

Community Health Report Card



Serving the communities of
Berlin, Newington, Rocky Hill
and Wethersfield

www.ccthd.org

April 2011



CENTRAL CONNECTICUT
HEALTH DISTRICT

505 Silas Deane Highway
Wethersfield, CT 06109

Phone: (860) 721-2822
Fax: (860) 721-2823

"Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity."

- World Health Organization, 1948

Introduction

This is the ninth Community Health Report Card that has been prepared by the Central Connecticut Health District. This report summarizes data on relevant and significant community indicators that provide an overall "health snapshot" of each town in comparison (where possible) to Hartford County and the State.

Demographic characteristics describe populations, by age, gender, race and ethnicity, level of education, and income level. Findings from this report are used for planning appropriate programs and services to address identified health care needs and to evaluate their efficacy.

The District offers this community health report to strengthen our collaborative planning efforts with our partners in preventive care and health promotion.

It is our hope that the information offered to the community will be used as a planning and evaluation tool from which we will document future progress and evaluate current activities aimed at improving the health status of all residents in the District.

Thank you to those who contributed to this report:

Patricia Checko, Board of Health

Paul Hutcheon, Director of Health

Hilary Norcia, Community Health Coordinator

Chlo-Anne Gonsalves – Intern, University of Hartford, MSN Program

Reena Patel – Intern, Southern CT State University, MPH Program



Current CCHD Programs

Screenings and Education

Appointments are now being accepted for the following screenings/education sessions:

- Glucose (Blood Sugar) Screenings
- Diabetes Self Care Education Classes
- Pedicare Foot Clinics

Please call our main office in Wethersfield at (860) 721-2822.

Radon Kits and Bicycle Helmets

Radon kits are \$8 and bicycle helmets are \$10. Please call (860) 721-2818 for availability.

Seasonal Flu Clinics

Seasonal clinics are held throughout the District starting in October to promote protection during peak flu season. For more information please call: (860) 721-2818.

Community Health Programs

Smiles for Life

This program provides free dental cleanings for persons age 60 or older. Clinics are held monthly. A total of 16 clinics, serving 80 people will be held during calendar year 2011. Smiles for Life is funded in part by a grant from the North Central Area Agency on Aging. For more information please call Hilary Norcia at (860) 665-8571.

Putting on Airs

CCHD received a 3 year grant from the State Health Department for free home visits to those with asthma. A health educator/nurse and a sanitarian will visit the home and provide education and an environmental assessment to assist in the reduction of asthma triggers. Referrals are accepted from school nurses, physicians, insurance companies and residents. For more information please call Hilary Norcia at (860) 665-8571.

Woman to Woman Breast Cancer Program

The CT Affiliate of Susan G. Komen for the Cure has provided funding for free mammograms for women age 40 and older who qualify. We will also educate women about the importance of breast health and provide information on screening and early detection programs available free or at a reduced cost. This program is open to Newington and Wethersfield residents only. For more information please call Hilary Norcia at (860) 665-8571.

Table of Contents

Demographics	4
Socio-economic Indicators	6
Leading Causes of Death	8
Community Health Assessment	10
Influenza	11
Asthma	12
Sexually Transmitted Diseases	13
Gastrointestinal Illnesses	14
Lead Screening and Poisoning	15
Unintentional Falls and Injuries	16
Teen Birth Data	17
Current Programs	18



CCHD Demographics

Towns (2010)	Total Population	Median age	% over 65
Berlin	20,195	43	16%
Newington	29,976	45	18%
Rocky Hill	19,502	43	16%
Wethersfield	26,243	46	22%
District Total	95,916	44	18%
Hartford County	880,467	40	15%
Connecticut	3,497,398	40	14%

Source: Connecticut Economic Resource Center 2011

Population

The CCHD demographics show a slight decrease in population growth consistent with the Hartford County and State demographics. The District median age is 44 years, which is slightly older than that of Hartford County and the State. Wethersfield has the greater proportion of residents ages 65 and older. While not in the table above, the gender-specific demographics indicate that there are more females than males in the District which is consistent with the age distribution of our population.

Births by Teen Age Group, 2008

	<15 yrs.	<18 yrs.	<20 yrs.
CCHD (258 total births)	0	4 (<1%)	13 (1.5%)
Hartford County (10,337 total births)	15 (0.1%)	289 (2.8%)	908 (8.8%)
Connecticut (40,388 total births)	26 (0.1%)	872 (2.2%)	2,817 (7%)

Source: CT DPH 2010

Births by teen age group

Births to women less than 20 years of age (1.5%) were lower than Hartford County and State rates of 8.8% and 7% respectively. The majority of all births to mothers under 20 years of age were to women of Hispanic ethnicity in the District, Hartford County and the State.

