Community Health Needs Assessment

2019 FINAL SUMMARY REPORT

Bristol Health

SUBMITTED BY

HOLLERAN

COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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EXECUTIVE SUMMARY

Beginning in April 2019, Bristol Health undertook a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in the city of Bristol in Hartford County, Connecticut. The aim of the assessment is to reinforce Bristol Health's commitment to the health of residents and align its health prevention efforts with the community's greatest needs. The assessment examined a variety of health indicators, including a focus on mental health/substance abuse, access to care, overweight/obesity, and chronic conditions including heart disease, cancer, and diabetes. Bristol Health contracted with Holleran Consulting, a research firm based in Wrightsville, Pennsylvania, to execute this project.

The Patient Protection and Affordable Care Act of 2010 set forth new requirements for non-profit hospital organizations in order to maintain their tax exempt status as a charitable hospital, 501(c)(3). One of the new regulations is a requirement that all non-profit hospitals must conduct a CHNA and adopt an implementation strategy that meets the community health needs identified in the assessment every three years. Bristol Health has conducted previous CHNA's during the fiscal years 2013 and 2016 to identify needs and resources in the community.

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

CHNA Components

- Secondary Data Assessment
- Key Informant Interviews
- Community Survey Interviews – data collected through the 2018 DataHaven Community Wellbeing Survey

Key Community Health Issues

Bristol Health, in conjunction with community partners, examined the findings of the Secondary Data, Key Informant Interviews, and the Community Survey Interviews to select Key Community Health Issues. The following issues were identified (presented in alphabetical order):

- Access to Care
- Cancer
- Diabetes
- Diseases of the Heart
- Mental Health/Suicide
- Overweight/Obesity
- Substance/Alcohol Abuse

Prioritized Community Health Issues

Based on feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, Bristol Health plans to focus community health improvement efforts on the following health priorities over the next three-year cycle:

- Mental Health and Substance/Alcohol Abuse
- Access to Care
- Overweight/Obesity
- Chronic Conditions

Previous CHNA and Prioritized Health Issues

Bristol Health conducted a comprehensive CHNA in 2013 and 2016 to evaluate the health needs of individuals living in the city of Bristol. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment helped Bristol Health to identify health issues and develop community health implementation plans to improve the health of the surrounding community. The prioritized health issues that were originally identified in the 2013 CHNA were the continued focused in 2016.

Prioritized Health Issues in 2013 and 2016:

- Mental Health and Substance/Alcohol Abuse
- Senior Support
- Access to Care
- Overweight/Obesity

Major Outcomes from the 2013 CHNA Priorities:

- Hosted a roundtable discussion in January 2014 with approximately 30 community leaders and stakeholders to discuss the issue of mental health and substance/alcohol abuse.
- Entered an agreement with the Wheeler Clinic in 2015 in which the Wheeler Clinic assumed responsibility for Bristol Hospital's Emergency Department Crisis Service from 8 a.m. to midnight, seven days a week, and provide immediate intervention and facilitation connections to community services and resources.
- Since 2013, Bristol Hospital and the Bristol Hospital Multi-Specialty Group have added 74 new medical staff and added 16 new medical offices throughout the community.
- Increased the amount of free screenings offered throughout the community to include the senior center.
- Provided free educational seminar at senior center on topics such as dementia, living with diabetes, and nutrition and wellness.
- Since 2015, approximately 330 low-income families have participated in the Bristol Hospital Parent and Child Center Family Wellness Program's including "Gardening for Health", "Cooking Matters in the Store", and free Zumba and exercise programs.

A full description of outcomes can be found in Appendix F.

Major Outcomes from the 2016 CHNA Priorities:

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-
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A full description of outcomes can be found in Appendix E.

COMMUNITY HEALTH NEEDS ASSESSMENT BACKGROUND

Organization Overview

Founded in 1921, Bristol Hospital is the leading health provider for people who live and work in the Greater Bristol area in Connecticut. Bristol Hospital has 169 licensed beds and offers a complete range of patient services including a first-rate emergency center that cares for more than 40,000 patients each year. The hospital is home to the Sleep Center, the Center for Orthopedic and Spine Health, a Bariatric Surgery Program, and the Beekley Center for Breast Health and Wellness. Its hospital also has a state-of-the-art surgical center, a family-centered, single-room model maternity unit, an award-winning ICU, the Ingraham Manor skilled nursing facility, the Center for Wound Care and Hyperbaric Medicine, Connecticut Gastroenterology Institute, inpatient and outpatient behavioral health services, and an advanced diagnostic imaging department.

As healthcare has changed through the years, so too has Bristol Hospital. Having grown from a community hospital to an integrated network providing a full-continuum of services, both inpatient and outpatient, Bristol Hospital and Healthcare Group became Bristol Health. The name change better reflects its full scope of services offered in community. The organization's name has changed, but its continued commitment to the highest quality, compassionate and advanced care remains the same. Hospital officials announced it is rebranding in 2019, including dramatically shortening their mission statement to "Caring Today for Your Tomorrow."

Community Served

For purposes of this assessment, "community" is defined as the city and geographical area in which the hospital facility is located and the community served by a hospital, as those individuals residing within its hospital service area. The hospital service area is an analysis of the geographic area surrounding the hospital, which includes all residents, not excluding low-income or underserved individuals. For all demographic and health indicator statistics, data from the city of Bristol's geographical area were used to represent local level data unless otherwise noted. If data from the city of Bristol was not available, county level data for Hartford County was utilized. A map of Bristol in Hartford County is shown on the left below and a map of Hartford County in the State of Connecticut is illustrated on the right.

Methodology

The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below with further details provided throughout the document:

- A Statistical Secondary Data Profile uses existing local-level data with state and national comparisons of demographic and health data, also known as "secondary data." The specific data sources depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for the city of Bristol and were compiled and compared to state and national level data, where applicable. Demographic and health indicator statistics have been collated to portray the current health status of the city of Bristol. It should be noted that in some cases, local-level data may be limited or dated. This is an inherent limitation with secondary data. The most recent data are used whenever possible. When available, state and national comparisons were also provided as benchmarks for the regional statistics. National comparisons include United States data and Healthy People 2020 (HP 2020) goals when available.
- An online Key Informant Survey was conducted with 47 key informants to gather a combination of quantitative and qualitative feedback through closed and open-ended questions from June 3 to June 25, 2019. Key informants were defined as community stakeholders with expert knowledge, including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders. The survey assessed key informants views on the overall key health issues in Bristol, as well as asked questions related to health issues and barriers for people in the community, health care access, and underserved populations. The majority of key informants were affiliated with Health care/public health organizations. A full list of key informants and their affiliations can be found in Appendix D.
- Community Survey Interviews, on behalf of DataHaven, were conducted by the Siena College Research Institute (SRI) through a Community Wellbeing Survey of 16,043 randomly-selected residents of the state of Connecticut, including 208 from Bristol. Surveys were conducted from March 6 to November 29, 2018, via landline or cell phone. Residents aged 18 and older were interviewed from all 169 towns in Connecticut and interviews were conducted in both English and Spanish. The survey assessed topics including health, employment, and neighborhood resources. Respondents spanned a broad range of ages, ethnicities, and socioeconomic statuses from every Connecticut zip code, and all results are based on weighting survey data to be representative of the entire adult population. The assessment provides an overview of the analysis of the secondary data and key informant surveys, as well as the inclusion of data from DataHaven where applicable.

Research Partner

Bristol Health contracted with Holleran Consulting (Holleran), an independent research and consulting firm located in Wrightsville, Pennsylvania, to conduct research in support of the CHNA. Holleran has over 25 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected and interpreted data from secondary data sources
- Collected, analyzed and interpreted data from key informant interviews
- Analyzed and interpreted data from DataHaven Community Wellbeing Survey
- Prepared all reports

Community Representation

Community engagement and feedback were an integral part of the CHNA process. Bristol Health sought community input through key informant interviews with community leaders and partners and inclusion of community leaders in the implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

As with all research efforts, there are some limitations related to this study's research methods that should be acknowledged. Due to the availability of secondary data, some of the health indicator statistics represent counts or crude rates only. Crude rates are generally defined as the total number of cases or deaths divided by the total population at risk. A crude rate is generally presented as per populations of 1,000, 10,000 or 100,000 (which will be noted on each table). It is based on raw data and does not account for characteristics such as age, race, and gender.

In some instances, key informant survey participants may over or underreport behaviors and illnesses based on fear of social stigma depending on the health outcome of interest or misunderstanding the question being asked. In addition, respondents may be prone to recall bias where they may attempt to answer accurately, but remember incorrectly.

In addition, timeline and other restrictions may have impacted the ability to survey all key community stakeholders. Bristol Health sought to mitigate limitations by including representatives of diverse and underserved populations throughout the research components.

