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Hartford HealthCare

MIDSTATE MEDICAL CENTER

Community Health Needs Assessment

June 2018

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INTRODUCTION AND OVERVIEW



ENGAGEMENT BACKGROUND AND PURPOSE

The 2018 Community Health Needs Assessment (“CHNA”) for MidState Medical Center, part of Hartford HealthCare’s Central Region, leverages numerous sources of local, regional, state and national data along with input from community-based organizations and individuals to provide insight into the current health status, health-related behaviors and community health needs for the MidState Medical Center service area.

In addition to assessing traditional health status indicators, the 2018 CHNA took a close look at social determinants of health such as poverty, housing, transportation, education, fresh food availability, and neighborhood safety. Social determinants of health have become a national priority for identifying and addressing health disparities, and Hartford HealthCare is committed to addressing these disparities through the Community Health Improvement Plan that will follow this Assessment.

This CHNA will be used to develop an ongoing, measurable Community Health Improvement Plan (“CHIP”) that will focus on those top priorities identified in this CHNA in order to:

- Improve the health status of the community;
- Identify opportunities for better preventive care and wellness initiatives;
- Address social determinants of health and health disparities within the service area;
- Continuously improve access to and quality of health care and community education that will enable community members to improve their overall well-being.

Percival Health Advisors, a national health care advisory firm with a strong commitment to community health improvement efforts, conducted this Community Health Needs Assessment in conjunction with Hartford HealthCare, its Central Region Board, and its many community health partners.

METHODOLOGY OVERVIEW

This assessment incorporates data from both quantitative and qualitative sources. The quantitative assessment allows for comparison of leading health indicators to benchmark data at the state and national levels. Additionally, where available, local data was compared to Healthy People 2020 (“Healthy People”) target metrics.

The Healthy People initiative provides national objectives for improving the health of all Americans. The objectives were developed through an extensive stakeholder feedback process that integrates input from public health and prevention experts, and federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public.

Key sources of quantitative data include, but are not limited to:

- Connecticut Department of Public Health
- Centers for Disease Control and Prevention
- Connecticut Hospital Association
- United States Census Bureau
- U. S. Department of Health & Human Services

In addition to the quantitative data sources outlined above, qualitative input was used to further inform the CHNA. Focus groups, community forums, and individual key informant interviews were conducted from February to June 2018 with representatives from Hartford HealthCare, MidState Medical Center and numerous community-based organizations and social services agencies. Participants were asked to identify and discuss the top community health issues facing the service area. These responses were tallied and summarized, and additional qualitative perspective was added from key informant interviews. This summary was presented to the Hartford HealthCare Central Region Board, covering MidState, for further discussion and input regarding the top community health needs and priorities.

INTRODUCTION AND OVERVIEW

IRS FORM 990 SCHEDULE H

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy specific requirements of tax reporting, under provisions of the Patient Protection & Affordable Care Act of 2010. The following table cross-references which sections of this report relate to the hospital's reporting requirements on IRS Form 990 Schedule H.

IRS Form 990 Schedule H	Report Page(s)
Part V Section B Line 3a A definition of the community served by the hospital facility	18-21
Part V Section B Line 3b Demographics of the community	22
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	49-52
Part V Section B Line 3d How data was obtained	7-8
Part V Section B Line 3e The significant health needs of the community	11
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	12-16
Part V Section B Line 3h The process for consulting with persons representing the community's interests	5
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	53-56

INTRODUCTION AND OVERVIEW

DATA SOURCES

In addition to the information provided by Hartford Healthcare and the Hospital, the external data sources included for each section of this report are as follows:

Data Element	Data Source
<ul style="list-style-type: none"> Local Area Definitions 	Connecticut Department of Public Health
<ul style="list-style-type: none"> Characteristics and Causes of Death 	Centers for Disease Control and Prevention
<ul style="list-style-type: none"> Insurance Coverage Estimates 	Connecticut Hospital Association
<ul style="list-style-type: none"> Medically Underserved Areas Health Professional Shortage Areas 	U.S. Department of Health & Human Services
<ul style="list-style-type: none"> Demographics Ethnicity Distributions Median Household Incomes Homeownership Rates 	The Nielsen Company
<ul style="list-style-type: none"> Poverty Metrics Unemployment Rates Educational Metrics 	American Community Survey
<ul style="list-style-type: none"> Children in Poverty and Single-Parent Households Linguistically Isolated Populations Uninsured Population Estimates Clinical Provider Ratios Physical Environment Metrics 	County Health Rankings
<ul style="list-style-type: none"> Crime Rates 	State of Connecticut
<ul style="list-style-type: none"> General Health Status Indicators 	Connecticut Department of Public Health Centers for Disease Control and Prevention
<ul style="list-style-type: none"> Cancer Prevalence and Screening Indicators 	Community Commons Health Indicators Report
<ul style="list-style-type: none"> Cardiovascular Disease 	Connecticut Department of Public Health Community Commons Health Indicators Report
<ul style="list-style-type: none"> Respiratory Disease 	Connecticut Department of Public Health Community Commons Health Indicators Report
<ul style="list-style-type: none"> Diabetes 	Connecticut Department of Public Health County Health Rankings Centers for Disease Control and Prevention
<ul style="list-style-type: none"> Infectious Diseases 	Connecticut Department of Public Health Centers for Disease Control and Prevention
<ul style="list-style-type: none"> Sexually Transmitted Diseases 	Centers for Disease Control and Prevention Community Commons Health Indicators Report
<ul style="list-style-type: none"> Births and Prenatal Care 	Centers for Disease Control and Prevention
<ul style="list-style-type: none"> Health Behaviors 	Connecticut Department of Public Health
<ul style="list-style-type: none"> Benchmark Metrics 	HealthyPeople2020

KEY PARTICIPANTS AND CONTRIBUTORS

The qualitative information included in this report was gathered through interviews, focus groups, surveys, planning sessions and discussions with representatives from the following organizations:

- Adelbrook
- American School for the Deaf
- ARC of Meriden and Wallingford
- Beat the Street Community Center
- Boy Scouts of America
- Bradley Home
- Casa Boricua
- Catholic Charities
- Child Guidance Clinic
- Choate School
- Chrysalis Center
- City of Meriden - Senior Center
- Coalition on Housing & Homelessness
- Columbus House
- Community Foundation for Greater New Haven
- Community Health Network of CT
- Community Health Center (FQHC)
- Concepts for Adaptive Learning (CfAL)
- Connecticut Legal Services
- Conservation Commission
- Connecticut Community Foundation
- Connecticut Food Bank
- Connecticut Legal Services
- Cuno Foundation
- FoodCorps
- Franciscan Home
- Gaylord Hospital
- Girl Scouts of Connecticut
- Girls Inc.
- Good News Christian Church
- Hartford HealthCare Behavioral Health
- Healthy Wallingford 2020
- ION Bank Foundation
- James H. Napier Foundation
- Liberty Bank Foundation
- Literacy Volunteers of Greater New Haven
- Maloney High School Band Boosters
- Masonic Home & Hospital
- Master's Manna
- Meriden Arts Trust
- Meriden Boys & Girls Club
- Meriden Boys & Girls Club
- Meriden Children First
- Meriden Clergy Association
- Meriden City Council
- Meriden Department of Health and Human Services
- Meriden Foundation
- Meriden Parks Department
- Meriden Public Schools
- Meriden Senior Center
- Meriden Soup Kitchen
- Meriden Wallingford Collaborative
- MidState Chamber of Commerce
- MidState Medical Center
- My City Kitchen
- New Opportunities of Greater Meriden
- Nutmeg Big Brothers Big Sisters
- Prepare Tomorrow's Parents
- Quinnipiac Chamber of Commerce
- Rushford
- SCOW
- Senior Transportation Services, Inc.
- Soul Friends
- South Central Connecticut Substance Abuse Action Council
- Spanish Community of Wallingford
- St. Vincent DePaul Middletown
- State House of Representatives, Meriden
- The Grace Place
- Town of Wallingford
- Ulbrich Boys & Girls Club
- United Way of Meriden and Wallingford
- Wallingford Boys & Girls Club
- Wallingford Daycare
- Wallingford Health Department
- Wallingford Housing Authority
- Wallingford School District
- Wallingford Senior Center
- Wallingford YMCA
- Women & Families Center

LIMITATIONS IN DATA AND INFORMATION

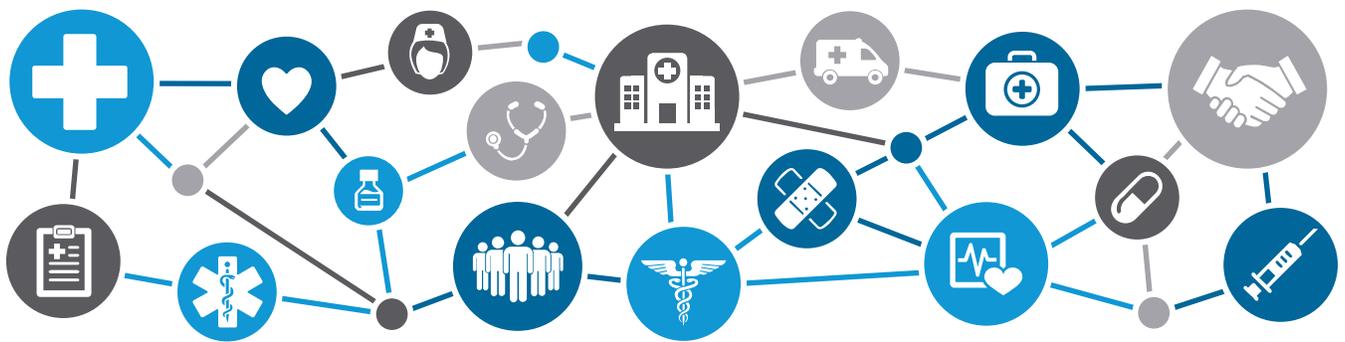
While this report was designed to provide a comprehensive assessment of the community's overall health, we recognize that it cannot accurately measure all possible aspects of the community's health.

This assessment incorporates a significant amount of quantitative data that was collected from a variety of sources. However, this information was sometimes limited as to the level of geographic detail or demographic identifier, availability for all diseases and health indicators, and by the timeliness of the information's reporting period.

Qualitatively, many community individuals were involved in the development of this report, however, given that input was not provided by all community members, there may be instances where specific health issues are not adequately represented.

These information gaps could potentially limit this report's ability to assess all of the community's health needs.

KEY FINDINGS AND PRIORITIES



SIGNIFICANT COMMUNITY HEALTH NEEDS

Based on data analysis, surveys, focus groups, and interviews, these are the top community health needs and priorities identified for the MidState Medical Center focus area:

- Common themes surfaced around access to housing and transportation, when these impact the ability to access healthcare the population usually foregoes healthcare services or takes the path of least resistance (which unless health issues are major can't compete with these core issues)
 - Transportation schedules and routes do not service many outpatient or urgent care clinics; however, they do service the hospital, leading to overutilization of the ED
- Lack of affordable, secure, and stable housing
- Access to care
 - Emergency departments often used for primary care
 - Patient hand-offs between caregivers are not well coordinated or followed-up on
 - Underutilized preventative care
- Availability of healthy foods, especially fruits and vegetables, with a significant impact on seniors and children outside school-based programs
- Childhood obesity including a lack of resources/facilities to safely exercise and cost of food
- Mental health issues including substance abuse and addiction
 - Shortage of providers
 - Lack of affordable treatment options
 - Limited comprehensive outpatient care
 - Lack of insurance coverage for behavioral health
 - No same-day access
- Stressing of social networks
- Meriden scored significantly worse in physical and mental health indicators (including healthy weight, cigarette smoking, asthma, and depression) relative to the rest of the focus area and the state of Connecticut
- Despite a significant number of outstanding ongoing community health initiatives, the majority of stakeholders who participated in focus groups and interviews said that a lack of coordination among and between providers and community-based organizations limits the overall effectiveness of the programs and the funding that is going to help serve the populations most in need

KEY FINDINGS AND PRIORITIES

HEALTHY PEOPLE 2020 KEY BENCHMARKS AND METRICS

The following table highlights some of the service area's key health metrics as compared to the State of Connecticut and the Healthy People 2020 targeted benchmarks. The indicators shown in the table below reflect data from the Connecticut Department of Health's Local Analysis.

Green text indicates metrics that are better than the Healthy People 2020 benchmark, and red text indicates metrics that are worse than the Healthy People 2020 benchmark. The MidState service area and the State of Connecticut have the same indicators that are above and below the Healthy People 2020 benchmarks.

	SERVICE AREA	STATE OF CONNECTICUT	HEALTHY PEOPLE 2020
HEALTH STATUS INDICATORS			
Good Physical Health	83.2%	84.6%	79.8%
Good Mental Health	81.7%	84.0%	80.1%
Healthy Weight	35.8%	38.6%	33.9%
HEALTH RISK BEHAVIORS			
No Leisure Time or Physical Activity	25.0%	23.2%	32.6%
Current Cigarette Smoking	16.9%	15.3%	12.0%
Excessive Alcohol Consumption	19.5%	18.9%	25.4%
HEALTH PROTECTIVE BEHAVIORS			
Influenza Vaccination	43.7%	41.9%	90.0%
Pneumococcal Vaccination	71.6%	70.1%	90.0%
HIV Test	35.4%	35.6%	73.6%

KEY FINDINGS AND PRIORITIES

LOCAL AREA INDICATORS

SELECTED LOCAL AREAS

In order to understand population health behaviors and indicators at a more granular level, metrics were retrieved from the Connecticut Department of Health based on their 53 local area definitions based on county subdivisions, with selected area definitions highlighted in the table below.

