Summary Report

2015 Community Health Needs Assessment

MidState Medical Center Service Area

Prepared for:
MidState Medical Center

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2014-2614-02
© June 2015

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Introduction

Professional Research Consultants, Inc.

About This Assessment

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the MidState Medical Center Service Area in Connecticut. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment was conducted on behalf of Hartford HealthCare by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey of various community stakeholders.

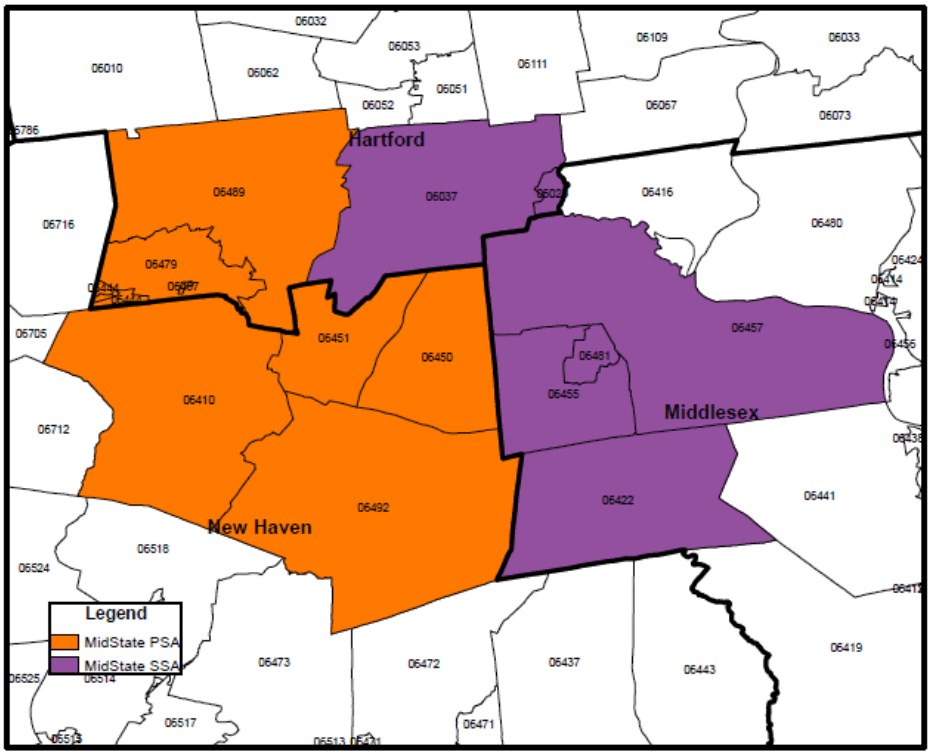
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Hartford HealthCare and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "MidState Medical Center Service Area" in this report, or "MSMC Service Area") is defined by 13 residential ZIP Codes in Connecticut. This area definition is illustrated in the following map.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 603 individuals age 18 and older in the MidState Medical Center Service Area. Because this study is part of a larger effort involving multiple regions and hospital service areas, the surveys were distributed among various strata. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the service area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

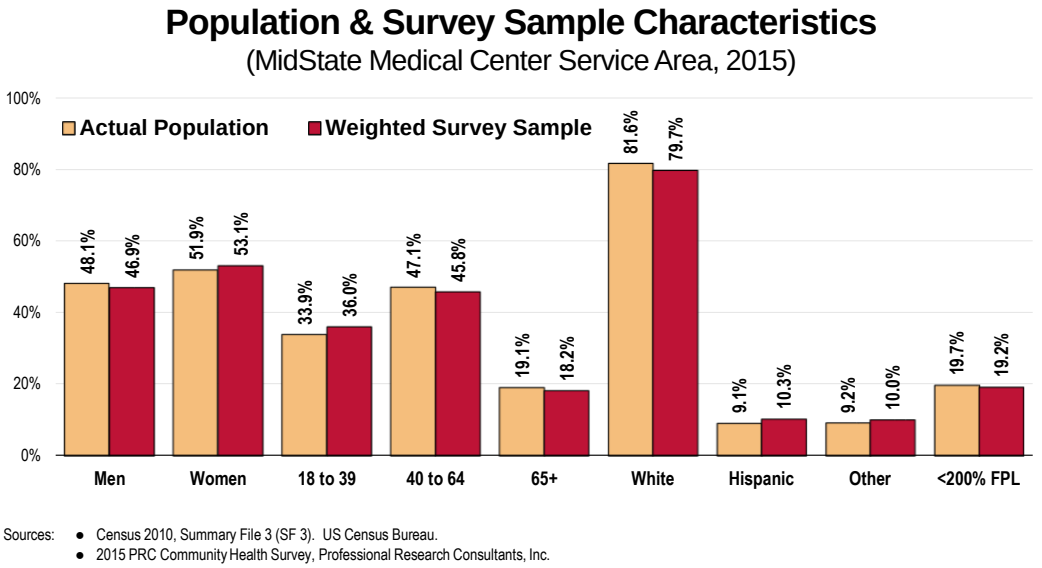
For statistical purposes, the maximum rate of error associated with a sample size of 603 respondents is ±4.0% at the 95 percent level of confidence.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed

(poststratification), so as to eliminate any naturally occurring bias.

The following chart outlines the characteristics of the MidState Medical Center Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]



Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2014 guidelines place the poverty threshold for a family of four at $23,850 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Hartford HealthCare; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 32 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Community/Business Leader	53	18
Health Provider	8	5
Public Health Expert	3	1
Social Services Representative	21	8

Final participation included representatives of the organizations outlined below.

- Berlin Senior Center
- Boys and Girls Club of Meriden
- Bristol Community Organization
- Bristol-Burlington Health District
- Calendar House Southington Senior Center
- Central Connecticut Senior Health Services
- Community Health Center, Inc.
- Connecticut Association for Community Action
- Girls Incorporated of Meriden
- Greater New Britain Chamber of Commerce
- Meriden Senior Center
- Meriden-Wallingford Chrysalis, Inc.
- MHT Christians in Action
- MidState Medical Center
- Quinnipiac Chamber of Commerce
- South Central CT Substance Abuse Council
- Southington Library
- Southington Public Schools
- The Hospital of Central Connecticut
- United Way
- Wallingford Health Department
- Wallingford Senior Center
- Women and Families Center
- YMCA

Through this process, input was gathered from several individuals whose organizations work with **low-income**, **minority populations** (including African-Americans, American Indians, at-risk youth, children, Chinese residents, developmentally disabled individuals, the elderly, Haitian residents, Hispanics, the homeless, immigrant elderly residents, immigrants, low-income residents, mentally ill individuals, non-English speaking persons, polish residents, poorly educated persons, uninsured/underinsured residents, victims of crime, women and children), or other **medically underserved populations** (including children, persons with chronic pain, diabetics, disabled persons, the elderly, persons with HIV/AIDS, the homeless, homeless youth, lesbian/gays/bisexual/transgender residents, low-income residents, Medicaid/Medicare recipients, mentally ill persons, mentally ill youth, persons with substance abuse issues, undocumented immigrants, uninsured/underinsured persons, veterans, young adults).

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the MidState Medical Center Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- Connecticut Department of Public Health
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services

- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that town-specific secondary data were sought and included where available; **the remainder of secondary data indicators for the "MidState Medical Center Service Area" data reflect the combined counties of Hartford, New Haven, and Middlesex counties**.

Benchmark Data

State Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the

purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H	See Report Page(s)
Part V Section B Line 1a *A definition of the community served by the hospital facility*	5
Part V Section B Line 1b *Demographics of the community*	32
Part V Section B Line 1c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	153
Part V Section B Line 1d *How data was obtained*	5
Part V Section B Line 1f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 1g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	15
Part V Section B Line 1h *The process for consulting with persons representing the community's interests*	7
Part V Section B Line 1i *Information gaps that limit the hospital facility's ability to assess the community's health needs*	10

Summary of Findings

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Significant Health Needs of the Community

The following "areas of opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	

Cancer	• Cancer Deaths
	  ○ Prostate Cancer Deaths
	  ○ Cancer is the #2 leading cause of death
	• Cancer Incidence
	  ○ Including Prostate Cancer, Female Breast Cancer, Cervical Cancer Incidence

Chronic Kidney Disease	• Kidney Disease Deaths
Diabetes	• Diabetes Prevalence • Prevalence of Borderline/Pre-Diabetes • *Diabetes ranked #4 as a "major problem" in the Online Key Informant Survey*
Heart Disease & Stroke	• Heart disease is the #1 leading cause of death; stroke is the #4 leading cause • High Blood Pressure Prevalence
HIV/AIDS	• HIV/AIDS Deaths • HIV Prevalence
Infant Health & Family Planning	• Infant Mortality • Teen Births

Injury & Violence	• Unintentional Injury Deaths
	  ○ Including Motor Vehicle Crash Deaths
	• Violent Crime Rate
	  ○ Homicides
	  ○ Crime Victimization (PSA)

Mental Health	• Suicide Deaths • Ever Sought Professional Help for Mental Health (PSA) • Member of Household Sought Mental Health Services (PSA) • Awareness of the 211 Program • Children's "Fair/Poor" Mental Health (PSA) • *Mental Health ranked #1 as a "major problem" in the Online Key Informant Survey*
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Low Food Access • Obesity [Adults] • Overweights Trying to Lose Weight (SSA) • Leisure-Time Physical Activity • Access to Recreation/Fitness Facilities • *Nutrition, Physical Activity & Weight ranked #3 as a "major problem" in the Online Key Informant Survey*

–continued on next page–

Areas of Opportunity (continued)	
Potentially Disabling Conditions	• Sciatica/Back Pain Prevalence
Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence
Substance Abuse	• Alcohol Use • Drug-Induced Deaths • Seeking Help for Alcohol/Drug Issues • *Substance Abuse ranked #2 as a "major problem" in the Online Key Informant Survey*

Prioritization of Health Needs

On June 10, 2015, MidState Medical Center hosted a meeting of both internal stakeholders and representatives of community organizations to evaluate, discuss and prioritize health issues for the community, based on findings of the 2015 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research.

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Subsequently, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs, a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
  - How many people are affected?
  - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
  - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

  Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite

criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Nutrition, Physical Activity & Weight**
2. **Mental Health**
3. **Diabetes**
4. **Heart Disease & Stroke**
5. **Substance Abuse**
6. **Cancer**
7. **Infant Health & Family Planning**
8. **Injury & Violence**
9. **Potentially Disabling Conditions**
10. **Sexually Transmitted Diseases**
11. **HIV/AIDS**
12. **Chronic Kidney Disease**

While the hospital will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of the hospital's Implementation Strategy to address the top health needs of the community in the coming years.

Summary Tables:
Comparisons With Benchmark Data

The following tables provide an overview of indicators in the MidState Medical Center Service Area. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Data Summary Tables

In the following charts, MidState Medical Center Service Area results are shown in the larger, blue column.

The columns to the right of the service area column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the service area compares favorably (☀), unfavorably (🌧), or comparably (☁) to these external data.

Blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Overall Health	Each Area vs. Other: PSA	Each Area vs. Other: SSA	MidState Service Area	MidState vs. Benchmarks: vs. CT	MidState vs. Benchmarks: vs. US	MidState vs. Benchmarks: vs. HP2020
% "Fair/Poor" Physical Health	11.8	8.9	10.9	13.3	15.3	
% Activity Limitations	20.8	19.8	20.5	17.5	21.5	
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			☀ better	☁ similar	🌧 worse

Access to Health Services	Each Area vs. Other: PSA	Each Area vs. Other: SSA	MidState Service Area	MidState vs. Benchmarks: vs. CT	MidState vs. Benchmarks: vs. US	MidState vs. Benchmarks: vs. HP2020
% [Age 18-64] Lack Health Insurance	4.8	3.7	4.5	12.3	15.1	0.0
% [Insured] Went Without Coverage in Past Year	2.2	4.6	2.9		8.1	
% Difficulty Accessing Healthcare in Past Year (Composite)	30.7	34.7	31.9		39.9	
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.3	14.1	14.2		15.4	
% Cost Prevented Getting Prescription in Past Year	11.9	8.6	10.9		15.8	
% Cost Prevented Physician Visit in Past Year	6.5	9.9	7.6		18.2	

% Difficulty Getting Appointment in Past Year	10.6	13.9	**11.6**		17.0	
% Difficulty Finding Physician in Past Year	5.4	9.1	**6.6**		11.0	
% Transportation Hindered Dr Visit in Past Year	6.6	4.6	**6.0**		9.4	
% Skipped Prescription Doses to Save Costs	9.0	11.9	**9.9**		15.3	
% Difficulty Getting Child's Healthcare in Past Year	1.6	0.0	**1.0**		6.0	
Primary Care Doctors per 100,000			**90.7**	84.0	74.5	
% [Age 18+] Have a Specific Source of Ongoing Care	77.1	86.6	**80.1**		76.3	95.0
% [Age 18-64] Have a Specific Source of Ongoing Care	77.6	89.2	**81.2**		75.6	89.4
% [Age 65+] Have a Specific Source of Ongoing Care			**76.2**		80.0	100.0
% Have Had Routine Checkup in Past Year	76.3	76.8	**76.5**	71.8	65.0	
% Child Has Had Checkup in Past Year	96.3	95.3	**96.0**		84.1	
% Two or More ER Visits in Past Year	8.1	4.9	**7.1**		8.9	
% Rate Local Healthcare "Fair/Poor"	6.5	7.3	**6.8**		16.5	
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Arthritis, Osteoporosis & Chronic Back Conditions	Each Area vs. Other		MidState Service Area	MidState vs. Benchmarks		
	PSA	SSA		vs. CT	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	39.8	34.2	38.2		37.3	
% [50+] Osteoporosis	9.9	7.3	9.2		13.5	5.3
% Sciatica/Chronic Back Pain	25.1	18.6	23.1		18.4	
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Cancer	Each Area vs. Other		MidState Service Area	MidState vs. Benchmarks		
	PSA	SSA		vs. CT	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)			158.5	153.0	166.2	161.4
Lung Cancer (Age-Adjusted Death Rate)			40.5	38.7	44.7	45.5
Prostate Cancer (Age-Adjusted Death Rate)			19.9	18.2	19.8	21.8
Female Breast Cancer (Age-Adjusted Death Rate)			19.5	19.2	21.3	20.7
Colorectal Cancer (Age-Adjusted Death Rate)			12.3	12.1	14.9	14.5
Prostate Cancer Incidence per 100,000			153.3	152.4	142.3	
Female Breast Cancer Incidence per 100,000			134.7	136.6	122.7	
Lung Cancer Incidence per 100,000			67.9	64.8	64.9	
Colorectal Cancer Incidence per 100,000			43.5	42.7	43.3	
Cervical Cancer Incidence per 100,000			11.5	6.2	7.8	

% Skin Cancer	5.4	5.2	5.3	5.8	6.7	
% Cancer (Other Than Skin)	6.4	7.1	6.6	7.5	6.1	
% [Women 50-74] Mammogram in Past 2 Years	88.2	85.5	87.5	81.5	83.6	81.1
% [Women 21-65] Pap Smear in Past 3 Years	86.6	90.0	87.6	80.1	83.9	93.0
% [Age 50+] Sigmoid/Colonoscopy Ever	84.9	88.0	85.7	74.5	75.2	
% [Age 50+] Blood Stool Test in Past 2 Years	44.9	26.8	40.1	16.4	36.9	
% [Age 50-75] Colorectal Cancer Screening	83.8	85.3	84.2		75.1	70.5
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

	Each Area vs. Other		MidState Service Area	MidState vs. Benchmarks		
Chronic Kidney Disease	**PSA**	**SSA**		**vs. CT**	**vs. US**	**vs. HP2020**
Kidney Disease (Age-Adjusted Death Rate)			14.2	12.5	13.2	
% Kidney Disease	3.0	2.4	2.8	2.1	3.0	
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

	Each Area vs. Other		MidState Service Area	MidState vs. Benchmarks		
Diabetes	**PSA**	**SSA**		**vs. CT**	**vs. US**	**vs. HP2020**
Diabetes Mellitus (Age-Adjusted Death Rate)			15.5	14.8	21.3	20.5
% Diabetes/High Blood Sugar	12.6	10.0	11.8	8.3	11.7	

% Borderline/Pre-Diabetes	5.6	12.1		7.7		5.1
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	55.9	61.3		57.6		49.2

Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

	Each Area vs. Other		MidState Service Area	MidState vs. Benchmarks		
Dementias, Including Alzheimer's Disease	**PSA**	**SSA**		**vs. CT**	**vs. US**	**vs. HP2020**
Alzheimer's Disease (Age-Adjusted Death Rate)			**16.6**	16.5	24.0	

Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

	Each Area vs. Other		MidState Service Area	MidState vs. Benchmarks		
Family Planning	**PSA**	**SSA**		**vs. CT**	**vs. US**	**vs. HP2020**
Teen Births per 1,000 (<20)			**5.8**	5.1	7.8	

Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

	Each Area vs. Other		MidState Service Area	MidState vs. Benchmarks		
Hearing & Other Sensory or Communication Disorders	**PSA**	**SSA**		**vs. CT**	**vs. US**	**vs. HP2020**
% Deafness/Trouble Hearing	9.1	9.1	**9.1**		10.3	

Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Heart Disease & Stroke	Each Area vs. Other: PSA	Each Area vs. Other: SSA	MidState Service Area	MidState vs. Benchmarks: vs. CT	MidState vs. Benchmarks: vs. US	MidState vs. Benchmarks: vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)			152.3	153.4	171.3	156.9
Stroke (Age-Adjusted Death Rate)			27.5	27.9	37.0	34.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.7	5.5	6.3		6.1	
% Stroke	3.0	1.7	2.6	2.3	3.9	
% Blood Pressure Checked in Past 2 Years	94.5	95.4	94.8		91.0	92.6
% Told Have High Blood Pressure (Ever)	34.5	37.9	35.5	31.3	34.1	26.9
% [HBP] Taking Action to Control High Blood Pressure	93.5	89.9	92.3		89.2	
% Cholesterol Checked in Past 5 Years	95.3	94.8	95.2	83.1	86.6	82.1
% Told Have High Cholesterol (Ever)	35.3	28.1	33.0	37.8	29.9	13.5
% [HBC] Taking Action to Control High Blood Cholesterol	92.3	84.1	90.1		81.4	
% 1+ Cardiovascular Risk Factor	82.9	86.2	83.9		82.3	

Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

HIV	Each Area vs. Other: PSA	Each Area vs. Other: SSA	MidState Service Area	MidState vs. Benchmarks: vs. CT	MidState vs. Benchmarks: vs. US	MidState vs. Benchmarks: vs. HP2020
HIV/AIDS (Age-Adjusted Death Rate)			2.5	2.0	2.2	3.3
HIV Prevalence per 100,000			420.0	359.7	340.4	

% [Age 18-44] HIV Test in the Past Year	21.7	19.1	**20.9**		19.3	

Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

	better	similar	worse

Immunization & Infectious Diseases	Each Area vs. Other: **PSA**	Each Area vs. Other: **SSA**	**MidState Service Area**	MidState vs. Benchmarks: **vs. CT**	MidState vs. Benchmarks: **vs. US**	MidState vs. Benchmarks: **vs. HP2020**
% [Age 65+] Flu Vaccine in Past Year			**67.6**	63.6	57.5	70.0
% [High-Risk 18-64] Flu Vaccine in Past Year			**58.7**		45.9	70.0
% [Age 65+] Pneumonia Vaccine Ever			**72.9**	67.8	68.4	90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever			**34.3**		41.9	60.0
% Have Completed Hepatitis B Vaccination Series	46.8	45.1	**46.3**		44.7	

Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

	better	similar	worse

Injury & Violence Prevention	Each Area vs. Other: **PSA**	Each Area vs. Other: **SSA**	**MidState Service Area**	MidState vs. Benchmarks: **vs. CT**	MidState vs. Benchmarks: **vs. US**	MidState vs. Benchmarks: **vs. HP2020**
Unintentional Injury (Age-Adjusted Death Rate)			**38.1**	35.8	39.2	36.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)			**7.7**	7.1	10.7	12.4
% "Always" Wear Seat Belt	89.3	92.3	**90.2**		84.8	92.0
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	97.0	100.0	**98.0**		92.2	
% Child [Age 5-17] "Always" Wears Bicycle Helmet			**62.3**		48.7	

Firearm-Related Deaths (Age-Adjusted Death Rate)			5.9	5.5	10.4	9.3
% Firearm in Home	16.9	21.7	18.4		34.7	
% [Homes With Children] Firearm in Home	13.4	17.4	14.8		37.4	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded			9.7		16.8	
Homicide (Age-Adjusted Death Rate)			4.3	3.8	5.3	5.5
Violent Crime per 100,000			348.3	280.6	395.5	
% Victim of Violent Crime in Past 5 Years	4.0	1.4	3.2		2.8	
% Victim of Domestic Violence (Ever)	9.7	11.3	10.2		15.0	
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

	Each Area vs. Other		MidState Service Area	MidState vs. Benchmarks		
Maternal, Infant & Child Health	**PSA**	**SSA**		**vs. CT**	**vs. US**	**vs. HP2020**
No Prenatal Care in First Trimester (Percent)			13.5	13.0		22.1
Low Birthweight Births (Percent)			8.0	7.8	8.0	7.8
Infant Death Rate			5.3	4.9	6.0	6.0
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Mental Health & Mental Disorders	Each Area vs. Other		MidState Service Area	MidState vs. Benchmarks		
	PSA	SSA		vs. CT	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	11.2	14.7	12.3		11.9	
% Diagnosed Depression	16.7	22.8	18.6		20.4	
% Symptoms of Chronic Depression (2+ Years)	21.9	28.6	24.0		30.4	
Suicide (Age-Adjusted Death Rate)			9.6	9.5	12.5	10.2
% Have Ever Sought Help for Mental Health	26.8	39.5	30.7		23.7	
% [Those With Diagnosed Depression] Seeking Help	85.8	85.7	85.7		76.6	
% Typical Day Is "Extremely/Very" Stressful	11.1	13.9	12.0		11.9	
% Member of HH Sought Help for Mental Health/Past Year	16.3	26.5	19.5			
% Aware of the Connecticut 211 Program	53.5	70.2	58.7			
% [Children <18] Child Has "Fair/Poor" Mental Health	6.8	1.2	4.8			
% [Children <18] Couldn't Get Mental Help for Child in Past Year	0.0	0.0	0.0			

Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Nutrition & Weight Status	Each Area vs. Other		MidState Service Area	MidState vs. Benchmarks		
	PSA	SSA		vs. CT	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	35.8	29.8	33.9		39.5	
% "Very/Somewhat" Difficult to Buy Fresh Produce	16.9	22.7	18.8		24.4	
Population With Low Food Access (Percent)			31.4	29.8	23.6	
% Medical Advice on Nutrition in Past Year	48.2	48.0	48.1		39.2	
% Healthy Weight (BMI 18.5-24.9)	31.8	31.6	31.7	35.6	34.4	33.9
% Overweight (BMI 25+)	66.5	66.7	66.5	62.6	63.1	
% Obese (BMI 30+)	31.3	38.3	33.4	25.0	29.0	30.5
% Medical Advice on Weight in Past Year	31.7	30.0	31.2		23.7	
% [Overweights] Counseled About Weight in Past Year	42.2	35.8	40.2		31.8	
% [Overweights] Trying to Lose Weight Both Diet/Exercise	43.3	32.1	39.8		39.5	
% Child [Age 5-17] Healthy Weight			53.0		56.7	
% Children [Age 5-17] Overweight (85th Percentile)			32.4		31.5	
% Children [Age 5-17] Obese (95th Percentile)			14.0		14.8	14.5

Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Oral Health	Each Area vs. Other: PSA	Each Area vs. Other: SSA	MidState Service Area	MidState vs. Benchmarks: vs. CT	MidState vs. Benchmarks: vs. US	MidState vs. Benchmarks: vs. HP2020
% [Age 18+] Dental Visit in Past Year	81.0	85.2	82.3	76.1	65.9	49.0
% Child [Age 2-17] Dental Visit in Past Year	86.0	94.7	89.1		81.5	49.0
% Have Dental Insurance	75.5	82.9	77.8		65.6	
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Physical Activity	Each Area vs. Other: PSA	Each Area vs. Other: SSA	MidState Service Area	MidState vs. Benchmarks: vs. CT	MidState vs. Benchmarks: vs. US	MidState vs. Benchmarks: vs. HP2020
% No Leisure-Time Physical Activity	24.0	27.0	24.9	24.9	20.7	32.6
% Meeting Physical Activity Guidelines	47.9	51.0	48.9		50.3	
% Moderate Physical Activity	26.0	29.7	27.2		30.6	
% Vigorous Physical Activity	35.4	42.0	37.4		38.0	
Recreation/Fitness Facilities per 100,000			11.1	13.2	9.4	
% Medical Advice on Physical Activity in Past Year	50.1	55.2	51.6		44.0	
% Child [Age 2-17] Physically Active 1+ Hours per Day			48.8		48.6	
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Respiratory Diseases	Each Area vs. Other: PSA	Each Area vs. Other: SSA	MidState Service Area	MidState vs. Benchmarks: vs. CT	MidState vs. Benchmarks: vs. US	MidState vs. Benchmarks: vs. HP2020
CLRD (Age-Adjusted Death Rate)			30.2	30.9	42.0	
Pneumonia/Influenza (Age-Adjusted Death Rate)			13.3	12.9	15.3	
% COPD (Lung Disease)	6.1	7.7	6.6	5.9	8.6	
% [Adult] Currently Has Asthma	9.5	9.7	9.6	9.8	9.4	
% [Child 0-17] Currently Has Asthma	9.2	7.5	8.6		7.1	
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Sexually Transmitted Diseases	Each Area vs. Other: PSA	Each Area vs. Other: SSA	MidState Service Area	MidState vs. Benchmarks: vs. CT	MidState vs. Benchmarks: vs. US	MidState vs. Benchmarks: vs. HP2020
Gonorrhea Incidence per 100,000			79.5	57.4	107.5	
Chlamydia Incidence per 100,000			433.0	364.9	456.7	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year			8.8		11.7	
% [Unmarried 18-64] Using Condoms			33.4		33.6	
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Substance Abuse	Each Area vs. Other: PSA	Each Area vs. Other: SSA	MidState Service Area	MidState vs. Benchmarks: vs. CT	MidState vs. Benchmarks: vs. US	MidState vs. Benchmarks: vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)			8.0	7.6	9.9	8.2
% Current Drinker	66.5	65.4	66.2	62.6	56.5	
% Excessive Drinker (Heavy or Binge Drinking)	22.9	20.3	22.1		23.2	25.4
% Drinking & Driving in Past Month	3.9	1.8	3.2		5.0	
Drug-Induced Deaths (Age-Adjusted Death Rate)			14.7	13.5	14.1	11.3
% Illicit Drug Use in Past Month	1.6	0.5	1.3		4.0	7.1
% Ever Sought Help for Alcohol or Drug Problem	1.4	4.0	2.2		4.9	
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Tobacco Use	Each Area vs. Other: PSA	Each Area vs. Other: SSA	MidState Service Area	MidState vs. Benchmarks: vs. CT	MidState vs. Benchmarks: vs. US	MidState vs. Benchmarks: vs. HP2020
% Current Smoker	11.6	8.7	10.6	15.5	14.9	12.0
% Someone Smokes at Home	9.0	8.8	8.9		12.7	
% [Non-Smokers] Someone Smokes in the Home	4.4	7.8	5.5		6.3	
% [Household With Children] Someone Smokes in the Home	4.2	9.1	5.8		9.7	
% [Smokers] Have Quit Smoking 1+ Days in Past Year			71.0		55.9	80.0
% Smoke Cigars	3.2	3.1	3.2		4.1	0.2

	Each Area vs. Other		MidState Service Area	MidState vs. Benchmarks		
	PSA	SSA		vs. CT	vs. US	vs. HP2020
% Use Smokeless Tobacco	1.6	0.5	1.3		4.0	0.3
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Vision	Each Area vs. Other		MidState Service Area	MidState vs. Benchmarks		
	PSA	SSA		vs. CT	vs. US	vs. HP2020
% Blindness/Trouble Seeing	6.7	8.2	7.2		8.5	
% Eye Exam in Past 2 Years	67.7	72.3	69.1		56.8	
	Note: In the green section, each area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Data Charts &
Key Informant Input

Professional Research Consultants, Inc.

Community Characteristics

Population Characteristics

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, density, age, race/ethnicity and language. Keep in mind:

- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.
- Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.
- It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum.

Population Characteristics

	MSMC Svc Area	Connecticut	United States
Total Population	**1,920,138**	3,572,213	309,138,709
Total Land Area (sq. miles)	**1,708.45**	4,841.1	3,530,997.60
Population Density	**1,123.91**	737.89	87.55
2000-2010 Population Change	**4.7%**	5.0%	9.7%
Urban Population	**93.7%**	88.0%	80.9%
Age 0-17	**22.4%**	22.7%	23.9%
Age 18-64	**63.0%**	63.0%	62.9%
Age 65+	**14.7%**	14.3%	13.2%
White Alone	**75.6%**	78.4%	74.2%
Black Alone	**12.1%**	10.0%	12.6%
Some Other Race	**9.7%**	9.1%	10.6%
Multiple Races	**2.6%**	2.5%	2.7%
Hispanic or Latino	**14.3%**	13.4%	16.4%
2000-2010 Hispanic Population Change	**46.9%**	49.6%	42.7%
Linguistically Isolated Population	**4.5%**	4.7%	4.9%

Sources: ● Community Commons. Retrieved February 2015 from http://www.chna.org.
Notes: ● Data are derived from the US Census Bureau American Community Survey 5-year estimates (2008-2012).

Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

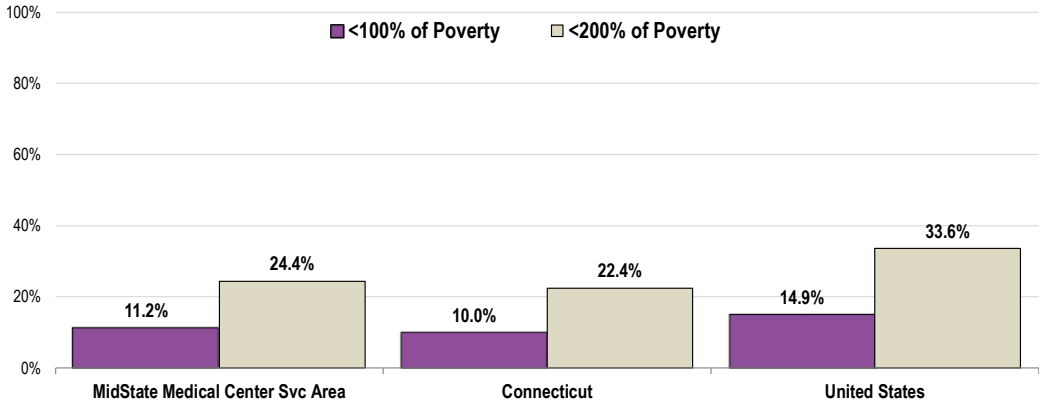
- Healthy People 2020 (www.healthypeople.gov)

Social Determinants	MidState Service Area	MidState Service Area vs. Benchmarks	
		vs. CT	vs. US
Linguistically Isolated Population (Percent)	4.5	4.7	4.9
Population in Poverty (Percent)	11.2	10.0	14.9
Population Below 200% FPL (Percent)	24.4	22.4	33.6
Children Below 200% FPL (Percent)	15.8	13.2	20.8
No High School Diploma (Age 25+, Percent)	11.6	11.0	14.3
Unemployment Rate (Age 16+, Percent)	8.2	7.8	7.4
		better	similar	worse

The following chart outlines the proportion of our population below the federal poverty threshold, as well as below 200% of the federal poverty level, in comparison to state and national proportions.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2008-2012)



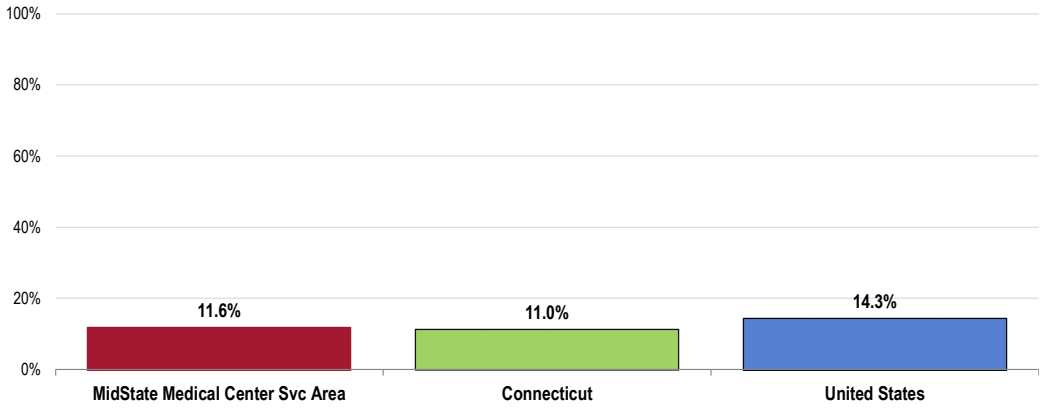
Sources:
- US Census Bureau American Community Survey 5-year estimates (2008-2012).
- Retrieved February 2015 from Community Commons at http://www.chna.org.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Education levels are reflected in the proportion of our population without a high school diploma:

Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2008-2012)



Sources:
- US Census Bureau American Community Survey 5-year estimates (2008-2012).
- Retrieved February 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

General Health Status

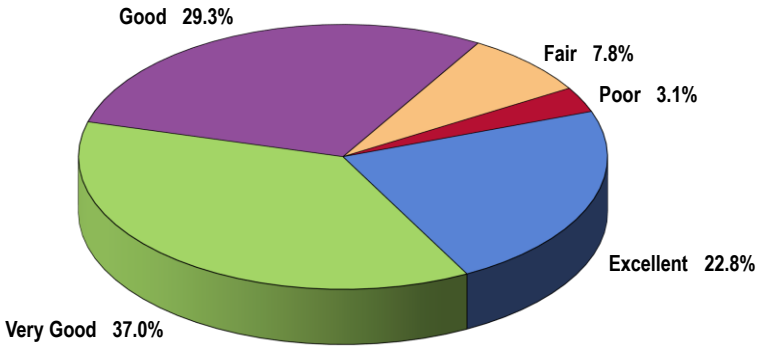
Overall Health Status

Self-Reported Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

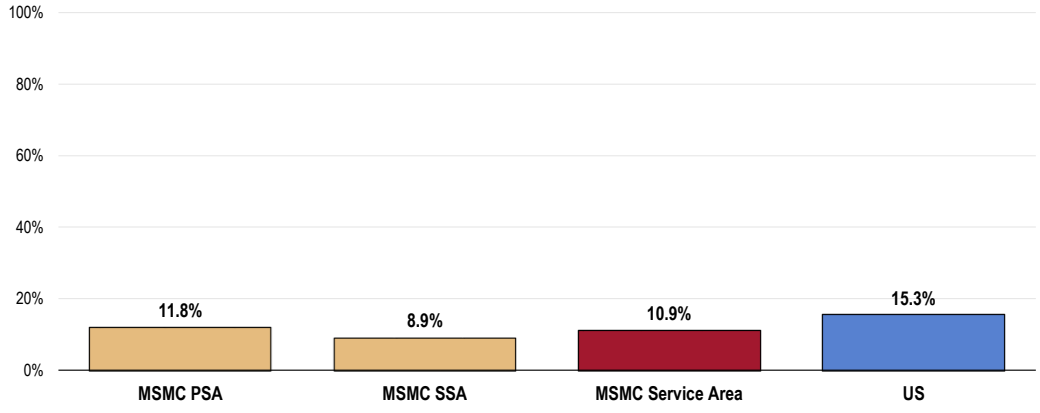
Self-Reported Health Status
(MidState Medical Center Service Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.

