

MIDDLESEX HOSPITAL  
Community Health  
Needs Assessment  
2016



The Smarter Choice for Care

 MIDDLESEX HOSPITAL

## ACKNOWLEDGEMENTS

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## INTRODUCTION AND BACKGROUND

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Middlesex Hospital has evaluated the health needs of its community for the past eight years and the conclusions have served as the foundation for its community benefit organizational goals. Assessment findings have allowed the Hospital to develop evidence-based interventions and innovative practices through multisector collaboratives and community partnerships resulting in meaningful and sustained health and quality of life improvements for its community members, most notably those who are vulnerable and at-risk.

Middlesex Hospital is using the platform of its 2016 community health needs assessment (CHNA) to examine how determinants of health and health disparities impact health outcomes, and to raise awareness regarding these critical influences on health, well-being and quality of life. The CHNA can be an important mechanism for addressing health disparities and promoting health equity. Whether people are healthy or not is often determined by their circumstances and environment — complex interrelationships between social factors, individual behavior, genetics, physical environment, economics, politics, and health services all influence a wide range of health, functioning, and quality of life outcomes. Poor health is often made worse by the interaction between individuals and determinants of health, which ultimately drives level of access to services that support health and well-being. Negative determinants of health cause health disparities — that is, health differences that adversely affect groups of people who have systematically experienced greater obstacles to health due to social, economic, and/or environmental disadvantage and characteristics linked to discrimination or exclusion.

**How do/does → socioeconomic conditions/concentrated poverty → lack of/limited resources to meet daily needs → exposure to crime and violence → discrimination → lack of social supports → lack of educational opportunities → poor quality housing → residential segregation → exposure to toxic substances/physical hazards → limited access to green spaces → transportation issues → influence Health Outcomes?**

Achieving health equity — the attainment of the highest level of health for all people — starts with asking the appropriate questions relative to determinants of health and how they disproportionately affect certain groups of people; next steps involve addressing the conditions that prevent the realization of good health for these vulnerable or marginalized groups. Through examination of the influence of determinants of health, it is possible to develop strategies that eliminate persistent and pervasive health disparities, promote health equity, improve health outcomes and reduce financial cost.

When reviewing this assessment, readers are encouraged to consider the data within the contexts of determinants of health and health equity.

## Community Health Needs Assessment Purpose

The purpose of a community health needs assessment is to identify the health needs of a defined geographic area through a systematic and comprehensive data collection process. The primary, secondary, quantitative and qualitative data are carefully analyzed in order to understand the community's health status and to identify needs, gaps, access issues and barriers to health and health services. The results of this process enable the prioritization of health problems, unmet health needs, and the development and execution of a community health implementation strategy.

The Patient Protection and Affordable Care Act (the Affordable Care Act, or ACA) was enacted on March 23, 2010 as a means of enhancing the quality of health care delivery and outcomes in the United States. Internal Revenue Code 501(r), as set forth by the ACA, requires not-for-profit hospitals to conduct a community health needs assessment every three taxable years with input from persons representing the broad interests of the community. The goal is a community health improvement process that documents the unique characteristics and needs of the community served and responds to those needs through development and implementation of purposeful and effective initiatives. The intent of this community health needs assessment is not only to serve as a tool for guiding hospital planning, but also to be a useful resource for our community partners and the general public.

## Advisory Committee

The Community Health Needs Assessment Advisory Committee, comprised of partners from public health, community health, and community services, provided key input and integral guidance to Middlesex Hospital throughout the CHNA process. Members can be found in **Table A1** of the **Appendix**. Advisory committee participants were engaged in a formal meeting during the assessment planning phase to review the study's overarching framework, planned data sources, list of potential stakeholders for key informant survey distribution, and to give suggestions and feedback on the key informant survey content and structure. In order to achieve county-based representation for the key informant survey, committee members provided additional contacts for the survey distribution list. Members were given updates and kept informed by email regarding assessment status. Prior to finalization, the advisory committee was convened to review the CHNA draft and to offer comments and suggestions.

## Next Steps

The purpose of this CHNA is to present data for Middlesex County and concepts that influence health outcomes. Next steps include assembling a representative group to review the most salient health and health-related issues, which will inform Middlesex Hospital's community health needs assessment implementation strategy.

## About Middlesex Hospital

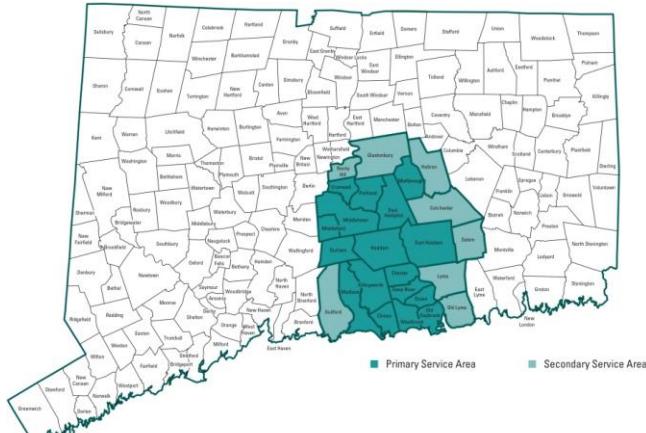
Middlesex Hospital, founded in 1904, is a not-for-profit, acute-care community hospital located in Middletown, CT. It is the only acute-care hospital in its service area, which includes Middlesex County and the lower Connecticut River Valley region. The Hospital is licensed for 275 beds and serves a total population of over 250,000 persons.

Middlesex Hospital is part of the Middlesex Health System, which employs over 3,100 people and has 381 active medical staff, 77 courtesy medical staff, and 142 allied health professionals on its medical staff. The Health System offers comprehensive community-based inpatient and emergency services, as well as extensive outpatient care, including diagnostic, rehabilitation, behavioral health, disease management, radiology, laboratory, cancer care, homecare, wound and ostomy care, surgical services, urgent care, and a network of primary care offices. The Hospital has a long-standing commitment to teaching, as exemplified by its Family Medicine Residency Program which has been in existence for over 40 years; its Radiology School; and the extensive number of clinical and non-clinical students who have learning experiences throughout the System each year. In addition to its emergency department in Middletown, the Health System operates two satellite medical centers in Westbrook and Marlborough that feature fully accredited, stand-alone emergency departments. Combined, the three locations serve the 4<sup>th</sup> highest emergency patient volume of all Connecticut hospitals. In CY2015, the Hospital had 13,617 inpatient discharges, and the Health System had 663,012 outpatient visits and 88,644 combined emergency department visits. In October 2015, Middlesex Hospital joined the Mayo Clinic Care Network, giving its physicians a direct link to Mayo Clinic's expert specialists.

Through its community benefit programs and focus on community health, the Hospital provides services that meet identified needs, most specifically for underserved and vulnerable populations. Conducting a community health needs assessment and developing an implementation strategy allows us to ensure that we are achieving our community benefit goals of improving the health and well-being of the community we serve through targeted, evidence-based programs in collaboration with community partners.

## DESCRIPTION OF COMMUNITY SERVED

Middlesex Hospital's service area encompasses twenty-five municipalities, including the fifteen towns of Middlesex County (Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Middlefield, Middletown, Old Saybrook, Portland, and Westbrook) which constitute the primary service area (darker green area of the map), and the ten towns on Middlesex County's periphery (Colchester, Glastonbury, Guilford, Hebron, Lyme, Madison, Marlborough, Old Lyme, Rocky Hill, and Salem), which constitute the secondary service area (lighter green area of the map). The periphery towns span four additional counties: Hartford County (Glastonbury, Marlborough, Rocky Hill), New Haven County (Guilford, Madison), New London County (Colchester, Lyme, Old Lyme, Salem), and Tolland County (Hebron).



Middlesex County is 369 square miles, making it the smallest county by land area in Connecticut, and is the fifth in population size out of the eight Connecticut counties (TownCharts 2014). Municipality sizes vary throughout the county, from 10 square miles (Essex) to 54 square miles (East Haddam). Middletown has a geographic area of 41 square miles by land area. The periphery towns cover an additional 340 square miles. The Connecticut Office of Rural Health (CT-ORH) defines rural as all towns with a population census of 10,000 or less and a population density of 500 or less people per square mile. Based on 2010 U.S. Census Data, the Middlesex County towns of Chester, Deep River, Durham, East Haddam, Haddam, Killingworth, Middlefield, Portland, Westbrook are considered rural, as well as the periphery town of Marlborough.

Major employers include Middlesex Hospital, Wesleyan University, Middlesex Community College, Connecticut Valley Hospital, Pratt & Whitney, and the small business community.

### Demographic Characteristics

The City of Middletown (ZIP Code 06457) is centrally located 16 miles south of Hartford. The population in Middletown is economically and racially/ethnically more diverse when compared to other municipalities in Middlesex County and is one of the few communities in Connecticut to include urban, suburban, and rural characteristics. As Middletown differs demographically from the other towns in Middlesex County, when possible, it is extracted and benchmarked against county and state when data are presented.

## Population

Middletown is the largest municipality (47,424 persons) in Middlesex County (165,534 persons) (2014; CERC Town Profiles 2016). Chester, Deep River and Middlefield have populations less than 5,000; Durham, East Haddam, Essex, Haddam, Killingworth, Portland, and Westbrook have populations between 5,000 and 9,999; Clinton, Cromwell, East Hampton and Old Saybrook have populations between 10,000 and 14,999 (2014; CERC Town Profiles 2016). The periphery towns in Middlesex Hospital's service area have a combined population of 141,516. Lyme and Salem have populations less than 5,000; Hebron, Old Lyme, and Marlborough have populations between 5,000 and 9,999; Colchester, Glastonbury, Guilford, Madison, and Rocky Hill have populations between 15,000 and 35,000 (2014; CERC Town Profiles 2016). Foreign born persons comprise 11% of the population in Middletown and 7.3% of Middlesex County compared to 13.7% of the state (2010-2014; U.S. Census Bureau QuickFacts). For Middlesex County mobility and transiency data, see **Table A2** in the **Appendix**.

## Age Distribution

**Tables 1** and **2** show the age distributions per town in Middlesex County, Middlesex County as a whole, and the state of Connecticut. **Figure 1** depicts age category comparisons for Middletown, Middlesex County and Connecticut. The median age in the towns in Middlesex County (**Appendix Table A3**) range from ages 37–53, with median age 37 in Middletown, 44 in Middlesex County, and 40 in the state of CT (2010-2014; CERC Town Profiles 2016).

**Table 1** - Age Distribution, Children, Youth and Young Adults by Town, Middlesex County, CT and U.S., 2010-2014

	Age 0-4	Age 5-9	Age 10-14	Age 15-19	Age 20-24
Chester	3.9%	6.6%	5.0%	4.4%	2.3%
Clinton	4.4%	7.5%	6.9%	4.1%	4.2%
Cromwell	5.0%	4.3%	5.7%	4.8%	4.4%
Deep River	6.7%	5.8%	4.4%	6.6%	4.0%
Durham	4.2%	6.3%	8.7%	7.4%	4.9%
East Haddam	5.6%	6.2%	7.2%	6.2%	4.5%
East Hampton	5.5%	8.4%	5.2%	5.3%	4.3%
Essex	2.8%	4.6%	9.2%	6.2%	1.8%
Haddam	4.6%	6.1%	6.2%	8.8%	4.1%
Killingworth	2.0%	6.4%	6.6%	6.8%	6.3%
Middlefield	5.5%	5.7%	6.6%	6.6%	4.9%
Middletown	5.0%	4.4%	5.4%	8.0%	9.2%
Old Saybrook	5.3%	5.7%	5.2%	6.3%	2.0%
Portland	3.4%	4.4%	7.2%	7.2%	5.5%
Westbrook	3.3%	3.6%	6.0%	5.4%	5.8%
<b>Middlesex County</b>	<b>4.7%</b>	<b>5.5%</b>	<b>6.1%</b>	<b>6.6%</b>	<b>5.7%</b>
<b>Connecticut</b>	<b>5.4%</b>	<b>6.1%</b>	<b>6.5%</b>	<b>7.1%</b>	<b>6.5%</b>
<b>U.S.</b>	<b>6.4%</b>	<b>6.5%</b>	<b>6.6%</b>	<b>6.8%</b>	<b>7.1%</b>

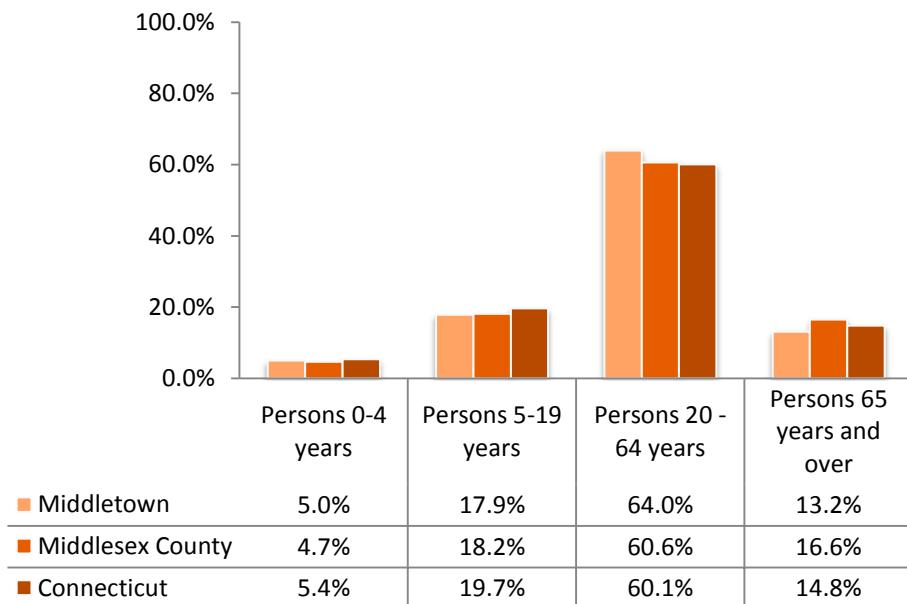
1. Source 1: Connecticut State Data Center, retrieved from the Connecticut Data Collaborative, [ctdata.org](http://ctdata.org)
2. Source 2: U.S. Census Bureau, Demographic and Housing Estimates 2010-2014 American Community Survey 5-Year Estimates

**Table 2** - Age Distribution, Adults by Town, Middlesex County, CT and U.S., 2010-2014

Town	Age 25-29	Age 30-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Chester	2.0%	3.6%	12.1%	18.2%	17.3%	14.3%	5.2%	5.2%
Clinton	4.9%	5.8%	13.3%	17.3%	16.0%	9.3%	4.7%	1.8%
Cromwell	7.9%	5.6%	13.1%	15.9%	16.1%	7.0%	5.4%	4.9%
Deep River	3.5%	6.5%	11.1%	15.9%	18.5%	11.7%	4.9%	0.5%
Durham	3.3%	4.5%	13.5%	21.2%	11.4%	8.0%	5.5%	1.2%
East Haddam	3.7%	5.5%	13.5%	19.1%	15.5%	7.9%	3.1%	2.3%
East Hampton	4.5%	5.6%	15.0%	17.5%	14.9%	8.5%	3.4%	1.9%
Essex	1.9%	0.5%	10.0%	17.9%	18.4%	14.6%	6.1%	6.0%
Haddam	2.7%	4.1%	14.0%	19.2%	15.5%	8.5%	4.3%	1.9%
Killingworth	0.8%	1.7%	12.9%	18.8%	17.5%	12.0%	4.8%	3.6%
Middlefield	4.5%	3.7%	12.0%	16.0%	19.1%	9.7%	3.3%	2.4%
Middletown	8.6%	6.8%	12.6%	14.9%	11.9%	6.9%	3.9%	2.3%
Old Saybrook	3.1%	5.2%	8.8%	15.1%	16.4%	14.4%	8.9%	3.7%
Portland	3.5%	5.2%	13.9%	18.7%	13.5%	9.4%	4.2%	2.9%
Westbrook	3.8%	4.4%	12.2%	17.9%	18.4%	10.2%	6.8%	2.3%
<b>Middlesex County</b>	5.3%	5.3%	12.7%	16.9%	14.8%	9.1%	4.8%	2.7%
<b>Connecticut</b>	6.1%	5.9%	12.8%	15.7%	13.0%	7.8%	4.5%	2.4%
<b>U.S.</b>	*	*	13.0%	14.1%	6.6%	5.7%	4.3%	1.9%

1. Source 1: Connecticut State Data Center, retrieved from the Connecticut Data Collaborative, ctdata.org
2. Source 2: U.S. Census Bureau, Demographic and Housing Estimates 2010-2014 American Community Survey 5-Year Estimates
3. \* U.S. population age demographics are unavailable by 25-29 years and 30-34 years. U.S. Census Bureau reports the age range of 25 to 34 years as 13.5%

**Figure 1** - Middletown, Middlesex County, CT, Age Distribution Comparisons (2010-2014)

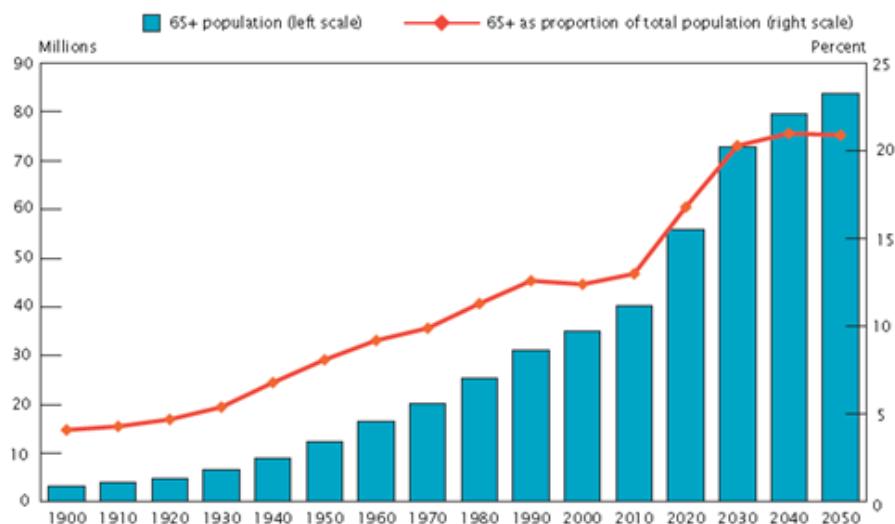


Source: Connecticut State Data Center, retrieved from the Connecticut Data Collaborative, ctdata.org

## Population Projections, Age 65 and Over

National aging trends point to a dramatic growth in the older adult population in the United States within the next four decades. In 2050, the number of Americans age 65 and older is projected to be 88.5 million, more than double its population of 40.2 million in 2010 (**Figure 2**). Baby boomers (people born between 1946 and 1964, who were part of the noticeable increase in birth rate post-World War II) are largely responsible for this increase, as they began crossing into the age 65+ category in 2011.<sup>1,2</sup> Additionally, as the U.S. ages over the next several decades, its older adult population will become more racially and ethnically diverse.

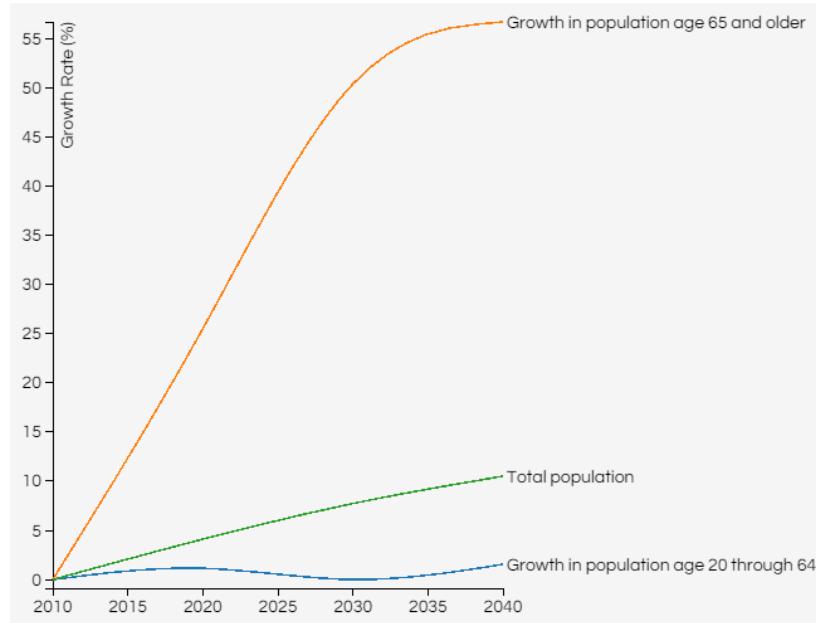
**Figure 2** – Population Age 65 and Over in the United States: 1900 to 2050



Sources: 1900 to 1940, and 1960 to 1980, U.S. Bureau of the Census, 1983; 1950, U.S. Bureau of the Census, 1953; 1990, U.S. Bureau of the Census, 1992; 2000, U.S. Census Bureau, 2001; 2010, U.S. Census Bureau, 2011; 2020 to 2050, U.S. Census Bureau, 2012a; 1900 to 2020, decennial census; 2020 to 2050, 2012 National Population Projections, Middle series.  
<http://www.census.gov/prod/cen2010/doc/sf1.pdf>

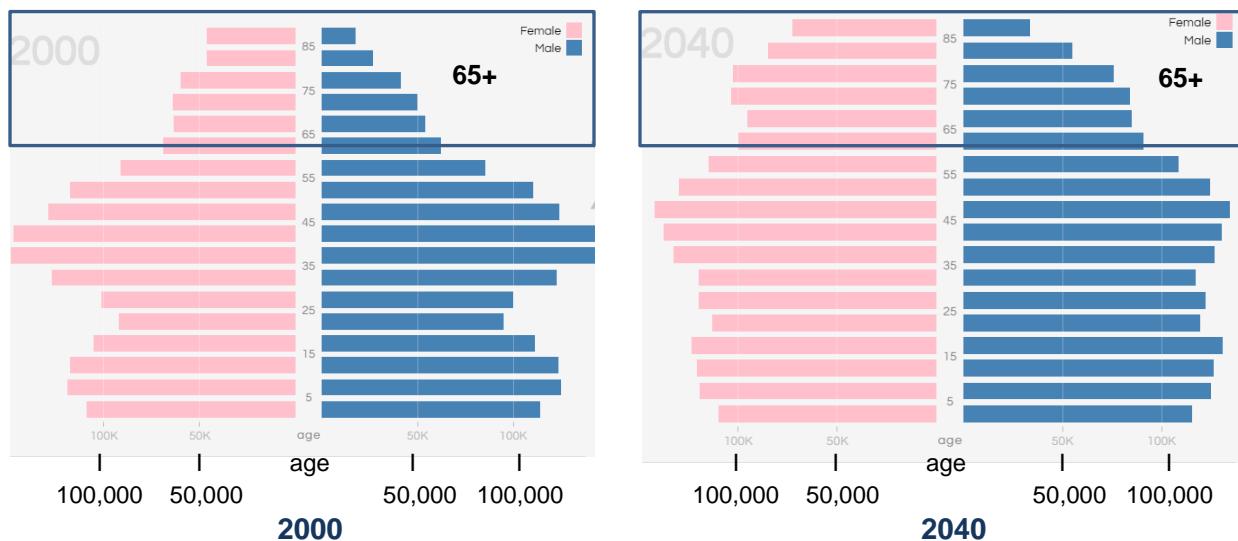
It is important to consider the older adult demographic shift in Connecticut: between 2010 and 2040, Connecticut's population age 65 and older is projected to grow by 57%, compared to the expected population growth of less than 2% for the age 20 to 64 cohort (**Figure 3**).<sup>3</sup> **Figure 4** compares the age 65 and older projected growth for 2040, indicating the expected age and gender shift from year 2000. As Connecticut ages, populations in all towns and counties are getting older. By 2025, older adults will comprise at least 20% of the population of almost every town in Connecticut.<sup>3</sup> Nationally and locally, the aging of the population will have wide-ranging implications, presenting challenges to policy makers and programs (e.g., Social Security and Medicare) and affecting families, businesses, and health care providers.<sup>1</sup>

**Figure 3 – Age 65 and Older Projected Growth Rate (%) in Connecticut, 2010 - 2040**



Source: Connecticut Data Collaborative and Connecticut's Commission on Aging; Living in an Aging Connecticut; <http://aging.ctdata.org/>

**Figure 4 – Age 65 and Older Projected Growth in Connecticut, from 2000 - 2040**



Source: Connecticut Data Collaborative and Connecticut's Commission on Aging; Living in an Aging Connecticut; <http://aging.ctdata.org/>

When comparing state and national growth projections for persons age 65+ (**Table 3**) to local growth (**Table 4**), every town in Middlesex County, except Middletown, considerably exceeds Connecticut and U.S. projections for 2020 and 2025. For 2020, excluding Middletown (at 16.4%), expected growth for age 65 and older ranges from 18.8% to 34.1% in the towns of Middlesex County compared to 17.5% for Connecticut and 16.3% for the U.S. For 2025, excluding Middletown (at 18.8%), expected growth for age 65 and older ranges from 22.6% to 38.9% in the towns of Middlesex County compared to 19.6% for Connecticut and 18.2% for the U.S.

**Table 3** – CT and U.S. Projections and Comparisons of Population Age 60 and Older; Age 65 and Older; Age 85 and Older, 2005 to 2030

Percent of Persons Age 60+							
	Census 2000	Projection 2005	Projection 2010	Projection 2015	Projection 2020	Projection 2025	Projection 2030
CT	17.7%	18.3%	19.9%	21.6%	23.8%	25.9%	27.1%
US	16.3%	16.8%	18.4%	20.3%	22.5%	24.2%	25.1%
Percent of Persons Age 65+							
	Census 2000	Projection 2005	Projection 2010	Projection 2015	Projection 2020	Projection 2025	Projection 2030
CT	13.8%	13.7%	14.4%	15.9%	17.5%	19.6%	21.5%
US	12.4%	12.4%	13.0%	14.5%	16.3%	18.2%	19.7%
Percent of Persons Age 85+							
	Census 2000	Projection 2005	Projection 2010	Projection 2015	Projection 2020	Projection 2025	Projection 2030
CT	1.9%	2.3%	2.6%	2.8%	2.9%	3.0%	3.6%
US	1.5%	1.7%	2.0%	2.1%	2.2%	2.3%	2.6%

Source: Administration on Aging (AOA); Administration for Community Living (ACL); Department of Health and Human Services; [http://www.aoa.aci.gov/Aging\\_Statistics/index.aspx](http://www.aoa.aci.gov/Aging_Statistics/index.aspx)

**Table 4** - Population Projections and Comparisons, Age 65 and older by Town in Middlesex County, 2010 - 2025

Town	2010	2015	2020	2025
Chester	20.8%	24.8%	30.1%	25.9%
Clinton	15.2%	19.5%	24.4%	29.2%
Cromwell	16.3%	18.4%	21.0%	24.1%
Deep River	14.8%	19.1%	23.7%	28.2%
Durham	12.8%	15.6%	18.8%	22.6%
East Haddam	13.0%	17.3%	22.2%	27.5%
East Hampton	11.9%	17.0%	22.5%	29.2%
Essex	22.1%	26.5%	31.4%	36.8%
Haddam	13.8%	17.1%	21.3%	25.4%
Killingworth	16.0%	22.4%	27.4%	32.9%
Middlefield	16.0%	18.4%	22.0%	26.8%
Middletown	13.2%	14.5%	16.4%	18.8%
Old Saybrook	25.3%	30.0%	34.1%	38.9%
Portland	15.4%	18.4%	22.1%	25.7%
Westbrook	20.3%	24.2%	28.0%	32.1%

Source: The Connecticut Data Collaborative and Connecticut's Legislative Commission on Aging, "Living in an Aging Connecticut"; <http://aging.ctdata.org/>

What is your vision for a healthy community?

*"More services for geriatric patients to promote healthy aging, wellness, and reduce risks"*

*– Key Informant*

## Veteran Status

Veterans often have unique clinical and social service needs based on their experiences, and are considered a vulnerable population. Upon returning from active duty, many soldiers experience physical, mental and social issues, including depression, exposure to trauma causing acute/chronic distress or impairment in functioning, post-traumatic stress disorder (PTSD), anxiety, traumatic brain injury, suicidal behavior, loss of limbs, substance abuse, homelessness, unemployment, family and interpersonal problems, social exclusion, and trouble adjusting/re-integrating to civilian life.<sup>4,5</sup> Many veterans seek medical treatment in their local communities and outside the Veterans Affairs Hospital or system. Understanding the specific needs of veterans of all ages and ensuring that appropriate and sufficient services are available in the community promotes the equitable delivery of care for veterans.<sup>4,5</sup> As of 2012, in Connecticut there were 11,885 veterans (5% of total CT veterans) ages 18 to 34 years; 44,732 (21% of total CT veterans) ages 35 to 54 years; 42,787 (20% of total CT veterans) ages 55 to 64 years; and 116,907 (54% of total CT veterans) ages 65 years and over (ALICE CT Report, Fall 2014).<sup>6</sup> The veterans population from 2010-2014 was 2,947 in Middletown; 11,820 in Middlesex County and 209,882 in Connecticut (U.S. Census QuickFacts).

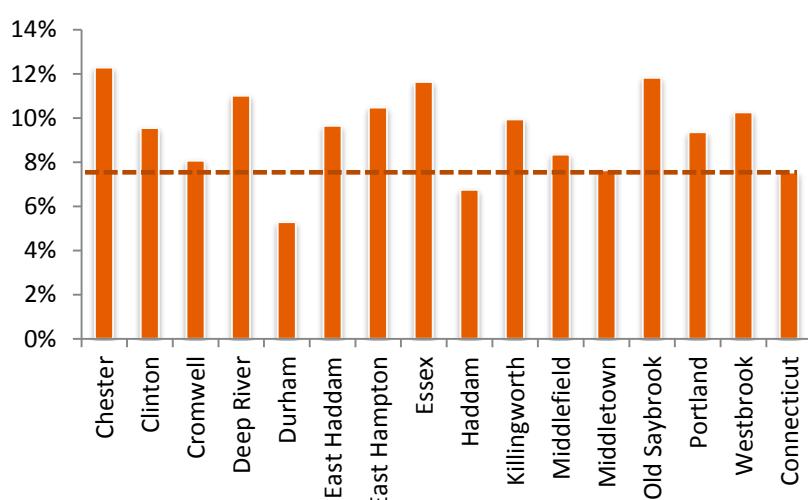
**Table 5** and **Figure 5** compare percentage of veterans in the towns of Middlesex County to the state of Connecticut. For numbers of veterans per Middlesex County towns (2010-2014), see **Table A4** in the **Appendix**.

**Table 5** - Veteran Status by Town in Middlesex County, 2010-2014

Town	%	Town	%
Chester	12.3%	Haddam	6.8%
Clinton	9.5%	Killingworth	9.9%
Cromwell	8.1%	Middlefield	8.3%
Deep River	11.0%	Middletown	7.6%
Durham	5.3%	Old Saybrook	11.8%
East Haddam	9.6%	Portland	9.4%
East Hampton	10.5%	Westbrook	10.3%
Essex	11.6%	<b>Connecticut</b>	7.5%

Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, retrieved from The Connecticut Data Collaborative, ctdata.org

**Figure 5** - Veteran Status by Town in Middlesex County, 2010-2014



1. The reference line indicates how veteran status in the towns in Middlesex County compare to the state of Connecticut
2. Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, retrieved from The Connecticut Data Collaborative, ctdata.org

## Languages Spoken

Individuals living in the U.S. with Limited English Proficiency (those reporting being unable to speak English “very well”) face increased challenges to accessing and utilizing healthcare services, understanding health coverage, and communicating with health care providers. For the full listing of languages spoken in Middletown and Middlesex County (2010–2014), see **Table A5a,b,c** in the **Appendix**.

**Table 6** – Top 5 Languages Spoken in Middletown and Middlesex County, 2010-2014

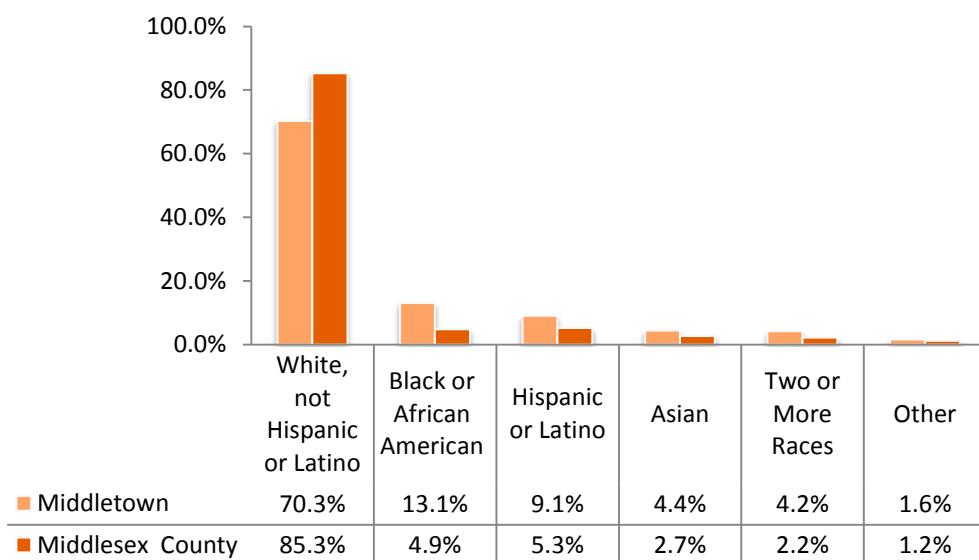
Middletown Language	%	Of language spoken, % that speaks English "very well"	Middlesex County Language	%	Of language spoken, % that speaks English "very well"
Speak only English	83%	NA	Speak only English	90%	NA
Spanish or Spanish Creole	6%	75%	Spanish or Spanish Creole	4%	73%
Italian	2%	66%	Italian	1%	71%
Polish	1.6%	62%	Polish	1%	70%
Chinese	1.0%	77%	French (incl. Patois, Cajun)	0.6%	89%

Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014

## Race and Hispanic Origin

Disparities in quality of care and access to care are common when comparing white-non Hispanic to other racial/ethnic groups, where white non-Hispanic fare better in both elements (AHRQ, 2011). From the health equity perspective, it is important to measure race and Hispanic origin in order to address disparities that exist regarding experience with the healthcare system.

**Figure 6** – Race and Hispanic Origin. Middletown and Middlesex County, 2010-2014



Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, retrieved from The Connecticut Data Collaborative; [ctdata.org](http://ctdata.org)

**Table 7** outlines race and Hispanic origin by town in Middlesex County. For child race and Hispanic origin by town in Middlesex County, based on the U.S. Census Bureau American Community Survey (ACS) for time-frames 2005-2009 and 2009-2013, see **Table A6** in the **Appendix**.

**Table 7 – Race and Hispanic Origin by Town, Middlesex County, 2010-2014**

	White		Black	Asian	Native Hawaiian/ Pacific Islander	American Indian/ Alaska Native	Two or More Races	Other Race	Hispanic /Latino
	White, Includes Hispanic	White, Non- Hispanic							
Chester	97.7%	95.0%	0.7%	0.6%	0.0%	0.0%	1.0%	0.0%	2.7%
Clinton	96.3%	90.3%	0.3%	1.6%	0.0%	0.0%	0.4%	1.4%	6.5%
Cromwell	85.4%	82.2%	7.5%	3.6%	0.0%	0.0%	1.7%	1.9%	5.6%
Deep River	90.9%	90.5%	4.2%	2.2%	0.8%	0.3%	0.1%	1.4%	3.1%
Durham	94.1%	92.1%	0.2%	2.0%	0.0%	0.0%	2.5%	0.4%	3.2%
East Haddam	95.3%	93.8%	1.2%	1.0%	0.0%	0.0%	2.1%	0.4%	2.2%
East Hampton	92.8%	88.6%	0.6%	3.6%	0.0%	0.1%	1.6%	1.2%	5.6%
Essex	98.9%	97.3%	0.4%	0.2%	0.0%	0.0%	0.5%	0.0%	1.6%
Haddam	96.9%	94.6%	0.3%	2.2%	0.0%	0.0%	0.7%	0.0%	2.5%
Killingworth	94.3%	92.1%	0.0%	1.2%	0.0%	0.0%	4.0%	0.5%	3.0%
Middlefield	95.6%	94.7%	0.5%	3.3%	0.0%	0.0%	0.1%	0.6%	1.5%
Middletown	76.7%	70.3%	13.1%	4.4%	0.0%	0.2%	4.2%	1.4%	9.1%
Old Saybrook	93.1%	92.6%	1.0%	3.8%	0.1%	0.0%	1.0%	1.1%	1.3%
Portland	96.3%	94.5%	1.1%	0.6%	0.0%	0.2%	1.5%	0.4%	3.1%
Westbrook	96.4%	92.1%	0.4%	0.2%	0.0%	0.0%	1.4%	1.6%	5.1%
<b>Middlesex County</b>	89.0%	85.3%	4.9%	2.7%	0.0%	0.1%	2.2%	1.0%	5.3%
<b>Connecticut</b>	77.7%	69.8%	10.2%	4.1%	0.0%	0.2%	2.8%	5.1%	14.3%

Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, retrieved from The Connecticut Data Collaborative, [ctdata.org](http://ctdata.org)

The **U.S. Census Bureau** collects race data according to the categories designated by the Office of Management and Budget's (OMB) 1997 standards: White; Black or African American; American Indian and Alaska Native; Asian; Native Hawaiian and Other Pacific Islander. The option for "Two or more races" is also given. Reporting is based on self-identification where respondents chose the race or races with which they most closely identify and indicate if they are from Hispanic or Latino origin, the only category for ethnicity (also defined by the OMB). People who identify their origin as Hispanic, Latino, or Spanish may be of any race. As the concept of race is separate from the concept of Hispanic origin, percentages for the various race categories add to 100%, and typically should not be combined with the percent Hispanic (U.S. Census, [https://www.census.gov/quickfacts/meta/long\\_RHI225215.htm](https://www.census.gov/quickfacts/meta/long_RHI225215.htm)).

## Socioeconomic Status Indicators

Socioeconomic status (SES) is defined as the position of an individual on a social-economic scale and is commonly measured by education, income and occupation – but, more broadly, it encompasses a lifetime of access to knowledge, resources, and opportunities. There are health-related effects of SES: it is one of the most powerful risk factors for poor health outcomes, as persons of lower SES typically experience poorer health, suffer disproportionately from diseases, and have higher rates of mortality when compared to people of higher SES.<sup>7</sup> Socioeconomic status influences health through the ability or inability to access healthcare resources, social services, and needed supports; thus, it is often used as a benchmark for investigating health inequalities. Furthermore, there is mounting evidence that racial/ethnic differences in morbidity and mortality are tied to socioeconomic resources, or lack thereof.<sup>8,9,10</sup> For these reasons, it is vital to examine how lifetime socioeconomic conditions impact the health and well-being of members of underrepresented groups throughout their lifespans, including the cumulative effects for older adults.

### Median Household Income

The median household income in Middlesex County (\$77,931) is higher than the state of Connecticut average (\$69,899). There is a significant range between the towns in Middlesex County, with Middletown at the lower bound (\$61,373) and Durham at the highest level (\$117,328) (2010-2014; CERC Town Profiles 2016). **Table 8** outlines median household income by town in Middlesex County. **Tables 9** and **10** indicate median household and family income in Middlesex County and the wide income gaps when comparing white non-Hispanic to other racial/ethnic groups. These gaps are depicted graphically in **Figures 7** and **8**.

**Table 8** - Median Household Income by Town, Middlesex County, CT and U.S., 2010-2014

Town	Median Household Income	Town	Median Household Income	Town	Median Household Income
Chester	\$74,063	East Hampton	\$96,066	Old Saybrook	\$74,896
Clinton	\$71,028	Essex	\$88,550	Portland	\$82,770
Cromwell	\$80,028	Haddam	\$99,010	Westbrook	\$78,417
Deep River	\$65,577	Killingworth	\$112,344	Middlesex County	\$77,931
Durham	\$117,328	Middlefield	\$100,694	Connecticut	\$69,899
East Haddam	\$82,773	Middletown	\$61,373	U.S.	\$53,482

1. Source 1: Connecticut Economic Resource Center (CERC) Town Profile 2016 Report, produced by The Connecticut Data Collaborative, [https://www.cerc.com/Content/Town\\_Profiles.asp](https://www.cerc.com/Content/Town_Profiles.asp)
2. Source 2: for U.S. median income - U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, "Demographic Data for Connecticut," retrieved from State Cancer Profiles

**Table 9** - Median Household Income by Race and Hispanic Origin, Middlesex County, CT, U.S., 2010-2014

	Middlesex County	CT	U.S.
<b>Median Household Income</b>	<b>\$77,931</b>	<b>\$69,899</b>	<b>\$53,482</b>
White (includes Hispanic)	\$80,159	\$75,804	\$56,900
White Non-Hispanic	\$80,513	\$78,695	\$58,847
Black (includes Hispanic)	\$50,909	\$42,838	\$35,600
Hispanic (any race)	\$58,402	\$39,375	\$42,396
Amer. Indian/Alaskan Native (includes Hispanic)	\$67,692	\$43,609	\$37,170

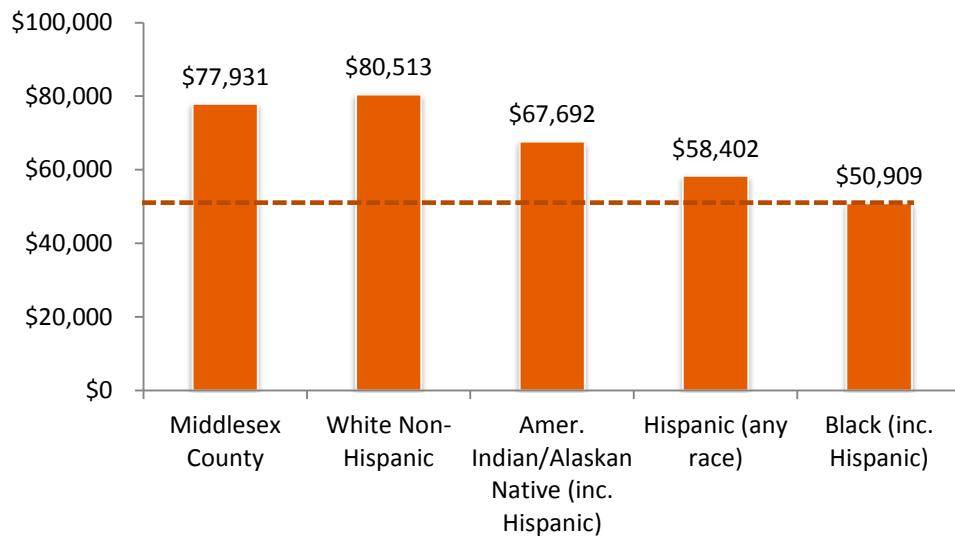
Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, "Demographic Data for Connecticut," retrieved from State Cancer Profiles ([statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov))

**Table 10** - Median Family Income by Race and Hispanic Origin, Middlesex County, CT, U.S., 2010-2014

	Middlesex County	CT	U.S.
<b>Median Family Income</b>	<b>\$100,452</b>	<b>\$88,217</b>	<b>\$65,443</b>
White (includes Hispanic)	\$102,681	\$96,370	\$70,271
White Non-Hispanic	\$103,011	\$100,956	\$73,974
Black (includes Hispanic)	\$58,039	\$52,452	\$42,711
Hispanic (any race)	\$58,797	\$42,704	\$44,013
Amer. Indian/Alaskan Native (includes Hispanic)	\$68,237	\$52,726	\$42,948

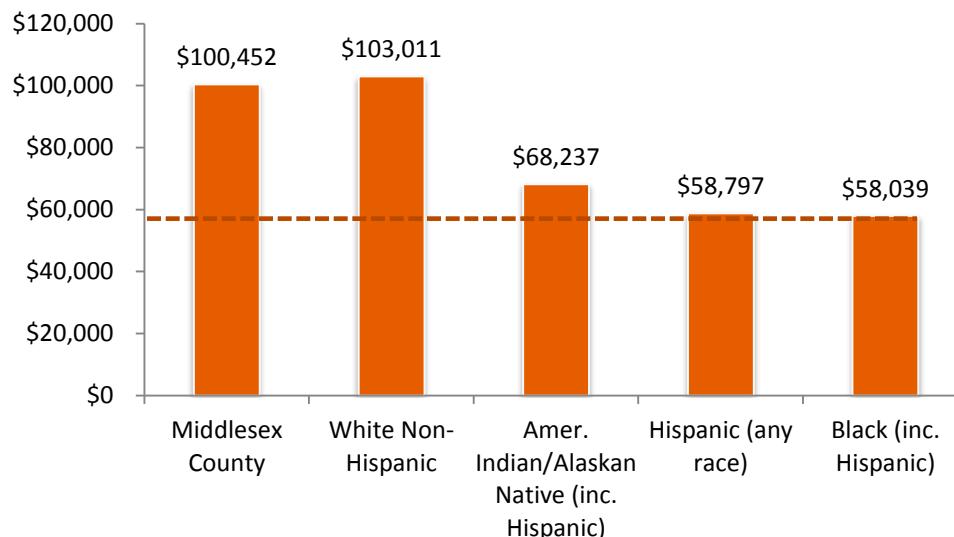
Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, "Demographic Data for Connecticut," retrieved from State Cancer Profiles ([statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov))

**Figure 7 - Median Household Income by Race and Hispanic Origin in Middlesex County, 2010-2014**



1. Note: The reference line indicates income disparity between the lowest and highest median household incomes among the race and Hispanic origin categories
2. Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, "Demographic Data for Connecticut," retrieved from State Cancer Profiles ([statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov))

**Figure 8 - Median Family Income by Race and Hispanic Origin in Middlesex County, 2010-2014**



1. Note: The reference line indicates income disparity between the lowest and highest median family incomes among the race and Hispanic origin categories
2. Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, "Demographic Data for Connecticut," retrieved from State Cancer Profiles ([statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov))

### Median Income – Older Adults

It is important to consider the fixed incomes on which many Medicare beneficiaries (seniors and younger adults with disabilities) live. As every town in Middlesex County (except Middletown) has a higher than state and national average projected growth rate for persons over age 65 for 2020 and 2025, the income and assets research for Medicare beneficiaries provided by the Kaiser Family Foundation and the Urban Institute can serve as a proxy to highlight the socioeconomic challenges that many Medicare beneficiaries in Middlesex County may face, especially regarding ability to absorb higher healthcare costs.

For older adults, income and accumulation of savings is tied to life experiences (e.g., education; health status; marital status; number of years worked; household income; any period of unemployment; investments; years of homeownership; access to retirement benefits through former employer(s); inheritance; other financial supports; and, various economic factors) – as a result of these life experiences, a wide variance exists between Medicare beneficiaries.<sup>11,12</sup> In their *Income and Assets of Medicare Beneficiaries, 2014 – 2030* analysis (September 2015 Issue Brief), the Kaiser Family Foundation and the Urban Institute found that, in 2014, 50% of all Medicare beneficiaries had incomes below \$24,150 (**Table 11**).<sup>11</sup>

The study also highlights per capita income disparities; in 2014, the median income was substantially higher for white beneficiaries when compared to black and Hispanic beneficiaries (**Table 12**). Among older adults, median income declines with age; in 2014, more than half of all beneficiaries ages 85+ lived on an income of less than \$18,850. Among all Medicare beneficiaries, education was found to be a driver for increased/decreased income with a 2014 median income that was three times higher among beneficiaries with college degrees (\$41,500) when compared to beneficiaries with less than a high school education (\$13,850).<sup>11</sup>

Savings is another marker of income stability/instability. For this element, the Kaiser Family Foundation and the Urban Institute report found that, as with income, there were significant variations with savings for Medicare beneficiaries (2014). 8% either had no savings or were in debt (median debt = \$850); the lower quartile had savings below \$11,900; half had savings below \$63,350; 5% had savings of more than \$1.2 million; and 1% had savings of more than \$3.5 million.<sup>11</sup>

**Table 11 – Income Ranges for Medicare Beneficiaries, U.S., 2014**

% of Medicare Beneficiaries	2014 Annual Income
1%	> \$163,600
5%	> \$93,000
50%	< \$24,150
25%	< \$14,350

1. Source 1: Urban Institute/Kaiser Family Foundation analysis of DYNASIM data, 2015
2. Source 2: Gretchen Jacobson, Christina Swoope, and Tricia Neuman, Kaiser Family Foundation Karen Smith, Urban Institute, Kaiser Family Foundation; Income and Assets of Medicare Beneficiaries, 2014 – 2030; September 2015 Issue Brief

**Table 12 – Median Income Ranges for Medicare Beneficiaries by Characteristics, U.S., 2014**

Characteristic	2014 Median Income
White	\$27,450
Black	\$16,150
Hispanic	\$12,800
Age 85+	< \$18,850

1. Source 1: Urban Institute/Kaiser Family Foundation analysis of DYNASIM data, 2015
2. Source 2: Gretchen Jacobson, Christina Swoope, and Tricia Neuman, Kaiser Family Foundation Karen Smith, Urban Institute, Kaiser Family Foundation; Income and Assets of Medicare Beneficiaries, 2014 – 2030; September 2015 Issue Brief

Similar to income, there are savings disparities across demographic characteristics; the median 2014 per capita savings among white beneficiaries was found to be more than seven times higher (\$91,950) when compared to black beneficiaries (\$12,350) or Hispanic beneficiaries (\$9,800). Median income also declines with age; more than half of all Medicare beneficiaries ages 85+ had savings less than \$30,700 (2014). Education plays a role among Medicare beneficiaries with regard to savings; the median 2014 per capita savings of college educated beneficiaries was almost twenty two times higher (\$226,200) compared to beneficiaries with less than a high school education (\$10,300).<sup>11</sup>

### **Poverty Rate and Persons Below Poverty**

The poverty rate is the percentage of people who are below the federal poverty threshold (that is, the ratio of the number of people who fall below the poverty line relative to the total population). In 2014 in the United States, 46.7 million people (14.8%) were in poverty. Of that total, 15.5 million (21.1%) were children under the age of 18, and 4.6 million (10%) were adults age 65 and older.<sup>13</sup> Poverty is a major driver for ill health. Americans who live in poverty are much more likely to be in fair or poor health and experience disability conditions; they are also less likely to have access to and utilize many forms of healthcare services.<sup>14</sup> The relationship is financial: those experiencing poverty cannot afford to purchase what is needed to achieve and maintain good health, such as sufficient quantities and quality of food and healthcare supports and services. Other influencers include factors related to poverty – for example, lack of information regarding appropriate health-related practices, lack of power, and lack of a voice for leveraging needed social services. Conversely, ill health is a major driver of poverty due to related expenses such as out-of-pocket payments for obtaining health care, transportation costs to health services, loss of income associated with illness or caring for an ill family member, or having to borrow money at high interest rates to cover medical expenses. In general, poor health is disproportionately concentrated among those experiencing poverty.<sup>15</sup>

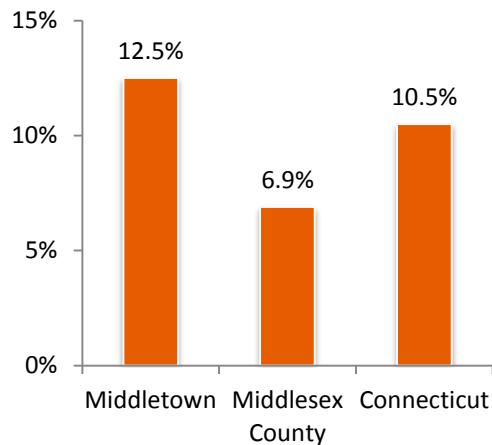
There are two slightly different versions of the federal poverty measure: poverty thresholds and poverty guidelines.

**Poverty Thresholds** are the original version of the federal poverty measure. They are updated each year by the Census Bureau and are used mainly for statistical purposes (e.g., preparing estimates of the number of Americans in poverty each year, tracking poverty over time, comparing poverty across different demographic groups). All official poverty population figures are calculated using the poverty thresholds, not the guidelines.<sup>16</sup>

**Poverty Guidelines** are issued each year in the Federal Register by the Department of Health and Human Services (HHS). They are a simplification of the poverty thresholds and are used for administrative purposes (e.g., determining financial eligibility for certain federal programs). The poverty guidelines are sometimes loosely referred to as the “federal poverty level” (FPL), but HSS notes that that phrase is ambiguous and should be avoided.<sup>16</sup> For 2016, the Federal Poverty Guidelines are \$11,880 for individuals, \$16,020 for a family of 2, \$20,160 for a family of 3, ranging up to \$40,890 for a family of 8.<sup>17</sup>

Similar to the range of median household income in the towns throughout Middlesex County, **Table 13** shows a significant difference in poverty rate in Middletown (12.5%) when compared the rest of the county. This variance is depicted graphically in **Figure 9**.

**Figure 9** - Poverty Rate, Middletown, Middlesex County, Connecticut, 2010-2014



Source: Connecticut Economic Resource Center (CERC) Town Profile 2016 Report, produced by The Connecticut Data Collaborative ([https://www.cerc.com/Content/Town\\_Profiles.asp](https://www.cerc.com/Content/Town_Profiles.asp))

**Table 13** - Poverty Rate, by Town, Middlesex County, CT, U.S., 2010-2014

	Poverty Rate
Chester	4.9%
Clinton	9.0%
Cromwell	4.5%
Deep River	5.5%
Durham	2.5%
East Haddam	4.9%
East Hampton	3.5%
Essex	5.4%
Haddam	3.6%
Killingworth	1.3%
Middlefield	3.6%
Middletown	12.5%
Old Saybrook	4.1%
Portland	6.2%
Westbrook	6.0%
<b>Middlesex County</b>	<b>6.9%</b>
<b>Connecticut</b>	<b>10.5%</b>
<b>U.S.</b>	<b>15.6%</b>

Source: Connecticut Economic Resource Center (CERC) Town Profile 2016 Report, produced by The Connecticut Data Collaborative, [https://www.cerc.com/Content/Town\\_Profiles.asp](https://www.cerc.com/Content/Town_Profiles.asp)

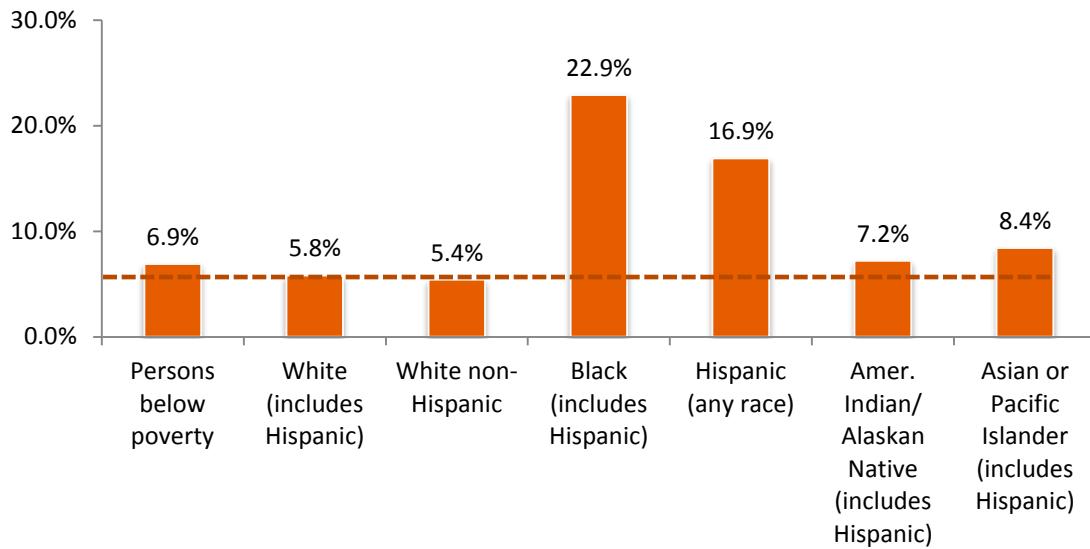
**Table 14** and the visual representation in **Figure 10** indicate that the percentage of people in the black (includes Hispanic) and Hispanic (any race) categories are four times and three times, respectively, more likely to be below the poverty threshold when compared to white non-Hispanic.

**Table 14** – Percent of Persons below the Poverty Threshold by Race and Hispanic Origin in Middlesex County, CT, and U.S., 2010-2014

	Middlesex County	CT	U.S.
<b>Persons below poverty</b>	<b>6.9%</b>	<b>10.5%</b>	<b>15.6%</b>
White (includes Hispanic)	5.8%	7.7%	12.8%
White non-Hispanic	5.4%	6.0%	10.8%
Black (includes Hispanic)	22.9%	21.4%	27.3%
Hispanic (any race)	16.9%	25.6%	24.8%
Amer. Indian/Alaskan Native (includes Hispanic)	7.2%	22.2%	28.8%
Asian or Pacific Islander (includes Hispanic)	8.4%	8.5%	13.0%
<b>Persons below 150% of poverty</b>	<b>12.3%</b>	<b>16.9%</b>	<b>25.2%</b>

Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, "Demographic Data for Connecticut," retrieved from State Cancer Profiles ([statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov))

**Figure 10** – Percent of Persons below the Poverty Threshold by Race and Hispanic Origin in Middlesex County, 2010-2014



1. Note: The reference line indicates the % of persons by race and Hispanic origin categories in excess of the lowest category below the poverty threshold (i.e., white non-Hispanic at 5.4%)
2. Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, "Demographic Data for Connecticut," retrieved from State Cancer Profiles ([statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov))

### ***Education Level***

Like income level, education level is another predictor of health. In their 2011 annual report on the health of the nation, the Centers for Disease Control and Prevention (CDC) concluded that higher education and income levels are key to better health; specifically, people with higher education and income were found to have lower rates of many chronic illnesses when compared to those with less education and lower income.<sup>18</sup>

The health benefits of education accumulate at the individual level (e.g., *skill development; work status and ability to earn a livable wage; access to resources; ability to navigate health care; impact on personal behaviors; level of social networks and support*); the community level (e.g., *food access; spaces and facilities for physical activity; access to healthcare; community economic resources/ higher-income jobs; lower rates of crime and violence; less exposure to environmental toxins; health-related community/place-based characteristics of the environment where people live*); and the larger social/cultural context (e.g., *social policies, residential segregation and unequal access to educational resources*).<sup>19</sup> It is well known that educational opportunities are not equally distributed in the United States, which contributes to health inequity for specific groups of people.

**Table 15** provides educational attainment by town in Middlesex County (2010-2014). **Table 16** indicates educational attainment by persons over age 25, stratified by race and Hispanic origin in Middlesex County compared to Connecticut and the United States (2010-2014). **Table 17** outlines four-year cohort graduation rates by school districts in Middlesex County for the 2010-2011 through 2014-2015 time frames.

**Table 15 - Educational Attainment by Town in Middlesex County, 2010-2014**

	Less than HS Diploma	HS Diploma, GED, Equivalent	Some College	Associate's Degree	Bachelor's Degree or higher
Chester	4.7%	29.0%	19.5%	7.0%	39.9%
Clinton	5.9%	31.1%	21.2%	6.9%	34.9%
Cromwell	7.3%	28.2%	18.4%	6.3%	39.8%
Deep River	4.2%	36.8%	19.1%	6.8%	33.0%
Durham	5.1%	22.7%	15.6%	5.5%	51.0%
East Haddam	4.4%	29.7%	18.1%	11.6%	36.3%
East Hampton	3.5%	27.8%	16.3%	10.5%	41.8%
Essex	4.1%	16.3%	20.1%	7.2%	52.4%
Haddam	3.2%	24.9%	16.4%	10.5%	45.1%
Killingworth	2.6%	21.4%	16.1%	10.4%	49.6%
Middlefield	5.8%	31.2%	16.1%	7.3%	39.7%
Middletown	9.1%	28.6%	17.6%	6.9%	35.8%
Old Saybrook	6.0%	23.0%	19.1%	7.6%	44.4%
Portland	5.5%	28.6%	17.8%	9.9%	38.3%
Westbrook	7.9%	33.0%	19.6%	4.5%	35.0%
<b>Middlesex County</b>	<b>7.9%</b>	<b>21.4%</b>	<b>13.3%</b>	<b>6.1%</b>	<b>39.8%</b>
<b>Connecticut</b>	<b>10.4%</b>	<b>27.6%</b>	<b>17.6%</b>	<b>7.3%</b>	<b>37.0%</b>
<b>U.S.</b>	<b>13.6%</b>	<b>28.0%</b>	<b>21.2%</b>	<b>7.9%</b>	<b>29.3%</b>

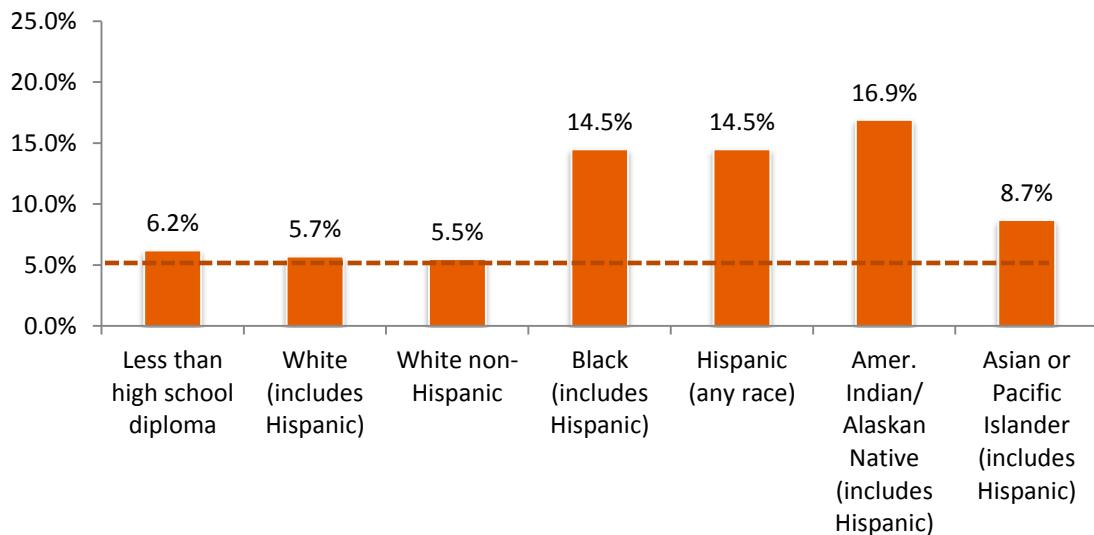
1. HS = High School
2. GED = General Educational Development tests where a Certificate of High School Equivalency is awarded confirming the test-taker has American high school-level academic skills if passing score requirements are met
3. Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year, 2010-2014, retrieved from The Connecticut Data Collaborative (ctdata.org)

**Table 16- Educational Attainment, Persons over Age 25, by Race and Hispanic Origin in Middlesex County, Connecticut, and U.S., 2010-2014**

	Middlesex County	CT	U.S.
<b>Less than 9<sup>th</sup> grade</b>	<b>2.1%</b>	<b>4.3%</b>	<b>5.8%</b>
<b>Less than high school</b>	<b>6.2%</b>	<b>10.5%</b>	<b>13.7%</b>
White (includes Hispanic)	5.7%	8.4%	11.6%
White non-Hispanic	5.5%	6.8%	8.6%
Black (includes Hispanic)	14.5%	16.0%	16.8%
Hispanic (any race)	14.5%	29.9%	35.9%
Amer. Indian/Alaskan Native (includes Hispanic)	16.9%	21.7%	21.4%
Asian or Pacific Islander (includes Hispanic)	8.7%	11.8%	14.2%
<b>At least bachelor's degree</b>	<b>39.7%</b>	<b>37.0%</b>	<b>29.3%</b>
White (includes Hispanic)	39.7%	39.4%	30.6%
White non-Hispanic	39.8%	41.1%	32.7%
Black (includes Hispanic)	29.5%	19.3%	19.0%
Hispanic (any race)	36.1%	15.8%	13.9%
Amer. Indian/Alaskan Native (includes Hispanic)	24.4%	17.6%	13.6%
Asian or Pacific Islander (includes Hispanic)	61.4%	62.1%	49.9%

Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, "Demographic Data for Connecticut," retrieved from State Cancer Profiles, statecancerprofiles.cancer.gov

**Figure 11 – Less than High School Educational Attainment, Persons over Age 25, by Race and Hispanic Origin in Middlesex County, 2010-2014**



1. Note: The reference line indicates the % of persons by race and Hispanic origin categories in excess of the lowest category for less than high school education attainment (i.e., white non-Hispanic at 5.5%)
2. Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, "Demographic Data for Connecticut," retrieved from State Cancer Profiles, [statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov)

**Table 17 - Four-Year Cohort Graduation Rates, School Districts in Middlesex County, 2010-2011 through 2014-2015**

School District	2010-11	2011-12	2012-13	2013-14	2014-15
Clinton School District	92.4%	92.7%	88.3%	92.5%	90.1%
Cromwell School District	93.5%	91.4%	91.7%	91.0%	96.1%
East Haddam School District	91.8%	92.2%	96.0%	93.3%	90.3%
East Hampton School District	91.4%	94.5%	96.2%	96.7%	94.5%
Middletown School District	76.9%	76.1%	81.0%	82.6%	88.3%
Old Saybrook School District	92.7%	95.8%	95.0%	92.0%	95.2%
Regional School District 04 (Chester, Deep River, Essex)	88.3%	91.9%	95.1%	97.8%	96.7%
Regional School District 13 (Durham, Middlefield)	92.9%	97.2%	94.1%	93.3%	91.6%
Regional School District 17 (Haddam, Killingworth)	92.8%	93.7%	96.3%	98.0%	96.4%
Portland School District	83.5%	91.3%	86.0%	92.9%	90.2%
Westbrook School District	94.7%	91.5%	96.2%	95.8%	97.4%

Source: Connecticut State Department of Education District Profile and Performance Reports, retrieved from The Connecticut Data Collaborative, 2016 ([ctdata.org](http://ctdata.org))

## Housing

**Table 18a** - Households and Subsidized Housing Units by Town, Middlesex County, and CT

	Number of Households (2010-2014)	Subsidized Housing Units (2015)
Chester	1,853	38
Clinton	5,313	140
Cromwell	5,501	428
Deep River	1,882	76
Durham	2,582	54
East Haddam	3,500	122
East Hampton	4,990	198
Essex	2,916	53
Haddam	3,192	47
Killingworth	2,590	16
Middlefield	1,729	46
Middletown	19,419	4,660
Old Saybrook	4,217	96
Portland	3,955	331
Westbrook	2,733	188
<b>Middlesex County</b>	<b>66,372</b>	<b>6,493</b>
<b>Connecticut</b>	<b>1,356,206</b>	<b>168,655</b>

Source: Connecticut Economic Resource Center (CERC) Town Profile 2016 Report, produced by The Connecticut Data Collaborative, [https://www.cerc.com/Content/Town\\_Profiles.asp](https://www.cerc.com/Content/Town_Profiles.asp)

**Table 18b** - Median Home Value by Town, Middlesex County, CT, 2010-2014

	Median Home Value
Chester	\$316,800
Clinton	\$280,600
Cromwell	\$242,800
Deep River	\$265,800
Durham	\$358,200
East Haddam	\$285,000
East Hampton	\$267,300
Essex	\$379,800
Haddam	\$327,800
Killingworth	\$386,900
Middlefield	\$303,300
Middletown	\$231,700
Old Saybrook	\$384,200
Portland	\$269,000
Westbrook	\$357,600
<b>Middlesex County</b>	<b>\$288,300</b>
<b>Connecticut</b>	<b>\$274,500</b>

Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, retrieved from Connecticut Data Collaborative, [ctdata.org](http://ctdata.org)

## Housing Insecurity and Health

Housing insecurity is defined by the Department of Health and Human Services as high housing costs in proportion to income, poor housing quality, unstable neighborhoods, overcrowding, or homelessness.<sup>20</sup> The U.S. Department of Housing and Urban Development (HUD) reports that families who pay more than 30% of their (gross) income for housing (mortgage costs or gross rent) are considered to be “cost burdened” and may therefore have difficulty affording basic necessities such as food, clothing, transportation and medical care.<sup>21</sup> The Harvard Research Center report, *The State of the Nation’s Housing 2016*, indicates that the number of cost-burdened renters who pay more than 30% of their income on housing has reached 21.3 million.<sup>22</sup> Households spending more than 50% on housing are considered to be “severely cost-burdened”. HUD estimates that nationwide, 12 million renters and homeowner households spend more than 50% of their annual income for housing; also noting that a family with one full-time worker in minimum wage employment cannot afford local fair-market rent for a two-bedroom apartment anywhere in the United States (HUD website dated September 2, 2016).<sup>21</sup> Housing cost burden exists almost universally in the lowest-income households, but is spreading to moderate-income households as well, most notably in higher-cost markets and locations.