**MidState Medical Center
Selected Local Areas**

Local Area/Included Cities and Towns	Label
9 - Meriden, Middletown	Meriden
18 - North Haven, Wallingford	North Haven
24 - Plainville, Southington, Wolcott	Southington
28 - Bethany, Cheshire, Prospect, Woodbridge	Cheshire
36 - Bristol	Bristol
45 - Berlin, Rocky Hill	Berlin
50 - New Britain	New Britain

Source: Connecticut Department of Public Health

KEY FINDINGS AND PRIORITIES

LOCAL HEALTH INDICATOR DEFINITIONS

The following table provides definitions for each of the local health indicators.

Health Indicator Definitions

Health Indicator	Definition
Health Status Indicators	
Good or Better General Health (% of Adults)	General health categorized as "Good", "Very Good", or "Excellent"
Good Physical Health (% of Adults)	Less than 14 days in the last 30 days where their physical health was not good
Good Mental Health (% of Adults)	Less than 14 days in the last 30 days where their mental health was not good
Healthy Weight (% of Adults)	Body-mass index between 18.5 and 25.0
Health Risk Behaviors	
No Leisure Time or Physical Activity (% of Adults)	No participation in any physical activities or exercise, outside of work, in the last 30 days
Current Cigarette Smoking (% of Adults)	Smoke cigarettes every day or some days
Excessive Alcohol Consumption (% of Adults)	Classified as a heavy or binge drinker. Heavy drinking is defined as at least three drinks daily for men or at least two drinks daily for women. Binge drinking is defined as six or more drinks during one occasion for men, or five or more drinks per occasion for women.
Health Protective Behaviors	
Routine Check-Ups (% of Adults)	Visited a doctor for a routine checkup in the past two years
Influenza Vaccination (% of Adults)	Received a flu shot or vaccine within the last year
Pneumococcal Vaccination (% of Adults Aged 65+)	Received a pneumonia shot or vaccine in their lifetime
HIV Test (% of Adults Aged 18-64)	Tested for HIV in their lifetime
Chronic Conditions	
Current Asthma (% of Adults)	Diagnosed with asthma
Arthritis (% of Adults)	Diagnosed with arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia
Diabetes (% of Adults)	Diagnosed with diabetes
Depression (% of Adults)	Diagnosed with a depressive disorder
Chronic Obstructive Pulmonary Disease (% of Adults)	Diagnosed with COPD, emphysema, or chronic bronchitis
Cardiovascular Disease (% of Adults)	Diagnosed with a heart attack, myocardial infarction, angina, coronary heart disease, or stroke

Source: Connecticut Department of Public Health

KEY FINDINGS AND PRIORITIES

SUMMARY OF LOCAL INDICATORS

The following chart outlines health indicators by local area as compared to the State of Connecticut. Scores range from one to five stars, from significantly worse to significantly better than the State of Connecticut, respectively.



KEY FINDINGS AND PRIORITIES

DETAILED LOCAL INDICATORS

The following table provides additional detail for each local area's health indicator.

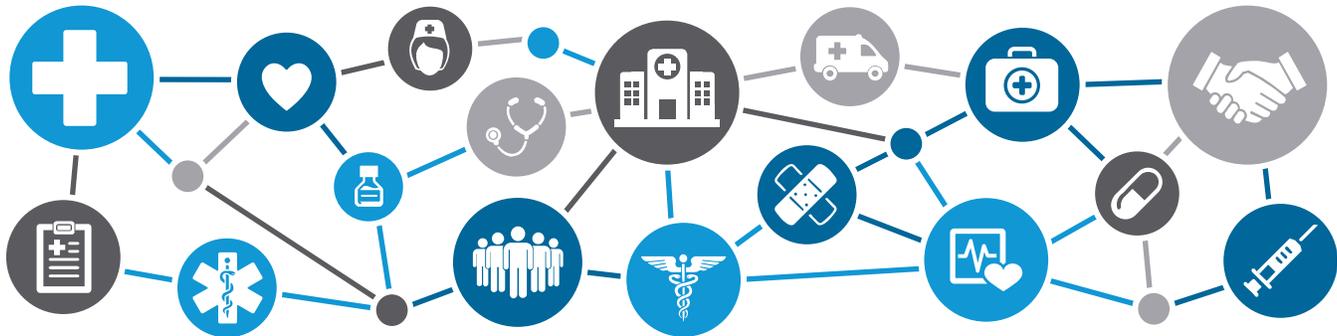
Health Indicators and Behaviors
Prevalence as a Percent of Adult Population

Health Indicator	Local Area							MidState Service Area	State of Connecticut
	Meriden	North Haven	Southington	Cheshire	Bristol	Berlin	New Britain		
Health Status Indicators									
Good or Better General Health	80.4%	88.1%	88.1%	92.3%	84.1%	87.7%	76.8%	84.6%	85.6%
Good Physical Health	79.1%	86.5%	85.8%	87.4%	83.8%	89.0%	76.6%	83.2%	84.6%
Good Mental Health	76.6%	84.7%	86.2%	86.5%	80.3%	83.1%	78.8%	81.7%	84.0%
Healthy Weight	32.1%	37.8%	35.2%	42.6%	34.9%	41.9%	32.4%	35.8%	38.6%
Health Risk Behaviors									
No Leisure Time or Physical Activity	25.4%	22.2%	24.4%	17.4%	29.1%	23.2%	30.9%	25.0%	23.2%
Current Cigarette Smoking	20.4%	13.2%	15.8%	8.9%	20.2%	15.3%	20.4%	16.9%	15.3%
Excessive Alcohol Consumption	20.0%	15.6%	22.2%	19.1%	22.6%	17.9%	18.2%	19.5%	18.9%
Health Protective Behaviors									
Routine Check-Ups	89.0%	87.7%	88.8%	87.9%	85.6%	90.0%	85.1%	87.7%	86.8%
Influenza Vaccination	43.5%	44.8%	45.0%	45.1%	41.3%	44.8%	41.9%	43.7%	41.9%
Pneumococcal Vaccination	68.8%	69.6%	75.1%	82.9%	69.3%	63.4%	71.8%	71.6%	70.1%
HIV Test	41.6%	31.1%	28.3%	33.2%	33.7%	25.8%	46.1%	35.4%	35.6%
Chronic Conditions									
Current Asthma	15.0%	9.4%	11.6%	5.7%	10.8%	10.0%	12.8%	11.3%	9.8%
Arthritis	26.1%	22.7%	28.0%	22.3%	27.9%	23.8%	22.5%	25.0%	23.9%
Diabetes	9.4%	9.5%	7.5%	7.2%	10.6%	7.5%	12.3%	9.3%	9.1%
Depression	26.7%	15.6%	19.2%	15.1%	23.0%	15.2%	22.6%	20.6%	17.2%
Chronic Obstructive Pulmonary Disease	6.4%	4.8%	4.8%	5.0%	6.5%	5.0%	6.7%	5.7%	5.5%
Cardiovascular Disease	7.8%	6.6%	8.8%	7.1%	6.5%	6.3%	10.3%	7.8%	7.3%

Source: Connecticut Department of Public Health

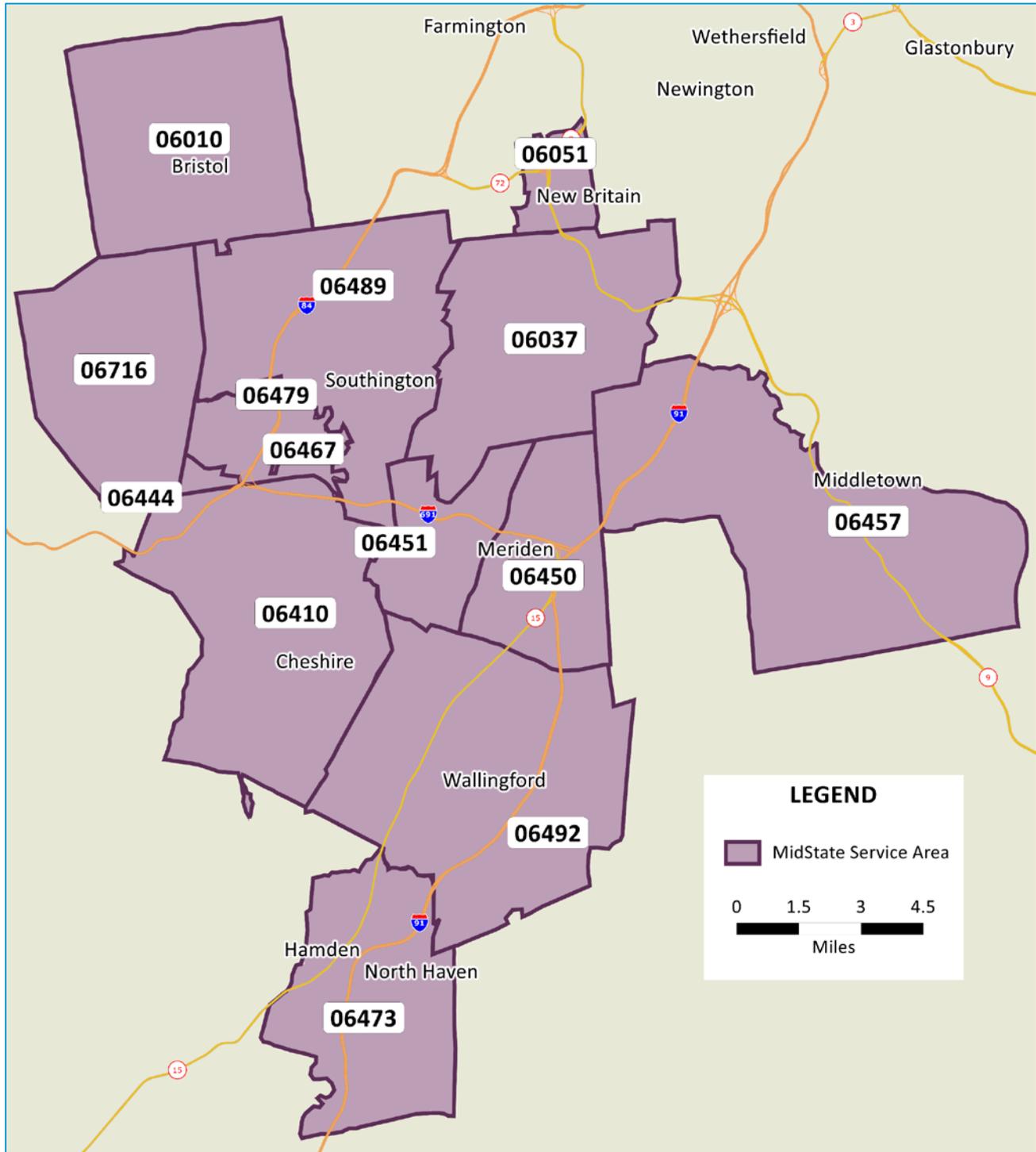
- Significantly Better Than State Average
- Significantly Worse Than State Average

COMMUNITY DEFINITION AND OVERVIEW



SERVICE AREA DEFINITION

The Hospital's service area definition was provided by Hartford HealthCare and is defined by the 14 ZIP Codes highlighted on the map below. When available, information relating to these specific ZIP Codes was integrated into this report.



COMMUNITY DEFINITION AND OVERVIEW

The following table outlines the ZIP Codes that comprise the Hospital's service area definition as provided by Hartford HealthCare.

