



A Study of Community Health and Healthcare Needs Southington, Connecticut

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Introduction

The Main Street Community Foundation is dedicated to enhancing the quality of life for both present and future generations in Bristol, Burlington, Plainville, Plymouth, Southington and Wolcott by encouraging and promoting gift planning, prudent stewardship of assets, effective grantmaking, and community leadership. A nonprofit public charity, created by private citizens, the Foundation works with donors in these communities who wish to build permanent charitable endowments to support their communities.

The Main Street Community Foundation was appointed Trustee for the Bradley Henry Barnes & Leila Upson Barnes Memorial Trust in 2004. The Trust was established by the late Bradley Henry Barnes of Southington to meet the health and well-being needs of Southington residents. Since 2004, the Trust has provided nearly \$5 million to largely support capital improvements to the former Bradley Memorial Hospital, now the Bradley Memorial campus of the Hospital of Central Connecticut. In October 2006, the Hospital was merged with New Britain General Hospital to form the Hospital of Central Connecticut. This merger and subsequent changes to the Bradley Memorial campus have motivated the Trustees of the Barnes Trust to examine how the Trust can best support the needs of Southington residents, consistent with the donors' intentions.

The Foundation commissioned this study to better understand health and healthcare needs in the Southington community and to identify areas where support from the Trust might address gaps in services and promote the health and well-being of community members.

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Executive Summary

Study Purpose and Methodology

This study was conducted for the Main Street Community Foundation to better understand health and healthcare needs in the Southington community and to identify areas where support from the Bradley Henry Barnes & Leila Upson Barnes Memorial Trust might address gaps in services and promote the health and well-being of community members. Data for this study come from secondary sources, a phone survey administered as part of a community health needs assessment (CHNA) conducted in 2013, a web-based survey of community stakeholders, and four focus groups and ten interviews conducted with key stakeholders and community representatives.

Findings

The Social Determinants of Health

- The population of Southington was 43,069 in 2010 and is expected to increase by about 2% over the coming decade. A slightly higher proportion of Southington's residents are over age 65 compared to the state and the country. The population is predominantly White; Hispanics comprise the largest non-White racial/ethnic group in the community.
- Southington is an affluent community, with high education levels, and a higher median income and lower poverty and unemployment rates than the state of Connecticut. Although the poverty level is low, there are people in the community who struggle. The proportion of children (K-grade 3) eligible for free or reduced lunch in Southington has grown between 2009 and 2012.
- Assets of the community include its schools, facilities for physical activity and entertainment, and reportedly excellent and extensive services to meet a variety of resident needs. Residents described Southington as a close-knit and family-oriented community with a low crime rate.
- Two challenges for the community are affordable housing and transportation.

Health Indicators and Outcomes

- A similar proportion of Southington residents as residents in the Hospital of Central Connecticut service area and the state overall reported that their general health was "excellent" and a lower proportion reported that their health in general was "poor."
- Mortality rates overall in Southington in 2006-2010 were comparable to those for the state. Southington experienced slightly higher rates of mortality due to cardiovascular disease, cancer, accidents, chronic liver disease, and drug-induced deaths than the state overall in 2006-2010. Mortality rates due to Alzheimer's disease was substantially higher in Southington than the state. Rates of mortality due to chronic lower respiratory disease, infectious and parasitic diseases, and pneumonia and influenza were lower in Southington than for the state in 2006-2010. The town experienced statistically significant decreases in mortality between 2001-2005 and 2006-2010 due to all causes, major cardiovascular diseases, diabetes-related, and pneumonia and influenza. Mortality due to injury,

accidents, and liver disease in Southington have remained the same over this time period while the state experienced statistically significant increases in injuries and accidents over this time period.

- Obesity was identified as a concern in the web-based survey but did not arise as a prominent health concern for the community in most focus groups or interviews. Data from the CHNA household survey indicate that rates of obesity are slightly lower and rates of overweight were slightly higher in Southington than for the Hospital of Central Connecticut service area and about the same as for the state of Connecticut.
- The birth rate for mothers under the age of 18 in Southington in 2009 was similar to that for the state. The proportion of low birthweight births has stayed the same in Southington between 2001 and 2009 and is similar to the state overall. The proportion of Southington women receiving little or no prenatal care, however, has grown over this time period.
- Nearly half of survey respondents identified substance use as a top three health concern for Southington, in particular alcohol, heroin, prescription drugs, and marijuana. Southington has a higher rate of drug-induced deaths than the state of Connecticut. The rate of alcohol-involved motor vehicle accidents in Southington has been rising. However, self-reported use of alcohol on the CNHA household survey indicates that fewer Southington respondents than Hospital of Central Connecticut service area drink alcoholic beverages. Self-reported use of alcohol and marijuana declined among Southington youth between school years 2010-2011 and 2011-2012.
- Mental health was identified as a prominent concern in Southington, with respondents citing depression and anxiety as common disorders. Among youth, school-associated stress, bullying, and eating disorders were reported. Mental health concerns among seniors were also frequently mentioned.
- The community has both primary and specialty health care services. Dental services are available in the community, although they are expensive. Perceptions about the need for more preventive health services in Southington varied with some indicating that more are needed and others reporting there is no need for more such services.
- Southington residents, like those in the state and nation, face barriers to accessing health care. While a lower proportion of Southington adults were uninsured in 2011 compared to the state of Connecticut, lack of health insurance and limits to insurance coverage were a frequently-mentioned concern for the community. Affordability of health care due to high co-pays, deductibles, premiums, and medication was also cited as a concern. Availability of providers, especially those who take Medicare and Medicaid emerged as another concern related to health care access as did closed patient panels, long wait times for appointments, and a lack of after hours health services. Finally, difficulty navigating a complex health system was reported as a barrier to health care access.

Community-Identified Health and Health Care Needs

- **#1: Accessibility and affordability of health care:** Respondents noted that this is expected to change with the implementation of the Affordable Care Act (ACA) and Medicaid expansion but how exactly is unclear at this point. There is a need for information to educate patients about how to navigate the health care system and efficiently and effectively use health care resources.

- **#2: Services/programs to address substance use and mental health needs:** The need for these services was a prominent theme in all data collected. Needs cited included more mental health service providers, a rehabilitation facility for substance use, more family and senior in-home counseling services, and enhanced use of evidence-based interventions by the mental health care delivery system. Education was seen as needed to raise awareness about mental illness and reduce stigma associated with mental illness.
- **#3: Supports to meet the health and health care needs of an aging population:** Concerns about the senior and aging population were prominent including affordable housing, transportation access, and health care services. Suggestions included more education to raise awareness about the importance of wellness and the services that are available to seniors and their caregivers. In addition, services for meeting the needs of home-bound seniors were needed, including affordable home care and companion care.
- **#4: Better integrated health care:** Several respondents expressed a need for better integrated health care, especially the integration of primary and behavioral health. Suggestions included a low-cost health clinic in the community and ensuring residents are connected to primary care providers. The community currently does not currently have a public health nurse to conduct screenings, provide immunizations, and conduct outreach and public education.
- **#5: More community education about existing services:** A large proportion of respondents noted that more education was needed about existing services in the community. Additionally, they suggested that there is a need for more education about substance abuse, how to take care of one's health, how to use the health care system.

Study Purpose and Methodology

This report presents information about the health and health care needs in the Southington community. The analysis covers the town of Southington including the neighborhoods of Milldale, Marion, and Plantsville. The report has three sections. The first describes the data collection methodology for the study. The second and largest section provides an overview of the Southington community including health status. The third describes health and healthcare needs and challenges identified by community members.

This report presents an analysis of quantitative and qualitative data that come from a variety of sources:

- *Secondary Data.* The report relies on existing data to examine the social, economic and health context in Southington including health outcomes. These data come from a variety of sources including the U.S. Census, the Connecticut Department of Labor, vital records, the Connecticut Department of Public Health, the Connecticut State Department of Education, and 211 as well as from community-based organizations such as Southington STEPS.
- *CHNA Resident Household Telephone Survey.* Quantitative data about health status, health-related behaviors, and health needs of Southington community members was collected through a phone survey administered as part of a community health needs assessment (CHNA) conducted in 2013. The CHNA process was led by the Hospital of Central Connecticut and conducted by Holleran, a consulting firm from Lancaster, PA. The survey utilized a statistically valid sampling methodology to contact 630 adult residents from the hospital's service area. The survey tool was adapted from the Behavioral Risk Factor Surveillance System (BRFSS) used by the CDC to gather data about health behaviors nationally. Within this sample, 127 residents were from three of the Southington community zip codes (Plantsville, Southington, Marion). The fourth, Milldale, was not included in the sample. The survey addressed 25 health-related topics ranging from general health status to children's oral health and ranged in length from 15 to 30 minutes. Data from this survey are shared in this report in a limited way. This is because the sample size for the Southington community is very small and therefore cannot be considered statistically representative. Additionally, as noted in the CHNA report, the survey approach of contacting only adults who had land-line telephones presented some sampling limitations as younger adults are increasingly less likely to have land lines.
- *Web-Based Survey of Community Stakeholders.* To better understand community-level health concerns and challenges, a brief, anonymous survey was conducted for this project. The survey was conducted using SurveyMonkey, a web-based survey tool. The survey asked about social and health concerns in Southington, barriers to health care access, and needed health services in the community. An email link to the anonymous survey was sent to 251 stakeholders in Southington, representing health care providers, social service professionals, the faith community, government representatives, business people, and community residents. Respondents with Southington zip codes were

identified through the Foundation database of key contact profiles. Fifty-one individuals responded to the survey, yielding a response rate of 20%, a typical response rate for this type of survey. Survey results are provided in Appendix A. The survey instrument is provided in Appendix B.

- *Focus Groups with Community Residents and Other Stakeholders.* Four focus groups with a variety of community stakeholders were conducted in mid-August to gather a more in-depth perspective on health and health care status and needs in Southington. Focus groups were held with representatives of local business leaders, seniors, youth, and social service providers and community leaders. The number of focus group participants ranged from five to twelve and each group was between 60 and 90 minutes in duration. Parental permission and youth assent was obtained from all youth focus group members. In total, 34 individuals participated in focus groups. A list of focus group members is provided in Appendix C. The questions discussed in the focus groups are provided in Appendix D.
- *Key Informant Interviews.* Additional in-depth information was gathered through phone interviews with ten key informants from a variety of sectors. The phone interviews were 20-30 minutes in duration and covered the pressing health needs in Southington, existing services, and unmet needs. The list of interviewees is provided in Appendix C. A copy of the interview questions is provided in Appendix E.