The following charts further detail "fair/poor" overall health responses in the MidState Medical Center Service Area in comparison to benchmark data, as well as by basic demographic characteristics (namely by gender, age groupings, income [based on poverty status], and race/ethnicity).

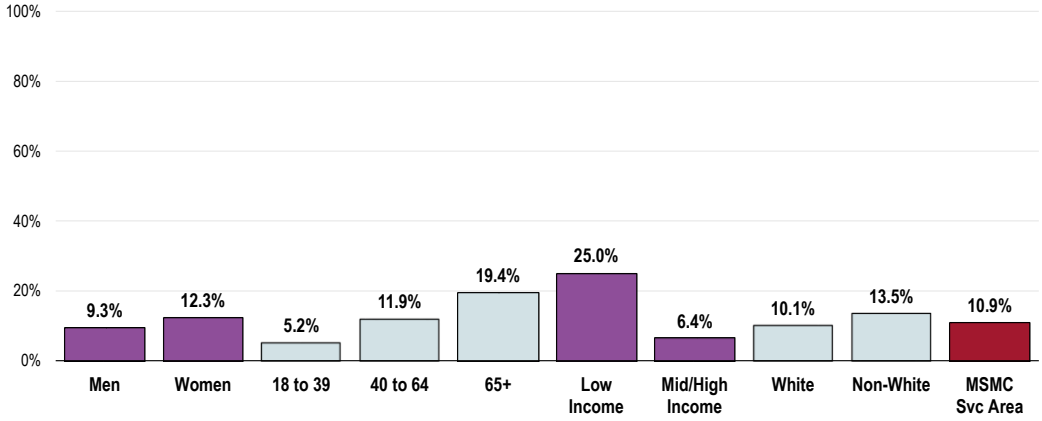
Experience "Fair" or "Poor" Overall Health



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Overall Health

(MidState Medical Center Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

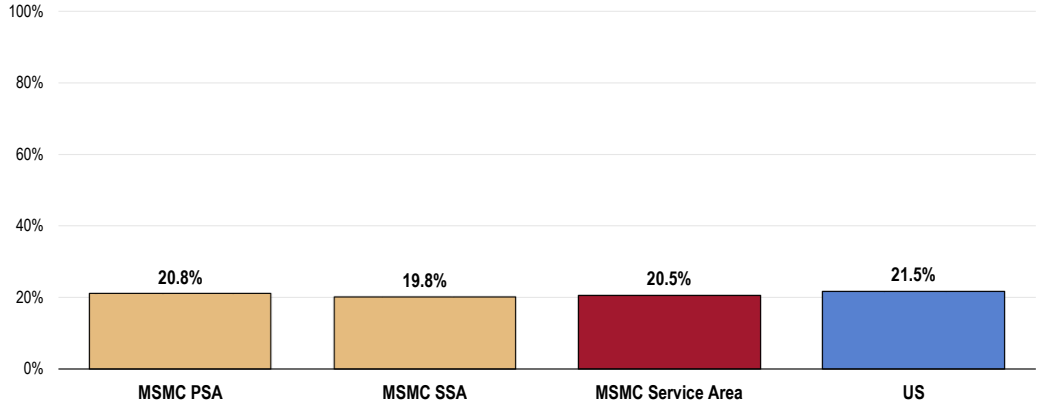
There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- Healthy People 2020 (www.healthypeople.gov)

"Are you limited in any way in any activities because of physical, mental or emotional problems?"

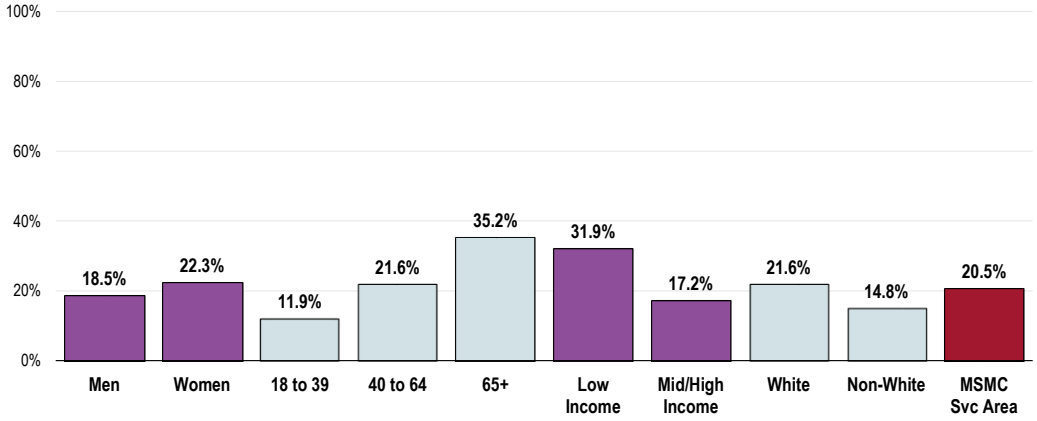
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(MidState Medical Center Service Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

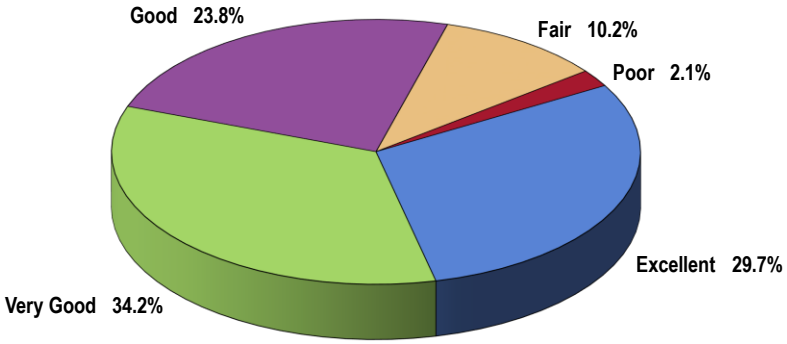
- Healthy People 2020 (www.healthypeople.gov)

Self-Reported Mental Health Status

"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

Self-Reported Mental Health Status

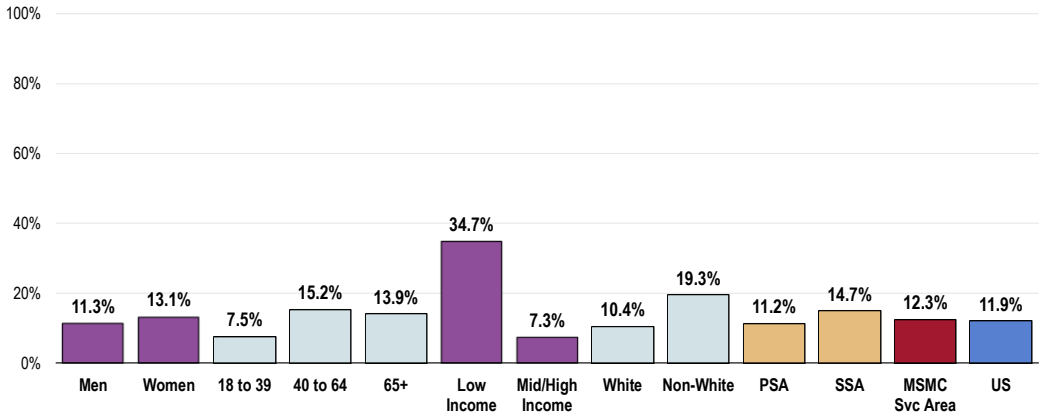
(MidState Medical Center Service Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Mental Health

(MidState Medical Center Service Area, 2015)



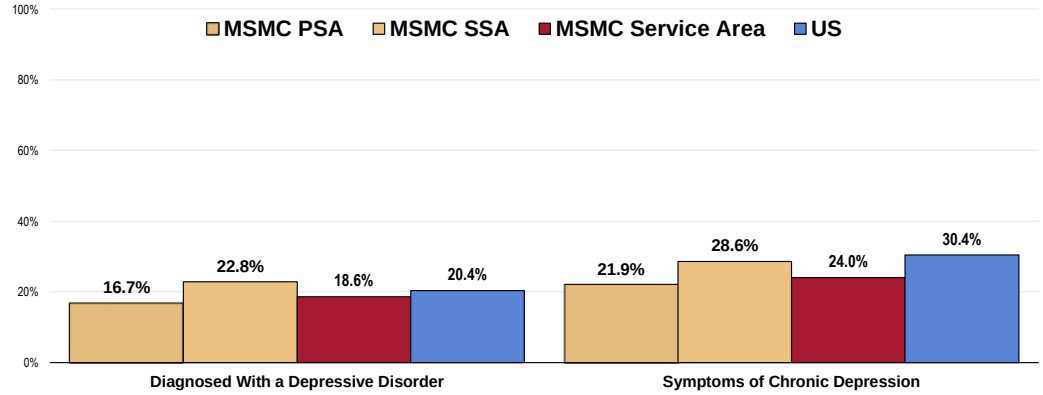
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Diagnosed Depression: ***"Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?"***

Symptoms of Chronic Depression: ***"Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?"***

Depression

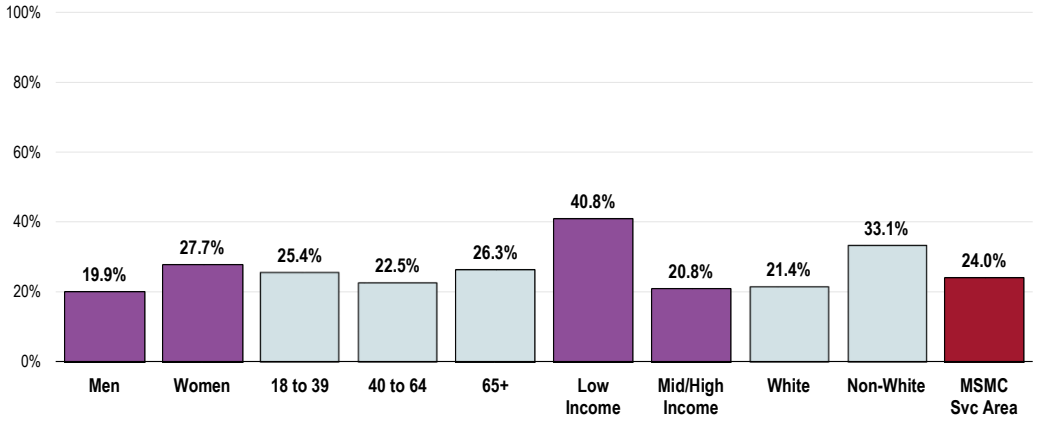


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 101, 103]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression

(MidState Medical Center Service Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

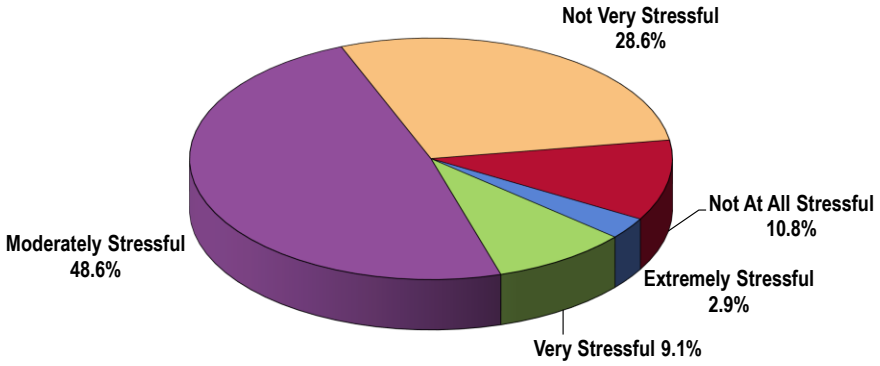
Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

"Thinking about the amount of stress in your life, would you say that most days are: Extremely Stressful, Very Stressful, Moderately Stressful, Not Very Stressful or Not At All Stressful?"

Perceived Level of Stress On a Typical Day

(MidState Medical Center Service Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]

Notes:
- Asked of all respondents.

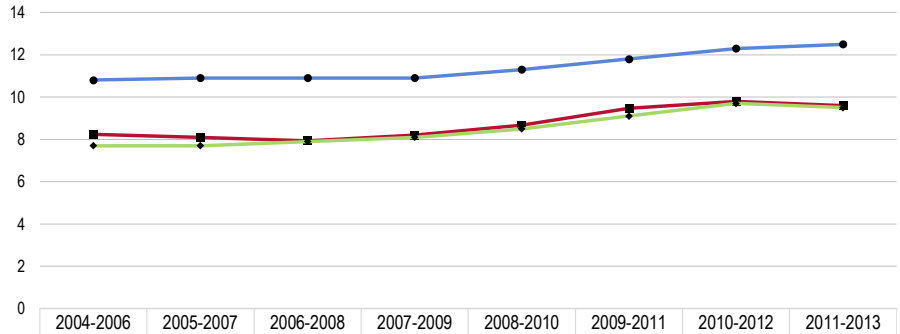
Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population. (Refer to "Leading Causes of Death" for an explanation of the use of age-adjusting for these rates.)

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
MSMC Svc Area	8.2	8.1	7.9	8.2	8.7	9.5	9.8	9.6
Connecticut	7.7	7.7	7.9	8.1	8.5	9.1	9.7	9.5
United States	10.8	10.9	10.9	10.9	11.3	11.8	12.3	12.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Mental Health Treatment

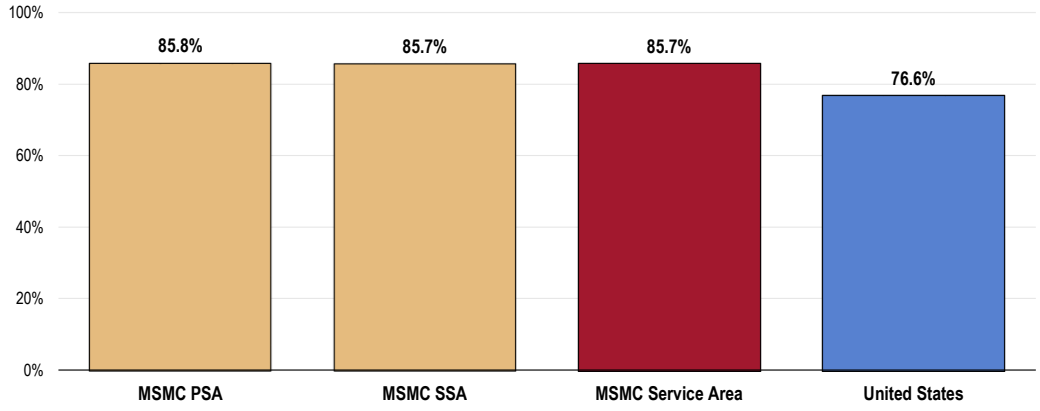
Treatment for Self

"Have you ever sought help from a professional for a mental or emotional problem?"

Note that the first chart shows responses among those with a "diagnosed depressive disorder," which includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem

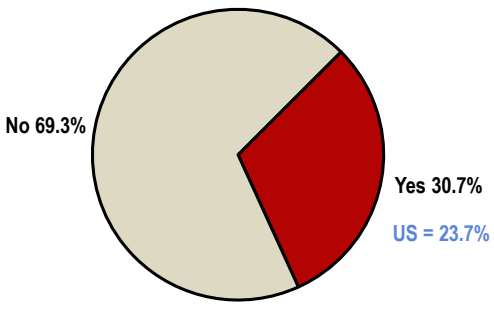
(Among Adults with Diagnosed Depressive Disorder)



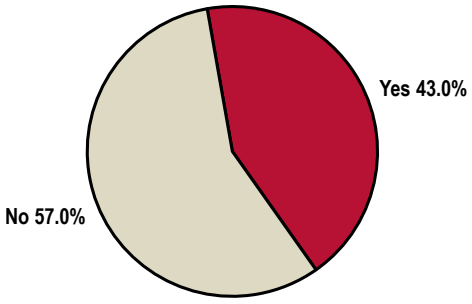
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Adults Seeking Professional Help for Mental Health Issues

(MidState Medical Center Service Area, 2015)



Have Sought Professional Help for Mental Health Issues



Sought Help in the Past Year

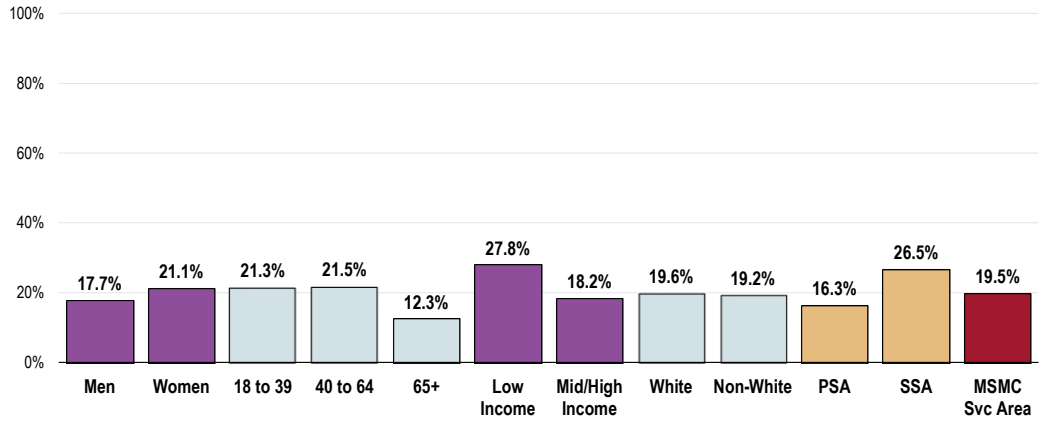
(Among Those Ever Seeking Help)

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 104, 310]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Treatment for a Household Member

"During the past 12 months, has anyone in your household sought mental health services??"

Member of Household Sought Professional Help for Mental Health in the Past Year
(MidState Medical Center Service Area, 2015)

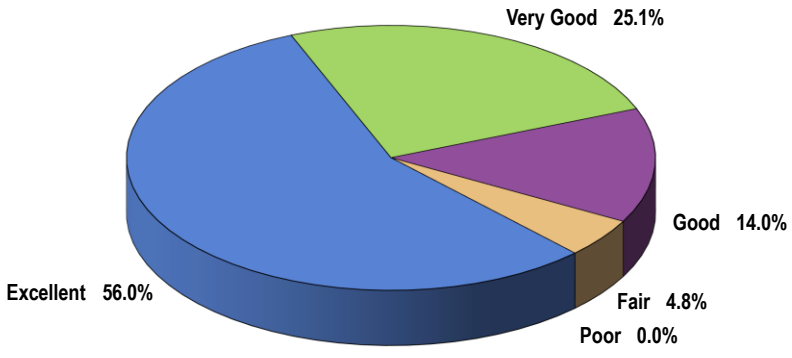


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children's Mental Health

"Now thinking about this child's mental health, which includes stress, depression, and problems with emotions, would you say that this child's mental health is: excellent, very good, good, fair or poor?"

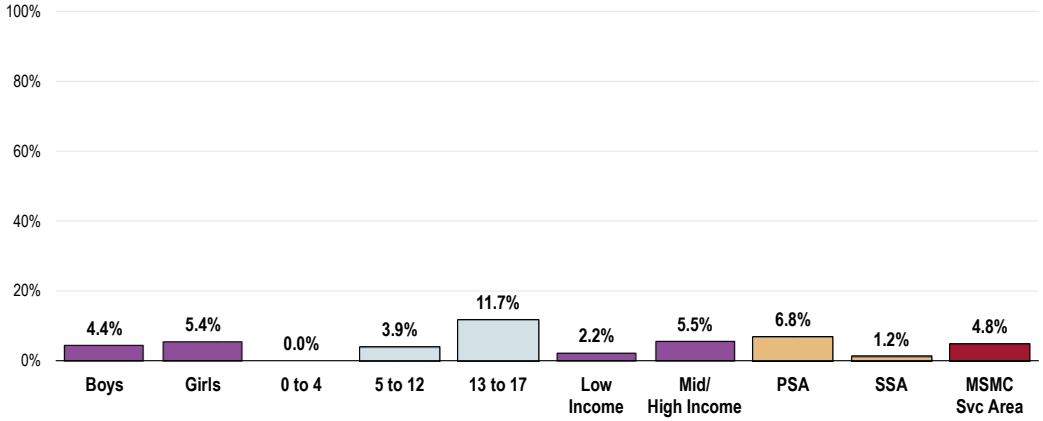
Child's Reported Mental Health Status
(MidState Medical Center Service Area Children <18, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
Notes: ● Asked of all respondents with children under 18 at home.

Child Experiences "Fair" or "Poor" Mental Health

(MidState Medical Center Service Area Children <18, 2015)

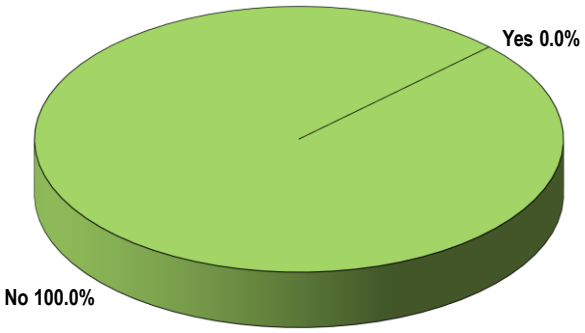


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
Notes: ● Asked of all respondents with children under 18 at home.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

"Was there a time in the past 12 months when you needed mental health care for this child, but could not get it?"

Could Not Get Necessary Mental Health Services for Child in the Past Year

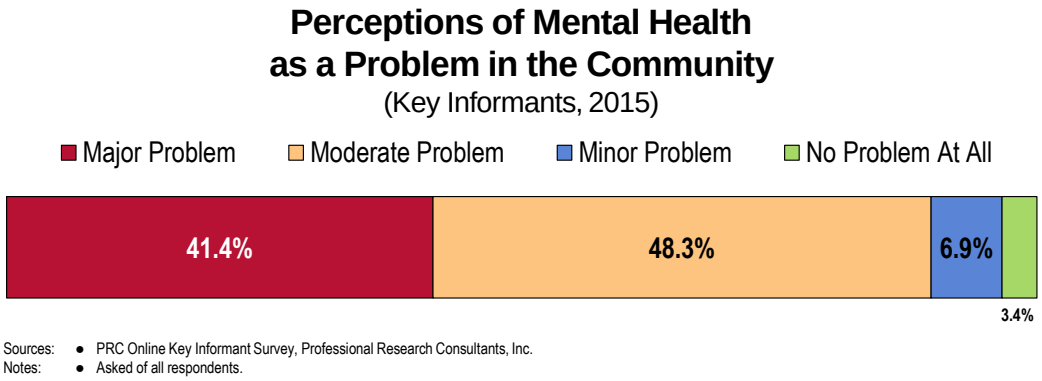
(MidState Medical Center Service Area Children <18, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
Notes: ● Asked of all respondents with children under 18 at home.

Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* as a problem in the community:



Challenges

Among those rating this issue as a "major problem," the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care, Lack of Services & Resources

> *Unaware of services available or where to get help. Embarrassed to ask for help or attend a program that might give them options. – Community/Business Leader*
>
> *Access to outpatient care. – Health Provider*
>
> *Getting support, treatment, follow-up, in-patient services, firm programs requiring maintenance of treatment/management. – Community/Business Leader*
>
> *Access to services, lack of inpatient care, addressing mental illness of young adults, training for employers and school personnel about mental illness, suicide prevention programs, reducing stigma of mental illness. – Community/Business Leader*
>
> *Lack of resources, lack of family support, cost for treatment, very difficult to navigate the mental systems. Medication adherence, cost. social acceptance, the connection with drug use. – Public Health Expert*
>
> *Co-morbidity of issues within in our community is growing and concerning, including serious mental health concerns and an inability of non-profit resources to meet the need. – Social Services Representative*
>
> *Increased awareness and frequency of diagnosis and lack of affordable resources. – Social Services Representative*

Stigma

> *The stigma attached to mental health issues still exists in this country and in our community. The availability of qualified providers of mental health services is very low and a local site for delivery of those services is lacking. – Community/Business Leader*
>
> *Access to immediate and quality care integration with primary care. Community perception/stigma and discrimination of patients, lack of preventive services. – Health Provider*

Youth With Mental Health Needs

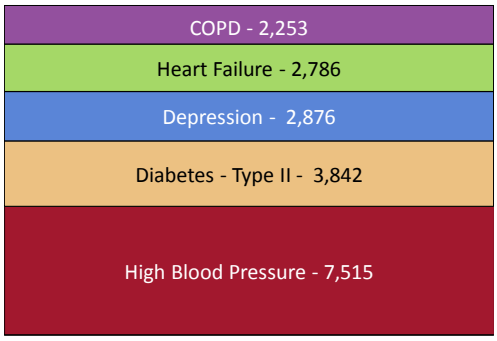
> *I see a growing need for services for youth with mental health needs. Also even though there are several agencies and services that deal with mental health it just does not seem to be enough. Individuals having access to support, medication, counseling is greatly needed at a higher level. With the youth I have a growing concern in the need for more services for them to reach them early enough and provide access to quality services they need to help them. – Community/Business Leader*
>
> *Mental health issues are not just a local community issue, but a hot nationwide topic. Different ages suffer from different ailments, it is very broad. – Health Provider*

Death, Disease & Chronic Conditions

Leading Causes of Hospital Visits

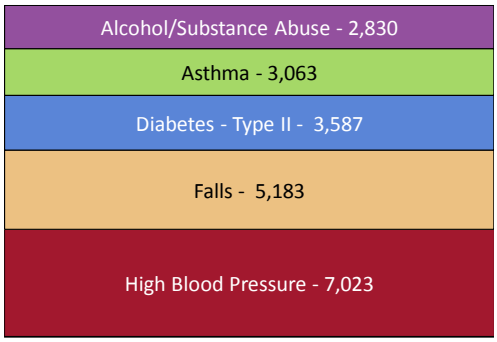
Outlined in the following chart are the top five conditions with the greatest numbers of hospital inpatient visits, as well as emergency visits not resulting in hospital admission.

Top 5 Conditions for Inpatient Hospitalizations



MidState Medical Center Service Area

Top 5 Conditions for ED Non-Admissions



MidState Medical Center Service Area

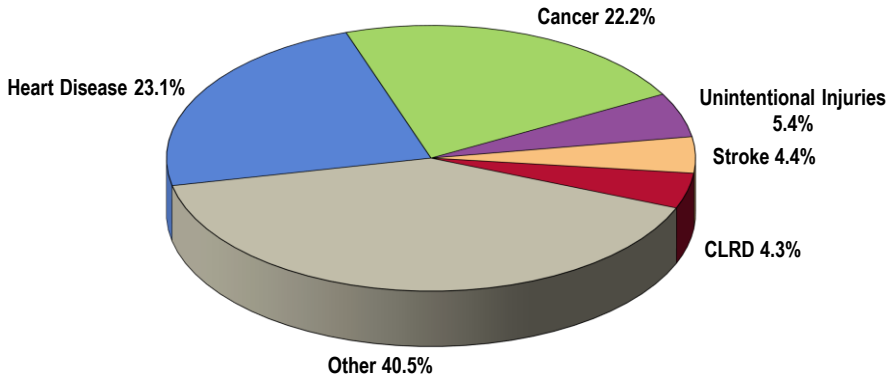
Sources: Connecticut Hospital Association. FY 2013 ChimeData.

Leading Causes of Death

Distribution of Deaths by Cause

Cancers and cardiovascular disease (heart disease and stroke) are leading causes of death in the community.

Leading Causes of Death
(MidState Medical Center Service Area, 2011-2013)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, the state and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in the area. (For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.)

Age-Adjusted Death Rates for Selected Causes

(2011-2013 Deaths per 100,000 Population)

	MSMC Svc Area	Connecticut	US	HP2020
Malignant Neoplasms (Cancers)	158.5	153.0	166.2	161.4
Diseases of the Heart	152.3	153.4	171.3	156.9*
Unintentional Injuries	38.1	35.8	39.2	36.4
Chronic Lower Respiratory Disease (CLRD)	30.2	30.9	42.0	n/a
Cerebrovascular Disease (Stroke)	27.5	27.9	37.0	34.8
Alzheimer's Disease	16.6	16.5	24.0	n/a
Diabetes Mellitus	15.5	14.8	21.3	20.5*
Drug-Induced	14.7	13.5	14.1	11.3
Kidney Diseases	14.2	12.5	13.2	n/a
Pneumonia/Influenza	13.3	12.9	15.3	n/a
Intentional Self-Harm (Suicide)	9.6	9.5	12.5	10.2
Cirrhosis/Liver Disease	8.0	7.6	9.9	8.2
Motor Vehicle Deaths	7.7	7.1	10.7	12.4
Firearm-Related	5.9	5.5	10.4	9.3
Homicide/Legal Intervention	4.3	3.8	5.3	5.5
HIV/AIDS	2.5	2.0	2.2	3.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- Local, state and national data are simple three-year averages.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

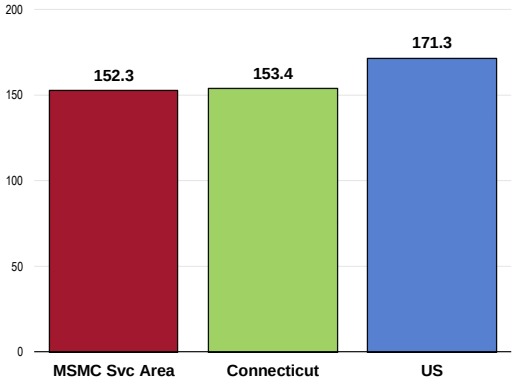
Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

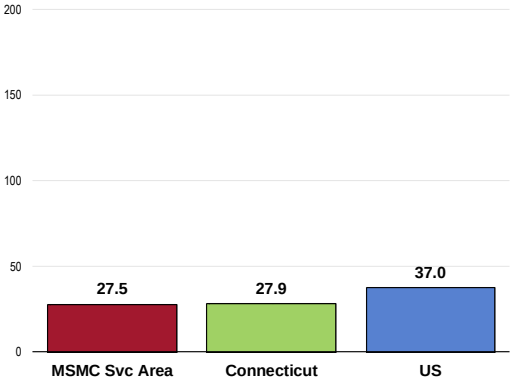
Age-Adjusted Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease: Age-Adjusted Mortality
(2011-2013 Deaths per 100,000 Population)
Healthy People 2020 Target = 158.9 or Lower (Adjusted)



Stroke: Age-Adjusted Mortality
(2011-2013 Deaths per 100,000 Population)
Healthy People 2020 Target = 33.8 or Lower

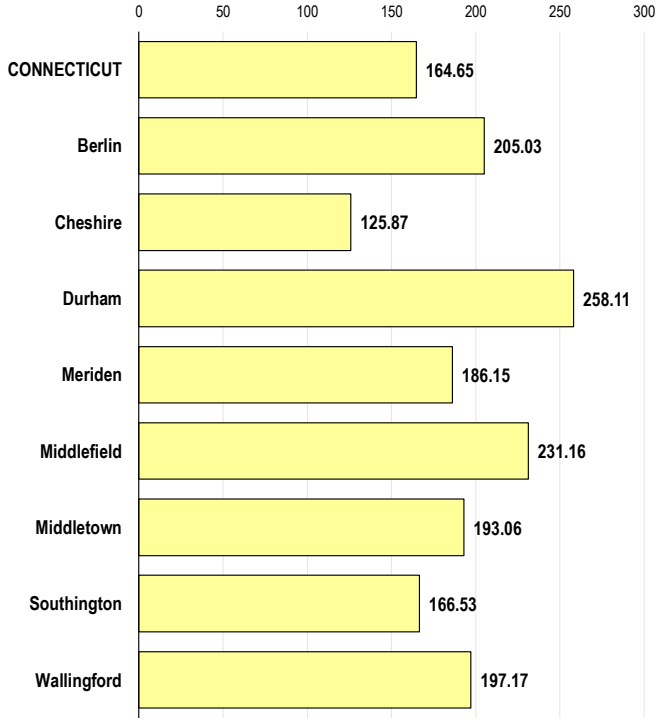


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-2 and HDS-3]

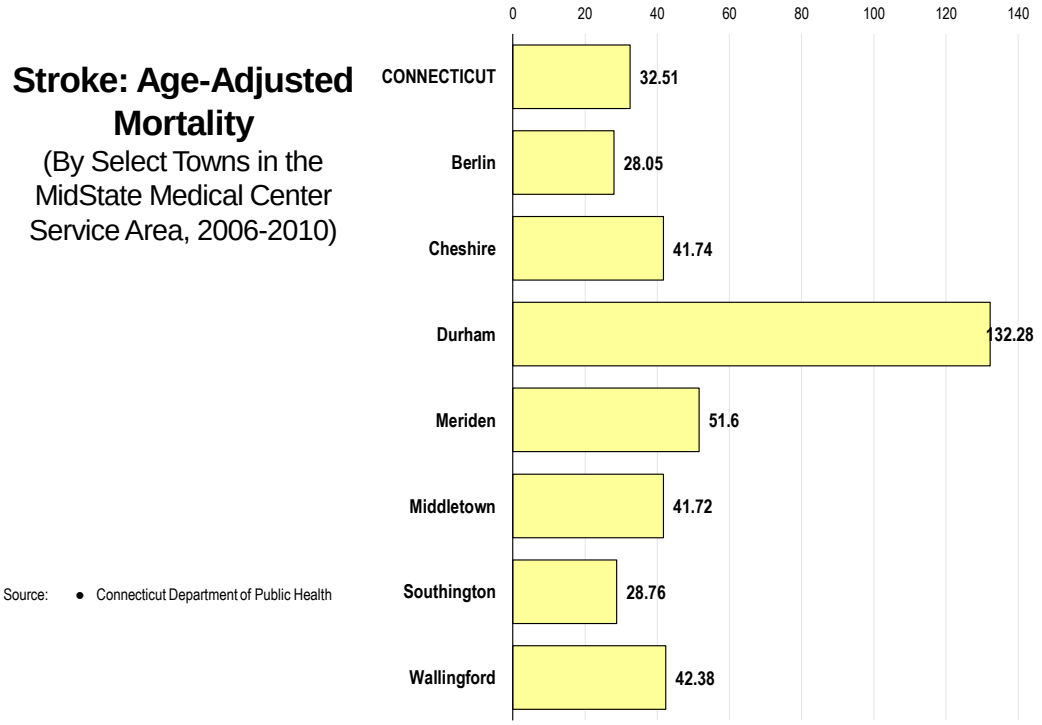
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

The following charts show available local death rates (age-adjusted) for select towns in the MidState Medical Center Service Area.

