MidState Medical Center
A Hartford HealthCare Partner

2012 COMMUNITY NEEDS ASSESSMENT:

A Focus Group Report for the Communities of Meriden and Wallingford

Prepared for: MidState Medical Center and the United Way of Meriden & Wallingford

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United Way

Executive Summary

A Community Needs Assessment Project was conducted for MidState Medical Center (MidState) and the United Way of Meriden & Wallingford. The purpose of the 2012 Community Needs Assessment was to explore the needs of residents living in Meriden and Wallingford to address the needs that were identified and determine the best use of MidState and the United Way's resources. In order to ensure that the perceptions and opinions in this assessment included those across the entire community, focus group feedback was gathered from residents, agency workers across various social services, and other key opinion leaders within each community.

After analyzing the data gathered in the focus groups, a number of issues arose including those related to: mental health services and healthcare issues, basic needs, housing, and transportation. Other problems brought up less frequently are briefly highlighted. In addition, an inventory of community strengths and services utilized was taken.

Access to Behavioral Health Services – Focus group participants discussed their reliance on behavioral health services, noting that while there are currently outpatient services available, some are at capacity. There is room for growth of services to accommodate the growing numbers of individuals who are in need. A particular area of attention is more services for youth and adolescents.

Access to Healthcare Services – Issues related to healthcare tended to be universal in nature. With the increase in the number of individuals who are underinsured or uninsured, residents and their children in the targeted communities could benefit from greater access to primary care/preventive services. A particular healthcare service of note was dental services for adults, elderly and children.

Basic Needs – The current economic situation was often the first issue discussed during the focus groups. At the time these groups met, focus group participants were seeing a significant increase in the number of applications for social services, as well as cuts to programs such as the fuel assistance program. Among the many issues discussed were: unemployment, the need for more job skills, the need for greater financial assistance for daily living, a greater reliance on food pantries and soup kitchens, childcare needs, and fuel assistance.

Housing – With regard to housing, focus group participants primarily discussed the major cuts to the state's security deposit program, wait lists for low-income housing, and limited help for families on the brink of losing their homes. In addition, the rise of "couch surfing" – a term used to describe individuals continuously living with different family members or friends for short periods of time – means that there are most likely even greater numbers of homeless people in the community that are not technically considered homeless.

Transportation – Transportation was a problem referenced in all seven focus groups. Transportation for jobs, non-emergency medical appointments, grocery shopping and picking up children from school were all noted as needs. Transportation is especially an issue for individuals working second shift or on weekends, when public transportation is limited or non-existent.

Other issues of note – Focus group participants discussed other problems they are seeing in the community, although these issues came up less frequently: greater heroin usage, hoarding, the need for a universal intake system to help organizations respond to community needs, and better succession planning for social service agencies.

Introduction

MidState Medical Center (MidState) is a 144-bed acute-care hospital serving communities across central Connecticut. The mission of MidState is "to improve the health and healing of the people and communities it serves." This means that in addition to providing high-quality medical services, MidState is also committed to the overall health and well-being of the community by preventing disease, promoting health and ensuring that other resources are in place to keep the community vibrant.

A Community Needs Assessment Project was conducted from 2011-2012 on behalf of MidState Medical Center and the United Way of Meriden & Wallingford. The goal of the project was two-fold: to fulfill MidState's mission as a non-profit organization and assume social responsibility for identifying needs in the community and to assist the United Way in determining the best use of its available resources.

This research complements other data already collected by The Center for Research & Public Policy, a third-party agency engaged to conduct a telephone questionnaire in November 2011 with a random sample of residents in Meriden and Wallingford. The report compiling data from that project included residents' demographic information, their health behaviors, and whether they felt that the presence of several types of community services was sufficient in their community.

According to federal and state mandates, all nonprofit hospitals must conduct community needs assessments every three years. Community needs assessments provide a helpful roadmap for setting priorities and addressing community health issues. Furthermore, the United Way of Meriden & Wallingford intends to use these results when making funding allocations to local agencies.

As with all qualitative research, care should be taken in using the findings and conclusions reported here. No statistical inferences should be drawn from the results of these discussions.

Methodology

Seven focus groups were conducted in Meriden and Wallingford between December 2011 and January 2012. A combination of social service agency workers, chamber of commerce members, and residents were recruited to ensure full representation from the Meriden and Wallingford communities.

The following five groups were identified as having members that could best speak to the basic and healthcare needs in the communities:

- Meriden Human Service Providers
- Wallingford Community Forum members
- United Way Agency Directors
- Meriden Chamber of Commerce members
- Quinnipiac Chamber of Commerce members

A MidState representative worked with the leader of each of these groups to schedule a focus group date and distribute recruitment letters to the group members. When time permitted, the MidState representative also attended a regularly scheduled group meeting and passed around a sign-up sheet to those members who might be interested in participating in the focus group. Focus groups were held at a location that was convenient for the group members, many times at the group's regular meeting venue. Refreshments were provided.

The MidState representative also worked with key individuals in the Meriden and Wallingford communities to recruit 6-10 residents for two additional focus groups with residents.
In Meriden, the Health & Human Services Department social worker talked with her colleagues to identify individuals who could speak to their basic and health care needs, or needs they were seeing among their family or friends. In Wallingford, the Executive Director of the YMCA and the Spanish Community of Wallingford were critical in helping to recruit residents.
The Meriden resident focus group was held at the Meriden Health Department.
The Wallingford resident focus group was held at the Spanish Community of Wallingford. Lunch was provided for both groups.

Although there were more focus group participants who were female than male, there was a diverse distribution of ages, races and education levels as seen in the following table.

Table 1. Participant Demographics

Gender	Number
Male	14
Female	39
Age	
25-34	8
34-45	16
46-65	26
65+	3
Race/Ethnicity	
White	40
Black	1
Hispanic	11
Multi-racial	1
Education	
High school diploma	12
Associate's degree	4
Bachelor's degree	16
Master's degree	19
Doctorate degree	2
Total participants=53	

The focus groups addressed the following topics with agency workers, chamber members and residents:

- Basic needs, such as housing, food, and transportation
- Healthcare related needs
- How these needs have changed in the last three years
- Social services currently being utilized in the community
- Community strengths
- Opportunities for improvement in the community

Commonly accepted qualitative research methods were utilized to analyze the results of the focus groups. Audio recordings of each focus group were electronically sent to an independent transcription company, and each transcript was reviewed and coded. Participant responses were categorized into themes so that dominant themes could be reviewed and noted accordingly. The themes were summarized to illustrate key points based on the frequency and richness of participants' comments.

Conclusion

The focus groups conducted for the 2012 Community Needs Assessment Project illustrate several key areas of opportunity for making improvements in the communities of Meriden and Wallingford. While these two communities have differences, they are also quite similar and share many of the same strengths. Social service agencies in both towns have a positive relationship and often collaborate to meet the needs of community members.

However, key findings from the seven focus groups show that the current state of the economy has led to significant needs among community residents. People in both communities are depending on more financial assistance for daily living and support from soup kitchens and food pantries. Adequate housing and transportation are also major deficits in both towns. From a healthcare perspective, healthcare services are unaffordable, and therefore, inaccessible. Primary care, dental care and mental health services were top needs.

Given the large scope and complexity of these issues, community engagement and collaboration are vital for making strides in addressing these problems. The recommendations previously proposed provide some concrete examples to begin the process of community improvement.

Statement of Confidentiality and Ownership

All of the analyses, findings and recommendations contained within this report are the exclusive property of MidState Medical Center and The United Way of Meriden & Wallingford.

As required by the Code of Ethics of the National Council on Public Polls and the United States Privacy Act of 1974, The Center for Research and Public Policy maintains the anonymity of respondents to surveys the firm conducts. No information will be released that might, in any way, reveal the identity of the respondent.

Moreover, no information regarding these findings will be released without the written consent of an authorized representative of MidState Medical Center or The United Way of Meriden & Wallingford.

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1 INTRODUCTION

The Center for Research & Public Policy (CRPP) is pleased to present the results of a Community Needs Assessment conducted among residents of Cheshire, Meriden and Wallingford.

The Community Health Assessment was designed to provide resident input on current health status and community needs.

The Community Needs Assessment included a comprehensive telephone survey.

Telephone interviews (604) were conducted among residents of Cheshire, Meriden and Wallingford.

This report summarizes information collected from residential surveys conducted on November 14 – 19, 2011.

The survey instrument employed in the Community Health Assessment included the following areas for investigation:

- Health Care Access;
- Physical Activity;
- Cardiovascular Disease;
- Tobacco Use;
- Alcohol Consumption;
- Substance Abuse;
- Women's Health;
- Prostate Cancer Screening;
- Colorectal Cancer Screening;
- Pre-Diabetes / Diabetes;
- Healthy Days;
- BMIs;
- Community Needs; and
- Demographics.

Section II of this report discusses the Methodology used in the study, while Section III includes Highlights derived from an analysis of the quantitative research. Section IV is a Summary of Findings for the residential telephone surveys - a narrative account of the data.

Section V is an Appendix to the report containing cross tabulation tables and the survey instrument.

2 METHODOLOGY

Residential Telephone Survey

Using a quantitative research design, CRPP completed 604 interviews among residents of Cheshire, Meriden and Wallingford, Connecticut.

All telephone interviews were conducted November 14 - 19, 2011. Residents were contacted between 5:00 p.m. and 9:00 p.m. weekdays and 10:00 a.m. and 4:00 p.m. on the weekend.

Survey input and approval was provided by MidState project directors.

Survey design at CRPP is a careful, deliberative process to ensure fair, objective and balanced surveys. Staff members, with years of survey design experience, edit out any bias. Further, all scales used by CRPP (either numeric, such as one through ten, or wording such as strongly agree, somewhat agree, somewhat disagree, or strongly agree) are evenly balanced. And, placement of questions is carefully accomplished so that order has minimal impact.

All population-based surveys conducted by CRPP are proportional to population contributions within states, towns, and known census tract, group blocks and blocks. This distribution ensures truly representative results without significant under or over representation of various geographic or demographic groups within a sampling frame.

CRPP utilized a "super random digit" sampling procedure, which derives a working telephone sample of both listed and unlisted telephone numbers. This method of sample selection eliminates any bias toward only-listed telephone numbers. Additionally, this process allows randomization of numbers which equalizes the probability of qualified respondents being included in the sampling frame. Cell phone respondents were included in the sampling process and represented 4.0% of the total sample.

Respondents qualified for the survey if they confirmed they were at least 18 years of age and were current residents of one of the qualifying communities.

Training of telephone researchers and pre-test of the survey instrument occurred on November 13, 2011.

All facets of the study were completed by CRPP's senior staff and researchers. These aspects include: survey design, pre-test, computer programming, fielding, coding, editing, data entry, verification, validation and logic checks, computer analysis, analysis, and report writing.

Completion rates are a critical aspect of any telephone survey research. Because one group of people might be easier to reach than another group, it is important that concentrated efforts are made to reach all groups to an equal degree. A high completion rate means that a high percentage of the respondents within the original sample were actually contacted, and the resulting sample is not biased toward one potential audience. CRPP maintained a **72%** completion rate on all calls made. And, a high completion rate, many times, indicates an interest in the topic.

Statistically, a sample of 604 surveys represents a margin for error of +/-4.0% at a 95% confidence level.

In theory, a sample of all Cheshire, Meriden and Wallingford residents will differ no more than +/-4.0% than if all region residents were contacted and included in the survey. That is, if random probability sampling procedures were reiterated over and over again, sample results may be expected to approximate the large population values within plus or minus 4.0% -- 95 out of 100 times.

Readers of this report should note that any survey is analogous to a snapshot in time and results are only reflective of the time period in which the survey was undertaken. Should concerted public relations or information campaigns be undertaken during or shortly after the fielding of the survey, the results contained herein may be expected to change and should be, therefore, carefully interpreted and extrapolated.

Furthermore, it is important to note that all surveys contain some component of "sampling error". Error that is attributable to systematic bias has been significantly reduced by utilizing strict random probability procedures. This sample was strictly random in that selection of each potential respondent was an independent event, based on known probabilities.

Each qualified household within Cheshire, Meriden and Wallingford had an equal chance for participating in the study. Statistical random error, however, can never be eliminated but may be significantly reduced by increasing sample size.

3 HIGHLIGHTS

ON HEALTH CARE ACCESS…

- **A large majority of residential respondents, 92.1%, indicated they have some form of health care coverage including health insurance, prepaid plans such as HMOs or government plans such as Medicare. However, 7.8% suggested they do not currently have any health care coverage. Extrapolated on the total population of Cheshire, Meriden and Wallingford – the number of those without insurance may be 10,393. Statewide 2010 BRFSS (CDC's Behavioral Risk Factor Surveillance Survey) results indicate 90.2% have coverage while 9.8% do not.**

- **While 88.9% indicated there was not a time over the past 12 months when they needed to see a doctor but could not because of cost, 10.9% suggested there was. Extrapolated on the total population, the number would be 14,523.**

ON PHYSICAL ACTIVITY…

- **A majority of respondents, 69.4% said they do moderate or vigorous physical activity in a usual week that causes small to large increases in breathing. Another 30.5% suggested they do not. Statewide 2010 BRFSS data show that 79.3% suggested they do any physical activities.**

- **When doing moderate or vigorous physical activity, respondents reported doing so for an average of 47.04 minutes.**

ON CARDIOVASCULAR DISEASE…

- **Researchers found that 3.6%, 3.0%, and 0.7% of respondents have been told they have had a heart attack, stroke, or both a heart attack and a stroke, respectively.**

- **Statewide 2010 BRFSS data show results of 3.1 and 1.7 for heart attack and a stroke, respectively.**

- **While 93.7% suggested they have not been told they have had angina, congestive heart failure or coronary heart disease, 5.3% said they have.**

ON TOBACCO USE…

- **The 2011 research found that 15.1% of all respondents are currently smoking everyday (11.1%) or some days (4.0%). Statewide 2010 BRFSS data show 13.2% of the adult respondents currently smoke.**

ON ALCOHOL CONSUMPTION…

- **Just over half of all respondents, 56.9% suggested they have had at least one drink of alcohol over the past 30 days.**

- **When respondents did drink, the average number of alcoholic drinks consumed was 3.01.**

ON SUBSTANCE ABUSE…

- **While 97.4% of all respondents indicated they have not used any illegal drugs or drugs prescribed to someone else over the last thirty days, 2.6% suggested they had. Extrapolated on the region's population, the total indicating illegal drug use is 3464 individuals.**

ON WOMEN'S HEALTH…

- **A majority of all women surveyed, 85.4%, reported they have had, at some point, a mammogram. Among women surveyed over 40 years of age, the percent is 95.3% while among those over 50 years of age the percent is 97.6%. Statewide 2010 BRFSS data show that 81.4% of Connecticut women over 40 years of age have had a mammogram, and 83.8% of those over 50 years of age have had a mammogram.**

- **95.7% of all women surveyed reported they have had a clinical breast exam.**

- **Another 97.0% of all women stated they have had a Pap test. Statewide 2010 BFRSS data show 85.6% of Connecticut women had a Pap test.**

ON PROSTATE SCREENING…

- **Males 39 years of age or older were asked if they have ever had a PSA test. Just over half, 57.3% suggested they had. Similarly, statewide 2010 BRFSS data show that 59.8% had a PSA test.**

- **Three quarters of all respondents, 76.3%, suggested they have had, at some point, a digital rectal exam. Another 22.4% had not and 0.4% were unsure.**

ON COLORECTAL CANCER SCREENING…

- **Three-quarters, 78.2%, of respondents 49 years of age or older suggested they have had a sigmoidoscopy or colonoscopy exam. Statewide 2010 BRFSS data show that 75.7% reported they have had one of the two exams.**

ON PRE-DIABETES / DIABETES…

- **Nearly two-thirds, 64.1%, of all respondents indicated they have had a test for high blood sugar or diabetes within the last three years. About one-third, 32.0%, suggested they had not and 3.8% were unsure.**

- **Twenty percent (20.5%) of all respondents said they have been told by a doctor, nurse or other health care professional that they have pre-diabetes, diabetes, diabetes during pregnancy or are borderline diabetes. Statewide 2010 BRFSS data show that 8.9% were told they had diabetes (7.3%), diabetes during pregnancy (0.8%), or were pre-diabetes / borderline (0.8%).**

ON HEALTH DAYS…

- **A large percentage, 47.7%, suggested that there were days over the last month when they felt sad, blue or depressed. On average, there were 7.43 days each month when this group had sad or depressed feelings.**

- **While 98.0% suggested there was not a time over the last year when they thought of taking their own life, 1.8% suggested there was. When extrapolated on the total region population, the number of individuals is approximately, 2398.**

ON BMIS…

- **CRPP calculated BMIs for each of the respondents who provided researchers both their weight and height. The following table presents the results. The district (Cheshire, Meriden and Wallingford) average was 28.55 – classified as "overweight". Statewide 2010 BRFSS data show 23.0% as obese, 37.8% as overweight and 39.4% either normal or underweight.**

BMI Calculations	Percent	BRFSS
Underweight: <18	2.8	---
Normal: 18.5 – 24.9	32.5	---
Underweight & Normal	---	39.4
Overweight: 25 – 29.9	33.5	37.8
Obese: 30.0 – 39.9	26.9	23.0
Extreme Obesity: 40.0+	4.3	---
Average District BMI	28.55	---

ON COMMUNITY NEEDS…

Researchers asked survey respondents to suggest if there were too few, too many or about the right amount of 28 different community programs and services. Community need is often viewed when large numbers of residents see too few of various services and programs.

