2015 PRC Community Health Needs Assessment

The Hospital of Central Connecticut Service Area

Prepared for:
The Hospital of Central Connecticut

By Professional Research Consultants, Inc.
Random-sample survey among 798 adults in the HOCC Service Area
• 122 survey items; 25-30 minute interview
• ±3.5% max error overall

Online Key Informant Survey among 47 community stakeholders:
  o Public health, physicians & other health providers
  o Social services & other community leaders
# Population & Survey Sample Characteristics

(HOCC Service Area, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Actual Population</th>
<th>Weighted Survey Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>47.4%</td>
<td>78.4%</td>
</tr>
<tr>
<td>Women</td>
<td>50.0%</td>
<td>77.1%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>52.6%</td>
<td>45.7%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>34.9%</td>
<td>47.7%</td>
</tr>
<tr>
<td>65+</td>
<td>34.1%</td>
<td>19.4%</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>12.0%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Other</td>
<td>9.7%</td>
<td>9.5%</td>
</tr>
<tr>
<td>&lt;200% FPL</td>
<td>20.2%</td>
<td>20.4%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc.
Today’s Activities

Presentation

• Represents just a fraction of the data collected through this assessment.

• Primarily focuses on areas of need; however, there were many positive findings for the region as well.

• Will allow for Q&A at the end.

Prioritization

• During the second half of today’s meeting, you will be asked to rank health issues along various criteria to inform the prioritization process.
General Health Status
Areas of Opportunity

► Cancer
► Chronic Kidney Disease
► Dementias, Including Alzheimer's Disease
► Diabetes
► Heart Disease & Stroke
► HIV/AIDS
► Infant Health & Family Planning
► Injury & Violence
► Mental Health
► Nutrition, Physical Activity & Weight
► Potentially Disabling Conditions
► Respiratory Diseases
► Sexually Transmitted Diseases
► Substance Abuse

Key Informant Input
Q & A
General Health Status

Areas of Opportunity

► Cancer
► Chronic Kidney Disease
► Dementias, Including Alzheimer's Disease
► Diabetes
► Heart Disease & Stroke
► HIV/AIDS
► Infant Health & Family Planning
► Injury & Violence
► Mental Health
► Nutrition, Physical Activity & Weight
► Potentially Disabling Conditions
► Respiratory Diseases
► Sexually Transmitted Diseases
► Substance Abuse

Key Informant Input

Q & A
Self-Reported Health Status
(HOCC Service Area, 2015)

- Excellent 21.2%
- Very Good 38.5%
- Good 26.9%
- Fair 9.5%
- Poor 3.8%

“Fair/Poor” = 13.3%

Excellent/Very Good” = 59.7%

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
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
(HOCC Service Area, 2015)

Sources:
● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
● Asked of all respondents.
● Hispanics can be of any race. Other 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.
General Health Status

Areas of Opportunity

- Cancer
- Chronic Kidney Disease
- Dementias, Including Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- HIV/AIDS
- Infant Health & Family Planning
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Potentially Disabling Conditions
- Respiratory Diseases
- Sexually Transmitted Diseases
- Substance Abuse

Key Informant Input

Q & A
Leading Causes of Death
(Hartford County, 2011-2013)

Heart Disease 23.8%

#2 Cancer 21.8%

Stroke 4.3%

Unintentional Injuries 5.4%

CLRD 4.0%

Other 40.7%

Age-adjusted mortality rates compare favorably overall to US data (although notably higher in Burlington).

Comparisons to state rates are less favorable for prostate cancer and colorectal cancer.
# Cancer Incidence Rates by Site

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

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Hartford County</th>
<th>CT</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer</td>
<td>157.0</td>
<td>152.4</td>
<td>142.3</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>133.0</td>
<td>136.6</td>
<td>122.7</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>64.9</td>
<td>64.8</td>
<td>64.9</td>
</tr>
<tr>
<td>Colon/Rectal Cancer</td>
<td>43.2</td>
<td>42.7</td>
<td>43.3</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>5.4</td>
<td>6.2</td>
<td>7.8</td>
</tr>
</tbody>
</table>

**Sources:**

**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.

Tested cancer screenings (breast, cervical, colorectal) are similar to or better than state/national levels.
General Health Status
Areas of Opportunity
► Cancer
► Chronic Kidney Disease
► Dementias, Including Alzheimer's Disease
► Diabetes
► Heart Disease & Stroke
► HIV/AIDS
► Infant Health & Family Planning
► Injury & Violence
► Mental Health
► Nutrition, Physical Activity & Weight
► Potentially Disabling Conditions
► Respiratory Diseases
► Sexually Transmitted Diseases
► Substance Abuse

Key Informant Input
Q & A
Kidney Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epic 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.