Heart Disease: Age-Adjusted Mortality
(By Select Towns in the MidState Medical Center Service Area, 2006-2010)



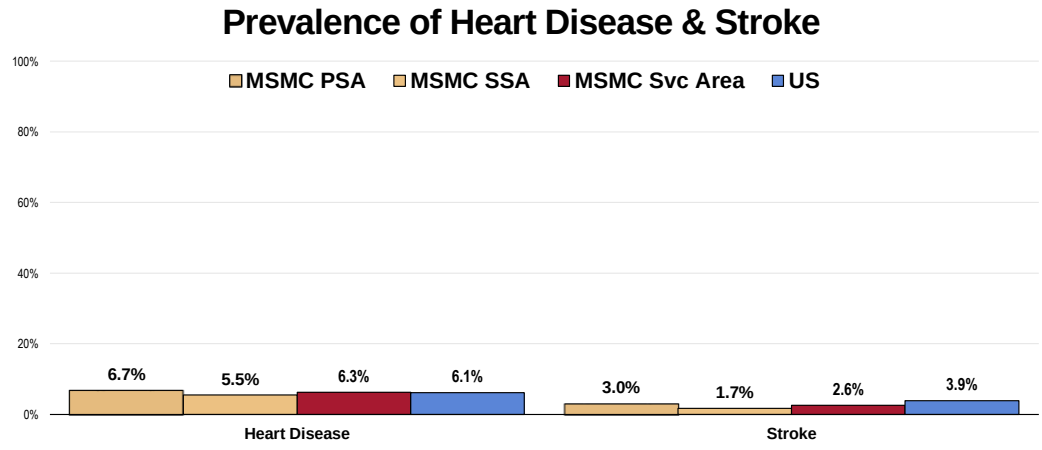
Source:
- Connecticut Department of Public Health



Prevalence of Heart Disease & Stroke

"Has a doctor, nurse or other health professional ever told you that you had: A Heart Attack, Also Called a Myocardial Infarction; or Angina or Coronary Heart Disease?" (Heart disease prevalence below is a calculated prevalence that includes those responding affirmatively to either.)

"Has a doctor, nurse or other health professional ever told you that you had a stroke?"



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 36, 124]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Heart disease includes diagnoses of heart attack, angina or coronary heart disease.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

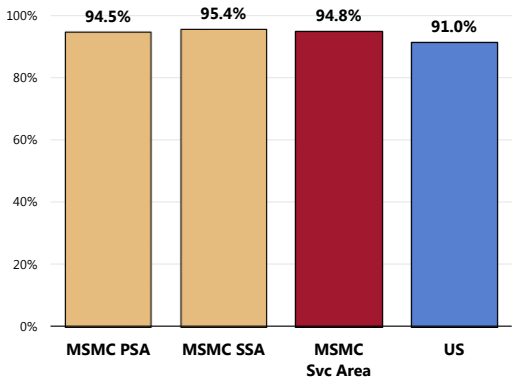
- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure & Cholesterol Testing

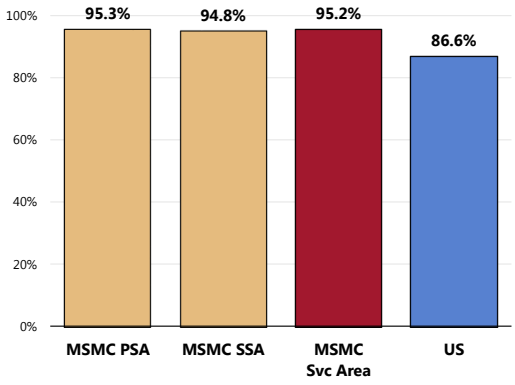
"About how long has it been since you last had your blood pressure taken by a doctor, nurse or other health professional?" (Chart below reflects responses indicating testing within the past 2 years.)

"About how long has it been since you last had your blood cholesterol checked?" (Chart below reflects responses indicating testing within the past 5 years.)

Blood Pressure
Checked in the Past 2 Years
Healthy People 2020 Target = 92.6% or Lower



Blood Cholesterol
Checked in the Past 5 Years
Healthy People 2020 Target = 82.1% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 45, 48]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-4, HDS-6]

High Blood Pressure & Cholesterol Prevalence

"Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure?

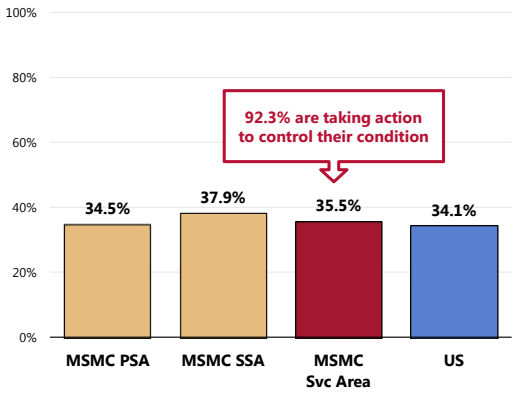
- *"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"*

"Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?"

- *"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"*

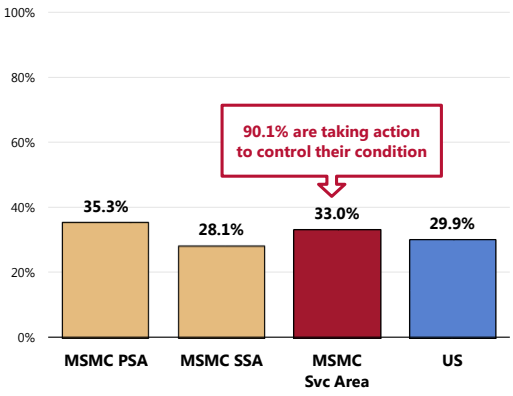
Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



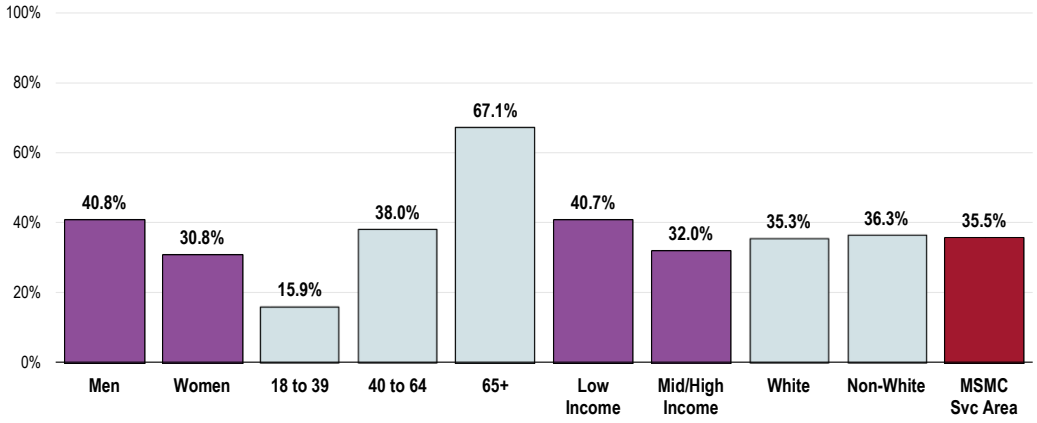
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 47, 125, 126]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1 and HDS-7]

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure

(MidState Medical Center Service Area, 2015)

Healthy People 2020 Target = 26.9% or Lower



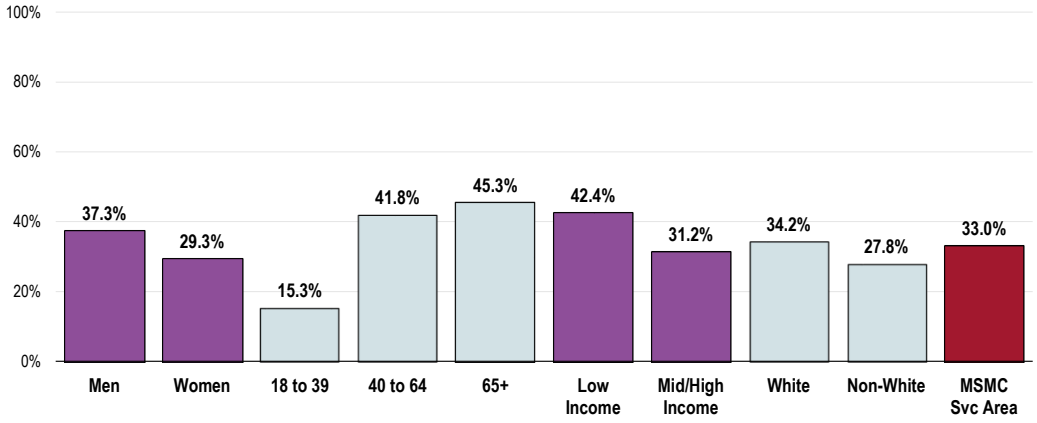
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of High Blood Cholesterol

(MidState Medical Center Service Area, 2015)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

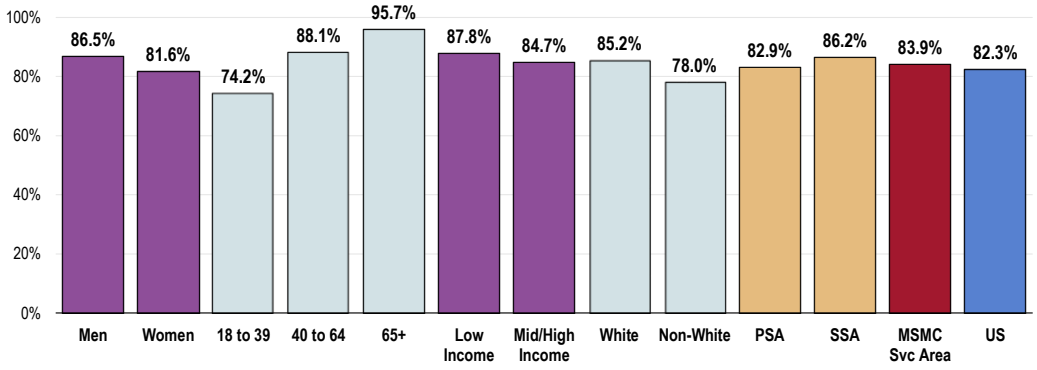
Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Total Cardiovascular Risk

The following chart reflects the percentage of adults in the Total Service area who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol. See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the Modifiable Health Risk section of this report.

Present One or More Cardiovascular Risks or Behaviors
(MidState Medical Center Service Area, 2015)



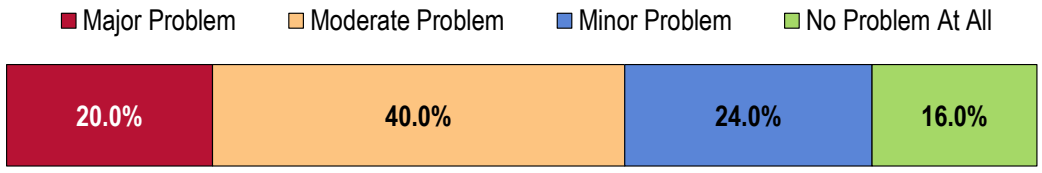
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:

Perceptions of Heart Disease and Stroke as a Problem in the Community
(Key Informants, 2015)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Leading Cause of Death, Prevalence

> *It is a leading cause of death, not just in my community. – Health Provider*
>
> *Heart disease and stroke is considered a major cause of morbidity and mortality. Incidence of the disease and the fact that they are endemic chronic conditions requires attention. Of course, everyone eventually succumbs to heart failure. – Community/Business Leader*
>
> *It is so prevalent and education and prevention does not seem to have an impact as it is today. – Community/Business Leader*

Nutrition, Physical Activity & Weight

> *Heart disease is a nationwide problem and we are included in that. Much of it is person choice but there is also a lack of healthy food establishments in Meriden, too many fast food chains and not enough affordable healthy food. We are also not as active as we can/should be. We need to take a look at what factors are present in the lives of those who do eat healthy and do exercise instead of so much data on why people are not eating healthy or exercising. There are plenty of places in Meriden where one can go for physical activities we need to look at why they are not being utilized. – Public Health Expert*
>
> *Weight issues, lack of activity and other healthy behavioral issues seem to be prevalent in the population we deal with. – Community/Business Leader*

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

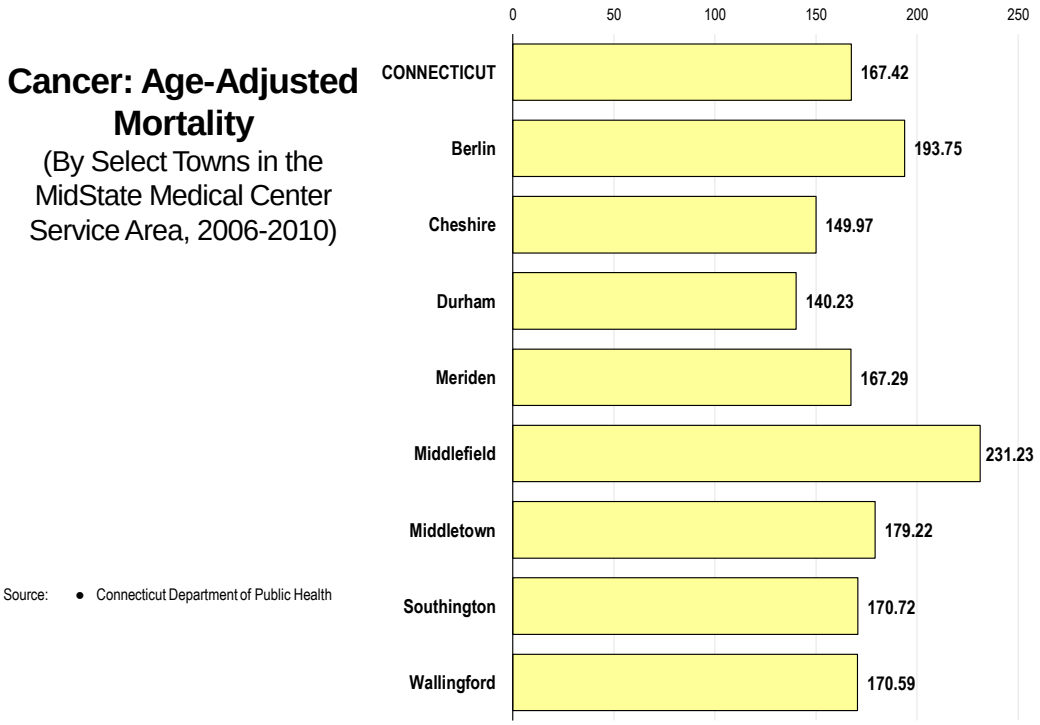
Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted mortality in select towns in the MidState Medical Center Service Area.



Lung cancer is by far the leading cause of cancer deaths in the area. Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

Age-Adjusted Cancer Death Rates by Site

(2011-2013 Annual Average Deaths per 100,000 Population)

	MSMC Svc Area	Connecticut	US	HP2020
Lung Cancer	40.5	38.7	44.7	45.5
Prostate Cancer	19.9	18.2	19.8	21.8
Female Breast Cancer	19.5	19.2	21.3	20.7
Colorectal Cancer	12.3	12.1	14.9	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

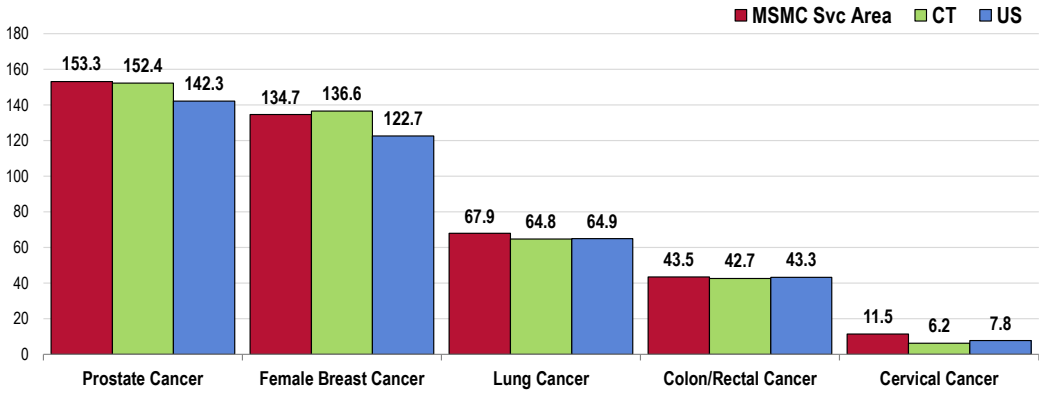
Notes:
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Cancer Incidence

Incidence rates (or case rates) reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. They are usually expressed as cases per 100,000 population per year. Here, these rates are also age-adjusted.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)



Sources:
- State Cancer Profiles: 2007-11.
- Retrieved February 2015 from Community Commons at http://www.chna.org.

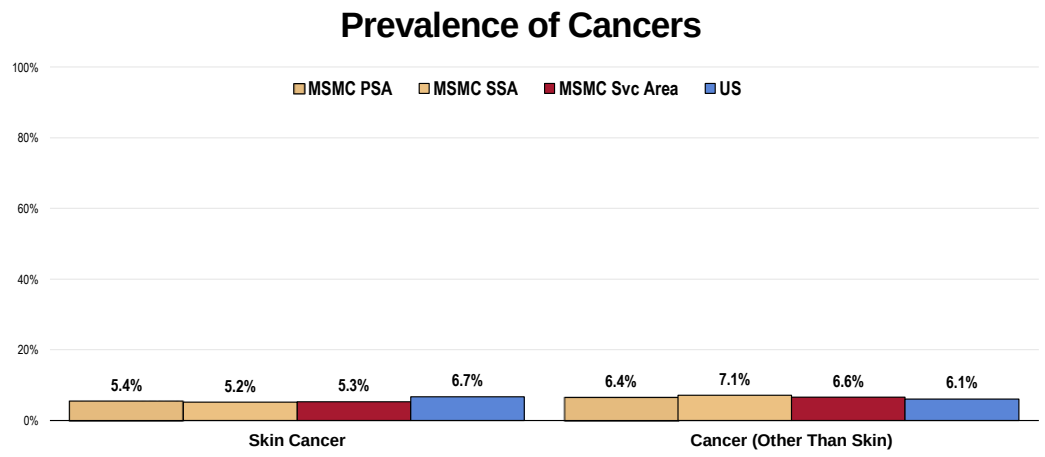
Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Prevalence of Cancer

Skin Cancer

"Would you please tell me if you have ever suffered from or been diagnosed with cancer, not counting skin cancer?"

"Would you please tell me if you have ever suffered from or been diagnosed with skin cancer?"



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 30, 31]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

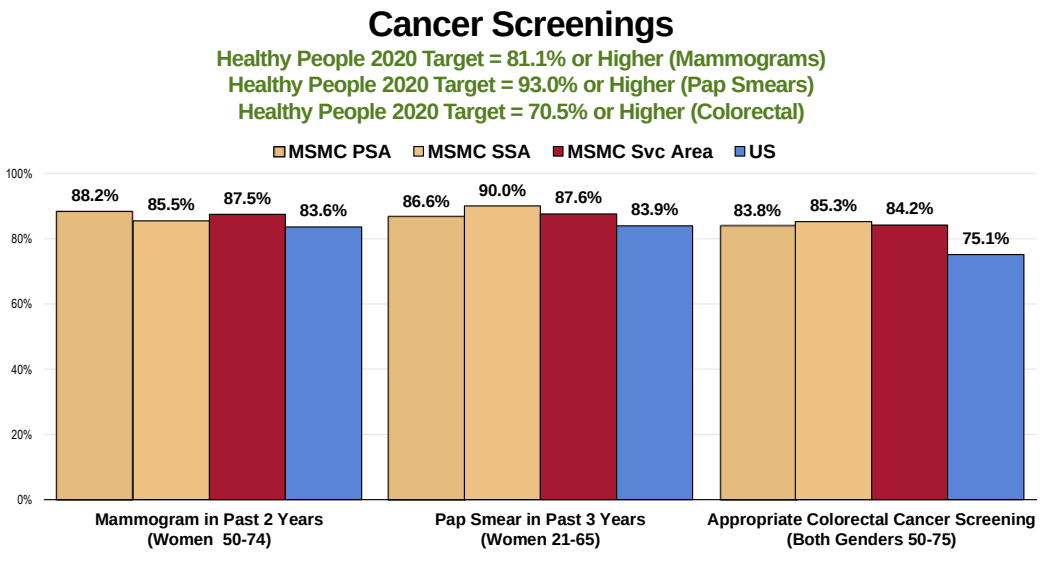
- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Breast Cancer Screening: ***"A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?"*** (Calculated below among women age 50 to 74 indicating screening within the past 2 years.)

Cervical Cancer Screening: ***"A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?"*** (Calculated below among women age 21 to 65 indicating screening within the past 3 years.)

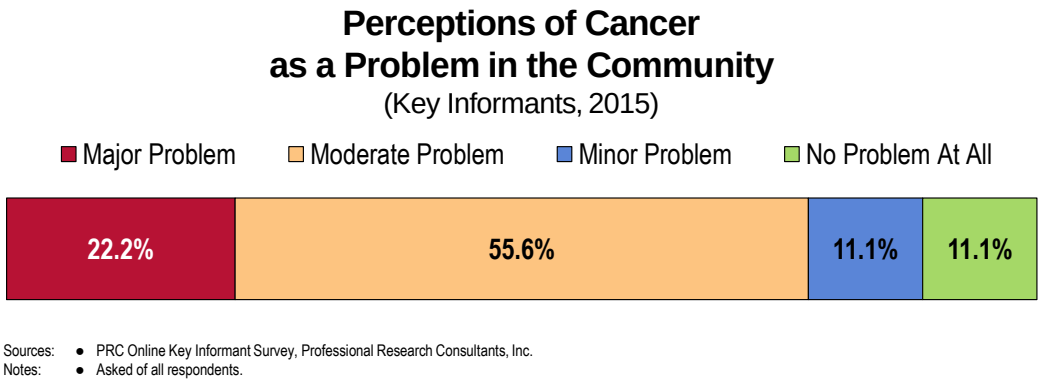
Colorectal Cancer Screening: ***"Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?"*** and ***"A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?"*** (Calculated below among both genders age 50 to 75 indicating fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 129-130, 133]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, and C-17]

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence

> *Cancer is a major problem in all of Connecticut as it ranks 12th in the country for men, 8th in the country for females and 9th in the country for all cancers. – Public Health Expert*
>
> *In both my professional and personal experience, I have encountered an increasingly high number of individuals who are afflicted with cancer or have a family member with cancer. The number seems to be growing each year. – Community/Business Leader*
>
> *As I am aging myself, I know of and hear of more and more people with cancer diagnosis. – Social Services Representative*

Access to Care

> *Since access to healthcare is so limited, people in our community don't have preventative doctor visits. Often times patients learn about the decease at an advanced stage and they don't have the resources to receive appropriate treatment. – Social Services Representative*

Prevention & Early Detection

> *So many families are struck by cancer. Early detection and awareness of disease and prevention needed. – Community/Business Leader*

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

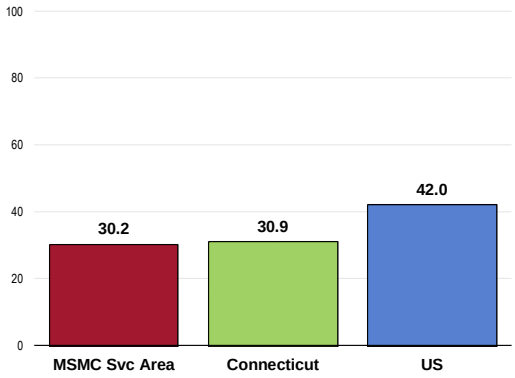
[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

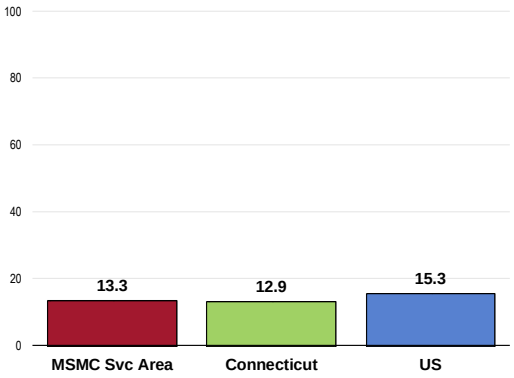
Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

Pneumonia and influenza mortality is also illustrated in the following chart. For prevalence of vaccinations against pneumonia and influenza, see also *Immunization & Infectious Disease*.

Chronic Lower Respiratory Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)



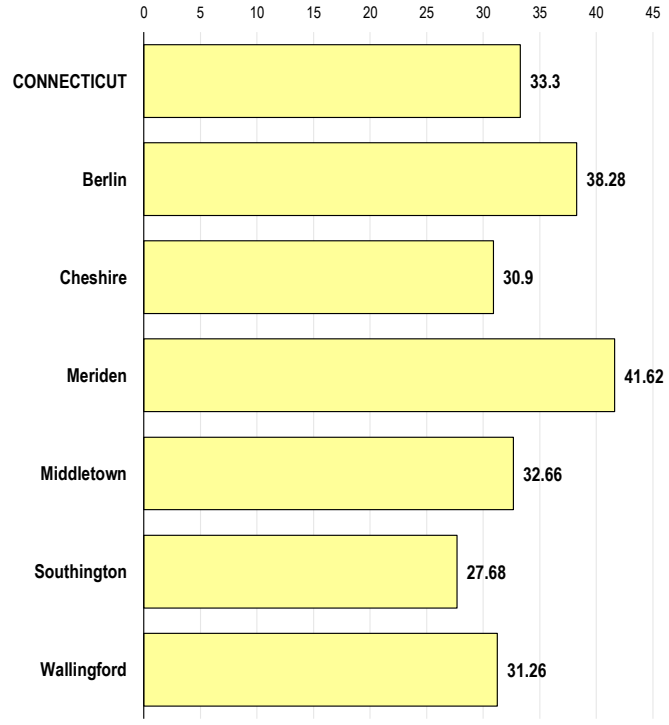
Pneumonia/Influenza: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● Local, state and national data are simple three-year averages.
● CLRD is chronic lower respiratory disease.

Town-level mortality rates are shown below.

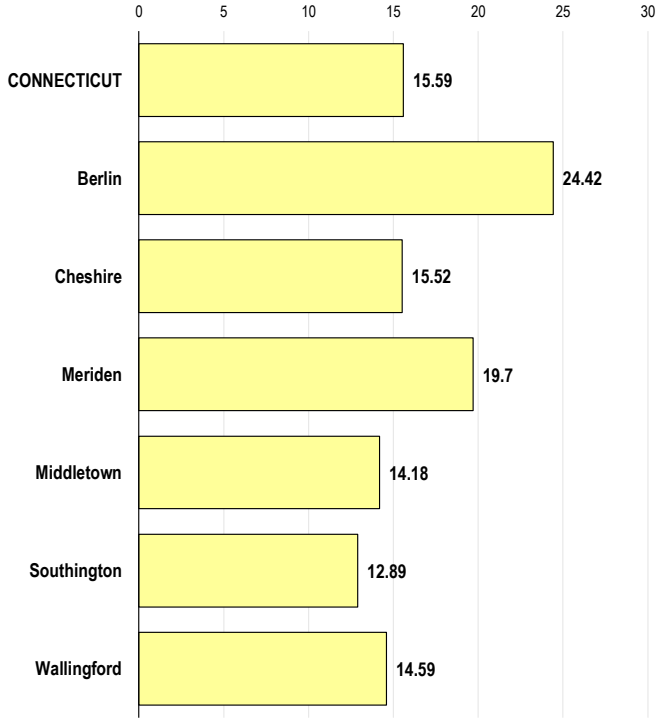
CLRD: Age-Adjusted Mortality
(By Select Towns in the MidState Medical Center Service Area, 2006-2010)



Source: ● Connecticut Department of Public Health

Influenza/Pneumonia: Age-Adjusted Mortality

(By Select Towns in the MidState Medical Center Service Area, 2006-2010)



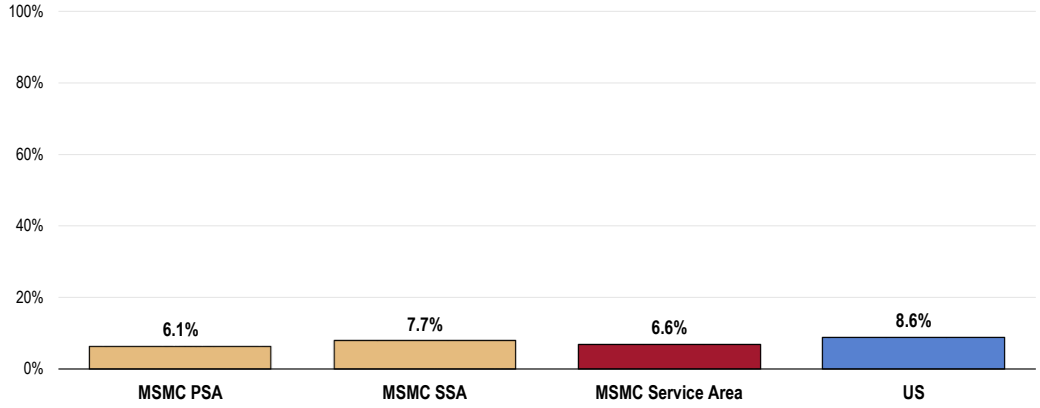
Source: • Connecticut Department of Public Health

Prevalence of Respiratory Diseases

COPD

"Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?"

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

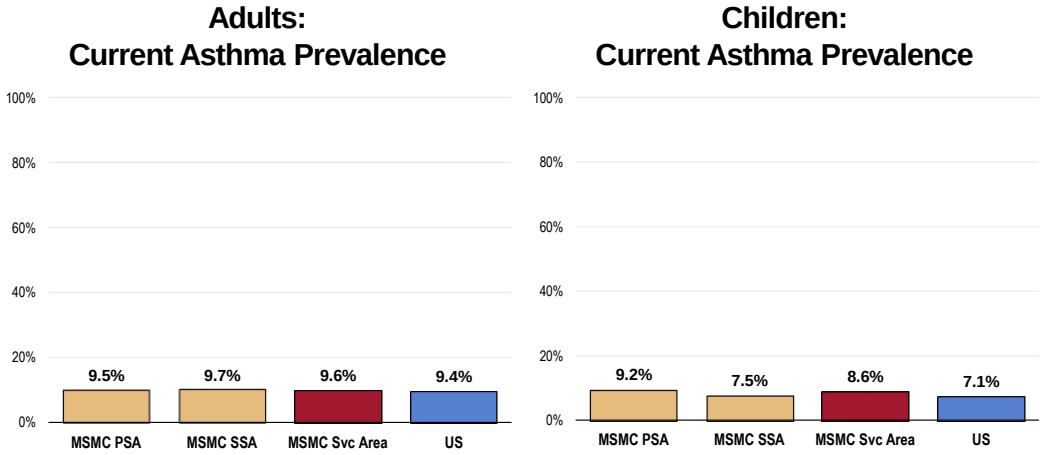


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

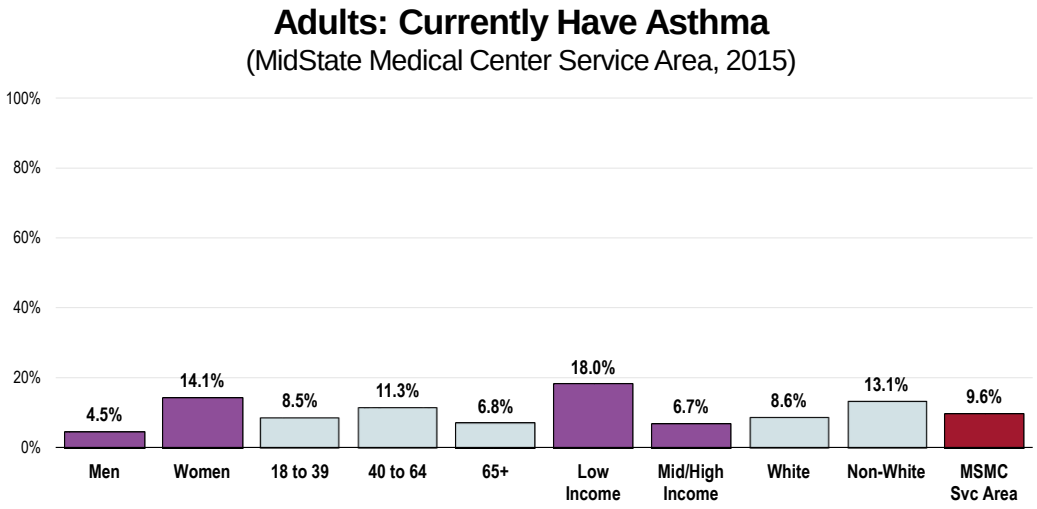
Asthma

Adults: ***"Have you ever been told by a doctor, nurse, or other health professional that you had asthma?"*** and ***"Do you still have asthma?"*** (Calculated below as a prevalence of all adults who have ever been diagnosed with asthma and who still have asthma ["current asthma"]).

Children: ***"Has a doctor or other health professional ever told you that this child had asthma?"*** and ***"Does this child still have asthma?"*** (Calculated below as a prevalence of all children who have ever been diagnosed with asthma and who still have asthma ["current asthma"]).



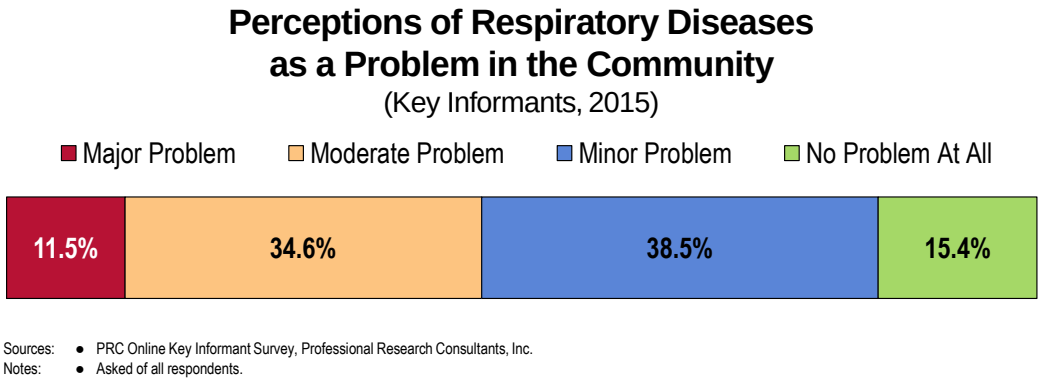
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 134, 135]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Respiratory Disease

The following chart outlines key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Asthma

> *Asthma would be the top issue for Meriden, followed by smoking related issues. – Public Health Expert*
>
> *Asthma is a major problem affecting many children in inner city of Meriden. This has many complicating factors and needs a more comprehensive approach with additional resources. – Community/Business Leader*

Air Pollution

> *Allergies to things put in the air. Tobacco and weed. Dust and molds. Household cleaners. Town dump burning. Chlorine not removed from drinking water, before drinking. – Community/Business Leader*

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

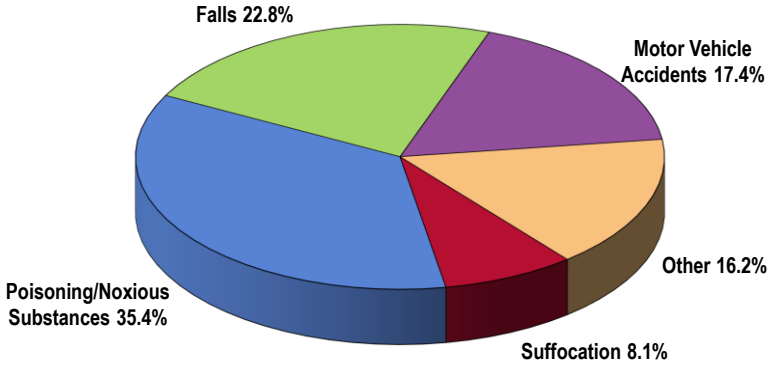
- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Leading causes of accidental death in the area include the following:

Leading Causes of Accidental Death
(MidState Medical Center Service Area, 2011-2013)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

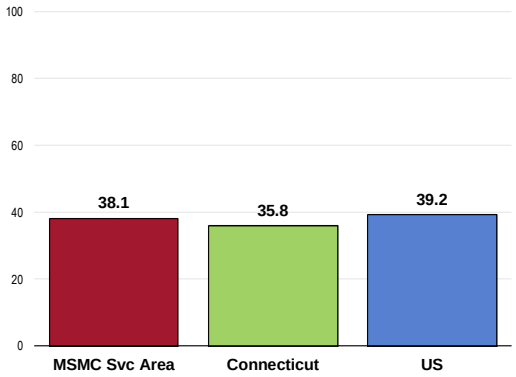
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

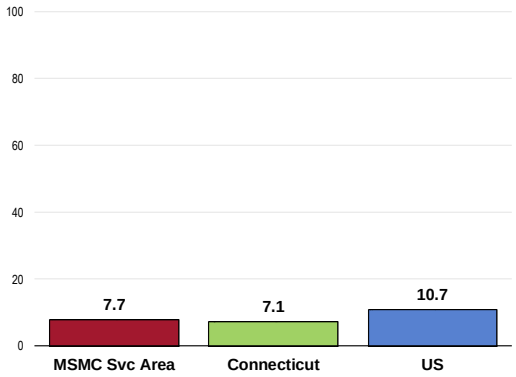
The following chart outlines age-adjusted mortality rates for unintentional injury in the area, including age-adjusted mortality rates attributed specifically to motor vehicle crashes.