It is important to note that there are several limitations to the data. As noted above, the small sample size for the CHNA Resident Household Phone Survey and the Web-based Survey of Community Stakeholders limits the ability to generalize those findings to the larger Southington population. In addition, the sample for the Web-based Survey of Community Stakeholders was a “convenience sample” deriving from a list at the Main Street Community Foundation rather than a statistically selected sample. Additionally, survey respondents self-selected to participate in the survey, further limiting generalizations that can be drawn from the results. Focus group members and interviewees were a sample of individuals selected because they play leadership roles in the community and/or because they represented different sectors of the community. However, there is no way of knowing how aligned or divergent these views are from the general Southington population. Nevertheless, focus groups and interviews are a common data collection methodology in community needs assessments because they provide an in-depth perspective on a community and allow for insights and discussion that cannot be obtained through more quantitative approaches.

Although these limitations create challenges, together the data provide perspectives from a variety of individuals and sources that can be “triangulated” against each other to identify broad themes related to the health and healthcare status and needs in the community. Descriptive statistics were used to analyze survey results. Standard qualitative data analysis techniques of coding and characterizing were used to analyze the data collected through focus groups and from interviews.

Key Findings

This section presents the key themes identified in the data analysis. The section begins with an overview of the Southington community including its assets and challenges that affect community health. This discussion is followed by a description of health outcomes and health status among Southington residents and then the availability and accessibility of health care services in the community.

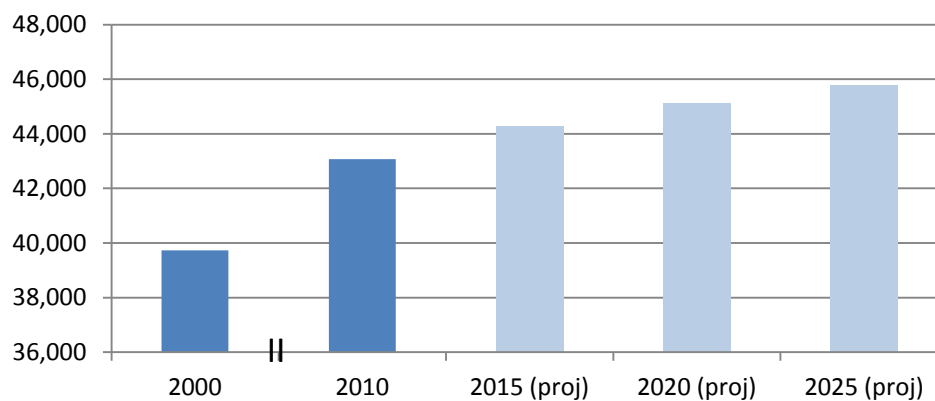
The Social Determinants of Health

One's health status is affected by more than one's personal health behaviors or access to health care. As noted by Grantmakers in Health, "*decades of research and practical experience in the United States and other countries have shown that a number of economic and social factors – education, income, occupation, wealth, housing, neighborhood environment, race and ethnicity – have a powerful influence on health.*"¹ Generally referred to as the "social determinants of health" these factors positively and negatively affect health in a community. This section describes the Southington community from a social determinants of health perspective.

Demographics

According to the U.S. Census, the population of Southington was 43,069 in 2010. The population grew at a rate of 8.4% from the 2000 census, a growth rate higher than the state population growth rate of 5.4% over this time period. The community's population is projected to rise over the coming decade, although at a slower rate than previously (about 2%). (Figure 1)

Figure 1: Population of Southington²



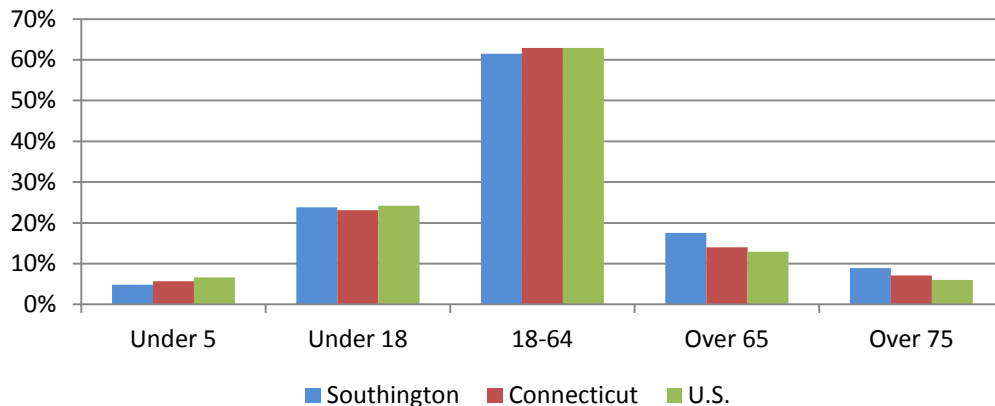
Many focus group members and interviewees reported that the Southington community, like the nation and the state of Connecticut, is aging. Quantitative data indicate that a slightly higher proportion of Southington's residents were over age 65 in 2011 compared to the state and the country. (Figure 2) About 17% percent of the community's population were over age 65,

¹ <http://www.gih.org/Focus/FocusOnIssues.cfm?MetadataID=24>

² Connecticut State Data Center. Located at <http://ctcdc.uconn.edu/projections.html>

compared to 14% for the state and 13% for the U.S. Approximately 9% of the population of Southington was over age 75 in 2011, compared to 7% for Connecticut and 6% for the U.S. About 25% of the community’s population is under the age of 18, a proportion similar to the state and the country. The implications of an aging population for health and health care in the community was a prominent theme in focus groups and interviews. This is discussed further below.

Figure 2: Population by Age, Southington, Connecticut, and U.S.³



About 94% of Southington’s population was White in 2010 and this proportion declined slightly from 2000. (Table 1) This is higher than the state proportion of Whites (77.6%). A comparison of U.S. census data from 2000 to 2010 reveals that racial and ethnic diversity in the community grew slightly over this time period. About 3.4% of Southington’s population was Hispanic in 2010, the largest non-White racial/ethnic group in the community. Hispanics make up 13.4% of Connecticut’s population. Diversity among Southington children under age 18 over this time period grew more dramatically. (Table 2) The proportion of Hispanic children in Southington grew from 1.6% to 6.7% over this time period.

Table 1: Population by Race and Ethnicity, Southington⁴

	2000 Census	2010 Census
White	96.4%	94.3%
Black/African American	0.9%	1.5%
American Indian or Alaska Native	0.1%	0.2%
Asian	1.0%	2.2%
Two or more Races	1.0%	1.2%
Hispanic	2.0%	3.4%

Table 2: Child (<18) Race and Ethnicity, Southington⁵

	2000 Census	2010 Census
White	87.6%	74.8%
Black/African American	3.1%	3.8%
Asian	4.5%	4.4%

³ U.S. Census Bureau, 2007-2011 ACS 5-year estimates. Note that some age groups are overlapping.

⁴ U.S. Census Bureau, 2007-2011 ACS 5-year estimates.

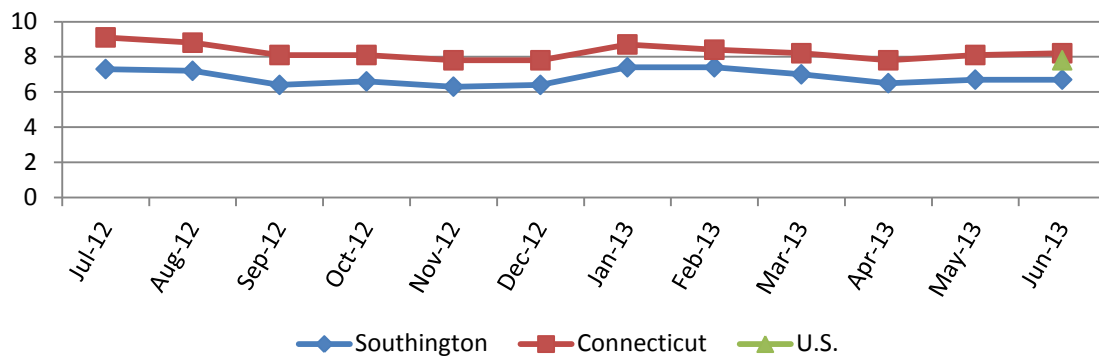
⁵ U.S. Census Bureau. As reported in: *Connecticut KIDS COUNT 2013*. Connecticut Association for Human Services.

	2000 Census	2010 Census
Other Race	1.0%	1.8%
Two or more Races	2.8%	4.4%
Hispanic	1.6%	6.7%

Income and Poverty

Focus group members and interviewees reported that the Southington community is largely affluent. The median household income in Southington in 2011 was \$75,461, higher than for the state as a whole (\$67,427).⁶ Additionally, the unemployment rate is lower in Southington than in Connecticut or the U.S. (Figure 3) In June 2013, the unadjusted unemployment rate in Southington was 6.7% compared to 8.2% for the state of Connecticut and 7.8% for the U.S.

Figure 3: Unemployment rate (not seasonally adjusted), Southington, Connecticut, and U.S.⁷



Although many measures point to a community of economic means, focus group members and interviewees reported that there are, in the words of one respondent, “*pockets of poverty*” in the Southington community. Residents noted that Southington has a high cost of living and this creates challenges for lower wage-earning families and individuals. Respondents also noted that seniors on fixed incomes who have long been residents can find it difficult to remain in the community. According to one member of the senior center focus group, “*financially, seniors can’t afford to live here.*”

Quantitative data indicate that Southington has a lower poverty rate than the state overall. The poverty rate in Southington was 3.5% in 2011 while the state rate was 9.5%. The proportion of Southington children living in poverty (4.2%) is also lower than that for the state (12.6%).⁸ However, the proportion of children (K-grade 3) eligible for free or reduced lunch in

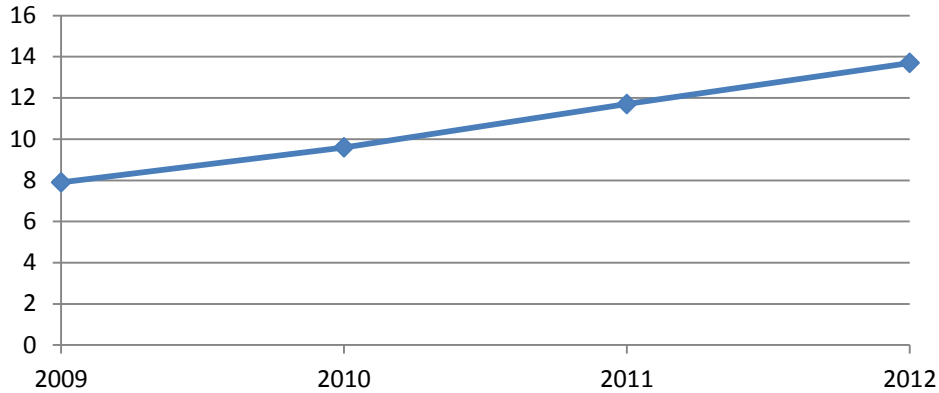
⁶ Census American Community Survey 2007-2011 five-year estimates. As reported in: *Poverty, Income, and Health Insurance in Connecticut: Summary of 2009-2011 Data from the American Community Survey*. June 2013. Connecticut Voices for Children.