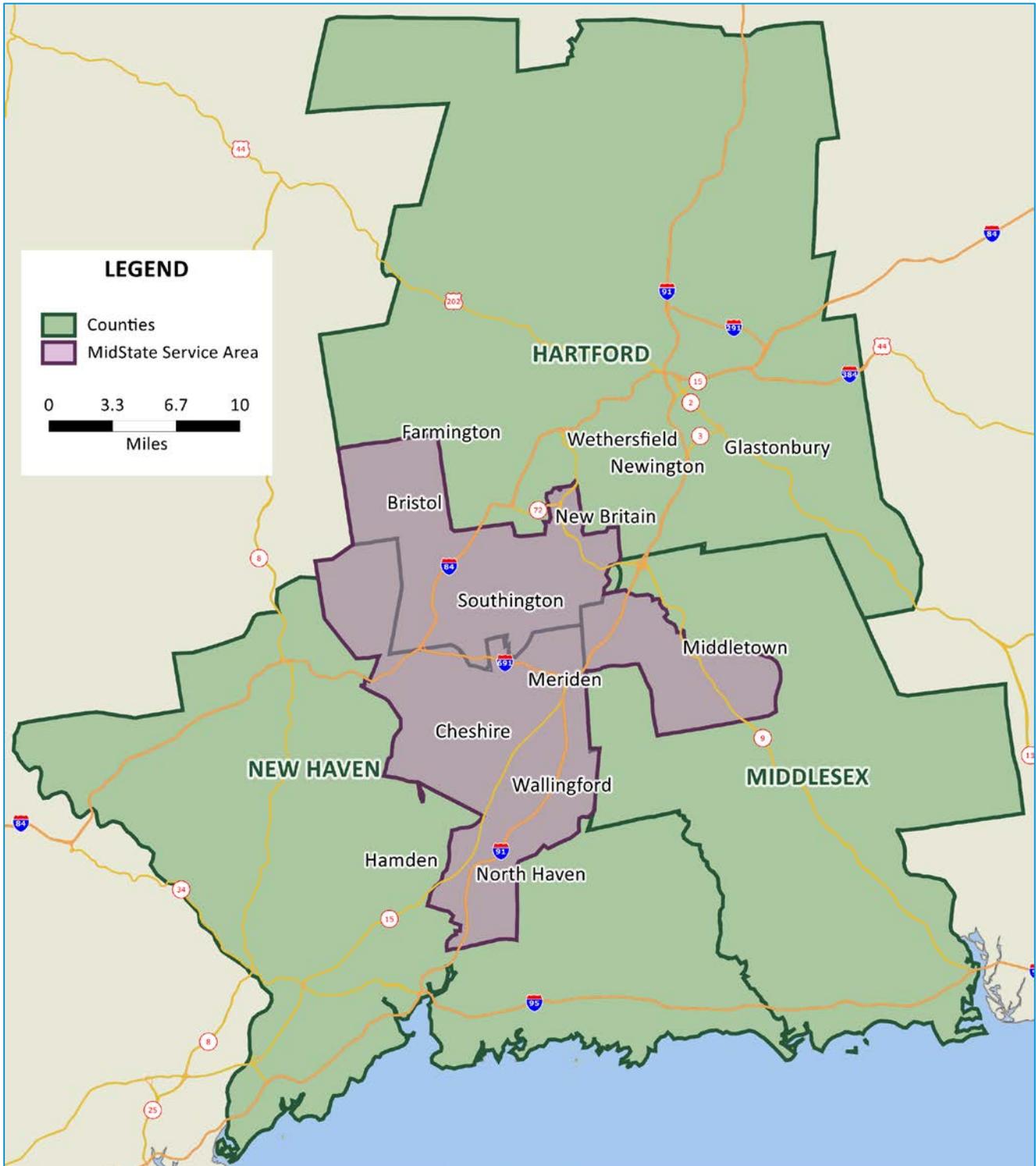
MidState Medical Center Service Area Definition

ZIP Code	City	State
06010	Bristol	CT
06037	Berlin	CT
06051	New Britain	CT
06410	Cheshire	CT
06444	Marion	CT
06450	Meriden	CT
06451	Meriden	CT
06457	Middletown	CT
06467	Milldale	CT
06473	North Haven	CT
06479	Plantsville	CT
06489	Southington	CT
06492	Wallingford	CT
06716	Wolcott	CT

COMMUNITY DEFINITION AND OVERVIEW

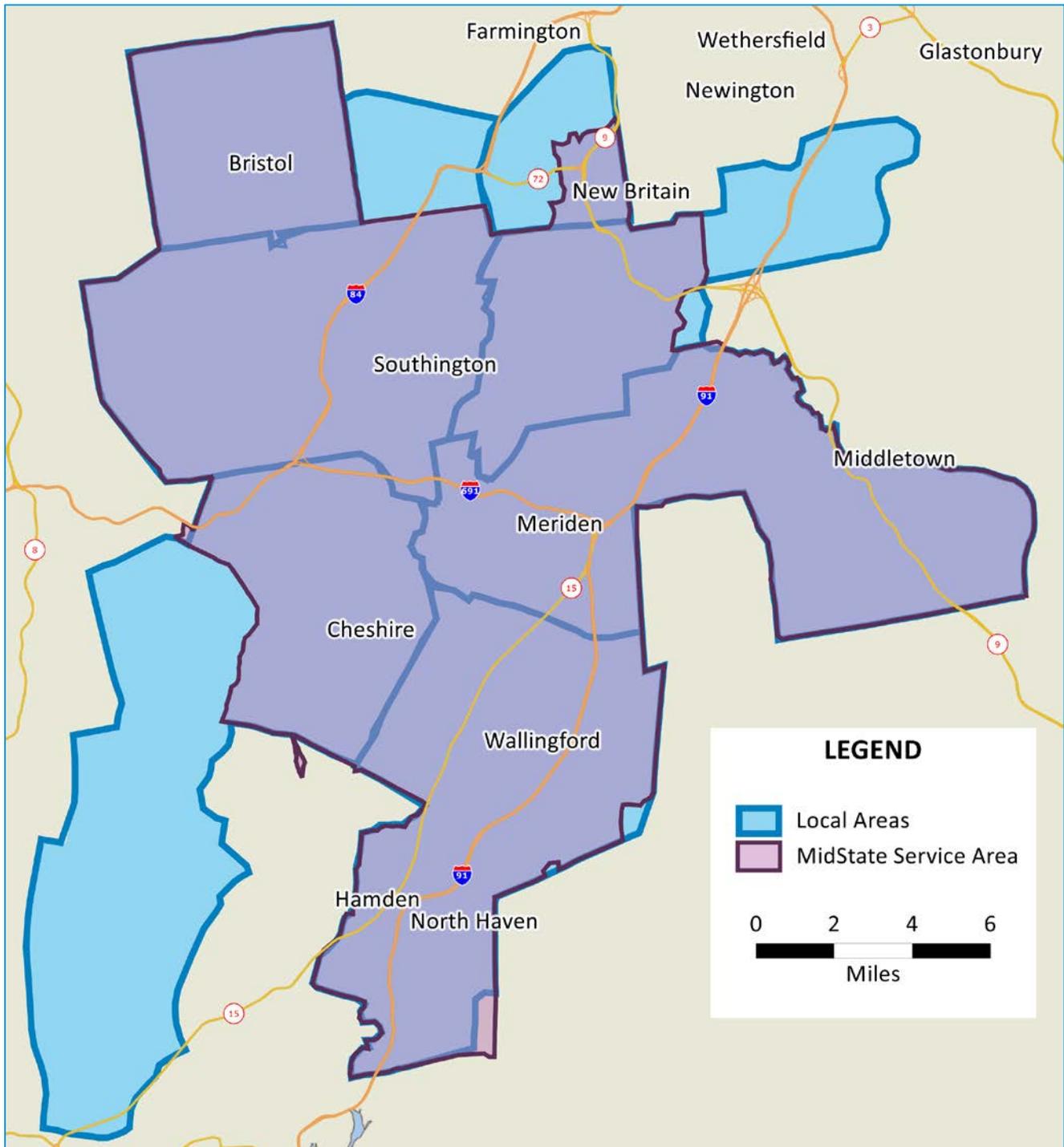
SELECTED COUNTIES

MidState Medical Center’s service area spans across Hartford County, New Haven County, and Middlesex County. Due to limited data available at the ZIP Code level, when appropriate, key information and metrics were calculated and assessed for these three counties, which are highlighted in green in the map below.



CONNECTICUT DEPARTMENT OF HEALTH LOCAL AREAS

In addition to county data, in order to understand population health behaviors and indicators at a more granular level, metrics were retrieved from the Connecticut Department of Health based on their 53 local area definitions based on county subdivisions. Health indicators for the seven local areas highlighted in blue in the map below were assessed in aggregate and are incorporated into this report.



COMMUNITY DEFINITION AND OVERVIEW

POPULATION GROWTH AND AGE DISTRIBUTION

Overall, the service area population is expected to remain flat over the next five years, which is comparable to the State of Connecticut in total. However, similar to national trends, the population is projected to shift towards residents aged 65 and older.

Demographic Summary

Age Group	Population		Percent Change	Distribution (%)	
	2017	2022		2017	2022
Service Area					
0 - 17	77,137	73,364	-4.9%	20.6%	19.6%
18 - 44	126,636	125,864	-0.6%	33.8%	33.6%
45 - 64	107,086	102,452	-4.3%	28.6%	27.4%
65+	63,732	72,789	14.2%	17.0%	19.4%
Total/Overall	374,591	374,469	0.0%	100.0%	100.0%
State of Connecticut					
0 - 17	749,574	711,393	-5.1%	20.9%	19.7%
18 - 44	1,224,277	1,227,332	0.2%	34.1%	34.1%
45 - 64	1,024,279	985,413	-3.8%	28.5%	27.3%
65+	592,007	679,504	14.8%	16.5%	18.9%
Total/Overall	3,590,137	3,603,642	0.4%	100.0%	100.0%

Source: The Nielsen Company

ETHNICITY BREAKDOWN

While the total population is expected to remain flat, both the service area and the State of Connecticut are projected to see an increase in Hispanic, black, and other ethnicities, and a decrease in residents who identify as white.

Ethnic Summary

Ethnicity	Population		Percent Change	Distribution (%)	
	2017	2022		2017	2022
Service Area					
White	269,726	257,326	-4.6%	72.0%	68.7%
Hispanic	57,741	65,174	12.9%	15.4%	17.4%
Black	25,980	28,184	8.5%	6.9%	7.5%
Other	21,144	23,785	12.5%	5.6%	6.4%
Total/Overall	374,591	374,469	0.0%	100.0%	100.0%
State of Connecticut					
White	2,400,758	2,293,789	-4.5%	66.9%	63.7%
Hispanic	544,952	614,281	12.7%	15.2%	17.0%
Black	389,366	409,438	5.2%	10.8%	11.4%
Other	255,061	286,134	12.2%	7.1%	7.9%
Total/Overall	3,590,137	3,603,642	0.4%	100.0%	100.0%

Source: The Nielsen Company

SOCIAL DETERMINANTS OF HEALTH



OVERVIEW

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. (HealthyPeople.gov)



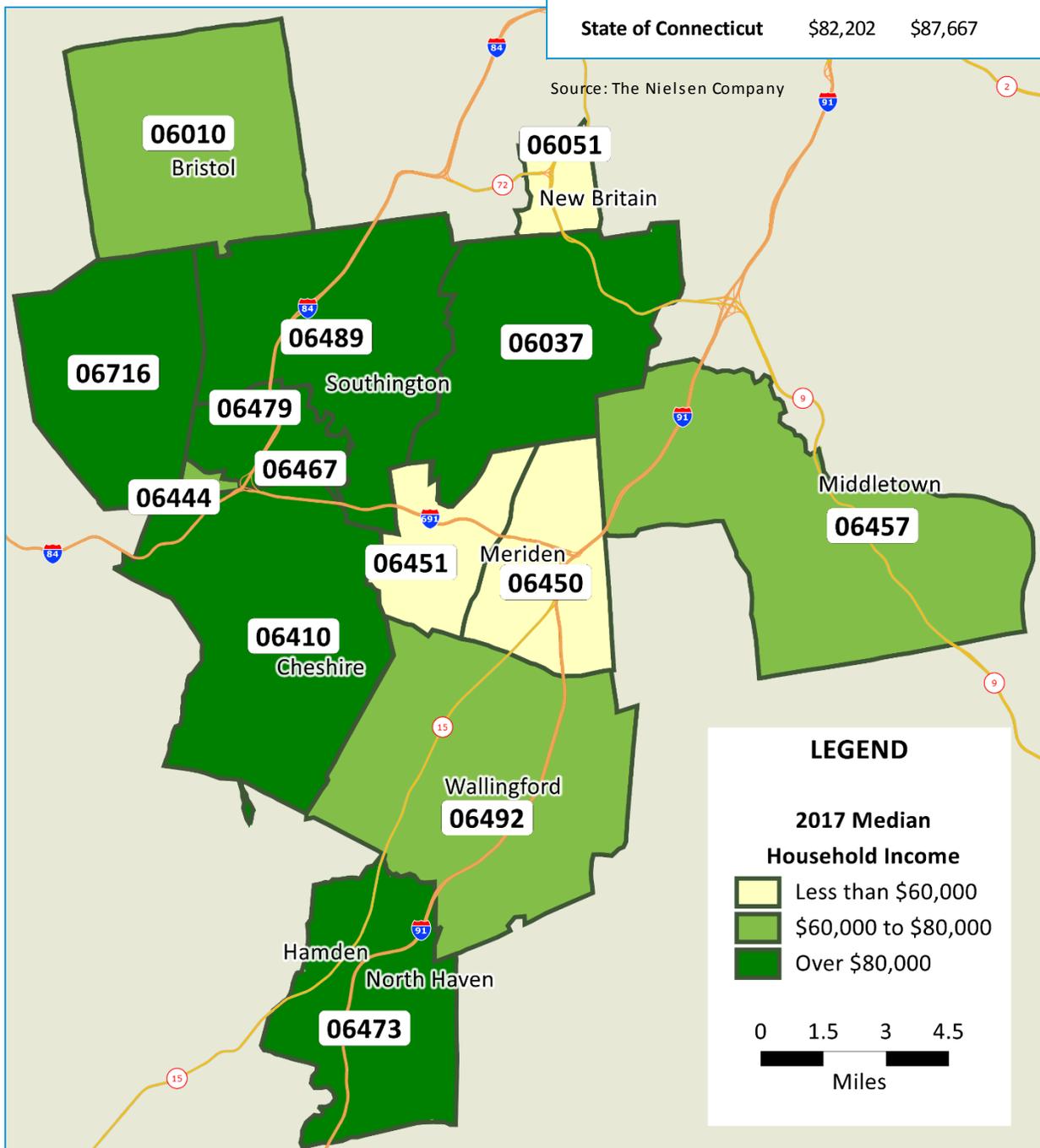
ECONOMIC STABILITY

MEDIAN HOUSEHOLD INCOME

While the service area has a lower median household income compared to the State of Connecticut, the western side has a concentration of high-income households.

