



**Community Health Needs Assessment
Final Summary Report**

September 2013

HOLLERAN

Executive Summary

Background

Milford Hospital led a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in Milford, Connecticut beginning in 2013. The assessment was conducted in a timeline to comply with requirements set forth in the Affordable Care Act, as well as to further the hospital's commitment to community health and population health management. The findings from the assessment will be utilized by Milford Hospital to guide its community benefit initiatives and to engage partners to address the identified health needs. Through this process, the hospital will be a stronger partner in the community and the health of those in the surrounding neighborhoods will be elevated.

Research Components

Milford Hospital undertook an in-depth, comprehensive approach to identifying the needs in the community it serves. This approach included a compilation of two research components. The first was a review of the 2013-2014 Milford Community Needs Assessment, conducted by the United Way of Connecticut's Community Results Center and released in July 2013. The second was the collection and analysis of additional secondary data in Milford, Connecticut to supplement the United Way assessment.

Hospital & Community Profile

Milford Hospital is a full-service not-for-profit medical center offering state-of-the-art technology and a comprehensive array of inpatient, outpatient and home health services to the residents of Milford, Connecticut. They are regional leaders in emergency and walk-in services, joint replacement surgery, maternity care, home care and educational programs.

The Milford Hospital motto is, "The patient first" and its mission is to effectively and efficiently provide high quality, healthcare services in a modern and safe environment, by anticipating and exceeding the needs of patients, physicians and all of our customers with excellence, convenience and compassion. Milford Hospital accomplishes its mission through the core values of quality, teamwork, customer service and productivity and efficiency.

As a community healthcare center, Milford Hospital is committed to remaining in the forefront of the clinical, technological and electronic information advances that make the continuous delivery of high-quality, cost-effective healthcare services possible. The hospital is licensed and accredited by the following organizations:

- Joint Commission on Accreditation of Healthcare Organizations
- The Connecticut Department of Public Health
- Connecticut State Medical Society for Continuing Medical Education
- American Medical Association
- American College of Radiation
- College of American Pathology
- American Dental Association
- The Nuclear Regulatory Agency

CHNA Background

In support of the Hospital's community benefit activities and to guide community health improvement efforts, Milford Hospital participated in a comprehensive Community Health Needs Assessment (CHNA). The purpose of the CHNA was to gather information about local health needs and health behaviors in an effort to ensure hospital community health improvement initiatives and community benefit activities are aligned with community need. The assessment examined a variety of community, household and health statistics to portray a full picture of the health and social determinants of health in the Milford Hospital service area.

The findings from the CHNA will be utilized by Milford Hospital to prioritize public health issues and develop a Community Health Implementation Strategy. Milford Hospital is committed to the people it serves and the communities they live in. Healthy communities lead to lower health care costs, robust community partnerships and an overall enhanced quality of life.

CHNA Research Components

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

- A review of the 2013-2014 Milford Community Needs Assessment, conducted by the United Way of Connecticut's Community Results Center. The assessment was comprised of:
 - Focus Groups
 - Interviews with Community Leaders
 - A Web-Based and Paper Survey
 - Secondary Data
- Additional secondary data collection
- Prioritization of community health needs

The primary goals of the CHNA were to:

- Provide baseline measures of key health indicators
- Establish benchmarks and monitor health trends
- Guide community benefit and community health improvement activities
- Provide a platform for collaboration among community groups
- Serve as a resource for individuals and agencies to identify community health needs
- Assist with community benefit requirements as outlined in Section 5007 of the ACA

Methodology

Review of 2013-2014 Milford Community Needs Assessment

The United Way of Connecticut's Community Results Center, in collaboration with the United Way of Milford, released the findings of a comprehensive community needs assessment for Milford, Connecticut in July 2013. The assessment incorporated the perceptions and opinions of many community facets through the inclusion of data from residents, community leaders, secondary data sources and Connecticut's free health and human service information and referral service, 2-1-1. Data was collected from residents through a web-based and paper survey. The survey assessed community members' perception of need in the community, key health issues, community strengths and areas of improvement. Data was collected from community leaders through two focus groups and eight individual interviews. Topics of discussion included housing, mental health care, basic needs, children and youth, community development and public safety.

