Greater New Britain
Health Needs Assessment

Greater New Britain includes the City of New Britain,
and the Towns of Berlin, Plainville and Southington

March 2008

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Photo provided by the City of New Britain Website: www.new-britain.net.

Executive Summary

The goal of this Community Health Assessment is to gain understanding of the health status of New Britain, Berlin, Plainville, and Southington and identify key areas of need. This study was a large survey plus additional data gathered from publicly available sources. It was done in partnership between Connecticut Mental Health Affiliates, Hospital for Special Care, Human Resources Agency of New Britain, The Hospital of Central Connecticut, and health officials from the respective municipal governments. Supplemental funding was provided by the Connecticut Health Foundation.

The most relevant findings of our study include:

- The City of New Britain faces much bigger health challenges than the state as a result of structural problems that include poverty and demographics. More than one third of New Britain households have incomes below 200% of the Federal Poverty Level.

Access to Care

- Greater New Britain residents have difficulties accessing primary health care services when they are uninsured or insured by a state program, including Medicaid and SAGA because of the lack of participating providers.
- Access to care is even more challenging for dental and mental health services.
- Residents of the City of New Britain compensate for lack of access by utilizing the Emergency Department of the hospital at nearly twice the rate of their suburban counterparts.
- In Greater New Britain the assessment finds that 33,000 people need a medical home.

Diseases

- The most prevalent diseases are Cardiovascular, Diabetes, Respiratory problems, and Mental Health issues.
- Screening rates for general immunizations, breast and cervical cancers, blood pressure and cholesterol are above average, but there are unmet screening needs for colorectal and prostate cancer.
- Behavioral-risk issues are a concern for episodic binge drinking, defined as four or more drinks in one sitting.
- Teen pregnancy rate in New Britain is the third highest in the state, especially among Hispanic children.
- Another major area of unaddressed need is the lack of prenatal care.

Independent Living and Emergency Preparedness

- 10% of people reported having difficulties with activities of daily living, due to disabilities or reduced physical capacity.
- 10% of people are unable to evacuate by their own means in case of emergency.

Introduction

This report is the result of a collaborative effort among several Greater New Britain health and social services organizations, and the generous supplemental funding of the Connecticut Health Foundation. It includes findings from a large randomized study following the model of the "Behavioral Risk Factors and Surveillance Survey" of the Centers for Disease Control and Prevention. This survey measures objective indicators and subjective perceptions of health status. The report also included the research of a consultant who used publicly available data to evaluate access to care. The goal of this Community Health Assessment is to gain understanding of the health status of our region and identify key areas of need.

Our State, Connecticut

Summary: ***Connecticut is privileged in ranking consistently high in the nation on most health indicators. However, demographic changes like the aging of baby-boomers, immigration, and industry trends such as the receding employer-based private health insurance system present many important challenges.***

Connecticut fares well in national rankings of health care indicators. This is apparent in various studies, like the one performed by The United Health Foundation, and on data accrued from different sources, including the Centers for Disease Control and Prevention (CDC&P) in Atlanta. The United Health Foundation report considered multiple areas for comparison: Economic Well-being, Insurance Coverage, Public Health System Investments, Home Health and Medical Care Quality, Protecting Against Injury and Disease, Avoiding Addictions, and Engaging in Healthy Habits. The outcomes measured by the report are classified under categories including Premature Death Rates, Select Mortality Rates, Limited Activity Rates, Emotional Well Being, Infectious Disease Rates, and Health Disparities.

Connecticut ranks among the top 20% of states on most indicators except for Infectious Disease Rates, in which it places 38th out of the 50 states. The low placement on Infectious Disease prevalence may be attributed to several factors, including a higher proportion of urban and suburban populations characterized by a high turnover of urban residents with large numbers of new arrivals from overseas. Connecticut has a relatively small Department of Public Health in relation to its total state budget. Many burdens of public health management are placed on under-funded local health departments.

At first glance, it appears that the overall health status of the residents of our state is relatively high when compared with other states, but a closer look at the data begins to show a different picture. Certain factors such as a concentration of poverty in urban areas, a recent influx of new immigrants from foreign countries and other US Territories, and the erosion of the employer-based private insurance coverage exacerbate the existence of gaps in the health status of certain segments of the population and their ability to access services that address their needs. This reality is manifested in no uncertain terms in the City of New Britain.