Household Income Summary

Geographic Region	Median Household Income		
	2017	2022	Change (%)
Service Area	\$73,636	\$78,986	7.3%
State of Connecticut	\$82,202	\$87,667	6.6%



SOCIAL DETERMINANTS OF HEALTH

POVERTY METRICS

The poverty rates in Hartford and New Haven counties are slightly higher than the State of Connecticut, whereas Middlesex county has a significantly smaller poverty rate. All three counties and the State of Connecticut have lower poverty rates than the United States overall.

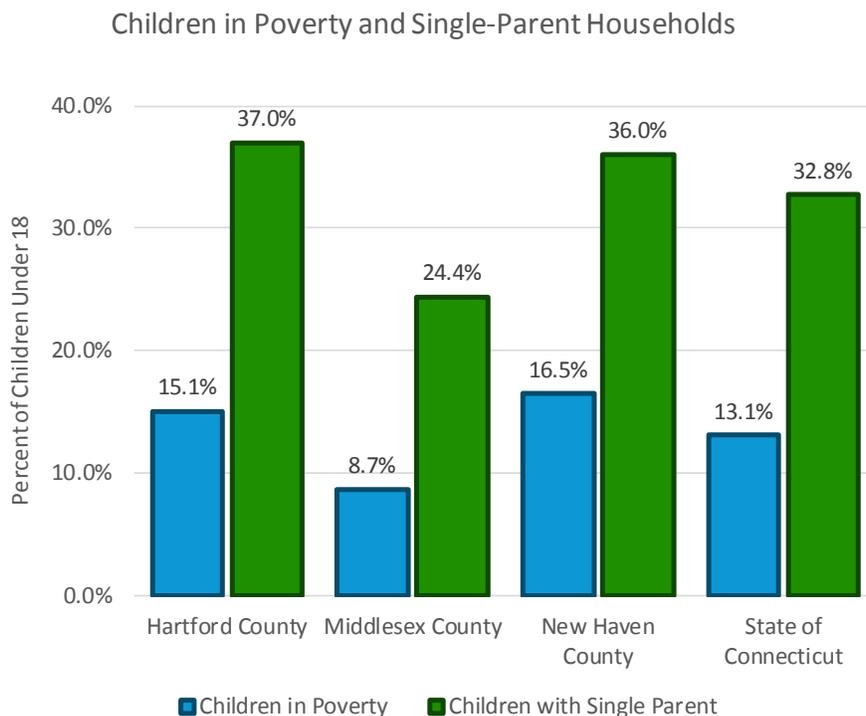
Poverty Metrics

Percent Below Poverty Line	County			State of Connecticut	United States
	Hartford	Middlesex	New Haven		
Ethnicity					
White	8.5%	6.1%	9.6%	7.8%	12.4%
Black	19.2%	21.1%	23.6%	20.3%	26.2%
Hispanic	29.0%	19.3%	26.9%	24.5%	23.4%
Total/Overall	11.6%	7.0%	12.8%	10.4%	15.1%
Male	10.8%	6.2%	11.6%	9.4%	13.8%
Female	12.3%	7.8%	13.9%	11.3%	16.3%

Source: American Community Survey

CHILDREN IN POVERTY AND SINGLE-PARENT HOUSEHOLDS

The percentage of children living in poverty and single-parent households is higher than the State of Connecticut in Hartford and New Haven counties, but significantly lower in Middlesex County. This same trend appears in the percent of children living in single-parent households.



Source: County Health Rankings

KEY INFORMANT COMMENTS

Poverty is the number one social determinant (two mentions)

The undocumented poor population is going further underground

SOCIAL DETERMINANTS OF HEALTH

HOMEOWNERSHIP RATES

The distribution of home ownership and renters within the service area is comparable to the State of Connecticut and is projected to remain consistent through 2022.

Home Ownership Rates

Geographic Region	Percent of Households		
	2017	2022	Variance
Service Area			
Owner	67.5%	67.6%	0.0%
Renter	32.5%	32.4%	0.0%
Total/Overall	100.0%	100.0%	0.0%
State of Connecticut			
Owner	67.3%	67.2%	-0.1%
Renter	32.7%	32.8%	0.1%
Total/Overall	100.0%	100.0%	0.0%

Source: The Nielsen Company

UNEMPLOYMENT RATES

Compared to the State of Connecticut, Hartford and New Haven counties have similar unemployment rates, both of which are slightly higher than the United States overall. Middlesex County has the lowest unemployment rates in every category.

Employment Summary

Category	Unemployment Rate				
	Hartford County	Middlesex County	New Haven County	State of Connecticut	United States
Ethnicity ⁽¹⁾					
White	6.3%	5.1%	7.3%	6.7%	6.3%
Black	15.4%	8.4%	14.2%	14.6%	13.3%
Hispanic	13.7%	7.1%	11.8%	11.9%	8.7%
Total/Overall	8.2%	5.3%	8.5%	8.0%	7.4%
Male ⁽²⁾					
Male ⁽²⁾	8.3%	4.6%	8.9%	7.8%	7.0%
Female ⁽²⁾					
Female ⁽²⁾	6.7%	5.3%	7.3%	6.9%	6.7%

Source: American Community Survey

⁽¹⁾ Population aged 16 or older

⁽²⁾ Population aged 20 to 64

KEY INFORMANT COMMENTS

With the homeless, especially where behavior health issues are associated with them, need to check on frequently and get them into permanent housing in the long run

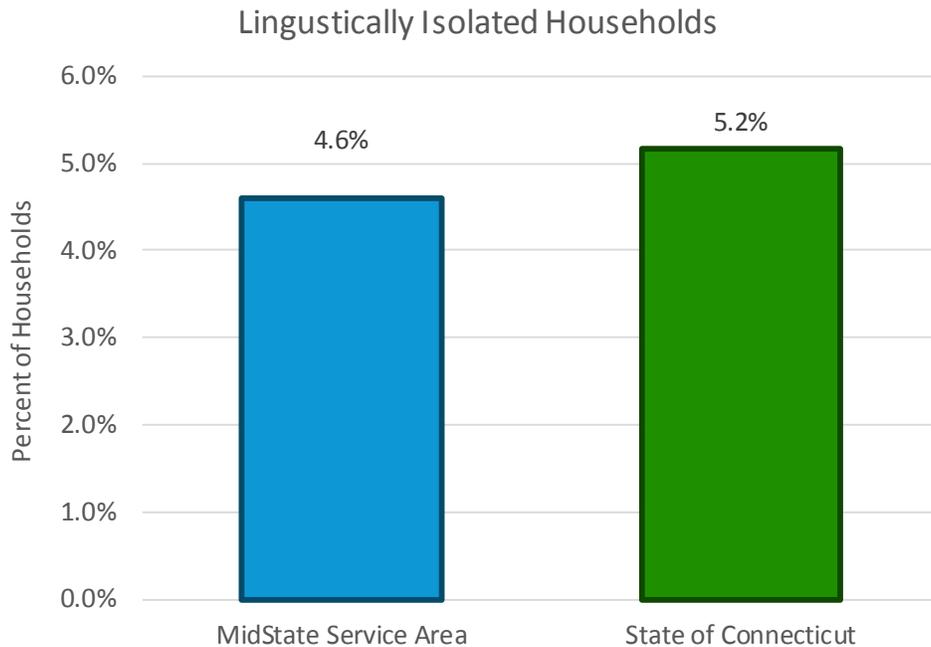
One of the top social determinants is lack of housing, we need secure and stable housing

SOCIAL DETERMINANTS OF HEALTH

EDUCATION AND LANGUAGE

LINGUISTICALLY ISOLATED POPULATION

Compared to the State of Connecticut, the service area has a slightly lower percentage of households that are considered linguistically isolated. These households are defined by all members 14 years old and over having some difficulty speaking English.



Source: County Health Rankings

EDUCATIONAL METRICS

Compared to the State of Connecticut, the average level of educational attainment is lower in the service area, with lower proportions of residents who have earned a bachelor's degree or higher.

Educational Attainment

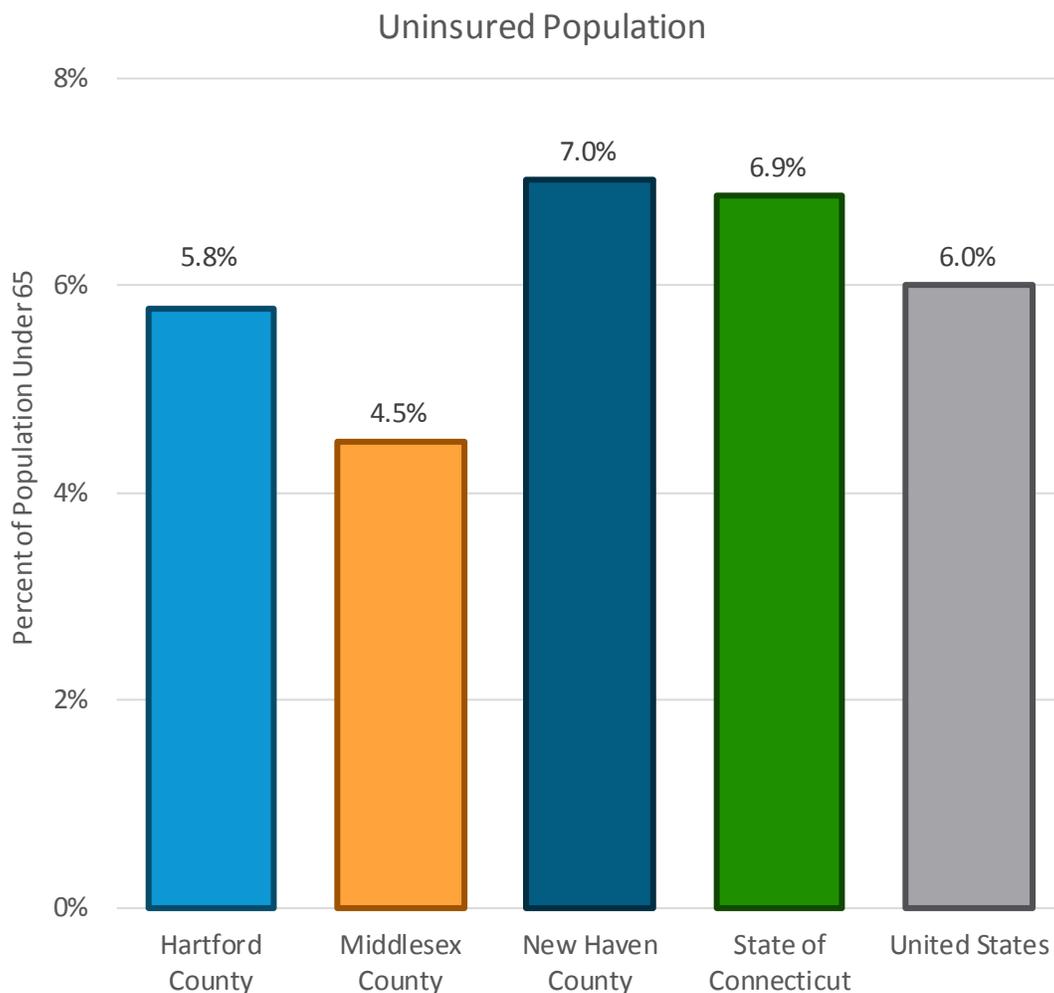
Level of Attainment	Service Area	State of Connecticut
No High School Diploma	9.7%	9.9%
High School Graduate	32.2%	27.3%
Some College	17.8%	17.3%
Associate's Degree	8.3%	7.5%
Bachelor's Degree	19.2%	21.3%
Graduate Degree	12.8%	16.8%
Total/Overall	100.0%	100.0%

Source: American Community Survey

HEALTH AND HEALTH CARE

UNINSURED POPULATION

Compared to the State of Connecticut, New Haven County has a similar percentage of uninsured residents, and Hartford County has a lower percentage that is comparable to the top 10th percentile of counties nationwide. Middlesex County has a significantly lower rate of uninsured residents, at only 4.5%.



Source: County Health Rankings

KEY INFORMANT COMMENTS

Lack of insurance prevents people from getting the care they need, and is one of the big gaps in care access

SOCIAL DETERMINANTS OF HEALTH

INSURANCE COVERAGE

Of the service area's residents who received inpatient care in 2017, approximately 75% of the patient days were covered by governmental coverage (Medicaid/Medicare), which is comparable to the State of Connecticut. However, from an emergency room perspective, the percentage of Medicaid coverage is significantly higher for both the service area and the State of Connecticut, which is expected as these patients are often the highest users of emergency services.