Milford Hospital utilized the findings of the 2013-2014 Milford Community Needs Assessment in an effort to avoid duplicating research endeavors and to better allocate available resources. Milford Hospital considers the United Way a partner in its efforts to improve community health.

Additional Secondary Data Collection

Additional secondary data was gathered and presented in support of the United Way community needs assessment. The secondary data included statistics such as mortality rates, cancer statistics, communicable disease data and maternal and child health statistics, among others. This information was used to supplement the community needs assessment conducted by the United Way and to flesh out any health issues not addressed. Where available, the local-level data was compared to state and national benchmarks.

Prioritization of Community Health Needs

Milford Hospital will conduct a prioritization session to identify key community health needs. The prioritization session will include representatives from local health and human service agencies, area non-profit organizations, health providers and public health representatives.

Limitations of Study

It should be noted that limitations of the research may have prevented the participation of some community members. The time lag of secondary data, language and cultural barriers, the project timeline and other factors may present some research limitations. To mitigate limitations of the research, Milford Hospital sought to include representatives of diverse and underserved populations, public and community health experts and other community representatives to present the most comprehensive assessment of community health needs given the research constraints.

Research Partner

Milford Hospital contracted with Holleran Consulting, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has 21 years of experience in conducting public health research and community health needs assessments. The firm provided the following assistance:

- Provided a review of the 2013-2014 Milford Community Needs Assessment
- Collected and interpreted additional secondary data
- Prepared the Final Report

Community engagement and feedback were an integral part of the CHNA process. Milford Hospital sought community input through the research components utilized in the 2013-2014 Milford Community Needs Assessment. They will also seek inclusion of partner hospital representatives as well as public health officials in the prioritization and implementation planning process.

Key CHNA Findings

REVIEW OF 2013-2014 MILFORD COMMUNITY NEEDS ASSESSMENT

The 2013-2014 Milford Community Needs Assessment was reviewed in September 2013. The following information summarizes the findings of the assessment, garnered from community residents and leaders and secondary data sources. Findings are reported by topic area, which include population and socioeconomic indicators, children and youth, basic needs, health care, older adults and disaster recovery and preparedness. A full report of the assessment findings can be found at United Way of Milford's website: <http://unitedwayofmilford.org/>.

Population

The total population in Milford is 52,759, a relatively stable increase of 0.9% from 2000. Of the total population, 16.3% are 65 years or older. This compares to 14.2% in Connecticut and 13.0% in the United States (U.S.). In addition to having a slightly older population, the proportion of children under age 18 in Milford decreased 9.7% from 2000 to 2010.

The majority of Milford residents identify as White (89.1%), indicating a less diverse population when compared to all of Connecticut and the U.S. However, between 2000 and 2010, the Asian population increased by 130.1% and the Hispanic population increased by 57.5% (U.S. Census Bureau). The following tables outline the population of Milford in greater detail.

Table 1. Population Growth (2010)

	U.S.	Connecticut	Milford
Total Population	308,745,538	3,574,097	52,759
% Population Change (2000 – 2010)	9.7%	4.9%	0.9%

Source: U.S. Census Bureau

Table 2. Population by Age (2010)

	Milford		
	Population	% of Population	% Population Change (2000 – 2010)
0 – 4 years	2,469	4.7%	-21.1%
5 – 17 years	8,081	15.3%	5.5%
18 – 24 years	3,524	6.7%	-16.3%
25 – 49 years	18,113	34.3%	-12.7%
50 – 64 years	11,987	22.7%	33.3%
65 years or older	8,585	16.3%	10.1%

Source: U.S. Census Bureau

Table 3. Population by Race/Ethnicity (2010)

	U.S.	Connecticut	Milford	
			% of Population	% Population Change (2000 – 2010)
White	72.4%	77.6%	89.1%	-4.0%
Black	12.6%	10.0%	2.5%	34.3%
Hispanic	16.3%	13.4%	5.2%	57.5%
Asian	4.8%	3.8%	5.4%	130.1%
American Indian or Alaska Native	0.9%	0.3%	0.1%	5.8%
Other/Multiracial	8.9%	8.2%	2.9%	46.2%

Source: U.S. Census Bureau

Socioeconomic Indicators

The current economic status of Milford is mostly favorable. In comparison to all of Connecticut and the U.S., household and family incomes are higher, fewer families and individuals live below the poverty level (2.7% and 3.9% respectively) and the unemployment rate as of May 2013 (7.4%) is lower. The tables below illustrates these statistics.