As a strong indication of the current difficult economic conditions many face, eight of 13 top and second tier reported needs are economy related.

Top tier of community need was reported to be, in declining order:

- **Health insurance support;**
- **Domestic violence prevention and treatment;**
- **Free counseling on foreclosure, bankruptcy, taxes/finance, home buying, leases, contracts, and budgeting;**
- **Adult job training and placement and supports such as mentoring and life skills;**
- **Child abuse prevention and treatment programs;**
- **Drop-out prevention programs; and**
- **Bullying and violence prevention programs.**

Second tier community needs were reported to be:

- **Homeless programs and supports such as shelters, counseling and laundry;**
- **Obesity and fitness education;**
- **Affordable childcare for working parents;**
- **Affordable housing;**
- **Affordable housing for seniors; and**
- **Parenting programs.**

ON BRFSS COMPARISONS…

Comparisons to the Connecticut Department of Health's Behavioral Risk Factor Surveillance Survey show that the region (Cheshire, Meriden and Wallingford) does better than statewide results in the following areas:

- **Health insurance coverage;**
- **Mammograms (40 years of age or older);**
- **Mammograms (50 years of age or older);**
- **Pap tests;**
- **Colonoscopies.**

And, the region is behind the state survey statistics in the following areas:

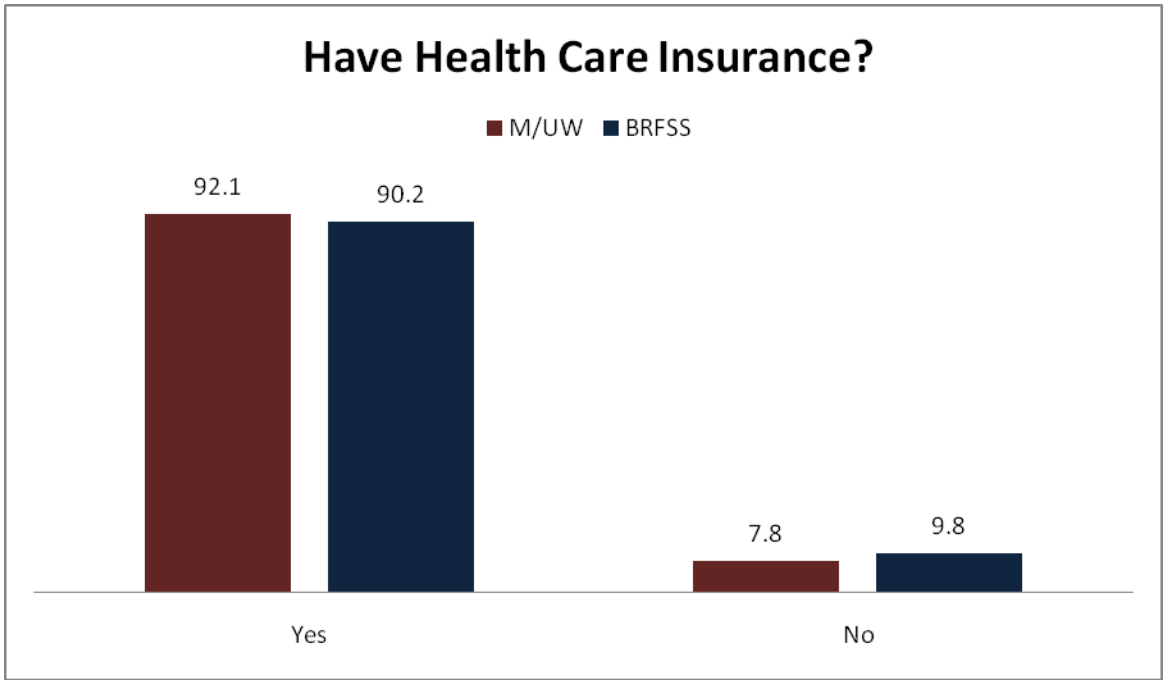
- **Smoking;**
- **Prostate screening;**
- **Physical activity;**
- **Diabetes;**
- **BMIs;**
- **Heart attacks;**
- **Stroke.**

4 SUMMARY OF FINDINGS

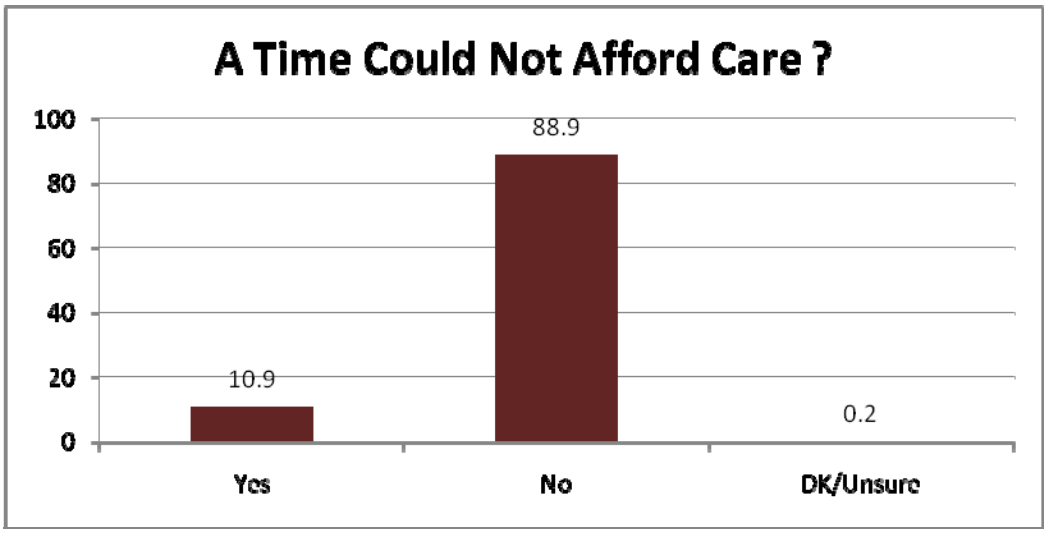
Readers are reminded that the following section summarizes statistics collected from the telephone survey of 604 residents within Cheshire, Meriden and Wallingford, CT. Wherever comparable data is available from the Connecticut Department of Public Health's Behavioral Risk Factor Surveillance Survey (BRFSS), tables and graphs depict these as well.

HEALTH CARE ACCESS

All respondents were asked if they had any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare. A majority, 92.1% indicated they do have coverage as presented in the following graph.

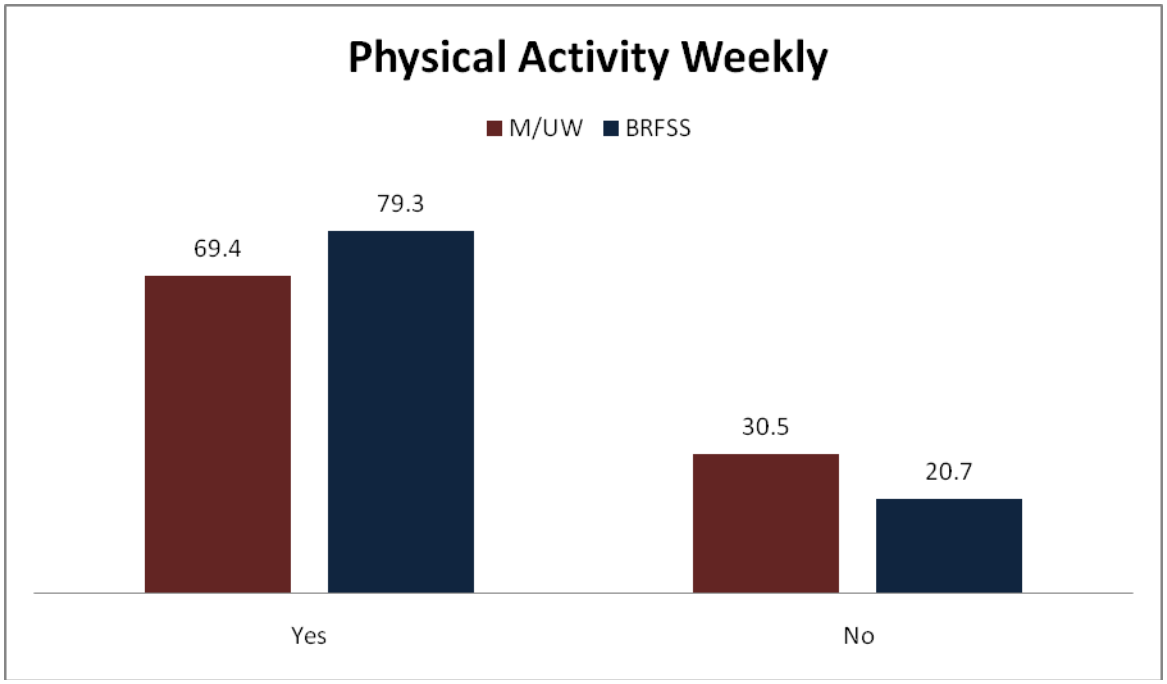


Researchers asked all respondents if there was a time, over the last 12 months, when they needed to see a doctor but could not because of the cost. While 88.9% suggested there was not, 10.9% said there was such a time. The following graph presents the results as collected.



PHYSICAL ACTIVITY

A majority of respondents, 69.4%, indicated that when they are not working, they do moderate or vigorous physical activity in a usual week that causes small increases in breathing and heart rate such as brisk walking, biking, vacuuming or yard work. Another 30.5% suggested they do not.



Respondents who do moderate and vigorous physical activity were asked how many minutes they keep at it when exercising. The following table presents the results. "Don't know" respondents were removed from the data.

How Long, In Minutes, You Exercise?	Moderate or Vigorous Physical Activity
<20 Minutes	12.5
20 - <30 Minutes	11.7
30 - <45 Minutes	32.1
45 - <60 Minutes	8.7
60 - <90 Minutes	19.4
90 Minutes or more	15.6

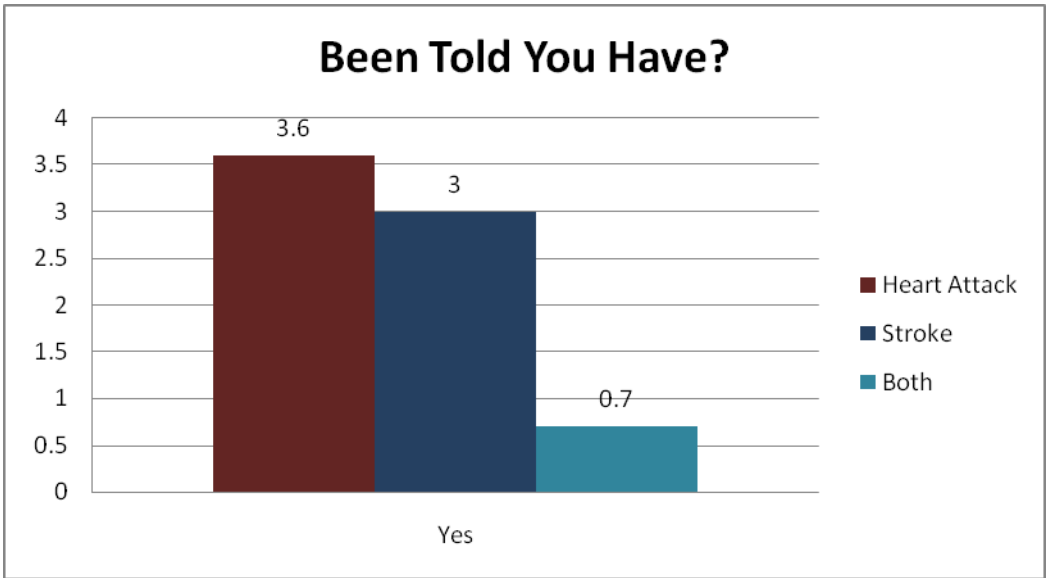
On average, respondents exercised (either moderate or vigorous) 47.04 minutes when participating in their respective physical activity.

CARDIOVASCULAR DISEASE

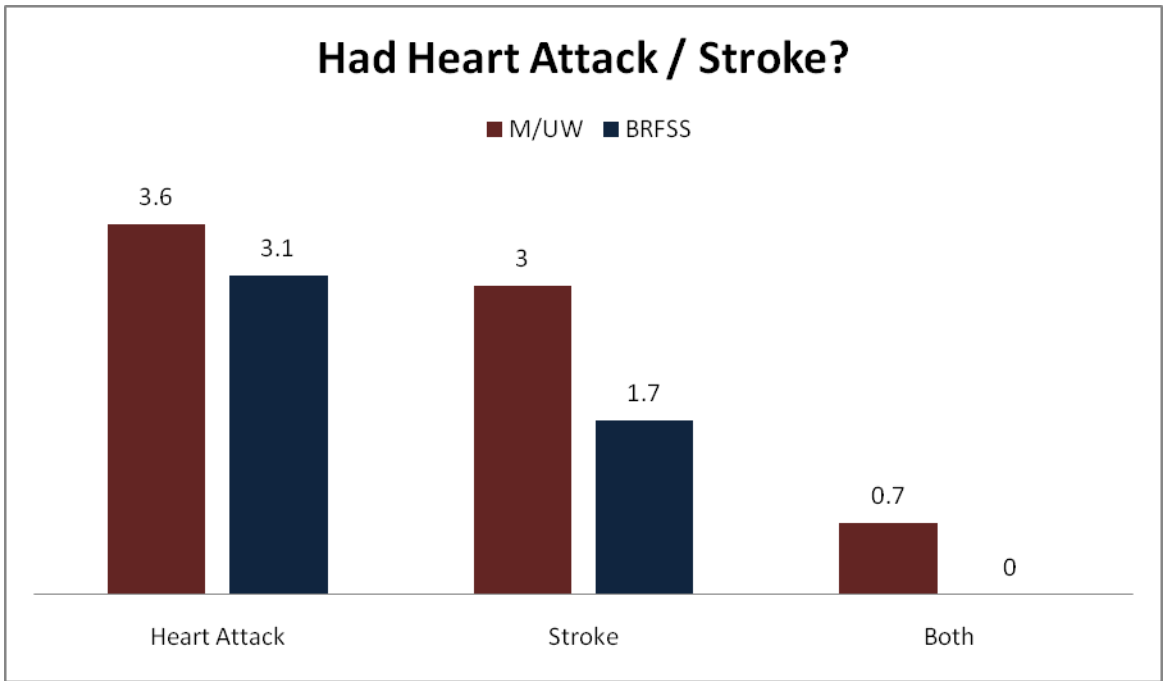
Respondents were asked if they had ever been told by a doctor, nurse or other health professional that they have had:

- A heart attack or myocardial infarction;
- A stroke;
- Both a heart attack and a stroke.

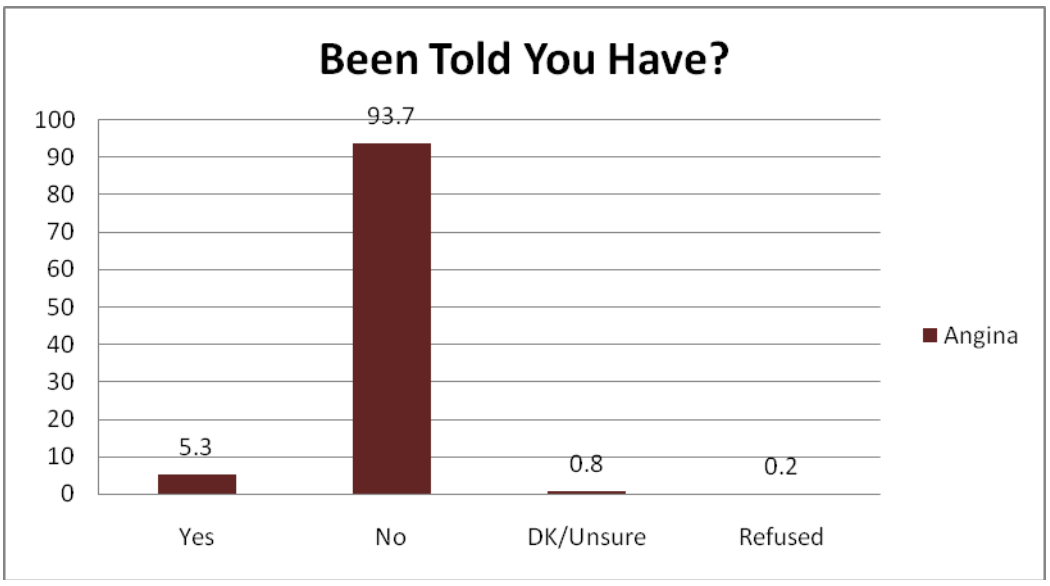
The following graph presents the results as collected.



The following graph presents regional results along with statewide BRFSS results.