Insurance Coverage Estimates

Payer Category	Service Area	State of Connecticut
Inpatient Days		
Private	24.0%	22.6%
Medicare	51.0%	50.4%
Medicaid	22.7%	24.2%
Other	0.8%	0.9%
Uninsured	1.5%	1.9%
Total/Overall	100.0%	100.0%
Emergency Room Visits (Non-Admission)		
Private	26.0%	27.6%
Medicare	19.9%	18.8%
Medicaid	46.0%	44.2%
Other	1.9%	2.3%
Uninsured	6.1%	7.1%
Total/Overall	100.0%	100.0%

Source: Connecticut Hospital Association

KEY INFORMANT COMMENTS

We are spending more on behavioral and mental healthcare especially for younger patients. However, many parents struggle to be able to pay the co-pay for behavioral health counseling sessions.

ACCESS TO HEALTH CARE PROVIDERS

Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans. This topic area focuses on 3 components of access to care: insurance coverage, health services, and timeliness of care. When considering access to health care, it is important to also include oral health care and obtaining necessary prescription drugs. (HealthyPeople.gov)

Hartford County has more primary care physicians, dentists, and mental health providers per person than the State of Connecticut, and has significantly better ratios of dentists and mental health providers as compared to the top 10th percentile of counties across the United States. Middlesex County has less primary care physicians and dentists per person compared to the State of Connecticut, and comparable ratios compared to the top 10th percentile of counties across the United States. New Haven County has a comparable amount of primary care physicians, but fewer dentists than the State of Connecticut. All of the counties and the State of Connecticut have better population ratios of mental health providers than the top performing counties in the county.

Clinical Provider Ratios

Population Ratio ⁽¹⁾	Hartford County	Middlesex County	New Haven County	State of Connecticut	United States
Primary Care Physicians	1,060	1,390	1,100	1,180	1,030
Dentists	960	1,300	1,300	1,180	1,280
Mental Health Providers	220	250	260	290	330

Source: County Health Rankings

⁽¹⁾ Number of persons per provider

KEY INFORMANT COMMENTS

In Southington most people have primary care so flu epidemic is not hitting as bad

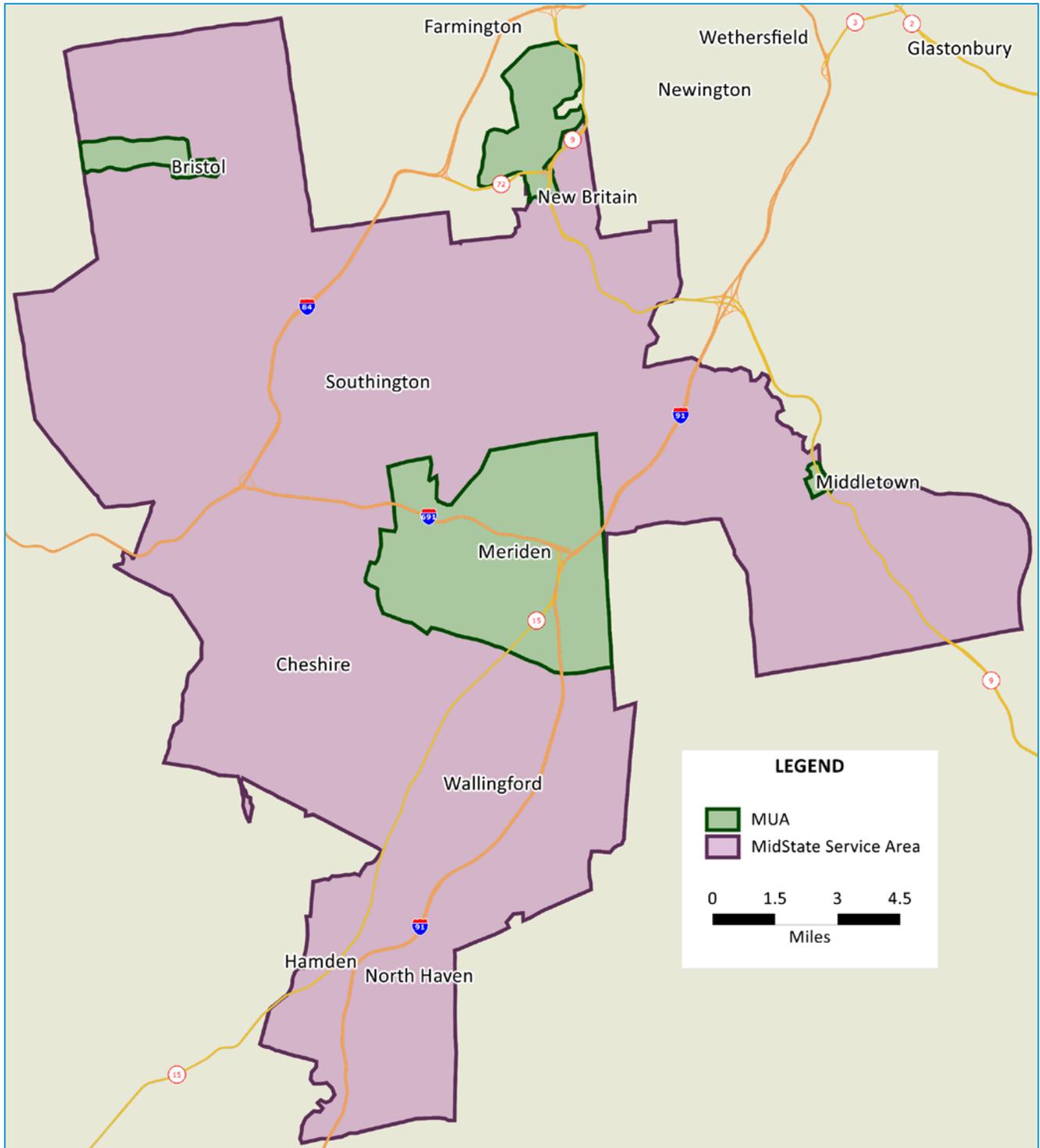
Lack of transport and access - public transportation does not work – stops at 5:00 so doesn't accommodate work schedules and getting to care

We should work on reeducating and redirecting patients to right level of care (away from ED, where they go if no access to primary care); there is no collective effort addressing this

There are challenges with behavioral health and getting people to comprehensive care

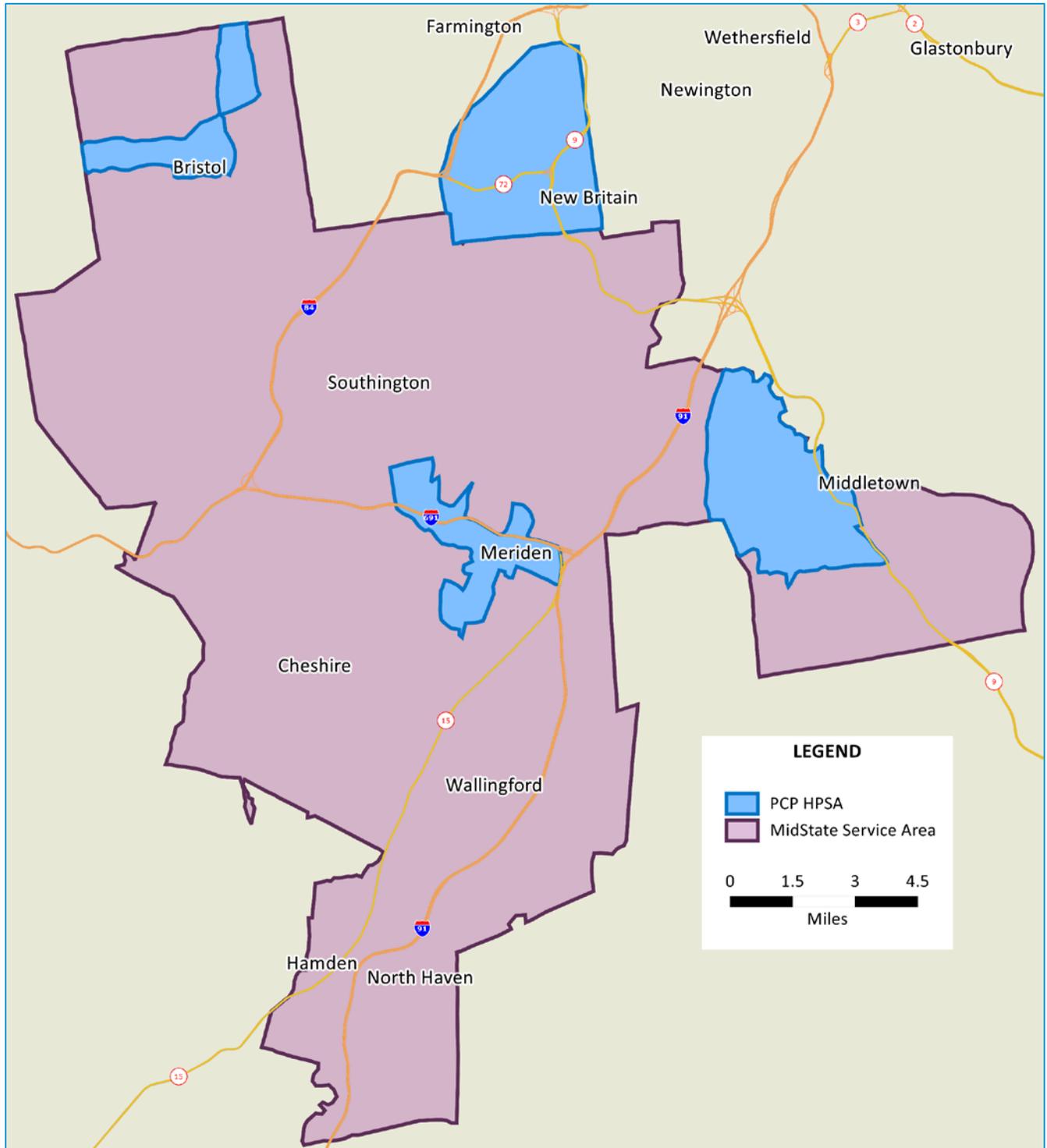
MEDICALLY UNDERSERVED AREAS

Medically Underserved Areas and Populations (“MUAs”) are geographic regions designated by the Health Resources & Services Administration under the U. S. Department of Health & Human Services as having too few primary care providers, high infant mortality, high poverty or a high elderly population. As shown in the map below, there are four MUAs in the service area, the largest of which is Meriden, Connecticut.



HEALTH PROFESSIONAL SHORTAGE AREAS

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources & Services Administration under the U. S. Department of Health & Human Services as having shortages of primary medical care, dental or mental health providers. As shown in the map below, there are four primary care HPSAs within the service area, with overlapping MUAs in New Britain and Meriden.



NEIGHBORHOOD AND BUILT ENVIRONMENT

CRIME AND SAFETY

While violent crime in Hartford and New Haven counties is comparable to the State of Connecticut, both counties have significantly higher rates of robbery, burglary, larceny, and motor vehicle theft. New Haven county also has a much higher rate of aggravated assault as compared to the State of Connecticut. Middlesex County has the lowest crime rates in every category.

Crime Rates

Crime Rate	Hartford County	Middlesex County	New Haven County	State of Connecticut	United States
Rate per 100,000 Persons					
Murder	2.3	1.2	3.6	2.2	5.3
Rape	27.1	14.1	21.7	21.7	40.4
Robbery	91.1	22.7	103.2	75.7	102.8
Aggravated Assault	134.8	82.2	174.3	128.1	248.5
Burglary	313.4	141.7	387.8	281.8	468.9
Larceny	1,678.5	1,128.2	1,728.1	1,333.5	1,745.0
Motor Vehicle Theft	247.9	114.2	284.4	198.5	236.9
Crime Index Total	2,495.1	1,504.3	2,703.1	2,041.4	2,847.8

Source: 2016 Annual Report of the Uniform Crime Reporting Program - State of Connecticut

PHYSICAL ENVIRONMENT

Compared to the State of Connecticut, Hartford County has slightly better air pollution, whereas Middlesex County and New Haven County have slightly worse air pollution. Additionally, Hartford and New Haven counties have similar severe housing problems, and Middlesex has the lowest percentage of severe housing problems among all three counties and the State of Connecticut. The food environment index is similar across all geographies, with Middlesex County and the State of Connecticut very close to the top 10th percentile of counties in the United States.

Physical Environment

Indicator	Hartford County	Middlesex County	New Haven County	State of Connecticut	United States
Air Pollution ⁽¹⁾	7.7	8.5	8.6	8.2	6.7
Severe Housing Problems ⁽²⁾	18.0%	14.0%	21.0%	19.0%	9.0%
Food Environment Index ⁽³⁾	8.2	8.5	8.0	8.5	8.6

Source: County Health Rankings

⁽¹⁾ Average daily density of fine particulate matter in micrograms per cubic meter

⁽²⁾ Percent of households with overcrowding, high housing costs, or lack kitchen/plumbing facilities

⁽³⁾ Score (0 - 10) representing limited access to healthy foods

HEALTH STATUS AND BEHAVIORS



OVERALL HEALTH STATUS

The service area has similar physical health metrics to the State of Connecticut, but worse mental health metrics. All the counties have lower rates of poor health and poor physical days than the State of Connecticut and are comparable regarding the number of poor mental health days.