New Britain Region – Community Profile

Summary: ***The New Britain region has a Manufacturing Center (City of New Britain), two Mill Towns (Plainville and Southington), and a Rural Town (Berlin) as defined by the Connecticut Health Foundation. Demographic data show deep levels of poverty in the City of New Britain and in general a higher percentage of older people than state or national averages.***

The health status of the four towns that are the subject of the study shows structural differences that reflect their demographic profile. We have followed the guidelines of the Connecticut Health Foundation [CHF], which allow us to compare each community to a Health Reference Group (HRG), a composite of peer communities around the state. The six categories of reference groups proposed by the CHF are: Urban Centers, Manufacturing Centers, Diverse Suburbs, Wealthy Suburbs, Mill Towns, and Rural Towns.

The four towns in our region are assigned to the Health Reference Groups as follows:

- City of New Britain – Manufacturing Center
- Plainville and Southington – Mill Towns
- Berlin – Rural Town

The main demographic indicators for the four communities in our study are:

	New Britain	Berlin	Plainville	Southington	Hartford County	CT	U.S.
Population	71,538	18,215	17,328	39,728	857,183	3,405,565	281,421,906
Children (ages 0-21)	29.90%	26.50%	23.20%	25.70%	28.00%	28.30%	30.00%
Adults (age 21 -64)	54.40%	56.80%	61.60%	59.70%	57.40%	58.00%	57.60%
Seniors (age 65 and older)	15.70%	16.70%	15.20%	14.60%	14.60%	13.70%	12.40%
Median Household Income	$34,185	$68,068	$48,136	$60,538	$50,756	$53,935	$41,994
Per Capita Income	$18,404	$27,744	$23,257	$26,370	$26,047	$28,766	$21,587
Under 100% FPL	16.40%	2.70%	5.10%	3,3%	9.30%	7.90%	12.40%
Under 200% FPL	35.70%	9.20%	8.50%	10.80%	21.20%	19.30%	29.60%

Data: 2000 US Census.

FPL: Federal Poverty Level, currently set at $10,212 for an individual and $20, 652 for a family of four.

This report attempts to ascertain need by measuring the health status of residents and comparing that with the opportunities they have to address their unmet needs.

Findings on Health Infrastructure and Unmet Needs: Access to Care

Summary: ***The New Britain region has a well developed healthcare infrastructure with the exceptions of primary medical care, medical specialty care and dental services for uninsured and underinsured individuals, and a deficit of behavioral health services across all population groups. We estimate that the four-town New Britain region has over 33,000 people without insurance or covered under state-sponsored programs.***

The assessment process confirmed the prevailing notion that New Britain has, generally speaking, a well developed healthcare infrastructure. The New Britain area is the home of a large community hospital, The Hospital of Central Connecticut which houses diverse outpatient clinics, a long-term, acute-care facility, the Hospital for Special Care, a community health center, a large physician group at the Grove Hill Medical Center and many other physicians in private practice, Connecticut Mental Health Affiliates, the Wheeler Clinic and several social services organizations with special health programs, including the Human Resource Agency of New Britain, and the Klingberg Family Centers.

Exceptions to this adequate capacity reflect wider regional and national trends. They are the result of limited availability of primary care, dental services for uninsured and underinsured people, and both inpatient and outpatient behavioral health services, particularly for children, which is manifested in chronically long waiting lists for treatment. The rationing of pediatric mental health is not limited to the uninsured or the beneficiaries of state-sponsored programs, but also extends to families enjoying private insurance coverage. The scarcity of primary care services is mitigated by the existence of two safety net providers in New Britain: a branch of CHC, Inc. located on Washington Street and the Outpatient Clinics operated by The Hospital of Central Connecticut. Neither venue is large enough, and their combined capacity is not sufficient, to provide service to all the uninsured and underinsured residents in the area.

The City of New Britain has ten (10) Census Tracts classified as Medically Underserved Areas (MUA), and seventeen (17) census tracts categorized both as medical and dental Health Professional Shortage Areas (HPSA). Connecticut has a higher percentage of older people than the nation as a whole, and New Britain shows an even greater proportion of seniors than the state. It is apparent from economic indicators that over 35% of residents in low income households fall under 200% of Federal Poverty Level (FPL) guidelines. In addition, more than half of all children living in the city receive health benefits through the HUSKY A program available to families earning incomes under 185% of FPL. The Federal Poverty Level (FPL) is currently set at $10,212 for an individual and $20,652 for a family of four.

