

Community Health Needs Assessment



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Executive Summary

In collaboration with the Greater Waterbury Health Improvement Partnership, the Greater Waterbury Health Network led a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in and around Waterbury, Connecticut beginning in 2016. The partnership consists of Waterbury Hospital, Saint Mary's Hospital, the Waterbury Department of Public Health, the City of Waterbury, the StayWell Health Center, the Connecticut Community Foundation, the United Way, and other community partners. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment examined a variety of indicators including risky health behaviors (alcohol use, tobacco use) and chronic health conditions (diabetes, heart disease).

The completion of the CHNA enabled the Greater Waterbury Health Improvement Partnership to take an in-depth look at its greater community. The findings from the assessment were utilized by the partnership to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. The Greater Waterbury Health Improvement Partnership is committed to the people it serves and the communities where they reside. Healthy communities lead to lower healthcare costs, robust community partnerships, and an overall enhanced quality of life. This Community Health Needs Assessment serves as a compilation of the overall findings of each research component.

CHNA Data Components

- DataHaven Community Wellbeing Survey (2015)
- Healthy People 2020 Report (2014)
- The ALICE study of Financial Hardship Updated Report (2016)
- US Center for Disease Control and Prevention
 - County Health Rankings and Roadmaps (2016)
- Waterbury Hospital Community Health Profile (2014)
- Hospital Implementation Plan (2013)

Prioritized Health Issues

Based on the feedback from community partners including healthcare providers, public health experts, health and human service agencies, and other community representatives, the Greater Waterbury Health Improvement Partnership plans to focus community health improvement efforts on the following health priorities over the next three-years, 2017-2019:

- Access to Care -- including Mental Health/Substance Abuse
- Healthy Lifestyle -- including Obesity and Tobacco Use
- Asthma
- Health Communications

Documentation

The final report of the CHNA is public and can be found on Waterbury Hospital website (www.waterburyhospital.org). Paper copies are also available per request.

Introduction

Waterbury Hospital was the first hospital in the city of Waterbury and has served the area since 1890. In its first year, Waterbury Hospital served 85 patients and had a staff of 21. It is now licensed for 357 beds and employs more than 2,000 people. The hospital serves approximately 15,000 inpatients, 160,000 outpatients, and 58,000 emergency department visits annually. The mission of Waterbury Hospital is to provide compassionate high quality health care services through a family of professionals and services. In concert with all of the affiliates of the Greater Waterbury Health Network (Access Rehab Centers, Alliance Medical Group, Cardiology Associates of Greater Waterbury, Greater Waterbury Imaging Center, Imaging Partners, and VNA Health at Home), Waterbury Hospital offers a comprehensive range of healthcare services for all those who live in our region.

Waterbury Hospital primarily serves the city of Waterbury and its surrounding towns. In 2016, Waterbury Hospital conducted a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in these communities. The CHNA was done in collaboration with the Greater Waterbury Health Improvement Partnership. The partnership consists of Waterbury Hospital, Saint Mary's Hospital, Waterbury Department of Public Health, City of Waterbury, StayWell Health Center, Connecticut Community Foundation, United Way, and other community organizations. Waterbury Hospital views community health improvement as an ongoing effort that requires leadership through example and partnership with other community organizations to improve the health status and quality of life of community residents.

The purpose of the assessment was to gather information about health needs and behaviors. A variety of indicators were examined including risky health behaviors (alcohol use, tobacco use) and chronic health conditions (diabetes, heart disease). The current assessment will guide Waterbury Hospital's ongoing work to improve community health and comply with requirements that healthcare organizations conduct a CHNA and adopt an Implementation Strategy aligned with identified community needs. Waterbury Hospital contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA.

Community Health Needs Assessment Summary

The Community Health Needs Assessments (CHNA) and implementation strategies create an important opportunity to improve the health of communities by ensuring that hospitals have the information they need to provide community benefits that meet the needs of their communities. They also provide an opportunity to improve coordination of hospital community benefits with other efforts to improve community health.

Waterbury Hospital published its first federally- mandated CHNA in 2013 in collaboration with contracted research and consulting firm, Holleran, and The Greater Waterbury Health Improvement Partnership. The 2016 assessment will serve as a starting point for data-based goals and strategies on how to address the needs that have been identified. The health needs acknowledged by the CHNA will be integrated into a three-year community outreach plan and implementation strategy to overcome the issues. By utilizing existing resources, strengthening partnerships and creating innovative programs on

both the hospital campus and within the community, Waterbury Hospital hopes to make a positive impact on these identified needs.

Report on Progress since 2013 CHNA

The Implementation Strategy for Waterbury Hospital and the Greater Waterbury Health Network illustrates the hospital's specific programs and resources that would support ongoing efforts to address the identified community health priorities. This work was supported by community-wide efforts and leadership from the executive team and board of directors.

During the three-year CHNA cycle, the Greater Waterbury Health Network has continued to work on addressing our 2013 CHNA Implementation Plan's goals and objectives. Through existing and new programs and initiatives, we have accomplished and implanted the following:

Access to Care

Accomplishments:

- The Waterbury Health Access Program (WHAP) improves access to high-quality medical care by providing comprehensive case management, pharmacy assistance, and access to primary and sub-specialty medical care for the uninsured and underinsured residents of the Greater Waterbury region. From 2013 to 2015, the WHAP has screened and enrolled 3,628 patients into ACA or DSS entitlement programs and provided \$1,209,108 in donated medication and services to patients enrolled in Project Access. WHAP will be expanding its services for 24-hour coverage of the Emergency Room Department in 2017.
- With the Greater Waterbury Health Improvement Partnership, we are working on creating a Community Care Team to provide cross-organization case management for high utilization emergency department visitors.
- In order to ensure that patients have access to medical appointments, at the hospital and at local physicians' offices, Waterbury Hospital's Be Well Bus provides transportation services to patients from Waterbury and eleven of its surrounding towns. During 2015, the Be Well Bus served approximately 5,400 people, transporting them to and from medical appointments.
- Waterbury Hospital Infectious Disease Clinic offers a comprehensive "one-stop shopping" model that provides patients with on-site primary and specialty services, medical case management, individualized medication adherence services, mental health and substance abuse services, nutrition counseling, individualized HIV education, laboratory testing, and radiology services. From 2013 to 2015, HIV patient visits increased from 1,901 to 3,234.
- Waterbury Hospital's Center for Surgical Innovation is a comprehensive, multidisciplinary center with highly trained surgeons and state-of-the-art technology. One of Connecticut's first da Vinci Xi Surgical Systems, which has enabled our surgeons to perform robotic-assisted minimally invasive surgery. This means our surgeons can perform more complex surgeries as well as routine surgeries with just a few small incisions. Now, our patients can "get back to their lives" more quickly, with less recovery time. We also have a computer-assisted spinal navigation system for minimally invasive spinal surgery for more complicated procedures that require utmost precision. We are only hospital in the region with a cutting-edge anesthesia program.
- They Yale-Waterbury Hospital Internal Medicine Residency Program, initiated three years ago, is sponsored by Yale-New Haven Hospital and affiliated with Yale University. Activities include participation in research days at Yale and Waterbury Hospital/Saint Mary's Hospital, home and office visits for clinic patients and education seminars held at Waterbury Hospital and Yale

University. We currently have 41 residents in our program. The Chase Outpatient Center is the hub of outpatient services for our residents.