⁷ Connecticut Department of Labor, Local Area Unemployment Statistics (LAUS)

⁸ U.S. Census American Community Survey (ACS) 2007-2011 five-year estimates. As reported in: *Family Well-Being Indicators for Connecticut Cities and Towns: Summary of 2007-2011 American Community Survey Census Data*. May 2013. Connecticut Voices for Children.

Southington has grown steadily between 2009 and 2012, from 7.9% in 2009 to 13.7% in 2012. (Figure 4)

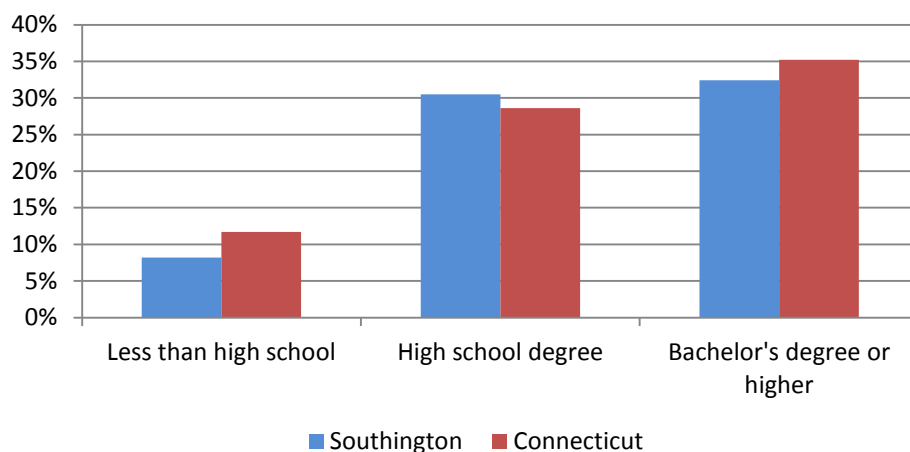
Figure 4: Proportion of students K-3 eligible for free or reduced lunch, Southington⁹



Education

A common strength of the community mentioned across focus groups and by interviewees was high educational level of Southington’s residents and the excellent quality of its schools. Quantitative data confirm this: over one third of Southington’s residents have a Bachelor’s degree or higher, a rate similar to the state as a whole. (Figure 5) Southington students score higher on state tests than students in Connecticut overall. (Table 3) Additionally, the four-year graduation rate in the community was 91.6% in 2012, higher than the 2010 rate of 87.4% and higher than the 2012 rate for Connecticut (84.8%).¹⁰

Figure 5: Educational Attainment (persons age 25 or older), Southington and Connecticut¹¹



⁹ Connecticut State Department of Education data cited by the Connecticut Data Collaborative.

¹⁰ Connecticut State Department of Education.

¹¹ American Community Survey 2006-2010 data cited by the Connecticut Data Collaborative.

Table 3: Test Scores, 3rd and 10th Graders, Southington and Connecticut¹²

	Southington 2012	Connecticut 2012
3 rd Graders at or above Grade Level Reading (CMT)	73.2%	59.2%
10 th Graders at or above goal in mathematics on CAPT	71.8%	49.3%

Housing

Affordability of housing in Southington was a challenge reported by many focus group members and interviewees. Residents noted that there are few public housing options in the community which prevents lower income individuals from moving to the community and makes it more difficult for struggling families who have lived in the community to be able to stay. According to the Partnership for Strong Communities, only between 5-10% of Southington’s housing stock is designated as affordable.¹³ Recent state cuts to renter support programs have made it even more difficult for lower income families and individuals to remain in the community according to some respondents. Data from 211, a free information and referral service, indicate that calls from Southington about housing/shelter and utilities and heat accounted for 17% of all service requests in 2013, the third highest number of Southington calls to 211.¹⁴

A number of residents expressed concerns about lack of affordable senior housing—to meet both current and future needs. While Southington is reported to have a variety of very nice senior housing options with many associated services, these are expensive and out of reach for a number of the town’s senior residents. Senior focus group members reported long wait lists for more affordable senior housing options. As one focus group member explained, “*it’s a tale of two cities. Spring Lake is a senior housing development but some seniors are barely holding onto their houses they have lived in all their lives. Condos are expensive.*” Although residents reported that new housing is being developed they also shared concerns about meeting the need for senior housing in the future.

Social Cohesion and Safety

Focus group members and interviewees described Southington as an excellent place to live. Residents used the words “close-knit,” “family oriented,” and “supportive of one another” to describe the community and community members. As one focus group member stated, “*the fabric of the community is strong.*” One member of the senior focus group noted that while the town has grown much since she first settled there, it has continued to retain what she described as “*a small town feel.*”

¹² U.S. Census American Community Survey (ACS) 2007-2011 five-year estimates. As reported in: *Family Well-Being Indicators for Connecticut Cities and Towns: Summary of 2007-2011 American Community Survey Census Data*. May 2013. Connecticut Voices for Children.

¹³ Partnership for Strong Communities. *Housing in CT 2012: The Latest Measures of Affordability*. October 2012. Defined as deed restricted and governmentally supported affordable housing units.

¹⁴ <http://www.211ct.org/referweb/landing.aspx>

Focus group members described Southington as a community comprised of families, empty nesters, and seniors. Several reported that there are fewer younger adults in the community primarily because youth leave the community to attend college and live elsewhere in their early careers. However, many also observed that young people do return to the community to live and raise families. In the words of focus group member, “*people come back because it is a great community.*”

Respondents reported that the community is safe and crime is low. Quantitative data confirm this—Southington’s crime rate of 1,769 per 100,000 population in 2010 was lower than that for the state (2,477 per 100,000 population).¹⁵ Violent crime was substantially lower in Southington (60 per 100,000 population) than in the state (280 per 100,000 population) in 2010.

One concern identified in the web-based survey of community stakeholders was that of family breakdown. Breakdown of families/parenting issues was identified as the second top social concern (after substance use) by survey respondents: 45% of respondents reported this to be one of three top social issues for the community. While this issue was prominent in survey results, concerns about family breakdown were not expressed in focus groups or interviews.

Opportunities for Physical Activity and Healthy Eating

Focus group members and interviewees reported that there were many things to do in Southington that make it a nice place to live. They mentioned summer music hours, the farmer’s market, Lake Compounce, Mt. Southington, and a drive-in theater. Residents stated that there are an abundance of recreational and fitness opportunities in the community including bike and running trails, fitness programs, and excellent formal and informal sports opportunities for youth. They pointed to the Southington YMCA, the Southington Parks and Recreation Department, and the Activate Southington initiative as leaders in efforts to promote physical activity in the community. In the words of one interviewee, Southington has “*a robust recreation system.*”

Results from the CHNA household telephone survey indicate that a higher proportion of Southington residents (90%) reported that they participated in leisure time physical activity than residents in the overall Hospital of Central Connecticut service area (85%) and the state (79%). Slightly over half (54.4%) of Southington 4th graders met the standard on all physical fitness tests, a rate slightly higher than the state overall (50.9%).¹⁶

Several residents noted, however, that many of the community’s recreational opportunities have fees, making affordability an issue for some families. While scholarships and vouchers are available, a few respondents believed that families are not always aware of these.

Relative to healthy eating, focus group members and interviewees reported that Southington has healthy food options and restaurants in addition to fast food. There is also a farmer’s market in town. Youth reported that schools are now serving more healthy food in the cafeteria. A few residents said that they would like to see an organic grocery store in town.

¹⁵ Connecticut Department of Public Safety data cited by the Connecticut Data Collaborative.

¹⁶ Connecticut State Department of Education as cited by the Connecticut Data Collaborative.

Transportation

The lack of a public transportation system in Southington was identified as a community challenge by many focus group members and interviewees. As one respondent reported, *“to get around, you really have to have a car.”* Those without a car must rely on family and friends according to focus group members and interviewees. This creates challenges for those who do not have vehicles (lower income individuals) or are not able to drive (seniors, youth, and disabled individuals). Over one third (39%) of respondents to the web-based stakeholder survey identified lack of transportation to medical services as one of three top barriers to health care access in Southington.

In general, seniors were seen as having more transportation options than lower income individuals and adolescents because there are services available through senior centers and some housing developments and through community programs such as RSVP and Dial-a-Ride. However, seniors noted that these services have limited hours of operation and sometimes require substantial notification in advance.

Several respondents also reported noted that walking and biking are difficult in Southington due to busy roads, lack of sidewalks, and poor sidewalk quality. Youth in particular stated that they find it difficult to walk or ride their bicycles to places they would like to go.

It is important to note, however, that there is not necessarily a desire for public transportation in Southington. A public transportation option was voted down by the town a couple of years ago. In the words of one focus group member, *“there is also an issue that people don’t want public transportation because it signals lower income.”*

Community Services

Focus group members and interviewees stated that Southington has excellent and extensive services to meet a variety of resident needs. They praised the work of Southington Social Services in meeting the needs of community members and noted the good work of many local nonprofit organizations. As one member of the senior focus group stated, *“community services are great.”* However, respondents noted that there are two challenges. The first is that, according to some respondents, community residents are not aware of the many services that exist in the community. Lack of awareness of health services was the third highest health concern noted by respondents to the web-based community stakeholder survey. Second, respondents reported that personal pride and the stigma associated with seeking services prevents some from accessing them.