- Note the Healthy People 2020 targets.

Unintentional Injury: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.0 or Lower



Motor Vehicle Crashes: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 12.4 or Lower

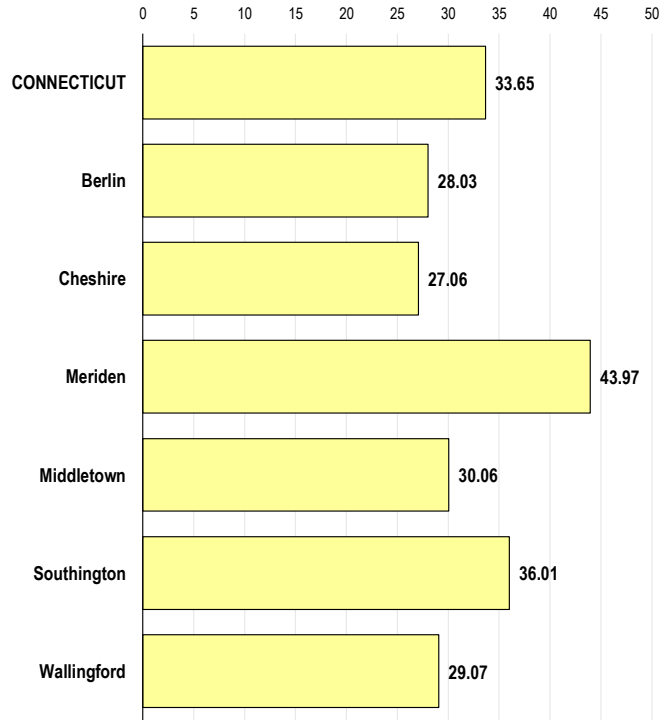


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives IVP-11 and IVP-13.1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Town-level mortality for unintentional injury is shown below.

Unintentional Injury: Age-Adjusted Mortality
(By Select Towns in the MidState Medical Center Service Area, 2006-2010)



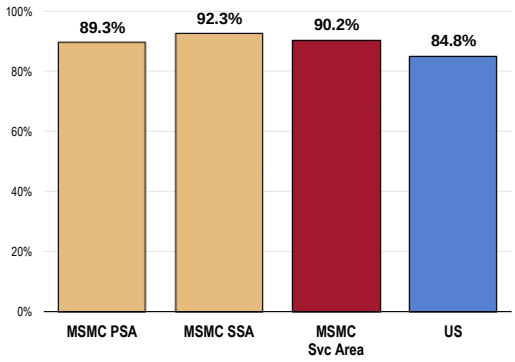
Source: • Connecticut Department of Public Health

Seat Belt/Car Seat Usage

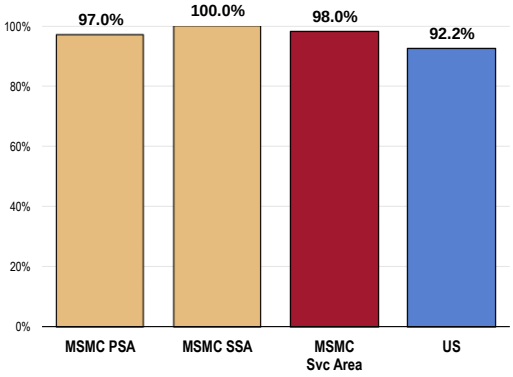
Adults: ***"How often do you use seat belts when you drive or ride in a car? Would you say: always, nearly always, sometimes, seldom, or never?"***

Children: ***"How often does this child wear a child restraint or seat belt when riding in a car? Would you say: always, nearly always, sometimes, seldom, or never?"***

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle
Healthy People 2020 Target = 92.0% or Higher



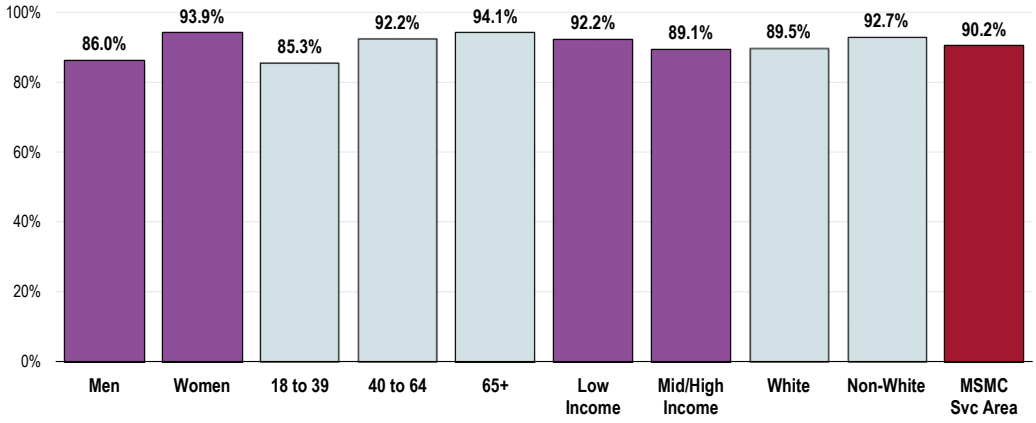
Child "Always" Uses Appropriate Safety Restraint (Seat Belt/Car Seat) When Riding in a Vehicle



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 49 and 122]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]

Notes:
- Asked of all respondents.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle
(MidState Medical Center Service Area, 2015)
Healthy People 2020 Target = 92.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

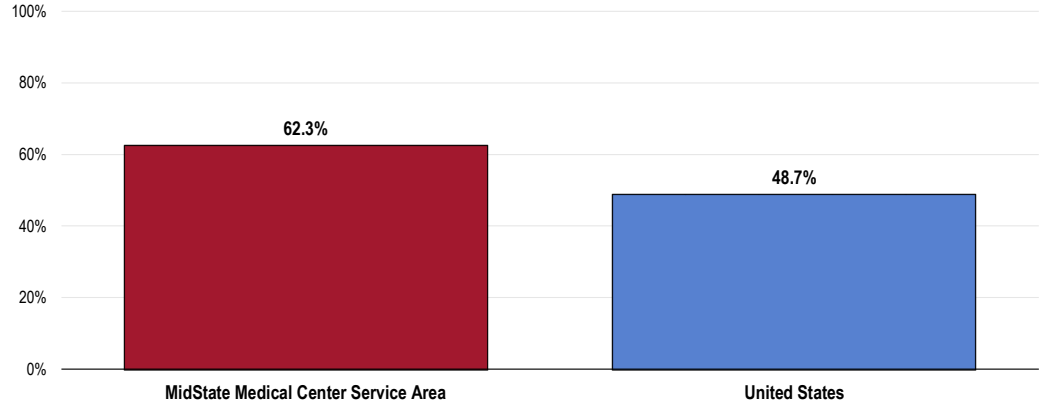
Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Bicycle Safety

Children Age 5-17: ***"In the past year, how often has this child worn a bicycle helmet when riding a bicycle? Would you say: always, nearly always, sometimes, seldom, or never?"***

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5 to 17 at home.

Firearms

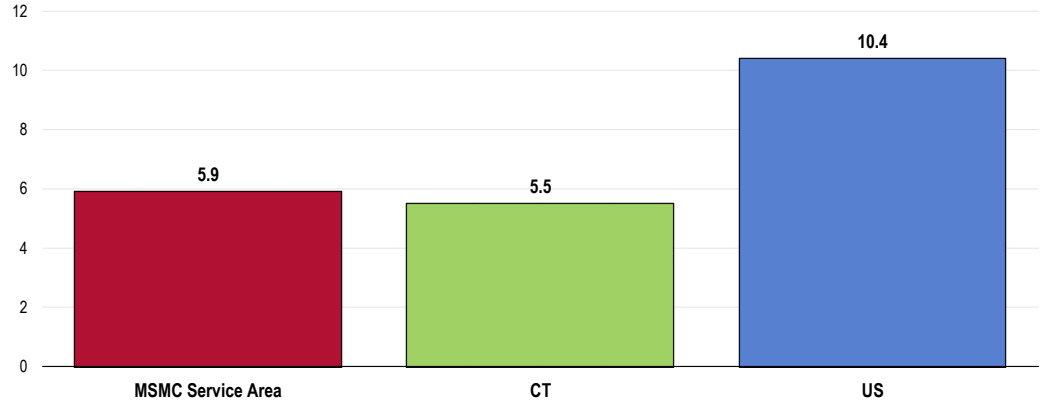
Age-Adjusted Firearm-Related Deaths

The following chart outlines the age-adjusted mortality rate in the area attributed to firearms (including both accidental and intentional discharge), compared to state and national rates.

Firearms-Related Deaths: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



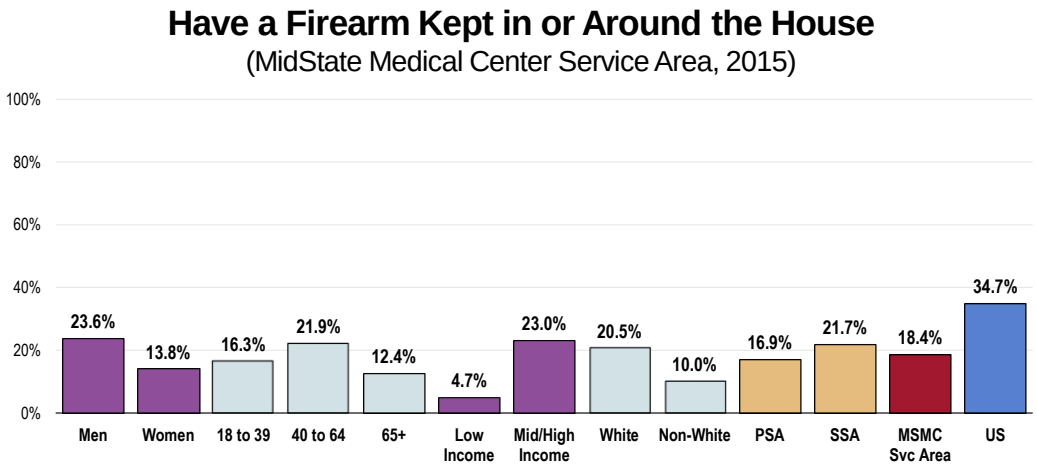
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Presence of Firearms in Homes

"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

"An unlocked firearm is one that does NOT need a key or combination to get to the gun or fire it. The safety is NOT counted as a lock. Are any of these firearms unlocked?" and ***"Are any of these unlocked firearms now loaded?"*** (Calculated below as the percentage of respondents who have firearms at home and who keep at least one firearm unlocked and loaded.)



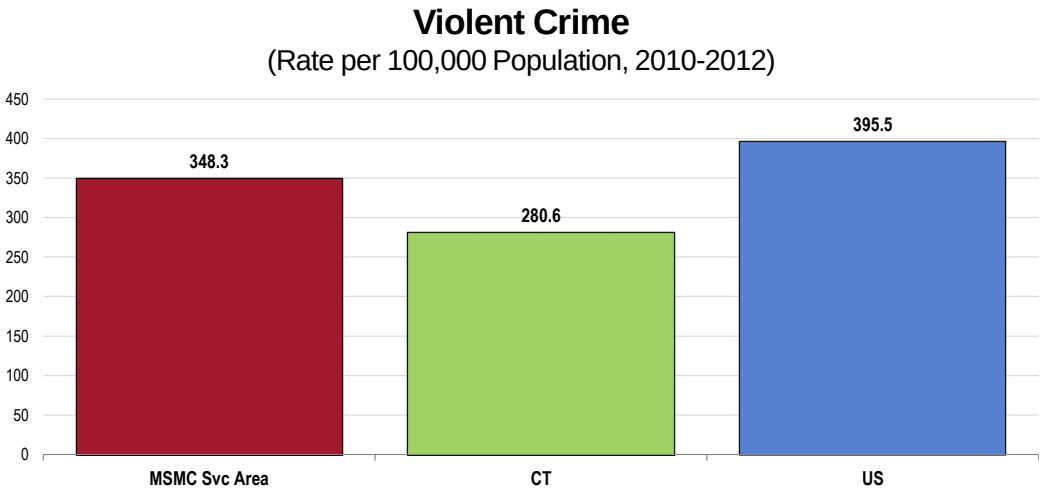
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Intentional Injury (Violence)

Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault. Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

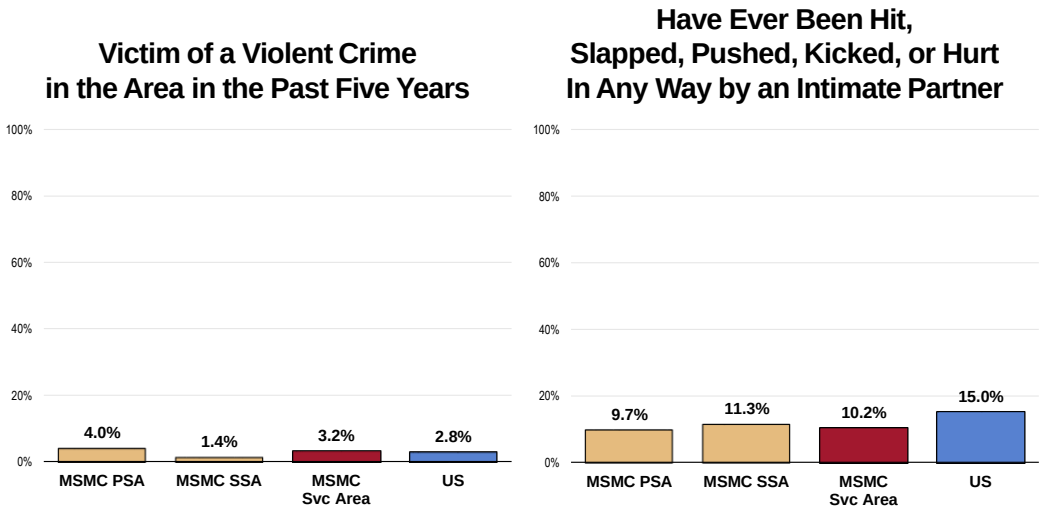


Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2012.
- Retrieved February 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Violent Crime Experience: ***"Have you been the victim of a violent crime in your area in the past 5 years?"***

Intimate Partner Violence: ***"The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?"***

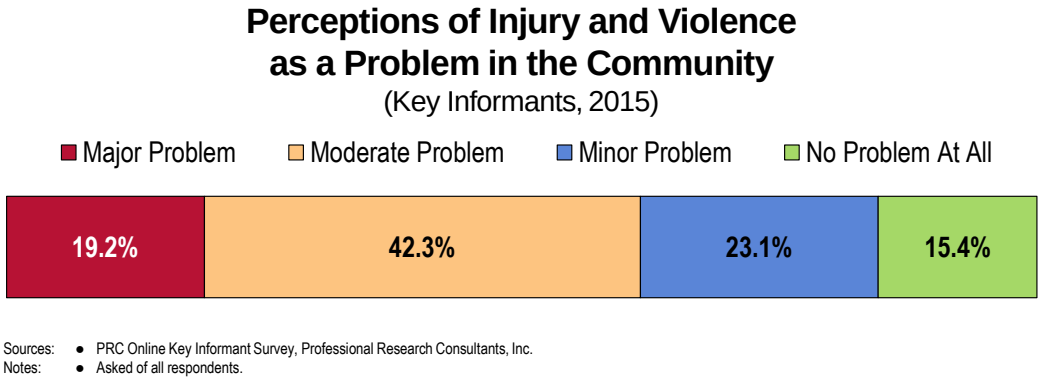


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 50, 51]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Violence in the Community

> *Rates of community, sexual and domestic violence. – Social Services Representative*
>
> *Violence of person against person is a result of a society which is intolerant of others and has grown up that way. – Community/Business Leader*
>
> *Watch the news on television. More and more people are not taught self-control when they are young. Many are on drugs and don't realize they are injuring someone else because while on drugs they can't feel pain themselves. People need to see more images of positive relationships and conflict resolution. – Community/Business Leader*
>
> *The first step in preventing violence is to understand the "who", "what", "when", "where" and "how" associated with it. Grasping the magnitude of the problem involves analyzing data such as the number of violence-related behaviors, injuries, and deaths. Data can demonstrate how frequently violence occurs, where it is occurs, trends, and who the victims and perpetrators are. – Public Health Expert*

Injury in Older Adults

> *Injury in the home is one of the largest measures of incidence, especially in the elderly. – Community/Business Leader*

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

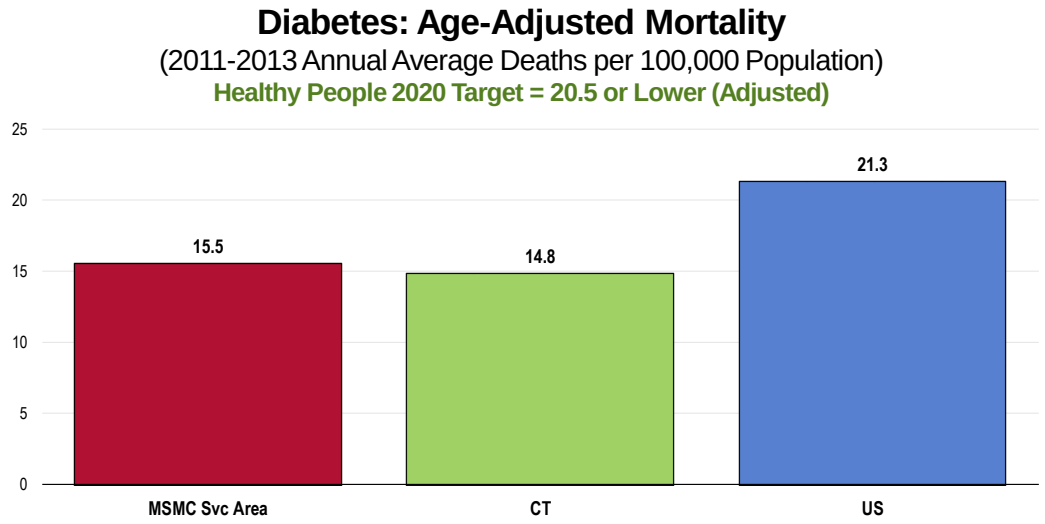
Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart.

- Note the Healthy People 2020 target (as adjusted to account for diabetes mellitus-coded deaths).

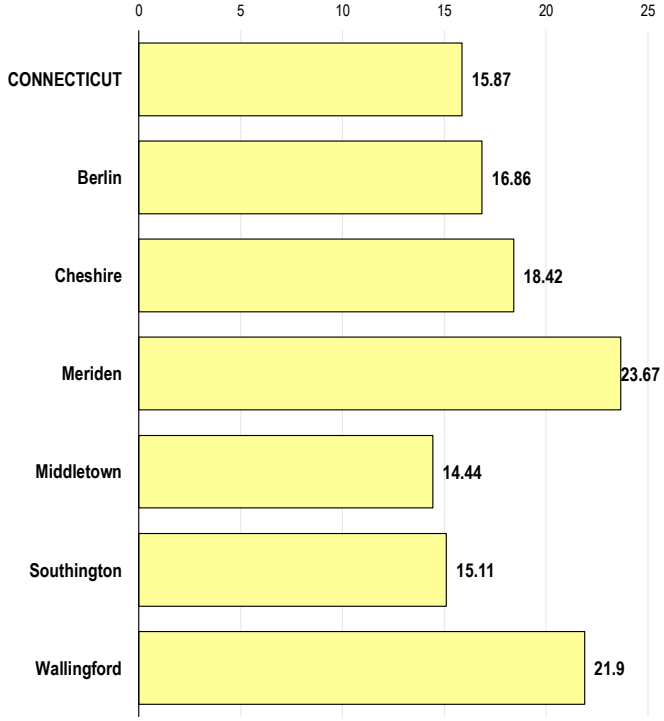


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Local diabetes mortality for select towns in the MidState Medical Center Service Area:

Diabetes: Age-Adjusted Mortality
(By Select Towns in the MidState Medical Center Service Area, 2006-2010)

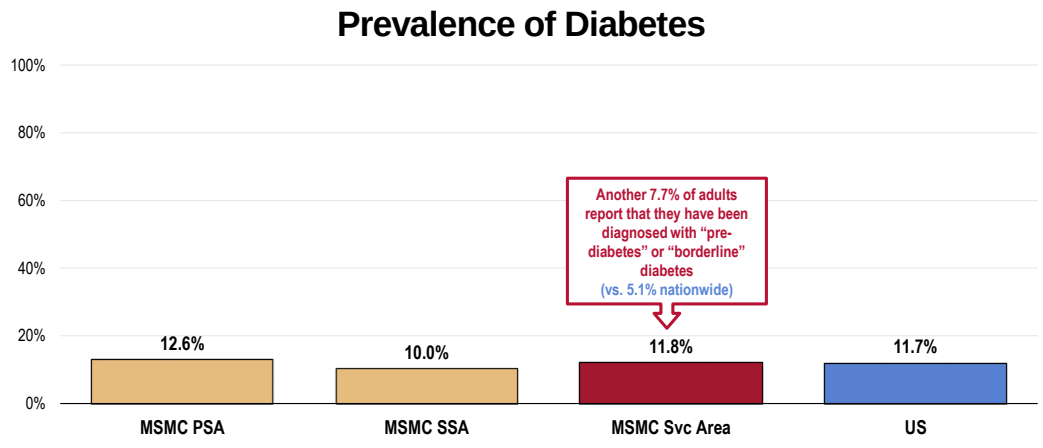


Source: • Connecticut Department of Public Health

Prevalence of Diabetes

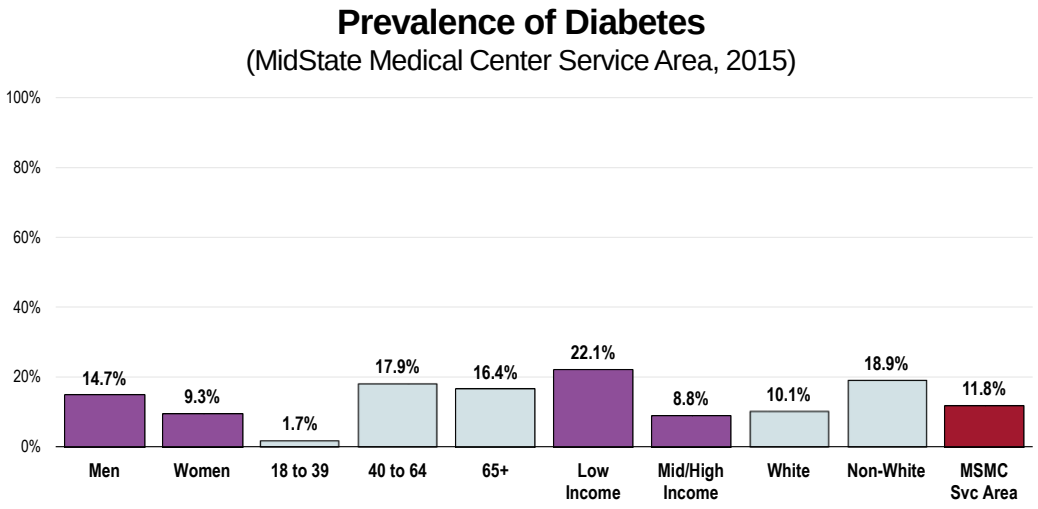
"Have you ever been told by a doctor that you have diabetes? (If female, add: Not counting diabetes only occurring during pregnancy?)"

"(If female, add: Other than during pregnancy,) Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?"



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

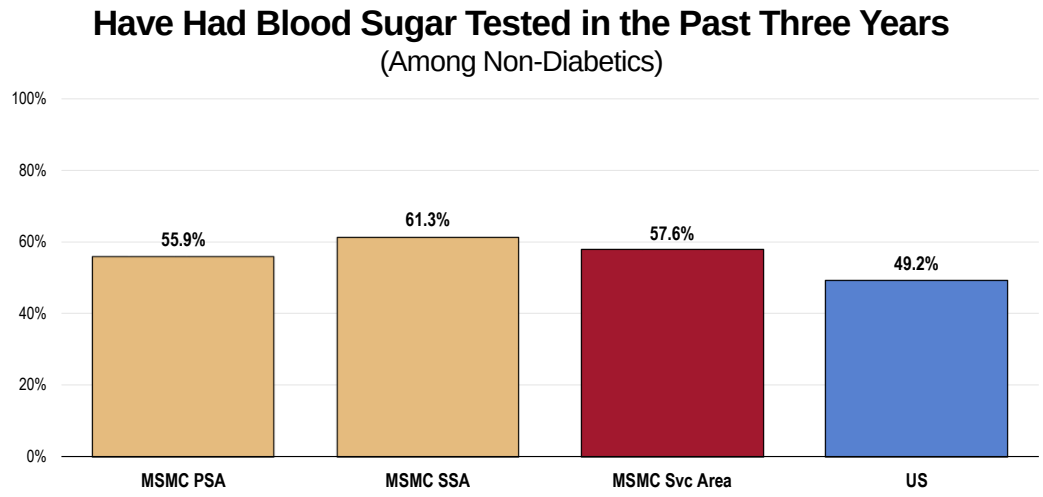


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

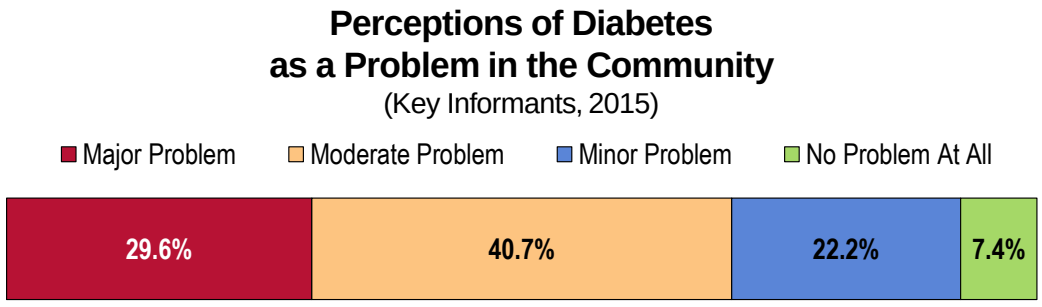
"Have you had a test for high blood sugar or diabetes within the past three years?"



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Challenges

Among those rating this issue as a "major problem," the biggest challenges for people with diabetes are seen as:

Nutrition, Physical Activity & Weight

> *Learning and maintaining healthy eating habits. The cost of healthy food is high. For the older population is harder to understand how to choose the right foods and the importance of taking their medicines on a strict schedule. – Social Services Representative*

Lack of understanding of diet/nutrition and impact on "sugar." Lack of exercise. – Community/Business Leader

As obesity rates increase, diabetes increases. Meriden has a large Hispanic population who also have higher prevalence rates of diagnosed diabetes, higher rates of mortality and premature mortality due to diabetes, higher rates of hospitalization due to diabetes, higher rates of diabetes-related lower-extremity amputations and a large contributor to diabetes and other chronic diseases is the higher rates of obesity in the Hispanic population. – Public Health Expert

Self-Management

Self-management. – Social Services Representative

Identification and management/compliance. Diabetes in the young has been difficult to manage, both by the patient and by the parent/guardian. There are conflicting approaches by the parent with the caregiver and with the patient. Too many fragile children with diabetes. Diabetes in older people often goes undiagnosed, untreated and poorly managed in those in the lower social/income/education strata. Lack of commitment to the treatment protocol and follow-up on the part of the patient. – Community/Business Leader

Education

Education of preventative care as well as healthy eating options to prevent and/or live with diabetes. – Community/Business Leader

Education and prevention awareness at early ages. – Community/Business Leader

Access to Care

Access to unbiased, non-shaming care. – Social Services Representative

Dialysis treatment. To many clients and not enough time in the three days that they try to pack them in. – Community/Business Leader

Alzheimer's Disease

About Dementia

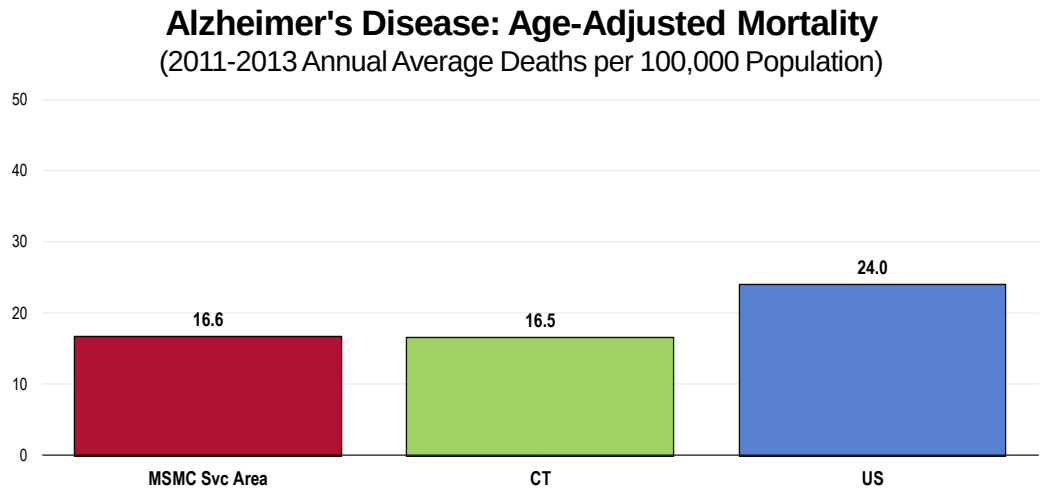
Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

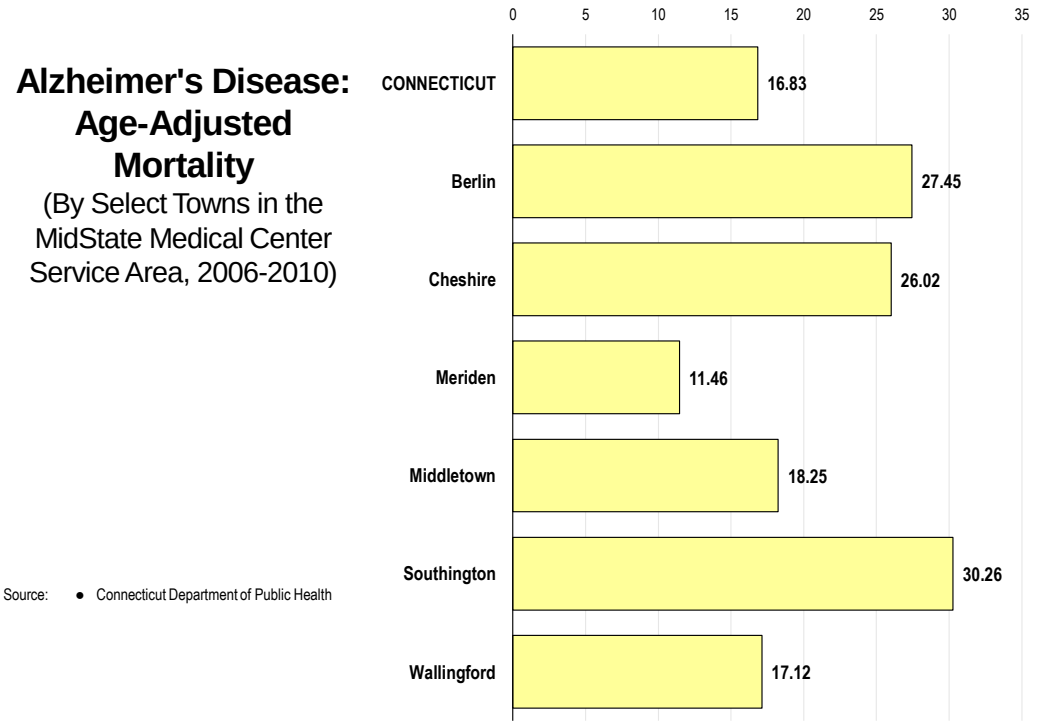
Age-Adjusted Alzheimer's Disease Deaths

Age-adjusted Alzheimer's disease mortality rates for the region and select towns are outlined below.



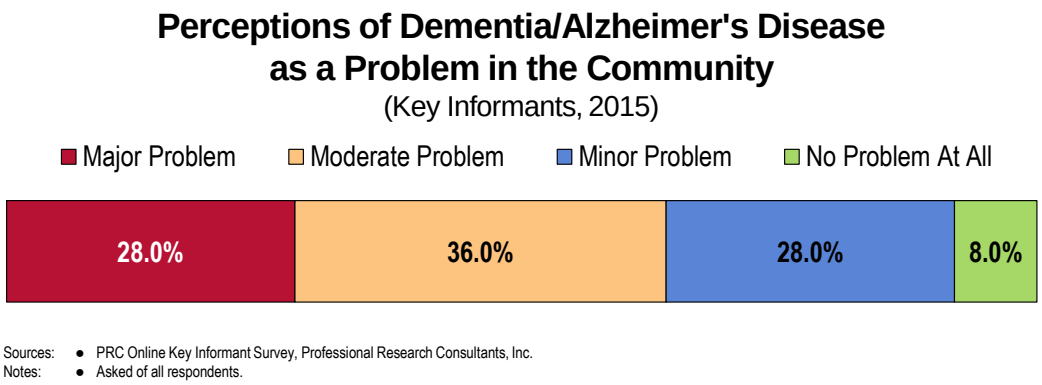
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.