- Waterbury Hospital has a Pharmacy Residency Program that is accredited by the American Society of Health-System Pharmacists (ASHP). The hospital also participates in the Resident Match Program. The program consists of a one-year period of concentrated training in all aspects of pharmacy practice. In 2014 and 2015 two pharmacy residents were enrolled in the program and in 2016 we had three pharmacy residents.
- The General Surgery Residency Program is affiliated with Yale University School of Medicine, the University of Connecticut and Memorial Sloan Kettering Hospital for Cancer and Allied Diseases. Our five-year general surgery program graduates two chiefs each year. The faculty includes five general surgeons, one colorectal surgeon and over 75 part-time attending faculty on its surgical specialty staff. There are currently 12 residents in the program. A number of our surgeons are graduates from this residency program.
- The Naugatuck Valley Community College (NVCC) Radiology students are involved with many activities while assigned to Waterbury Hospital. Waterbury Hospital's affiliation with NVCC as a clinical site for students has many benefits. Perhaps the single most important benefit is the hospital has a continuous stream of potential radiology employees. Students are in the program for 22 months and in that time become very familiar with the hospital equipment, routines, personal, and mission. This provides Waterbury Hospital with new employees who have a strong skill set and proven dedication to the hospital community
 - The Waterbury Hospital Youth Pipeline Initiative was established in 2001 as a partnership between Waterbury Hospital and Waterbury Public Schools and its mission is to close the achievement gap for minority and economically disadvantaged students in Waterbury so they can matriculate and compete nationally for placement in post-secondary education programs in preparation for health careers. This initiative has six focus areas including:
 1. Parent Leadership Training Institute (PLTI): From 2013 – 2016, 60 individuals graduated from PLTI with 61 individual community projects.
 2. Children's Leadership Training Institute (CLTI): The first year of CLTI in 2014 to 2016, 38 students graduated from CLTI with class projects.
 3. Parents Supporting Educational Excellence (Parent SEE): From 2013 to 2015, 57 students graduated from the class.
 4. People Empowering People (PEP): 19 individuals graduated from the Albanian PEP program, 21 individuals graduated from the Spanish PEP Program, and 32 individuals graduated from the English PEP Program.
 5. Waterbury Hospital Summer Bridge Program: Between 2013 – 2015, 81 students graduated from the program.
 6. The Waterbury Hospital Spring Break Program: Between 2013 – 2015, 103 students graduated from the program.
- The Evergreen 50 Club has 9,200 members over the age of 50. The Club offers fitness classes including weight training and pilates, wellness classes, and health education presentations on a variety of topics are presented by healthcare professionals.
- Thank God I'm Female is an annual women's wellness forum attended by over 500 women. Topics included: headache migraines in 2016, obesity in 2015, and diabetes in 2014.
 - It is the policy of Waterbury Hospital to appropriately offer charity care in situations where the responsible party for the balance due does not have the financial resources necessary to satisfy their obligation within a reasonable period of time. Individuals and families receive the discounts based on their annual household income and the published federal poverty

guidelines. As required, Charity Care and Financial policies can be found on the Waterbury Hospital website for the public.

Cancer

Accomplishments:

- Patients diagnosed or treated for cancer at Waterbury Hospital have their case discussed by a multi-disciplinary team that tailors the treatment to the individual patient. These teams also develop strategies for cancer prevention, minimally invasive diagnosis, and state-of-the art treatment. In partnership with the Harold Leever Regional Cancer Center, we provide the most current treatment options. In many cases, Nurse Navigators coordinate the efforts of care and treatment for cancer patients and their families.
- Throughout the year, The Harold Leever Regional Cancer Center hosts cancer screening and prevention activities, which are coordinated with primary care physicians in the community. These activities are held in concert with programs offered by the American Cancer Society, Waterbury Hospital, St. Mary's Hospital as well as other local entities.
- In 2016, along with Leever Cancer Center Waterbury Hospital doctors and staff participated in the following events: Relay for Life at Frisbie Elementary School in Wolcott in support of cancer survivors in June 2016, Colorectal Awareness Talk by Dr. John Zhang, surgeon at Alliance Medical Group to the public in September 2016, and Breast Cancer Awareness Talk by local breast surgeons including Dr. Scott Kurtzman from Waterbury Hospital in October 2016.

Diabetes

Accomplishments:

- Our Diabetes Clinic at Chase Outpatient Center is a multi-disciplinary clinic run by residents that includes an endocrinologist, pharmacists and nurse educator. This clinic helps patients manage their disease through diabetes, nutrition, and pharmacy education and access to a pharmacist to discuss medication usage. The clinic sees about 36 patients a year.

Heart Disease

Accomplishments:

- In 2013-2016, the Heart Center conducted a series of health fairs and various health education sessions including Health Screenings, which provided patients with complimentary blood pressure screenings, glucose screenings, smoking cessation classes, information on heart health, and wellness and nutrition.
 - The Heart Center also hosts a cardiac support group monthly every third Monday that open to the public. Provided a four 2-day Advanced Cardiac Life Support (ACLS) class for certifications & recertification held for 25 participants.

Infant Mortality/Low Birth Weight

Accomplishments:

- Our Family Birthing Center offers expectant parents a variety of classes including: breast feeding and childbirth preparation.
- In January 2016, a CuddleCot was donated to Waterbury Hospital by the Rivera Foundation and is available to help families deal with bereavement.

Mental Health/Substance Abuse

Accomplishments:

- The Center for Behavioral Health offers psychiatric evaluations, OT/AT evaluations, family and group therapy, didactic educational groups, individual counseling, recreational services, and mental health services for adolescent.
- Waterbury Hospital Center for Behavioral Health provides support groups such as parent and sibling support group, which offers emotional assistance to families who have children in treatment; and Alcoholics Anonymous, which served over 4,000 people in 2015.
- Our Center for Geropsychiatry now offers a dual program which includes mental health and substance treatment and also provides pilates and cooking classes.

Overweight/Obesity

Accomplishments:

- Our Wellness Committee established a weekly Farmer's Market in conjunction with Waterbury's Brass City Harvest at the hospital to increase access to healthy foods and established a "Get Moving" program to encourage physical fitness.
- Published calorie counts for all foods in the Waterbury Hospital Cafeteria.
- Increased the number of patients receiving nutrition counseling at the Waterbury Hospital Infectious Disease Clinic by 45% from 2013 to 2015.
- In February 2014, the Waterbury Hospital Infectious Disease Clinic established the Food for Life Program. It an innovative program that provides access to fresh fruits and vegetables and enrollment in exercise programs to qualified patients at no cost. They offer a fitness and yoga class monthly to patients, and Nutrition, Health, Wellness Support Group biweekly to engage in positive activities.
- In 2014, we started a Comprehensive Weight Management Program which included talks at Greater Waterbury Chamber of Commerce event and community talks on nutrition and weight management.
- In 2015 and 2016, the Annual Women's Wellness Event (TGIF) has raised funds to support the "You Go Girl" program at Girls, Inc. This program is designed to help adolescent and young women learn about and adopt healthy lifestyles focused on appropriate nutrition and physical activity.

Respiratory Disease

Accomplishments:

- Currently participate in the Connecticut Hospital Association's Asthma Initiative and partner with the Waterbury Health Department on the Putting on AIRS Program.
- Conducted Pulmonary Screenings with Waterbury Pulmonary Associates and Alpha-1 Foundation. In 2015 and 2016; 80 people were screened for COPD and genetic testing for Alpha-1 protein deficiency. This yearly event takes place in October at Waterbury Hospital and is open to the public.
- In August 2015, we sponsored the Waterbury Back to School Rally and provided education on respiratory disease and the proper use of an inhaler to at least 50 people.

Smoking

Accomplishments:

- Smoking cessation services through the Employee Assistance Program available to 2,000 for Greater Waterbury Health Network Employees and their families.
- Work closely with the Harold Leever Cancer Center and the Heart Center to address smoking cessation in our community.

- Provided Freedom from Smoking Clinic classes through the Heart Center of Greater Waterbury and Harold Leever Regional Cancer Center.

We continue to participate in the Greater Waterbury Health Improvement Partnership (GWHIP) which creates opportunities for collective impact, fosters greater collaboration community-wide, and helps make better use of resources by eliminating duplication of effort wherever possible. In October 2016, Greater Waterbury Health Network and Prospect Medical Holdings entered a new partnership which will help to strengthen our ability to serve the needs of our community.

Community Health Needs Assessment Data Sources and Process

Greater Waterbury Health Network's 2016 CHNA is based on data and input from multiple sources. These include:

- **DataHaven Health and Wellbeing survey:** Greater Waterbury Health Network participated in this data collection effort through the Greater Waterbury Health Improvement Partnership. The survey was conducted statewide, providing a valuable data set across multiple communities. A separate report was developed focusing on the Waterbury community.
- **GWHIP Steering Committee Strategic Review:** the founding partners of the Greater Waterbury Health Improvement Partnership met to review our collective experience and insights from 2013-2016. We discussed the performance of the various workgroups, initiatives implemented, and the expected impact. Based on this assessment several changes were recommended.
- **CDC Learning Cohort:** Waterbury was one of thirteen communities in the country selected to participate in this learning opportunity. The learning cohort offered access to best practices, insight into what's worked in other communities, and specific coaching

Each of these inputs contributed a unique perspective to the overall plan. Additional inputs and resources are listed below.