	New Britain	Berlin	Plainville	Southington
Fee-for-service Medicaid	7,731	360	651	1,120
HUSKY B as of 7/1/2006	491	54	96	161
HUSKY A, < 19 on 7/1/2006	9,496	340	694	1,109
Total Medicaid population	17,718	754	1,441	2,390
SAGA	1,500	NA	NA	NA
Medicaid plus SAGA	19,218	NA	NA	NA
Uninsured population*	6,321	922	32	4,291
% of population uninsured	8.80%	5.10%	0.20%	4.80%
Medicaid, SAGA plus Uninsured	**25,539**	**1,676**	**1,473**	**NA**
% of pop. Medicaid plus Uninsured	**35.70%**	**9.20%**	**8.50%**	**10.80%**
Under 19 population	18,545	4,638	3,867	9,884
% of < 19 on HUSKY A	51.20%	7.30%	17.90%	11.20%

* Number of uninsured calculated by using BPHC's formula: # of people below 200% FPL minus # of people receiving Medicaid divided by total population).

Other Access to Care issues

Summary: ***The use of the Emergency Department services at area hospitals by New Britain residents is twice the rate of their suburban counterparts. Lack of affordability is one of the main barriers to mental health care services. Barriers to dental care affect half again as many people as medical issues. New Britain has the third-highest rate of teenage pregnancies in the state.***

There is a significant difference between the utilization rates of the Emergency Department (ED) at area hospitals by residents of the City of New Britain and people in the surrounding towns. The baseline utilization rate in the suburban towns is 10% of respondents, whereas in New Britain the number is double that. This means that 20% of surveyed people in New Britain had visited the ED at least once during the year prior to the survey. We know from ED reports that a percentage of total visits are related to conditions that are not true medical emergencies. In the healthcare industry these conditions are referred to as Ambulatory Care Sensitive or ACS. This subset of cases reflect a lack of medical home and no other access to primary care, mainly by uninsured and underinsured individuals and their families. We estimate that the number of ACS conditions for which uninsured individuals were treated in the ED at The Hospital of Central Connecticut New Britain campus represents approximately 2,000 cases per year.

Judging the scope of our healthcare needs in relation to the existing health infrastructure we may come to the conclusion that the size of the current gap between the two is "reasonably" small. It is worth noting, however, that demographic trends are negatively impacting the ability of the current infrastructure to adequately satisfy

these needs in the future since seniors typically experience more health problems than younger people. The gaps will only become greater over time. Indeed, most projections indicate that the percentage of older Americans will grow to more than 20% of the population in the next decade.

These trends will place great future demand on service lines dedicated to treat conditions that primarily afflict older people, such as respiratory infections, cancer treatments, orthopedic therapies addressing the consequences of arthritis and falls, behavioral health, and emergency services including Emergency Medical Technician services (EMT) and hospital emergency departments.

Mental health issues strike a particular chord in our study because of the worrisome confluence of two problems: First, mental health diseases are much more pervasive than most people realize. Second, the barriers to access to care are often insurmountable, and getting worse. Providers are currently not reimbursed at rates that make it economically viable to expand capacity. In addition, no-show rates for scheduled appointments are high and problematic. Some behavioral health providers are reducing the scope of their programs, and many are abandoning the third party payer insurance system altogether and shifting their practices to fee-for-service with direct cash payments from the patients.

Our survey shows that a full one third of the population in the City of New Britain received no dental care during the previous year. Lack of dental insurance affects more people than lack of medical insurance, partly because fewer employers offer this benefit and people tend not to buy dental coverage individually. Even with insurance, the cost of dental care can be substantial. Most dental plans cover only basic restorative work at 50% of cost, with low annual maximums, often capped at $1,000 per person.

Access to dental health care is also difficult to the point of being virtually unavailable for people covered by state programs, including HUSKY. There are currently fewer than 200 dentists accepting Medicaid patients in the State of Connecticut, and multi-year legal proceedings to raise Department of Social Services (DSS) Medicaid reimbursement rates up to 70% of parity with private payments had not yet produced results at the time of this report. New Britain benefits from having two dental clinics operated by Hospital for Special Care and the Community Health Center, and by Start Smiling, an emerging pediatric dental program in the New Britain public schools, but this capacity is inadequate. The number of people in the New Britain area who needed a dental appointment in the previous year and could not get one is 50% higher than for medical issues.