Table 4. Household and Family Income (2011)

	U.S.	Connecticut	Milford
Median Household Income	\$52,762	\$69,243	\$79,828
Median Family Income	\$64,293	\$86,395	\$96,148

Source: U.S. Census Bureau

Table 5. Poverty (2011)

	U.S.	Connecticut	Milford
Families Living Below the Poverty Level	10.5%	6.7%	2.7%
Individuals Living Below the Poverty Level	14.3%	9.5%	3.9%
Children Living in Families with Income at or Below the Poverty Level	20.0%	12.6%	4.2%
Percent of students Receiving Free/Reduced Meals	N/A	34.4%	15.6%

Source: U.S. Census Bureau & Connecticut Department of Education

Table 6. Unemployment Rate (May 2013)

	U.S.	Connecticut	Milford
	7.6%	8.1%	7.4%

Source: Connecticut Department of Labor & Bureau of Labor Services

The economic indicators for Milford are primarily favorable, but residents have still experienced financial stress in recent years. The current unemployment rate, although lower than both that of Connecticut and the U.S., increased by more than 3% since 2007, when it was 4.1%. The number of residents receiving food stamp benefits has also increased, as well as the housing cost burden. The current median home value in Milford is \$335,900 compared to \$293,100 across Connecticut and \$186,200 across the U.S. In 2000, the median monthly mortgage cost was \$1,414. In 2009, this figure increased by 48.4% to a median monthly mortgage cost of \$2,098. The cost to rent a home has also increased in Milford. In 2000, the median gross rent was \$860. In 2009, this figure increased by 44.7% to a median gross rent of \$1,244.

The increase in both mortgage and rent costs resulted in 34.5% of owners and 42.1% of renters experiencing housing cost burden, which is defined as spending more than 30% of one's income on housing costs. Elderly residents were the most affected by housing cost burden. In 2009, more than 57% of elderly renters and nearly 40% of elderly owners spent more than 30% of their income on housing. In addition, nearly 30% of elderly renters and nearly 17% of elderly owners spent more than 50% of their income on housing.

The need for affordable housing in Milford was supported by the resident survey; 44% of respondents rated it as a top five need. In addition, 31% of respondents rated the need for shelter for individuals in crisis as an extreme need. In 2009, slightly more than 6% of Milford homes were considered affordable. The city provides housing options like public housing and Housing Choice Vouchers, but is limited by budget constraints.

Additional housing issues include overcrowding/ substandard living conditions and homelessness. Overcrowding/substandard living conditions are defined as housing problems and are reported by racial and ethnic groups in Milford. White renters and minority home owners tend to struggle the most with housing problems.

A primary contributing factor to homelessness in Milford is the lack of affordable housing. The Beth-El Center in Milford provides shelter to homeless individuals and families and provides data on the number and types of clients it serves. Overall, the center saw a 65% increase in the number of clients it served from 2011 to 2012. It noted the largest increases in women with children, single women, veterans and families that have gone through or are facing foreclosure. The following table illustrates the Beth-El Center's data for 2010 to 2012.

Table 7. Beth-El Center Homeless Shelter Statistics (2010 - 2012)

	2012	2011	2010
Total Clients	165	100	77
Number of Parents	23	17	6
Number of Children	38	28	11
Number of Families Turned Away	220	N/A	N/A
Number of Singles Turned Away	361	N/A	N/A

Source: Connecticut Coalition to End Homelessness

United Way of Connecticut offers the 2-1-1 program, a phone-based service that provides free health and human service information and referrals. In 2012, Milford residents made 4,931 requests for services to the 2-1-1 program; the top request was for mental health care. The following table displays the top five requests and the percentage of all requests that they accounted for.