Housing cost burden puts households at risk of housing instability and homelessness. Additionally, growing income inequalities, increased concentration of poverty and a decrease in subsidies for preservation and expansion of good-quality affordable housing supply in all neighborhoods have led to increased residential segregation (which is also a determinant of health).<sup>22</sup>

After paying large shares of income for housing, those living in cost-burdened households have little left over for vital needs. There are consequences to high housing costs and low income — the resultant housing insecurity contributes to the barriers that many people experience for addressing health issues (e.g., inability to afford immediate and preventive medical care, co-pays, prescriptions, delaying doctors' visits). In this way, housing insecurity is a prominent adverse determinant of health that influences health outcomes. Severely cost-burdened households spend 41% less on food and 74% less on healthcare when compared to counterparts living in affordable housing (2014 Consumer Expenditure Survey).<sup>22,23</sup>

**Tables 19 and 20** indicate the percentage of renters by town in Middlesex County and rental and owner housing burden by town in Middlesex County, respectively. For financial stress related to housing costs, for example, in Middletown, 32% of all owners and 44% of all renters experienced a housing burden of over 30%.

**Table 19** - % Renting by Town in Middlesex County, Middlesex County and CT, 2016

	Rental Housing %
Chester	30.5%
Clinton	18.1%
Cromwell	17.3%
Deep River	17.0%
Durham	4.8%
East Haddam	12.6%
East Hampton	11.6%
Essex	22.9%
Haddam	32.2%
Killingworth	2.4%
Middlefield	11.7%
Middletown	44.6%
Old Saybrook	15.2%
Portland	18.3%
Westbrook	20.2%
<b>Middlesex County</b>	<b>23.8%</b>
<b>Connecticut</b>	<b>32.2%</b>

Source: 2-1-1 Counts, Connecticut 2-1-1 (<http://ct.211counts.org/>)

**Table 20** - Rental Housing and Owner Housing Burden by Town in Middlesex County, 2012

	Housing Burden, Over 30%	
	Owners	Renters
Chester	32%	46%
Clinton	42%	44%
Cromwell	32%	49%
Deep River	32%	53%
Durham	32%	47%
East Haddam	32%	18%
East Hampton	32%	42%
Essex	30%	52%
Haddam	37%	25%
Killingworth	32%	NA
Middlefield	36%	51%
Middletown	32%	44%
Old Saybrook	37%	63%
Portland	25%	40%
Westbrook	37%	38%

Source: Connecticut United Way, ALICE Connecticut Study of Financial Hardship, "Appendix H - Key Facts and ALICE Statistics by Municipality, Connecticut, 2012", [http://alice.ctunitedway.org/meet\\_alice/](http://alice.ctunitedway.org/meet_alice/)

With regard to housing insecurity and health, adults living in unaffordable housing are more likely to report fair or poor health, failure to fill a prescription, or inability to adhere to health care treatments due to cost.<sup>24,25</sup> Other negative results include: poor quality/inadequate/unsafe housing; crowding in the home; exposure to environmental toxins; increased transportation expenses (trading housing costs for location); inability to pay monthly rent/mortgage; utility shut-offs due to nonpayment; increased stress due to financial burden; eviction; and homelessness. Housing insecurity affects all who experience it: it has been found to be a measure of poor health, growth and development in young children, with the resulting social disorganization influencing parenting and child behavior.<sup>26,27</sup> Other vulnerable groups affected by housing insecurity are older adults, people with disabilities, people of color and veterans. Lastly, determinants of health are often seen in combination — housing insecurity is also an important marker for food insecurity.

### ***Homelessness and Health***

Poor health can contribute to being homeless and being homeless can lead to poor health. There are many reasons that one becomes homeless (e.g., loss of a job, injury, disability, trauma, an acute behavioral health issue, substance misuse/abuse), and the state of homelessness can exacerbate chronic medical conditions. The chronically homeless experience a disproportionate disease burden: almost 40% are reported to have a chronic health problem;<sup>28</sup> approximately 20%-25% suffer from some form of severe mental illness (SAMHSA, 2009) compared to 6% of the general population (NIMH, 2009);<sup>29</sup> an estimated 38% are dependent on alcohol and 26% abuse other drugs (SAMHSA, 2003) — however, while substance abuse is often a cause of homelessness, it can also be a result of homelessness.<sup>30</sup> Medical treatment and preventive care can be a challenge to access for those who are homeless; as many either lack insurance or are unable to engage with health care providers in their community, they are more likely to use the emergency department as their usual source of care, have more inpatient admissions and longer lengths of stay.<sup>31</sup> Homelessness is also associated with a shortened lifespan.<sup>31</sup> For these reasons, homelessness is a strong predictor of health outcomes.

The Middlesex County Coalition on Housing and Homelessness was formed to implement the Middlesex County Ten Year Plan to End Homelessness and address chronic homelessness (defined as individuals who have experienced four or more episodes of homelessness in the past three years and who may be in need of intensive support services for ongoing mental health, substance abuse, and/or medical issues) and preventable homelessness (defined as individuals and families who are working or able to work and have undergone a personal or professional crisis that has left them without a home).<sup>32</sup> Among many other advocacy and community-based efforts, the coalition has worked to expand “Housing First” supportive housing units to house individuals who were formally chronically homeless; assist households in need through flexible homelessness prevention funding; raise awareness and decrease stigma regarding homelessness; and advocate for affordable housing.

The Connecticut Coalition to End Homelessness reported that on the night of February 18, 2015 for the Point in Time Count, there were approximately 4,047 people experiencing homelessness in the state, 135 of whom were in Middlesex County; 21 of the 135 in Middlesex County were children in families (CCEH, 2015).<sup>33</sup> The percentage of people experiencing chronic homelessness in Connecticut dropped by 21% since 2014 and decreased by 45% in Middlesex County since 2014 (An End in Ten Fact Sheet, October 2015).<sup>32</sup>

The Middlesex County Coalition on Housing and Homelessness advocates for the continuation of the following initiatives for sustainability in addressing chronic and preventable homelessness: project-based and scattered site permanent supportive housing units throughout Middlesex County; additional “Housing First” modeled permanent supportive housing units; additional Rental Assistance Program (RAP) vouchers; maintenance and expansion of annual state and federal investments for continued development of affordable and supportive housing; and continued local financial support for the Prevention Fund to keep individuals and families in their existing homes.<sup>32</sup>

### ***The ALICE Population***

The ALICE (Asset Limited, Income Constrained, Employed) Report is a study of financial insecurity and hardship among the workforce; it examines the growing number of working individuals and families who have income above the Federal Poverty Guidelines but below the basic cost of living. In 2014, the United Ways of Connecticut issued the ALICE report for the state of Connecticut. Asset Limited is defined as a lack of savings, with income constraints existing in low-income households. ALICE CT reports that 1-in-4 households in Connecticut are among the ALICE population (defined as households with earnings that exceed the Federal Poverty Guidelines but fall short of the basic cost of living threshold). Combining Connecticut’s households in poverty and the ALICE households, more than one-third of Connecticut households (35%) struggle to earn enough income to pay for basic expenses.<sup>34</sup>

The core issue that ALICE CT raises is that cost of basic household necessities for some in Connecticut is more than certain types of jobs can support — that is, specific jobs do not pay enough for individuals and families to afford the essentials of housing, child care, food, health care, and transportation, or provide the ability to have a savings account. Additionally, ALICE CT finds that into the next decade, the growth of low-skilled jobs is projected to outpace medium and higher-skilled jobs, both in Connecticut and across the country. Despite this fact, the cost of basic necessities continues to rise. Given this, the report notes serious consequences for ALICE households and their communities when fundamental needs are unaffordable — difficult financial choices must be made, ones which have a direct impact on healthcare such as forgoing preventative healthcare, dental care, prescription drugs and medical supplies due to cost, and the inability to purchase healthy foods due to higher prices.<sup>34</sup>

The ALICE Threshold is defined as the average level of income that a household needs to afford the basic necessities; it determines how many households are struggling in each county based on the Household Survival Budget. Two categories of ALICE Thresholds were developed for each county in Connecticut: one for under 65 years of age and one for 65 years of age and older.<sup>34</sup>

**Table 21** indicates that for Middlesex County, the ALICE Threshold for households under age 65 is an annual income of \$50,000 and for households age 65 and above is an annual income of \$30,000 (2012). Therefore any household under age 65 with an annual income of \$50,000 or less and any household age 65 and above with an annual income of \$30,000 or less is considered to experience financial insecurity per ALICE standards. In Middlesex County, out of the total 67,386 households, a combined 16,920 (25%) households are below the ALICE Threshold (3,585 households, or 5%, at poverty level; and 13,335 ALICE households, or 20%). Of interest is the older adult category, where 39% of seniors in Middlesex County are below the ALICE Threshold, which is significantly higher when compared to the senior categories in the other Connecticut counties.

**Table 21** - ALICE Threshold and ALICE Households by Race/Ethnicity and Age, Connecticut Counties, 2012

County	Total HHs	HHs below ALICE Threshold	Percent HHs below ALICE Threshold - Race/Ethnicity					% HHs below AT - Age	ALICE Threshold	
			Asian	Black	Hispanic	White	Seniors		ALICE Threshold - HHs under 65	ALICE Threshold - HHs age 65+
Fairfield County	334,255	94,082	3%	21%	24%	65%	26%	\$50,000	\$30,000	
Hartford County	346,726	123,202	3%	20%	25%	67%	28%	\$50,000	\$30,000	
Litchfield County	75,593	22,370	1%	1%	4%	95%	32%	\$50,000	\$30,000	
Middlesex County	67,386	16,920	2%	6%	5%	89%	39%	\$50,000	\$30,000	
New Haven County	330,054	149,094	2%	18%	20%	71%	26%	\$60,000	\$35,000	
New London County	105,801	36,681	3%	7%	10%	78%	27%	\$50,000	\$35,000	
Tolland County	54,830	15,608	2%	2%	5%	90%	22%	\$50,000	\$30,000	
Windham County	43,167	16,488	1%	2%	12%	92%	20%	\$50,000	\$30,000	

1. HHs = Households; AT = Alice Threshold
2. The ALICE Threshold for someone under age 65 is calculated by adding the ALICE Survival Budget for a family of four plus the Household Survival Budget for a single adult, dividing by 5, and then multiplying by 3.05, the average household size for CT households headed by someone under 65 years of age
3. The ALICE Threshold for someone over 65 is calculated by multiplying the ALICE Household Survival Budget for a single adult by 1.44, the average senior household size
4. Source 1: American Community Survey, 2012. Estimates depend on population size: population above 65,000, 1-year estimate; population between 20,000 and 65,000, 3-year estimate; population below 20,000 people, 5-year estimate
5. Source 2: ALICE (Asset Limited, Income Constrained, Employed), Connecticut. Study of Financial Hardship. Connecticut United Ways Fall 2014

**Table 22** outlines, by counties in Connecticut, the owner and renter occupied units below the ALICE Threshold and those households experiencing extreme housing burden, which here, is defined as paying more than 35% of income on mortgage or rent. It also provides the gap in rental stock, that is, the number of additional affordable rental units needed for households with income below the ALICE Threshold in order for them to pay less than 35% of income on housing. For Middlesex County, ALICE CT reports that 22% of owner-occupied households and 40% of renter-occupied households face extreme housing burden.

**Table 22** - ALICE Threshold by Owner and Renters & Renter Gap, Connecticut Counties, 2012

County	Owner Occupied Units			Renter Occupied Units			
	Owner Occupied	% Owned by HHs Below ALICE Threshold	Extreme Housing Burden: % Owners Pay more than 35% of Income	Renter Occupied	% Rented by HHs Below ALICE Threshold	Extreme Housing Burden: % Renters Pay more than 35% of Income	Gap in Rental Stock Affordable for All HHs Below ALICE Threshold
Fairfield County	228,219	20%	32%	106,036	53%	45%	34,789
Hartford County	221,397	23%	23%	125,329	65%	43%	37,212
Litchfield County	58,274	26%	28%	17,319	57%	36%	3,603
Middlesex County	50,565	20%	22%	16,821	53%	40%	3,275
New Haven County	209,129	26%	29%	120,925	67%	48%	5,298
New London County	69,260	22%	20%	36,541	61%	40%	8,639
Tolland County	40,774	18%	20%	14,056	68%	45%	5,528
Windham County	30,834	26%	25%	12,333	69%	42%	3,563

1. HHs = Households
2. Source 1: American Community Survey, 2012. Estimates depend on population size: population above 65,000, 1-year estimate
3. Source 2: ALICE (Asset Limited, Income Constrained, Employed), Connecticut. Study of Financial Hardship. Connecticut United Ways. Fall 2014

In **Table 23** the households by town in Middlesex County at the Federal Poverty Guideline (or Level) and the ALICE households (i.e., those who earn more than the Federal Poverty Guideline but less than the basic cost of living) when combined, equal the total percent of households below the ALICE Threshold struggling to afford basic needs.<sup>34</sup>

**Table 23** - Households below ALICE Threshold by Municipality in Middlesex County, 2012

	HHs below ALICE Threshold				HHs below ALICE Threshold		
	Poverty	ALICE	Total Below ALICE Threshold		Poverty	ALICE	Total Below ALICE Threshold
Chester	5%	21%	26%	Hebron	2%	9%	11%
Clinton	5%	23%	28%	Killingworth	0%	10%	10%
Cromwell	2%	19%	22%	Middlefield	5%	20%	25%
Deep River	2%	24%	26%	Middletown	10%	26%	36%
Durham	2%	11%	13%	Old Saybrook	7%	18%	25%
East Haddam	3%	15%	18%	Portland	5%	12%	17%
East Hampton	4%	16%	20%	Westbrook	3%	31%	34%
Essex	6%	14%	20%	Middlesex County	5%	20%	25%
Haddam	4%	13%	17%	Connecticut	10%	25%	35%

1. HHs = Households
2. Source 1: American Community Survey, 2012. Estimates depend on population size: population above 65,000, 1-year estimate; population between 20,000 and 65,000, 3-year estimate; population below 20,000 people, 5-year estimate
3. Source 2: ALICE (Asset Limited, Income Constrained, Employed), Connecticut. Study of Financial Hardship. Connecticut United Ways. Fall 2014; [http://alice.ctunitedway.org/meet\\_alice/](http://alice.ctunitedway.org/meet_alice/)

ALICE CT provides the Household Survival Budget, a demarcation of economic survival presented by county with the ability to extract town-level data. The budget is comprised of the actual cost of five identified household necessities (local housing, childcare, food, transportation and healthcare) with a 10% contingency tax added. The bare-minimum budget allows only a very modest living in one's community and does not provide for the ability to save, thereby leaving households vulnerable to unexpected expenses. In Connecticut, ALICE finds the annual Household Survival Budget (2012) for the average family of four to be \$64,689 and \$21,944 for a single adult.<sup>34</sup>

For Middletown (**Table 24**), in order to afford household essentials, a single adult would need a full-time job earning at least \$10.32 an hour for a monthly income total of \$1,721 and a total annual income of \$20,648; and, a family of four would need full-time employment with a household hourly wage of at least \$32.06 for a monthly income total of \$5,343 and an annual income of \$64,113. The household survival budgets by town in Middlesex County can be found in **Table 25**.

The survival budget estimates do not include the cost of a telephone or allow for cable or internet service, automotive repairs, dinner at a restaurant, travel, new purchases or gifts. The health care cost category includes nominal out-of-pocket expenses, but not the cost of health insurance, making the healthcare budget unsustainable, especially if any member of the household has a serious illness or medical emergency.<sup>34</sup> The report notes that older adults have many additional health care expenditures beyond what Medicare covers, which can oftentimes be substantial. ALICE CT proposes a Household Stability Budget which outlines what income is needed to both support and sustain a household that is economically viable. On average, in Connecticut, ALICE CT projects that the Household Stability Budget (2012) is \$111,632 per year for a family of four, which is a 73% increase from the Household Survival Budget, and \$30,118 per year for a single adult, which is a 37% increase from the Household Survival Budget.<sup>34</sup> This wide gap between survival budget and stability budget in Connecticut underscores the high cost of living that is beyond what the income of many jobs can provide to working households.

**Income Inequality and Health Summary:** Health and wealth have always been closely related, and research strongly suggests that income inequality plays a causal role in leading to worse health.<sup>35</sup> Furthermore, economically disadvantaged racial/ethnic populations in the U.S. experience worse health status on multiple physical health indicators.<sup>36</sup> It is important to note how wealth and income inequality serve as a determinant of health measure.

**Table 24 - Middletown Household Survival Budget**

Monthly Expenses	Single Adult	Family of Four
Housing	\$709	\$1,038
Child Care	\$0	\$1,543
Food	\$196	\$592
Transportation	\$352	\$704
Health Care	\$120	\$482
Miscellaneous	\$156	\$486
Taxes	\$187	\$498
Monthly Total	\$1,721	\$5,343
Annual Total	\$20,648	\$64,113

To afford all of the essentials in the Household Survival Budget in **Middletown**, a single adult would need a full time job earning **\$10.32** per hour, and a family of four would need full time employment with a household hourly wage of **\$32.06**

1. Note: Family of four defined as two adults, one infant and one preschool-age child
2. Source: "Meet ALICE", Connecticut United Way, [http://alice.ctunitedway.org/meet\\_alice/](http://alice.ctunitedway.org/meet_alice/); interactive website, last accessed July 2016

**Table 25** - ALICE Household Survival Budget by Town, Middlesex County

	Single Adult			Family of 4			HHs below ALICE Threshold		
	Monthly Total	Annual Total	MW	Monthly Total	Annual Total	MW	Poverty	ALICE	< ALICE Threshold
Chester	\$1,721	\$20,648	\$10.32	\$5,343	\$64,113	\$32.06	5%	21%	26%
Clinton	\$1,856	\$22,276	\$11.14	\$5,402	\$64,820	\$32.41	5%	23%	28%
Cromwell	\$1,721	\$20,648	\$10.32	\$5,343	\$64,113	\$32.06	2%	19%	21%
Deep River	\$1,856	\$22,276	\$11.14	\$5,402	\$64,820	\$32.41	2%	24%	26%
Durham	\$1,721	\$20,648	\$10.32	\$5,343	\$64,113	\$32.06	2%	11%	13%
East Haddam	\$1,721	\$20,648	\$10.32	\$5,343	\$64,113	\$32.06	3%	15%	18%
East Hampton	\$1,721	\$20,648	\$10.32	\$5,343	\$64,113	\$32.06	4%	16%	20%
Essex	\$1,856	\$22,276	\$11.14	\$5,402	\$64,820	\$32.41	6%	14%	20%
Haddam	\$1,721	\$20,648	\$10.32	\$5,343	\$64,113	\$32.06	4%	13%	17%
Hebron	\$1,721	\$20,648	\$10.32	\$5,264	\$63,169	\$31.58	2%	9%	11%
Killingworth	\$1,856	\$22,276	\$11.14	\$5,402	\$64,820	\$32.41	0%	10%	10%
Middlefield	\$1,721	\$20,648	\$10.32	\$5,343	\$64,113	\$32.06	5%	20%	25%
Middletown	\$1,721	\$20,648	\$10.32	\$5,343	\$64,113	\$32.06	10%	26%	36%
Old Saybrook	\$1,856	\$22,276	\$11.14	\$5,402	\$64,820	\$32.41	7%	18%	25%
Portland	\$1,721	\$20,648	\$10.32	\$5,343	\$64,113	\$32.06	5%	12%	17%
Westbrook	\$1,856	\$22,276	\$11.14	\$5,402	\$64,820	\$32.41	3%	31%	34%
<b>Middlesex County</b>	<b>\$1,834</b>	<b>\$22,005</b>	<b>\$11.00</b>	<b>\$5,441</b>	<b>\$65,297</b>	<b>\$32.65</b>	<b>5%</b>	<b>20%</b>	<b>25%</b>
<b>Connecticut</b>	<b>\$1,829</b>	<b>\$21,944</b>	<b>\$10.97</b>	<b>\$5,391</b>	<b>\$64,689</b>	<b>\$32.34</b>	<b>10%</b>	<b>25%</b>	<b>35%</b>

1. MW = Minimum Wage
2. Note: Family of four defined as two adults, one infant and one preschool-age child
3. Source: "Meet ALICE", Connecticut United Way, [http://alice.ctunitedway.org/meet\\_alice/](http://alice.ctunitedway.org/meet_alice/); interactive website, last accessed July 2016

For Temporary Family Assistance (TFA) child recipients in Middlesex County, see **Table A7** in the **Appendix**.

### **Unemployment**

**Table 26** - Unemployment (Ages 16+) by Race/Ethnicity in Middlesex County, CT and the U.S., 2010-2014

	Middlesex County	CT	U.S.
<b>Workforce (Unemployed), 16+</b>	<b>6.6%</b>	<b>9.6%</b>	<b>9.2%</b>
White (includes Hispanic)	6.5%	8.2%	7.9%
White non-Hispanic	6.4%	7.7%	7.5%
Black (includes Hispanic)	10.4%	17.2%	16.1%
Hispanic (any race)	9.8%	14.2%	11.0%
Amer. Indian/Alaskan Native (includes Hispanic)	0.0%	14.2%	15.9%
Asian or Pacific Islander (includes Hispanic)	4.3%	7.6%	7.3%

Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, "Demographic Data for Connecticut," retrieved from State Cancer Profiles ([statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov))

**Table 27** - Number Unemployed and Unemployment Rate by Town, Middlesex County, 2014

Town	Number Unemployed	Unemployment Rate	Town	Number Unemployed	Unemployment Rate
Chester	107	4.6%	Killingworth	179	4.7%
Clinton	405	5.6%	Middlefield	137	5.5%
Cromwell	435	5.5%	Middletown	1,713	6.5%
Deep River	152	5.3%	Old Saybrook	269	5.3%
Durham	204	4.8%	Portland	293	5.4%
East Haddam	288	5.8%	Westbrook	201	5.6%
East Hampton	386	5.1%	<b>Middlesex County</b>	5,179	5.6%
Essex	172	5.2%	<b>Connecticut</b>	124,700	6.6%
Haddam	239	4.8%			

Source: Connecticut Economic Resource Center (CERC) Town Profiles 2016, produced by The Connecticut Data Collaborative ([https://www.cerc.com/Content/Town\\_Profiles.asp](https://www.cerc.com/Content/Town_Profiles.asp))

### **Disability Status**

While disability is varied (i.e., some health conditions associated with disability result in poor health and extensive health care needs and others do not), people with disabilities tend to report seeking more health care than people without disabilities, and have greater unmet needs. Barriers to accessing healthcare include prohibitive costs; limited availability of services; physical barriers; potential for inadequate skills and knowledge among health workers; and health promotion and prevention activities that are seldom targeted to people with disabilities (WHO, 2015).

**Table 28** - Disability Status Estimates in Middletown, Middlesex County, and CT, 2010-2014

	Middletown	Middlesex County	CT
Total population	46,451	163,539	3,535,851
Total population with a disability	4,782	15,720	376,276
<b>% of Total population with a disability</b>	<b>10.3%</b>	<b>9.6%</b>	<b>10.6%</b>
Under 18 years total population	8,740	33,388	793,950
Under 18 years with a disability	285	970	29,860
<b>% of Under 18 years with a disability</b>	<b>3.3%</b>	<b>2.9%</b>	<b>3.8%</b>
18 to 64 years total population	31,894	103,866	2,233,238
18 to 64 years with a disability	2,561	7,012	182,384
<b>% of 18 to 64 years with a disability</b>	<b>8.0%</b>	<b>6.8%</b>	<b>8.2%</b>
65 years and over total population	5,817	26,285	508,663
65 years and over with a disability	1,936	7,738	164,032
<b>% of 65 years and over with a disability</b>	<b>33.3%</b>	<b>29.4%</b>	<b>32.2%</b>

1. Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014
2. Note 1: Total population measures the non-institutionalized civilian U.S. population
3. Note 2: Effective 2008, the American Community Survey (ACS) questionnaires cover six disability types: (1) hearing difficulty (deaf or having serious difficulty hearing); (2) vision difficulty (blind or having serious difficulty seeing, even when wearing glasses); (3) cognitive difficulty (because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions); (4) ambulatory difficulty (having serious difficulty walking or climbing stairs); (5) self-care difficulty (having difficulty bathing or dressing), (6) independent living difficulty (because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping). Respondents who report any one of the six disability types are considered to have a disability

## Health Insurance Status

Health insurance status determines level of access to healthcare (defined as the timely use of personal health services in order to achieve the best health outcomes). Gaining entry to the healthcare system positively impacts overall physical, social and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy. People who lack adequate coverage (are uninsured, underinsured or have high cost plans - premiums, co-pays, deductibles), experience unmet health needs; delays in receiving appropriate care; inability to get preventative services; hospitalizations that could have been avoided; poorer health status; reduced quality of life; premature death; and the burden of large medical bills (Healthy People 2020).

**Table 29 - Health Insurance Estimates, Middlesex County and CT, 2010-2014**

	Middlesex County	CT
<b>Insured, Ages &lt;19</b>		
All Income Levels	97.2%	96.1%
At or Below 250% Poverty	94.1%	94.0%
At or Below 200% Poverty	93.7%	93.9%
At or Below 138% Poverty	92.9%	93.9%
<b>Insured, Ages 18 to 64 years</b>		
<i>All Income Levels</i>	93.6%	90.4%
Male	92.7%	88.7%
Female	94.4%	92.1%
<i>At or Below 250% Poverty</i>	83.9%	80.5%
Male	81.2%	76.2%
Female	86.1%	84.1%
<i>At or Below 200% Poverty</i>	83.4%	80.3%
Male	80.7%	75.9%
Female	85.6%	83.7%
<i>At or Below 138% Poverty</i>	83.6%	81.0%
Male	80.9%	76.8%
Female	85.6%	84.1%
<b>Insured, Ages 40 to 64 years</b>		
<i>All Income Levels</i>	94.8%	93.0%
Male	94.5%	92.2%
Female	95.1%	93.7%
<i>At or Below 250% Poverty</i>	85.4%	83.6%
Male	84.1%	81.1%
Female	86.4%	85.6%
<i>At or Below 200% Poverty</i>	85.0%	83.3%
Male	83.7%	80.8%
Female	86.0%	85.3%
<i>At or Below 138% Poverty</i>	85.1%	83.8%
Male	83.7%	81.2%
Female	86.1%	85.8%
<b>Insured, Ages 50 to 64 years</b>		
<i>All Income Levels</i>	95.1%	93.8%
Male	95.3%	93.3%
Female	95.0%	94.2%
<i>At or Below 250% Poverty</i>	86.9%	85.8%
Male	86.6%	84.0%
Female	87.1%	87.2%
<i>At or Below 200% Poverty</i>	86.8%	85.9%
Male	86.7%	84.2%
Female	86.9%	87.1%
<i>At or Below 138% Poverty</i>	87.2%	86.6%
Male	87.0%	84.9%
Female	87.3%	87.9%
<b>Insured, Ages &lt;65</b>		
<i>All Income Levels</i>	94.2%	92.0%
Male	93.9%	90.8%
Female	95.1%	93.2%
<i>At or Below 250% Poverty</i>	87.0%	85.0%
Male	85.3%	82.5%
Female	88.4%	87.2%
<i>At or Below 200% Poverty</i>	86.5%	84.9%
Male	84.9%	82.6%
Female	88.0%	87.0%
<i>At or Below 138% Poverty</i>	86.4%	85.5%
Male	85.0%	83.4%
Female	87.7%	87.2%

Source: U.S. Census Bureau and the Small Area Health Insurance Estimates, "Demographic Data for Connecticut," 2014, retrieved from State Cancer Profiles, statecancerprofiles.cancer.gov

**Table 30** - Number of Individuals Enrolled in Medicaid by Town, Middlesex County, 2010, 2012, and 2014

	2010	2012	2014
Chester	292	403	583
Clinton	996	1,348	1,988
Cromwell	1,048	1,324	1,890
Deep River	416	464	617
Durham	245	343	547
East Haddam	534	669	971
East Hampton	784	1,005	1,446
Essex	364	466	657
Haddam	371	483	758
Killingworth	213	309	454
Middlefield	210	283	392
Middletown	6,444	8,399	11,459
Old Saybrook	820	948	1,403
Portland	685	923	1,249
Westbrook	491	637	996
<b>Middlesex County</b>	<b>13,913</b>	<b>18,004</b>	<b>25,410</b>
<b>Connecticut</b>	<b>467,876</b>	<b>580,576</b>	<b>778,561</b>

Source: Connecticut Department of Social Services, retrieved from the Connecticut Data Collaborative; [ctdata.org](http://ctdata.org)

**Table 31** - Husky A and B Child Enrollment, Middlesex County, 2010, 2012, and 2014

	1-Jan-10	1-Jan-12	1-Jan-14
	Total Husky A & B	Total Husky A & B	Total Husky A & B
Chester	105	152	154
Clinton	547	685	714
Cromwell	487	596	564
Deep River	236	272	203
Durham	124	168	182
East Haddam	290	338	331
East Hampton	413	472	468
Essex	210	234	205
Haddam	225	267	288
Killingworth	138	166	154
Middlefield	121	135	124
Middletown	3,299	3,781	3,783
Old Saybrook	421	459	444
Portland	343	413	416
Westbrook	244	291	271
<b>Middlesex County</b>	<b>7,293</b>	<b>8,429</b>	<b>8,301</b>
<b>Connecticut</b>	<b>255,188</b>	<b>285,091</b>	<b>288,777</b>

Citation: Brockmeyer, R., and Horowitz, S., (2015). Building Opportunities: Two Generations at a Time: 2015 Kids Count Data Book. Hartford, CT: Connecticut Association for Human Services; <http://cahs.org/our-state-policy-platform/kids-count/>

## Food Insecurity

The USDA (U.S. Department of Agriculture) defines food security as access by all members of a household at all times to enough food for an active, healthy life. At a minimum, food security includes the ready availability of nutritious and safe foods, and ability to acquire foods without having to access emergency food supplies or utilize other coping strategies. Food insecurity is defined as limited or uncertain access to nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods.<sup>37,38</sup>

Food insecurity is a significant public health challenge in the United States. In 2014, 48.1 million Americans lived in food insecure households, including 32.8 million adults and 15.3 million children. 14% of households (17.4 million households) were food insecure. 6% of households (6.9 million households) experienced very low food security. Households with children reported food insecurity at a much higher rate than those without children (19% compared to 12%). Households that had higher rates of food insecurity when compared to the national average were those with children (19%), especially households with children headed by single women (35%) or single men (22%); black non-Hispanic households (26%); and Hispanic households (22%).<sup>39,40</sup> Older adults are vulnerable to food insecurity as well - in 2013, 5.4 million seniors (over age 60), or 9% of all seniors were food

insecure.<sup>41</sup> In Connecticut, the Connecticut Food Bank finds that 13.1% or 472,540 Connecticut residents are food insecure, and of that number, more than 140,000 are children.<sup>42</sup> Food insecurity exists in every county in the U.S., ranging from a low of 4% to a high of 33%.<sup>43</sup> In Middlesex County, 17,980 people (10.9%) experience food insecurity, and of that number 5,150 are children.<sup>42,44</sup> In Middlesex County, 46% of residents are below the Supplemental Nutrition Assistance Program (SNAP) and other nutrition programs threshold of 185% Federal Poverty Guideline (or Level).<sup>44</sup>

**Table 32** - Food Insecurity Rates by Town, Middlesex County, and CT, 2016

Town	Food Insecurity Rate	Town	Food Insecurity Rate
Chester	11.9%	Killingworth	5.9%
Clinton	10.9%	Middlefield	7.3%
Cromwell	11.0%	Middletown	16.3%
Deep River	9.4%	Old Saybrook	9.2%
Durham	6.2%	Portland	10.7%
East Haddam	11.1%	Westbrook	11.9%
East Hampton	7.6%	<b>Middlesex County</b>	10.9%
Essex	9.0%	<b>Connecticut</b>	13.1%
Haddam	6.9%		

1. Source 1: Connecticut Food Bank; Hunger in CT; <http://www.ctfoodbank.org/about-us/hunger-in-connecticut/map-the-meal-gap-2015/>
2. Source 2: Gunderson, C., Dewey, A., Crumbaugh, A., Kato, M., Engelhard, E., Map the Meal Gap 2016: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2016

**Table 33** - SNAP Recipients under Age 18 by Town, Middlesex County, and CT, 2010 & 2013

Town	SNAP Recipients Under 18		Town	SNAP Recipients Under 18	
	SFY 2010	SFY 2013		SFY 2010	SFY 2013
Chester	26	30	Killingworth	26	40
Clinton	134	202	Middlefield	23	43
Cromwell	115	198	Middletown	1,682	1,931
Deep River	39	56	Old Saybrook	107	119
Durham	28	37	Portland	122	180
East Haddam	51	80	Westbrook	66	68
East Hampton	135	166	<b>Mdsx County</b>	2,630	3,266
Essex	36	52	<b>Connecticut</b>	131,130	156,020
Haddam	40	64			

1. SNAP = Supplemental Nutrition Assistance Program (formerly known as the Food Stamp Program)
2. SFY = State Fiscal Year
3. Citation: Brockmeyer, R., and Horowitz, S., (2015). *Building Opportunities: Two Generations at a Time: 2015 Kids Count Data Book*. Hartford, CT: Connecticut Association for Human Services (<http://cahs.org/our-state-policy-platform/kids-count/>)
4. Original Source: Connecticut Department of Social Services, unpublished data, SFYs 2010 and 2013

**Supplemental Nutrition Assistance Program (SNAP)** is a food-purchasing assistance program administered by the U.S. Department of Agriculture (USDA) under the Food and Nutrition Service, with benefits distributed locally in each state. SNAP provides a hunger safety net for low- and no-income individuals and families.

A **Food Desert** is defined as a low-income census tract where a substantial number or percentage of residents (at least 33% of the tract's population or a minimum of 500 people) has low access to a supermarket or a large grocery store. Low access to a healthy food retail store is defined as more than 1 mile from a supermarket or large grocery store in urban areas and more than 10 miles in rural areas.<sup>45</sup>

Communities identified as food deserts lack access to fresh fruits, vegetables and other healthful foods. Instead, residents must rely on local convenience stores, which provide processed, high-sugar and high-fat unhealthy foods.

**Table 34** - Children under Age 18 Eligible for Free/Reduced-Priced School Breakfast and/or Lunch by School District in Middlesex County, 2011-2012 and 2013-2014

School District	SY 2011-2012			SY 2013-2014		
	# Eligible FRPL	% Eligible FRPL	Avg # Brkfst Daily	# Eligible FRPL	% Eligible FRPL	Avg # Brkfst Daily
Chester	31	12.0%	*	29	12.7%	9
Clinton	321	16.0%	39	417	21.4%	98
Cromwell	342	17.3%	34	316	16.2%	130
Deep River	47	13.2%	48	49	14.8%	13
East Haddam	121	9.5%	32	157	13.3%	47
East Hampton	186	9.6%	*	200	10.7%	47
Essex	47	8.4%	*	59	11.6%	4
Middletown	2,198	43.7%	626	2,195	45.9%	1,135
Old Saybrook	232	14.9%	232	260	18.1%	261
Portland	217	15.9%	*	256	18.7%	30
Westbrook	131	14.2%	16	110	13.2%	23
<b>Middlesex County</b>	<b>3,873</b>	<b>22.5%</b>	<b>1,027</b>	<b>4,048</b>	<b>24.6%</b>	<b>1,797</b>
<b>Connecticut</b>	<b>194,622</b>	<b>35.2%</b>	<b>83,433</b>	<b>202,025</b>	<b>36.9%</b>	<b>91,487</b>

1. \* = No program in district

2. SY = School Year

3. FRPL = Free- or Reduced-Price Lunch

4. Citation: Brockmeyer, R., and Horowitz, S., (2015). *Building Opportunities: Two Generations at a Time: 2015 Kids Count Data Book*. Hartford, CT: Connecticut Association for Human Services (<http://cahs.org/our-state-policy-platform/kids-count/>)

5. Original Source: Connecticut State Department of Education, published data, School Years 2011-2013 and 2013-2014

There are multiple demonstrated negative health outcomes that are associated with food insecurity:

- For households with children, they include: lower nutrient intake; greater cognitive problems; higher levels of aggression and anxiety; poorer general health; higher probability of being hospitalized; higher probability of mental health issues, behavioral problems and asthma; and, higher frequency of oral health problems.<sup>46-54</sup>
- For food-insecure adults, consequences include: lower nutrient intakes; mental health problems; physical health problems; depression; diabetes; higher levels of chronic disease; and, worse outcomes on health exams.<sup>46,49,55-61</sup>
- Seniors experiencing food insecurity have lower nutrient intakes; are more likely to be in poor or fair health; and, are more likely to have limitations in activities of daily living.<sup>46,62,63</sup>

## 2-1-1 Service Requests

**Table 35** reviews the top service requests through the Connecticut 2-1-1 system for Middletown, Middlesex County and Connecticut, provided by the CT 2-1-1 Counts dashboard (<http://ct.211counts.org/>) for the time-period of January 1, 2015 to December 31, 2015. **Tables 36a, b, c** give the overall categories and sub-category detail of the request type.

For Middletown, Middlesex County and Connecticut, inquiries for housing and shelter topped each list at 27.6%, 21.1%, and 24.6%, respectively. In Connecticut, the 2-1-1 system is the “front door” through which individuals or families who are homeless or at imminent risk of becoming homeless must access the regional Coordinated Access Network (CAN), which is a system to assess and assign housing assistance and supports to those in the midst of a housing crisis.

**Table 35 - 2-1-1 Top Service Requests by Overall Categories: January 1, 2015 to December 31, 2015**

	Middle-town	Mdsx County	CT
Housing & Shelter	27.6%	21.1%	24.6%
Employment & Income	23.4%	22.6%	19.8%
Mental Health & Addictions	15.0%	18.0%	17.0%
Other	11.1%	11.5%	12.4%
Healthcare	6.4%	8.5%	7.3%
Utilities	6.4%	7.9%	7.3%
Food	4.0%	4.3%	5.4%
Legal Services	2.4%	2.7%	2.7%
Clothing & Household	1.4%	1.2%	1.8%
Disaster	1.1%	<1%	<1%
Child Care & Parenting	<1%	<1%	<1%
Transportation Assistance	<1%	1.1%	<1%
Education	<1%	<1%	<1%

Source: 2-1-1 Counts, Connecticut 2-1-1; <http://ct.211counts.org/>

**Table 36a - 2-1-1 Top Service Requests Detail: January 1, 2015 to December 31, 2015**

	Middletown		Middlesex County		Connecticut	
	Count	Percent	Count	Percent	Count	Percent
<b>Total Requests</b>	<b>6,204</b>	<b>100%</b>	<b>10,524</b>	<b>100%</b>	<b>353,770</b>	<b>100%</b>
<b>Housing &amp; Shelter</b>	<b>1,714</b>	<b>27.6%</b>	<b>2,217</b>	<b>21.1%</b>	<b>86,969</b>	<b>24.6%</b>
Shelters	1,351	78.8%	1,633	73.7%	64,581	74.3%
Low-cost housing	139	8.1%	222	10.0%	9,012	10.4%
Home repair / maintenance	10	<1%	26	1.2%	836	<1%
Rent assistance	214	12.5%	336	15.2%	12,540	14.4%
Mortgage assistance	0	0.0%	0	0.0%	0	0.0%
Landlord / tenant issues	39	2.3%	68	3.1%	3,092	3.6%
<b>Food</b>	<b>248</b>	<b>4.0%</b>	<b>448</b>	<b>4.3%</b>	<b>19,076</b>	<b>5.4%</b>
Help buying food	74	29.8%	149	33.3%	5,197	27.2%
Food pantries	111	44.8%	189	42.2%	9,118	47.8%
Soup kitchens	20	8.1%	32	7.1%	1,471	7.7%
Feeding children	1	<1%	3	<1%	265	1.4%
Home-delivered meals	8	3.2%	21	4.7%	425	2.2%
Holiday meals	33	13.3%	51	11.4%	2,516	13.2%

Source: 2-1-1 Counts, Connecticut 2-1-1; <http://ct.211counts.org/>

**Table 36b** - 2-1-1 Top Service Requests Detail: January 1, 2015 to December 31, 2015 (continued)

	Middletown		Middlesex County		Connecticut	
	Count	Percent	Count	Percent	Count	Percent
<b>Utilities</b>	<b>394</b>	<b>6.4%</b>	<b>829</b>	<b>7.9%</b>	<b>25,837</b>	<b>7.3%</b>
Electric	243	61.7%	491	59.2%	13,540	52.4%
Gas	39	9.9%	71	8.6%	5,140	19.9%
Water	1	<1%	4	<1%	152	<1%
Heating fuel	64	16.2%	171	20.6%	3,474	13.4%
Trash collection	0	0.0%	0	0.0%	0	0.0%
Utility payment plans	1	<1%	2	<1%	75	<1%
Utility deposit assistance	0	0.0%	0	0.0%	0	0.0%
Disconnection protection	34	8.6%	72	8.7%	2,878	11.1%
Phone	0	0.0%	0	0.0%	0	0.0%
<b>Healthcare</b>	<b>397</b>	<b>6.4%</b>	<b>895</b>	<b>8.5%</b>	<b>25,918</b>	<b>7.3%</b>
Health insurance	196	49.4%	497	55.5%	14,756	56.9%
Medical expense assistance	4	1.0%	9	1.0%	145	<1%
Medical providers	113	28.5%	205	22.9%	6,136	23.7%
Dental care	27	6.8%	57	6.4%	1,000	3.9%
Eye care	1	<1%	2	<1%	120	<1%
Prescription medications	9	2.3%	13	1.5%	281	1.1%
Medical equipment	5	1.3%	13	1.5%	250	<1%
Nursing homes & adult care	25	6.3%	69	7.7%	2,215	8.5%
Reproductive health	1	<1%	3	<1%	93	<1%
Death related	3	<1%	7	<1%	147	<1%
Other health services	13	3.3%	20	2.2%	775	3.0%
<b>Mental Health &amp; Addictions</b>	<b>932</b>	<b>15.0%</b>	<b>1,897</b>	<b>18.0%</b>	<b>60,211</b>	<b>17.0%</b>
Substance abuse & addictions	195	20.9%	322	17.0%	6,776	11.3%
Marriage & family	0	0.0%	0	0.0%	0	0.0%
Crisis intervention & suicide	454	48.7%	1,079	56.9%	26,972	44.8%
Mental health services	276	29.6%	482	25.4%	26,084	43.4%
Mental health facilities	7	<1%	14	<1%	379	<1%
<b>Employment &amp; Income</b>	<b>1,449</b>	<b>23.4%</b>	<b>2,382</b>	<b>22.6%</b>	<b>70,031</b>	<b>19.8%</b>
Job search	67	4.6%	92	3.9%	2,990	4.3%
Job development	2	<1%	2	<1%	27	<1%
Unemployment benefits	8	<1%	15	<1%	421	<1%
Tax preparation	520	35.9%	669	28.1%	5,925	8.5%
Financial assistance	840	58.0%	1,576	66.2%	59,658	85.2%
Money management	12	<1%	28	1.2%	1,010	1.4%

Source: 2-1-1 Counts, Connecticut 2-1-1; <http://ct.211counts.org/>

**Table 36c** - 2-1-1 Top Service Requests Detail: January 1, 2015 to December 31, 2015 (continued)

	Middletown		Middlesex County		Connecticut	
	Count	Percent	Count	Percent	Count	Percent
<b>Clothing &amp; Household</b>	<b>85</b>	<b>1.4%</b>	<b>123</b>	<b>1.2%</b>	<b>6,236</b>	<b>1.8%</b>
Clothing	51	60.0%	79	64.2%	3,283	52.6%
Personal hygiene products	7	8.2%	9	7.3%	475	7.6%
Appliances	0	0.0%	0	0.0%	6	<1%
Home furnishings	1	1.2%	1	<1%	159	2.5%
Thrift shops	1	1.2%	1	<1%	72	1.2%
Seasonal / holiday	20	23.5%	25	20.3%	1,188	19.1%
<b>Child Care &amp; Parenting</b>	<b>8</b>	<b>&lt;1%</b>	<b>14</b>	<b>&lt;1%</b>	<b>855</b>	<b>&lt;1%</b>
Child care	5	62.5%	11	78.6%	659	77.1%
Parenting	3	37.5%	3	21.4%	196	22.9%
<b>Legal Services</b>	<b>147</b>	<b>2.4%</b>	<b>282</b>	<b>2.7%</b>	<b>9,482</b>	<b>2.7%</b>
Legal assistance	85	57.8%	160	56.7%	4,404	46.4%
Child & family law	21	14.3%	51	18.1%	1,799	19.0%
Immigration assistance	2	1.4%	3	1.1%	187	2.0%
<b>Transportation Assistance</b>	<b>57</b>	<b>&lt;1%</b>	<b>112</b>	<b>1.1%</b>	<b>3,136</b>	<b>&lt;1%</b>
Medical transportation	36	63.2%	77	68.8%	1,833	58.5%
Public transportation	19	33.3%	32	28.6%	1,196	38.1%
Automobile assistance	1	1.8%	1	<1%	71	2.3%
Long-distance travel	0	0.0%	0	0.0%	0	0.0%
<b>Education</b>	<b>11</b>	<b>&lt;1%</b>	<b>23</b>	<b>&lt;1%</b>	<b>1,160</b>	<b>&lt;1%</b>
Early childhood education	0	0.0%	0	0.0%	4	<1%
Adult education	1	9.1%	2	8.7%	56	4.8%
Literacy	1	9.1%	1	4.3%	328	28.3%
ESL / citizenship	1	9.1%	1	4.3%	136	11.7%
Tutoring	1	9.1%	2	8.7%	41	3.5%
School supplies	0	0.0%	1	4.3%	120	10.3%
Scholarships & aid	1	9.1%	6	26.1%	178	15.3%
Other education providers	6	54.5%	10	43.5%	295	25.4%
<b>Disaster</b>	<b>71</b>	<b>1.1%</b>	<b>91</b>	<b>&lt;1%</b>	<b>955</b>	<b>&lt;1%</b>
Food / water	0	0.0%	0	0.0%	1	<1%
Housing / shelter	63	88.7%	72	79.1%	564	59.1%
Transportation / fuel	0	0.0%	0	0.0%	0	0.0%
Health / safety	0	0.0%	0	0.0%	0	0.0%
<b>Other</b>	<b>691</b>	<b>11.1%</b>	<b>1,211</b>	<b>11.5%</b>	<b>43,904</b>	<b>12.4%</b>
Agency & other contact information	420	60.8%	745	61.5%	28,869	65.8%
Community development & enrichment	4	<1%	6	<1%	376	<1%
Volunteering & donations	14	2.0%	31	2.6%	799	1.8%
Support & advocacy	68	9.8%	107	8.8%	2,213	5.0%
Complaints	29	4.2%	57	4.7%	2,307	5.3%
Government	23	3.3%	43	3.6%	1,480	3.4%
Special populations services	4	<1%	8	<1%	386	<1%

## APPROACH AND METHODOLOGY

The goal of this community health needs assessment is to assess the health status, quality of life and conditions that impact health for the residents in the communities we serve by gathering, analyzing and summarizing local data for the Middlesex Hospital service area and, when possible, benchmarking against the state of Connecticut. To achieve this, primary, secondary, quantitative and qualitative data sources and collection methodologies were used. This assessment was completed internally by Middlesex Hospital under the direction of the Director of Community Benefit and written by the Director of Community Benefit, with key contributions made by three summer interns assisting with tool development, data compilation and data analysis. For a listing of participation, see **Table A8** in the **Appendix**. Over the course of an intensive three and a half month period (mid-June – end of September 2016), a participatory approach was utilized to create the 2016 Middlesex Hospital CHNA through the following activities: 1) Development of a CHNA Advisory Committee to provide guidance and insight; 2) Use of key informant surveys to promote diverse perspectives through community and clinical engagement; 3) Demographic summary on a variety of demographic indicators; 4) Secondary data collection for county-level and available community-level data; and 5) Comprehensive review of community assets. Wherever possible, data are stratified by gender and/or vulnerable populations. The following section reviews our process for data collection and analysis.

**Quantitative Research** gathers data in numerical form that can be put into categories, rank order, or measured in units of measurement. Data are analyzed through numerical comparisons and statistical inferences.

**Qualitative Research** gathers data in non-numerical form, using methods such as open-ended questions, interviews and observations. It is typically descriptive data drawn from the respondents' understanding and/or feeling about a situation.

**Primary Data** is collected directly by an investigator for a specific purpose/to answer a research question. Examples include personal interviews, questionnaires or surveys with a specific intention and on a specific subject.

**Secondary Data** is existing data that has already been collected by someone or an organization, but can be used by others to answer research questions. They are typically large data sets that may allow for comparison of years' worth of statistical information (e.g., census data).

### Information Gaps and Limitations

This study has the following limitations that should be considered: 1) Time, resource and available data limitations prevented the analysis of every health and community issue; 2) Available secondary data may not be as recent as the date of this assessment due to the data collection cycle for specific data sets; 3) Limited data availability to assess some vulnerable populations; 4) Bias, a common systematic error in data collection that results in incorrect estimates (over- or under-estimation through over- or under-reporting). Though not intentional, in this study, selection bias and recall bias may be present. Selection bias occurs when proper randomization is not achieved, resulting in a sample that may not be representative of the population intended to be analyzed. Recall bias occurs through self-report, when respondents answer inaccurately or incompletely due to differences in recollection of past events or experiences; and 5) Sample size: depending on the size of the sample, results may not be statistically representative of the target population.

## Key Informant Survey Overview - Primary Data

The key informant data collection method is a way to obtain valuable community input; it can be in face-to-face interview, telephone interview or survey form. The purpose is to gather perception information from a wide range of representative community members and leaders with diverse backgrounds and opinions who have first-hand knowledge about the community in order to garner insight on pressing local issues, in this case, related to health, drivers of health, and well-being. For this CHNA, the survey tool was developed internally via review of multiple existing resources, with a focus on determinants of health and health equity in addition to health-based areas. The majority of the survey questions were posed in quantitative form through Likert scales, the ranking of responses or the choosing of top responses. Qualitative open-ended reply options were given through the “other” response choice for select questions and the concluding question *“what is your vision for a healthy community and what is needed to get to that vision?”*. Five optional cancer-related questions were added at the end of the survey to assist in the Middlesex Hospital Cancer Center’s community assessment process.

The 17 question survey was administered through the online SurveyMonkey format, where key informants were sent an email explaining the survey’s purpose and inviting them to access the survey link. Three distribution lists (Community; Middlesex Hospital/System Staff; Middlesex Hospital Medical Staff) were compiled and corresponding separate and distinct survey URLs were generated. Surveys were administered over a three week period, from the end of July 2016 through early August 2016. For all three discrete distribution channels combined, a total of 2,886 surveys were sent with a total of 438 completed for an overall response rate of 15.2%. As the surveys were circulated during the summer months, vacations may have impacted the response rates. Below is an overview of the individual distribution channels:

1. **Community:** An extensive community contact list was developed, including representation from Middletown, Middlesex County and the periphery towns in the Middlesex Hospital service area. Sectors included elected officials (mayors, selectpersons, state legislators, etc.); local health departments; health care services (medical, dental, behavioral health, etc.); schools (public, private); colleges and universities; public safety (police, fire, emergency management); social services; youth and family services; other community services (senior care, veterans representation, etc.); faith-based organizations; community organizations and coalitions; the business community; and residents. For those organizations that opted to be recognized for survey participation, see **Table A9a** in the **Appendix**. Surveys were sent to 805 community contacts and 162 were completed (20.1% response rate).

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What is your vision for a healthy community?

*“People getting access to quality health care without fear of reprisal, incarceration, or judgment based on their current health conditions/health history/lack thereof. To educate the patient to a point where they begin to take ownership of their own personal well-being, and make the needed changes in lifestyle/habits that will bolster health improvement (mental/physical/spiritual/financial)”*

– Key Informant

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2. **Middlesex Hospital/System Staff:** The survey was sent to the Hospital's leadership e-distribution lists (executive staff, directors, managers, supervisors) with a request to share the explanation of purpose and survey URL with individual departmental staff e-distribution lists. Respondents were asked to note the positions they represented and were given the following options: physician (MD, DO); advanced practice provider (APRN, PA-C); nurse (RN, BSN, MSN); allied health (PT/OT, RT); clinical (other) - please describe; non-clinical - please describe; other - please describe. For those departments that opted to be recognized for survey participation, see **Table A9b in the Appendix**. To determine response rate, management staff who shared the survey were asked to supply the numbers of staff on their respective departmental e-distribution lists. When including departmental distributions lists, surveys were sent to 1,555 hospital staff members and 247 were completed (15.9% response rate).

3. **Middlesex Hospital Medical Staff:** Surveys were sent to active medical staff and allied health professional staff through the Hospital's Medical Staff Office. Respondents were asked to note the positions they represented and were given the following options: MD, DO, PA, APRN, psychologist, social work; other - please describe. A total of 526 surveys were sent to 383 active medical staff and 143 allied health professional staff; 29 were completed (5.5% response rate).

Given the low response rate for the Middlesex Hospital Medical Staff, their results have been combined with the Middlesex Hospital/System key informant survey replies for analysis. When combining Middlesex Hospital/System (247 responses) with the Medical Staff (29 responses), the total combined response rate was 13.3%.

### DataHaven Overview - Primary Data

DataHaven, located in New Haven, CT, is a nonprofit organization that specializes in collecting, interpreting and sharing neighborhood- and regional-level public data on key social and economic trends as they relate to improving the quality of life of communities, and supporting local planning, policymaking and community building.<sup>64</sup> The 2015 DataHaven Community Wellbeing Survey, designed by DataHaven with support from multiple agencies, epidemiologists and researchers, captures and measures information on regional well-being and quality of life. The robust data set is a representative sample of state residents that includes information on geographic area, age, race/ethnicity, education, income, health, perception of neighborhood or community, access to medical care, family economic security, civic engagement, personal safety, transportation, housing, employment, individual happiness, and satisfaction with government and community life. Relative to national initiatives, the survey is intended to allow comparisons to benchmark data such as Healthy People 2020.<sup>65,66</sup>

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*"A healthy community supports every individual no matter their economic means, race, ethnicity, gender, sexual orientation. To get there, we need to broaden our understanding of how all social services contribute to physical and mental health and we need to coordinate and support all those services"*

— Key Informant

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DataHaven offered community organizations, including Connecticut hospitals, the ability to partner in the 2015 DataHaven Community Wellbeing Survey by increasing sampling in specific geographic areas through committed funding. Middlesex Hospital commissioned an additional 200 surveys (100 in Middlesex County and 100 in Middletown) which resulted in a total of 652 adults age 18 and older surveyed in Middlesex County; of that total, 300 were surveyed in the city of Middletown.

Throughout the state of Connecticut, a total of 16,219 in-depth surveys (approximately 100 questions, 20-minutes, conducted in English and Spanish) were administered to randomly-selected adults by the Siena College Research Institute (Loudonville, New York) via landline and cell phone interviews between April and October 2015.

The sample was weighted by age, gender, reported race, and county to ensure statistical representativeness, as well as weighted to match current patterns of telephone status (landline only, cell phone only or both).<sup>65,66</sup>

Once completed, DataHaven and Siena College Research Institute generated regional crosstabs which present question-by-question weighted estimates, disaggregated by various demographic and socioeconomic characteristics. Each estimate reflects how a group of respondents — representative of the population within the specified geographic area — answered the specific questions.<sup>66</sup> The crosstabs for Middletown and Middlesex County (in addition to all the Connecticut towns and counties where the 2015 DataHaven Community Wellbeing survey was administered) can be found at <http://www.ctdatahaven.org/>. Middletown and Middlesex County crosstabs are also posted on the Middlesex Hospital website at <https://middlesexhospital.org/middlesex-and-the-community/serving-our-community/community-health-needs-assessment>.

**Crosstab (or cross tabulation)** is a method of statistical reporting that provides aggregate comparative data on two or more variables by tabulating their results one against the other and summarizing the relationship in two-dimensional grids. The results are presented in a concise matrix format which clearly identifies the type of response of a particular category of respondents. The crosstab method is commonly used in surveys as a means of uncovering the interrelationships and interactions between variables.

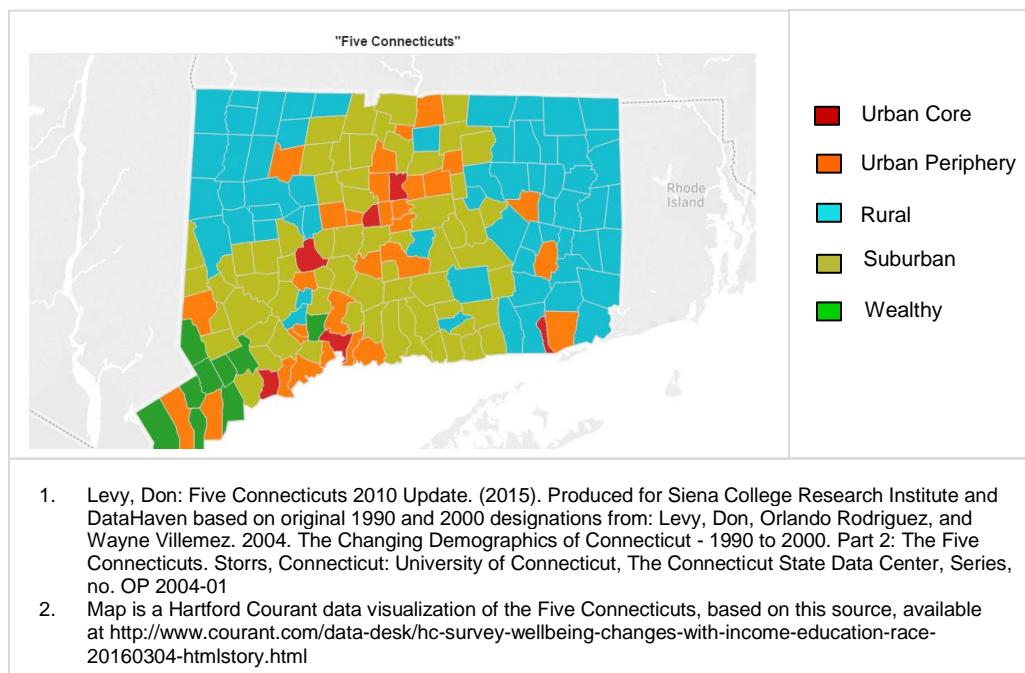
In addition to issuing town, county and state crosstabs, the 2015 DataHaven Community Wellbeing Survey presents its data using the Five Connecticuts system (Levy, et al.), which classifies the 169 individual towns in Connecticut that share similar characteristics into one of five categories (wealthy, suburban, rural, urban periphery, and urban core) based on each town's median household income, population density, and poverty rate as of the most recent census data.<sup>67</sup> The genesis of the Five Connecticuts grew from the concept that Connecticut's statewide averages, namely in the areas of income, poverty, or racial composition, provide a misleading description of the state's socioeconomics, as, in actuality, Connecticut is not balanced in socioeconomic terms.<sup>68</sup> The Five Connecticuts theory proposes that there are clear divisions between the clusters. **Table 37** provides the definitions of the five distinct categories of wealthy, suburban, rural, urban periphery and urban core (Levy, et al.).

**Table 37 – Five Connecticuts (Levy, et al.)**

	<b>Category</b>	<b>Definition</b>
1.	<b>Wealthy CT</b>	Has exceptionally high income, low poverty, and moderate population density
2.	<b>Suburban CT</b>	Has above average income, low poverty, and moderate population density
3.	<b>Rural CT</b>	Has average income, below average poverty, and the lowest population density
4.	<b>Urban Periphery CT</b>	Has below average income, average poverty, and high population density
5.	<b>Urban Core CT</b>	Has the lowest income, highest poverty, and the highest population density

Middletown is classified as an **urban periphery** town; initially designated as suburban in 1990, it was reclassified to urban periphery in 2000 and has remained in that category through the 2015 DataHaven Community Wellbeing Survey cycle. The move from suburban to urban periphery reflects a shift in median household income, population density, and poverty rate in Middletown over the 1990 - 2000 ten year period. Out of the total 169 towns in Connecticut, 29 reside in the urban periphery cluster per the year 2000 grouping (up from 23 towns in 1990). Urban periphery — described as transitional towns between the urban cores and the suburbs — had the largest growth in population and experienced increasing poverty and mixed income growth trends between 1990 and 2000.<sup>68</sup> For the 2015 DataHaven Community Wellbeing Survey, the Five Connecticuts classification system was updated by Don Levy using 2010 Census data,<sup>67</sup> therefore the foundational concepts and descriptions of the Five Connecticuts developed in the 1990 - 2000 study can be applied to the 2015 survey findings.

**Figure 12 - Map of Five Connecticuts, Year 2010 Grouping**



A listing of the 2015 DataHaven Community Wellbeing Survey questions and a selection of Middletown and Middlesex County specific crosstabs are highlighted in the **Appendix**.

## Secondary Data Overview

Summary data from a variety of secondary sources were obtained and put into table and graph formats. Quantitative data on demographic, social, economic, indicators for health behaviors and conditions, and other factors that contribute to health — stratified by age, gender, race and Hispanic origin, when possible — are included in the body of the report. The following data limitations exist: 1) Lack of data availability prevented the analysis of every health and community issue; 2) Available secondary data may not be as recent as the date of this assessment due to the data collection cycle for specific data sets; and 3) Limited data availability to assess some vulnerable populations.

Two resources to acknowledge from the United Way Connecticut include 2-1-1 Counts and the ALICE CT Report. The 2-1-1 Counts portal is a dashboard website tool that provides service request data from the 2-1-1 Connecticut contact center, which can be aggregated by town/zip code and county. The ALICE (Asset Limited, Income Constrained, Employed) CT Report is a study of financial insecurity among the workforce; it examines the growing number of working individuals and families who are unable to afford basic necessities (such as housing, food, child care, health care and transportation).

Data are often presented as “age-adjusted” or by a rate (e.g., *per 100,000 people*).

**Age-adjustment** is a statistical process that controls for the effects of age differences on health event rates. By calculating a weighted average, rates of disease, death, injuries and other health outcomes can be compared among groups with different age distributions.

A **rate** is a measurement of an event, disease or condition in relation to a unit of the population, which, in a specified time-frame, allows for comparison of a particular event in populations of different sizes. Rate can be calculated by the number of events/the total population x a standard value (1,000, 10,000 or 100,000) and is expressed by the standard value population. This process enables incidence and prevalence to be compared among communities with different population size structures.

The Centers for Disease Control and Prevention (CDC) provides the following definitions:<sup>69</sup>

**Incidence** is the occurrence of new cases of disease or injury in a population over a specified period of time.

**Prevalence** is the proportion (or rate) or people in a population who have a particular disease or attribute at a specified point in time or over a specified period of time. Prevalence differs from incidence in that prevalence includes all cases (both new and pre-existing) in the given population at the identified time, whereas incidence is limited to only new cases of the disease.

**Morbidity** is any departure (subjective or objective) from a state of physiological or psychological well-being. It encompasses disease, injury and disability.

## Community Assets and Resources Overview

A community asset (strength) is a resource that improves the quality of community life. Examples include 1) People – the capacities and abilities of community members to transform a community; 2) Physical structure or place (e.g., a school, hospital, place of worship, library, recreation center, social club, community meeting place, a park); 3) Community services that improve life for some/all community members (e.g., public transportation; early childhood education center; community recycling facilities; cultural organizations); 4) Local businesses that provide jobs and support the local economy; 5) Citizen associations (e.g., neighborhood watch groups, parent teacher associations); and 6) Local private, public and non-profit institutions or organizations.<sup>70,71</sup>

Assessing a community's assets helps to understand the local community. The purpose of inventorying assets for the CHNA is the ability to build on existing resources when addressing identified needs for improving health and well-being; the supports uncovered during the inventory process can be leveraged to form solutions once priority strategies are selected. The process also allows for determining where there may be opportunities for capacity building or for discovering gaps – that is, needed services that are not currently available.



For this study, the geographic area for asset collection was mainly Middlesex County. Community assets were compiled through the United Way's on-line Connecticut 2-1-1 information and referral system (<http://www.211ct.org/>); community websites; community colleagues; the 2013 Middlesex County Coalition on Community Wellness Community Health Needs Assessment;<sup>72</sup> and existing internal references. For ease of use, they are presented by topic vs. geographic location and are divided into two components: community services and clinical services. While we intended our compilation of community assets and resources to be as comprehensive as possible, we realize that, due to the scope of data collection, what is presented is not an exhaustive list. Our hope is that the asset section of the CHNA, in addition to being optimized for priority areas, is a useful resource for community partners and community members for public knowledge, reference and use.