Prioritization of Needs

Following the completion of the CHNA research, Bristol Health prioritized community health issues in collaboration with community leaders and partners, and developed an implementation plan to address prioritized community needs.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

Demographic and health indicator statistics have been collated to portray the current health status of the city of Bristol in Hartford County in Connecticut. *When available, the most recently published data at the service area level were utilized.* For example, if 2017 data were available at the national and state levels, but only 2016 data were available at the service area level, 2016 data were utilized at all levels unless otherwise indicated. *If service area level data was not available, county level data for Hartford County were utilized.*

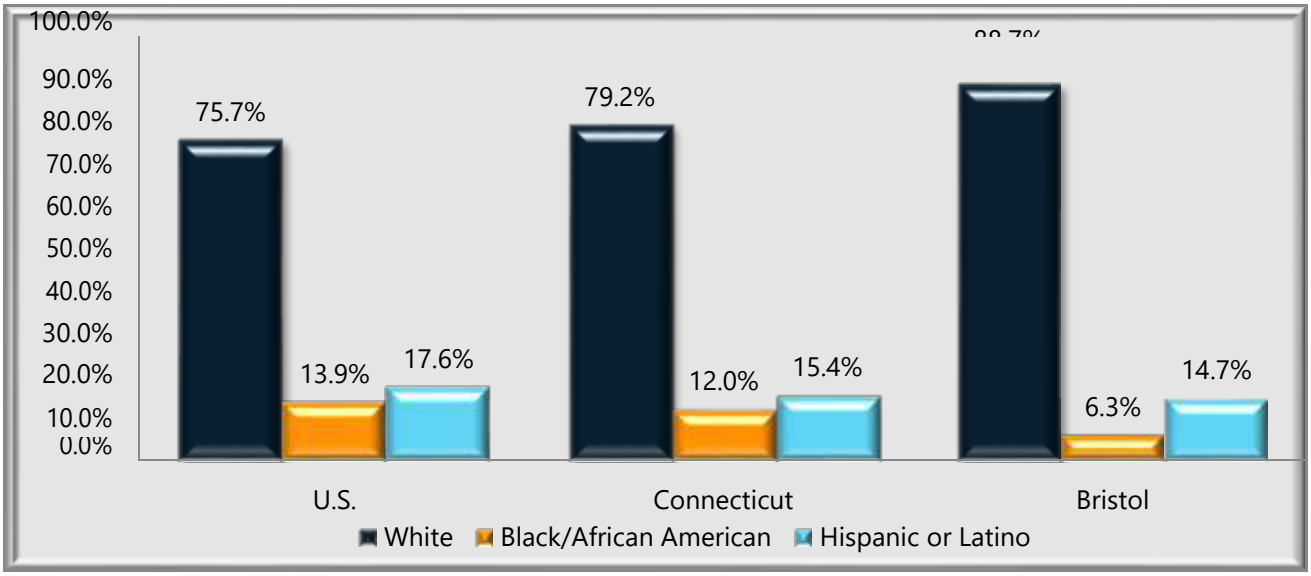
For all demographic and health indicator statistics, data from the city of Bristol in Hartford County was incorporated as local-level data unless otherwise noted. When available, state and national comparisons are provided as benchmarks for the regional statistics. A national comparison includes United States data and Healthy People 2020 objectives when available. The primary data sources used consist of data from the U.S. Census Bureau, Centers for Disease Control and Prevention, Connecticut Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS), and County Health Rankings.

I. Socio-Demographic Statistics Overview

The population of the city of Bristol experienced a much slower population growth (0.0%) between 2010 and 2017 5-year estimate when compared to Connecticut (0.6%) and the United States (4.0%).
The city of Bristol has a slightly older population when compared to the nation as evidenced by the median age (40.4 and 37.8 respectively) and the percent of residents aged 75 years and older (7.6% and 6.3% respectively), but both are still very similar to the state.

Population in the city of Bristol is predominantly White (88.7%), which is much higher when compared to both Connecticut (79.2%) and the nation (75.7%). Additionally, the racial breakdown provides a foundation for primary language statistics.

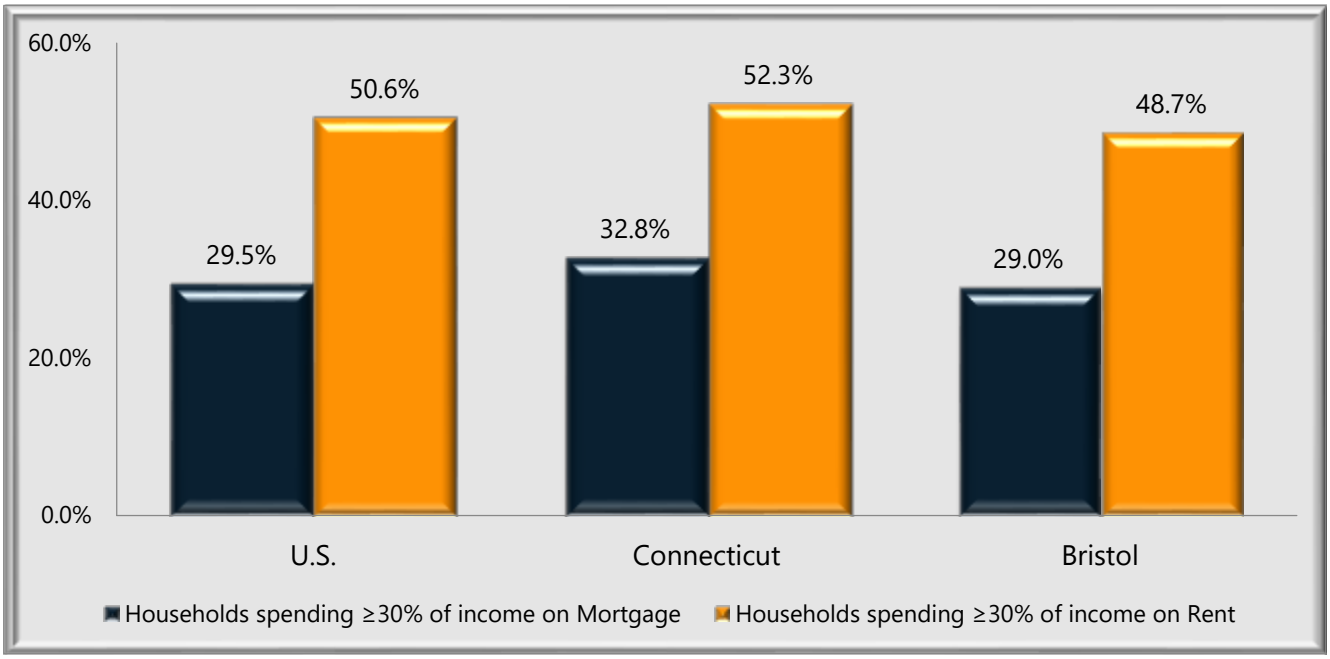
Figure 1. Racial Breakdown of the Three Major Races (2013 – 2017)



Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic.

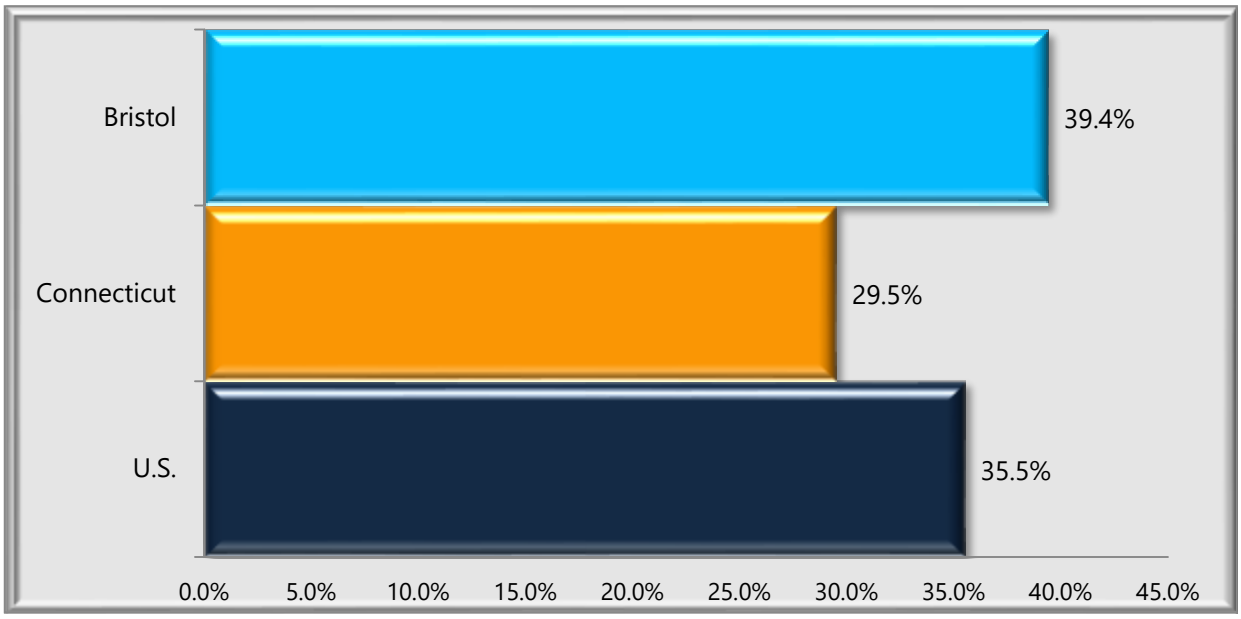
The percentage of people who speak a language other than English at home is lower in the city of Bristol (17.9%) than in both the state (22.1%) and the nation (21.3%). Bristol (16.9% in 2011), Connecticut (21.2% in 2011), and the nation (20.6% in 2011) have all seen an increase in this category since the data were last collected for Bristol Health in 2013. Residents in Bristol who speak a language other than English at home are most likely to speak Spanish. A review of U.S. Census data show specific community needs related to housing, education and poverty in Bristol. Housing is an important social determinant of physical and mental health. Research shows that affordable housing alleviates the financial burden and makes more household resources available to pay for health care and healthy food, which leads to better health outcomes. When looking at housing costs in the city of Bristol, the percentage of households spending 30% or more of their income on a mortgage or rent is lower (29.0% and 48.7% respectively) than the state and the nation. Thirty-percent of a household's total income is considered the cut off for housing-cost burden and avoiding financial hardship.