Key Informant Input: Dementias, Including Alzheimer's Disease

The following chart outlines key informants' perceptions of the severity of *Dementias, Including Alzheimer's Disease* as a problem in the community:



Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence

> *Our population is living longer, rates in general are increasing, population of elderly in Meriden and their access to care. We still have a lot to learn about this disease and treatments among the medical community in the United States. There is also a great deal of denial among the patient and/or family members. – Public Health Expert*

> *There have been many open community screenings which people have taken advantage of from our organization where a high number of participants suffered from severe cognitive impairment. Many were still driving or had no advocates. – Health Provider*
>
> *Increased frequency of early onset and overall numbers. – Social Services Representative*

Limited Resources

> *I am finding that more residents are looking for resources to help themselves or family members who have been diagnosis with it. – Community/Business Leader*
>
> *The medical community doesn't acknowledge it in a patient in time. Symptoms of Dementia can be caused by many things: ex. if a patient can't hear well, or see well they tend to "tune out". So what can appear as dementia can be something else. Symptoms of dementia are also said to be related to nutrition, metal or plastics toxins, wrong medication, depression. Personally, my dad has dementia but if he was in a nursing home, and he was, they kept trying to medicate him with various anti-anxiety medications. One doctor would put him on medications and the other doctor would take him off. I took him home and he is doing much better and we are glad to have him. Resources for care at home are significantly limited and it makes it harder on the family. – Community/Business Leader*

Education

> *These are generally end-of-life matters for the population to deal with, and too few persons are knowledgeable in general terms or prepared to deal with it. This covers both patient and family/caregivers. – Community/Business Leader*

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

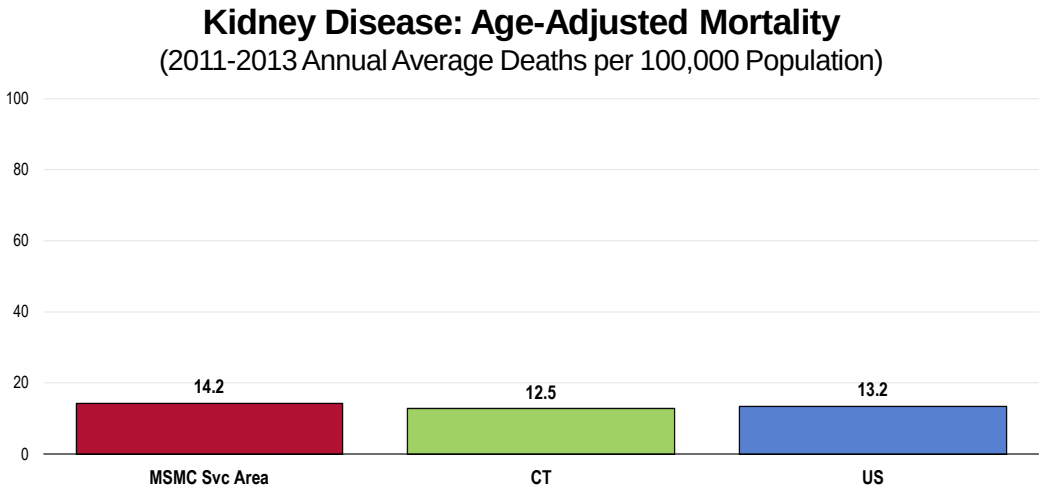
Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Age-adjusted kidney disease mortality is described in the following charts.

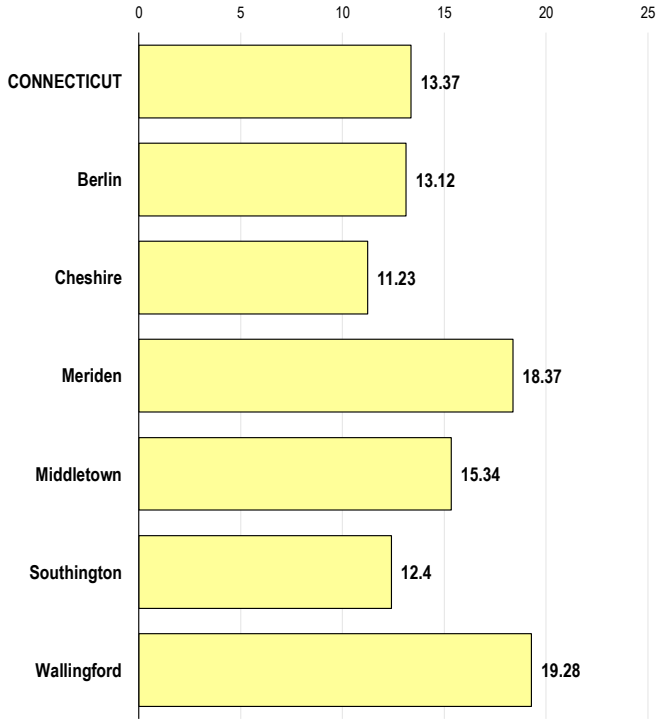


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Kidney Disease: Age-Adjusted Mortality

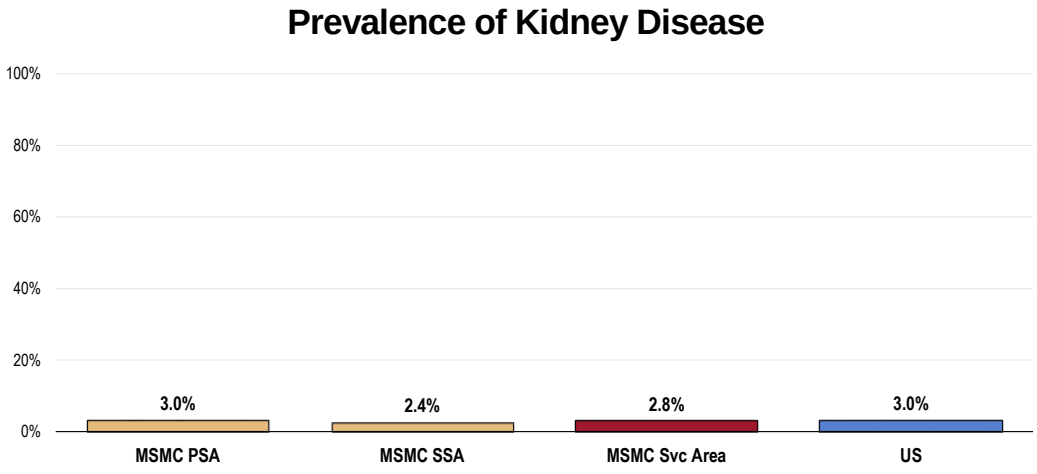
(By Select Towns in the MSMC Svc Area, 2006-2010)



Source: • Connecticut Department of Public Health

Prevalence of Kidney Disease

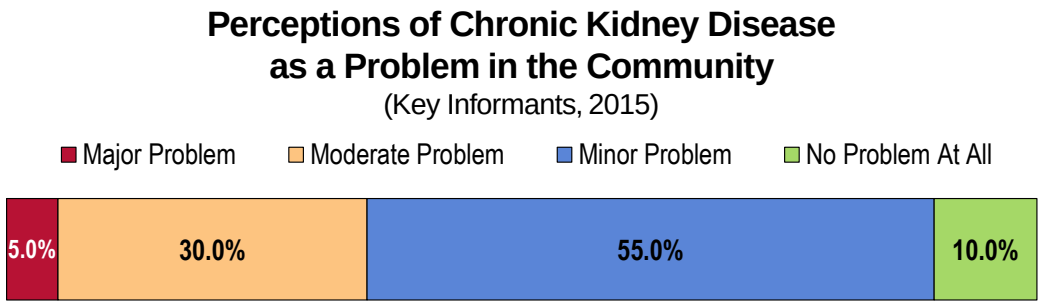
"Would you please tell me if you have ever suffered from or been diagnosed with kidney disease?"



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Chronic Kidney Disease

The following chart outlines key informants' perceptions of the severity of *Chronic Kidney Disease* as a problem in the community:



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

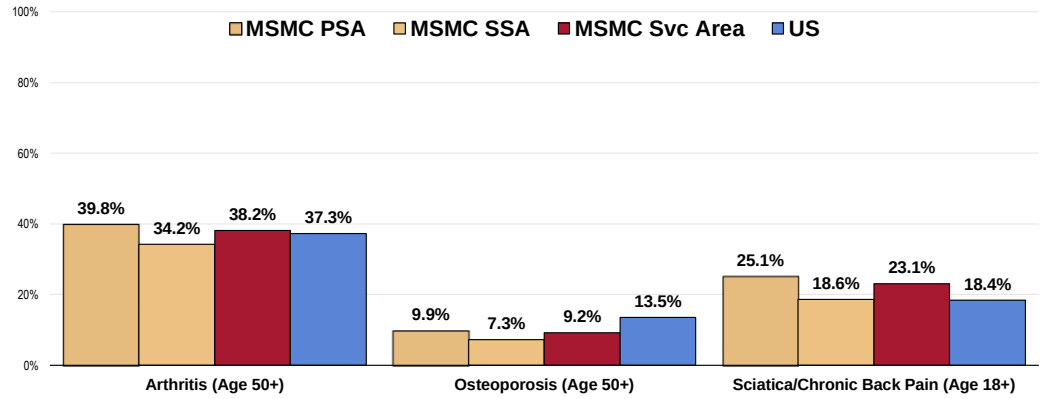
"Would you please tell me if you have ever suffered from or been diagnosed with arthritis or rheumatism?" (Reported below among only those age 50+.)

"Would you please tell me if you have ever suffered from or been diagnosed with osteoporosis?" (Reported below among only those age 50+.)

"Would you please tell me if you have ever suffered from or been diagnosed with sciatica or chronic back pain?" (Reported below among all adults age 18+.)

See also *Activity Limitations* in the General Health Status section of this report.

Prevalence of Arthritis, Osteoporosis & Chronic Back Conditions



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 29, 139, 140]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

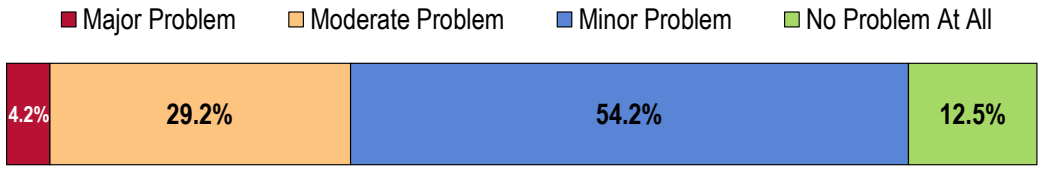
Notes:
- Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The following chart outlines key informants' perceptions of the severity of *Arthritis, Osteoporosis & Chronic Back Conditions* as a problem in the community:

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2015)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Vision & Hearing Impairment

Vision Trouble

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

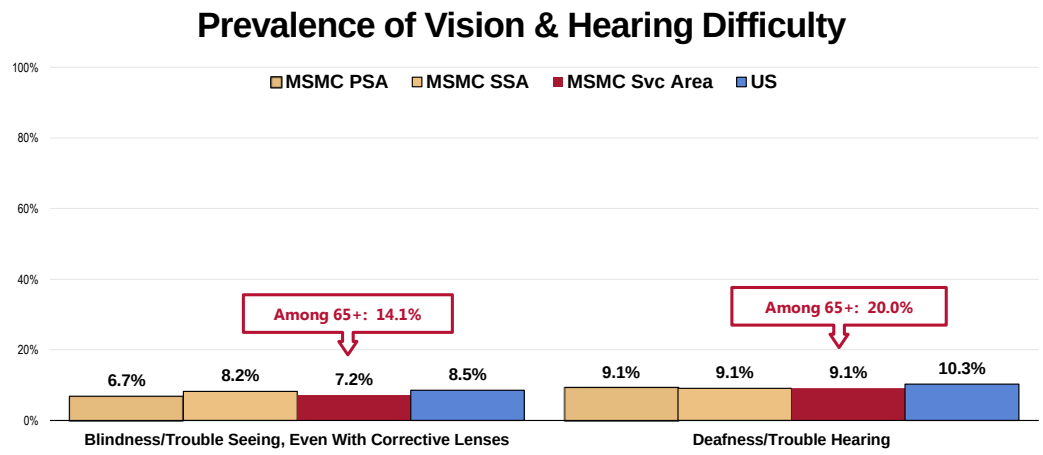
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

"Would you please tell me if you have ever suffered from or been diagnosed with blindness or trouble seeing, even when wearing glasses?"

"Would you please tell me if you have ever suffered from or been diagnosed with deafness or trouble hearing?"

- Note the higher prevalence among older adults (age 65+).

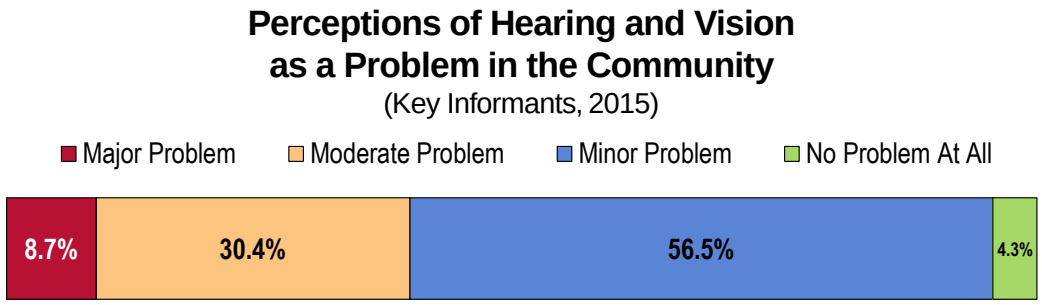


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26-27]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Vision & Hearing

The following chart outlines key informants' perceptions of the severity of *Vision & Hearing* as a problem in the community:



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Infectious Disease

About Immunization & Infectious Diseases

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

- Healthy People 2020 (www.healthypeople.gov)

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

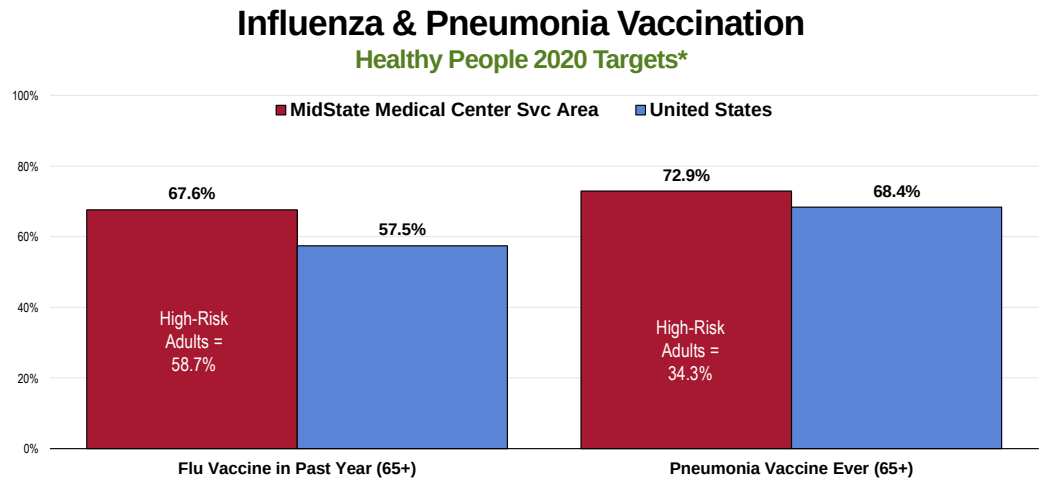
Flu Vaccinations

"There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist®. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?"

"A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the seasonal flu shot. Have you ever had a pneumonia shot?"

Chart columns below show these findings among those age 65+. Percentages for "high-risk" adults age 18-64 in the MidState Medical Center Service Area are also shown; here, "high-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.)

- Note also the Healthy People 2020 targets.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 141-144]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives IID-12.6, 12.7, 13.1, 13.2]

Notes:
- Asked of all respondents.
- *The Healthy People 2020 target for influenza vaccination is 70% for all populations; the targets for pneumonia vaccination are 90% for 65+ and 60% for other high-risk adults.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

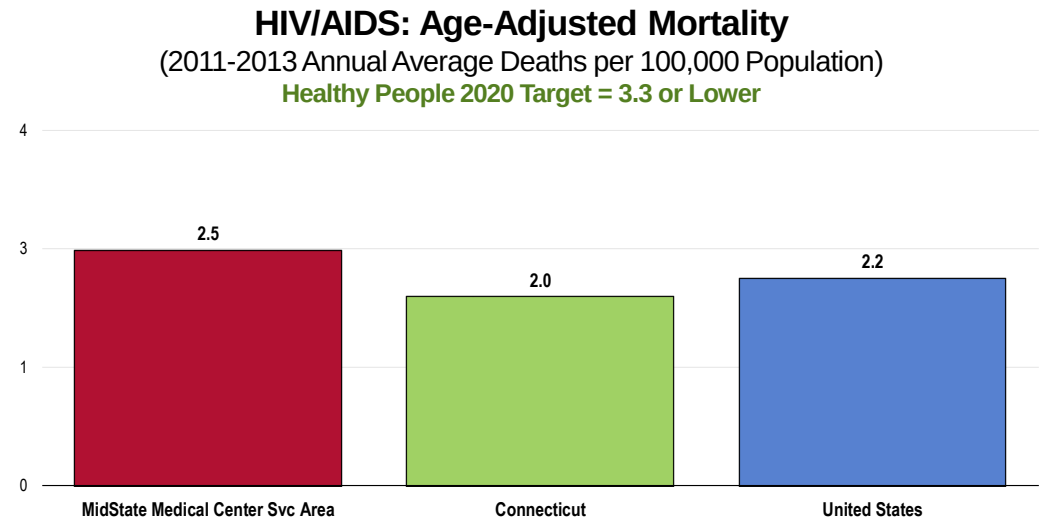
- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

HIV/AIDS Deaths

The following chart outlines age-adjusted mortality rates for the area in comparison with state and national rates.

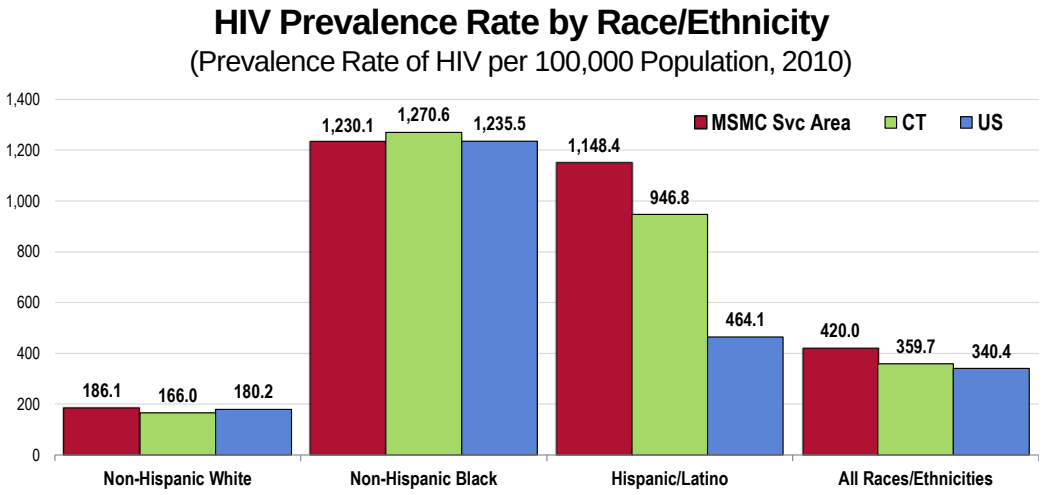


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

HIV Prevalence

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.

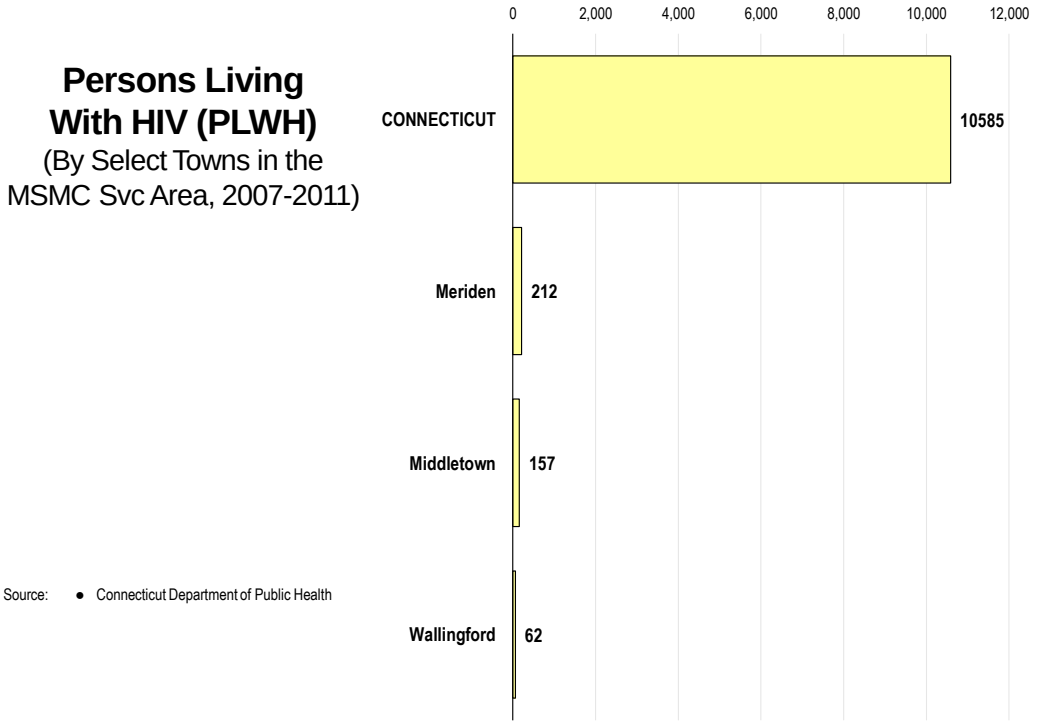


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
- Retrieved February 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Persons Living With HIV

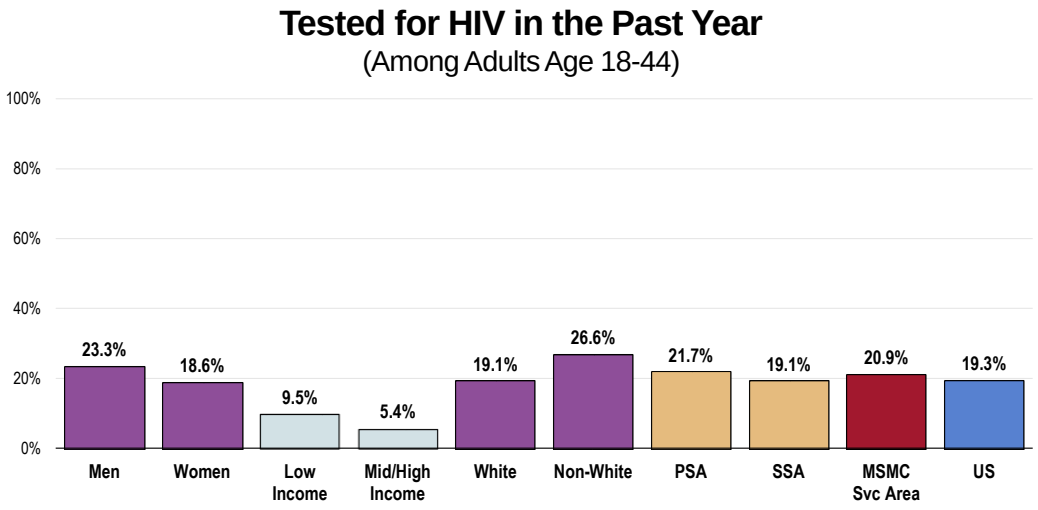
The following chart shows the number of persons living with HIV in select towns in the MidState Medical Center Service Area.



Source:
- Connecticut Department of Public Health

HIV Testing

"Not counting tests you may have had when donating or giving blood, when was the last time you were tested for HIV?" (Reported below only among adults age 18 to 44.)

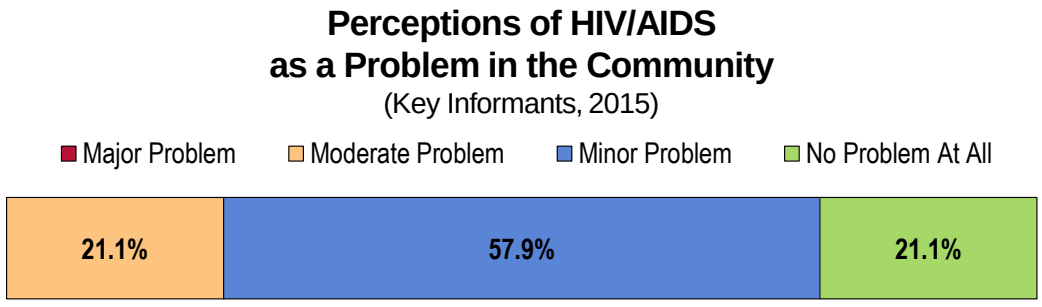


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 18 to 44.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: HIV

The following chart outlines key informants' perceptions of the severity of *HIV* as a problem in the community:



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

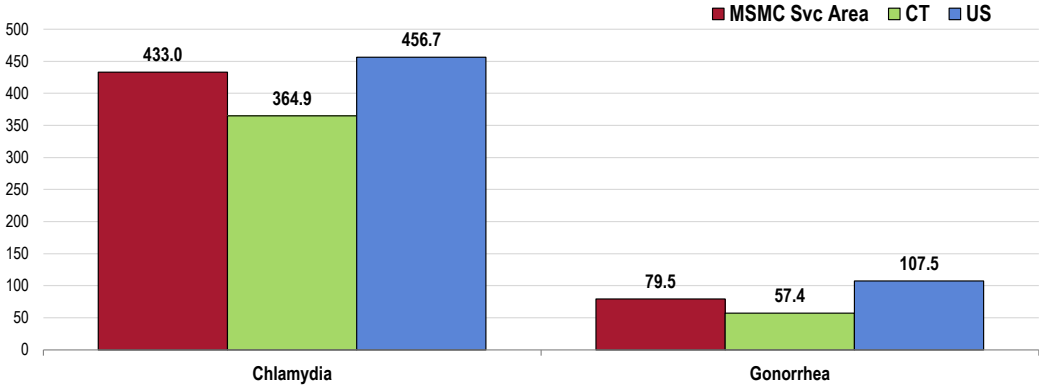
Chlamydia. Chlamydia is the most commonly reported STD in the United States; most people who have chlamydia don't know it since the disease often has no symptoms.

Gonorrhea. Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following charts outline local incidence for these STDs.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2012)

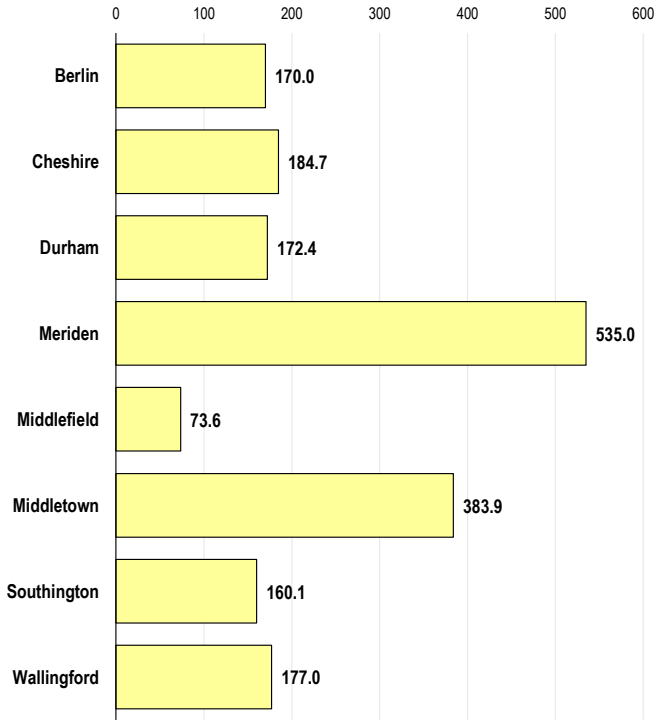


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
- Retrieved February 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Chlamydia Incidence Rate per 100,000

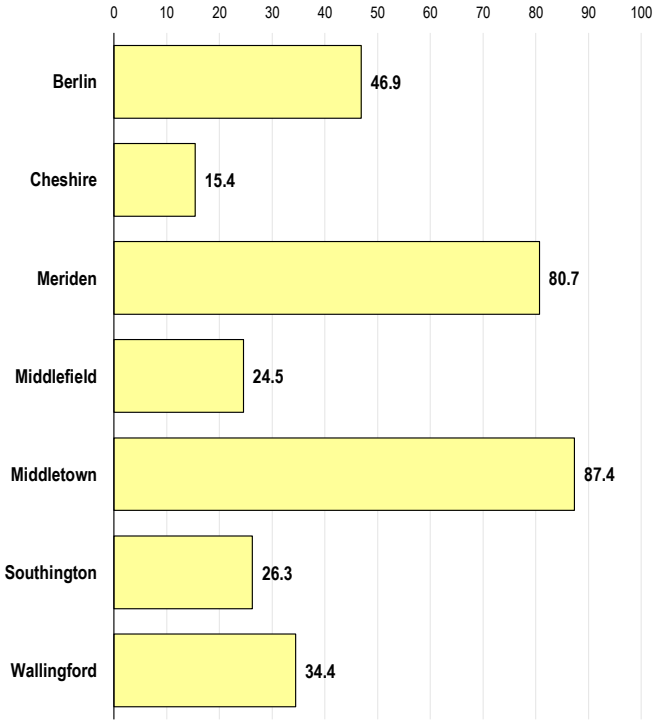
(By Select Towns in the MSMC Svc Area, 2013)



Source:
- Connecticut Department of Public Health

Gonorrhea Incidence Rate per 100,000

(By Select Towns in the MSMC Svc Area, 2013)



Source: • Connecticut Department of Public Health

Primary & Secondary Syphilis Incidence Rate per 100,000

(By Select Towns in the MSMC Svc Area, 2013)

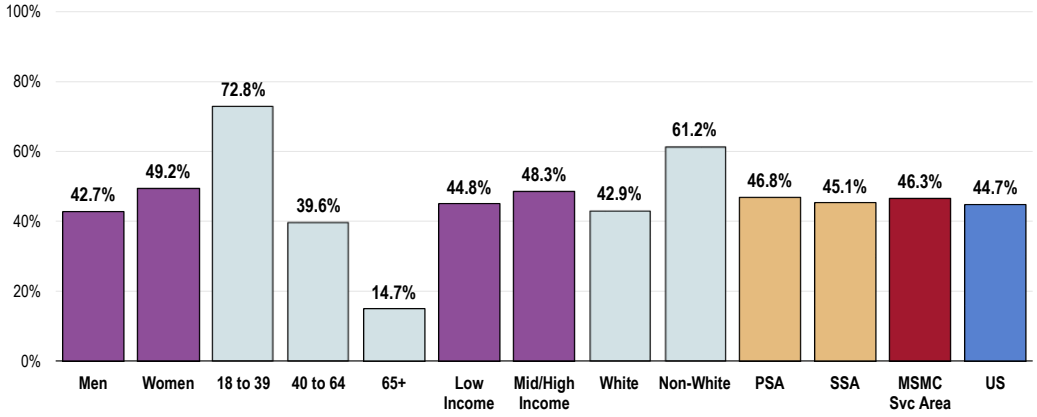
Source: • Connecticut Department of Public Health

Hepatitis B Vaccination

"To be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. Have you completed a hepatitis B vaccination series?"

Have Completed the Hepatitis B Vaccination Series

(MidState Medical Center Service Area, 2015)



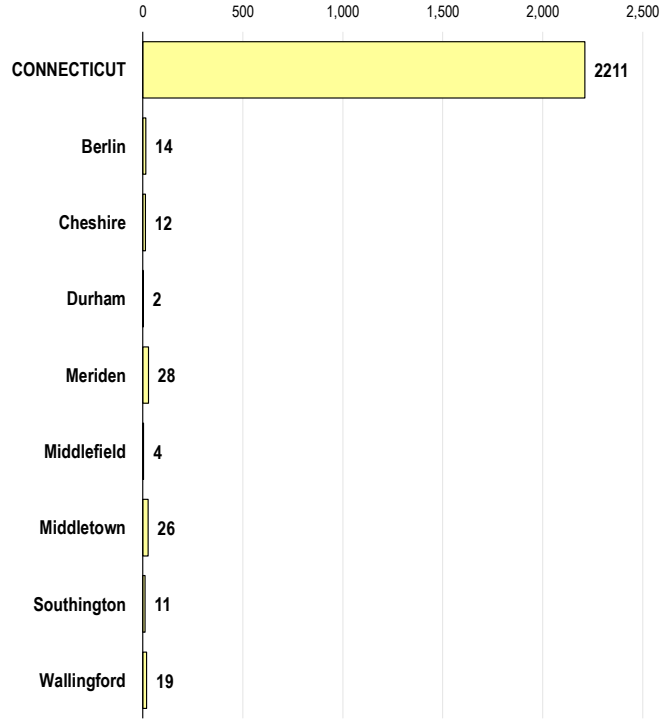
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Numbers of cases of hepatitis B for select towns in the MidState Medical Center Service area are shown below.

Cases of Chronic Hepatitis B

(By Select Towns in the MSMC Svc Area, 2007-2011)



Source:
- Connecticut Department of Public Health

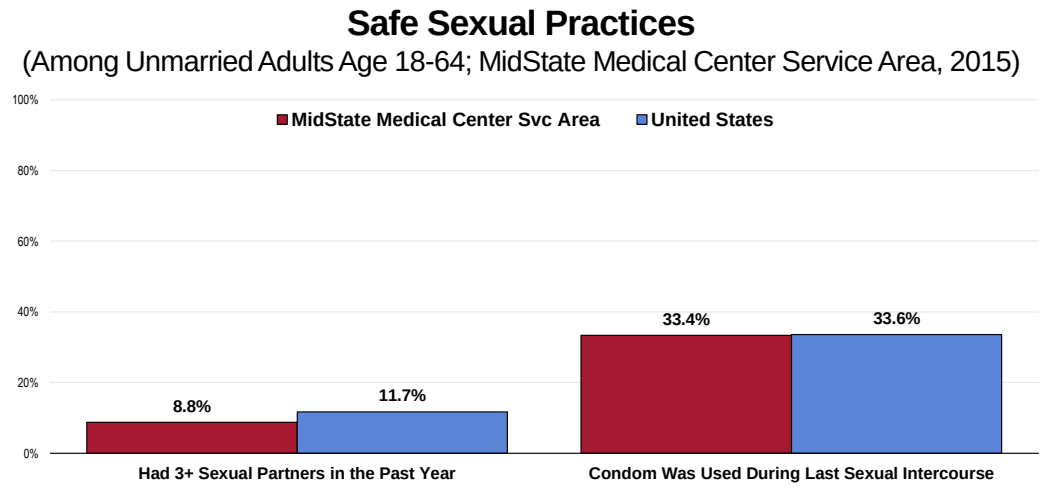
Safe Sexual Practices

Sexual Partners

"During the past 12 months, with how many people have you had sexual intercourse?"

"Was a condom used the last time you had sexual intercourse?"

Each of these is reported below only among adults who are unmarried and between the ages of 18 and 64.

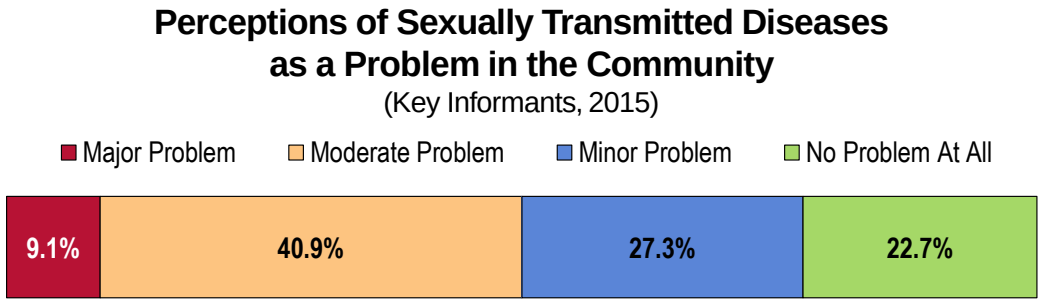


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 86-87]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all unmarried respondents under the age of 65.