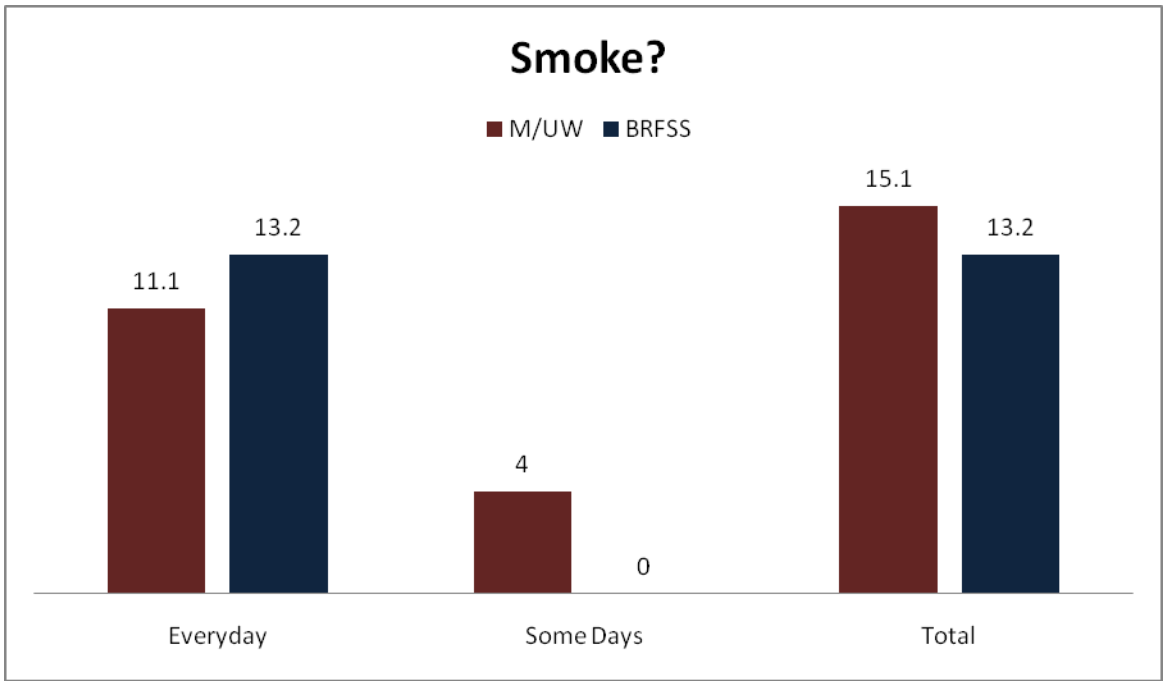


All respondents were asked if they had ever been told if they had angina, congestive heart failure or coronary heart disease. While 93.7% suggested they had not, 5.3% said they have. The following graph depicts the results as collected.



TOBACCO USE

Researchers asked respondents if they smoke cigarettes every day, some days, or not at all. While most, 84.9% indicated they do not smoke, another 15.1% suggested they smoked everyday (11.1%) or some days (4.0%).



ALCOHOL CONSUMPTION

All respondents were asked if they have had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor during the last 30 days.

Just over half, 56.9%, indicated they have had at least one drink over the last 30 days as presented in the following table. Another 40.7 did not drink over the last 30 days and some, 2.4% were unsure or refused.

Had a Drink of Alcohol Over 30 Days?	Percent
Yes	56.9
No	40.7
Don't Know / Unsure	1.2
Refused	1.2

Among those that did drink 56.9%, the following table presents the number of drinks respondents had at times when they did drink. On average, respondents drank 3.01 drinks.

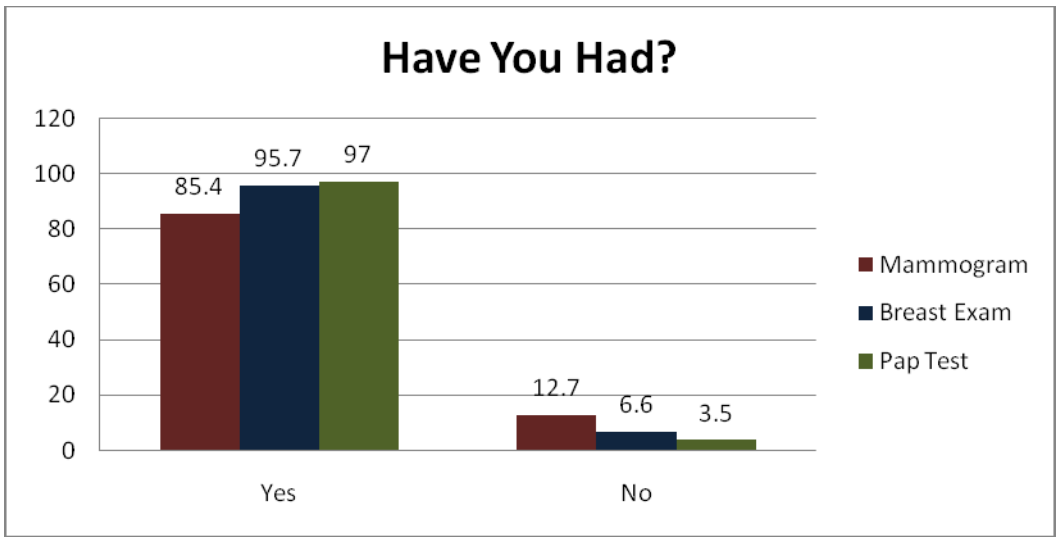
Number of Drinks	Percent
One	24.5
Two	16.6
Three	5.3
Four	3.6
Five	2.5
Six or more	4.1

SUBSTANCE ABUSE

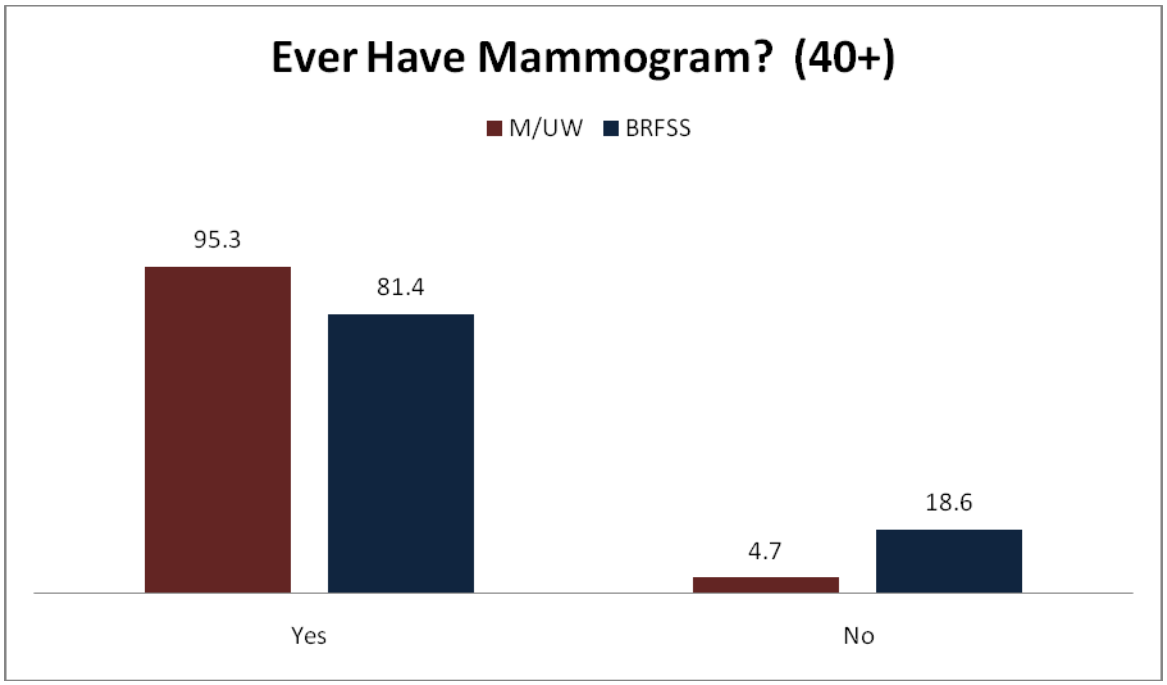
While 97.4% of all respondents suggested they did not use an illegal drugs or drugs prescribed to someone else over the last thirty days, 2.6% indicated they had.

WOMEN'S HEALTH

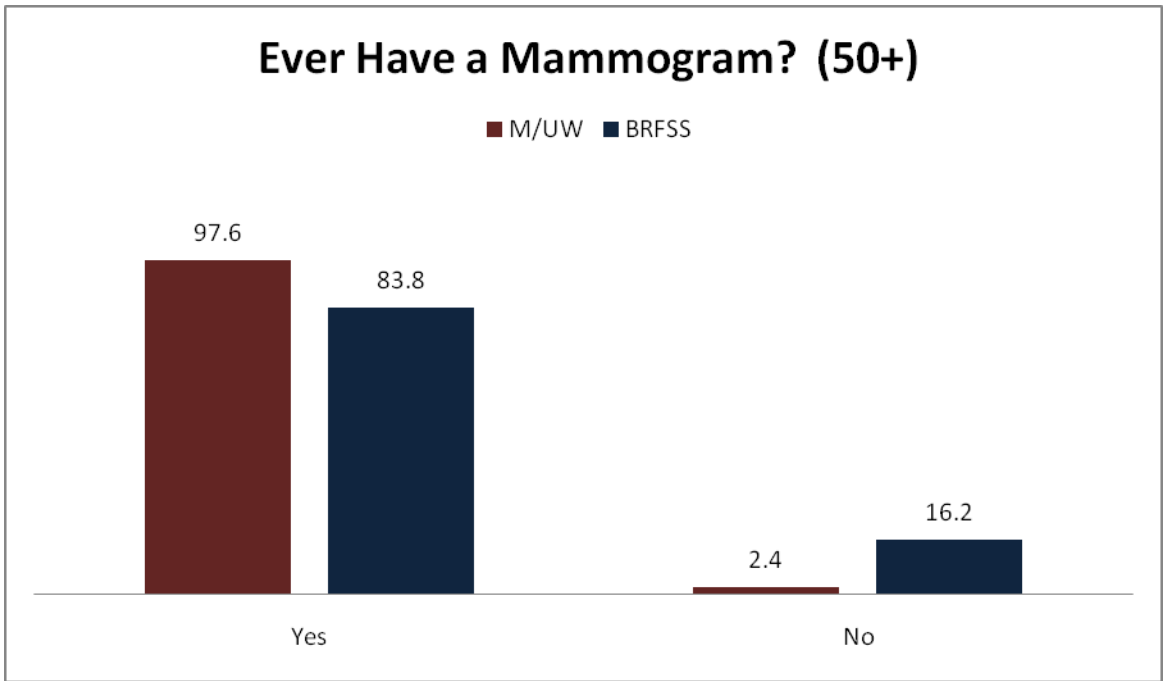
Female respondents were asked if they have ever had a mammogram, a clinical breast exam or a Pap test for cancer of the cervix. The following table presents the results collected.

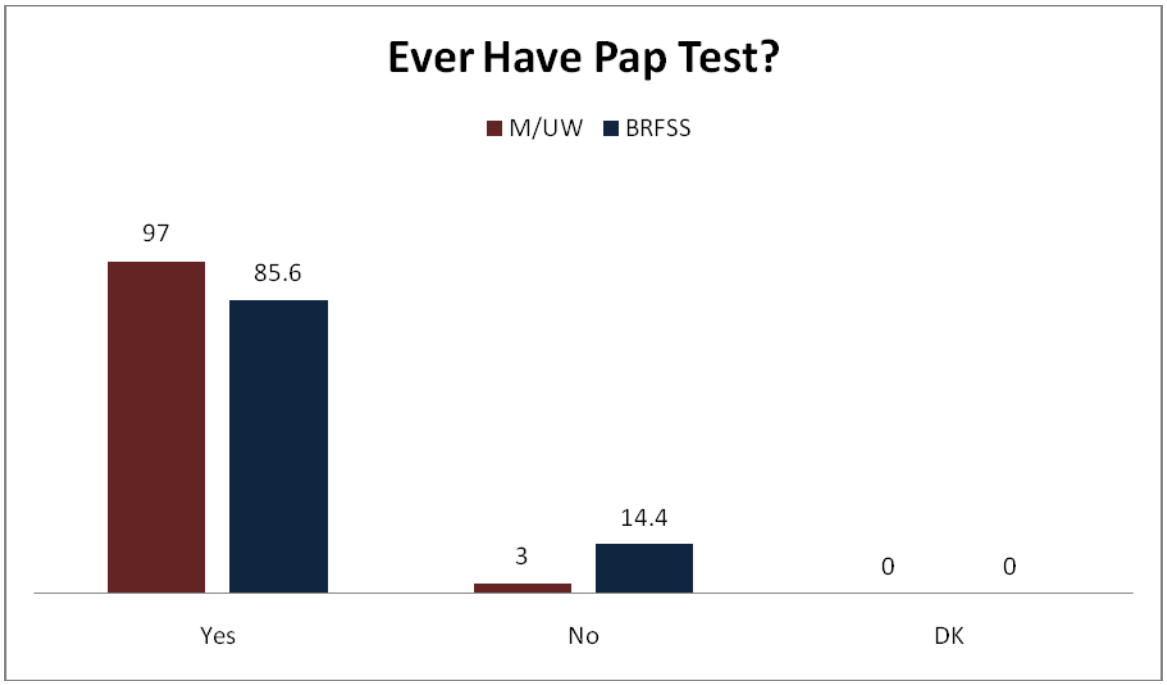


A larger majority of women over 40 years of age (95.3%) reported having had a mammogram.



And, 97.6% of women over 50 years of age reported having had a mammogram.



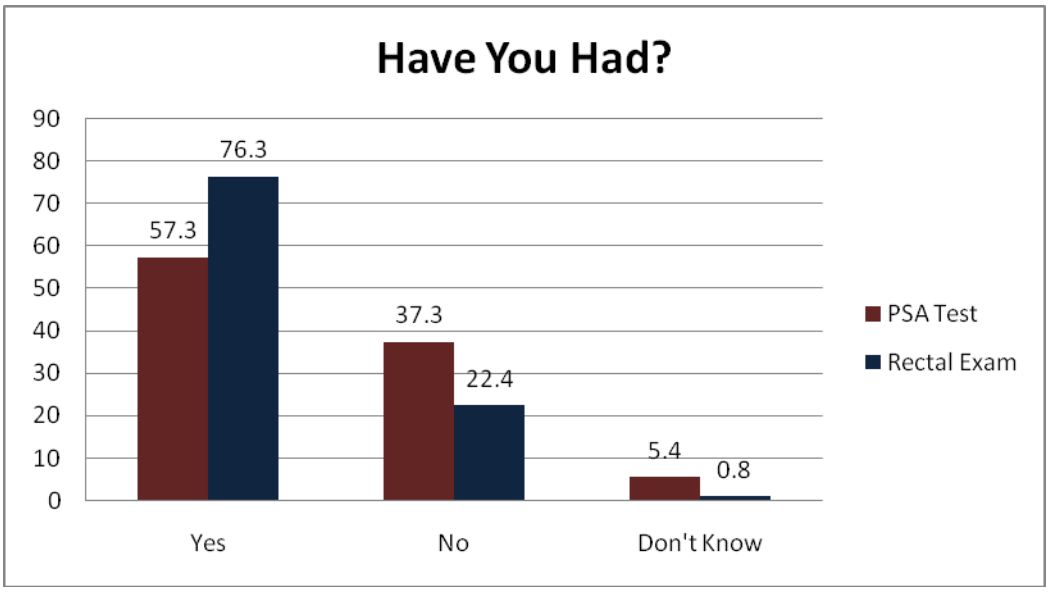


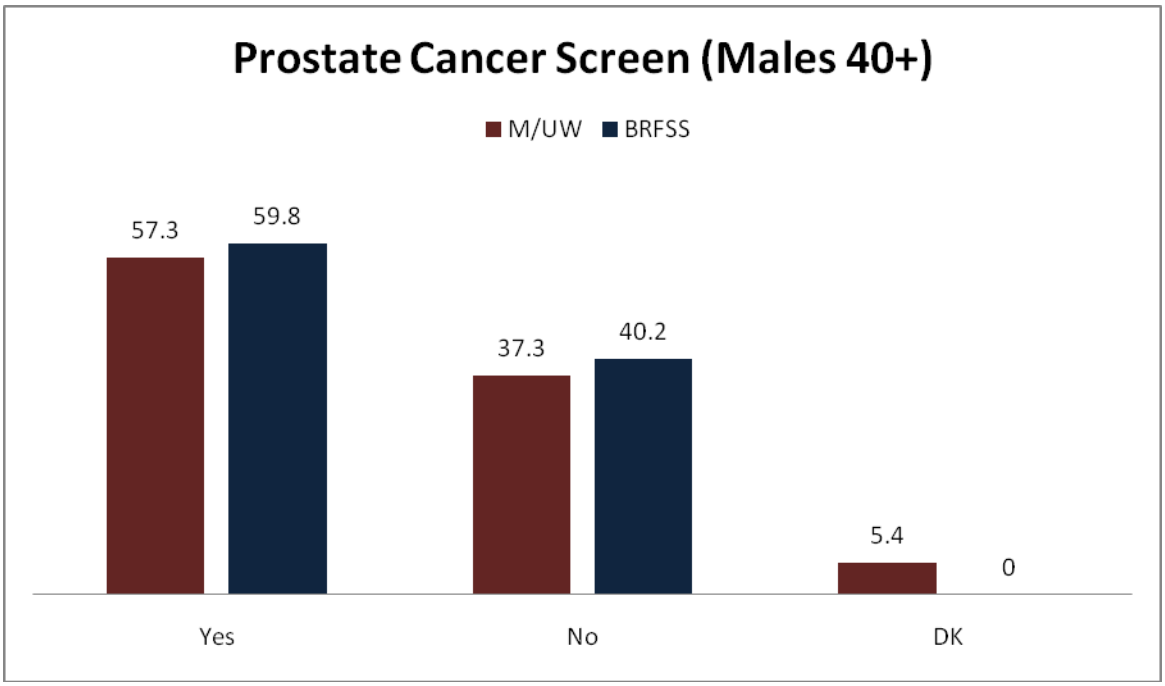
Female respondents who reported having a mammogram, a clinical breast exam or a Pap Test were asked to report how long it had been since the last exam/test. Results are held in the following table.