Community Primary Data Sets

Community Leader Discussions/Executive Meeting

Greater Waterbury Health Network obtained input from important community stakeholders regarding the health needs of the community. Interviews and informal discussions with community leaders in the Greater Waterbury area were also used to expand the knowledge of the issues affecting the service area. Some, if not most, of the community leaders that were involved in discussions grew up in the area and represented broad interests in our community including: leaders of medically underserved and low-income populations, persons with expertise or special knowledge in public health, and persons who lead local health agencies. In addition, a comprehensive community executive meeting was held in June 2016 and informal discussions with key informants in regards to Greater Waterbury Health Network's service area were completed.

Community Health Needs Assessment Data Sets

The following data sets were used and analyzed in order to obtain secondary data for the Greater Waterbury Health Network's 2016 CHNA.

The ALICE Study of Financial Hardship Updated Report

In 2016, the United Way completed an updated report for ALICE (Asset Limited, Income Constrained, and Employed) which represented the growing number of individuals and families who are working, but are unable to afford the basic necessities such as housing, food, child care, health care, and transportation.

State of Connecticut

The official website of the State of Connecticut (ct.gov). Several resources were used from the State of Connecticut's website primarily regarding education and public health datasets for the purposes of expanding the information in this CHNA.

US Centers for Disease Control and Prevention

As the leader in the nation's public health concerns, the US Centers for Disease Control and Prevention (CDC) provides insights and data on diseases, chronic to acute and curable to preventable.

County Health Rankings and Roadmaps (2016)

These are the data measures adopted by the Centers for Disease Control (CDC) as standard measures of community health by which to assess the nation's health and allows comparisons at national, state and local levels. They have been selected based on their relevance as indices of community health and their general availability for assessments at all levels. The information for this data can be found in Appendix 1 and is often referred to in this CHNA.

Healthy People 2020 (2014)

Healthy People 2020 was developed by the Office of Disease Prevention and Health Promotion to assist in creating societies of residents living long and healthy lives and specifically offers state-by-state data.

Waterbury Hospital Community Health Profile (2014)

The Waterbury Hospital Community Health Profile (2014) was provided by the Connecticut Hospital Association (CHA). Completed each year by CHA, the document provides data and support for Connecticut hospitals and their community partners particularly with the Community Health Needs Assessment. Within this community profile, data was used from CHA's ChimeData database, US Census, the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance Survey (BRFSS), the Connecticut Department of Public Health, and several other sources.

The 2015 DataHaven Community Health and Wellbeing Survey

The public service organization, DataHaven, completed the DataHaven Community Health and Wellbeing Survey in 2015 as a grassroots and locally based effort to promote regional well-being and quality of life. Using telephone surveys, the company was able to receive data from nearly 17,000 residents of Connecticut of which 610 were surveyed from the City of Waterbury. The information from the survey was heavily used in this CHNA and provided necessary information for prioritization.

Research Limitations

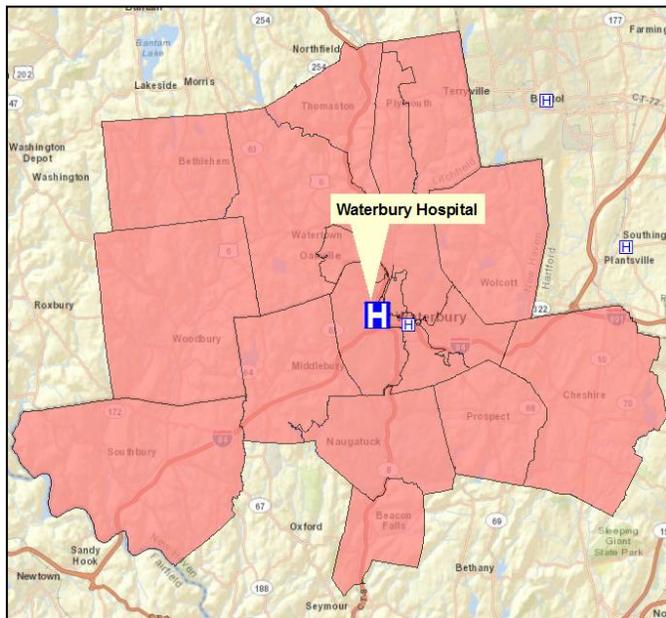
It should be noted that the availability of secondary data may represent some research limitations.

Overview of Hospital Service Area and Facilities

Service Area

Waterbury Hospital's total service area comprises 35 zip codes, which include the city of Waterbury and 17 surrounding towns. The primary service area which covers nine US Census zip code tabulation areas (ZCTAs) includes Waterbury, Naugatuck, Prospect and Wolcott has a population of approximately 168,000. The secondary service area includes Beacon Falls, Bethlehem, Cheshire, Middlebury, Morris, Oxford, Plymouth, Southbury, Thomaston, Watertown and Woodbury has a population of approximately 133,000.

Map 1. Waterbury Hospital's Primary Service Area Map



FY 2014 Waterbury Hospital Community Health Profile, Connecticut Hospital Association

Population

The combined population for these communities is roughly 301,000 residents, with the majority of Greater Waterbury Health Network's patients living in the city of Waterbury which is particularly economically distressed. The median household income is \$41,136, which is significantly less than the overall service area, which is approximately \$70,000. The unemployment rate in the city of Waterbury in September 2015 was 10.7%. This is higher than the state of Connecticut unemployment rate of 6.6%. Approximately 31.6% of the population in Waterbury speaks a language other than English in the home. This is higher than the state of Connecticut where 20.8% of the population speaks a language other than English in the home. In addition, 24.2% of families in Waterbury have poverty status compared to 10.5% in Connecticut.

Central Waterbury has been designated a Medically Underserved Area (MUA) and Medically Underserved Population (MUP) by the health resources and services administration (HRSA). HRSA has also designated central Waterbury as a Health Professional Shortage Area (HPSA) for primary medical care, dental care and mental health. In Table 1. CHA Service Area Population Findings, there is a

breakdown of population details provided by the US Census (2009-2013) and specifically the Primary Service Area of Waterbury Hospital.

Table 1. CHA Service Area Population Findings

Demographic Category	Indicator	Primary Service Area Total		Connecticut Total	
Total Population	Total Population	286,598	100%	3,583,561	100%
Age	Less than 18 Years Old	65,777	23%	802,718	22%
	Over 64 Years Old	42,830	15%	519,616	15%
Race and Ethnicity	White	202,691	71%	2,526,401	70%
	Black	23,585	8%	337,758	9%
	Hispanic	47,062	16%	496,393	14%
	Asian	6,726	2%	140,592	4%
	Other	6,264	2%	81,871	2%
Gender	Male	140,064	49%	1,745,194	49%
	Female	146,534	51%	1,838,367	51%

Source: US Census (2009-2013) and primary service area determined by Connecticut Hospital Association (FY 2014)

Greater Waterbury Health Network's Facilities

Waterbury Hospital

Waterbury Hospital is a mid-size community teaching hospital that has been serving patients in Waterbury, Connecticut since 1890. The hospital offers a wide variety of medical services, educational opportunities, and patient resources and is home to four major centers of excellence: Orthopedic Surgery Center, Cardiology, Surgical Innovation Center, and Family Birthing Center.

Chase Outpatient Center

Chase Outpatient Center has been providing comprehensive primary healthcare services for the people of the Greater Waterbury region for over 75 years. Located in Waterbury, our internal medicine physicians, internists and nurse practitioners are primary care providers who perform physical exams and treat a wide spectrum of common illnesses in adult men and women and adolescents. Chase also offers clinics that focus on disease management and prevention.

Alliance Medical Group

Alliance Medical Group is the largest hospital-affiliated, multi-specialty group in the Waterbury area, with more than 100 physicians and healthcare providers practicing in the following specialties: Endocrinology, Internal Medicine, Infectious Disease, Neurology, Pulmonology, Rheumatology, Sleep Lab, Surgery (Breast, Colorectal, and General), Travel Clinic, and Weight Management.