## A BROADER VISION

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When conducting a community health needs assessment locally, it is helpful to incorporate national and state health and well-being plans and strategies into the process, thereby aligning objectives for individual and community health improvement. A commonality exists between local Connecticut not-for-profit hospital community health needs assessments, national Healthy People 2020 and the state's Healthy Connecticut 2020: all are grounded in the systematic appraisal of the type, depth and scope of health issues and drivers of health issues; underlying roadmaps for better health; and shared visions for public health promotion and prevention priorities and actions.

### Healthy People 2020

Healthy People, released by the U.S. Department of Health and Human Services each decade, is a set of comprehensive goals and objectives that guide national health promotion and disease prevention in an effort to improve overall health status in the United States.<sup>73</sup> The campaign provides frameworks and strategic tools for multiple sector engagement and collaborative efforts for health improvement priorities, evidence-based practices and policy considerations at the national, state and local levels. Healthy People 2020<sup>74</sup> is the fourth generation of the Healthy People initiative; its 42 topic areas and 1,200+ objectives are housed within four overarching goals and foundation measure categories.

Healthy People 2020 Foundation Measures & Overarching Goals	
1	<b>General Health Status:</b> Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
2	<b>Disparities:</b> Achieve health equity, eliminate disparities, and improve the health of all groups.
3	<b>Determinants of Health:</b> Create social and physical environments that promote good health for all.
4	<b>Health-Related Quality of Life and Well-Being:</b> Promote quality of life, healthy development, and healthy behaviors across all life stages.

Source: <https://www.healthypeople.gov/2020/About-Healthy-People>

### Healthy Connecticut 2020

The Healthy Connecticut 2020 State Health Assessment is the state's translation of the national Healthy People 2020 plan; it presents an overview of the social, economic, physical well-being, and mental health of Connecticut's population.<sup>75</sup> Paired with its companion document, the Healthy Connecticut 2020 State Health Improvement Plan, a blueprint for improving the health of Connecticut residents by the end of 2020 is provided.<sup>76</sup>

Using the state's assessment to inform goal, objective and strategy development, the state's plan identified seven focus areas and over 136 objectives related to issues that have the greatest impact on the health and well-being of those residing in Connecticut.

Healthy CT 2020 Focus Areas	
1.	Maternal, Infant, and Child Health
2.	Environmental Risk Factors and Health
3.	Chronic Disease Prevention and Control
4.	Infectious Disease Prevention and Control
5.	Injury and Violence Prevention
6.	Mental Health, Alcohol, and Substance Abuse
7.	Health Systems

Source: Connecticut Department of Public Health. 2014. Healthy Connecticut 2020. 2: State Health Improvement Plan. Hartford, CT: Connecticut Department of Public Health

In addition to the focus areas and corresponding objectives, promoting health equity, eliminating health disparities and addressing social determinants of health are central to the Healthy Connecticut 2020 State Health Improvement Plan, which further coordinates with Healthy People 2020 priority areas.

As both Healthy People 2020 and Healthy Connecticut 2020 are intended to provide data and strategies for use by multiple stakeholders, they are useful resources for the alignment of local community health needs assessment results and prioritization with national and state action plans. These national, state, and local initiatives have the same goal: to engage collaborative partners in sharing a commitment and vision to improve individual and community health and well-being through collective, integrated and coordinated action.

## A FOCUS ON HEALTH DRIVERS

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### Vulnerable Populations

Socially disadvantaged, underserved and vulnerable populations commonly include the elderly; people with disabilities; the chronically ill, including those experiencing severe mental illness and alcohol/other substance abuse; the medically underserved; the economically disadvantaged; certain racial or ethnic groups (African American and Black Americans; American Indians/Alaska Natives; Asian Americans; Hispanics and Latinos; Native Hawaiians and other Pacific Islanders); members of the LGBT (Lesbian, Gay, Bisexual, Transgender) population; immigrants; refugees; undocumented citizens; people living in abusive homes; those who are jail-involved; the homeless; veterans; high-risk mothers and infants; low-income children; the uninsured; those with human immunodeficiency virus (HIV); rural communities; and urban communities — vulnerable populations are any group of people who are at greater risk for poor health status and inadequate health care access.<sup>77,78</sup>

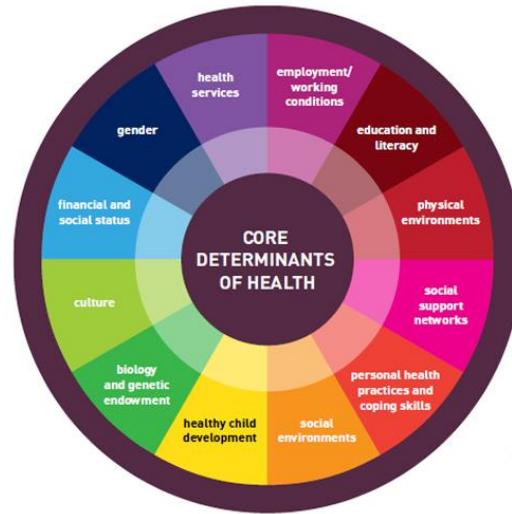
Vulnerability – or, the susceptibility to harm – is the result of the interaction between the resources available to individuals, their communities, and the life challenges that they face. Causation can be disadvantaged social status; a deficit of interpersonal networks and supports; developmental issues or cognitive impairments; personal disabilities; deteriorating neighborhoods and environments; social stress; insufficient education; poor quality housing; absence of a usual source of care; and the complex interrelationships of these factors over the life course.<sup>79</sup> The health domains for vulnerable populations can be put into three broad categories: physical, psychological, and social; poor health in one of the dimensions is likely to be compounded by poor health in the others. Those experiencing multiple problems have more acute comorbidities and cumulative risks of their illness when compared to those with a single illness.<sup>80,81</sup>

To improve the health of a community, it is important to focus on vulnerable populations — they are frequently marginalized, discriminated against and experience significant disparities in life expectancy, poorer health outcomes and poorer quality of life. The needs of those who are medically vulnerable are serious, often debilitating, complex, and intersect with the social and economic conditions that at-risk individuals experience; members of these groups require intensive medical and non-medical services, yet their specific needs tend to frequently be underestimated.<sup>80,81</sup> In order to improve health outcomes and quality of life for disenfranchised populations, a greater understanding of the causes of their adverse health effects is needed; the degree to which their needs are addressed reflects societal values — required are interventions that extend beyond healthcare and examine the foundations of a community.

The following section reviews the drivers of health — the numerous and varied factors at multiple levels (e.g., behavioral, environmental, social, economic or clinical care) that impact the health and well-being of a community; and, more specifically, the factors on the causal pathway that contribute to some experiencing far poorer health and well-being when compared to others.

## Determinants of Health

Traditionally in the United States, the healthcare delivery system has been regarded as the primary driver for health and health outcomes (mortality, morbidity, life expectancy, quality of life, healthcare expenditures, health status, functional limitations). Under this model of care, efforts to improve health have generally focused solely on enhancements within the healthcare system.<sup>82</sup> Examining how the range of external factors — such as personal, social, economic and environmental conditions — influence the health status of individuals and communities has long been studied in academia and has been a focus of national health initiatives. While traction has been made in the healthcare field through awareness efforts, actually **addressing** these conditions that support health and well-being— known as determinants of health — on a local level is imperative for improving population health, achieving health equity and reducing health disparities.

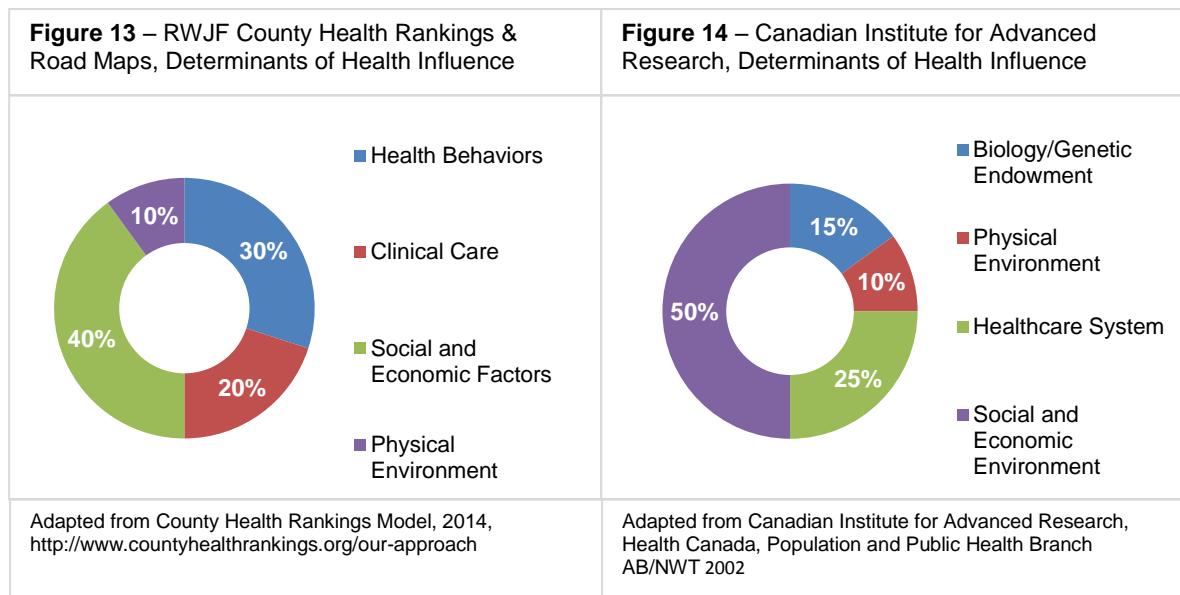


Healthy People 2020 groups determinants of health into five broad categories: 1) Policy making; 2) Social factors; 3) Health services; 4) Individual behavior and 5) Biology and genetics. Whether people are healthy or not is often determined by their circumstances and environment, which in many cases, prevent an individual from being in direct control of many of the determinants that affect his/her health.<sup>83</sup> Therefore, the health of a community and its people is dependent on positive or negative determinants of health. Powerful and complex relationships exist between health and biology/genetics; health and individual behavior; health and health services; health and determinants of health; and are shaped by a wider set of forces (e.g., economics, social policies, legislative policies and politics). Working from the premise that health starts in our homes, schools, workplaces, neighborhoods and communities, examining and understanding the influence of societal conditions on health behavior and outcomes can help answer the following questions:<sup>84,85</sup>

- *Why are some so much healthier than others?*
- *Why are areas with higher proportions of low incomes and education levels more likely to have populations with poorer health?*
- *How can we create a society where everyone has the equal opportunity to live a long, healthy life?*

Vulnerability is cumulative over the life course — difficulties in childhood and their adverse effects interact with later events and experiences and increase the likelihood of poor adult outcomes. An individual's welfare throughout life depends on the trajectories of personal development, the social and economic experiences of his/her family and community, stressors, and the influences of determinants of health, all of which yield powerful results.<sup>79</sup>

The effects of determinants of health on the health status of the population are significant. The Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute,<sup>86</sup> and the Canadian Institute for Advanced Research<sup>87</sup> have provided the following impact estimations:



### ***Social & Physical Determinants of Health:***

The World Health Organization defines social determinants of health as the circumstances in which people are born, grow up, live, work and age, and the systems in place to address illness. Healthy People added “play” and “worship” to the definition. In addition to social factors, physical conditions of the environment influence a wide range of health, functioning, and quality-of-life outcomes. In other words, poor health is often made worse by the interaction between individuals and their social and physical environments. Healthy People 2020<sup>88</sup> outlines examples of overarching social and physical determinants:

#### **Social Determinants**

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods
- Social norms and attitudes, such as discrimination
- Exposure to crime, violence, and social disorder, such as the presence of trash
- Social support and social interactions
- Exposure to mass media and emerging technologies, such as the internet or cell phones
- Socioeconomic conditions, such as concentrated poverty
- Quality schools
- Transportation options
- Public safety
- Residential segregation

#### **Physical Determinants**

- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches)

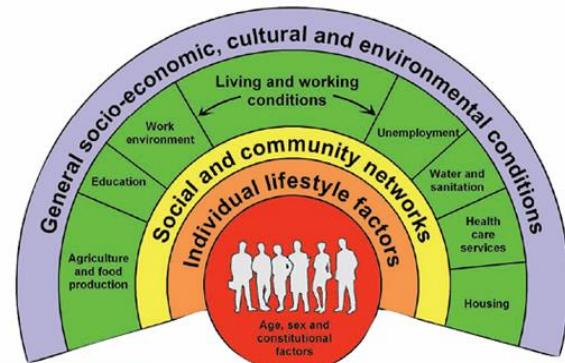
Healthy People 2020 has provided a social determinants of health framework of five key areas and their corresponding critical components (**Table 38**).<sup>85</sup> Understanding the implications of these factors on mortality, morbidity, life expectancy, health care expenditures, health status, functional limitations (i.e., health outcomes) is necessary to achieve disease prevention and health promotion.

**Table 38** – Healthy People 2020 Social Determinants of Health Key Areas and Key Issues

Economic Stability	Education	Social and Community Context	Health and Health Care	Neighborhood and Built Environment
<ul style="list-style-type: none"> <li>- Poverty</li> <li>- Employment</li> <li>- Food Security</li> <li>- Housing Stability</li> </ul>	<ul style="list-style-type: none"> <li>- High School Graduation</li> <li>- Enrollment in Higher Education</li> <li>- Language and Literacy</li> <li>- Early Childhood Education and Development</li> </ul>	<ul style="list-style-type: none"> <li>- Social Cohesion</li> <li>- Civic Participation</li> <li>- Discrimination</li> <li>- Incarceration</li> </ul>	<ul style="list-style-type: none"> <li>- Access to Health Care</li> <li>- Access to Primary Care</li> <li>- Health Literacy</li> </ul>	<ul style="list-style-type: none"> <li>- Access to Healthy Foods</li> <li>- Quality of Housing</li> <li>- Crime and Violence</li> <li>- Environmental Conditions</li> </ul>

#### *Layers of Influence on an Individual's Potential for Health*

The Dahlgren and Whitehead model maps the relationship between the individual, his/her environment and health. Individuals are placed at the center of the model with factors that are fixed (core, non-modifiable), such as age, sex, ethnicity and genetics, and are surrounded by a set of potentially modifiable factors expressed as a series of layers of influences on health, including:<sup>89,90</sup>



Source: Dahlgren and Whitehead, 1991

- **Individual lifestyle:** e.g., behaviors such as smoking, alcohol and other drug misuse, poor diet and lack of physical activity.
- **Social and Community Networks:** e.g., quality relationships — family, friends and the wider social circle around individuals which serve as protective factors for health.
- **Living and Working Conditions:** e.g., access to/opportunities for education, training, employment, social services, health care services, housing, transportation, healthy foods, quality water.
- **General Socio-Economic, Cultural and Environmental Conditions:** The social, cultural, economic and environmental conditions that impact health and well-being (e.g., wages, disposable income, availability of work, taxation, prices, ability to afford fuel, transportation, food, clothing).

The framework underscores the concept of determinants of health and their unequal distribution — that is, that level of health is connected to the relative influence of socioeconomic status, environmental and social factors on people's risk of getting ill, ability to prevent sickness, or access to effective treatments. Dahlgren and Whitehead's "rainbow model" graphic depicts the range of conditions within and outside an individual's control and the interrelationship between these elements; and, allows for exploration of the following questions:<sup>91</sup>

- *To what extent does each layer contribute to level of health?*
- *What are the results of the interactions between various determinants?*
- *How feasible is it to change specific factors?*
- *What complementary actions are necessary to influence linked factors in other layers?*

Ultimately, the Dahlgren and Whitehead model examines how health disparities occur as a result of inequities in determinants of health. Evidence points to the existence of a clear social gradient — by questioning causative factors and the distribution of wellness and illness among a population, solutions to reduce the health inequality gap can be developed.

### ***Health Services as a Determinant of Health***

The Institute of Medicine defines access to health care as having "*the timely use of personal health services to achieve the best health outcomes*".<sup>92</sup> A person's ability to access health services, and the quality of health services, has a profound effect on individual health. Barriers can include: 1) Lack of availability; 2) High cost; 3) Lack of/limited insurance coverage; and 4) Limited language access. These impediments can cause increased risk for serious and disabling health conditions through: 1) Unmet health needs; 2) Delays in receiving appropriate care; 3) Inability to get preventive services; all of which can lead to 4) Hospitalizations that could have been prevented.<sup>88</sup>

Regular and reliable access to health services positively impacts health and well-being and can prevent disease and disability; detect and treat illnesses or other health conditions; increase quality of life; reduce the likelihood of premature (early) death; and increase life expectancy.<sup>93</sup> Expanding access to routine medical care, preventative care, specialized care, and medical insurance coverage are critical for promoting health equity and improving the health and well-being of all individuals.

### ***Addressing Determinants of Health***

To improve population health, it is vital to explore how behavior and health are shaped by societal, environmental and political factors. Developing strategies and interventions to address these complex interrelationships require extending beyond the boundaries of the traditional healthcare and public health sectors to create collaborative partnerships with agencies equipped to assist in assessing and ameliorating the determinants of health that prevent some from experiencing health and well-being.

The first step to addressing the consequences that various determinants have on health outcomes is conducting a community health needs assessment, followed by targeted interventions that are carefully designed and implemented in order to maximize benefits to the community.<sup>94</sup> The Middlesex Hospital 2016 community health needs assessment study focused on data collection and measurement of determinants of health through secondary data stratification (when available), targeted questions in our key informant survey and through related questions in the 2015 DataHaven Community Wellbeing Survey.

#### ***Middlesex Hospital CHNA Determinants of Health Data Collection:***

Middlesex Hospital developed a section in its key informant survey relative to determinants of health based on the Healthy People 2020 categories. To give context for the survey respondents, the Healthy People 2020 explanation of social determinants of health was provided: *“This section focuses on the social determinants of health, conditions that contribute to a person’s current state of health, functioning, and quality-of-life. Health outcomes are determined by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. Social determinants of health help to explain why some in our community are healthier than others.”*<sup>85</sup>

Respondents were asked to *“rate the degree to which you believe the social determinants of health impact health outcomes in your community”* using a Likert scale of 1 - 5 with 1 = limited impact on community health; 3 = moderate impact on community health; and 5 = significant impact on community health. Topic areas were generated from a selection of sub-categories of the Healthy People 2020 “place-based” organizational framework of five key areas of social determinants of health (economic stability; education; social and community context; health and health care; and neighborhood and built environment),<sup>85</sup> and included: socioeconomic status/poverty; employment/access to job opportunities; housing stability; housing quality; access to public assistance/basic needs; access to child care; access to transportation; food security (physical, social or economic access to food); access to healthy foods; access to early childhood education; high school graduation; access to educational opportunities (higher education, adult education, trade education); health literacy (the capacity to obtain, process, and understand basic health information/services needed to make appropriate health decisions); low or limited literacy; social support (assistance available from a supportive social network, emotional support from family and friends, etc.); discrimination; incarceration or imprisonment; crime and violence exposure; access to recreational and green spaces. Respondents were then asked to identify what they considered to be the top three social determinants of health in their community.

Respondents were next asked to select three responses in answer to the question, *“related to health and quality of life, what resources or services are missing in your community?”* from the following choices: bilingual services; free/low cost dental care; free/low cost medical care; health

education/information/outreach; health screenings; prescription affordability/assistance (drug discount cards, vouchers, etc.); transportation to/from health services; other (please specify).

Regarding access to health services, respondents were asked to *“rate each of the following statements about health care access in your community”* using a Likert scale of 1 - 5 with 1 = strongly disagree; 3 = neutral (neither agree nor disagree); 5 = strongly agree; and “do not know”. Topic areas included: access to primary provider; access to medical specialist; access to dentist; providers accepting Medicaid/Medicare; bilingual providers; cultural sensitivity among providers; access to mental health providers; access to substance abuse treatment providers; transportation to medical appointments; health literacy; and access to timely health services.

The results of the social determinants of health (including health care access) key informant responses are located on pages 76 – 81.

### ***"What is your vision for a healthy community and what is needed to get to that vision?"***

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*“Safe, open, accepting community with adequate food, education, housing, and social/recreational life to meet human needs”*

*– Key Informant*

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*“A healthy community is one where the needs of the people are met by supplementing, not providing in whole, what they can do for themselves. This includes supplementing housing cost and food supplies; providing discounted transportation rates; offering cash incentives, gift cards, or clothing allowances for community service; and, ensuring children’s healthcare needs through vigorous educational outreach and program monitoring/tracking”*

*– Key Informant*

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*“Enhanced, low cost healthy options, improved volunteer programs, apprentice programs, vocational education, job readiness programs and senior citizen centers which (are) accessible to the community by public transportation”*

*– Key Informant*

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## Health Equity

The Institute of Medicine defines public health as “*what we as a society do to collectively assure the conditions in which people can be healthy*”.<sup>95</sup> A basic principle of public health is that all people have a right to health. Some people, however, experience worse health outcomes and have less access to conditions that support health and well-being. Health disparities in the United States have been a longstanding issue; despite decades of efforts to reduce and eliminate them, they persist — and in some cases are widening among certain segments of the population.

Disparities usually don't have a single cause — they are created and maintained through multiple, interconnected and complex pathways that influence health; the root causes are determinants of health (social, environmental, behavioral, biological, political factors; health services).<sup>96</sup> In this regard, determinants of health and the conditions of daily life either support or limit the health of a community or population. Health disparities or inequalities occur when there are differences in the conditions of where people are born, live, work, and play across different sections of society. When populations are organized according to income, education, occupation, gender, race/ethnicity and other factors, where people are on in the social hierarchy influences their vulnerability to ill health and the consequences of ill health.<sup>84</sup> For example, certain groups of people may experience poorer health when they are exposed to hazards through poor quality housing or working conditions, and/or have limited resources, social supports, or access to adequate services.<sup>97</sup>

In order to promote health equity, we must uncover and examine what conditions prevent the achievement of good health and, we must ask why health disparities affect specific vulnerable, marginalized or excluded groups of people.

Having a clear understanding of all related **definitions** is important → they help to explain what work needs to be done to advance health equity.

**Health Equity:** The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.<sup>98</sup> (Note: this definition has been adopted by Healthy People 2020)<sup>99</sup>

**Health Inequity:** A difference or disparity in health outcomes that is systematic, avoidable, and unjust.<sup>100,101</sup> Health inequities are affected by social, economic, and environmental conditions that create barriers to opportunity.

**Health Inequality:** Differences and variations in health status or in the distribution of health determinants between different population groups.<sup>102</sup>

**Health Disparity:** A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.<sup>103</sup> (Note: this definition has been adopted by Healthy People 2020)<sup>99</sup>

**Health Literacy:** Is not simply the ability to read, it is a person's ability to obtain, process, and understand basic health information and services that are needed to make suitable health decisions. Examples include the capacity to understand instructions on prescription drug bottles, appointment cards, medical education brochures, doctor's directions and consent forms, and the capability to navigate complex healthcare systems.<sup>104</sup>

When assessing the health and well-being of a community through a community health needs assessment, there is good reason to focus on health equity. Advancing health equity and eliminating health disparities has been a call to action by various leading global, national and local health agencies, as outlined below:

**Healthy People 2020:** Focusing on disparities has been a Healthy People overarching goal for the past two decades. In Healthy People 2020, that goal was further expanded to: “achieve health equity, eliminate disparities, and improve the health of all groups”.<sup>99</sup>

**Healthy Connecticut 2020:** The Connecticut Department of Public Health's Healthy Connecticut 2020 State Health Improvement Plan includes health equity as a central tenet and focuses on objectives and strategies for health equity among vulnerable populations and those with significant health disparities.<sup>105</sup>

**The Patient Protection and Affordable Care Act (ACA):** Has a strong focus on addressing health disparities by: 1) setting policy goals and developing action steps, including addressing disparities in health insurance coverage and preventative care; 2) requiring specific race, ethnicity and language data collection by certain programs and surveys; 3) elevating the National Center for Minority Health and Health Disparities within the National Institutes of Health from a center to full institute status; and 4) establishing several minority health divisions within key Health & Human Services agencies such as the Centers for Disease Control and Prevention; Food and Drug Administration and Agency for Healthcare Research and Quality.<sup>106,107</sup>

**The Department of Health & Human Services:** Guided by the Affordable Care Act to advance health equity and reduce health disparities, HSS developed the comprehensive *HSS Disparities Action Plan*, an ongoing federal commitment to coordinate efforts and assess the nation's progress toward addressing, reducing and eliminating disparities in health and health care.<sup>108</sup>

**The Institute of Medicine (now known as the National Academy of Medicine):** Addressed disparities in its landmark report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* and, in order to reduce healthcare disparities and improve equity of care, proposed systems change in the healthcare setting, in the policy and practices of health systems, and in state and federal policies.<sup>109</sup>

**Institute for Healthcare Improvement (IHI):** Provides guidance on how healthcare organizations can reduce health disparities at the point of care in its white paper, *Achieving Health Equity: A Guide for Health Care Organizations*.<sup>110</sup>

**The World Health Organization:** Has outlined a global agenda for health equity for years, suggesting three principles of action for achieving health equity: 1) improving conditions of daily life; 2) addressing the inequitable distribution of power, money and resources; and 3) taking action and developing a work force trained in social determinants of health.<sup>111</sup>

**Centers for Disease Control (CDC) and Prevention's Office of Minority Health & Health Equity:** Has a health equity priority goal to decrease health disparities, address social determinants of health, and promote access to high quality preventive health care.<sup>112</sup> The CDC's workbook *Promoting Health Equity: A Resource to Help Communities Address the Social Determinants of Health*, provides strategies for community-based organizations, public health practitioners, and community health partners for creating health equity by addressing social determinants of health.<sup>113</sup>

**The National Partnership for Action to End Health Disparities (HHS Office of Minority Health):** Developed the *National Stakeholder Strategy for Achieving Health Equity*, which presents a roadmap for eliminating health disparities through cooperative and strategic actions.<sup>78</sup>

**The Agency for Healthcare Research and Quality (AHRQ) under the U.S. Department of Health & Human Services:** Each year since 2003, in their *National Healthcare Quality and Disparities Report*, the AHRQ reports on progress and opportunities for improving healthcare quality and reducing healthcare disparities. This annual report focuses on prevailing disparities in healthcare delivery relative to racial and socioeconomic factors in priority populations.<sup>114</sup>

**The Office of Health Equity through the Health Resources & Services Administration (HRSA) under the U.S. Department of Health and Human Services:** Works to reduce health disparities and improve health equity, especially in vulnerable and disadvantaged populations, so that communities and individuals can achieve their highest level of health.<sup>115</sup>

**The American Hospital Association, Association of Medical Colleges, American College of Healthcare Executives, Catholic Health Association of the United States, and the National Association of Public Hospitals and Health Systems:** Launched a campaign to eliminate healthcare disparities through three targeted goals (data collection; cultural competency; governance and management) for hospitals and health systems.<sup>116</sup>

*Middlesex Hospital CHNA Health Equity Data Collection:*



Respondents were asked to select up to five responses in answer to the question, *“What specific population(s) in this community are not being adequately served by local health services?”* from the following underrepresented choices: Black/African-American; children/youth; disabled – developmentally; disabled – mentally; disabled – physically; Hispanic/Latino; homeless; immigrant/refugee; LGBT (lesbian, gay, bisexual, transgender); low-income/poor; seniors/aging/elderly; undocumented citizens; veterans; young adults; other (please specify).

The results of the health equity key informant responses are located on pages 81 – 82. The below key informant quotes in answer to the question *"What is your vision for a healthy community and what is needed to get to that vision?"* underscore the importance of health equity for achieving healthy communities.

*“A community where every resident has access to the same quality of care and where preventative health services are readily available”*

*“For everyone to look at each with eyes like a child who do not see color or religion, and treat each other equally whether they have a physical illness or a mental health illness. Whether they are rich or poor, Black, Hispanic, Asian, Easterner or White to be looked at the same way as people needing health or mental health care”*

*“A community that is supportive and accepting of all people and (has) the services that they need to be self-sufficient”*

*“A full range of health services are available in settings that are trusted, accessible and are delivered with care and respect”*

*"A place where all patients are treated equitably and there (are) no discriminatory factors that affect outcomes. Where there is a robust outreach program that addresses predisposed health issues by population health. A patient-centered home that welcomes all patients regardless of background. An inclusive healthcare system that promotes leadership diversity and opportunity"*

*"Health care should come first in building healthy communities; that means working to educate low-income people about healthy foods and healthy ways to move; also helping them break addictions to smoking, alcohol, drugs (prescribed and illicit). Medical care should always be the second option, after we build healthy communities and patients through "health care" (formerly called "prevention")"*

## Achieving Health Equity

The World Health Organization (WHO) views reducing health disparities as a matter of social justice and an ethical imperative. The right to the highest attainable standard of health is fundamental to the WHO's Constitution. Poor and unequal living conditions, and the unfair distribution of health-damaging experiences are consequences of deeper structural factors due to the way societies are organized (e.g., social policies and programs; economic arrangements; distribution of money, power and resources; politics); the daily living conditions that individuals and communities experience are shaped by these political, social and economic forces and constitute social determinants of health (WHO, 2008).<sup>111</sup> In order to address the complexities of health disparities, promote health equity and improve the conditions in which people are born, live, grow and age, the WHO outlines the need to address the wider socioeconomic and structural drivers that influence how people become sick, the risk factors they are exposed to, and how they access and use services.<sup>117</sup> To achieve this end, the WHO states that actions to address social determinants of health must involve government, community and business, in addition to the healthcare field, and calls for an integrated approach and policies and programs that include all sectors of society, not just the health sector, noting that while health and health equity may not be the aim of all social policies, they will be a fundamental result.<sup>111</sup>

**The World Health Organization** defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity and states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.<sup>118, 119</sup>

WHO Three Principles of Action to Achieve Health Equity	
1.	Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age.
2.	Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.
3.	Measure the problem; evaluate action; expand the knowledge base; develop a workforce that is trained in the social determinants of health; and raise public awareness about the social determinants of health.

Source: CSDH (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*. Geneva, World Health Organization

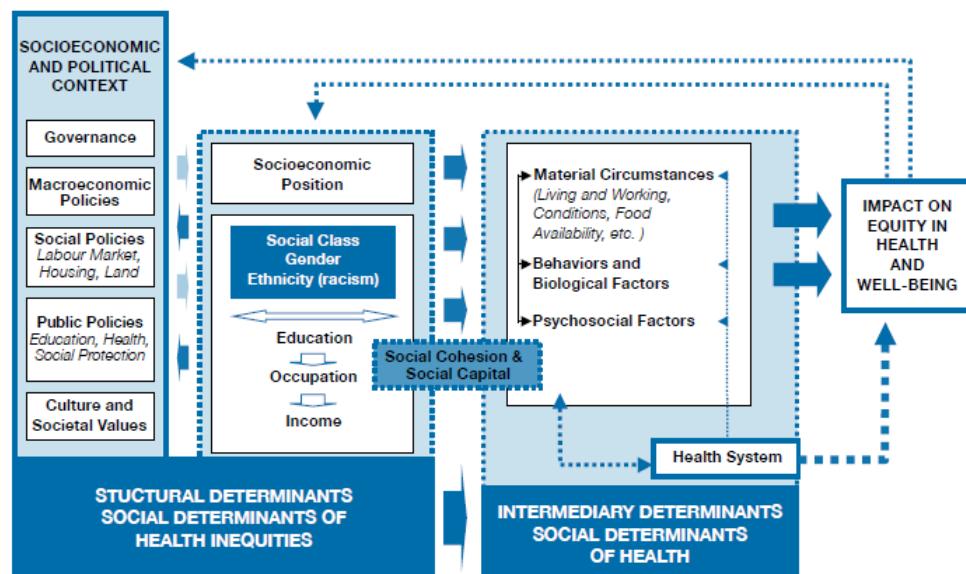
As the population becomes more diverse, it is increasingly important to address health disparities. The link between determinants of health - including social, economic, and environmental conditions — and health outcomes is widely recognized in public health. As outlined above, it is increasingly understood that inequitable distribution of these conditions across various populations is a significant contributor to widespread and persistent health disparities. ***In conclusion, directly addressing determinants of health is necessary for promoting health equity.*** The first step is assessing and

measuring where adverse determinants of health and disparities exist in a given community – the community health needs assessment is an effective starting point for raising awareness and initiating discussion. The next step is developing and implementing a well-designed plan, as a social determinants of health initiative can help create a fairer, more equitable and healthier community.

The following conceptual models provide actionable steps for addressing determinants of health and advancing health equity.

The WHO Commission on Social Determinants of Health (CSDH) provides a framework (**Figure 15**) that outlines how social, economic and political mechanisms influence a set of socioeconomic positions where populations are stratified by income, education, occupation, gender, race/ethnicity and other factors; these structural determinants (social determinants of health inequities) shape intermediary determinants (social determinants of health) indicative of an individual's standing in the social hierarchy. Based on this position, people experience differences in vulnerability and exposures to conditions that compromise health. The illness that individuals experience can "feed-back" on social status (e.g., impacting ability to work thereby reducing income). In this model, the health system itself is conceptualized as a social determinant of health, as its role has relevance regarding both access and the often complex interrelated health sector components for receiving care. In this way, the health system can play a pivotal role in mediating the varying outcomes of illness in people's lives.<sup>119</sup>

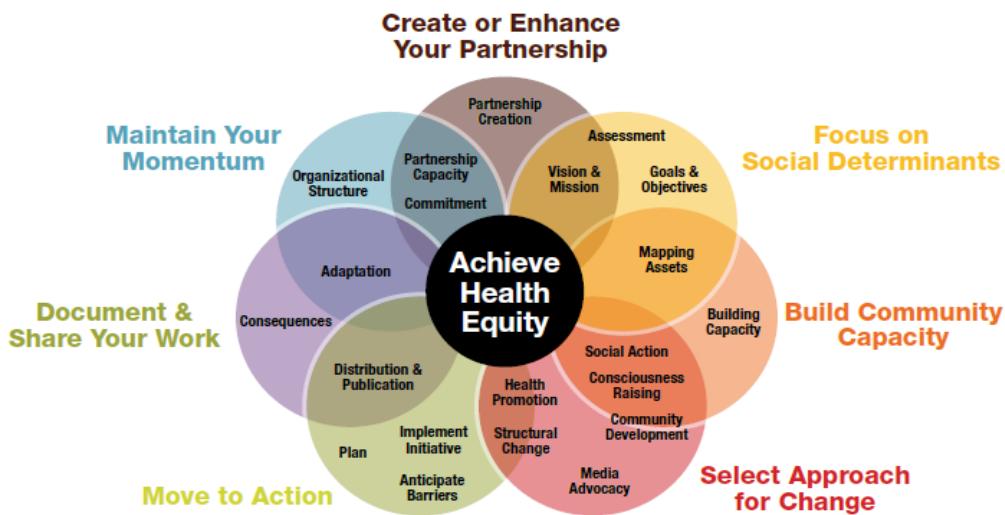
**Figure 15 – World Health Organization Commission on Social Determinants of Health (CSDH) Conceptual Framework**



Source: Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion, Paper 2 (Policy and Practice), Geneva, World Health Organization, 2010

The Centers for Disease Control (CDC) recommends seven phases for achieving health equity (**Figure 16**): 1) Create or enhance your partnership; 2) Focus your partnership on social determinants → vision and mission; goals and objectives; assessment; mapping assets; 3) Build community capacity to address social determinants; 4) Select your approach to create change → social action; consciousness raising; community development; media advocacy; health promotion; structural change; 5) Move to action → plan; anticipate barriers; implement initiative; distribution and publication; 6) Document and share your work → adaptation; consequences; 7) Maintain momentum → organizational structure; partnership capacity; commitment.<sup>120,97</sup>

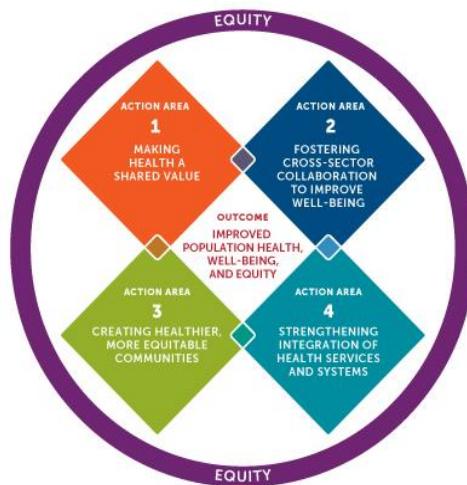
**Figure 16 - CDC Phases of a Social Determinants of Health Initiative**



Adapted by the Community Tool Box from the CDC's *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health*.<sup>116,92</sup>

From a broader, population health perspective, the Robert Wood Johnson Foundation offers the Culture of Action Framework as a means of realizing health equity, which is the model's overarching goal for creating a culture of health. The structure is designed to address the interdependence of the social, economic, physical and environmental factors (i.e., determinants of health) that affect health and well-being. There are four interconnected action areas that ground the framework, demonstrating how health and well-being are the sum of many parts, all needed to achieve the outcomes of improved population health, well-being and equity.<sup>121</sup>

1. Making health a shared vision;
2. Fostering cross-sector collaboration to improve well-being;
3. Creating healthier, more equitable communities; and
4. Strengthening integration of health services and systems



Source: RWJF From Vision to Action: A Framework and Measures to Mobilize a Culture of Health

## Cancer Center Community Needs Assessment

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The Middlesex Hospital Cancer Center functions as a multidisciplinary team — including specialists in surgical oncology, medical oncology, radiation oncology, clinical diagnostics, integrative health, and survivorship — working together to treat patients diagnosed with cancer in Middlesex County and its contiguous communities. All the physicians are board certified. The Cancer Center is accredited by the American College of Surgeon's Commission on Cancer and, as a result of its most recent accreditation, was awarded the Commission on Cancer's Outstanding Achievement Award, which is given to less than 4% of cancer centers nationally. In October 2015, Middlesex Hospital joined the Mayo Clinic Care Network, giving its physicians a direct link to Mayo Clinic's expert specialists.

The Middlesex Hospital Cancer Center offers comprehensive care planning and treatment for a wide variety of cancers. Disease-site specific nurse navigators provide support and guidance from diagnosis through treatment and post-treatment. In addition to being a Comprehensive Breast Center, the Cancer Center has a Total Lung Cancer Screening Program, the Center for Survivorship, the Integrative Medicine Program, and a Hereditary Risk Assessment Program. Its services include state-of-the-art diagnostic and treatment technologies such as digital mammography, PET/CT scanning, tomosynthesis, Molecular Breast Imaging, Breast MRI and two linear accelerators offering IMRT/IGRT, Rapid Arc and Stereotactic Radiosurgery. Clinicians and patients have direct access to cooperative group and industry sponsored clinical trials.

Every three years the Cancer Center conducts a community needs assessment to better understand the community it serves and the particular needs of the community including barriers to care, health disparities, the resources available to overcome barriers, and the gaps in the availability of those resources. The Cancer Center seeks to understand the community it serves from the perspective of the full continuum of cancer care. This continuum begins with prevention, screening and awareness; moves through diagnosis and active treatment; and ends in survivorship. The goal of the community needs assessment is to examine the particular barriers, or disparities, within the communities it serves across the full cancer continuum. With this knowledge, the Cancer Center can strategically deploy supportive services such as nurse navigators, social workers, and public health educators to address barriers to care within its service area. For Middlesex Hospital staff who participated in completion of the Cancer Center Needs Assessment, see **Table A10 in the Appendix**.

*Note: for the cancer secondary data (pages 64 – 71), data limitations include: 1) Available secondary data may not be as recent as the date of this assessment due to the data collection cycle for specific data sets; and 2) Limited data availability to assess some vulnerable populations.*

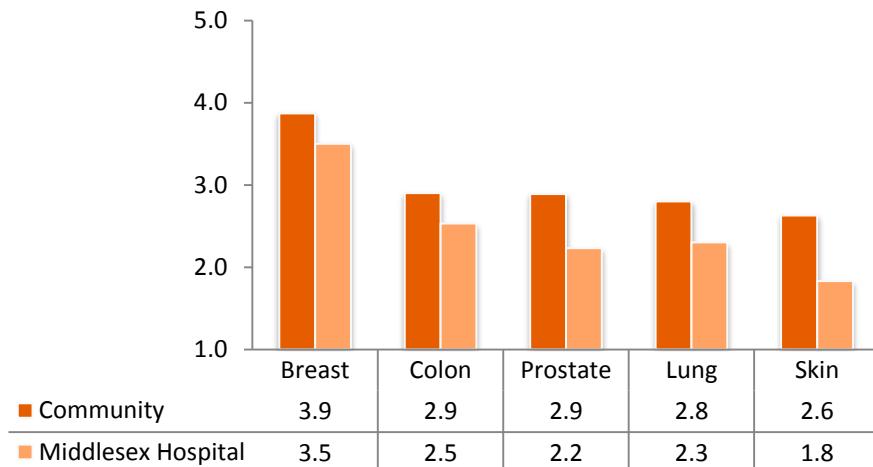
## Cancer Center Key Informant Survey Results

Five optional cancer-related questions were added at the end of the key informant survey to assist the Middlesex Hospital Cancer Center in its community needs assessment. Specific questions relative to social determinants of health and health equity were also asked. As these questions were optional, the number of respondents is provided per question using the abbreviation of “n” (sample size).

**Question 1:** Please rank the community’s awareness of available screening resources for the following cancers. Rank from highest level of community awareness to lowest level of community awareness.

Respondents were given five response choices (breast, colon, lung, prostate, skin, with the order randomized per survey) and were asked to put each in rank order of 1-5. For the graphic representation below (**Figure 17**), 1 = low level of community awareness of available screening resources for the specific cancer; 3 = moderate level of community awareness; and 5 = high level of community awareness. *Middlesex Hospital responses n = 146; Community responses n = 102.*

**Figure 17 – Awareness of Cancer Screening Resources, Average Rating**



**1 = low community awareness; 3 = moderate community awareness; 5 = high community awareness**

**Question 2:** Please rank the degree to which you feel the following items, which are associated with decreased cancer risk, are accessible to residents of Middlesex County. Rank from low accessibility to high accessibility.

Respondents were asked to rate their perceptions on degree of accessibility for the five response options that were provided using a Likert scale, 1 - 5 with 1 = low accessibility 3 = moderate accessibility; and 5 = high accessibility. In analysis, an average ranking was calculated for each category (**Figure 18**). Support to reduce alcohol intake was defined as social/community support to reduce alcohol intake. *Middlesex Hospital responses n = 157; Community responses n = 115.*

**Figure 18** – Accessibility to Community Resources, Average Rating

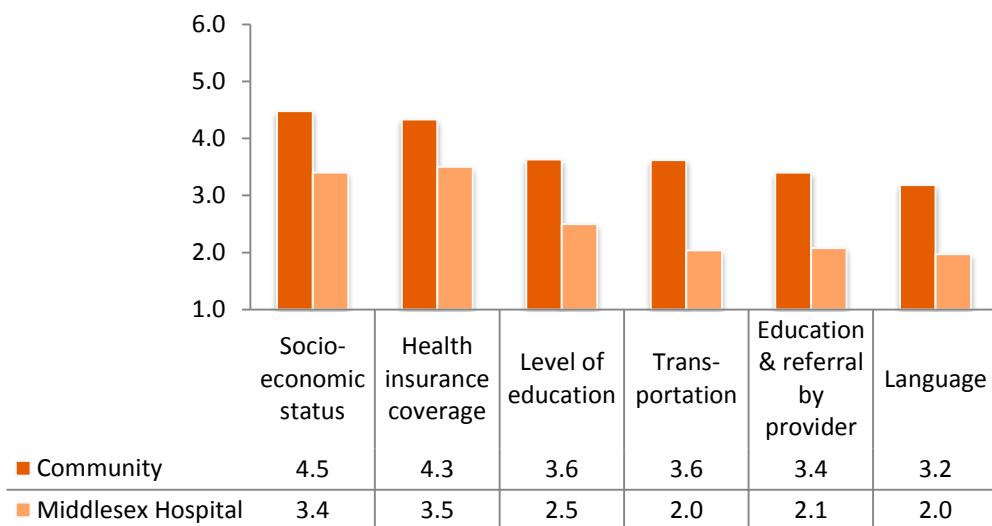


1 = low accessibility; 3 = moderate accessibility; 5 = high accessibility

**Question 3:** Please rank these traditional barriers in terms of their impact on accessing cancer prevention and screening in your community. Rank from most significant barrier to least significant barrier.

Respondents were provided six response options and asked to put each in rank order of 1-6. In analysis, an average ranking was calculated for each category. For the graphic representation in **Figure 19**, 1 = least significant barrier for accessing cancer prevention and screening; 3 = moderate barrier; and 6 = significant barrier. *Middlesex Hospital responses n = 152; Community responses n = 109.*

**Figure 19 – Barriers for Cancer Prevention and Screening, Average Rating**



1 = least significant barrier; 3 = moderate barrier; 6 – most significant barrier

**Question 4:** What specific population(s) in this community are not being adequately served for cancer prevention and screening? (Select up to 5 responses).

Respondents were provided 14 response options and an “other (please specify)” choice. Of the 14 response categories, participants were asked to select up to five population categories, not in rank order. For analysis, all responses were aggregated and presented in percentage form (**Tables 39 and 40**). *Middlesex Hospital responses n = 142; Community Responses n = 105.*

**Table 39 – Underserved Populations for Cancer Prevention & Screening, Community Responses**

	Community
Low-income/Poor	15.8%
Homeless	15.5%
Disabled - Mentally	10.2%
Immigrant/Refugee	8.3%
Black/African-American	7.8%
Undocumented Citizens	6.7%
Hispanic/Latino	5.9%
Disabled - Developmentally	4.8%
Young Adults	4.8%
Seniors/Aging/Elderly	4.6%
Other	4.6%
Disabled - Physically	4.0%
Veterans	3.3%
Children/Youth	2.4%
LGBT	1.3%

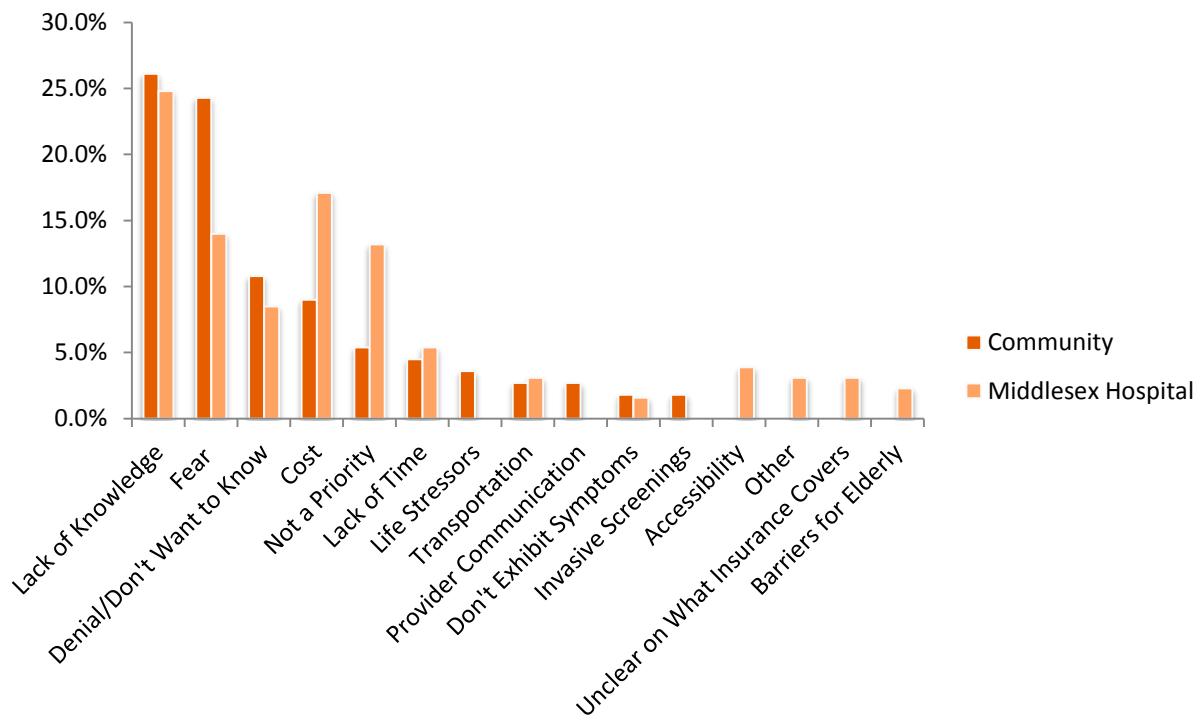
**Table 40 – Underserved Populations for Cancer Prevention & Screening, Middlesex Hospital Responses**

	Middlesex Hospital
Homeless	17.3%
Disabled - Mentally	13.8%
Low-income/Poor	13.5%
Undocumented Citizens	6.7%
Seniors/Aging /Elderly	6.4%
Black/African-American	6.4%
Disabled - Developmentally	6.2%
Veterans	5.6%
Immigrant/Refugee	4.8%
Disabled - Physically	4.2%
Young Adults	4.2%
Children/Youth	3.8%
Hispanic/Latino	3.1%
LGBT	2.1%
Other	1.9%

**Question 5:** Cancer screening and care is a need across all populations. Even members of our community who don't necessarily experience the traditional barriers may not receive cancer prevention screening and care. Why do you think some don't access these services?

For this open-ended question, respondents were provided a text box to type their responses. **Figure 20** indicates the percentage of times a particular theme was noted; some responses contained multiple answers which were separated by theme. *Middlesex Hospital Responses n = 94; Community Responses n = 67.*

**Figure 20** – Reasons for Lack of Access to Cancer Prevention & Screening (open-ended)



1. Note: Lack of Knowledge includes: "Education" and "Unaware of Services"
2. For Middlesex Hospital responses: "Other" includes mistrust; negative media; children seen as low risk
3. For Community responses, each of the following areas received a 0.9% response rate: addressing mental health needs; barriers for veterans; lack of outreach to certain populations; previous negative experience; fatalism; no family support; age; accessibility

## Cancer – Secondary Data

**Table 41- Breast Cancer (Female) Incidence Rates, Middlesex County, CT and U.S., 2009-2013**

	Middlesex County	CT	U.S.
<b>Breast Cancer (Female), Incidence</b>	<b>148.2</b>	<b>137.8</b>	<b>123.3</b>
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	151.7	140.4	124.3
White Non-Hispanic	153.3	141.9	NA
Black (includes Hispanic)	110.1	115.5	122.3
Hispanic (any race)	114.6	124.1	NA
<i>By Age &lt;50</i>			
Ages <50	52	51.1	43.6
Ages <50, White (includes Hispanic)	54.8	53.1	43.3
Ages <50, White Non-Hispanic	56.3	54.4	NA
<i>By Age &lt;65</i>			
Ages <65	97.6	91.8	80.4
Ages <65, White (includes Hispanic)	101.4	93.8	80.4
Ages <65, White Non-Hispanic	102.5	95.1	NA
<i>By Age 65+</i>			
Ages 65+	498.4	455.2	419.7
Ages 65+, White (includes Hispanic)	499.6	462.6	428
Ages 65+, White Non-Hispanic	504.2	465	NA

1. Incidence rates (cases per 100,000 population per year) are age adjusted to the 2000 U.S. standard population
2. Source: "Incidence Rates for Connecticut," State Cancer Registries, retrieved from State Cancer Profiles; statecancerprofiles.cancer.gov

**Table 42 - Breast Cancer (Female) Mortality Rates, Middlesex County, CT and U.S., 2009-2013**

	Middlesex County	CT	U.S.
<b>Breast Cancer (Female), Mortality</b>	<b>19.4</b>	<b>19.8</b>	<b>21.5</b>
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	19.8	19.6	21
White Non-Hispanic	20.1	20.1	21.5
<i>By Age &lt;65</i>			
Ages <65	8.9	9.2	10.5
Ages <65, White (includes Hispanic)	9	8.7	9.9
Ages <65, White Non-Hispanic	9.3	8.8	10.1
<i>By Age 65+</i>			
Ages 65+	92	93.6	97.4
Ages 65+, White (includes Hispanic)	94.3	95.4	97.7
Ages 65+, White Non-Hispanic	94.7	97.6	100.1

1. Death rates (deaths per 100,000 population per year) are age adjusted to the 2000 U.S. standard population
2. Source: "Death Rates for Connecticut," State Cancer Registries and National Vital Statistics System, retrieved from State Cancer Profiles; statecancerprofiles.cancer.gov

**Table 43** - Colon & Rectum Cancer Incidence Rates, Middlesex County, CT and U.S., 2009-2013

	Middlesex County	CT	U.S.
<b>Colon &amp; Rectum Cancer, Incidence</b>	<b>38.3</b>	<b>40.2</b>	<b>40.6</b>
<i>By Gender</i>			
Male	42.4	46.5	46.8
Female	35	35.1	35.5
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	36.9	39.4	39.7
White (includes Hispanic), Male	40.2	45.7	45.6
White (includes Hispanic), Female	34.2	34.3	34.7
White Non-Hispanic	36.5	39.1	NA
White Non-Hispanic, Male	40.1	45	NA
White Non-Hispanic, Female	33.7	34.3	NA
Black (includes Hispanic)	72.8	46.2	48.1
<i>By Age, &lt;50</i>			
Ages <50	7.2	7.4	7.2
Ages <50, Male	6.8	8	7.6
Ages <50, Female	7.6	6.8	6.7
Ages <50, White (includes Hispanic)	7.5	7.4	7
Ages <50, White (includes Hispanic), Male	6.4	8	7.4
Ages <50, White (includes Hispanic), Female	8.6	6.8	6.6
Ages <50, White Non-Hispanic	7.1	7.4	NA
Ages <50, White Non-Hispanic, Female	8	6.8	NA
<i>By Age, &lt;65</i>			
Ages <65	16.4	17.3	17.7
Ages <65, Male	18.2	20	20.1
Ages <65, Female	14.7	14.8	15.4
Ages <65, White (includes Hispanic)	15.7	16.8	16.9
Ages <65, White (includes Hispanic), Male	16.7	19.5	19.2
Ages <65, White (includes Hispanic), Female	14.7	14.2	14.6
Ages <65, White Non-Hispanic	15.2	16.5	NA
Ages <65, White Non-Hispanic, Male	16.2	19.1	NA
Ages <65, White Non-Hispanic, Female	14.2	14	NA
<i>By Age, 65+</i>			
Ages 65+	189.6	198.1	199.3
Ages 65+, Male	209.7	229.7	231.5
Ages 65+, Female	175.5	174.9	174.7
Ages 65+, White (includes Hispanic)	183.2	196	197.1
Ages 65+, White (includes Hispanic), Male	202.5	226.6	227.8
Ages 65+, White (includes Hispanic), Female	169.5	173.4	173.2
Ages 65+, White Non-Hispanic	183.6	195.6	NA
Ages 65+, White Non-Hispanic, Male	205.2	224.3	NA
Ages 65+, White Non-Hispanic, Female	168.1	174.2	NA

1. Incidence rates (cases per 100,000 population per year) are age adjusted to the 2000 U.S. standard population
2. Source: "Incidence Rates for Connecticut," State Cancer Registries, retrieved from State Cancer Profiles; statecancerprofiles.cancer.gov

**Table 44** - Colon & Rectum Cancer Mortality Rates, Middlesex County, CT and U.S., 2009-2013

	Middlesex County	CT	U.S.
<b>Colon &amp; Rectum, Mortality</b>	<b>10.7</b>	<b>12.2</b>	<b>15.1</b>
<i>By Gender</i>			
Male	12.3	14.3	18.1
Female	9.4	10.6	12.7
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	10.5	12.1	14.7
White (includes Hispanic), Male	12.4	14.2	17.6
White (includes Hispanic), Female	9	10.4	12.3
White Non-Hispanic	10.7	12.2	14.9
White Non-Hispanic, Male	12.6	14.3	17.7
White Non-Hispanic, Female	9.1	10.5	12.5
<i>By Age, &lt;65</i>			
Ages <65	3.3	3.7	4.9
Ages <65, Male	4	4.5	5.8
Ages <65, White (includes Hispanic)	3.3	3.7	4.6
Ages <65, White (includes Hispanic), Male	4.2	4.5	5.5
Ages <65, White Non-Hispanic	3.5	3.7	4.7
Ages <65, White Non-Hispanic, Male	4.3	4.5	5.6
<i>By Age, 65+</i>			
Ages 65+	61.7	70.8	85.8
Ages 65+, Male	69.3	82.4	103.4
Ages 65+, Female	56.2	62.7	72.8
Ages 65+, White (includes Hispanic)	60.2	70.4	84.3
Ages 65+, White (includes Hispanic), Male	69.2	81.6	101.2
Ages 65+, White (includes Hispanic), Female	53.2	62.4	71.6
Ages 65+, White Non-Hispanic	60.9	70.9	84.9
Ages 65+, White Non-Hispanic, Male	70.1	82	101.4
Ages 65+, White Non-Hispanic, Female	53.8	63.1	72.6

1. Death rates (deaths per 100,000 population per year) are age adjusted to the 2000 U.S. standard population
2. Source: "Death Rates for Connecticut," State Cancer Registries and National Vital Statistics System, retrieved from State Cancer Profiles (statecancerprofiles.cancer.gov)

**Table 45** - Smoking, Middlesex County, Connecticut, and U.S., 2006-2012 (most recent available data)

	Middlesex County	CT
Current Smokers, Ages 18+	15.0%	14.9%
Ever Smoked, Ages 18+	48.7%	NA

1. Note: Current smokers are defined as respondents who currently report smoking cigarettes all or some days
2. Source: Behavioral Risk Factor Surveillance System (BRFSS) on Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov); "Screening and Risk Factors for Connecticut," 2008-2010 County Level Modeled Estimate Combining the Behavioral Risk Factor Surveillance System (BRFSS) and the National Health Interview Survey (NHIS), retrieved from State Cancer Profiles (statecancerprofiles.cancer.gov)

**Table 46** - Lung & Bronchus Cancer Incidence Rates, Middlesex County, CT and U.S., 2009-2013

	Middlesex County	CT	U.S.
<b>Lung &amp; Bronchus Cancer, Incidence</b>	<b>65.7</b>	<b>63.1</b>	<b>62.4</b>
<i>By Gender</i>			
Male	70.7	70.9	74.5
Female	62.3	57.7	53.4
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	64.6	63.9	63.2
White (includes Hispanic), Male	69.1	70.7	74.1
White (includes Hispanic), Female	61.7	59.3	54.9
White Non-Hispanic	63.5	64.5	NA
White Non-Hispanic, Male	68.3	71	NA
White Non-Hispanic, Female	60.6	60.3	NA
Black (includes Hispanic)	89.8	58.2	65.4
Black, (includes Hispanic), Male	87.8	75.7	88.4
Black, (includes Hispanic), Female	89.3	46.8	49.9
Hispanic (any race)	128.5	51.5	NA
<i>By Age, &lt;50</i>			
Ages <50	3	3.8	4.2
<i>By Age, &lt;65</i>			
Ages <65	20.5	18.4	19.9
Ages <65, Male	20.6	19.4	21.8
Ages <65, Female	20.5	17.4	18.1
Ages <65, White (includes Hispanic)	19.3	18.3	19.8
Ages <65, White (includes Hispanic), Male	18.3	19	21.2
Ages <65, White (includes Hispanic), Female	20.2	17.6	18.4
Ages <65, White Non-Hispanic	18.8	18.6	NA
Ages <65, White Non-Hispanic, Male	18.1	19.1	NA
Ages <65, White Non-Hispanic, Female	19.5	18.1	NA
Ages <65, Black (includes Hispanic)	46.8	20.3	24.5
<i>By Age, 65+</i>			
Ages 65+	377.7	372.3	356.6
Ages 65+, Male	416.8	427	438.6
Ages 65+, Female	351.7	336.1	297.3
Ages 65+, White (includes Hispanic)	377.6	379	363.2
Ages 65+, White (includes Hispanic), Male	419.8	428.2	439.8
Ages 65+, White (includes Hispanic), Female	349.1	347	307.3
Ages 65+, White Non-Hispanic	372.7	382.1	NA
Ages 65+, White Non-Hispanic, Male	415.2	429.4	NA
Ages 65+, White Non-Hispanic, Female	344.5	351.8	NA

1. Incidence rates (cases per 100,000 population per year) are age adjusted to the 2000 U.S. standard population
2. Source: "Incidence Rates for Connecticut," State Cancer Registries, retrieved from State Cancer Profiles ([statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov))

**Table 47** - Lung & Bronchus Cancer Mortality Rates, Middlesex County, CT and U.S., 2009-2013

	Middlesex County	CT	U.S.
<b>Lung &amp; Bronchus Cancer, Mortality</b>	<b>44.2</b>	<b>40.6</b>	<b>46</b>
<i>By Gender</i>			
Male	49.9	48.1	57.8
Female	40	35.3	37
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	43.8	41.3	46.7
White (includes Hispanic), Male	49.6	48.1	57.7
White (includes Hispanic), Female	39.7	36.5	38.3
White Non-Hispanic	44.2	42.3	49.1
White Non-Hispanic, Male	50.2	49	60.2
White Non-Hispanic, Female	40	37.7	40.6
Black (includes Hispanic)	59	38	49.4
<i>By Age, &lt;65</i>			
Ages <65	12.1	10.3	12.8
Ages <65, Male	12.8	11.5	15
Ages <65, Female	11.4	9.2	10.7
Ages <65, White (includes Hispanic)	11.8	10.3	12.7
Ages <65, White (includes Hispanic), Male	12.6	11.2	14.6
Ages <65, White (includes Hispanic), Female	11.1	9.4	10.9
Ages <65, White Non-Hispanic	12	10.7	13.8
Ages <65, White Non-Hispanic, Male	12.7	11.6	15.7
Ages <65, White Non-Hispanic, Female	11.4	9.9	11.9
<i>By Age, 65+</i>			
Ages 65+	265.8	250.3	275.5
Ages 65+, Male	307	301	353.6
Ages 65+, Female	237.7	215.9	219.4
Ages 65+, White (includes Hispanic)	265.2	256	281.5
Ages 65+, White (includes Hispanic), Male	305.5	303.1	355.7
Ages 65+, White (includes Hispanic), Female	237.8	227.5	224.2
Ages 65+, White Non-Hispanic	309.6	307.3	367.8
Ages 65+, White Non-Hispanic	237.7	229.7	239.2

1. Death rates (deaths per 100,000 population per year) are age adjusted to the 2000 U.S. standard population
2. Source: "Death Rates for Connecticut," State Cancer Registries and National Vital Statistics System, retrieved from State Cancer Profiles ([statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov))

**Table 48** - Prostate Cancer (Male) Incidence Rates, Middlesex County, CT and U.S., 2009-2013

	Middlesex County	CT	U.S.
<b>Prostate Cancer, Incidence</b>	<b>125.9</b>	<b>130.3</b>	<b>123.1</b>
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	122	121.9	113.1
White Non-Hispanic	123.3	121.9	NA
Black (includes Hispanic)	200.9	196.1	194.3
<i>By Age, &lt;50</i>			
Ages <50	6.6	6.1	5.6
Ages <50, White (includes Hispanic)	6.2	4.6	5
<i>By Age, &lt;65</i>			
Ages <65	52.3	56.5	50.9
Ages <65, White (includes Hispanic)	49.4	51.7	45.8
Ages <65, White Non-Hispanic	49.9	51.9	NA
Ages <65, Black (includes Hispanic)	118	91.2	89.3
<i>By Age, 65+</i>			
Ages 65+	634.6	640.4	621.8
Ages 65+, White (includes Hispanic)	623.9	607.7	578.7
Ages 65+, White Non-Hispanic	630.6	605.8	NA

1. Incidence rates (cases per 100,000 population per year) are age adjusted to the 2000 U.S. standard population
2. Source: "Incidence Rates for Connecticut," State Cancer Registries, retrieved from State Cancer Profiles (statecancerprofiles.cancer.gov)

**Table 49** - Prostate Cancer (Male) Mortality Rates, Middlesex County, CT and U.S., 2009-2013

	Middlesex County	CT	U.S.
<b>Prostate Cancer, Mortality</b>	<b>21.4</b>	<b>19.2</b>	<b>20.7</b>
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	21.6	18.6	19.1
White Non-Hispanic	21.6	18.5	19.2
<i>By Age, 65+</i>			
Ages 65+	159.7	142.6	151.7
Ages 65+, White (includes Hispanic)	160.7	138.2	141.3
Ages 65+, White Non-Hispanic	161	138.1	141.8

1. Death rates (deaths per 100,000 population per year) are age adjusted to the 2000 U.S. standard population
2. Source: "Death Rates for Connecticut," State Cancer Registries and National Vital Statistics System, retrieved from State Cancer Profiles (statecancerprofiles.cancer.gov)

**Table 50** - Skin Cancers Incidence Rates, Middlesex County, CT and U.S., 2009-2013

	Middlesex County	CT	U.S.
<b>Skin Cancers, Incidence</b>	<b>27.1</b>	<b>21.5</b>	<b>20.3</b>
<i>By Gender</i>			
Male	30.9	27.8	25.9
Female	24.6	17.1	16.2
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	28.3	23.1	23
White (includes Hispanic), Male	32	29.5	28.9
White (includes Hispanic), Female	25.9	18.7	18.6
White Non-Hispanic	28.9	24.8	NA
White Non-Hispanic, Male	32.4	31.3	NA
White Non-Hispanic, Female	26.6	20.2	NA
<i>By Age, &lt;50</i>			
Ages <50	11.4	6.9	7.4
Ages <50, Male	8.5	5.9	6.1
Ages <50, Female	14.2	7.8	8.7
Ages <50, White (includes Hispanic)	12.5	8	8.8
Ages <50, White (includes Hispanic), Male	9	6.8	7.1
Ages <50, White (includes Hispanic), Female	16	9.1	10.4
Ages <50, White Non-Hispanic	13.3	9.2	NA
Ages <50, White Non-Hispanic, Male	9.5	7.9	NA
Ages <50, White Non-Hispanic, Female	17	10.5	NA
<i>By Age, &lt;65</i>			
Ages <65	17.9	11.9	12
Ages <65, Male	16.1	11.9	12.1
Ages <65, Female	19.7	12	11.9
Ages <65, White (includes Hispanic)	19.2	13.2	13.9
Ages <65, White (includes Hispanic), Male	16.7	13	13.9
Ages <65, White (includes Hispanic), Female	21.7	13.5	14
Ages <65, White Non-Hispanic	19.8	14.6	NA
Ages <65, White Non-Hispanic, Male	16.9	14.3	NA
Ages <65, White Non-Hispanic, Female	22.6	14.9	NA

1. Incidence rates (cases per 100,000 population per year) are age adjusted to the 2000 U.S. standard population
2. Source: "Incidence Rates for Connecticut," State Cancer Registries, retrieved from State Cancer Profiles ([statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov))

**Table 51** - Skin Cancers Incidence Rates Age 65+, Middlesex County, CT and U.S., 2009-2013

	Middlesex County	CT	U.S.
<i>By Age, 65+</i>			
Ages 65+	90.5	87.6	77.6
Ages 65+, Male	132.7	137.6	121.4
Ages 65+, Female	58.1	52.4	45.7
Ages 65+, White (includes Hispanic)	91.2	91.3	85.5
Ages 65+, White (includes Hispanic), Male	137.8	143.3	132.8
Ages 65+, White (includes Hispanic), Female	55.2	54.5	50.3
Ages 65+, White Non-Hispanic	91.7	94.9	NA
Ages 65+, White Non-Hispanic, Male	139.7	148.7	NA
Ages 65+, White Non-Hispanic, Female	54.6	56.4	NA

1. Incidence rates (cases per 100,000 population per year) are age adjusted to the 2000 U.S. standard population
2. Source: "Incidence Rates for Connecticut," State Cancer Registries, retrieved from State Cancer Profiles ([statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov))

**Table 52** - Skin Cancers Mortality Rates, Middlesex County, CT and U.S., 2009-2013

	Middlesex County	CT	U.S.
<b>Skin Cancers, Mortality</b>	<b>2.4</b>	<b>2.4</b>	<b>2.7</b>
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	2.5	2.7	3.1
White Non-Hispanic	2.6	2.8	3.4
<i>By Age, 65+</i>			
Ages 65+	12.9	12.8	13.6
Ages 65+, White (includes Hispanic)	13.4	13.7	15.3
Ages 65+, White Non-Hispanic	13.6	14.2	16.1

1. Death rates (deaths per 100,000 population per year) are age adjusted to the 2000 U.S. standard population
2. Source: "Death Rates for Connecticut," State Cancer Registries and National Vital Statistics System, retrieved from State Cancer Profiles ([statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov))

## KEY INFORMANT SURVEY RESULTS

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For the Middlesex Hospital 2016 community health needs assessment, the key informant survey was developed internally via review of multiple existing resources with a focus on determinants of health and health equity in addition to health-based areas. The majority of the survey questions were posed in quantitative form through Likert scales, the ranking of responses or the choosing of top responses. The survey was administered through the online SurveyMonkey format where key informants were sent an email explaining the survey's purpose and inviting them to access the survey link.