Figure 2. Households Spending More Than 30% of Income on Housing (2013 – 2017)



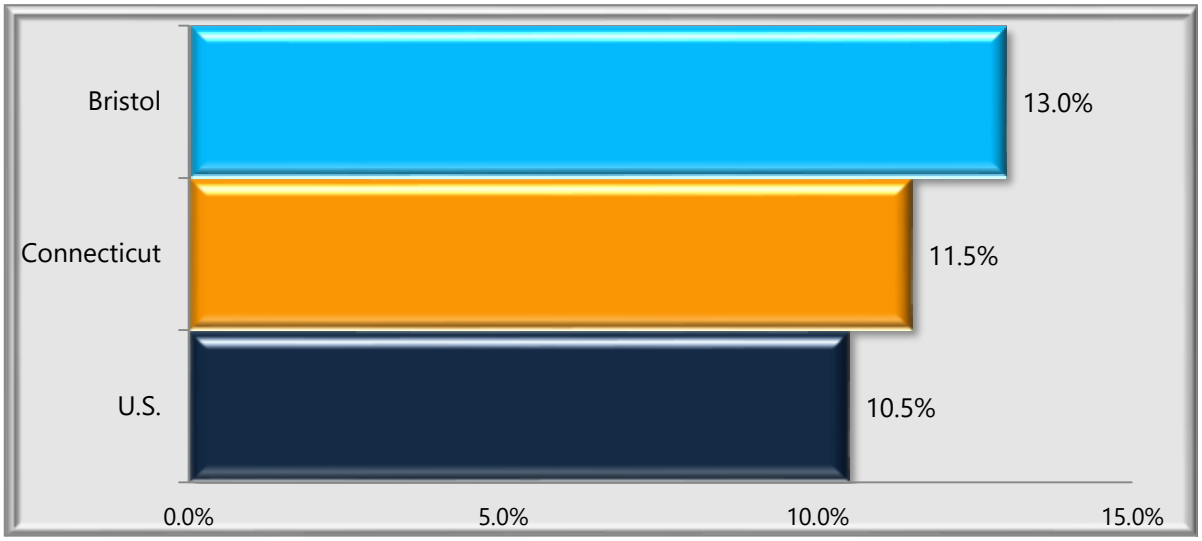
Another contributor to health outcomes is household income, as it provides a foundation for determining poverty status. The median income for households and families in the city of Bristol is $64,586 and $80,322 respectively. Both the median income for households and families are higher in Bristol when compared to the nation ($57,652 and $70,850 respectively), but lower compared to Connecticut ($73,781 and $93,800 respectively). Additionally, the percentage of grandparents responsible for grandchildren is higher in Bristol (39.4%) when compared to Connecticut (29.5%) and the U.S. (35.5.%).

Figure 3. Percentage of Grandparents Responsible for Grandchildren (2013 – 2017)



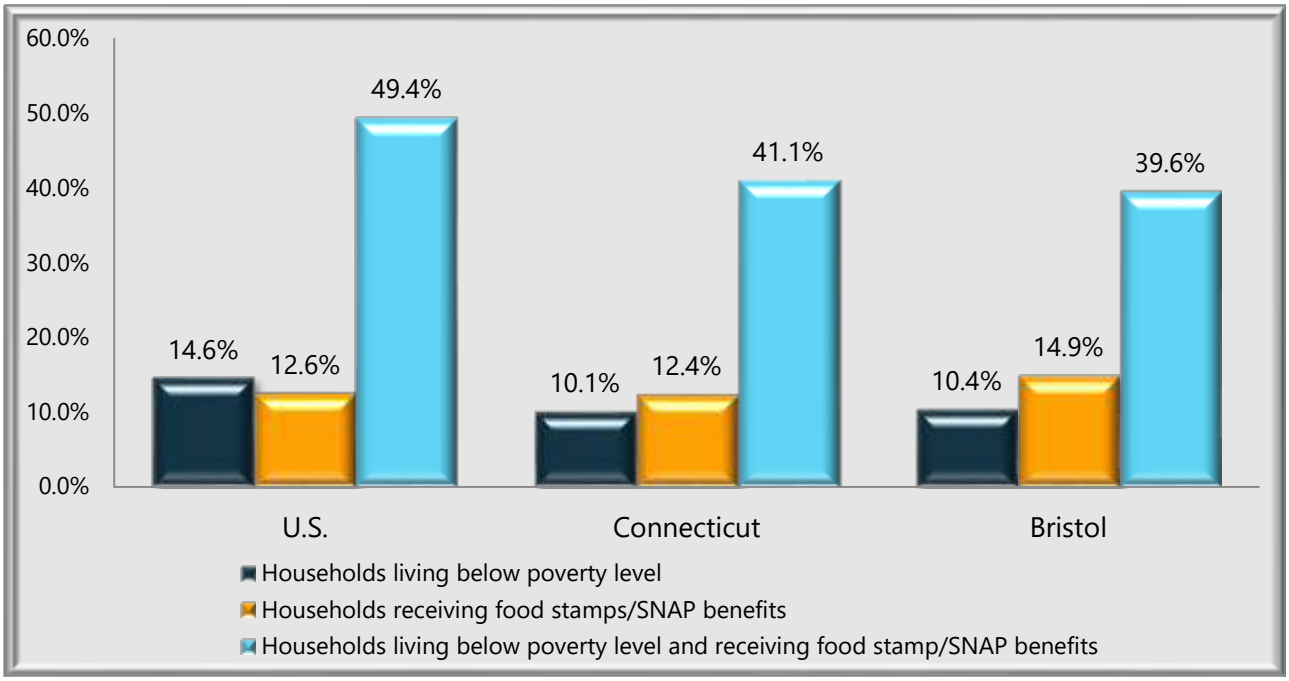
The population below poverty level in the city of Bristol (10.4%) is lower when compared to the nation (14.6%), but slightly higher than the state (10.1%). The federal poverty level represents the dollar amount below which a household has insufficient income to meet minimal basic needs. Households that are below 100% of the poverty level have an income less than the amount deemed necessary to sustain basic needs. Additionally the poverty status for adults 65 years and over is higher in Bristol (11.1%) than both Connecticut (7.1%) and the nation (9.3%). Although these figures have remained steady across the state and nation, Bristol has seen a marked increase in poverty for their 65 and older population (7.8% in 2011) since the data was last collected.

Figure 4. Householder living alone, 65 years and over (2013 – 2017)



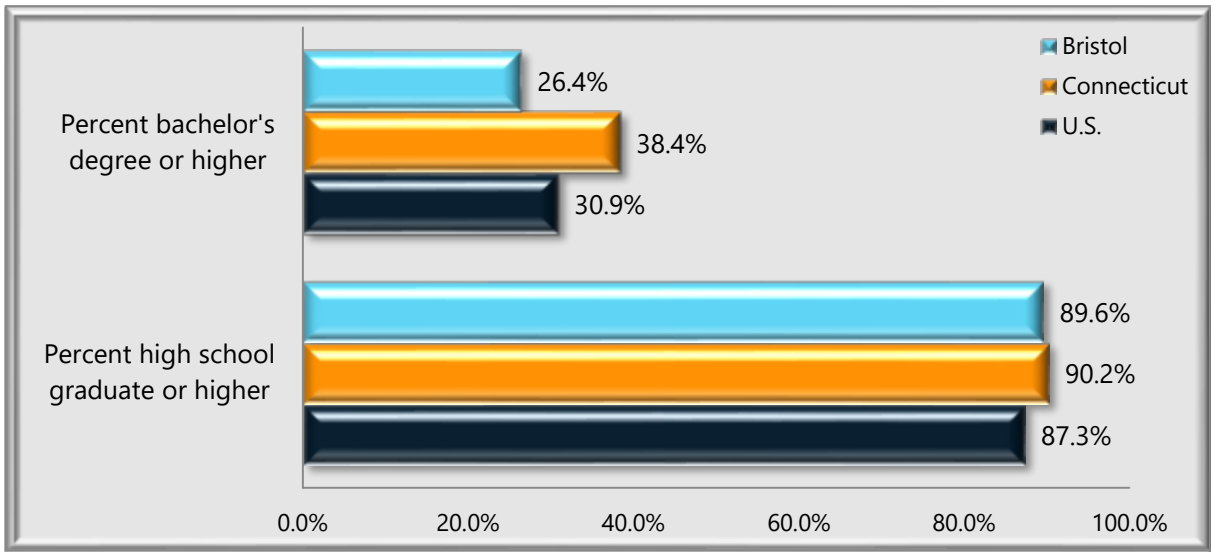
A higher share of households in the city of Bristol is receiving food stamps/SNAP (supplemental nutrition assistance program) benefits (14.9%) in the past 12 months when compared to the state (12.4%) and the nation (12.6%). Bristol (12.3% in 2011), Connecticut (9.8% in 2011), and the nation (11.7% in 2011) have all seen an increase in individuals receiving these benefits since the data were last collected for Bristol Health in 2013. Conversely, there are a notably higher proportion of households with one or more people 60 years and over receiving food stamps in Bristol (40.3%) when compared to Connecticut (35.1%), and the nation (30.5%). Additionally, a lower percentage of households lives below the poverty level and receives food stamps in Bristol when compared to the state and nation.

Figure 5. Households Below Poverty Level and Receiving Food Stamps (2013 – 2017)



Education is also an important social determinant of health. Evidence indicates that individuals who are less educated tend to have poorer health outcomes. The city of Bristol has a lower percentage of residents with a bachelor's degree or higher (26.4%) when compared to the state (35.8%) and the nation (28.2%). These figures have increased for Bristol (22.5% in 2010), the state (35.8% in 2010) and the nation (28.2% in 2010) in the years since the data was last collected.

Figure 6. High School Diploma or Bachelor's Degree or Higher (2013 – 2017)



II. Key Health Issues

Based on a review of the Secondary Data, as well as the Key Informant Survey and Community Survey Interview findings, the following section identifies the health for the primary and secondary service areas.

Mortality & Leading Causes of Death

The crude death rate for all causes per 100,000 people is higher in Bristol (1,010.5) than Connecticut (830.4) and the nation (823.7). In 2014, heart disease was the leading cause of death in Bristol, Connecticut and the nation - followed by cancer. However, the crude death rate of heart disease and cancer are higher in Bristol than both Connecticut and the United States.