The Harold LEEVER Regional Cancer Center

The Harold LEEVER Regional Cancer Center is a partnership between Waterbury Hospital and Saint Mary's Hospital, offers outpatient medical and radiation oncology and PET/CT scanning services. Its mission is to provide the community with cancer care that offers the most current therapies and coordinates the efforts of the many providers of cancer care in one convenient facility.

Access Rehab Centers

Access Rehab Centers, a partnership between Waterbury Hospital and Easter Seals Greater Waterbury, provides a full array of outpatient physical, occupational, and speech therapy services to individuals ranging in age from infancy throughout the life cycle. With 11 locations throughout the region, Access Rehab Centers is the largest provider of therapy services in Western-Central Connecticut.

Outpatient Diagnostic & Imaging Centers

The Greater Waterbury Imaging Center provides state-of-the-art magnetic resonance imaging (MRI) services. Imaging Partners, a partnership between Waterbury Hospital and Diagnostic Radiology Associates, CT and other imaging services in outpatient locations in the region.

Heart Center of Greater Waterbury

The Heart Center a partnership between Waterbury Hospital, the University of Connecticut Health Center, and Saint Mary's Hospital that offers advanced cardiac care program that provides our community with all types of heart care services, including angioplasty and open heart surgery. The Center's cardiologists and cardiothoracic surgeons have performed thousands of cardiac procedures for patients in the Greater Waterbury Area.

Cardiology Associates of Greater Waterbury

Cardiology Associates of Greater Waterbury is the region's leading physician practice for the prevention, diagnosis and treatment of Cardiovascular Disease, serving the people of Greater Waterbury for more than 30 years. It is a full-service cardiology treatment center of physicians who specialize in everything from intervention to prevention and non-invasive care.

VNA Health at Home

Home health care services provided by a team of skilled nurses, therapists, social workers and home health care aides who use the latest technology to provide high quality care to patients in their home. For more than 75 years, the caring, compassionate professionals at VNA Health at Home, have been caring for our community.

Community Health Needs Assessment Findings

Greater Waterbury Health Network utilized the "Invest in Your Community: 4 Considerations to Improve Health and Wellbeing for All" and the "County Health Rankings Model - Health Factors" as a guide and framework for its work. The Centers for Disease Control and Prevention (CDC) created a detailed outline which has been used as the core of the Greater Waterbury Health Improvement Partnership it can be found on page 29 of this CHNA.

Using the CDC's graphic as a model, the Greater Waterbury Health Network focused on the four elements of good health:

- Socioeconomic Factors, which accounts for 40%
- Physical Environment, which accounts for 10%
- Health Behaviors, which account for 30%
- Clinical Care, which accounts for 20%

Socioeconomic Factors

Socioeconomic factors have the largest impact on one's health according to the CDC model of community health and well-being, accounting for 40% in the described model. Socioeconomic factors that affect good health include a combination of: education, employment, income, and community support. These factors are known as the "social determinants" of health.

Employment & Income

According to the 2016 ALICE (Asset Limited Income Constrained Employment) Updated Report, the state of Connecticut had a total of 143,172 households which 11% lived in poverty rate.. The ALICE report shows that in the city of Waterbury out of 40,960 households, 24% of the households lived in poverty and 39% fell under the ALICE characterization totaling over 60% of households below the ALICE threshold.

Table 2 shows additional information found in the ALICE Report.

Table 2. Key Facts and ALICE Statistics by Municipality, Connecticut, 2014

Municipality	Waterbury, New Haven County
Population	109,887
Households	40,960
Poverty %	24%
ALICE %	39%
Above ALICE Threshold %	37%
Unemployment Rate	13.7%
Health Insurance Coverage %	87.4%
Housing Burden: Owner over 30%	41%
Housing Burden: Renter over 30%	56%

Source: 2016 United Way ALICE Updated Report

Greater Waterbury Health Network's primary and secondary service area as mentioned above encompasses 35 zip codes and 17 towns. On page 15, The ALICE and Poverty Rates by Towns can be seen in Table 3 and include information with the total households and the total % of ALICE and Poverty households pertaining to the specific town.

Table 3. ALICE and Poverty Rates by Town, 2014

Town	Total Households	% Poverty	% ALICE
Beacon Falls	2,343	2%	29%
Bethlehem	1,353	7%	18%
Cheshire	9,799	3%	17%
Middlebury	2,761	7%	20%
Morris	925	4%	26%
Naugatuck	12,157	10%	37%
Oxford	4,411	2%	18%
Plymouth	4,711	9%	21%
Prospect	3,256	4%	19%
Southbury	7,841	5%	26%
Thomaston	3,000	5%	23%
Waterbury	40,960	24%	39%
Watertown	8,476	5%	24%
Wolcott	5,827	3%	26%
Woodbury	4,096	5%	23%

Source: 2016 United Way ALICE Updated Report

Education

Education is an important social determinant of health. Studies have shown that individuals who are less educated tend to have poorer health outcomes. According to the U.S. Census Bureau, high school and higher education graduation rates are lower in Waterbury (79.6% and 16.0% respectively) than in Connecticut (86.3% and 29.3% respectively).

According to the County Health Rankings in New Haven County, the percentage of students who graduate high school in four years from New Haven County is 81%, from Litchfield County is 89%, and Hartford County is 82%. As seen below in Table 4, 28% of the residents have a Bachelor's Degree or higher, whereas 36% of the State of Connecticut hold such education.

Table 4. Socioeconomic Data by CHA Primary Service Area

Demographic Category	Indicator	Primary Service Area Total		Connecticut Total	
		Total	%	Total	%
Socioeconomics	Below Poverty	33,952	12%	354,348	10%
	Bachelor's Degree or Higher	55,301	28%	886,514	36%

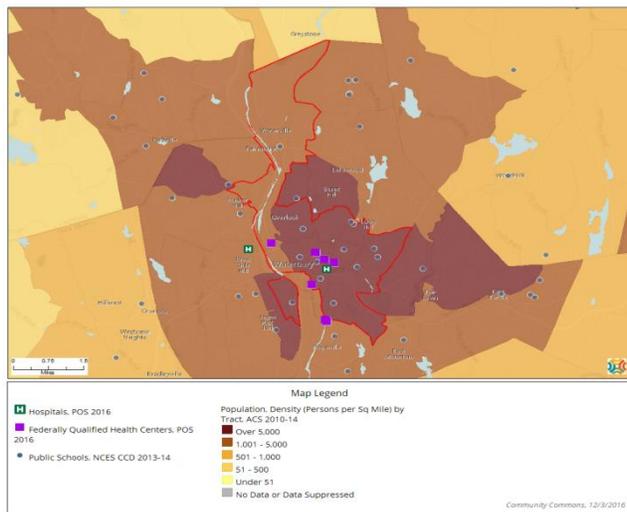
Source: US Census (2009-2013); primary service area determined by Connecticut Hospital Association (2014)

In recent reports from the 2013-2014 Connecticut Department of Education Chronic Absenteeism Report, Waterbury Public Schools are on the top of the list for chronic absenteeism in the district. Over 20% of students in the district fall into the category of chronically absent from school which is defined as any student with a calculated Average Daily Attendance (ADA) of less than or equal to 90%. This number was significantly higher when looking at chronic absenteeism in the Waterbury Public High School rates which were at 33.7% among the highest in the state of Connecticut.

The Vulnerable Population Footprint

The CDC Community Health Navigator includes online access to Community Commons' data-mapping tools, including the Vulnerable Population Footprint tool. This data visualization tool overlays poverty rates and educational attainment, two key drivers of poor health outcomes, to identify where health disparities exist and the greatest community need may therefore lie. Mapping poverty and educational attainment in Waterbury results in the following Vulnerable Population Footprint highlighted in red. It is located in the older, formerly industrialized corridor of the City, and presents a high density of residents living in concentrated poverty:

Map 2. Vulnerable Population Footprint in Waterbury, Connecticut



Source: Community Commons, 2016

Physical Environment

According to the CDC model, where you live is one of the greatest predictors of how healthy you will be and accounts for 10% in the “Invest in Your Community” Model. Living in a safe neighborhood that has adequate environmental factors can lead to higher rates in overall wellbeing.