In order to gather perception information from a wide range of representative community members and leaders with diverse backgrounds and opinions who have first-hand knowledge about the community, and to garner insight on pressing local issues (in this case, related to health, drivers of health, and well-being), three distribution lists (Community; Middlesex Hospital/System Staff; Middlesex Hospital Medical Staff) were compiled and corresponding separate and distinct survey URLs were generated. The extensive community contact list included representation from Middletown, Middlesex County and the periphery towns in the Middlesex Hospital service area. Sectors included elected officials (mayors, selectpersons, state legislators, etc.); local health departments; health care services (medical, dental, behavioral health, etc.); schools (public, private); colleges and universities; public safety (police, fire, emergency management); social services; youth and family services; other community services (senior care, veterans representation, etc.); faith-based organizations; community organizations and coalitions; the business community; and residents. For Middlesex Hospital/System Staff participation, the survey was sent to the Hospital's leadership e-distribution lists (executive staff, directors, managers, supervisors) with a request to share the explanation of purpose and survey URL with individual departmental staff e-distribution lists. Surveys were sent to active Medical Staff and allied health professional staff through the Hospital's Medical Staff Office.

For all three discrete distribution channels combined, a total of 2,886 surveys were sent with a total of 438 completed for an overall response rate of 15.2%. Surveys were distributed to: 805 community contacts and 162 were completed (20.1% response rate); 1,555 hospital staff members and 247 were completed (15.9% response rate); 383 active medical staff and 143 allied health professional staff (total distribution of 526) and 29 were completed (5.5% response rate). Given the low response rate for the Middlesex Hospital Medical Staff, their results have been combined with the Middlesex Hospital/System key informant survey replies for analysis. At the end of each survey, respondents were invited to note the sectors they represented (for community) and the positions they represented (for hospital staff and medical staff).

Middlesex Hospital Respondents	Percent
No Category Selected	36.6%
Nurse	15.2%
Clinical (other)	12.3%
Non-clinical	11.1%
Physician	8.3%
Allied health	8.3%
Other	4.4%
Advanced practice provider	1.5%

Community Respondents	Percent	Community Respondents	Percent
No Category Selected	18.4%	Elected officials	3.5%
Schools	14.0%	Youth and family services	3.5%
Health care	11.0%	Colleges and universities	3.5%
Organizations and coalitions	9.7%	Business community	3.1%
Social services	9.7%	Faith-based organizations	2.6%
Other community services	9.7%	Local health department	2.2%
Other	7.5%	Public safety	1.8%

Note: CHNA Advisory Committee members (including public health directors) were not given the survey to complete

## Section I: Key Health Issues and Health Behaviors

**Question 1:** We would like to start by knowing what you consider to be the top health issues in your community. Please list up to 3 below, in any order.

Respondents were given three text boxes to type their top health issues (open-ended), not in rank order. **Table 53** presents the health priority response rates calculated as a percentage of total responses. The percentages represent the number of times a health issue was noted.

**Table 53 - Top Health & Health Related Issues (open ended)**

All Respondents	Percent	Community	Percent	Middlesex Hospital	Percent
Substance Use	19.0%	Substance Use	20.4%	Substance Use	18.1%
Mental Health / Behavioral Health	16.3%	Mental Health / Behavioral Health	18.3%	Mental Health / Behavioral Health	15.0%
Health Care Access	13.7%	Health Care Access	14.1%	Health Care Access	13.4%
Obesity	9.2%	Obesity	9.1%	Obesity	9.3%
Social Determinants of Health	6.4%	Social Determinants of Health	8.2%	Heart Disease and Stroke	6.0%
Heart Disease and Stroke	5.7%	Heart Disease and Stroke	5.2%	Respiratory Illness and Disease	5.6%
Respiratory Illness and Disease	4.6%	Aging	4.0%	Cancer	5.3%
Diabetes	4.6%	Diabetes	3.5%	Diabetes	5.3%
Cancer	4.4%	Environmental Health	3.5%	Social Determinants of Health	5.3%
Aging	3.8%	Cancer	3.0%	Other	4.1%
Other	3.6%	Respiratory Illness and Disease	3.0%	Aging	3.7%
Environmental Health	1.7%	Other	2.8%	Education	2.4%
Chronic Disease, General	1.5%	Dental	1.2%	Chronic Disease, General	1.9%
Education	1.5%	Chronic Disease, General	<1%	Preventative Health Care	1.0%
Preventative Health Care	1.1%	Education	<1%	Dental	<1%
Dental	<1%	Emergency Medicine	<1%	Emergency Medicine	<1%
Emergency Medicine	<1%	End-of-Life Care	<1%	End-of-Life Care	<1%
End-of-Life Care	<1%	Health and Wellness	<1%	Environmental Health	<1%
Health and Wellness	<1%	Health Equity	<1%	Health and Wellness	<1%
Health Equity	<1%	Maternal and Child Health	<1%	Health Equity	<1%
Maternal and Child Health	<1%	Preventative Health Care	<1%	Maternal and Child Health	<1%

**Question 2:** Below is a list of medical conditions, diseases, and health topics. Please rank the top 3 health issues you see in your community, with 1 as the health issue of highest priority. Your response(s) may or may not differ from the previous question.

Respondents were given 17 categories of health conditions/issues with an “other (please specify below)” response option and were asked to rank their perceived top 3 health priorities. For each category, a weighted total was calculated to determine the sum of the weighted ranks (#1 carried a weight of 3, #2 carried a weight of 2, and #3 carried a weight of 1). The total weighted responses were then tallied per category and, based on the highest to lowest value, were placed in rank order 1-17, with 1 = the highest priority (**Table 54**).

**Table 54** - Top Health & Health Related Issues (response options provided)

	All Respondents	Community	Middlesex Hospital
Substance abuse	1	2	1
Mental health/suicide	2	1	2
Overweight/obesity	3	3	3
Cancer	4	4	4
Diabetes	5	7	5
Heart disease/congestive heart failure	6	6	6
Alzheimer's/other dementias	7	5	8
Chronic obstructive pulmonary disease (COPD)	8	11	7
Unintentional injuries (car accidents, falls, etc.)	9	8	9
Asthma	10	9	11
Other	11	10	14
Maternal/infant health	12	13	12
Stroke	13	14	10
Dental health/oral health	14	12	15
Pneumonia and influenza (flu)	15	17	13
Sexually transmitted diseases (STDs)	16	16	16
Chronic liver disease and cirrhosis	17	15	17

**Question 3:** Please rate the degree to which you believe the following impact health outcomes in your community. Use the scale of 1 (limited impact on community health) through 5 (significant impact on community).

Respondents were given 9 behavioral-related conditions and were asked to rate the degree of influence on health outcomes using a Likert scale of 1 - 5 with 1 = limited impact on community health; 3 = moderate impact on community health; and 5 = significant impact on community health (**Table 55, Figure 21**). A response option of “do not know” was provided. The opioid use response included: heroin, oxycodone, opioid prescription misuse/abuse. Cocaine use was further defined as:

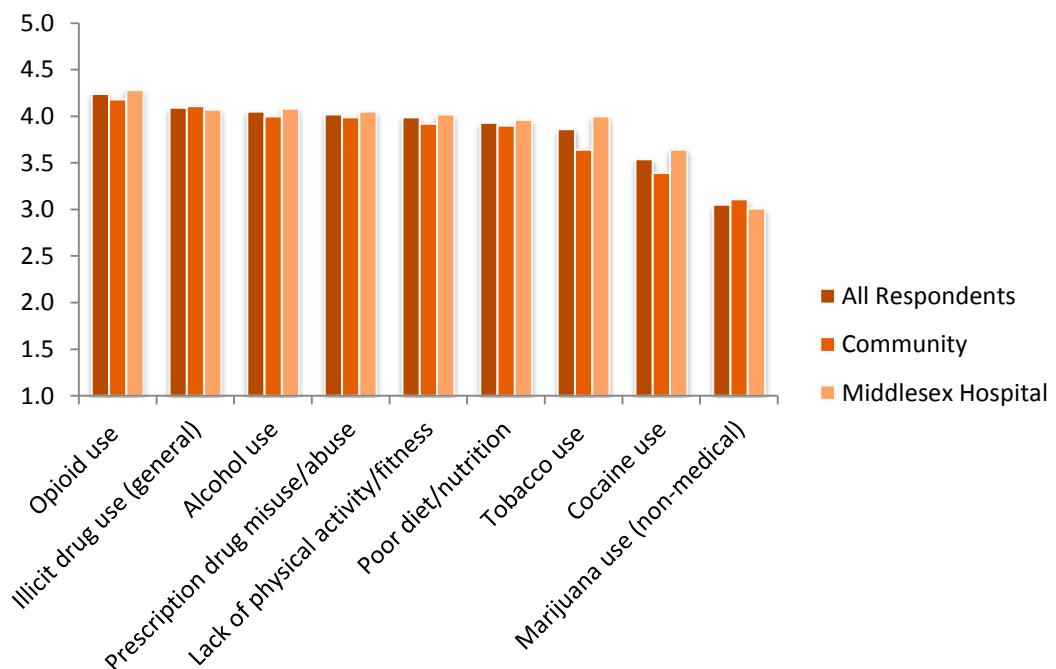
coke, crack. The marijuana (non-medical) use response included: weed, pot, etc. The tobacco use response included: cigarettes, e-cigarettes, cigars, chewing tobacco. In analysis, each category was assigned a weighted average.

**Table 55 – Impact on Health Outcomes, Weighted Average**

	All Respondents	Community	Middlesex Hospital
Opioid use	4.2	4.2	4.3
Illicit drug use (general)	4.1	4.1	4.1
Alcohol use	4.1	4.0	4.1
Prescription drug misuse/abuse	4.0	4.0	4.1
Lack of physical activity/fitness	4.0	3.9	4.0
Poor diet/nutrition	3.9	3.9	4.0
Tobacco use	3.9	3.6	4.0
Cocaine use	3.5	3.4	3.6
Marijuana use (non-medical)	3.1	3.1	3.0

**1 = limited impact on community health; 3 = moderate impact on community health; and 5 = significant impact on community health**

**Figure 21 – Impact on Health Outcomes, Weighted Average**



**1 = limited impact on community health; 3 = moderate impact on community health; and 5 = significant impact on community health**

## Section II: Health Care Access

**Question 4:** The next topic is on access to health care. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about health care access in your community.

Respondents were given 11 health care access/availability related response options and were asked to rate the degree to which they agreed with the statements provided using a Likert scale of 1 - 5 with 1 = strongly disagree; 3 = neutral (neither agree nor disagree); and 5 = strongly agree. A response option of "do not know" was provided. For analysis, responses of 1 (strongly disagree) and 2 (somewhat disagree) were combined for a measure of disagreement and responses of 4 (somewhat agree) and 5 (strongly agree) were combined for a measure of agreement. **Table 56** presents the percentage of answers that either strongly agreed or disagreed with the statements.

**Table 56 – Access to Health Care in Agreement and Disagreement**

	All Respondents		Community		Middlesex Hospital	
	Strongly Agree or Somewhat Agree	Strongly Disagree or Somewhat Disagree	Strongly Agree or Somewhat Agree	Strongly Disagree or Somewhat Disagree	Strongly Agree or Somewhat Agree	Strongly Disagree or Somewhat Disagree
Access to primary care provider	47.0%	19.0%	54.7%	18.9%	40.9%	19.1%
Access to medical specialist	33.3%	31.4%	36.1%	29.9%	31.6%	32.4%
Access to dentist	33.7%	29.1%	23.4%	30.1%	28.4%	28.4%
Providers accept Medicaid and Medicare	29.7%	36.8%	19.6%	39.9%	36.2%	34.8%
Bilingual providers are available in the area	24.3%	42.0%	7.0%	44.1%	35.3%	40.6%
Providers are sensitive to cultural differences	32.8%	21.9%	21.8%	24.7%	39.7%	20.1%
Mental health providers are available in the area	17.0%	63.6%	13.3%	71.5%	16.7%	64.9%
Substance abuse treatment providers are available in the area	16.5%	62.6%	10.6%	60.6%	20.3%	64.0%
Transportation for medical appointments is available	23.0%	45.8%	24.0%	47.9%	22.4%	44.4%
Residents understand information & services to make health decisions	25.9%	33.3%	26.1%	31.0%	25.8%	34.8%

**Question 5:** *What other barriers to accessing health services exist in your community?*

For this optional open-ended question, respondents were provided a text box to type their responses. **Tables 57** and **58** indicate the percentage of times a particular theme was noted; some responses contained multiple answers which were separated by theme.

**Table 57** – Barriers to Accessing to Health Care Services, Middlesex Hospital Open-Ended Responses

Theme	% of Comments
Insurance/Cost/Coverage	18.8%
Behavioral Health	10.6%
Medicaid - Access to Specialists	9.4%
Long wait Times for Appointments	8.1%
Other	8.1%
Health Education	7.1%
Transportation	7.1%
System Navigation & Outreach	7.1%
Other Determinants of Health	7.1%
Provider Hours	4.7%
Lack of Specialists	4.7%
Reluctance to Seek Help	2.4%
Homelessness	2.4%
Language	2.4%

Middlesex Hospital responses n = 65

**Table 58** – Barriers to Accessing to Health Care Services, Community Open-Ended Responses

Theme	% of Comments
Insurance/Cost/ Coverage	29.0%
Transportation	12.9%
Behavioral Health	8.1%
Other	8.1%
Reluctance to Seek Help	8.1%
System Navigation, Coordination & Communication	6.5%
Lack of Services	6.5%
Health Education	4.8%
Lack of Specialists/ Providers	4.8%
Distance	4.8%
Language	3.2%
Cultural Competency	3.2%

Community responses n = 49

### Section III – Social Determinants of Health

**Question 6:** *Please rate the degree to which you believe the social determinants of health impact health outcomes in your community. Use the scale of 1 (limited impact on community health) through 5 (significant impact on community health).*

Respondents were given 19 determinants of health categories and were asked to rate the degree of impact on health outcomes using a using a Likert scale of 1 - 5 with 1 = limited impact on community health; 3 = moderate impact on community health; and 5 = significant impact on community health. A response option of “do not know” was provided. Response categories were generated from a selection of sub-categories of the Healthy People 2020 “place-based” organizational framework of five key areas of social determinants of health (economic stability; education; social and community context; health and health care; and neighborhood and built environment), <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. The

following definitions were provided: Food security was defined as physical, social, or economic access to food; Access to educational opportunities was defined as: higher education, adult education, trade education; Health literacy was defined as the capacity to obtain, process, and understand basic health information/services needed to make appropriate health decisions; and Social support was defined as assistance available from a supportive social network, emotional support from family and friends, etc. In analysis, weighted averages per category were calculated and then converted to rank order. Summary **Table 59** ranks the social determinants of health of greatest impact (1) to least impact (19) by respondent group based on weighted average.

**Table 59** – Determinants of Health, Ranking of Impact on Health Outcomes

	All Respondents	Community	Middlesex Hospital
Socio-economic status/poverty	1	1	1
Health literacy	2	2	2
Access to healthy foods	3	4	3
Access to transportation	4	3	4
Social support	5	5	6
Food security	6	6	7
Employment/access to job opportunities	7	7	5
Access to public assistance/basic needs	8	8	8
Housing stability	9	9	9
Access to child care	10	10	10
Low or limited literacy	11	12	11
Housing quality	12	11	12
High school graduation	13	13	13
Access to early childhood education	14	14	14
Access to educational opportunities	15	15	15
Discrimination	16	16	17
Crime and violence exposure	17	17	16
Access to recreational and green spaces	18	18	19
Incarceration or imprisonment	19	19	18

**Question 7:** We would like to know what you consider to be the top social determinants of health in your community. Please list up to 3, in any order.

Respondents were given three text boxes to type what they perceive to be the top social determinants of health issues in their community, not in rank order. No response categories were provided. **Tables 60-62** and **Figure 22** present the broad category response rates calculated as a percentage of total responses. The percentages represent the number of times a social determinant of health issue was noted. For detail behind the open-ended broad category responses, please see **Tables 65a – 65h** (pages 82 – 89) at the end of the key informant survey section.

**Table 60** – Top Social Determinants of Health, All Respondents (open-ended responses)

All Respondents	%		%
Socioeconomic Status	14.9%	Crime and Violence Exposure	3.1%
Health Care Access	11.6%	Basic Needs and Public Assistance	2.3%
Housing	8.4%	Health Conditions	1.6%
Health Literacy	8.0%	Literacy	1.6%
Education	8.0%	Child Care	1.5%
Employment	7.9%	Discrimination	1.1%
Transportation	7.2%	Health Equity	<1%
Social Support	6.3%	Recreational and Green Spaces	<1%
Food Security	6.3%	Incarceration and Imprisonment	<1%
Other	4.8%	Early Childhood Education	<1%
Individual Behaviors	3.9%	Note: Health Care Access includes medical, dental, behavioral	

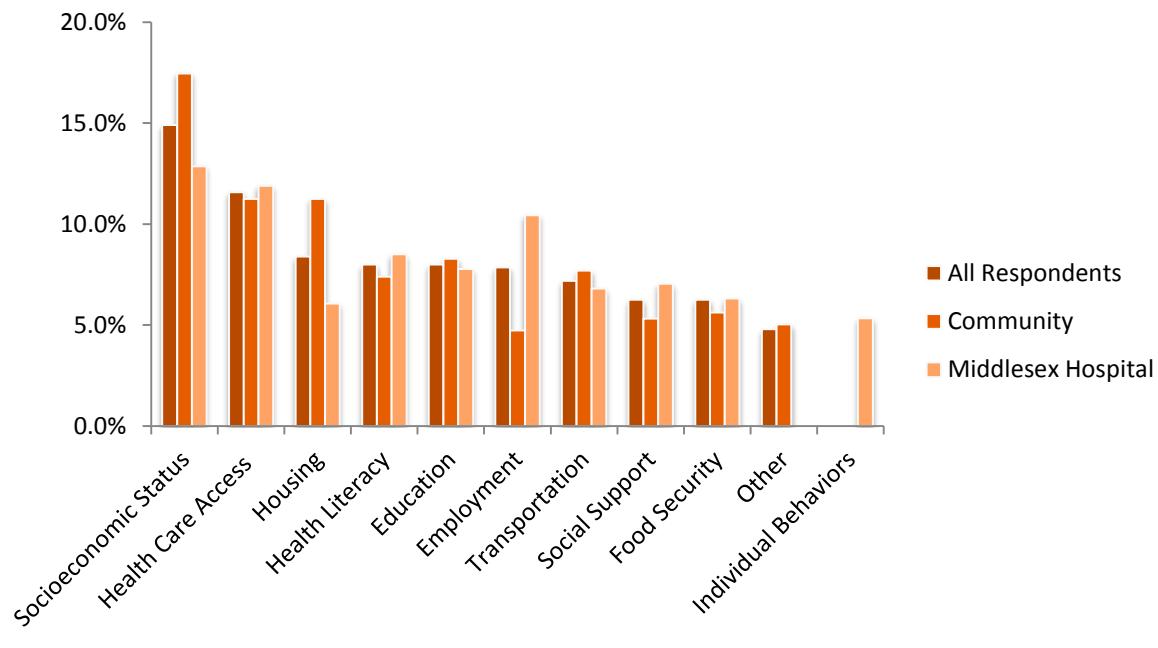
**Table 61** – Top Social Determinants of Health, Community (open-ended responses)

Community	%		%
Socioeconomic Status	17.5%	Crime and Violence Exposure	3.0%
Housing	11.2%	Health Conditions	2.7%
Health Care Access	11.2%	Individual Behaviors	2.1%
Education	8.3%	Literacy	1.5%
Transportation	7.7%	Child Care	1.2%
Health Literacy	7.4%	Recreational and Green Spaces	<1%
Food Security	5.6%	Incarceration and Imprisonment	<1%
Social Support	5.3%	Health Equity	<1%
Other	5.0%	Early Childhood Education	<1%
Employment	4.7%	Discrimination	<1%
Basic Needs and Public Assistance	3.0%	Note: Health Care Access includes medical, dental, behavioral	

**Table 62** – Top Social Determinants of Health, Middlesex Hospital (open-ended responses)

Middlesex Hospital	%		%
Socioeconomic Status	12.9%	Crime and Violence Exposure	3.2%
Health Care Access	11.9%	Literacy	1.7%
Employment	10.4%	Child Care	1.7%
Health Literacy	8.5%	Basic Needs and Public Assistance	1.7%
Education	7.8%	Discrimination	1.2%
Social Support	7.0%	Recreational and Green Spaces	1.2%
Transportation	6.8%	Incarceration and Imprisonment	<1%
Food Security	6.3%	Health Equity	<1%
Housing	6.1%	Health Conditions	<1%
Individual Behaviors	5.3%	Early Childhood Education	<1%
Other	4.6%	Note: Health Care Access includes medical, dental, behavioral	

**Figure 22 – Top Social Determinants of Health**



Note: Health Care Access includes medical, dental, behavioral

**Question 8:** Related to health and quality of life, what resources or services are missing in your community? (Select up to 3).

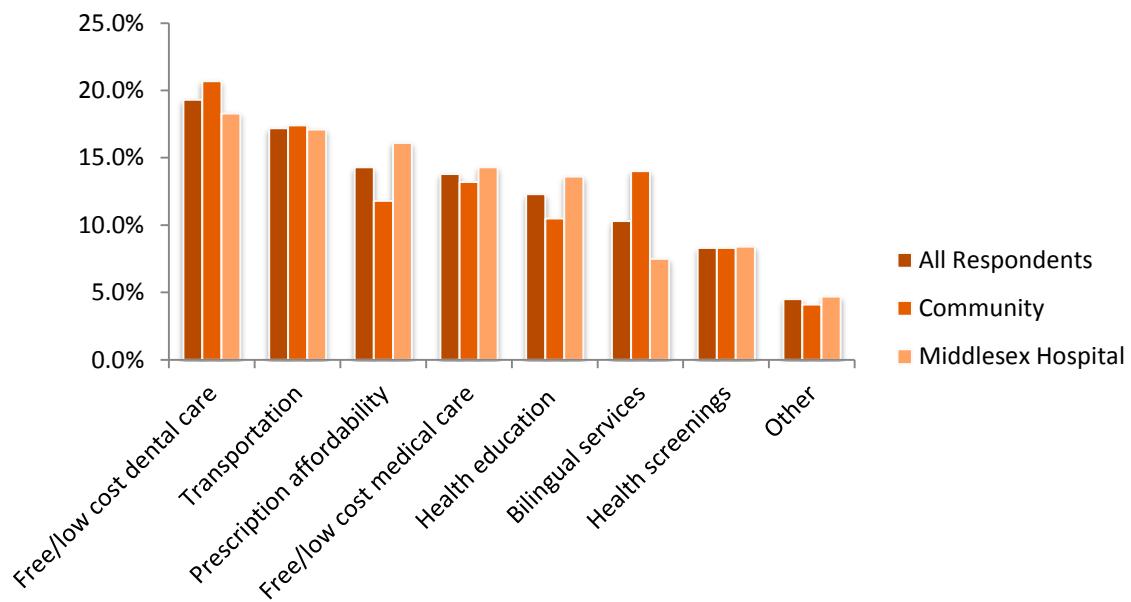
Respondents were provided 7 response options and an “other (please specify)” choice. Of the 7 response categories, participants were asked to select up to 3 resources or services missing in the community, not in rank order. For analysis, all responses were aggregated and are presented in percentage form (**Table 63, Figure 23**).

**Table 63 – Missing Resources or Services**

All Respondents	%	Community	%	Middlesex Hospital	%
Free/low cost dental care	19.3%	Free/low cost dental care	20.7%	Free/low cost dental care	18.3%
Transportation	17.2%	Transportation	17.4%	Transportation	17.1%
Prescription affordability	14.3%	Bilingual services	14.0%	Prescription affordability	16.1%
Free/low cost medical care	13.8%	Free/low cost medical care	13.2%	Free/low cost medical care	14.3%
Health education	12.3%	Prescription affordability	11.8%	Health education	13.6%
Bilingual services	10.3%	Health education	10.5%	Health screenings	8.4%
Health screenings	8.3%	Health screenings	8.3%	Bilingual services	7.5%
Other	4.5%	Other	4.1%	Other	4.7%

Note: Prescription affordability/assistance includes drug discount cards, vouchers, etc.; Health education includes information and outreach; Transportation includes to/from health services

**Figure 23 – Missing Resources or Services**



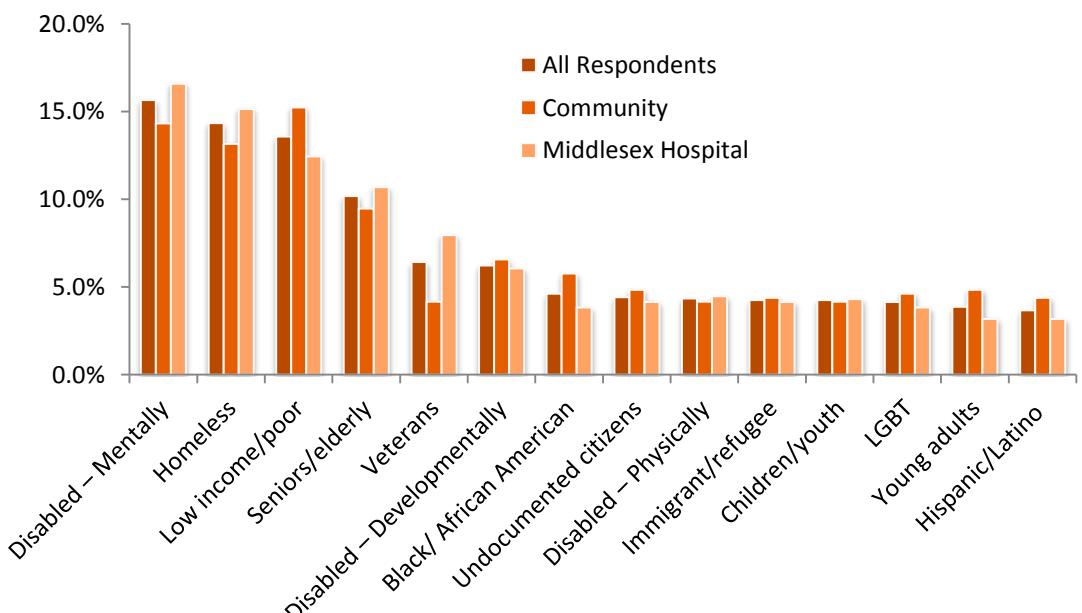
Note: Prescription affordability/assistance includes drug discount cards, vouchers, etc.; Health education includes information and outreach; Transportation includes to/from health services

#### Section IV – Health Equity

**Question 9:** *What specific population(s) in this community are not being adequately served by local health services? (Select up to 5 responses)*

Respondents were provided 14 response options and an “other (please specify)” choice. Of the 14 response categories, participants were asked to select up to 5 top populations, not in rank order. For analysis, all responses were aggregated and are presented in percentage form (Figure 24; Table 64).

**Figure 24 – Underserved Populations for Health Services**



**Table 64 – Underserved Populations for Health Services, All Respondents, Community, Middlesex Hospital**

All Respondents	%	Community	%	Middlesex Hospital	%
Disabled – Mentally	15.7%	Low income/poor	15.2%	Disabled – Mentally	16.6%
Homeless	14.3%	Disabled – Mentally	14.3%	Homeless	15.2%
Low income/poor	13.6%	Homeless	13.2%	Low income/poor	12.4%
Seniors/aging/elderly	10.2%	Seniors/aging/elderly	9.5%	Seniors/aging/elderly	10.7%
Veterans	6.4%	Disabled – Developmentally	6.6%	Veterans	8.0%
Disabled – Developmentally	6.2%	Black/African American	5.8%	Disabled – Developmentally	6.1%
Black/African American	4.6%	Young adults	4.9%	Disabled – Physically	4.5%
Undocumented citizens	4.4%	Undocumented citizens	4.9%	Children/youth	4.3%
Disabled – Physically	4.3%	LGBT	4.6%	Immigrant/refugee	4.2%
Immigrant/refugee	4.3%	Hispanic/Latino	4.4%	Undocumented citizens	4.2%
Children/youth	4.3%	Immigrant/refugee	4.4%	Black/African American	3.8%
LGBT	4.2%	Children/youth	4.2%	LGBT	3.8%
Young adults	3.9%	Disabled – Physically	4.2%	Hispanic/Latino	3.2%
Hispanic/Latino	3.7%	Veterans	4.2%	Young adults	3.2%

**Tables 65a – 65h** outline the detail behind the broad category open-ended responses for Question 7 (*We would like to know what you consider to be the top social determinants of health in your community. Please list up to 3, in any order*). The percentages for the sub-categories represent the number of times specific themes were mentioned within each broad category.

**Table 65a – Top Social Determinants of Health, Detail Behind Open-Ended Responses, Survey Q7**

	All Respondents	Community	Middlesex Hospital
<b>Socioeconomic Status</b>	<b>14.9%</b>	<b>17.5%</b>	<b>12.9%</b>
Cost	1.8%	--	3.8%
Economic inhibitors	<1%	1.7%	--
Financial security and support	3.6%	1.7%	5.7%
Financial reality of health and dental care costs	<1%	1.7%	--
Fixed income, elderly population	<1%	--	1.9%
Household expenses	1.8%	--	3.8%
Income	6.3%	5.1%	7.6%
Income inequality by town	<1%	1.7%	--
Poverty	43.8%	50.9%	35.9%
Socioeconomic status	38.4%	35.6%	41.5%
Working poor	<1%	1.7%	--

**Table 65b – Top Social Determinants of Health, Detail behind Open-Ended Responses, Survey Q7 (continued)**

	All Respondents	Community	Middlesex Hospital
<b>Health Care Access (Medical, Dental, Behavioral)</b>	<b>11.6%</b>	<b>11.2%</b>	<b>11.9%</b>
Access to care	2.3%	5.3%	--
Access to care, uninsured	1.2%	2.6%	--
Access to non-physician provided services	1.2%	--	2.0%
Access to social workers	1.2%	--	2.0%
Assisted living, cost and coverage	1.2%	--	2.0%
Birth control access	1.2%	--	2.0%
Cancer care at home	1.2%	--	2.0%
Case management	3.5%	5.3%	2.0%
Co-occurring treatment	1.2%	2.6%	--
Dental care	2.3%	--	4.1%
Dental care, affordability	1.2%	2.6%	--
Dental care, appointment times	1.2%	2.6%	--
Dental insurance access	1.2%	--	2.0%
Drop-in clinic for persons with emotional concerns	1.2%	2.6%	--
Emergency access to primary care provider	1.2%	--	2.0%
Health care access	2.3%	2.6%	2.0%
Health care access, appointment times	3.5%	2.6%	4.1%
Health care access, appointment times, same-day	1.2%	--	2.0%
Health care access, hours of operation	1.2%	2.6%	--
Health care access, parking	1.2%	2.6%	--
Health care access, provider affordability	1.2%	--	2.0%
Health care affordability	3.5%	2.6%	4.1%
Health care availability	3.5%	5.3%	2.0%
Health care providers	1.2%	--	2.0%
Health insurance access	6.9%	2.6%	10.2%
Health insurance affordability	3.5%	2.6%	4.1%
Health insurance affordability, co-pays	1.2%	--	2.0%
Health insurance affordability, high deductible	1.2%	--	2.0%
Homecare and outreach services, affordable	1.2%	2.6%	--
Lack of availability to see primary care provider	1.2%	--	2.0%
Lack of community health programs in town	1.2%	2.6%	--
Lack of medical services in town	1.2%	2.6%	--
Lack of providers for Medicaid patients	1.2%	2.6%	--
Lack of services for Medicaid patients, specialists	1.2%	2.6%	--
Lack of services for Medicaid patients, dental care	1.2%	2.6%	--
Location to services	1.2%	2.6%	--

**Table 65c** – Top Social Determinants of Health, Detail behind Open-Ended Responses, Survey Q7 (continued)

	All Respondents	Community	Middlesex Hospital
<b>Health Care Access (Detail Continued)</b>			
Medical care	1.2%	--	2.0%
Mental health and addiction services	2.3%	5.3%	--
Mental health and addiction services for parents, without fear of losing children	1.2%	2.6%	--
Mental health diagnosis and treatment	1.2%	2.6%	--
Mental health emergency services	1.2%	2.6%	--
Mental health providers	1.2%	2.6%	--
Mental health services	10.3%	7.9%	12.2%
Mental health services, youth	2.3%	2.6%	2.0%
Mental health stigma	1.2%	2.6%	--
Prescription medication	2.3%	--	4.1%
Prevention and holistic services	1.2%	--	2.0%
Preventive care	1.2%	--	2.0%
Substance abuse and addiction treatment	6.9%	5.3%	4.1%
Substance abuse and addiction treatment, affordable	1.2%	--	2.0%
Substance abuse and addiction treatment, alcohol	1.2%	--	2.0%
Substance abuse and addiction treatment, heroin	1.2%	--	2.0%
Treatment follow-up, persons with disabilities	1.2%	--	2.0%
<b>Housing</b>	<b>8.4%</b>	<b>11.2%</b>	<b>6.1%</b>
Clean living environment	1.6%	2.6%	--
Homelessness	4.8%	2.6%	8.0%
Housing	31.8%	39.5%	20.0%
Housing affordability	9.5%	7.9%	12.0%
Housing affordability, persons with disabilities	1.6%	2.6%	--
Housing availability	4.8%	--	12.0%
Housing stability	25.4%	23.7%	28.0%
Housing stability, elderly	1.6%	2.6%	--
Housing quality	11.1%	13.2%	8.0%
Housing safety	1.6%	--	4.0%
Housing, low- and middle-income	1.6%	--	4.0%
Housing, low-income	1.6%	2.6%	--
Housing, substance abusers	1.6%	--	4.0%
Transiency of residency	1.6%	2.6%	--

**Table 65d** – Top Social Determinants of Health, Detail behind Open-Ended Responses, Survey Q7 (continued)

	All Respondents	Community	Middlesex Hospital
<b>Health Literacy</b>	<b>8.0%</b>	<b>7.4%</b>	<b>8.5%</b>
Ability to understand health information	3.3%	--	5.6%
Access to health information	1.7%	4.0%	--
Health education	26.7%	28.0%	25.7%
Health literacy	55.0%	64.0%	48.6%
Lack of knowledge, preventative medicine and screenings	3.3%	--	5.6%
Limited knowledge about how to get help	1.7%	4.0%	
Misunderstanding basic diagnoses (i.e., diabetes)	1.7%	--	2.9%
Misunderstanding insurance benefits	1.7%	--	2.9%
Patient education	5.0%	--	8.6%
<b>Education</b>	<b>8.0%</b>	<b>8.3%</b>	<b>7.8%</b>
Access to quality education	5.0%	8.7%	3.1%
College degree	1.7%	--	3.1%
Education	76.7%	82.1%	71.9%
Educational opportunities	3.3%	3.6%	3.1%
Higher education	5.0%	--	9.4%
Higher education, cost	1.7%	--	3.1%
Parent education	3.3%	3.6%	3.1%
Parent education, culturally responsive and accessible	1.7%	3.6%	--
Students unmotivated to do well in school	1.7%	--	3.1%
<b>Employment</b>	<b>7.9%</b>	<b>4.7%</b>	<b>10.4%</b>
Employment	55.9%	50.0%	58.1%
Employment resources	1.7%	6.3%	--
Employment support, young mothers	1.7%	--	2.3%
Employment training	1.7%	6.3%	--
Employment with predictable scheduling	1.7%	6.3%	--
Employment, meaningful	3.4%	--	4.7%
Job availability, young adults	3.4%	--	4.7%
Job opportunities	23.7%	18.8%	25.6%
Job security	1.7%	--	2.3%
Job loss	1.7%	6.3%	--
Low-wage jobs	1.7%	6.3%	--
Underemployment	1.7%	--	2.3%

**Table 65e** – Top Social Determinants of Health, Detail behind Open-Ended Responses, Survey Q7 (continued)

	All Respondents	Community	Middlesex Hospital
<b>Transportation</b>	<b>7.2%</b>	<b>7.7%</b>	<b>6.8%</b>
Public transportation	9.3%	11.5%	7.1%
Transportation	74.1%	76.9%	71.4%
Transportation affordability	5.6%	3.9%	7.1%
Transportation for those without own vehicle	3.7%	3.9%	3.6%
Transportation to appointments	5.6%	--	10.7%
Transportation to employment	1.9%	3.9%	--
<b>Social Support</b>	<b>6.3%</b>	<b>5.3%</b>	<b>70.4%</b>
Aging support systems, elderly	2.1%	--	3.5%
Caregiver support	4.3%	--	6.9%
Community engagement and programs	4.3%	5.6%	3.5%
Family structure	8.5%	5.6%	10.3%
Low social interaction in large town	2.1%	--	3.5%
Marriage	2.1%	--	3.5%
Negative adult role modeling for children	2.1%	5.6%	--
Negative family dynamics	2.1%	--	3.5%
Parental support	2.1%	--	3.5%
Positive relationships and acceptance	2.1%	5.6%	--
Single-parent households	4.3%	--	6.9%
Social activities, elderly	2.1%	--	3.5%
Social support	53.2%	66.7%	44.8%
Support groups, limited participation	2.1%	5.6%	--
Supportive family, friends	2.1%	--	3.5%
Supports	2.1%	5.6%	--
Supports, formal or informal	2.1%	--	3.5%
<b>Food Security</b>	<b>6.3%</b>	<b>5.6%</b>	<b>6.3%</b>
Food	4.3%	10.5%	--
Food insecurity	27.7%	52.6%	11.5%
Healthy food access	36.2%	26.3%	46.2%
Healthy food access and affordability	14.9%	15.8%	15.4%
Healthy food access and affordability year-round	2.1%	--	3.9%
Healthy food affordability	8.5%	--	15.4%
Nutrition education	4.3%	--	7.7%
SNAP benefits, none or inadequate	2.1%	5.3%	--

**Table 65f – Top Social Determinants of Health, Detail behind Open-Ended Responses, Survey Q7 (continued)**

	All Respondents	Community	Middlesex Hospital
<b>Other</b>	<b>4.8%</b>	<b>5.0%</b>	<b>4.6%</b>
Abuse of system	2.8%	--	5.3%
Access	5.6%	5.9%	5.3%
Care and supervision, 24-hour	2.8%	5.9%	--
Culture of entitlement	2.8%	--	5.3%
Encouragement to receive preventive services	2.8%	5.9%	--
Failure to ensure those that need help receive it	2.8%	--	5.3%
Health alternative activities for youth	2.8%	5.9%	--
Ignorance or disregard, importance of good health	2.8%	5.9%	--
Lack of engagement or motivation to address health needs	2.8%	5.9%	--
Lack of good decision-making	2.8%	5.9%	--
Lack of incentive to be healthy	2.8%	5.9%	--
Lack of outreach	2.8%	--	5.3%
Lack of planning, long-term	2.8%	5.9%	--
No belief in God	2.8%	--	5.3%
Personal responsibility	2.8%	--	5.3%
Population health	2.8%	--	5.3%
Positive social and recreational opportunities, adolescents	2.8%	5.9%	--
Quality of life	2.8%	--	5.3%
Revoking driver's license, mentally- and vision-impaired	2.8%	5.9%	--
Rural, isolated community	2.8%	5.9%	--
Self-worth	2.8%	--	5.3%
Selfishness	2.8%	--	5.3%
Senior care	8.3%	5.9%	10.5%
Services for troubled youth and parents	2.8%	--	5.3%
Stress of daily life	2.8%	--	5.3%
Substance abuse prevention programs, adolescents	2.8%	5.9%	--
Taking responsibility for one's own health	2.8%	5.9%	--
Time	2.8%	--	5.3%
Time away from job	2.8%	5.9%	--
Toxic stress	2.8%	5.9%	--
Weak government	2.8%	--	5.3%
Welfare system abuse	5.6%	--	10.5%

**Table 65g** – Top Social Determinants of Health, Detail behind Open-Ended Responses, Survey Q7 (continued)

	All Respondents	Community	Middlesex Hospital
<b>Individual Behaviors</b>	<b>3.9%</b>	<b>2.1%</b>	<b>5.3%</b>
Access to healthy choices	3.5%	14.3%	--
Alcohol use	10.3%	--	13.6%
Diet	17.2%	14.3%	18.2%
Exercise	20.7%	14.3%	22.7%
Sedentary lifestyle	3.5%	14.3%	--
Substance abuse	41.4%	42.9%	40.9%
Substance abuse, prescription drug	3.5%	--	4.6%
<b>Crime and Violence Exposure</b>	<b>3.1%</b>	<b>3.0%</b>	<b>3.2%</b>
Abuse, verbal, physical, sexual	4.4%	10.0%	--
Crime	17.4%	10.0%	23.1%
Crime and violence exposure	60.9%	60.0%	61.5%
Safety and security	8.7%	--	15.4%
Trauma	8.7%	20.0%	--
<b>Basic Needs and Public Assistance</b>	<b>2.3%</b>	<b>3.0%</b>	<b>1.7%</b>
Assistance	5.9%	--	14.3%
Availability of help when needed	5.9%	--	14.3%
Basic needs	29.4%	40.0%	14.3%
Human services / social services	17.6%	20.0%	14.3%
Public assistance	17.6%	10.0%	28.6%
Social services coordination	5.9%	10.0%	--
Social service program funding	5.9%	10.0%	--
Social services, elderly	11.8%	10.0%	14.3%
<b>Health Conditions</b>	<b>1.6%</b>	<b>2.7%</b>	<b>&lt;1%</b>
Addiction	8.3%	11.1%	--
Alzheimer's disease	8.3%	11.1%	--
Behavioral /mental health	50.0%	66.7%	--
Chronic obstructive pulmonary disease (COPD)	8.3%	--	25.0%
Obesity	33.3%	11.1%	75.0%
<b>Literacy</b>	<b>1.6%</b>	<b>1.5%</b>	<b>1.7%</b>
Bilingual support	8.3%	20.0%	--
Language barriers	16.7%	--	28.6%
Language interpreters across resources	8.3%	20.0%	--
Low or limited literacy	50.0%	60.0%	42.9%
Resources for non-English speakers	16.7%		28.6%

**Table 65h – Top Social Determinants of Health, Detail behind Open-Ended Responses, Survey Q7 (continued)**

	All Respondents	Community	Middlesex Hospital
<b>Child Care</b>	<b>1.5%</b>	<b>1.2%</b>	<b>1.7%</b>
Child care	81.8%	50.0%	100.0%
Child care, affordable, birth to age 3	9.1%	25.0%	--
Child care, access to quality	9.1%	25.0%	--
<b>Discrimination</b>	<b>1.1%</b>	<b>&lt;1%</b>	<b>1.2%</b>
Discrimination	75.0%	100.0%	60.0%
Minority status/discrimination	12.5%	--	20.0%
Racial bias	12.5%	--	20.0%
<b>Early Childhood Education</b>	<b>&lt;1%</b>	<b>&lt;1%</b>	<b>&lt;1%</b>
Access to early childhood education	33.3%	50.0%	--
Lack of universal preschool	33.3%	50.0%	--
Quality preschool education	33.3%	--	100.0%
<b>Incarceration and Imprisonment</b>	<b>&lt;1%</b>	<b>&lt;1%</b>	<b>&lt;1%</b>
Incarceration	100.0%	100.0%	100.0%
<b>Health Equity</b>	<b>&lt;1%</b>	<b>&lt;1%</b>	<b>&lt;1%</b>
Culture	50.0%	100.0%	--
Lack of cultural sensitivity	50.0%	--	100.0%
<b>Recreational and Green Spaces</b>	<b>&lt;1%</b>	<b>&lt;1%</b>	<b>1.2%</b>
Access to recreational and green spaces	71.4%	100.0%	60.0%
Affordable recreational activities for children	14.3%	--	20.0%
Sidewalks	14.3%	--	20.0%

## HEALTH INDICATORS – SECONDARY DATA

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This section contains summary data from a variety of secondary sources. When possible, data are stratified (by age, gender, race, Hispanic origin), but granularity for data stratification was dependent on the availability of secondary sources. In addition, data may not be as recent as the date of this assessment – this limitation is due to the data collection cycle for specific data sets.

### Births, Prenatal Care, Low Birth Weight

**Table 66** - Births by Race, Ethnicity, and Age of Mother, Middlesex County and Connecticut, 2007-2014

	Middlesex County		Connecticut	
Race	Number	Birth rate/1,000	Number	Birth rate/1,000
White	1,188	7.97	28,543	9.64
Black	115	11.77	5,154	11.69
Asian /Pacific Islander	67	12.07	2,280	13.14
American Indian or Alaska Native	NA	NA	308	14.06
Hispanic Origin	Number	Birth rate/1,000	Number	Birth rate/1,000
Mexican	10	NA	887	NA
Puerto Rican	71	NA	4,240	NA
Cuban	NA	NA	91	NA
Central or South American	26	NA	2,691	NA
Other and Unknown Hispanic	20	NA	220	NA
Origin unknown or not stated	NA	NA	84	NA
Age of Mother	Number	Fertility rate/1,000	Number	Fertility rate/1,000
Under 15 years	NA	NA	14	NA
15-19 years	35	6.62	1,420	11.51
20-24 years	129	27.66	5,541	47.32
25-29 years	370	83.63	9,581	88.25
30-34 years	536	115.24	11,985	108.42
35-39 years	252	57.89	6,204	58.44
40-44 years	47	8.66	1,408	11.89
45-49 years	NA	NA	114	NA
50-54 years	NA	NA	18	NA
<b>All Births</b>	<b>1,379</b>	<b>47.88</b>	<b>36,285</b>	<b>53.04</b>

Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2014, on CDC WONDER Online Database, February 2016

**Table 67 - Teen Births, Middlesex County, 2009 and 2011 (most recent available data)**

Town	Est. 2009- 2013 females 15-17	SFY 2009		SFY 2011	
		# of births to females 15-17	Rate/1,000 females 15-17	# of births to females 15-17	Rate/1,000 females 15-17
Chester	76	0	0	0	0
Clinton	171	0	0	0	0
Cromwell	159	*	**	0	0
Deep River	70	*	**	0	0
Durham	143	0	0	0	0
East Haddam	250	0	0	0	0
East Hampton	169	0	0	*	**
Essex	131	0	0	0	0
Haddam	299	0	0	0	0
Killingworth	131	0	0	0	0
Middlefield	120	0	0	0	0
Middletown	889	7	7.9	6	6.7
Old Saybrook	274	0	0	0	0
Portland	194	*	**	*	**
Westbrook	180	0	0	*	**
<b>Middlesex County</b>	<b>3,258</b>	<b>12</b>	<b>3.7</b>	<b>9</b>	<b>2.8</b>
<b>Connecticut</b>	<b>73,088</b>	<b>788</b>	<b>10.8</b>	<b>560</b>	<b>7.7</b>
<b>U.S.</b>	<b>NA</b>	<b>NA</b>	<b>37.9</b>	<b>NA</b>	<b>31.3</b>

1. \* Data suppressed for 5 or less incidents
2. \*\* Percentages were not calculated for less than five events because of the high degree of variability associated with small numbers.
3. SFY = State Fiscal Year
4. Citation: Brockmeyer, R., and Horowitz, S., (2015). Building Opportunities: Two Generations at a Time: 2015 Kids Count Data Book. Hartford, CT: Connecticut Association for Human Services (<http://cahs.org/our-state-policy-platform/kids-count/>)

**Table 68** - Late or No Prenatal Care, Middlesex County, 2009 and 2011 (*most recent available data*)

Town	SFY 2009			SFY 2011		
	Total Births	# Late/ No Prenatal Care	% Late/ No Prenatal Care	Total Births	# Late/ No Prenatal Care	% Late/ No Prenatal Care
Chester	25	0	0.0%	28	*	**
Clinton	132	9	6.8%	99	6	6.1%
Cromwell	156	14	9.0%	148	11	7.4%
Deep River	43	6	14.0%	38	*	**
Durham	60	*	**	56	*	**
East Haddam	81	*	**	66	*	**
East Hampton	116	*	**	133	*	**
Essex	41	0	0.0%	48	*	**
Haddam	71	*	**	70	7	10.0%
Killingworth	30	*	**	36	*	**
Middlefield	19	0	0.0%	48	*	**
Middletown	576	61	10.6%	526	46	8.7%
Old Saybrook	80	*	**	63	6	9.5%
Portland	82	*	**	69	*	**
Westbrook	42	*	**	54	8	14.8%
<b>Middlesex County</b>	<b>1,554</b>	<b>123</b>	<b>7.9%</b>	<b>1,466</b>	<b>116</b>	<b>7.9%</b>
<b>Connecticut</b>	<b>38,874</b>	<b>4,701</b>	<b>12.1%</b>	<b>37,272</b>	<b>4,800</b>	<b>12.9%</b>

1. \* Data suppressed for 5 or less incidents
2. \*\* Percentages were not calculated for less than five events because of the high degree of variability associated with small numbers. Denominators used for calculating percentages exclude records with missing data (i.e., denominator = total births minus unknowns)
3. Key: SFY = State Fiscal Year
4. Citation: Brockmeyer, R., and Horowitz, S., (2015). Building Opportunities: Two Generations at a Time: 2015 Kids Count Data Book. Hartford, CT: Connecticut Association for Human Services; <http://cahs.org/our-state-policy-platform/kids-count/>

**Table 69 - Low Birth Weight, Middlesex County, 2007 and 2011 (most recent available data)**

Town	SFY 2007			SFY 2011		
	Total Births	# LBW	% LBW	Total Births	# LBW	% LBW
Chester	31	*	**	28	*	**
Clinton	136	7	5.1%	99	*	**
Cromwell	154	22	14.3%	148	8	5.4%
Deep River	49	*	**	38	*	**
Durham	80	15	18.8%	56	*	**
East Haddam	83	8	9.6%	66	*	**
East Hampton	165	21	12.7%	133	9	6.8%
Essex	52	*	**	48	*	**
Haddam	77	*	**	70	7	10.0%
Killingworth	53	0	0.0%	36	*	**
Middlefield	45	*	**	32	*	**
Middletown	543	54	9.9%	526	34	6.5%
Old Saybrook	68	11	16.2%	63	*	**
Portland	113	16	14.2%	69	0	0.0%
Westbrook	61	0	0.0%	54	6	11.1%
<b>Middlesex County</b>	<b>1,710</b>	<b>165</b>	<b>9.6%</b>	<b>1,466</b>	<b>89</b>	<b>6.1%</b>
<b>Connecticut</b>	<b>41,596</b>	<b>3,985</b>	<b>9.6%</b>	<b>37,272</b>	<b>2,882</b>	<b>7.7%</b>

1. \* Data suppressed for 5 or less incidents
2. \*\* Percentages were not calculated for less than five events because of the high degree of variability associated with small numbers
3. SFY = State Fiscal Year. LBW = Low Birth Weight (births with weights less than 2,500 grams/5 lbs. 8 oz.)
4. Citation: Brockmeyer, R., and Horowitz, S., (2015). Building Opportunities: Two Generations at a Time: 2015 Kids Count Data Book. Hartford, CT: Connecticut Association for Human Services; <http://cahs.org/our-state-policy-platform/kids-count/>

## Asthma

**Table 70a** – Asthma Emergency Department Visits Rates by Town, Middlesex County and CT, Age-Adjusted, Primary Diagnosis (2010-2014)

Town	Age-Adjusted Rate (per 10,000)
Chester	35.2
Clinton	47.3
Cromwell	28.5
Deep River	34.7
Durham	24.4
East Haddam	33.1
East Hampton	54.1
Essex	32.5
Haddam	22.0
Killingworth	27.4
Middlefield	30.7
Middletown	70.2
Old Saybrook	43.7
Portland	33.5
Westbrook	44.8
<b>Connecticut</b>	<b>66.2*</b>

1. Age adjusted, per 10,000 residents
2. Source: Connecticut Department of Public Health, Asthma Surveillance, Table H-1: Asthma ED Visit by Town, <http://www.ct.gov/dph/cwp/view.asp?a=3137&q=398480b>
3. Source: Connecticut Department of Public Health, Asthma Surveillance, Table F-1: Asthma Hospitalization by Town, <http://www.ct.gov/dph/cwp/view.asp?a=3137&q=398480>
4. \* For CT data: Year 2014. Data source: Hospitalization data from 2000-2014 Hospital Discharge Data obtained from Connecticut Hospital Information Management Exchange (CHIME)

**Table 71** - Students with Asthma, School Districts in Middlesex County, 2006-2009 and 2010-2012

School District	2006-2009	2010-2012
Chester School District	0.0%	9.8%
Clinton School District	12.6%	12.6.%
Cromwell School District	18.0%	10.5%
Deep River School District	9.5%	9.4%
East Haddam School District	11.7%	16.0%
East Hampton School District	17.8%	12.8%
Essex	4.3%	6.4%
Middletown School District	16.0%	18.8%
Old Saybrook School District	11.0%	9.3%
Portland School District	11.9%	12.9%
Regional School District 04 (Chester, Deep River, Essex)	8.9%	14.6%
Regional School District 13 (Durham, Middlefield)	22.5%	17.3%
Regional School District 17 (Haddam, Killingworth)	*	11.7%
Westbrook School District	11.1%	12.3%

Source: Connecticut Department of Public Health School-based Asthma Surveillance System (SBASS), retrieved from The Connecticut Data Collaborative, [ctdata.org](http://ctdata.org)

**Table 70b** – Asthma Hospitalization Rates by Town, Middlesex County and CT, Age-Adjusted, Primary Diagnosis (2010-2014)

Town	Age-Adjusted Rate (per 10,000)
Chester	3.8
Clinton	8.5
Cromwell	5.8
Deep River	2.7
Durham	4.6
East Haddam	3.0
East Hampton	5.8
Essex	2.0
Haddam	2.9
Killingworth	3.8
Middlefield	2.6
Middletown	9.2
Old Saybrook	6.6
Portland	6.3
Westbrook	4.4
<b>Connecticut</b>	<b>11.8*</b>

## Diabetes

**Table 72** - Diabetes Prevalence (All Cases), Middlesex County and Connecticut, 2009-2013

	2009		2010		2011		2012		2013	
	Number	%								
Middlesex County	9,040	6.3%	10,173	6.9%	11,084	7.4%	10,835	7.2%	10,806	7.0%
Male	4,969	7.0%	5,343	7.8%	5,733	8.2%	5,875	8.3%	5,963	8.3%
Female	4,344	5.7%	4,830	6.2%	5,352	6.7%	4,960	6.2%	4,844	5.9%
Connecticut	176,551	6.0%	195,138	6.7%	253,770	8.5%	251,753	8.2%	233,969	7.4%

1. Note: Percentages are age-adjusted
2. Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation: <http://www.cdc.gov/diabetes/data/county.html>

**Table 73** - Diabetes Incidence (New Cases) Rates, Middlesex County and Connecticut, 2009-2013

	2009		2010		2011		2012		2013	
	New Cases	Rate/1,000								
Middlesex County	867	6.7	893	6.9	872	6.7	775	5.9	697	5.3
Connecticut	14,462	5.9	13,383	5.5	16,006	6.6	13,594	5.5	11,324	4.5

1. Note: Rates are age-adjusted
2. Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation: <http://www.cdc.gov/diabetes/data/county.html>

**Table 74** - Diabetes Death Rates, Middlesex County, Connecticut and U.S., 2012-2014

	Middlesex County	CT	U.S.
<b>Total</b>	<b>15.2</b>	<b>14.6</b>	<b>21.1</b>
<i>By Gender</i>			
Male	19.7	18.1	25.6
Female	11.9	12.1	17.5
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	15.5	13.5	19.3
White (includes Hispanic), Male	19.8	17.1	23.9
White (includes Hispanic), Female	12.2	10.9	15.6
White Non-Hispanic	15.8	13.1	18.6
White Non-Hispanic, Male	20.2	16.8	23.1
White Non-Hispanic, Female	12.5	10.4	14.8
<i>By Age, 65+</i>			
Age 65+	95.1	91.4	119.9
Age 65+, Male	117.7	102	135.4
Age 65+, Female	77.4	83.4	107.8
Age 65+, White (includes Hispanic)	96.9	87.3	112
Age 65+, White Non-Hispanic	98.4	85.9	107.6

1. Note: Age-adjusted per 100,000 populations; Diabetes deaths measured as the number of persons with diabetes (ICD-10 codes E10-E14) as the underlying cause of death
2. Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, National Vital Statistics, System Mortality Component (NVSS-M) (CDC/NCHS) on Centers for Disease Control and Prevention, National Center for Health Statistics, Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov)

## Chronic Lower Respiratory Disease

**Table 75** - Chronic Lower Respiratory Disease Death Rates, Middlesex County, Connecticut and U.S., 2012-2014

	Middlesex County	CT	U.S.
<b>Total</b>	<b>31</b>	<b>30.2</b>	<b>41.4</b>
<i>By Gender</i>			
Male	31.6	33.6	46.7
Female	31.2	28.2	37.8
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	31.9	31.3	44
White (includes Hispanic), Male	32.8	34.5	48.7
White (includes Hispanic), Female	31.7	29.3	40.8
White Non-Hispanic	32.2	31.9	46.2
White Non-Hispanic, Male	33	35	50.8
White Non-Hispanic, Female	32.1	30.1	43.2
<i>By Age, 65+</i>			
Age 65+	230	224.3	279
Age 65+, Male	219.4	228.7	296.2
Age 65+, Female	238.3	221	265.6
Age 65+, White (includes Hispanic)	239.2	236.1	300.7
Age 65+, White Non-Hispanic	241.6	243.2	315.4

1. Note: Rates are age-adjusted per 100,000 populations ; Chronic lower respiratory disease deaths measured as the number of deaths due to chronic lower respiratory disease (ICD-10 codes J40-J47)
2. Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, National Vital Statistics, System Mortality Component (NVSS-M) (CDC/NCHS) on Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov)

## Obesity

**Table 76** - Obesity, Middlesex County and Connecticut, 2006-2012 (most recent available data)

	Middlesex County		Connecticut	
	Total	Age-Adjusted	Total	Age-Adjusted
Adults 18 years and over that report BMI >= 30	22.80%	22.60%	22.30%	22.00%

Source: Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Behavioral Risk Factor Surveillance System (BRFSS) on Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Health Indicators Warehouse ([www.healthindicators.gov](http://www.healthindicators.gov))

## Hypertension

**Table 77 - High Blood Pressure Rates, Middlesex County, Connecticut and U.S., 2011-2013**

	Middlesex County	CT	U.S.
<b>High Blood Pressure Death Rate (Per 100,000) 35+</b>	<b>122.5</b>	<b>134.6</b>	<b>216.9</b>
Male	140	146	243.2
Female	113.2	122.5	192.4
White (Non-Hispanic)	121.8	131.5	204.5
White (Non-Hispanic), Male	139.1	142.8	228.3
White (Non-Hispanic), Female	112.2	119.3	181.4
Black (Non-Hispanic)	185	196.5	362.7
Black (Non-Hispanic), Male	215.5	233	429.4
Black (Non-Hispanic), Female	167.9	167.1	312.4
Hispanic	99	107.3	192.5
Hispanic, Male	90.7	103.3	219.5
Hispanic, Female	111.6	107.6	169.3
Asian/Pacific Islander	59.6	71.1	155.7
Asian/Pacific Islander, Male	52.2	69	178.2
Asian/Pacific Islander, Female	70.8	72.2	138
<b>High Blood Pressure Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+</b>	<b>1.7</b>	<b>2.2</b>	<b>3.1</b>
Male	2	2.1	2.7
Female	1.7	2.3	3.4
White (Non-Hispanic)	1.7	1.9	2.5
White (Non-Hispanic), Male	1.9	1.8	2.2
White (Non-Hispanic), Female	1.7	1.9	2.7
Black (Non-Hispanic)	6.2	7.2	9.4
Black (Non-Hispanic), Male	4.6	5.4	7.9
Black (Non-Hispanic), Female	7.4	8.3	10.3
Hispanic	5.9	5.1	5.5
Hispanic, Female	5.9	4.6	6.1
<b>High Blood Pressure Hospitalization, Medicare Beneficiaries, 65+, Percentage Discharged Home</b>	<b>65.4%</b>	<b>67.3%</b>	<b>74.9%</b>
Male	65.9%	67.0%	73.2%
Female	64.3%	67.8%	76.0%
White (Non-Hispanic)	65.0%	66.1%	73.7%
White (Non-Hispanic), Male	63.5%	65.5%	72.1%
White (Non-Hispanic), Female	63.7%	66.9%	74.8%
Black (Non-Hispanic)	66.6%	69.4%	76.6%
Black (Non-Hispanic), Male	74.4%	70.4%	75.0%
Black (Non-Hispanic), Female	64.7%	69.2%	77.5%
Hispanic	80.5%	73.9%	80.0%

1. Note: Rates are age-adjusted per 100,000 population

2. Source: Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention, Interactive Atlas of Heart Disease and Stroke: <http://nccd.cdc.gov/DHDSPAtlas>

## Cardiovascular Disease

**Table 78** - Heart Disease Rates, Middlesex County, Connecticut and U.S., 2011-2013

	Middlesex County	CT	U.S.
<b>Heart Disease Death Rate (per 100,000), 35+</b>	<b>287.7</b>	<b>296.5</b>	<b>332.7</b>
Male	377.7	375.7	419
Female	229.2	236.4	264.5
White (Non-Hispanic)	287.2	300	337.5
White (Non-Hispanic), Male	384.5	382.6	426.9
White (Non-Hispanic), Female	226.1	336.5	365.7
Black (Non-Hispanic)	314.6	321.6	421.3
Black (Non-Hispanic), Male	376.9	392.1	526.8
Black (Non-Hispanic), Female	266.7	270.8	344.8
Hispanic	196.9	207.2	238.8
Hispanic, Male	239.1	260	296.4
Hispanic, Female	185.6	168.2	193.1
American Indian/Alaskan Native	155	196.6	302.9
Asian/Pacific Islander	169	157.7	182.9
Asian/Pacific Islander, Male	213.5	190.7	230.4
Asian/Pacific Islander, Female	128.3	128.3	146.7

1. Note: Rates are age-adjusted per 100,000 population
2. Source: Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention, Interactive Atlas of Heart Disease and Stroke:  
<http://nccd.cdc.gov/DHDSPAtlas>

**Table 79** - Heart Disease Rates, Middlesex County, Connecticut and U.S., 2011-2013, Medicare Beneficiaries

	Middlesex County	CT	U.S.
<b>Heart Disease Hospitalization Rate (per 1,000 Medicare Beneficiaries), 65+</b>	<b>47.6</b>	<b>47</b>	<b>48.8</b>
Male	57.9	56.3	56.7
Female	40	40.2	42.8
White (Non-Hispanic)	47.6	46.7	48.5
White (Non-Hispanic), Male	58.1	56.6	57.2
White (Non-Hispanic), Female	39.9	39.4	41.7
Black (Non-Hispanic)	45.8	52.9	60.2
Black (Non-Hispanic), Male	49.5	56.2	62.4
Black (Non-Hispanic), Female	47.3	51.1	58.6
Hispanic	43	48.1	44.1
Hispanic, Male	51.3	49.6	45.7
Hispanic, Female	42.3	46.1	42.8
<b>Heart Disease Hospitalization, Medicare Beneficiaries (65+), Percentage Discharged Home</b>	<b>62.6%</b>	<b>63.2%</b>	<b>71.0%</b>
Male	66.4%	66.3%	73.1%
Female	58.1%	59.9%	68.7%
White (Non-Hispanic)	62.4%	63.1%	70.8%
White (Non-Hispanic), Male	66.3%	66.3%	73.2%
White (Non-Hispanic), Female	58.0%	59.4%	68.2%
Black (Non-Hispanic)	61.5%	63.2%	71.0%
Black (Non-Hispanic), Male	65.8%	63.9%	71.3%
Black (Non-Hispanic), Female	61.5%	62.7%	70.7%
Hispanic	66.1%	68.8%	73.6%
Hispanic, Male	64.7%	66.1%	72.9%
Hispanic, Female	71.0%	70.7%	74.1%

1. Note: Rates are age-adjusted
2. Source: Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention, Interactive Atlas of Heart Disease and Stroke: <http://nccd.cdc.gov/DHDSPAtlas>