The rate for teenage pregnancy in the District, County and State does not reflect the national decline reported by the CDC.

Teen pregnancy can be very dangerous because young teenagers are still growing, and they may not gain enough weight resulting in low-birth weight babies. Teenagers may not access or may delay prenatal care resulting in complications that may not be treated such as high blood pressure which could lead to pre-eclampsia. Other consequences include increased levels of high school dropouts, welfare dependency, living in poverty and a host of other socio-economic consequences.

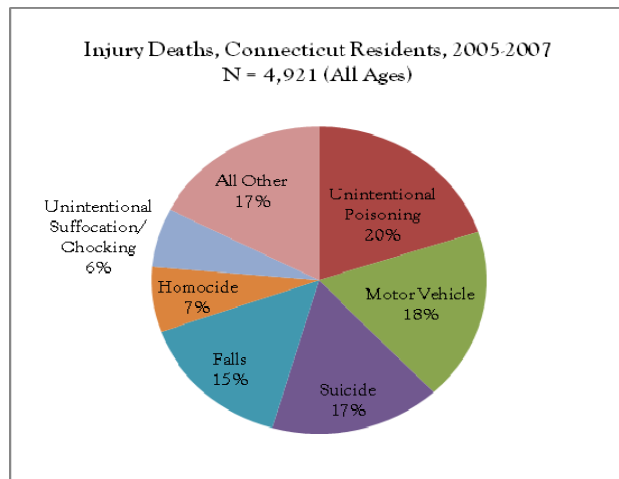
Low birth weight

The percentage of low birth weight babies (< 2,500gms) for the District (6.5%) is lower than Hartford county (8.9%) and that of the state (8%). The most likely explanation for this lower percentage is access to pre-natal care in the early stages of pregnancy.

Unintentional Falls/Injuries

Unintentional Falls/Injuries

“Unintentional injury is the leading cause of death for Connecticut residents between the ages of 1 and 44 years and the fifth leading cause for all ages. Unintentional injuries are defined as those that are not inflicted by deliberate means, i.e. not on purpose. Unintentional injury categories include drowning, falls, fires/burns, poisonings, unintentional suffocation, and motor vehicle related injuries and deaths” (CT DPH, 2011).



Approximately 3 out of 4 or 76% of CT deaths due to injury were related to unintentional injuries from 2005-2007. There were 56,561 injury related hospitalizations among CT residents between 2005-2007. Falls (46.7%), motor vehicle crashes (12.7%), suicide attempts (6.7%), unintentional poisoning (5.1%), and assaults (4.2%) were the leading cause of injury related hospitalizations. Fall rates start to rise at age 65 and are highest at age 85+ (CT DPH, 2011).

For more information on injury prevention, visit the Connecticut Department of Public Health website: <http://www.ct.gov/dph/cwp/>

CCHD Demographics (continued)

Race	Berlin	Newington	Rocky Hill	Wethersfield
White	18,991 (94%)	26,758 (89.3%)	17,053 (87.4%)	23,718 (90.4%)
Black	327 (1.6%)	973 (3.3%)	822 (4.2%)	881 (3.4%)
Asian Pacific	526 (2.6%)	1,296 (4.3%)	1,091 (5.6%)	669 (2.6%)
Native American	10 (0.05%)	32 (0.11%)	16 (0.08%)	15 (0.06%)
Other/Multi-Racial	341 (1.7%)	917 (3.1%)	520 (2.7%)	960 (3.7%)
Hispanic (any race)	495 (2.5%)	1,490 (5%)	978 (5%)	1,459 (5.6%)
Total	20,195	29,976	19,502	26,243

Source: Connecticut Economic Resource Center 2011

Race

The majority of District residents are white (90.2%) which is higher than both Hartford County (75.2%) and the State (79.4%). The rest of the CCHD's racial and ethnic mix include African Americans (3.1%), Asian-Pacific (3.7%), Native American (0.08%), Hispanic (any race) (4.6%) and Other/Multi Race (2.9%); this accounts for approximately 13,818 or 14.4% of all the District's residents.

The CT Economic Resource Center, Inc. (CERC) 2011 town profiles were used as the source of the above data. The CERC 2011 town profiles reflect 2010 population estimates.