Table 1. Crude Death Rates per 100,000 by Selected Causes of Death (2010 – 2014)

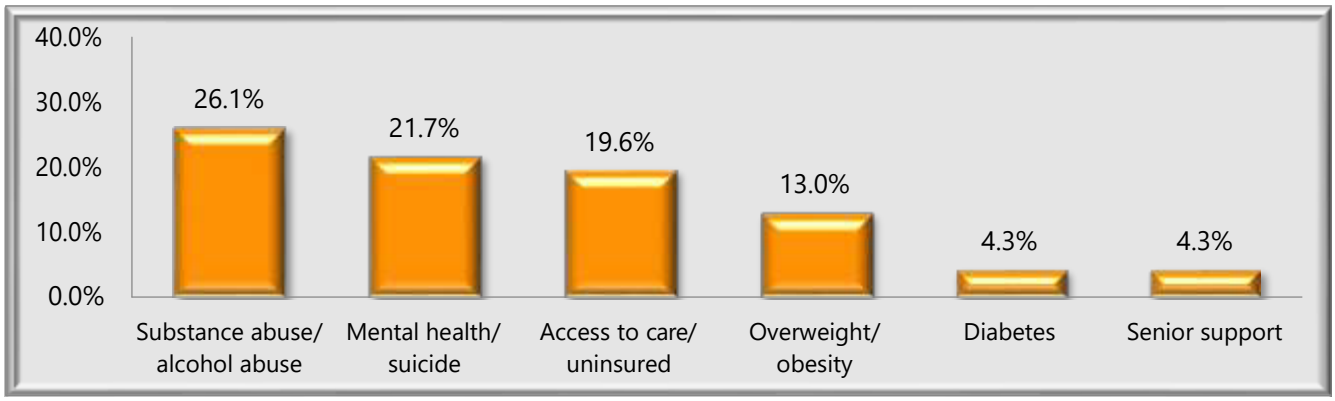
	U.S.	Connecticut	Bristol
Diseases of heart	192.4	197.7	266.2
Malignant neoplasms (Cancer)	185.5	186.4	196.8
Accidents	40.9	39.7	51.2
Chronic lower respiratory disease	45.9	37.7	53.8
Cerebrovascular diseases (Stroke)	41.4	36.1	40.0
Alzheimer's Disease	27.4	23.5	30.7
Diabetes mellitus	23.5	18.5	18.2
Influenza and pneumonia	17.0	17.0	22.5
Nephritis, nephrotic syndrome and nephrosis	15.1	16.3	17.2
Suicide	12.9	9.8	10.9

Source: Centers for Disease Control and Prevention – *CDC WONDER* (U.S.) & Connecticut Department of Public Health (CT & Bristol)

Community Perspective

The majority of key informants felt the priorities identified in the 2016 CHNA are still important health issues in the community today. Substance abuse/alcohol abuse was the number one health issue identified by nearly 81% of key informants. Mental health/suicide, access to care/uninsured, overweight/obesity, and cancer rounded out the list of the top five health issues in the community. Although diabetes and senior support were both chosen 4.3% of the time as the most significant health issue, cancer was selected by 40.4% of respondents as a key health issue and more often than senior support (36.2%) and diabetes (34.0%). Compared to 2016, senior support fell out of the top five, with only 36.2% selecting it as a key health issue (53.1% in 2016).

Figure 7. Ranking of most significant health issues in the community



The following section provides a more detailed discussion of health issues in the service area.

Mental Health/Suicide and Substance/Alcohol Abuse

Mental health/suicide and substance/alcohol abuse were consistent issues highlighted in the Key Informant Survey and through the Community Survey Interview. The majority of respondents determined substance abuse/alcohol abuse (80.9%) was a top health issue in their community followed by mental health/suicide (74.5%). It is important to note while mental health/suicide and substance/alcohol abuse can occur separately, it is common for both to occur at the same time. Almost two-thirds of key informants (63.8%) selected both mental health/suicide and substance abuse/alcohol abuse as a top health issue facing the community. This prioritization is echoed in the key informant results from 2014 -2016, which also listed substance abuse/alcohol abuse and mental health/suicide as the most frequently selected issue (91.8% and 71.4% respectively).

According to the secondary data, the crude death rates by suicide per 100,000 people are 10.9 in Bristol. Although the rate is lower than the rate in the U.S. (12.9), it is higher than the rate in Connecticut (9.8). The community interviews indicated 26% of people in Bristol reported feeling down, depressed or hopeless several days over the past two weeks compared to 21% of people in Connecticut. Lower household income is also associated with poorer mental health outcomes. Twenty-one percent (21%) of people in Bristol with a household income under $75,000 reported little interest or pleasure in doing things more than half the days or nearly every day in the last two weeks compared to 14% of people in Bristol and 13% in Connecticut. Almost 60% of key informants strongly disagreed or disagreed there are

sufficient mental/behavioral health providers in the community, which will be discussed further in the access to care section.

Additionally, alcohol-impaired driving deaths in Hartford County are 35% and drastically higher than the National Benchmark (13%). The Community Survey Interview indicated 35% of those surveyed believe it is almost certain or very likely a typical young person in Bristol will abuse drugs or alcohol compared to 27% in Connecticut. Thirty-seven percent (37%) of people in Bristol reported personally knowing someone who has struggled with misuse or addiction to heroin or other opiates, such as prescription painkillers, compared to 31% of people in Connecticut. Over a quarter of people in Bristol reported knowing someone who has died from an opioid overdose compared to 24% in Connecticut.

"My scope of practice is behavioral health/addictions- and I cannot fully separate these issues as they are intertwined… Deaths related to alcohol, opiates, substance misuse, and suicide deaths continue to be high and many are preventable."

Overweight/Obesity

Overweight/obesity was ranked as the third most pressing health issue in the key informant interviews with 68.1% of respondents selecting the topic. According to county health rankings, adult obesity in Hartford County is 26%, which mirrors the percentages in Connecticut (26%) and the National Benchmark (26%). However, the Community Survey Interview indicated 38% of people surveyed in Bristol are overweight based on their BMI, while 36% of people surveyed in Connecticut are overweight. Interestingly, 44% of people in Bristol with a bachelor's degree or higher are overweight. Almost 70% of people surveyed in the community interview strongly agree or agree their neighborhood has several free or low cost recreation facilities such as parks, playgrounds, public swimming pools, etc. However, 23% of people in Bristol reported never exercising in an average week, compared to 20% in Connecticut. In addition, 30% of people in Bristol with a household income under $75,000 reported never exercising in an average week.

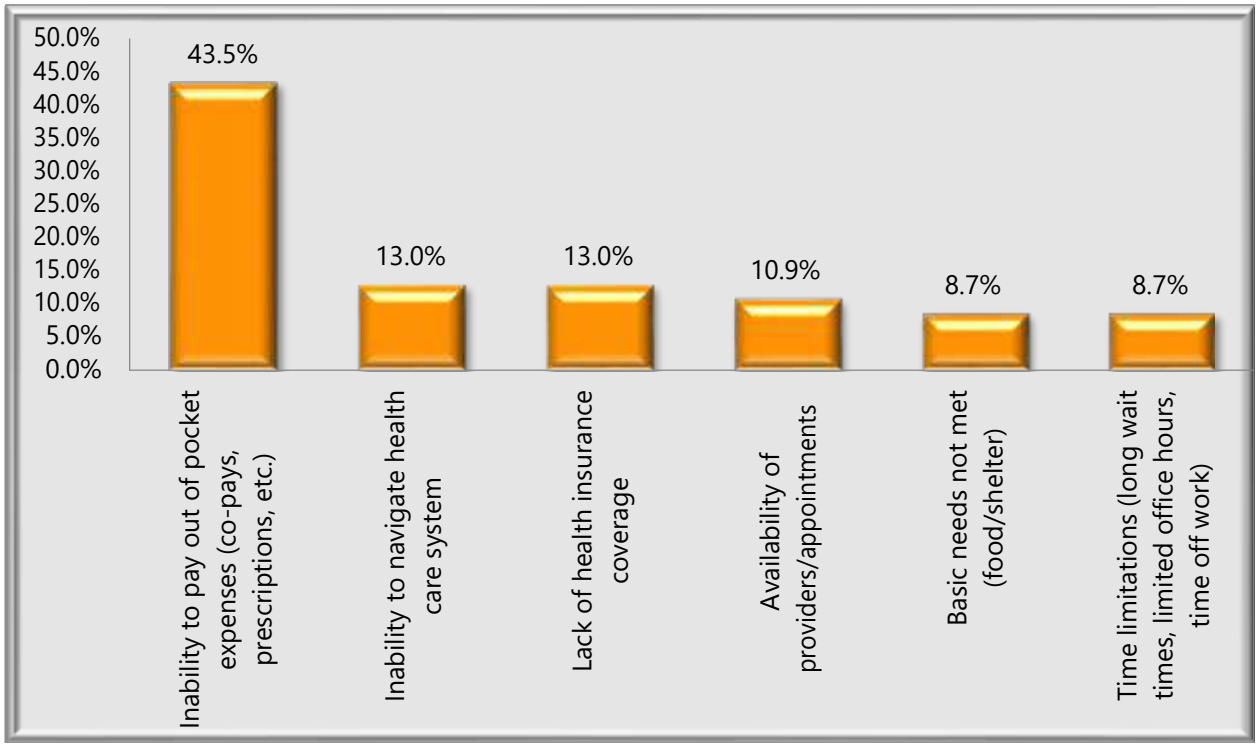
Lower household income was also associated with lower perceptions of overall health. Sixty percent (60%) of people surveyed would rate their overall health as very good or excellent in Bristol, however only 48% of people with a household income under $75,000 would rate their overall health as very good or excellent. Key informants highlighted the high cost of healthy foods prevented community members from lower socioeconomic classes from purchasing foods. The community interview also highlighted food insecurity where 16% of the people in Bristol reported there have been times in the past 12 months when he/she did not have enough money to buy food that he/she or their family needed, compared to 13% in Connecticut.

Access to Care

Approximately 49% of key informants selected Access to Care/uninsured as a top health issue in the community. Access to care was not labeled a top health issue from the 2016 Key Informant Survey, but was the fourth most selected issue in 2019. The Community Survey Interview indicated 93% of people surveyed in Bristol have health insurance, which is slightly lower than Connecticut (94%). However, this statistic does not take into account out-of-pocket expenses or other outside factors that may prevent an individual from accessing care. It is important to note the Community Survey Interview indicated 10% of people Bristol with a household income under $75,000 reported having no health insurance, compared to 7% of people in Bristol and 5% of people in Connecticut.