Health Indicators and Outcomes

The following section examines existing quantitative data related to mortality, disease prevalence, and health behaviors to describe health concerns and health outcomes in Southington. Lack of data at the town level limits the ability to gain an in-depth picture of some health status measures in the community; however, where available, these data are shared in this

section. Trend data are provided where available and appropriate to better understand changes over time. In addition, for many measures, data for the state of Connecticut are provided as a reference point. Finally, targets established through the Healthy People 2020 (HP2020) Initiative have also been provided. Healthy People 2020 is a national initiative led by a variety of federal agencies that each decade sets out a 10-year agenda for improving the nation's health.¹⁷ One aspect of this is identifying measurable change in key health and health care indicators. These targets can serve as a useful reference point when examining community health.

Self-Reported Health Status

According to the CHNA resident telephone survey conducted in 2013, a similar proportion of Southington residents as residents in the Hospital of Central Connecticut service area and the state overall reported that their general health was "excellent" (about 23%) A lower proportion of Southington residents (about 1%) than Hospital of Central Connecticut respondents (3.5%) and Connecticut (2.3%) reported that their health in general was "poor." Due to low sample sizes, however, these results should be interpreted with caution.

Mortality Rates

Quantitative data about age-adjusted mortality rates indicate that mortality rates overall in Southington in 2006-2010 were comparable to those for the state (665 deaths per 100,000 population).¹⁸ (Table 4) Southington experienced slightly higher rates of mortality due to cardiovascular disease, cancer, accidents, chronic liver disease, and drug-induced deaths than the state overall in 2006-2010. Mortality rates due to Alzheimer's disease was substantially higher in Southington (30.3 deaths per 100,000 population) than the state (16.4 deaths per 100,000 population). Southington had higher rates of lung and pancreatic cancers and lower rates of colorectal cancer than the state in 2006-2010. (Table 5) Rates of mortality due to chronic lower respiratory disease, infectious and parasitic diseases, and pneumonia and influenza were lower in Southington than for the state in 2006-2010.

Mortality rates for many causes have declined between 2001-2005 and 2006-2010 in both Southington and the state overall. The town experienced statistically significant decreases in mortality due to all causes, major cardiovascular diseases, diabetes-related, and pneumonia and influenza over this time period. The state also experienced statistically significant decreases in these mortality rates over this time period.¹⁹ Mortality due to injury, accidents, and liver disease in Southington have remained the same over this time period while the state experienced statistically significant increases in injuries and accidents over this time period.

A comparison of 2006-2010 data for Southington to HP2020 targets where available reveals that the Southington rate of deaths due to injuries (46.7) is lower than the HP2020 target (53.3). Deaths related to diabetes in Southington in 2006-2010 (56.1) were substantially lower than the HP2020 target (65.8). Lung cancer and colorectal cancer mortality rates in Southington (45.1 and

¹⁷ <http://www.healthypeople.gov/2020/about/default.aspx>

¹⁸ The age-adjusted mortality is a mortality rate that has been statistically modified to eliminate the effect of different age distributions among different populations. (Source: CDC).

¹⁹ Statistical significance determined by the Connecticut Department of Public Health.

9.6, respectively) in 2006-2010 were also lower than HP2020 targets (45.5 and 14.5, respectively). However, the rate of overall cancer death rate in Southington (170.7) is higher than the HP2020 target of 160.6 and the rate of drug-induced deaths in the community (14.5) is higher than the HP2020 target of 11.3.

Table 4: Age-Adjusted Mortality Rate per 100,000 population, 2001-2005 and 2006-2010²⁰

	Connecticut 2006-2010	Connecticut 2001-2005	Southington 2006-2010	Southington 2001-2005
All causes	665.8	766.5	665.4	802.8
Major Cardiovascular Diseases	207.4	271.6	210.9	272.8
Malignant Neoplasms (Cancer)	164.4	187.9	170.7	197.8
Chronic lower respiratory diseases	32.6	37.4	27.7	37.1
Infectious and parasitic diseases	23.5	24.5	13.4	14.9
Diabetes-related ²¹	53.0	70.9	56.1	87.2
Alzheimer's disease	16.4	15.7	30.3	29.3
Pneumonia and Influenza	15.2	21.8	12.9	28.1
Chronic liver disease and cirrhosis	7.1	8.2	9.7	9.8
Nephritis, nephrotic syndrome, nephrosis	13.1	14.7	12.4	14.1
All injuries	45.8	43.3	46.7	46.7
Accidents	33.3	31.5	36.0	36.0
Alcohol-induced	5.1	4.9	5.8	7.2
Drug-induced	11.1	9.9	14.5	11.7

Table 5: Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2001-2005 and 2006-2010²²

	Connecticut 2006-2010	Connecticut 2001-2005	Southington 2006-2010	Southington 2001-2005
All Cancers	164.4	187.9	170.7	197.8
Colorectal cancer	13.8	18.1	9.6	18.3
Lung cancer	43.7	49.9	45.1	59.1
Pancreatic cancer	11.6	11.6	13.4	9.5

²⁰ Connecticut Department of Public Health.

²¹ Defined as: Number of deaths due to diabetes reported as the underlying or multiple cause of death

²² Connecticut Department of Public Health. Mortality rates not reported for causes of death with <15 deaths thus not all cancers represented.

The infant mortality rate in Southington in 2009 was 5.2 deaths per 1,000 live births, similar to the state overall (5.6 per 1,000 live births).²³ This is lower than the HP2020 target of 6 deaths per 1,000 live births.

Chronic Disease

As discussed above, heart disease and diabetes-related mortality rates are slightly higher in Southington than in the state of Connecticut overall. The town experienced statistically significant decreases in mortality due to major cardiovascular diseases and diabetes between 2001-2005 and 2006-2009 as did the state of Connecticut.

Quantitative data about asthma prevalence indicates that the age-adjusted rate of hospitalizations with a primary diagnosis of asthma in Southington was 7.5 cases per 10,000 in 2009, lower than the state rate (14.6). The rate of ED visits with a primary diagnosis of asthma in 2009 was 37.3 cases per 10,000 compared to 73 for the state.²⁴

Obesity

Obesity did not arise as a prominent health concern for the community in most focus groups or interviews. Respondents reported that the abundance of opportunities for physical activity in the community many that many residents were physically active. Obesity was mentioned as a concern by a couple of interviewees who noted that lower income individuals in particular faced challenges in accessing fitness program and purchasing healthy food.

However, web-based stakeholder survey results identified obesity as the second top health concern for the community (after substance use). Forty-two percent of respondents reported that obesity/overweight was a top three health concern for the community. Additionally, data from the CHNA household survey indicate that 24% of those sampled were obese and 43% were overweight. The rates of obesity are slightly lower in Southington than for the Hospital of Central Connecticut service area (30%) and the nation (28%) and about the same as for the state of Connecticut (23%). The proportion of sampled adults who were overweight in Southington was higher than for the Hospital of Central Connecticut service area (35%) and the nation (36%) and about the same as for the state of Connecticut (38%). Due to low sample sizes, however, these results should be interpreted with caution.

Substance Use

In most focus groups and interviewees, substance use was identified as the primary social and health concern for the community. As one interviewee explained, “*there is an under-the-surface drug culture.*” Substance use was identified as the top health concern for the community in the web-based stakeholder survey. Nearly half (48%) of survey respondents identified substance abuse/alcohol abuse as a top three health concern for Southington. Substances of greatest concern mentioned in focus groups and interviews were alcohol, heroin, prescription drugs, and marijuana.

²³ Connecticut Department of Public Health as cited by the Connecticut Data Collaborative.

²⁴ Connecticut Department of Public Health. *The Burden of Asthma in Connecticut. 2012 Surveillance Report.*

Alcohol abuse was mentioned in many focus groups and interviews. Southington was reported to have, in the words of one focus group member, “*a multitude of box stores (liquor outlets).*” The town has taken steps to address concerns about alcohol according to respondents. For example, the community has a “social hosting” ordinance in place, although some reported that this is not always heeded by adults in the community.

Residents also expressed concerns about a rise in the use of heroin and prescription drugs in the community. A couple of respondents noted, however, that there has recently been media coverage of heroin use in the community which may affect perceptions of its prevalence. Quantitative data about heroin use in the community are not available.

Several focus group members expressed surprise at the number of adults who fail pre-employment drug screening tests. Focus group members and interviewees reported that they believed several factors contribute to drug use including overprescribing of painkillers by physicians, easy accessibility, and affluence which makes it easier to obtain the drugs. Overprescribing of medication was a topic discussed in several focus groups. As one focus group member reported, “*people are prescribed painkillers but not given alternatives [to medication].*”

Marijuana was also mentioned by several focus group members and interviewees who noted that recent efforts to promote the use of medical marijuana have created an environment in which, in the words of one focus group member, “*marijuana use is no big deal.*”

Little statistical information about tobacco, alcohol, and drug use among Southington adults is available. As described above, Southington has a higher rate of drug-induced deaths than the state of Connecticut. In addition, the rate of alcohol-involved motor vehicle accidents in Southington has been rising.²⁵ The rate was 3.8 in 2002 and has risen to 9.0 in 2008. More current data are not available. However, requests to 211 for information about substance abuse services comprised only 4% of all service requests between July 2012 through June 2013, below the number of calls for many other services. Self-reported use of alcohol on the CNHA household survey indicates that fewer Southington respondents than Hospital of Central Connecticut service area drink alcohol. About 76% of sampled Southington residents reported that they had no alcoholic beverages over the 30 days before the survey, compared to 66% of Hospital of Central Connecticut service area adults, 73% of Connecticut adults, and 71% of U.S. adults. Five percent of sampled Southington adults reported that they had had alcoholic beverages 5 or more times over this time period, a proportion slightly lower than for the Hospital of Central Connecticut service area adults and adults in the U.S. (6%) and about the same as adults in Connecticut. Due to low sample sizes, however, these results should be interpreted with caution.

Some data about alcohol, tobacco, and drug use among Southington youth are collected through the Southington STEPS initiative. (Table 6) Self-reported use of alcohol and marijuana declined among Southington youth between school years 2010-2011 and 2011-2012.²⁶ A number of focus

²⁵ Connecticut Department of Mental Health and Addiction Services as cited by the Connecticut Data Collaborative.

²⁶ Southington STEPS will be administering the survey again in Fall 2013.

group members and interviewees reported that the Southington STEPS program has been very successful; its efforts have likely contributed to the change seen in teen risky behaviors.