In summary, the key findings on barriers to access to care include:

- The lack of ***affordable*** basic healthcare services for significant numbers of residents,
- A shortage of dental and mental health services even when lack of private insurance or state coverage is not an issue,
- A situation that mirrors a national trend: general over-reliance on the Emergency Department of the local hospital by area residents who do not have a medical home, exposing an insufficient availability of primary care.

Key Findings on Health Status

Diseases

***Summary:* The most prevalent diseases in the New Britain region include Cardiovascular, Diabetes, Respiratory Problems, and Mental Health issues. Mental Health issues affect all ages but they are of particular concern among children. In addition, oral health problems are also widely reported.**

The main health conditions affecting the residents of the New Britain area include the same top four chronic diseases that have a grip on our nation: cardiovascular (including hypertension, cholesterol, congestive heart failure and COPD;) diabetes; respiratory problems (including asthma and pneumonia;) arthritis; and mental health (including depression.)

Mental health problems are widespread enough that 10% of all respondents to the survey expressed concerns about their emotional well being within the past year. Dental/oral health problems are more prevalent than medical issues, cutting across the board for income and other demographic attributes. It is clearly a much more pervasive problem among lower income, uninsured and underinsured families, who, faced with a need, have no place to go.

Screenings

***Summary:* Connecticut has achieved success and high rates of compliance for certain screenings that are the subject of public policy efforts. They include immunization campaigns and mandated initiatives to address breast cancer, cervical cancer, and other health threats such as lead poisoning and HIV/AIDS. Similar efforts are needed to address additional health disparities such as screenings for other forms of cancer, including colorectal and prostate.**

Data for our state demonstrate the success of select public health policies, including wide-reaching campaigns such as childhood immunization and breast cancer screening. These initiatives are examples of concerted efforts among diverse collaborators that can result in significant positive health outcomes. These successes were made possible, in part, by the General Assembly's progressive use of insurance mandates. The wide availability of screenings that include free mammograms for uninsured women in our state has consistently enabled a reduction the incidence of breast cancer for all socio-economic groups in the past decade.

Unfortunately the same cannot be said regarding early detection of colon and prostate cancer. In Connecticut, colorectal cancer screenings lags far behind the recommended guidelines, with high cost of colonoscopies, the preferred procedure, clearly as a factor. Reducing the prevalence of colorectal cancer in particular is a worthy goal because early detection holds the promise of preventing most deaths.

This is not a trivial problem: It is currently the second leading cause of cancer deaths, and it needn't be so. New Britain is far behind in terms of compliance rates for screenings. While the national average currently stands at 50% of all persons needing to be screened actually doing it, New Britain barely reaches the 40% level, further evidence of health disparity in which lack of cancer screenings afflict ethnic and racial minorities in a disproportionate way.

Behaviors

Summary: ***Behaviors that conspire against good health are dominated by poor nutrition and sedentary lifestyles, particularly among children. We identify binge drinking, and drinking and driving as significant challenges. Teen-age pregnancies are also of great concern because they tend to be associated with babies who are born premature and with low birth weight.***

The behavioral factors influencing the state of our health mirror the trends in the national population, dominated by poor nutrition and lack of physical activity. Of particular concern is the incidence of sedentary lifestyles among children. Our survey indicates that 30% of children in New Britain get no or minimal exercise.

We also identified two additional areas of concern that offer the opportunity for local programmatic interventions. The first is related to excessive consumption of alcohol in the form of binge drinking. The second is drinking and driving. The national benchmark commonly used to gage the incidence of driving under the influence of alcohol, shows that on average 7% of all drivers are impaired. While the suburban towns tend to do better, in New Britain that percentage is actually higher.

Teen pregnancies and lack of pre-natal care are important issues, especially among Hispanics. In an evaluation of cultural and socio-economic factors, teen pregnancies contribute to a vicious circle involving lack of education, poverty, and health problems. The City of New Britain has a total student body of approximately 6,000 students for middle school and high school ages, grades 6 to 12. The district reports about 200 students in a typical year who deliver babies while enrolled in school.