Table 8. Top Five 2-1-1 Requests for Service in Milford (2012)

Request	Number of Requests	% of Requests
Psychiatric Mobile Response	229	4.6%
Food Pantries	207	4.2%
SNAP	174	3.5%
Homeless Shelter	160	3.2%
Temporary Financial Assistance	143	2.9%

Source: 2-1-1 Program

Children and Youth

Children and youth under age 18 comprise 20% of the total population in Milford. This represents an overall decrease of 9.7% since 2000. However, more ethnically diverse populations, particularly Asian and Hispanic, have grown in this age group from 2.7% and 5.1% to 7.6% and 9.0% respectively.

Economic indicators showed that children in Milford are less likely than children across Connecticut and the U.S. to live in families with income at or below the federal poverty level. However, the need for child assistance programs is growing. In 2012, more children were enrolled in the Care 4 Kids child care program than in 2009. In 2010, more children were receiving Temporary Family Assistance and SNAP benefits (food stamps) than in 2009 and 2005 respectively. Notably, these increases occurred despite an overall decrease in the population under 18.

The readiness of a child to attend school is influenced by their attendance in a quality preschool program and preschool attendance is influenced by the affluence of an area. In Milford, 81% of children attend preschool compared to 80% across Connecticut. However, attendance is not an indicator of quality and does not specify how many children attended an accredited versus non-accredited program and whether children attended one or multiple programs.

Table 9. Percent of Children with Preschool Experience (2006-2011)

	Connecticut	Milford
2010 – 2011	80.2%	81.0%
2008 – 2009	79.7%	82.5%
2006 – 2007	79.3%	82.0%

Source: Connecticut State Department of Education

In Milford, the number of family day care homes and nursery schools has decreased and the number of child care centers has increased since 2007. The average cost for both types of programs is higher in Milford than across the state. Preschool centers cost an average of \$223 per week or \$11,596 per year in Milford versus \$205 per week or \$10,660 per year in Connecticut. Infant/Toddler child care centers cost an average of \$270 per week or \$14,040 per year in Milford versus \$250 per week or \$13,000 per year in Connecticut. The cost of child care was cited as an area of need among both focus group participants and survey respondents.

Milford has thirteen public schools with approximately 7,000 students enrolled. A recent evaluation found the following performance results among students:

- In 2012, 63.4% of 3rd grade students performed at or above the state goal on the Connecticut Mastery Test Reading Test compared to 59.2% across Connecticut
- In 2012, 50.8% of 10th grade students performed at or above the state goal on the Connecticut Academic Performance Test for Reading Across the Disciplines compared to 47.5% across Connecticut
- During the 2010 – 2011 school year, 51.6% of students met the standard on all four physical fitness tests compared to 51.0% across Connecticut. The 2010 – 2011 school year percentage was an increase from 47.8% during the 2009 – 2010 school year.

The following table illustrates the activities of students after graduating from a Milford school. In general, students are more likely to pursue higher education and less likely to be unemployed.

Table 10. Activities of Graduates (2008; 2010)

	Connecticut		Milford	
	2010	2008	2010	2008
Pursuing Higher Education	85.6%	84.1%	90.9%	87.5%
Employed or in Military	8.6%	11.0%	4.7%	10.2%
Unemployed	0.6%	1.1%	0.0%	0.0%
Other	5.2%	3.8%	4.4%	2.3%

Source: Connecticut State Department of Education

Another area of need that was identified by survey respondents was the availability of after-school programs. Fifty-five percent of respondents said that there is a need for more programs in the community. However, focus group participants felt that there are enough programs between organizations like the Boys and Girls Club, the YMCA, school programs and town recreation programs, but that the information for programs was not centrally located. They recommended that a calendar of programs be produced with available transportation options attached.