Table 6: Self-reported substance use among youth, Southington.²⁷

Question	Southington 2010-2011	Southington 2011-2012
Used alcohol at least once in the past 30 days	25%	19%
Used tobacco at least once in the last 30 days	8%	8%
Used marijuana at least once in the last 30 days	15%	13%

Tobacco was cited as less of a concern by focus group members and interviewees. The CHNA household survey data indicate that rates of smoking in Southington are substantially lower than for the service area of Central Connecticut Hospital and the state overall. The proportion of respondents reporting that they smoke every day was about 7% in Southington, compared to 28% for the hospital service area and 22% for the state. Use of tobacco was less frequently mentioned as a community concern in the web-based stakeholder survey although youth and those who work with youth noted a rise in the use of smokeless tobacco among youth, mostly among boys participating in sports.

Mental Health

Focus group members and interviewees reported that, as throughout the nation, mental health is a concern in Southington. Respondents reported that depression and anxiety are common disorders among community members. A few mentioned that the recent tragedy in Newtown has created enhanced awareness about mental health concerns and attention to them. Youth reported that school-associated stress is prevalent among their peers.

A number of focus group members and interviewees expressed concern particularly about mental health issues among seniors who often struggle with issues of aging including a loss of independence, a decreasing social circle, and growing social isolation which can lead to depression and anxiety. Additionally, a couple of respondents expressed concern about mixing of prescription medications and alcohol among seniors.

There are little quantitative data about the prevalence of mental health concerns in the Southington community. However, mental health/mental illness was identified as the sixth top health concern in the community in the web-based stakeholder survey. Sixteen percent of respondents identified mental illness as a top three social concern in the community and 22% identified it as a top three health concern in the community. Calls to 211 about outpatient mental health care, however, comprised the largest proportion of calls for all three years from 2010 to 2013. In 2013, 18% of all service requests to 211 were for outpatient mental health care. Among youth, data from Southington STEPS indicates that 9% of Southington youth reported in 2011 that they had attempted suicide one or more times.²⁸ Twelve percent of Southington youth reported feeling sad or depressed most or all of the time during the month before the survey.

²⁷ Southington STEPS. Survey tool used by Southington STEPS is modeled on the national Youth Risk and Behavior Survey (YRBS) developed and administered by the CDC. Due to differences in grades sampled, comparisons cannot be made to state or U.S. youth or to HP2020 targets.

Maternal and Child Health

Maternal and child health concerns were not prominent themes in most focus groups and interviews. Quantitative data indicate that the birth rate in Southington has been declining over time. The birth rate for mothers under the age of 18 was 1.6% in Southington in 2009 similar to the rate for the state overall (2%).²⁹

The proportion of low birthweight births has stayed relatively the same in Southington between 2001 and 2009 and similar to the state overall with some fluctuation between 2006 and 2008 in Southington. (Figure 6) The proportion of Southington women receiving little or no prenatal care, however, has grown over this time period from 8.8% in 2000 to 10.2% in 2009. (Figure 7) However, a slightly lower proportion of Southington women than women in Connecticut receive late or no prenatal care.

Figure 6: Proportion of low birthweight babies (under 2,500 grams), Southington and Connecticut³⁰

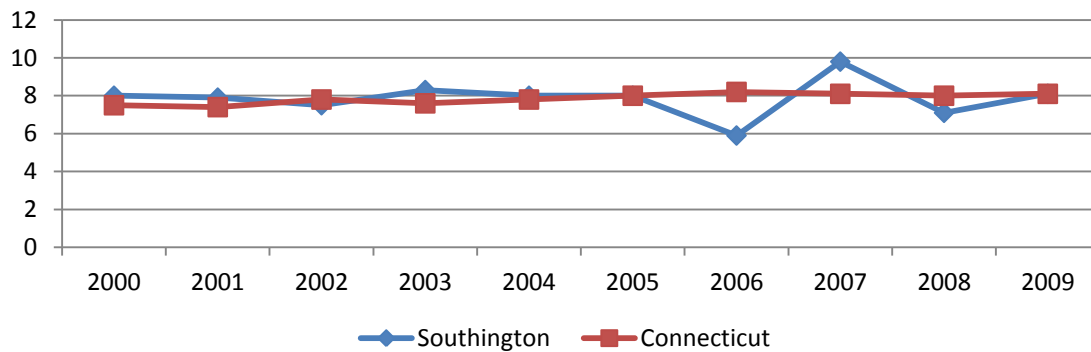
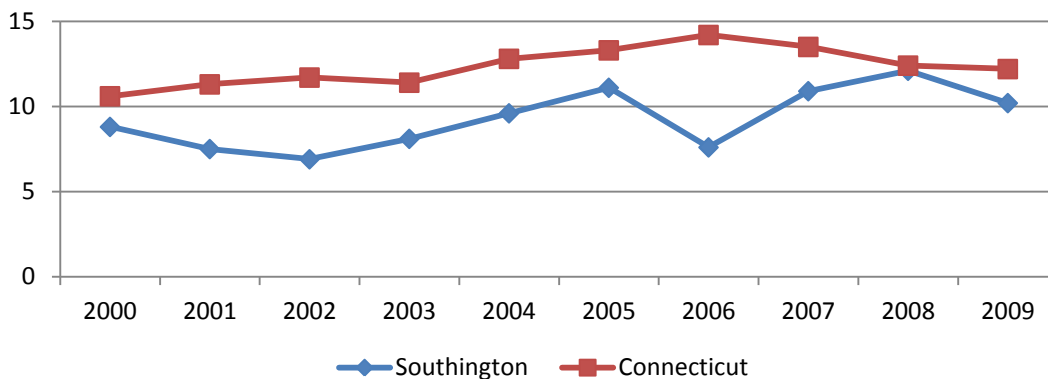


Figure 7: Proportion of women receiving late or no prenatal care, Southington and Connecticut



²⁸ Southington STEPS. Due to sampling, comparisons cannot be made to state or U.S. youth or to HP2020 targets.

²⁹ Connecticut Department of Public Health data cited by the Connecticut Data Collaborative.

³⁰ Connecticut Department of Public Health data cited by the Connecticut Data Collaborative.

Adolescent Health

As discussed above, focus group members and interviewees expressed concerns about substance use and mental health concerns among youth. Additionally, when asked about health concerns among their peers, teen focus group members mentioned concerns about bullying. While schools are reported to have zero tolerance policies, youth reported that bullying does exist especially in middle school. When asked about health education, youth mentioned the DARE program and nutrition education; they also reported being exposed to messages about the dangers of drinking and driving in both middle and high school. Among girls in high school, youth reported a prevalence of eating disorders. Additionally, from youth perspectives, few services exist to address this. As one youth stated, “[those with eating disorders and other concerns] are told to go to a website or guidance counselors but they are so busy.”

Quantitative data from the Southington STEPS program indicate that the proportion of Southington who have sexual intercourse one or more times declined between 2010 and 2012. (Table 7) Quantitative data do not exist at the town level to examine STDs rates among adults or youth.

Table 7: Risky behavior among teens, Southington³¹

Question	Southington 2010-2011	Southington 2011-2012
Had sexual intercourse one or more times	25%	18%
Threatened physical harm to someone once or more in the last 12 months	30%	21%

Elder Health

Throughout the focus groups and interviews, the needs of an aging population was mentioned as an important and growing health concern. As discussed above, Southington has a higher rate of deaths related to Alzheimer’s than the state of Connecticut. Although additional quantitative data are not available, several respondents reported that the number of seniors with dementia and other memory loss issues is rising and is expected to continue to rise as baby boomers age. Others expressed concern about the isolation of seniors, particularly those who are homebound and identified a need for more elderly care at home. As one focus group member observed, “there is limited care for the elderly.” One of the most prevalent issues was that of aging at home. As one senior explained, “seniors want to stay in their homes but need support. There are services that come to homes but they are expensive.” As discussed above, depression among seniors especially those who are experiencing declining health, reduced mobility, and rising social isolation was also mentioned by several focus group members and interviewees. Several expressed concern that this will be an area of growing need as baby boomers age.

³¹ Southington STEPS. 2011-2012

Availability and Accessibility of Health Care Services

Most focus group members and interviewees reported that Southington has a variety of health care services available including primary and specialty care. As one interviewee stated, *“Southington is a suburban community with many health assets.”* Bradley Hospital was reported to be an important source of health care especially for seniors and Southington residents who do not have access to transportation. Because Bradley does not offer services such as maternity or pediatrics, it is reported to be less attractive to families, especially those who have the ability to travel to Waterbury, Bristol or New Britain for care. Seniors were seen as having a long relationship with the hospital and *“are comfortable using that campus.”* Several respondents noted that health resources for lower income individuals in the community are limited. The community is too affluent to have a federally qualified health center (FQHC) so lower income individuals in the community are often referred to nearby FQHCs in Waterbury, New Britain, and Bristol.³²

One concern expressed by several focus group members and interviewees was the lack of an integrated approach to health care in the community. As one focus group member stated, *“we have shiny buildings. Mid-State, UCONN, Central Hospital, good doctors, but at the end of the day, there is no integrated care.”* Others shared this concern noting, for example, that mental health care is not coordinated with primary care.

Perceptions about the availability of mental health providers in Southington were mixed. While some focus group members and interviewees reported that there were many providers in the community, others perceived a lack of services and underfunded services. One interviewee reported that patients in more affluent and largely privately-insured communities like Southington face unique challenges to accessing limited mental health services, especially those through the public mental health system. Individuals and families with the greatest level of need (those involved with the courts, foster care, child and youth services, juvenile justice) tend to have greater access to these mental health services. This means that mental health clinics are “maxed out,” leaving little room for other patients.

When asked about dental services in the community, many focus group members and interviewees reported that dental services are available in the community, although they are expensive. Seniors in particular expressed concerns about having to pay out-of-pocket costs for dental care. Few insurances cover dental services and finding dental providers willing to accept Medicaid is difficult according to respondents. Those covered by HUSKY for dental services, for example, were reported to have to go out of town to find a dental clinic. Respondents did mention that local universities (University of Connecticut and Lincoln College) provide low cost dental services, although one needs to travel to these services and there is a wait for appointments.

Perceptions about the availability of and need for more preventive health services in Southington varied. While a little over 25% of respondents reported a “high need” for health screenings in

³² FQHCs are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

the web-based survey, about 30% reported that there is “no need at all” or “low need” for these services. Senior centers were reported to provide screenings, immunizations/flu shots, and health fairs. Local pharmacies also offer flu shots. Data from the CNHA household survey indicate that the proportion of sampled Southington adults who had taken important health prevention measures such as obtaining a seasonal flu shot and having a mammogram was higher than for adults in the Hospital of Central Connecticut service area and the state.