How Long Since Last ?	Mammogram	Clinical Breast Exam	Pap Test
Within past year	74.5	79.9	63.6
Within the past two years	12.4	10.9	14.6
Within the past three years	2.6	1.4	3.1
Within past five years	2.6	2.0	4.1
Five or more years	5.2	4.1	11.6
Not sure / Don't know	1.9	1.4	2.0

PROSTATE CANCER SCREENING

Males 39 years of age or older were asked if they have ever had a Prostate-Specific Antigen test (PSA test) or a digital rectal exam. The following graph presents the results.





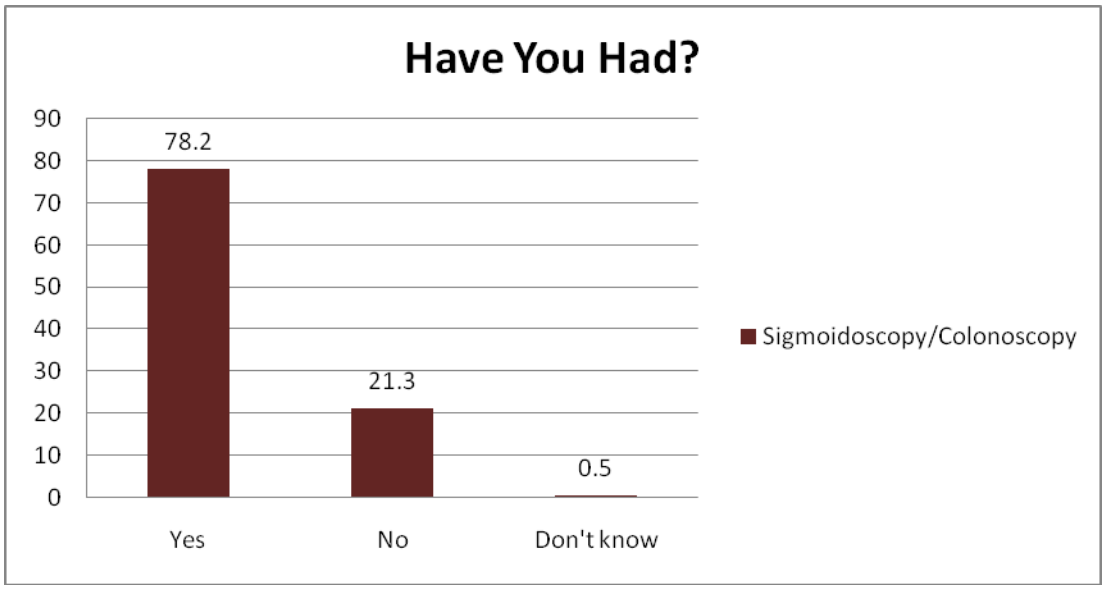
Males who reported having a PSA Test, or digital rectal exam, were asked how long it had been since the last test/exam. The following table holds the results.

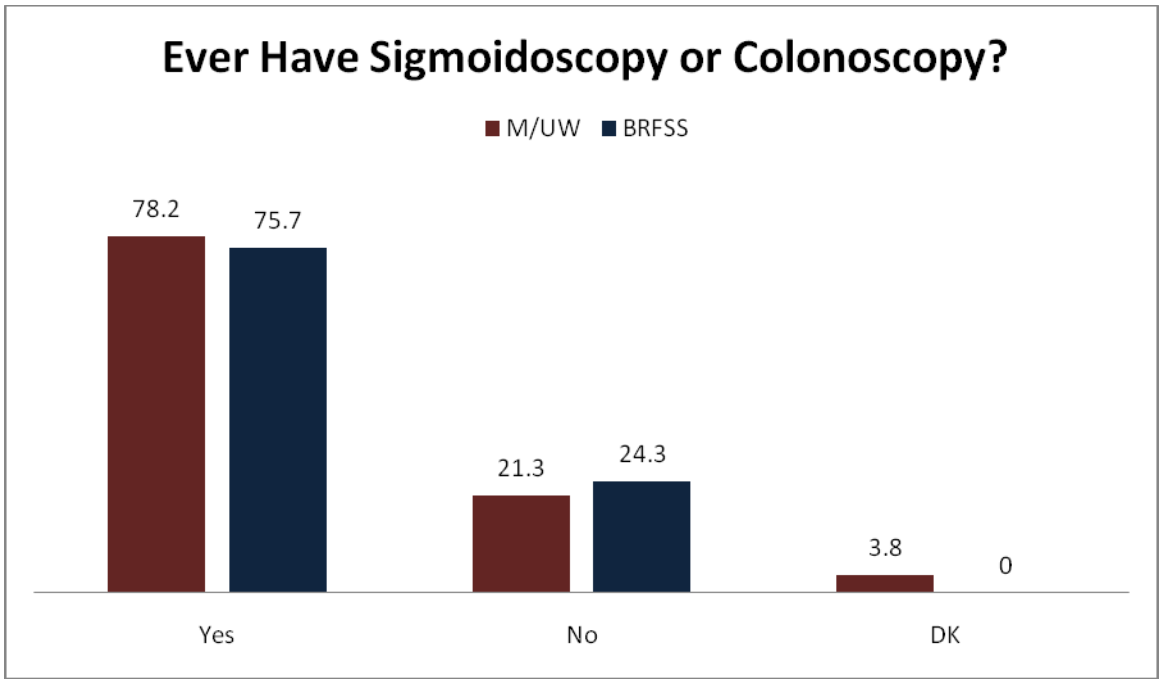
How Long Since Last Test/Exam?	PSA Test	Digital Rectal Exam
Within past year	47.7	60.3
Within the past two years	8.7	13.9
Within the past three years	3.2	6.7
Within past 5 years	2.3	5.2
Five or more years	9.2	8.2
Not sure / Don't know	24.3	5.2
Refused	4.6	0.5

COLORECTAL CANCER SCREENING

Respondents 49 years of age or older were asked about colorectal cancer screening.

Each respondent was asked if they had either a sigmoidoscopy or colonoscopy exam. Results are presented here.

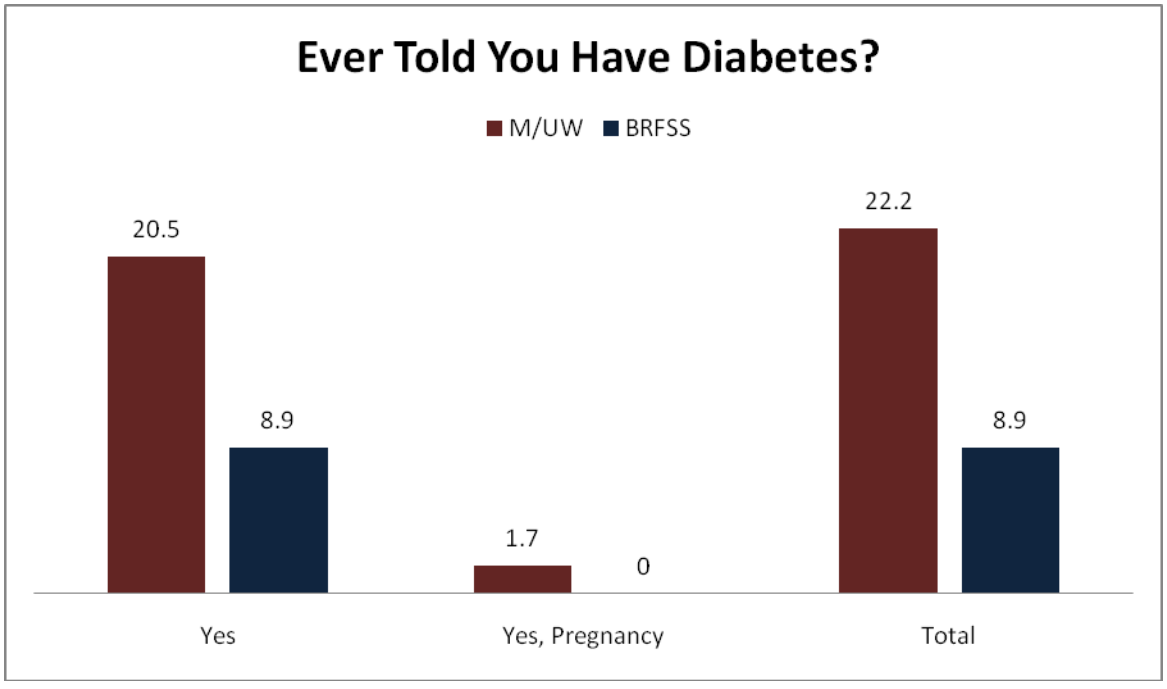




PRE-DIABETES /DIABETES

Among all respondents, 64.1% indicated they have had a test for high blood sugar or diabetes within the last three years. Another 32.0% have not, and 0.5% were unsure.

One-fifth of all respondents, 22.2%, indicated that they have been told by a doctor, nurse or other health professional that they have pre-diabetes, borderline diabetes or diabetes.



HEALTH DAYS

Nearly half of all respondents, 47.7%, suggested there were one or more days, during the last 30, that they felt sad, blue or depressed. On average, the number of days was 7.43.

The number of days that this group felt sad, blue or depressed is presented here.

Number of Days Over Last 30 Felt Sad, Blue, Depressed	Percent
1-7	64.4
8-15	15.8
16-20	3.3
21-30	16.3

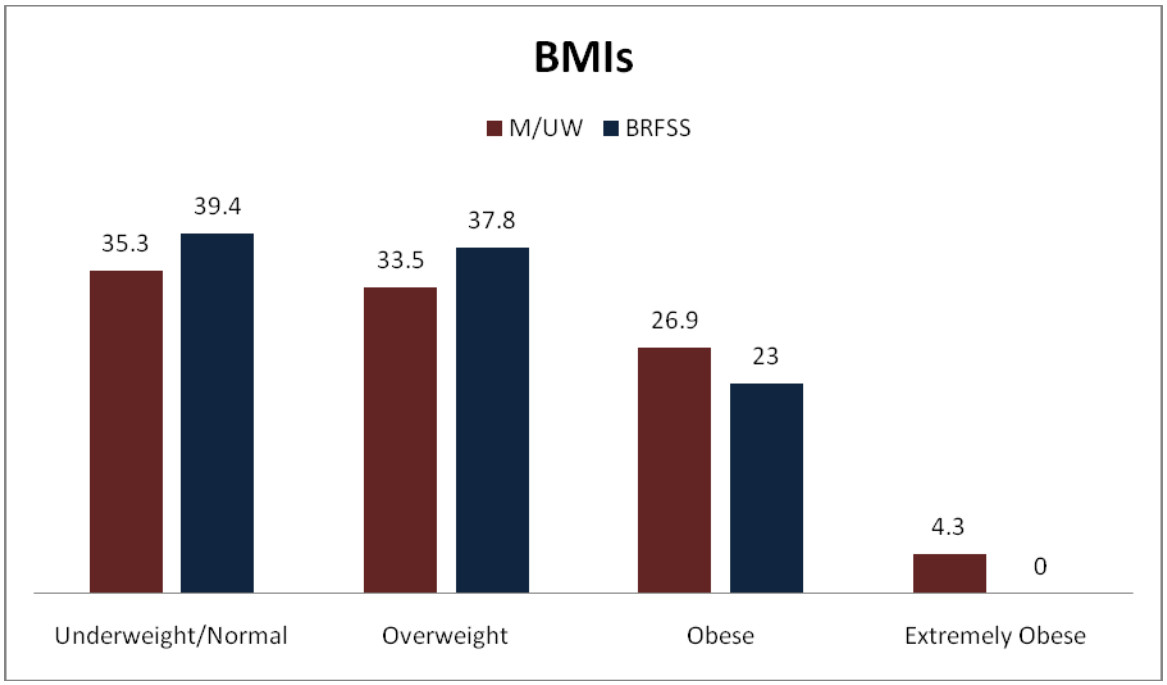
Among all respondents, 3.3%, suggested there has been a time in the past 12 months when they thought of taking their own lives.

BMI CALCULATIONS

CRPP calculated BMIs for all respondents who provided both height and weight. The average overall district average is 28.55 – an average that is considered "overweight".

The following table holds the percentages for each BMI category.

BMI Calculations	Percent	BRFSS
Underweight: <18	2.8	---
Normal: 18.5 – 24.9	32.5	---
Underweight & Normal	---	39.4
Overweight: 25 – 29.9	33.5	37.8
Obese: 30.0 – 39.9	26.9	23.0
Extreme Obesity: 40.0+	4.3	---
Average District BMI	28.55	---


BMIs
M/UW
BRFSS
35.3
39.4
33.5
37.8
26.9
23
4.3
0
Underweight/Normal
Overweight
Obese
Extremely Obese

COMMUNITY NEEDS

All respondents were read a number of community services. Each was asked if they believed there were too few, too many or about the right amount of each service or program in the community. The following table (by category) depicts the "too few" results – typically representing community need. Don't know respondents were removed from the data.

Transportation	**Too Few**
Public transportation availability	40.2
Employment	**Too Few**
Adult job training, placement and supports including mentoring, and life skills	58.8
Affordable childcare for working parents	53.7
Recreation	**Too Few**
Recreation programs for area residents(including sports	22.9
Education	**Too Few**
Drop-out prevention programs	58.0
Tutoring and mentoring for school age children	46.6
Out-of-school programming including before, after and vacations	34.7
Family and Community	**Too Few**
Domestic violence prevention and treatment programs	59.4
Free counseling on issues such as foreclosure, bankruptcy, taxes/finance, home buying, leases, contracts, personal budgeting and rental agreements	59.1
Child abuse prevention & treatment programs	58.7
Parenting programs	50.6
Food distribution centers or pantries	42.1
Crisis intervention hotlines	34.3
Housing	**Too Few**
Homeless programs and supports such as shelters, counseling & laundry	56.6
Affordable housing	53.6
Temporary financial support for heat and/or utilities	48.4
Children and Youth	**Too Few**
Bullying and violence prevention programs	58.0
Children & youth mental health services	49.6
Youth substance abuse prevention & services	48.5
Safe sex education and teen pregnancy prevention programs	47.4
Seniors	**Too Few**
Affordable housing for seniors	52.1
Health Care	**Too Few**
Health Insurance Support	63.9
Obesity and Fitness Education	55.4
Substance Abuse Prevention	48.1
Walk-in Centers or Urgent Care Clinics	26.0
Primary Care Physician	23.7
Dental Services / Dentists	21.5
Medical Specialists	20.3

The following presentation depicts overall need, across all without categories. Shading occurs where more than half of all respondents see a need. "Don't know" respondents were removed from the data.

Community Services / Programs	Too Few Percent
Health Insurance Support	63.9
Domestic violence prevention and treatment programs	59.4
Free counseling on issues such as foreclosure, bankruptcy, taxes/finance, home buying, leases, contracts, personal budgeting and rental agreements	59.1
Adult job training, placement and supports including mentoring, and life skills	58.8
Child abuse prevention & treatment programs	58.7
Drop-out prevention programs	58.0
Bullying and violence prevention programs	58.0
Homeless programs and supports such as shelters, counseling & laundry	56.6
Obesity and Fitness Education	55.4
Affordable childcare for working parents	53.7
Affordable housing	53.6
Affordable housing for seniors	52.1
Parenting programs	50.6
Children & youth mental health services	49.6
Youth substance abuse prevention & services	48.5
Temporary financial support for heat and/or utilities	48.4
Substance Abuse Prevention	48.1
Safe sex education and teen pregnancy prevention programs	47.4
Tutoring and mentoring for school age children	46.6
Food distribution centers or pantries	42.1
Public transportation availability	40.2
Out-of-school programming including before, after and vacations	34.7
Crisis intervention hotlines	34.3
Walk-in Centers or Urgent Care Clinics	26.0
Primary Care Physician	23.7
Recreation programs for area residents(including sports	22.9
Dental Services / Dentists	21.5
Medical Specialists	20.3

The following table presents all results, across all categories and includes "unsure or don't know" respondents.

