COMMUNITY HEALTH NEEDS ASSESSMENT

The Hospital of Central Connecticut
A Hartford HealthCare Partner

'2012 SUMMARY REPORT

Report Prepared By:

HOLLERAN
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Community Health Needs Assessment

SUMMARY REPORT

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Community Health Needs Assessment

SUMMARY REPORT

I. COMMUNITY HEALTH NEEDS ASSESSMENT BACKGROUND

The Hospital of Central Connecticut led a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area within Hartford County, Connecticut. The Hospital of Central Connecticut partnered with the Hospital for Special Care to complete the assessment. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment examined a variety of indicators including risky health behaviors (alcohol use, tobacco use) and chronic health conditions (diabetes, heart disease).

HOSPITAL & COMMUNITY PROFILE

Hospital Overview

The Hospital of Central Connecticut (THOCC) is a not-for-profit health care facility that serves residents of Hartford County in Central Connecticut. THOCC was created on October 1, 2006, through a merger between New Britain General Hospital and Bradley Memorial Hospital. The result is a 414-bed, acute-care teaching hospital that employs over 3500 health care workers and physicians. THOCC is part of the Hartford HealthCare system and operates two main hospital facilities in Hartford County:

- New Britain General Campus in New Britain, CT
- Bradley Memorial Campus in Southington, CT

The Emergency Department facilities in New Britain and Southington serve approximately 84,000 patients per year. In addition, THOCC offers a variety of core clinical services including:

- Birthing center and neonatal care, including a neonatal intensive care unit
- Acute care and surgery
- Emergency angioplasty and other cardiac services
- Advanced imaging and other diagnostic services
- Inpatient and outpatient mental and behavioral health services
- Outpatient clinics for primary care and other specialties
- Comprehensive Cancer services
- Comprehensive stroke services
- Specialty care departments including cardiology, pulmonary medicine, ophthalmology, orthopedics, obstetrics and gynecology, and ear nose and throat
- Specialty centers including the Wound Care Center, Joslin Diabetes Center Affiliate, Wolfson Palliative Care, Joint & Spine Center Vascular Center, and Sleep Disorders Center

THOCC has a history of assessing and addressing community needs. In 2008, THOCC completed a Health Needs Assessment study of the Greater New Britain community in partnership with Hospital for Special Care, Connecticut Mental Health Affiliates, Human Resources Agency of New Britain, and local government health officials. The study revealed Access to Care and Chronic Diseases such as cardiovascular disease, diabetes, and respiratory problems as the main issues of concern. The 2012 Community Health Needs Assessment study will provide valuable information about the current health issues in THOCC service area.

Community Overview

THOCC defined their current service area based on an analysis of the geographic area where individuals utilizing THOCC health services reside. THOCC's primary service area is considered to be the Greater New Britain, CT community including New Britain, Southington, Berlin and Plainville. New Britain is a small city with a population of approximately 73,000 residents located within Hartford County, CT. Notably, New Britain has the largest Polish population of any city in Connecticut.

Hartford County is situated in the north central part of Connecticut and encompasses a total population of approximately 895,000. it also contains the larger city of Hartford with a population nearing 125,000 that is primarily served by Hartford Hospital, a Hartford HealthCare system partner.

Hospital for Special Care (HSC), a not-for-profit 228-bed rehabilitation hospital also serves residents of the Greater New Britain area and Hartford County and partnered with THOCC to complete this needs assessment. HSC operates facilities in the cities of New Britain and Hartford.

METHODOLOGY

The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below with further details provided throughout the document:

- Quantitative Data: A Household Telephone Survey was conducted with 630 randomly-selected community residents. The survey was modeled after the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) which assesses health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.
- Qualitative Data: Key Informant Interviews were conducted with key community leaders. In total, 21 people participated, representing a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.

THOCC contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has over 20 years of experience in conducting public health research and community health assessments. The firm provided the following assistance: 1) Conducted, analyzed, and interpreted data from Household Telephone Survey
2) Conducted, analyzed and interpreted data from Key Informant Interviews

Community engagement and feedback was an integral part of the CHNA process. THOCC sought community input through Key Informant Interviews with community stakeholders. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community served by THOCC including medically underserved, low income, and minority populations.

The Hospital of Central Connecticut, Hospital for Special Care, and their partners will use the results of the BRFSS Household Telephone Survey in conjunction with feedback from the Key Informant Study to prioritize public health issues and develop a community health implementation plan focused on meeting community needs.

II. HOUSEHOLD TELEPHONE SURVEY OVERVIEW

BACKGROUND

One of the initial undertakings of the CHNA was to conduct a Household Telephone Survey based on the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national initiative, headed by the Centers for Disease Control and Prevention (CDC) that assesses health status and risk factors among U.S. citizens.

The following section provides a summary of the Household Telephone Survey results including details regarding the research methodology as well as a summary of key findings. A full report of the Household Telephone Survey results is available in a separate document.

Methodology

Interviews were conducted by Holleran's teleresearch center between the dates of July 17, 2012 and September 10, 2012. Trained interviewers contacted respondents via land-line telephone numbers generated from a random call list. Statistical considerations for the study can be found in Appendix A.

Participants

630 individuals who reside within specific zip codes in Hartford County, CT were interviewed by telephone to assess their health behaviors, preventive practices, and access to health care.

Participants were randomly selected for participation based on a statistically valid sampling frame developed by Holleran. The sampling strategy was designed to represent the service area of THOCC. For the purposes of this study, the following zip codes within Hartford County, CT were used to define the hospital service area: 06010, 06023, 06037, 06051, 06052, 06053, 06062, 06111, 06444, 06479, 06489. These zip codes include the following towns: Berlin, East Berlin, Kensington, New Britain, Plainville, Plantsville, Southington, Marion, Milldale, Newington, Bristol, Forestville.

The sampling strategy identified the number of completed surveys needed within each zip code based on the population statistics from the U.S. Census Bureau in order to accurately represent the service area. Call lists of household land-line telephone numbers were created based on the sampling strategy. Only respondents who were at least 18 years of age and lived in a private residence were included in the study. It is important to note that the sample only includes households with land-line telephones which can present some sampling limitations. Select participant demographics are included in Appendix B.

Survey Tool

The survey was adapted from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS survey tool assesses health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.

The customized survey tool consisted of approximately 100 factors selected from core sections and modules from the 2010 and 2011 BRFSS tools. The factors were chosen by THOCC in consultation with Holleran and addressed 25 health-related topics ranging from general health status to children's oral health. A few customized questions were added to gather information about health issues specific to the service area. Depending upon respondents' answers to questions regarding cardiovascular disease, smoking, diabetes, etc., interviews ranged from approximately 15 to 30 minutes in length.

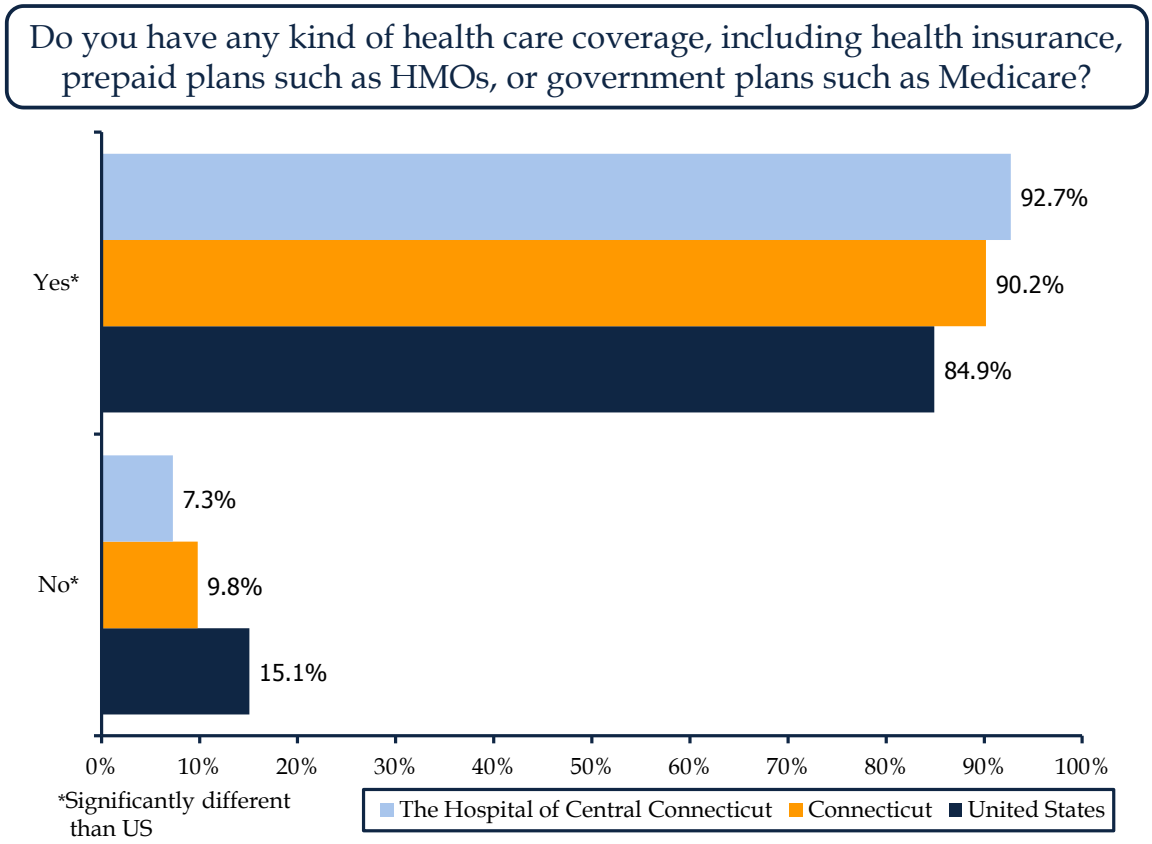
KEY FINDINGS

The following section provides an overview of key findings from the Household Telephone Survey including highlights of important health indicators and health disparities.

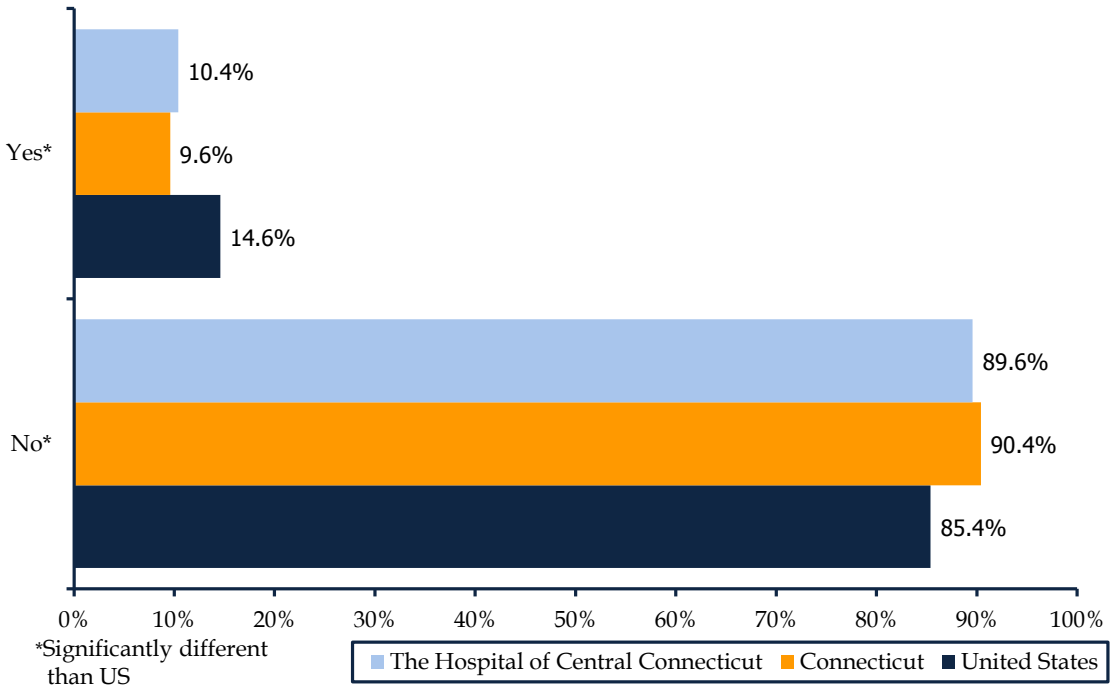
Access to Health Care

Overall, residents of Greater New Britain were more likely to have health care coverage (92.7%) compared to the state (90.2%) and the nation (84.9%). In addition, fewer residents (10.4%) indicated that they were unable to see a doctor in the previous year because of cost when compared to the nation (14.6%). Local residents were also more likely to have visited a doctor for a routine checkup within the past year (81.3%) compared to Connecticut (70.9%) and the nation (68.1%).

While health care access indicators are favorable for the general population in the Greater New Britain area, there are some disparities based on gender and race/ethnicity. Female respondents are less likely than male respondents to have health care coverage and more likely to have had a time in the past 12 months when they needed to see a doctor but could not because of cost. Hispanic respondents are less likely than Non-Hispanic respondents to have health care coverage and more likely to have had a time in the past 12 months when they needed to see a doctor but could not because of cost.



Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?



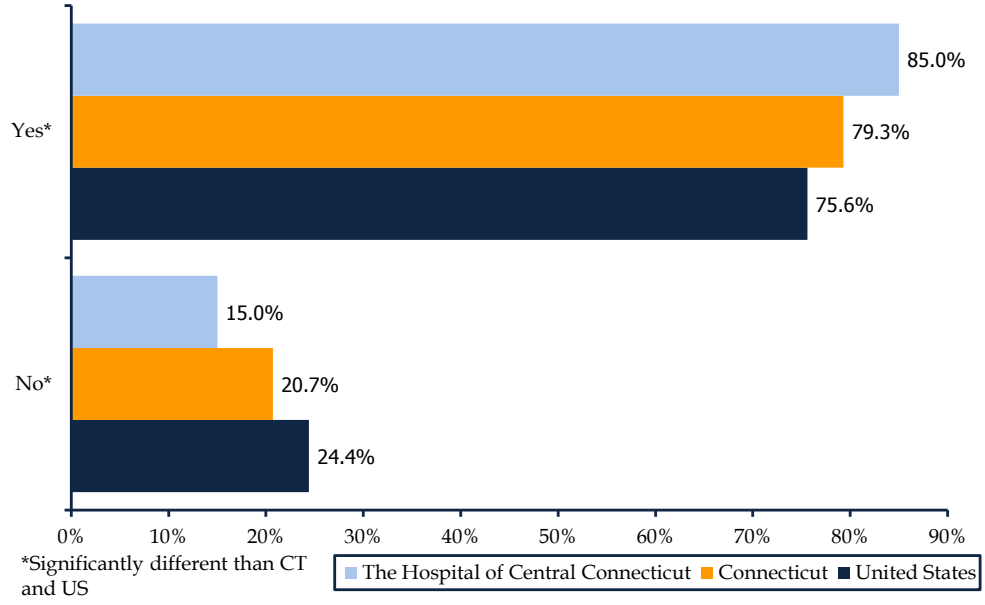
Health Risk Factors

Physical Activity & Obesity

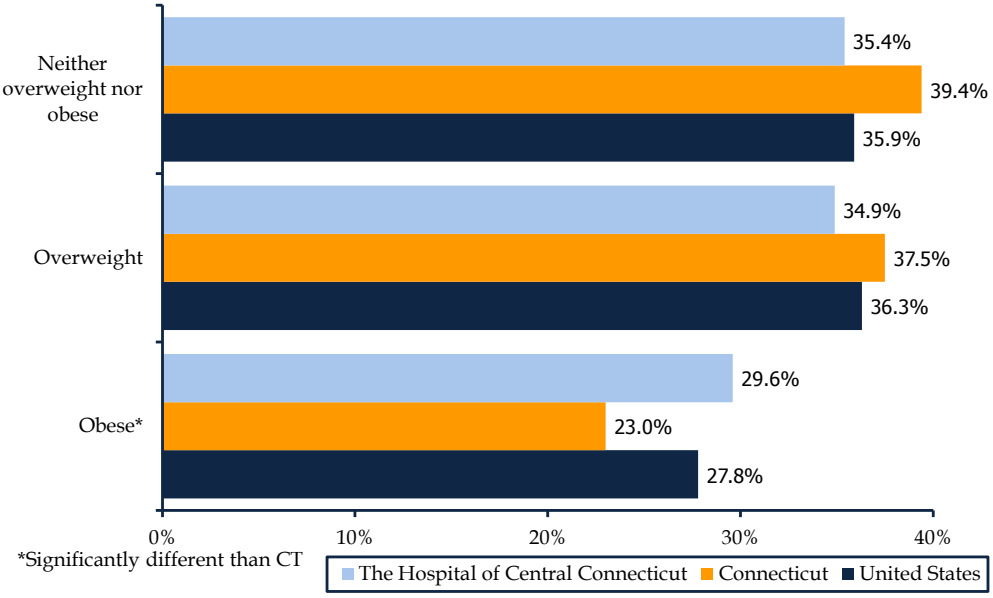
A higher proportion of residents (85.0%) reported engaging in exercise in the previous month compared to Connecticut (79.3%) and the Nation (75.6%). However, based on BMI (Body Mass Index) rates calculated from self-reported weight and height, a higher proportion of area residents are considered obese (29.6%) when compared to Connecticut (23.0%) and the U.S (27.8%). In total, nearly two-thirds (65%) of the respondents were either overweight or obese which is worse than the state and nation.

