reduce or skip dosages to extend prescriptions.

Health Outcome Stations Answer Sheet

Station 1: Smoking Rates

According to the data, smoking rates are elevated, or higher, amongst which groups:

Think critically about why rates are higher in populations with lower socioeconomic status and education. Why do you think that's what the data reads? How can we use that data to help our community as a whole combat smoking and its risks?

Station 2: Rural Healthcare Access

Table 1: Cluster groups and included towns

Group	Primary cluster characteristic	Towns
Type One Towns	More adults with a maximum educational attainment of high school or less; lower median household incomes	Ashford, Bozrah, Brooklyn, Canterbury, Chaplin, Colebrook, Deep River, East Haddam, Eastford, Franklin, Hampton, Hartland, Lebanon,Lisbon, Mansfield, Middlefield, Morris, New Milford, North Canaan North Stonington, Plymouth, Portland, Preston, Putnam, Scotland, Sprague,Sterling, Thomaston, Thompson, Torrington, Voluntown, Watertown, Willington, Winchester, Windham, Woodstock
Type Two Towns	High share of residents age 65 and over	Bridgewater, Canaan, Chester, Cornwall, Kent, Litchfield, Lyme, Norfolk, Old, Lyme, Roxbury, Salisbury, Sharon, Union, Warren, Washington, Westbrook, Woodbury
Type Three Towns	Very high median household incomes	Andover, Barkhamsted, Bethany, Bethlehem, Bolton, Burlington, Columbia, Coventry, Durham, East, Granby, Easton, Goshen, Haddam, Harwinton, Hebron, Killingworth, Marlborough, Middlebury, New, Hartford, Pomfret, Redding, Salem, Sherman, Woodbridge

Using what you read, the chart on the stations, and table above that defines Type One, Type Two, and Type Three towns in Connecticut, list all of the ways these drive times could **impact** someone living in a rural area. Your list can include the sentence stem "it would be harder to…compared to…" if you want to hypothesize how rural healthcare access compares to urban or suburban care.

Your list:

1.

2.

3.

Station 3: Food Insecurity

List 3 ways that communities try to help those who struggle with food insecurity:

1.

2.

3.

What puts someone at the highest risk of being food insecure? Cite 2 data points in your answer.

Station 4: Neighborhood Assets

List 3 things that could be considered neighborhood assets for a particular group (ex: rural residents). For each asset, describe what this asset could look like and how it would help improve the health and wellbeing of the community.

1.

2.

3.

Station 5: Cost of Care

Using Fig 14, pick 1 specific service that is surveyed in this data set (ex: Nursing Home Care). How much has the price increased? Describe the trend.

Using Table 6, write a statement that describes who is at highest risk for not affording their prescription. Then, write a second statement describing who is least likely to alter their prescriptions.

LBGTQ+ Healthcare Graphic Creation

Directions: Read the information below about healthcare inequalities for LGBTQ+ individuals in Connecticut. Then, create a graphic (a visual of the data presented, a graph, or other expression of the information that goes beyond just text) below and answer the thought questions.

Background: LGBTQ+ individuals, as a group, have a higher risk for a variety of conditions, including sexually-transmitted diseases, poor mental health, homelessness, harassment, violence, and social isolation. They also face stigmas, lack of cultural competency in healthcare providers, and exclusionary insurance policies. Transgender people in particular often have difficulty simply accessing care: statewide, only 57 percent of self-identifying transgender participants in the DataHaven Community Wellbeing Survey reported that their primary care provider can provide them with trans-inclusive services, and 44 percent said they had forgone medical care in the past year for fear of harassment or mistreatment. These findings match research done nationally by organizations seeking to understand the concrete ways discrimination and lack of access to resources impair the health of LGBTQ+ people.