Teen Annualized Birth Rate percentages; by Race/Ethnicity (2004)
Teens Reported - Ages 15 to 19

	New Britain	Berlin	Plainville	Southington	USA	CT	Hartford County
All Races	21.58%	1.14%	1.69%	2.35%	9.28%	9.30%	11.64%
White	9.39%	1.21%	0.66%	1.87%	6.09%	4.11%	3.67%
Black	14.81%	-	16.67%	-	14.17%	18.22%	15.88%
Hispanic	35.11%	-	7.14%	13.33%	18.45%	23.64%	32.83%
Other	9.80%	-	-	6.25%	3.87%	4.97%	3.96%

Source: Connecticut Health Foundation; CT. DPH – Vital Statistics Report

The high school has a nursery/child care center with capacity for 200 infants. These numbers are consistent with the report by the Connecticut Health Foundation. This report claims that Puerto Rican Hispanic adolescents between ages 10 and 17 in New Britain have a pregnancy rate of 95 per 1000. This is twice the pregnancy rate of young African American females, and five times that of Caucasians.

Emergency Preparedness

Summary: ***A significant number of respondents to our survey, 10%, experience challenges with at least some aspects of daily life in their current homes. This affects ergonomic issues of mobility and use of appliances as well as safety. In addition, 10% of respondents to our survey declared their inability to evacuate on their own in case of emergency.***

The survey sheds light on an unrecognized component of health and safety affecting older people and some younger residents of our community who have disabilities: many elements of daily life at home present challenges to many people. Our survey reported a substantial number, 10% of respondents, as having difficulties in their home with activities of daily living. Issues of accessibility are often addressed by ramps and wider doors, but many additional ergonomic household issues remain. People with rheumatoid arthritis have difficulty using can openers, the tiny push buttons on a cell phone, round door knobs and other appliances. People with limited vision have difficulty reading the labels on food containers and medication. The physical challenges presented by a home may increase the risk of falls and they include slippery floors, area rugs, high cabinets and other hard to reach storage areas, and unsafe bathroom facilities.

The survey also provided evidence that a significant number of people in the region, about 10%, would have difficulty evacuating their homes on short notice in case of an unexpected disaster. The working group believes that this issue, while not one of pressing urgency, should be given due attention in the future, and a specific recommendation is offered.

Photo provided by the Town of Southington Website: www.southington.org.

Recommendations

Our recommendations for action reflect the need to balance multiple needs with the availability of limited resources. This led the working group to select opportunities for improvement that allow for immediate action and measurable results. The group considered "social ecology" areas that are already the subject of comprehensive public health campaigns to be a low priority, since the investment of local resources would achieve limited or no additional impact. Examples include national campaigns against the use of tobacco products or the state-sponsored promotion of traffic safety, including the mandatory use of seat belts.

The working group also considered additional barriers, such as low feasibility, high investment thresholds, or the need for wide-reaching systemic change. The highest priorities were assigned to situations that show significant gaps with well established national benchmarks, such as the previously mentioned colorectal cancer screenings.

The group identified five important areas to recommend as priorities for future action:

1. Access to Care

The ability of individuals and their families to have a "medical home" and access care when needed is of paramount importance to their health. This is also a necessary condition for the future success of a "consumer-driven health care" paradigm. There is emerging consensus that informed consumers play a decisive role in the successful management of their health. People must become educated about health issues, allowing them to engage in prevention strategies, and to advocate for themselves in the coordination and continuity of care. Medical homes foster relationships between patients and providers and enable a more fluid flow of information, resulting in better educated patients.

There is a general trend of diminishing availability of primary care. Fewer new graduating physicians go into primary care, including family practice, internal medicine, and pediatrics. Economic incentives and life-style choices are leading many people into sub-specialties creating a deficit that is most obvious for Medicare and Medicaid patients seeking to establish a new medical home. Planned reductions in reimbursement under Medicare and natural demographic trends will make this problem worse in the coming years.

The Greater New Britain area has an estimated 33,000 people who are uninsured or receive health coverage under one of the state-sponsored programs including SAGA, Medicaid, and HUSKY. The current capacity for primary medical care available is sufficient to serve approximately half that number. It is our recommendation to increase the capacity of the safety net providers, allowing for half of the current deficit of 16,500 to be eliminated by the end of 2012. This will create new medical

homes for approximately 8,000 people. Implementing this recommendation will have multiple and far-reaching benefits, including better access to prescription drugs, and also indirect ones, like fewer Ambulatory Care Sensitive conditions treated at the Emergency Departments of our area hospitals, and allowing Emergency Department staff to make referrals of patients for follow up care. These benefits will touch multiple providers, including small agencies like EMS of New Britain, which currently addresses many 911 calls that result in an emergency response without actually transporting the patient, a circumstance that prevents them from billing for the services provided.