Males were more likely than females to have participated in any physical activities during the past month. In addition, non-Hispanic respondents were more likely than Hispanic respondents to have participated in any physical activities during the past month.

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?



Calculated BMI

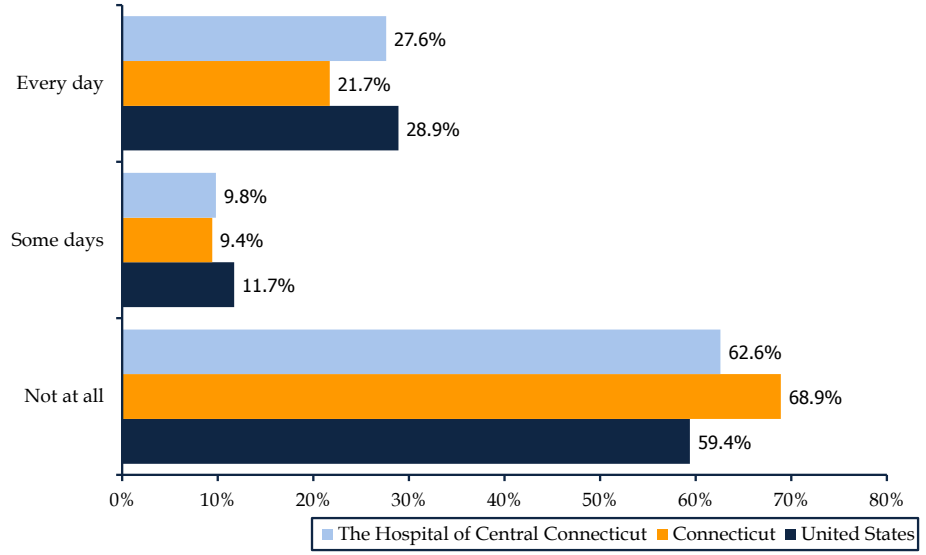


Tobacco & Alcohol Use

Local residents were more likely to have smoked at least 100 cigarettes in their entire life (50.3%) when compared to the state (42.4%) and nation (42.0%). Among those respondents, 37.4% continue to smoke either every day or some days compared to the state (31.1%) and nation (40.6%). Hispanic respondents are more likely than Non-Hispanics to currently smoke every day. Among current smokers, more than half (53.8%) have attempted to quit smoking in the past 12 months.

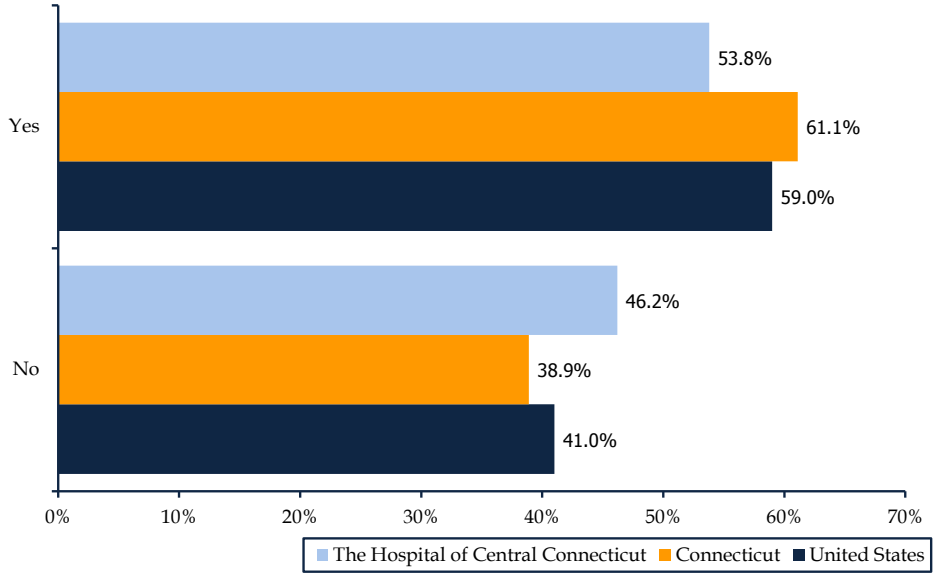
Do you now smoke cigarettes every day, some days, or not at all?

Respondents who have smoked at least 100 cigarettes in their entire life



During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

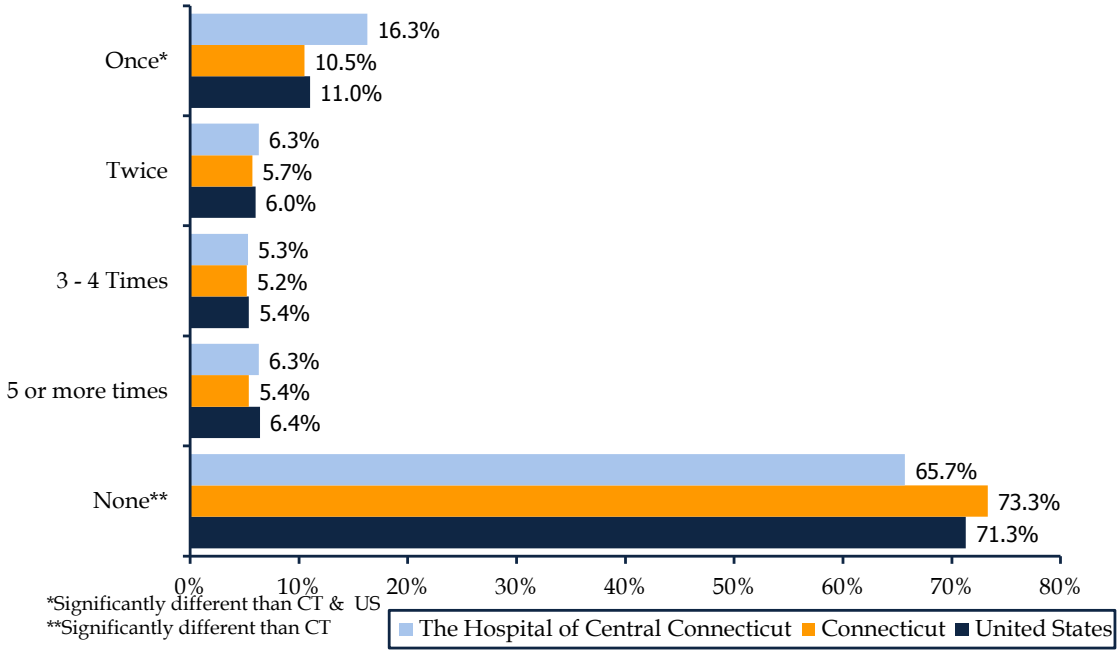
Respondents who now smoke cigarettes every day or some days



Greater New Britain area residents were less likely to have had at least one alcoholic beverage in the past 30 days compared to the state. However, among respondents who reported drinking any alcohol in the past month, more than one-third (34.3%) drank excessively (four or more drinks for women/ five or more drinks for men) on at least one occasion during the past 30 days when compared to Connecticut (26.7%) and the U.S. (28.7%).

Considering all types of alcoholic beverages, how many times during the past 30 days did you have four (Women)/five (Men) or more drinks on an occasion?

Respondents who drank an alcoholic beverage within the past 30 days

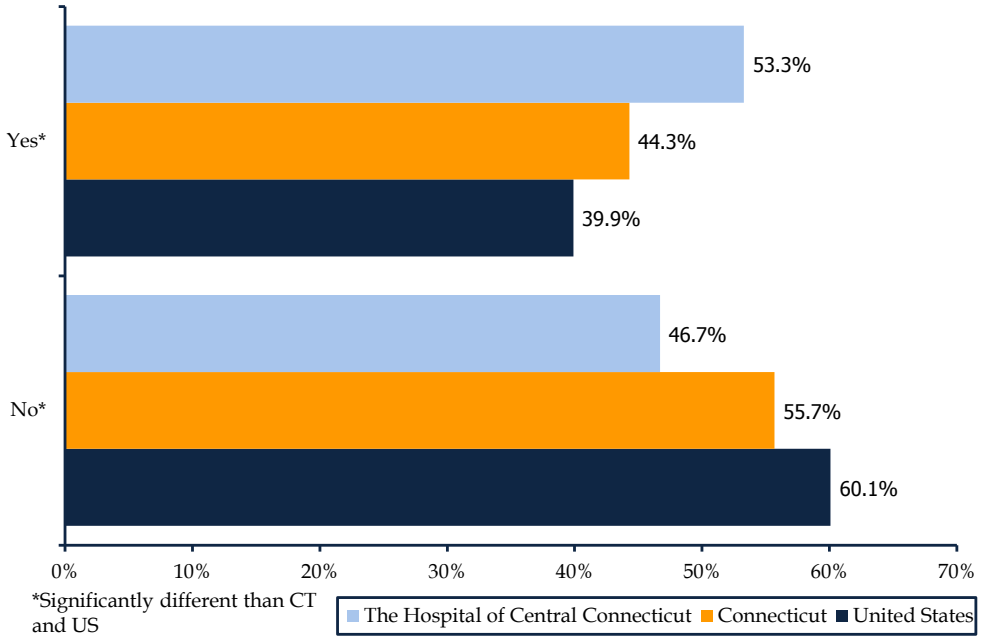


Preventive Health Practices

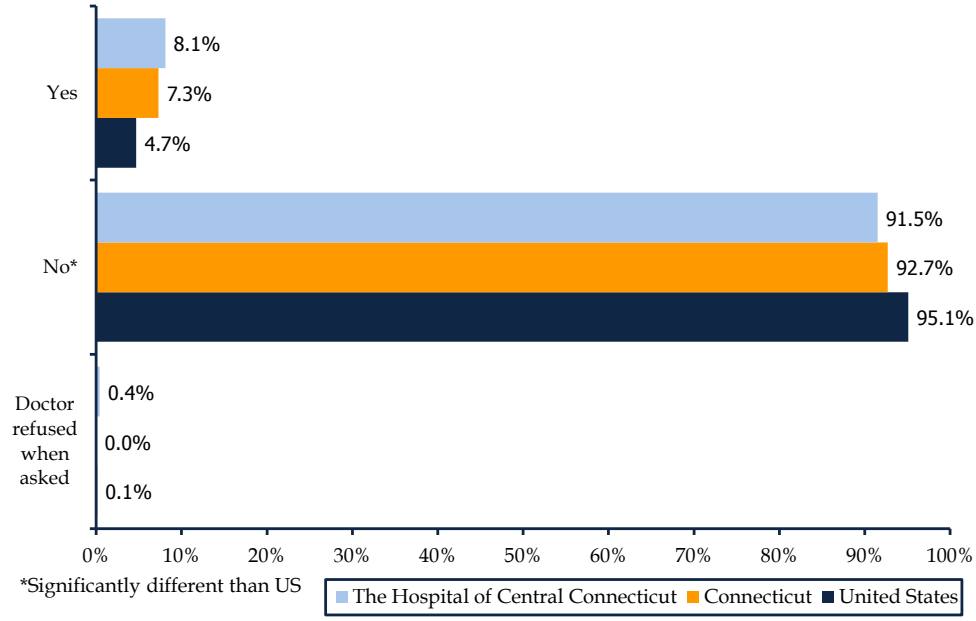
Immunizations

A higher proportion of residents (53.3%) had a seasonal flu shot during the past 12 months compared to Connecticut (44.3%) and the nation (39.9%). Respondents were also more likely to have ever had a Pneumonia shot compared to the state and nation. Both adult respondents (ages 18-49 years) and respondents' children (ages 9-17 years) were more likely to have received an HPV vaccination compared to residents across Connecticut and the U.S., but they were less likely to have completed all shots in the series.

During the past 12 months, have you had a seasonal flu shot?

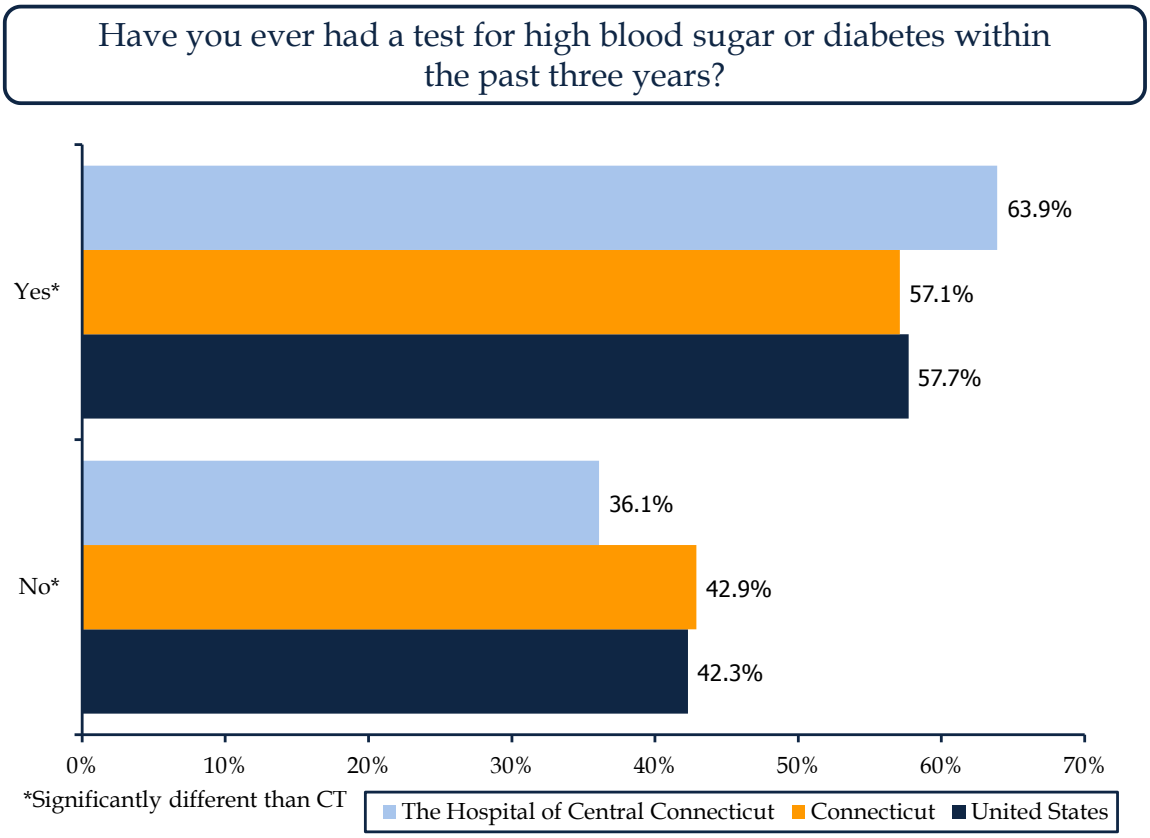


Have you ever had an HPV vaccination?