Kidney disease mortality is highest in Meriden, Plainville and Bristol.
General Health Status
Areas of Opportunity

► Cancer
► Chronic Kidney Disease
► **Dementias, Including Alzheimer's Disease**
► Diabetes
► Heart Disease & Stroke
► HIV/AIDS
► Infant Health & Family Planning
► Injury & Violence
► Mental Health
► Nutrition, Physical Activity & Weight
► Potentially Disabling Conditions
► Respiratory Diseases
► Sexually Transmitted Diseases
► Substance Abuse

Key Informant Input
Q & A
Alzheimer's Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

Higher rates among residents in Southington, Berlin, and Cheshire.

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.
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
General Health Status
Areas of Opportunity

► Cancer
► Chronic Kidney Disease
► Dementias, Including Alzheimer's Disease
► Diabetes
► Heart Disease & Stroke
► HIV/AIDS
► Infant Health & Family Planning
► Injury & Violence
► Mental Health
► Nutrition, Physical Activity & Weight
► Potentially Disabling Conditions
► Respiratory Diseases
► Sexually Transmitted Diseases
► Substance Abuse

Key Informant Input
Q & A
Prevalence of Diabetes

Another 9.6% of adults report that they have been diagnosed with “pre-diabetes” or “borderline” diabetes (vs. 5.1% nationwide)

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).
Prevalence of Diabetes
(HOCC Service Area, 2015)

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

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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).
General Health Status
Areas of Opportunity
► Cancer
► Chronic Kidney Disease
► Dementias, Including Alzheimer's Disease
► Diabetes
► Heart Disease & Stroke
► HIV/AIDS
► Infant Health & Family Planning
► Injury & Violence
► Mental Health
► Nutrition, Physical Activity & Weight
► Potentially Disabling Conditions
► Respiratory Diseases
► Sexually Transmitted Diseases
► Substance Abuse

Key Informant Input
Q & A
Leading Causes of Death
(Hartford County, 2011-2013)

- Heart Disease 23.8%
- Cancer 21.8%
- Stroke 4.3%
- Unintentional Injuries 5.4%
- CLRD 4.0%
- Other 40.7%

Sources:
- CDC WONDER Online Query System. Centers 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.

Age-adjusted mortality rates are better than US, similar to CT.
Heart disease mortality is highest in Burlington; stroke mortality is highest in Meriden and Cheshire.
For each, roughly 9 out of 10 are taking some type of action to control their condition.
Prevalence of High Blood Pressure
(HOCC Service Area, 2015)
Healthy People 2020 Target = 26.9% or Lower

High blood pressure is the leading cause of hospital admissions and ED non-admission visits.

Sources:
● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12

Notes:
● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations.
● Income categories reflect respondent’s household income as a ratio to the federal poverty level; “Mid/High Income” includes house
General Health Status
Areas of Opportunity

► Cancer
► Chronic Kidney Disease
► Dementias, Including Alzheimer's Disease
► Diabetes
► Heart Disease & Stroke
► **HIV/AIDS**
► Infant Health & Family Planning
► Injury & Violence
► Mental Health
► Nutrition, Physical Activity & Weight
► Potentially Disabling Conditions
► Respiratory Diseases
► Sexually Transmitted Diseases
► Substance Abuse

Key Informant Input
Q & A
HIV/AIDS: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 3.3 or Lower

Hartford County: 2.9
CT: 2.0
US: 2.2

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.
HIV Prevalence Rate by Race/Ethnicity
(Prevalence Rate of HIV per 100,000 Population, 2010)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Hartford County</th>
<th>CT</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>170.9</td>
<td>166.0</td>
<td>180.2</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>1,042.3</td>
<td>1,270.6</td>
<td>1,235.5</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>1,353.4</td>
<td>946.8</td>
<td>464.1</td>
</tr>
<tr>
<td>All Races/Ethnicities</td>
<td>434.5</td>
<td>359.7</td>
<td>340.4</td>
</tr>
</tbody>
</table>

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

Notes:
- This indicator is relevant because HIV is a life-threatening communicable prevalence of unsafe sex practices.