Neighborhood and Community Safety

One of the most significant social determinants of health is the conditions in which residents have a sense of security and community within their geographic location. In order to better understand overall safety in the community in three different levels, data was taken from overall Connecticut respondents, Greater Waterbury and Waterbury. Within that data table below, one can see that overall the results for satisfaction with Greater Waterbury was 78% and in the city of Waterbury was 63%.

Table 5. Neighborhood Satisfaction

Are you satisfied with the city or area where you live?

	Connecticut	Greater Waterbury	Waterbury
Yes	82%	78%	63%
No	17%	22%	36%
Don't Know	1%	1%	1%
Refused	0%	0%	0%

Source: DataHaven Health and Wellbeing Survey

While the overall satisfaction in Greater Waterbury and Waterbury are less than the Connecticut average ranking (which is quite high at 82%), the responses for the safety of residents in their neighborhood merits further examination which can be seen below at staggering rates below the Connecticut's average.

Table 6. Residents Safety

The job done by the police to keep residents safe...

	Connecticut	Greater Waterbury	Waterbury
Excellent	30%	30%	15%
Good	45%	41%	35%
Fair	15%	16%	28%
Poor	6%	9%	16%
Don't know enough about it in order to say	4%	3%	5%
Refused	0%	0%	0%

Source: DataHaven Health and Wellbeing Survey

Table 7. Neighborhood Responses

The information below portrays the percentage of respondents that stated that they "strongly agreed" with the specific questions asked in the DataHaven Health and Wellbeing Survey.

Questions answered with "Strongly Agree"	Connecticut	Greater Waterbury	Waterbury
There are safe sidewalks and crosswalks on most of the streets in my neighborhood.	39%	32%	39%
I do not feel safe to go on walks in my neighborhood at night.	16%	18%	29%
People in my neighborhood can be trusted.	54%	55%	33%
Children and youth in my town generally have the positive role models they need around here.	38%	38%	17%

Source: DataHaven Health and Wellbeing Survey

Transportation

Comparable to the state average, the Greater Waterbury service area residents have access to a car or have their own car as the primary means of transportation as seen in Table 8. Public transportation is available in the city of Waterbury and immediate suburban towns but only 8% of respondents in the DataHaven survey said to use it. With a 12% response, most residents in Waterbury would be more apt to get a ride from a friend or relative than to use public transportation as a primary means of transportation.

Table 8. Access to Car

Do you have access to a car when you need it? Would you say you have access...

	Connecticut	Greater Waterbury	Waterbury
Very often	85%	83%	74%
Fairly often	4%	5%	4%
Sometimes	5%	5%	8%
Almost never	1%	1%	3%
Never at all	5%	6%	11%
Don't Know	0%	0%	0%

Source: DataHaven Health and Wellbeing Survey

Physical Environment

According to the CDC model, where you live is one of the greatest predictors of how healthy you will be and accounts for 10% in the “Invest in Your Community” Model. Living in a safe neighborhood that has adequate environmental factors can lead to higher rates in overall wellbeing.

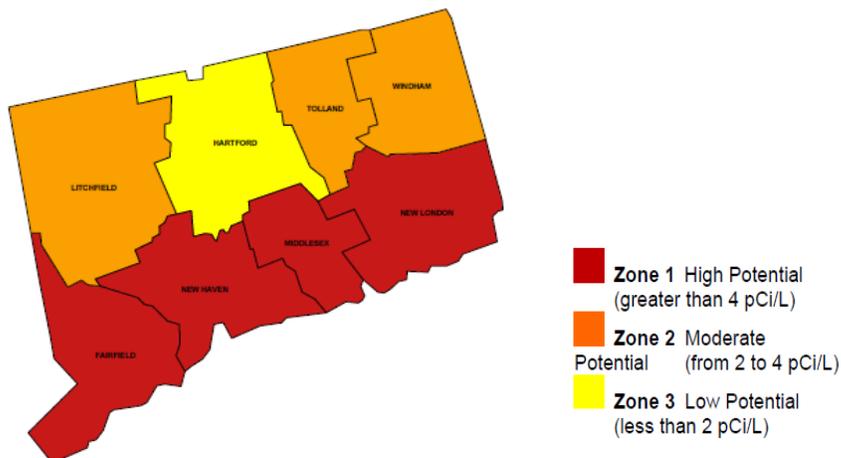
Air Quality

Air Quality Index AQI is a number used by government agencies to communicate to the public how polluted the air is currently or how polluted it is forecast to become. As the AQI increases, an increasingly large percentage of the population is likely to experience increasingly severe adverse health effects including asthma and cardiovascular disease. According to the U.S. Environmental Protection Agency in 2013 the Air Quality Index (AQI) was significantly worse in the city of Waterbury at 106 compared to the United States Index average of 75.

Radon Zones

According to the U.S. Environmental Protection Agency, New Haven County, which occupies Greater Waterbury Health Network’s service area, falls within the EPA’s Radon Zone 1 indicating a High Potential for radon exposure for that service area community. As stated by the World Health Organization, radon is the second most important cause of lung cancer in many countries and lung cancer risk rises 16% per 2.7 pCi/L increase in radon exposure.

Map 3. Map of Radon Zones in Connecticut



Source: US EPA (2013); primary service area determined by Connecticut Hospital Association (2015)

Housing

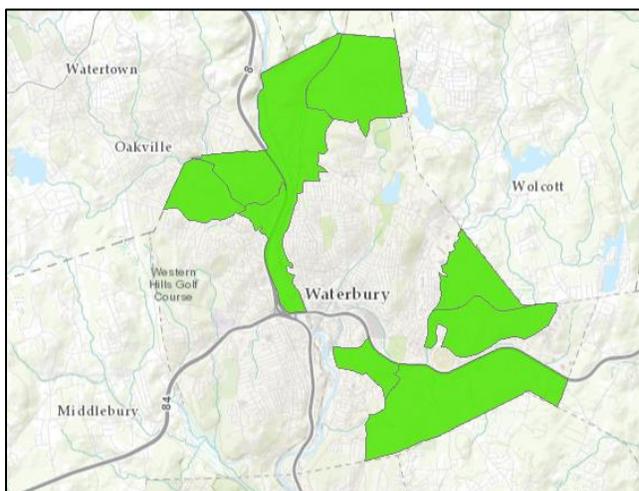
Housing insecurity is an issue that continues to impact Greater Waterbury Health Network’s service area residents. Over a third of the population in the service area is housing cost burdened, with rates close to 35% in Waterbury (U.S. Census Bureau, 2010-2014). According to the US Census Bureau, housing cost burden is defined as more than 30% of income going towards housing expenses. A lack of affordable housing can contribute to many factors including homelessness and housing instability and insecurity.

Health Behaviors

The third factor to be discussed is health behaviors that account for 30% of the “Invest In Your Community” Model. This category includes topics such as diet, exercise, and substance use. These can also be defined as daily routines that residents in a community have that play a role in their overall health and wellbeing.

Diet and Exercise

Map 4. USDA Food Atlas Food Desert Areas in Waterbury



Source: USDA Food Access Research Atlas; accessed 8/17/16

The USDA Food Access Research Atlas identifies low-income and low-access census tracts in order to greater understand the ability for members of the population to have access to a supermarket for nourishing and healthy food options. Places which have a great distance to a supermarket are known as a food desert. As highlighted in green on Map 4, Waterbury has several identified areas that are considered food deserts.

Table 9. Weekly Exercise

In an average week, how many days per week do you exercise?