Screenings

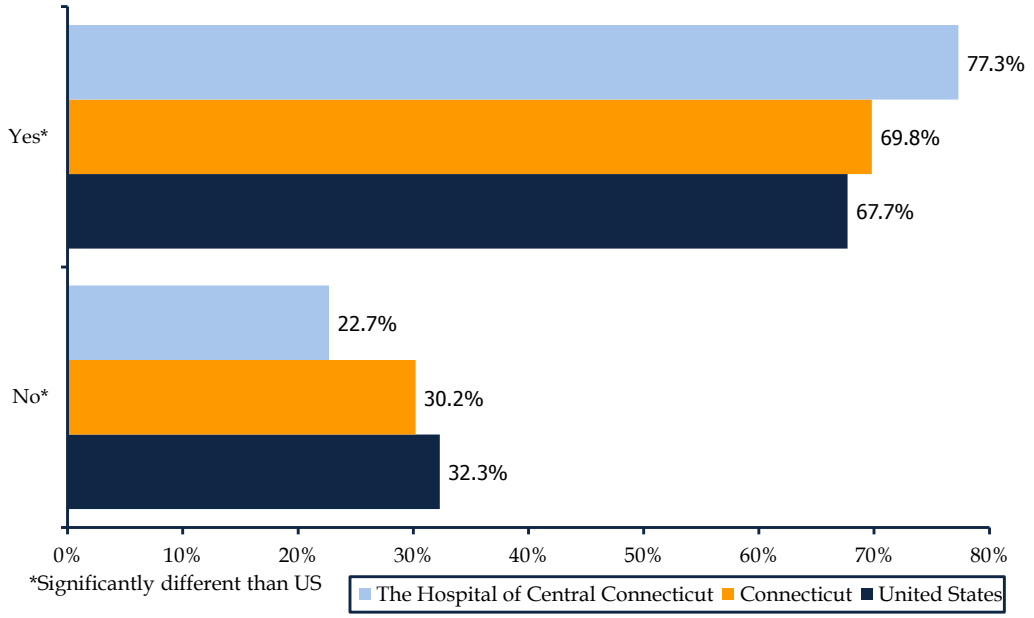
A higher proportion of residents (50 years and older) reported that they have had a sigmoidoscopy or colonoscopy (75.6%) to screen for colorectal cancer compared to residents across the nation (65.6%). In addition, the proportion of residents who have been tested for diabetes within the past three years (63.9%) is higher compared to Connecticut (57.1%) and the U.S. (57.7%).



Local male respondents (40 years and older) were slightly less likely to have ever had a PSA (Prostate Specific Antigen) test or a digital rectal exam to screen for prostate cancer compared to males across the state. In addition, among males who have had a PSA test, a higher proportion of male residents (7.8%) had their last PSA test 5 or more years ago when compared to Connecticut (2.9%).

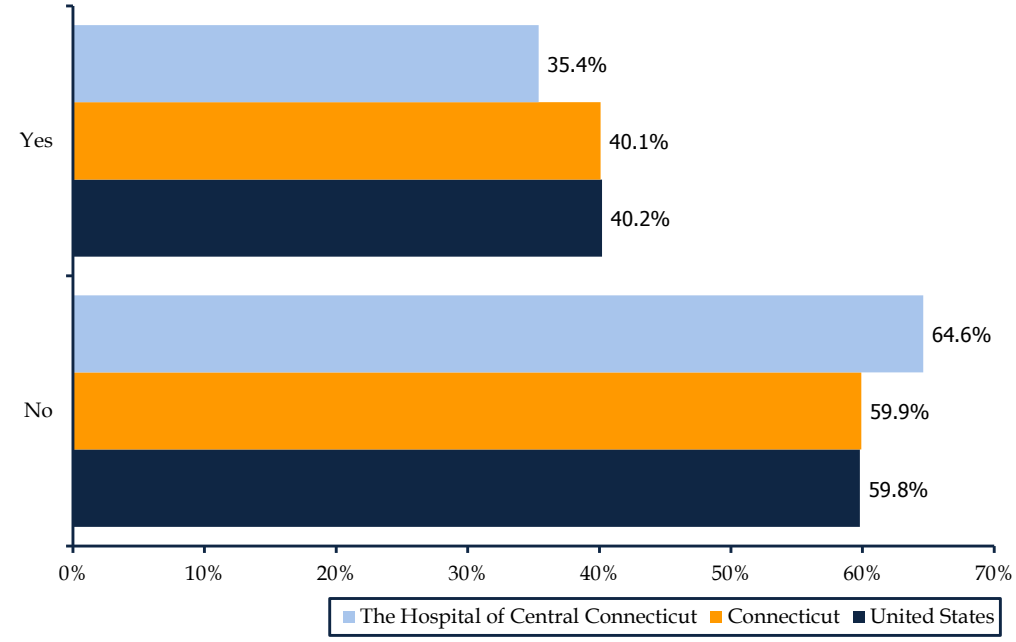
Female residents of all ages were more likely to have had a mammogram (77.3%) compared to females throughout the state (69.8%) and nation (67.7%). Those same females are more likely to have had a mammogram within the past year (77.6%) compared to females across the state (69.1%) and nation (62.9%). Female residents were also are more likely to have a Pap test (67.5%) and a clinical breast exam (81.1%) within the past year compared to females across the state (63.3%, 75.8%) and nation (57.7%, 68.4%).

Have you ever had a mammogram?



Residents (ages 18-64 years) are less likely to have been tested for HIV (35.4%) compared to the state (40.1%) and nation (40.2%). Black respondents were more likely than Whites to have been tested for HIV.

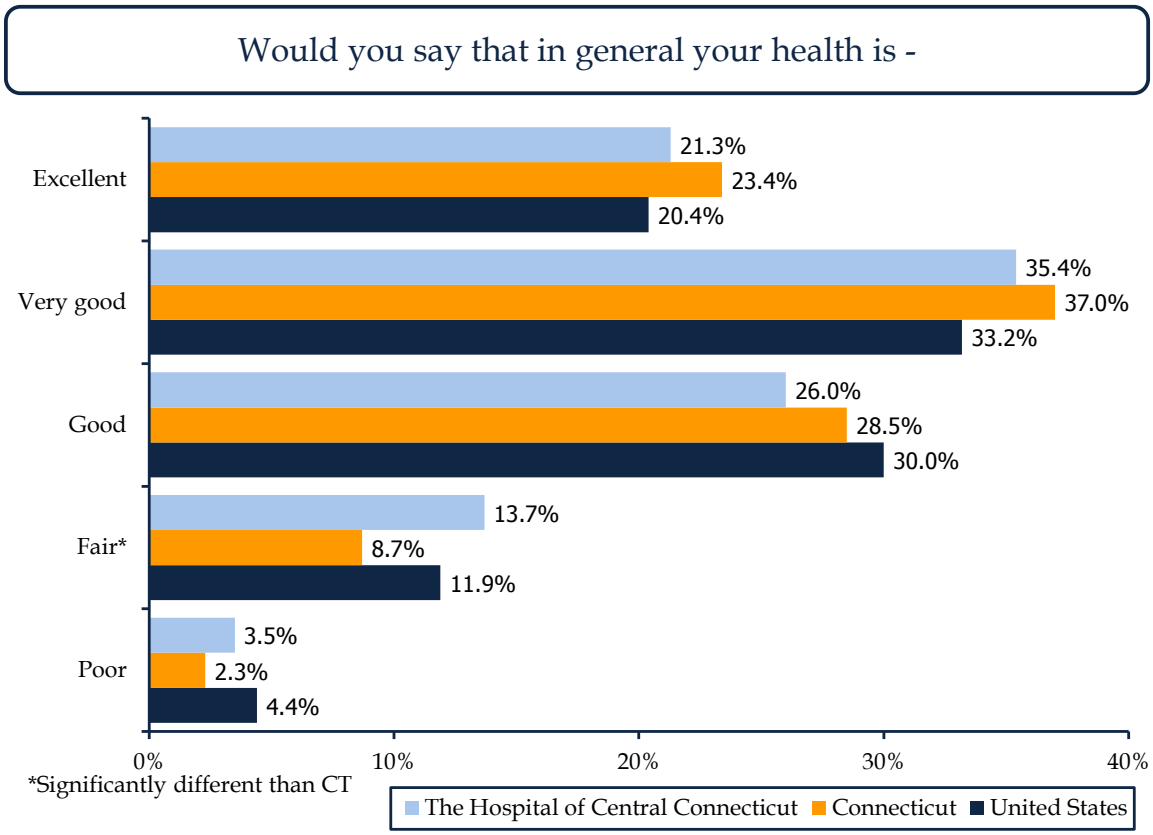
Have you ever been tested for HIV?



Health Status & Chronic Health Issues

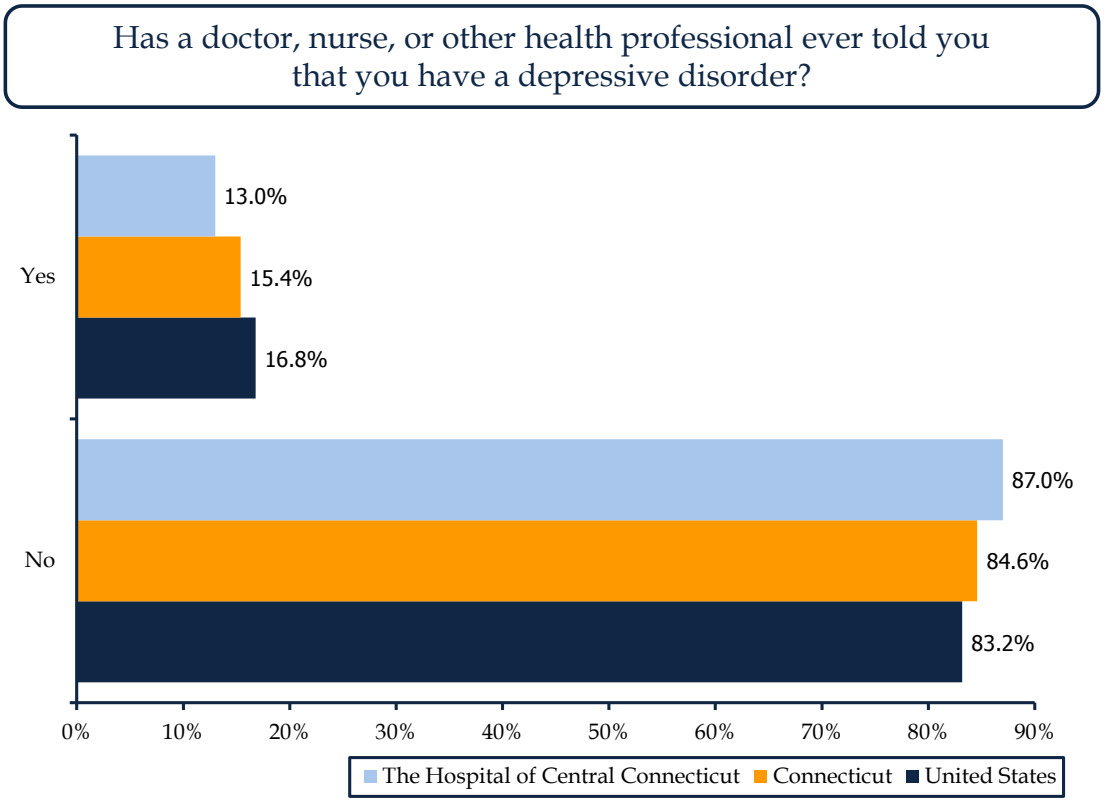
Physical Health

In terms of overall health status, while the majority of residents 82.8% indicated that their health was good, very good, or excellent, they were more likely to report fair or poor health (17.2%) when compared to the state (11.0%) and nation (16.3%). In addition, the proportion of residents (10.8%) who reported 15-30 days of the past 30 days in which their physical health was not good was higher compared to Connecticut (7.2%) and the U.S. (10.3%). Black/African American respondents were more likely than White respondents to report poor health in general, and Hispanic respondents were more likely than Non-Hispanic respondents to report 15-30 days in the past month in which their physical health was not good.



Mental Health

Nearly 80% of area respondents reported that they always or usually get the social and emotional support they need. The proportion of residents (11.0%) who reported 15-30 days of the past 30 days in which their mental health was not good was slightly higher compared to Connecticut (9.0%) and the U.S. (10.2). Overall, Greater New Britain residents were less likely to have been diagnosed with depression (13%) compared to Connecticut (15.4%) and the U.S. (16.8%); however, it is important to note that Hispanic respondents were more likely than Non-Hispanic respondents to have a depressive disorder.



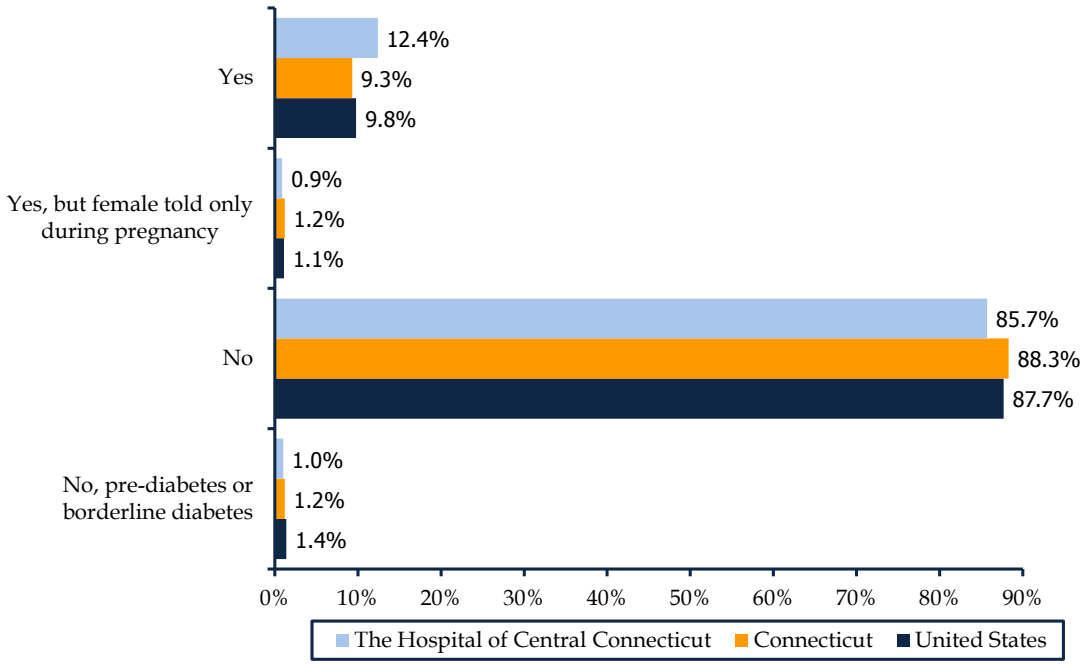
Chronic Health Issues

When asked whether they had been diagnosed with various health conditions such as cancer, heart disease, heart attack, stroke, COPD (Chronic Obstructive Pulmonary Disease), emphysema, and kidney disease, Greater New Britain area residents were mostly on par with the rates for the state and nation. However, Greater New Britain residents were more likely to have been diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (26.3%) compared to Connecticut (22.5%) and the U.S. (24.8%).