We extend similar recommendations to the areas of dental services for underserved populations and mental health services, in particular for children.

We urge more dentists in private practice to acknowledge the severity of the lack of access and agree to contribute to a solution by agreeing to treat a few uninsured patients each, including through participation in *Give Kids a Smile Day*.

In relation to mental health issues, it is our recommendation that specific measures be taken to alleviate the above mentioned challenges presented by limited access to care. On the supply side, access can only be improved if more resources are allocated to hiring additional staff, thus increasing capacity. More efforts are needed to advocate with our legislators for the need to bring more resources to this neglected aspect of our healthcare system, mainly through higher reimbursement rates.

We encourage all providers to follow care coordination best practices by "integrating" medical and mental health, at the very least to a level that insures coordination of referrals and continuity of care.

Another promising idea to increase access to mental health care, this time on the demand side, is creating a community trust fund enabling implementation of mental health treatment "scholarships." As an example, an investment of $100,000 would allow for approximately 1,000 hours of subsidized counseling helping about 500 individuals in need who currently are receiving no care.

A final recommendation for mental health issues is to encourage providers in our area to improve access to services, including through the use of technology, so that people can be seen sooner, in a manner that better meets their needs.

2. Diseases

Our key recommendations related to specific diseases follow the Access to Care issues and the enhanced availability of primary care. We may summarize them as improving coordination of care and implementing disease management protocols for diabetes and heart disease, as well as achieving state of the art treatment and rehabilitation of stroke victims. We also recommend paying increased attention to the prevention, treatment, and rehabilitation of patients afflicted by respiratory diseases, including asthma and pneumonia, and in the face of their continued large numbers, the health issues presented by people who smoke cigarettes and use

other tobacco products. All the above mentioned areas of concern are driven by the swelling demographic trend of aging baby-boomers.

The working group also recommends the continued support of programs that promote the prevention, treatment and recovery of people suffering from substance abuse disorders, including the work done by the SAAC Coalition under CMHA, Wheeler Clinic, and the Counseling Center at The Hospital of Central Connecticut.

On a final note, we would like to recommend that all providers in our community continue supporting programs that promote prevention and wellness. Many successful such programs are already in place, like the Connecticut Center for Healthy Aging, the Health Promotion Department at The Hospital of Central Connecticut, and the WIC program, but we hope that with more outreach these programs will benefit larger numbers of people, and by doing so they will reverse the disturbing national trends caused by poor nutrition and sedentary lifestyles conducive to obesity and disease. We must find ways to bring health education to the individual home, perhaps with the use of new interactive media and innovative incentive programs. Prevention is the final frontier in healthcare and the only one that promises a moderation in the unstoppable escalation of costs.

3. Screenings

The working group recommends the continued support for programs that enhance the rates at which the residents of Greater New Britain receive cancer screenings. The Early Detection Program is a successful federally funded breast cancer screening program that enables women to receive mammograms regardless of their ability to pay. Research shows that members of minority populations lag well behind the population at large in their compliance rates with recommended screening guidelines, and this is true regardless of insurance status. This study reinforces the need for a call to action and efforts that will reduce these health disparities.

Increasing awareness and access to screenings for colon and prostate cancers should be given the highest priority. Colon cancer screenings in the City of New Britain, at 42% of all those who should be receiving them, show a large gap with the state and national average of 50%. In addition to the inconvenience and unpleasantness of the procedure, cost is an important factor at play in the case of colon cancer, because colonoscopies, the gold standard in screenings, require spending between $1,500 and $2,500. Despite the hefty price of the screenings many studies show that colonoscopies are a very cost-effective investment given the high success rates of treatment in cases of early detection, and the staggering cost of treating late-stage cancer patients with radiation and chemotherapy.

4. Behavioral safety

The working group identified two areas in which action would be appropriate: the high rates of binge drinking and the prevalence of drinking and driving. A primary target population of any campaign should include young people of school age, the most at-risk. Of additional concern are the frequent automobile accidents involving very young (and inexperienced) drivers. Our laws restricting the legal drinking age and recent regulations implementing graduated driving privileges are important tools that mitigate the problem, but more needs to be done.