	Connecticut	Greater Waterbury	Waterbury
None	17%	20%	26%
One	6%	5%	6%
Two	13%	10%	10%
Three	19%	20%	17%
Four	12%	10%	8%
Five	12%	12%	12%
Six	5%	4%	2%
Seven	16%	17%	17%
Don't Know	1%	1%	1%
Refused	1%	1%	1%

Source: DataHaven Health and Wellbeing Survey

Table 10. Body Mass Index

BMI (Based on Q24 Weight and Q25 Height DataHaven Survey)

	Connecticut	Greater Waterbury	Waterbury
Underweight	2%	2%	2%
Normal weight	37%	33%	27%
Overweight	36%	37%	37%
Obese	26%	28%	33%

Source: DataHaven Health and Wellbeing Survey

Alcohol and Substance Use

Substance use in the state of Connecticut and specifically in the city of Waterbury has been a large public health concern with the rising rates of overdose cases. As one of the top five conditions for Waterbury Hospital's Emergency Department non-admission rates, substance use and abuse remains a problem in particular with prescription and opioid based medications.

Tobacco Use

Tobacco use is a major concern in Waterbury especially with the number of residents who currently smoke on a daily basis. According to the DataHaven Health and WellBeing Survey 45.0% of Waterbury respondents have smoked at least 100 cigarettes in their lifetime compared to 40.0% across the state. In addition, more than half (55.0%) of the respondents who initiated smoking at some point in their lifetime still smoke every day or some days compared to the state (37.0%). A positive finding is that respondents are more likely to have attempted to quit smoking during the past 12 months by not smoking for 24 hours or more.

Table 11. Current Tobacco Use

(If smoked 100 cigarettes in entire life) Do you currently smoke cigarettes every day, some days or not at all?

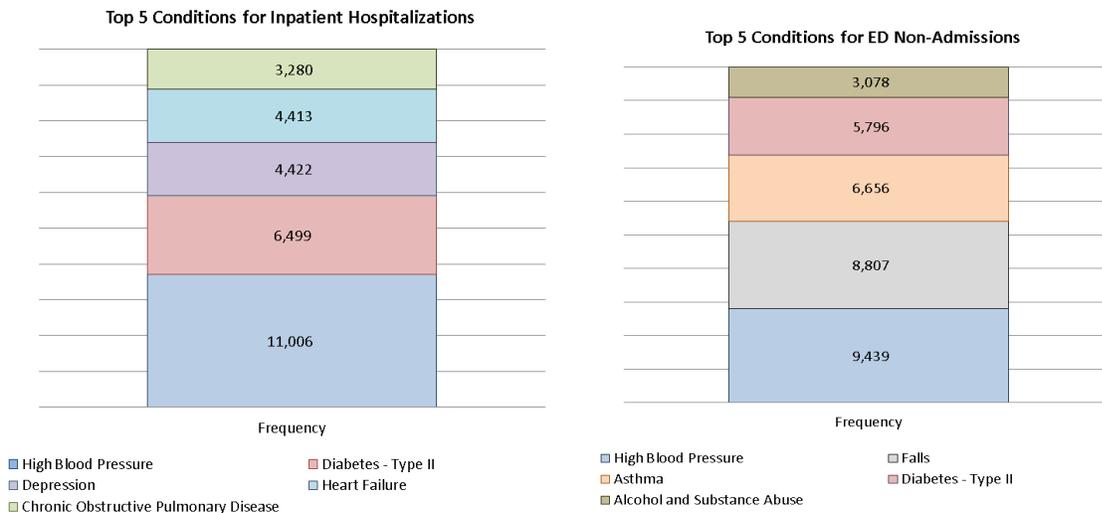
	Connecticut	Greater Waterbury	Waterbury
Every day	26%	29%	40%
Some days	11%	11%	15%
Not at all	63%	60%	45%
Don't know	0%	0%	0%
Refused	0%	0%	0%
Smoking Prevalence (based on several questions in DataHaven Survey)	15%	17%	25%

Source: DataHaven Health and Wellbeing Survey

Clinical Care

The last factor that is mentioned in the CDC model is clinical care, which accounts for 20% of good health. To better understand access to care as well as the quality of care given to patients, several data sets have been used from the Connecticut Hospital Association.

Figure 1. Inpatient Hospitalizations and Conditions for ED Non-Admissions

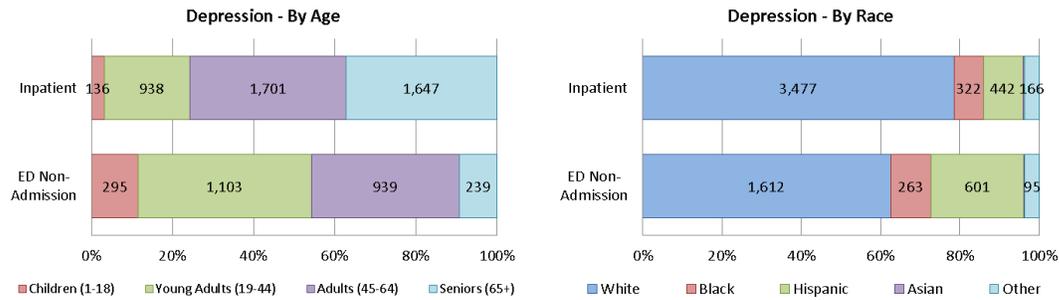


Source: 2014 Waterbury Hospital Community Health Profile, Connecticut Hospital Association

Mental Health

Mental and Behavioral Health continue to have a dramatic impact on the overall health of residents in the Greater Waterbury Health Network’s service area. As seen in the figures below, adults had the largest number of inpatient encounters for depression, closely followed by seniors, while young adults had the largest number of ED non-admission encounters for depression according to the 2015 Waterbury Hospital Community Health Profile, Connecticut Hospital Association.

Figure 2. Depression by Age and Race



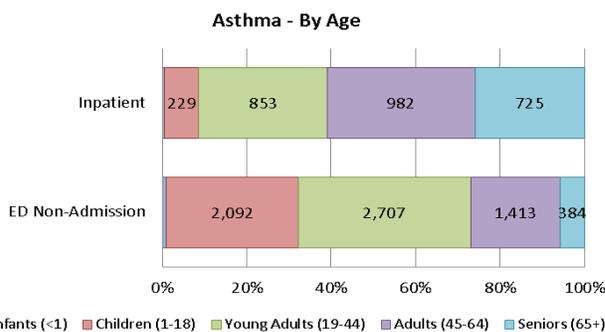
Source: 2014 Waterbury Hospital Community Health Profile, Connecticut Hospital Association

In addition to depression, suicide and self-inflicted injuries were an increasing health concern for the hospital. While the proportion of inpatient encounters for suicides and self-inflicted injuries by race generally reflected Greater Waterbury Health Network’s service area demographics, in the ED non-admission setting, Hispanics accounted for a disproportionately large volume of encounters for this mental health concern. (Connecticut Hospital Association, 2014).

Asthma

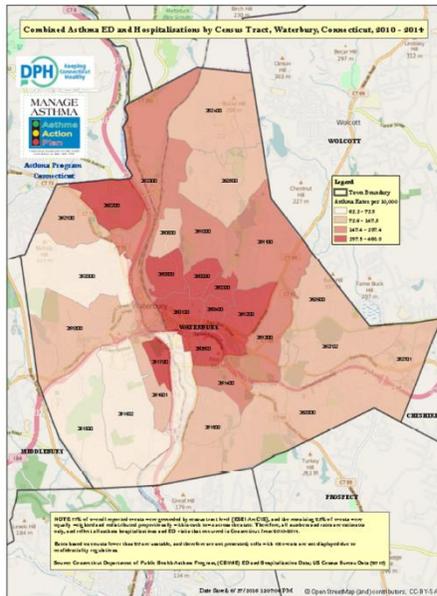
In Greater Waterbury there are far too many area children and adults that have poorly managed asthma which results in significant amounts of emergency department visits and potential inpatient admissions. Both pediatric and adult asthmatics have potential gaps in the education of management of asthma and its potential life threatening symptoms. Despite being in line with the Connecticut average of respondents having Asthma in the Greater Waterbury Area and City of Waterbury, of the respondents that answered “yes” to having Asthma the rate was double the Connecticut average at (12% and 16% respectively) for having an Asthma attack at least once a day and using a prescription inhaler (DataHaven Health and Wellbeing Survey, 2015).

Figure 3. Asthma by Age



Source: 2014 Waterbury Hospital Community Health Profile, Connecticut Hospital Association

Map 5. Combined Asthma ED and Hospitalizations by Census Tract, Waterbury, CT, 2010-2014 In Mapped asthma ED and hospitalization data for Waterbury, 2010-2014, shows high need concentrations of persons with asthma. The mapped asthma data shows a corridor of need reminiscent of Map 2. Vulnerable Population Footprint.