General Health Status Indicators

Health Indicator	MidState Service Area	State of Connecticut
General Health		
MidState Local Area Region ⁽¹⁾		
Good or Better General Health (% of Adults)	84.6%	85.6%
Good Physical Health (% of Adults)	83.2%	84.6%
Hartford County ⁽²⁾		
Poor or Fair Health (% of Adults)	13.0%	14.0%
Poor Physical Health Days (Last 30 Days)	3.2	3.4
Middlesex County ⁽²⁾		
Poor or Fair Health (% of Adults)	10.2%	14.0%
Poor Physical Health Days (Last 30 Days)	2.8	3.4
New Haven County ⁽²⁾		
Poor or Fair Health (% of Adults)	12.9%	14.0%
Poor Physical Health Days (Last 30 Days)	3.2	3.4
Mental Health		
MidState Local Area Region ⁽¹⁾		
Good Mental Health (% of Adults)	81.7%	84.0%
Depression (% of Adults)	20.6%	17.2%
Hartford County ⁽²⁾		
Poor Mental Health Days (Last 30 Days)	3.5	3.8
Middlesex County ⁽²⁾		
Poor Mental Health Days (Last 30 Days)	3.2	3.8
New Haven County ⁽²⁾		
Poor Mental Health Days (Last 30 Days)	3.8	3.8

Sources:

⁽¹⁾ Connecticut Department of Health - Local Analysis of Selected Health Indicators - 2017

⁽²⁾ Centers for Disease Control - 2016 Behavioral Risk Factor Surveillance System

KEY INFORMANT COMMENTS

Behavioral health is high on the list of social determinants

We are spending more on behavioral and mental healthcare especially for younger patients. However, many parents struggle to be able to pay the co-pay for behavioral health counseling sessions.

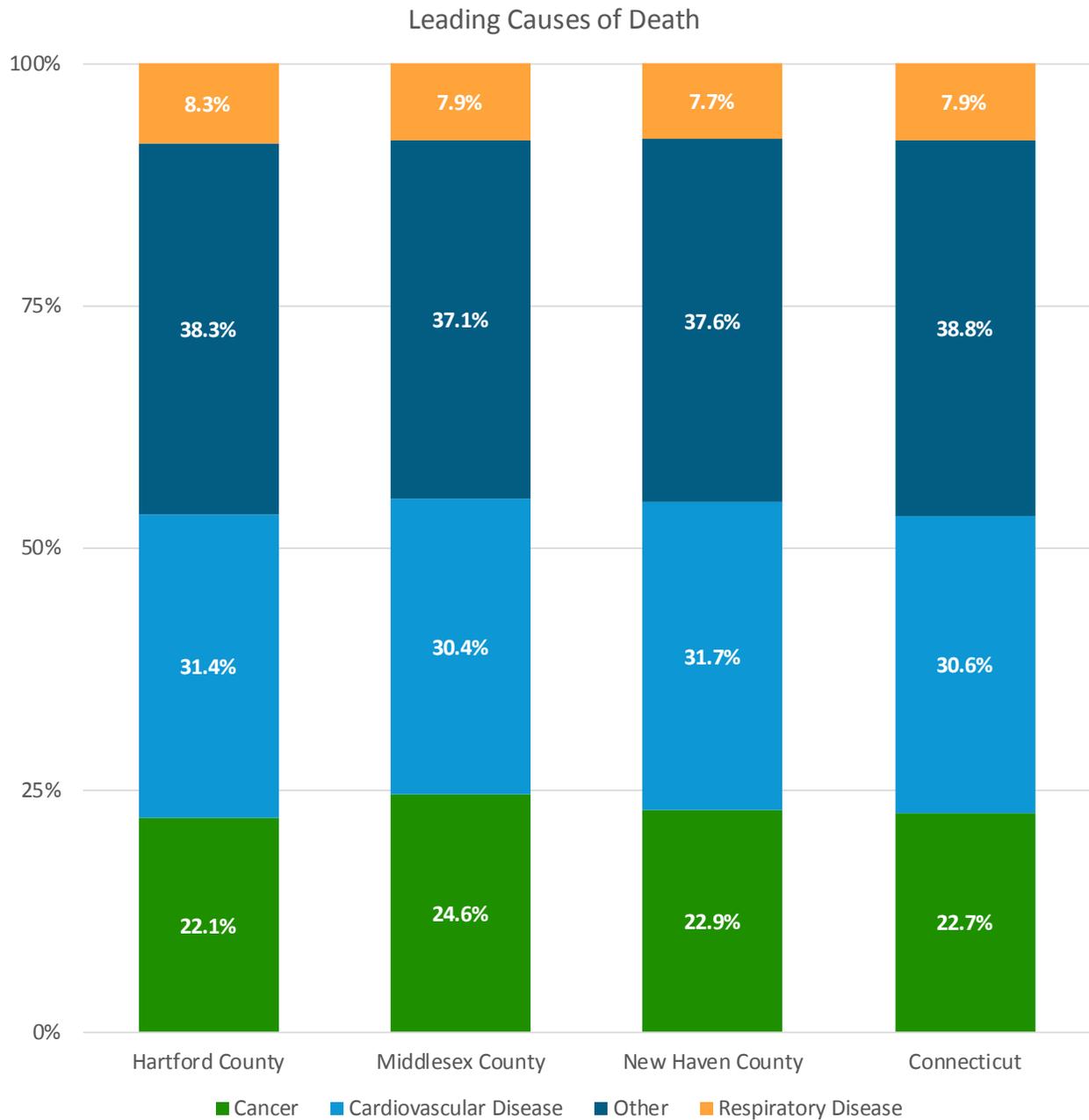
No real coordination of care going on, more funding needs to go to 211 or other information portals, and public not educated enough about 211

Lack of social services programs that are being proactive with family members (example is the school sends home a free lunch sign-up sheet with the student and waits for the parent to sign it and return it; no one from the school calls if the form is not returned – not proactive)

Community programs typically do not measure outcomes; people are too busy running programs to measure. Results based accountability is needed.

CHARACTERISTICS AND CAUSES OF DEATH

Similar to national and regional trends, cardiovascular disease and cancer are the largest causes of death in all three counties, followed by respiratory disease. Additionally, the distribution of cause of death is similar across all geographies.



Source: CDC Wonder Online Query System

CANCER PREVALENCE AND SCREENING

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in 5 years, yet cancer remains a leading cause of death in the United States, second only to heart disease. Many cancers are preventable by reducing risk factors such as the use of tobacco products, physical inactivity, poor nutrition, obesity, and ultraviolet light exposure. Screening is effective in identifying some types of cancers in early, often highly treatable stages. For cancers with evidence-based screening tools, early detection must address the continuum of care from screening to appropriate follow-up of abnormal test results and referral to cancer treatment. (HealthyPeople.gov)

All three counties and the State of Connecticut have similar prevalence rates for cervical, colon and rectum, and lung cancer. However, Hartford county has the highest rate of prostate cancer, and Middlesex County has the highest rate of breast cancer. Preventative screening rates are highest in Middlesex County, with Hartford and New Haven counties having comparable rates to the State of Connecticut.

Cancer Prevalence and Screening

Type of Cancer	Hartford County	Middlesex County	New Haven County	State of Connecticut	United States
Disease Prevalence (Per 100,000)					
Breast	134.8	148.2	136.8	139.2	123.5
Cervical	6.4	6.0	7.0	6.7	7.6
Colon and Rectum	40.5	37.9	39.4	38.8	39.8
Lung	60.6	64.8	69.1	62.1	61.2
Prostate	124.2	111.3	112.2	118.8	114.8
Screening Prevalence (Age-Adjusted %)					
Mammogram	69.2%	73.6%	65.7%	67.8%	63.1%
Pap Test	80.6%	85.1%	81.7%	82.1%	78.5%
Sigmoidoscopy/Colonoscopy	70.4%	71.6%	67.2%	69.6%	61.3%

Source: Community Commons Health Indicators Report

CARDIOVASCULAR DISEASE

Heart disease is the leading cause of death in the United States. Stroke is the fifth leading cause of death in the United States. Together, heart disease and stroke, along with other cardiovascular disease, are among the most widespread and costly health problems facing the Nation today, accounting for approximately \$320 billion in health care expenditures and related expenses annually. Fortunately, they are also among the most preventable. The leading modifiable (controllable) risk factors for heart disease and stroke are high blood pressure, high cholesterol, cigarette smoking, diabetes, unhealthy diet and physical inactivity, and obesity. (HealthyPeople.gov)

Overall, the prevalence of cardiovascular disease, high blood pressure, and high cholesterol are similar to the State of Connecticut. However, the mortality rate for heart disease is significantly higher in all three counties.

Cardiovascular Disease

Health Indicator	Service Area	State of Connecticut
MidState Local Area Region ⁽¹⁾		
Cardiovascular Disease	7.8%	7.3%
Hartford County ⁽²⁾		
High Blood Pressure	26.6%	25.0%
High Cholesterol	37.8%	36.3%
High Blood Pressure Management ⁽³⁾	21.0%	20.6%
Health Disease Mortality ⁽⁴⁾	151.4	101.6
Stroke Mortality ⁽⁴⁾	26.6	27.3
Middlesex County ⁽²⁾		
High Blood Pressure	25.9%	25.0%
High Cholesterol	41.6%	36.3%
High Blood Pressure Management ⁽³⁾	17.3%	20.6%
Health Disease Mortality ⁽⁴⁾	137.5	101.6
Stroke Mortality ⁽⁴⁾	24.7	27.3
New Haven County ⁽²⁾		
High Blood Pressure	26.0%	25.0%
High Cholesterol	36.2%	36.3%
High Blood Pressure Management ⁽³⁾	21.7%	20.6%
Health Disease Mortality ⁽⁴⁾	149.3	101.6
Stroke Mortality ⁽⁴⁾	28.5	27.3

Sources:

⁽¹⁾ Connecticut Department of Health

⁽²⁾ Community Commons

⁽³⁾ Percent of adults needing, but not taking blood pressure medication

⁽⁴⁾ Age-Adjusted rate per 100,000 persons

KEY INFORMANT COMMENTS

Chronic conditions, can't lose sight of these for community needs, hypertension is 1 of 3 biggest issues

RESPIRATORY DISEASE

Asthma and chronic obstructive pulmonary disease (“COPD”) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lungs to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Currently more than 25 million people in the United States have asthma. Approximately 14.8 million adults have been diagnosed with COPD, and approximately 12 million people have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the health care system, the burden of respiratory diseases also falls on society; it is paid for with tax dollars, higher health insurance rates, and lost productivity. Annual health care expenditures for asthma alone are estimated at \$20.7 billion. (HealthyPeople.gov)

The prevalence of asthma and COPD are slightly higher in the service area compared to the State of Connecticut. Additionally, the mortality rate for chronic lower respiratory disease is significantly higher in all three counties.

Respiratory Disease

Prevalence (% of Adults)	Service Area	State of Connecticut
MidState Local Area Region ⁽¹⁾		
Asthma	11.3%	9.8%
Chronic Obstructive Pulmonary Disease	5.7%	5.5%
Lung Disease - Mortality ⁽²⁾		
Hartford County	29.2	15.9
Middlesex County	31.7	15.9
New Haven County	30.3	15.9

Sources:

⁽¹⁾ Connecticut Department of Health

⁽²⁾ Community Commons - Age-adjusted rate per 100,000

KEY INFORMANT COMMENTS

Chronic conditions, can't lose sight of these for community needs, asthma is 1 of 3 biggest issues

DIABETES

Diabetes mellitus (“Diabetes”) occurs when the body cannot produce enough insulin or cannot respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications.

Effective therapy can prevent or delay diabetic complications. However, about 28 percent of Americans with diabetes are undiagnosed, and another 86 million American adults have blood glucose levels that greatly increase their risk of developing type 2 diabetes in the next several years. Diabetes complications tend to be more common and more severe among people whose diabetes is poorly controlled, which makes this disease an immense and complex public health challenge. Preventive care practices are essential to better health outcomes for people with diabetes. (HealthyPeople.gov)

Overall, the diabetes health indicators in the service area and surrounding counties are similar to the State of Connecticut. However, Middlesex County has a significantly lower rate of diabetes mortality than the State of Connecticut or other counties.

Diabetes

Indicator	Service Area	State of Connecticut
MidState Local Area Region		
Diabetes ⁽¹⁾	9.3%	9.1%
Hartford County		
Diabetes Monitoring ⁽²⁾	88.4%	86.6%
Diabetes - Mortality ⁽³⁾	13.1	14.3
Middlesex County		
Diabetes Monitoring ⁽²⁾	88.2%	86.6%
Diabetes - Mortality ⁽³⁾	8.6	14.3
New Haven County		
Diabetes Monitoring ⁽²⁾	85.3%	86.6%
Diabetes - Mortality ⁽³⁾	15.0	14.3

Sources:

⁽¹⁾ Connecticut Department of Health - Percent of adults

⁽²⁾ County Health Rankings - Percent of diabetic Medicare enrollees that receive HbA1c monitoring

⁽³⁾ Centers for Disease Control - Age-Adjusted rate per 100,000 persons

KEY INFORMANT COMMENTS

Chronic conditions, can't lose sight of these for community needs, diabetes is 1 of 3 biggest issues

INFECTIOUS DISEASES

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the United States, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97 percent in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the United States. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

Viral hepatitis and tuberculosis can be prevented, yet health care systems often do not make the best use of their available resources to support prevention efforts. Because the U.S. health care system focuses on treatment of illnesses, rather than health promotion, patients do not always receive information about prevention and healthy lifestyles. This includes advancing effective and evidence-based viral hepatitis and tuberculosis prevention priorities and interventions. (HealthyPeople.gov)

The service area has slightly higher rates of influenza and pneumococcal vaccination, and lower rates of influenza and pneumonia mortality than the State of Connecticut. Hartford County has a comparable rate of hepatitis C; however, Middlesex and New Haven counties have much higher incidence rates.