**Table 80** - Coronary Heart Disease Rates, Middlesex County, Connecticut and U.S., 2011-2013

	Middlesex County	CT	U.S.
<b>Coronary Heart Disease Death Rate (per 100,000), 35+</b>	<b>157.8</b>	<b>164.3</b>	<b>206.5</b>
Male	219.7	220.6	276.5
Female	116.3	122	152.1
White (Non-Hispanic)	155.2	167.4	210.8
White (Non-Hispanic), Male	225.5	226.1	284.4
White (Non-Hispanic), Female	114.9	122.6	152.7
Black (Non-Hispanic)	157.9	167.6	242.7
Black (Non-Hispanic), Male	199.9	214.1	314.9
Black (Non-Hispanic), Female	123.3	135.4	191.5
Hispanic	99.7	110.3	160.6
Hispanic, Male	138.8	148.1	207.4
Hispanic, Female	78.1	81.7	124
Asian/Pacific Islander	100.4	94.6	121.4
Asian/Pacific Islander, Male	122.6	123.9	161.1
Asian/Pacific Islander, Female	85	70.1	91.3
<b>Coronary Heart Disease Hospitalization Rate (per 1,000 Medicare Beneficiaries), 65+</b>	<b>12.5</b>	<b>12.7</b>	<b>14.9</b>
Male	17.4	17.5	19.5
Female	8.9	9.1	11.3
White (Non-Hispanic)	12.6	12.8	15
White (Non-Hispanic), Male	17.7	17.8	20
White (Non-Hispanic), Female	8.9	9	11.1
Black (Non-Hispanic)	10.5	11.5	15
Black (Non-Hispanic), Male	11.5	13.2	16.3
Black (Non-Hispanic), Female	10.1	10.4	14.1
Hispanic	16.1	15.4	13.7
Hispanic, Male	21.2	16.2	15.9
Hispanic, Female	12.7	14.7	12
<b>Coronary Heart Disease Hospitalization, Medicare Beneficiaries (65+), Percentage Discharged Home</b>	<b>64.3%</b>	<b>64.3%</b>	<b>72.3%</b>
Male	68.4%	68.0%	74.6%
Female	57.1%	58.4%	68.8%
White (Non-Hispanic)	64.2%	64.3%	72.4%
White (Non-Hispanic), Male	68.3%	68.1%	74.9%
White (Non-Hispanic), Female	56.9%	58.0%	68.5%
Black (Non-Hispanic)	64.7%	65.1%	70.6%
Black (Non-Hispanic), Male	70.5%	66.9%	71.1%
Black (Non-Hispanic), Female	61.6%	63.0%	70.2%
Hispanic	66.8%	68.0%	72.3%
Hispanic, Male	64.8%	64.2%	71.8%
Hispanic, Female	71.0%	70.0%	72.7%

1. Note: Rates are age-adjusted per 100,000 population

2. Source: Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention, Interactive Atlas of Heart Disease and Stroke: <http://nccd.cdc.gov/DHDSPAtlas>

**Table 81 - Heart Failure Rates, Middlesex County, Connecticut and U.S., 2011-2013**

	<b>Middlesex County</b>	<b>CT</b>	<b>U.S.</b>
<b>Heart Failure Death Rate (Per 100,000) 35+</b>	<b>160.9</b>	<b>142.1</b>	<b>160.9</b>
Male	201.6	170.8	189.2
Female	130.6	123.9	140.8
White (Non-Hispanic)	162.3	145.7	172.8
White (Non-Hispanic), Male	205.1	176.1	196.4
White (Non-Hispanic), Female	131.9	126.3	145.4
Black (Non-Hispanic)	132.5	121.1	166.7
Black (Non-Hispanic), Male	127.9	129.8	200.7
Black (Non-Hispanic), Female	118.5	113.3	153.7
Hispanic	97.3	97.1	106.1
Hispanic, Male	85.8	107.1	122.5
Hispanic, Female	101.4	90.4	93.9
Asian/Pacific Islander	53.7	53.5	74.9
Asian/Pacific Islander, Male	55.7	58	89.2
Asian/Pacific Islander, Female	48.8	49.6	64.9
<b>Heart Failure Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+</b>	<b>15.7</b>	<b>15.1</b>	<b>14.8</b>
Male	18.5	17.7	16.8
Female	14	13.5	13.3
White (Non-Hispanic)	15.4	14.7	14.1
White (Non-Hispanic), Male	18.2	17.4	16.3
White (Non-Hispanic), Female	13.6	13	12.5
Black (Non-Hispanic)	20.1	21.1	23.9
Black (Non-Hispanic), Male	21	22.5	24.9
Black (Non-Hispanic), Female	19	20.4	23.1
Hispanic	18.2	17.5	15.8
Hispanic, Male	16.3	18.2	15.9
Hispanic, Female	19.9	16.4	15.6
<b>Heart Failure Hospitalization, Medicare Beneficiaries, 65+, Percentage Discharged Home</b>	<b>55.6%</b>	<b>56.3%</b>	<b>65.2%</b>
Male	60.4%	59.5%	67.9%
Female	51.6%	53.3%	62.8%
White (Non-Hispanic)	54.8%	55.6%	70.8%
White (Non-Hispanic), Male	60.2%	59.0%	67.2%
White (Non-Hispanic), Female	50.8%	52.3%	60.9%
Black (Non-Hispanic)	60.3%	60.3%	64.0%
Black (Non-Hispanic), Male	63.6%	61.9%	71.5%
Black (Non-Hispanic), Female	57.1%	59.4%	70.3%
Hispanic	71.6%	71.1%	72.6%
Hispanic, Male	69.8%	70.2%	72.5%
Hispanic, Female	73.7%	72.3%	72.7%

1. Note: Rates are age-adjusted per 100,000 population
2. Source: Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention, Interactive Atlas of Heart Disease and Stroke: <http://nccd.cdc.gov/DHDSPAtlas>

**Table 82** - Heart Attack, Middlesex County, Connecticut and U.S., 2011-2013

	Middlesex County	CT	U.S.
<b>Heart Attack Death Rate (per 100,000), 35+</b>	<b>41.5</b>	<b>41.8</b>	<b>65.5</b>
Male	54.2	54.4	86.4
Female	30.9	<b>31.7</b>	<b>48.7</b>
White (Non-Hispanic)	42.2	43	67.5
White (Non-Hispanic), Male	56	56.4	89.7
White (Non-Hispanic), Female	31.1	32.2	49.2
Black (Non-Hispanic)	34.8	41.8	77
Black (Non-Hispanic), Male	40.2	40.6	97.3
Black (Non-Hispanic), Female	29.7	31.3	62.4
Hispanic	30.9	29.4	49.9
Hispanic, Male	45.9	37.4	65
Hispanic, Female	23.6	22.9	38.1
Asian/Pacific Islander	28.9	26.1	37.5
Asian/Pacific Islander, Male	38.7	36.2	49.2
<b>Heart Attack Hospitalization Rate (per 1,000 Medicare Beneficiaries), 65+</b>	<b>6.6</b>	<b>7</b>	<b>7.8</b>
Male	8.5	9	9.7
Female	5.3	5.5	6.2
White (Non-Hispanic)	6.6	7	7.8
White (Non-Hispanic), Male	8.5	9.1	9.9
White (Non-Hispanic), Female	5.3	5.5	6.1
Black (Non-Hispanic)	5.5	6.3	8.2
Black (Non-Hispanic), Male	5.5	7	8.9
Black (Non-Hispanic), Female	5.4	5.8	7.7
Hispanic	9.9	9	7.2
Hispanic, Male	12.9	10.4	8.3
Hispanic, Female	7.5	8	6.3
<b>Heart Attack Hospitalization, Medicare Beneficiaries (65+), Percentage Discharged Home</b>	<b>54.1%</b>	<b>54.3%</b>	<b>62.4%</b>
Male	57.9%	58.0%	65.0%
Female	48.9%	49.4%	58.9%
White (Non-Hispanic)	53.7%	54.1%	61.6%
White (Non-Hispanic), Male	57.7%	57.9%	65.3%
White (Non-Hispanic), Female	48.2%	48.9%	58.6%
Black (Non-Hispanic)	55.7%	55.8%	62.4%
Black (Non-Hispanic), Male	59.5%	57.7%	62.5%
Black (Non-Hispanic), Female	54.1%	53.8%	60.8%
Hispanic	62.4%	63.6%	62.3%
Hispanic, Male	58.8%	62.4%	61.8%

1. Note: Rates are age-adjusted per 100,000 population

2. Source: Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention, Interactive Atlas of Heart Disease and Stroke: <http://nccd.cdc.gov/DHDSPAtlas>

**Table 83** - Cardiac Dysrhythmia Rates, Middlesex County, Connecticut and U.S., 2011-2013

	Middlesex County	CT	U.S.
<b>Cardiac Dysrhythmia Death Rate (per 100,000), 35+</b>	<b>20.5</b>	<b>19.2</b>	<b>16.4</b>
Male	22.4	21	16.9
Female	18.8	17.5	15.7
White (Non-Hispanic)	20.8	19.6	17.6
White (Non-Hispanic), Male	22.7	21.7	18
White (Non-Hispanic), Female	19.2	17.6	16.9
Black (Non-Hispanic)	19.2	17.6	15.3
Black (Non-Hispanic), Male	18.6	15.5	17.4
Black (Non-Hispanic), Female	18.5	18.1	13.7
Hispanic	15.1	14.1	7.6
Hispanic, Male	18.7	NA	8.1
Hispanic, Female	13.2	12.1	7.1
<b>Cardiac Dysrhythmia Hospitalization Rate (per 1,000 Medicare Beneficiaries), 65+</b>	<b>11.9</b>	<b>11.9</b>	<b>11.9</b>
Male	13	12.9	12.4
Female	11.1	11.1	11.4
White (Non-Hispanic)	12.1	12	12.3
White (Non-Hispanic), Male	13.1	13.1	12.9
White (Non-Hispanic), Female	11.3	11.2	11.7
Black (Non-Hispanic)	9.5	10.4	10.8
Black (Non-Hispanic), Male	11.5	11.4	10.8
Black (Non-Hispanic), Female	9.6	10.1	10.7
Hispanic	10.6	9.4	8.4
Hispanic, Male	11.7	9.9	8
Hispanic, Female	10	9	8.7
<b>Cardiac Dysrhythmia Hospitalization, Medicare Beneficiaries (65+), Percentage Discharged Home</b>	<b>71.3%</b>	<b>73.1%</b>	<b>78.8%</b>
Male	73.2%	75.0%	80.1%
Female	70.3%	71.6%	77.9%
White (Non-Hispanic)	71.6%	73.3%	79.2%
White (Non-Hispanic), Male	73.6%	75.6%	80.7%
White (Non-Hispanic), Female	70.5%	71.6%	78.1%
Black (Non-Hispanic)	65.5%	68.6%	73.9%
Black (Non-Hispanic), Male	66.1%	65.9%	72.8%
Black (Non-Hispanic), Female	68.0%	70.6%	74.6%
Hispanic	69.8%	69.6%	79.1%
Hispanic, Female	76.4%	75.0%	80.4%

1. Note: Rates are age-adjusted per 100,000 population

2. Source: Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention, Interactive Atlas of Heart Disease and Stroke: <http://nccd.cdc.gov/DHDSPAtlas>

**Table 84** - Avoidable Heart Disease and Stroke Rates, Under 75, Middlesex County, Connecticut and U.S., 2011-2013

	Middlesex County	CT	U.S.
<b>Avoidable Heart Disease and Stroke Death Rate (per 100,000), Under 75</b>	<b>35.4</b>	<b>39.5</b>	<b>59.1</b>
Male	47.6	56.5	81.8
Female	25.5	24.1	38
White (Non-Hispanic)	33.8	38.2	56.5
White (Non-Hispanic), Male	45.3	55.5	79.1
White (Non-Hispanic), Female	23.4	22.1	35.1
Black (Non-Hispanic)	61.4	62.4	103.7
Black (Non-Hispanic), Male	84.5	85.7	140.1
Black (Non-Hispanic), Female	43.2	44.1	74.1
Hispanic	40	38.3	43.7
Hispanic, Male	53.6	51.7	61.6
Hispanic, Female	28.8	27	27.7
Asian/Pacific Islander	21.1	21.3	32.5
Asian/Pacific Islander, Male	34.7	34.9	47.2

1. Note: Rates are age-adjusted per 100,000 population
2. Source: Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention, Interactive Atlas of Heart Disease and Stroke: <http://nccd.cdc.gov/DHDSPAtlas>

**Table 85 – Stroke Rates, Middlesex County, Connecticut and U.S., 2011-2013**

	Middlesex County	CT	U.S.
<b>Stroke Death Rate (per 100,000), 35+</b>	<b>53.8</b>	<b>53.9</b>	<b>71.8</b>
Male	52.7	53.1	72.2
Female	53.7	53.4	70.3
White (Non-Hispanic)	52	52.5	69.7
White (Non-Hispanic), Male	50.5	51.1	68.9
White (Non-Hispanic), Female	51.9	52.4	69.1
Black (Non-Hispanic)	78.9	68.4	99
Black (Non-Hispanic), Male	125.1	74.8	108.6
Black (Non-Hispanic), Female	69.3	53.4	70.3
Hispanic	49.5	50.7	58.6
Hispanic, Male	61.1	52.9	62.4
Hispanic, Female	51.3	48.5	55
Asian/Pacific Islander	44.6	51.7	60.4
Asian/Pacific Islander, Male	34.9	53.3	64.3
Asian/Pacific Islander, Female	53.9	50.2	57.1
<b>Stroke Hospitalization Rate (per 1,000 Medicare Beneficiaries), 65+</b>	<b>9.9</b>	<b>9.7</b>	<b>11.1</b>
Male	11	11	12.2
Female	9	8.8	10.3
White (Non-Hispanic)	9.9	9.5	10.8
White (Non-Hispanic), Male	10.9	10.9	11.9
White (Non-Hispanic), Female	8.9	8.5	9.9
Black (Non-Hispanic)	13.4	13.1	15.4
Black (Non-Hispanic), Male	13.4	12.6	15.9
Black (Non-Hispanic), Female	13.1	13.3	15
Hispanic	10.3	9.8	10.1
Hispanic, Male	8.5	8.6	11.1
Hispanic, Female	11.4	10.3	9.2
<b>Stroke Hospitalization, Medicare Beneficiaries (65+), Percentage Discharged Home</b>	<b>45.6%</b>	<b>42.3%</b>	<b>47.5%</b>
Male	49.5%	47.5%	51.5%
Female	41.1%	37.8%	44.2%
White (Non-Hispanic)	45.4%	43.1%	48.8%
White (Non-Hispanic), Male	49.1%	48.2%	53.2%
White (Non-Hispanic), Female	41.7%	38.6%	45.1%
Black (Non-Hispanic)	34.0%	32.2%	39.5%
Black (Non-Hispanic), Male	42.4%	36.5%	39.4%
Black (Non-Hispanic), Female	30.5%	29.2%	45.1%
Hispanic	58.2%	40.7%	43.9%

1. Note: Rates are age-adjusted per 100,000 population

2. Source: Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention, Interactive Atlas of Heart Disease and Stroke: <http://nccd.cdc.gov/DHDSPAtlas>

**Table 86** - Ischemic Stroke Rates, Middlesex County, Connecticut and U.S., 2011-2013

	Middlesex County	CT	U.S.
<b>Ischemic Stroke Death Rate (per 100,000), 35+</b>	<b>27.2</b>	<b>29.8</b>	<b>40.7</b>
Male	28.3	28	39.7
Female	28.3	30.3	40.5
White (Non-Hispanic)	27.2	29.5	40.3
White (Non-Hispanic), Male	27.7	27.7	38.6
White (Non-Hispanic), Female	27.9	29.9	40.7
Black (Non-Hispanic)	39.1	36	55.2
Black (Non-Hispanic), Male	46.2	35.5	60.3
Black (Non-Hispanic), Female	40.2	36.8	50.7
Hispanic	27.5	24.1	30.1
Hispanic, Male	31.6	26.7	31.3
Hispanic, Female	24.3	22.1	28.7
Asian/Pacific Islander	24.6	23.2	28.6
<b>Ischemic Stroke Hospitalization Rate (per 1,000 Medicare Beneficiaries), 65+</b>	<b>8.1</b>	<b>7.7</b>	<b>8.9</b>
Male	9.2	8.7	9.7
Female	7	6.9	8.2
White (Non-Hispanic)	8.1	7.6	8.7
White (Non-Hispanic), Male	9.1	8.7	9.7
White (Non-Hispanic), Female	7	6.7	7.9
Black (Non-Hispanic)	10.5	10	11.7
Black (Non-Hispanic), Male	10.4	9.5	12
Black (Non-Hispanic), Female	10.3	10.2	11.4
Hispanic	7.1	7.1	7.5
<b>Hemorrhagic Stroke Hospitalization, Medicare Beneficiaries (65+), Percentage Discharged Home</b>	<b>48.3%</b>	<b>45.6%</b>	<b>50.8%</b>
Male	52.8%	52.0%	55.9%
Female	43.3%	39.9%	46.5%
White (Non-Hispanic)	48.2%	46.5%	52.2%
White (Non-Hispanic), Male	52.1%	52.8%	57.6%
White (Non-Hispanic), Female	43.9%	40.9%	47.5%
Black (Non-Hispanic)	35.7%	34.0%	41.0%
Black (Non-Hispanic), Male	47.8%	40.7%	41.9%
Black (Non-Hispanic), Female	32.5%	29.5%	40.5%
Hispanic	48.6%	40.0%	46.4%

1. Note: Rates are age-adjusted per 100,000 population
2. Source: Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention, Interactive Atlas of Heart Disease and Stroke: <http://nccd.cdc.gov/DHDSPAtlas>

**Table 87** - Hemorrhagic Stroke Rates, Middlesex County, Connecticut and U.S., 2011-2013

	Middlesex County	CT	U.S.
<b>Hemorrhagic Stroke Death Rate (per 100,000), 35+</b>	<b>15.8</b>	<b>16.1</b>	<b>18.2</b>
Male	15.2	16.9	19.4
Female	15.5	15.2	17.1
White (Non-Hispanic)	15.3	15.6	17
White (Non-Hispanic), Male	14.5	15.8	18
White (Non-Hispanic), Female	15.1	15.2	16.2
Black (Non-Hispanic)	17.6	19	24.8
Black (Non-Hispanic), Male	17.8	24.2	27.4
Black (Non-Hispanic), Female	14.4	15.1	22.6
Hispanic	20.1	15.9	17.1
Hispanic, Male	20.5	19.8	18.6
Hispanic, Female	19.9	13.3	15.7
Asian/Pacific Islander	15.9	16.1	20.4
<b>Hemorrhagic Stroke Hospitalization Rate (per 1,000 Medicare Beneficiaries), 65+</b>	<b>1.4</b>	<b>1.4</b>	<b>1.5</b>
Male	1.5	1.7	1.8
Female	1.2	1.2	1.4
White (Non-Hispanic)	1.3	1.4	1.4
White (Non-Hispanic), Male	1.5	1.6	1.7
White (Non-Hispanic), Female	1.1	1.2	1.3
Black (Non-Hispanic)	1.8	1.9	2.2
Black (Non-Hispanic), Male	2	2.1	2.5
Black (Non-Hispanic), Female	1.7	1.8	2
<b>Hemorrhagic Stroke Hospitalization, Medicare Beneficiaries (65+), Percentage Discharged Home</b>	<b>18.2%</b>	<b>18.3%</b>	<b>23.4%</b>
Male	25.4%	21.4%	26.2%
Female	12.4%	15.1%	20.7%
White (Non-Hispanic)	18.0%	18.5%	23.5%
White (Non-Hispanic), Male	26.1%	21.6%	26.5%
White (Non-Hispanic), Female	12.0%	15.1%	20.4%

1. Note: Rates are age-adjusted per 100,000 population
2. Source: Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention, Interactive Atlas of Heart Disease and Stroke: <http://nccd.cdc.gov/DHDSPAtlas>

## Kidney Disease

**Table 88** - Kidney Disease Death Rates, Middlesex County, CT and U.S., 2012-2014

	Middlesex County	CT	U.S.
<b>Total</b>	<b>11.1</b>	<b>12.4</b>	<b>13.2</b>
<i>By Gender</i>			
Male	12.2	16.2	16.1
Female	10.1	10	11.2
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	11.3	11.6	12.1
White (includes Hispanic), Male	12	15.4	15
White (includes Hispanic), Female	10.5	9.1	10.1
White Non-Hispanic	11.3	11.5	12
White Non-Hispanic, Male	11.9	14.5	15
White Non-Hispanic, Female	10.6	8.9	10
<i>By Age, 65+</i>			
Age 65+	85.7	94.6	87.1
Age 65+, Male	80.3	109.4	96.7
Age 65+, Female	89.9	83.5	79.6
Age 65+, White (includes Hispanic)	89.6	92.3	83.1
Age 65+, White Non-Hispanic	89.7	93.7	84

1. Note: Rates are age-adjusted per 100,000 population. Kidney disease deaths measured as the number of due to kidney diseases (ICD-10 codes N00-N07, N17-N19, N25-N27)
2. Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, National Vital Statistics, System Mortality Component (NVSS-M) (CDC/NCHS) on Centers for Disease Control and Prevention, National Center for Health Statistics, Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov)

## Alzheimer's Disease

**Table 89** - Alzheimer's Disease Death Rates, Middlesex County, CT and U.S., 2012-2014

	Middlesex County	CT	U.S.
<b>Total</b>	<b>24.4</b>	<b>17.1</b>	<b>24.3</b>
<i>By Gender</i>			
Male	17.2	13.4	19.9
Female	27.6	19.1	26.8
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	25	17.5	25.2
White (includes Hispanic), Male	17.3	13.7	20.6
White (includes Hispanic), Female	28.5	19.6	27.9
White Non-Hispanic	25.1	17.7	25.6
White Non-Hispanic, Male	17.6	13.9	20.9
White Non-Hispanic, Female	28.4	19.7	28.3
<i>By Age, 65+</i>			
Age 65+	219.5	156.8	193.2
Age 65+, Male	123.1	100.6	133.8
Age 65+, Female	294.8	199	239.5
Age 65+, White (includes Hispanic)	228.2	165	204.7
Age 65+, White Non-Hispanic	230.4	169.8	210.6

1. Note: Rates are age-adjusted per 100,000 population. Alzheimer's disease deaths measured from ICD-10 code G30
2. Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, National Vital Statistics, System Mortality Component (NVSS-M) (CDC/NCHS) on Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) Health Indicators Warehouse ([www.healthindicators.gov](http://www.healthindicators.gov))

## Communicable Disease

**Table 90** - Sexually Transmitted Disease  
Rates, Middlesex County, CT, and U.S., 2013

	Middlesex County	CT	U.S.
Chlamydia	185.4	355.8	446.6
Gonorrhea	32	79.7	106.1

1. Note: Rates are age-adjusted per 100,000 populations
2. Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (CDC/NCHHSTP) STD Surveillance System (STDSS) on Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Health Indicators Warehouse ([www.healthindicators.gov](http://www.healthindicators.gov))

**Table 91** - Adolescents and Adults (Ages 13+) Living with HIV Rates, Middlesex County and CT, 2010 *(most recent available data)*

	Middlesex County	CT
<b>Total</b>	<b>177.7</b>	<b>359.7</b>
<i>By Gender</i>		
Male	250.9	494.4
Female	108.9	234.2
<i>By Race/Ethnicity</i>		
White Non-Hispanic	120.3	166.1
Black Non-Hispanic	963.7	1,270.50
Hispanic or Latino	729	946.7
<i>By Age</i>		
Aged 13-24 years	19	59.2
Aged 25-34 years	112.5	241
Aged 35-44 years	256	528
Aged 45-54 years	393.6	753.3
Aged 55 years and over	116.5	271.2

1. Note: U.S. data unavailable for 2010. Rates are age-adjusted per 100,000 population
2. Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), Division of HIV Prevention, HIV Incidence and Case Surveillance Branch on Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Health Indicators Warehouse ([www.healthindicators.gov](http://www.healthindicators.gov))

## Tobacco Use

**Table 92** - Smoking, Middlesex County, Connecticut, and U.S., 2006-2012 (*most recent available data*)

	Middlesex County	Connecticut
Current Smokers, Ages 18+	15.0%	14.9%
Ever Smoked, Ages 18+	48.7%	NA

1. Note: Respondents who currently report smoking cigarettes all or some days
2. Source: Behavioral Risk Factor Surveillance System (BRFSS) on Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov); "Screening and Risk Factors for Connecticut," 2008-2010 County Level Modeled Estimate Combining the Behavioral Risk Factor Surveillance System (BRFSS) and the National Health Interview Survey (NHIS), retrieved from State Cancer Profiles ([statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov))

**Table 93** - Tobacco Use and Perceptions of Risk among Individuals Aged 12 or Older, 2010-2012 and 2012-2014

	2010-2012	2012-2014	P Value
<b>Tobacco Product Use, Past Month, Ages 12+</b>			
South Central CT Region*	25.7%	22.2%	0.048
Connecticut	24.9%	21.6%	0.003
Northeast United States	25.7%	24.3%	0
United States	26.8%	25.8%	0
<b>Cigarette Use, Past Month, Ages 12+</b>			
South Central CT Region*	20.9%	17.5%	0.026
Connecticut	21.1%	17.6%	0
Northeast United States	21.6%	20.1%	0
United States	22.3%	21.4%	0
<b>Perceptions of Great Risk from Smoking 1+ Packs of Cigarettes per Day, Ages 12+</b>			
South Central CT Region*	75.9%	74.0%	0.28
Connecticut	74.9%	75.0%	0.962
Northeast United States	74.1%	73.4%	0.062
United States	71.5%	71.2%	0.3

1. Source: National Survey on Drug Use and Health: Comparison of 2010-2012 and 2012-2014 Population Percentages (Substate Regions), U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) (<http://www.samhsa.gov/data/population-data-nsduh/reports>)
2. \* South Central Connecticut Region includes Tracts 110100 – 110600 in Fairfield County; Tracts 541100 – 680200 in Middlesex County; Tracts 120100 – 194202 and 361401 – 361500 in New Haven County; Tracts 650100 – 660102 in New London County, from SAMHSA's 2012-2014 National Survey on Drug Use and Health Substate Region Definitions; <http://www.samhsa.gov/data/sites/default/files/NSDUHsubstateRegionDefs2014/NSDUHsubstateRegionDefs2014.pdf>
3. Note: data in Table 93, provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), are based on National Survey on Drug Use and Health (NSDUH) results, an on-going survey of the U.S. non-institutionalized population ages 12 years of older. In Connecticut, the Department of Mental Health and Addiction Services (DMHAS) uses planning areas that are defined in terms of townships (which are developed from census tracts within the state's eight counties). In Connecticut, several townships form a single substate region, such as the South Central Region. Middlesex County is included in the South Central track, which also includes Fairfield County, New Haven County and New London County. The data for the South Central Region, therefore, encompasses a large geographic area outside of Middlesex County.

## Health Behaviors

**Table 94** - Health Behaviors, Middlesex County and Connecticut, 2006-2012 (most recent available data)

	Middlesex County		Connecticut	
	Total	Age-Adjusted	Total	Age-Adjusted
Cigarette smoking all or some days, 18+, % (2010)	11.6%	11.9%	13.2%	13.6%
Binge drinking, 18+, % (2010)	14.0%	15.1%	17.4%	18.8%
Excessive drinking, 18+, % (2010)	16.5%	17.4%	19.0%	20.1%
No leisure-time exercise in past month, 18+, % (2010)	14.1%	13.5%	20.7%	20.2%
Eating fewer than 5 servings of fruits/vegetables per day, 18+, % (2009)	71.0%	NA	71.7%	NA
Fair or poor health status, 18+, % (2010)	10.4%	10.2%	11.0%	10.5%
Physically or mentally unhealthy days/month, 18+, avg. # of days (2010)	4.9	4.8	5.4	5.4
Mentally unhealthy days/month, 18+, avg. # of days (2010)	2.6	2.7	3.2	3.3
Physically unhealthy days/month, 18+, avg. # of days (2010)	2.8	2.6	2.9	2.7
Inadequate social-emotional support, 18+, % (2006-2012)	16.9%	16.5%	19.0%	19.4%
Delayed seeing a doctor due to cost, past 12 months, 18+, % (2010)	7.9%	8.3%	9.6%	9.9%
Flu vaccination, 65+, % (2006-2012)	68.4%	68.5%	69.8%	69.7%
Pneumococcal vaccination, 65+, % (2006-2012)	71.2%	71.2%	68.4%	68.1%

1. Note: Binge drinking defined as respondents age 18+ who report having 5 or more drinks (men) or 4 or more drinks (women) on one or more occasions during the previous 30 days. Excessive drinking defined as respondents age 18+ who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) or who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks (for women) during a single occasion. Mentally unhealthy days is defined as respondents age 18+ who report mental health status, including stress, depression and problems with emotions. Physically unhealthy days is defined as respondents age 18+ who report physical health status, including physical illness and injury.
2. Source: Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Behavioral Risk Factor Surveillance System (BRFSS) on Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Health Indicators Warehouse ([www.healthindicators.gov](http://www.healthindicators.gov))

## Behavioral Health

**Table 95a** - Mental Health and Substance Abuse Treatment Admissions and Rates by Town, Middlesex County, 2012, 2013, and 2014

Town	2012		2013		2014	
	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000
<b>Chester</b>	<b>63</b>	<b>157.38</b>	<b>72</b>	<b>169.61</b>	<b>59</b>	<b>135.85</b>
Mental Health	24	59.96	26	61.25	21	48.35
MH + Subst. Abuse	6	14.99	4	9.42	2	4.61
Substance Abuse	33	82.44	42	98.94	36	82.89
<b>Clinton</b>	<b>341</b>	<b>256.58</b>	<b>315</b>	<b>238.71</b>	<b>287</b>	<b>217.75</b>
Mental Health	72	54.18	76	57.59	79	59.94
MH + Subst. Abuse	15	11.29	12	9.09	12	9.1
Substance Abuse	254	191.12	227	172.02	196	148.71
<b>Cromwell</b>	<b>230</b>	<b>163.85</b>	<b>238</b>	<b>167.41</b>	<b>251</b>	<b>177.03</b>
Mental Health	67	47.73	74	52.05	73	51.49
MH + Subst. Abuse	14	9.97	12	8.44	12	8.46
Substance Abuse	149	106.15	152	106.91	166	117.08
<b>Deep River</b>	<b>95</b>	<b>204.79</b>	<b>88</b>	<b>191.18</b>	<b>114</b>	<b>248.42</b>
Mental Health	37	79.76	34	73.86	44	95.88
MH + Subst. Abuse	4	8.62	6	13.03	3	6.54
Substance Abuse	54	116.4	48	104.28	67	146
<b>Durham</b>	<b>89</b>	<b>120.22</b>	<b>88</b>	<b>119.44</b>	<b>90</b>	<b>122.27</b>
Mental Health	26	35.12	26	35.29	28	38.04
MH + Subst. Abuse	5	6.75	4	5.43	4	5.43
Substance Abuse	58	78.35	58	78.72	58	78.79
<b>East Haddam</b>	<b>137</b>	<b>149.79</b>	<b>138</b>	<b>150.69</b>	<b>132</b>	<b>144.31</b>
Mental Health	23	25.15	29	31.67	32	34.98
MH + Subst. Abuse	4	4.37	4	4.37	2	2.19
Substance Abuse	110	120.27	105	114.65	98	107.14
<b>East Hampton</b>	<b>197</b>	<b>151.67</b>	<b>211</b>	<b>163.06</b>	<b>233</b>	<b>180.45</b>
Mental Health	71	54.66	68	52.55	66	51.12
MH + Subst. Abuse	11	8.47	17	13.14	10	7.74
Substance Abuse	115	88.54	126	97.37	157	121.59
<b>Essex</b>	<b>114</b>	<b>170.2</b>	<b>122</b>	<b>183.51</b>	<b>128</b>	<b>192.97</b>
Mental Health	57	85.1	56	84.24	53	79.9
MH + Subst. Abuse	1	1.49	4	6.02	5	7.54
Substance Abuse	56	83.61	62	93.26	70	105.53
<b>Haddam</b>	<b>116</b>	<b>138.69</b>	<b>102</b>	<b>122.04</b>	<b>94</b>	<b>112.4</b>
Mental Health	38	45.43	28	33.5	32	38.26
MH + Subst. Abuse	4	4.78	8	9.57	1	1.2
Substance Abuse	74	88.47	66	78.97	61	72.94

Source: Connecticut Department of Mental Health and Addiction Services (DMHAS), retrieved from the Connecticut Data Collaborative, (ctdata.org)

**Table 95b** - Mental Health and Substance Abuse Treatment Admissions and Rates by Town, Middlesex County, 2012, 2013, and 2014 (continued)

Town	2012		2013		2014	
	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000
<b>Killingworth</b>	<b>58</b>	<b>88.69</b>	<b>70</b>	<b>107.63</b>	<b>79</b>	<b>121.73</b>
Mental Health	9	13.76	12	18.45	15	23.11
MH + Subst. Abuse	2	3.06	2	3.08	2	3.08
Substance Abuse	47	71.87	56	86.1	62	95.53
<b>Middlefield</b>	<b>57</b>	<b>128.49</b>	<b>54</b>	<b>122.28</b>	<b>52</b>	<b>117.51</b>
Mental Health	20	45.09	14	31.7	15	33.9
MH + Subst. Abuse	1	2.25	1	2.26	1	2.26
Substance Abuse	36	81.15	39	88.32	36	81.36
<b>Middletown</b>	<b>2,032</b>	<b>425.56</b>	<b>1,923</b>	<b>406.43</b>	<b>1,878</b>	<b>396.76</b>
Mental Health	825	172.78	851	179.82	838	177.04
MH + Subst. Abuse	159	33.3	148	31.27	129	27.25
Substance Abuse	1,048	219.48	924	195.25	911	192.47
<b>Old Saybrook</b>	<b>717</b>	<b>166.59</b>	<b>159</b>	<b>155.3</b>	<b>154</b>	<b>150.3</b>
Mental Health	26	25.33	26	25.4	28	27.33
MH + Subst. Abuse	12	11.69	7	6.84	7	6.83
Substance Abuse	133	129.57	126	123.07	119	116.14
<b>Portland</b>	<b>199</b>	<b>208.81</b>	<b>181</b>	<b>191.09</b>	<b>189</b>	<b>199.87</b>
Mental Health	68	71.35	65	68.62	64	67.68
MH + Subst. Abuse	9	9.44	13	13.72	9	9.52
Substance Abuse	122	128.02	103	108.74	116	122.67
<b>Westbrook</b>	<b>154</b>	<b>221.46</b>	<b>143</b>	<b>206.83</b>	<b>150</b>	<b>217.2</b>
Mental Health	35	50.22	37	53.51	35	50.68
MH + Subst. Abuse	5	7.19	6	8.68	5	7.24
Substance Abuse	114	163.93	100	144.63	110	159.28
<b>Connecticut</b>	<b>107,694</b>	<b>300.76</b>	<b>107,828</b>	<b>300.33</b>	<b>110,148</b>	<b>306.3</b>
Mental Health	48,153	134.48	49,587	138.11	51,677	143.7
MH + Subst. Abuse	8,401	23.46	7,851	21.87	7,468	20.77
Substance Abuse	51,440	143.66	50,390	140.35	51,003	141.83

Source: Connecticut Department of Mental Health and Addiction Services (DMHAS), retrieved from the Connecticut Data Collaborative, (ctdata.org)

The data in **Tables 96-99**, provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), are based on National Survey on Drug Use and Health (NSDUH) results, an on-going survey of the U.S. non-institutionalized population age 12 years or older. In Connecticut, the Department of Mental Health and Addiction Services (DMHAS) uses planning areas that are defined in terms of townships, which are developed from census tracts within the state's eight counties; several townships form a single substate region, such as the South Central Region. Middlesex County is included in the South Central tract, which also includes Fairfield County, New Haven County and New London County. The data for the South Central Region, therefore, encompasses a large geographic area outside of Middlesex County.

**Table 96a** - Alcohol Use and Perceptions of Risk among Individuals Aged 12 or Older, 2010-2012 and 2012-2014

	2010-2012	2012-2014	P Value
<b>Alcohol Use, Past Month, Ages 12+</b>			
South Central CT Region*	63.7%	59.6%	0.053
Connecticut	61.0%	60.7%	0.815
Northeast United States	57.3%	57.8%	0.328
United States	51.8%	52.3%	0.037
<b>Alcohol Use, Past Month, Ages 12 to 20</b>			
South Central CT Region*	21.8%	17.4%	0.003
Connecticut	19.1%	17.0%	0.033
Northeast United States	18.3%	16.5%	0
United States	15.9%	14.4%	0
<b>Binge Alcohol Use, Past Month, Ages 12+</b>			
South Central CT Region*	28.1%	23.9%	0.02
Connecticut	25.2%	23.7%	0.163
Northeast United States	24.6%	24.1%	0.218
United States	22.8%	22.9%	0.504
<b>Binge Alcohol Use, Past Month, Ages 12 to 20</b>			
South Central CT Region*	21.8%	17.4%	0.003
Connecticut	19.1%	17.0%	0.033
Northeast United States	18.3%	16.5%	0
United States	15.9%	14.4%	0

1. Source: National Survey on Drug Use and Health: Comparison of 2010-2012 and 2012-2014 Population Percentages (Substate Regions), U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) (<http://www.samhsa.gov/data/population-data-nsduh/reports>)
2. \* South Central Connecticut Region includes Tracts 110100 – 110600 in Fairfield County; Tracts 541100 – 680200 in Middlesex County; Tracts 120100 – 194202 and 361401 – 361500 in New Haven County; Tracts 650100 – 660102 in New London County, from SAMHSA's 2012-2014 National Survey on Drug Use and Health Substate Region Definitions; <http://www.samhsa.gov/data/sites/default/files/NSDUHsubstateRegionDefs2014/NSDUHsubstateRegionDefs2014.pdf>

**Table 96b** - Alcohol Use and Perceptions of Risk among Individuals Aged 12 or Older, 2010-2012 and 2012-2014 (continued)

	2010-2012	2012-2014	P Value
<b>Perceptions of Great Risk from Having 5+ Drinks of Alcohol Once or Twice a Week, Ages 12+</b>			
South Central CT Region*	42.6%	40.9%	0.424
Connecticut	42.7%	41.8%	0.491
Northeast United States	40.9%	39.7%	0.006
United States	42.5%	41.3%	0
<b>Alcohol Dependence or Abuse, Past Year, Ages 12+</b>			
South Central CT Region*	8.4%	6.9%	0.077
Connecticut	7.3%	7.0%	0.55
Northeast United States	7.0%	6.7%	0.111
United States	6.8%	6.6%	0.109
<b>Alcohol Dependence, Past Year, Ages 12+</b>			
South Central CT Region*	3.5%	3.0%	0.343
Connecticut	3.1%	3.1%	0.945
Northeast United States	3.2%	3.1%	0.675
United States	3.2%	3.1%	0.376
<b>Needing But Not Receiving Treatment for Alcohol Use, Past Year, Ages 12+</b>			
South Central CT Region*	7.5%	6.6%	0.212
Connecticut	6.7%	6.6%	0.882
Northeast United States	6.6%	6.3%	0.069
United States	6.4%	6.3%	0.139

1. Source: National Survey on Drug Use and Health: Comparison of 2010-2012 and 2012-2014 Population Percentages (Substate Regions), U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) (<http://www.samhsa.gov/data/population-data-nsduh/reports>)
2. \* South Central Connecticut Region includes Tracts 110100 – 110600 in Fairfield County; Tracts 541100 – 680200 in Middlesex County; Tracts 120100 – 194202 and 361401 – 361500 in New Haven County; Tracts 650100 – 660102 in New London County, from SAMHSA's 2012-2014 National Survey on Drug Use and Health Substate Region Definitions; <http://www.samhsa.gov/data/sites/default/files/NSDUHsubstateRegionDefs2014/NSDUHsubstateRegionDefs2014.pdf>

**Table 97 - Marijuana Use and Perceptions of Risk of Harm among Individuals Aged 12 or Older, 2010-2012 and 2012-2014**

	2010-2012	2012-2014	P Value
<b>Marijuana Use, Past Year, Ages 12+</b>			
South Central CT Region*	15.4%	14.2%	0.293
Connecticut	13.8%	14.4%	0.429
Northeast United States	12.7%	13.7%	0
United States	11.7%	12.7%	0
<b>Marijuana Use, Past Month, Ages 12+</b>			
South Central CT Region*	10.1%	10.1%	0.949
Connecticut	8.3%	9.2%	0.138
Northeast United States	7.7%	836.0%	0.001
United States	7.0%	773.0%	0
<b>Perceptions of Great Risk of Harm from Smoking Marijuana Once a Month</b>			
South Central CT Region*	27.7%	24.2%	0.069
Connecticut	27.8%	25.2%	0.027
Northeast United States	30.1%	26.6%	0
United States	31.8%	28.5%	0

1. Source: National Survey on Drug Use and Health: Comparison of 2010-2012 and 2012-2014 Population Percentages (Substate Regions), U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) (<http://www.samhsa.gov/data/population-data-nsduh/reports>)
2. \* South Central Connecticut Region includes Tracts 110100 – 110600 in Fairfield County; Tracts 541100 – 680200 in Middlesex County; Tracts 120100 – 194202 and 361401 – 361500 in New Haven County; Tracts 650100 – 660102 in New London County, from SAMHSA's 2012-2014 National Survey on Drug Use and Health Substate Region Definitions; <http://www.samhsa.gov/data/sites/default/files/NSDUHsubstateRegionDefs2014/NSDUHsubstateRegionDefs2014.pdf>

**Tables 98 - Other Illicit Drug Use and Perceptions of Risk among Individuals Aged 12 or Older, 2010-2012, 2012-2014**

	2010-2012	2012-2014	P Value
<b>Illicit Drug Use, Past Month, Ages 12+</b>			
South Central CT Region*	11.8%	11.9%	0.958
Connecticut	10.0%	10.4%	0.472
Northeast United States	9.4%	10.1%	0.005
United States	8.9%	9.6%	0
<b>Illicit Drug Use Other than Marijuana, Past Month, Ages 12+</b>			
South Central CT Region*	3.8%	3.0%	0.089
Connecticut	3.4%	2.9%	0.095
Northeast United States	3.3%	3.2%	0.181
United States	3.4%	3.3%	0.893
<b>Cocaine Use, Past Year, Ages 12+</b>			
South Central CT Region*	2.0%	1.7%	0.308
Connecticut	1.9%	1.9%	0.83
Northeast United States	2.0%	2.0%	0.766
United States	1.7%	1.7%	0.67
<b>Nonmedical Use of Pain Relievers, Past Year, Ages 12+</b>			
South Central CT Region*	4.4%	3.4%	0.021
Connecticut	4.1%	3.6%	0.068
Northeast United States	4.2%	3.8%	0.007
United States	4.6%	4.3%	0
<b>Illicit Drug Dependence or Abuse, Past Year, Ages 12+</b>			
South Central CT Region*	3.0%	2.7%	0.282
Connecticut	2.9%	2.8%	0.657
Northeast United States	2.7%	2.7%	0.424
United States	2.7%	2.7%	0.75
<b>Illicit Drug Dependence, Past Year, Ages 12+</b>			
South Central CT Region*	2.3%	2.0%	0.356
Connecticut	2.1%	2.1%	0.966
Northeast United States	1.9%	2.1%	0.057
United States	1.9%	1.9%	0.496
<b>Needing But Not Receiving Treatment for Illicit Drug Use, Past Year, 12+</b>			
South Central CT Region*	2.6%	2.4%	0.538
Connecticut	2.4%	2.5%	0.906
Northeast United States	2.4%	2.5%	0.841
United States	2.4%	2.4%	0.615

1. Source: National Survey on Drug Use and Health: Comparison of 2010-2012 and 2012-2014 Population Percentages (Substate Regions), U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) (<http://www.samhsa.gov/data/population-data-nsduh/reports>)
2. \* South Central Connecticut Region includes Tracts 110100 – 110600 in Fairfield County; Tracts 541100 – 680200 in Middlesex County; Tracts 120100 – 194202 and 361401 – 361500 in New Haven County; Tracts 650100 – 660102 in New London County, from SAMHSA's 2012-2014 National Survey on Drug Use and Health Substate Region Definitions; <http://www.samhsa.gov/data/sites/default/files/NSDUHsubstateRegionDefs2014/NSDUHsubstateRegionDefs2014.pdf>

**Table 99** - Mental Illness among Individuals Aged 18 Years or Older, 2010-2012 and 2012-2014

	2010-2012	2012-2014	P Value
<b>Serious Mental Illness, Past Year, Ages 18+</b>			
South Central CT Region*	3.6%	3.4%	0.701
Connecticut	3.5%	3.4%	0.637
Northeast United States	3.7%	3.9%	0.262
United States	4.0%	4.1%	0.1168
<b>Any Mental Illness, Past Year, Ages 18+</b>			
South Central CT Region*	18.5%	17.0%	0.317
Connecticut	17.0%	16.8%	0.857
Northeast United States	17.9%	18.0%	0.788
United States	18.1%	18.4%	0.173
<b>Had Serious Thoughts of Suicide, Past Year, Ages 18+</b>			
South Central CT Region*	3.8%	3.6%	0.757
Connecticut	3.7%	3.6%	0.69
Northeast United States	3.9%	3.8%	0.736
United States	3.8%	3.8%	0.131
<b>Major Depressive Episode, Past Year, Ages 18+</b>			
South Central CT Region*	6.9%	6.0%	0.296
Connecticut	6.5%	6.2%	0.661
Northeast United States	6.6%	6.6%	0.803
United States	6.7%	6.7%	0.755

1. Source: National Survey on Drug Use and Health: Comparison of 2010-2012 and 2012-2014 Population Percentages (Substate Regions), U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) (<http://www.samhsa.gov/data/population-data-nsduh/reports>)
2. \* South Central Connecticut Region includes Tracts 110100 – 110600 in Fairfield County; Tracts 541100 – 680200 in Middlesex County; Tracts 120100 – 194202 and 361401 – 361500 in New Haven County; Tracts 650100 – 660102 in New London County, from SAMHSA's 2012-2014 National Survey on Drug Use and Health Substate Region Definitions; <http://www.samhsa.gov/sites/default/files/NSDUHsubstateRegionDefs2014/NSDUHsubstateRegionDefs2014.pdf>

**Table 100 - Drug Poisoning Death Rates, Middlesex County, CT and U.S., 2012-2014**

	Middlesex County	CT	U.S.
<b>Drug poisoning deaths</b>	<b>17.6</b>	<b>15.2</b>	<b>13.9</b>
<i>By Gender</i>			
Male	26.3	21	17.1
Female	8.9	9.6	10.6
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	18.8	17.1	15.7
White (includes Hispanic), Male	28.3	23.5	19.2
White (includes Hispanic), Female	9.3	10.8	12.1
White Non-Hispanic	19.4	18.1	17.8
White Non-Hispanic, Male	29.6	24.5	21.7
White Non-Hispanic, Female	9.1	11.7	13.9
<i>By Age, 18-44 Years</i>			
Age 18-44	30.8	23	19.3
Age 18-44, Male	50.2	33	25.3
Age 18-44, White (includes Hispanic)	33.8	27.1	22.7
Age 18-44, White Non-Hispanic	34.9	29.8	26.9
<i>By Age, 45-64 Years</i>			
Age 45-64	18.4	22.9	23.4
Age 45-64, White (includes Hispanic)	18.4	23.9	25
Age 45-64, White Non-Hispanic	19	23.6	33

1. Note: Rates are age-adjusted per 100,000 population. Drug poisoning deaths measured as the number of deaths due to drug poisoning, ICD-10 codes X40-X44, X60-X64, X85, Y10-Y14
2. Source: National Vital Statistics System-Mortality (NVSS-M) on Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov).

**Table 101- Liquor Store Density, Middlesex County, CT and U.S., 2013**

	Middlesex County	CT	U.S.
Liquor store density (per 10,000)	3	2.2	1

Source: U.S. Census Bureau, County Business Patterns on Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Health Indicators Warehouse ([www.healthindicators.gov](http://www.healthindicators.gov))

## Medicare Beneficiaries

**Table 102 - Number of Medicare Fee-For-Service Beneficiaries, Middlesex County, CT, and U.S., 2013**

	Middlesex County	CT	U.S.
Total	22,138	422,062	34,303,998

Source: Centers for Medicare & Medicaid Services (CMS) Chronic Condition Data Warehouse (CCW) on Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov)

**Table 103** - Demographics, Medicare Fee-for-Service Beneficiaries, 2013, Middlesex County, Connecticut, and U.S.

	Middlesex County	CT	U.S.
By Gender			
Male	43.6%	43.2%	45.1%
Female	56.4%	56.8%	54.9%
By Race/Ethnicity			
White Non-Hispanic	92.1%	85.0%	79.9%
Black	3.3%	6.5%	9.8%
Hispanic	1.7%	5.2%	6.0%
Other or unknown race	2.9%	3.3%	4.3%
Eligible for Medicaid	23.3%	26.7%	21.3%

Source: Centers for Medicare & Medicaid Services (CMS) Chronic Condition Data Warehouse (CCW) on Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov)

**Table 104** - Medical Conditions, Medicare Fee-For-Service Beneficiaries,, Middlesex County, CT and U.S., 2013

	Middlesex County		Connecticut		U.S.	
	Number	Percent	Number	Percent	Number	Percent
Alzheimer's disease, related disorders or senile dementia	2,827	12.8%	52,108	12.4%	3,528,548	10.3%
Arthritis	6,219	28.1%	116,403	27.6%	10,012,901	29.2%
Asthma	1,084	4.9%	24,761	5.9%	1,713,093	5.0%
Atrial fibrillation	2,409	10.9%	44,427	10.5%	2,716,806	7.9%
Cancer						
Breast cancer	883	4.0%	15,116	3.6%	994,977	2.9%
Colorectal cancer	294	1.3%	5,922	1.4%	426,175	1.2%
Lung cancer	275	1.2%	4,996	1.2%	350,953	1.0%
Prostate cancer	710	3.2%	13,913	3.3%	1,037,536	3.0%
Chronic kidney disease	3,133	14.2%	66,110	15.7%	5,499,471	16.0%
Chronic obstructive pulmonary disease (COPD)	2,374	10.7%	44,794	10.6%	3,838,929	11.2%
Diabetes	4,948	22.4%	106,563	25.3%	9,228,867	26.9%
Depression	3,958	17.9%	72,580	17.2%	5,426,189	15.8%
Heart disease						
Heart attack	170	0.8%	3,739	0.9%	284,037	0.8%
Heart failure	2,921	13.2%	63,223	15.0%	4,828,573	14.1%
Ischemic heart disease	5,604	25.3%	112,441	26.6%	9,508,827	27.7%
Stroke	852	3.9%	15,586	3.7%	1,283,045	3.7%
High cholesterol	11,049	49.9%	205,545	48.7%	15,404,240	44.9%
Hypertension	13,125	59.3%	245,733	58.2%	19,015,500	55.4%
Osteoporosis	1,423	6.4%	29,480	7.0%	2,083,819	6.1%

Source: Centers for Medicare & Medicaid Services (CMS) Chronic Condition Data Warehouse (CCW) on Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov)

**Table 105 - Service Utilization, Medicare Fee-For-Service Beneficiaries, Middlesex County, CT, and U.S., 2013**

	Middlesex County		Connecticut		U.S.	
	Number	Percent	Number	Percent	Number	Percent
Acute hospital readmission (30 days)	1,081	16.9%	21,545	18.3%	1,656,930	18.0%
Ambulance services	3,514	0.2%	62,739	0.2%	3,903,823	0.1%
Ambulatory surgery center services	2,223	10.0%	31,130	7.4%	3,331,702	9.7%
Dialysis	110	0.5%	3,510	0.8%	358,577	1.1%
Durable medical equipment services	5,221	23.6%	108,544	25.7%	9,476,736	27.6%
Home health services	2,549	11.5%	47,649	11.3%	3,218,301	9.4%
Hospice	700	3.2%	10,801	2.6%	923,929	2.7%
Hospital inpatient use	4,259	19.2%	77,842	18.4%	6,011,520	17.5%
Hospital outpatient use	16,156	73.0%	287,710	68.2%	21,850,439	63.7%
Imaging services	15,370	69.4%	295,186	69.9%	23,245,271	67.8%
Inpatient rehabilitation facility services	19	0.1%	1,598	0.4%	328,533	1.0%
Long term care hospital use	62	0.3%	857	0.2%	117,713	0.3%
Medicare Advantage coverage	7,178	24.5%	150,144	26.2%	15,876,676	31.6%
Part B drug services	13,311	60.1%	235,680	55.8%	17,721,835	51.7%
Physician evaluation and management use	20,369	92.0%	384,102	91.0%	30,101,306	87.8%
Physician procedures	14,719	66.5%	271,018	64.2%	20,943,047	61.1%
Skilled nursing facility use	1,683	7.6%	31,666	7.5%	1,731,949	5.1%
Test services	346,528	82.2%	346,528	82.1%	26,425,521	77.0%

1. Note: Medicare fee-for-service beneficiaries who had a covered ambulance service calculated as a percentage of the number of Medicare beneficiaries who have both Part A and Part B coverage
2. Source: Centers for Medicare & Medicaid Services (CMS) Chronic Condition Data Warehouse (CCW) on Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov)

**Table 106** - Rates of Medical Services and Events, Medicare Fee-For-Service Beneficiaries, Middlesex County, CT, and U.S., 2013

	Middlesex County	Connecticut	U.S.
Ambulatory surgical center service events	138	106	158
Dialysis visits	720	1,191	1,376
Durable medical equipment service events	1,331	1,542	1,723
Emergency department visits	739	712	646
Home health episodes	187	188	182
Hospice admissions	33	27	28
Hospital inpatient admissions	307	299	282
Hospital inpatient days	1,692	1,787	1,530
Hospital outpatient visits	5,162	4,643	4,221
Imaging service events	3,805	4,030	4,034
Inpatient rehabilitation facility admissions	1	4	11
Inpatient rehabilitation facility days	14	54	135
Long term care hospital admissions	3	2	4
Long term care hospital days	85	61	103
Physician evaluation and management events	14,956	15,414	13,316
Physician procedure events	5,139	4,857	4,612
Skilled nursing facility admissions	104	105	70
Skilled nursing facility days	2,409	2,619	1,887
Test service events	8,259	10,402	9,477

1. Note: Rates are per 1,000 Medicare beneficiaries
2. Source: Centers for Medicare & Medicaid Services (CMS) Chronic Condition Data Warehouse (CCW) and Medicare Administrative Data on Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Health Indicators Warehouse: [www.healthindicators.gov](http://www.healthindicators.gov)

## Influenza and Pneumonia Deaths:

**Table 107** - Influenza and Pneumonia Death Rates, Middlesex County, CT and U.S., 2012-2014

	Middlesex County	CT	U.S.
<b>Influenza and Pneumonia deaths</b>	<b>8.9</b>	<b>12.4</b>	<b>15.2</b>
<i>By Gender</i>			
Male	10.8	14.9	17.9
Female	7.6	10.9	13.3
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	8.8	12.6	15
White (includes Hispanic), Male	10.5	15.2	17.6
White (includes Hispanic), Female	7.6	10.9	13.2
White Non-Hispanic	8.9	12.5	15.1
White Non-Hispanic, Male	10.7	15.2	17.7
White Non-Hispanic, Female	7.7	10.8	13.4
<i>By Age, 65+</i>			
Age 65+	71.6	99.9	101.6
Age 65+, Male	74.9	102.7	106.1
Age 65+, Female	69	97.7	98
Age 65+, White (includes Hispanic)	71.2	103.5	103.4
Age 65+, White Non-Hispanic	72.2	105.5	105

1. Note: Rates are age-adjusted per 100,000 population. Influenza and pneumonia deaths from ICD-10 codes J09-J18
2. Source: National Vital Statistics System-Mortality (NVSS-M) on Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Health Indicators Warehouse ([www.healthindicators.gov](http://www.healthindicators.gov))

## Primary Care Providers and Dentists

**Table 108** - Rate of Primary Care Providers and Dentists in Middlesex County and Connecticut, 2013 and 2014

	Middlesex County	Connecticut
Primary Care Providers (2013)	91.2	122.1
Dentists (2014)	72.8	81.1

1. Note: Rates are per 100,000 population. Primary care providers measures the number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics)
2. Source: Area Health Resource File (AHRF) on Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Health Indicators Warehouse ([www.healthindicators.gov](http://www.healthindicators.gov))

## SOCIAL INDICATORS – SECONDARY DATA

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### Injury, Crime, Violence

**Table 109** - Fall Death Rates, Unintentional, Middlesex County, CT and U.S., 2012-2014

	Middlesex County	CT	U.S.
<b>Fall deaths, unintentional</b>	<b>7.8</b>	<b>8</b>	<b>8.5</b>
<i>By Gender</i>			
Male	7.6	10.4	10.5
Female	7.4	6.2	6.9
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	7.5	8.4	9.1
White (includes Hispanic), Male	7.2	10.8	10.5
White (includes Hispanic), Female	7.1	6.5	7.5
White Non-Hispanic	7.6	8.5	9.3
White Non-Hispanic, Male	7.3	11	11.3
White Non-Hispanic, Female	7.2	6.7	7.7
<i>By Age, 65+</i>			
Age 65+	64.5	60.1	57.2
Age 65+, Female	79.4	55.3	55.1
Age 65+, White (includes Hispanic)	62.6	63.6	62.4
Age 65+, White Non-Hispanic	63.5	65.7	64.6

1. Note: Rates are age-adjusted per 100,000 population. Fall deaths measured as the number of unintentional deaths from falls, ICD-10 codes W00-W19
2. Source: National Vital Statistics System-Mortality (NVSS-M) on Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov)

**Table 110 - Substantiated Unduplicated Cases of Abuse and/or Neglect (Ages 0-17), Middlesex County, 2010 and 2013**

Town	SFY 2010		SFY 2013	
	Sub. Undup. Cases	Rate/1,000	Sub. Undup. Cases	Rate/1,000
Chester	*	**	*	**
Clinton	27	9.2	22	7.5
Cromwell	17	6.2	*	**
Deep River	15	15.2	*	**
Durham	*	**	*	**
East Haddam	*	**	*	**
East Hampton	15	5.5	11	4
Essex	*	**	*	**
Haddam	*	**	*	**
Killingworth	11	6.5	*	**
Middlefield	*	**	*	**
Middletown	143	14.8	132	13.6
Old Saybrook	*	**	*	**
Portland	14	6.3	*	**
Westbrook	*	**	*	**
<b>Middlesex County</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>
<b>Connecticut</b>	<b>9,066</b>	<b>11.9</b>	<b>6,650</b>	<b>8</b>

1. \* Data suppressed for 5 or less incidents
2. \*\* Percentages were not calculated for less than five events because of the high degree of variability associated with small numbers.
3. SFY = State Fiscal Year
4. Citation: Brockmeyer, R., and Horowitz, S., (2015). Building Opportunities: Two Generations at a Time: 2015 Kids Count Data Book. Hartford, CT: Connecticut Association for Human Services (<http://cahs.org/our-state-policy-platform/kids-count/>)

**Table 111 - Family Violence by Town, Middlesex County, 2014**

Town	Family Violence Offenses	Injury Type		
		Serious Physical	Minor Physical	No Apparent Physical
Chester	9	0	3	6
Clinton	160	2	35	80
Cromwell	72	0	17	51
Deep River	15	0	2	12
Durham	19	0	4	13
East Haddam	29	0	7	18
East Hampton	82	1	24	51
Essex	13	0	5	8
Haddam	38	1	13	13
Killingworth	14	0	3	11
Middlefield	5	0	0	5
Middletown	629	11	185	304
Old Saybrook	83	2	17	43
Portland	18	0	11	6
Westbrook	13	0	5	8

Source: State of Connecticut Department of Emergency Services and Public Protection, Crime Analysis Unit, Connecticut Family Violence 2014 Detailed Report (<http://www.dpsdata.ct.gov>)

**Table 112 - Crime Rate by Town, Middlesex County, 2014**

Town	Crime Rate (Per 100,000)
Chester	405
Clinton	2,042
Cromwell	2,306
Deep River	391
Durham	358
East Haddam	694
East Hampton	540
Essex	379
Haddam	556
Killingworth	410
Middlefield	541
Middletown	2,065
Old Saybrook	1,546
Portland	717
Westbrook	769
<b>Connecticut</b>	<b>2,167</b>

Source: Connecticut Economic Resource Center (CERC) Town Profile 2016, produced by The Connecticut Data Collaborative ([https://www.cerc.com/Content/Town\\_Profiles.asp](https://www.cerc.com/Content/Town_Profiles.asp))

**Table 113 - Selected Crime Indicators by Town, Middlesex County, 2014**

Town	Aggravated Assault	Simple Assault	Drug Abuse Violations	Driving Under Influence	Juvenile Arrests (<18)
Chester	0	2	2	4	0
Clinton	4	87	82	82	53
Cromwell	4	24	5	25	27
Deep River	0	8	14	14	21
Durham	0	4	1	10	3
East Haddam	2	8	2	23	3
East Hampton	1	1	4	20	12
Essex	5	8	2	5	5
Haddam	1	14	4	21	9
Killingworth	1	4	1	4	2
Middlefield	2	1	0	15	1
Middletown	23	400	130	123	102
Old Saybrook	14	37	22	94	26
Portland	2	0	8	5	9
Westbrook	0	7	0	30	1
<b>Middlesex County</b>	<b>85</b>	<b>726</b>	<b>713</b>	<b>1,646</b>	<b>395</b>
<b>Connecticut</b>	<b>2,550</b>	<b>18,757</b>	<b>9,943</b>	<b>8,922</b>	<b>9,439</b>

Source: State of Connecticut Department of Emergency Services and Public Protection, Crime Analysis Unit, 2014 Annual Report of the Uniform Crime Reporting Program (<http://www.dpsdata.ct.gov>)

**Table 114 - Injury Deaths Rates, Middlesex County, Connecticut and U.S., 2012-2014**

	Middlesex County	Connecticut	U.S.
<b>Injury Deaths</b>	<b>52</b>	<b>51.8</b>	<b>59.2</b>
<i>By Gender</i>			
Male	71.7	74.9	84.3
Female	32.9	30.7	35.6
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	53.6	54.5	61.3
White (includes Hispanic), Male	73.5	77.9	85.6
White (includes Hispanic), Female	33.9	30.7	38
White Non-Hispanic	54.4	55.2	65
White Non-Hispanic, Male	74.6	78.1	90.2
White Non-Hispanic, Female	34.4	34.1	41.1
<i>By Age, 18-44 Years</i>			
Age 18-44	56.6	55.4	63
Age 18-44, Male	90	85.2	94.4
Age 18-44, White (includes Hispanic)	59.5	58.8	64.4
Age 18-44, White Non-Hispanic	60.3	59.9	69.9
<i>By Age, 45-64 Years</i>			
Age 45-64	59.1	57.1	70.4
Age 45-64, Male	84.6	83.5	100.3
Age 45-64, Female	34.8	32.3	41.9
Age 45-64, White (includes Hispanic)	61.4	60.3	74.2
Age 45-64, White Non-Hispanic	62.7	61	78
<i>By Age, 65+</i>			
Age 65+	130.3	130.6	122.7
Age 65+, Male	128.4	155.1	153
Age 65+, Female	131.7	112.3	99.1
Age 65+, White (includes Hispanic)	131.3	137.8	130.9
Age 65+, White Non-Hispanic	132	140.9	135.2

1. Note: Rates are age-adjusted per 100,000 population. Injury deaths measured as the number of deaths with an underlying cause of injury (ICD-10 codes \*U01-\*U03, V01-Y36, Y85-Y87, Y89)
2. Source: National Vital Statistics System-Mortality (NVSS-M) on Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov)

**Table 115 - Injury Deaths Rates, Unintentional, Middlesex County, Connecticut and U.S., 2012-2014**

	Middlesex County	Connecticut	U.S.
<b>Injury Deaths, Unintentional</b>	<b>39.7</b>	<b>38.3</b>	<b>39.6</b>
<i>By Gender</i>			
Male	56.3	54	53.5
Female	23.3	24.2	26.8
<i>By Race/Ethnicity</i>			
White (includes Hispanic)	41.1	40.8	42.2
White (includes Hispanic), Male	58.3	57.1	56.3
White (includes Hispanic), Female	23.9	25.9	28.7
White Non-Hispanic	42.1	41.5	44.7
White Non-Hispanic, Male	60.4	57.4	59.2
White Non-Hispanic, Female	23.9	26.9	30.9
<i>By Age, 18-44 Years</i>			
Age 18-44	42.4	37.9	36.8
Age 18-44, Male	72	57.2	52.8
Age 18-44, White (includes Hispanic)	45.5	42.5	40.6
Age 18-44, White Non-Hispanic	47.6	43.9	44.6
<i>By Age, 45-64 Years</i>			
Age 45-64	41.3	38.4	45
Age 45-64, Male	61.2	55.2	62.2
Age 45-64, White (includes Hispanic)	42.3	39.9	46.7
Age 45-64, White Non-Hispanic	43	40.1	48.6
<i>By Age, 65+</i>			
Age 65+	116.2	118.6	103.6
Age 65+, Male	107	134.9	118.3
Age 65+, Female	123.3	106.5	92.1
Age 65+, White (includes Hispanic)	116.5	124.8	110.2
Age 65+, White Non-Hispanic	117.1	127.8	113.7

1. Note: Rates are age-adjusted per 100,000 population. Unintentional injury deaths measured as the number of deaths caused by unintentional injury (ICD-10 codes V01-X59, Y85-Y86)
2. Source: National Vital Statistics System-Mortality (NVSS-M) on Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov)

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114 Highlights: 2013 National Healthcare Quality and Disparities Reports; U.S. Department of Health & Human Services; Agency for Healthcare Research and Quality; AHRQ Publication No. 14-0005-1 August 2014; [www.ahrq.gov/research/findings/nhqrdr/index.html](http://www.ahrq.gov/research/findings/nhqrdr/index.html).

115 Health Resources & Services Administration (HRSA), the U.S. Department of Health and Human Services; The Office of Health Equity, <http://www.hrsa.gov/about/organization/bureaus/ohe/>.

116 American Hospital Association, Association of American Medical Colleges, American College of Healthcare Executives, Catholic Health Association of the United States, and National Association of Public Hospitals and Health Systems. National Call to Action to Eliminate Health Care Disparities. Eliminating Health Care Disparities: Implementing the National Call to Action Using Lessons Learned. Chicago: Authors, February 2012.

117 World Health Organization; Health in the post-2015 development agenda: need for a social determinants of health approach Joint statement of the UN Platform on Social Determinants of Health, [http://www.who.int/social\\_determinants/advocacy/UN\\_Platform\\_FINAL.pdf](http://www.who.int/social_determinants/advocacy/UN_Platform_FINAL.pdf).

118 Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, N.Y., 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

119 Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion, Paper 2 (Policy and Practice), Geneva, World Health Organization, 2010.

120 CDC Brennan Ramirez LK, Baker EA, Metzler M. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.

121 Robert Wood Johnson Foundation/ From Vision to Action: A Framework and Measures to Mobilize a Culture of Health. Copyright 2015. <http://www.rwjf.org/>.