Challenges to accessing health care services was mentioned by nearly every focus group and interviewee as a concern for the community, although respondents acknowledged that this is a state and national challenge as well. Two-thirds of respondents to the web-based stakeholder survey reported that they thought there were barriers to accessing health care in Southington. Uncertainty and concern about the implementation of the Affordable Care Act (ACA) and Medicaid expansion and the implications of this for accessibility of health care were common themes in focus groups and interviews. Respondents identified four main barriers to accessing healthcare: obtaining insurance and adequate insurance coverage; the cost of healthcare; the availability of providers; and navigating the health care system. Each of these is discussed below.

Lack of insurance/sufficient insurance coverage

Lack of health insurance emerged as the biggest concern related to health care access among focus group members and interviewees. Additionally, half of respondents on the web-based stakeholder survey identified lack of health insurance coverage as a barrier to accessing health care. As one focus group member summed up, “*access to care is no longer predicated on whether there are health facilities—access to care is driven by the insurance card.*” While quantitative data indicate that a lower proportion of Southington adults (5.5%) were uninsured in 2011 compared to the state of Connecticut (8.9%), lack of health insurance was a concern among residents.³³

In addition to challenges to obtain coverage for some populations, respondents noted that increasingly individuals have insurance that provides less coverage than in the past. Focus group members and interviewees report that high insurance premium rates have meant that increasingly people are opting for only catastrophic coverage.

In addition, some health services are not covered by insurance. Seniors, for example, noted that hearing aids are not covered by insurance and are very expensive. In addition, a few respondents noted that naturopathic approaches to health, including acupuncture, are not covered. Low reimbursement for mental health services by public insurances creates challenges for those who provide care. Another noted, “*it is hard to provide [mental health] services under Medicare.*” Some respondents stated that insurers limit mental health care even if providers are available. For example, insurers cap the number of visits to mental health providers or may restrict reimbursed services to group counseling rather than individual counseling. As one provider stated, “*utilization management [of mental health services] by insurers is tight.*”

³³ U.S. Census American Community Survey (ACS) 2009-2011 three-year estimates. As reported in: *Poverty, Income, and Health Insurance in Connecticut Cities and Towns: Summary of 2009-2011 Data from the American Community Survey*. Connecticut Voices for Health. June 2013.

As noted above, the implications of the ACA and Medicaid expansion for insurance coverage were unclear and a cause for concern for some. Several business owners expressed concern that the ACA will increasingly force businesses to reduce their full time workforces in favor of part-time workers. This is a concern nationally.

Cost of healthcare

Affordability of health care was also a prevalent theme in focus groups and interviews. Seventy-one percent of respondents to the web-based survey reported that cost was one of the three top barriers to accessing health care in the community. Respondents spoke about high co-pays, deductibles, and health insurance premiums as well as high medication costs as a substantial barrier to health care access. Several reported that people go without health care due to cost. Social service providers and business members reported that rising insurance premiums is a substantial challenge for their organizations. As one focus group member explained, *“we tell some employees to get their kids on HUSKY and then go for the single coverage plan.”* However, fewer sampled Southington residents (less than 1%) than residents for the service area for the Hospital of Central Connecticut (10%) and Connecticut (10%) overall reported on the CHNA household telephone survey that there was a time in the past year when they could not see a doctor because of cost. However, due to small sample size, this result should be interpreted with caution.

Lack of primary care providers

Availability of providers, especially primary care, emerged as another concern related to health care access. In general, respondents felt that specialty care was sufficient in the community or provided close by. Many respondents reported that fewer providers are willing to accept Medicaid patients including HUSKY due to reimbursement issues. Seniors reported that some providers are not willing to accept Medicare. Overall, closed patient panels in local physician practices were reported to be a challenge in the community meaning that some need to look outside the community for their primary health care.

Even for those who have established providers, though, access to care can be challenging at times, according to some residents. A few noted that they sometimes have to wait for appointments. As one senior explained, *“I sometimes have to use the ER because can’t get an appointment.”* Others reported that a lack of after hours health services creates a challenge for working people.

Inability to navigate the health system

Focus group respondents and interviewees agreed that the U.S. health care system is complex and difficult to navigate. Over one third (39%) of web-based stakeholder survey respondents reported that inability to navigate the health care system was one of three top barriers to accessing health care in Southington. This creates both individual and community challenges. Individuals may go without health care or obtain inappropriate health care. At a community level, the inability of residents to appropriately use health services means that limited health care resources are inefficiently used, raising costs for all.

Inappropriate use of the ER was specifically mentioned by several respondents as a substantial area of concern. As one focus group member observed, *“people are reckless in their use of the ER; even if they know resources are not being used well, they don’t care, they want the easy way.”* Some respondents reported that they believed the health care system does not provide incentives or education to encourage efficient use of health care resources. Others reported that a lack of knowledge about the importance of preventative health measures—regular doctor visits, screenings, and immunizations—can mean costly medical care later. As one business focus group member reported about the company’s employees, *“there are an amazing number of people who do not have primary care.”* Misunderstanding about coverage was mentioned as another concern. As one focus group member stated, *“people don’t understand their coverage—insurance is not in layman’s terms.”*

For some respondents, inability to navigate the health care system was only part of the story. They mentioned that individual behavior, not just access to health care, is critical to good health. They noted that people don’t engage in the behaviors necessary for good health. Others observed that the health system tends to favor a more health care-focused approach to health. As one respondent stated, *“we don’t do community wellness—we do disease management.”* This is a national concern.

Community-Identified Health and Health Care Needs

This section presents information about health and health care needs in Southington identified through focus groups, interviews, and surveys. The most frequently-mentioned needs included access to health care, substance use and mental health services, supports for seniors, community education, and a more comprehensive approach to health care delivery. These and less frequently-mentioned needs are discussed below.

#1: Accessibility and affordability of health care

As noted above, one of the biggest challenges in the community, as in many communities, is more affordable health care and greater access. Respondents noted that this is expected to change with the implementation of the ACA and Medicaid expansion but how exactly this will affect health care access and affordability in Southington, or in any community, is unclear at this point. Therefore, respondents had difficulty identifying exactly what services or supports might be needed to enhance accessibility and affordability of health care in Southington. Additionally some noted that high rates of premiums and health-related costs such as co-pays, medication, and services that are not covered by insurance require more than a community-level response. One area where focus group members and interviewees identified a need was information to educate patients about how to navigate the health care system and efficiently and effectively use health care resources. A few residents also reported that a health clinic in the community would help to enhance access to affordable health care.

Broader changes to policy and mandates, especially as they relate to insurance, was mentioned by a few residents. Business focus group members reported that business associations, for

example, are limited in the extent to which they can pursue group health insurance plans for their members.

#2: Services/programs to address substance use and mental health needs

Qualitative and quantitative data point to a need for more substance use and mental health services in the community. Nearly two-thirds of respondents to the web-based survey identified a “high need” for mental health services in the Southington community, both for adults and for youth. The need for substance use services was also identified in the web-based survey—about one half of respondents to the survey indicated that there was a “high need” for substance/alcohol abuse services in the community, both for adults and for youth. About a third of respondents reported that there was “some need” for these services in the community.

The need for more services in these areas was mentioned as a community need in almost all focus groups and interviews. Suggestions about which types of services were needed varied. Some suggested that more education was needed to raise community awareness about the dangers of substance use. Others discussed the need for more treatment programs. Some residents reported that more mental health service providers were needed and suggestions included a need for more child psychiatrists, a rehabilitation facility for substance use, and more family and senior in-home counseling services. Residents noted that there are a variety of services to address substance abuse services although no treatment facility in the community. One respondent also noted a need to improve the quality of the mental health services that are delivered by doing more to promote the use of evidence-based mental health interventions within the mental health care delivery system.

Stigma associated with mental illness was noted by several people to be a barrier to seeking care and several respondents suggested that more public education was needed to both identify mental illness and to promote help seeking behaviors. As one interviewee stated, “*the biggest problem with mental illness is that we have stigmatized it.*” Education was also seen as key to raising awareness about mental illness and reducing stigma associated with mental illness and help seeking behavior. One interviewee mentioned that Connecticut is currently taking steps to enhance awareness by implementing Mental Health First Aid, an evidence-based training and certification program designed to help providers and others to know the potential risk factors and warning signs for a range of mental health problems, develop the skills, resources and knowledge to assess the situation, to select and implement appropriate interventions, and to help the individual in crisis connect with appropriate professional care.³⁴

#3: Supports to meet the health and health care needs of an aging population

Concerns about the senior and aging population were prominent in data collected for this study. Many concerns were mentioned including affordable housing, transportation access, and health care services. Residents noted that Southington has many excellent services for seniors, including senior centers, senior programs at the YMCA, Alzheimer’s services, and social services. As one focus group member stated, “*Southington is better off than many communities because of the number of services for seniors.*”

³⁴ <http://www.mentalhealthfirstaid.org/cs/background>

Many respondents, however, felt more services were needed especially as more in the community age. Respondents noted that senior centers and housing developments play an important role in meeting the needs of Southington seniors through programming, social interaction, and transportation services, among other things. Some suggested that senior center hours be extended and the variety of programs increased. Many were reported to be at capacity.

Concerns about the reluctance of seniors and also caregivers to seek support was also mentioned as a challenge by a couple of interviewees who felt that more education was needed to raise awareness about the importance of wellness and the services that are available to seniors and their caregivers. Seniors, one interviewee reported, “*tend to believe they don’t need help and then they land in the hospital and then access services.*” Getting seniors and caregivers to recognize needs and find services was seen as an important need by some.

As with mental health care provision, services for seniors are also difficult for middle income individuals to obtain according to some. As one provider stated, “*those seniors who are just above the income limit for support services but don’t have the assets for services like assisted living facilities face difficulties.*” One interviewee reported that many seniors are not aware of the Qualified Medicare Beneficiary (QMB) program that provides assistance with health care costs such as Medicare premiums and deductibles and more programs to connect seniors to services were needed.

Others expressed concern that there were not enough physicians with expertise in elderly health. Perceptions about the need for geriatric care services varied across respondents to the web-based stakeholder survey. About 36% of respondents reported that there is a “high need” for such services in Southington and 25% reported that there is “no need at all” or “low need” for these services.

Respondents also expressed concern about meeting the needs of home-bound seniors. While there are some services available for home-bound seniors, such as the VNA, many respondents felt more services were needed for both home care and companion care. Cost of services for home-bound seniors was of substantial concern among many respondents who reported that seniors living on fixed incomes have limited resources for at-home care.