Infectious Diseases

Health Indicator	Service Area	State of Connecticut
MidState Local Area Region ⁽¹⁾		
Influenza Vaccination	43.7%	41.9%
Pneumococcal Vaccination	71.6%	70.1%
Hartford County		
Influenza and Pneumonia - Mortality ⁽²⁾	11.1	11.7
Hepatitis C ⁽³⁾	38.9	39.5
Tuberculosis ⁽³⁾	1.7	1.4
Middlesex County		
Influenza and Pneumonia - Mortality ⁽²⁾	4.8	11.7
Hepatitis C ⁽³⁾	47.8	39.5
Tuberculosis ⁽³⁾	0.0	1.4
New Haven County		
Influenza and Pneumonia - Mortality ⁽²⁾	9.5	11.7
Hepatitis C ⁽³⁾	44.7	39.5
Tuberculosis ⁽³⁾	1.2	1.4

Sources:

⁽¹⁾ Connecticut Department of Health - Percent of adults

⁽²⁾ Centers for Disease Control - Age-Adjusted rate per 100,000 persons

⁽³⁾ Connecticut Department of Health - Rate per 100,000 persons

SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases (“STDs”) refer to more than 35 infectious organisms that are transmitted primarily through sexual activity. STD prevention is an essential primary care strategy for improving reproductive health. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as:

- Reproductive health problems
- Fetal and perinatal health problems
- Cancer
- Facilitation of the sexual transmission of HIV infection

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 20 million new STD infections each year—almost half of them among young people ages 15 to 24.3 The cost of STDs to the U.S. health care system is estimated to be as much as \$16 billion annually. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. (HealthyPeople.gov)

Compared to the State of Connecticut, Middlesex County has significantly lower rates of STIs, whereas Hartford and New Haven counties have incidence rates exceed the State of Connecticut.

Sexually Transmitted Diseases

Health Indicator	Hartford County	Middlesex County	New Haven County	State of Connecticut
Prevalence per 100,000 ⁽¹⁾				
HIV	369.8	190.3	431.7	338.7
Chlamydia	471.0	218.2	451.2	387.4
Gonorrhea	95.8	42.1	90.5	76.1
Syphilis	3.1	2.4	4.7	3.1
HIV Screenings ⁽²⁾	36.2%	32.7%	37.9%	35.4%

Sources:

⁽¹⁾ Centers for Disease Control and Prevention

⁽²⁾ Community Commons

BIRTHS AND PRENATAL CARE

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. Infant and child health are similarly influenced by sociodemographic and behavioral factors, such as education, family income, and breastfeeding, but are also linked to the physical and mental health of parents and caregivers.

Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. Environmental and social factors such as access to health care and early intervention services, educational, employment, and economic opportunities, social support, and availability of resources to meet daily needs influence maternal health behaviors and health status. (HealthyPeople.gov)

Compared to the State of Connecticut, Hartford County has a slightly higher proportion of low-weight births and a similar percentage of births that have no initial prenatal care. Whereas, New Haven County has a similar percentage of low-weight births and a lower percentage of births that have no initial prenatal care. While birth statistics are similar between ethnicities, minority mothers have the highest rates of low-birth weights and no initial prenatal care.

Birth Statistics and Metrics

Ethnicity	Low Birth Weight ⁽¹⁾	No Initial Prenatal Care ⁽²⁾	Percent of Live Births
Hartford County			
White	6.8%	12.3%	48%
Hispanic	8.4%	18.2%	25%
Black	11.8%	23.2%	16%
Other	8.2%	15.8%	11%
Total/Overall	8.2%	15.9%	100%
Middlesex County ⁽³⁾			
Total/Overall	2.4%	5.9%	100%
New Haven County			
White	6.1%	10.9%	50%
Hispanic	8.5%	17.8%	27%
Black	10.6%	20.9%	15%
Other	4.0%	12.6%	8%
Total/Overall	7.3%	12.5%	100%
State of Connecticut			
White	6.5%	11.5%	54%
Hispanic	8.1%	20.9%	24%
Black	11.9%	23.2%	12%
Other	8.1%	16.4%	9%
Total/Overall	7.7%	15.6%	100%

Source: CDC Wonder Online Query System

⁽¹⁾ Percent of live births

⁽²⁾ Lack of prenatal care in the first trimester

⁽³⁾ Ethnicity breakdown was not available due to a small sample size

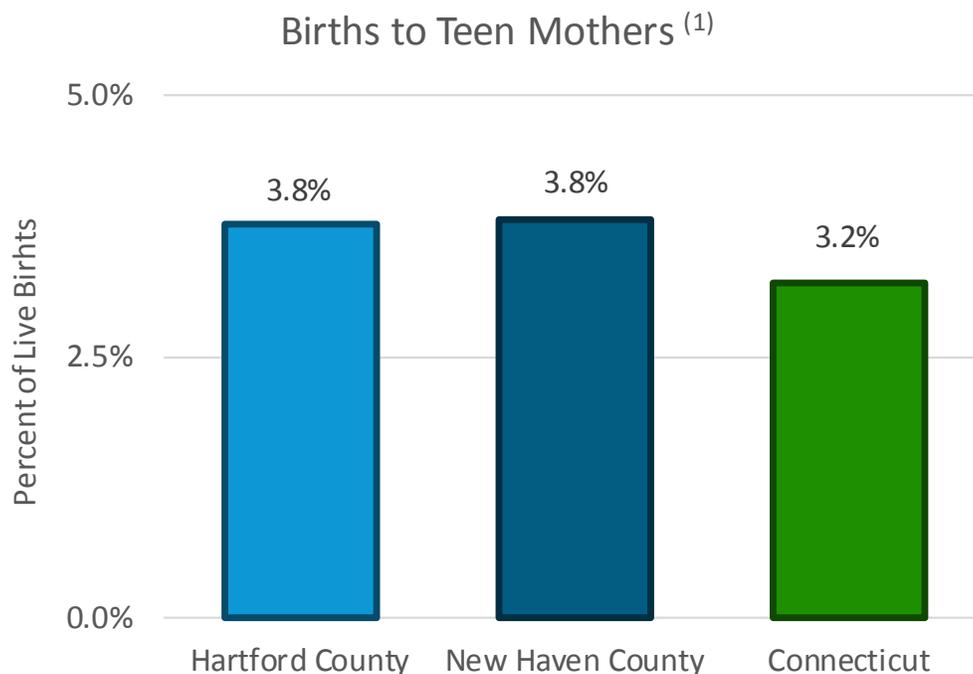
HEALTH STATUS AND BEHAVIORS

Births resulting from unintended pregnancies can have negative consequences including birth defects and low birth weight. Children from unintended pregnancies are more likely to experience poor mental and physical health during childhood, and have lower educational attainment and more behavioral issues in their teen years.

The negative consequences associated with unintended pregnancies are greater for teen parents and their children. Eighty-two percent of pregnancies to mothers ages 15 to 19 are unintended. Twenty percent of all unintended pregnancies occur among teens.

Similarly, early fatherhood is associated with lower educational attainment and lower income. The average annual cost of teen childbearing to U.S. taxpayers is estimated at \$9.1 billion, or \$1,430 for each teen mother per year. Moreover, children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers. (HealthPeople.gov)

Compared to the State of Connecticut, Hartford and New Haven counties have a slightly higher proportion of teenage mothers. Data was not available for Middlesex county due to limited sample size.



⁽¹⁾ Mother's age <20 years

Source: Centers for Disease Control and Prevention

HEALTH BEHAVIORS

Obesity - Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

Physical Activity - Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Regular physical activity includes participation in moderate- and vigorous-intensity physical activities and muscle-strengthening activities. More than 80% of adults do not meet the guidelines for both aerobic and muscle-strengthening activities. Similarly, more than 80% of adolescents do not do enough aerobic physical activity to meet the guidelines for youth.

Tobacco Use - Tobacco use is the largest preventable cause of death and disease in the United States. Each year, approximately 480,000 Americans die from tobacco-related illnesses. Further, more than 16 million Americans suffer from at least one disease caused by smoking. Smoking-related illness in the United States costs more than \$300 billion each year, including nearly \$170 billion for direct medical care for adults and more than \$156 billion in lost productivity.

Substance Abuse - Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders. (HealthyPeople.gov)

Compared to the State of Connecticut, the service area has similar health behavior indicators.

Health Behaviors

Indicator	Service Area	State of Connecticut
Healthy Weight	35.8%	38.6%
No Leisure Time or Physical Activity	25.0%	23.2%
Current Cigarette Smoking	16.9%	15.3%
Excessive Alcohol Consumption	19.5%	18.9%

Source: Connecticut Department of Health

KEY INFORMANT COMMENTS

Challenges with substance abuse for those who need long term care; substance abuse one of the biggest needs going forward

Opioids is definitely the number 1 issue right now and foreseeable future, I'm spending 30 percent of my social services time on opioids

Need to educate parents and medical community on opioids issue — overprescribing and now doing exact opposite of not prescribing anything — do more with medically assisted transfers for users

Need for prevention in opioid treatment

Foodshare grocery stores work (produce, milk, eggs, yogurt, juice – all donations): residents can come in daily (deliver to those who can't get there, including special needs packages) and they have become healthier in last year or two

Encourage patients to see dietician, but need more access to programs

One of the top social determinants is healthy food issues

LOCAL AREA RESOURCES



LOCAL AREA RESOURCES

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified conducting this Community Health Needs Assessment.

MidState Medical Center Local Area Resources

Name	Type	Address	City	State	ZIP Code
Ambulatory Surgery Centers					
Middlesex Center For Advanced Orthopedic Surgery	Ambulatory Surgical Center	510 Saybrook Road	Middletown	CT	06457
Middlesex Endoscopy Center	Ambulatory Surgical Center	410 Saybrook Road	Middletown	CT	06457
North Haven Surgery Center	Ambulatory Surgical Center	52 Washington Avenue	North Haven	CT	06473
Community Health and Welfare					
Bristol-Burlington Health District	Public Health and Welfare	240 Stafford Avenue	Bristol	CT	06010
Chesprocott Health District	Public Health and Welfare	1247 Highland Ave	Cheshire	CT	06410
City Of Middletown Health Department	Public Health and Welfare	245 Dekoven Drive	Middletown	CT	06457
Meriden Department of Health	Public Health and Welfare	165 Miller Street	Meriden	CT	06450
Middletown Health Department	Public Health and Welfare	245 Dekoven Drive	Middletown	CT	06457
Plainville-Southington Regional Health District	Public Health and Welfare	196 North Main Street	Southington	CT	06489
Quinnipiack Valley Health District	Public Health and Welfare	1151 Hartford Turnpike	North Haven	CT	06473
Wallingford Health Department	Public Health and Welfare	45 South Main Street	Wallingford	CT	06492
Federally Qualified Health Centers					
Community Health Center	Federally Qualified Health Center	635 Main Street	Middletown	CT	06457
Community Health Center Of Meriden	Federally Qualified Health Center	134 State Street	Meriden	CT	06450
Community Health Center Of New Britain	Federally Qualified Health Center	1 Washington Square	New Britain	CT	06051
Master's Manna	Federally Qualified Health Center	46 North Plains Industrial Road	Wallingford	CT	06492
Mercy Housing and Shelter	Federally Qualified Health Center	112 Bow Lane	Middletown	CT	06457
Shelter NOW	Federally Qualified Health Center	42 Saint Casimir Drive	Meriden	CT	06450
The Community Health Center Of Bristol	Federally Qualified Health Center	59 North Main Street	Bristol	CT	06010
The Friendship Center of New Britain	Federally Qualified Health Center	241 Arch Street	New Britain	CT	06051
Wheeler Clinic	Federally Qualified Health Center	10 North Main Street	Bristol	CT	06010
Hospitals					
Albert J. Solnit Children's Center - South Campus	Psychiatric	915 River Road	Middletown	CT	06457
Bristol Hospital	Short Term Acute Care	41 Brewster Road	Bristol	CT	06010
Connecticut Valley Hospital	Psychiatric Hospital	1000 Silver Street	Middletown	CT	06457
Gaylord Hospital	Long Term Care	50 Gaylord Farm Road	Wallingford	CT	06492
Masonicare Health Center	Short Term Acute Care	22 Masonic Avenue	Wallingford	CT	06492
Middlesex Hospital	Short Term Acute Care	28 Crescent Street	Middletown	CT	06457
Midstate Medical Center	Short Term Acute Care	435 Lewis Avenue	Meriden	CT	06451
Milford Hospital	Short Term Acute Care	300 Seaside Avenue	Milford	CT	06450
The Hospital Of Central Connecticut - Bradley	Short Term Acute Care	81 Meriden Avenue	Southington	CT	06489