Key Informant Input: Sexually Transmitted Diseases

The following chart outlines key informants' perceptions of the severity of *Sexually Transmitted Diseases* as a problem in the community:



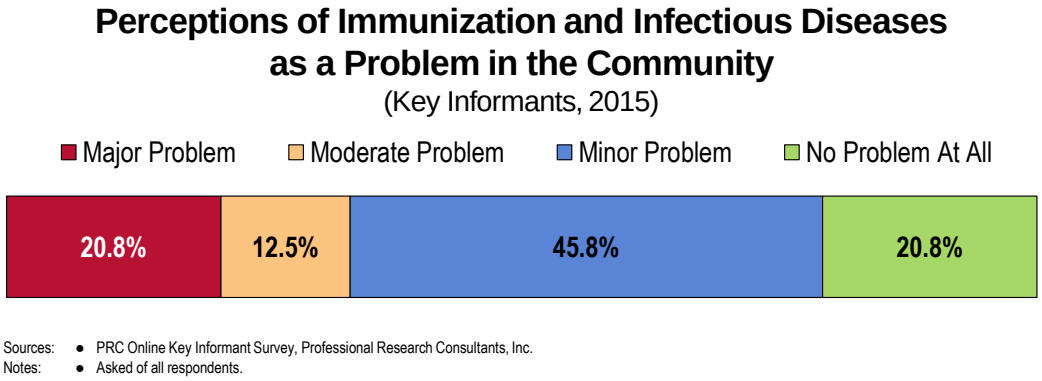
Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

The following chart outlines key informants' perceptions of the severity of *Immunization & Infectious Diseases* as a problem in the community:



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Importance of Immunizations

> *This is a problem that effects all communities. I believe it has to do with knowledge, attitudes and beliefs as well as many misconceptions and a lack of the importance of being vaccinated, screened and assessed. In addition, we are still struggling with prevention our number-one tool. Hand washing, staying home when ill, getting vaccinated. We need to do more to educate the community about the importance and make it easier to get these habits and prevention come more naturally. I always think of a cartoon that says why do sick people have to walk all the way to the back of the store for medication and prescription and the candy and soda are right up front. – Public Health Expert*
>
> *Incentives to get immunizations for those without resources is critical. – Community/Business Leader*

Adult Immunizations

> *Immunization levels is a developing problem in the adult population, as protection wanes over time. There is often poor follow-up in the adult population after the childhood series is completed as mandated in infants and school-age residents. Hopefully, the better insurance coverages and an active and forward leaning medical care groups will address this. – Community/Business Leader*
>
> *Lack of strong community-wide participation in influenza vaccination is a concern. – Community/Business Leader*

Births

Prenatal Care

About Infant & Child Health

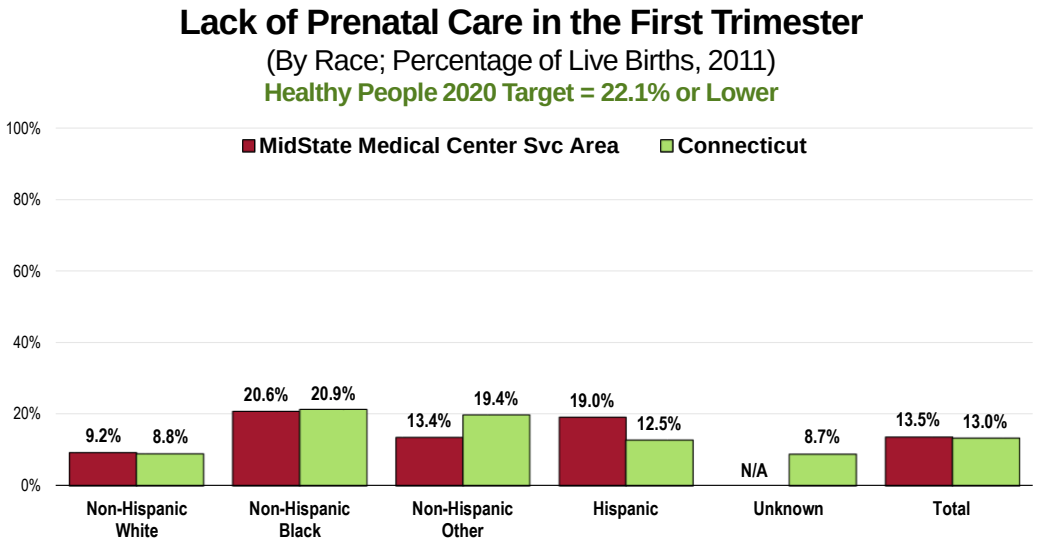
Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health. Receipt of timely prenatal care (care initiated during the first trimester of pregnancy) is outlined in the following charts.

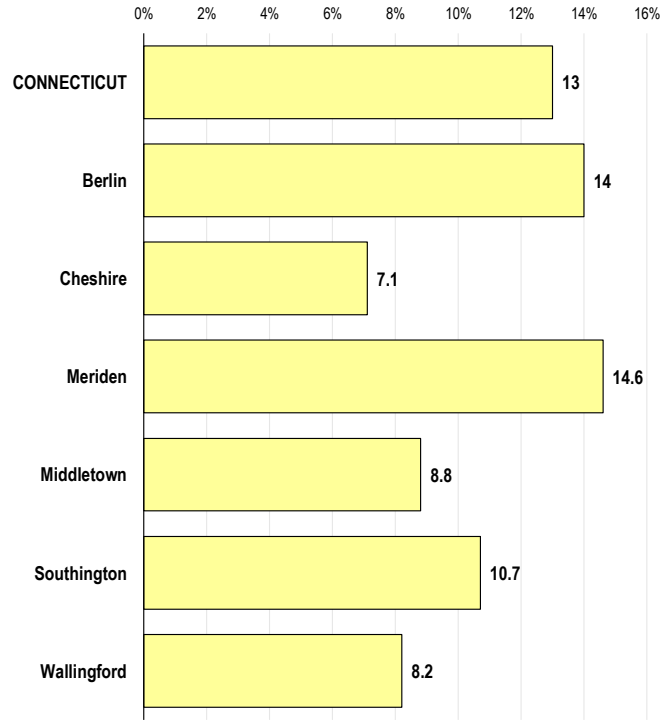
- Note the Healthy People 2020 target.



Sources:
- Connecticut Department of Public Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Percent of Births With Late or No Prenatal Care
(By Select Towns in the MSMC Svc Area, 2011)



Source: • Connecticut Department of Public Health

Birth Outcomes & Risks

Low-Weight Births

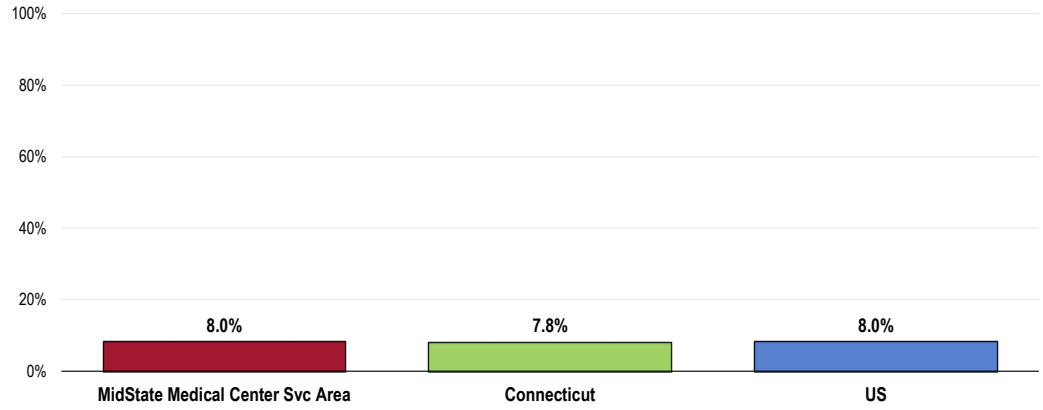
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. Births of low-weight infants are described below.

- Note the Healthy People 2020 target.

Low-Weight Births

(Percent of Live Births, 2011-2013)

Healthy People 2020 Target = 7.8% or Lower

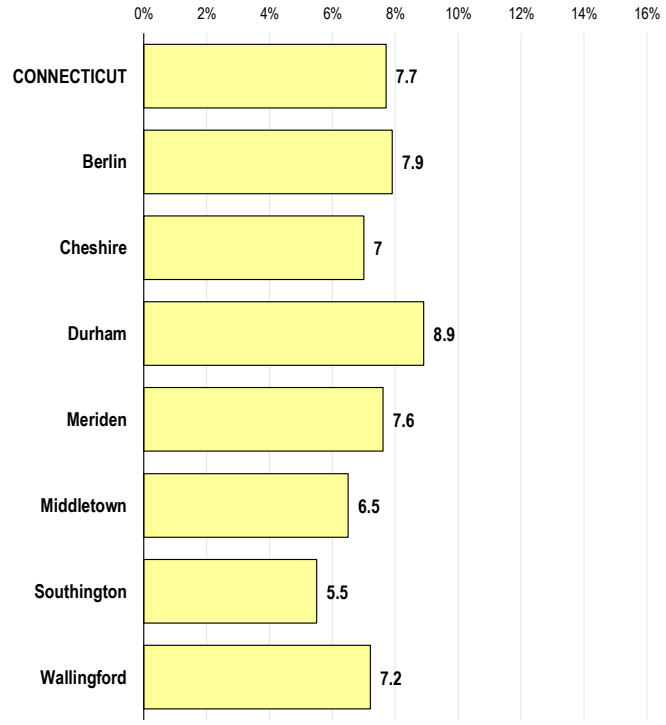


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- Retrieved February 2015 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Percent of Births With Low Birthweight

(By Select Towns in the MSMC Svc Area, 2011)



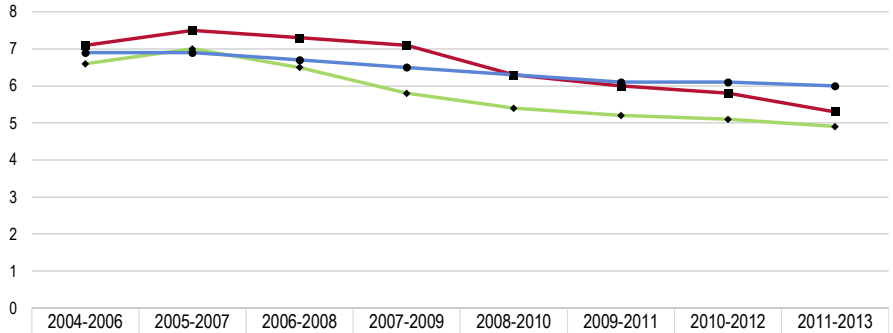
Source:
- Connecticut Department of Public Health

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following chart.

- Note the Healthy People 2020 target.

Infant Mortality Trends
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2020 Target = 6.0 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
MSMC Svc Area	7.1	7.5	7.3	7.1	6.3	6.0	5.8	5.3
Connecticut	6.6	7.0	6.5	5.8	5.4	5.2	5.1	4.9
United States	6.9	6.9	6.7	6.5	6.3	6.1	6.1	6.0

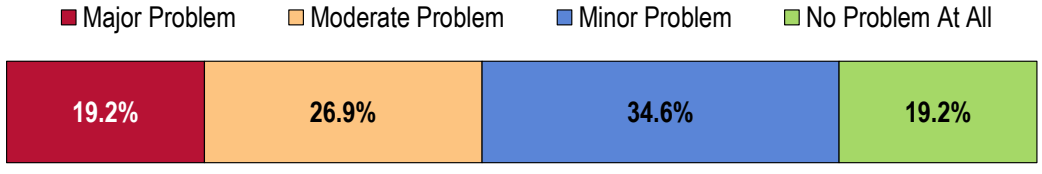
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Key Informant Input: Infant & Child Health

The following chart outlines key informants' perceptions of the severity of *Infant & Child Health* as a problem in the community:

Perceptions of Infant and Child Health as a Problem in the Community
(Key Informants, 2015)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Awareness of Resources

> *Again this is not unique to Meriden. There are resources out there people just need to be made aware, directed and assisted. We have WIC and many other entitlement programs. Dental is a huge issue. – Public Health Expert*
>
> *Need more preventative education and connection to resources. – Community/Business Leader*

Poverty & Low Education Levels

> *High rates of single motherhood, high correlation between single moms and poverty. Stigma against single parenting, and leaving DV relationships. – Social Services Representative*
>
> *Our community has a poor population with lower-than-average education. More education and outreach is needed to help insure the health of newborns. – Community/Business Leader*

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

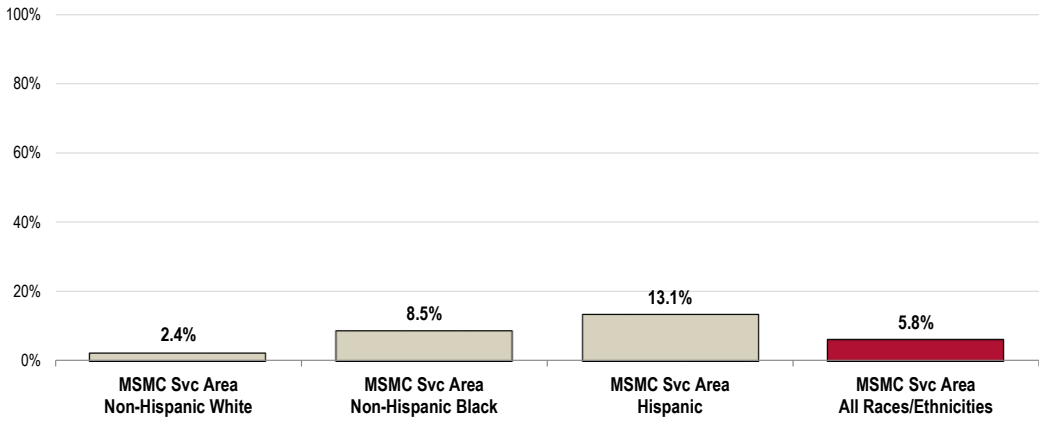
Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

The following charts describe local teen births.

Births to Teen Mothers

(Births to Women Under 20 as a Percentage of Live Births, 2011-2013)

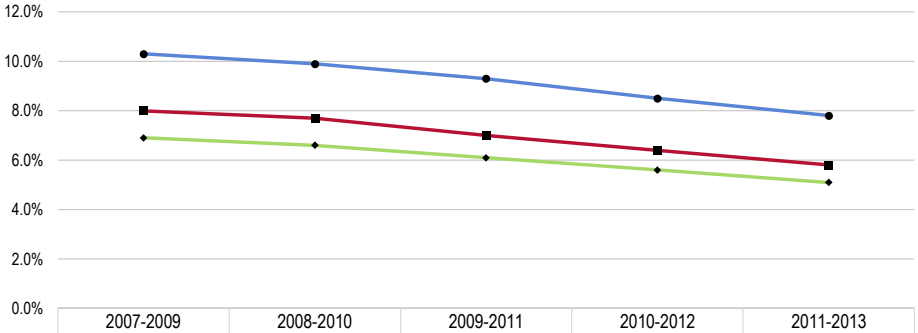


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.

Note:
- Numbers are a percentage of all live births within each population.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Teen Birth Trends

(Births to Women Under Age 20 as a Percentage of Life Births)



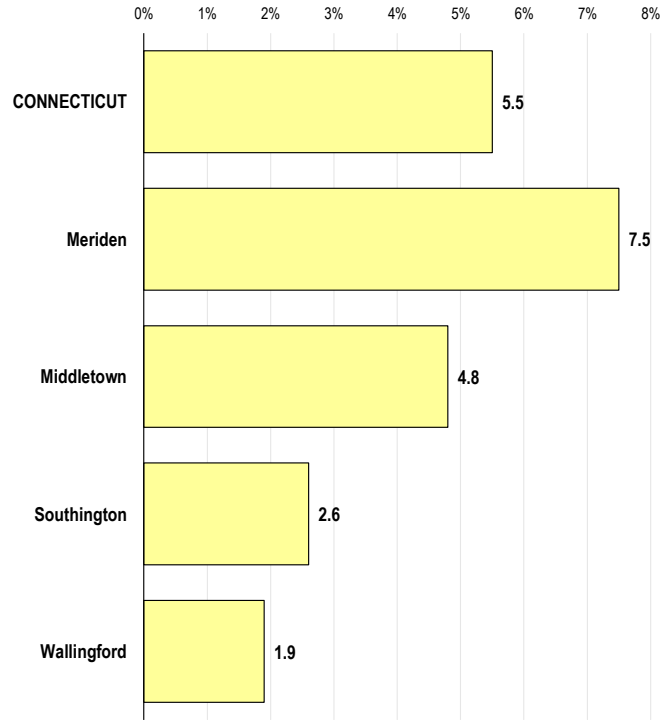
	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
MSMC Svc Area	8.0%	7.7%	7.0%	6.4%	5.8%
Connecticut	6.9%	6.6%	6.1%	5.6%	5.1%
United States	10.3%	9.9%	9.3%	8.5%	7.8%

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.

Notes:
- This indicator reports the rate of total births to women under the age of 20 per 1,000 female population under 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Percent of Births to Mothers Under Age 20

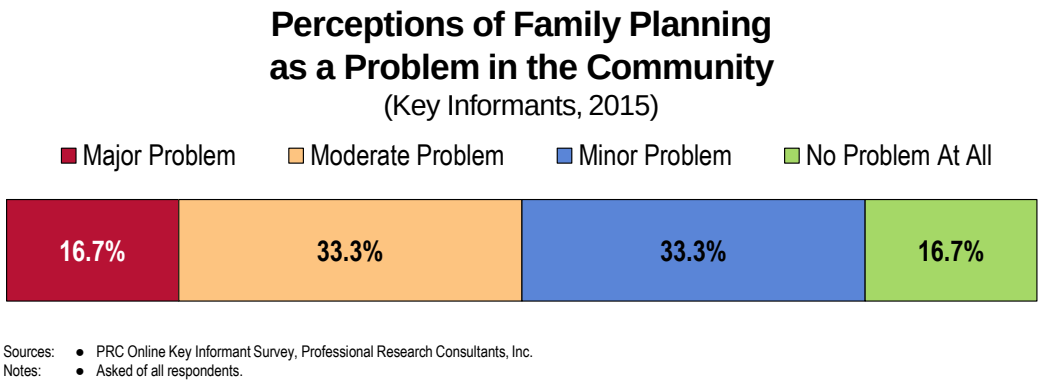
(By Select Towns in the MSMC Svc Area, 2011)



Source:
- Connecticut Department of Public Health

Key Informant Input: Family Planning

The following chart outlines key informants' perceptions of the severity of *Family Planning* as a problem in the community:



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Cultural Norms Preclude Discussion

> *Cultural norms do not allow for discussion of family planning at home, school-based health centers are restricted in what they can do. – Community/Business Leader*

Prevalence

> *Far too many babies having babies. Too many youth are having kids before they are ready to start a family. – Community/Business Leader*

Lack of Education

> *I believe that a lot has to do with education, comfort level in talking to a partner about using birth control. In addition there are some social norms out there who are getting pregnant because they want to. This would be a great question to ask the youth in our community. – Public Health Expert*

Lack of Community-Based Centers for Prevention

> *No community-based centers for prevention of unwanted pregnancies. – Health Provider*

Modifiable Health Risks

Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

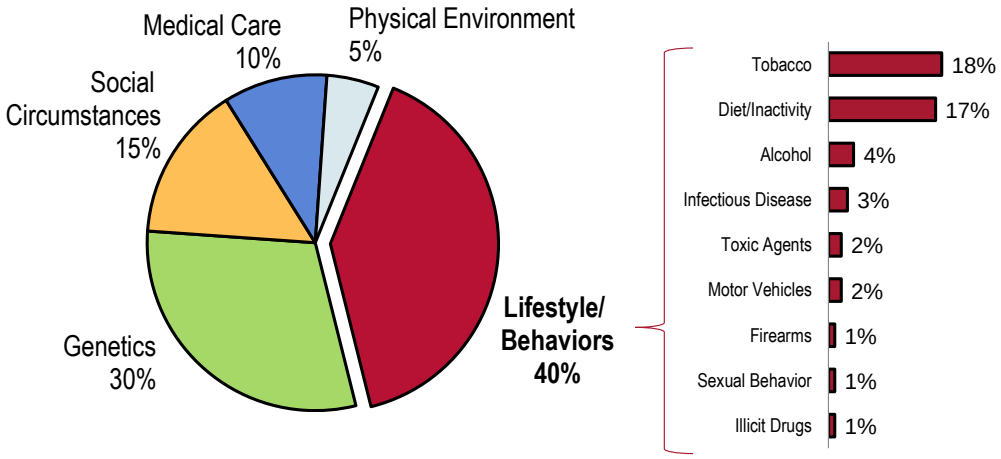
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/February 2002. "Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health & Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Nutrition, Physical Activity & Weight

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

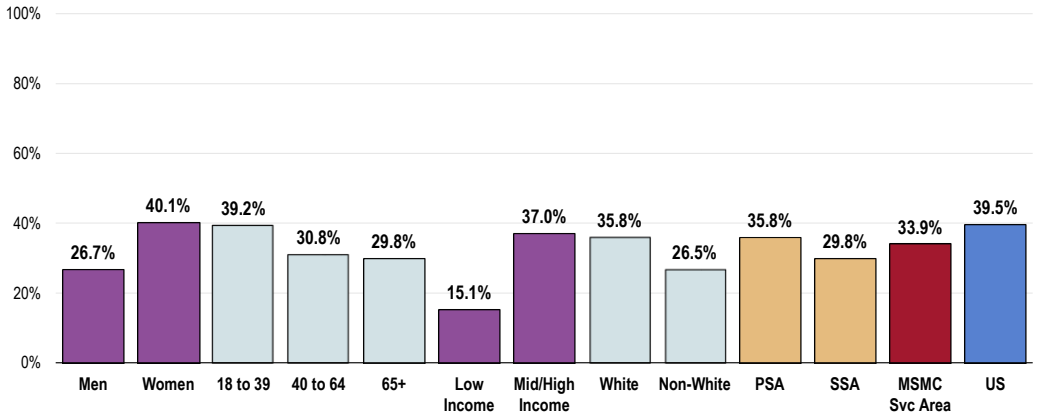
"Now I would like you to think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or fruit juices did you have yesterday?"

"How many servings of vegetables did you have yesterday?"

The questions above are used to calculate daily fruit/vegetable consumption for adults at the respondent level. The proportion reporting having 5 or more servings per day is shown below.

Consume Five or More Servings of Fruits/Vegetables Per Day

(MidState Medical Center Service Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

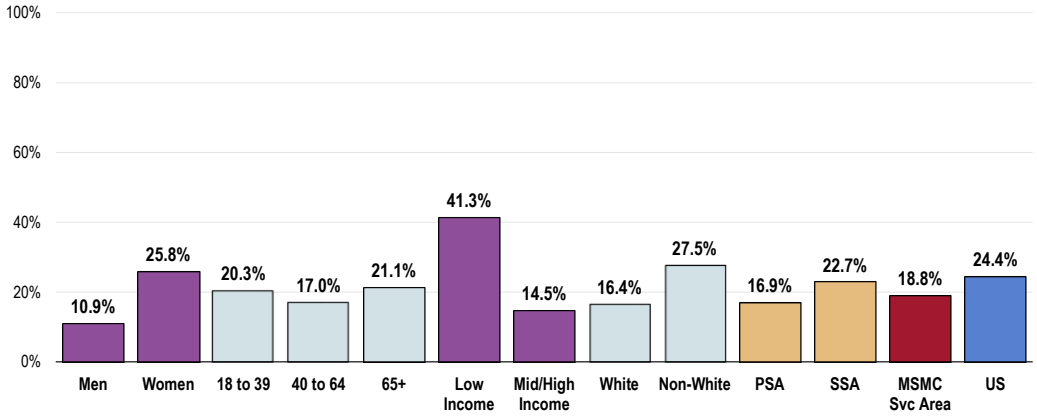
Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

(MidState Medical Center Service Area, 2015)



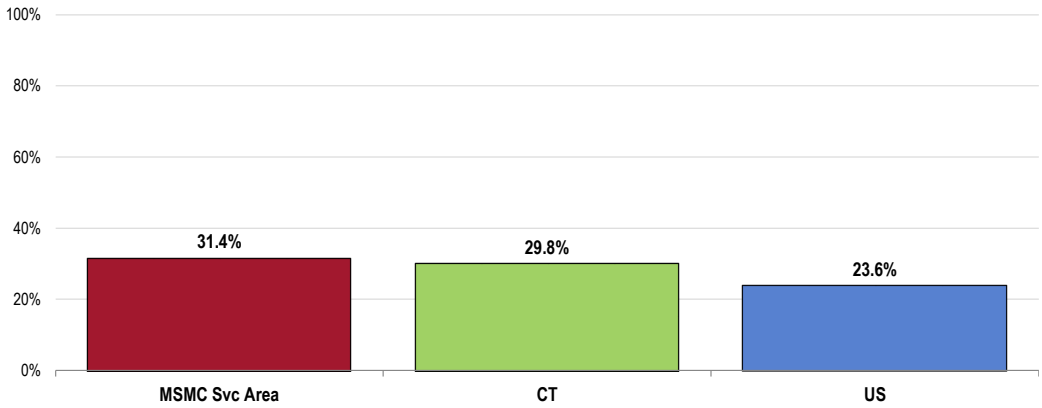
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. The chart for this indicator below is based on US Department of Agriculture data.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
- Retrieved February 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Recommended Levels of Physical Activity

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Physical Activity Levels

Leisure-Time Physical Activity. Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

"During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"

- Note the corresponding Healthy People 2020 target in the chart below.

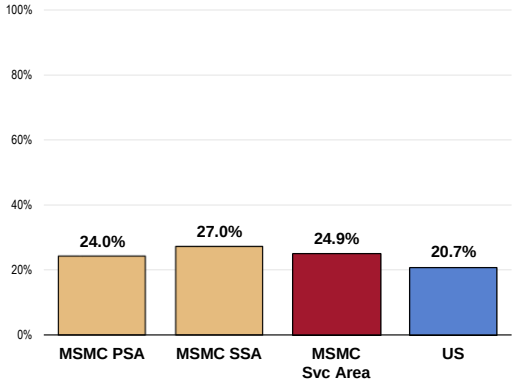
Meeting Physical Activity Recommendations. Meeting physical activity requirements means satisfying a minimum threshold of minutes per week with a combination of vigorous- and/or moderate-intensity physical activity (as determined from the questions below). These thresholds are described in the orange box above.

"Vigorous activities cause large increases in breathing or heart rate, while moderate activities cause small increases in breathing or heart rate. Now, thinking about when you are not working, how many days per week or per month do you do <u>vigorous</u> activities for at least 20 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing and heart rate?"

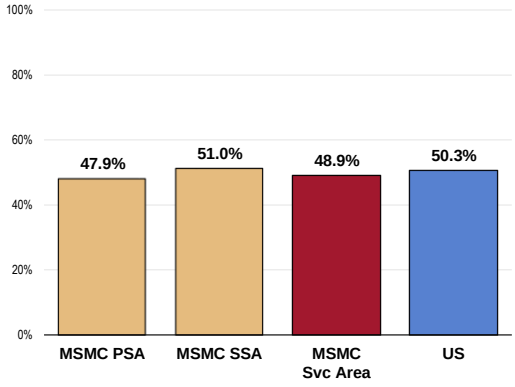
"And on how many days per week or per month do you do <u>moderate</u> activities for at least 30 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?"

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Meets Physical Activity Recommendations



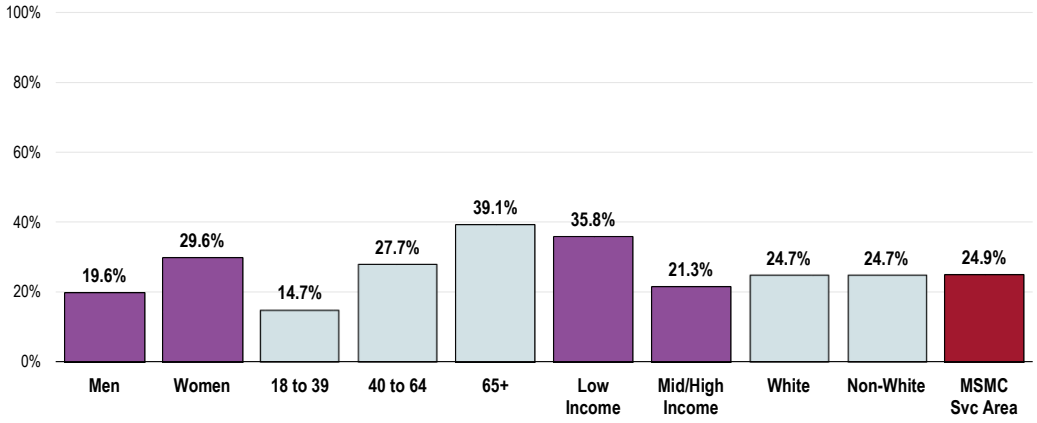
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 92, 147]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

No Leisure-Time Physical Activity in the Past Month

(MidState Medical Center Service Area, 2015)

Healthy People 2020 Target = 32.6% or Lower

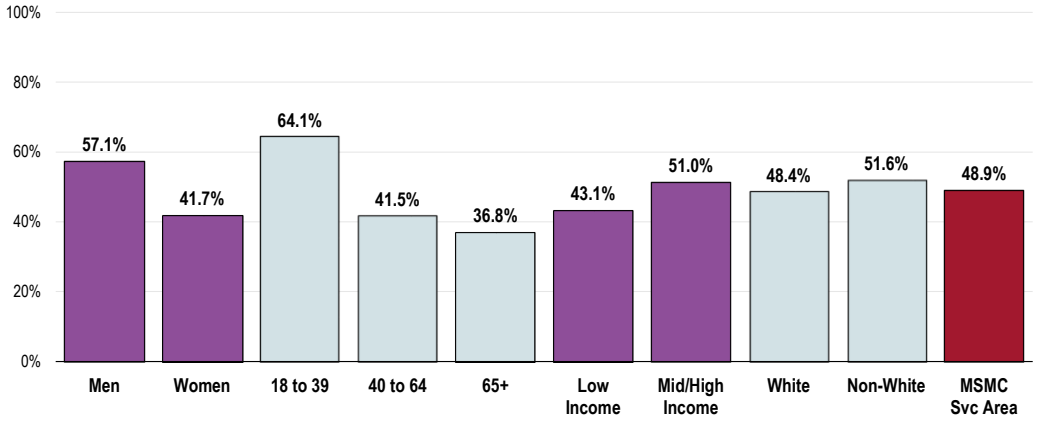


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Meets Physical Activity Recommendations

(MidState Medical Center Service Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

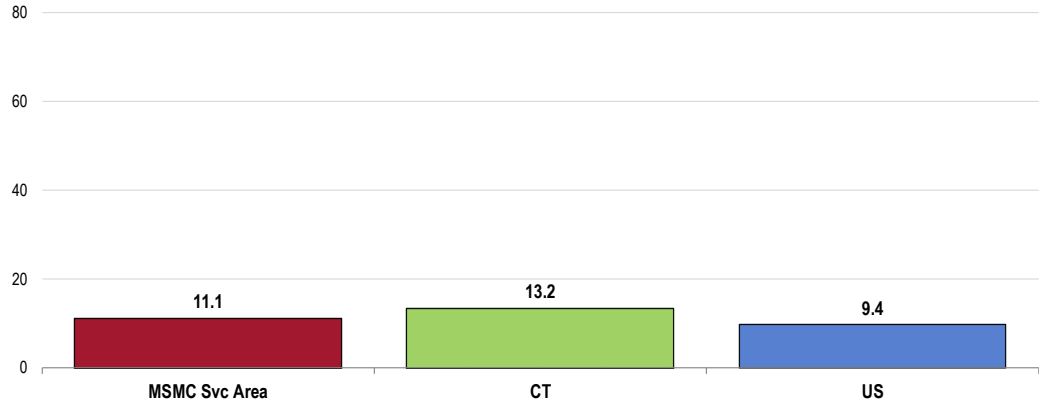
Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Access to Physical Activity

Recreation & Fitness Facility Access. Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2012)

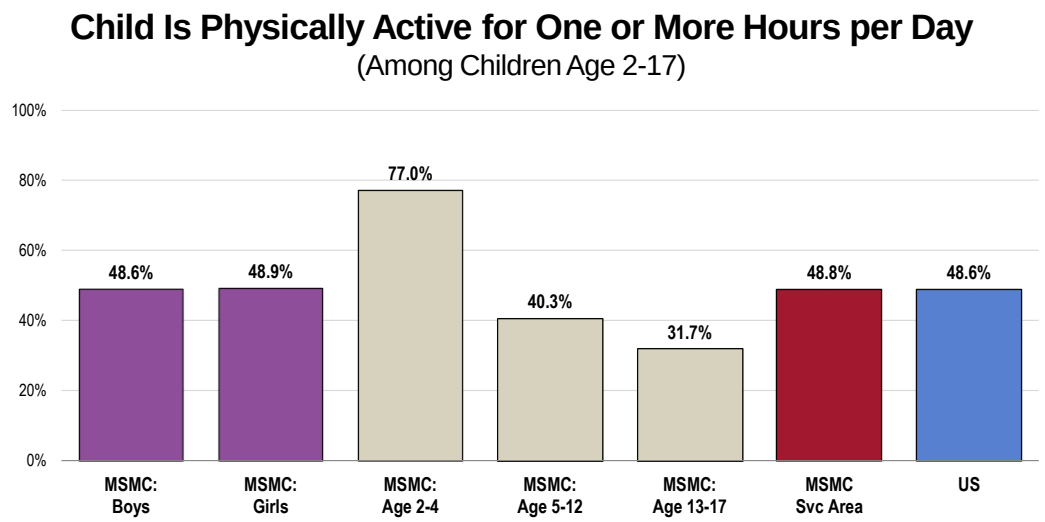


Sources:
- US Census Bureau, County Business Patterns: 2012. Additional data analysis by CARES.
- Retrieved February 2015 from Community Commons at http://www.chna.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Children's Physical Activity

"During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?"



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight, not Obese	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

"About how much do you weigh without shoes?"

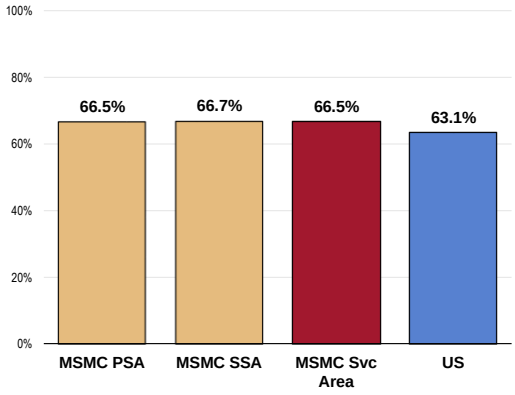
"About how tall are you without shoes?"

The survey questions above were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

- Note the Healthy People 2020 target for obesity.