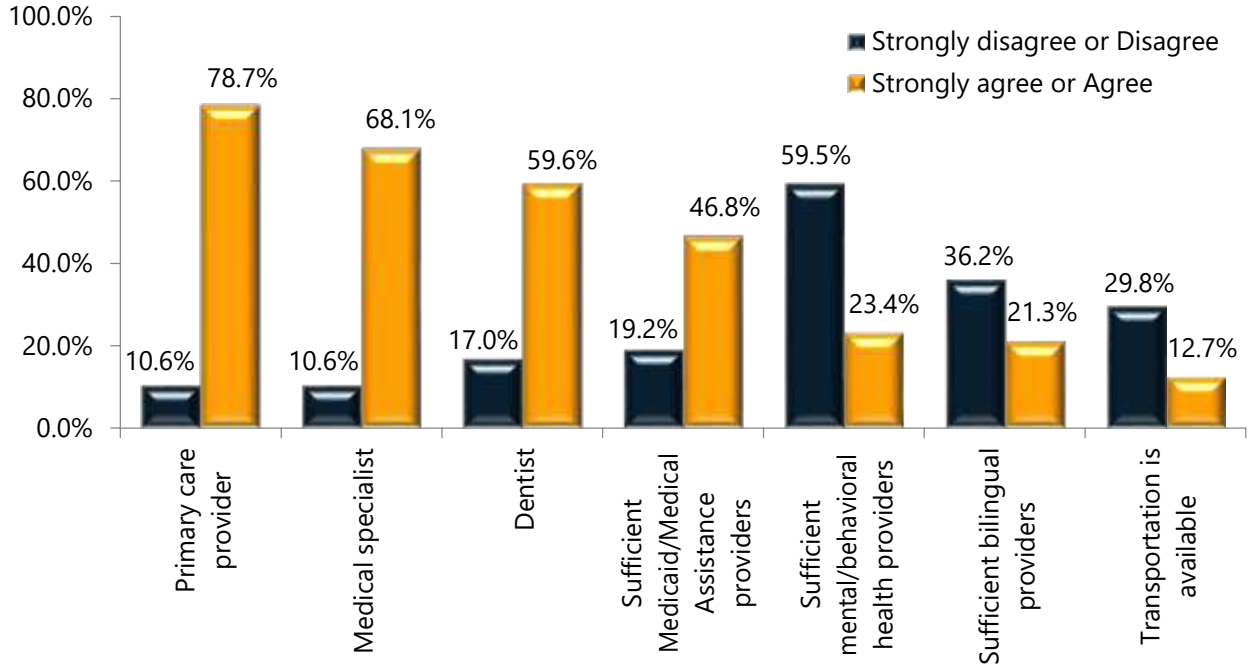
Key informants were asked to choose the largest barrier to health and the inability to pay out of pocket expenses was selected 85.1% of the time. When asked to select one barrier as the most significant, Inability to pay out of pocket expenses was selected as the top response with 43.5% of key informants choosing it.

Figure 8. Most significant barriers keeping people in the community from accessing healthcare



The majority of key informants (59.5%) strongly disagreed or disagreed there are sufficient mental/behavioral health providers in the community, which mirrors the most significant health issue. Another service identified as a barrier is transportation with close to 30% of key informants strongly disagreeing or disagreeing there is sufficient transportation available. However, no respondents feel it is the most significant barrier indicating key informants believe transportation is not the single most important obstacle for accessing healthcare, but contributes to the overall issue. Additionally, 36.2% of key informants disagreed or strongly disagreed there were a sufficient amount of bilingual providers.

Figure 9. Percentage of respondents who selected "Strongly agree" or "Agree" as compared to those who selected "Strongly disagree" or "Disagree" with the Health Care Access factors.*



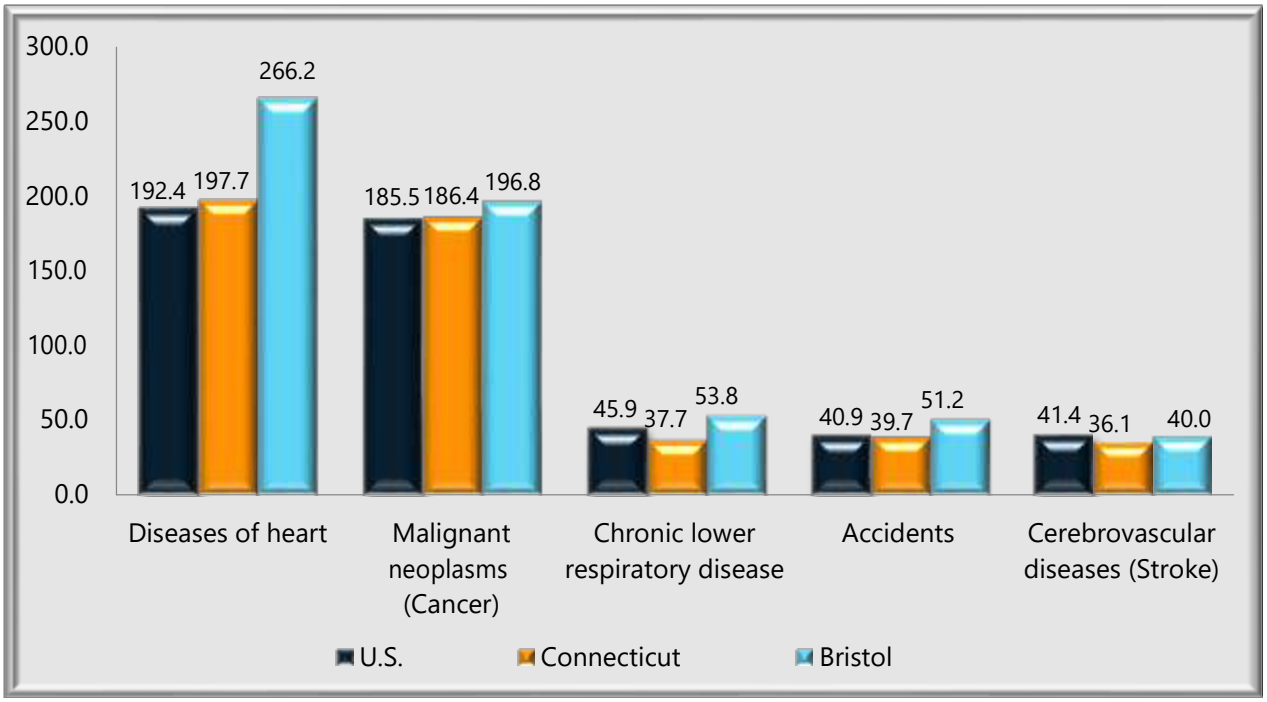
*See Appendix C: Key Informant Survey Tool for full factor phrasing.

The Community Survey Interview also indicated 12% of people in Bristol reported during the past 12 months there was a time they could not get the medical care needed, compared to 9% in Connecticut. Seventeen percent (17%) of people in Bristol with a household income under $75,000 reported during the past 12 months there was a time they could not get the medical care needed.

Chronic Conditions

Crude death rates for chronic conditions including diseases of the heart, cancer, and chronic lower respiratory diseases are higher in Bristol than both Connecticut and the United States. The rate of death for diseases of the heart per 100,000 people is 266.2 in Bristol, 197.7 in Connecticut, and 192.4 in the U.S. Additionally, crude death rates for cancer are 196.8 in Bristol, while the rate is 186.4 in Connecticut and 185.5 in the U.S.

Figure 10. Crude death rates for the top five leading causes of death per 100,000 (2010 - 2014)



Key informants chose cancer (40.4%) to round out the top five health issues facing the community. Cancer was not selected in the top five emerging issues in 2016, but moved into the top five in 2019. Additionally, lung and colorectal cancer rates are higher in Bristol than both Connecticut and the U.S.

Table 2. Cancer Incidence by Site, per 100,000 (2007)

	U.S.	Connecticut	Bristol
Breast (female)	122.5	155.6*	153.2*
Colorectal	46.6	51.3	59.1
Lung	67.6	74.3	105.1
Prostate	162.9	173.3*	151.0*
All sites	**479.3**	**561.6**	**548.3**

Sources: National Cancer Institute & Connecticut Department of Public Health
*Rates based on 2010 population counts

The Community Survey Interview indicated 13% of people surveyed in Bristol have diabetes, while 10% of people in Connecticut reported having diabetes. The Community Survey Interview also highlighted the effects of chronic conditions on the Bristol community. Nearly 20% of people surveyed in Bristol reported a disability, handicap, or chronic disease kept them from participating fully in work, school, housework, or other activities compared to 16% in Connecticut. Chronic conditions like cancer, heart disease, and diabetes are often intertwined with physical health, consumption of healthy foods, and mental health.

> **"Local communities have become more and more sedentary in their lifestyles which… hinders recovery or maintenance of any chronic condition."**

III. Health Risk Behaviors

This section illustrates the health risk behaviors that contribute to poor health as identified by the Secondary Data Analysis, as well as the Key Informant Survey and DataHaven Community Wellbeing Survey findings. Tobacco use, physical inactivity, inadequate nutrition, unsafe sex, heavy alcohol consumption, and low rates of immunizations and screenings are all risky behaviors that can lead to poor health outcomes.

Table 3. Health Factors and Behaviors Rankings (2019)

	National Benchmark*	Connecticut	Hartford County
Health Factors Rank			**5**
Health Behaviors Rank			**5**
Adult smoking	14%	13%	13%
Adult obesity (BMI ≥ 30)	26%	26%	26%
Food environment index	8.7	8.6	8.2
Physical inactivity (Adults 20 years+)	19%	19%	21%
Access to exercise opportunities	91%	94%	97%
Excessive drinking	13%	18%	18%
Alcohol-impaired driving deaths	13%	33%	35%
New chlamydia cases per 100,000	152.8	387.4	471.0
Teen birth rate per 1,000 (Aged 15–19)	14	12	15

Source: Robert Wood Johnson Foundation – *County Health Rankings & Roadmaps*

Rank is based on all 8 counties within Connecticut State (Bristol is located in Hartford County). A ranking of "1" is considered to be the healthiest.