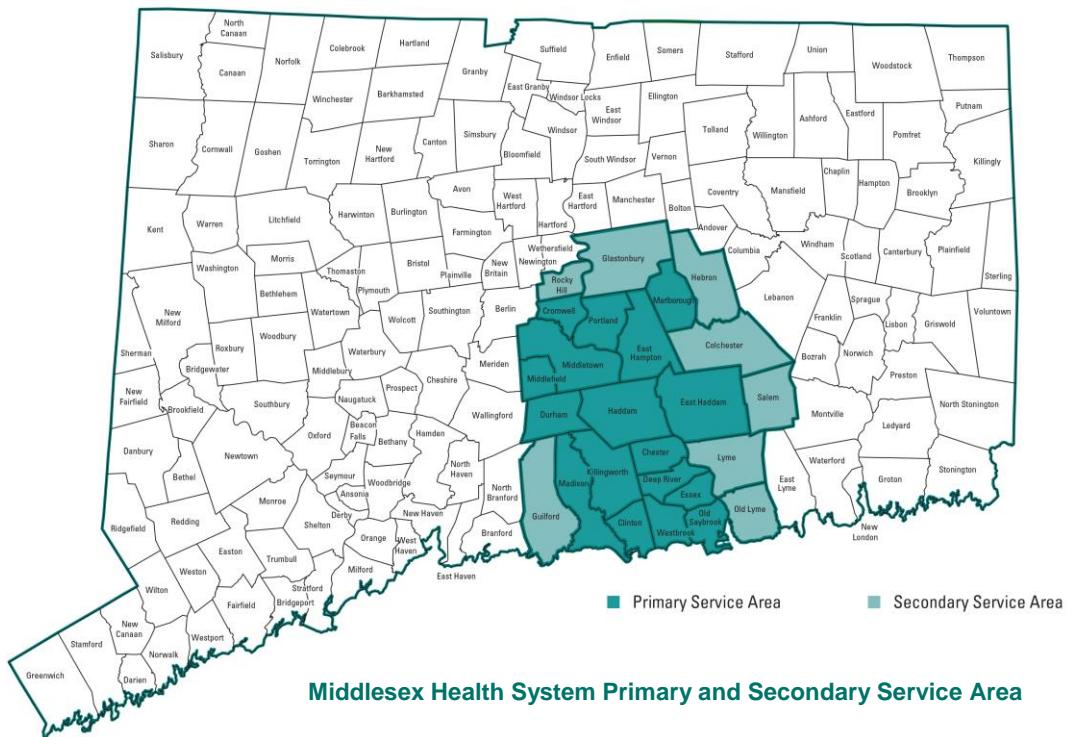
## Part II

Appendix

DataHaven Crosstabs (Selection)

Community Assets and Resources

## APPENDIX



**Table A1 - Community Health Needs Assessment Advisory Committee**

Member Name and Organization	
Rosa Browne, MSM, MPH, CHES State NAACP: Officer Treasurer & Health Committee Vice-Chair; Middlesex County NAACP Branch: President	State of Connecticut NAACP Middlesex County Branch of the NAACP
Louis Carta, MA, Community Health Educator	Middletown Health Department
Betsey S. Chadwick, Director	Middlesex County Substance Abuse Action Council
Reema Chapatwala, Intern	Middlesex Hospital
Justin Drew MSN, RN, Director, Cancer Center	Middlesex Hospital
Lisa Fasulo, Director of Health/Registered Sanitarian	Essex Health Department
Erin Gallagher, Intern	Middlesex Hospital
Vickie Han, Public Health Nurse	Chatham Health District
Yvette Highsmith Francis, Vice President, Eastern Region	Community Health Center, Inc.
Paul Hutcheon, Director of Health	Town of Killingworth
William Milardo Jr, RS, Assistant Health Officer/Sanitarian	Durham Health Department
Don Mitchell, MPH, RS, Director of Health	Chatham Health District
James Monopoli, MPH, Director of Health	Connecticut River Area Health District
Catherine Rees, MPH, Director, Community Benefit	Middlesex Hospital
Rachel Sadlon, Project Manager	Middletown Safe Schools/Healthy Students Initiative; Middlesex Hospital Intern

**Table A2** - Mobility and Transiency in Middlesex County, CT, and U.S., 2010-2014

	Middlesex County	CT	U.S.
Moved from outside U.S. (in past year)	0.3%	0.7%	0.6%
Moved, different state (in past year)	1.9%	2.2%	2.3%
Moved, different county this state (in past year)	3.3%	1.9%	3.2%
Moved, same county (in past year)	5.2%	7.4%	9.0%
Haven't moved (in past year)	89.3%	87.8%	85.0%

Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, "Demographic Data for Connecticut," retrieved from State Cancer Profiles (statecancerprofiles.cancer.gov)

**Table A3** - Median Age by Town, Middlesex County, 2010-2014

Town	Median Age
Chester	51
Clinton	44
Cromwell	45
Deep River	46
Durham	44
East Haddam	43
East Hampton	42
Essex	53
Haddam	45
Killingworth	49
Middlefield	45
Middletown	37
Old Saybrook	50
Portland	45
Westbrook	49
<b>Middlesex County</b>	<b>44</b>
<b>Connecticut</b>	<b>40</b>
<b>U.S.</b>	<b>37</b>

1. Source 1: Connecticut Economic Resource Center (CERC) Town Profile 2016, produced by The Connecticut Data Collaborative; [https://www.cerc.com/Content/Town\\_Profiles.asp](https://www.cerc.com/Content/Town_Profiles.asp)
2. Source 2: U.S. Census Bureau, Demographic and Housing Estimates 2010-2014 American Community Survey 5-Year Estimates.

**Table A4** - Veteran Status by Town, Middlesex County, 2010-2014

Town	Number	%
Chester	419	12.3%
Clinton	993	9.5%
Cromwell	927	8.1%
Deep River	398	11.0%
Durham	295	5.3%
East Haddam	674	9.6%
East Hampton	1,049	10.5%
Essex	614	11.6%
Haddam	436	6.8%
Killingworth	515	9.9%
Middlefield	288	8.3%
Middletown	2,947	7.6%
Old Saybrook	952	11.8%
Portland	717	9.4%
Westbrook	596	10.3%
<b>Connecticut</b>	<b>209,882</b>	<b>7.5%</b>

Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014, retrieved from The Connecticut Data Collaborative, 2016 (ctdata.org)

**Table A5a** - Languages Spoken in Middletown and Middlesex County, 2010-2014

	Middletown	Middlesex County
<b>Total</b>	45,045	157,825
Speak only English	37,435	141,536
Spanish or Spanish Creole	2,725	5,731
Speak English "very well"	2,036	4,166
Speak English less than "very well"	689	1,565
French (incl. Patois, Cajun):	232	915
Speak English "very well"	232	816
Speak English less than "very well"	0	99
French Creole:	87	189
Speak English "very well"	62	122
Speak English less than "very well"	25	67
Italian:	1,051	1,808
Speak English "very well"	690	1,280
Speak English less than "very well"	361	528
Portuguese or Portuguese Creole:	261	775
Speak English "very well"	168	455
Speak English less than "very well"	93	320
German:	102	491
Speak English "very well"	102	430
Speak English less than "very well"	0	61
Yiddish:	17	24
Speak English "very well"	17	24
Speak English less than "very well"	0	0
Other West Germanic languages:	69	128
Speak English "very well"	69	128
Speak English less than "very well"	0	0
Scandinavian languages:	25	107
Speak English "very well"	25	95
Speak English less than "very well"	0	12
Greek:	42	250
Speak English "very well"	16	147
Speak English less than "very well"	26	103
Russian:	84	163
Speak English "very well"	62	118
Speak English less than "very well"	22	45
Polish:	723	1,393
Speak English "very well"	451	972
Speak English less than "very well"	272	421

Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014

**Table A5b** - Languages Spoken in Middletown and Middlesex County, 2010-2014 (continued)

	Middletown	Middlesex County
Serbo-Croatian:	16	212
Speak English "very well"	15	128
Speak English less than "very well"	1	84
Other Slavic languages:	23	54
Speak English "very well"	23	54
Speak English less than "very well"	0	0
Persian:	7	7
Speak English "very well"	7	7
Speak English less than "very well"	0	0
Gujarati:	151	227
Speak English "very well"	60	105
Speak English less than "very well"	91	122
Hindi:	28	179
Speak English "very well"	0	151
Speak English less than "very well"	28	28
Urdu:	114	405
Speak English "very well"	103	394
Speak English less than "very well"	11	11
Other Indic languages:	232	379
Speak English "very well"	86	194
Speak English less than "very well"	146	185
Other Indo-European languages:	102	179
Speak English "very well"	66	128
Speak English less than "very well"	36	51
Chinese:	441	691
Speak English "very well"	341	450
Speak English less than "very well"	100	241
Japanese:	18	39
Speak English "very well"	18	33
Speak English less than "very well"	0	6
Korean:	44	236
Speak English "very well"	44	122
Speak English less than "very well"	0	114
Mon-Khmer, Cambodian:	64	227
Speak English "very well"	39	121
Speak English less than "very well"	25	106
Thai:	59	80
Speak English "very well"	52	58
Speak English less than "very well"	7	22

Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014

**Table A5c** - Languages Spoken in Middletown and Middlesex County, 2010-2014 (continued)

	Middletown	Middlesex County
Laotian:	0	17
Speak English "very well"	0	17
Speak English less than "very well"	0	0
Vietnamese:	93	181
Speak English "very well"	87	136
Speak English less than "very well"	6	45
Other Asian languages:	290	323
Speak English "very well"	246	279
Speak English less than "very well"	44	44
Tagalog:	151	415
Speak English "very well"	73	279
Speak English less than "very well"	78	136
Other Pacific Island languages:	10	22
Speak English "very well"	10	22
Speak English less than "very well"	0	0
Hungarian:	0	54
Speak English "very well"	0	54
Speak English less than "very well"	0	0
Arabic:	150	157
Speak English "very well"	11	11
Speak English less than "very well"	139	146
Hebrew:	18	50
Speak English "very well"	18	50
Speak English less than "very well"	0	0
African languages:	181	181
Speak English "very well"	157	157
Speak English less than "very well"	24	24

Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Data, 2010-2014

**Table A6** - Child Race and Hispanic Origin by Town, Middlesex County, 2009-2013

	White		Black		Asian		Other		2+ Ethnicities		Hispanic	
	ACS	ACS 2005- 13	ACS	ACS 2005- 13	ACS	ACS 2005- 13	ACS	ACS 2005- 13	ACS	ACS 2005- 13	ACS	ACS 2005- 13
	2005- 9	2009- 13	2005- 9	2009- 13	2005- 9	2009- 13	2005- 9	2009- 13	2005- 9	2009- 13	2005- 9	2009- 13
Chester	93.6%	97.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.4%	2.8%	4.6%	8.6%
Clinton	93.3%	92.8%	0.0%	0.0%	1.1%	3.7%	3.8%	2.6%	1.8%	0.9%	7.4%	7.3%
Cromwell	87.3%	85.2%	4.6%	10.6%	2.2%	2.9%	1.9%	0.4%	4.0%	0.9%	4.3%	4.7%
Deep River	79.0%	91.8%	9.8%	4.4%	0.0%	3.8%	9.3%	0.0%	1.9%	0.0%	10.9%	1.5%
Durham	96.9%	96.8%	0.8%	0.7%	0.0%	0.0%	2.2%	0.0%	0.0%	2.5%	14.8%	8.8%
East Haddam	97.4%	95.5%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	1.3%	4.5%	11.9%	3.4%
East Hampton	98.2%	91.1%	0.4%	0.3%	1.0%	2.6%	0.0%	3.2%	0.4%	2.9%	0.7%	10.6%
Essex	95.5%	95.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.5%	5.0%	0.0%	1.4%
Haddam	93.3%	91.5%	0.9%	0.0%	0.0%	2.7%	0.0%	0.0%	5.8%	5.8%	5.0%	3.3%
Killingworth	95.6%	81.8%	0.0%	0.0%	4.4%	2.1%	0.0%	2.0%	0.0%	14.0%	5.1%	6.9%
Middlefield	85.9%	92.7%	8.7%	0.0%	0.0%	7.3%	1.3%	0.0%	4.1%	0.0%	11.5%	1.8%
Middletown	66.2%	56.6%	16.1%	20.2%	5.8%	5.5%	5.1%	3.4%	6.8%	14.2%	6.7%	17.9%
Old Saybrook	88.2%	91.3%	0.0%	0.0%	2.2%	3.0%	1.9%	1.1%	7.7%	4.6%	2.4%	1.5%
Portland	94.0%	93.1%	0.5%	1.6%	1.2%	3.0%	2.0%	0.0%	2.2%	2.4%	4.7%	5.4%
Westbrook	96.3%	94.4%	0.0%	0.0%	1.0%	1.4%	2.7%	3.5%	0.0%	0.6%	9.1%	6.6%
<b>Middlesex County</b>	85.8%	83.3%	5.4%	6.0%	2.4%	3.1%	2.7%	1.6%	3.8%	5.9%	6.3%	8.6%
<b>Connecticut</b>	72.6%	67.2%	12.8%	13.4%	4.0%	4.9%	5.7%	7.9%	4.9%	6.5%	16.7%	20.3%

1. Citation: Brockmeyer, R., and Horowitz, S., (2015). Building Opportunities: Two Generations at a Time: 2015 Kids Count Data Book. Hartford, CT: Connecticut Association for Human Services (<http://cahs.org/our-state-policy-platform/kids-count/>)
2. Original Source: U.S. Census Bureau, American Community Survey (ACS) 2005-2009, 2009-2013

**Table A7** - Temporary Family Assistance (TFA) –  
Child Recipients, by Town, Middlesex County,  
2010 and 2013

	Recipients under 18	Recipients under 18
	SFY 2010	SFY 2013
Chester	*	7
Clinton	32	25
Cromwell	29	21
Deep River	*	*
Durham	*	*
East Haddam	8	7
East Hampton	28	22
Essex	*	*
Haddam	6	11
Killingworth	*	*
Middlefield	*	10
Middletown	359	280
Old Saybrook	15	8
Portland	24	21
Westbrook	10	*
<b>Middlesex County</b>	<b>528</b>	<b>412</b>
<b>Connecticut</b>	<b>27,464</b>	<b>23,890</b>

1. \* Data suppressed for 5 or less participants, including towns reporting "0" per DSS.
2. SFY = State Fiscal Year
3. Citation: Brockmeyer, R., and Horowitz, S., (2015). Building Opportunities: Two Generations at a Time: 2015 Kids Count Data Book. Hartford, CT: Connecticut Association for Human Services (<http://cahs.org/our-state-policy-platform/kids-count/>)

**Appendix A8** – Middlesex Hospital Participation in Community Health Needs Assessment

Name	Department
Catherine Rees, MPH, Director, Community Benefit	Community Benefit
Rachel Sadlon, Intern	Community Benefit
Reema Chapatwala, Intern	Community Benefit
Erin Gallagher, Intern	Administration
Andrew LeBlanc, Manager, Decision Support Services & Revenue Cycle Analytics	Finance
Maggie Peterson, Graphic Design Associate	Marketing
Peg Arico, MA, Director, Public Relations & Communications	Public Relations

**Appendix A9a** – Community Organizations that Opted to be Recognized as Participating in the Key Informant Survey

Community Organizations
City of Middletown Common Council
Community Health Center, Inc., Middletown
Community Renewal Team, Inc.
Connecticut Valley Hospital
Constellation Health Services
Deep River Social Services
Durham Health Department
East Haddam Ambulance
East Haddam Public Schools
Estuary Council of Seniors
Food and Movement Therapy
Killingworth Family Pharmacy
Killingworth Public Health Agency
Liberty Bank
Liberty Bank Foundation
Middlesex County Branch of the National Association for the Advancement of Colored People (MCNAACP)
Middlesex Hospital Patient and Family Advisory Council (PFAC)
Middlesex United Way
Middletown Board of Education
Middletown Public Schools
Middletown School Health Services
Northern Middlesex YMCA
Portland Fire Department
ProHealth Physicians
St. Luke's Community Services
St. Vincent de Paul Middletown
Town of Killingworth
VNA Community Healthcare
Westbrook School District

Note: CHNA Advisory Committee members (including public health directors) were not given the survey to complete

**Appendix A9b** – Middlesex Hospital Departments that Opted to be Recognized as Participating in the Key Informant Survey

Middlesex Hospital Departments
Administration
Cancer Center
Cardiology and Heart Care Services
Center for Behavioral Health, Family Advocacy Program
Center for Behavioral Health
Center for Chronic Care Management
Center for Professional Development
Critical Care Unit
Emergency Department
Emergency Medical Services
Family Medicine Group
Homecare
Human Resources Department
Infection Prevention
Quality Improvement
Nursing Administration
Radiology Department
Paramedic Services
Middlesex Hospital Primary Care
Pulmonary Medicine
Shoreline Emergency Center

**Appendix A10 – Middlesex Hospital Participation in Cancer Center Needs Assessment Completion**

Name	Department
Justin Drew MSN, RN, Director	Cancer Center
Kathleen Gould-Mitchell, RHIA CTR, Supervisor Cancer Registry	Cancer Center
Katharine Conroy, BSPH, Health Education & Grants Coordinator	Cancer Center
Catherine Rees, MPH, Director	Community Benefit
Rachel Sadlon, Intern	Community Benefit
Reema Chapatwala, Intern	Community Benefit

**Appendix A11a – Definitions of Acronyms**

Acronym	Definition
ACA	Patient Protection and Affordable Care Act (i.e., PPACA, Affordable Care Act, “Obamacare”)
ACS	American Community Survey, administered by the U.S. Census Bureau
AHRF	Area Health Resource File, national, state and county health resources information database under the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA)
ALICE	“Asset Limited, Income Constrained, Employed,” to describe the growing number of individuals and families who are working, but are unable to afford the basic necessities of housing, food, child care, health care, and transportation, developed by the United Way
AOA	Administration on Aging, under the U.S. Department of Health and Human Services (HHS), Administration for Community Living (ACL)
BRFSS	Behavioral Risk Factor Surveillance System
CAHS	Connecticut Association of Human Services
CAN	Coordinated Access Network, a single access point for people facing housing crises, run by Connecticut’s 2-1-1 Infoline and website
CCEH	Connecticut Coalition to End Homelessness
CDC	Centers for Disease Control and Prevention, under the U.S. Department of Health and Human Services (HHS)
CE	Consumer Expenditure Survey, administered by the U.S. Bureau of Labor Statistics (BLS)
CERC	Connecticut Economic Resource Center
CHNA	Community health needs assessment
COPD	Chronic obstructive pulmonary disease, which includes chronic bronchitis and emphysema
CSDE	Connecticut State Department of Education
CT-ORH	Connecticut State Office of Rural Health
CTR	Connecticut Tumor Registry, funded by the National Cancer Institute’s (NCI) Surveillance, Epidemiology and End Results (SEER) Program
CTSDC	Connecticut State Data Center at the University of Connecticut, serving as the State’s lead agency in the U.S. Census Bureau’s State Data Center Program
CY	Calendar year (January 1 to December 31)
DSS	Connecticut State Department of Social Services
FPL	Federal poverty level, issued annually in the Federal Register by the U.S. Department of Health and Human Services (HHS)
FRPL	Free- or Reduced-Price Lunch through the National School Lunch Program (NSLP), eligible for families earning at or below Income Eligibility Guidelines or receiving Supplemental Nutrition Assistance Program (SNAP) benefits

**Appendix A11b – Definitions of Acronyms (continued)**

Acronym	Definition
GED	General Educational Development, tests and certification that demonstrate high school-level academic skills
HIV	Human immunodeficiency virus, if left untreated can lead to the disease AIDS (acquired immunodeficiency syndrome)
HH	Household, defined as all of the people who occupy a housing unit by the U.S. Census Bureau
HHS	U.S. Department of Health and Human Services
HS	High school
HUD	U.S. Department of Housing and Urban Development
ICD-10-CM	International Classification of Diseases, Tenth Revision, developed by the World Health Organization (WHO) and modified by the National Center for Health Statistics (NCHS) under the U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) to code and classify clinical diagnoses
IHI	Institute for Healthcare Improvement
LGBT	Lesbian, gay, bisexual, and transgender
MW	Minimum wage, contained in the Fair Labor Standards Act (FLSA) under the U.S. Department of Labor (DOL); MW is \$9.60 per hour in Connecticut (effective January 1, 2016) and \$7.25 per hour in U.S (effective July 24, 2009)
NCHS	National Center for Health Statistics, under the U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC)
NIMH	National Institute of Mental Health, part of the National Institutes of Health (NIH), under the U.S. Department of Health and Human Services
NPCR	National Program of Cancer Registries under the U.S. Department Health and Human Services, Centers for Disease Control and Prevention (CDC)
NVSS	National Vital Statistics System data collection system under the U.S. Department Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS)
OHE	Office of Health Equity, under the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA)
OMHS	Office of Minority Health, under the U.S. Department of Health and Human Services (HHS)
PIT count	Point-in-Time count, of sheltered and unsheltered homeless persons on a single night
PTSD	Post-traumatic stress disorder
RAP	Rental Assistance Program, a state-supported program for assisting very low-income families to afford safe housing, administered by the Connecticut Department of Housing (DOH)
RWJF	Robert Wood Johnson Foundation
SAHIE	Small Area Health Insurance Estimates for counties and states, by the U.S. Census Bureau
SAMHSA	U.S. Substance Abuse and Mental Health Services Administration, under the U.S. Department of Health and Human Services (HHS)
SES	Socioeconomic status
SFY	State fiscal year (July 1 to June 30)
SNAP	Supplemental Nutrition Assistance Program, formerly known as the Food Stamp Program, administered in Connecticut by the State Department of Social Services (DSS)
SY	School year
USDA	U.S. Department of Agriculture
WHO	World Health Organization

## DATAHAVEN

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This section includes the following from the 2015 DataHaven Community Wellbeing Survey: 1) Nature of the sample for Middletown and Middlesex County age 18 or older; 2) The survey questions; 3) Middletown, Middlesex County and Connecticut sample size and margin of error estimates; and 4) A selection of Middletown and Middlesex County disaggregated crosstabs, benchmarked against the state of Connecticut. The crosstabs included in this report highlight specific health indicators and social determinants of health. The full set of crosstabs for Middletown and Middlesex County (in addition to all the Connecticut towns and counties where the 2015 DataHaven Community Wellbeing survey was administered) can be found at <http://www.ctdatahaven.org/>. Middletown and Middlesex County crosstabs are also posted on the Middlesex Hospital website at <https://middlesexhospital.org/middlesex-and-the-community/serving-our-community/community-health-needs-assessment>. For any DataHaven related questions, please contact DataHaven at (203) 500-7059.

**Table A12a** – Nature of the Sample: 2015 DataHaven Community Wellbeing Survey, Middletown Residents Age 18 or Older

Nature of the Sample	%
Gender	
Male	48%
Female	52%
Age	
18 to 49	58%
50 and older	37%
Race/Ethnicity	
White	82%
Non-White	16%
Education	
High school or less	23%
Some college or Associate's degree	35%
Bachelor's degree or higher	41%
Income	
Less than \$30,000	15%
\$30,000 to \$75,000	34%
\$75,000 or more	39%
Children in Household	
Yes	35%
No	64%

**Table A12b** – Nature of the Sample: 2015 DataHaven Community Wellbeing Survey, Middlesex County Residents Age 18 or Older

Nature of the Sample	%
Gender	
Male	48%
Female	52%
Age	
18 to 34	22%
35 to 49	27%
50 to 64	27%
65 and older	19%
Race/Ethnicity	
White	90%
Non-White	11%
Education	
High school or less	19%
Some college or Associate's degree	34%
Bachelor's degree or higher	46%
Income	
Less than \$30,000	13%
\$30,000 to \$75,000	27%
\$75,000 or more	42%
Children in Household	
Yes	34%
No	65%

1. Note: For this survey, white is defined as non-Hispanic white; therefore, anyone who identified as Hispanic or Latino would be in the non-white category.
2. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A13a – 2015 DataHaven Community Wellbeing Survey Questions**

<b>Q#</b>	<b>Survey Questions</b>
Q1.	Are you satisfied with the city or area where you live?
Q2.	As a place to live, is the city or area where you live getting much better, getting somewhat better, remaining about the same, getting somewhat worse or getting much worse? <i>Now I'm going to ask you to think about some aspects of life in your city or area. For each of the following, I'd like you to rate that part of life in your area as excellent, good, fair, poor or let me know if you simply don't know enough in order to say</i>
Q3A.	How responsive local government is to the needs of residents
Q3B.	The availability of the goods and services that meet your needs
Q3C.	The job done by the police to keep residents safe
Q3D.	The ability of residents to obtain suitable employment
Q3E.	As a place to raise children
Q3F.	The condition of public parks and other public recreational facilities
Q4.	Over the past 12 months, have you volunteered for or through an organization or helped out as a volunteer to address needs in your community?
Q5.	How would you describe your ability to influence local-government decision making? Would you say that you have great influence, moderate influence, a little influence, or no influence at all?
Q6.	Are you registered to vote?
Q7.	During the past 12 months, how often have you utilized arts and cultural resources within the area, such as concerts, museums or cultural events?
Q8.	Do you have access to a car when you need it? Would you say you have access...
Q9.	How long have you lived at your current address? Would that be...
Q10.	Do you own your home, rent, or something else?
Q11.	(If rent) Do you live in a subsidized apartment or are you receiving rental assistance through either a state or federal program?
Q12.	When you think about your present residence, would you say you are very satisfied, somewhat satisfied, somewhat unsatisfied, or very unsatisfied with its affordability?
Q13.	Thinking ahead 10 years from now, do you think that you will be living in the exact same house or apartment that you live in now or not?
Q14.	(If don't think they will be living in same house/apartment in 10 years) 10 years from now, do you think that you will own a home, rent an apartment, or be living in some other setting?
Q15.	(If don't think they will be living in same house/apartment in 10 years and plan to own a home) When do you think you will be in the market to purchase a home?
	<i>The next group of questions is about your neighborhood, that is, the area around your home that you could walk to in 10 or 15 minutes or that area you consider to be your neighborhood. How much do you agree or disagree with each of the following statements about your neighborhood? Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?</i>
Q16A.	Many stores, banks, markets or places to go are within easy walking distance of my home.
Q16B.	There are safe sidewalks and crosswalks on most of the streets in my neighborhood.
Q16C.	There are places to bicycle in or near my neighborhood that are safe from traffic, such as on the street or on special lanes, separate paths or trails.
Q16D.	My neighborhood has several free or low cost recreation facilities such as parks, playgrounds, public swimming pools, etc.
Q16E.	I do not feel safe to go on walks in my neighborhood at night.
Q16F.	People in this neighborhood can be trusted.
Q16G.	Children and youth in my town generally have the positive role models they need around here.
Q17.	If the fire station closest to your home was going to be closed down by your city or town, How likely is it that neighborhood residents would organize to try to do something to keep the fire station open?

Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A13b – 2015 DataHaven Community Wellbeing Survey Questions (continued)**

Q#	Survey Questions
Q18.	The next set of questions are about your health. How would you rate your overall health, would you say your health is excellent, very good, good, fair or poor?
Q19.	Overall, how satisfied are you with your life nowadays?
Q20.	Overall, how happy did you feel yesterday?
Q21.	Overall, how anxious did you feel yesterday?
Q22.	Overall, to what extent do you have the time you need to do things that you really enjoy? <i>Have you ever been told by a doctor or health professional that you have any of the following conditions?</i>
Q23A.	High blood pressure or hypertension
Q23B.	High cholesterol
Q23C.	Diabetes
Q23C1.	(If have diabetes) A test of 'A one C' measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for 'A one C'?
Q23D.	Heart disease or have you ever had a heart attack
Q23E.	Asthma
Q23E1.	(If have asthma) During the past 30 days, how often have you used a prescription asthma inhaler during an asthma attack to stop it?
Q23F.	That you experienced a Stroke
	BMI (Based on Q24 height and Q25 weight)
Q26.	Do you have health insurance?
Q27.	(If have health insurance) What type of health insurance do you have?
Q28.	During the past 12 months, was there any time when you didn't get the medical care you needed?
Q29.	And was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?
	(If did not get or postponed medical care needed during the past 12 months) Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons?
Q30A.	You were worried about the cost
Q30B.	The doctor or hospital wouldn't accept your health insurance
Q30C.	Your health plan wouldn't pay for the treatment
Q30D.	You couldn't get an appointment soon enough
Q30E.	You couldn't get there when the doctor's office or clinic was open
Q30F.	You were too busy with work or other commitments to take the time
Q30G.	You didn't think the problem was serious enough
Q30O.	Any other reason?
Q31.	During the past 12 months, was there any time you needed prescription medicines but didn't get them because you couldn't afford it?
Q32.	Do you have one person or place you think of as your personal doctor or health care provider?
Q33.	(If do not have personal doctor/health care provider) Is that because you have more than one personal doctor, or none at all?
Q34.	In the past 12 months, how many times did you receive care in a hospital emergency room?
Q35.	When was the last time you were seen by a dentist, was it..
Q36.	During the last month, how often have you been bothered by feeling down, depressed, or hopeless? <i>Would you say...</i>
Q37.	Do you have relatives or friends who you can count on to help you when you need them or not?
Q38.	In an average week, how many days per week do you exercise?
Q39.	In the past 12 months, have you ever felt like you needed to cut down on your drinking or drug use?

Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A13c – 2015 DataHaven Community Wellbeing Survey Questions (continued)**

Q#	Survey Questions
Q40.	Have you smoked at least 100 cigarettes in your entire life? [100 cigarettes = approximately 5 packs]
Q41.	(If smoked 100 cigarettes) Do you currently smoke cigarettes every day, some days or not at all?
Q42.	(If currently smoke every day or some days) During the past 12 months, have you stopped smoking cigarettes for 24 hours or longer because you were trying to quit?
Q43.	Have you ever tried using vapor or vape pens, electronic cigarettes or E-cigarettes (such as blu, Vuse), even just one time in your entire life?
Q44.	(If tried electronic cigarettes) During the past 30 days, on how many days did you use these?
Q45.	How well would you say you are managing financially these days? Would you say you are...
Q46.	Think of your parents when they were your age. Would you say you are better off financially than they were or not?
Q47.	If you lost all your current sources of household income, including your paycheck, public assistance, or other forms of income, about how long do you think you could continue to live as you live today?
Q48.	Have you had a paid job in the last 30 days?
Q49.	(If did not have paid job in last 30 days but would like to work) For how long have you not had a paid job?
Q50.	(If had paid job in last 30 days) During this time, has your job been full time or part time?
Q51.	(If had paid part-time job in last 30 days) Are you working part-time by choice, or would you rather have a full-time job?
Q52.	(If had paid job in last 30 days) In total, how many hours per week do you work at paying jobs?
Q53.	(If had paid job in last 30 days) Over the past 5 years, was there ever a time when you were out of work and looking for a job?
Q54.	(If had paid job in last 30 days and was out of work and looking over the last 5 years) Does your current job pay more, less, or about the same as your last job?
Q55.	(If had paid job in last 30 days) Do you feel you have both the education and training necessary to get ahead in your job or career, or do you need either more education or training?
Q56.	(If did not have paid job in last 30 days but would like to work) Do you feel you have both the education and training necessary to get the kind of job you want, or do you need either more education or training?
Q57.	What is your primary means of transportation to work, school, or the place where you spend most of your time outside of home?
Q58.	(If had paid job in last 30 days) How many minutes does it usually take to get from home to work one way?
Q59.	What is your marital status?
Q60.	How many children under the age of 18 are living in household?
Q61.	(If have children under age of 18 in household) How many children living in the household have not yet started Kindergarten?
Q62.	What is the number of adults, 18 and older (including yourself) living in the household?
Q63.	Which of these devices do you have?
	<i>I'm going to read a list of things that you may or may not have experienced in the past 12 months, that is, since &lt;month&gt; 2014. Please let me know if any of these things happened to you, or not.</i>
Q64.	Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?
Q65.	(If did not have enough money to buy food) How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?
Q66.	In the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family?

Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A13d – 2015 DataHaven Community Wellbeing Survey Questions (continued)**

<b>Q#</b>	<b>Survey Questions</b>
Q67.	In the past 12 months, did you stay home when you needed or wanted to go someplace because you had no access to reliable transportation?
Q68.	In the last 12 months, have you held a checking or savings account?
Q69.	In the last 12 months, have you obtained any of the following financial products from somewhere that wasn't a bank, such as a money order, check cashing, refund anticipation loans, rent-to-own services, pawn shop loans, or auto title loans?
Q70.	In the past 12 months, have you had anyone deliberately vandalize, try to steal, or steal any property that you own, or anyone attempt to break into your home?
Q71.	In the past 12 months, have you had an experience in which someone attacked you, tried to take something from you by force, or physically threatened you?
Q80.	Is English the primary language spoken in your home?
Q82.	Were you born in United States?
Q84.	(If not born in United States) How many years have you lived in the United States?

1. Note: a selection of questions are not included here as they depended on a 'yes" answer to specific questions, which prompt further questions
2. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A14a** – DataHaven, Sample Size and Margin of Error Estimates, Connecticut and Middletown

				Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
		CT	Middle - town	M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Sample Size (Weighted)		16,219	300	143	157	173	111	247	64	68	106	123	46	101	118	192	104
Margin of Error by Estimate		1.1%	8.3%	12.7%	11.0%	20.2%	6.8%	8.9%	22.6%	15.5%	17.3%	11.6%	16.6%	16.1%	15.6%	8.8%	20.1%

Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A14b** – DataHaven, Sample Size and Margin of Error Estimates, Connecticut and Middlesex County

				Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
		CT	Mdsx County	M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Sample Size (Weighted)		16,219	652	314	338	143	176	179	121	585	70	124	218	301	84	178	270	423	221
Margin of Error by Estimate		1.1%	5.1%	7.4%	6.9%	23.1%	12.8%	7.7%	6.2%	5.5%	11.9%	9.1%	10.3%	7.3%	12.4%	9.5%	9.0%	5.6%	11.3%

Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A15a – The ability of residents to obtain suitable employment, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Excellent	6%	8%	9%	8%	11%	6%	10%	3%	3%	18%	4%	17%	3%	12%	11%	4%
Good	30%	33%	33%	33%	36%	29%	35%	42%	37%	21%	42%	11%	30%	45%	29%	41%
Fair	31%	31%	36%	26%	27%	36%	30%	31%	35%	28%	32%	23%	37%	27%	32%	27%
Poor	19%	13%	12%	15%	11%	17%	13%	12%	11%	20%	8%	22%	19%	3%	12%	15%
Don't know	14%	14%	10%	19%	15%	12%	12%	12%	14%	14%	15%	28%	11%	13%	15%	13%

1. Sample size: n = 300, Middletown; n = 16,219, CT
2. Question 3D on DataHaven Survey, framed by instructions by interviewer: *Now I'm going to ask you to think about some aspects of life in your city or area. For each of the following, I'd like you to rate that part of life in your area as excellent, good, fair, poor or let me know if you simply don't know enough in order to say*
3. Don't know = Don't know enough about it in order to say (full answer)
4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A15b – The ability of residents to obtain suitable employment, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Excellent	6%	5%	5%	4%	11%	2%	4%	3%	5%	3%	2%	7%	4%	5%	6%	5%	4%	6%
Good	30%	30%	31%	30%	28%	38%	27%	27%	31%	31%	30%	25%	35%	9%	22%	41%	24%	43%
Fair	31%	34%	37%	31%	29%	32%	37%	35%	34%	31%	33%	38%	31%	29%	41%	33%	36%	29%
Poor	19%	16%	16%	16%	15%	17%	20%	11%	16%	22%	20%	14%	16%	24%	19%	11%	17%	14%
Don't know	14%	15%	11%	18%	17%	11%	9%	24%	15%	13%	14%	16%	14%	33%	12%	9%	18%	9%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT
2. Question 3D on DataHaven Survey, framed by instructions by interviewer: *Now I'm going to ask you to think about some aspects of life in your city or area. For each of the following, I'd like you to rate that part of life in your area as excellent, good, fair, poor or let me know if you simply don't know enough in order to say*
3. Don't know = Don't know enough about it in order to say (full answer)
4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A16a – How would you describe your ability to influence local-government decision making? Would you say that you have great influence, moderate influence, a little influence, or no influence at all?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Great influence	4%	7%	9%	4%	7%	7%	7%	9%	6%	7%	7%	5%	4%	11%	6%	7%
Moderate influence	23%	27%	30%	25%	31%	21%	22%	50%	29%	23%	31%	25%	36%	20%	26%	30%
A little influence	33%	28%	22%	33%	22%	37%	28%	15%	21%	19%	38%	16%	21%	36%	25%	33%
No influence at all	36%	35%	34%	37%	36%	33%	39%	25%	43%	46%	21%	55%	39%	26%	40%	27%
Don't know	3%	3%	5%	1%	4%	2%	4%	1%	1%	5%	3%	0%	0%	7%	4%	2%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 5 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A16b – How would you describe your ability to influence local-government decision making? Would you say that you have great influence, moderate influence, a little influence, or no influence at all?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Great influence	4%	5%	4%	6%	3%	5%	6%	6%	5%	8%	5%	3%	7%	7%	4%	6%	4%	7%
Moderate influence	23%	23%	23%	24%	28%	15%	22%	28%	22%	30%	16%	24%	27%	20%	24%	21%	23%	23%
A little influence	33%	34%	35%	34%	31%	37%	39%	27%	34%	33%	24%	31%	41%	26%	24%	45%	31%	40%
No influence at all	36%	34%	33%	35%	33%	39%	31%	37%	35%	28%	52%	40%	22%	47%	45%	23%	39%	25%
Don't know	3%	3%	5%	1%	5%	4%	2%	1%	4%	1%	4%	3%	3%	0%	3%	5%	3%	5%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 5 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A17a – Do you have access to a car when you need it? Would you say you have access...Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Very often	85%	89%	91%	87%	90%	86%	92%	85%	81%	87%	95%	55%	96%	97%	87%	93%
Fairly often	4%	2%	1%	4%	2%	4%	3%	1%	3%	1%	3%	6%	0%	3%	3%	2%
Sometimes	5%	4%	4%	4%	3%	5%	2%	3%	4%	7%	1%	16%	3%	0%	6%	1%
Almost never	1%	1%	1%	0%	1%	1%	0%	2%	2%	1%	0%	5%	0%	0%	1%	0%
Never at all	5%	4%	4%	5%	4%	4%	3%	10%	10%	3%	1%	18%	0%	0%	4%	4%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 8 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A17b – Do you have access to a car when you need it? Would you say you have access...Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Very often	85%	91%	89%	92%	92%	90%	92%	85%	91%	85%	82%	87%	96%	74%	87%	97%	88%	95%
Fairly often	4%	4%	5%	3%	3%	4%	2%	9%	4%	2%	3%	6%	3%	6%	7%	3%	5%	2%
Sometimes	5%	3%	4%	2%	5%	1%	3%	2%	2%	4%	8%	3%	1%	6%	6%	0%	4%	1%
Almost never	1%	1%	0%	1%	0%	1%	1%	0%	1%	1%	1%	1%	0%	3%	1%	0%	1%	1%
Never at all	5%	2%	2%	2%	0%	4%	2%	4%	1%	9%	6%	3%	0%	10%	0%	0%	3%	1%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 8 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A18a – Many stores, banks, markets or places to go are within easy walking distance of my home, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Strongly agree	31%	37%	37%	38%	43%	32%	38%	58%	55%	40%	26%	51%	44%	30%	40%	34%
Somewhat agree	23%	22%	28%	17%	23%	19%	19%	15%	20%	29%	16%	25%	17%	24%	22%	21%
Somewhat disagree	15%	11%	10%	12%	8%	14%	11%	9%	7%	10%	14%	7%	13%	10%	13%	8%
Strongly disagree	31%	28%	23%	33%	23%	35%	30%	17%	18%	22%	39%	17%	22%	36%	23%	36%
Don't know	0%	2%	3%	0%	3%	0%	2%	0%	0%	0%	4%	0%	5%	0%	2%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 16A on DataHaven Survey, framed by instructions by interviewer: *The next group of questions is about your neighborhood, that is, the area around your home that you could walk to in 10 or 15 minutes or that area you consider to be your neighborhood. How much do you agree or disagree with each of the following statements about your neighborhood? Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?*

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A18b – Many stores, banks, markets or places to go are within easy walking distance of my home, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Strongly agree	31%	24%	23%	25%	30%	23%	21%	23%	23%	38%	36%	28%	16%	32%	28%	22%	26%	20%
Somewhat agree	23%	22%	23%	21%	22%	25%	19%	21%	21%	18%	22%	19%	23%	22%	24%	20%	20%	24%
Somewhat disagree	15%	17%	17%	17%	25%	13%	15%	14%	17%	18%	6%	22%	18%	13%	15%	19%	15%	20%
Strongly disagree	31%	37%	36%	38%	21%	39%	44%	40%	38%	26%	36%	31%	43%	32%	32%	39%	37%	36%
Don't know	0%	1%	1%	0%	1%	0%	0%	2%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 16A on DataHaven Survey, framed by instructions by interviewer: *The next group of questions is about your neighborhood, that is, the area around your home that you could walk to in 10 or 15 minutes or that area you consider to be your neighborhood. How much do you agree or disagree with each of the following statements about your neighborhood? Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?*

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A19a – My neighborhood has several free or low cost recreation facilities such as parks, playgrounds, public swimming pools, etc., Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Strongly agree	41%	36%	38%	35%	35%	38%	42%	17%	39%	39%	33%	39%	30%	38%	38%	35%
Somewhat agree	30%	33%	40%	27%	38%	28%	32%	42%	34%	40%	28%	26%	36%	37%	33%	34%
Somewhat disagree	11%	10%	7%	12%	8%	11%	8%	13%	12%	6%	11%	12%	16%	4%	11%	6%
Strongly disagree	16%	20%	14%	25%	18%	23%	17%	28%	13%	15%	26%	22%	17%	20%	17%	25%
Don't know	2%	1%	1%	0%	0%	1%	0%	0%	2%	0%	0%	1%	0%	0%	1%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 16D on DataHaven Survey, framed by instructions by interviewer: *The next group of questions is about your neighborhood, that is, the area around your home that you could walk to in 10 or 15 minutes or that area you consider to be your neighborhood. How much do you agree or disagree with each of the following statements about your neighborhood? Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?*

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A19b – My neighborhood has several free or low cost recreation facilities such as parks, playgrounds, public swimming pools, etc., Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach-elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Strongly agree	41%	39%	39%	40%	47%	29%	48%	32%	40%	28%	30%	45%	39%	47%	37%	41%	40%	37%
Somewhat agree	30%	31%	36%	27%	40%	36%	21%	33%	31%	36%	35%	32%	30%	25%	31%	35%	32%	33%
Somewhat disagree	11%	12%	11%	14%	8%	16%	9%	15%	12%	12%	15%	10%	13%	10%	17%	9%	12%	13%
Strongly disagree	16%	16%	14%	18%	4%	17%	22%	18%	15%	23%	19%	11%	17%	17%	14%	14%	15%	16%
Don't know	2%	1%	1%	1%	0%	2%	0%	1%	1%	0%	1%	1%	1%	1%	1%	1%	1%	1%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 16D on DataHaven Survey, framed by instructions by interviewer: *The next group of questions is about your neighborhood, that is, the area around your home that you could walk to in 10 or 15 minutes or that area you consider to be your neighborhood. How much do you agree or disagree with each of the following statements about your neighborhood? Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?*

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A20a – I do not feel safe to go on walks in my neighborhood at night, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Strongly agree	16%	15%	10%	20%	11%	20%	17%	24%	34%	7%	11%	29%	18%	6%	16%	12%
Somewhat agree	12%	9%	8%	11%	7%	11%	9%	3%	8%	11%	9%	19%	6%	7%	11%	6%
Somewhat disagree	16%	15%	11%	18%	14%	17%	11%	17%	12%	14%	16%	15%	23%	8%	12%	20%
Strongly disagree	55%	60%	70%	52%	68%	51%	63%	56%	46%	68%	63%	36%	52%	79%	60%	63%
Don't know	1%	0%	1%	0%	0%	1%	1%	0%	1%	0%	0%	1%	0%	0%	1%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 16E on DataHaven Survey, framed by instructions by interviewer: *The next group of questions is about your neighborhood, that is, the area around your home that you could walk to in 10 or 15 minutes or that area you consider to be your neighborhood. How much do you agree or disagree with each of the following statements about your neighborhood? Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?*

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A20b – I do not feel safe to go on walks in my neighborhood at night, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Strongly agree	16%	13%	9%	17%	5%	10%	15%	23%	14%	17%	24%	12%	9%	26%	18%	6%	16%	8%
Somewhat agree	12%	10%	6%	14%	6%	11%	9%	12%	9%	7%	8%	13%	8%	15%	15%	6%	12%	6%
Somewhat disagree	16%	14%	12%	16%	12%	16%	12%	17%	13%	16%	20%	10%	15%	12%	16%	11%	14%	15%
Strongly disagree	55%	62%	73%	53%	77%	63%	64%	45%	63%	60%	48%	65%	67%	46%	51%	78%	59%	70%
Don't know	1%	0%	1%	0%	0%	0%	0%	2%	0%	0%	0%	1%	0%	1%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 16E on DataHaven Survey, framed by instructions by interviewer: *The next group of questions is about your neighborhood, that is, the area around your home that you could walk to in 10 or 15 minutes or that area you consider to be your neighborhood. How much do you agree or disagree with each of the following statements about your neighborhood? Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?*

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A21a – People in this neighborhood can be trusted, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Strongly agree	54%	52%	46%	57%	47%	58%	56%	28%	40%	53%	57%	42%	41%	60%	53%	51%
Somewhat agree	29%	33%	37%	30%	38%	26%	29%	53%	36%	31%	34%	27%	45%	30%	31%	37%
Somewhat disagree	7%	8%	11%	4%	9%	6%	9%	7%	17%	9%	2%	15%	6%	8%	10%	4%
Strongly disagree	7%	4%	4%	5%	4%	5%	3%	8%	3%	5%	4%	13%	3%	1%	4%	5%
Don't know	3%	3%	2%	3%	2%	4%	3%	3%	4%	2%	3%	3%	5%	1%	2%	3%

1. Sample size: n = 300, Middletown; n = 16,219, CT
2. Question 16F on DataHaven Survey, framed by instructions by interviewer: *The next group of questions is about your neighborhood, that is, the area around your home that you could walk to in 10 or 15 minutes or that area you consider to be your neighborhood. How much do you agree or disagree with each of the following statements about your neighborhood? Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?*
3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A21b – People in this neighborhood can be trusted, Middlesex County**

	CT	Mdsx County	Gender		Age			Race/Ethnicity		Education			Income			Children in HH		
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Strongly agree	54%	65%	66%	65%	62%	60%	71%	68%	68%	39%	55%	68%	68%	48%	58%	75%	67%	63%
Somewhat agree	29%	23%	24%	23%	29%	26%	17%	20%	21%	38%	28%	19%	24%	25%	30%	19%	22%	25%
Somewhat disagree	7%	6%	5%	6%	5%	8%	6%	3%	5%	10%	11%	6%	3%	12%	6%	4%	5%	6%
Strongly disagree	7%	3%	3%	2%	0%	3%	4%	3%	2%	7%	2%	3%	3%	6%	2%	1%	3%	2%
Don't know	3%	3%	3%	4%	4%	4%	2%	5%	3%	7%	4%	4%	3%	8%	3%	1%	3%	3%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT
2. Question 16F on DataHaven Survey, framed by instructions by interviewer: *The next group of questions is about your neighborhood, that is, the area around your home that you could walk to in 10 or 15 minutes or that area you consider to be your neighborhood. How much do you agree or disagree with each of the following statements about your neighborhood? Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?*
3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A22a – Children and youth in my town generally have the positive role models they need around here, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Strongly agree	38%	35%	34%	37%	38%	35%	38%	27%	36%	32%	39%	40%	27%	42%	32%	43%
Somewhat agree	34%	37%	41%	33%	36%	38%	34%	39%	28%	37%	41%	22%	35%	44%	37%	36%
Somewhat disagree	10%	15%	12%	19%	18%	10%	15%	22%	12%	22%	11%	13%	29%	5%	15%	16%
Strongly disagree	11%	6%	7%	5%	6%	5%	6%	5%	14%	4%	3%	17%	2%	5%	7%	3%
Don't know	8%	7%	7%	7%	2%	13%	7%	7%	10%	5%	6%	8%	7%	3%	9%	3%

1. Sample size: n = 300, Middletown; n = 16,219, CT
2. Question 16G on DataHaven Survey, framed by instructions by interviewer: *The next group of questions is about your neighborhood, that is, the area around your home that you could walk to in 10 or 15 minutes or that area you consider to be your neighborhood. How much do you agree or disagree with each of the following statements about your neighborhood? Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?*
3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A22b – Children and youth in my town generally have the positive role models they need around here, Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach-elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Strongly agree	38%	46%	46%	46%	46%	47%	47%	47%	48%	35%	41%	50%	47%	36%	42%	53%	44%	52%
Somewhat agree	34%	35%	39%	32%	39%	34%	33%	31%	34%	37%	34%	29%	38%	29%	36%	34%	34%	36%
Somewhat disagree	10%	7%	5%	9%	8%	9%	6%	5%	7%	16%	8%	9%	6%	8%	10%	6%	8%	7%
Strongly disagree	11%	6%	4%	7%	3%	5%	8%	5%	6%	5%	11%	5%	4%	15%	6%	3%	7%	3%
Don't know	8%	6%	6%	6%	4%	4%	5%	12%	6%	7%	7%	7%	5%	12%	6%	4%	8%	2%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT
2. Question 16G on DataHaven Survey, framed by instructions by interviewer: *The next group of questions is about your neighborhood, that is, the area around your home that you could walk to in 10 or 15 minutes or that area you consider to be your neighborhood. How much do you agree or disagree with each of the following statements about your neighborhood? Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?*
3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A23a** – The next set of questions are about your health. How would you rate your overall health, would you say your health is excellent, very good, good, fair or poor?, Middletown

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Excellent	27%	24%	23%	26%	26%	23%	25%	20%	6%	27%	33%	12%	24%	26%	23%	26%
Very good	35%	31%	32%	31%	28%	35%	30%	34%	29%	28%	36%	31%	31%	35%	34%	26%
Good	23%	31%	31%	31%	36%	25%	32%	30%	36%	31%	28%	25%	29%	36%	28%	39%
Fair	10%	10%	13%	8%	9%	13%	11%	16%	23%	13%	1%	27%	15%	1%	12%	7%
Poor	4%	1%	1%	2%	0%	4%	2%	0%	4%	1%	0%	5%	1%	0%	2%	0%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 18 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A23b** – The next set of questions are about your health. How would you rate your overall health, would you say your health is excellent, very good, good, fair or poor?, Middlesex County

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach-elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Excellent	27%	25%	25%	26%	22%	27%	26%	20%	26%	20%	17%	20%	33%	13%	24%	27%	23%	30%
Very good	35%	40%	40%	39%	47%	39%	37%	38%	40%	39%	35%	41%	42%	37%	41%	47%	38%	45%
Good	23%	24%	25%	24%	26%	25%	24%	23%	24%	21%	28%	27%	19%	25%	25%	22%	26%	20%
Fair	10%	8%	8%	8%	4%	8%	11%	12%	8%	17%	13%	10%	5%	19%	9%	3%	10%	5%
Poor	4%	2%	2%	2%	0%	0%	2%	6%	2%	2%	6%	1%	0%	5%	1%	0%	3%	0%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 18 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A24a – Overall, how satisfied are you with your life nowadays?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Not at all satisfied	3%	2%	1%	2%	1%	2%	2%	2%	2%	2%	1%	5%	1%	1%	1%	4%
Only a little bit satisfied	5%	3%	2%	4%	1%	8%	3%	3%	7%	3%	1%	12%	3%	1%	5%	1%
Somewhat satisfied	20%	21%	22%	20%	20%	23%	17%	35%	25%	27%	15%	28%	31%	11%	22%	20%
Mostly satisfied	43%	47%	46%	47%	53%	37%	48%	35%	48%	40%	51%	44%	40%	55%	43%	54%
Completely satisfied	29%	27%	28%	25%	24%	30%	29%	25%	18%	27%	30%	11%	26%	30%	30%	20%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 19 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A24b – Overall, how satisfied are you with your life nowadays?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Not at all satisfied	3%	1%	1%	2%	0%	1%	3%	0%	1%	1%	1%	3%	0%	6%	0%	0%	1%	1%
Only a little bit satisfied	5%	3%	3%	4%	0%	2%	6%	5%	3%	5%	6%	3%	2%	8%	4%	2%	4%	2%
Somewhat satisfied	20%	17%	18%	17%	24%	13%	17%	15%	15%	32%	26%	18%	13%	28%	27%	9%	20%	11%
Mostly satisfied	43%	47%	45%	49%	46%	51%	46%	42%	49%	40%	41%	50%	47%	33%	47%	49%	46%	50%
Completely satisfied	29%	31%	34%	29%	31%	31%	28%	37%	32%	22%	27%	26%	37%	26%	22%	39%	29%	35%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 19 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A25a – Overall, how happy did you feel yesterday?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Not at all	4%	3%	5%	2%	3%	4%	4%	2%	9%	2%	1%	5%	2%	5%	4%	2%
Only a little bit	6%	5%	4%	6%	3%	8%	6%	3%	8%	3%	4%	15%	2%	3%	5%	4%
Somewhat	15%	13%	9%	16%	8%	16%	10%	15%	14%	15%	10%	13%	18%	6%	12%	13%
Mostly	35%	38%	36%	40%	44%	32%	37%	37%	36%	38%	39%	39%	36%	40%	37%	40%
Completely	39%	40%	47%	34%	40%	40%	43%	44%	33%	41%	44%	28%	41%	44%	41%	39%
Don't know	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 20 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A25b – Overall, how happy did you feel yesterday?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Not at all	4%	4%	5%	4%	5%	5%	5%	2%	4%	4%	9%	3%	3%	3%	6%	4%	5%	2%
Only a little bit	6%	3%	4%	3%	0%	3%	5%	5%	3%	8%	7%	3%	2%	9%	3%	2%	4%	3%
Somewhat	15%	14%	14%	15%	19%	10%	16%	11%	13%	20%	16%	21%	9%	25%	18%	10%	16%	11%
Mostly	35%	36%	34%	39%	30%	47%	36%	32%	37%	24%	36%	37%	36%	26%	37%	39%	35%	40%
Completely	39%	41%	44%	39%	46%	34%	37%	49%	42%	45%	33%	36%	49%	38%	36%	45%	40%	43%
Don't know	1%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 20 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A26a – Overall, how anxious did you feel yesterday?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Not at all	51%	54%	60%	49%	56%	53%	57%	42%	56%	52%	56%	33%	52%	64%	50%	62%
Only a little bit	21%	16%	15%	17%	12%	21%	16%	12%	14%	11%	21%	15%	13%	17%	16%	15%
Somewhat	16%	18%	15%	21%	20%	15%	15%	31%	11%	24%	16%	25%	23%	13%	20%	15%
Mostly	6%	7%	7%	7%	10%	4%	6%	14%	15%	6%	4%	19%	7%	4%	9%	5%
Completely	5%	4%	3%	5%	2%	6%	4%	1%	4%	6%	2%	6%	6%	1%	4%	3%
Don't know	1%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 21 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A26b – Overall, how anxious did you feel yesterday?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Not at all	51%	51%	53%	49%	37%	48%	58%	61%	53%	44%	50%	53%	50%	39%	43%	58%	53%	48%
Only a little bit	21%	18%	15%	21%	15%	22%	19%	18%	19%	14%	14%	9%	28%	16%	23%	15%	14%	26%
Somewhat	16%	20%	21%	18%	41%	13%	17%	9%	18%	29%	15%	28%	15%	24%	23%	19%	22%	14%
Mostly	6%	7%	6%	8%	6%	11%	4%	7%	7%	11%	12%	6%	5%	14%	8%	5%	7%	7%
Completely	5%	3%	4%	3%	0%	6%	3%	3%	3%	2%	8%	3%	1%	6%	3%	2%	2%	4%
Don't know	1%	0%	1%	0%	0%	0%	0%	2%	1%	0%	1%	1%	0%	0%	0%	0%	1%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 21 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A27a – Have you ever been told by a doctor or health professional that you have ...High blood pressure or hypertension?, Middletown**

			Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
	CT	Middle-town	M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	28%	27%	28%	26%	15%	45%	27%	32%	44%	27%	18%	43%	33%	15%	32%	17%
No	70%	72%	72%	72%	84%	55%	71%	68%	54%	71%	81%	57%	67%	83%	66%	80%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	1%	2%	1%	3%	1%	0%	2%	0%	2%	2%	1%	0%	0%	1%	1%	2%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 23A on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A27b – Have you ever been told by a doctor or health professional that you have ...High blood pressure or hypertension?, Middlesex County**

			Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
	CT	Mdsx County	M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach-el-or's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	28%	30%	31%	29%	9%	25%	38%	54%	31%	31%	48%	33%	21%	38%	33%	23%	38%	16%
No	70%	68%	66%	70%	91%	72%	61%	44%	68%	67%	50%	66%	77%	62%	66%	76%	61%	82%
Don't know	0%	1%	1%	0%	0%	1%	0%	0%	1%	0%	2%	1%	0%	0%	1%	0%	0%	1%
Refused	1%	1%	2%	1%	0%	2%	0%	2%	1%	2%	1%	1%	2%	0%	0%	0%	1%	2%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 23A on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A28a – Have you ever been told by a doctor or health professional that you have ...High cholesterol?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	23%	25%	31%	20%	18%	35%	27%	25%	30%	30%	18%	29%	28%	20%	29%	16%
No	75%	73%	68%	78%	81%	64%	71%	75%	68%	68%	81%	70%	72%	79%	69%	81%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	1%	0%	0%	0%	0%
Refused	1%	2%	1%	2%	1%	0%	2%	0%	2%	2%	1%	0%	0%	1%	1%	2%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 23B on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A28b – Have you ever been told by a doctor or health professional that you have ...High cholesterol?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	23%	26%	27%	24%	8%	20%	35%	41%	27%	21%	33%	27%	22%	27%	30%	22%	30%	17%
No	75%	72%	70%	74%	92%	77%	63%	57%	71%	76%	63%	72%	75%	71%	69%	78%	68%	80%
Don't know	0%	1%	1%	0%	0%	1%	1%	0%	0%	2%	3%	0%	0%	2%	1%	0%	0%	1%
Refused	1%	2%	2%	1%	0%	2%	1%	2%	2%	2%	1%	1%	2%	0%	0%	0%	1%	2%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 23B on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A29a – Have you ever been told by a doctor or health professional that you have ...Diabetes?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	9%	12%	13%	11%	8%	19%	12%	19%	26%	9%	8%	21%	14%	7%	15%	8%
No	89%	86%	86%	87%	91%	81%	86%	81%	72%	89%	91%	79%	86%	92%	84%	90%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	2%	2%	1%	2%	1%	0%	2%	0%	2%	2%	1%	0%	0%	1%	1%	2%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 23C on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A29b – Have you ever been told by a doctor or health professional that you have ...Diabetes?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	9%	8%	10%	7%	1%	8%	9%	18%	8%	14%	17%	9%	5%	14%	8%	7%	10%	4%
No	89%	90%	88%	92%	99%	90%	90%	80%	90%	84%	82%	90%	93%	86%	92%	93%	88%	94%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	2%	2%	2%	1%	0%	2%	1%	2%	2%	2%	1%	1%	2%	0%	0%	0%	1%	2%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 23C on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A30a – Have you ever been told by a doctor or health professional that you have ...Heart disease or have you ever had a heart attack?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	5%	3%	3%	4%	0%	9%	3%	3%	8%	2%	2%	9%	4%	1%	5%	0%
No	93%	95%	96%	94%	99%	90%	94%	97%	89%	96%	96%	90%	96%	98%	93%	98%
Don't know	0%	0%	0%	0%	0%	1%	0%	0%	1%	0%	0%	1%	0%	0%	0%	0%
Refused	2%	2%	1%	2%	1%	0%	2%	0%	2%	2%	1%	0%	0%	1%	1%	2%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 23D on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A30b – Have you ever been told by a doctor or health professional that you have ...Heart disease or have you ever had a heart attack?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	5%	3%	3%	4%	0%	0%	5%	11%	4%	2%	8%	2%	2%	8%	4%	2%	5%	0%
No	93%	95%	95%	95%	100%	98%	95%	87%	95%	96%	90%	97%	95%	92%	95%	98%	93%	98%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	1%	0%	0%	0%	0%
Refused	2%	2%	2%	1%	0%	2%	0%	2%	2%	2%	1%	1%	2%	0%	0%	0%	1%	2%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 23D on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A31a – Have you ever been told by a doctor or health professional that you have ...Asthma?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	13%	16%	14%	19%	22%	9%	14%	30%	18%	19%	13%	22%	20%	13%	16%	16%
No	85%	82%	85%	79%	77%	91%	84%	70%	81%	79%	85%	78%	80%	85%	82%	81%
Don't know	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	2%	2%	1%	2%	1%	0%	2%	0%	2%	2%	1%	0%	0%	1%	1%	2%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 23E on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A31b – Have you ever been told by a doctor or health professional that you have ...Asthma?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	13%	12%	7%	16%	15%	13%	9%	13%	11%	27%	10%	15%	11%	23%	13%	10%	13%	9%
No	85%	86%	90%	83%	85%	85%	90%	84%	87%	71%	89%	85%	86%	77%	87%	90%	85%	89%
Don't know	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	2%	2%	2%	1%	0%	2%	0%	2%	2%	2%	1%	1%	2%	0%	0%	0%	1%	2%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 23E on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A32a – Have you ever been told by a doctor or health professional that you have ...Experienced a Stroke? Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	2%	3%	3%	4%	1%	6%	3%	2%	5%	4%	1%	12%	3%	0%	4%	2%
No	96%	95%	96%	94%	98%	94%	95%	98%	93%	94%	98%	88%	97%	98%	94%	96%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%
Refused	2%	2%	1%	2%	1%	0%	2%	0%	2%	2%	1%	0%	0%	1%	1%	2%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 23F on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A32b – Have you ever been told by a doctor or health professional that you have ...Experienced a Stroke? Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	2%	3%	2%	3%	0%	3%	2%	6%	2%	6%	5%	3%	2%	9%	2%	0%	3%	2%
No	96%	96%	95%	96%	100%	95%	98%	92%	96%	93%	94%	97%	96%	91%	98%	99%	96%	97%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	2%	2%	2%	1%	0%	2%	0%	2%	2%	1%	1%	1%	2%	0%	0%	0%	1%	2%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 23F on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A33a – BMI, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Underweight	2%	2%	1%	2%	1%	3%	2%	0%	4%	1%	1%	2%	3%	0%	2%	1%
Normal weight	37%	39%	32%	47%	42%	33%	40%	35%	27%	39%	46%	15%	40%	46%	38%	40%
Overweight	36%	38%	42%	34%	37%	41%	35%	42%	32%	45%	36%	54%	31%	39%	41%	32%
Obese	26%	21%	25%	17%	20%	23%	23%	22%	37%	16%	17%	29%	26%	16%	19%	27%

1. Sample size: n = 300, Middletown; n = 16,219, CT
2. BMI is based on Q24 height and Q25 weight on DataHaven Survey
3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A33b – BMI, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Underweight	2%	2%	1%	2%	0%	3%	1%	4%	2%	1%	2%	2%	2%	3%	2%	1%	1%	
Normal weight	37%	40%	29%	53%	67%	20%	35%	38%	40%	42%	31%	39%	46%	40%	42%	40%	40%	
Overweight	36%	38%	47%	30%	27%	49%	41%	38%	39%	35%	44%	42%	33%	37%	35%	40%	40%	
Obese	26%	19%	23%	15%	6%	29%	23%	20%	19%	23%	23%	18%	19%	20%	21%	20%	19%	20%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT
2. BMI is based on Q24 height and Q25 weight on DataHaven Survey
3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A34a – Do you have health insurance?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	94%	94%	91%	96%	93%	97%	93%	92%	82%	97%	97%	90%	94%	95%	93%	95%
No	5%	6%	9%	3%	7%	2%	6%	8%	17%	1%	3%	8%	6%	5%	7%	4%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	1%	1%	0%	1%	0%	1%	1%	0%	1%	2%	0%	3%	0%	0%	1%	1%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 26 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A34b – Do you have health insurance?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	94%	95%	93%	96%	87%	96%	98%	99%	95%	90%	86%	95%	98%	90%	90%	98%	94%	97%
No	5%	4%	5%	3%	11%	4%	2%	1%	4%	6%	13%	3%	2%	5%	10%	2%	5%	3%
Don't know	0%	1%	1%	0%	2%	0%	0%	0%	0%	4%	0%	1%	0%	4%	0%	0%	1%	0%
Refused	1%	1%	1%	0%	0%	0%	0%	0%	1%	0%	0%	1%	0%	1%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 26 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A35a – (If have health insurance) What type of health insurance do you have?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Insurance obtained through a current or former employer or union	62%	69%	73%	67%	80%	55%	70%	77%	47%	64%	85%	21%	69%	92%	63%	79%
Insurance purchased directly from an insurance company	13%	12%	10%	14%	8%	18%	10%	12%	11%	10%	15%	20%	15%	6%	15%	5%
Medicare	21%	19%	13%	24%	6%	38%	19%	11%	41%	18%	11%	50%	19%	3%	29%	3%
Medicaid, Medical Assistance, HUSKY or any kind of government-assistance plan	14%	11%	11%	11%	11%	13%	9%	17%	20%	13%	5%	40%	9%	2%	11%	13%
Any other type of health insurance plan	6%	8%	6%	9%	7%	10%	7%	1%	9%	9%	6%	5%	16%	3%	9%	7%
Don't know	1%	2%	4%	0%	3%	0%	2%	0%	0%	5%	0%	0%	5%	0%	3%	0%
Refused	1%	2%	1%	2%	0%	2%	2%	1%	2%	2%	1%	0%	0%	2%	2%	1%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 27 on DataHaven Survey

3. Note: respondents may have selected more than one insurance response option, hence a total that exceeds 100%

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A35b – (If have health insurance) What type of health insurance do you have?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach-elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Insurance obtained through a current or former employer or union	62%	67%	70%	64%	75%	76%	73%	34%	68%	52%	50%	63%	75%	19%	59%	87%	59%	80%
Insurance purchased directly from an insurance company	13%	13%	14%	11%	10%	6%	13%	25%	12%	9%	17%	13%	12%	19%	20%	6%	16%	7%
Medicare	21%	22%	19%	25%	5%	6%	8%	81%	22%	18%	45%	21%	15%	45%	28%	8%	33%	2%
Medicaid, Medical Assistance, HUSKY or any kind of government-assistance plan	14%	13%	10%	15%	14%	15%	11%	14%	12%	22%	17%	15%	10%	47%	11%	5%	13%	12%
Any other type of health insurance plan	6%	6%	6%	6%	6%	4%	3%	13%	6%	10%	8%	5%	7%	7%	8%	5%	7%	4%
Don't know	1%	0%	1%	0%	2%	0%	0%	1%	0%	1%	0%	1%	0%	1%	1%	0%	1%	0%
Refused	1%	1%	1%	1%	0%	1%	1%	0%	1%	1%	1%	1%	1%	0%	0%	1%	1%	1%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 27 on DataHaven Survey