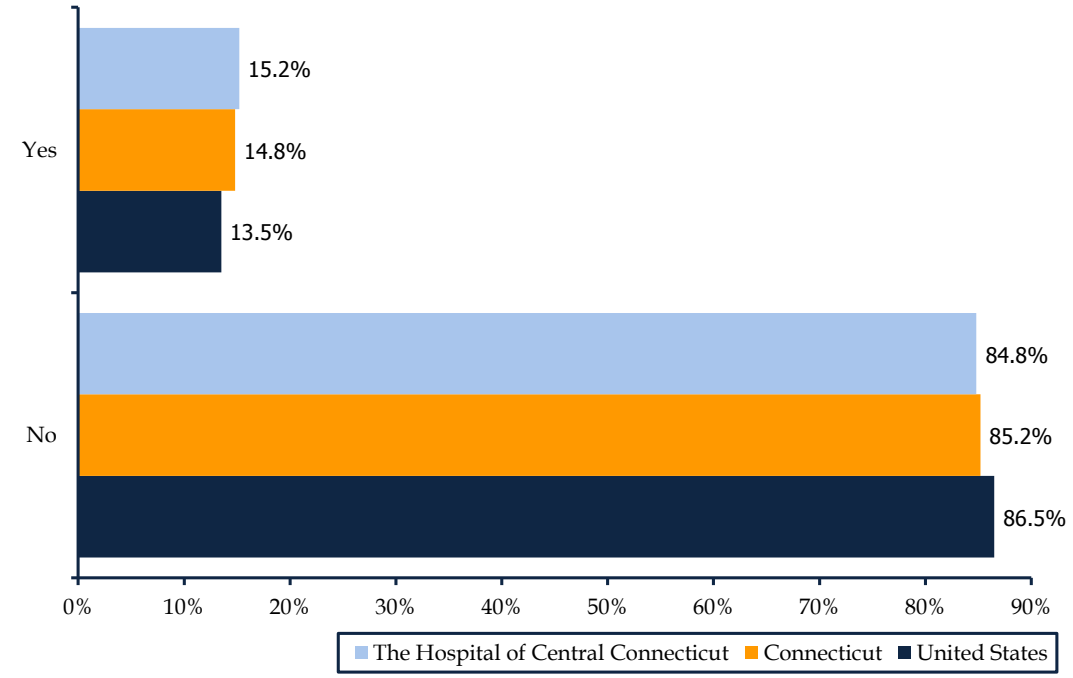
Local residents were also more likely to have been diagnosed with diabetes (12.4%) compared to the state (9.3%) and nation (9.8%); however, as noted previously, they were also more likely to have been screened for diabetes. Among respondents with diabetes, nearly 20% reported that they never checked their blood for glucose/sugar and that they never checked their feet. In addition, approximately 17% had not had an A1C test in the past 12 months with 7% of those having never heard of an A1C test. These indicators are unfavorable compared to the state and nation.

Local residents were slightly more likely to have been diagnosed with asthma (15.2%) compared to the state (14.8%) and nation (13.5%). Hispanic respondents were more likely than Non-Hispanic respondents to have asthma. In addition, children of respondents were more likely to have been diagnosed with asthma (18.6%) compared to the state (14.0%) and nation (12.7%).

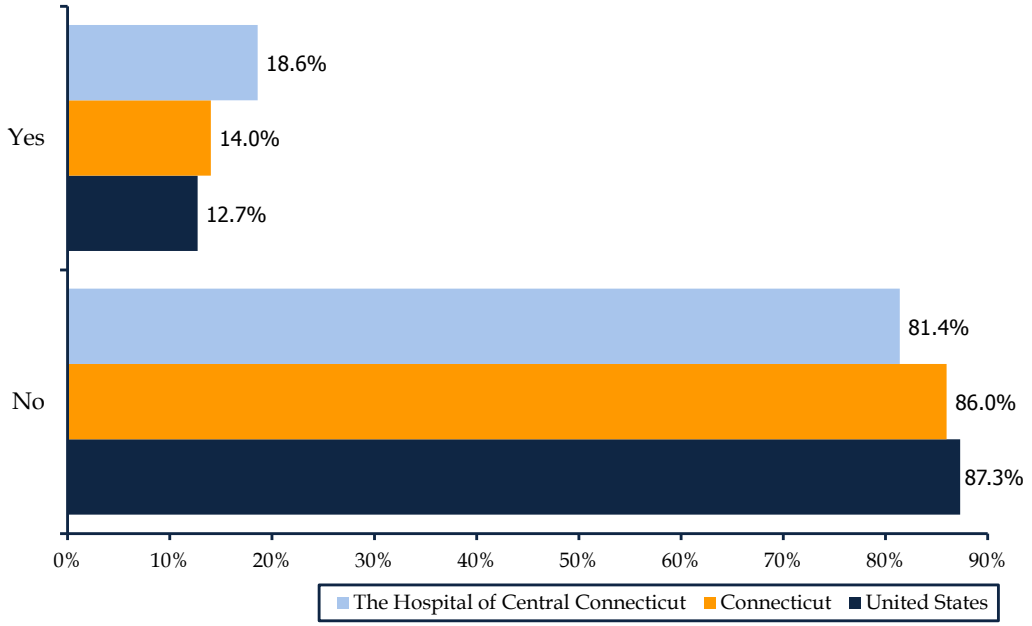
Has a doctor, nurse, or other health professional ever told you that you have diabetes?



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

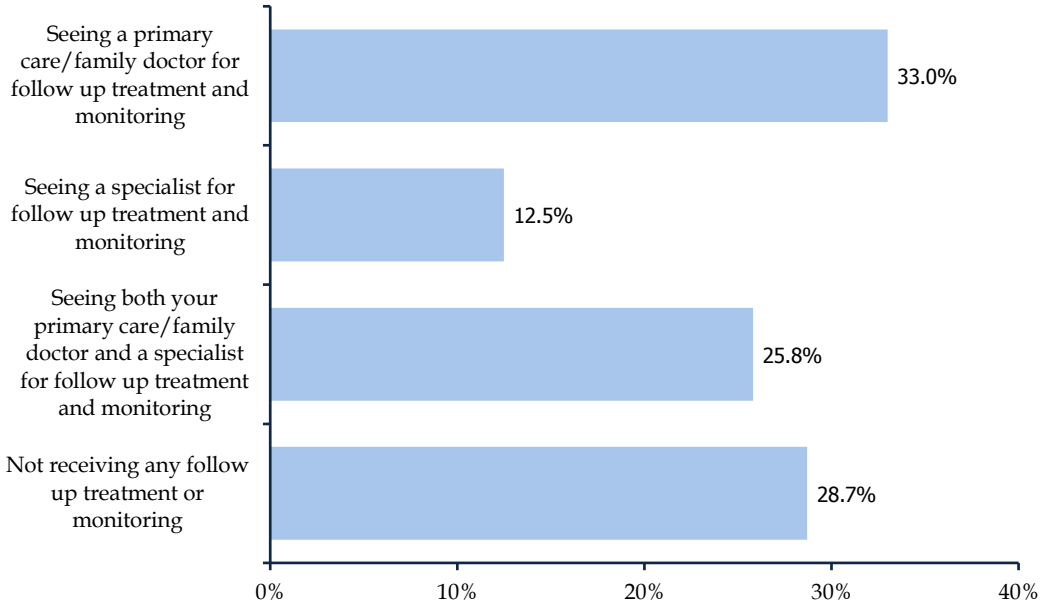


Has a doctor, nurse, or other health professional ever said that the child has asthma?



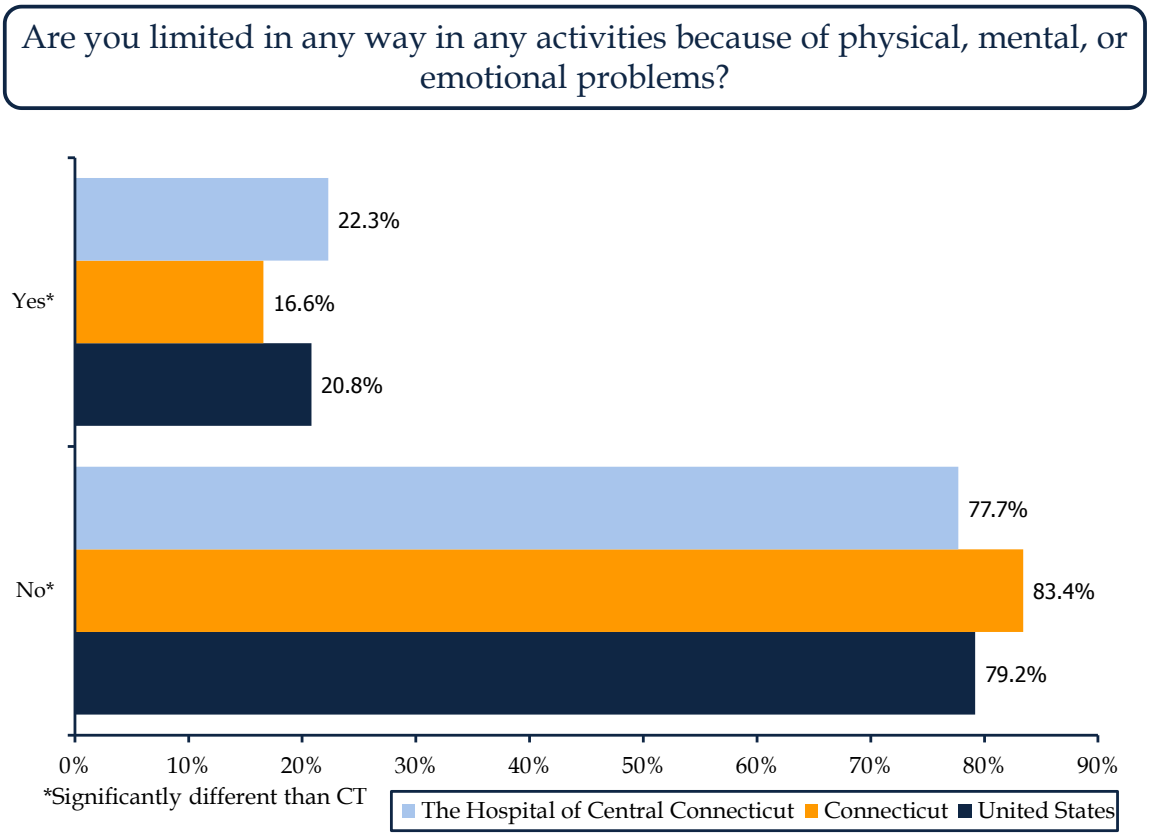
Approximately 70% of respondents who were diagnosed with a chronic illness are currently seeing a primary care doctor, medical specialist, or both for follow up treatment and monitoring. Alarmingly, nearly 30% of respondents with a chronic illness are not receiving any follow up treatment and monitoring.

Earlier, you indicated that you had been diagnosed with a chronic illness.* Are you:



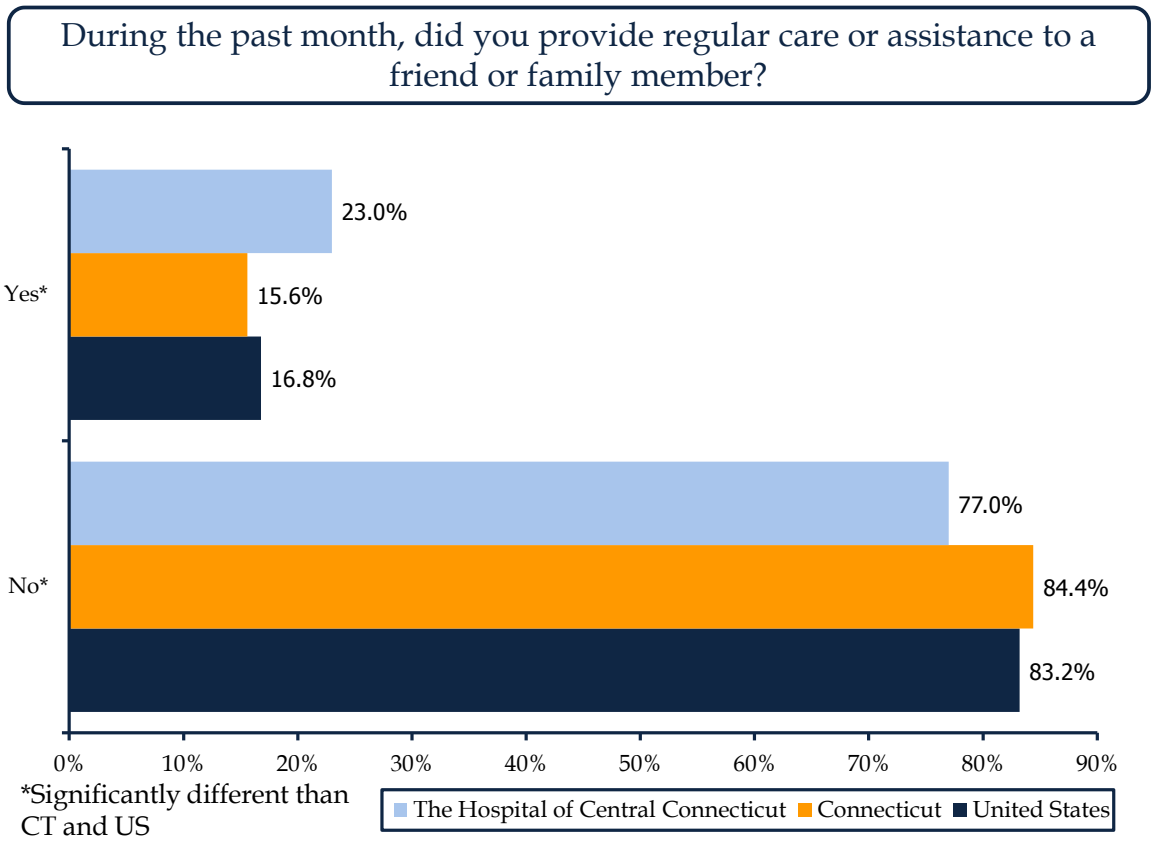
Disability & Caregiving Needs

The proportion of residents who are limited because of physical, mental, or emotional problems is higher (22.3%) when compared to Connecticut (16.6%) and the U.S. (20.8%). In addition, a higher proportion of residents have a health problem that requires them to use special equipment (11.7%) when compared to the state (6.4%) and the nation (7.9%).



Local respondents (45 years and older) were slightly less likely to have fallen at least once in the past 3 months (13.3%) compared to the state (13.6%) and nation (15.8%). However, among respondents who fell, they were more likely to have been injured (39.2%) compared to the state (30.0%) and nation (34.2%).

A higher proportion of residents reported that they provide regular care or assistance to a friend or family member (23.0%) when compared to Connecticut (15.6%) and the nation (16.8%). The majority of caregivers were caring for an adult over 65 years older (77.3%) – typically a parent/parent-in-law or grandparent.



FINAL THOUGHTS

The Household Telephone Survey results provide valuable information about the current health status and health behaviors of residents in the Greater New Britain, CT area.