MidState Medical Center Local Area Resources

Name	Type	Address	City	State	ZIP Code
Mental And Behavioral Health Facilities And Programs					
Achieving Wellness	Behavioral Health	254 Mechanic Street	Bristol	CT	06010
Advanced Behavioral Care	Behavioral Health	279 New Britain Road	Berlin	CT	06037
All Pointe Care	Behavioral Health	675 West Johnson Avenue	Cheshire	CT	06410
APT Foundation	Adult Mental Health	352 State Street	North Haven	CT	06473
Balanced Energy Partnership	Adult Mental Health	345 Highland Avenue	Cheshire	CT	06410
Behavioral Management, LLC	Behavioral Health	59 Quinnipiac Avenue	North Haven	CT	06473
Breakthrough Counseling	Behavioral Health	1001 Farmington Avenue	Bristol	CT	06010
Bright Futures Consulting	Behavioral Health	790 S Main Street	Plantsville	CT	06479
Clarity Counseling	Behavioral Health	408 Highland Avenue	Cheshire	CT	06410
Community Health Resources, Inc.	Mental Health and Illness	955 South Main Street	Middletown	CT	06457
Community Mental Health Affiliates	Adult Mental Health	81 North Main Street	Bristol	CT	06010
Community Mental Health Affiliates	Mental Health	270 John Downey Drive	New Britain	CT	06051
Community Residences, Inc.	Intermediate Care Facility	3 Erica Lane	Wolcott	CT	06716
Community Residences, Inc.	Intermediate Care Facility	350 Lydale Place	Meriden	CT	06450
Community Residences, Inc.	Intermediate Care Facility	52 Mohawk Road	Bristol	CT	06010
Connecticut Recovery Center	Adult Mental Health	288 Highland Avenue	Cheshire	CT	06410
Crystal Clear Counseling	Behavioral Health	210 State Street	Meriden	CT	06450
Dougherty Professional Counseling	Behavioral Health	210 State Street	Meriden	CT	06450
Family And Children's Aid	Behavioral Health	52 Main Street	New Britain	CT	06051
Family Services Of Central Connecticut	Mental Health	5 Colony Street	Meriden	CT	06451
Farrell Treatment Center	Substance Abuse Rehabilitation Facility	586 Main Street	New Britain	CT	06051
Franciscan Life Center	Mental Health	271 Finch Avenue	Meriden	CT	06451
Gilead Community Services	Adult Mental Health	230 Main Street Ext	Middletown	CT	06457
Gilead Community Services	Behavioral Health	681 Saybrook Road	Middletown	CT	06457
Gilead Community Services	Psychiatric Residential Treatment Facility	436 Washington Street	Middletown	CT	06457
Gilead Community Services	Psychiatric Residential Treatment Facility	453 High Street	Middletown	CT	06457
Institute Of Professional Practice	Behavioral Health	538 Preston Avenue	Meriden	CT	06450
Landmark Center For Behavioral Health	Child & Adolescent Psychiatry	1062 Barnes Road	Wallingford	CT	06492
Life In Balance Counseling Services	Behavioral Health	1347 E Main Street	Meriden	CT	06450
One Piece Of The Puzzle	Behavioral Health	460 Smith Street	Middletown	CT	06457
Residential Management Services	Intermediate Care Facility	808 Four Rod Road	Kensington	CT	06037
River Rock Psychiatry	Adult Mental Health	11 S Main Street	Middletown	CT	06457
River Valley Services	Behavioral Health	455 Silver Street	Middletown	CT	06457
Rushford at Meriden	Mental Health and Illness	883 Paddock Avenue	Meriden	CT	06450
Rushford at Middletown	Substance Abuse Rehabilitation Facility	1250 Silver Street	Middletown	CT	06457
Sommerfield & Associates Psychotherapy	Behavioral Health	212 Mill Street	Berlin	CT	06037
Southington Behavioral Health Center For Children And Families	Child & Adolescent Psychiatry	41 Old Turnpike Road	Southington	CT	06489
The Connection, Inc.	Adult Mental Health	100 Roscommon Drive	Middletown	CT	06457
The Connection, Inc.	Adult Mental Health	178 State Street	Meriden	CT	06450
The Connection, Inc.	Adult Mental Health	196 Court Street	Middletown	CT	06457
The Institute Of Professional Practice, Inc.	Intermediate Care Facility	123 Scrub Oak Road	North Haven	CT	06473
The Institute Of Professional Practice, Inc.	Intermediate Care Facility	1655 Ridge Road	North Haven	CT	06473
The Institute Of Professional Practice, Inc.	Intermediate Care Facility	26 Janet Drive	North Haven	CT	06473
Today's Youth, LLC	Behavioral Health	19 Bassett Street	New Britain	CT	06051
Town Of North Haven Community Services	Mental Health	5 Linsley Street	North Haven	CT	06473

MidState Medical Center Local Area Resources

Name	Type	Address	City	State	ZIP Code
Other Health Agencies and Programs					
Anthem Health Insurance	Health Maintenance Organization	108 Leigus Road	Wallingford	CT	06492
Change Inc	Case Management	1251 South Main Street	Middletown	CT	06457
Connecticut Behavioral Outreach	Case Management	32 Wooding Road	Wallingford	CT	06492
Connecticut Community Care	Case Management	43 Enterprise Drive	Bristol	CT	06010
Human Resources Agency Of New Britain	Case Management	83 Whiting Street	New Britain	CT	06051
Specialty Health Locations and Programs					
Alzheimer's Resource Center of Connecticut	Alzheimer's and Dementia Center	1261 S Main Street	Plantsville	CT	06479
Planned Parenthood of Connecticut	Family Planning	26 Womens Way	Meriden	CT	06451
Urgent Care Facilities					
American Family Care	Urgent Care	135 E Main Street	New Britain	CT	06051
Concentra	Urgent Care	900 Northrup Road	Wallingford	CT	06492
GoHealth Urgent Care	Urgent Care	482 South Broad Street	Meriden	CT	06450
GoHealth Urgent Care	Urgent Care	775 Queen Street	Southington	CT	06489
Healthmed Urgent Care	Urgent Care	1257 South Broad Street	Wallingford	CT	06492
MedExpress	Urgent Care	875 E Main Street	Meriden	CT	06450
MedHELP	Urgent Care	539 Farmington Avenue	Bristol	CT	06010
MHS Primary Care	Urgent Care	896 Washington Street	Middletown	CT	06457
New England Urgent Care	Urgent Care	575 Farmington Avenue	Bristol	CT	06010

PROGRAMS DESIGNED TO ADDRESS 2015 HEALTH NEEDS



PROGRAMS DESIGNED TO ADDRESS 2015 HEALTH NEEDS

The following section outlines how the MidState Medical Center addressed the significant community health needs with a community health improvement plan based on the needs identified in previously conducted Community Health Needs Assessment in 2015.

DEVELOPMENT OF A ROBUST, DATA-DRIVEN, PRIMARY PREVENTION MODEL TO KEEP THE COMMUNITY HEALTHY AND REDUCE FUTURE DISEASE BURDEN

CANCER

Strategies & Scope

- 1) Provide cancer screenings and community outreach
 - Collaborate and partner with the Hartford HealthCare Cancer Institute, and affiliation with Memorial Sloan Kettering, to address identified community health needs
 - Scheduled head and neck cancer screenings
 - Annual skin screening
 - Ongoing breast cancer screening promotion
 - Special focus in community education on the importance of colorectal cancer screening, including regular colonoscopies.
 - Sustain support of LIVESTRONG physical activity program for breast cancer survivors in collaboration with area YMCAs

Results & Outcomes

- a) Increased outreach opportunities with community groups for the outreach educators
- b) Met monthly with educators to review the number of opportunities and follow up to make sure there was a connection
- c) Assisted in the promotion of the screenings in the communities. Forwarded information to faith communities. A number of those turning out for screenings conducted exceeded planned turnout:
 - Skin screenings:
 - 2015: 45
 - 2016: 26
 - 2017: 39
 - 2018: 50
 - Head and neck:
 - 2015: 37 (These screenings suspended due to different community education being conducted differently)
- d) LIVESTRONG not supported due to budget constraints

ACCESS TO CARE

Strategies & Scope

Expand community outreach for health education and health screenings

- 1) Increase mobile mammography van use in more communities
- 2) Review needs of the elderly in collaboration with area senior health services and establish a focus on health and wellness with senior centers.

Results & Outcomes

- a) Collaborated with cancer outreach and community groups to facilitate the use of the van, # of participants:
 - 2015: 29
 - 2016: 69
 - 2017: 85
- b) Participated in health education events at senior housing and centers (12 events annually)

OBESITY, PHYSICAL ACTIVITY AND NUTRITION, AND RELATED COMORBIDITIES

Strategies & Scope

- 1) Support nutrition education by community-based dietitians in schools, community centers, senior centers, senior housing.
- 2) Establish the “Just Ask” initiative in restaurants and Shop Rite grocery stores
- 3) Link to and work with the Medical Weight Loss Center
- 4) Continue to provide diabetes self-management program and education classes
- 5) Provide glucose and cholesterol screenings in community settings with a focus on faith communities
- 6) Continue monthly community BP clinics in collaboration with senior health services
- 7) Support community efforts to increase access to healthy foods: including collaborating with community initiatives to support farmers’ markets and the establishment of community gardens
- 8) Establish “Step It Up” walking programs for all communities.
- 9) In collaboration with health and parks departments, create inner-city walking route maps.
- 10) Develop, publish, and promote trail maps for walking routes.
- 11) Work with communities, businesses, and local/state agencies to create and promote active living options (e.g., bike lanes, bike paths, pedestrian paths).
- 12) Collaborate with local shopping mall to expand its availability of walking program times before regular business hours.
- 13) Explore feasibility of best practice programs, such as “5-2-1-0” program in collaboration with Boards of Education, United Way, youth recreational providers.
- 14) Promote the “myplate.gov” guidelines for healthy eating in collaboration with boards of education and youth services providers.
- 15) Hospital diabetes program will conduct quarterly education sessions to at-risk populations on prediabetes.

Results & Outcomes

- a) Participated in three school wellness councils, hunger action teams, and food policy councils to address food insecurity and access to healthy food
- b) Established the “Just Ask” initiative in the only Shop Rite franchise store in the area: the material highlighting healthy food was produced by Hartford Healthcare and distributed. We experienced a challenge in that the Shop Rite dietitian who supported the program left her position and it was not refilled.
- c) Medical Weight Loss alternatives to surgery were offered in community education
- d) MidState holds regularly scheduled diabetes self-management classes that are available to the public
- e) Glucose and cholesterol screenings were offered six times each year by the HHC Center for Healthy Aging staff
- f) Focused community education on healthy food alternatives. Collaborated with state leaders on development and distribution of a healthy food donation list highlighting those items lower in fat, sugar, sodium, and carbohydrates.
- g) Promoted “Step It Up” walking program and developed and implemented online connections to walking trails and urban walking routes in communities. This program was created by the U.S. Surgeon general. This was done in 3 communities and additional information provided in 2 communities related to the historical attributes of the inner city walking areas to increase interest in surroundings.
- h) Collaborated with health and fitness organization to promote active living options, including bike lanes, paths, and safe pedestrian streets
- i) Publicized a local shopping mall for walking in inclement/cold weather seasons. This is being promoted in conjunction with the neighborhood associations in order to promote walking.
- j) Continuing to explore “5-2-1-0” program and using the materials to promote its availability to focus on increasing consumption of fruits and vegetables, reduce recreational screen time, increased physical activity, and zero sugary drinks/increased water consumption

MENTAL HEALTH, SUBSTANCE USE (INCLUDING TOBACCO)

Strategies & Scope

- 1) Participate in the Statewide Asthma Coalition through CHA
- 2) Collaborate with area health departments to promote smoking cessation
- 3) Partner with key community stakeholders to evaluate the effectiveness of existing efforts and initiatives to address substance abuse
- 4) Support community-based programs that address substance abuse
- 5) Participate in community-based collaborative efforts to improve access to mental health services
- 6) Coordinate training and education of professionals and the community on substance use disorder, especially heroin addiction:
 - Promote Community and Congregational Assistance Program with regional substance abuse councils
 - Engage more faith communities in training to recognize signs and symptoms and to understand how to make referrals for appropriate programs.
 - Expand the number and location Behavioral Health Network Mental Community Health Forums
 - Promote greater community participation in Mental Health First Aid training

Results & Outcomes

- a) Participating in statewide asthma coalition through CHA. Respiratory therapy manager engaged in the process refinement with other system respiratory leaders.
- b) Supported opportunities for anti-smoking and smoking cessation programs. Created four opportunities for program presentations each year.
- c) Expanded community and congregational assistance program to include clergy and parishioners of local faith communities. Conducted a faith-based Congregation Assistance Program that exceeded participation expectations. This topic has also been added to the monthly Meriden Clergy Association agendas, and in communities, such as Wallingford, where there is no clergy association, staff has reached out to faith communities through the bi-monthly Health Ministry Partnership e-blasts.

CONTINUE TO PROVIDE COMMUNITY EDUCATION OPPORTUNITIES ABOUT HEALTH AND WELLNESS

Strategies & Scope

- 1) Provide Community Education series; examples include:
 - a) "Let's Talk About Your Health"
 - b) Arthritis Center education series
- 2) Publish health columns in area newspapers
- 3) In collaboration with chambers of commerce wellness councils, incorporate a prevention talk within community walks.

Results & Outcomes

- a) Active involvement in establishing and sustaining wellness councils for chambers of commerce to offer health and wellness offerings for businesses. The hospital was a founder and co-lead of a chamber wellness council in Southington.