3. Note: respondents may have selected more than one insurance response option, hence a total that exceeds 100%

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A36a – During the past 12 months, was there any time when you didn't get the medical care you needed?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	7%	9%	7%	10%	11%	6%	7%	18%	16%	3%	8%	6%	14%	6%	8%	10%
No	92%	91%	93%	89%	89%	94%	92%	82%	83%	96%	92%	94%	85%	94%	92%	89%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%
Refused	0%	0%	0%	1%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	1%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 28 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A36b – During the past 12 months, was there any time when you didn't get the medical care you needed?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	7%	8%	5%	10%	13%	6%	8%	3%	7%	10%	6%	9%	7%	14%	12%	4%	9%	4%
No	92%	92%	95%	90%	87%	94%	92%	97%	93%	90%	94%	90%	93%	86%	88%	96%	91%	95%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 28 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A37a – And was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	21%	19%	21%	18%	21%	18%	16%	44%	26%	20%	14%	25%	20%	19%	16%	25%
No	79%	80%	79%	81%	79%	82%	83%	56%	74%	78%	86%	75%	80%	81%	83%	74%
Don't know	0%	0%	0%	1%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	1%	0%
Refused	1%	0%	0%	1%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	1%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 29 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A37b – And was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	21%	21%	22%	20%	25%	26%	24%	9%	21%	27%	22%	27%	17%	29%	28%	20%	21%	22%
No	79%	78%	77%	79%	75%	74%	76%	91%	79%	73%	78%	73%	83%	71%	72%	80%	79%	78%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 29 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A38a – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... You were worried about the cost?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	49%	31%	17%	48%	23%	47%	40%	24%	29%	25%	44%	34%	37%	26%	32%	31%
No	51%	69%	83%	52%	77%	53%	60%	76%	71%	75%	56%	66%	63%	74%	68%	69%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Overall sample size: n = 300, Middletown; n = 16,219, CT

2. Question 30A on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A38b – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... You were worried about the cost?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	49%	50%	33%	68%	59%	49%	45%	45%	53%	26%	39%	61%	46%	42%	68%	38%	48%	54%
No	51%	50%	67%	32%	41%	51%	55%	55%	47%	74%	61%	39%	54%	58%	32%	62%	52%	46%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 30A on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A39a – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... The doctor or hospital wouldn't accept your health insurance?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	16%	13%	7%	20%	16%	8%	18%	19%	28%	9%	3%	10%	22%	8%	18%	7%
No	83%	87%	93%	80%	84%	92%	82%	81%	72%	91%	97%	90%	78%	92%	82%	93%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Overall sample size: n = 300, Middletown; n = 16,219, CT

2. Question 30B on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A39b – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... The doctor or hospital wouldn't accept your health insurance?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	16%	17%	12%	21%	5%	28%	15%	11%	17%	22%	27%	12%	16%	22%	17%	12%	13%	23%
No	83%	83%	88%	79%	95%	72%	85%	89%	83%	78%	73%	88%	84%	78%	83%	88%	87%	77%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 30B on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A40a – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... Your health plan wouldn't pay for the treatment?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	28%	27%	20%	36%	22%	37%	35%	25%	37%	17%	31%	35%	35%	20%	30%	24%
No	70%	73%	80%	64%	78%	63%	65%	75%	63%	83%	69%	65%	65%	80%	70%	76%
Don't know	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Overall sample size: n = 300, Middletown; n = 16,219, CT

2. Question 30C on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/dathaven-community-wellbeing-survey>

**Table A40b – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... Your health plan wouldn't pay for the treatment?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	28%	29%	27%	31%	13%	36%	29%	32%	30%	29%	48%	24%	25%	18%	35%	25%	26%	34%
No	70%	71%	73%	69%	87%	64%	71%	64%	70%	71%	52%	76%	74%	82%	64%	75%	74%	66%
Don't know	2%	0%	0%	1%	0%	0%	0%	4%	0%	0%	0%	0%	1%	0%	1%	0%	1%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 30C on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/dathaven-community-wellbeing-survey>

**Table A41a – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... You couldn't get an appointment soon enough?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	25%	28%	14%	45%	37%	12%	23%	46%	31%	2%	54%	22%	46%	16%	19%	42%
No	74%	72%	86%	55%	63%	88%	77%	54%	69%	98%	46%	78%	54%	84%	81%	58%
Don't know	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Overall sample size: n = 300, Middletown; n = 16,219, CT

2. Question 30D on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A41b – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... You couldn't get an appointment soon enough?, Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	25%	24%	15%	33%	24%	25%	24%	23%	23%	38%	22%	28%	20%	38%	33%	10%	26%	20%
No	74%	76%	85%	67%	76%	75%	76%	77%	77%	62%	78%	72%	80%	62%	67%	90%	74%	80%
Don't know	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 30D on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A42a – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... You couldn't get there when the doctor's office or clinic was open?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	26%	29%	23%	36%	37%	13%	22%	27%	30%	7%	49%	15%	22%	38%	16%	48%
No	74%	71%	77%	64%	63%	87%	78%	73%	70%	93%	51%	85%	78%	62%	84%	52%
Don't know	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Overall sample size: n = 300, Middletown; n = 16,219, CT

2. Question 30E on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A42b – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... You couldn't get there when the doctor's office or clinic was open?, Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	26%	20%	18%	22%	25%	21%	18%	8%	19%	25%	25%	18%	17%	9%	19%	27%	16%	29%
No	74%	79%	82%	76%	75%	79%	82%	92%	80%	75%	75%	81%	83%	91%	81%	73%	84%	71%
Don't know	1%	1%	0%	1%	0%	0%	0%	0%	1%	0%	0%	1%	0%	0%	0%	0%	1%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 30E on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A43a – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... You were too busy with work or other commitments to take the time?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	53%	52%	53%	50%	54%	47%	40%	71%	22%	68%	72%	37%	57%	56%	46%	60%
No	47%	48%	47%	50%	46%	53%	60%	29%	78%	32%	28%	63%	43%	44%	54%	40%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Overall sample size: n = 300, Middletown; n = 16,219, CT

2. Question 30F on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A43b – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... You were too busy with work or other commitments to take the time?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	53%	50%	56%	44%	45%	58%	51%	30%	48%	65%	60%	46%	48%	38%	50%	60%	37%	74%
No	47%	50%	44%	56%	55%	42%	49%	70%	52%	35%	40%	54%	52%	62%	50%	40%	63%	26%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 30F on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A44a – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... You didn't think the problem was serious enough?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	46%	50%	57%	41%	56%	39%	45%	58%	41%	51%	64%	35%	56%	58%	44%	59%
No	53%	42%	43%	40%	33%	59%	44%	24%	38%	47%	36%	65%	22%	41%	44%	39%
Don't know	1%	7%	0%	16%	11%	0%	10%	18%	21%	0%	0%	0%	22%	0%	13%	0%
Refused	0%	1%	0%	2%	0%	2%	1%	0%	0%	2%	0%	0%	0%	2%	0%	2%

1. Overall sample size: n = 300, Middletown; n = 16,219, CT

2. Question 30G on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A44b – Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons... You didn't think the problem was serious enough?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	46%	41%	52%	30%	41%	41%	39%	47%	42%	42%	42%	31%	52%	27%	39%	52%	39%	45%
No	53%	55%	46%	64%	55%	57%	55%	50%	54%	51%	53%	61%	48%	61%	56%	47%	57%	52%
Don't know	1%	4%	2%	6%	4%	3%	6%	0%	4%	7%	4%	7%	0%	11%	5%	0%	4%	3%
Refused	0%	0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	1%	0%	1%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 30G on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A45a – During the past 12 months, was there any time you needed prescription medicines but didn’t get them because you couldn’t afford it?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	8%	9%	9%	10%	12%	6%	8%	14%	17%	5%	9%	15%	12%	7%	6%	15%
No	92%	90%	91%	89%	88%	94%	91%	86%	83%	94%	91%	85%	88%	92%	94%	84%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 31 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A45b – During the past 12 months, was there any time you needed prescription medicines but didn’t get them because you couldn’t afford it?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	8%	7%	7%	6%	9%	7%	6%	4%	5%	18%	9%	6%	6%	14%	8%	6%	7%	6%
No	92%	93%	92%	94%	91%	93%	94%	96%	94%	82%	91%	93%	94%	86%	92%	94%	93%	94%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 31 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A46a – Do you have one person or place you think of as your personal doctor or health care provider?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	86%	91%	90%	92%	89%	96%	94%	75%	87%	96%	89%	86%	88%	96%	96%	81%
No	14%	9%	10%	7%	11%	4%	6%	25%	13%	3%	11%	14%	12%	4%	4%	18%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 32 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A46b – Do you have one person or place you think of as your personal doctor or health care provider?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	86%	90%	90%	90%	85%	86%	94%	96%	92%	78%	90%	88%	93%	75%	88%	96%	90%	90%
No	14%	9%	9%	9%	15%	14%	6%	3%	8%	22%	10%	12%	7%	25%	12%	4%	10%	9%
Don't know	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 32 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A47a – (If do not have personal doctor/health care provider) Is that because you have more than one personal doctor, or none at all?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
More than one	25%	20%	27%	10%	11%	49%	16%	18%	0%	100%	13%	44%	0%	30%	33%	15%
None at all	71%	80%	73%	90%	89%	51%	84%	82%	100%	0%	87%	56%	100%	70%	67%	85%
Don't know	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

3. Question 33 on DataHaven Survey

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A47b – (If do not have personal doctor/health care provider) Is that because you have more than one personal doctor, or none at all?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
More than one	25%	39%	43%	36%	29%	39%	54%	42%	36%	45%	18%	59%	26%	55%	17%	39%	47%	25%
None at all	71%	61%	57%	64%	71%	61%	46%	58%	64%	55%	82%	41%	74%	45%	83%	61%	53%	75%
Don't know	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

3. Question 33 on DataHaven Survey

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A48a – In the past 12 months, how many times did you receive care in a hospital emergency room?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
None	73%	72%	84%	61%	69%	73%	74%	60%	69%	73%	73%	67%	63%	79%	74%	68%
1 to 2	21%	24%	13%	33%	28%	21%	23%	31%	22%	23%	25%	20%	33%	20%	21%	29%
3 or more	5%	4%	3%	5%	3%	5%	3%	8%	8%	3%	2%	12%	4%	1%	5%	3%
Don't know	0%	0%	0%	0%	0%	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 34 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A48b – In the past 12 months, how many times did you receive care in a hospital emergency room?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
None	73%	75%	79%	71%	79%	78%	74%	65%	76%	72%	72%	68%	82%	68%	70%	81%	76%	75%
1 to 2	21%	21%	17%	25%	20%	18%	21%	29%	21%	18%	23%	28%	15%	23%	24%	18%	20%	22%
3 or more	5%	3%	3%	4%	1%	3%	4%	6%	3%	9%	5%	4%	2%	8%	6%	1%	4%	3%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	1%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 34 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A49a – When was the last time you were seen by a dentist, was it...?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Within the last 6 months	61%	68%	58%	77%	67%	66%	68%	61%	41%	70%	81%	37%	68%	77%	63%	77%
More than 6 months but less than a year	15%	14%	18%	10%	16%	13%	14%	9%	11%	16%	13%	30%	13%	9%	18%	8%
More than a year but less than two years	10%	7%	10%	4%	6%	9%	7%	13%	16%	8%	1%	13%	8%	4%	7%	8%
More than two years ago	11%	10%	13%	7%	11%	11%	10%	18%	29%	6%	4%	18%	11%	9%	11%	8%
Never have gone to a dentist	1%	0%	0%	1%	0%	1%	1%	0%	1%	0%	0%	2%	0%	0%	1%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 35 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A49b – When was the last time you were seen by a dentist, was it...?, Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30 K	\$30K- \$75K	\$75K+	No	Yes
Within the last 6 months	61%	72%	70%	74 %	66%	76%	72 %	73%	74%	56%	62%	68%	80%	55%	62%	82%	70%	77%
More than 6 months but less than a year	15%	12%	12%	12 %	20%	8%	12 %	10%	12%	14%	11%	14%	11%	15%	16%	10%	14%	8%
More than a year but less than two years	10%	8%	7%	9%	6%	11%	8%	6%	8%	8%	11%	10%	5%	11%	12%	4%	8%	8%
More than two years ago	11%	7%	10%	4%	8%	4%	8%	8%	5%	21%	12%	7%	4%	18%	9%	3%	7%	6%
Never have gone to a dentist	1%	1%	1%	0%	0%	1%	0%	2%	1%	0%	3%	1%	0%	1%	1%	0%	1%	1%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 35 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A50a – During the last month, how often have you been bothered by feeling down, depressed, or hopeless? Would you say...?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Never	46%	42%	42%	42%	39%	45%	41%	41%	37%	33%	52%	23%	36%	50%	42%	42%
Almost never	24%	29%	38%	21%	32%	28%	29%	26%	19%	31%	34%	21%	32%	33%	28%	33%
Sometimes	19%	20%	12%	27%	20%	19%	21%	29%	30%	24%	11%	42%	23%	9%	22%	16%
Fairly often	5%	3%	1%	5%	4%	3%	2%	2%	4%	6%	1%	6%	5%	1%	2%	5%
Very often	4%	4%	5%	3%	5%	4%	5%	3%	10%	4%	2%	5%	3%	7%	5%	4%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 36 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A50b – During the last month, how often have you been bothered by feeling down, depressed, or hopeless? Would you say...?, Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Never	46%	50%	52%	48%	48%	49%	47%	52%	50%	42%	44%	48%	52%	37%	42%	57%	48%	53%
Almost never	24%	26%	29%	23%	29%	28%	23%	25%	26%	19%	22%	26%	27%	11%	33%	28%	24%	29%
Sometimes	19%	15%	9%	21%	15%	10%	21%	15%	15%	21%	23%	14%	13%	33%	19%	8%	17%	11%
Fairly often	5%	4%	4%	4%	3%	8%	4%	3%	4%	6%	4%	5%	4%	9%	4%	4%	5%	3%
Very often	4%	4%	5%	4%	4%	5%	5%	3%	4%	11%	7%	4%	3%	9%	3%	3%	5%	3%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 36 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A51a – Do you have relatives or friends who you can count on to help you when you need them or not?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	93%	95%	98%	91%	95%	95%	95%	86%	88%	96%	97%	89%	94%	98%	95%	96%
No	6%	5%	2%	7%	5%	5%	4%	14%	12%	3%	2%	9%	6%	2%	5%	4%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 37 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A51b – Do you have relatives or friends who you can count on to help you when you need them or not?, Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	93%	94%	96%	92%	95%	91%	96%	96%	94%	93%	94%	92%	96%	90%	92%	96%	93%	96%
No	6%	5%	3%	7%	5%	8%	4%	4%	5%	7%	6%	7%	4%	7%	8%	4%	6%	3%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 37 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A52a – In an average week, how many days per week do you exercise?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
None	17%	15%	14%	15%	14%	17%	12%	20%	21%	14%	12%	31%	19%	3%	16%	13%
One	6%	5%	3%	6%	4%	7%	5%	4%	3%	2%	8%	5%	3%	6%	3%	8%
Two	13%	13%	12%	13%	13%	13%	15%	17%	9%	13%	15%	8%	11%	19%	13%	13%
Three	19%	16%	16%	16%	18%	12%	15%	10%	12%	14%	21%	3%	13%	25%	11%	26%
Four	12%	13%	9%	17%	14%	11%	13%	24%	16%	8%	14%	3%	21%	9%	14%	9%
Five	12%	14%	17%	11%	15%	13%	15%	5%	13%	17%	11%	23%	10%	14%	17%	8%
Six	5%	3%	3%	3%	2%	4%	3%	4%	3%	1%	5%	2%	5%	2%	4%	2%
Seven	16%	21%	25%	17%	20%	21%	22%	14%	22%	30%	13%	23%	17%	22%	21%	20%
Don't know	1%	0%	0%	1%	0%	1%	0%	1%	1%	0%	0%	1%	0%	0%	1%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 38 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A52b – In an average week, how many days per week do you exercise?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education		Income			Children in HH		
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach-elor's or higher	<\$30 K	\$30K-\$75K	\$75K+	No	Yes
None	17%	11%	11%	11%	8%	11%	11%	15%	11%	12%	19%	9%	9%	16%	16%	6%	12%	10%
One	6%	7%	7%	6%	2%	11%	8%	5%	7%	2%	10%	5%	6%	8%	6%	8%	5%	9%
Two	13%	14%	15%	13%	19%	12%	16%	10%	15%	15%	6%	16%	17%	14%	9%	21%	13%	17%
Three	19%	17%	18%	16%	13%	22%	14%	17%	16%	21%	11%	12%	23%	8%	14%	22%	15%	22%
Four	12%	14%	8%	19%	19%	11%	13%	9%	14%	12%	12%	15%	13%	12%	14%	12%	14%	12%
Five	12%	15%	16%	14%	19%	13%	14%	14%	15%	10%	14%	14%	15%	10%	14%	15%	16%	13%
Six	5%	3%	3%	4%	5%	3%	1%	4%	3%	3%	2%	3%	4%	4%	4%	3%	3%	3%
Seven	16%	19%	22%	16%	16%	17%	21%	24%	18%	24%	25%	25%	12%	25%	22%	13%	22%	14%
Don't know	1%	1%	1%	1%	0%	0%	1%	2%	1%	1%	2%	1%	0%	2%	0%	0%	1%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 38 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A53a – In the past 12 months, have you ever felt like you needed to cut down on your drinking or drug use?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	8%	5%	5%	6%	4%	9%	5%	10%	10%	2%	5%	3%	7%	4%	8%	2%
No	91%	95%	95%	94%	96%	91%	95%	90%	90%	98%	95%	97%	93%	96%	92%	98%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 39 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A53b – In the past 12 months, have you ever felt like you needed to cut down on your drinking or drug use?, Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach-elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	8%	6%	9%	4%	5%	6%	9%	5%	6%	11%	8%	6%	6%	5%	6%	8%	7%	5%
No	91%	93%	91%	96%	95%	94%	91%	95%	93%	89%	92%	94%	94%	95%	94%	92%	93%	95%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 39 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A54a – Have you smoked at least 100 cigarettes in your entire life? [100 cigarettes = approximately 5 packs], Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	40%	42%	40%	44%	38%	49%	46%	25%	55%	38%	38%	62%	37%	41%	39%	49%
No	60%	57%	59%	55%	60%	51%	53%	72%	45%	62%	60%	38%	63%	58%	61%	49%
Don't know	0%	0%	0%	1%	1%	0%	0%	2%	0%	0%	1%	0%	0%	0%	1%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 40 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A54b – Have you smoked at least 100 cigarettes in your entire life? [100 cigarettes = approximately 5 packs], Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	40%	45%	47%	44%	39%	47%	48%	54%	46%	43%	58%	49%	38%	63%	46%	41%	48%	41%
No	60%	54%	52%	55%	61%	52%	52%	46%	53%	56%	42%	51%	61%	37%	54%	58%	51%	59%
Don't know	0%	0%	0%	1%	0%	0%	0%	0%	0%	1%	0%	0%	1%	0%	0%	0%	1%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 40 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A55a – (If smoked 100 cigarettes) Do you currently smoke cigarettes every day, some days or not at all?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Every day	26%	28%	22%	32%	35%	22%	28%	27%	33%	48%	8%	55%	29%	13%	27%	28%
Some days	11%	11%	17%	7%	13%	9%	12%	7%	5%	20%	10%	6%	7%	16%	8%	17%
Not at all	63%	61%	62%	61%	53%	69%	61%	66%	62%	33%	83%	40%	64%	71%	65%	55%
<b>Smoking Prevalence (Based on Q40 &amp; Q41)</b>	15%	16%	16%	17%	18%	15%	18%	9%	21%	26%	7%	38%	13%	12%	14%	22%

1. Overall sample size: n = 300, Middletown; n = 16,219, CT

2. Question 41 on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A55b – (If smoked 100 cigarettes) Do you currently smoke cigarettes every day, some days or not at all?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach-el-or's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Every day	26%	24%	24%	24%	36%	31%	20%	13%	25%	28%	32%	28%	16%	28%	25%	19%	25%	24%
Some days	11%	9%	13%	4%	17%	9%	6%	5%	8%	12%	4%	11%	9%	5%	7%	14%	4%	20%
Not at all	63%	67%	63%	71%	47%	60%	74%	82%	67%	60%	64%	61%	75%	67%	68%	67%	72%	57%
<b>Smoking Prevalence (Based on Q40 &amp; Q41)</b>	15%	15%	17%	12%	21%	19%	12%	10%	15%	17%	21%	19%	10%	21%	15%	14%	14%	18%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 41 on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A56a – (If currently smoke every day or some days) During the past 12 months, have you stopped smoking cigarettes for 24 hours or longer because you were trying to quit?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	55%	68%	78%	61%	66%	71%	68%	57%	52%	71%	88%	66%	35%	96%	66%	71%
No	45%	32%	22%	39%	34%	29%	32%	43%	48%	29%	12%	34%	65%	4%	34%	29%

1. Overall sample size: n = 300, Middletown; n = 16,219, CT

2. Question 42 on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A56b – (If currently smoke every day or some days) During the past 12 months, have you stopped smoking cigarettes for 24 hours or longer because you were trying to quit?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	55%	51%	54%	47%	52%	39%	66%	47%	50%	63%	29%	68%	44%	57%	36%	64%	45%	59%
No	45%	49%	46%	53%	48%	61%	34%	53%	50%	37%	71%	32%	56%	43%	64%	36%	55%	41%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 42 on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A57a** –Have you ever tried using vapor or vape pens, electronic cigarettes or E-cigarettes (such as blu, Vuse), even just one time in your entire life?, Middletown

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	16%	21%	23%	19%	31%	9%	22%	19%	26%	35%	7%	42%	26%	15%	22%	19%
No	83%	79%	77%	81%	69%	91%	78%	81%	74%	65%	93%	58%	74%	85%	78%	81%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 43 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A57b** – Have you ever tried using vapor or vape pens, electronic cigarettes or E-cigarettes (such as blu, Vuse), even just one time in your entire life?, Middlesex County

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	16%	17%	20%	13%	36%	19%	9%	5%	17%	21%	22%	22%	11%	30%	18%	15%	16%	17%
No	83%	83%	79%	87%	64%	81%	91%	95%	83%	79%	78%	78%	89%	70%	82%	85%	84%	83%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 43 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A58a – (If tried electronic cigarettes) During the past 30 days, on how many days did you use these?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
None	60%	66%	50%	83%	69%	49%	60%	50%	40%	78%	63%	69%	74%	47%	60%	76%
Less than 7 days	22%	17%	26%	7%	18%	13%	21%	38%	15%	16%	28%	8%	22%	22%	17%	18%
7 to 14 days	5%	1%	1%	0%	0%	4%	0%	3%	2%	0%	0%	0%	1%	0%	1%	0%
More than 14 days	11%	15%	22%	7%	13%	28%	18%	9%	42%	4%	8%	19%	2%	31%	20%	6%
Don't know	3%	1%	0%	2%	0%	7%	1%	0%	0%	2%	0%	4%	0%	0%	2%	0%

1. Overall sample size: n = 300, Middletown; n = 16,219, CT

2. Question 44 on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-communitywellbeing-survey>

**Table A58b – (If tried electronic cigarettes) During the past 30 days, on how many days did you use these?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
None	60%	48%	38%	61%	48%	49%	48%	42%	46%	41%	31%	50%	60%	55%	50%	43%	48%	47%
Less than 7 days	22%	23%	31%	13%	23%	19%	26%	32%	25%	16%	14%	31%	17%	6%	10%	38%	17%	34%
7 to 14 days	5%	9%	10%	8%	9%	15%	0%	8%	10%	17%	13%	5%	12%	0%	12%	11%	7%	13%
More than 14 days	11%	18%	22%	12%	20%	13%	23%	14%	17%	25%	41%	9%	12%	35%	22%	8%	26%	3%
Don't know	3%	2%	0%	5%	0%	4%	4%	5%	2%	2%	1%	4%	0%	4%	4%	0%	1%	4%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 44 on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-communitywellbeing-survey>

**Table A59a – How well would you say you are managing financially these days? Would you say you are...?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Living comfortably	32%	33%	34%	32%	29%	37%	33%	30%	17%	30%	44%	19%	28%	38%	40%	20%
Doing alright	34%	37%	40%	34%	39%	37%	39%	44%	42%	34%	37%	19%	39%	46%	36%	39%
Just getting by	21%	18%	14%	22%	19%	16%	17%	9%	18%	28%	10%	41%	23%	7%	14%	26%
Finding it difficult	7%	8%	8%	7%	10%	5%	7%	12%	16%	3%	8%	4%	10%	8%	6%	13%
Finding it very difficult	4%	3%	2%	4%	2%	5%	3%	5%	7%	4%	0%	17%	1%	0%	3%	3%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 45 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A59b – How well would you say you are managing financially these days? Would you say you are...?, Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Living comfortably	32%	34%	33%	34%	26%	27%	37%	45%	35%	28%	29%	28%	40%	13%	20%	47%	38%	26%
Doing alright	34%	37%	39%	36%	40%	44%	34%	34%	38%	30%	28%	40%	39%	26%	40%	40%	32%	47%
Just getting by	21%	20%	19%	21%	23%	19%	18%	18%	19%	24%	31%	20%	15%	35%	30%	11%	20%	19%
Finding it difficult	7%	4%	4%	4%	7%	4%	4%	2%	4%	7%	4%	5%	3%	8%	7%	1%	4%	5%
Finding it very difficult	4%	4%	4%	4%	3%	5%	7%	0%	4%	11%	8%	6%	2%	17%	2%	1%	5%	4%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 45 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A60a – If you lost all your current sources of household income, including your paycheck, public assistance, or other forms of income, about how long do you think you could continue to live as you live today?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Less than a month	18%	19%	11%	26%	22%	15%	18%	33%	30%	21%	11%	53%	25%	5%	20%	17%
At least one month but less than 2	10%	8%	11%	5%	10%	5%	7%	11%	9%	5%	10%	1%	7%	13%	6%	12%
At least 2 months but less than 6	16%	18%	25%	12%	23%	12%	18%	17%	16%	24%	15%	20%	4%	33%	16%	21%
At least 6 months but less than a year	16%	20%	24%	16%	23%	16%	21%	12%	11%	18%	27%	10%	24%	21%	23%	14%
At least a year but less than 2 years	11%	10%	11%	9%	7%	13%	10%	7%	8%	7%	13%	2%	6%	14%	9%	12%
Two years or more	22%	19%	15%	23%	11%	33%	19%	16%	21%	16%	22%	8%	28%	14%	22%	15%
Don't know	5%	5%	1%	8%	4%	5%	4%	5%	5%	8%	1%	6%	7%	0%	3%	8%
Refused	2%	2%	1%	2%	0%	0%	2%	0%	0%	2%	1%	0%	0%	0%	2%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 47 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A60b – If you lost all your current sources of household income, including your paycheck, public assistance, or other forms of income, about how long do you think you could continue to live as you live today?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Less than a month	18%	17%	14%	21%	22%	19%	19%	10%	17%	29%	28%	22%	10%	40%	28%	8%	17%	18%
At least one month but less than 2	10%	9%	10%	8%	14%	13%	5%	5%	9%	8%	7%	7%	12%	4%	9%	12%	7%	12%
At least 2 months but less than 6	16%	17%	18%	16%	25%	21%	15%	6%	17%	17%	16%	21%	14%	22%	11%	20%	15%	21%
At least 6 months but less than a year	16%	18%	19%	17%	22%	18%	17%	16%	19%	14%	7%	16%	24%	9%	20%	21%	17%	21%
At least a year but less than 2 years	11%	12%	13%	12%	9%	10%	16%	15%	13%	10%	11%	11%	13%	6%	8%	17%	14%	10%
Two years or more	22%	21%	21%	20%	5%	16%	27%	39%	21%	15%	24%	16%	23%	12%	20%	22%	25%	13%
Don't know	5%	4%	3%	5%	3%	2%	2%	9%	4%	7%	6%	6%	3%	7%	3%	0%	5%	3%
Refused	2%	1%	1%	2%	0%	1%	0%	0%	1%	1%	0%	1%	1%	0%	0%	0%	1%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 47 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A61a – Have you had a paid job in the last 30 days?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	65%	70%	75%	65%	83%	52%	68%	83%	65%	59%	81%	44%	59%	93%	61%	86%
No, but would like to work	5%	4%	4%	5%	6%	2%	5%	0%	1%	6%	5%	1%	10%	1%	4%	5%
No, retired	16%	17%	15%	19%	4%	34%	19%	6%	24%	19%	11%	22%	23%	5%	25%	2%
No, homemaker	3%	2%	0%	3%	2%	2%	2%	2%	0%	4%	1%	2%	2%	0%	2%	1%
No, full time student	2%	1%	3%	0%	2%	0%	0%	0%	0%	4%	0%	9%	0%	0%	2%	0%
No, disabled	6%	4%	2%	6%	3%	7%	4%	3%	7%	7%	0%	17%	4%	0%	5%	4%
No, other	1%	2%	1%	2%	1%	3%	1%	5%	2%	1%	1%	5%	1%	1%	1%	1%
Refused	1%	0%	0%	0%	0%	1%	0%	1%	0%	1%	0%	0%	1%	0%	0%	1%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 48 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A61b – Have you had a paid job in the last 30 days?, Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education		Income			Children in HH		
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	65%	69%	75%	65%	89%	85%	72%	21%	69%	79%	58%	66%	77%	51%	60%	86%	60%	88%
No, but would like to work	5%	2%	3%	2%	3%	3%	2%	1%	3%	1%	1%	2%	4%	6%	4%	0%	2%	2%
No, retired	16%	19%	16%	22%	1%	2%	13%	72%	20%	11%	29%	19%	14%	21%	25%	8%	27%	3%
No, homemaker	3%	2%	0%	3%	0%	4%	2%	0%	2%	1%	1%	4%	0%	1%	3%	2%	2%	2%
No, full time student	2%	1%	2%	0%	5%	0%	0%	0%	1%	2%	0%	3%	1%	4%	2%	0%	2%	0%
No, disabled	6%	4%	3%	5%	0%	5%	6%	5%	4%	2%	9%	4%	2%	15%	3%	2%	6%	2%
No, other	1%	2%	1%	2%	0%	1%	3%	2%	2%	3%	1%	2%	1%	3%	3%	1%	1%	1%
Refused	1%	1%	1%	0%	2%	0%	1%	0%	1%	1%	0%	1%	1%	0%	0%	1%	0%	1%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 48 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A62a – What is your primary means of transportation to work, school, or the place where you spend most of your time outside of home?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Drive myself	83%	86%	87%	86%	89%	83%	88%	84%	79%	84%	93%	62%	90%	97%	84%	93%
Get a ride with friends or family	6%	6%	4%	7%	4%	9%	6%	3%	9%	9%	1%	13%	7%	1%	8%	1%
Public bus system	4%	4%	4%	3%	4%	4%	3%	8%	10%	3%	1%	15%	1%	0%	5%	2%
Train or railroad	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Walk	3%	3%	3%	2%	3%	2%	3%	3%	2%	2%	4%	6%	2%	2%	3%	2%
Bicycle	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Take a taxi	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 57 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A62b – What is your primary means of transportation to work, school, or the place where you spend most of your time outside of home?, Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Drive myself	83%	88%	88%	88%	88%	91%	88%	85%	90%	80%	84%	84%	93%	71%	85%	96%	85%	95%
Get a ride with friends or family	6%	4%	4%	5%	4%	1%	5%	9%	4%	3%	9%	5%	2%	13%	7%	0%	6%	0%
Public bus system	4%	2%	2%	2%	0%	3%	2%	2%	1%	6%	6%	2%	0%	9%	1%	0%	2%	2%
Train or railroad	1%	2%	0%	3%	4%	2%	0%	1%	1%	3%	0%	3%	1%	0%	3%	1%	2%	1%
Walk	3%	3%	3%	2%	3%	2%	4%	1%	2%	4%	1%	3%	3%	4%	3%	2%	3%	2%
Bicycle	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Take a taxi	0%	0%	1%	0%	0%	1%	0%	1%	0%	2%	0%	1%	0%	0%	0%	1%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 57 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A63a – Which of these devices do you have?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
A computer or tablet with internet access	84%	84%	90%	78%	91%	74%	83%	79%	64%	83%	96%	56%	84%	98%	81%	89%
A smartphone	71%	63%	71%	56%	75%	46%	65%	78%	48%	57%	78%	29%	58%	86%	59%	72%
A cell phone with text and calling only but no internet	28%	33%	28%	37%	28%	40%	31%	25%	40%	39%	24%	51%	33%	23%	37%	25%
None of the above	5%	7%	3%	11%	3%	11%	8%	1%	8%	11%	2%	17%	8%	0%	7%	7%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 63 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A63b – Which of these devices do you have?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
A computer or tablet with internet access	84%	89%	90%	88%	92%	96%	88%	75%	89%	85%	66%	91%	97%	70%	86%	99%	84%	97%
A smartphone	71%	72%	78%	67%	84%	86%	70%	42%	73%	73%	55%	69%	82%	54%	63%	89%	66%	84%
A cell phone with text and calling only but no internet	28%	29%	24%	35%	17%	24%	38%	40%	29%	29%	38%	32%	24%	46%	32%	18%	31%	26%
None of the above	5%	4%	2%	5%	1%	1%	3%	10%	4%	3%	8%	4%	1%	10%	4%	0%	5%	1%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 63 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A64a – Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	12%	12%	8%	16%	14%	9%	10%	20%	20%	13%	8%	42%	11%	3%	10%	16%
No	87%	88%	92%	84%	86%	91%	90%	80%	80%	87%	92%	58%	89%	97%	90%	84%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 64 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A64b – Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?, Middlesex County**

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach-elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	12%	9%	6%	12%	11%	15%	10%	1%	9%	18%	16%	10%	6%	25%	14%	3%	8%	11%
No	87%	90%	93%	87%	89%	85%	90%	99%	91%	82%	84%	90%	94%	75%	86%	97%	92%	89%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 64 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A65a – (If did not have enough money to buy food) How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Almost every month	24%	34%	19%	40%	32%	41%	33%	30%	27%	59%	8%	53%	6%	18%	47%	18%
Some months but not every month	37%	38%	29%	42%	31%	48%	30%	61%	44%	21%	53%	32%	56%	0%	39%	36%
Only 1 or 2 months	37%	29%	52%	18%	37%	11%	37%	8%	29%	20%	40%	14%	38%	82%	14%	45%
Don't know	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Overall sample size: n = 300, Middletown; n = 16,219, CT

2. Question 65 on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A65b – (If did not have enough money to buy food) How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Almost every month	24%	15%	16%	14%	24%	6%	17%	46%	8%	37%	15%	23%	4%	27%	9%	7%	12%	18%
Some months but not every month	37%	50%	34%	57%	50%	48%	54%	0%	55%	38%	55%	56%	36%	52%	60%	0%	60%	35%
Only 1 or 2 months	37%	36%	50%	29%	26%	46%	29%	54%	37%	25%	30%	20%	61%	22%	31%	93%	28%	48%
Don't know	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 65 on DataHaven Survey

3. **NOTE:** This question is based on the responses from a previous question, therefore It is important to note the reduced sample size when reviewing the answers to this question

4. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A66a – In the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	6%	6%	6%	6%	7%	5%	7%	4%	6%	12%	1%	24%	0%	6%	9%	1%
No	93%	94%	94%	93%	93%	95%	93%	96%	93%	88%	99%	76%	100%	94%	91%	99%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%
Refused	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 66 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A66b – In the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	6%	4%	5%	4%	3%	6%	6%	3%	4%	7%	8%	4%	3%	12%	1%	4%	4%	5%
No	93%	95%	95%	95%	97%	94%	94%	97%	96%	93%	92%	96%	97%	88%	99%	96%	96%	95%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	1%	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 66 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A67a – In the past 12 months, did you stay home when you needed or wanted to go someplace because you had no access to reliable transportation?, Middletown**

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	13%	12%	15%	9%	12%	14%	11%	19%	19%	18%	4%	38%	9%	6%	15%	6%
No	86%	88%	85%	91%	88%	86%	89%	81%	81%	82%	96%	62%	91%	94%	85%	94%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 67 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A67b – In the past 12 months, did you stay home when you needed or wanted to go someplace because you had no access to reliable transportation?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	13%	7%	7%	6%	6%	6%	8%	7%	5%	17%	10%	10%	3%	28%	5%	2%	8%	4%
No	86%	93%	92%	93%	94%	94%	92%	92%	94%	83%	90%	90%	97%	72%	95%	98%	92%	96%
Don't know	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%
Refused	1%	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 67 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A68a – In the last 12 months, have you held a checking or savings account?, Middletown**

	CT	Middle-town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-49	50+	White	Non-White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	90%	89%	93%	86%	85%	95%	88%	90%	83%	83%	99%	76%	85%	99%	88%	90%
No	8%	10%	7%	13%	15%	4%	12%	10%	15%	17%	1%	24%	15%	1%	11%	9%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	1%	1%	1%	1%	0%	0%	1%	0%	2%	0%	0%	0%	0%	0%	1%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 68 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A68b – In the last 12 months, have you held a checking or savings account?, Middlesex County**

	CT	Mdsx County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18-34	35-49	50-64	65+	White	Non-White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K-\$75K	\$75K+	No	Yes
Yes	90%	96%	96%	95%	94%	97%	97%	97%	96%	91%	91%	95%	99%	86%	96%	100%	95%	97%
No	8%	4%	4%	4%	6%	3%	3%	3%	3%	9%	8%	4%	1%	14%	4%	0%	4%	2%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	1%	1%	0%	1%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 68 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A69a** – In the last 12 months, have you obtained any of the following financial products from somewhere that wasn't a bank, such as a money order, check cashing, refund anticipation loans, rent-to-own services, pawn shop loans, or auto title loans? Middletown

	CT	Middle- town	Gender		Age		Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 49	50+	White	Non- White	High School or less	Some college or Associate's	Bachelor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	11%	9%	9%	8%	9%	8%	7%	20%	21%	6%	4%	17%	11%	4%	8%	10%
No	87%	91%	90%	91%	91%	92%	93%	80%	79%	94%	96%	83%	89%	96%	91%	90%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%

1. Sample size: n = 300, Middletown; n = 16,219, CT

2. Question 69 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

**Table A69b** – In the last 12 months, have you obtained any of the following financial products from somewhere that wasn't a bank, such as a money order, check cashing, refund anticipation loans, rent-to-own services, pawn shop loans, or auto title loans? Middlesex County

	CT	MdSX County	Gender		Age				Race/Ethnicity		Education			Income			Children in HH	
			M	F	18- 34	35- 49	50- 64	65+	White	Non- White	High School or less	Some college or Associate's	Bach- elor's or higher	<\$30K	\$30K- \$75K	\$75K+	No	Yes
Yes	11%	9%	9%	10%	11%	15%	6%	5%	9%	19%	14%	11%	6%	10%	19%	5%	7%	14%
No	87%	90%	90%	89%	89%	85%	94%	94%	91%	81%	86%	88%	94%	89%	81%	95%	93%	86%
Don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Refused	1%	1%	1%	1%	0%	0%	0%	1%	1%	0%	0%	0%	1%	1%	0%	0%	0%	0%

1. Sample size: n = 652, Middlesex County; n = 16,219, CT

2. Question 69 on DataHaven Survey

3. Source: DataHaven and Siena College Research Institute. (2015). 2015 DataHaven Community Wellbeing Survey. Available at <http://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>

## COMMUNITY ASSETS AND RESOURCES – Community Services

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*While we intended our compilation of community assets and resources to be as comprehensive as possible, we realize that, due to the scope of data collection, what is presented is not an exhaustive list.*

### Community Resources & Advocacy

Organization Information	Brief Description
<b>The Green Street Teaching and Learning Center</b> 51 Green Street Middletown, CT 06457 (860) 685-7871 <a href="http://www.wesleyan.edu/greenstreet/">http://www.wesleyan.edu/greenstreet/</a>	The Green Street Teaching and Learning Center is a community-based studio that develops, applies, and disseminates best practices in experiential teaching and learning which enhances the greater community. The arts are at the heart of the center's programs and now they apply similar approaches to math and science education.
<b>Middlesex County Coalition on Housing &amp; Homelessness</b> c/o Middlesex United Way 100 Riverview Center, Suite 230 Middletown, CT 06457 (860) 346-8695 <a href="http://anendinten.org/">http://anendinten.org/</a>	Mission: To prevent and end homelessness in Middlesex County by 2018. A coalition of community leaders representing non-profits, government, faith groups, and businesses. The Coalition was formed to implement the Middlesex County Ten Year Plan to End Homelessness and has several committees that work towards this objective.
<b>Middlesex County NAACP</b> P.O. Box 378 Middletown, CT 06457 (860) 343-9467	The mission of the National Association for the Advancement of Colored People (NAACP) is to ensure the political, educational, social, and economic equality of rights of all persons and to eliminate race-based discrimination.
<b>Middlesex County Substance Abuse Action Council (MCSAAC)</b> 393 Main Street, 2 <sup>nd</sup> Floor Middletown, CT 06457 (860) 347-5959 <a href="http://mcsaac.org/">http://mcsaac.org/</a>	MCSAAC works to reduce substance abuse in Middlesex County. Through coordinated grassroots efforts and community activities, MCSAAC works to reduce the negative impact of alcohol, tobacco, and illegal drug use, along with prescription drug abuse and addictive gambling. The health of children and young adults is their primary focus.
<b>Middlesex United Way</b> 100 Riverview Center, Suite 230 Middletown, CT 06457 (860) 346-8695 <a href="http://www.middlesexunitedway.org/">http://www.middlesexunitedway.org/</a>	The mission of Middlesex United Way is to mobilize the caring power of communities to strengthen lives and help people. Its vision is to be the leader in bringing partners and resources together to address the root causes of social problems in Middlesex County, and to promote the growth of vibrant, inclusive communities where inspired, caring people and organizations provide opportunity and support for all.
<b>North End Action Team</b> 654 Main Street Middletown, CT 06457 (860) 346-4845 <a href="http://neatmiddletown.org/">http://neatmiddletown.org/</a>	The North End Action Team (NEAT) is comprised of resident activists and organizers who, through resident-driven leadership, assess problems, determine priorities, and develop solutions to neighborhood issues in the North End of Middletown.
<b>United Way Connecticut 2-1-1</b> Dial 2-1-1 Or, search online <a href="https://www.211ct.org/">https://www.211ct.org/</a>	2-1-1 is one-stop connection to the local needed services from utility assistance, food, housing, child care, after school programs, elder care, crisis intervention and much more. 2-1-1 is always ready to assist in finding needed help. People can dial 2-1-1 or search online.

## Employment Services

Organization Information	Brief Description
<b>CoWorx Staffing Agency</b> 51 Winthrop Road Chester, CT 06412 (860) 526-4357 <a href="https://www.coworxstaffing.com/location/chester-onsite/">https://www.coworxstaffing.com/location/chester-onsite/</a>	Serving job seekers and employers in Chester, East Haddam, Colchester, Cromwell, Old Saybrook, Guilford, and the surrounding areas.
<b>Monroe Staffing Service</b> 1 John Street Clinton, CT (860) 664-2312 <a href="http://www.monroestaffing.com/">http://www.monroestaffing.com/</a>	Full-service staffing and consulting firm.
<b>A R Mazzotta Employment Specialists</b> 160 Broad Street Middletown, CT 06457 (860) 347-1626 <a href="http://www.armazzotta.com/">http://www.armazzotta.com/</a>	CT staffing agency that provides personal employment services.
<b>Labor Ready</b> 64 Washington Street Middletown, CT 06457 (860) 704-0359 <a href="http://www.laborready.com/">http://www.laborready.com/</a>	Employment Agency that connects people and work.
<b>Kuhn Employment Opportunities</b> 1630 N Colony Road Meriden, CT 06450 (203) 235-2583 <a href="http://www.kuhngroup.org/">http://www.kuhngroup.org/</a>	A non-profit agency committed to helping people with disabilities find and retain employment. Serves people with developmental, intellectual, and psychiatric disabilities in Meriden and the 20 towns surrounding it (including Middletown and other towns in Middlesex County).
<b>Workforce Alliance</b> 87 West Main Street (2nd Floor) Meriden, CT (203) 238-3688 <a href="http://www.workforcealliance.biz/">http://www.workforcealliance.biz/</a>	Employment agency that serves Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Guilford, Haddam, Hamden, Killingworth, Madison, Middlefield, Middletown, Old Saybrook, Portland, and Westbrook.
<b>Southeastern Employment Services</b> 7 Halls Road, Unit C Old Lyme, CT 06371 (860) 754-5000 <a href="http://sesct.org/">http://sesct.org/</a>	A company committed to providing individualized employment services for people with barriers to employment. Made up of dedicated professionals with expertise in autism, developmental disabilities, and mental and physical health challenges.
<b>Emergency Resource Management</b> 252 Main Street Portland, CT 06480 (860) 342-0902 <a href="http://ermanagement.com/">http://ermanagement.com/</a>	Employment agency for volunteer EMS staff.
<b>TEK Systems</b> 555 Enterprise Drive Suite 406 Rocky Hill, CT 06067 (860) 906 - 5400 <a href="http://www.teksystems.com">http://www.teksystems.com</a>	Employment agency focusing on IT staffing.
<b>Trinity Design &amp; Staffing</b> 1 Docs Hill Road Westbrook, CT 06498 (860) 399 - 1288 <a href="http://trinity-design-staffing.westbrook.ct.amfibi.directory/us/c/18125132-trinity-design-staffing">http://trinity-design-staffing.westbrook.ct.amfibi.directory/us/c/18125132-trinity-design-staffing</a>	Employment agency.

<b>SARAH, Inc.</b> 1620 Boston Post Road, Suite 200 Westbrook, CT 06498 (860) 399-1888 <a href="http://www.sarah-inc.org/">http://www.sarah-inc.org/</a>	Provides Employment Services for disabled.
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### **Food Assistance – Food Pantries & Food Distribution**

Organization Information	Brief Description
<b>Amazing Grace Food Pantry - St. Vincent de Paul</b> 16 Stack Street Middletown, CT 06457 (860) 343-0023	Pantry offers food to low-income Middletown residents, once a month. Walk-in M,W,F: 1-4pm; Sat: 10am-1pm
<b>Salvation Army Food Pantry &amp; Bread Distribution</b> 515 Main Street Middletown, CT 06457 (860) 347-0949	Non-perishable food items and bread distribution every Tuesday from 9:30am-1pm. First come, first serve. Pantry is accessible on a walk-in basis for residents of Middletown. Individuals are asked to bring their own bags as bags are not supplied.
<b>Zion First Baptist Church Food Pantry</b> 16 James A. Moses Avenue Middletown, CT 06457 (860) 347-0444	Church based food pantry provides non-perishable and fresh food for Middletown residents in need, every 3rd Saturday of the month from 10am-12noon. Emergency food is available by appointment only.
<b>All People Community Outreach Ministry</b> 56 Warwick Street Middletown, CT 06457 (860) 346-0148	Church based program offers food to anyone in need on the fourth Friday of the month from 4-7pm. Individuals in an emergency situation should call the church to set up an appointment.
<b>Shiloh Baptist Church Food Pantry</b> 346 Butternut Street Middletown, CT 06457 (860) 346-8295	Church sponsored food pantry for Middletown residents distributes food on 2nd and 4th Tuesdays of the month from 4-5pm. Walk in.  Register during food pantry hours.
<b>Connecticut Food Bank Mobile Pantry</b> 2 Research Parkway Wallingford, CT 06492 (203) 469-4871 <a href="http://www.ctfoodbank.org/get-help/">http://www.ctfoodbank.org/get-help/</a>	Mobile food pantries offered at various days/times available – also serves Middletown, Old Saybrook, and Portland, Check the website for full schedule.
<b>Hartford Lesbian and Gay Collective- Food Pantry for People Living with AIDS/HIV</b> 64 Church Street Manchester, CT 06040 (860) 645-9855	Food pantry for people with AIDS/HIV open third W,Th,F of month, 12:30pm. Service Area includes: Middletown, Colchester
<b>Town of Colchester - Food Pantry</b> 127 Norwich Avenue Colchester, CT 06415 (860) 537-1731	Available to any resident of Colchester who is in financial need; regardless of age, job status or family size.
<b>East Hampton Food Pantry</b> 22 East High Street East Hampton, CT 06424 (860) 267-6720	Serves residents of East Hampton Pantry hours: Monday and Thursday: 9am to 12pm
<b>Hebron Interfaith Human Services</b> 20 Pendleton Drive Hebron, CT 06248 (860) 228-1681	Serves residents of Hebron Pantry Hours: Tuesdays 9:00am - 11:30am Thursday: 9:30-11:30am and 3:30pm-5:30pm, every other week

### Food Assistance – Soup Kitchens

Organization Information	Brief Description
<b>United Church of Chester</b> 29 West Main Street Chester, CT 06412 (860) 526-2697	Soup Kitchen Sundays 5:00-6:00pm
<b>Trinity Lutheran Church</b> 109 Main Street Centerbrook, CT 06409 (860) 767-0228	Soup Kitchen Fridays 12:00-1:00pm
<b>First Church of Christ Congregational</b> 55 Church Road Clinton, CT 06413 (860) 669-5735	Soup Kitchen Wednesdays: 5:45-7:45pm
<b>United Methodist Church</b> 12 Commerce Street Clinton, CT 06413 (860) 669-8396	Soup Kitchen Wednesdays 5:00-6:00pm
<b>Deep River Congregational Church</b> 1 Church Street Deep River, CT 06417 (860) 526-5045	Soup Kitchen Thursdays 5:00-6:00pm
<b>The First Baptist Church</b> 10 Prospect Street Essex, CT 06426 (860) 767-8623	Soup Kitchen Mondays 5:30-6:30pm
<b>St. John's Episcopal Church</b> 23 Main Street Essex, CT 06426 (860) 767-8095	Soup Kitchen Tuesdays 5:00-6:00pm
<b>St. Vincent de Paul</b> 617 Main Street Middletown, CT 06457 (860) 344-0097 <a href="http://www.svdmiddletown.org/">http://www.svdmiddletown.org/</a>	Soup Kitchen 363 days/year; Breakfast: 7:00am- 10:30am; Lunch: 11:30am – 1:30pm; Sandwiches and snacks for dinner are available for pick up during lunch hours; Sunday Dinner: 5:00pm – 6:00pm
<b>First Congregational Church of Old Lyme</b> 2 Ferry Road Old Lyme, CT 06371 (860) 434-8686	Soup Kitchen Saturdays 9:00-11:00am
<b>First Church of Christ Congregational</b> 366 Main Street Old Saybrook, CT 06475 (860) 388-3008	Soup Kitchen Tuesdays 3:00-5:00pm
<b>Grace Episcopal Church</b> 336 Main Street Old Saybrook, CT 06475 (860) 388-0895	Soup Kitchen Wednesdays 12:00-1:00pm
<b>St. Mark's Roman Catholic Church</b> 222 McVeagh Road Westbrook, CT 06498 (860) 399-9207	Soup Kitchen Tuesdays 1:30-2:30pm

1. Note: Dates and times are subject to change
2. Source for church locations: <http://www.shorelinesoupkitchens.org/get-help>

### Food Assistance – Farmers Markets that Accept EBT/SNAP

Organization Information	Brief Description
<b>Marlborough Farmers Market</b> 45 North Main Street Marlborough, CT 06447	Sundays 11am – 2pm June - October
<b>North End Farmers Market</b> Middletown, CT 06457 Sidewalk in front of It's Only Natural Market (**SNAP Doubled)	Fridays 10am – 2pm June 26 – October 30

1. Note: Dates and times are subject to change
2. Source: <http://www.ct.gov/dss/lib/dss/snap/marketlist.pdf>

### Food Assistance – Additional Resources

Organization Information	Brief Description
<b>Women, Infants, and Children (WIC) Program</b> 28 Crescent Street Middletown, CT 06457 (860) 358-4070 (800)-741-2142 <a href="http://www.fns.usda.gov/wic/women-infants-and-children-wic">http://www.fns.usda.gov/wic/women-infants-and-children-wic</a>	WIC, the Women, Infants and Children Program, is a nutrition program that helps pregnant women and families with babies and young children eat well and stay healthy.
<b>Middletown Community Thanksgiving Project</b>  Email for more information: mctp2013@yahoo.com	The Middletown Community Thanksgiving Project is an initiative that brings together volunteers from a variety of groups and businesses to purchase and assemble baskets of food for families who cannot otherwise afford Thanksgiving feasts. The baskets include a turkey, a pie, and all the ingredients to prepare a holiday meal.
<b>Supplemental Nutrition Assistance Program (SNAP)</b> CT Department of Social Services Beneficiaries who would like more information may call 2-1-1 (toll-free) <a href="http://www.ct.gov/dss/site/default.asp">http://www.ct.gov/dss/site/default.asp</a>	Long-term food assistance through the Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps.
<b>Community Renewal Team (CRT) Food Assistance Programs</b> CRT Resource Center 44 Hamlin Street Middletown, 06457 (860) 347-4465 <a href="http://www.crtct.org/en/need-help/basic-needs/basic-needs-food">http://www.crtct.org/en/need-help/basic-needs/basic-needs-food</a>	<i>Are you hungry? CRT helps individuals and families, children and seniors find healthy food</i> CRT has food programs to help people in Middlesex and Hartford counties. Many Connecticut people are fed through these food assistance programs including thousands of children and seniors each year. <b>CRT Resource Centers</b> distribute up to three days of food to individuals and families. Call to see if food is available.
<b>Community Renewal Team (CRT) Meals on Wheels</b>  To start the process, contact a Home Care Manager at (860) 560-5825 Office Hours: Mon - Fri 8 am - 4 pm 555 Windsor Street Hartford, CT 06120 <a href="mailto:MealsOnWheels@crtct.org">MealsOnWheels@crtct.org</a> or <a href="http://www.crtct.org/en/need-help/basic-needs/basic-needs-food">http://www.crtct.org/en/need-help/basic-needs/basic-needs-food</a>	Healthy lunches and dinners delivered to homebound seniors. Homebound seniors can receive healthy lunches and dinners delivered to their door. After referrals are placed, hot lunches and cold suppers will be delivered within 48 hours. Weekend meals are delivered on Fridays. Special diets and textures are available. A \$2.50 donation per meal is suggested to help cover costs. However, no one is denied a meal if unable to pay. To Apply: Participants must be 60 years of age or older; be unable to eat at a community meal site; be assessed by staff as 'homebound'

<p><b>Community Renewal Team (CRT) Summer Food Program for Children</b></p> <p>For more information CRT Resource Center 44 Hamlin Street Middletown, CT 06457 (860) 347-4465 Office Hours: Mon - Fri 8 am - 4 pm <a href="mailto:SummerFood@crtct.org">SummerFood@crtct.org</a> or <a href="http://www.crtct.org/en/need-help/basic-needs/basic-needs-food">http://www.crtct.org/en/need-help/basic-needs/basic-needs-food</a></p>	<p><i>Children enjoy free healthy breakfast, snacks and lunch at summer meal programs</i></p> <p>CRT provides free healthy, delicious breakfasts, lunches and snacks for children and parents or caretakers in some locations in Colchester, Enfield, Glastonbury, Middletown, Portland and Windsor Locks during the summer. Most drop-in sites are open from June 20 through August 19. Times and meals vary by site. Children must be 18 years or younger to receive a free meal or snack. Fun supervised activities and crafts are offered at some sites.</p>
<p><b>End Hunger Connecticut!</b></p> <p>65 Hungerford Street Hartford, CT 06106 (860) 560-2100 <a href="http://www.endhungerct.org/">http://www.endhungerct.org/</a></p>	<p>A statewide anti-hunger and food security organization. By focusing on advocacy, outreach, education and research, EHC! serves as a comprehensive anti-hunger resource for policymakers, community organizations, and low-income families.</p>

### Health Departments

Organization Information	Organization Information
<p><b>Chatham Health District</b> 240 Middletown Avenue, Unit 123 East Hampton, CT 06424 (860) 365-0884 <a href="http://chathamhealth.org/">http://chathamhealth.org/</a></p> <p><i>Serves the towns of:</i> Colchester East Hampton      East Haddam Haddam              Hebron Marlborough      Portland</p>	<p><b>Chester Health Department</b> 203 Middlesex Avenue Chester, CT 06412 (860) 526-0013</p> <p><i>Serves the town of: Chester</i></p>
<p><b>Connecticut River Area Health District</b> Saybrook Junction 455 Boston Post Road, Suite 7 Old Saybrook, CT 06475 (860) 661-3300 <a href="http://www.crahd.net/">http://www.crahd.net/</a></p> <p><i>Serves the towns of:</i> Clinton Deep River Old Saybrook</p>	<p><b>Cromwell Health Department</b> Town Hall 41 West Street Cromwell, CT 06416 (860) 632-3426 <a href="http://www.cromwellct.com/health-department">http://www.cromwellct.com/health-department</a></p> <p><i>Serves the town of: Cromwell</i></p>
<p><b>Durham Health Department</b> 30 Town House Road P.O. Box 428 Durham, CT 06422 (860) 349-8253 <a href="http://www.townofdurhamct.org/content/28562/27556/27707/">http://www.townofdurhamct.org/content/28562/27556/27707/</a></p> <p><i>Serves the town of: Durham</i></p>	<p><b>Essex Health Department</b> 29 West Avenue Essex, CT 06426 (860) 767-4340 <a href="http://www.essexct.gov/health-department">http://www.essexct.gov/health-department</a></p> <p><i>Serves the town of: Essex</i></p>
<p><b>Town of Killingworth Health Department</b> 323 Route 81 Killingworth, CT 06419 (860) 663-1765 <a href="http://www.townofkillingworth.com/offices/health.html">http://www.townofkillingworth.com/offices/health.html</a></p> <p><i>Serves the town of: Killingworth</i></p>	<p><b>Middletown Health Department</b> 245 deKoven Drive Middletown, CT 06457 (860) 638-4960 <a href="http://www.cityofmiddletown.com/Health">http://www.cityofmiddletown.com/Health</a></p> <p><i>Serves the town of: Middletown</i></p>

<p><b>Westbrook Health Department</b>  866 Boston Post Road  Westbrook, CT 06498  (860) 399-9869  <a href="http://www.westbrookct.us/health-department.php">http://www.westbrookct.us/health-department.php</a></p> <p><i>Serves the town of: Westbrook</i></p>	
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### ***Housing – Supports for the Housing Insecure***

Organization Information	Brief Description
<p><b>Shelters</b>  Callers in need of shelter must call 2-1-1 for a referral</p>	<p>In Connecticut, the 2-1-1 system is the “front door” through which individuals or families who are homeless or at imminent risk of becoming homeless access the regional Coordinated Access Network (CAN), which is a system to assess and assign housing assistance and supports to those in the midst of a housing crisis.</p>
<p><b>Supportive Housing</b>  Callers need to call 2-1-1 for questions about supportive housing; if appropriate, people can be added to a housing registry</p>	<p>In Connecticut, the 2-1-1 system is the “front door” through which individuals or families who are homeless or at imminent risk of becoming homeless access the regional Coordinated Access Network (CAN), which is a system to assess and assign housing assistance and supports to those in the midst of a housing crisis</p>
<p><b>Warming Center</b>  For dates of operation, locations, or for more information, call (860) 344-0097 Ext. 11 (Middletown Health Department)</p>	<p>When open, the city's warming centers are open to the public 7 days a week from 9pm until 7am. Although not a shelter, the warming center provides snacks, beverages, and a temporary respite from the cold for those in need.</p>
<p><b>Middlesex YMCA</b>  <b>Men's Residence – Schwarz Residence</b>  99 Union Street  Middletown, CT 06457  (860)-347-6907  <a href="http://www.midymca.org/">http://www.midymca.org/</a></p>	<p>Middlesex YMCA operates a residence for men. Comprised of sixty-two single occupancy non-smoking rooms, the Schwarz Residence is designed for single working men interested in short or long term housing. All rooms are simply furnished, carpeted, and include a small refrigerator. YMCA membership is required for residence.</p>
<p><b>Project REACH Youth Shelter</b>  (203) 235-9297, ext. 121 or 133  <b>24 Hour Hotline</b>  203-213-8667 voice/text  Middletown Outreach 860-759-8430 voice/text  Meriden Outreach 203-427-5778 voice/text</p>	<p>Provides temporary housing, up to 21 days, for runaway and homeless youth ages 13-17. Contact can be made with shelter staff 24/7 by either calling or texting the designated cell phone.</p>
<p><b>Advocacy: Middlesex County Coalition on Housing &amp; Homelessness</b>  c/o Middlesex United Way  100 Riverview Center, Suite 230  Middletown, CT 06457  (860) 346-8695  <a href="http://anendinten.org/">http://anendinten.org/</a></p>	<p>Mission: To prevent and end homelessness in Middlesex County by 2018. A coalition of community leaders representing non-profits, government, faith groups, and businesses. Formed to implement the Middlesex County Ten Year Plan to End Homelessness and has several committees that work towards this objective.</p>

### ***Housing - Rehousing Services***

Organization Information	Brief Description
<p><b>Middletown Housing Authority</b>  40 Broad Street  Middletown, CT 06457  (860) 346-8671</p>	<p>Administers public housing programs for the city of Middletown.</p>

<b>Non Portable Public Housing</b> Robert Traverse Square Middletown, CT 06457 (860) 346-8671	Public rental housing for low and moderate income families.
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### **LGBT (Lesbian, Gay, Bisexual, Transgender) – Services & Resources**

Organization Information	Brief Description
<b>Association of Welcoming &amp; Affirming Baptists: Colchester Federated Church</b> 60 Main Street Colchester, CT 06415 (860) 537-5189	Devoted to building the welcoming and affirming movement within the Baptist traditions, AWAB has a call to be The National Voice for LBGTQA Baptists.
<b>Association of Welcoming &amp; Affirming Baptists: Riverfront Family Church</b> 844 Hebron Avenue Glastonbury CT 06033 (860) 540-4175	Devoted to building the welcoming and affirming movement within the Baptist traditions, AWAB has a call to be The National Voice for LBGTQA Baptists.
<b>Hartford Lesbian and Gay Collective- Food Pantry for People Living with AIDS/HIV</b> 64 Church Street Manchester, CT 06040 (860)-645-9855	Food pantry for people with AIDS/HIV open third W,Th,F of month, 12:30pm. Service Area includes: Middletown, Colchester.
<b>Our True Colors</b> <a href="http://www.ourtruecolors.org/">http://www.ourtruecolors.org/</a> <a href="http://www.ourtruecolors.org/Resources/GSA/PDF/School-Based-Sexual-Minority-Youth.pdf">http://www.ourtruecolors.org/Resources/GSA/PDF/School-Based-Sexual-Minority-Youth.pdf</a>  <ul style="list-style-type: none"> <li>• Cromwell High School , (860) 632-4841</li> <li>• Coginchaug High School (Durham) , (860) 349-7215</li> <li>• Daniel Hand High School (Madison), (203) 245-6350</li> <li>• East Hampton High School , (860) 365-4030</li> <li>• Guilford High School , (203) 453-2741 x234</li> <li>• Haddam-Killingworth High School , (860) 345-8541</li> <li>• Lyme-Old Lyme High School, (860) 434-1651</li> <li>• Middletown High School , (860) 704-4500</li> <li>• Old Saybrook High School , (860) 395-3175</li> <li>• Portland High School , (860) 342-1720</li> <li>• RHAM High School (Hebron), (860) 228-9474</li> <li>• Rocky Hill High School, (860) 258-7721</li> </ul>	Gay-Straight Alliances (GSAs) within schools

***Note: while the below organizations are outside of the Middlesex Hospital geographic service area, they are being included as helpful resources.***

Organization Information	Brief Description
<b>True Colors</b> 30 Arbor Street Suite 201A Hartford, CT 06106 (860) 232-0049 <a href="http://www.ourtruecolors.org/">http://www.ourtruecolors.org/</a>	A non-profit organization. Works with other social service agencies, schools, organizations, and within communities to ensure that the needs of sexual and gender minority youth are both recognized and competently met. The organization trains people, organizes the largest LGBT youth conference in the country, and manages the state's only LGBT mentoring program.
<b>CCAR-LGBTQ Recovery Group</b> 198 Wethersfield Avenue	A safe space for lesbians, gay men, bisexuals and transgender people and their allies to talk about how

Hartford, 06106 (860) 244-3343	sexuality, gender expression and identity are connected to recovery.
<b>The Hartford Gay &amp; Lesbian Health Collective</b> 1841 Broad Street (Main Office) Hartford, CT 06106 (860) 278-4163	Empowers individuals of diverse sexual orientations, gender identities and gender expressions to lead healthy lives through the provision of health and support services, education and advocacy. They offer dental services, ALASS, STD clinic, and the TWENTY club.
<b>PFLAG</b> PO Box 260733 Hartford, CT 06126-0733 (860) 785-0909 Email: pflaghartford@gmail.com	Through support, education, and advocacy, helps make to make the community a healthier, more well-informed, safer, fairer, and happier place for LGBTQ people, their families, and their loved ones.
<b>Triangle Community Center</b> 618 West Avenue, Suite 205 Norwalk, CT 06850 (203) 853-0600 <a href="http://www.ctpridecenter.org/">http://www.ctpridecenter.org/</a>	Provides programming and resources to nurture growth and connection with the LBGTQ community.
<b>Stonewall Speakers</b> PO Box 650 Guilford, CT 06437 (860) 341-2909	Strives to increase understanding, acceptance, and respect for lesbian, gay, bisexual and transgender people through educational outreach.
<b>Connecticut TransAdvocacy Coalition</b> P.O. Box 111 Farmington, CT 06034 (860) 255-8812	Mission is to make Connecticut a safe and tolerant place for the trans and gender non-conforming individual through education and social advocacy.

#### *Older Adult Services – Senior Centers*

Organization Information	Brief Description
<b>Cromwell Senior Center</b> 41 West Street, Ground Floor Cromwell, CT 06416 (860) 632-3447 <a href="http://seniorcenter.us/sc/cromwell_senior_center_cromwell_ct">http://seniorcenter.us/sc/cromwell_senior_center_cromwell_ct</a>	Senior center offers educational programs, health and wellness programs, recreational and social programs, transportation services. Age 60+; Residents of Cromwell.
<b>East Hampton Senior Center</b> 105 Main Street East Hampton, CT 06424 (860) 267-4426 <a href="http://www.easthamptonct.org/Pages/EastHamptonCT_Senior/index">http://www.easthamptonct.org/Pages/EastHamptonCT_Senior/index</a>	A community focal point where older adults come together for services and activities that reflect their experience, skill and interests. Ages 60+.
<b>Haddam Senior Center</b> 11 Jail Hill Road Haddam, CT 06438 (860) 554-5246 <a href="http://www.haddam.org/seniors.html">http://www.haddam.org/seniors.html</a>	Sponsors a variety of social and recreational activities for older adults. Must be a resident of Haddam and aged 55+.
<b>The Middlefield Senior Center</b> 405 Main Street Middlefield, CT. 06455 (860) 349-7121 <a href="http://www.middlefieldct.org/">http://www.middlefieldct.org/</a>	A multi-purpose agency that provides health services, nutrition, education, recreation, wellness programs volunteer opportunities and supportive services. The center is open to all residents over age 60.