* National benchmark represents the 90th percentile, i.e., only 10% are better.

Alcohol use/Abuse

Excessive and prolonged alcohol use can lead to many chronic conditions including cancer and heart disease and mental health problems, including depression and anxiety. Eighteen percent (18%) of people in Hartford County excessively drink, which is significantly higher than the National Benchmark (13%). Alcohol impaired driving deaths are also significantly higher in Hartford County (35%). This figure is higher than both Connecticut (33%) and the National Benchmark (13%). The Community Survey Interview indicated 31% of people surveyed in Bristol reported excessively drinking in the past 30 days, compared to 28% in Connecticut. The County Health Rankings orders the health of nearly every county in the nation. The ranks are based on all eight counties in Connecticut. Bristol is located in Hartford

County. A ranking of "1" is considered to be the healthiest. According to this data, Hartford County received a Health Behaviors rank of five out of eight counties in Connecticut. Both excessive drinking and alcohol-impaired deaths contributed to the ranking.

Dietary and Exercise Behaviors

Healthy eating coupled with regular physical activity is widely supported as the best way to prevent certain health concerns, such as obesity, diabetes, heart disease and many others. The food environment index in Hartford County is 8.2, slightly lower than both Connecticut (8.6) and the National Benchmark (8.7). Seventy percent (70%) of people surveyed in Bristol rate the availability of affordable, high quality fruits and vegetables as good or excellent. However, 16% of people in Bristol reported there have been times in the past 12 months when he/she did not have enough money to buy food that he/she or their family needed compared to 13% in Connecticut. This result may indicate healthy options are available, but difficult for members of the community to access. Key Informant Survey results specified the high cost of healthy food may prevent some people from being able to access food. A similar trend is seen in physical activity. Physical inactivity among adults 20 years or older is higher in Hartford County (21%) than both Connecticut (19%) and the National Benchmark (19%). The Community Survey Interview indicated 69% of people strongly agree or agree their neighborhood has several free or low cost recreation facilities, such as parks, playgrounds, public swimming pools, etc. However, 23% of people in Bristol reported never exercising in an average week, compared to 20% in Connecticut. Lower income is associated with higher rates of inactivity. Thirty percent (30%) of people in Bristol with a household income under $75,000 reported never exercising in an average week. Additionally, 38% of people surveyed in Bristol are overweight based on their BMI, while 36% of people surveyed in Connecticut are overweight.

IV. Access to Care

This section illustrates the health coverage status of residents and highlights the barriers related to access to health care that can contribute to poor health, as identified by the secondary data analysis and key informants.

Health Insurance Coverage

Health insurance coverage can have a significant influence on health outcomes. According to U.S. Census Bureau (2013 – 2017) estimates, the health insurance coverage rates in Bristol are 94.4%. This rate is slightly higher than Connecticut (93.6%) and higher when compared to the nation (89.5%). Bristol (90.2% in 2011), Connecticut (91.1% in 2011), and the nation (84.8% in 2011) have all seen an increase in individuals receiving these benefits since the data was last collected for Bristol Health.

Health Care Provider Access

According to County Health Rankings data, the ratio of primary care physicians in Hartford County is comparable to Connecticut and the National Benchmark. The ratio of dentist density is slightly better in Hartford County than both Connecticut and the National Benchmark. The mental health provider ratio in Hartford County is also better than the ratio in Connecticut and the National Benchmark.

Table 4. Clinical Care Rankings [a] (2019)

	National Benchmark[b]	Connecticut	Hartford County[c]
Clinical Care Rank			**3**
Uninsured (Population <65 years)	6%	6%	5%
Primary care physician density	1,050:1	1,180:1	1,060:1
Dentist density	1,260:1	1,170:1	950:1
Mental health provider density	310:1	270:1	210:1

Source: County Health Rankings

[a] Rank is based on all 8 counties within Connecticut State. A ranking of "1" is considered to be the healthiest.

[b] National Benchmark represents the 90th percentile, i.e., only 10% are better.

[c] County Health Rankings only reflect the 8 major counties in Connecticut, Bristol is located in Hartford County.

Barriers to Accessing Health Services

Key informants were asked to identify the most significant barriers that keep individuals in the community from accessing health care when they need it. It is important to understand the barriers community members face in accessing health services, as this can help providers understand why people avoid or delay seeking health care. By far, the most commonly selected barrier key informants felt the community faced in accessing services was the inability to pay out-of-pocket expenses (co-pays, prescriptions, etc.), followed by the inability to navigate the health care system and lack of transportation. When asked to select one barrier as the most significant, inability to pay out-of-pocket expenses was once again selected as the top response, with 43.5% of key informants choosing it. Over three times as many key informants selected it compared to the second most significant - inability to navigate health care system and lack of health insurance coverage (13.0% each). Although it was the top response in 2019, the percentage of key informants selecting inability to pay out-of-pocket expenses fell when compared to the figure from 2016 (48.9% selected in 2016).

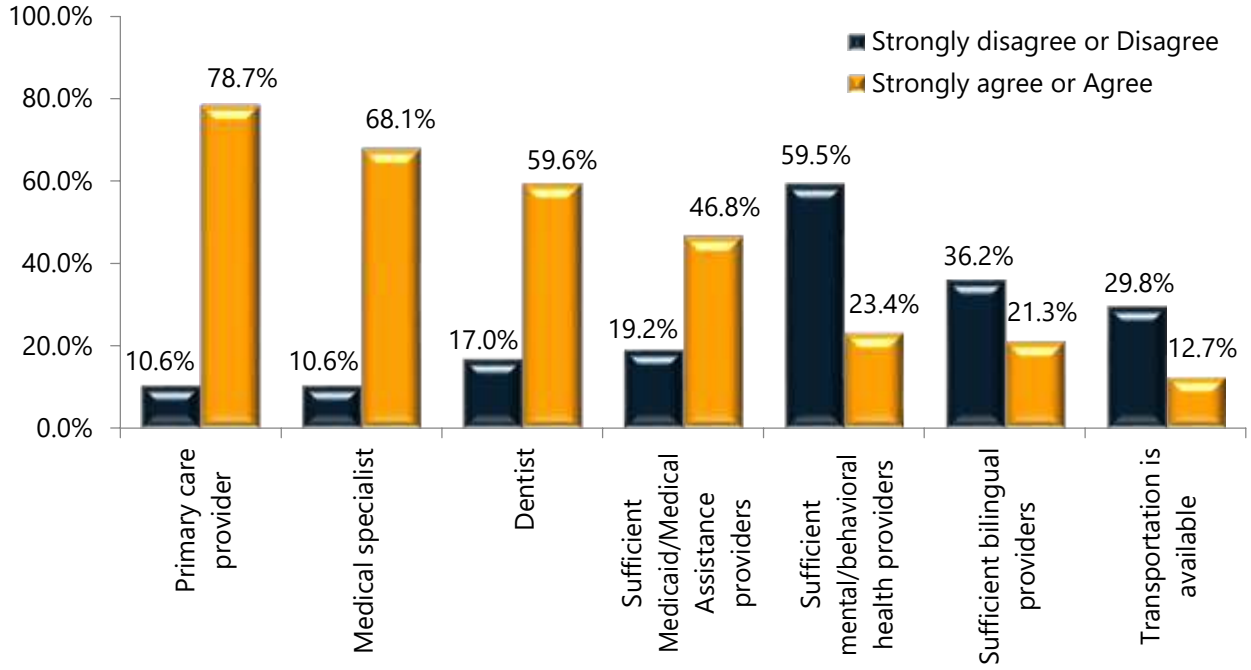
Table 5. Most Significant Barriers

Key Health Barrier	Percent of respondents who selected the issue*	Percent of respondents who selected the issue as the most significant
Inability to pay out-of-pocket expenses (co-pays, prescriptions, etc.)	85.1%	43.5%
Inability to navigate health care system	59.6%	13.0%
Lack of transportation	51.1%	0.0%
Lack of health insurance coverage	48.9%	13.0%
Time limitations (long wait times, limited office hours, time off work)	46.8%	8.7%
Basic needs not met (food/shelter)	44.7%	8.7%
Language/cultural barriers	40.4%	0.0%
Availability of providers/appointments	38.3%	10.9%
Lack of child care	17.0%	0.0%
Lack of trust	14.9%	0.0%
Other (specify):	4.3%	2.2%
None/no barriers	0.0%	0.0%

*Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Key informants were asked to rate Health Care Access for specific statements on a scale of "Strongly disagree" to "Strongly agree". Over half of key informants indicated residents in the area are able to access a primary care provider, medical specialist, and dentist when needed. The majority of key informants (59.5%) strongly disagreed or disagreed there are sufficient mental/behavioral health providers in the community. This was the largest percentage of "Strongly disagree" or "Disagree" among the Access to Care statements. Respondents also felt residents may have more difficulty accessing other health care services, including bilingual providers, and transportation to medical appointments. Over 68% of key informants "Strongly agree" or "Agree" there are sufficient medical specialists in the community residents can access. However, key informants did emphasize Medicaid patients may have increased barriers to access specialists, due to lengthy wait times.

Figure 11. Percentage of respondents who selected "Strongly agree" or "Agree" as compared to those who selected "Strongly disagree" or "Disagree" with the Health Care Access factors.*



*See Appendix C: Key Informant Survey Tool for full factor phrasing.

Underserved Populations

Key informants were asked whether they thought there are specific populations who are not being adequately served by local health services. The majority of respondents felt there are specific underserved populations in the community (53.3%). Of this subset, the majority state that Homeless (65.2%) and Low-income/poor (60.9%) are underserved. Uninsured/underinsured rounded out the top three (47.8%).

Resources Needed to Improve Access

Respondents were asked to identify lacking resources or services needed to improve access to health care for residents in the community. Substance abuse services and mental health services topped the list, both receiving 54.3% of responses. Since substance abuse and mental health were identified as key health issues, it is reasonable to expect these services would emerge as resources lacking in the community. Free/low cost medical care, transportation, and multicultural/bilingual healthcare providers were also identified as lacking resources or services in the community.