21.3% of adults 18-44 reported being tested for HIV in the past year (similar to US).
General Health Status
Areas of Opportunity

- Cancer
- Chronic Kidney Disease
- Dementias, Including Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- HIV/AIDS
- Infant Health & Family Planning
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Potentially Disabling Conditions
- Respiratory Diseases
- Sexually Transmitted Diseases
- Substance Abuse

Key Informant Input

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Hartford County</th>
<th>Connecticut</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2006</td>
<td>7.3</td>
<td>6.6</td>
<td>6.9</td>
</tr>
<tr>
<td>2005-2007</td>
<td>8.1</td>
<td>7.0</td>
<td>6.9</td>
</tr>
<tr>
<td>2006-2008</td>
<td>7.4</td>
<td>6.5</td>
<td>6.7</td>
</tr>
<tr>
<td>2007-2009</td>
<td>7.1</td>
<td>5.8</td>
<td>6.5</td>
</tr>
<tr>
<td>2008-2010</td>
<td>5.9</td>
<td>5.4</td>
<td>6.3</td>
</tr>
<tr>
<td>2009-2011</td>
<td>6.4</td>
<td>5.2</td>
<td>6.1</td>
</tr>
<tr>
<td>2010-2012</td>
<td>6.4</td>
<td>5.1</td>
<td>6.1</td>
</tr>
<tr>
<td>2011-2013</td>
<td>5.7</td>
<td>4.9</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

14.3% of all pregnancies in the region do not receive prenatal care in the first trimester, higher than found statewide.

Worst in New Britain and Burlington
Low-Weight Births
(Percent of Live Births, 2011-2013)
Healthy People 2020 Target = 7.8% or Lower

Hartford County: 8.4%
CT: 7.8%
US: 8.0%

Sources:

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.
Births to Teens
(Percent of Live Births to Women Under Age 20, 2011-2013)

Overall rates have been consistently declining.

Sources:
General Health Status
Areas of Opportunity
► Cancer
► Chronic Kidney Disease
► Dementias, Including Alzheimer's Disease
► Diabetes
► Heart Disease & Stroke
► HIV/AIDS
► Infant Health & Family Planning
► **Injury & Violence**
► Mental Health
► Nutrition, Physical Activity & Weight
► Potentially Disabling Conditions
► Respiratory Diseases
► Sexually Transmitted Diseases
► Substance Abuse

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

Leading Causes of Accidental Death:
1. Poisoning/Noxious Substances
2. Falls
3. Motor Vehicle Accidents

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 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.
PRC Community Health Needs Assessment
HOCC Service Area, Connecticut

Violent Crime
(Rate per 100,000 Population, 2010-2012)

Sources:

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 violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Hartford County is also better than US, worse than CT for:
- Homicides
- Firearm-related injuries

Hartford County: 323.2
CT: 280.6
US: 395.5
General Health Status
Areas of Opportunity

► Cancer
► Chronic Kidney Disease
► Dementias, Including Alzheimer's Disease
► Diabetes
► Heart Disease & Stroke
► HIV/AIDS
► Infant Health & Family Planning
► Injury & Violence
► Mental Health
► Nutrition, Physical Activity & Weight
► Potentially Disabling Conditions
► Respiratory Diseases
► Sexually Transmitted Diseases
► Substance Abuse

Key Informant Input
Q & A
Self-Reported Mental Health Status
(HOCC Service Area, 2015)

- Excellent: 27.7%
- Very Good: 35.4%
- Good: 24.3%
- Fair: 10.1%
- Poor: 2.5%

“Excellent/Very Good” = 63.1%
“Fair/Poor” = 12.6%

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

Notes:
- Asked of all respondents.
Experience “Fair” or “Poor” Mental Health
(HOCC Service Area, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Other</th>
<th>PSA</th>
<th>SSA</th>
<th>HOCC Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.4%</td>
<td>12.7%</td>
<td>12.9%</td>
<td>13.2%</td>
<td>11.3%</td>
<td>29.0%</td>
<td>9.2%</td>
<td>11.6%</td>
<td>21.7%</td>
<td>9.9%</td>
<td>12.0%</td>
<td>13.0%</td>
<td>12.6%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

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.
- Hispanics can be of any race. Other 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

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
(HOCC 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.
- Hispanics can be of any race. Other 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.
Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower

Hartford County
- 2004-2006: 7.8
- 2005-2007: 7.2
- 2006-2008: 7.6
- 2007-2009: 8.5
- 2008-2010: 9.6
- 2009-2011: 9.8
- 2010-2012: 10.0
- 2011-2013: 9.3

Connecticut
- 2004-2006: 7.7
- 2006-2008: 7.9
- 2007-2009: 8.1
- 2008-2010: 8.5
- 2009-2011: 9.1
- 2010-2012: 9.7
- 2011-2013: 9.5

United States
- 2004-2006: 10.8
- 2005-2007: 10.9
- 2006-2008: 10.9
- 2007-2009: 10.9
- 2008-2010: 11.3
- 2009-2011: 11.8
- 2010-2012: 12.3
- 2011-2013: 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.