It is important to note, as one interviewee pointed out, that there is no one type of “senior”— the senior population is very diverse group ranging from active retirees to frail elders. Several respondents noted that while meeting the needs of the frail elderly population is critically important, the community also needs to be prepared to address the needs of existing and up and coming seniors who are more active and may have different needs. Additionally, as one interviewee pointed out, “*seniors want to give back to the community*” and there should be more opportunities for seniors to participate in community life by volunteering.

#4: Better integrated health care

Several respondents expressed a need for better integrated health care, especially the integration of primary and behavioral health. A few respondents suggested that Southington could benefit from a low-cost health clinic in the community.

Respondents also suggested that residents need to be better able to navigate the health care system. Suggestions included education about how to use medical services appropriately including appropriate use of the ER as well as education about the importance of preventative health care and ensuring that residents are connected to a primary care provider. Residents also reported that incentives were needed to ensure that individuals focus on health and healthy behavior including preventative measures. Finally, one respondent noted that the community currently does not currently have a public health nurse to conduct screenings, provide immunizations, and conduct outreach and public education.

#5: More community education about existing services

Lack of awareness of existing health services was identified as the third highest health need in the community (after substance use and mental health services). Half of survey respondents reported that there was a “high need” in the community for information about existing services. While respondents reported that 211 does an excellent job in sharing information about services, many observed that many who could benefit from this service do not know about it. A large proportion of respondents noted that more education was needed including substance abuse awareness in schools, and education about how to take care of one’s health, and education about how to use the health care system. The challenge, as was noted by several focus group respondents and interviewees, is how to get people to attend education offerings. Suggestions included more information dissemination and partnership with business to enhance information dissemination. A couple of respondents identified areas where additional information might be useful including a list of doctors and dentists who accept Medicaid.

Other Suggestions

On the web-based stakeholder survey conducted for this project, 44% of respondents identified a “high need” for more cancer services and 35% indicated “some need” for these services. However, 20% indicated “no need” or “low need.” The need for cancer services was not identified in any focus group or by any interviewee. The need for low cost dental services was also mentioned by several respondents.

Conclusions

This study was commissioned to help the Barnes Memorial Trust Trustees examine options for supporting improved health and wellness in the Southington community. The following summarizes the findings from this study.

Social Determinants of Health

As discussed earlier, there are many variables, beyond access to health care and personal health behaviors, that affect health. Income and education levels and transportation and opportunities for physical activity and healthy food all affect the health of people in a community. On these measures, Southington has many assets; although there are people in the community who struggle, the community is largely a prosperous area with amenities that go along with this. Transportation and affordable housing were consistently cited as needs in focus groups, interviews, and on surveys. Both of these affect the ability to access health care and a healthy lifestyle.

Disease Prevalence

Data and feedback from community residents and other stakeholders do not point to concerns about any particular disease. While heart disease and some cancer mortality rates are slightly higher in Southington than in the state, they are not overly elevated and have been declining over time. Additionally, they were not mentioned as a prevalent concern by focus group members or interviewees.

Health Care Delivery System

The health care system is in a state of tremendous flux right now. The implementation of the Affordable Care Act and Medicaid expansion over the next few years will have substantial implications for the accessibility and delivery of health care in communities across the nation. Big questions remain for Southington as for other communities: how many more individuals will be enrolled in health insurance? will there be enough primary care providers to provide care? will individuals engage in more preventative behaviors? will problems with reimbursement rates of public programs be addressed? what will happen to health care costs and quality?

In addition, the merger of Bradley Memorial Hospital into the Hospital of Central Connecticut has changed the health infrastructure of the community. Those needing certain types of care have been and will increasingly be seeking these services outside the community. Ensuring that services are available in the community for those with mobility issues (seniors and lower income individuals) will be important. Better integration of health services and ensuring people are able to navigate a complex health system were identified as concerns.

Mental Health and Substance Use

Concerns about community mental health and substance use were themes prominent in this study. Identified needs related to public education, overcoming stigma and reluctance to seek services, enhancing quantity and quality of services, and addressing growing concerns about mental health issues among seniors. The quality of mental health treatment is critical to improved mental health outcomes. There is also a need to both to destigmatize the need for mental health services and then make available services that meet the unique mental health needs of seniors.

Wellness and Health Promotion

While Southington is reported to have the infrastructure to support healthy eating and physical activity, there are some concerns about obesity in the community. Some individuals face

financial barriers to living a healthy lifestyle. Others face a lack of information about services available to them.

Focus on Specific Population: Seniors

The health and health care needs of existing and future seniors was a prominent theme in this analysis. Concerns about family and other caregivers were also mentioned. There is a growing movement in Connecticut and nationally to keep seniors living safely at home. However, as described in this report, there are currently limited resources for providing in-home health and companion care and these services are expensive.

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APPENDIX A: Stakeholder Survey Results

A brief, web-based survey about health and health care needs in Southington was conducted using SurveyMonkey, a web-based survey tool. The survey tool is provided in Appendix A. An email link to the anonymous survey was sent to 251 stakeholders in Southington, representing health care providers, social service professionals, the faith community, community leaders/government, and community residents. Fifty-one of those reached with the email completed the survey, yielding a 20% response rate.

Top social concerns in Southington (respondents were asked to select three)

Substance Abuse	51.0%
Break down of families/parenting issues	45.1%
Access to healthcare	29.4%
Unemployment/job opportunities	25.5%
Transportation	23.5%
Lack of social support	19.6%
Affordable housing/homelessness	15.7%
Hunger/access to food	15.7%
Mental illness	15.7%
Schools/education	15.7%
Crime/violence	7.8%
Emergency preparedness	7.8%
Language/cultural barriers	3.9%
Neighborhood cleanliness	3.9%
Poverty	3.9%
Other ³⁵	3.9%
Teen pregnancy	2.0%
Domestic violence/child abuse	0.0%

Top health concerns for the residents of Southington (respondents were asked to select three) (N=50)

Substance abuse/alcohol abuse	48.0%
Obesity/overweight	42.0%
Lack of awareness of health services available in the community	32.0%
Access to primary care services	22.0%
Cancer	22.0%
Mental health/mental illness	22.0%
Prescription drug affordability	18.0%
Access to specialists	14.0%
Lack of healthy food	14.0%
Tobacco use/smoking	12.0%
Diabetes	10.0%
Unintentional injuries (car crashes, falls, etc.)	10.0%
Other ³⁶	10.0%

³⁵ Preparing Southington to be an aging ready community; substance abuse education/prevention)

Heart disease and stroke	6.0%
Air/water quality	4.0%
Dental/oral health	4.0%
HIV/sexually transmitted diseases	2.0%
Immunizations	2.0%
Reproductive health/family planning	2.0%
Lack of fitness/recreational activities	2.0%
Maternal/infant Health	0.0%
Asthma	0.0%
Mosquito-borne illness	0.0%

62% of respondents reported that some populations are more affected by these health concerns than others. Those respondents identified the following as populations more affected.

Low-income people	74.2%
Seniors	54.8%
Children/youth	38.7%
People with disabilities	32.3%
People of diverse backgrounds	25.8%
Other (please specify)	0.0%

Barriers to accessing health care services in Southington:

- Yes (67%)
- No (33%)

Top barriers to accessing health care services in Southington (respondents who reported that they believed there were barriers to accessing health care services were asked to select three) (N=31)

Cost of healthcare/inability to pay out-of-pocket expenses	71.0%
Lack of health insurance coverage	54.8%
Lack of knowledge about available resources	45.2%
Inability to navigate health care system	38.7%
Lack of transportation	38.7%
Inconvenient office hours	12.9%
Availability of specialists	9.7%
Availability of primary care providers	6.5%
Ability to get an appointment	6.5%
Language/cultural barriers	6.5%
Other ³⁷	6.5%
Fear of doctors	3.2%
Lack of child care	3.2%
Don't understand the need to see doctor	0.0%
Lack of trust	0.0%
No barriers	0.0%

³⁶ Chronic disease management and wellness/prevention programs are not given same attention/reimbursement as treating reactively; Elder care; Rising costs out of control; Ability to afford health insurance; RX Abuse

³⁷ No one takes State insurance; too much access.

81% of respondents reported that some populations are more affected by these barriers than others. Those respondents identified the following as populations more affected. (N=25)

Low-income people	84.0%
Seniors	60.0%
People with disabilities	32.0%
People of diverse backgrounds	28.0%
Children/youth	24.0%
Other (please specify)	4.0%

Please rate the level of need in Southington for each of the services below. In other words, is there a need for more services than are currently being offered? [N=41]³⁸

	No Need at All	Low Need	Some Need	High Need
Asthma care	8.3%	16.7%	66.7%	8.3%
Bilingual health services	5.7%	31.4%	54.3%	8.6%
Cancer care	2.9%	17.6%	35.3%	44.1%
Cardiac care	7.1%	21.4%	28.6%	42.9%
Dental services—Children/youth	6.3%	12.5%	53.1%	28.1%
Dental services--Adult	12.5%	15.6%	50.0%	21.9%
Diabetes care	7.7%	19.2%	46.2%	26.9%
End-of-life care/hospice services	3.6%	10.7%	57.1%	28.6%
Family planning services	7.1%	17.9%	60.7%	14.3%
Fitness programs/recreational programs	23.5%	23.5%	35.3%	17.6%
Geriatric care services	15.2%	9.1%	39.4%	36.4%
Health screenings (mammogram, pap smear, prostate, etc.)	5.9%	23.5%	44.1%	26.5%
Home health services	6.5%	16.1%	45.2%	32.3%
Immunization services	7.7%	19.2%	50.0%	23.1%
Information about existing health services	0.0%	5.7%	42.9%	51.4%
Mental health services—Children/youth	0.0%	5.9%	29.4%	64.7%
Mental health services—Adult	0.0%	3.1%	31.3%	65.6%
Nutrition services/nutrition education	0.0%	9.4%	53.1%	37.5%
Prenatal care	0.0%	29.2%	54.2%	16.7%
Prescription drug assistance	0.0%	15.6%	53.1%	31.3%
Primary health care	6.3%	18.8%	65.6%	9.4%
Pulmonary care services	4.0%	20.0%	64.0%	12.0%
Smoking cessation programs	3.4%	13.8%	51.7%	31.0%
Specialty medical care	3.4%	13.8%	65.5%	17.2%
Sexually transmitted disease (STD) services	3.4%	24.1%	44.8%	27.6%
Substance/alcohol abuse services—	0.0%	8.3%	38.9%	52.8%

³⁸ Respondents were given an option of identifying “don’t know” for each selection. Don’t Know selections were eliminated from analysis of need.