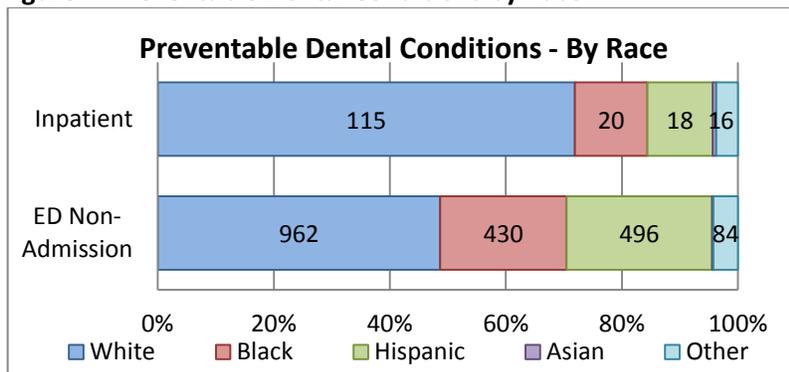


Source: Connecticut Department of Public Health, Asthma Program, CHIME Data

Oral Health

According to the American Dental Association, most dental Emergency Room visits can be reduced or eliminated by regular visits to a dentist. In the DataHaven Health and Wellbeing Survey, almost 1 in 3 residents of Waterbury reported not have been to a dentist for more than a year (2015). In addition, Black and Hispanic encounters were proportionally overrepresented among ED Non-Admissions for preventable dental conditions.

Figure 4. Preventable Dental Conditions by Race



Source: 2014 Waterbury Hospital Community Health Profile, Connecticut Hospital Association

Cancer

Cancer affects Waterbury residents at an (age-adjusted) rate of 491.1 per 100,000 and is the second leading cause of death. Overall, the total cancer incidence rate of 491.1 is similar to or lower than that of peer cities such as Hartford and New Haven which can be seen in Table 13.

Table 12. Cancer Incidence in Waterbury per 100,000 (2010)

Primary Cancer Site	Crude Rate	Age-Adjusted Rate
Breast (Female)	139.0	128.9
Colorectal*	60.0	57.6
Lung & Bronchus*	77.4	74.8
Prostate	115.4	120.8
All sites	506.3	491.1

Source: Connecticut Tumor Registry, Health Statistics & Surveillance Section, CT Department of Public Health

*Denotes that State-Town Comparison rates are higher than the state rate.

Table 13. Cancer Incidence by City per 100,000 (2010)

	Connecticut	Waterbury	Hartford	New Haven
All sites (Age-adjusted)	489.3	491.1	472.5	515.9

Source: Connecticut Tumor Registry, Health Statistics & Surveillance Section, CT Department of Public Health

The mortality rate per 100,000 for all cancer types is 146.7 in Connecticut which is surpassing the Healthy People 2020 target of 161.4 (2014).

Table 14. Overall Cancer Deaths by Total in Connecticut

	2010	2011	2012	2013	2014
Total*	163.4	158.4	151.9	148.4	146.7

Source: Healthy People 2020 (2014), State-Level Data: Connecticut

*Total (Age adjusted, per 100,000 population)

Diabetes

Diabetes is a major health concern across the United States, in the state of Connecticut, and in the Waterbury service area. According to the Centers for Disease Control, 29 million Americans have diabetes and 86 million American adults aged 20 years and older have pre-diabetes. As seen below, residents in Waterbury have been told by a doctor more frequently that they have diabetes than in the Greater Waterbury area and in Connecticut overall. Persons with diabetes are at higher risk for serious health complications including: blindness, kidney failure, heart disease, stroke, and potential loss of extremities.

Table 15. Have you ever been told by a doctor or health professional that you have diabetes?

Answer	Connecticut	Greater Waterbury	Waterbury
Yes	9%	11%	13%

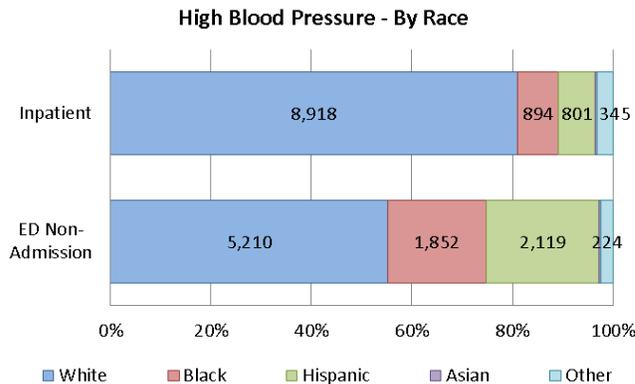
Source: DataHaven Health and Wellbeing Survey

Cardiovascular Disease

According to the Connecticut Hospital Association, high blood pressure was the most prevalent condition among inpatient and Emergency Department Non-Admission settings. A total of 35% of residents in Waterbury responded “yes” to having been told by their doctor or health professional that

they had high blood pressure or hypertension which are contributing factors to (other than obesity and lack of physical exercise) to more serious cardiovascular disease.

Figure 5. High Blood Pressure by Race



Source: 2014 Waterbury Hospital Community Health Profile, Connecticut Hospital Association

Table 16. Have you ever been told by a doctor or health professional you have high blood pressure or hypertension?

Answer	Connecticut	Greater Waterbury	Waterbury
Yes	28%*	32%*	35%*

Source: DataHaven Health and Wellbeing Survey

Barriers to Care

Access to care is a top concern for patients in our community. The tables below report access to services, insurance and prescription medications from the DataHaven Health and Wellbeing Survey.

Table 17. During the past 12 months, was there any time when you didn't get the medical care you needed?

	Connecticut	Greater Waterbury	Waterbury
Yes	7%	9%	10%
No	92%	91%	89%
Don't know	0%	0%	0%
Refused	0%	0%	1%

Source: DataHaven Health and Wellbeing Survey

Table 18. And was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?

	Connecticut	Greater Waterbury	Waterbury
Yes	21%	20%	22%
No	79%	80%	77%
Don't know	0%	0%	0%
Refused	1%	0%	0%

Source: DataHaven Health and Wellbeing Survey

Table 19. If postponed or medical care not given, what was the reasoning?

	Connecticut	Greater Waterbury	Waterbury
Cost	49%	45%	45%
Health insurance was not accepted (Doctor's office or Hospital)	16%	12%	14%
Health insurance did not cover treatment	28%	33%	35%
Appointment was not in a reasonable amount of time	25%	27%	30%
The medical problem did not seem serious enough	46%	43%	39%

Source: DataHaven Health and Wellbeing Survey

Strategies to Address Community Health Needs

Selection of the Community Health Priorities and Future Planning

In May 2016, individuals from healthcare organizations, community agencies, social service organizations, and area non-profits gathered to review the results of the GWHIP data and planning for the future. The meeting was initiated by partners of the Greater Waterbury Health Improvement Partnership. The goal of the meeting was to discuss the commitment to the Greater Waterbury area and discuss future prioritizations of the organization and its members.

The objectives of the session were to:

- Review recently compiled DataHaven Community Health and Wellbeing data and highlight key research findings;
- Gather feedback from community representatives about community health needs; and
- Prioritize the community health needs based on select criteria.

Prioritization Process

Executive leaders of the Connecticut Community Foundation, the City of Waterbury Health Department, and the Greater Waterbury Health Improvement Partnership facilitated the prioritization session. The meeting began with an abbreviated research overview, including the results of the primary and secondary research and key findings of the CHNA.