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.
General Health Status
Areas of Opportunity

► Cancer
► Chronic Kidney Disease
► Dementias, Including Alzheimer's Disease
► Diabetes
► Heart Disease & Stroke
► HIV/AIDS
► Infant Health & Family Planning
► Injury & Violence
► Mental Health
► Nutrition, Physical Activity & Weight
► Potentially Disabling Conditions
► Respiratory Diseases
► Sexually Transmitted Diseases
► Substance Abuse

Key Informant Input
Q & A
**Overweight or Obese**
(Adults With a BMI of 25+)

- **HOCC PSA**: 73.9%
- **HOCC SSA**: 68.1%
- **HOCC Svc Area**: 70.4%
- **CT**: 62.6%
- **US**: 63.1%

**Obese**
(Adults With a BMI of 30+)

Healthy People 2020 Target = 30.5% or Lower

- **HOCC PSA**: 36.0%
- **HOCC SSA**: 32.0%
- **HOCC Svc Area**: 33.6%
- **CT**: 25.0%
- **US**: 29.0%

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Based on reported heights and weights, asked of all respondents.
## Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; HOCC Service Area, 2015)

**Healthy People 2020 Target = 30.5% or Lower**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Other</th>
<th>HOCC Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>37.9%</td>
<td>29.0%</td>
<td>30.0%</td>
<td>38.4%</td>
<td>28.7%</td>
<td>44.4%</td>
<td>31.0%</td>
<td>32.0%</td>
<td>47.5%</td>
<td>30.1%</td>
<td>33.6%</td>
</tr>
</tbody>
</table>

### Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]

### Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other 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.
Child Is Overweight
(Among Children Age 5-17; BMI 85th Percentile)

Child Is Obese
(Among Children Age 5-17; BMI 95th Percentile)
Healthy People 2020 Target = 14.5% or Lower

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.
**Consume Five or More Servings of Fruits/Vegetables Per Day**
(HOCC Service Area, 2015)

33.3% of Hartford County residents have low food access.

41.2% of low-income survey respondents report difficulty accessing fresh fruits/vegs.
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.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of all respondents.
● In this case the term “meets physical activity recommendations” refers to partici
or a slight to moderate increase in breathing or heart rate) at least 5 times a we
cause heavy sweating or large increases in breathing or heart rate) at least 3 tin

Respondent 65+ and those with low incomes are more likely to report no leisure time physical activity.
General Health Status
Areas of Opportunity
- Cancer
- Chronic Kidney Disease
- Dementias, Including Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- HIV/AIDS
- Infant Health & Family Planning
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Potentially Disabling Conditions
- Respiratory Diseases
- Sexually Transmitted Diseases
- Substance Abuse

Key Informant Input
Q & A
Prevalence of Arthritis, Osteoporosis & Chronic Back Conditions

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 29, 1
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

20.2% of surveyed adults have health-related activity limitations, similar to national findings.
General Health Status
Areas of Opportunity

- Cancer
- Chronic Kidney Disease
- Dementias, Including Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- HIV/AIDS
- Infant Health & Family Planning
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Potentially Disabling Conditions

- **Respiratory Diseases**

Key Informant Input

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

Burlington has the highest CLRD mortality rates.

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

Berlin, Bristol and Plainville have the highest pneumonia/influenza mortality rates.

Overall pneumonia and flu vaccination levels are similar to US.
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.
General Health Status
Areas of Opportunity

► Cancer
► Chronic Kidney Disease
► Dementias, Including Alzheimer's Disease
► Diabetes
► Heart Disease & Stroke
► HIV/AIDS
► Infant Health & Family Planning
► Injury & Violence
► Mental Health
► Nutrition, Physical Activity & Weight
► Potentially Disabling Conditions
► Respiratory Diseases
► **Sexually Transmitted Diseases**
► Substance Abuse