Table 6. Top Five Healthcare Resources/Services "Lacking" in the community

Healthcare Resource/Service	Count	Percentage of respondents that selected service as"Lacking"
Substance abuse services	25	54.3%
Mental health services	25	54.3%
Free/low cost medical care	23	48.9%
Transportation	22	48.9%
Multicultural/bilingual healthcare providers	21	46.7%

"Missing" was the least popular response to any given healthcare resource question among key informants – only selected 2.5% of the time. This likely means these services are available in the community, but may not be enough to meet demand or community members may be unable to access the healthcare resources or services.

With these barriers in mind, key informants were asked to provide suggestions to improve health and quality of life in the community. Key informants mentioned increased access to healthier food options, long-term partnerships and efforts from Bristol Health to focus on population health, affordable housing, and increased support for behavioral and mental health needs.

V. Challenges and Solutions

When asked about the changes seen in the community pertaining to the 2016 CHNA health priorities (mental health/substance abuse, access to care, senior support, and overweight/obesity), key informants provided many positive comments. Many respondents mentioned the new behavioral health unit as well as advances in senior support. Key informants mentioned the development of the Senior Behavioral Health Unit and Palliative Care program as an instrumental part of senior support. The Bristol Health emergency department was also highlighted for improving mental health and substance abuse resources. Increased partnerships and increased community partnerships were also highlighted.

Despite having many assets in the community, key informants felt there was still plenty of room for improvement. Key informants mentioned increasing behavioral health providers, as well as embedding specialty services in primary care offices to increase access. To decrease transportation issues, key informants suggested alternative transportation services, like free ride services. Furthermore, key informants would like Bristol Health to have more community events focused on a multi-disciplinary approach to key health issues.

Conclusion

Information from the key informants provided a deeper insight into the challenges the community is facing in regard to mental health and substance/alcohol abuse, overweight/obesity, access to care, and chronic conditions.

Key informants and results from the Community Survey Interview indicated mental health/suicide and substance/alcohol abuse are the largest issues facing the Bristol community. As previously mentioned, these issues can occur independently, but were combined as one issue because they are comorbidities and the increased attention from the community. Lower income is also a common issue within the service area associated with poorer mental health and higher rates of substance use. Over 15% of people in Bristol with a household income under $75,000 reported signs of depression more than half the days or nearly every day in a two-week period compared to 9% of people in Bristol and 9% in Connecticut. Additionally, there are barriers to treatment as key informants indicated there are an insufficient amount of mental/behavioral health providers in the area.

Access to care is clearly intertwined with mental health and substance/alcohol abuse in the Bristol Health service area. Inability to pay out-of-pocket expenses, inability to navigate the healthcare system, and lack of transportation were the top barriers to access to care. In addition to an insufficient amount of mental/behavioral health providers, key informants believe there are an insufficient amount of bilingual providers. The Community Survey Interview also indicated there are a higher amount of people in Bristol who were unable to access the care they needed in the past year compared to Connecticut.

Although the majority of people in Bristol believe their neighborhood has several free and low cost options for physical activity, over 20% of people report never exercising in an average week. The rate of inactivity for people with a household income under $75,000 is even higher. The Community Survey Interview indicated close to 40% of people in Bristol are overweight. Key informants feel there are not enough low-cost healthy food options for people within the community to access and food security is further highlighted in the Community Survey Interview. Overweight/obesity is a major risk factor for chronic conditions including cancer, heart disease, and diabetes.

The rate of death for heart disease and cancer is significantly higher in Bristol when compared to both Connecticut and the United States. The rate of people living with diabetes is also higher in Bristol when compared to Connecticut. Unfortunately, chronic conditions not only increase healthcare costs, but also affect an individual's quality of life. Almost 20% of people surveyed in Bristol reported a disability, handicap, or chronic disease kept them from participating fully in work, school, housework, or other activities.

It is evident from secondary data, community interviews, and key informants, that the top health issues affecting the Bristol Health service area are mental health and substance/alcohol abuse, access to care, overweight/obesity, and chronic conditions. The positive changes implemented as a result of the 2013 and 2016 CHNA indicated senior support has increased and is no longer listed as a key health priority. It is essential to understand how the social determinants of health intertwine with the key health issues, especially socio-economic status. Strategies to address key health issues should aim to partner with existing organizations and build programs to offer long-term sustainable change.

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Prioritization Session

Process

Key Community Health Issues

Identified Health Priorities

COMMUNITY HEALTH IMPLEMENTATION PLAN

Strategies to Address Community Health Needs

Bristol Health developed an Implementation Strategy to illustrate the hospital's specific programs and resources that support ongoing efforts to address the identified community health priorities. This work is supported by community-wide efforts and leadership from the Executive Team and Board of Directors. The goal statements, suggested objectives, key indicators, intended outcomes and initiatives, and inventory of existing community assets and resources for each of the priority areas are listed below.

Prioritized Health Issue #1:

Goal:
Objective:
Key Indicators:
Outcomes:
Existing Community Resources:

Prioritized Health Issue #2:

Goal:
Objective:
Key Indicators:
Outcomes:
Existing Community Resources:

Prioritized Health Issue #3:

Goal: test
Objective:test
Key Indicators:test
Outcomes:test
Existing Community Resources:test

Prioritized Health Issue #4:

Goal:
Objective:
Key Indicators:
Outcomes:
Existing Community Resources:

Appendix A. Secondary Data Sources

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Appendix B. Secondary Data Terminology

Definitions

Age-Adjusted Rate: Age-adjustment is a statistical process applied to rates of disease, death, injuries or other health outcomes, which allows populations with different age structures to be compared.

Behavioral Risk Factor Surveillance System (BRFSS): Ongoing surveillance system with the objective to collect uniform, state-specific data from surveys on adults' health-related risk behaviors, chronic health conditions, and use of preventive services.

Crude Rate: Expresses the frequency in which a disease or condition occurs in a defined population in a specified period of time, without regard to age or sex.

Determinants of Health: The personal, social, cultural, economic and environmental factors that influence the health status of individuals or populations.

Family: Defined as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption.

Frequency: Often denoted by the symbol "n," and referred to the number of occurrences of an event.

Health: A state of complete physical, mental, and social well-being and not just the absence of disease or infirmity.

Health Disparities: Indicate the difference in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exists among specific population groups.

Health Outcomes: A medical condition or health status that directly affects the length or quality of a person's life. These are indicators of health status, risk reduction, and quality of life enhancement.

Housing Unit: A house, an apartment, a mobile home, a group of rooms, or a single room occupied (or if vacant, intended for occupancy) as separate living quarters.

Household: All the people who occupy a housing unit, including related family members and all the unrelated people who may be residing there. Examples include college students sharing an apartment or a single male living alone.

Householder: One person in each household is designated as the householder. In most cases, the householder is the person, or one of the people, in whose name the housing unit is owned or rented (maintained). The two major categories of householders are "family" and "nonfamily."

Incidence: Refers to the number of individuals who develop a specific disease or experience a specific health-related event during a particular time period.

Infant Mortality Rate: Number of live-born infants who die before their first birthday per 1,000 live births in a given year.

Low Birth Weight (LBW): A birthweight less than 2,500 grams (5 pounds, 8 ounces).

Morbidity: Refers to the state of being diseased or unhealthy within a population.

Mortality: Number of deaths occurring in a given period in a specified population.

Neonatal Mortality Rate: Defined as the number of infant deaths from birth up to but not including 28 days of age per 1,000 live births per year.

Post-Neonatal Mortality Rate: Defined as the number of infant deaths occurring from 28 days up to but not including 1 years of age per 1,000 live births per year.

Poverty: When a person or group of individuals lack human needs because they cannot afford them. Human needs include clean water, nutrition, health care, education, clothing, and shelter.

Preterm: Births delivered less than 37 completed weeks of gestation based on obstetric estimate of gestation.

Prevalence: The total number of individuals in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population.

Quality of Life: Degree to which individuals perceive themselves as able to function physically, emotionally, and socially.

Rate: A measure of the intensity of the occurrence or frequency with which an event occurs in a defined population. Rates are generally expressed using a standard denominator such as per populations of 1,000, 10,000 or 100,000.

Size of Household: Includes all the people occupying a housing unit.

Size of Family: Includes the family householder and all other people in the living quarters that are related to the householder by birth, marriage, or adoption.

Socioeconomic Status (SES): A composite measure that typically incorporates economic, social, and work status. Examinations of socioeconomic status often reveal inequalities in access to resources.

Very Low Birth Weight (VLBW): Indicates a birth weight less than 1,500 grams (3 pounds, 5 ounces).

Vital Statistics: Systematically tabulated data derived from certificates and reports of births, deaths, fetal deaths, marriages, and divorces, based on the registration of these vital events.

Years of Potential Life Lost (YPLL): A measure of premature mortality or death on a population, calculated as deaths that occur before some predetermined minimum or desired life span (usually age 75, which is the average life span).

Appendix C. Key Informant Survey Tool

HOLLERAN

Community Health Needs Assessment
Key Informant Online Questionnaire

INTRODUCTION

As part of its ongoing commitment to improving the health of the communities it serves, Bristol Health is spearheading a comprehensive Community Health Needs Assessment.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs, and we appreciate your willingness to participate in this survey.

The survey should take about 10 to 15 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

When answering the questions, please consider the community and area of interest to be the City of Bristol.

KEY HEALTH ISSUES

1. What are the top **5** health issues you see in the community? (Choose 5)

☐ Access to care/uninsured	☐ Overweight/obesity
☐ Cancer	☐ Senior support
☐ Dental health	☐ Sexually transmitted diseases
☐ Diabetes	☐ Stroke
☐ Heart disease	☐ Substance abuse/alcohol abuse
☐ Maternal/infant health	☐ Tobacco
☐ Mental health/suicide	☐ Other (specify):

2. Of those health issues mentioned, which **1** is the most significant? (Choose 1)

☐ Access to care/uninsured	☐ Overweight/obesity
☐ Cancer	☐ Senior support
☐ Dental health	☐ Sexually transmitted diseases
☐ Diabetes	☐ Stroke
☐ Heart disease	☐ Substance abuse/alcohol abuse
☐ Maternal/infant health	☐ Tobacco
☐ Mental health/suicide	☐ Other (specify):

3. Please share any additional information regarding these health issues and your reasons for ranking them this way in the box below:

ACCESS TO CARE

4. On a scale of strongly disagree through strongly agree, please rate each of the following statements about **Health Care Access** in the area.