Transportation	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Public transportation availability	34.1	49.3	1.3	15.2
Employment	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Adult job training, placement and supports including mentoring, and life skills	37.6	25.5	0.8	36.1
Affordable childcare for working parents	35.3	28.6	2.0	34.3
Recreation	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Recreation programs for area residents(including sports	20.4	65.6	2.8	11.3
Education	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Out-of-school programming including before, after and vacations	24.7	45.0	1.3	29.0
Tutoring and mentoring for school age children	29.8	33.3	0.8	36.1
Drop-out prevention programs	31.1	21.4	1.2	46.4
Family and Community	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure40.7/DK**
Child abuse prevention & treatment programs	34.8	23.7	0.8	40.7
Food distribution centers or pantries	34.9	47.0	1.0	17.1
Parenting programs	30.1	28.6	0.8	40.7
Domestic violence prevention and treatment programs	37.6	24.5	1.2	36.8
Crisis intervention hotlines	22.0	41.2	1.0	35.8
Free counseling on issues such as foreclosure, bankruptcy, taxes/finance, home buying, leases, contracts, personal budgeting and rental agreements	41.6	27.2	1.7	29.6
Housing	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Affordable housing	45.7	36.8	3.3	14.7
Homeless programs and supports such as shelters, counseling & laundry	45.2	33.1	1.5	20.2
Temporary financial support for heat and/or utilities	37.9	38.4	2.0	21.7

Children and Youth	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Safe sex education and teen pregnancy prevention programs	31.8	33.6	1.7	32.9
Bullying and violence prevention programs	42.2	29.0	1.7	27.2
Children & youth mental health services	32.8	32.0	1.3	33.9
Youth substance abuse prevention & services	35.9	36.4	1.7	26.0
Seniors	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/D17.4K**
Affordable housing for seniors	43.0	38.4	1.2	17.4
Health Care	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Obesity and Fitness Education	42.5	32.5	2.9	23.2
Health Insurance Support	47.5	25.8	1.0	25.7
Substance Abuse Prevention	35.1	36.4	1.5	27.0
Walk-in Centers or Urgent Care Clinics	23.8	65.2	2.6	8.3
Dental Services / Dentists	19.4	66.9	3.6	10.1
Primary Care Physician	22.2	69.5	2.0	0.3
Medical Specialists	18.0	64.4	6.5	11.1

DEMOGRAPHICS

Age	2011
Next Generation (18-25)	4.7
Generation X (26-40)	14.9
Boom Generation (41-60)	48.4
Seniors (60 +)	32.0

Education	2011
Never attended school / or Kindergarten	0.3
Grades 1 - 8	0.7
Grades 9 – 11	4.1
Grades 12 or GED	25.7
College 1 – 3 years	26.3
College 4 years or more	42.5
Refused	0.3

Hispanic, Latin American, Puerto Rican, Cuban or Mexican	2011
Yes	13.7
No	85.9
Unsure	0.2
RF	0.2

Ethnicity	2011
White	87.7
Black, African-American	4.3
Asian, Pacific Islander	1.0
Aleutian, Eskimo or American Indian	0.5
Other	5.1
Refused	1.0

Income	2011
Less than $25,000	15.1
$25,000 to under $40,000	10.6
$40,000 to under $60,000	12.6
$60,000 to under $100,000	22.7

$100,000 or more	22.4
Don't Know	4.0
RF	12.7

Gender	2011
Male	50.2
Female	49.8

5 Appendix

INTERPRETATION OF AGGREGATE RESULTS

The computer processed data for this survey is presented in the following frequency distributions. It is important to note that the wordings of the variable labels and value labels in the computer-processed data are largely abbreviated descriptions of the Questionnaire items and available response categories.

The frequency distributions include the category or response for the question items. Responses deemed not appropriate for classification have been grouped together under the "Other" code.

The "NA" category label refers to "No Answer" or "Not Applicable." This code is also used to classify ambiguous responses. In addition, the "DK/RF" category includes those respondents who did not know their answer to a question or declined to answer it. In many of the tables, a group of responses may be tagged as "Missing" – occasionally, certain individual's responses may not be required to specific questions and, thus, are excluded. Although when this category of response is used, the computations of percentages are presented in two (2) ways in the frequency distributions: 1) with their inclusion (as a proportion of the total sample), and 2) their exclusion (as a proportion of a sample sub-group).

Each frequency distribution includes the absolute observed occurrence of each response (i.e. the total number of cases in each category). Immediately adjacent to the right of the column of absolute frequencies is the column of relative frequencies. These are the percentages of cases falling in each category response, including those cases designated as missing data. To the right of the relative frequency column is the adjusted frequency distribution column that contains the relative frequencies based on the legitimate (i.e. non-missing) cases. That is, the total base for the adjusted frequency distribution excludes the missing data. For many Questionnaire items, the relative frequencies and the adjusted frequencies will be nearly the same. However, some items that elicit a sizable number of missing data will produce quite substantial percentage differences between the two columns of frequencies. The careful analyst will cautiously consider both distributions.

The last column of data within the frequency distribution is the cumulative frequency distribution (Cum Freq). This column is simply an adjusted frequency distribution of the sum of all previous categories of response and the current category of response. Its primary usefulness is to gauge some ordered or ranked meaning.

Statement of Confidentiality and Ownership

All of the analyses, findings and recommendations contained within this report are the exclusive property of MidState Medical Center and The United Way of Meriden & Wallingford.

As required by the Code of Ethics of the National Council on Public Polls and the United States Privacy Act of 1974, The Center for Research and Public Policy maintains the anonymity of respondents to surveys the firm conducts. No information will be released that might, in any way, reveal the identity of the respondent.

Moreover, no information regarding these findings will be released without the written consent of an authorized representative of MidState Medical Center or The United Way of Meriden & Wallingford.

TABLE OF CONTENTS

1 INTRODUCTION

The Center for Research & Public Policy (CRPP) is pleased to present the results of a Community Needs Assessment conducted among residents of Cheshire, Meriden and Wallingford.

The Community Health Assessment was designed to provide resident input on current health status and community needs.

The Community Needs Assessment included a comprehensive telephone survey.

Telephone interviews (604) were conducted among residents of Cheshire, Meriden and Wallingford.

This report summarizes information collected from residential surveys conducted on November 14 – 19, 2011.

The survey instrument employed in the Community Health Assessment included the following areas for investigation:

- Health Care Access;
- Physical Activity;
- Cardiovascular Disease;
- Tobacco Use;
- Alcohol Consumption;
- Substance Abuse;
- Women's Health;
- Prostate Cancer Screening;
- Colorectal Cancer Screening;
- Pre-Diabetes / Diabetes;
- Healthy Days;
- BMIs;
- Community Needs; and
- Demographics.

Section II of this report discusses the Methodology used in the study, while Section III includes Highlights derived from an analysis of the quantitative research. Section IV is a Summary of Findings for the residential telephone surveys - a narrative account of the data.

Section V is an Appendix to the report containing cross tabulation tables and the survey instrument.

2 METHODOLOGY

Residential Telephone Survey

Using a quantitative research design, CRPP completed 604 interviews among residents of Cheshire, Meriden and Wallingford, Connecticut.

All telephone interviews were conducted November 14 - 19, 2011. Residents were contacted between 5:00 p.m. and 9:00 p.m. weekdays and 10:00 a.m. and 4:00 p.m. on the weekend.

Survey input and approval was provided by MidState project directors.

Survey design at CRPP is a careful, deliberative process to ensure fair, objective and balanced surveys. Staff members, with years of survey design experience, edit out any bias. Further, all scales used by CRPP (either numeric, such as one through ten, or wording such as strongly agree, somewhat agree, somewhat disagree, or strongly agree) are evenly balanced. And, placement of questions is carefully accomplished so that order has minimal impact.

All population-based surveys conducted by CRPP are proportional to population contributions within states, towns, and known census tract, group blocks and blocks. This distribution ensures truly representative results without significant under or over representation of various geographic or demographic groups within a sampling frame.

CRPP utilized a "super random digit" sampling procedure, which derives a working telephone sample of both listed and unlisted telephone numbers. This method of sample selection eliminates any bias toward only-listed telephone numbers. Additionally, this process allows randomization of numbers which equalizes the probability of qualified respondents being included in the sampling frame. Cell phone respondents were included in the sampling process and represented 4.0% of the total sample.

Respondents qualified for the survey if they confirmed they were at least 18 years of age and were current residents of one of the qualifying communities.

Training of telephone researchers and pre-test of the survey instrument occurred on November 13, 2011.

All facets of the study were completed by CRPP's senior staff and researchers. These aspects include: survey design, pre-test, computer programming, fielding, coding, editing, data entry, verification, validation and logic checks, computer analysis, analysis, and report writing.

Completion rates are a critical aspect of any telephone survey research. Because one group of people might be easier to reach than another group, it is important that concentrated efforts are made to reach all groups to an equal degree. A high completion rate means that a high percentage of the respondents within the original sample were actually contacted, and the resulting sample is not biased toward one potential audience. CRPP maintained a **72%** completion rate on all calls made. And, a high completion rate, many times, indicates an interest in the topic.

Statistically, a sample of 604 surveys represents a margin for error of +/-4.0% at a 95% confidence level.

In theory, a sample of all Cheshire, Meriden and Wallingford residents will differ no more than +/-4.0% than if all region residents were contacted and included in the survey. That is, if random probability sampling procedures were reiterated over and over again, sample results may be expected to approximate the large population values within plus or minus 4.0% -- 95 out of 100 times.

Readers of this report should note that any survey is analogous to a snapshot in time and results are only reflective of the time period in which the survey was undertaken. Should concerted public relations or information campaigns be undertaken during or shortly after the fielding of the survey, the results contained herein may be expected to change and should be, therefore, carefully interpreted and extrapolated.

Furthermore, it is important to note that all surveys contain some component of "sampling error". Error that is attributable to systematic bias has been significantly reduced by utilizing strict random probability procedures. This sample was strictly random in that selection of each potential respondent was an independent event, based on known probabilities.

Each qualified household within Cheshire, Meriden and Wallingford had an equal chance for participating in the study. Statistical random error, however, can never be eliminated but may be significantly reduced by increasing sample size.

3 HIGHLIGHTS

ON HEALTH CARE ACCESS…

- **A large majority of residential respondents, 92.1%, indicated they have some form of health care coverage including health insurance, prepaid plans such as HMOs or government plans such as Medicare. However, 7.8% suggested they do not currently have any health care coverage. Extrapolated on the total population of Cheshire, Meriden and Wallingford – the number of those without insurance may be 10,393. Statewide 2010 BRFSS (CDC's Behavioral Risk Factor Surveillance Survey) results indicate 90.2% have coverage while 9.8% do not.**

- **While 88.9% indicated there was not a time over the past 12 months when they needed to see a doctor but could not because of cost, 10.9% suggested there was. Extrapolated on the total population, the number would be 14,523.**

ON PHYSICAL ACTIVITY…

- **A majority of respondents, 69.4% said they do moderate or vigorous physical activity in a usual week that causes small to large increases in breathing. Another 30.5% suggested they do not. Statewide 2010 BRFSS data show that 79.3% suggested they do any physical activities.**

- **When doing moderate or vigorous physical activity, respondents reported doing so for an average of 47.04 minutes.**

ON CARDIOVASCULAR DISEASE…

- **Researchers found that 3.6%, 3.0%, and 0.7% of respondents have been told they have had a heart attack, stroke, or both a heart attack and a stroke, respectively.**

- **Statewide 2010 BRFSS data show results of 3.1 and 1.7 for heart attack and a stroke, respectively.**

- **While 93.7% suggested they have not been told they have had angina, congestive heart failure or coronary heart disease, 5.3% said they have.**

ON TOBACCO USE…

- **The 2011 research found that 15.1% of all respondents are currently smoking everyday (11.1%) or some days (4.0%). Statewide 2010 BRFSS data show 13.2% of the adult respondents currently smoke.**

ON ALCOHOL CONSUMPTION…

- **Just over half of all respondents, 56.9% suggested they have had at least one drink of alcohol over the past 30 days.**

- **When respondents did drink, the average number of alcoholic drinks consumed was 3.01.**

ON SUBSTANCE ABUSE…

- **While 97.4% of all respondents indicated they have not used any illegal drugs or drugs prescribed to someone else over the last thirty days, 2.6% suggested they had. Extrapolated on the region's population, the total indicating illegal drug use is 3464 individuals.**

ON WOMEN'S HEALTH…

- **A majority of all women surveyed, 85.4%, reported they have had, at some point, a mammogram. Among women surveyed over 40 years of age, the percent is 95.3% while among those over 50 years of age the percent is 97.6%. Statewide 2010 BRFSS data show that 81.4% of Connecticut women over 40 years of age have had a mammogram, and 83.8% of those over 50 years of age have had a mammogram.**

- **95.7% of all women surveyed reported they have had a clinical breast exam.**

- **Another 97.0% of all women stated they have had a Pap test. Statewide 2010 BFRSS data show 85.6% of Connecticut women had a Pap test.**

ON PROSTATE SCREENING…

- **Males 39 years of age or older were asked if they have ever had a PSA test. Just over half, 57.3% suggested they had. Similarly, statewide 2010 BRFSS data show that 59.8% had a PSA test.**

- **Three quarters of all respondents, 76.3%, suggested they have had, at some point, a digital rectal exam. Another 22.4% had not and 0.4% were unsure.**

ON COLORECTAL CANCER SCREENING…

- **Three-quarters, 78.2%, of respondents 49 years of age or older suggested they have had a sigmoidoscopy or colonoscopy exam. Statewide 2010 BRFSS data show that 75.7% reported they have had one of the two exams.**

ON PRE-DIABETES / DIABETES…

- **Nearly two-thirds, 64.1%, of all respondents indicated they have had a test for high blood sugar or diabetes within the last three years. About one-third, 32.0%, suggested they had not and 3.8% were unsure.**

- **Twenty percent (20.5%) of all respondents said they have been told by a doctor, nurse or other health care professional that they have pre-diabetes, diabetes, diabetes during pregnancy or are borderline diabetes. Statewide 2010 BRFSS data show that 8.9% were told they had diabetes (7.3%), diabetes during pregnancy (0.8%), or were pre-diabetes / borderline (0.8%).**

ON HEALTH DAYS…

- **A large percentage, 47.7%, suggested that there were days over the last month when they felt sad, blue or depressed. On average, there were 7.43 days each month when this group had sad or depressed feelings.**

- **While 98.0% suggested there was not a time over the last year when they thought of taking their own life, 1.8% suggested there was. When extrapolated on the total region population, the number of individuals is approximately, 2398.**

ON BMIS…

- **CRPP calculated BMIs for each of the respondents who provided researchers both their weight and height. The following table presents the results. The district (Cheshire, Meriden and Wallingford) average was 28.55 – classified as "overweight". Statewide 2010 BRFSS data show 23.0% as obese, 37.8% as overweight and 39.4% either normal or underweight.**

BMI Calculations	Percent	BRFSS
Underweight: <18	2.8	---
Normal: 18.5 – 24.9	32.5	---
Underweight & Normal	---	39.4
Overweight: 25 – 29.9	33.5	37.8
Obese: 30.0 – 39.9	26.9	23.0
Extreme Obesity: 40.0+	4.3	---
Average District BMI	28.55	---

ON COMMUNITY NEEDS…

Researchers asked survey respondents to suggest if there were too few, too many or about the right amount of 28 different community programs and services. Community need is often viewed when large numbers of residents see too few of various services and programs.

As a strong indication of the current difficult economic conditions many face, eight of 13 top and second tier reported needs are economy related.

Top tier of community need was reported to be, in declining order:

- **Health insurance support;**
- **Domestic violence prevention and treatment;**
- **Free counseling on foreclosure, bankruptcy, taxes/finance, home buying, leases, contracts, and budgeting;**
- **Adult job training and placement and supports such as mentoring and life skills;**
- **Child abuse prevention and treatment programs;**
- **Drop-out prevention programs; and**
- **Bullying and violence prevention programs.**

Second tier community needs were reported to be:

- **Homeless programs and supports such as shelters, counseling and laundry;**
- **Obesity and fitness education;**
- **Affordable childcare for working parents;**
- **Affordable housing;**
- **Affordable housing for seniors; and**
- **Parenting programs.**

ON BRFSS COMPARISONS…

Comparisons to the Connecticut Department of Health's Behavioral Risk Factor Surveillance Survey show that the region (Cheshire, Meriden and Wallingford) does better than statewide results in the following areas:

- **Health insurance coverage;**
- **Mammograms (40 years of age or older);**
- **Mammograms (50 years of age or older);**
- **Pap tests;**
- **Colonoscopies.**

And, the region is behind the state survey statistics in the following areas:

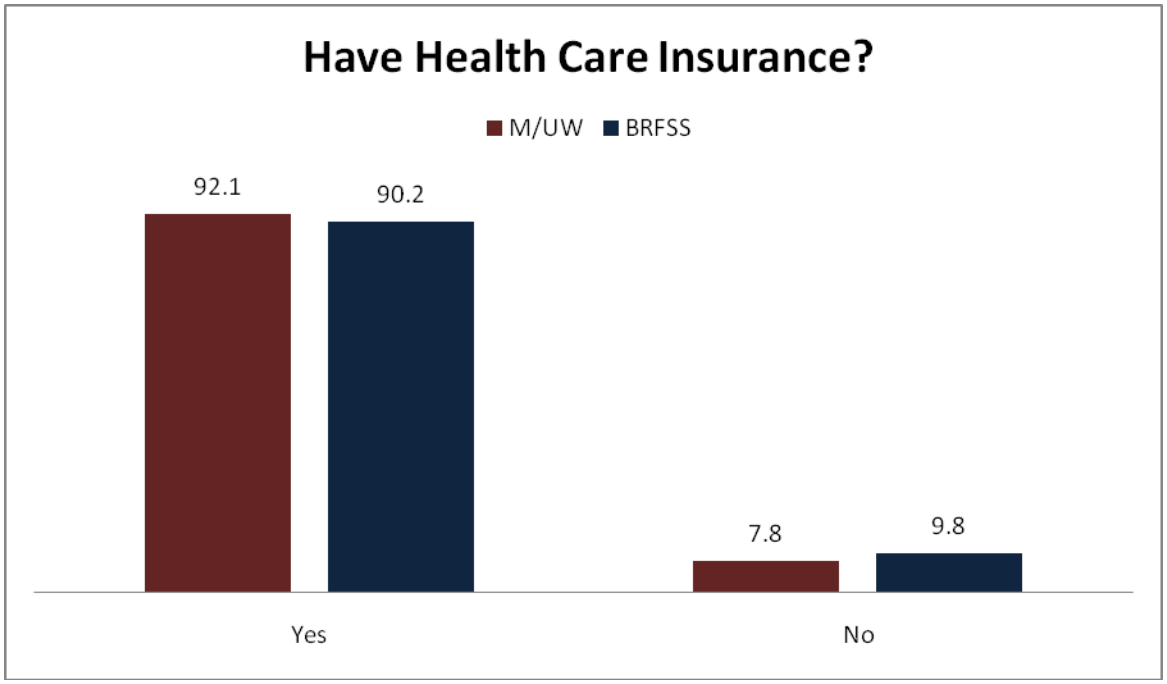
- **Smoking;**
- **Prostate screening;**
- **Physical activity;**
- **Diabetes;**
- **BMIs;**
- **Heart attacks;**
- **Stroke.**

4 SUMMARY OF FINDINGS

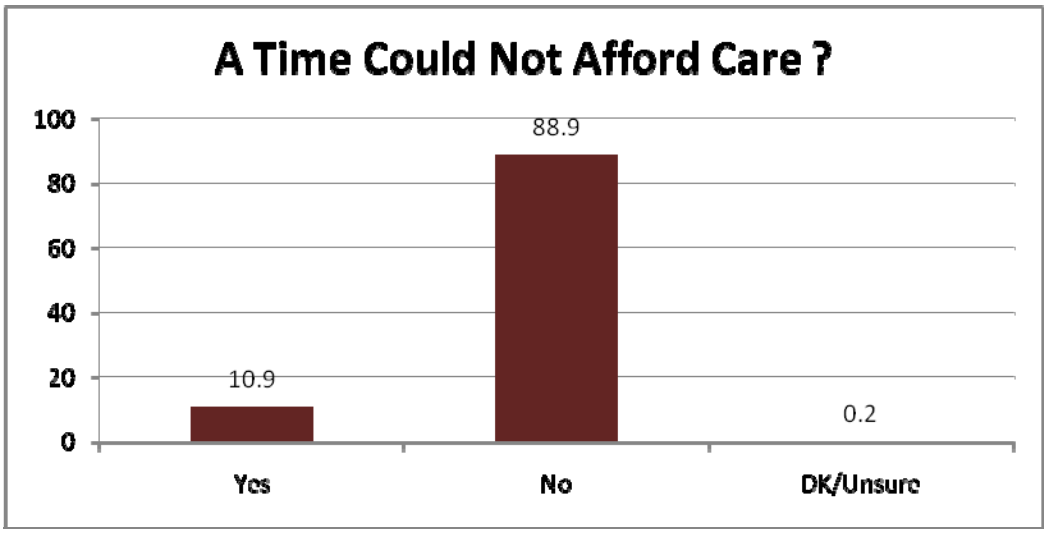
Readers are reminded that the following section summarizes statistics collected from the telephone survey of 604 residents within Cheshire, Meriden and Wallingford, CT. Wherever comparable data is available from the Connecticut Department of Public Health's Behavioral Risk Factor Surveillance Survey (BRFSS), tables and graphs depict these as well.