Key Informant Input

Q & A
Meriden and New Britain have the highest chlamydia and gonorrhea incidence.
General Health Status
Areas of Opportunity
► Cancer
► Chronic Kidney Disease
► Dementias, Including Alzheimer's Disease
► Diabetes
► Heart Disease & Stroke
► HIV/AIDS
► Infant Health & Family Planning
► Injury & Violence
► Mental Health
► Nutrition, Physical Activity & Weight
► Potentially Disabling Conditions
► Respiratory Diseases
► Sexually Transmitted Diseases
► Substance Abuse

Key Informant Input
Q & A
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 April 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.
Current Drinkers

<table>
<thead>
<tr>
<th></th>
<th>HOCC PSA</th>
<th>HOCC SSA</th>
<th>HOCC Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Drinkers</td>
<td>62.5%</td>
<td>67.4%</td>
<td>65.4%</td>
<td>56.5%</td>
</tr>
</tbody>
</table>

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower

<table>
<thead>
<tr>
<th></th>
<th>HOCC PSA</th>
<th>HOCC SSA</th>
<th>HOCC Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive Drinkers</td>
<td>24.2%</td>
<td>24.1%</td>
<td>24.2%</td>
<td>23.2%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 160, 164]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.
Excessive Drinkers
(Total Area, 2015)
Healthy People 2020 Target = 25.4% or Lower

A low 2.7% have ever sought help for an alcohol/drug-related problem, compared to 4.9% nationally.

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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) with incomes up to 199% of the federal poverty level; "Mid/High Income" includes households with income 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 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.
General Health Status
Areas of Opportunity

- Cancer
- Chronic Kidney Disease
- Dementias, Including Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- HIV/AIDS
- Infant Health & Family Planning
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Potentially Disabling Conditions
- Respiratory Diseases
- Sexually Transmitted Diseases
- Substance Abuse

Key Informant Input
Q & A
Key Informants: Relative Position of Health Topics as Problems in the Community

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>67.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28.3%</td>
</tr>
<tr>
<td>Nutrition, Physical Activity, and Weight</td>
<td>65.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>54.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26.2%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>54.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39.1%</td>
</tr>
<tr>
<td>Injury and Violence</td>
<td>52.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25.0%</td>
</tr>
<tr>
<td>Heart Disease and Stroke</td>
<td>46.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30.8%</td>
</tr>
<tr>
<td>Infant and Child Health</td>
<td>40.5%</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35.7%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>40.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>40.5%</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases</td>
<td>40.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35.0%</td>
</tr>
<tr>
<td>Oral Health/Dental Care</td>
<td>35.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47.6%</td>
</tr>
<tr>
<td>Access to Health Care Services</td>
<td>34.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>48.8%</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>32.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45.0%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>31.0%</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35.7%</td>
</tr>
<tr>
<td>Cancer</td>
<td>25.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>48.8%</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>23.7%</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>42.1%</td>
</tr>
<tr>
<td>Dementia/Alzheimer's Disease</td>
<td>23.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>44.7%</td>
</tr>
<tr>
<td>Family Planning</td>
<td>22.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>40.0%</td>
</tr>
<tr>
<td>Immunization and Infectious Diseases</td>
<td>19.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34.1%</td>
</tr>
<tr>
<td>Hearing and Vision Problems</td>
<td>15.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>42.5%</td>
</tr>
<tr>
<td>Arthritis/Osteoporosis/Back Conditions</td>
<td>10.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>56.8%</td>
</tr>
</tbody>
</table>

Legend:
- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All
Main reasons given for perceptions of these issues as "major problems" in the community.

Key Informant Input

**Mental Health**
- Access, lack of services
- Stigma
- Residential homes
- Co-occurrence with substance abuse

**Substance Abuse**
- Access to resources
- Stigma
- Prevalence
- Culturally-appropriate programs
- Alcohol, heroin most problematic substances

**Nutrition, Physical Activity, and Weight**
- Obesity prevalence
- Access to healthful foods
- Health education
- Access to physical activity

**Injury & Violence**
- Gang activity & youth violence
- Environment & economic stressors
- Domestic violence

**Diabetes**
- Disease management
- At-risk groups (communities of color, lower-income)
- Education and prevention

Professional Research Consultants, Inc.
General Health Status
Areas of Opportunity
► Cancer
► Chronic Kidney Disease
► Dementias, Including Alzheimer's Disease
► Diabetes
► Heart Disease & Stroke
► HIV/AIDS
► Infant Health & Family Planning
► Injury & Violence
► Mental Health
► Nutrition, Physical Activity & Weight
► Potentially Disabling Conditions
► Respiratory Diseases
► Sexually Transmitted Diseases
► Substance Abuse

Key Informant Input

Q & A
Thank You!