5. Teen pregnancy prevention and pre-natal care

New Britain has the third highest rate of teen pregnancies in the state. This is a proxy indicator for another health issue with far-reaching consequences: a high incidence of premature and low weight births. The working group recommends continuing community support for this issue and enhanced collaborations with established teen pregnancy prevention programs in the region, such as Pathways/Senderos and OIC in New Britain. Pathways/Senderos is the only independently evaluated program of its kind, and since its inception almost twenty years ago it has demonstrated outstanding results. The vast majority of children enrolled in the program not only avoid pregnancies but they go on to pursue higher levels of education and rewarding careers.

6. Emergency Preparedness

The survey identified 10% of the respondents having challenges in their home with activities of daily life due to inappropriate designs of tools, appliances and furniture. Our recommendation is to encourage physicians and other care givers to enable a wider use of home assessments. Notable in our district is the Connecticut Center for Healthy Aging, based in the Hospital of Central Connecticut at New Britain General and Bradley Memorial. Other resources include Hospital for Special Care, the North Central Area Agency on Aging and several Visiting Nurse Association agencies serving our region. Professional home safety assessments are recommended for all seniors, especially those who live alone. In addition, it is recommended that seniors who live alone and display any risk factors such as osteoporosis, diabetes, or cardiovascular disease also adopt an emergency alert system. The Lifeline system is one such cost-effective device that allows for the delivery of immediate life-saving help in case of emergency.

The survey made evident that a significant number of people in the region, about 10%, have difficulties evacuating from their homes on short notice in case of a disaster. The working group believes that this issue, while not one of pressing urgency, should be given due attention on the future. It is our responsibility to play a leadership role improving and facilitating evacuation assistance in the future. This

should be initiated by creating a database identifying and making an inventory of the geographic distribution of those households.

It is worth mentioning two other aspects of emergency preparedness that are currently under way. The first is a bio-surveillance effort by the City Department of Health, in which alerts are issued on several public health areas such as suspicious episodes of infectious diseases and the recall of dangerous toys. The second is the intended implementation of an information exchange between hospital emergency departments and other responders to coordinate and manage capacity. This is an important goal, a big step in the development of a regional Health Information Network, currently the subject of much debate but a priority in the advancement of the healthcare system in our nation.

Photo provided by the Town of Plainville Website: www.plainvillect.com.

Photos provided by the Town of Berlin Website: www.town.berlin.ct.us.