HEALTH CARE ACCESS

All respondents were asked if they had any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare. A majority, 92.1% indicated they do have coverage as presented in the following graph.

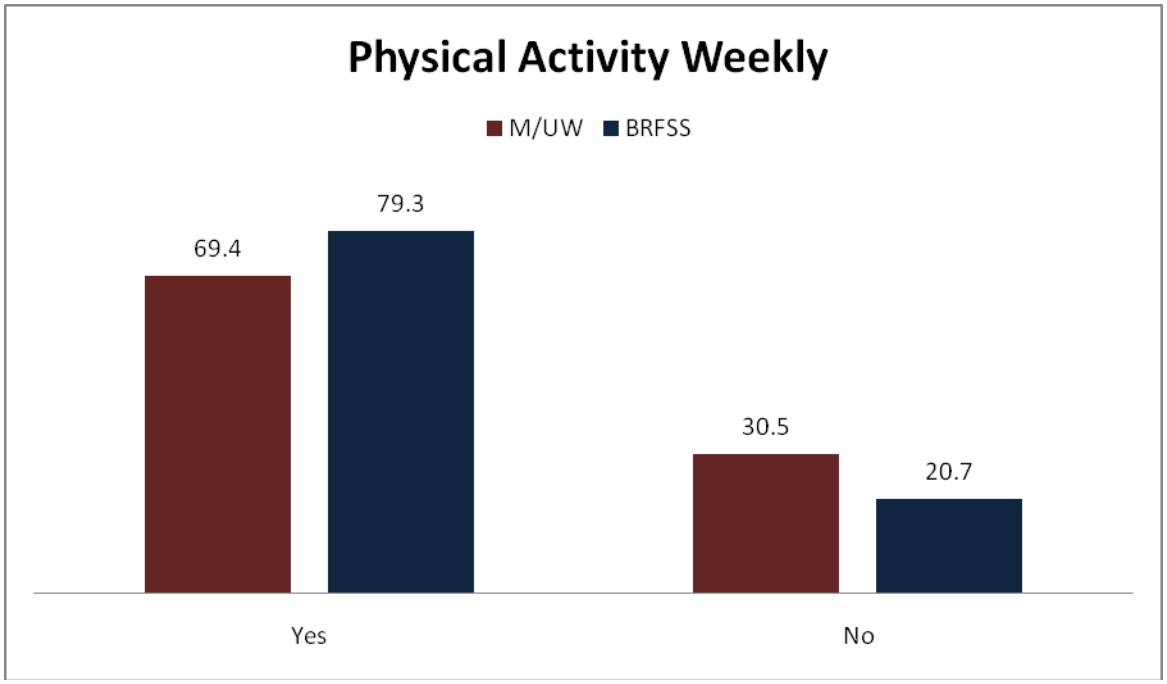


Researchers asked all respondents if there was a time, over the last 12 months, when they needed to see a doctor but could not because of the cost. While 88.9% suggested there was not, 10.9% said there was such a time. The following graph presents the results as collected.



PHYSICAL ACTIVITY

A majority of respondents, 69.4%, indicated that when they are not working, they do moderate or vigorous physical activity in a usual week that causes small increases in breathing and heart rate such as brisk walking, biking, vacuuming or yard work. Another 30.5% suggested they do not.



Respondents who do moderate and vigorous physical activity were asked how many minutes they keep at it when exercising. The following table presents the results. "Don't know" respondents were removed from the data.

How Long, In Minutes, You Exercise?	Moderate or Vigorous Physical Activity
<20 Minutes	12.5
20 - <30 Minutes	11.7
30 - <45 Minutes	32.1
45 - <60 Minutes	8.7
60 - <90 Minutes	19.4
90 Minutes or more	15.6

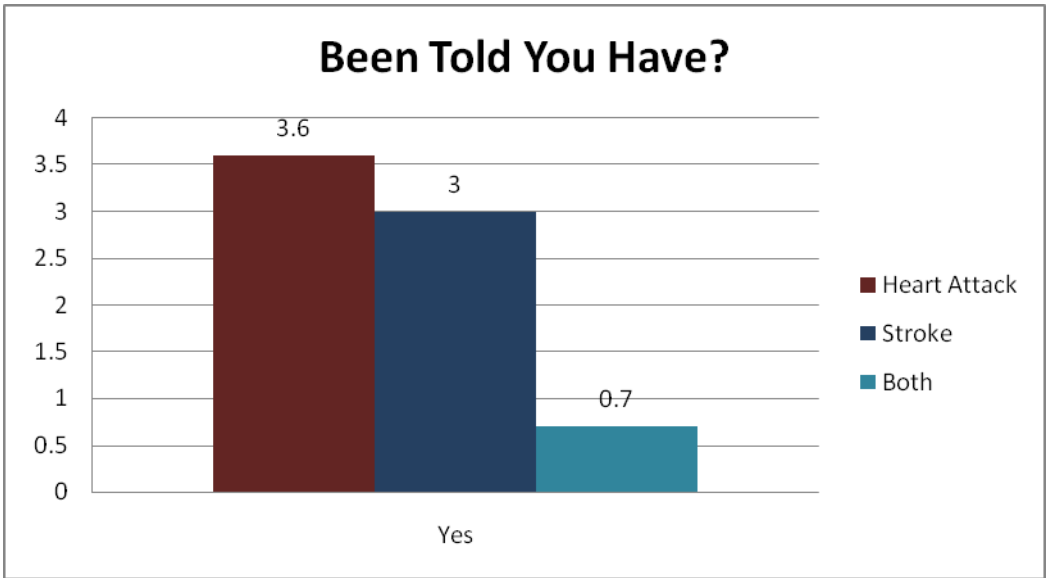
On average, respondents exercised (either moderate or vigorous) 47.04 minutes when participating in their respective physical activity.

CARDIOVASCULAR DISEASE

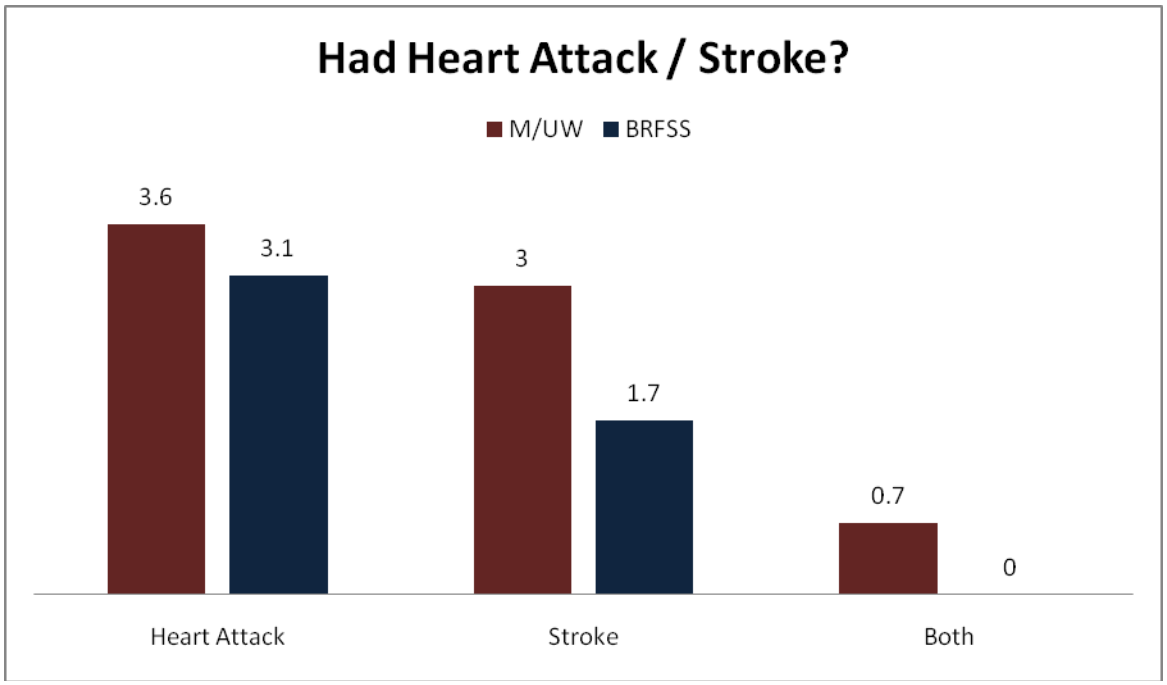
Respondents were asked if they had ever been told by a doctor, nurse or other health professional that they have had:

- A heart attack or myocardial infarction;
- A stroke;
- Both a heart attack and a stroke.

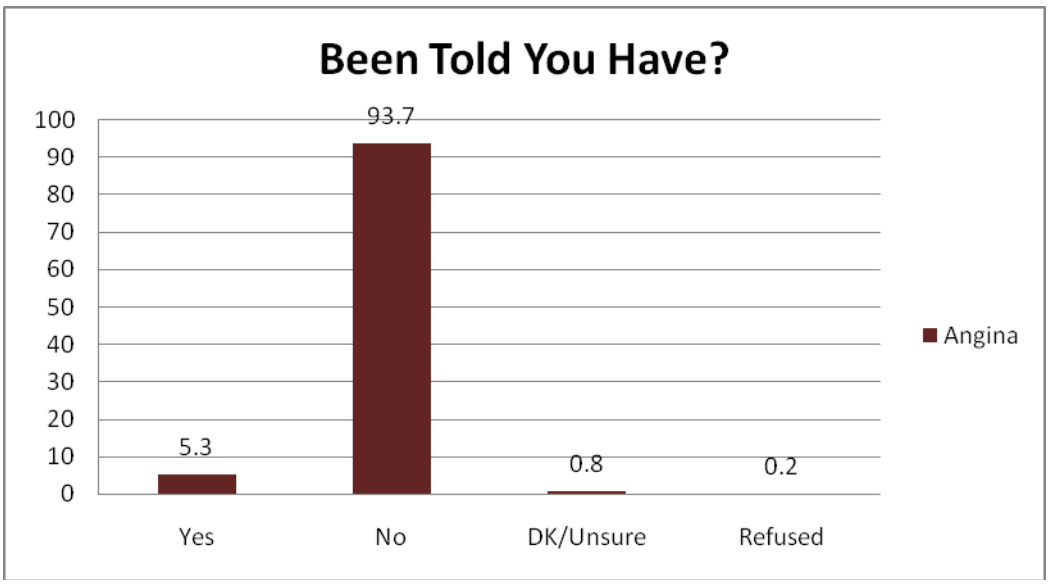
The following graph presents the results as collected.



The following graph presents regional results along with statewide BRFSS results.

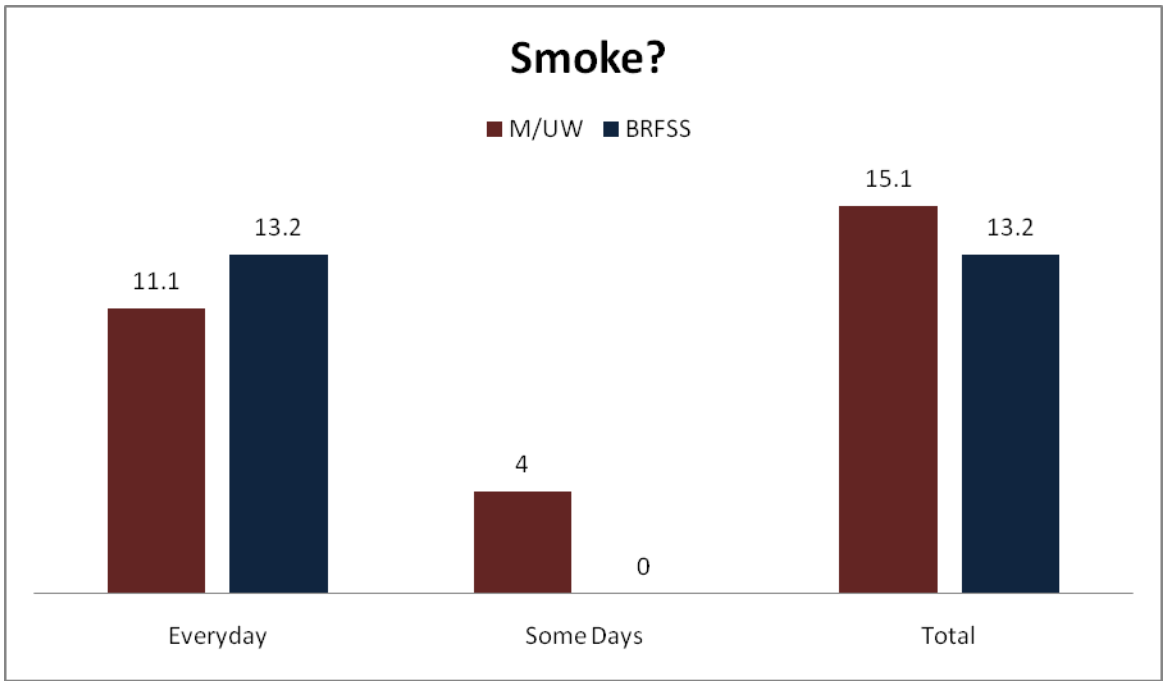


All respondents were asked if they had ever been told if they had angina, congestive heart failure or coronary heart disease. While 93.7% suggested they had not, 5.3% said they have. The following graph depicts the results as collected.



TOBACCO USE

Researchers asked respondents if they smoke cigarettes every day, some days, or not at all. While most, 84.9% indicated they do not smoke, another 15.1% suggested they smoked everyday (11.1%) or some days (4.0%).



ALCOHOL CONSUMPTION

All respondents were asked if they have had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor during the last 30 days.

Just over half, 56.9%, indicated they have had at least one drink over the last 30 days as presented in the following table. Another 40.7 did not drink over the last 30 days and some, 2.4% were unsure or refused.

Had a Drink of Alcohol Over 30 Days?	Percent
Yes	56.9
No	40.7
Don't Know / Unsure	1.2
Refused	1.2

Among those that did drink 56.9%, the following table presents the number of drinks respondents had at times when they did drink. On average, respondents drank 3.01 drinks.