The majority of residents have health insurance coverage and are generally more likely to seek preventive care such as immunizations and health screenings, however health care access is an issue for certain demographic groups. There are health disparities across select racial, ethnic, and gender groups for a number of health issues.

In general, diagnosis rates for chronic health issues such as heart disease, cancer, stroke, COPD, and kidney disease mirror the rates for the state and nation. Diagnosis rates for diabetes, asthma, arthritis are slightly elevated compared to Connecticut and the U.S. Chronic disease management and health education appear to be issues for the community as some respondents are not properly monitoring their health or seeking appropriate follow up care. Aging and caregiving needs also seem to be significant issues for the community.

Health risk factors related to chronic health issues are also issues for the Greater New Britain community. Obesity and overweight statistics are not favorable when compared to state and national figures, and tobacco use and binge drinking rates are higher in the local community than the rest of the state and nation.

III. KEY INFORMANT INTERVIEWS OVERVIEW

BACKGROUND

A survey was conducted among area "Key Informants." Key informants were defined as community stakeholders with expert knowledge including health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations and other area authorities.

Holleran staff worked closely with THOCC to identify key informant participants and to develop the Key Informant Survey Tool. A copy of the questionnaire can be found in Appendix C. The questionnaire focused on gathering qualitative feedback regarding perceptions of community needs and strengths across 3 key domains:

- Key Health Issues
- Health Care Access
- Challenges & Solutions

A total of 21 interviews were conducted by Holleran's teleresearch center during October 2012. Study participants represented a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, faith-based organizations, and the business community. For the purposes of the study, key informants were instructed to consider the community and area of interest to be the communities surrounding THOCC including New Britain, Berlin, Southington, Newington, Plainville, and Bristol.

Select demographics for the key informants can be found in Appendix D. It is important to note that the results reflect the perceptions of some community leaders, but may not necessarily represent all community leaders within Hartford County, CT. See Appendix E for a listing of key informant participants.

The following section provides a summary of the Key Informant Interviews including key themes and select comments.

KEY THEMES

Key Health Issues

The first section of the survey focused on the key health issues facing the community. Individuals were asked to select the top three health issues that they perceived as being the most significant. The three issues that were most frequently selected were:

- Access to Health Care/Uninsured/Underinsured
- Overweight/Obesity
- Substance Abuse/Alcohol Abuse

The following table shows the breakdown of the percent of respondents who selected each health issue. The first column depicts the total percentage of respondents that selected the health issue as one of their top three. Respondents were also asked of those health issues mentioned, which one issue is the most significant. The second column depicts the percentage of those respondents selecting the issue that rated the issue as being the most significant health issue.

Table 1: Ranking of Key Health Issues

Rank	Health issue	Percent of respondents who selected the issue	Percent of respondents who selected the issue as the most significant
1	Access to Health Care/ Uninsured/Underinsured	66.7%	23.8%
2	Overweight/Obesity	57.1%	33.3%
3	Substance Abuse/Alcohol Abuse	42.9%	9.5%
4	Diabetes	33.3%	0.0%
5	Mental Health/Suicide	33.3%	0.0%
6	Heart Disease	23.8%	0.0%
7	Cancer	14.3%	9.5%
8	Dental Health	4.8%	0.0%

Figure 1 shows the key informant rankings of all the key health issues. The blue bar depicts the total percentage of respondents that ranked the issue in their top three.

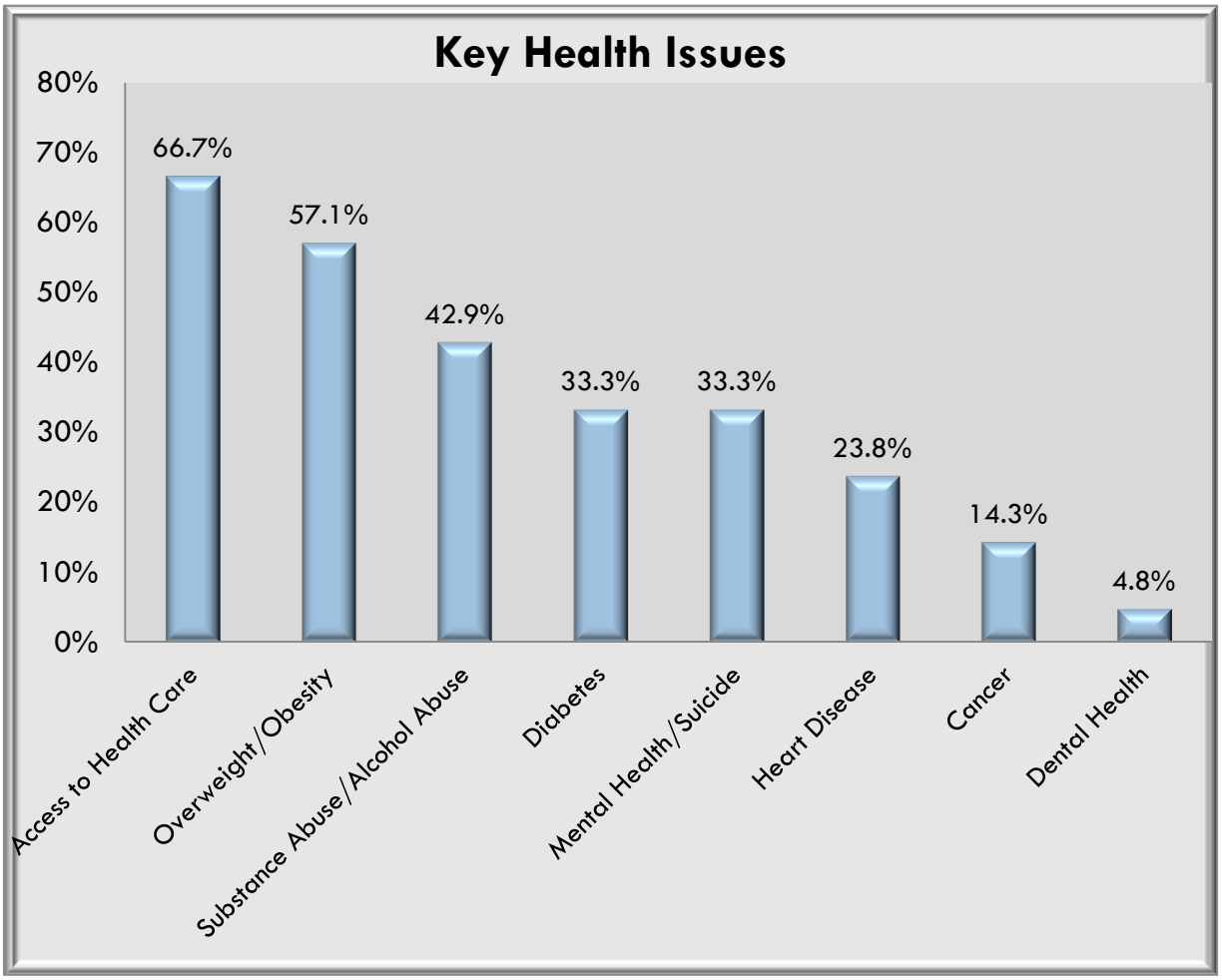


Figure 1: Ranking of key health issues

An 'other' option was provided to allow respondents to select an issue that was not on the list. Other key health issues that were specified include:

- Aging
- Childhood Asthma
- Environmental Health
- Liver Disease
- Social Determinants of Health

After selecting the top issues, respondents were asked to share any additional information regarding the health issues they selected and reasons for their selections. The following section provides a brief summary of the key health issues and highlights related comments.

Access to Health Care was the most frequently selected health issue with 66.7% of informants ranking it among the top three key health issues. 23.8% of those informants ranked it as the most significant issue facing the community.

Access to Health Care Issues

- *"More and more people face lack of access to health care because of lack of health insurance."*
- *"We interact with many people who have jobs but have no health insurance."*
- *"The cost of prescriptions and the cost and access to quality medical care are major issues."*
- *"Often health issues are let go too long because of lack of insurance, and then it becomes harder to get care that is needed for recovery."*

Overweight/Obesity was the second most frequently selected health issue with 57.1% of informants ranking it among the top three key health issues. Approximately one-third of informants ranked Overweight/Obesity as the most significant issue facing the community. Obesity was also the most frequently mentioned health issue in the respondents' comments about the health issues. Not surprisingly, many of the informants feel that reducing obesity can lead to improvements in many of the other key health issues identified in Table 1.

Overweight/Obesity

- *"There is an obesity epidemic nationally, and we certainly experience it here in our community. I think it is a major public health threat, and it is associated with other chronic diseases like diabetes, hypertension, osteoarthritis, stroke risk, and other medical health conditions."*
- *"We all know that obesity is linked to many diseases. Prevention is important and would save a lot of health care dollars."*
- *"We're seeing more and more health issues associated with inactivity and obesity in older populations."*
- *"It significantly impacts the health care community and taxes the resources we have available."*
- *"Obesity is a key factor in diabetes, cancer, asthma, sleep apnea, and joint problems."*
- *"Based on the results of a recent school study, the child obesity rate is high in minority children and more specifically Hispanic children."*
- *"At my company, we have a relatively heavier employee group, and as a result, we have higher health care utilization amongst our employees."*

Substance Abuse/Alcohol Abuse was the third most frequently selected health issue with approximately 43% of key informants ranking it among the top three key health issues; however, only 9.5% of respondents ranked Substance Abuse/Alcohol Abuse as the most significant issue facing the community.

Substance Abuse/Alcohol Abuse

- *"There's a strong body of evidence that use and abuse of inhalants and both prescription and illegal drugs in this community are on the rise. We're hearing that from police departments, school teachers, and emergency rooms."*
- *"The majority of treatment and support programs are at capacity and over."*
- *"Substance and alcohol abuse problems contribute to other health issues and also interfere with people's ability to work."*

Diabetes was the fourth most frequently selected health issue with approximately one-third of informants selecting it among the top three key health issues; however, none of the respondents ranked diabetes as the most significant issue facing the community.

Diabetes

- *"Diabetes is one of the leading causes of death."*
- *"The complications of diabetes can be devastating – neuropathy, foot problems, amputations, vision problems – disease management is critical."*

Mental Health was the fifth most frequently selected health issue with approximately one-third of informants selecting it among the top three key health issues; however, none of the respondents ranked mental health as the most significant issue facing the community.

Mental Health

- *"I think there is a great need for mental health services for those who are underprivileged persons without access to adequate care."*
- *"In my line of business, we serve serious and prolonged mentally ill people. We have an aging population, people that have been out of state hospitals for 15 or 20 years with all types of additional medical problems. Now as they've gotten into their 50's and 60's, we need to get them greater access to medical care than they ever had before. They are difficult to serve because of their mental illness."*
- *"Mental Health for children is an important issue."*

Health Care Access

Availability of Services

The second set of questions concerned the ability of local residents to access health care services such as primary care providers, medical specialists, dentists, transportation, Medicaid providers, and bilingual providers. Respondents were provided with statements such as: "Residents in the area are able to access a primary care provider when needed." They were then asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The results are displayed in Table 2.

"On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access."

Table 2: Mean Responses for Health Care Access Factors

Factor	Mean response	Corresponding scale response
Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	3.24	Neither Agree nor Disagree
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	2.71	Disagree
Residents in the area are able to access a dentist when needed.	3.00	Neither Agree nor Disagree
There is a sufficient number of providers accepting Medicaid or other forms of medical assistance in the area.	2.43	Disagree
There is a sufficient number of bilingual providers in the area.	2.33	Disagree
There is a sufficient number of mental/behavioral health providers in the area.	2.52	Disagree
Transportation for medical appointments is available to residents in the area when needed.	2.43	Disagree

Health care access appears to be an issue in the community, especially when it comes to bilingual providers. As illustrated in Table 2 and Figure 2, very few informants strongly agree to any of the health care access factors. Most respondents would either 'Disagree', or 'Neither agree nor disagree' with community residents' ability to access care. Bilingual providers garnered the largest percentage of strongly disagree responses (42.9%) and the lowest mean response (2.33) compared to the other factors. Availability of providers accepting Medicaid, specialists, mental/behavioral health providers, and transportation services were also concerns.

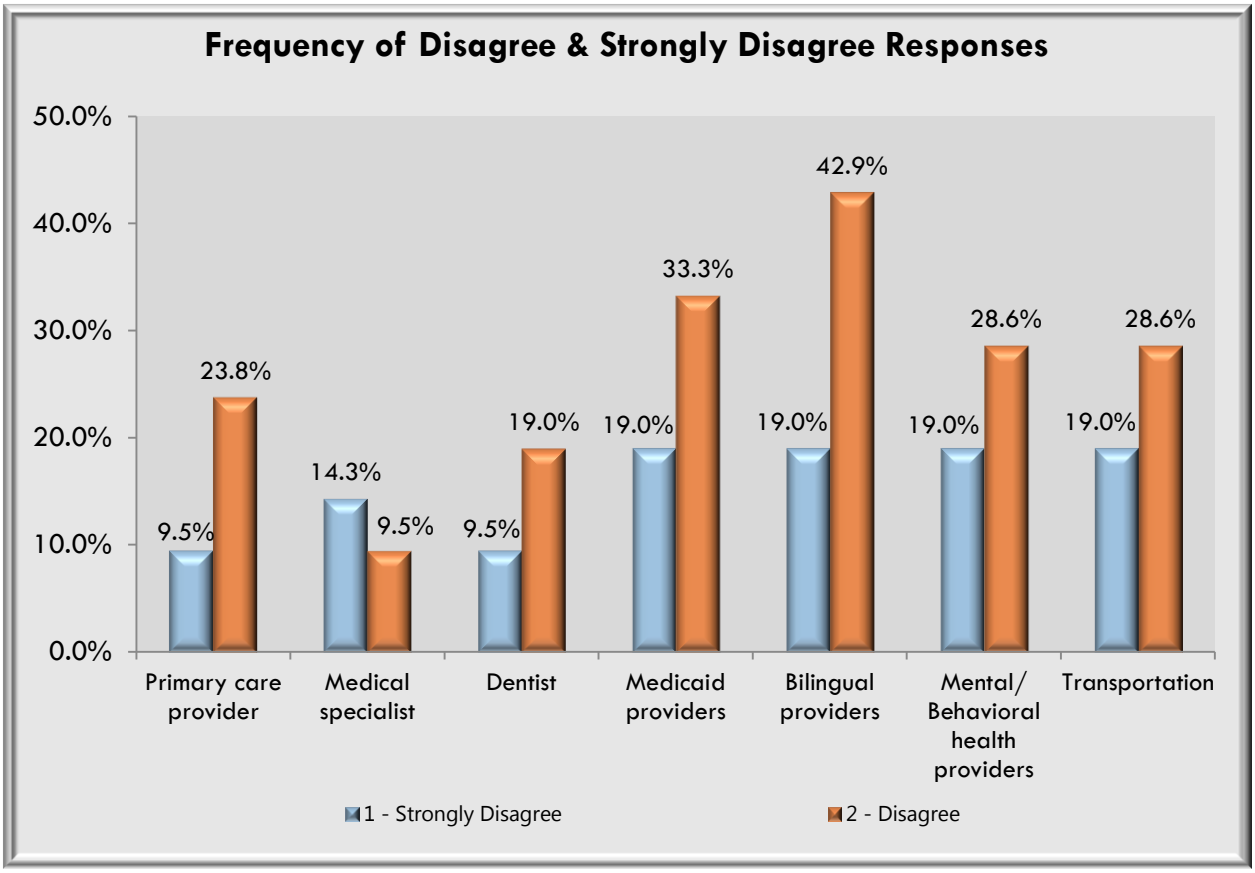


Figure 2: Frequency of disagree and strongly disagree responses for health care factors

Barriers to Health Care Access

After rating availability of health care services, the informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it. The barriers that were most frequently selected were:

- Lack of Health Insurance Coverage
- Lack of Transportation
- Inability to Navigate Health Care System
- Inability to Pay Out of Pocket Expenses (co-pays, prescriptions, etc.)
- Availability of Providers/Appointments

Table 3 shows the breakdown of the number and percent of respondents who selected each barrier. Barriers are ranked from top to bottom based on the frequency of participants who selected the barrier. Figure 3 shows a graphical depiction of the frequency of selected barriers to health care access.