	No Need at All	Low Need	Some Need	High Need
Youth				
Substance/alcohol abuse services— Adult	0.0%	16.7%	36.1%	47.2%
Transportation to medical care	0.0%	16.7%	36.1%	47.2%
Vision care	6.5%	16.1%	64.5%	12.9%
Women’s health services	0.0%	18.8%	68.8%	12.5%

Respondent Demographics: Organization/affiliation (N=51)

Education/youth services organization	25.5%
Business sector	15.7%
Health care provider	13.7%
Faith-based organization	9.8%
Community member/resident	9.8%
Other ³⁹	7.8%
Government	5.9%
Mental health/behavioral health organization	3.9%
Non-profit social service organization	3.9%
Public health organization	2.0%
Cultural/civic organization	2.0%

³⁹ Community volunteer, library, out of work.

APPENDIX B: Southington Needs Assessment Survey



SOUTHINGTON HEALTH NEEDS SURVEY

Thank you for completing this survey. Your feedback will help the Main Street Community Foundation to identify the most important health needs in the Southington community. Please answer the questions as thoroughly and honestly as you can—your responses are anonymous.

1. Which of the following best describes your organization or affiliation? (choose one)

- Health care provider
- Public health organization
- Mental health/behavioral health organization
- Non-profit social service organization
- Faith-based organization
- Cultural/civic organization
- Education/youth services organization
- Government
- Business sector
- Community member/resident
- Other (specify): _____

2. What do you consider to be the **top three** social concerns in Southington? (select three)

- Access to healthcare
- Affordable housing/homelessness
- Break down of families/parenting issues
- Crime/violence
- Domestic violence/child abuse
- Emergency preparedness
- Hunger/access to food
- Lack of social support
- Language/cultural barriers
- Mental illness
- Neighborhood cleanliness
- Poverty
- Schools/education
- Substance Abuse
- Teen pregnancy
- Transportation
- Unemployment/job opportunities
- Other (specify): _____

If you have any comments on your answers above, please share those here:

3. What do you consider to be the **top three** health concerns for the residents of Southington? (select three)

- Access to primary care services

- Access to specialists
- Air/water quality
- Asthma
- Cancer
- Dental/oral health
- Diabetes
- Heart disease and stroke
- HIV/sexually transmitted diseases
- Immunizations
- Lack of awareness of health services available in the community
- Lack of fitness/recreational activities
- Lack of healthy food
- Maternal/infant Health
- Mental health/mental illness
- Mosquito-borne illness
- Obesity/overweight
- Prescription drug affordability
- Reproductive health/family planning
- Substance abuse/alcohol abuse
- Tobacco use/smoking
- Unintentional injuries (car crashes, falls, etc.)
- Other (specify): _____

If you have any comments or wish to elaborate on your answers above, please do so here:

4. Are there particular populations/groups in Southington that you think are more affected by these health concerns than others? YES/NO

Which populations/groups you think are more affected by these health concerns than others?

(select all that apply)

- Children/youth
- Low-income people
- People of diverse backgrounds
- People with disabilities
- Seniors
- Other (specify): _____

Are there barriers to accessing health care services in Southington?

YES NO DON'T KNOW

IF YES, what do you see as the **top three** barriers to accessing health care services in Southington? (select three)

- Availability of primary care providers
- Availability of specialists
- Ability to get an appointment
- Inconvenient office hours
- Inability to navigate health care system
- Don't understand the need to see doctor

- Fear of doctors
- Cost of healthcare/inability to pay out-of-pocket expenses
- Lack of knowledge about available resources
- Lack of child care
- Lack of health insurance coverage
- Lack of transportation
- Lack of trust
- Language/cultural barriers
- No barriers
- Other (specify): _____

If you have any comments or wish to elaborate on your answers above, please do so here:

Are there particular populations/groups in Southington that you think face greater barriers to accessing health care services than others? YES/NO

Which populations/groups do you think face greater barriers to accessing health care services than others? (select all that apply)

- Children/youth
- Low-income people
- People of diverse backgrounds
- People with disabilities
- Seniors
- Other (specify): _____

5. Please rate the level of need in Southington for each of the services below. In other words, is there a need for more services than are currently being offered?

	No Need at All	Low Need	Some Need	High Need	Don't Know
Asthma care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilingual health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental services—Children/youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental services--Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End-of-life care/hospice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness programs/recreational programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health screenings (mammogram, pap smear, prostate, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about existing health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No Need at All	Low Need	Some Need	High Need	Don't Know
Mental health services—Children/youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services—Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition services/nutrition education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drug assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted disease (STD) services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance/alcohol abuse services—Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance/alcohol abuse services—Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments or wish to elaborate on your answers above, please do so here:

6. Are there other health services needed in Southington that are not listed above?

7. If you have any suggestions about what else could be done or is needed to improve the health of Southington residents, please provide those here:

8. If you have any other comments or suggestions, please provide those here:

Thank you very much for responding to this survey.

APPENDIX C: Focus Group Members and Interviewees

Focus Group Members

Youth Focus Group: YMCA Camp Sloper, 8 youth

Senior Focus Group: 12 seniors, Calendar House

Southington Chamber of Commerce Focus Group:⁴⁰

- John O'Donnell, Manager, Walgreens
- Melissa Sheffy, Owner, Network Interiors
- Marybeth Hanisko, Community Relations Coordinator, Wal-mart
- Sharon Regan, Human Resources Director, Yarde Metals

Southington Social Services Focus Group:⁴¹

- Janet Mellon, Director, Southington Community Services
- David Harrington, Community Service Assistant, Southington Community Services
- Ray Gorman, President & CEO, Community Mental Health Affiliates
- Mark Fazzolari, Community Service Assistant, Southington Community Services
- Shane Lockwood, Director of Health, Plainville-Southington Regional Health District
- Delores Griffin, Clinical Director, Catholic Charities
- Kelly Leppard, Youth Prevention Coordinator, Southington STEPS
- Sue Williams, Counselor, Southington Community Services, Youth Services

Interviewees

- Gary Brumback, Southington Town Manager
- Claudio Capone, Director of Strategic Business Planning, Hospital of Central Connecticut
- Kaye Davis, Director, Southington United Way
- Wendy DeAngelo, Chief Business Development Officer, Wheeler Clinic
- Michelle France-Slimak, Southington Early Childhood Collaborative
- Eldon Hafford, Executive Director, Bread for Life
- Shane Lockwood, Director of Health, Plainville-Southington Regional Health District
- Janet Mellon, Director, Southington Community Services
- Sharyn Murphy, Program Coordinator, Calendar House
- Sharon Robinson, Director of Senior Care Coordination, Central Connecticut Senior Health Services

⁴⁰ One focus group member chose not to be mentioned by name.

⁴¹ One focus group member chose not to be mentioned by name.

APPENDIX D: Southington Focus Group Protocols

SOUTHINGTON FOCUS GROUP PROTOCOL—YOUTH

1. What do you like best about living in Southington?
2. What don't you like so much about living in Southington?
3. What would you change about Southington?
4. Do you think Southington is a healthy community? In other words, are there things in Southington that help you to be healthy?
5. What would you say are the biggest health concerns among people your age in Southington?
6. Are there any programs or services to help kids with these health concerns?
7. Do you think other programs or services are needed? What kind?

FOCUS GROUP PROTOCOL—BUSINESS COMMUNITY

1. s. What would you say are the greatest strengths or assets of Southington?
2. What are Southington's greatest challenges? What is the community doing about the challenges?
3. What would you say are the biggest health issues or concerns in Southington?
4. Do you think these health concerns affect some groups of people more than others? If so, which groups of people?
5. What programs/services are you aware of in Southington that currently focus on these health issues? Does business play a role in addressing these challenges?
6. What's missing? What programs or services are currently not available that you think should be? Who do you think should be providing these programs/services?
7. What other things do you think should be done to address these issues?
8. [if not brought up earlier] Do you think members of the Southington community face challenges in getting health care when they need it? If so, what kinds of challenges? What do you think can be done about these challenges?
9. What kinds of programs or services do you think are most needed in Southington to improve health?

FOCUS GROUP PROTOCOL—SENIORS

1. What comes to mind when you think of this community?
2. What are the greatest strengths of Southington? What are the greatest challenges of Southington?
3. What would you say are the biggest health issues or concerns in Southington in general? Do you think these health concerns affect some groups of people more than others? If so, which groups of people?
4. What are the biggest health concerns for Southington seniors?
5. What programs/services are you aware of in Southington that currently focus on these health issues?
6. What's missing? What programs or services are currently not available that you think should be? Who do you think should be providing these programs/services?
7. What other things do you think should be done to address these issues?
8. [if not brought up earlier] Have you or anyone you know ever faced challenges in getting health care when you need it? What would you say are the most significant challenges that keep Southington residents from accessing healthcare when they need it? What do you think can be done about these challenges?
9. What kinds of programs or services do you think are most needed in Southington to improve health?

FOCUS GROUP PROTOCOL—PROVIDER ORGANIZATION REPRESENTATIVES

1. What would you say are the greatest strengths or assets of Southington?
2. What are Southington's greatest challenges? What is the community doing about the challenges?
3. What would you say are the biggest health issues or concerns in Southington?
4. Do you think these health concerns affect some groups of people more than others? If so, which groups of people?
5. What programs/services are you aware of in Southington that currently focus on these health issues?

6. What's missing? What programs or services are currently not available that you think should be? Who do you think should be providing these programs/services?
7. What other things do you think should be done to address these issues?
8. [if not brought up earlier] Do you think members of the Southington community face challenges in getting health care when they need it? If so, what kinds of challenges? What do you think can be done about these challenges?
9. What kinds of programs or services do you think are most needed in Southington to improve health?

APPENDIX E: Southington Interview Protocol

1. What would you say are the greatest strengths or assets of Southington? What are Southington's greatest challenges?
2. What would you say are the biggest health issues or concerns in Southington?
3. Let's talk about a few of the issues you mentioned.
 - a. What programs/services are you aware of in Southington that currently focus on these health issues?
 - b. What's missing? What programs or services are currently not available that you think should be? Who do you think should be providing these programs/services?
 - c. What other things do you think should be done to address these issues?
4. Do you think members of the Southington community face challenges in getting health care when they need it?
 - a. If so, what kinds of challenges?
 - b. What do you think can be done about these challenges?
5. What kinds of programs or services do you think are most needed in Southington to improve health?