Socio-Economic Indicators

Towns	HS Grad. Rate (2008)	Median Household Income (2010)	Unemployment Rate (2/11)	Poverty Rate CERC 2009
Berlin	91.8%	\$80,461	8.3%	5.5%
Newington	98.4%	\$67,857	8.6%	5.1%
Rocky Hill	94.2%	\$71,296	7.5%	4.8%
Wethersfield	88%	\$64,405	8.9%	3.4%
Hartford County	N/A	\$60,177	9.9%	10.1%
Connecticut	92.1%	\$65,686	9.6%	8.7%

	Berlin	Newington	Rocky Hill	Wethersfield
Medicaid (recipients)	683	1,617	793	1,260
SNAP (recipients)	279	593	255	734
Husky A (Kids)	470	1095	504	918
Husky A (Adults)	298	683	331	569
Husky B	86	156	54	108
WIC (participants)	61	184	70	154
% school children eligible for free lunch	6.3%	17.8%	8.8%	17.7%

Lead Screening, 1-2 Year Olds, 2009

	Berlin	Newington	Rocky Hill	Wethersfield	Total
Tested	131	214	182	275	802
<10 µg/dL	130	214	182	274	800
10-19 µg/dL	-	-	-	1	1
20-44 µg/dL	1	-	-	-	1
45+ µg/dL	-	-	-	-	0
Total 1-2 yr. old	407	603	372	545	1,927
% Tested	32.2%	35.5%	48.9%	50.5%	41.6%

Source: CT DPH Lead Program, 2009

Lead Screening and Lead Poisoning

Lead interferes with the development of the nervous system and is therefore particularly toxic to children, causing potentially permanent learning and behavior disorders. The major cause of lead poisoning is exposure to lead-based paints in the home. A blood lead level of ≥ 20 µg/dl indicates that a child has lead poisoning. Connecticut mandated that every child have a blood lead screening at age 12 months and again at 24 months effective January 1, 2009. In the past year we have seen a 51% increase in the percentage of 1 & 2 year olds screened. Only one child was identified with lead poisoning.

During CY 2009, 61% of all CT children 1-2 years of age were screened for lead poisoning.

The Health District encourages residents to be aware of peeling and flaking paint, as well as lead dust formed from renovation work, most of which occurs in houses built before 1978. Brochures and additional information are available at the CCDH main office in Wethersfield by calling (860) 721-2822 or contact the CT Department of Public Health at (860) 509-7299.

Gastrointestinal Illnesses 2010

Gastrointestinal Illnesses

Among the 42 communicable diseases mandated by the State to be reported to the local health departments by the physician are a number of bacterial infections that cause gastrointestinal illnesses. Outbreaks can occur anywhere including your home, congregate housing, restaurants etc.

Each year, less than 40 gastrointestinal illness cases are reported to the CCHD, most of which are cases of Salmonella (14) and Campylobacter (14) infection. It should be noted that typically only 10% of the people infected get cultured and reported.

These bacteria along with E-coli and Shigella, are commonly found in animal products and have also been associated with contaminated vegetables.

Reported cases are investigated by the Health District to identify the source of the infection and to ensure others are not at risk. A recent example of an investigation involved Salmonella. The District received a laboratory report indicating a resident had Salmonella. Upon contacting the resident, it was determined she worked as a cook at a local restaurant. Following State Health Department guidelines, the Health District ordered the individual to remain out of work until cleared to return. This can take some time as there is a need to obtain two negative follow-up stool samples once the person has completed the last dose of antibiotics. The District coordinated collection of the stool samples and utilized the State laboratory for analysis. The individual was cleared to return to work approximately one month after diagnosis. The source of the infection remained unknown and had no connection to the restaurant where the person worked.

Good food handling practices in the home are necessary and include four simple steps:

1. **Wash** hands and clean surfaces often
2. **Separate**: don't cross contaminate one food with another
3. **Cook** foods to proper temperature
4. **Chill**—refrigerate foods promptly (keep hot foods hot and cold foods cold).

Socio-Economic Indicators

Socio-Economic Data

The average high school graduation rate in the District is similar to the State—93.1% versus 92.1%. By race/ethnicity, the Newington school district serves the largest minority population (21%), and Berlin the smallest (8.0%). Among the four towns, less than 5% of the students are not fluent in English.

The average median household income for the District is \$71,005, higher than Hartford County and the State. Wethersfield had the lowest median household income in the District, which is still higher than Hartford County but less than the State. Overall, income levels dropped as compared with 2009.