Table 3: Ranking of Barriers to Health Care Access

Rank	Barrier to health care access	Number of respondents who selected the issue	Percent of respondents who selected the issue
1	Lack of Health Insurance Coverage	12	57.1%
2	Lack of Transportation	8	38.1%
3	Inability to Navigate Health Care System	5	23.8%
4	Inability to Pay Out of Pocket Expenses	5	23.8%
5	Availability of Providers/Appointments	4	19.0%
6	Lack of Child Care	2	9.5%
7	Language/Cultural Barriers	2	9.5%
8	Lack of Trust	1	4.8%

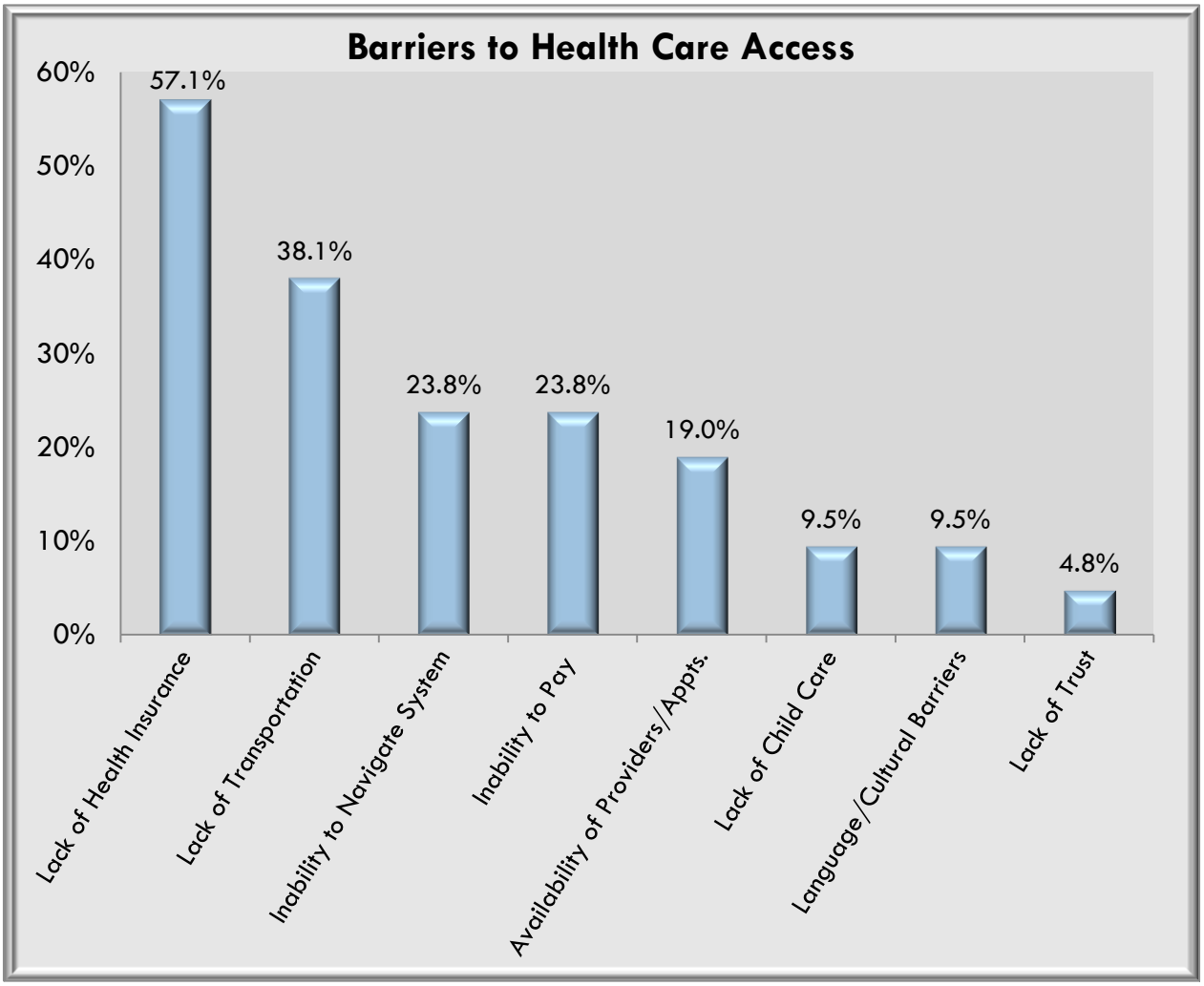


Figure 3: Ranking of barriers to health care access

After selecting the most significant barriers, informants were asked to share any additional information regarding the barriers they selected and reasons for their selections. The following section provides a brief summary of the barriers and highlights related comments.

Barriers

- *"With the level of poverty we have in the city, people have a priority of getting food on the table and often let health issues go until they become a bigger problem."*
- *"Employer insurance rates are too expensive and low-income individuals cannot afford to pay rent and insurance at the same time."*
- *"We see a lot of patients who are not on their parent's plan anymore or they recently lost their job and cannot get insurance elsewhere."*
- *"We have a significant number of people that tell us they cannot get in to see a doctor. There is a shortage of primary care physicians."*
- *"People really need affordable health care, and we, as a nation, are not providing it."*
- *"Navigating the health system is confusing to everyone regardless of education. Our health care system is not easy."*
- *"Transportation is unfortunately an issue especially for the elderly and low-income populations."*
- *"There is no transportation here. There are no buses, and cabs are very expensive."*

Underserved Populations

Informants were then asked whether they thought there were specific populations who are not being adequately served by local health services. The majority of respondents (66.7%) indicated that there are underserved populations in the community. Those respondents were asked to identify which populations they thought were underserved. The results can be found in Table 4 below.

Table 4: Underserved Populations

	Underserved population	Number of respondents who selected the population
1	Hispanic/Latino	5
2	Low-income/Poor	5
3	Seniors/Aging/Elderly	4
4	Uninsured/Underinsured	4
5	Immigrant/Refugee	4
6	Homeless	3
7	Black/African-American	2
8	Disabled	2
7	Individuals with Mental Health/Substance Abuse Issues	2

Racial/ethnic minorities and immigrant populations were considered underserved. Participants also indicated that low-income populations lacking health insurance were vulnerable. Several mentioned that people who make too much money to qualify for assistance but not enough to afford health insurance/ care often fall through the cracks. In addition, the elderly, disabled, homeless, and people with mental health substance abuse issues were identified as not being adequately served by the health care system.

Underserved Populations

- *"There's a growing Latino population in New Britain, and there are not enough bilingual doctors in the area."*
- *"When you don't speak English as a primary language, it's harder to access existing resources unless there are robust translational services or providers who are bilingual."*
- *"There is a large undocumented population that is afraid to go someplace to get care."*
- *"We have large ethnic populations including Polish and Hispanic, and there is a huge language barrier for those populations."*

Health Care for Uninsured/Underinsured

Next, the informants were asked to select where they think most uninsured and underinsured individuals go when they are in need of medical care. Figure 4 and Table 5 show the results. The overwhelming majority of respondents (81%) indicated that most uninsured and underinsured individuals go to the Hospital Emergency Department for medical care. Respondents explained that people use the Emergency Department for non-emergency care because they know they will not be turned away and because they do not know where else to get care. Several informants mentioned that there is a need for education around appropriate use of emergency services and navigating the health care system.

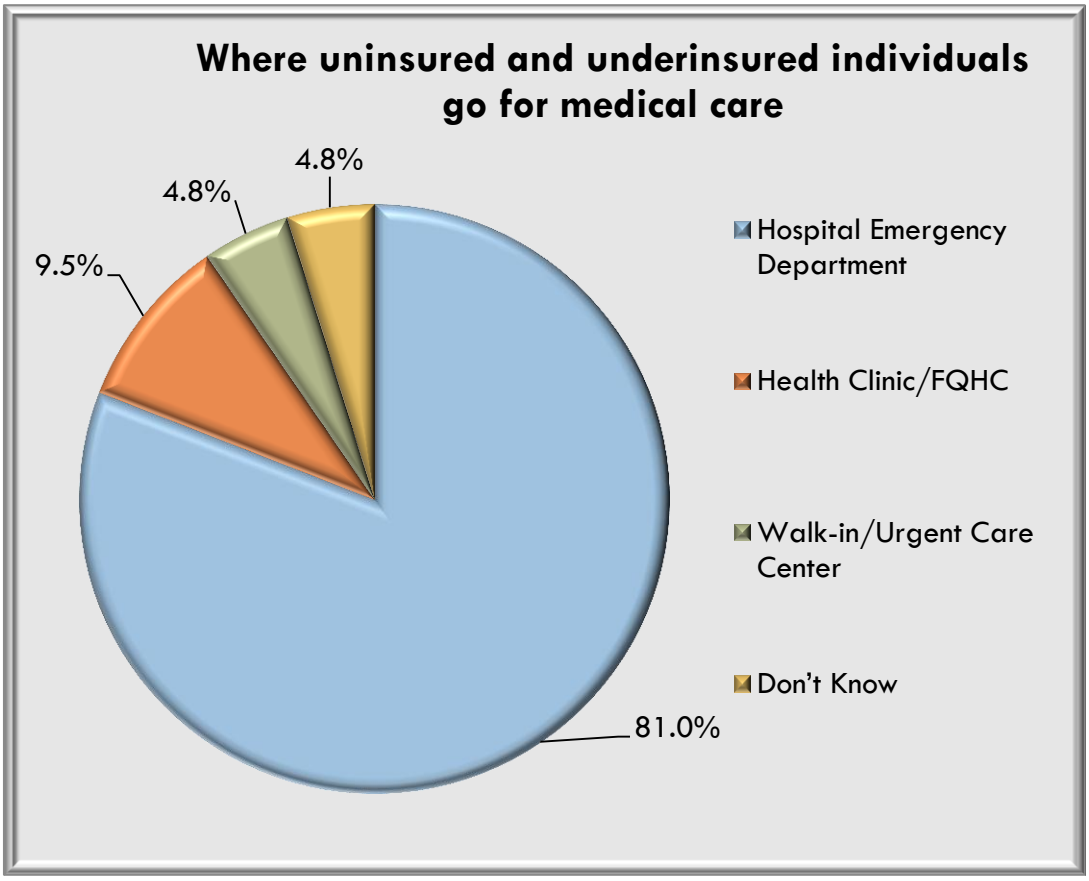


Figure 4: Key informant opinions of where uninsured individuals receive medical care

Table 5: Ranking of Where Uninsured and Underinsured Individuals Receive Medical Care

Rank	Location	Number of respondents who selected the Location	Percent of respondents who selected the Location
1	Hospital Emergency Department	17	81.0%
2	Health Clinic/FQHC	2	9.5%
3	Walk-in/Urgent Care Center	1	4.8%
4	Don't Know	1	4.8%

Resources Needed to Improve Access

Respondents were asked to identify key resources or services they felt would be needed to improve access to health care for residents in the community. Many respondents indicated the need for increased awareness, education, prevention, and outreach to inform the community about existing programs and services. Respondents also indicated that the resources available for the treatment of mental health issues are insufficient. Informants explained that there are waiting lists for many mental health and medical services especially for specialty providers and providers accepting Medicaid. Table 6 includes a listing of the resources mentioned ranked in order of the number of mentions. Select comments related to needed resources are also provided.

Table 6: Listing of Resources Needed in the Community

Rank	Resources Needed	Number of Mentions
1	Health Education/Information/Outreach	8
2	Mental Health Services	7
3	Transportation	5
4	Free/Low Cost Medical Care	5
5	Prescription Assistance	4
6	Bilingual Services	3
7	Medical Specialists	3
8	Primary Care Providers	3
9	Substance Abuse Services	3
10	Free/Low Cost Dental Care	1
11	Health Screenings	1
12	Smoking Cessation Programs	1
13	Access to Birth Control/Family Planning Services	1

Resources Needed

- *"Learning how to maneuver the health care system is a big issue."*
- *"We need weight loss programs for young people, and smoking cessation programs are definitely needed."*
- *"For some specialists, there is a long waiting list. Dermatology is a year wait. Orthopedics is a 3-6 months wait. GI is a 6 months wait. Neurology services are not available. Most private doctors in the area do not take Medicaid and very few specialists take Medicaid."*
- *"We could use more mental health providers. There are long lists for mental health care."*
- *"When it comes to behavioral health services some of the programs have waiting lists that are well in excess of 6 months long. Some of the clinical programs are only 45 days. When they decide to take that step, you want to be able to take them then, not 45 days later."*
- *"There is limited transportation in the community with no bus, taxi service and train station in some areas. New Britain has transportation, but in the outlying areas, access is limited."*
- *"There should be more availability and easier access to birth control services and education."*

Challenges & Solutions

The final section of the survey focused on challenges to maintaining healthy lifestyles, perceptions of current health initiatives, and recommendations for improving the health of the community. When asked what challenges people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy, participants suggested the following common challenges:

- Cost
- Motivation/Effort
- Time/Convenience
- Education/Knowledge
- Safety Issues

Several participants indicated that cost is a barrier. They explained that healthy foods like fresh fruits and vegetables can be expensive, and unhealthy food is often cheaper. Participants also mentioned that gym memberships and fitness programs can be expensive. In addition, informants expressed concerns about lack of education and safety issues.

Challenges to Maintaining Healthy Lifestyles

- *"Fruits and vegetables are really expensive, and accessibility is an issue. Certain areas of town don't have access to a large supermarket without having to get on a bus or in a car. Lots of people shop at the local bodegas."*
- *"The smaller markets in the lower income areas do not offer healthy alternatives."*
- *"Access to neighborhood grocery stores is limited and food is expensive."*
- *"A lot of it comes down to cost or convenience. There are lots of fast food and take out places, and I'm sure it is more convenient for people to hit that after work than to make their own meals."*
- *"If you are busy, sometimes you take short cuts and just grab something to eat and don't think about it being good for you or not. People are so busy - it's not a priority."*
- *"The biggest issue is safety. Nobody is going to exercise outside if bullets are flying."*
- *"Another thing I hear about is safety. We are not bike friendly or pedestrian friendly. Our schools are not in the neighborhoods so instead of walking to school the kids are bused."*
- *"There is a lack of access to fitness opportunities that do not cost a lot. The community does not have playgrounds or parks that are accessible to families."*
- *"Part of it is very cultural; the foods of different cultures are not always healthy for you."*

Respondents were asked "What is being done well in the community in terms of health and quality of life?" The local hospitals and community health centers were regarded as important resources in the community. In addition, the following specific organizations and programs were mentioned as contributing to local community health efforts: Local Food Pantries, Parks and Recreation Department, Central Connecticut Senior Health Services, Connecticut State University System, Child Life programs, YMCA, YWCA, and Visiting Nurses. Overall, there were many positive comments about programs in the community.