Overweight or Obese

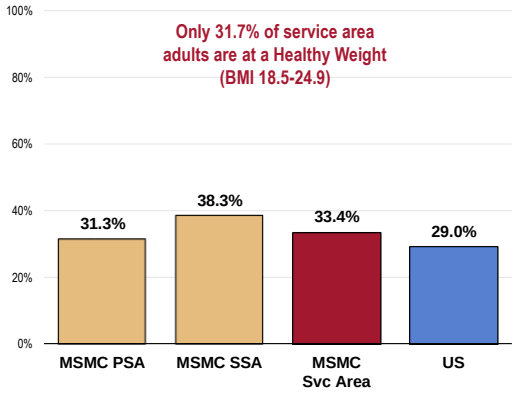
(Adults With a BMI of 25+)



Obese

(Adults With a BMI of 30+)

Healthy People 2020 Target = 30.5% or Lower



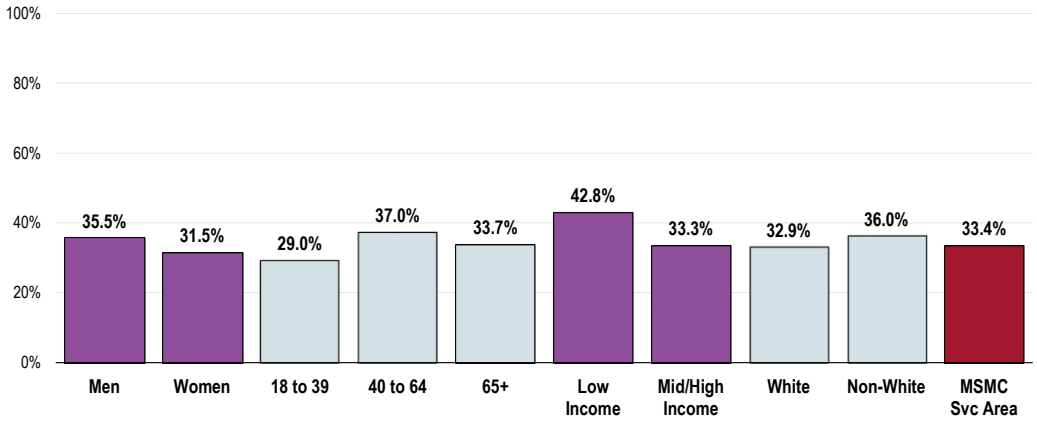
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.

Prevalence of Obesity

(BMI of 30.0 or Higher; MidState Medical Center Service Area, 2015)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Weight Control

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

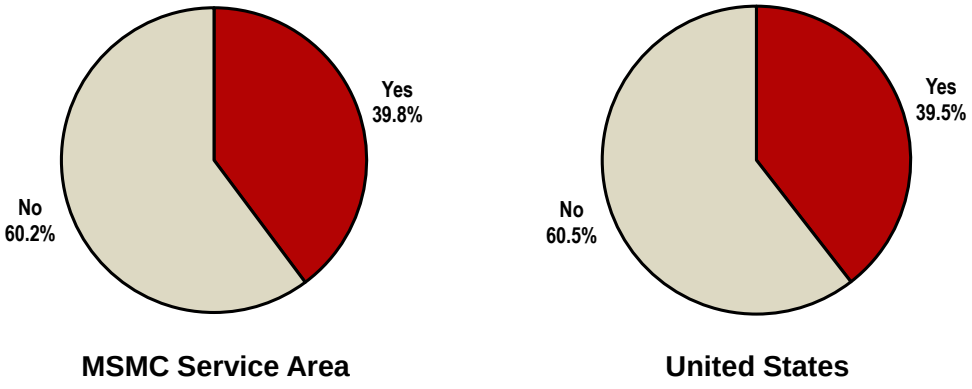
Weight Management. The following three questions were used to calculate the proportion of adults who are overweight or obese and who are using a combination of both diet and exercise in order to try to lose weight.

"Are you now trying to lose weight?"

"Are you eating either fewer calories or less fat to lose weight?"

"Are you using physical activity or exercise to lose weight?"

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity
(Among Overweight or Obese Respondents)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

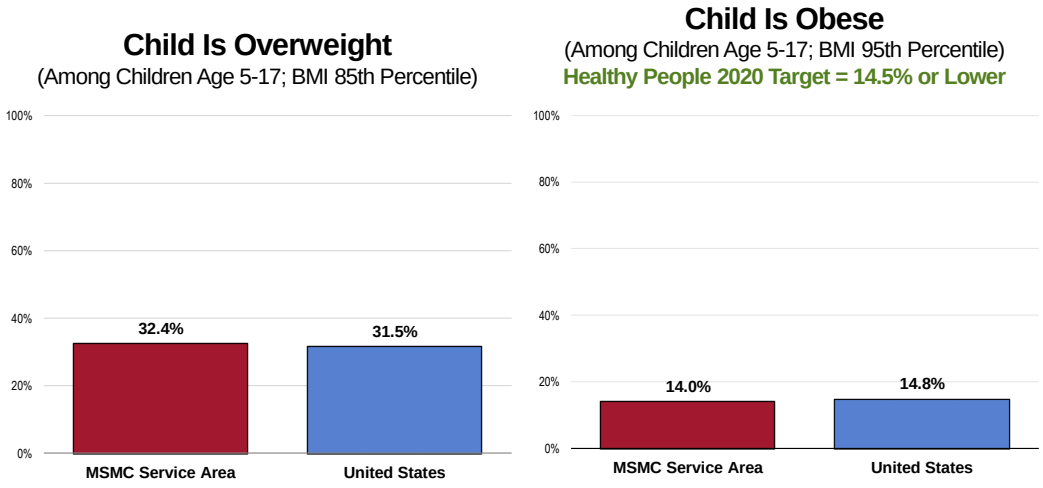
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

- Centers for Disease Control and Prevention

The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

"How much does this child weigh without shoes?"

"About how tall is this child?"



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 5-17 at home.
● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
● Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

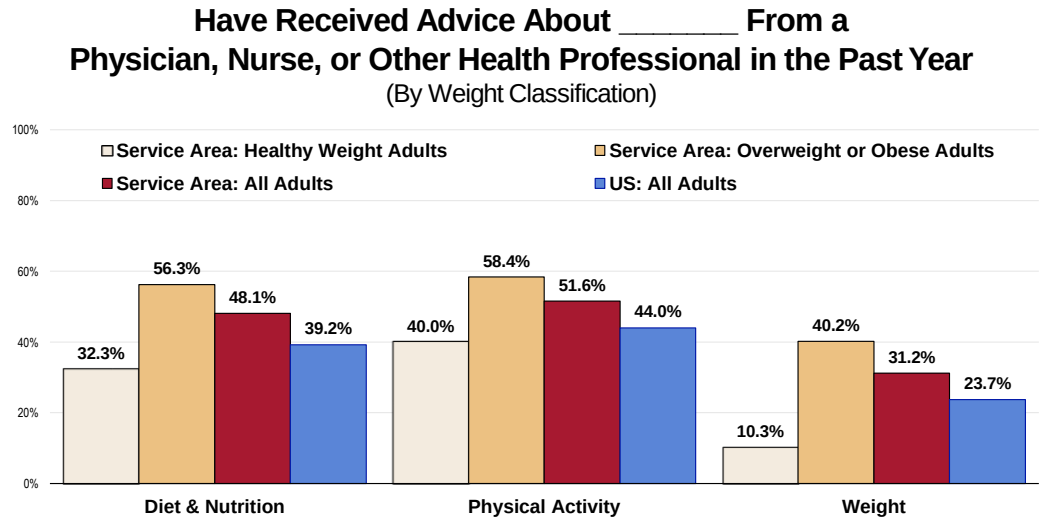
Health Advice About Physical Activity & Exercise

"During the past 12 months, has a doctor asked you about or given you advice regarding diet and nutrition?"

"During the past 12 months, has a doctor asked you about or given you advice regarding physical activity or exercise?"

"In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?"

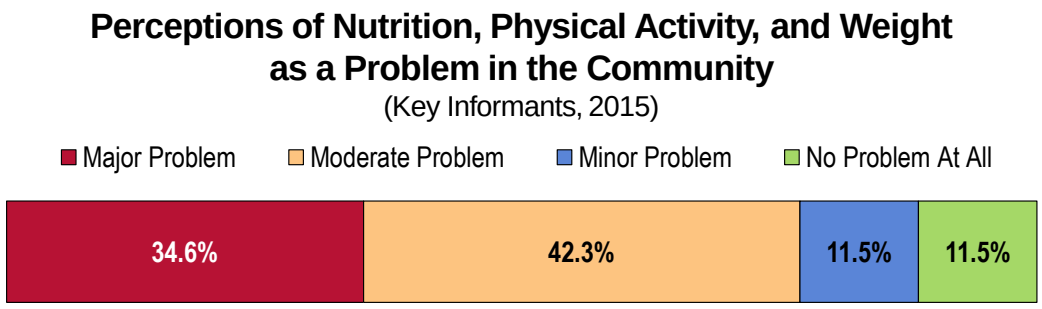
The chart below details responses to these questions among the total sample of respondents, as well as responses segmented by weight classification based on calculated BMI.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 18, 19, 98]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Education

> *Being able to educate and incorporate healthy lifestyle changes for the entire family. Often families perceive that they don't have the time or resources to eat healthy or remain active. – Social Services Representative*
>
> *Education and incentives to get people both aware and active to eat better and lead more active physical lives. – Community/Business Leader*
>
> *The challenges are the same that we see throughout our society. Families are buying and consuming too much junk food, soda etc. All students are not active enough outside of school. Some are very active, but many do not get outside to play. Another big challenge is that this issue is a life style, family education issue and not a school-based issue. – Community/Business Leader*

Access to Healthful Food

> *Access to affordable healthy food and places for year round physical activity. Lack of desire/resources. Marketing and availability affordable healthy food. Lack of time and money. – Public Health Expert*
>
> *Government puts sales over health. Allowing and not labeling GMO's is an example. Products are allowed to make claims that really stretch the truth. Products have hidden byproducts that conflict with people's health, etc. putting sugar and salt in fast food that make the food addictive. – Community/Business Leader*
>
> *Cost of fresh fruits and vegetables, cheap fast food. – Health Provider*
>
> *Food and housing insecurity. – Social Services Representative*

Access to Physical Activity

> *Many people are told to do physical activity, but many are so tired or so large they can't do it. - Community/Business Leader*
>
> *Access to programs for those who do not traditionally belong to organizations that offer nutrition and exercise is a major hurdle. Sometimes it is a barrier of funds, other times it is one of location with poor transportation in the evening or none at all in Meriden and Wallingford. – Community/Business Leader*

Weight Loss

> *Weight loss is a long term issue. Stop trying to make people do it quickly. Regaining weight is more dangerous than having the weight in the first place. Stop pushing gastro surgery. People can still regain the weight after this procedure. Start studying extremely large people with amazement, that someone can survive at ex. 500 lbs., instead of as being a bad issue. Perhaps we can learn more about the body's ability to adapt or exist. – Community/Business Leader*

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

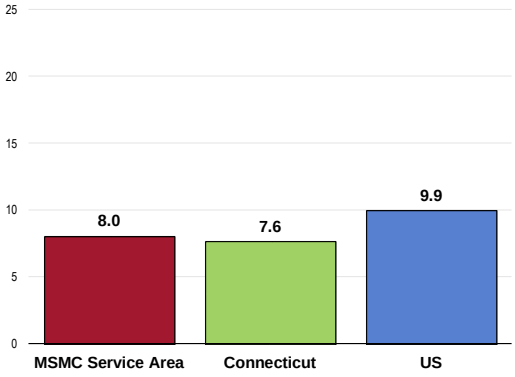
Related Age-Adjusted Mortality

Cirrhosis/Liver Disease. Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The chart below outlines age-adjusted mortality for cirrhosis/liver disease in the area.

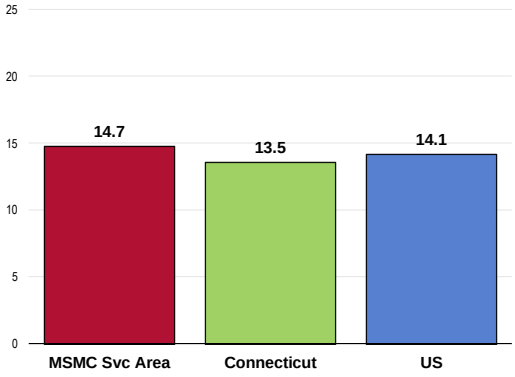
Drug-Induced Deaths. Drug-induced deaths include all deaths for which drugs are the underlying cause, including those attributable to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use (e.g., drug-induced Cushing's syndrome). A "drug" includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. These deaths may also be either intentional (e.g., suicide) or unintentional (accidental). The chart below outlines local age-adjusted mortality for drug-induced deaths.

- Note the corresponding Healthy People 2020 targets.

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower



Drug-Induced Deaths: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives SA-11 and SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Alcohol Use

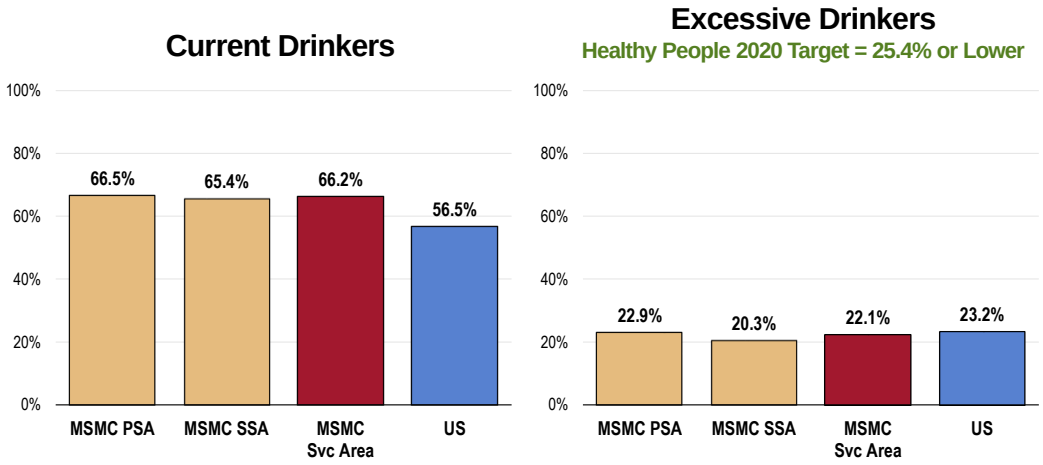
Current Drinkers. "Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

"During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?"

Excessive Drinkers. Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) or who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

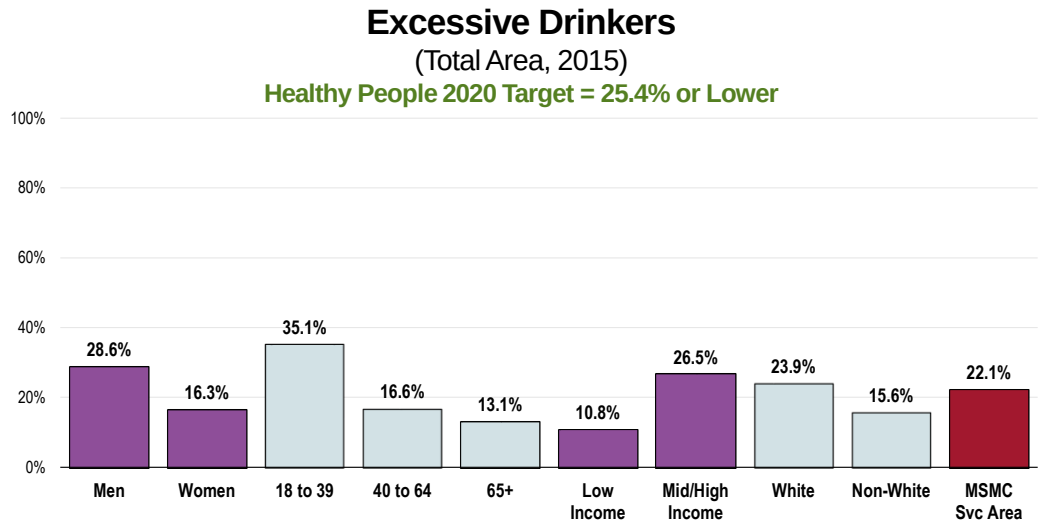
"On the day(s) when you drank, about how many drinks did you have on the average?"

"Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?"



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 160, 164]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Current drinkers had at least one alcoholic drink in the past month.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

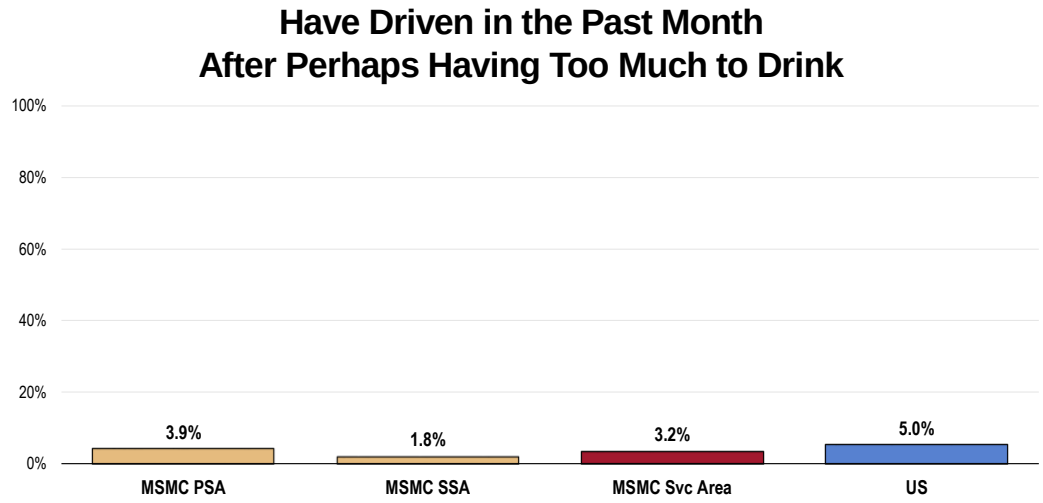


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drinking & Driving. As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

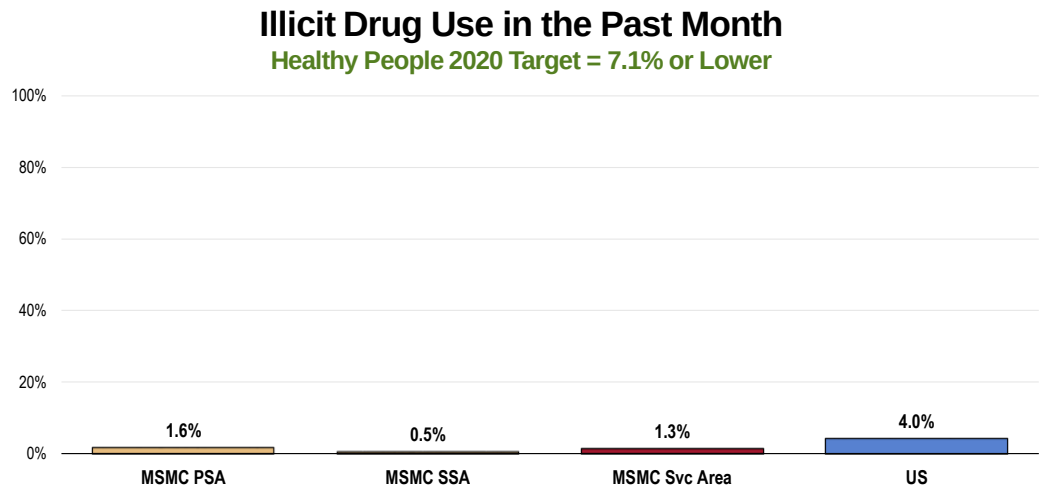
"During the past 30 days, how many times have you driven when you've had perhaps too much to drink?"



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Illicit Drug Use

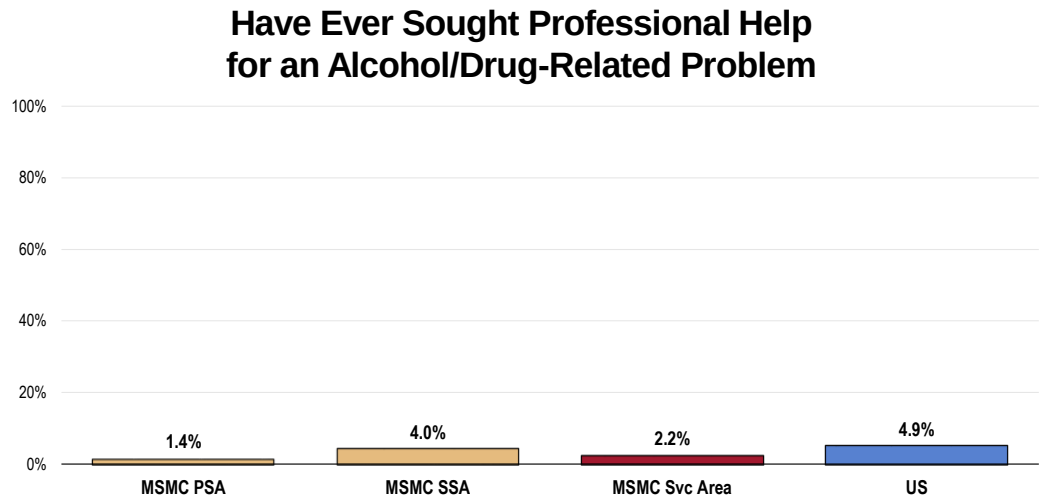
"During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?"



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

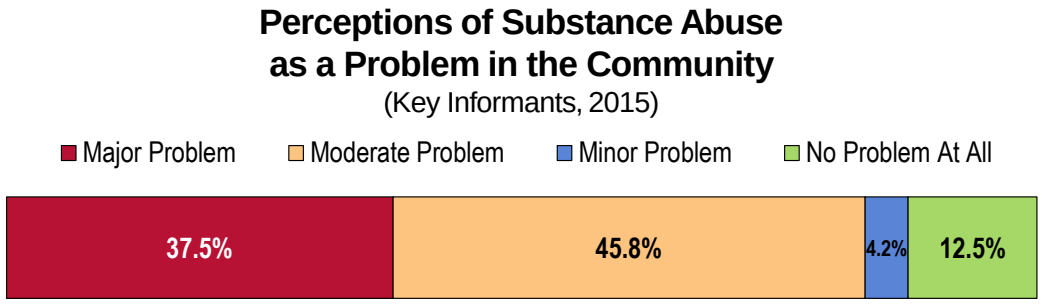
"Have you ever sought professional help for an alcohol or drug-related problem?"



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Substance Abuse

The following chart outlines key informants' perceptions of the severity of *Substance Abuse* as a problem in the community:



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Access to Programs & Services

> *Access to programs. Ignoring it. Letting it stay below the radar. Inadequate enforcement. –*

Community/Business Leader

Lack of adequate and timely intake for services. Lack of integration with primary care and mental health services. Stigma and denial by general public and some elected officials. Lack of a system of coordinated care including detox, inpatient and intensive outpatient services. Lack of readily available overdose medications, i.e. Narcan/Naloxone. Lack of consistent and informed education on the effects of drugs and alcohol in the education system. – Health Provider

Fear of arrest, lack of options, cost and unwillingness. – Social Services Representative

Lack of Providers/Treatment Options

We simply do not have enough providers who deal with this issue or a local site where services can be accessed easily. In addition, there is community wide denial that a problem exists. – Community/Business Leader

Insufficient treatment options. – Community/Business Leader

Prevalence

Increase in disclosures of substance use and abuse. – Social Services Representative

Deaths due to overdose. – Community/Business Leader

Awareness & Education

Awareness and education. Need more outreach to get to the people in need. – Community/Business Leader

Lack of Motivation

People need to know and want the help. Again, this usually is a longer-term treatment. – Community/Business Leader

Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified alcohol and heroin/other opioids as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	**50.0%**	**37.5%**	0.0%	**7**
Heroin or Other Opioids	37.5%	**37.5%**	12.5%	**7**
Cocaine or Crack	12.5%	0.0%	**37.5%**	4
Methamphetamines or Other Amphetamines	0.0%	12.5%	12.5%	2
Prescription Medications	0.0%	12.5%	12.5%	2
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	12.5%	1
Marijuana	0.0%	0.0%	12.5%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

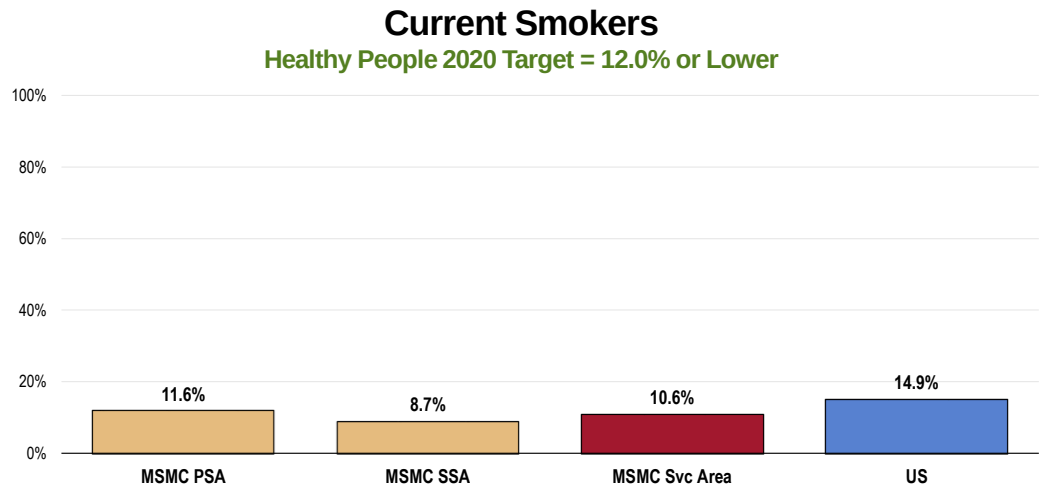
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

"Do you now smoke cigarettes every day, some days, or not at all?"

- Note the Healthy People 2020 target.



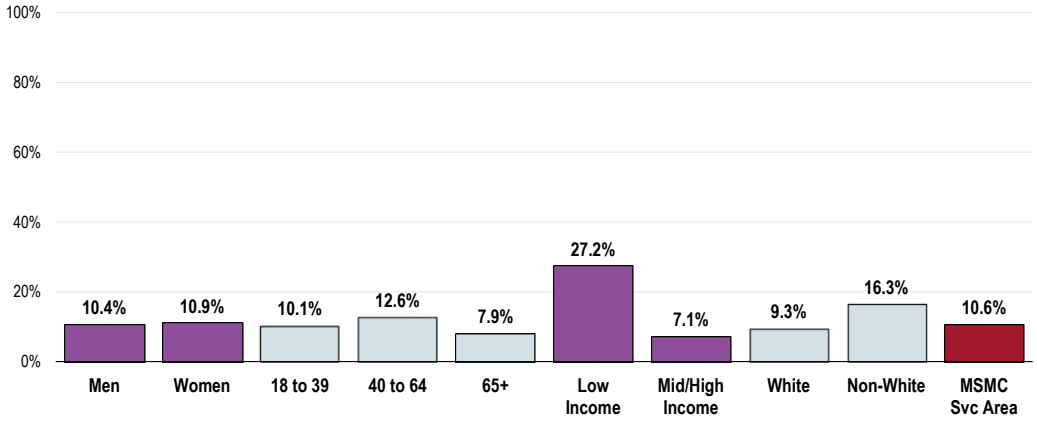
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

Current Smokers

(MidState Medical Center Service Area, 2015)

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

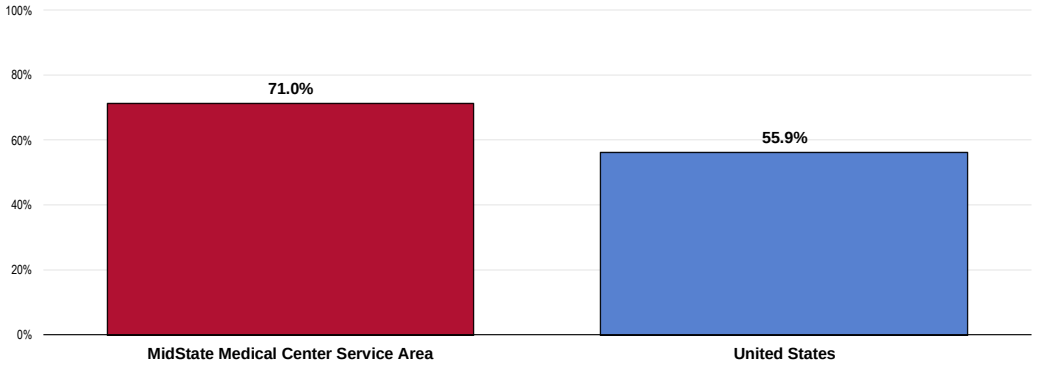
Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

"In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking?" (Asked of respondents who smoke every day or on some days.)

"During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?" (Asked of respondents who smoke every day.)

Stopped Smoking for 1+ Days in Past Year in an Attempt to Quit
(Among Everyday Smokers)
Healthy People 2020 Target = 80% or Higher



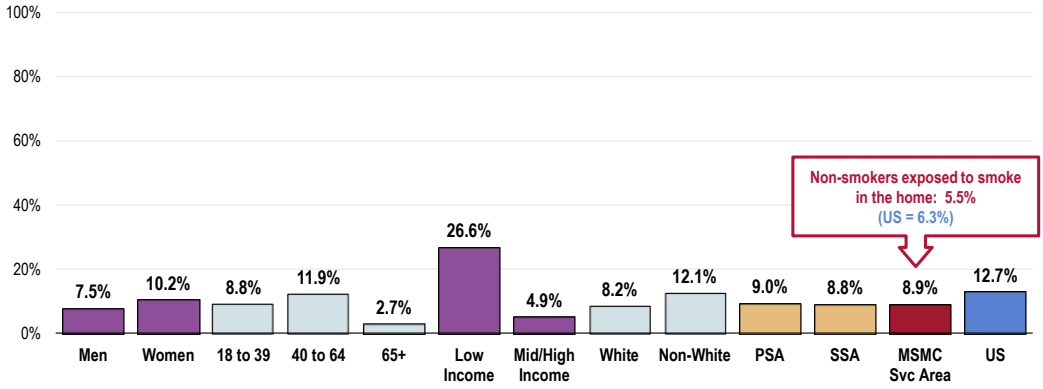
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked among current and everyday smokers.

Secondhand Smoke

"In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?"

The following chart details these responses among the total sample of respondents, as well as among only non-smokers and only households with children age 0-17.

Member of Household Smokes At Home
(MidState Medical Center Service Area, 2015)

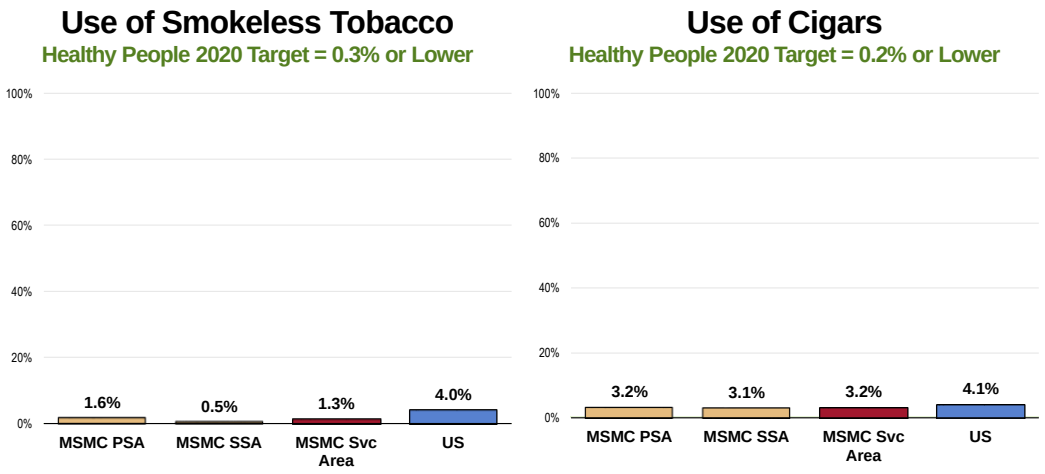


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 59, 158]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

"Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?"

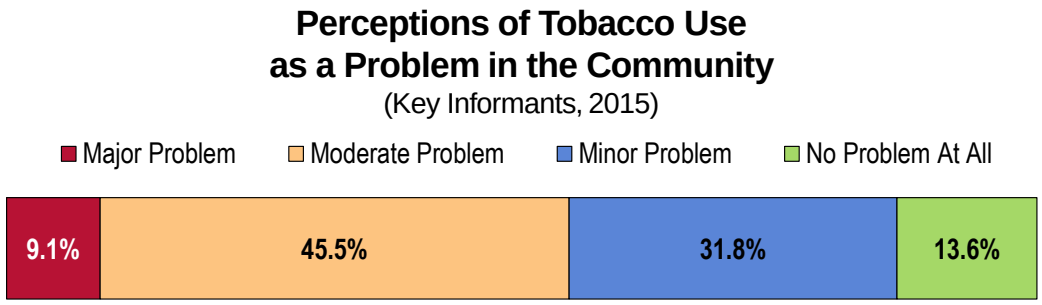
"Do you now smoke cigars every day, some days, or not at all?"



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 60, 61]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives TU-1.2 and TU-1.3]
Notes: ● Asked of all respondents.

Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Young Smokers

> *Too many young people smoking. – Community/Business Leader*

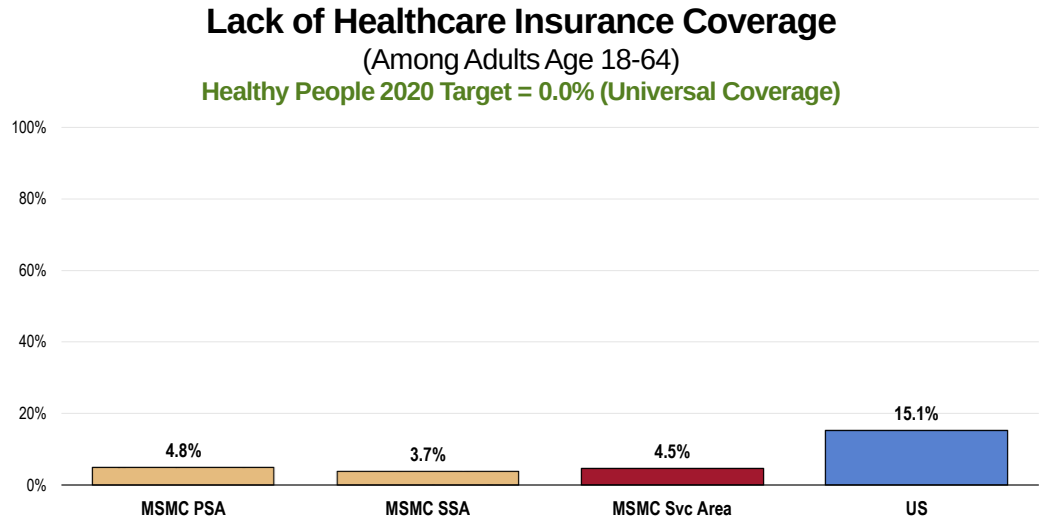
Access to Health Services

Lack of Health Insurance Coverage (Age 18 to 64)

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources. Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

"Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?"

"Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?"