While the unemployment rate for District towns is lower than Hartford County and the State, Newington and Wethersfield have the highest rates. This is consistent with a higher proportion of their residents utilizing Medicaid, SNAP, Husky and the free lunch program. Statewide, 33.1% of students are eligible for free lunch.

The percentage of the population below the poverty rate is lower for the District compared to Hartford County and the State. The percentages shown reflect CY 2009. The average poverty rate for the District is 4.7% meaning that approximately 4,508 people live in poverty.

Economic Indicators

Newington has the highest percentage of Medicaid recipients and Berlin has the lowest. Newington and Wethersfield have the highest percentage of people receiving Supplemental Nutrition Assistance Program (SNAP), formally known as food stamps, in the District.

The Husky A enrollment for children and adults has increased in the last fiscal year (July 2008 – June 2009) for all towns in the District. The enrollment for Husky B has increased for all four towns in the District.

Newington has the highest number of women, infants, and children served by the WIC program (184) while Berlin has the lowest (61).

(Sources: CT State Dept. of Ed., CERC 2011 town profiles, CT DOL, US Census, CT Dept. of Social Services, State of CT Husky, State of CT WIC—September, 2010)

Leading Causes of Death, Cases, 2008

	Berlin	Newington	Rocky Hill	Wethersfield	District	Hartford County
CVD** (1)	69	101	73	99	342 (33%)	2,549 (33%)
Cancer (2)	46	62	44	71	223 (22%)	1,759 (23%)
Stroke (4)	18	18	6	24	66 (7%)	498 (7%)
CLRD *** (5)	9	16	15	15	55 (5%)	413 (5%)
Unintentional Injuries/ Accidents (3)	11	20	17	22	77 (8%)	483 (6%)
All Causes	217	283	213	302	1,015	7,636

Source: CT DPH, 2008

AAMR* - Age-adjusted mortality rate

CVD** - Cardiovascular Disease

CLRD*** - Chronic Lower Respiratory Disease

Sexually Transmitted Disease Cases, 2009 (Rates per 10,000)

	Chlamydia	Gonorrhea	Syphilis
District	123 (12.9)	21 (2.2)	1 (.1)
Hartford County	3,944 (45)	882 (10)	25 (.3)
Connecticut	12,136 (34.7)	2,554 (7.3)	65 (.2)

Source: CT DPH, STD Control Program 2009

Sexually Transmitted Diseases

Sexually transmitted diseases such as Chlamydia, Gonorrhea, and Syphilis affect the reproductive system and may cause uncomfortable symptoms such as pain, distress or more permanent complications such as pelvic inflammatory disease or sterility. These diseases are easily transmittable, yet they are highly preventable if proper sex education is provided and precautions are considered.

Young Adults aged 19–25 account for 56% of all reported cases, that is over half of the STD cases in the District. Newington and Wethersfield have the highest number of cases of sexually transmitted diseases in the District whereas Berlin has the lowest number of cases. About 85% of all infections are due to Chlamydia. Gonorrhea cases have nearly doubled from 8% of all reported cases in 2008 to 15% in 2009.

District towns should ensure that sex education is provided to middle and high school students as well as to young adults to decrease future incidence of STDs. Parents should also take the initiative to speak to their children about sex and its consequences such as disease or pregnancy.

Students with Asthma

Source: CT DPH, CT School-based Asthma Surveillance Report 2010

	Children w/ Asthma	Total Enrollment (Pre-K, K, 6 and 10)	Prevalence Rate
Berlin	261	1,725	15.1%
Newington	430	2,419	17.8%
Rocky Hill	175	1,374	12.7%
Wethersfield	199	2,811	7.1%
State	29,205	217,533	13.4%

Asthma

Asthma is a chronic disease of the respiratory system that is characterized by reversible obstruction of the airways and airway hyper-responsiveness to a variety of stimuli such as pollen and smoke. Asthma is a leading cause of school absenteeism and one of the leading causes of hospitalization and emergency room (ER) visits for children and youth.

The information reported for asthma is submitted to the CT DPH to estimate the burden of asthma among school children. Berlin and Newington have a higher prevalence rate for asthma compared to the State. The asthma prevalence rate is higher among male versus female students and Hispanics have the highest rate of asthma followed by Black, Other race, and White students respectively.

Putting on Airs

The CCHD is funded by CT DPH to implement the "Putting on Airs" asthma home visitation program, along with several other towns from Hartford County. We are in our second year and have seen 22 families and had over 40 referrals. Recommendations to families have included: increasing dusting; eliminating mold and wetness in basements and bathrooms; using green cleaning products; and using pillow and mattress covers that our program supplies free of charge.