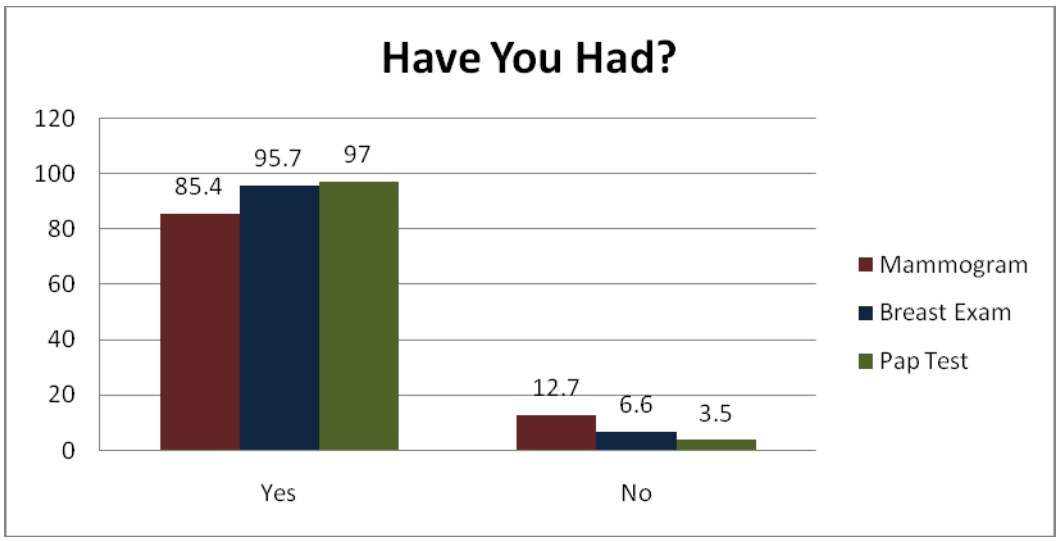
Number of Drinks	Percent
One	24.5
Two	16.6
Three	5.3
Four	3.6
Five	2.5
Six or more	4.1

SUBSTANCE ABUSE

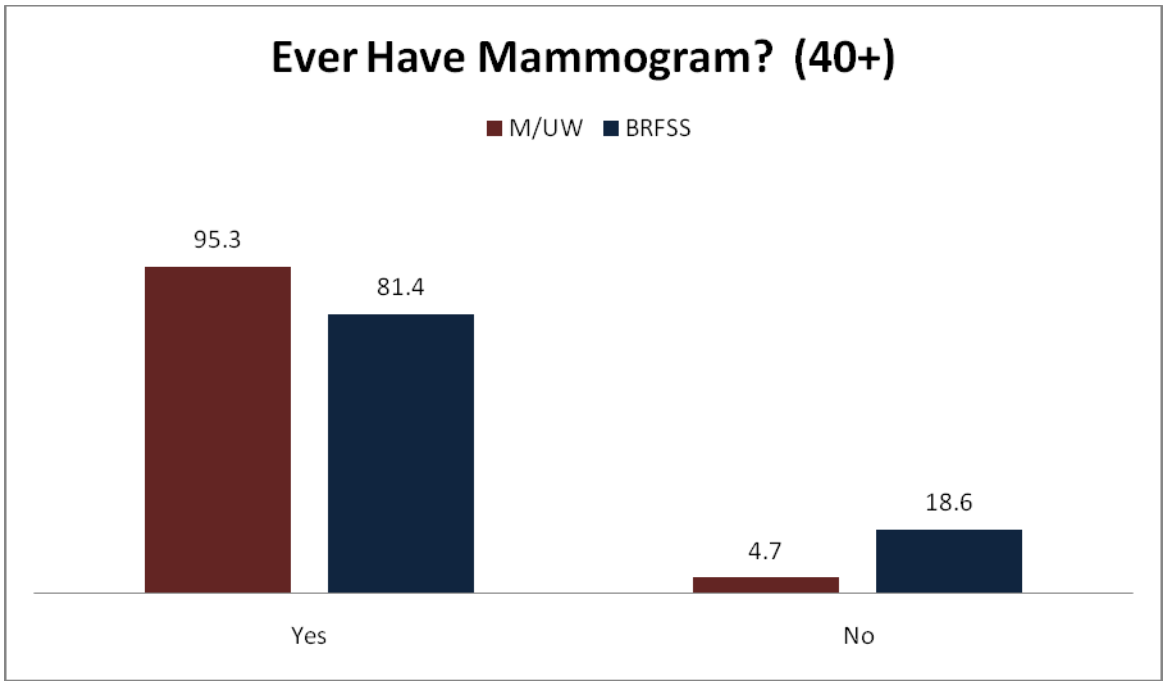
While 97.4% of all respondents suggested they did not use an illegal drugs or drugs prescribed to someone else over the last thirty days, 2.6% indicated they had.

WOMEN'S HEALTH

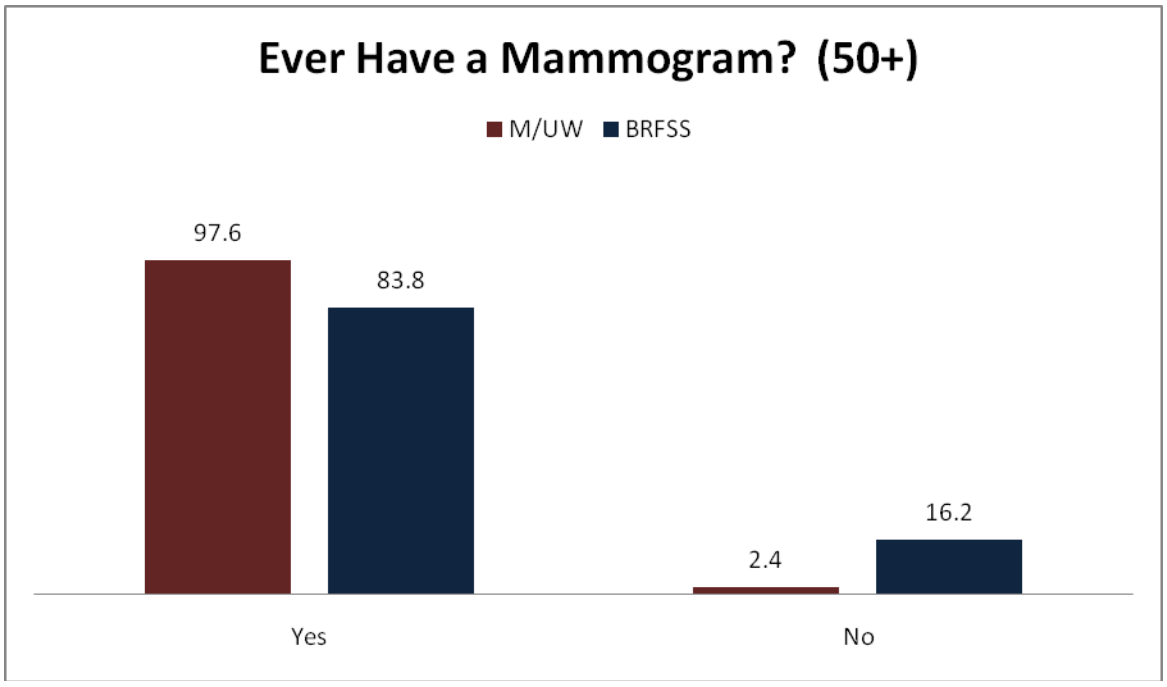
Female respondents were asked if they have ever had a mammogram, a clinical breast exam or a Pap test for cancer of the cervix. The following table presents the results collected.

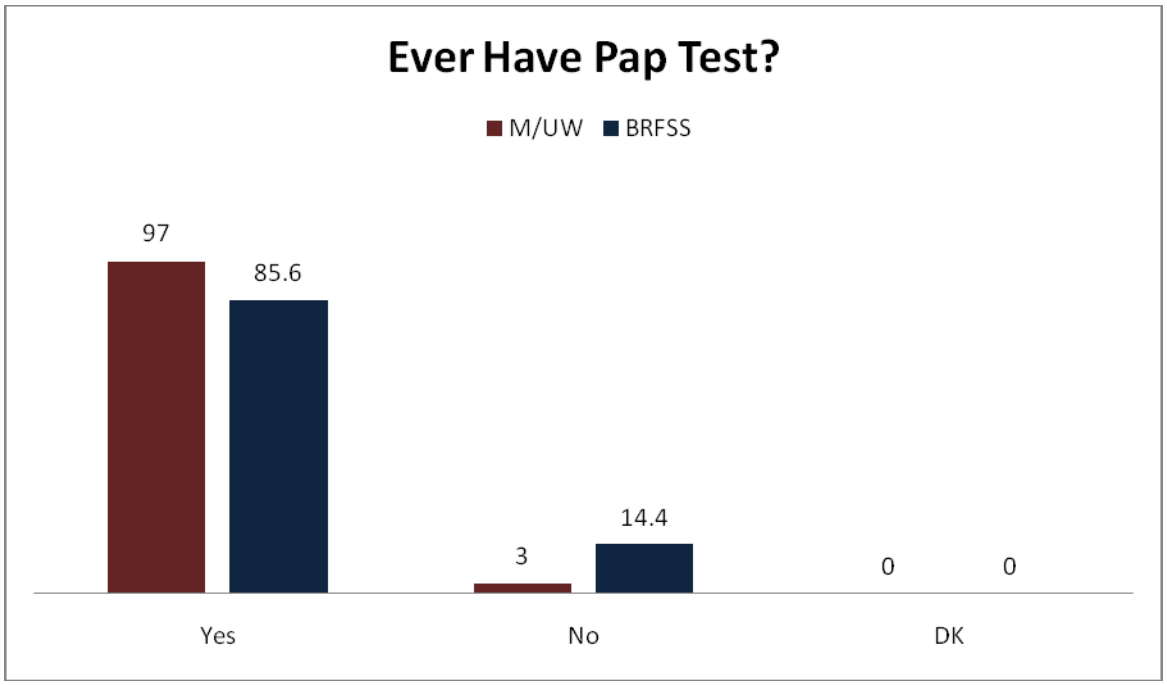


A larger majority of women over 40 years of age (95.3%) reported having had a mammogram.



And, 97.6% of women over 50 years of age reported having had a mammogram.



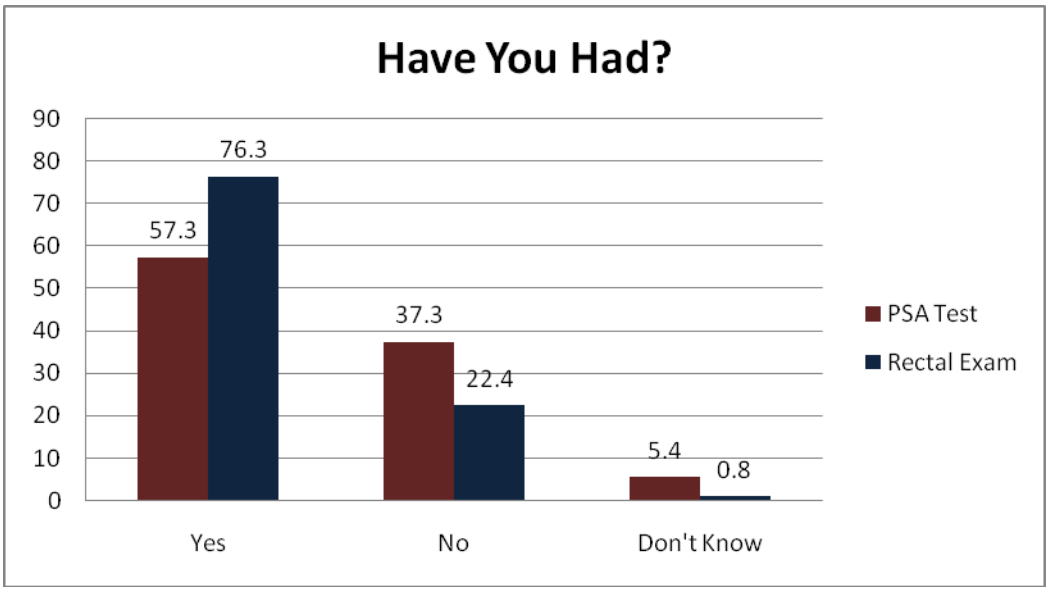


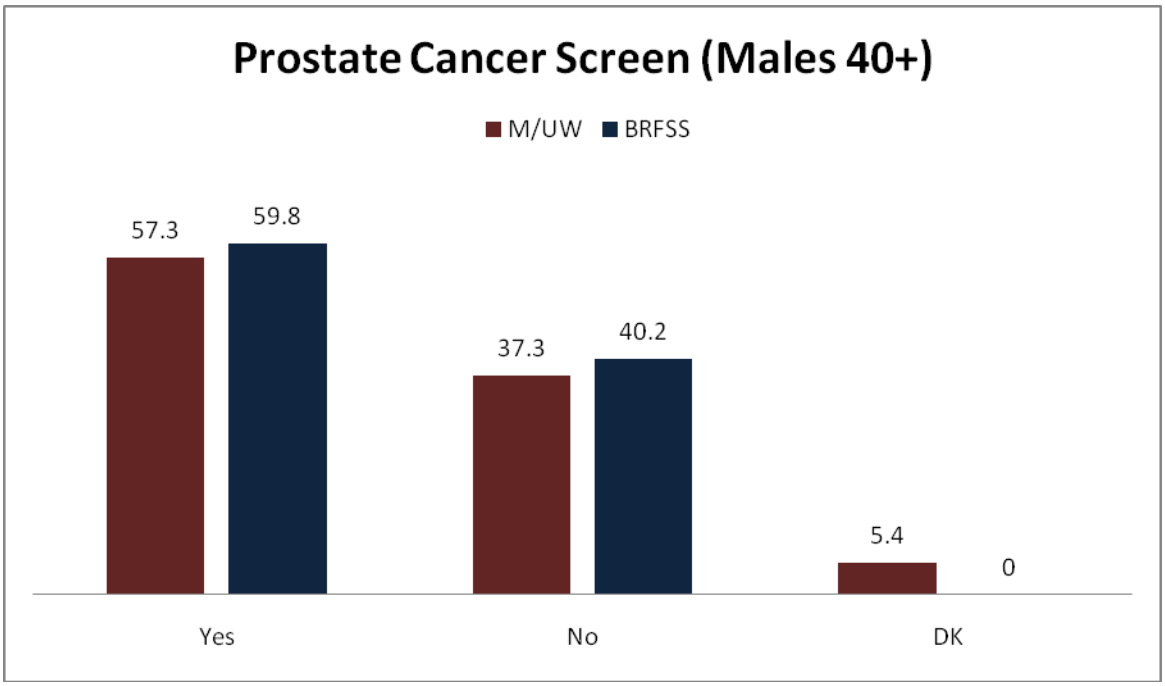
Female respondents who reported having a mammogram, a clinical breast exam or a Pap Test were asked to report how long it had been since the last exam/test. Results are held in the following table.

How Long Since Last ?	Mammogram	Clinical Breast Exam	Pap Test
Within past year	74.5	79.9	63.6
Within the past two years	12.4	10.9	14.6
Within the past three years	2.6	1.4	3.1
Within past five years	2.6	2.0	4.1
Five or more years	5.2	4.1	11.6
Not sure / Don't know	1.9	1.4	2.0

PROSTATE CANCER SCREENING

Males 39 years of age or older were asked if they have ever had a Prostate-Specific Antigen test (PSA test) or a digital rectal exam. The following graph presents the results.





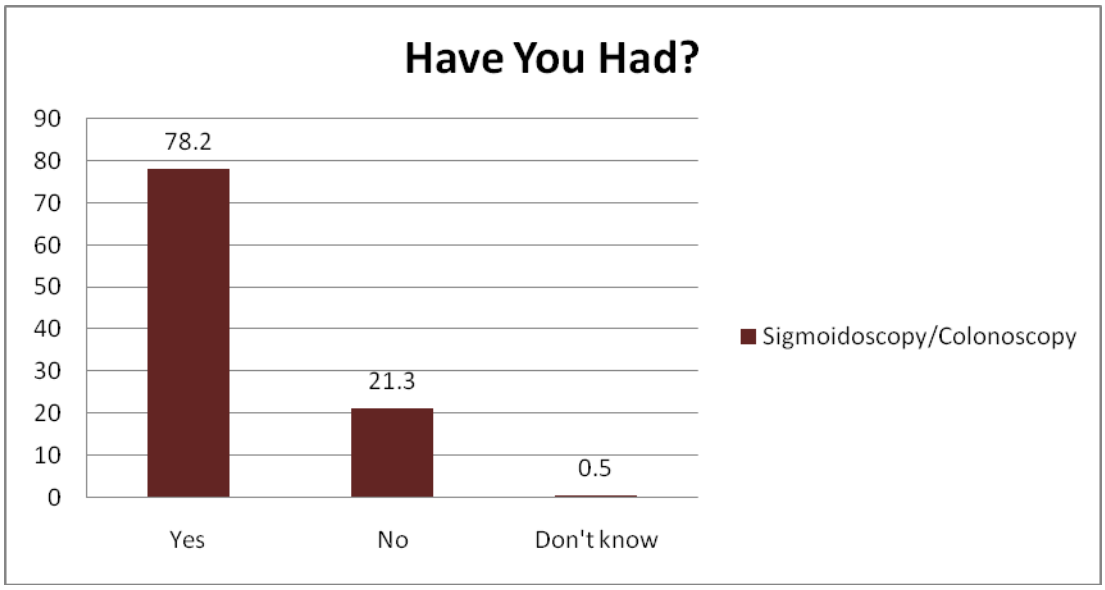
Males who reported having a PSA Test, or digital rectal exam, were asked how long it had been since the last test/exam. The following table holds the results.