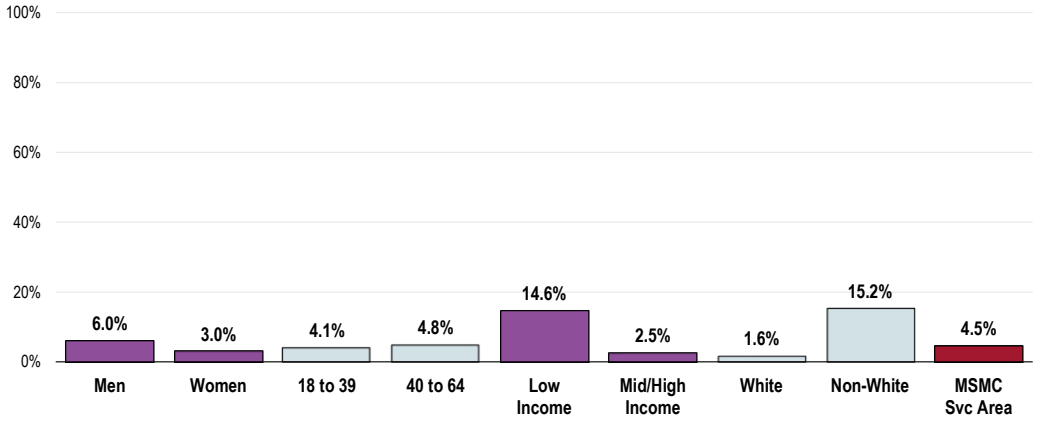
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; MidState Medical Center Service Area, 2015)

Healthy People 2020 Target = 0.0% (Universal Coverage)



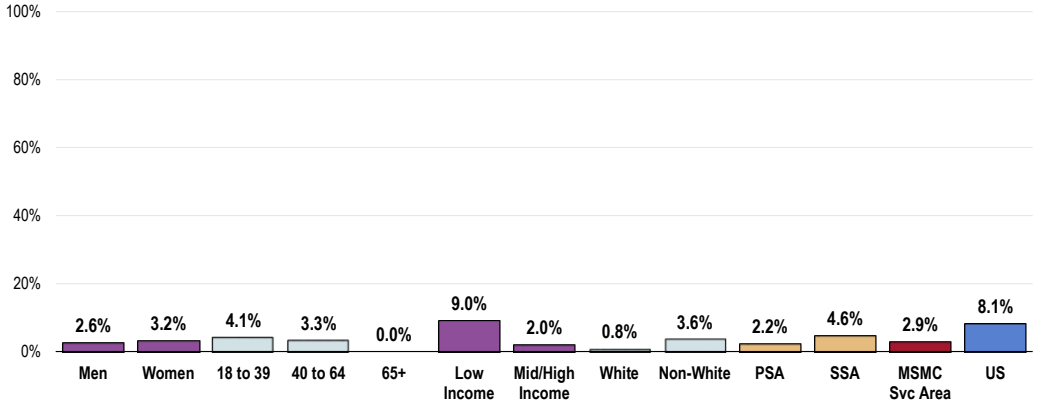
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among insured respondents only: ***"During the past 12 months, did you have health insurance coverage ALL of the time, or was there a time in the year when you did NOT have any health coverage?"***

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults; MidState Medical Center Service Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all insured respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

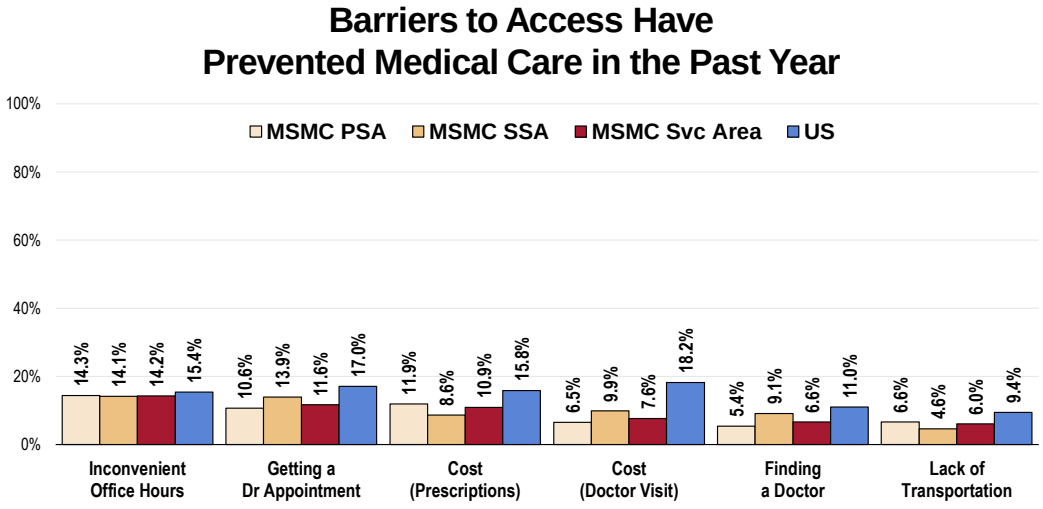
Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

"Was there a time in the past 12 months when…

- *… you needed medical care, but had **difficulty finding a doctor**?"*
- *… you had **difficulty getting an appointment** to see a doctor?"*
- *… you needed to see a **doctor, but could not because of the cost**?"*
- *… a **lack of transportation** made it difficult or prevented you from seeing a doctor or making a medical appointment?"*
- *… you were not able to see a doctor because the **office hours were not convenient**?"*
- *… you needed a **prescription medicine, but did not get it because you could not afford it**?"*

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

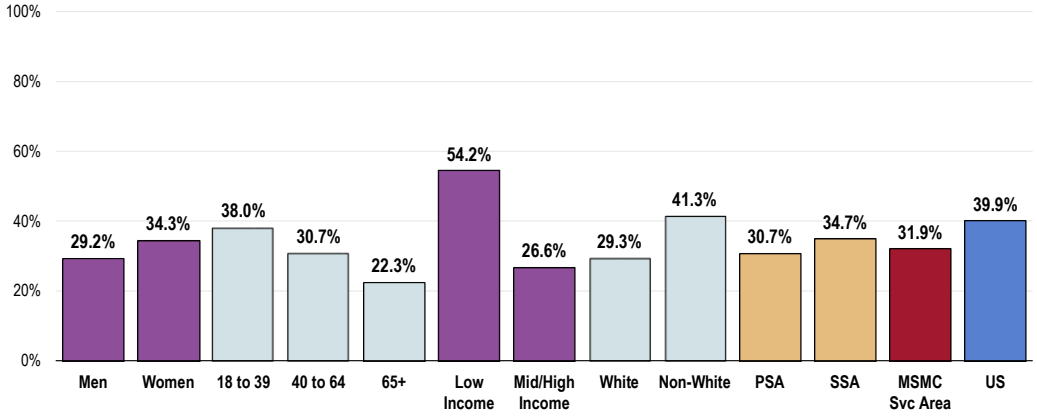


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

The following chart reflects the composite percentage of the total population experiencing problems accessing healthcare in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(MidState Medical Center Service Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

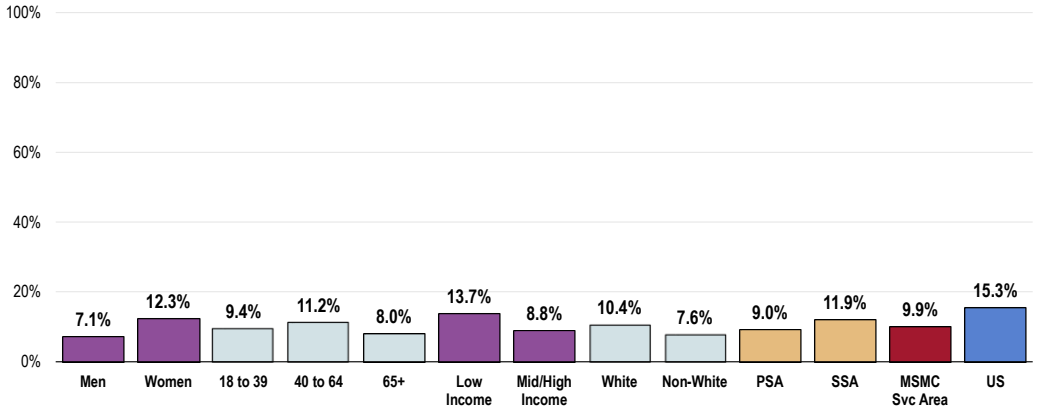
Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prescriptions

"Was there a time in the past 12 months when you skipped doses or took smaller doses in order to make your prescriptions last longer and save costs?"

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(MidState Medical Center Service Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

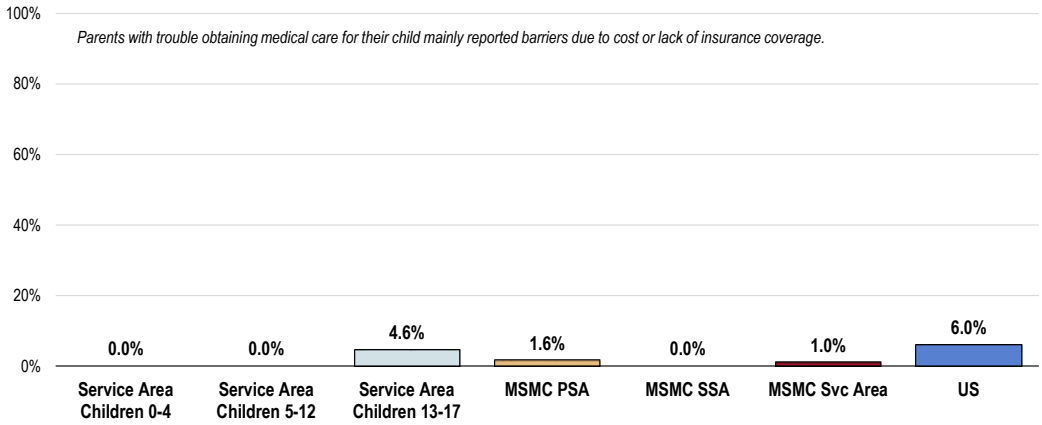
Accessing Healthcare for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

"Was there a time in the past 12 months when you needed medical care for this child, but could not get it?"

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)

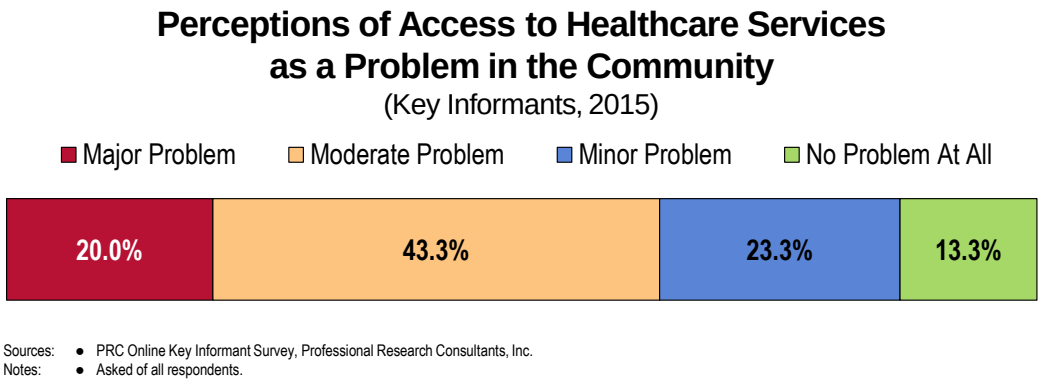


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111-112]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

The following chart outlines key informants' perceptions of the severity of *Access to Healthcare Services* as a problem in the community:



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Insurance & Cost

> *Lack of insurance, lack of transportation, lack of knowledge of the services available wait lists. – Public Health Expert*
>
> *For some it is lack of health insurance. For others it is arbitrary limitations placed on coverage by insurance companies. – Community/Business Leader*
>
> *More and more we have people in this community who have been cut to part time or have been laid off and can't afford healthcare. Even those who have healthcare have to pay an additional copay. If you pay $20 or $25 each doctor visit that can be a lot of money in a week or month. Then you have to pay for medications they prescribe in order to treat the ailment in question. More money. It is out of control. – Community/Business Leader*
>
> *Residents without legal status have very limited access to healthcare. It is particularly challenging when they suffer from a serious decease that requires an expensive and long term treatment. – Social Services Representative*

Awareness Services

> *Generally speaking, those in the lower social strata and with poor education and life skills do not properly use or have access to primary medical care. They continue to use the hospital ED as their "doctor". Education of the lower social/life skills population need better outreach and redirection from Emergency Department to outpatient facilities. – Community/Business Leader*

Transportation

> *Since it is difficult for the elderly to get around, more services should be available to them at home, and in consolidated groupings. Some of these are available in the nursing home but not in a residential home. Ex. x-rays, podiatry, hearing and vision testing, lab draw. When a family has to take care of an elderly person, because they need to have more doctors' visits, it would be nice if some of these services were combined in one location so that they can be done at the same time and not have to make separate doctor appointments. Ex. a place where you can go, like an assembly line and get your hearing, vision, podiatry, whatever, done at one appointment at one location. This would free the family from taking multiple days off to get their loved one to a multitude of appointments on separate days. – Community/Business Leader*

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified mental health and dental care as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	**40.0%**	**40.0%**	0.0%	**4**
Dental Care	20.0%	0.0%	**40.0%**	3
Specialty Care	20.0%	0.0%	20.0%	2
Substance Abuse Treatment	20.0%	20.0%	0.0%	2
Elder Care	0.0%	0.0%	40.0%	2
Chronic Disease Care	0.0%	20.0%	0.0%	1
Primary Care	0.0%	20.0%	0.0%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

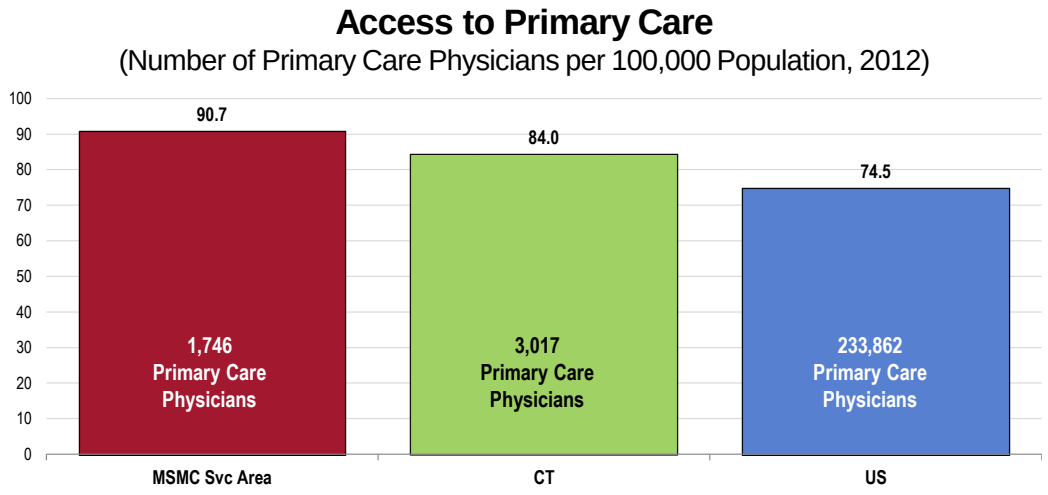
- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved February 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- Here, the service area includes data from all of Hartford, New Haven & Middlesex counties.

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

"Is there a particular place that you usually go to if you are sick or need advice about your health?"

"What kind of place is it: a medical clinic, an urgent care center/walk-in clinic, a doctor's office, a hospital emergency room, military or other VA healthcare, or some other place?"

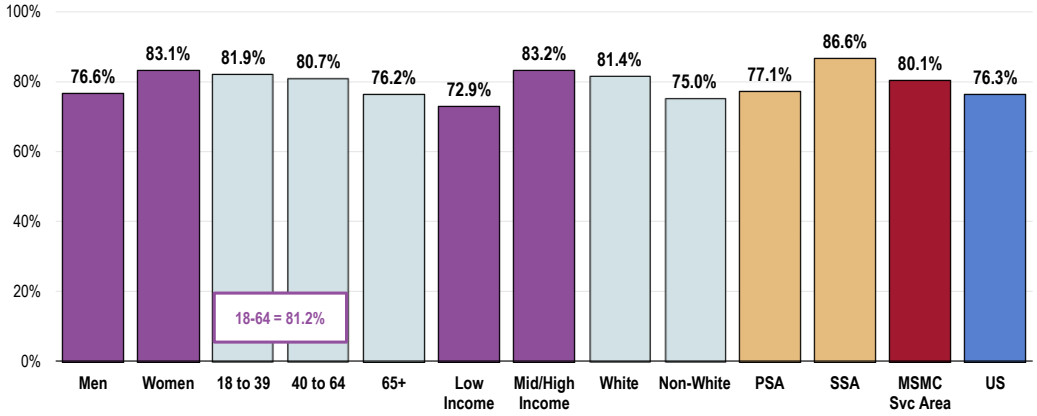
The following chart illustrates the proportion of the MidState Medical Center Service Area population with a specific source of ongoing medical care. Note that a hospital emergency room is not considered a specific source of ongoing care in this instance.

- Note the Healthy People 2020 objectives.

Have a Specific Source of Ongoing Medical Care

(MidState Medical Center Service Area, 2015)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

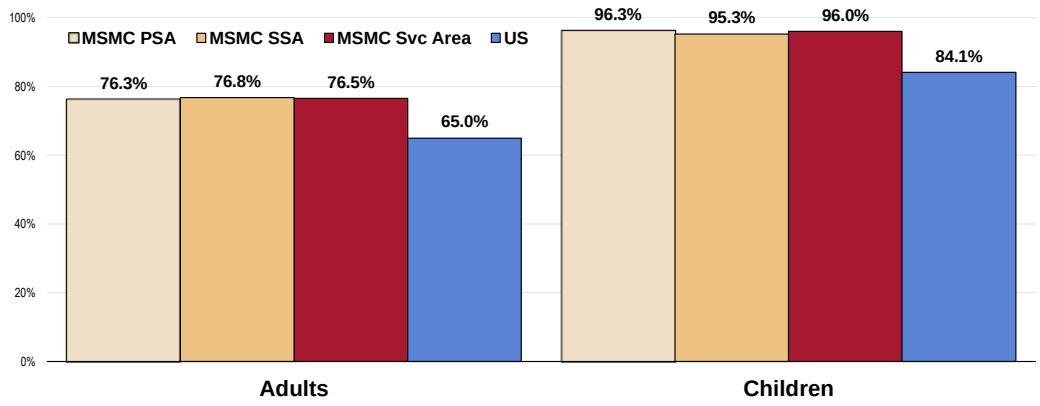
Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Utilization of Primary Care Services

Adults: ***"A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?"***

Children: ***"About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?"***

Have Visited a Physician for a Routine Checkup in the Past Year

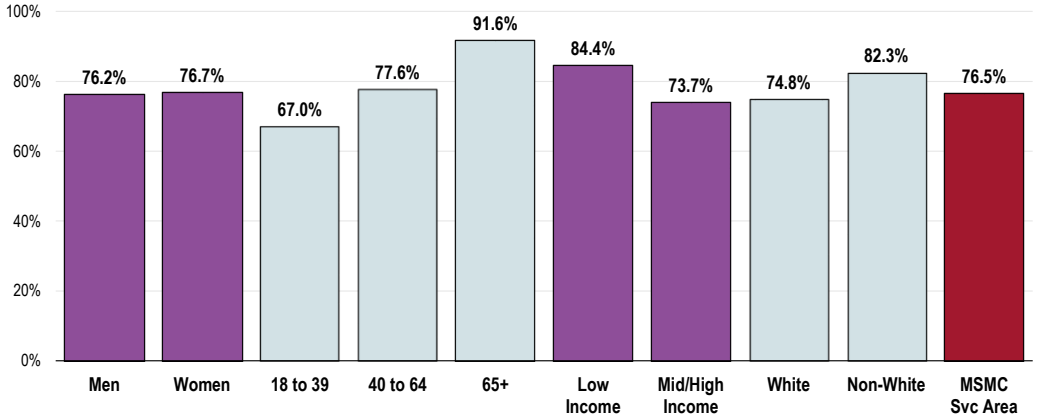


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 113]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Adults: Have Visited a Physician for a Checkup in the Past Year

(MidState Medical Center Service Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

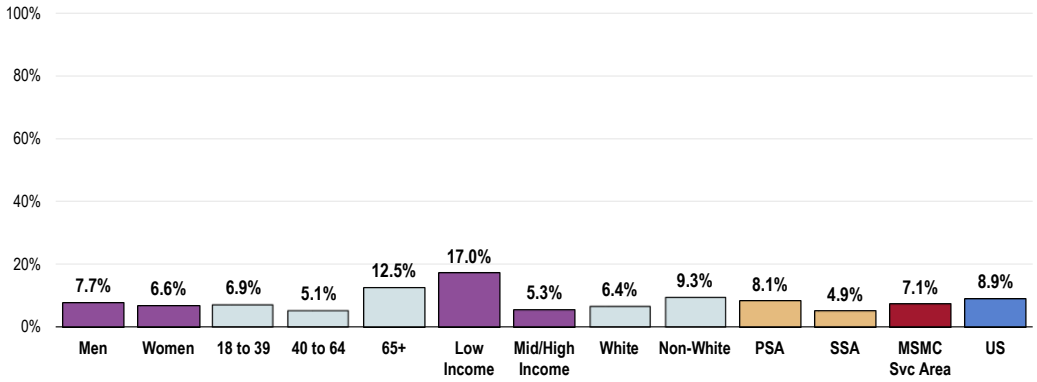
Emergency Room Utilization

"In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission." (Responses below reflect the percentage with two or more visits in the past year.)

"What is the main reason you used the emergency room instead of going to a doctor's office or clinic?"

Have Used a Hospital Emergency Room More Than Once in the Past Year

(MidState Medical Center Service Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

Dental Care

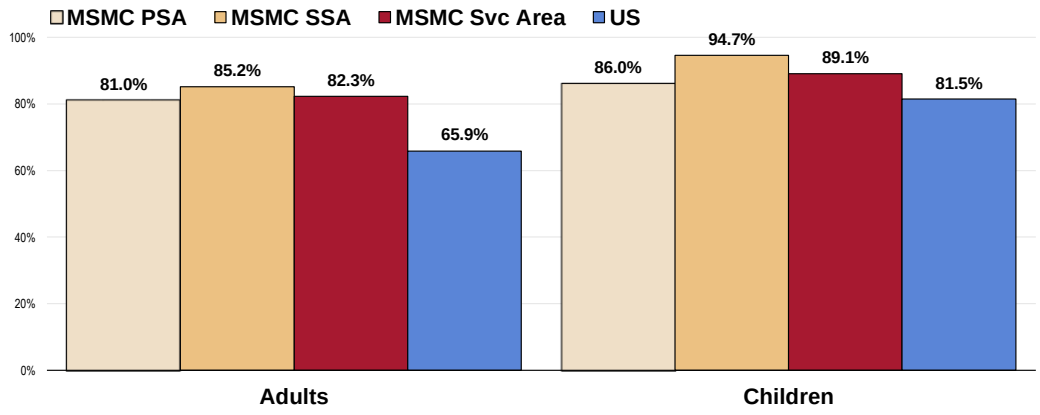
Adults: ***"About how long has it been since you last visited a dentist or a dental clinic for any reason?"***

Children Age 2-17: ***"About how long has it been since this child visited a dentist or dental clinic?"***

- Note the Healthy People 2020 target.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49% or Higher (Adults & Children)

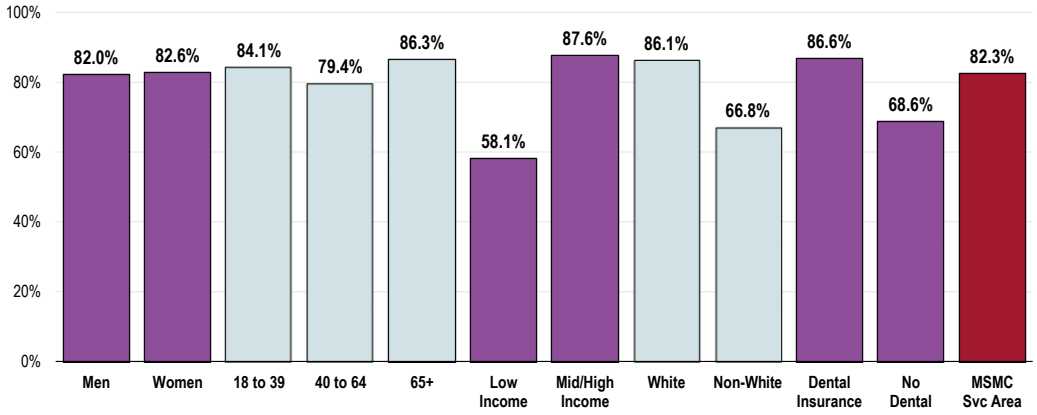


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 21, 116]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Have Visited a Dentist or Dental Clinic Within the Past Year

(MidState Medical Center Service Area, 2015)

Healthy People 2020 Target = 49.0% or Higher

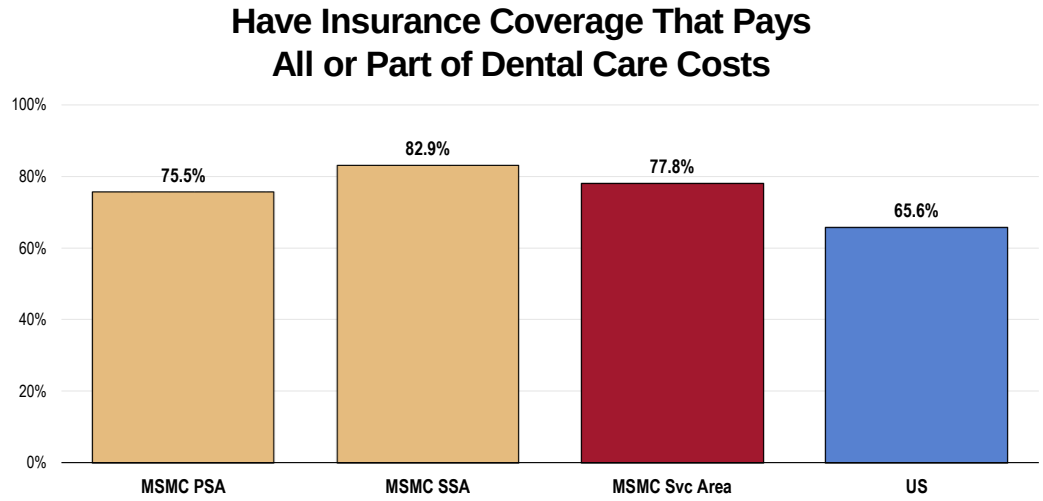


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Insurance

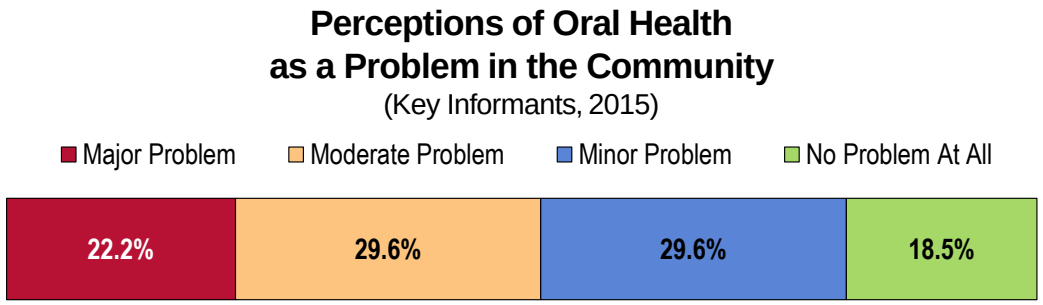
"Do you currently have any health insurance coverage that pays for at least part of your dental care?"



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Insurance & Cost

> *Lack of insurance, screening are great but once there is a problem identified many do not have the money for specialists, emergency care is expensive. For those who do have insurance many places have long wait lists. – Public Health Expert*
>
> *Many of our seniors do not have proper insurance coverage for oral health and dental care. So*

because of that they go without proper dental care. – Community/Business Leader

Access to affordable screening and treatment is limited unless one knows what to pursue agency/program. – Community/Business Leader

It is extremely costly. Even when the person has dental insurance, it only covers cleanings and minor procedures. There are no affordable resources for the insured and uninsured population. – Social Services Representative

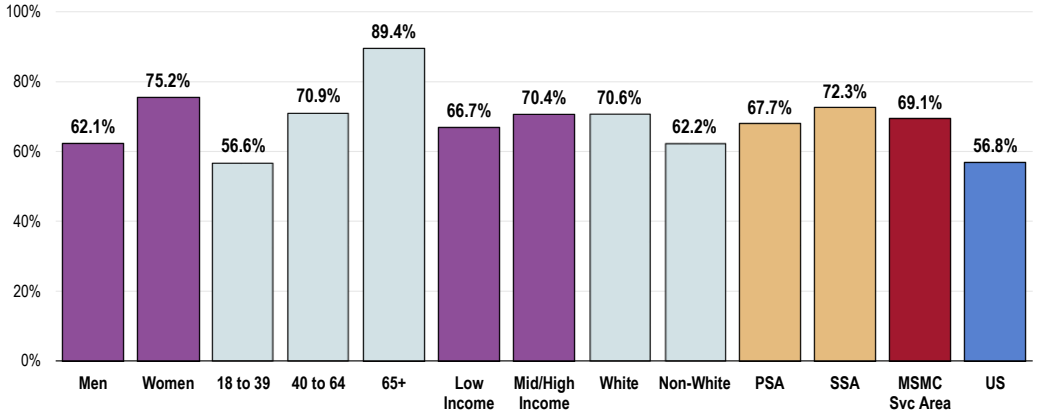
Vision Care

"When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light." (Responses in the following chart represent those with an eye exam within the past 2 years.)

See also *Vision & Hearing* in the Death, Disease & Chronic Conditions section of this report.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(MidState Medical Center Service Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

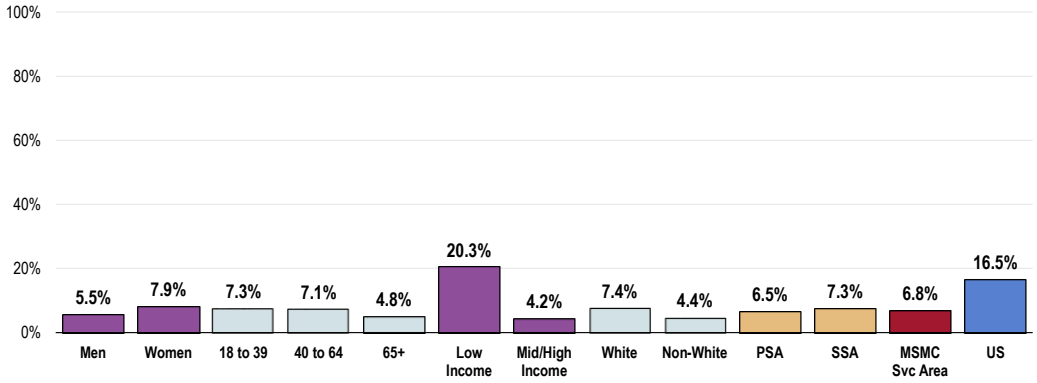
Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources

Perceptions of Local Healthcare Services

"How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair or poor?" (Combined "fair/poor" responses are outlined in the following chart.)

Perceive Local Healthcare Services as "Fair/Poor"
(MidState Medical Center Service Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

- *2-1-1 Hotline*
- *Community Health Center*
- *Doc-in-a-Box Facilities*
- *Hartford Health Care*
- *Hospital Clinics*
- *Insurance Policies*
- *Master's Manna*
- *Meriden Health and Human Services*
- *MidState Medical Center*
- *New Opportunities*
- *Urgent Care*
- *Women, Infants and Children*
- *Yale New Haven Hospital*

Cancer

- *Community Health Centers*
- *Meriden Health and Human Services*
- *MidState Medical*
- *Planned Parenthood*
- *Primary Care Providers*
- *Private Oncologists*
- *Public Health*
- *Yale - Smilow Center*
- *Yale New Haven Hospital*

Dementias, Including Alzheimer's Disease

- *Alzheimer's Association*
- *Berlin Senior Center*
- *Center for Healthy Aging in Southington*
- *CT Center for Healthy Aging*
- *Long-Term Care/Nursing Home*
- *Masonicare - Harth at Pond Ridge Assisted Living*
- *Memory Lane Adult Day Program*
- *Mental Health Providers*
- *Mulberry Gardens*
- *North Central Area Agency on Aging*
- *Primary Care Providers*
- *Senior Citizen Services*
- *Social Services in Berlin*
- *Visiting Nurses Association*
- *Yale - Gerontology*

Diabetes

- *Community Health Centers*
- *Health Department*
- *Laplance Clinic*
- *Meriden Health and Human Services Department*
- *Meriden/Wallingford NAACP Health Fair*
- *MidState*
- *Primary Care Providers*
- *Private Pediatricians*
- *Public Clinics*
- *Public Health*
- *School Nursing Personnel*
- *SCOW*
- *Support Groups at MidState*
- *THOCC*
- *Wallingford Senior Center*

- *Yale New Haven Hospital*
- *YMCA*
- *YWCA and YMCA*

Family Planning

- *Community Health Centers*
- *Meriden Health Department*
- *Planned Parenthood*
- *Youth Services, Health and Human Services*
- *YWCA Teen Center*

Hearing & Vision

- *Berlin Senior Center*
- *BESB*
- *Center for Healthy Aging*
- *Insurance*
- *Lions Club*
- *NCAAA*
- *School Nurses*

Heart Disease & Stroke

- *Cardiac Units*
- *Community Health Centers*
- *Emergency Medical Dispatch*
- *Emergency Medical Services*
- *Heart-Healthy Communities*
- *MidState Medical Center*
- *Private Practice Physicians*
- *Public Health Department*
- *Schools*
- *WIC*
- *YMCA*

Immunization & Infectious Diseases

- *Community Health Centers*
- *Department of Public Health*
- *Local Health Department*
- *Meriden Health Department*
- *MidState*
- *Primary Care Providers*
- *Protein Sciences*
- *Schools and Colleges*
- *Walk-In Facilities*

Infant & Child Health

- *Birth to Three*
- *Chrysalis*
- *Community Health Center*
- *MidState*
- *Pediatric Care*
- *Private Providers*
- *Public Health Department*
- *WIC*
- *Women and Families Center*
- *Women, Infants and Children*

Injury & Violence

- *2-1-1 Hotline*
- *Board of Education*
- *Chrysalis*
- *Churches*
- *Juvenile Diversion Program*
- *Local Police Department*
- *Master's Manna*
- *Meriden Wallingford Chryslias*
- *Meriden Youth Services*
- *Outpatient Mental Health Facilities*
- *Primary Care Providers*
- *Senior Ombudsman*
- *Women and Families Center*

Mental Health

- *Center for Healthy Aging*
- *Child Guidance Clinic*
- *Chrysalis*
- *Community Health Agency*
- *Community Health Center*

Community Mental Health Affiliates

Community Services

Dry Dock

Emergency Room

Hospital of Central CT Bradley Campus

Institute for Living

Meriden Health Department and Youth Services Department

MidState

Outpatient Mental Health Facility

Rushford Center

Social Workers

Southington Community Services Department

Southington Youth Service Department

UConn Health Center

Wheeler Clinic

Yale Behavioral Health

Nutrition, Physical Activity & Weight

Beat the Street

Board of Education for Cheshire School

Boys and Girls Club

Boys Club of Meriden and Wallingford

Chamber of Commerce

Cheshire Library

Chesprocott

MidState

My City Kitchen

Private Nutritionists

Public Health

Space for Outdoor Recreation

Spanish Community of Wallingford for Zumba

TOPS

Weight Watchers

YMCA

Youth Recreation Programs

Youth Services

Oral Health

Central CT Health District

CHC Dental Clinic

Community Health Center

Dental Lifeline Network

Free Dental Cleaning Fairs

Head Start

Master's Manna

Meriden Public Schools

Private Dentists

UCONN School of Dentistry

Yale New Haven Hospital

Substance Abuse

Alcoholics Anonymous

Boys and Girls Club

Bristol Hospital

CHC

Community Agencies for Outpatient Treatment Programs

Community Health Services

Dry Dock Cafe

Local Hospital

MidState Medical Center

Needle Programs

Police Department

Private Physicians

Public Health Department

Rushford Center

Schools

South Central CT Substance Abuse Council

STEPS Program

Wheeler Clinic

Tobacco Use

- *Beat the Street*
- *Boys and Girls Club*
- *MidState*
- *Public Health*
- *School System*