Causes of Death, 2008

The leading causes of death in the District mirror national and Hartford County trends with heart disease, cancer, and stroke responsible for 62% of all deaths. Age-adjusted mortality rates (AAMR) take into account the age distribution of the population and adjust it against a standard reference population (US Census, 2000). Overall, District AAMRs mirror Hartford County AAMRs. The 2008 CT DPH data indicates that women in all towns except Wethersfield suffered more cardiac arrests than men. It reflects the American Heart Association's evidence that heart disease is the silent killer among women.

Of the 1,015 deaths in 2008, the District and Hartford County had greater than 75% of deaths in persons 65 and older; with 62% of these deaths in persons 80 and older. Causes of death in this group reflect the leading causes of death. Deaths among persons less than 45 years old account for less than 4% of deaths. According to CDC 2008 death statistics, the life expectancy among both men and women declined slightly.

The *Healthy People* initiative is a plan for the nation's health priorities which tries to meet a wide range of the nation's health needs, encourages agencies to collaborate in achieving the set goals, guides individuals towards making informed decisions, and evaluates progress from prevention activities. Healthy People 2020 builds on past achievements and addresses unfinished tasks. It reaffirms the two overarching goals from the past decade but adds two more: promoting quality of life, healthy development and healthy behaviors across life stages; and creating social and physical environments that promote good health.

"Too many people are not reaching their full potential for health because of preventable conditions," said Assistant Secretary for Health Howard K. Koh, M.D., M.P.H. "Healthy People is the nation's roadmap and compass for better health, providing our society a vision for improving both the quantity and quality of life for all Americans."

Community Health Assessment 2011

The Central CT Health District (CCHD) recently completed its second community health assessment. The assessment is based on the State BRFSS (Behavioral Risk Factor Surveillance System) assessment that was created by the Centers for Disease Control (CDC). CCHD hired the Center for Research and Public Policy (CRPP) to conduct the random telephone survey of 400 of our residents. Eighty-six health-related questions were asked to adults eighteen years and older.

Topics included: health care access, the home environment, exercise, dental care, nutrition, cardiovascular disease and other current health issues. CCHD uses this assessment to address the current health needs of its residents and adopt programs and services to focus on these identified health concerns.

Highlights include:

- A majority of respondents, 83.5% said they do moderate physical activity in a usual week that causes small increases in breathing. Another 16.0% suggested they do not.
- CRPP calculated Body Mass Indexes (BMI) for each of the 393 respondents who provided researchers both their weight and height. Overall, 61.8% of district residents are overweight, of whom 22.1% are obese (1 in 5). The average district BMI is 26.55; normal is 18.5 to 24.9. This is consistent with statewide 2009 BRFSS data.
- On average, respondents are eating 2.26 servings of vegetables and 1.90 servings of fruit daily. The USDA recommends four to five servings of vegetables and two servings of fruits daily

The assessment report will be available to residents and community leaders in May 2011. It will also be posted on CCHD's website at www.ccthd.org or for more information contact Paul Hutcheon, Director of Health, at (860)721-2828

Culture Confirmed Influenza Cases 2010-2011 Season* (Thru April 2, 2011)

Source: CT DPH Influenza statistics, 2011

	Type A H1N1	Type A All others	Type B	Unknown	Total
District	6	47	4	0	57
Hartford County	89	507	72	0	668
State	438	2,709	345	290	3,782

*Only a small number of individuals who have flu-like symptoms have a swab culture taken. These cultures provide information to the state and CDC about what type of influenza is occurring during a season.

Influenza is a highly transmittable virus of the upper respiratory system, typically characterized by headaches, fever, coughing, sneezing and muscle aches. Flu causes more serious illnesses, such as pneumonia, in high risk populations—young children, the elderly and those with chronic illnesses.

The CDC receives influenza cultures for all over the country to type and monitor influenza activity. CDC has reported that during this season Influenza Type A H1N1 (California) accounted for fewer cases of flu (23%) and a different Type A virus; H3N2 (Perth) has become more prevalent (46%). Type B influenza accounted for 30% of influenza illness.

In the U.S., annual deaths from influenza are currently estimated to be over 36,000; and of these, more than 90% are among persons 65 years of age or older.

The Health District coordinates annual influenza immunization clinics for people age 4 and older. During the 2010/2011 flu season, the Health District administered 3,004 doses of flu vaccine.