Your graphic:

Reflection Questions

1. In what ways do LGBTQ+ individuals experience discrimination in healthcare?

2. How can this discrimination be harmful?

3. What can we do, as a society and on the individual level, to confront this inequality?

Practice Using Evidence

Focus: Maternal Deaths

Source: DataHaven Towards Health Equity in Connecticut (June 2020)

The United States is the only prosperous country in the world where maternal mortality rates are not only alarmingly high by the standards suggested by our medical technology, but rising. The annual average maternal mortality rate between 2013 and 2017 in the U.S. was 29.6 per 100,000 births—a rate that has more than doubled in the past 30 years. Pregnancy-related complications leading to death are elevated among some groups, particularly Black women and women over 40, but are not necessarily reduced by income, education level, or health insurance status. Rather, the risk of maternal mortality is linked to the way medical care is administered to pregnant people around the time they give birth. Pregnant patients may be further beset by discrimination if they are a person of color or identify as LGBTQ+.

TABLE 7

Birth outcomes by race, annualized averages

Connecticut, † 2011–2015 AVERAGE; ‡ 2011–2016 AVERAGE

GROUP	NONADEQUATE PRENATAL CARE †	LOW BIRTHWEIGHT ‡	INFANT MORTALITY RATE PER 1,000 BIRTHS ‡
Total	23%	8%	5.1
White	20%	6%	4.0
Black	28%	12%	10.6
Latino	26%	8%	6.6
Other	23%	9%	2.5

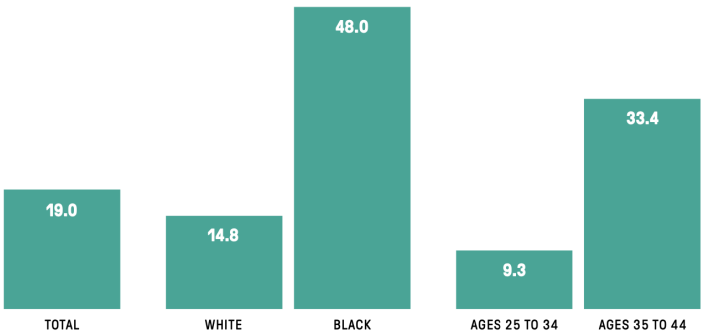
The causes of maternal mortality are recognizable and preventable with awareness and timely response to early warning symptoms. But health care providers often miss the warning signs of serious complications due in part to the emphasis on infant health in pregnancy-related medical training and bias in the medical profession downplaying some patients' symptoms in clinical settings, especially women and people of color. To address this, California, for example, has implemented quality improvement protocols to reduce mortality related to complications such as preeclampsia by treating the causes of maternal death as a failure to adequately respond in a medical situation.

While Connecticut has a lower maternal mortality rate than the nation— Connecticut's annual average is 19.0 deaths per 100,000 live births between 2013 and 2017, compared to the national rate of 29.6 per 100,000— when disaggregated by race, that rate is more than three times higher among Black women (48.0) than White women (14.8), and among women ages 35–44 (33.4) than women ages 25–34 (9.3). While access to and quality of prenatal health care contribute to a healthy pregnancy, manageable precursors to maternal mortality are also rooted in stressors provoked by socioeconomic status and the treatment women and pregnant people (including transgender and gender-nonconforming people who wish to become or are pregnant) expect to receive from their health care providers.

FIG 15

Maternal mortality is highest among Black women

ANNUAL AVERAGE DEATHS PER 100,000 LIVE BIRTHS, CONNECTICUT, 2013–2017



In particular, women of color are more likely to experience health issues which may remain unresolved during pregnancy, and are also more likely to experience postpartum depression. While understudied, pregnancy among transgender men and gender-nonconforming people also presents considerations for complications in pregnancy related to hormones, dysphoria, and postpartum depression.

Directions: After reading and annotating above, use what you learned about maternal deaths in Connecticut to draft a letter style statement. This could be a letter to a local newspaper to spread awareness, to a lawmaker to encourage them to try to help lower maternal deaths, or a letter to a friend that expresses your feelings about this topic. In your letter, practice using evidence to support your claims. Make sure you also cite your source (in this case, DataHaven).

Examples: According to DataHaven's survey on... The maternal mortality rate is... for....