<p><b>Middletown Senior Center</b>  61 Durant Terrace  Middletown, CT 06457  (860) 638-4540 Phone  <a href="http://www.middletownct.gov/seniors">http://www.middletownct.gov/seniors</a></p>	Multipurpose center for older adults in Middletown sponsors social, educational, cultural, and recreational programs, group meals, trips, and health screenings.
<p><b>East Haddam Senior Center</b>  15 Great Hillwood Road  Moodus, CT 06469  (860) 873-5034  <a href="http://www.easthaddam.org/Senior-Center-3504/">http://www.easthaddam.org/Senior-Center-3504/</a></p>	Provides social, recreational, educational, and health related activities, and transportation to residents ages 50+.
<p><b>Estuary Council of Seniors</b>  M. Monica Eggert Senior Center  220 Main Street  Old Saybrook, CT 06475  (860) 388-1611  <a href="http://www.ecsenior.org/">http://www.ecsenior.org/</a></p>	Mission is to maximize independence, dignity and quality of life for seniors through programs and advocacy. Ages 50+.
<p><b>Portland Senior Center</b>  7 Waverly Avenue  Portland, CT 06480  (860) 342-6760  <a href="http://www.portlandct.org/Departments/SeniorServices.aspx">http://www.portlandct.org/Departments/SeniorServices.aspx</a></p>	Social and recreational activities for seniors ages 50+.
<p><b>Westbrook Senior Center</b>  Teresa Mulvey Municipal Building (lower level)  866 Boston Post Road  Westbrook, CT 06498  (860) 399-2029  <a href="http://www.westbrookct.us/seniorcenter.php">http://www.westbrookct.us/seniorcenter.php</a></p>	Mission is to improve the quality of life for the citizens of Westbrook and neighboring shoreline towns. Daily activities. Goal of the programs is to promote physical and mental wellbeing. Ages 60+.

### **Older Adult Services & Resources**

Organization Information	Brief Description
<p><b>St. Luke's Community Services Navigators</b>  163 College Street  Middletown, CT 06457  (860) 347-5661  <a href="http://stlukescommunityservices.org/">http://stlukescommunityservices.org/</a></p>	<p>Mission: Supporting Successful Aging and Independent Living for the Elderly and Veterans in Our Community.</p> <p>St. Luke's staff and social work interns are available, upon request, to provide free information &amp; referral as well as benefits screening and some counseling.</p>
<p><b>St. Luke's Community Services Gatekeeper Program</b>  163 College Street  Middletown, CT 06457  (860) 347-5661  <a href="http://stlukescommunityservices.org/">http://stlukescommunityservices.org/</a></p>	<p>Mission: Supporting Successful Aging and Independent Living for the Elderly and Veterans in Our Community.</p> <p>The Gatekeeper Program provides information and outreach to the community regarding a range of issues which have an adverse impact on the lives of older adults. The public (Gatekeepers) are invited to make a confidential referral to their local agency if they see a senior who appears to be in need of assistance. The program stresses the fact that it is both confidential and free to participants.</p>
<p><b>Community Renewal Team (CRT) Meals on Wheels</b>  To start the process, contact a Home Care Manager at (860) 560-5825  Office Hours: Mon - Fri 8 am - 4 pm  555 Windsor Street  Hartford, CT 06120  <a href="mailto:MealsOnWheels@crtct.org">MealsOnWheels@crtct.org</a> or  <a href="http://www.crtct.org/en/need-help/basic-needs/basic-needs-food">http://www.crtct.org/en/need-help/basic-needs/basic-needs-food</a></p>	<p>Homebound seniors can receive healthy lunches and dinners delivered to their door. After referrals are placed, hot lunches and cold suppers will be delivered within 48 hours. Weekend meals are delivered on Fridays. Special diets and textures are available. A \$2.50 donation per meal is suggested to help cover costs. However, no one is denied a meal if unable to pay. <b>To Apply:</b> Participants must be 60 years of age or older; be unable to eat at a community meal site; be assessed by staff as 'homebound'</p>

**Note: while the below organizations are outside of the Middlesex Hospital geographic service area, they are being included as helpful resources.**

<b>Alzheimer's Association Connecticut Chapter</b> (800) 272-3900 (24 hour hotline) <a href="http://www.alz.org/ct/">http://www.alz.org/ct/</a>	Support and education for people with any form of dementia, care partners, professionals, the general public. In addition to Helpline, services include care consultations, caregiver education programs, statewide network of support, Medic Alert/Safe Return e-services.
<b>Alzheimer's Respite Program</b> <b>Alzheimer's Association Connecticut Chapter</b> (800) 272-3900 <a href="http://www.alz.org/ct/">http://www.alz.org/ct/</a>	The Respite Care Program is designed to provide a break, or a limited time of caregiver relief, from the constant physical and emotional stress of caring for a person with Alzheimer's disease or a related disorder.
<b>Benefits CheckUp</b> <b>Senior Resources: Agency on Aging</b> Visit <a href="http://www.seniorresourcesec.org/">http://www.seniorresourcesec.org/</a> and click on the Benefits CheckUp logo	A Benefits CheckUp is a free and confidential questionnaire that will screen you for eligibility for federal, state and local financial programs for individuals 60+ and those receiving Medicare at any age.
<b>Senior Resources: Agency on Aging</b> 19 Ohio Avenue, Suite 2 Norwich, CT 06360 (800) 690-6998 (860) 887-3561 <a href="http://www.seniorresourcesec.org/">http://www.seniorresourcesec.org/</a>	Mission: to provide information and services to the aging population, individuals with disabilities, their families and care providers to maintain or improve their independence and quality of life.  The Senior Resources Agency on Aging's website provides many links and programs for caregivers, family members, and service providers on how to better care for senior citizens. Information on services include: <ul style="list-style-type: none"> <li>• Aging and Disability Resource Center</li> <li>• Connecticut Statewide Respite Care Program</li> <li>• Congregate Housing Services Program</li> <li>• Grandparent Support</li> <li>• Nutrition</li> <li>• Transportation</li> <li>• <i>Visit the website for a full list</i></li> </ul>
<b>State Department on Aging</b> 55 Farmington Avenue Hartford, CT 06105 (860)424-5274 <a href="http://www.ct.gov/aging/services/site/default.asp">http://www.ct.gov/aging/services/site/default.asp</a>	The Department ensures that Connecticut's elders have access to the supportive services necessary to live with dignity, security, and independence. The Department is responsible for planning, developing, and administering a comprehensive and integrated service delivery system for older persons in Connecticut.
<b>Center for Medicare Advocacy</b> Connecticut Office P.O. Box 350 Willimantic, CT 06226 (860) 456-7790 <a href="http://www.medicareadvocacy.org/">http://www.medicareadvocacy.org/</a>	The Center for Medicare Advocacy is a national nonprofit, nonpartisan law organization that provides education, advocacy and legal assistance to help older people and people with disabilities obtain fair access to Medicare and quality health care. The Center is headquartered in Connecticut and Washington, DC with offices throughout the country.
<b>Medicare.Gov</b> The Official U.S. Government Site for Medicare 7500 Security Boulevard Baltimore, MD 21244 <a href="http://www.medicare.gov">www.medicare.gov</a>	Resource for questions related to Medicare.

## Transportation Services

Organization Information	Organization Information
<p><b>Cromwell Residents Transportation</b> (860) 632-3451 Available: Weekdays Cost: Free Serving Locations: Cromwell</p>	<p><b>Estuary Medical Outpatient Transportation</b> (860) 388-1611 Eligibility: Seniors or disabled patients for appointments outside of local towns only Cost: \$ Serving Locations: Chester, Clinton, Deep River, Essex, Killingworth, Lyme, Old Lyme, Old Saybrook, Westbrook</p>
<p><b>F.I.S.H (Friends in Service Here)</b> (860) 388-2693 Available: 24/7 Cost: Free Serving Locations: Chester, Deep River, Essex, Ivoryton</p>	<p><b>Haddam Neck Town Hall Senior Van</b> (860) 682-3301 Eligibility: Age 60+ or disabled; no ongoing rides Cost: Free Serving Locations: Haddam, Haddam Neck, Higganum</p>
<p><b>Middletown Area "Dial-A-Ride"</b> (860) 347-3313 Eligibility: Age 60+ or under 60 with prior approval by M.A.T. (call 860-346-0212 ext. 7); must fill out application Cost: \$ Serving Locations: Middletown, Middlefield, Durham, Portland, East Hampton</p>	<p><b>Middletown Area Transit (M.A.T.)</b> (860) 346-0212 (Middletown) (860) 347-7657 (Portland, Durham, East Hampton) Cost: \$ Serving Locations: Middletown, Portland, Durham, East Hampton</p>
<p><b>Moodus/East Haddam Seniors</b> (860) 873-5034 Available: Weekdays, flexible hours Cost: \$ Serving Locations: Moodus, East Haddam</p>	<p><b>9 Town Transit</b> (860) 510-0429 Available: Weekdays and Saturdays Note: The Middletown shuttle service stops at the hospital, bus station and Middlesex Community College only. Cost: \$ Serving Locations: Chester, Clinton, Deep River, Durham, East Haddam, Essex, Haddam, Killingworth, Lyme, Old Lyme, Old Saybrook, Westbrook</p>
<p><b>St Luke's Community Services</b> <b>Access4Care &amp; Vets4Vets</b> (860) 347-0236 Eligibility: Age 65+ or veterans; must be able to walk independently or with light walker or cane Cost: Free Note: Rides provided to <b>out-of-area medical appointments</b>, generally not to Middletown appointments. Serving Locations: Middletown, Durham, Middlefield, Cromwell, Portland, Haddam, East Haddam, East Hampton <a href="http://stlukescommunityservices.org/home">http://stlukescommunityservices.org/home</a></p>	<p><b>American Cancer Society "Road to Recovery" Program</b> Eligibility: provides transportation to and from treatment for people with cancer who do not have a ride or are unable to drive themselves. (800) 227-2345 Cost: Free Serving Locations: Call for more info</p>
<p><b>CT Taxi</b> (860) 343-3337 or (888) 930-0009 (toll-free) Available: 24/7 Cost: \$ Serving Locations: Call for more info</p>	<p><b>Executive 2000 Taxi Service</b> (860) 635-8222 Available: 24/7 Cost: \$ Serving Locations: Call for more info</p>

## Utilities Assistance

Organization Information	Brief Description
<p><b>Connecticut Energy Assistance Program (CEAP): Community Renewal Team Energy Assistance Program</b>  44 Hamlin Street  Middletown, CT 06457  (860) 346-6813</p>	<p>CRT administers the Connecticut Energy Assistance Program (CEAP) and the Contingency Heating Assistance Program (CHAP) to help low income households in Avon, Bloomfield, Branford, Canton, Chester, Clinton, Cromwell, Deep River, Durham, East Granby, East Haddam, East Hampton, East Hartford, East Windsor, Enfield, Essex, Glastonbury, Granby, Guilford, Haddam, Hartford, Killingworth, Madison, Manchester, Marlborough, Middlefield, Middletown, Newington, North Branford, Old Saybrook, Portland, Rocky Hill, Simsbury, South Windsor, Suffield, West Hartford, Westbrook, Wethersfield, Windsor, Windsor Locks pay their heating bills. CRT also administers the Weatherization Program for CEAP/CHAP recipients.</p>
<p><b>Walter C Jones Fund</b>  245 deKoven Drive  Middletown, CT 06457  (860) 638-1930</p>	<p>Temporary financial assistance with rent arrearage of one month or 50% of a utility bill. Applicant must have sustainable income. Income considerations are: employment, social security, disability, child support, state cash assistance, etc. Fund has a once in a lifetime limit.</p>
<p><b><i>Note: while the below organizations are outside of the Middlesex Hospital geographic service area, they are being included as helpful resources.</i></b></p>	
<p><b>Connecticut Energy Assistance Program (CEAP)</b>  84 South Main Street  Cheshire, CT 06410  (203) 755-9122</p>	<p>New Opportunities administers the: 1) Connecticut Energy Assistance Program (CEAP); 2) the Contingency Heating Assistance Program (CHAP) to help low income households pay their heating bills; 3) the Weatherization Program for CEAP recipients.</p>
<p><b>Frontier Communications: Telephone Services for People with Disabilities</b>  One Science Park, 1st Floor  New Haven, CT 06511  (800) 842-1514</p>	<p>Frontier Communications provides these services for qualifying customers with disabilities: operator assistance, placing toll calls, equipment, and free directory assistance. Call for more information.</p>
<p><b>Frontier Communications: Lifeline Connecticut</b>  One Science Park, 1st Floor  New Haven, CT 06511  (800) 842-1514</p>	<p>Lifeline and CTCAP are FCC telephone credit programs for customers receiving assistance from certain state or federal benefit programs. The programs offer a discount on line connection, and reduces monthly charges for local telephone service, (\$7 and \$2.27 credit for a portion of the Federal Subscriber Line Charge, and are exempt from the Universal Service Fund - Local and Local Number Portability charges).</p>
<p><b>St. Vincent de Paul  Operation Fuel  Community Assistance</b>  617 Main Street  Middletown, CT 06457  (860) 344-0097  <a href="http://www.svdmiddletown.org/">http://www.svdmiddletown.org/</a></p>	<p>St. Vincent de Paul also serves as one of 61 fuel banks across the state of Connecticut. Operation Fuel is a private, nonprofit statewide program offering emergency energy assistance to low income, working poor, elderly and disabled households who are ineligible for government assistance. This crisis intervention program assists families facing emergency energy assistance to keep a family warm during the coldest winter months.</p>

## Veterans Services

Organization Information	Brief Description
<b>Military OneSource</b> 375 Smith Street Middletown, CT 06457 (800) 342-9647 <a href="http://www.militaryonesource.mil/">http://www.militaryonesource.mil/</a>	Military OneSource is both a call center and a website, providing free, comprehensive information and resources on every aspect of military life to service members (regardless of activation status), their families and survivors.
<b>Military &amp; Family Life Consultant- Joint Family Support</b> 375 Smith Street Middletown, CT 06457	MFLCS' licensed clinical providers assist Service Members and their families with issues they may face throughout the cycle of deployment - from leaving their loved ones and possibly living and working in harm's way to reintegrating with their family and community. The MFLC Program provides short-term, non-medical counseling support for a range of issues including: relationships, crisis intervention, stress management, grief, occupational and other individual & family issues.
<b>Veterans Jail Diversion and Trauma Recovery Services (VTDR)</b> Silver Street Middletown, CT 06457 860-262-5200	The Veteran's Jail Diversion Program was established to identify, engage and divert justice-involved veterans from arrest and incarceration into a seamless, community-based system of treatment and recovery support services.
<b>St. Luke's Community Services Vets4Vets Transportation</b> 163 College Street Middletown, CT 06457 (860) 347-5661 <a href="http://stlukescommunityservices.org/">http://stlukescommunityservices.org/</a>	Transportation to out of area medical appointments for veterans who need rides to VA hospitals in Newington and West Haven. Door to door assistance provided. Veterans must be self-transferring and self-mobile, no wheelchair assistance.
<b>St. Luke's Community Services Navigators</b> 163 College Street Middletown, CT 06457 (860) 347-5661 <a href="http://stlukescommunityservices.org/">http://stlukescommunityservices.org/</a>	Mission: Supporting Successful Aging and Independent Living for the Elderly and Veterans in Our Community. St. Luke's staff and social work interns are available, upon request, to provide free information & referral as well as benefits screening and some counseling.
<b>CT Department of Veterans Affairs</b> 287 West Street Rocky Hill, CT 06067 (860) 616-3600 <a href="http://www.ct.gov/ctva/site/default.asp">http://www.ct.gov/ctva/site/default.asp</a>	Benefits information Programs and Services Veterans links
<b>State of Connecticut Veteran's Home</b> 287 West Street Rocky Hill, CT 06067 (860) 529-2571	The Residential Facility at the Veterans' Home at Rocky Hill offers a continuum of rehabilitative services designed to ultimately prepare veterans for their return, if possible, to independent living in the community.
<b>Veterans of Foreign Affairs</b> 287 West Street Rocky Hill, CT 06067 (860) 616-2360 Eligibility: Veterans and veterans' families	Performs legal work for veterans' disability claims and related legal matters. Also, organization promotes and advocates for veterans' benefits.
<b>Veterans Homeownership Pilot Program</b> 999 West Street Rocky Hill, CT, 06067 (860) 721-9501	Offers low interest 30-year fixed-rate home mortgage loans to assist veterans with the purchase of their first home. Program funds are limited and are available on a first-come, first-served basis.
<b>Hartford Veteran Center</b> 25 Elm Street, Suite A Rocky Hill, CT 06067 (860) 563-8800 or (860) 563-8800	Benefits assistance.

**Note: while the below organizations are outside of the Middlesex Hospital geographic service area, they are being included as helpful resources.**

Organization Information	Brief Description
<b>The Connecticut Veteran's Directed Home &amp; Community Based Services Program</b> 19 Ohio Avenue Norwich CT 06360 (860) 887-3561 <a href="http://www.ct.gov/aging/services/cwp/view.asp?A=2513&amp;Q=489998">http://www.ct.gov/aging/services/cwp/view.asp?A=2513&amp;Q=489998</a>	The VDHCBS Program is a consumer directed home and community based services program designed to keep veterans in their communities. Veterans served through this program have the opportunity to self-direct their own care and receive services in their home from the caregiver of their choice.
<b>Veteran Combat Call Center</b> 555 Willard Avenue Newington, CT 06111 1-877-WAR-VETS (24/7 LINE) HOTLINE (877-927-8387)	Veteran Combat Call Center, a 24/7, nationwide, confidential call center where combat veterans and their families can talk to counselors about concerns, difficulties or issues they may be facing as they transition back into the community and family responsibilities.
<b>Smoking Cessation Program for Veterans</b> 555 Willard Avenue Newington, CT 06111 (860) 666-6951	Offers smoking cessation programs for veterans. Family members may accompany veteran for assistance and support.
<b>Office for Veterans Workforce Development</b> 200 Folly Brook Boulevard Wethersfield, CT 06109 (860) 263-6000 <a href="https://www.ctdol.state.ct.us/veterans/">https://www.ctdol.state.ct.us/veterans/</a> and <a href="https://www.ctdol.state.ct.us/veterans/vetreps.htm">https://www.ctdol.state.ct.us/veterans/vetreps.htm</a>	Connecticut Department of Labor; local veterans employment representative assist veterans with employment and training needs. Is responsible for veterans programs in the local employment offices and offers case management and counseling services to Veterans. Conducts workshops, such as resume/cover Letters, Job search and internet.
<b>Employer Support of the Guard and Reserve</b> 360 Broad Street Hartford, CT 06105 (860) 524-4970 <a href="http://www.esgr.mil/About-ESGR/Contact/Local-State-Pages/Connecticut.aspx">http://www.esgr.mil/About-ESGR/Contact/Local-State-Pages/Connecticut.aspx</a>	A Department of Defense office. Dedicated and trained volunteers, staff – who develop and promote employer support for Guard and Reserve service by advocating relevant initiatives, recognizing outstanding support, increasing awareness of applicable laws, and resolving conflict between employers and service members.
<b>Military Support Program</b> 410 Capitol Avenue 4th Floor Hartford, CT 06134	Military Support Program provides statewide outpatient counseling to veterans, including reserve component service members and their families, that is free, confidential, and locally available. Veterans and their family members may access support for marriage and family issues, depression, anxiety, substance abuse and co-occurring disorders, trauma-related problems, as well as issues affecting children and adolescents.
<b>Connecticut Veteran Legal Center</b> <a href="http://ctveteranslegal.org/">http://ctveteranslegal.org/</a>	The mission of Connecticut Veterans Legal Center is to help veterans recovering from homelessness and mental illness overcome legal barriers to housing, healthcare and income.
<b>Benefits CheckUp</b> <b>Senior Resources: Agency on Aging</b> Visit <a href="http://www.seniorresourcesec.org/">http://www.seniorresourcesec.org/</a> and click on the Benefits CheckUp logo	A Benefits CheckUp is a free and confidential questionnaire that will screen you for eligibility for federal, state and local financial programs for individuals 60+ and those receiving Medicare at any age.

## YMCA

Organization Information	Brief Description
<b>Middlesex YMCA</b> 99 Union Street Middletown, CT 06457 (860) 347-6907 <a href="http://www.midymca.org/">http://www.midymca.org/</a>	Mission: The Northern Middlesex YMCA offers a path toward a fuller more productive life. The YMCA provides high quality programs, services, and facilities that improve individual and family life, encourage healthier life styles and assist youth in developing into responsible adulthood. Programs Include: Youth Development; Healthy Living; Social Responsibility.
<b>Glastonbury Family YMCA</b> 95 Oakwood Drive Glastonbury, CT 06033 (860) 633-6548 <a href="http://www.ghymca.org/branch.cfm?bid=04">http://www.ghymca.org/branch.cfm?bid=04</a>	Programs Include: -Advocacy -Arts & Humanities -Childcare & Education -Fitness, Health and Wellness -Rentals -Camps -Swim -Teen Leadership
<b>Valley Shore YMCA</b> 201 Spencer Plain Road Westbrook, CT 06498 (860) 399-9622 <a href="http://vsymca.org/">http://vsymca.org/</a>	Programs Include: Youth Development; Healthy Living; Social Responsibility.

## Youth & Family Services

Organization Information		Organization Information
<b>Clinton Youth &amp; Family Services</b> 48 E Main Street Clinton, CT 06413 (860) 669-1103 <a href="http://clintonyouthandfamily.org/">http://clintonyouthandfamily.org/</a>	<b>Colchester Youth and Family Services</b> 127 Norwich Avenue Colchester, CT 06415 (860) 537-7255 <a href="http://www.colchesterct.gov/Pages/ColchesterCT_Dept/YSB/index">http://www.colchesterct.gov/Pages/ColchesterCT_Dept/YSB/index</a>	<b>Cromwell Youth Services</b> Town Hall 41 West Street Cromwell, CT 06416 (860) 632-3474 <a href="http://www.cromwellct.com/youth-services">http://www.cromwellct.com/youth-services</a>
<b>Tri-Town Youth Services Bureau</b> 56 High Street Deep River, CT 06417 (860) 526-3600 <a href="http://www.tritownys.org/">http://www.tritownys.org/</a> Serves Chester, Deep River and Essex, CT	<b>Durham Middlefield Youth Services</b> 405 Main Street, #11 Middlefield, CT 06455 (860) 349-0258 <a href="http://www.dmyfs.org/">http://www.dmyfs.org/</a>	<b>East Haddam Youth &amp; Family Services</b> 387 E Haddam Moodus Road Moodus, CT 06469 (860) 873-3296 <a href="http://ehyfs.org/">http://ehyfs.org/</a>
<b>East Hampton Youth and Family Services</b> 240 Middletown Avenue East Hampton, CT 06424 (860) 267-7300 <a href="http://www.easthamptonct.gov/Pages/EastHamptonCT_Youth/index">http://www.easthamptonct.gov/Pages/EastHamptonCT_Youth/index</a>	<b>Child &amp; Family Agency of Southeastern CT</b> 190 Westbrook Road Essex, CT 06426 (860) 767-0147 <a href="http://www.childandfamilyagency.org/">http://www.childandfamilyagency.org/</a>	<b>Glastonbury Youth &amp; Family Services</b> 321 Hubbard Street Glastonbury, CT 06033 (860) 652-7661 <a href="http://www.glasct.org/">http://www.glasct.org/</a>
<b>Guilford Youth &amp; Family Services</b> 36 Graves Avenue Guilford, CT 06437 (203) 453-8047 <a href="http://www.ci.guilford.ct.us/youth-family-services.htm">http://www.ci.guilford.ct.us/youth-family-services.htm</a>	<b>Youth &amp; Family Services of Haddam-Killingworth, Inc.</b> P.O. Box 432 Higganum, CT 06441 (860) 345-7498 <a href="http://www.hkyfs.org/">http://www.hkyfs.org/</a>	<b>Lyme Youth Services Bureau</b> 59 Lyme Street Old Lyme, CT 06371 (860) 434-7208 <a href="http://lysb.org/">http://lysb.org/</a>

<p><b>Andover Hebron Marlborough (AHM) Youth Services</b>  25 Pendleton Drive  Hebron, CT 06248  (860) 228-9488  <a href="http://ahmyouth.org/">http://ahmyouth.org/</a></p>	<p><b>Madison Youth Services</b>  10 School Street  Madison, CT 06443  (203) 245-5645</p>	<p><b>Middletown Youth Services Bureau</b>  372 Hunting Hill Avenue  Middletown, CT 06457  (860) 854-6030  <a href="http://www.middletownschools.org/page.cfm?p=7499">http://www.middletownschools.org/page.cfm?p=7499</a></p>
<p><b>Town of Old Saybrook Youth and Family Services</b>  322 Main Street  Old Saybrook, CT 06475  (860) 395-3190  <a href="http://www.oldsaybrookct.org/PageS/index">http://www.oldsaybrookct.org/PageS/index</a></p>	<p><b>Portland Town Youth Services</b>  265 Main Street  Portland, CT 06480  (860) 342-6758  <a href="http://www.portland.lib.ct.us/youth.htm">http://www.portland.lib.ct.us/youth.htm</a></p>	<p><b>Rocky Hill Youth and Family Services</b>  699 Old Main Street  Rocky Hill, CT 06067  (860) 258-2718</p>
<p><b>Westbrook Youth and Family Services</b>  1163 Boston Post Road  Westbrook, CT 06498  (860) 399-9239  <a href="http://www.wyfs.org/">http://www.wyfs.org/</a></p>		

## COMMUNITY ASSETS AND RESOURCES – Clinical & Support Services

*While we intended our compilation of community assets and resources to be as comprehensive as possible, we realize that, due to the scope of data collection, what is presented is not an exhaustive list.*

### Cancer

Organization Information	Brief Description
<b>Cancer Center</b> <b>Middlesex Hospital</b> 540 Saybrook Road, Suite 330 Middletown, CT 06457 (860) 358-2000 <a href="https://middlesexhospital.org/our-services/hospital-services/cancer-center">https://middlesexhospital.org/our-services/hospital-services/cancer-center</a>	Comprehensive services include: <ul style="list-style-type: none"><li>• Comprehensive Breast Center</li><li>• Total Lung Cancer Screening Program</li><li>• Center for Survivorship</li><li>• Integrative Medicine Program</li><li>• Hereditary Risk Assessment Program</li><li>• Disease-specific nurse navigators and support</li></ul>
<b>STAR Program Cancer Rehabilitation Services</b> <b>Middlesex Hospital</b> Outpatient Center, 2nd Floor 534 Saybrook Road Middletown, CT 06457 (860) 358-2700	The STAR (Survivorship Training And Rehab) Program® is designed to help survivors stay as strong and independent as possible during treatment and to help them return to the activities they enjoy. The STAR Program providers include physical, occupational and speech therapists.

**Note:** For state and national cancer resources, see pages 244-245

### Child and Family Services

Organization Information	Brief Description
<b>Child First</b> <b>Family Advocacy – Child &amp; Family Services</b> <b>Middlesex Hospital</b> 28 Crescent Street Middletown, CT 06457 (860) 358-3401	An intensive home based program that provides services to pregnant women as well as families with children birth to six years of age. Child First serves families facing challenges such as maternal depression, substance abuse, domestic violence, incarceration, and homelessness.
<b>Community Health Center, Inc.</b> 675 Main Street Middletown, CT 06457 (860) 347-6971 <a href="http://www.chc1.com/">http://www.chc1.com/</a>	1) Pediatric services 2) Obstetrics and Gynecology (OBGYN) Services 3) Breastfeeding support 4) Community education groups for families with young children
<b>Early Head Start</b> 300 Washington Street Middletown, CT 06457 (860) 704-0725	A federally funded, income eligibility based program, which supports parent and child development. The program brings health, social services and community resources to parents for their children. Services can begin prenatally or until the child is three years of age.
<b>Enhanced Care Coordination</b> <b>Family Advocacy – Child &amp; Family Services</b> <b>Middlesex Hospital</b> 28 Crescent Street Middletown, CT 06457 (860) 358-3401	Assists the Department of Children and Families with the assessment and planning for both committed and noncommitted children with psychiatric issues.
<b>Family Enrichment Services</b> <b>Family Advocacy – Child &amp; Family Services</b> <b>Middlesex Hospital</b> 28 Crescent Street	Provides home based parenting support to families who are identified by or are active with the Department of Children and Families.

Middletown, CT 06457 (860) 358-5420	
<b>Family Medicine</b> <b>Middlesex Hospital</b> 90 South Main Street Middletown, CT 06457 (860) 358-6300	Pediatric primary care.
<b>Fit For Kids</b> <b>Center for Chronic Care Management</b> <b>Middlesex Hospital</b> 770 Saybrook Road, Building B Middletown, CT 06457 (860) 358-5420	Fit for Kids connects children with a dietitian manager, who works with the child and family to give the tools to make healthy life choices. The program includes setting goals; planning and shopping for healthy meals and snacks, even on a budget; learning ways to cook healthy meals; becoming more physically active.
<b>iCARE: Identifying Children and Responding Early</b> <b>Family Advocacy – Child &amp; Family Services</b> <b>Middlesex Hospital</b> 28 Crescent Street Middletown, CT 06457 (860) 358-3401	iCARE is a school-based mental health system of early identification and assessment, a continuum of preventive behavioral health and positive youth development interventions, and linkages to community resources.
<b>Nurturing Families Home Visiting Services</b> <b>Family Advocacy – Child &amp; Family Services</b> <b>Middlesex Hospital</b> 28 Crescent Street Middletown, CT 06457 (860)-358-3401 (860)-358-6743	A free-of-charge and voluntary service available only to first time parents. The program provides education, support and linkage to community resources. Home visits can begin prenatally or until the child is 3 months of age. Visits can continue until the child turns 5 years of age. Includes a Nurturing Parenting Group; Nurturing Connections and Home Visiting Program.
<b>Nurturing Father's Program</b> <b>Family Advocacy – Child &amp; Family Services</b> <b>Middlesex Hospital</b> 28 Crescent Street Middletown, CT 06457 (860) 358-5420	The Nurturing Fathers Program is an evidence based, 13-week training course designed to teach parenting and nurturing skills to men. Each 2 ½ hour class provides proven, effective skills for healthy family relationships and child development.
<b>Pregnancy &amp; Birth Center</b> <b>Middlesex Hospital</b> 28 Crescent Street Middletown, CT 06457 (860) 358-6000	Team of physicians, residents, nurses, technologists, lactation consultants and support staff for delivery.
<b>Perinatal Case Management</b> <b>Family Advocacy – Child &amp; Family Services</b> Middlesex Hospital 28 Crescent Street Middletown, CT 06457 (860) 358-3401	Provides services for pregnant and parenting women, regardless of age or income, including a prenatal risk assessment and linkages to resources. Offers free and confidential counseling. Assists with obtaining prenatal medical care Educates about HUSKY.
<b>School-Based Health Services</b> <b>Community Health Center, Inc.</b> 675 Main Street Middletown, CT 06457 (860) 347-6971	Health services in local schools.
<b>Triple P</b> Family Advocacy – Maternal Child Health Middlesex Hospital 28 Crescent Street Middletown, CT 06457 (860)-358-6426	Triple P (Positive Parenting Program®), an evidenced-based model, of the University of Queensland, provides an in-home parent education curriculum along with support and guidance so that parents will become resourceful problem solvers and will be able to create a positive and safe home learning environment for children to develop emotional, behavioral, and cognitive strengths.

<p><b>Women, Infants, and Children (WIC) Program</b>  28 Crescent Street  Middletown, CT 06457  (860) 358-4070  (800)-741-2142  <a href="http://www.fns.usda.gov/wic/women-infants-and-children-wic">http://www.fns.usda.gov/wic/women-infants-and-children-wic</a></p>	<p>WIC, the Women, Infants and Children Program, is a nutrition program that helps pregnant women and families with babies and young children eat well and stay healthy.</p>
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### **Child and Parenting Advocacy**

Organization Information	Brief Description
<p><b>Middlesex Coalition for Children</b>  Through the Middlesex County United Way  100 Riverview Center, Suite 230  Middletown, CT 06457  (860) 558-2041  <a href="http://www.middlesexchildren.org">www.middlesexchildren.org</a></p>	<p>The Middlesex Coalition for Children is an alliance of parents, educators, children's service providers, and community activists dedicated to improving the lives of children in Middlesex County. The Coalition forms task forces on issues to mobilize the community to take action; and advocates for children's issues and also plans, coordinates, and supports a wide variety of initiatives to improve children's services in Middlesex County.</p>
<p><b>Opportunity Knocks</b>  28 Crescent Street  Middletown, CT, 06457  (860) 358-5420</p>	<p>A community collaborative of more than 60 health, education and parent affiliates that addresses three of the most serious health problems of Middletown children: lack of routine dental care; poor behavioral, social and emotional health; and poor nutrition and sedentary lifestyles leading to obesity.</p>

### **Chronic Disease**

Organization Information	Brief Description
<p><b>Asthma - AIR Middlesex Center for Chronic Care Management</b>  Middlesex Hospital  770 Saybrook Road, Building B  Middletown, CT 06457  (860) 358-5420</p>	<p>An adult asthma program to help people better manage their asthma symptoms. The AIR Middlesex Program offers: individual one-on-one assessment; Advice on how to properly use their asthma medications; Advice on how to reduce or eliminate asthma triggers; A customized treatment plan and follow-up with the patient's health care provider.</p>
<p><b>Asthma - Little AIR Center for Chronic Care Management</b>  Middlesex Hospital  770 Saybrook Road, Building B  Middletown, CT 06457  (860) 358-5420</p>	<p>A pediatric asthma program especially tailored for the unique needs of children with asthma. The Little AIR Program works collectively with the child, the child's parents and the health care providers.</p>
<p><b>Chronic Obstructive Pulmonary Disease Center for Chronic Care Management</b>  Middlesex Hospital  770 Saybrook Road, Building B  Middletown, CT 06457  (860) 358-5420</p>	<p>The COPD Care Management Program provides education about the care and treatment of COPD; understanding and using medications; addressing anxiety and depression; advising on relaxation techniques; counseling on diet and nutrition; and giving referrals for services such as smoking cessation or pulmonary rehabilitation.</p>
<p><b>Diabetes Care Education Program Center for Chronic Care Management</b>  Middlesex Hospital  770 Saybrook Road, Building B  Middletown, CT 06457  (860) 358-5420</p>	<p>Including diabetes education and one-on-one diabetes care management; day and evening groups on diabetes management; Individualized nutrition counseling and meal planning (medical nutrition therapy); free monthly daytime support group meetings; instructions on how to check blood glucose levels and administering insulin.</p>

<b>Diabetes Education</b> <b>Community Health Center, Inc.</b> 675 Main Street Middletown, CT 06457 (860) 347-6971	Diabetes education as part of integrative care.
<b>Disease Management</b> <b>Community Health Center, Inc.</b> 675 Main Street Middletown, CT 06457 (860) 347-6971	Telephone-based disease management.
<b>Heart Failure</b> <b>Center for Chronic Care Management</b> Middlesex Hospital 770 Saybrook Road, Building B Middletown, CT 06457 (860) 358-5420	For patients in the hospital as well as those who have been discharged home with the diagnosis of heart failure. Services include: symptom control; diet changes; medications; physical activity.

#### ***LGBT (Lesbian, Gay, Bisexual, Transgender) Services***

Organization Information	Brief Description
<b>Kathryn W. Tierney, MSN, APRN-BC, FNP</b> <b>Middlesex Hospital MultiSpecialty Group</b> 80 South Main Street, Suite 304 Middletown, CT 06457 (860) 358-6875	Experience in the management of transgender hormone therapy.
<b>Middlesex Hospital</b> <b>Psychiatry</b> 28 Crescent Street Middletown, CT 06457 (860) 358-6000	Trans-competent providers in psychiatry.
<b>Middlesex Hospital</b> <b>Plastic Surgery</b> 28 Crescent Street Middletown, CT 06457 (860) 358-6000	Trans-competent providers in plastic surgery.

#### ***Medical Services (Additional) – Middlesex Hospital/Health System***

Service	Service	Service
<b>Middlesex Hospital</b> 28 Crescent Street Middletown, CT 06457 (860) 358-6000 <a href="https://middlesexhospital.org/">https://middlesexhospital.org/</a>	<b>Marlborough Medical Center</b> Hollow Road Marlborough, CT 06447 (860) 358-3200 Emergency Services Outpatient diagnostic services include: radiology, rehabilitation, laboratory	<b>Shoreline Medical Center</b> 250 Flat Rock Place Westbrook, CT 06498 (860) 358-3700 Emergency Services Outpatient diagnostic services include: women's imaging center, radiology, laboratory
<b>Cardiac Rehabilitation</b> 520 Saybrook Road, Suite S200 Middletown, CT 06457 (860) 358- 2450	<b>Emergency Services - Middletown</b> 28 Crescent Street Middletown, CT 06457 (860) 358-8000	<b>Emergency Services – Marlborough</b> <b>Marlborough Medical Center</b> 12 Jones Hollow Road Marlborough, CT 06447 (860) 358-3200

<b>Emergency Services - Westbrook</b> <b>Shoreline Medical Center</b> 250 Flat Rock Place Westbrook, CT 06498 (860) 358-3700	<b>Family Medicine, East Hampton</b> 42 East High Street, Suite 205 East Hampton, CT 06424 (860) 358-3500	<b>Family Medicine, Middletown</b> 90 South Main Street Middletown, CT 06457 (860) 358-6300
<b>Family Medicine, Portland</b> 13 High Street Portland, CT 06480-1616 (860) 358-7100	<b>Middlesex Hospital Homecare</b> 770 Saybrook Road Middletown, CT 06457 (860) 358-5600  5 Pequot Park Road, Suite 204 Westbrook, CT 06498 (860) 358-5600	<b>Homecare - Hospice &amp; Palliative Care</b> 28 Crescent Street Middletown, CT 06457 (860) 358-5700
<b>Hospice &amp; Palliative Care</b> 28 Crescent Street Middletown, CT 06457 (860) 358-6000	<b>Laboratory</b> Locations in: Madison - (203) 245-8293 Marlborough - (860) 358-3270 Middletown - (860) 358-2680 Westbrook - (860) 358-3700	<b>Middlesex Multispecialty Group</b> 80 South Main Street Middletown, CT 06457 (860) 358-5970  Services include: Infectious Disease Endocrinology Neurology & Stroke Treatment Sleep Medicine Pulmonary Medicine
<b>Physical Rehabilitation</b> Locations in: Essex Madison Marlborough Middletown Old Saybrook (860) 358-2700	<b>Middlesex Hospital Primary Care</b> Locations in: Chester Cromwell Durham East Haddam Essex Madison Middletown Old Saybrook Portland Westbrook <a href="https://mhprimarycare.org/">https://mhprimarycare.org/</a>	<b>Radiology</b> 800-281-5232 Locations:  Middlesex Hospital 28 Crescent Street Middletown, CT 06457 (860) 358-6000  Marlborough Medical Center 12 Jones Hollow Road Marlborough, CT 06447 (860) 358-3270  Shoreline Medical Center 250 Flat Rock Place Westbrook, CT 06498 (860) 358-3700
<b>Surgical Services</b> Locations:  Middlesex Hospital 28 Crescent Street Middletown, CT 06457 (860) 358-6000  Outpatient Center 534 Saybrook Road Middletown, CT 06457 (860) 358-2800	<b>Urgent Care</b> Locations:  896 Washington Street Middletown, CT 06457 (860) 788-3632  146 Samson Rock Drive Madison, CT 06443 (203) 779-5207  1687 Boston Post Road Old Saybrook, CT 06475 (860) 661-5976	<b>Wound and Ostomy Center</b> 520 Saybrook Road, Suite 201 Middletown, CT 06457 (860) 358-2880

### **Medical Services (Additional) – Community Health Center, Inc.**

Organization Information	Services
<b>Community Health Center, Inc.</b> 675 Main Street Middletown, CT 06457 (860) 347-6971 <a href="http://www.chc1.com/">http://www.chc1.com/</a>	Services Include: <ul style="list-style-type: none"> <li>• Behavioral Health</li> <li>• Breastfeeding support</li> <li>• Case management</li> <li>• Chiropractic services</li> <li>• Clinical pharmacy services</li> <li>• Community education groups for families with young children</li> <li>• Diabetes education</li> <li>• Dental Services – adult and children</li> <li>• Domestic violence services</li> <li>• Hepatitis C treatment</li> <li>• HIV Counseling, testing and treatment</li> <li>• Homeless services</li> <li>• Medication assisted treatment for opioid addiction</li> <li>• Mobile services</li> <li>• Nutrition counseling</li> <li>• Obstetrics and Gynecology (OBGYN)</li> <li>• Podiatry</li> <li>• Prescription medication assistance</li> <li>• Primary Care – adult and pediatric</li> <li>• School-based health services</li> <li>• Smoking cessation management</li> <li>• Telephone-based disease management</li> <li>• Quick Care -Same day access for minor illness/injury</li> </ul>
<b>Community Health Center, Inc.</b> 114 E Main Street Clinton, CT 06413 (860) 664-0787	See website: <a href="http://www.chc1.com/Locations/Clinton">http://www.chc1.com/Locations/Clinton</a>
<b>Community Health Center, Inc.</b> 263 Main Street, #202 Old Saybrook, CT 06475 (860) 388-4433	See website: <a href="http://www.chc1.com/Locations/OldSaybrook">http://www.chc1.com/Locations/OldSaybrook</a>

### **Mental Health/Behavioral Health Services – Children & Adolescents**

Organization Information	Brief Description
<b>Family Advocacy</b> <b>Middlesex Hospital</b> 51 Broad Street Middletown, CT 06457 (860) 358-3401	Mental health treatment for patients under 18 years old and their families.
<b>Intensive In-Home Child and Adolescent Psychiatric Service (IICAPS)</b> <b>Family Advocacy</b> <b>Middlesex Hospital</b> 51 Broad Street Middletown, CT 06457 (860) 358-3401	Intensive in-home services for families with children and adolescents experiencing serious emotional behavioral problems including those who are returning to family following hospitalization or out of home placement, children at risk of hospitalization and children for which outpatient services are not sufficient to allow the child to remain safely in the family.
<b>System of Care</b> <b>Family Advocacy</b> <b>Middlesex Hospital</b> 51 Broad Street Middletown, CT 06457 (860) 358-3401	Case management services for families with children having serious emotional or behavioral problems. The philosophy is to support families in keeping their children safely at home and minimize out of home placement days with families as full participants in all aspects of planning.

<p><b>Advocacy: Middlesex County Substance Abuse Action Council (MCSAAC)</b>  393 Main Street, 2<sup>nd</sup> Floor  Middletown, CT 06457  (860) 347-5959  <a href="http://mcsaac.org/">http://mcsaac.org/</a></p>	<p>MCSAAC works to reduce substance abuse in Middlesex County. Through coordinated grassroots efforts and community activities, MCSAAC works to reduce the negative impact of alcohol, tobacco, and illegal drug use, along with prescription drug abuse and addictive gambling. The health of children and young adults is their primary focus.</p>
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### ***Mental Health Services – Adults***

Organization Information	Brief Description
<p><b>Advanced Behavioral Health, Inc.</b>  213 Court Street  Middletown, CT 06457  (860) 638-5309</p>	Behavioral health management including coordinating intake and referral services; integrating care and case management service delivery.
<p><b>Behavioral Health Services Community Health Center, Inc.</b>  675 Main Street  Middletown, CT 06457  (860) 347-6971</p>	Integrated behavioral health services.
<p><b>Connecticut Valley Hospital General Psychiatry Division</b>  1000 Silver Street  Middletown, CT 06457  (860) 262-5000</p>	Psychiatric services.
<p><b>Gilead Community Services</b>  222 Main Street Extension  P. O. Box 1000  Middletown, CT 06457  (860) 343-5300</p>	Serving individuals and families living with mental health needs in Middlesex County. Services include: support services, case management, outpatient clinics, social rehabilitation centers, community services, apartment services, residential services, family resources, mental health first aid.
<p><b>Outpatient Center for Behavioral Health Middlesex Hospital</b>  131 S Main Street  Middletown, CT 06457  (860) 358-8760</p>	Psychotherapy and medication management for adults.
<p><b>Day Treatment Program Middlesex Hospital</b>  33 Pleasant Street  Middletown, CT  (860) 358-8801</p>	Intensive outpatient services for adults, geriatric patients, and dually-diagnosed patients.
<p><b>Inpatient Psychiatric Unit Middlesex Hospital</b>  28 Crescent Street  Middletown, CT 06457  (860) 358-6000</p>	A 20-bed Behavioral Health inpatient unit.
<p><b>Rushford</b>  1250 Silver Street  Middletown, CT 06457  (860) 346-0300  <a href="http://www.rushford.org/">http://www.rushford.org/</a></p>	Mental Health Treatment

<p><b>River Valley Services</b>  <b>Through Department of Mental Health &amp; Addiction Services (DMHAS)</b>  351 Silver Street  Middletown, CT 06457  (860) 262-5200</p>	<p>Services Include:</p> <ul style="list-style-type: none"> <li>• The Mobile Response Team (MRT) Respite</li> <li>• Community Support Program (CSP)</li> <li>• Lower County Clinical Team (LCCT)</li> <li>• Young Adult Services (YAS)</li> <li>• The Transitional Treatment and Evaluation</li> <li>• The Hospital/Community Liaison</li> <li>• The Court Liaison Service</li> <li>• The ASIST Program</li> <li>• Client Rights Officer</li> <li>• Shelter Plus Care</li> <li>• RIDE Transportation Program</li> <li>• Common Thread Warmline (CTWL)</li> </ul>
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### ***Nutrition Services***

Organization Information	Brief Description
<p><b>Nutrition Counseling</b>  <b>Community Health Center, Inc.</b>  675 Main Street  Middletown, CT 06457  (860) 347-6971</p>	Nutrition counseling services as part of integrative care.
<p><b>Medical Nutrition Therapy</b>  <b>Center for Chronic Care Management</b>  Middlesex Hospital  770 Saybrook Road, Building B  Middletown, CT 06457  (860) 358-5420</p>	The Center for Chronic Care Management offers a medical nutrition therapy program that helps patients define and monitor their diets for maximum health benefit.
<p><b>Fit For Kids</b>  <b>Center for Chronic Care Management</b>  Middlesex Hospital  770 Saybrook Road, Building B  Middletown, CT 06457  (860) 358-5420</p>	Fit for Kids connects children with a dietitian manager, who works with the child and family to give the tools to make healthy life choices. The program includes setting goals; planning and shopping for healthy meals and snacks, even on a budget; learning ways to cook healthy meals; becoming more physically active.

### ***Smoking Cessation Services***

Organization Information	Brief Description
<p><b>Smoking Cessation Services</b>  <b>Community Health Center of Middletown</b>  Community Health Center, Inc.  675 Main Street  Middletown, CT 06457  (860) 347-6971</p>	Offers a smoking cessation program and support group.
<p><b>Smoking Cessation Services</b>  <b>Community Health Center of Clinton</b>  114 East Main Street  Clinton, CT 06413  (860) 664-0787</p>	Offers a smoking cessation program and support group.
<p><b>Smoking Intervention Program</b>  <b>Center for Chronic Care Management</b>  Middlesex Hospital  770 Saybrook Road  Middletown, CT 06457  (860) 358-5420</p>	Services include individual counseling; wide range of treatment options; relapse prevention support; follow-up care; education; group support.

### Substance Abuse/Misuse Services

Organization Information	Brief Description
<b>Community Health Center, Inc.</b> 675 Main Street Middletown, CT 06457 (860) 347-6971	Medication assisted treatment for opioid addiction.
<b>Connecticut Valley Hospital</b> <b>Merritt Hall</b> 1000 Silver Street Middletown, CT 06457 (860) 262-5000	Addiction Services Division.
<b>Rushford</b> 1250 Silver Street Middletown, CT 06457 (860) 346-0300 <a href="http://www.rushford.org/">http://www.rushford.org/</a>	Services Include: <ul style="list-style-type: none"> <li>Prevention and Wellness</li> <li>Acute Care and Evaluation (Detox)</li> <li>Residential Addiction Treatment</li> <li>Partial Hospital Programs</li> <li>Intensive Outpatient Programs</li> <li>Psychiatric Evaluation</li> <li>Medication Management</li> <li>Individual, Group and Family Therapy</li> <li>Crisis Evaluation and Stabilization</li> </ul>

### Support Groups

Support Group	Support Group
<b>Anxiety Support Group</b> <b>Community Health Center, Inc.</b> 675 Main Street Middletown, CT 06457 (860) 347-6971	<b>Bereavement Support Groups</b> <b>Middlesex Hospital</b> Locations: Middlesex Hospital, Middletown One MacDonough Place, Middletown Shoreline Medical Center, Westbrook (860) 358-6725
<b>Better Breather's Support Group</b> <b>Middlesex Hospital Outpatient Center</b> 534 Saybrook Road Middletown, CT 06457 (860) 358-2700	<b>Breast Feeding Support Group</b> <b>Middlesex Hospital</b> 28 Crescent Street Middletown, CT 06457 (860) 358-6699
<b>Depression Support Group</b> <b>Community Health Center, Inc.</b> 675 Main Street Middletown, CT 06457 (860) 347-6971	<b>Diabetes Support Group</b> <b>Center for Chronic Care Management</b> Middlesex Hospital 770 Saybrook Road, Building B Middletown, CT 06457 (860) 358-5420
<b>Diabetes &amp; Depression Support Group</b> <b>Community Health Center, Inc.</b> 675 Main Street Middletown, CT 06457 (860) 347-6971	<b>Lung Cancer Support Group</b> <b>Middlesex Hospital Cancer Center</b> 540 Saybrook Road, Suite 330 Middletown, CT 06457 (860) 358-2000
<b>Leukemia, Lymphoma &amp; Multiple Myeloma Support Group</b> <b>Middlesex Hospital Cancer Center</b> 540 Saybrook Road, Suite 330 Middletown, CT 06457 (860) 358-2000	<b>Pain Management</b> <b>Community Health Center, Inc.</b> 675 Main Street Middletown, CT 06457 (860) 347-6971

<b>Parents Support Group</b> <b>Family Advocacy Broad Street</b> <b>Middlesex Hospital</b> (860) 358-3401 Meets at the 1st Church of Christ congregational at 190 Court St in Middletown.	<b>Prostate Cancer Support Group</b> <b>Middlesex Hospital Cancer Center</b> 540 Saybrook Road, Suite 330 Middletown, CT 06457 (860) 358-2000
<b>Smoking Cessation Support Group</b> <b>Community Health Center, Inc.</b> 675 Main Street Middletown, CT 06457 (860) 347-6971	<b>Smoking Cessation Support Group</b> <b>Center for Chronic Care Management</b> Middlesex Hospital 770 Saybrook Road Middletown, CT 06457 (860) 358-5420
<b>Stroke Support Group</b> <b>Middlesex Hospital</b> Outpatient Center 536 Saybrook Road Middletown, CT 36457 (860) 358-6440	

### **Support Groups - Alcoholics Anonymous**

Alcoholics Anonymous		
<b>Alcoholics Anonymous at United Church of Chester</b> 29 West Main Street Chester, CT 06412 (860) 526-2697	<b>Alcoholics Anonymous at Academy Building</b> 61 East Main Street Clinton, CT 06413	<b>Alcoholics Anonymous at Episcopal Church Parish</b> 83 East Main Street Clinton, CT 06413
<b>Alcoholics Anonymous at St. Mary's Old Church Hall</b> 54 Grove Street Clinton, CT 06413 (860) 669-8512	<b>Alcoholics Anonymous at United Methodist Church</b> 12 Commerce Street Clinton, CT 06413 (860) 669-8396	<b>Alcoholics Anonymous at First Church of Christ Congregational</b> 55 Church Street Clinton, CT 06413 (860) 669-5735
<b>Alcoholics Anonymous at Bethany Lutheran Church</b> 50 Court Street Cromwell, CT 06416 (860) 635-4618	<b>Alcoholics Anonymous at First Congregational Church</b> 335 Main Street Cromwell, CT 06416 (860) 635-4806	<b>Alcoholics Anonymous at Hilltop Covenant Church</b> 82 Hicksville Road Cromwell, CT 06416 (860) 635-4032
<b>Alcoholics Anonymous at Deep River Congregational Church</b> 1 Church Street Deep River, CT 06417 (860) 526-5045	<b>Alcoholics Anonymous at Church of the Epiphany</b> 196 Main Street Durham, CT 06422 (860) 349-9644	<b>Alcoholics Anonymous at First Church of Christ Congregational</b> 499 Town Street East Haddam, CT 06423 (860) 873-9084
<b>Alcoholics Anonymous at St. Stephen's Church</b> 31 Main Street East Haddam, CT 06423 (860) 873-9547	<b>Alcoholics Anonymous at Moodus United Methodist Church</b> 20 Plains Road Moodus, CT 06469 (860) 873-5023	<b>Alcoholics Anonymous at Bethlehem Lutheran Church</b> 1 West High Street East Hampton, CT 06424 (860) 267-4272
<b>Alcoholics Anonymous at Congregational Church of East Hampton</b> 59 Main Street East Hampton, CT 06424 (860) 267-4959	<b>Alcoholics Anonymous at East Hampton Community Center (Senior Center)</b> 105 Main Street East Hampton, CT 06424 (860) 267-4426	<b>Alcoholics Anonymous at St. Patrick Church</b> 47 West High Street East Hampton, CT 06424 (860) 267-6644

<b>Alcoholics Anonymous at First Congregational Church</b> 6 Methodist Hill Essex, CT 06426 (860) 767-8097	<b>Alcoholics Anonymous at St John's Episcopal Church</b> 3 Cross Street Essex, CT 06426 (860) 767-8095	<b>Alcoholics Anonymous at Higganum United Methodist Church</b> 248 Saybrook Road Haddam, CT (860) 345-4622
<b>Alcoholics Anonymous at St. James Church</b> 501 Killingworth Road, Higganum, CT 06469 860-345-0058	<b>Alcoholics Anonymous at Congregational Church</b> 273 Connecticut Route 81 Killingworth, CT 06419 (860) 663-1789	<b>Alcoholics Anonymous at Christ Lutheran Church</b> 300 Washington Street Middletown, CT 06457 (860) 347-6068
<b>Alcoholics Anonymous at Church of the Holy Trinity</b> 381 Main Street Middletown, CT 06457 (860) 347-2591	<b>Alcoholics Anonymous at First United Methodist Church</b> 44 Maynard Street Middletown, CT 06457 (860) 346-3689	<b>Alcoholics Anonymous at Grace Evangelical Lutheran</b> 1055 Randolph Road Middletown, CT 06457 (860) 346-2641
<b>Alcoholics Anonymous at South Congregational Church</b> 9 Pleasant Street Middletown, CT 06457	<b>Alcoholics Anonymous at St Paul Lutheran Church</b> 57 Oak Street Middletown, CT 06457 (860) 346-9107	<b>Alcoholics Anonymous at First Baptist Church</b> 93 Main Street Middletown, CT 06457 (860) 347-0044
<b>Alcoholics Anonymous at St. Mary's Church</b> 51 Freestone Avenue Portland, CT 06480 (860) 342-2328	<b>Alcoholics Anonymous at Trinity Episcopal Church</b> 345 Main Street Portland, CT 06480 (860) 342-0458	<b>Alcoholics Anonymous at Portland United Methodist Church</b> 381 Main Street Portland, CT 06480 (860) 342-0091
<b>Alcoholics Anonymous at First Congregational Church</b> 1166 Boston Post Road Westbrook, CT 06498 (860) 399-9367	<b>Alcoholics Anonymous at St. Paul's Episcopal Church</b> 53 South Main Street Westbrook, CT 06498 (860) 399-6440	

#### **Support Groups - Al-Anon Family Support (support for friends and family of problem drinkers)**

Al-Anon Family Support		
<b>Al-Anon Family Support at First Church of Christ Congregational</b> 55 Church Street Clinton, CT 06413 (860) 669-5735	<b>Al-Anon Family Support at Colchester Town Hall</b> 127 Norwich Avenue Colchester, CT 06415 (860) 537-7200	<b>Al-Anon Family Support at Westchester Congregational Church</b> 449 Westchester Road, Route 149 Colchester, CT 06415 (860) 267-0480
<b>Al-Anon Family Support at Colchester Federated Church</b> 60 Main Street Colchester, CT 06415 (860) 537-5189	<b>Al-Anon Family Support at Church of the Epiphany</b> 196 Main Street Durham, CT 06422 (860) 349-9644	<b>Al-Anon Family Support at First Church of Christ Congregational</b> 499 Town Street East Haddam, CT 06423 (860) 873-9084
<b>Al-Anon Family Support at Trinity Lutheran Church</b> 109 Main Street Essex, CT 06426 (860) 767-0228	<b>Al-Anon Family Support at St James Episcopal Church</b> 2584 Main Street Glastonbury, CT 06033 (860) 633-8333	<b>Al-Anon Family Support at First Church of Christ</b> 2183 Main Street Glastonbury, CT 06033 (860) 633-4641

<b>Al-Anon Family Support at First Congregational Church</b> 122 Broad Street Guilford, CT 06437 (203) 453-5249	<b>Al-Anon Family Support at Higganum United Methodist Church</b> 248 Saybrook Road, Rt. 154 Higganum, CT 06469 (860) 345-4622	<b>Al-Anon Family Support at Memorial Town Hall</b> School Street (On the Green) Madison, CT 06443
<b>Al-Anon Family Support at First Congregational Church</b> 26 Meeting House Lane Madison, CT 06443 (203) 245-2739	<b>Al-Anon Family Support at North Madison Congregational Church</b> 1271 Durham Road Madison, CT 06443 (203) 421-3241	<b>Al-Anon Family Support at Adath Israel Synagogue</b> 8 Broad Street Middletown, CT 06457 (860)-346-4077
<b>Al-Anon Family Support at St Ann's Episcopal Church</b> 82 Shore Road Old Lyme, CT 06371 (860) 434-1621	<b>Al-Anon Family Support at First Congregational Church</b> 366 Main Street Old Saybrook, CT 06475 (860) 388-3008	<b>Al-Anon Family Support at First Congregational Church</b> 554 Main Street Portland, CT 06480 (860) 342-3244
<b>Al-Anon Family Support at St. James Church</b> 767 Elm Street Rocky Hill, CT 06067 (860) 529-8655	<b>Al-Anon Family Support at First Congregational Church</b> 1166 Boston Post Road Westbrook, CT 06498 (860) 399-9367	

### **Support Groups - Narcotics Anonymous**

Narcotics Anonymous		
<b>Narcotics Anonymous at Bethany Lutheran Church</b> 50 Court Street Cromwell, CT 06416 (860) 635-4618	<b>Narcotic Anonymous at Church of the Epiphany</b> 196 Main Street Durham, CT 06422 (860) 349-9644	<b>Narcotics Anonymous at Haddam Neck Congregational Church</b> 408 Quarry Hill Road East Hampton, CT 06424 (860) 267-2848
<b>Narcotics Anonymous at Bethlehem Lutheran Church</b> 1 West High Street East Hampton, CT 06424 (860) 267-4272	<b>Narcotics Anonymous at Congregational Church</b> 273 Connecticut Route 81 Killingworth, CT 06419 (860) 663-1789	<b>Narcotics Anonymous at Church of the Holy Trinity</b> 381 Main Street Middletown, CT 06457 (860) 347-2591
<b>Narcotics Anonymous at Saint Paul Lutheran Church</b> 57 Oak Street Middletown, CT 06457	<b>Narcotics Anonymous at First Baptist Church</b> 93 Main Street Middletown, CT 06457 (860) 347-0044	<b>Narcotics Anonymous at Grace and Mercy Baptist Church</b> 120 Washington Street Middletown, CT 06457 (860) 343-7335
<b>Narcotics Anonymous at Saint Vincent DePaul Soup Kitchen</b> 615 Main Street Middletown, CT 06457 (860) 344-0097	<b>Narcotics Anonymous at Trinity Episcopal Church</b> 345 Main Street Portland, CT 06480 (860) 342-0458	<b>Narcotics Anonymous at Portland United Methodist Church</b> 381 Main Street Portland, CT 06480 (860) 342-0091

## Cancer – Additional Resources

Organization Information	Brief Description
<p><b>Note: while the below organizations are outside of the Middlesex Hospital geographic service area, they are being included as helpful resources.</b></p>	
<b>American Cancer Society</b> (800) 227-2345 <a href="http://www.cancer.org/">http://www.cancer.org/</a>	The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.
<b>CANCERcare®</b> (800) 813-4673 <a href="mailto:info@cancercare.org">info@cancercare.org</a>	Professional oncology social workers provide free emotional and practical support for people with cancer, caregivers, loved ones and the bereaved.
<b>American Lung Association</b> (800) 548-8252 <a href="http://www.lung.org/">http://www.lung.org/</a>	The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, through research, education and advocacy.
<b>Lungcancer.org</b> A Program of CANCERcare® (800) 813-4673 Lung Cancer Patient Support Group <a href="http://www.lungcancer.org/find_support">www.lungcancer.org/find_support</a>	Lungcancer.org is a national non-profit organization providing free, professional support services to individuals, families, caregivers, and the bereaved to help them better cope with and manage the emotional and practical challenges arising from cancer. The main purpose of lungcancer.org is to be a source of support and information for lung cancer patients and their loved ones.
<b>Lung Cancer Alliance</b> (800) 298-2436 Online Support Information <a href="http://www.lungcanceralliance.org/get-help-and-support">www.lungcanceralliance.org/get-help-and-support</a>	Lung Cancer Alliance is the leading and highest rated nonprofit organization dedicated to fighting lung cancer in the nation. Their mission is saving lives and advancing research by empowering those living with and at risk for lung cancer.
<b>Free to Breathe</b> (844) 835-4325 <a href="http://www.freetobreathe.org/support">www.freetobreathe.org/support</a>	Free to Breathe is a partnership of lung cancer survivors, advocates, researchers, healthcare professionals and industry leaders. Their mission is to ensure surviving lung cancer is the expectation, not the exception.
<b>Imerman Angels</b> (866) 463-7626 <a href="http://imermanangels.org">http://imermanangels.org</a>	Imerman Angels partners anyone seeking cancer support with a "Mentor Angel". A Mentor Angel is a cancer survivor or caregiver who is the same age, same gender, and most importantly, someone who has faced the same type of cancer. Their service is absolutely free and helps anyone touched by any type of cancer, at any cancer stage level, at any age, living anywhere in the world.
<b>Head and Neck Cancer Alliance</b> (866) 792.HNCA (4622) <a href="http://www.headandneck.org">www.headandneck.org</a>	Mission : to advance prevention, detection, treatment and rehabilitation of oral, head and neck cancer through public awareness, research, advocacy and survivorship. Through united and collaborative efforts, HNCA provides support to head and neck cancer patients throughout the year, supports ongoing research in head and neck oncology and educates children and adults in the disease process, treatment and prevention of oral, head and neck cancer.
<b>Prostate Conditions Education Council</b> (303) 316-4685 <a href="https://www.prostateconditions.org/">https://www.prostateconditions.org/</a>	A non-profit, national organization committed to men's health, The PCEC is dedicated to saving lives through awareness and the education of men, the women in their lives, as well as the medical community about prostate cancer prevalence, the importance of early detection, and treatment options, as well as other men's health

	issues. The Council aims to perform research that will aid in the detection and treatment of prostate conditions.
<b>Prostate Health Education Network</b> (617) 481-4020 <a href="http://prostatehealthed.org/">http://prostatehealthed.org/</a>	Black men in the United States have the nation's highest prostate cancer incidence and mortality rates. PHEN's mission also includes advocacy efforts to increase the overall support and resources to wage a war on prostate cancer that will eventually lead to a cure for the disease for the benefit of all men.
<b>Prostate Cancer Research Institute</b> (800) 641-7274 <a href="http://pcri.org/#welcome">http://pcri.org/#welcome</a>	The Prostate Cancer Research Institute is a not-for-profit organization, that is dedicated to helping you research your treatment options. We believe that by educating yourself about the disease, you will have more productive interactions with your medical professionals, and get better individualized care.
<b>Zero, End Of Prostate Cancer</b> (202) 463-9454 <a href="https://zerocancer.org/">https://zerocancer.org/</a>	ZERO's mission is to end prostate cancer. For the past twenty years, we have saved lives and stopped pain and suffering by advancing research, encouraging action, and providing education and support to men and their families.
<b>Men's Health Network</b> (202) 543-MHN-1 <a href="http://menshealthnetwork.org/">http://menshealthnetwork.org/</a>	The goal of MHN is to save men's lives by reducing the premature mortality of men and boys. To increase the physical and mental health of men so that they can live fuller and happier lives.
<b>Foundation for Women's Cancer</b> <a href="https://www.sgo.org/foundation/">https://www.sgo.org/foundation/</a>	Patient information for all the different types of gynecologic cancers. Offers free courses for patients who want to learn more about a specific gynecologic cancer as well as survivor courses.
<b>Chris 4 life</b> <b>Colon Cancer Foundation</b> (202) 628-0123 <a href="http://www.chris4life.org/contact">http://www.chris4life.org/contact</a>	Offers a free resource CD to patients about Colorectal Cancer with patient testimonials. Patients can also view the information on their website. Shows events for patients to be able to get involved in, if interested.
<b>Cancer + Careers</b> <b>CEW Foundation</b> (646) 929-8032 <a href="http://www.cancerandcareers.org/en/about-us">http://www.cancerandcareers.org/en/about-us</a>	Mission: Cancer and Careers empowers and educates people with cancer to thrive in their workplace, by providing expert advice, interactive tools and educational events.
<b>Chemocare</b> (844) 268-3901 <a href="http://chemocare.com/default.aspx">http://chemocare.com/default.aspx</a>	Provides patient information for chemotherapy basics, drug information, managing side effects, and chemotherapy acronyms. Provides educational videos, peer mentoring, and survivor stories. There is also a Spanish version available.
<b>CT Women of Hope</b> <a href="http://www.ctwomenofhope.org/">http://www.ctwomenofhope.org/</a>	Mission: to support women diagnosed with ovarian cancer, to educate, advocate, and raise awareness. Patient can find information about upcoming events, volunteer opportunities, and financial assistance.



**Middlesex Hospital**  
**28 Crescent Street**  
**Middletown, CT 06457**  
**[www.middlesexhospital.org](http://www.middlesexhospital.org)**