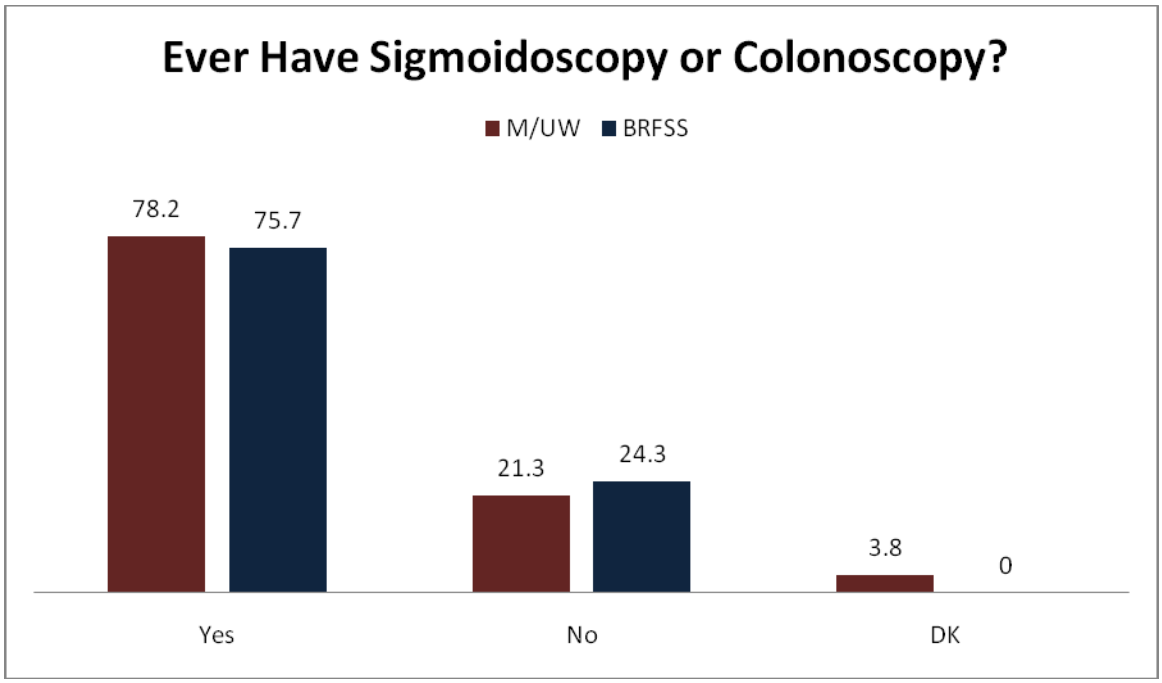
How Long Since Last Test/Exam?	PSA Test	Digital Rectal Exam
Within past year	47.7	60.3
Within the past two years	8.7	13.9
Within the past three years	3.2	6.7
Within past 5 years	2.3	5.2
Five or more years	9.2	8.2
Not sure / Don't know	24.3	5.2
Refused	4.6	0.5

COLORECTAL CANCER SCREENING

Respondents 49 years of age or older were asked about colorectal cancer screening.

Each respondent was asked if they had either a sigmoidoscopy or colonoscopy exam. Results are presented here.

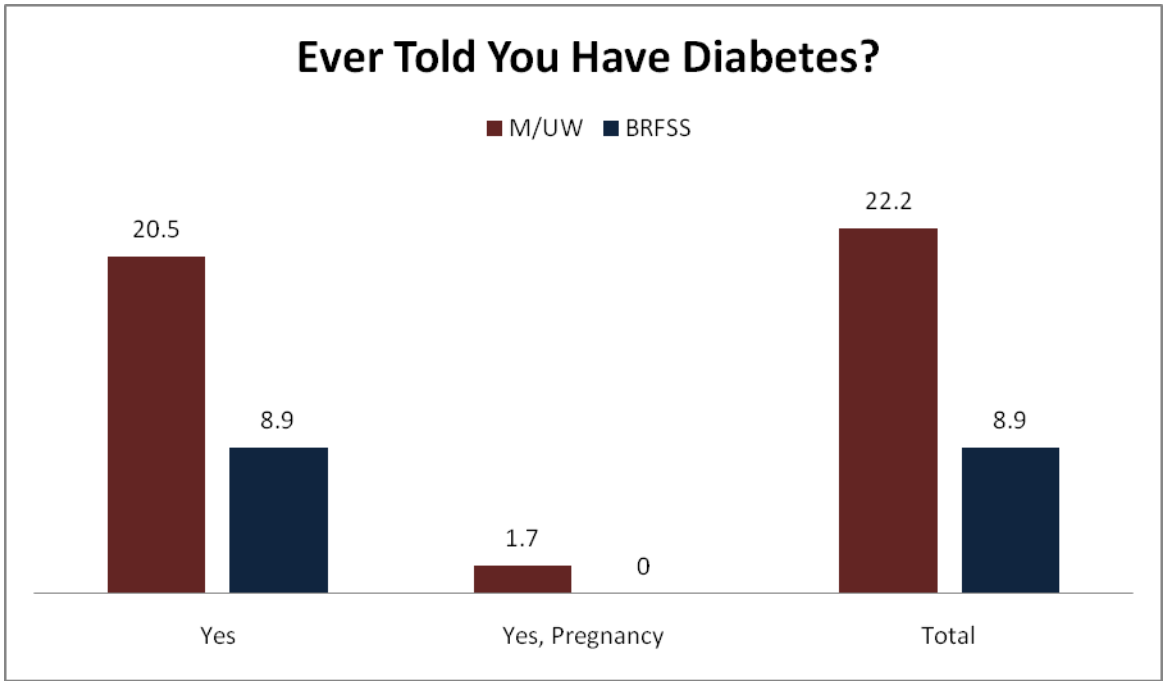




PRE-DIABETES /DIABETES

Among all respondents, 64.1% indicated they have had a test for high blood sugar or diabetes within the last three years. Another 32.0% have not, and 0.5% were unsure.

One-fifth of all respondents, 22.2%, indicated that they have been told by a doctor, nurse or other health professional that they have pre-diabetes, borderline diabetes or diabetes.



HEALTH DAYS

Nearly half of all respondents, 47.7%, suggested there were one or more days, during the last 30, that they felt sad, blue or depressed. On average, the number of days was 7.43.

The number of days that this group felt sad, blue or depressed is presented here.

Number of Days Over Last 30 Felt Sad, Blue, Depressed	Percent
1-7	64.4
8-15	15.8
16-20	3.3
21-30	16.3

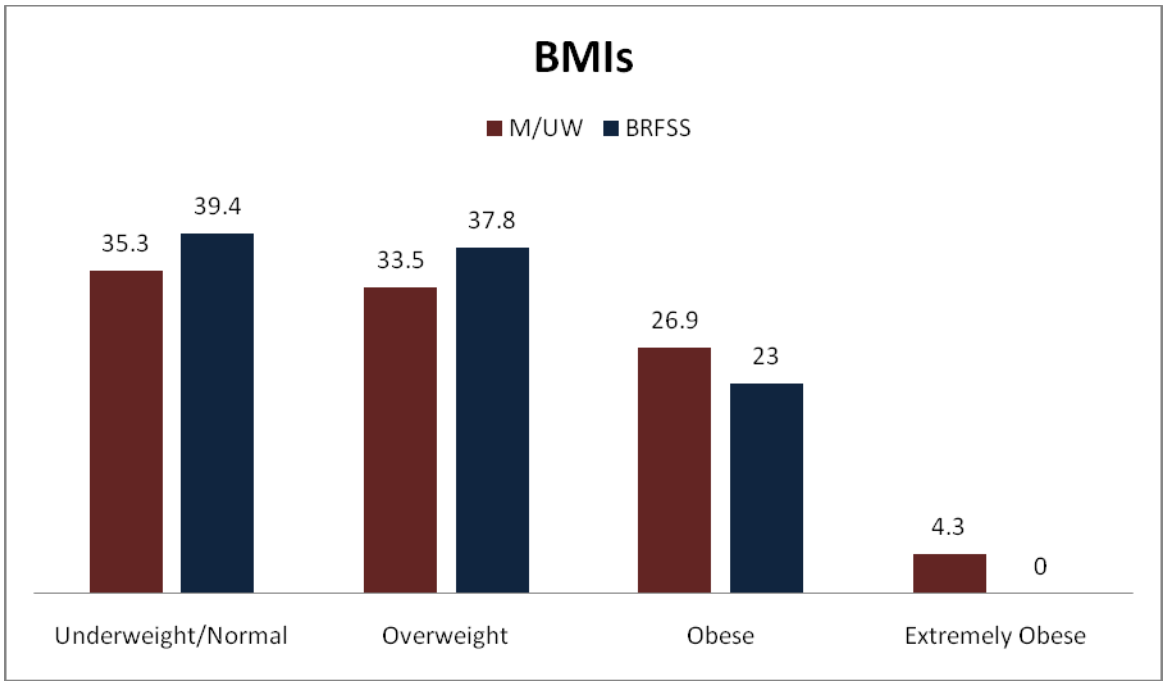
Among all respondents, 3.3%, suggested there has been a time in the past 12 months when they thought of taking their own lives.

BMI CALCULATIONS

CRPP calculated BMIs for all respondents who provided both height and weight. The average overall district average is 28.55 – an average that is considered "overweight".

The following table holds the percentages for each BMI category.

BMI Calculations	Percent	BRFSS
Underweight: <18	2.8	---
Normal: 18.5 – 24.9	32.5	---
Underweight & Normal	---	39.4
Overweight: 25 – 29.9	33.5	37.8
Obese: 30.0 – 39.9	26.9	23.0
Extreme Obesity: 40.0+	4.3	---
Average District BMI	28.55	---


BMIs
M/UW
BRFSS
35.3
39.4
33.5
37.8
26.9
23
4.3
0
Underweight/Normal
Overweight
Obese
Extremely Obese

COMMUNITY NEEDS

All respondents were read a number of community services. Each was asked if they believed there were too few, too many or about the right amount of each service or program in the community. The following table (by category) depicts the "too few" results – typically representing community need. Don't know respondents were removed from the data.

Transportation	**Too Few**
Public transportation availability	40.2
Employment	**Too Few**
Adult job training, placement and supports including mentoring, and life skills	58.8
Affordable childcare for working parents	53.7
Recreation	**Too Few**
Recreation programs for area residents(including sports	22.9
Education	**Too Few**
Drop-out prevention programs	58.0
Tutoring and mentoring for school age children	46.6
Out-of-school programming including before, after and vacations	34.7
Family and Community	**Too Few**
Domestic violence prevention and treatment programs	59.4
Free counseling on issues such as foreclosure, bankruptcy, taxes/finance, home buying, leases, contracts, personal budgeting and rental agreements	59.1
Child abuse prevention & treatment programs	58.7
Parenting programs	50.6
Food distribution centers or pantries	42.1
Crisis intervention hotlines	34.3
Housing	**Too Few**
Homeless programs and supports such as shelters, counseling & laundry	56.6
Affordable housing	53.6
Temporary financial support for heat and/or utilities	48.4
Children and Youth	**Too Few**
Bullying and violence prevention programs	58.0
Children & youth mental health services	49.6
Youth substance abuse prevention & services	48.5
Safe sex education and teen pregnancy prevention programs	47.4
Seniors	**Too Few**
Affordable housing for seniors	52.1
Health Care	**Too Few**
Health Insurance Support	63.9
Obesity and Fitness Education	55.4
Substance Abuse Prevention	48.1
Walk-in Centers or Urgent Care Clinics	26.0
Primary Care Physician	23.7
Dental Services / Dentists	21.5
Medical Specialists	20.3

The following presentation depicts overall need, across all without categories. Shading occurs where more than half of all respondents see a need. "Don't know" respondents were removed from the data.

Community Services / Programs	Too Few Percent
Health Insurance Support	63.9
Domestic violence prevention and treatment programs	59.4
Free counseling on issues such as foreclosure, bankruptcy, taxes/finance, home buying, leases, contracts, personal budgeting and rental agreements	59.1
Adult job training, placement and supports including mentoring, and life skills	58.8
Child abuse prevention & treatment programs	58.7
Drop-out prevention programs	58.0
Bullying and violence prevention programs	58.0
Homeless programs and supports such as shelters, counseling & laundry	56.6
Obesity and Fitness Education	55.4
Affordable childcare for working parents	53.7
Affordable housing	53.6
Affordable housing for seniors	52.1
Parenting programs	50.6
Children & youth mental health services	49.6
Youth substance abuse prevention & services	48.5
Temporary financial support for heat and/or utilities	48.4
Substance Abuse Prevention	48.1
Safe sex education and teen pregnancy prevention programs	47.4
Tutoring and mentoring for school age children	46.6
Food distribution centers or pantries	42.1
Public transportation availability	40.2
Out-of-school programming including before, after and vacations	34.7
Crisis intervention hotlines	34.3
Walk-in Centers or Urgent Care Clinics	26.0
Primary Care Physician	23.7
Recreation programs for area residents(including sports	22.9
Dental Services / Dentists	21.5
Medical Specialists	20.3

The following table presents all results, across all categories and includes "unsure or don't know" respondents.

Transportation	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Public transportation availability	34.1	49.3	1.3	15.2
Employment	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Adult job training, placement and supports including mentoring, and life skills	37.6	25.5	0.8	36.1
Affordable childcare for working parents	35.3	28.6	2.0	34.3
Recreation	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Recreation programs for area residents(including sports	20.4	65.6	2.8	11.3
Education	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Out-of-school programming including before, after and vacations	24.7	45.0	1.3	29.0
Tutoring and mentoring for school age children	29.8	33.3	0.8	36.1
Drop-out prevention programs	31.1	21.4	1.2	46.4
Family and Community	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure40.7/DK**
Child abuse prevention & treatment programs	34.8	23.7	0.8	40.7
Food distribution centers or pantries	34.9	47.0	1.0	17.1
Parenting programs	30.1	28.6	0.8	40.7
Domestic violence prevention and treatment programs	37.6	24.5	1.2	36.8
Crisis intervention hotlines	22.0	41.2	1.0	35.8
Free counseling on issues such as foreclosure, bankruptcy, taxes/finance, home buying, leases, contracts, personal budgeting and rental agreements	41.6	27.2	1.7	29.6
Housing	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Affordable housing	45.7	36.8	3.3	14.7
Homeless programs and supports such as shelters, counseling & laundry	45.2	33.1	1.5	20.2
Temporary financial support for heat and/or utilities	37.9	38.4	2.0	21.7

Children and Youth	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Safe sex education and teen pregnancy prevention programs	31.8	33.6	1.7	32.9
Bullying and violence prevention programs	42.2	29.0	1.7	27.2
Children & youth mental health services	32.8	32.0	1.3	33.9
Youth substance abuse prevention & services	35.9	36.4	1.7	26.0
Seniors	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/D17.4K**
Affordable housing for seniors	43.0	38.4	1.2	17.4
Health Care	**Too Few**	**About the Right Amount**	**Too Many**	**Unsure/DK**
Obesity and Fitness Education	42.5	32.5	2.9	23.2
Health Insurance Support	47.5	25.8	1.0	25.7
Substance Abuse Prevention	35.1	36.4	1.5	27.0
Walk-in Centers or Urgent Care Clinics	23.8	65.2	2.6	8.3
Dental Services / Dentists	19.4	66.9	3.6	10.1
Primary Care Physician	22.2	69.5	2.0	0.3
Medical Specialists	18.0	64.4	6.5	11.1

DEMOGRAPHICS

Age	2011
Next Generation (18-25)	4.7
Generation X (26-40)	14.9
Boom Generation (41-60)	48.4
Seniors (60 +)	32.0

Education	2011
Never attended school / or Kindergarten	0.3
Grades 1 - 8	0.7
Grades 9 – 11	4.1
Grades 12 or GED	25.7
College 1 – 3 years	26.3
College 4 years or more	42.5
Refused	0.3

Hispanic, Latin American, Puerto Rican, Cuban or Mexican	2011
Yes	13.7
No	85.9
Unsure	0.2
RF	0.2

Ethnicity	2011
White	87.7
Black, African-American	4.3
Asian, Pacific Islander	1.0
Aleutian, Eskimo or American Indian	0.5
Other	5.1
Refused	1.0

Income	2011
Less than $25,000	15.1
$25,000 to under $40,000	10.6
$40,000 to under $60,000	12.6
$60,000 to under $100,000	22.7

$100,000 or more	22.4
Don't Know	4.0
RF	12.7

Gender	2011
Male	50.2
Female	49.8

5 Appendix

INTERPRETATION OF AGGREGATE RESULTS

The computer processed data for this survey is presented in the following frequency distributions. It is important to note that the wordings of the variable labels and value labels in the computer-processed data are largely abbreviated descriptions of the Questionnaire items and available response categories.

The frequency distributions include the category or response for the question items. Responses deemed not appropriate for classification have been grouped together under the "Other" code.

The "NA" category label refers to "No Answer" or "Not Applicable." This code is also used to classify ambiguous responses. In addition, the "DK/RF" category includes those respondents who did not know their answer to a question or declined to answer it. In many of the tables, a group of responses may be tagged as "Missing" – occasionally, certain individual's responses may not be required to specific questions and, thus, are excluded. Although when this category of response is used, the computations of percentages are presented in two (2) ways in the frequency distributions: 1) with their inclusion (as a proportion of the total sample), and 2) their exclusion (as a proportion of a sample sub-group).

Each frequency distribution includes the absolute observed occurrence of each response (i.e. the total number of cases in each category). Immediately adjacent to the right of the column of absolute frequencies is the column of relative frequencies. These are the percentages of cases falling in each category response, including those cases designated as missing data. To the right of the relative frequency column is the adjusted frequency distribution column that contains the relative frequencies based on the legitimate (i.e. non-missing) cases. That is, the total base for the adjusted frequency distribution excludes the missing data. For many Questionnaire items, the relative frequencies and the adjusted frequencies will be nearly the same. However, some items that elicit a sizable number of missing data will produce quite substantial percentage differences between the two columns of frequencies. The careful analyst will cautiously consider both distributions.

The last column of data within the frequency distribution is the cumulative frequency distribution (Cum Freq). This column is simply an adjusted frequency distribution of the sum of all previous categories of response and the current category of response. Its primary usefulness is to gauge some ordered or ranked meaning.