Your letter's recipient (who is it going to?):

Your letter:

Practice Using Evidence

Focus: Missing Healthcare

Source: DataHaven Towards Health Equity in Connecticut (June 2020)

The fear of discrimination influences patients' relationships with the broader health care system, leading some to postpone or go without care altogether. In 2018, 9 percent of adults reported that they missed medical care at some point in the past year, but low-income adults, Latinos, and young adults were more than twice as likely than their high-income, White, and older counterparts to report this. Reasons for missing care varied by group, but being too busy and the cost of care were cited by at least half of respondents who gave a reason. Young adults were the most likely of all groups to say the reason for needing care was not serious enough or that care would be too costly. Adults with children at home were more than twice as likely to cite caregiving as a barrier than adults not living with children. Believing that insurance would not be accepted or that insurance would not pay for care were also common across groups, but especially elevated among Latino adults.

According to our 2018 survey, there are about 20,400 adults in Connecticut (roughly 0.7 percent of the population), who identify as transgender. Of those, 57 percent say their primary care provider is trans-inclusive, but 44 percent said they did not seek health care in the past year when they needed it because they didn't think they would be treated well.

Some residents struggle to find a provider who speaks their language, and may rely on other family members (often children) to translate in medical settings. Linguistic isolation affects about 5 percent of households in Connecticut overall, but more than 20 percent of the households where Spanish or an Asian or Pacific Island language is spoken. In urban areas, these rates are higher, but those households are more likely to be co-located near community members and health care providers who speak the same language. In Connecticut's rural areas, 31 percent of households where Asian or Pacific Island languages are spoken are linguistically isolated, and those residents may not live near others who speak the same language.

TABLE 8

Reasons given for going without health care

CONNECTICUT, 2018

GROUP	WENT WITHOUT HEALTH CARE (SHARE OF ALL ADULTS)	REASONS GIVEN FOR MISSING CARE (SHARE OF ADULTS WHO DIDN'T GET CARE)					
		TOO BUSY	TOO COSTLY	CAREGIVING	NOT SERIOUS ENOUGH	INSURANCE NOT ACCEPTED	INSURANCE WON'T PAY
Total	9%	53%	50%	22%	47%	18%	30%
Ages 18–34	13%	65%	57%	23%	57%	23%	30%
Ages 35–49	11%	53%	49%	28%	44%	16%	29%
Ages 50–64	8%	49%	51%	16%	43%	16%	34%
Ages 65+	5%	35%	28%	21%	41%	11%	22%
White	8%	55%	49%	23%	49%	17%	31%
Black	10%	48%	51%	17%	40%	14%	29%
Latino	16%	55%	57%	28%	46%	28%	36%
Under $30K	16%	47%	49%	24%	41%	25%	32%
$30K–$100K	9%	55%	56%	23%	47%	15%	32%
$100K+	5%	64%	42%	18%	56%	15%	24%
No children	8%	51%	50%	15%	47%	16%	31%
Children at home	11%	59%	48%	33%	48%	20%	30%

Connecticut health care providers could do more to ensure that provision of care is equitably administered to patients regardless of race, ethnicity, language spoken, sexual orientation, gender identity, disability, or other factors by improving data collection and following up with patients to understand if they are satisfied with the care they received. Cultural competency and humility training are also research- supported strategies that can build empathy among healthcare practitioners.

Directions: After reading and annotating above, use what you learned about why people go without healthcare in Connecticut to draft a letter style statement. This could be a letter to a local newspaper to spread awareness, to a lawmaker to encourage them to try to help healthcare access, or a letter to a friend that expresses your feelings about this topic. In your letter, practice using evidence to support your claims. Make sure you also cite your source (in this case, DataHaven).

Examples: According to DataHaven's survey on… The main reason people avoid going to the doctor is… at a rate of….