What is Being Done Well

- *"We have a strong network of community agencies that seem to work together for the community.*
- *"There are some really good health providers in this community who are aware of the health needs and the challenges and are working hard individually and collectively to correct them."*
- *"The hospital is committed to health initiatives in the town which is very helpful."*
- *"Diabetic care in the community is really good. The hospital has a diabetes center and they are well trained in managing diabetes. I think that is something we do really well here."*
- *"The hospital emergency department does a great job."*
- *"The community federally qualified health centers and existing mental health providers add a great deal to the community."*
- *"We have a new superintendent of schools who seems to value the connection between health and school success."*
- *"We have some really good community partnerships where local farms have partnered with the Board of Education to change the menu for kids in school. They are bringing in fresh fruits and vegetables from the local farm to expose kids at a young age to healthy food choices.*
- *"The fire department and ambulance services are dedicated and doing a good job. They get there in time and save lives."*
- *"The Child Life programs and the prenatal programs are very well run."*
- *"I think the Central Senior Health Service group does a great job reaching out to the community. The Good Life Fitness program is changing lives and attitudes in the senior care."*
- *"I think that the city of New Britain does an incredible job with the limited resources they have with providing a good quality of life there. I think it is the best city in the world to work in. It's not because we have much, but we have a great deal of people who care."*
- *"There are a lot more of us biking and walking now. The city has promoted it and made it easier for people to bike and exercise downtown if they want to."*
- *"In Southington, we have a variety of ways for people to stay active in the community."*

Next, key informants were asked "What recommendations or suggestions do you have to improve health and quality of life in the community?" Two major themes emerged from the comments:

- Increased Awareness/Communication/Community Outreach
- Increased Collaboration/Coordination

Many suggestions revolved around increasing public awareness and improving communication. There was a general feeling that if communication regarding available programs, resources and services improved, the population would become more aware and more proactive in their own health care. Respondents also emphasized the need for better collaboration and coordination among health and human service providers. Some informants indicated that duplication of services and difficulty navigating a fragmented system of care may result in wasted resources and negative health outcomes.

Recommendations to Improve Health

- *"We need to strengthen our collaboration and work together using all of our assets to address community needs not just medical needs."*
- *"In terms of what the various health care and public health institutions can do, there could be much better coordination and regionalization of services to improve access and to limit duplication and redundancy."*
- *"Perhaps, some sort of health council with representatives from all areas in the community coming together to share ideas to improve community health and quality of life."*
- *"I think it would be helpful for the providers and community members to get together more often."*
- *"Everyone needs skin in the game - meaning everyone needs to get involved."*
- *"We need to work as a community and involve the community in decision making."*
- *"I think the hospital needs to be more involved. They do participate but more is needed."*
- *"We need continued outreach to underserved populations and seniors who may not have the means for prevention."*
- *"The community needs to focus on the start of life for children so babies are born healthy. Culturally appropriate and accessible sex education, reproductive planning, and prenatal care will help reduce the high teen pregnancy rate and lead to improved birth outcomes."*

FINAL THOUGHTS

Many of the key informants expressed appreciation for the opportunity to share their thoughts and experiences and indicated interest and support for efforts to improve community health. Based on the feedback from the key informants, access to health care is a significant health issue in the community. A number of barriers contribute to access issues including health insurance coverage, transportation, and difficulty navigating the health care system. Access is also impacted by a shortage of primary care providers and specialty care providers especially providers who accept Medicaid. In addition, informants expressed concern about the growing problem of Overweight/Obesity and indicated that there are number of challenges that contribute to obesity including cost, accessibility, convenience, education, motivation, and safety issues. Substance Abuse/Alcohol Abuse issues and the need for mental and behavioral health services were also repeatedly mentioned by informants. A review of the key informant responses yields several areas of opportunity for the local community.

Areas of Opportunity

- Lack of community awareness of available programs and resources
- Lack of coordination and collaboration among programs and providers
- Need for health education and wellness programs
- Lack of affordable medical and dental services
- Need for mental and behavioral health services including substance abuse treatment
- Transportation barriers

IV. OVERALL ASSESSMENT FINDINGS & CONCLUSIONS

COMMUNITY HEALTH ISSUES

While the research components for the Community Health Needs Assessment yield different perspectives and information, some common themes emerged.

Access to Health Care

Access to Health Care is a national health issue that can make it difficult to address other community health problems. While most respondents of the Household Telephone Survey reported having some form of insurance, a significant proportion of the population reported difficulty affording care especially among certain demographic groups such as Hispanics. Key Informants selected Access to Health Care as the number one health issue facing the community, and they discussed underserved populations and barriers to seeking care at length. Access in the Greater New Britain area is further complicated by a shortage of primary care and specialty care providers especially providers who accept Medicaid. In addition, lack of awareness and education, lack of transportation, and language barriers contribute to access to health care issues.

Obesity/Overweight

Based on the results of the Household Telephone Survey, nearly two-thirds of Greater New Britain adults are considered overweight or obese with nearly 30% of adults considered to be obese. These statistics are worse than the state and the nation. Overall, Key Informants ranked Obesity/Overweight as the second most significant health issue facing the community. Approximately, one-third of Key Informants selected it as the most significant issue facing the community. Physical inactivity, poor nutrition habits, and lack of access to healthy foods contribute to Obesity/Overweight issues. Obesity/ Overweight issues are known risk factors for many chronic diseases including diabetes, cancer, and heart disease.

Mental Health & Substance Abuse

According to the Household Telephone Survey, excessive drinking appears to be a problem in the community as the percentage of adults in the community who reported binge drinking at least one time in the past 30 days exceeds the state and national figures. In addition, Key Informants shared that Mental Health/Behavioral Health/Substance Abuse were growing problems in the community, and they emphasized the need for education, prevention, treatment, and support services. Key Informants ranked Substance Abuse/Alcohol Abuse as the third most significant health issue facing the community, and Mental Health was ranked as fifth most significant health issue facing the community. The Household Telephone Survey also revealed some racial/ethnic disparities around mental health and depression indicating that Black/African American and Hispanic populations are affected disproportionately by mental health and depression issues.

Chronic Health Conditions & Chronic Disease Management (Diabetes & Asthma)

The Household Telephone Survey revealed that Greater New Britain residents were more likely to be diagnosed with diabetes compared to the state and the nation. Diabetes was also ranked by Key Informants as the fourth most significant health issue facing the community. As one Key Informant aptly stated, "The complications of diabetes can be devastating – neuropathy, foot problems, amputations, vision problems – disease management is critical." Unfortunately, the Household Telephone Survey showed that a significant proportion of diabetics are not monitoring their blood/glucose levels, checking their feet, getting regular A1C tests, or seeing a doctor for follow up care.

The Household Telephone Survey also indicated that Asthma rates were slightly higher for both adults and children in the Greater New Britain area compared to Connecticut and the U.S. Smoking rates were also slightly elevated compared to the state and the nation.

Both the Household Telephone Survey and the Key Informant Interviews indicated that aging, caregiving, and chronic health conditions were significant issues in the community. Key Informants suggested that community health efforts should focus on community outreach and awareness, health education and prevention, chronic disease management, coordinated care, and access to services.

NEXT STEPS

The completion of the comprehensive community health needs assessment allows The Hospital of Central Connecticut, Hospital for Special Care, and their partners to take an in-depth look at its greater community. The results will be integrated into community planning activities, which will include the prioritization of the key health needs and the development of a hospital implementation plan. The aim of such implementation plans is to not only direct community benefit initiatives, but to move toward population health management. This model promotes a well-care model rather than a sick-care one and rewards organizations and individuals who take ownership of their health and yield positive outcomes. Healthy communities lead to lower healthcare costs, strong community partnerships, and an overall enhanced quality of life.

APPENDIX A: HOUSEHOLD TELEPHONE STUDY STATISTICAL CONSIDERATIONS

The final sample (630) yields an overall error rate of +/-3.9% at a 95% confidence level. This means that if one were to survey all residents of the selected service area within Hartford County, CT, the final results of that analysis would be within +/-3.9% of what is displayed in the current data set.

Data collected from the 630 respondents was aggregated and analyzed by Holleran using IBM SPSS Statistics. The detailed survey report includes the frequency of responses for each survey question. In addition, BRFSS results for Connecticut and the United States are included when available to indicate how the health status of The Hospital of Central Connecticut's service area compares on a state and national level. All comparisons represent 2010 BRFSS data unless otherwise noted. It is important to note a few questions on the survey did not have comparisons to Connecticut and/or national data because of survey modifications.

Statistically significant differences between service area responses and state and/or national responses are also noted in the detailed report. In addition, statistically significant differences for select demographic characteristics (gender, race/ethnicity) are included in the report. Holleran runs Z-tests and Chi Square tests in SPSS to identify statistically significant differences and uses p values $\leq$.01 as the cutoff for significance.

It is common practice in survey research to statistically weight data sets to adjust for demographic imbalances in the survey data. For example, in the current household survey, the number of females interviewed is above the actual proportion of females in the area (Sample: 63% female vs. Actual Population: 52% female). The data was statistically weighted to correct for this over-representation of females. The data set was weighted by age, gender, and race in order to more accurately represent the population. It should be noted that the national dataset (from the Centers for Disease Control) is also statistically weighted to account for similar imbalances.

All data sets utilized in the report are statistically weighted to counter for demographics with the exception of the actual demographic information. The demographics included in the report are in raw, unweighted form so that readers can see the actual pool of respondents.

APPENDIX B: HOUSEHOLD TELEPHONE STUDY PARTICIPANT DEMOGRAPHICS

Frequency of Responses by Zip Code

Zip	Percent
06010	11.9%
06023	0.6%
06037	9.0%
06051	14.4%
06052	4.0%
06053	16.5%
06062	8.6%
06111	14.6%
06444	0.2%
06479	4.9%
06489	15.2%

Gender

Gender	The Hospital of Central Connecticut CHNA 2012	The Hospital of Central Connecticut Census*
Male	36.8%	48.2%
Female	63.2%	51.8%

What is your age?

Age Group	The Hospital of Central Connecticut CHNA 2012	The Hospital of Central Connecticut Census*
18 - 24	2.2%	9.4%
25 - 34	5.3%	12.7%
35 - 44	7.1%	13.3%
45 - 54	23.6%	15.3%
55 - 64	23.6%	12.4%
65 years and over	38.3%	15.1%

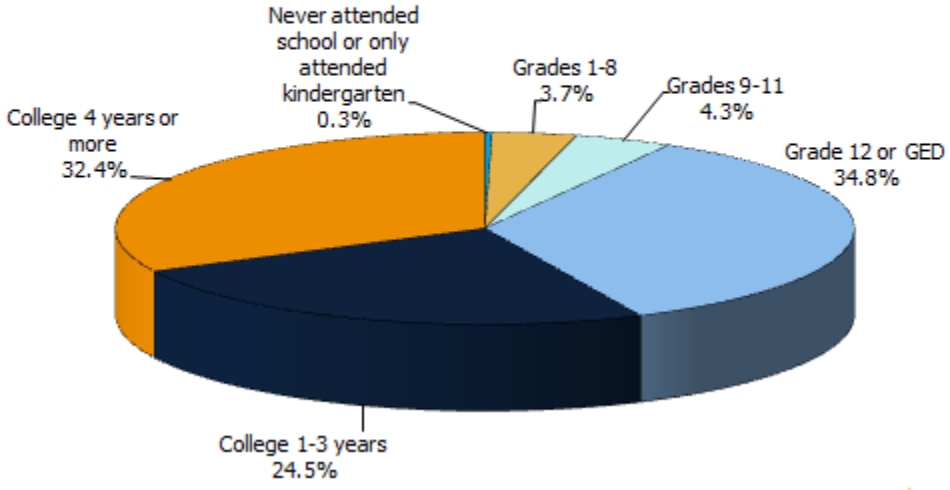
What is your race?

Race	The Hospital of Central Connecticut CHNA 2012	The Hospital of Central Connecticut Census*
White	88.6%	82.3%
Black or African American	4.9%	5.8%
Asian	0.8%	2.7%
American Indian or Alaska Native	0.7%	0.2%
Other	5.0%	6.4%

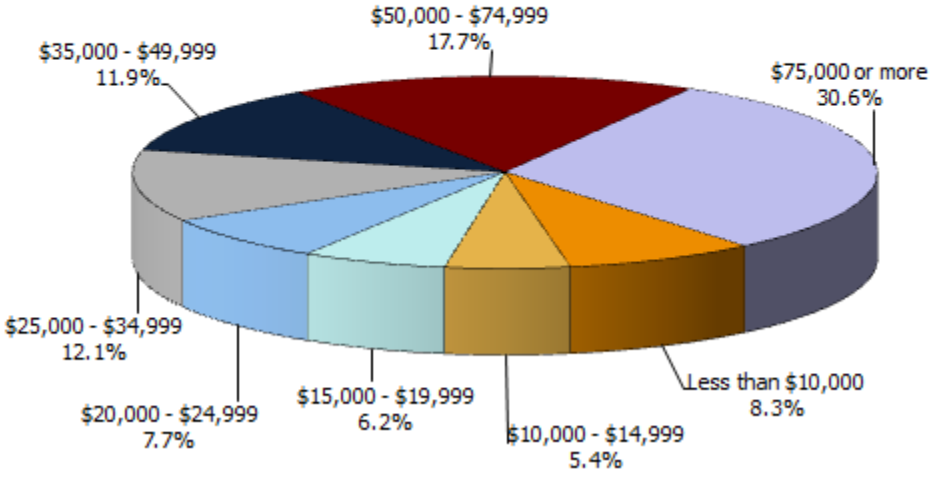
Are you Hispanic/Latino?

Hispanic/Latino	The Hospital of Central Connecticut CHNA 2012	The Hospital of Central Connecticut Census*
Yes	8.5%	15.6%
No	91.5%	84.4%

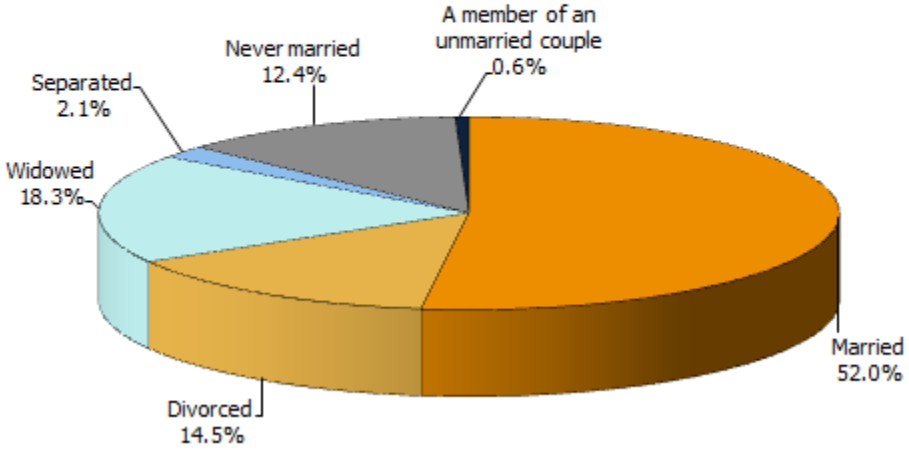
Highest Grade/Year of School Completed



Annual household income from all sources



Marital Status



APPENDIX C: KEY INFORMANT STUDY QUESTIONNAIRE

INTRODUCTION:

Good morning/afternoon, this is (Caller Name) with Holleran Consulting. I'm calling on behalf of The Hospital of Central Connecticut. You should have received an email from them requesting your participation in a brief survey that is part of a community needs assessment.
Your perspective about the community is valuable in identifying ways to improve community health. The survey will take about 15 minutes to complete over the phone. If you have time, I could administer the survey now. Otherwise, I would be glad to schedule a time to talk later. Would you like to take the survey now, or schedule a more convenient time?

When answering the questions, please consider the community and area of interest to be the communities surrounding The Hospital of Central Connecticut including New Britain, Berlin, Southington, Newington, Plainville, and Bristol.