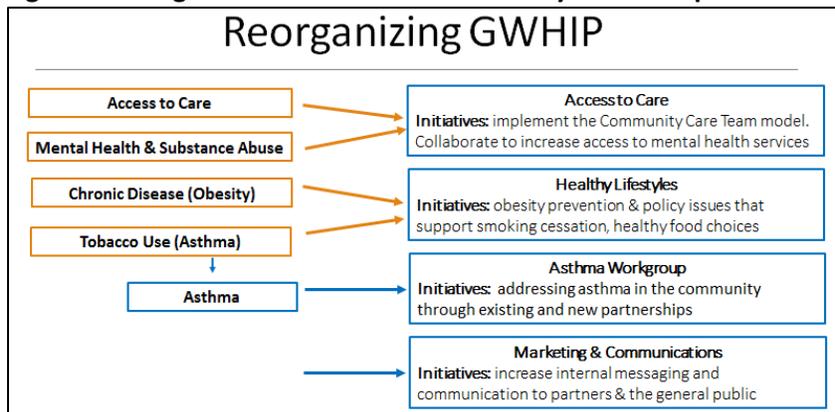
Following the research overview of the DataHaven Health and Wellbeing Data, meeting participants were provided with information regarding the prioritization process, criteria to consider moving forward with key areas of focus, and other aspects of health improvement planning. In a large-group format, attendees were asked to share openly what they perceived to be the needs and areas of opportunity in the community and how they would fit into the prioritization areas.

Identified Health Priorities

Attendees reviewed the findings and discussed cross-cutting approaches to further hone the priority areas. Ultimately, the following four priority areas for Waterbury were adopted for 2017-2019 implementation in order to touch on several health initiatives:

- Access to Care – including Mental Health/Substance Abuse
- Healthy Lifestyle – including Obesity and Tobacco Use
- Asthma
- Health Communications

Figure 8. Reorganization of Greater Waterbury Health Improvement Partnership



Strategies to Address Community Health Needs

Greater Waterbury Health Network will develop an Implementation Strategy to illustrate the specific programs and resources that support ongoing efforts to address the identified community health priorities. This work will be completed in 2017 and is supported by community-wide efforts and leadership from the executive team and board of directors.

Rationale for Community Health Needs Not Addressed

The Greater Waterbury Health Network plans to address all of the prioritized community health needs identified through the 2016 Community Health Needs Assessment and prioritized by community representatives.

CDC Community Health Improvement Navigator: Invest in Your Community Template

INVEST IN YOUR COMMUNITY

4 Considerations to Improve Health & Well-Being *for All*

WHAT Know What Affects Health

www.countyhealthrankings.org

WHERE Focus on Areas of Greatest Need

Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live.

WHO Collaborate with Others to Maximize Efforts

HOW Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

Four ACTION Areas

SOCIOECONOMIC FACTORS

PHYSICAL ENVIRONMENT

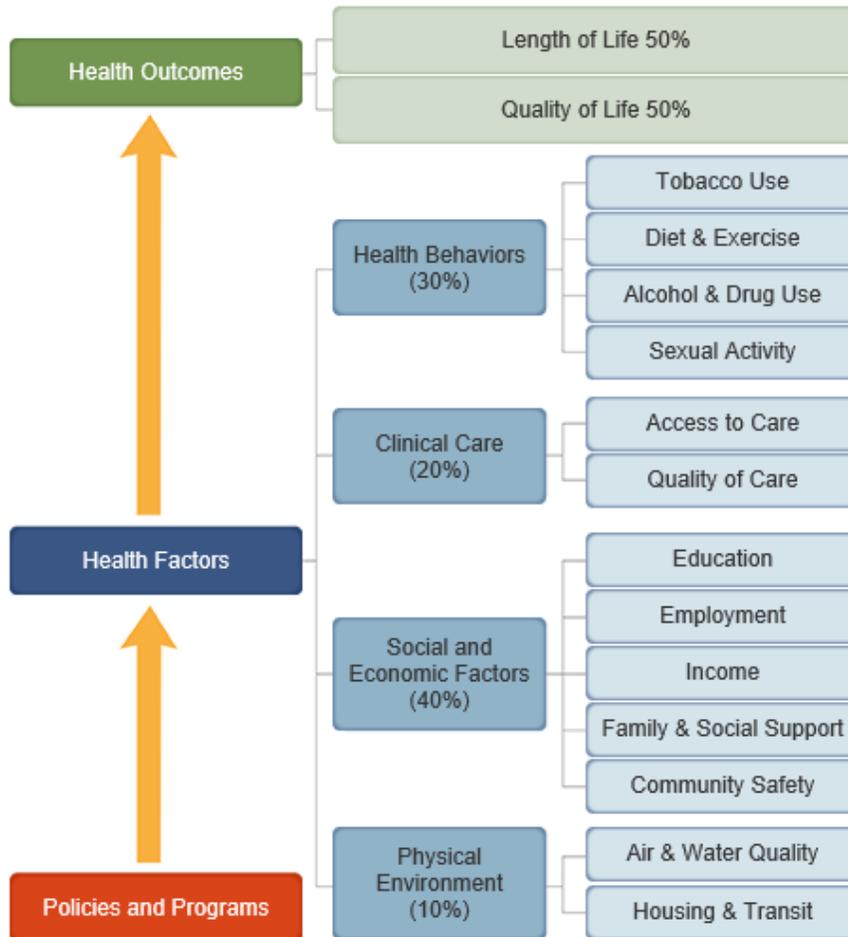
HEALTH BEHAVIORS

CLINICAL CARE

→ VISIT www.cdc.gov/CHInav FOR TOOLS AND RESOURCES TO IMPROVE YOUR COMMUNITY'S HEALTH AND WELL-BEING

Robert Wood Johnson Foundation
MARCH 2015

County Health Rankings Model - Health Factors



Appendices

Appendix 1. Community Health Rankings

New Haven County Health Rankings

Health Outcomes Rank of 6 (out of 8 counties)

Health Factors Rank of 7 (out of 8 counties)

Measures	New Haven County	Litchfield County	Hartford County	State
Health Outcomes				
<i>Length of Life</i>				
Premature death /100,000	5800	5500	5700	5300
<i>Quality of Life</i>				
% Adults reporting fair or poor health	13%	9%	13%	14%
Avg. physically unhealthy days/month	2.9	2.5	3.1	3.2
Avg. mentally unhealthy days/month	3.5	3.2	3.4	3.7
% Live births with low birth weight <2500g	8%	7%	9%	8%
Health Factors				
<i>Health Behaviors</i>				
% Adults report currently smoking cigarettes	14%	13%	13%	15%
% Adults reporting BMI >= 30	26%	23%	27%	25%
Food environment index	7.6	8.5	7.7	7.9
% Adults 20+ reporting no leisure-time physical activity	23%	21%	23%	22%
% Pop. with adequate access to locations for physical activity	96%	90%	96%	94%
% Adults reporting binge drinking	16%	19%	17%	18%
% Alcohol-impaired driving deaths	28%	28%	37%	33%
Chlamydia rate /100,000	440.3	174.4	418.9	355.8
Teen birth rate /1,000 female pop., ages 15-19	22	11	24	19
<i>Clinical Care</i>				
% Pop. under age 65 without health	11%	10%	10%	11%
Ratio of pop. to primary care physicians	1060: 1	1570: 1	1070: 1	1170: 1
Ratio of pop. to dentists	1360: 1	1650: 1	1000: 1	1230: 1
Ratio of pop. to mental health providers	270: 1	490: 1	230: 1	300: 1
Preventable hospital stays /1,000 Medicare	53	49	51	50
% Diabetic Medicare enrollees receiving	85%	88%	87%	86%
% Female Medicare enrollees receiving mammography	65%	65%	68%	67%
<i>Social & Economic Factors</i>				
% Students who graduate HS in 4 years	81%	89%	82%	86%
% Adults, age 25-44 with some college	65%	66%	68%	68%
% Pop. age 16+ unemployed but seeking work	7.2%	5.9%	6.9%	6.6%
% Under age 18 in poverty	18%	9%	18%	15%
% Adults without social/emotional support	N/A	N/A	N/A	N/A
% Children in single parent households	36%	21%	37%	31%
Violent crime /100,000	406	111	323	279
Injury mortality /100,000	57	57	56	53
<i>Physical Environment</i>				
Avg. daily fine particulate matter in micrograms/cubic meter (PM2.5)	10.5	10.7	10.5	10.5
% Pop. potentially exposed to water exceeding a violation limit /yr	N/A	N/A	N/A	N/A
% Households with severe housing problems	22%	16%	18%	19%
% Workforce driving alone to work	79%	83%	81%	79%
% Commuting 30+ mins to work, driving alone	32%	38%	27%	32%