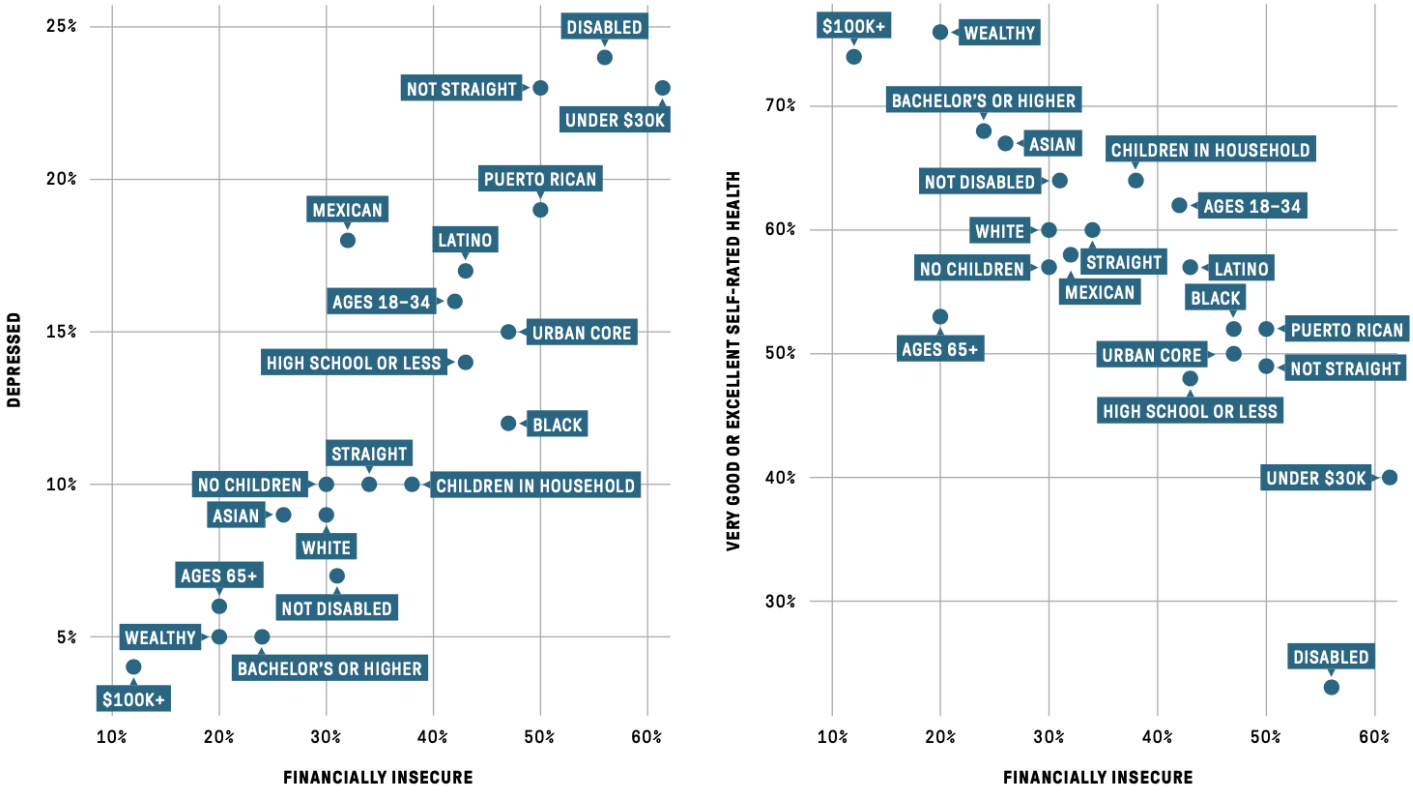
Your letter's recipient (who is it going to?):

Your letter:

Data Analysis Practice: Rates of Depression and Good Health

Groups that are more financially insecure are more likely to report that they feel depressed and less likely to report they are in very good health

SHARE OF ADULTS, CONNECTICUT, 2018



Based on the data set above, write **10-12** observations, conclusions, or questions you have. When you are done, compare your findings to your partner's. Discuss how you made your list and what can be learned from this data set.

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