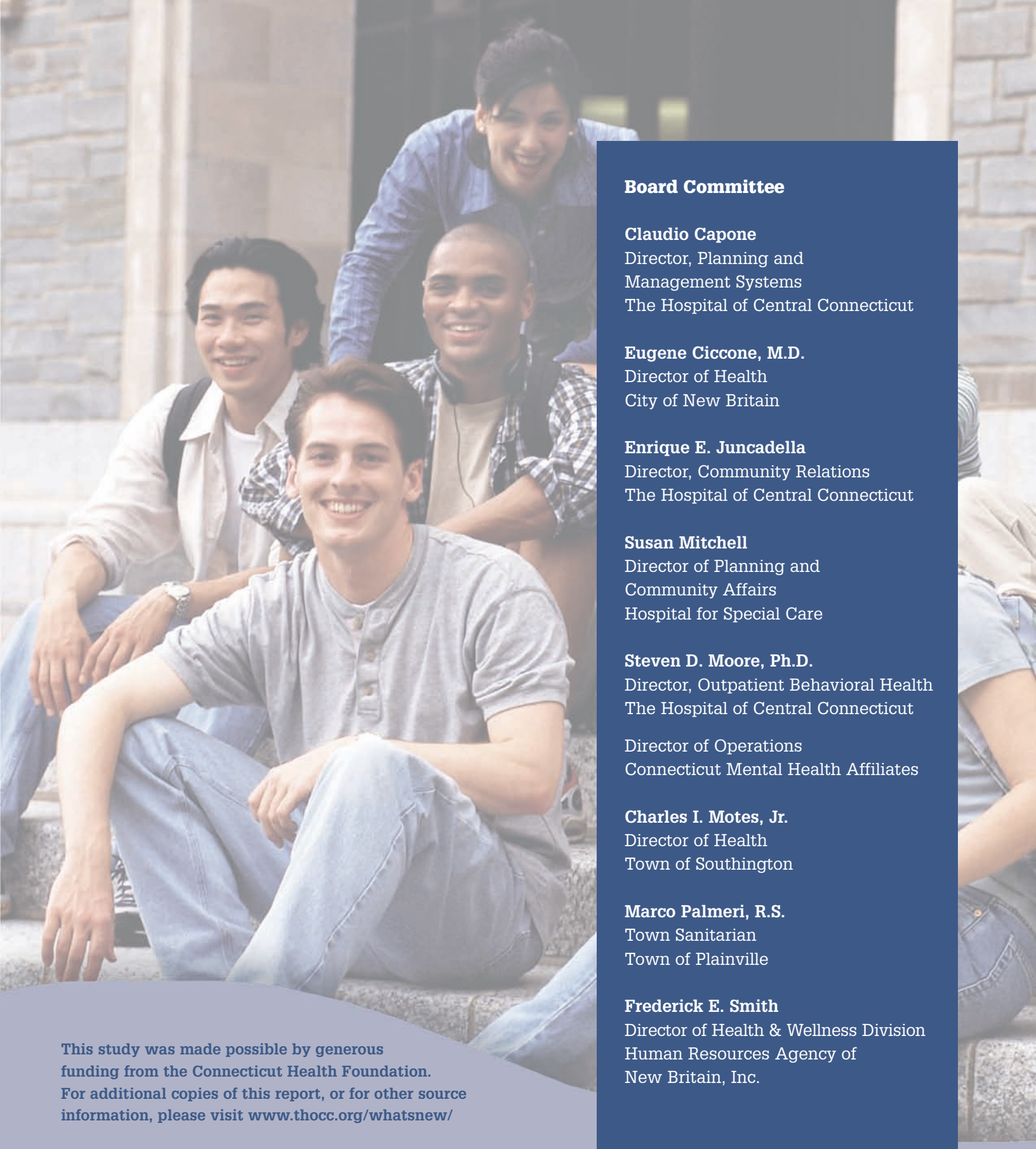
Appendix – Methodology

This Community Health Assessment for the Greater New Britain area is the result of a partnership between several healthcare and social service organizations that provided funding for this project; they include Hospital for Special Care, Human Resources Agency of New Britain and The Hospital of Central Connecticut at New Britain General and Bradley Memorial. Additional funding and guidance were generously contributed by the Connecticut Health Foundation, and we extend to its leaders our very special gratitude. This study also benefited from participation and collaborative discussions with the Department of Health of the City of New Britain, the health coordinator and Town Sanitarian of the Town of Plainville, the Director of Health of the Town of Southington, Wheeler Clinic, and the Community Health Center.

The research and findings contained in this report cover the core area of the City of New Britain and the surrounding communities of Berlin, Plainville, and Southington. This choice of geographic scope fits with other studies of this type in the region, while minimizing duplication of efforts already underway in other communities. As an example, there is a similar survey for the Farmington Valley area, and therefore we have not included Farmington in our study. Our research compares the identified areas of need in the health status of the community to the existing infrastructure and capacity. This suggests that need assessment studies should follow the same geographical boundaries as the patterns of use of healthcare services, based on available infrastructure and programs.

The information contained in this report was obtained mainly through a survey tool, based on the Behavioral Risk Factors Surveillance Survey (BRFSS) developed by the Centers for Disease Control and Prevention in Atlanta. This survey is the method of choice used by most communities around the country to measure the state of our health. The survey was conducted by the Center for Research and Public Policy, a research firm based in Trumbull, Connecticut, who provided us with 1,000 completed questionnaires. Additional data was compiled from hospital utilization reports and other publicly available information as reported by the State of Connecticut Department of Public Health, the Connecticut Hospital Association, and in a special role, the Community Health Data Scan for Connecticut published by the Connecticut Health Foundation in March of 2007. This report also includes additional findings related to access to care needs of underserved populations, defined as uninsured individuals or covered by state-sponsored programs such as Medicaid Title 19, Medicaid managed care or HUSKY, and the State Administered General Assistance or SAGA.

The goal of this Community Health Assessment is to gain understanding of the health status of our communities and identify key areas of need. The health status indicators and areas of need are compared to the existing infrastructure and programs, thus identifying opportunities to address those issues. This may be accomplished in the future through appropriate investments.



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