KEY HEALTH ISSUES

1. What are the top **three health** issues you see in your community? (CHOOSE 3)

   Caller: Do not read list unless prompt needed:

☐ Access to Care/Uninsured	☐ Overweight/Obesity
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Dental Health	☐ Stroke
☐ Diabetes	☐ Substance Abuse/Alcohol Abuse
☐ Heart Disease	☐ Tobacco
☐ Maternal/Infant Health	☐ Other (specify):
☐ Mental Health/Suicide	

Probes: Why do you think that? What makes you say that? Can you give an example?

2. Of those issues mentioned, which **one** is the most significant?
   (CHOOSE 1)
   Prompt: consider how many people affected, how widespread the issue is, and what would happen if we do nothing about it.

☐ Access to Care/Uninsured	☐ Overweight/Obesity
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Dental Health	☐ Stroke
☐ Diabetes	☐ Substance Abuse/Alcohol Abuse
☐ Heart Disease	☐ Tobacco
☐ Maternal/Infant Health	☐ Other (specify):
☐ Mental Health/Suicide	

Probes: Why do you think that? What makes you say that? Can you give an example?

ACCESS TO CARE

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Health Care Access** in the area.

Strongly disagree←→Strongly agree

3. Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	☐1	☐2	☐3	☐4	☐5
4. Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	☐1	☐2	☐3	☐4	☐5
5. Residents in the area are able to access a dentist when needed.	☐1	☐2	☐3	☐4	☐5
6. There is a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	☐1	☐2	☐3	☐4	☐5
7. There is a sufficient number of bilingual providers in the area.	☐1	☐2	☐3	☐4	☐5
8. Transportation for medical appointments is available to area residents when needed.	☐1	☐2	☐3	☐4	☐5
9. There is a sufficient number of mental/behavioral health providers in the area.	☐1	☐2	☐3	☐4	☐5

10. What are the most significant barriers that keep people in the community from accessing health care when they need it?

Caller: Do not read list unless prompt needed:

☐ Availability of Providers/Appointments
☐ Basic Needs Not Met (Food/Shelter)
☐ Inability to Navigate Health Care System
☐ Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
☐ Lack of Child Care
☐ Lack of Health Insurance Coverage
☐ Lack of Transportation
☐ Lack of Trust
☐ Language/Cultural Barriers
☐ Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
☐ Other (specify):

Probes: Why do you think that is? Can you give an example of that? What are some ways we could minimize those barriers?

11. Are there specific populations in this community that you think are not being adequately served by local health services?

__ Yes __ No

12. **If yes,** which populations are underserved?

Do not read list unless prompt needed:

☐ Uninsured/Underinsured
☐ Low-income/Poor
☐ Hispanic/Latino
☐ Black/African-American
☐ Immigrant/Refugee
☐ Disabled
☐ Children/Youth
☐ Young Adults
☐ Seniors/Aging/Elderly
☐ Homeless
☐ Other (specify):

Probes: Why do you think that is? Can you give an example of how they are not being served?

13. In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (CHOOSE 1)

Do not read list unless prompt needed:

☐ Doctor's Office
☐ Health Clinic
☐ Hospital Emergency Department
☐ Walk-in/Urgent Care Center
☐ Don't Know
☐ Other (specify):

Probes: Why do you think they go there? How could we make other options more accessible?

14. Related to health and quality of life, what services or resources do you think are missing in the community?

Do not read list unless prompt needed:

☐ Free/Low Cost Medical Care
☐ Free/Low Cost Dental Care
☐ Primary Care Providers
☐ Medical Specialists
☐ Mental Health Services
☐ Substance Abuse Services
☐ Bilingual Services
☐ Transportation
☐ Prescription Assistance
☐ Health Education/Information/Outreach
☐ Health Screenings
☐ Other (specify):

15. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy?

    Probes: What makes it difficult for people to make healthy choices? What challenges do people face in trying to manage chronic conditions like diabetes or heart disease?

16. In your opinion, what is being done ***well*** in the community in terms of health and quality of life?

    Probes: What are some Community Assets/Strengths/Successes? Can you give an example?

17. What recommendations or suggestions do you have to improve health and quality of life in the community?

    Probe: Do you have any other suggestions/feedback for the hospital?

CLOSING

18. Please answer a few quick demographic questions.

Which one of these categories would you say BEST represents your community affiliation? (CHOOSE 1)

☐	Health Care/Public Health Organization
☐	Mental/Behavioral Health Organization
☐	Non-Profit/Social Services/Aging Services
☐	Faith-Based/Cultural Organization
☐	Education/Youth Services
☐	Government/Housing/Transportation Sector
☐	Business Sector
☐	Community Member
☐	Other (specify):

What is your gender? __ Male __ Female

What is your race/ethnicity? (CHOOSE 1 that best represents their race)

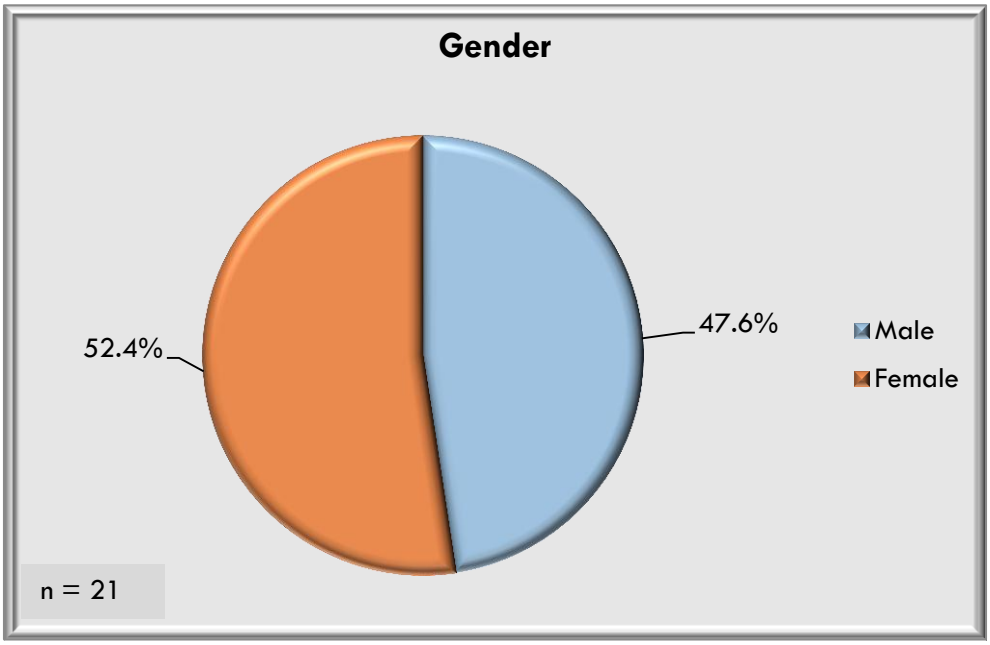
☐	White/Caucasian
☐	Black/African American
☐	Hispanic/Latino
☐	Asian/Pacific Islander
☐	Other (specify):

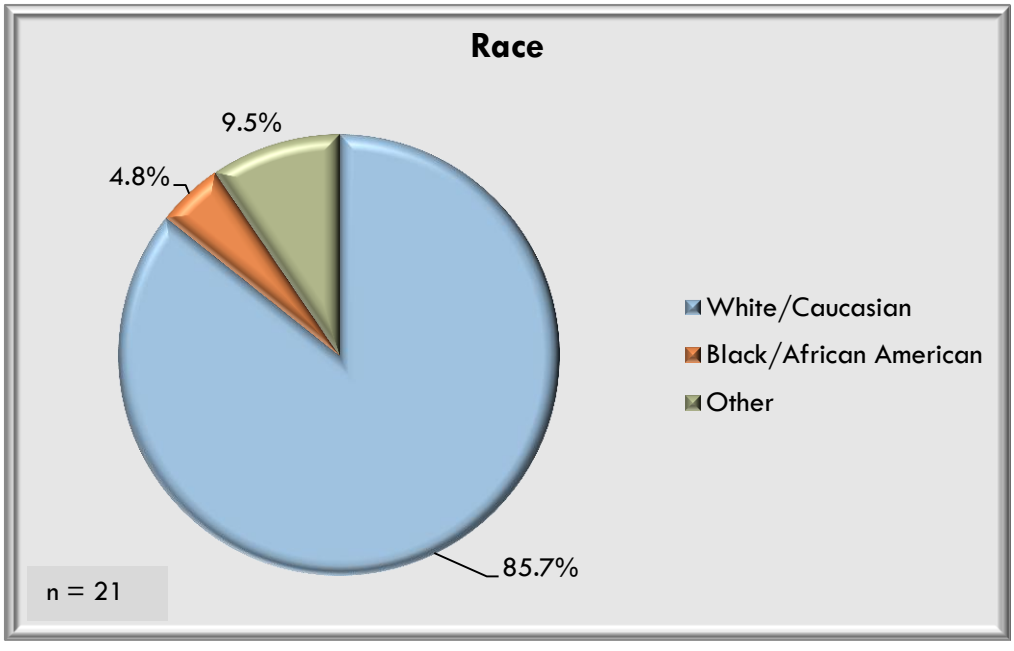
Thank you! That concludes the survey.

Hospital of Central Connecticut will be using the information gathered through these surveys to develop a community health implementation plan. Your feedback is very valuable. I appreciate your participation.

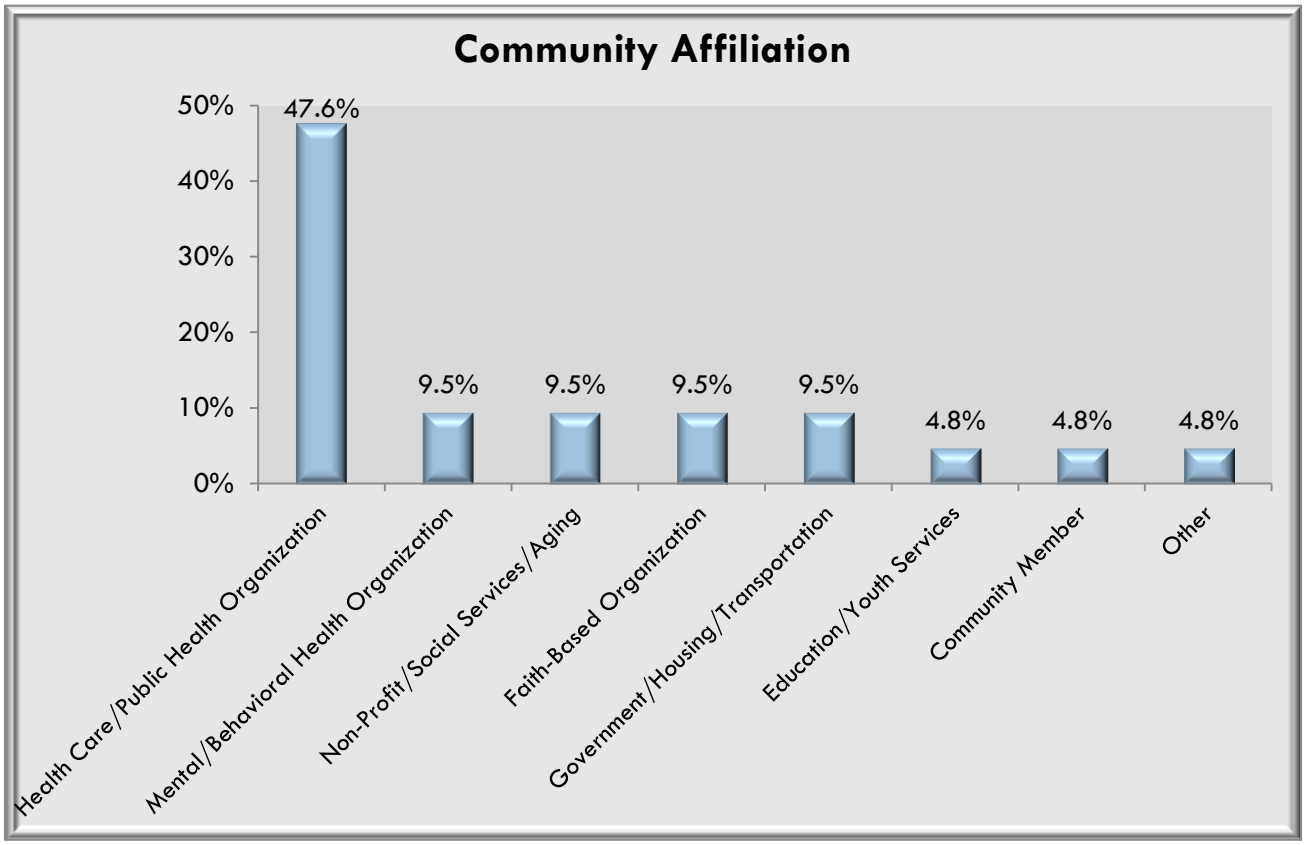
APPENDIX D: KEY INFORMANT STUDY PARTICIPANT DEMOGRAPHICS

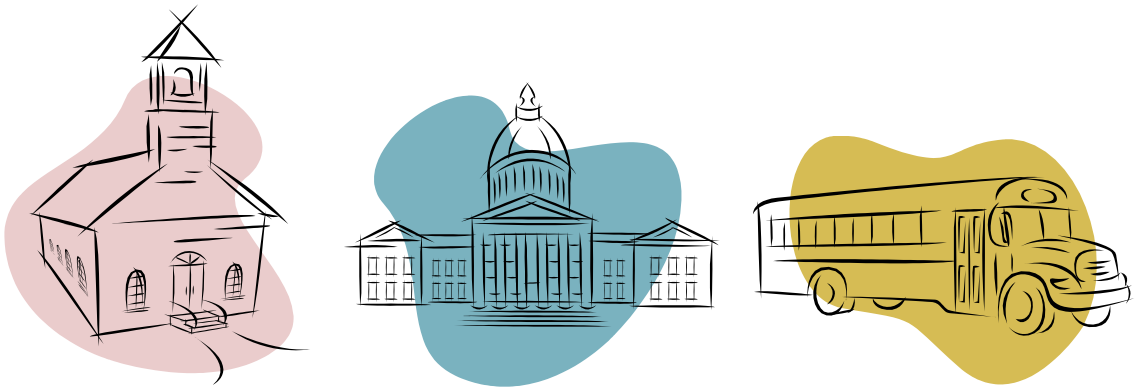
Respondents were asked to provide some demographic information including: gender, race, and community affiliation. The following figures provide a graphical depiction of these demographic characteristics.





"Which one of these categories would you say <u>best</u> represents your community affiliation?"





APPENDIX E: KEY INFORMANT STUDY PARTICIPANT LIST

Name	Organization
Dr. Michael Grey	The Hospital of Central Connecticut
Dr. Jeffrey Finkelstein	The Hospital of Central Connecticut
Kathy Scalise	The Hospital of Central Connecticut
Paul Hutcheon	Central Connecticut Health Department
Sergio Lupo	New Britain Health Department
Francine Truglio	New Britain Health Department
Shane Lockwood	Plainville/Southington Health Department
Wendy DeAngelo	Wheeler Clinic
Ray Gorman	Community Mental Health Affiliate
Yvette Highsmith Francis	Community Health Centers
Ellen Rothberg	VNA Healthcare
Pat Ciardullo	New Britain EMS
Grace Damio	Hispanic Health Counsel
Fatma Antar	Berlin Mosque
Monsignor Daniel Plocharczyk	Sacred Heart of New Britain
Stephen J. Varga	New Britain Area Inter Faith Conference
John Myers	Southington YMCA
Roseanne Bilodeau	Pathway Senderos
Mary Royce	New Britain Housing Authority
Carol Zesut	New Britain Police Department
Trish Walden	Connecticut Senior Care