Strongly disagree ← → Strongly agree

Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	☐	☐	☐	☐	☐
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	☐	☐	☐	☐	☐
Residents in the area are able to access a dentist when needed.	☐	☐	☐	☐	☐
There are a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	☐	☐	☐	☐	☐
There are a sufficient number of bilingual providers in the area.	☐	☐	☐	☐	☐
There are a sufficient number of mental/behavioral health providers in the area.	☐	☐	☐	☐	☐
Transportation for medical appointments is available to area residents when needed.	☐	☐	☐	☐	☐

5. Please share any additional information regarding access to care issues in your community in the box below:

6. What are the most significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)

☐	Availability of providers/appointments
☐	Basic needs not met (food/shelter)
☐	Inability to navigate health care system
☐	Inability to pay out of pocket expenses (co-pays, prescriptions, etc.)
☐	Lack of child care
☐	Lack of health insurance coverage
☐	Lack of transportation
☐	Lack of trust
☐	Language/cultural barriers
☐	Time limitations (long wait times, limited office hours, time off work)
☐	None/no barriers
☐	Other (specify):

7. Of those barriers mentioned, which **1** is the most significant? (Choose 1)

☐	Availability of providers/appointments
☐	Basic needs not met (food/shelter)
☐	Inability to navigate health care system
☐	Inability to pay out of pocket expenses (co-pays, prescriptions, etc.)
☐	Lack of child care
☐	Lack of health insurance coverage
☐	Lack of transportation
☐	Lack of trust
☐	Language/cultural barriers
☐	Time limitations (long wait times, limited office hours, time off work)
☐	None/no barriers
☐	Other (specify):

8. Please share any additional information regarding barriers to health care in the box below:

9. For each **Healthcare Resource/Service** listed, please select whether you think it is missing (not available), lacking (available but not enough to meet needs) or not affordable (price may be a barrier in accessing service) within the community. If you think the service is available and affordable, please select the need being met.

Healthcare Resources/Services	Missing	Lacking	Not Affordable	Need Being Met	Don't Know
Advocacy for social needs (food security, housing, education, employment, etc.)					
Bilingual services					
Case management/social services					
Corporate health screenings/education programs (on-site for employees)					
Emergency care					
Federally qualified health centers (FQHCs)					
Food distribution					
Free/low cost dental care					
Free/low cost medical care					
Health education/information/outreach					
Healthy food options					
Home health care services					
Housing assistance					
Prescription assistance					
Mental health services					
Multicultural/bilingual healthcare providers					
Preventive health screenings (blood pressure, diabetes, stroke, etc.)					
Primary care services					
Specialty care services (cardiologist, neurologists, etc.)					
Substance abuse services					
Support group services					
Senior support					
Sexual health care					
Transportation					

10. Please share any additional information regarding the need and accessibility of healthcare resources and/or services for individuals living in the community in the box below:

11. Are there specific populations in this community that you think are not being adequately served by local health services?

- ☐ Yes
- ☐ No

12. **If yes**, Which populations are underserved? (Select all that apply)

☐	Black/African-American
☐	Children/youth
☐	Disabled
☐	Hispanic/Latino
☐	Homeless
☐	Immigrant/refugee
☐	Low-income/poor
☐	Seniors/aging/elderly
☐	Uninsured/underinsured
☐	Young adults
☐	None
☐	Other (specify):

13. Please share any additional information regarding underserved populations in the box below:

CHALLENGES & SOLUTIONS

14. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?

15. In your opinion, what is being done ***well*** in the community in terms of health and quality of life? (Community Assets/Strengths/Successes)

16. What recommendations or suggestions do you have to improve health and quality of life in the community?

17. In 2016, Bristol Health and its partners identified the following areas as priorities:

-Mental Health and Substance/Alcohol Abuse
-Access to Care
-Senior Support
-Overweight/Obesity

In your community, what changes have you seen in these areas since 2016?

DEMOGRAPHICS

18. Which one of these categories would you say **BEST** represents your community affiliation? (Choose 1)

☐	Business sector
☐	Community member
☐	Education/youth services
☐	Faith-based/cultural organization
☐	Government/housing/transportation sector
☐	Health care/public health organization
☐	Mental/behavioral health organization
☐	Non-profit/social services/aging services
☐	Other (specify):

CLOSING

19. Bristol Health and its partners will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback you may have for them below:

Thank you! That concludes the survey.

Appendix D. Key Informant Participants

Name	Agency
Michael Adams	Bristol Health Board of Directors
Dr. Cathryn Addy	Bristol Health Board of Directors
Dr. Sharon Adler	Bristol Health Board of Directors
Thomas Barnes	Central Connecticut Chambers of Commerce
Diane Bernier	Bristol Health
Whit Betts	Connecticut General Assembly
Dr. Liran Blum	Bristol Health Board of Directors
Richard Braam	Bristol Health
Ann Burch	Bristol Homecare and Hospice
Lisa Casey	Bristol Health Board of Directors
Dr. Yong-Sung Chyun	Bristol Health Board of Directors
Lisa Coates	Bristol Health
Rebecca Colasanto	Bristol Health
Dr. Mary Ann Cordeau	Bristol Health Board of Directors
Katie D'Agostino	Central Connecticut Chambers of Commerce
Douglas Devnew	Bristol Health Board of Directors
Jill Fitzgerald	Central Connecticut Chambers of Commerce
Mary Lynn Gagnon	Bristol Health
Harley Graime	City of Bristol Emergency Preparedness
Greg Hahn	Bristol Health Corporator
Michael Heimbach	Bristol Health Board of Directors
Glenn Heiser	Bristol Health Board of Directors
Liz Hill	United Way
Holly Kobayashi	Bristol Housing Authority
Jason Kruger	Bristol Senior Center
Judi Ann Lausier	United Way
Paul Lavoie	Central Connecticut Chambers of Commerce
Joe Lockwood	Bristol Health Board of Directors
Lexie Mangum	Bristol NAACP
Bradford Meacham	Bristol Health Board of Directors
Chris Ann Meaney	Bristol Health
Dawn Nielson	City of Bristol
Marie O'Brien	Bristol Health Corporator
Marco Palmeri	Bristol/Burlington Health District
William Petit	Connecticut General Assembly
Rep. Dr. William Petit	Bristol Health Corporator

Catherine Plourde	Bristol/Burlington Health District
Stephanie Pope	St. Andrew Lutheran
Catherine Roberts	Bristol/Burlington Health District
Amanda Sawyer	Bristol Health
Michael Suchopar	Boys & Girls Club
AnneMarie Sundgren	City of Bristol
Karen Wagner	Health District
William Waseleski	Central Connecticut Chambers of Commerce
Mayor Ellen Zoppo-Sassu	City of Bristol
Community Care Team Member	N/A
Community Care Team Member	N/A

Appendix E. 2016 Implementation Strategy Outcomes

Appendix F. 2013 Implementation Strategy Outcomes

Mental Health and Substance/Alcohol Abuse

The Behavioral Health Team at Bristol Hospital hosted a roundtable discussion in January 2014 with approximately 30 community leaders and stakeholders to discuss the issue of mental health and substance/alcohol abuse and how Bristol Hospital can better serve the community. Also in 2014, Bristol Hospital hosted another meeting with numerous stakeholders to address the growing concern of the lack of response, care and resources, and the difficulties associated with getting hospital patients to the lead mental health authority in the area, which is located in New Britain, Connecticut.

In 2015, Bristol Hospital and Wheeler Clinic reached an agreement to further improve behavioral health crisis services for children, adults and families in the Greater Bristol region. Under the agreement, Wheeler will assume responsibility for Bristol Hospital's Emergency Department Crisis Service from 8 a.m. to midnight, seven days a week, and provide immediate intervention and facilitated connections to community services and resources, including primary and behavioral health care. The Bristol Hospital/Wheeler Clinic partnership continued in 2016 with a community forum on the opioid epidemic in which approximately 75 members of the community attended. Bristol Hospital and Wheeler Clinic also hosted two successful Mental Health First Aid presentations. The eight-hour certification course is designed to help individuals better understand mental health challenges and recovery, and to help respond in appropriate ways to provide help and support. Bristol Hospital also hosted a community event with the Connecticut Department of Mental Health and Addiction Services on the subject of Naloxone.

Access to Care

Since 2013, Bristol Hospital and the Bristol Hospital Multi-Specialty Group have added 74 new medical staff and added 16 new medical offices throughout the community. New service lines have been cultivated to address medical needs within the community, including vascular surgery, wound care, rheumatology, cardiology, orthopedics, spine surgery and sports medicine, and neurology.

Senior Support

Bristol Hospital has increased the amount of free screenings offered throughout the community (including the senior center). Free screenings include: blood pressure clinics, balance screenings, blood sugar screening, foot screening and nail clinics. The hospital also provides free educational seminars at senior centers on topics such as dementia, living with diabetes, and nutrition and wellness.

Overweight/Obesity

The Bristol Hospital Weight Loss Surgery Program offers numerous support groups for its patients on such subjects as portion control, getting through the holidays and making good eating choices. In 2014, the Weight Loss Surgery program launched its own Facebook page within the Bristol Hospital main Facebook page. This is a members-only page for patients who can share stories, recipes and advice to their fellow patients, but in a private setting.

The Bristol Hospital Parent and Child Center has had great success since 2013 in its obesity prevention efforts through its set of Family Wellness Programs. The Family Wellness Program's goal is to prevent childhood obesity by promoting family nutrition and healthy physical activity for low-income families with such programs as "Gardening for Health," and "Cooking Matters in the Store." The Parent and Child Center also offers free Zumba and exercise programs for parents and children. Since 2015, approximately 330 low-income families have participated in these programs.