A review of two surveys administered to youth revealed trends related to risky behaviors. The first survey, the Connecticut School Health Survey, administered in 2011 to public middle and high school students, found the following trends:

- More than half of students drive while either talking or texting on a cell phone
- 41% use alcohol
- 28% have been offered drugs at school
- 24% currently use marijuana
- The percentage of smokers decreased to 14% from 35% in 1997
- Seat belt use increased to 91% from 76% in 1997

The second survey, administered by the Milford Prevention Council in 2009 to 7th, 9th and 11th grade students, found the following trends related to alcohol and substance abuse:

- 28% of 7th graders had a drink of alcohol prior to age 12; only 5% had smoked cigarettes and only 3% had used marijuana
- Slightly over 25% of 11th graders had never tried alcohol, while 74% had never tried tobacco and 63% had never tried marijuana
- 5% of 7th graders, 15% of 9th graders and 34% of 11th graders reported getting drunk once or more in the past two weeks
- 15% of 11th graders reported driving after drinking one or more times in the last 12 months
- 27% of 7th graders, 35% of 9th graders and 37% of 11th graders reported having ridden (once or more in the last 12 months) with a driver who had been drinking

Focus group participants also discussed issues and needs related to children and youth, specifically around substance abuse and mental health. Participants felt that there are not enough social workers within the school system to help youth dealing with substance abuse issues. Participants also felt that while there are a number of mental health programs provided by Bridges...A Community Support System and Milford Youth and Family Services, there are not enough child psychiatrists. They cited that the wait time for a child psychiatric evaluation is several weeks.

The following tables provide data for youth arrests and youth involvement in the juvenile justice system in Milford. Overall, the total number of youth who are involved in the legal system decreased from 2010.

Table 11. Arrest Statistics, Under Age 18 (2010; 2011)

	2011	2010
Burglary	2	3
Larceny Theft	159	221
Simple Assault	41	34
Fraud	1	1
Vandalism	7	5
Weapons Charge	2	0
Sex Offenses*	1	1
Drug Abuse Violations	20	26
Liquor Laws	5	7
Disorderly Conduct	21	40
Offense vs. Family	1	0
Other	25	32
Curfew and Loitering	4	16
Total	289	386

Source: Annual Report of the Uniform Crime Reporting Program, Connecticut Department of Emergency Services and Public Protection, Crimes Analysis Unit

* Includes all sex offenses except forcible rape and prostitution

Table 12. Juvenile Justice Involved Youth (2010; 2012)

	2012	2010
Truancy	24	15
Delinquency*	72	87
Status Offenders**	29	21
Youth in Crisis***	2	6
Total Youth in Juvenile Justice System (unduplicated)	96	107

Source: Connecticut Court Support Services

*Delinquency – offenses that are codified in the general statutes (burglary, larceny, assault, etc.)

**Status offenses include truancy, runaway and beyond parental control

*** Youth in Crisis – status offenders age 16 or 17

Basic Needs

The Milford Department of Human Services connects low-income and disabled residents to services and programs within the community. From July 2012 to March 2013, the department served 5,704 families and individuals, a notable increase from previous years. In particular, the department noted an increase in people who are seeking services for the first time and people who are seeking multiple services versus one. Results from the resident survey and the United Way 2-1-1 program support the increased need for services related to basic needs in Milford.

The results of the survey showed that 33% of respondents reported crisis help for those in need of food as an extreme need, 30% of respondents reported job training programs as an extreme need and 18% of respondents reported transportation to work as an extreme need. The United Way 2-1-1 program received 1,159 requests for basic needs, nearly 400 of which were food-related. The following table defines the types and number of requests that were made.

Table 13. United Way 2-1-1 Requests for Basic Needs (2010; 2012)

	2012	2008
Utility Assistance*	385	599
Food Pantry	207	170
SNAP Food Stamps	174	96
Homeless Shelter	160	132
Temporary Financial Assistance	143	138
Clothing and Household Goods	90	70

Source: Connecticut Coalition to End Homelessness

*The amount of state and federal assistance available in a given year varies and influences call volume

Focus group participants also noted public safety as an area of unmet need, particularly in schools. In addition, more than one-third of survey respondents reported that there is a need for a domestic violence shelter in Milford. The following table illustrates offense statistics for Milford for 2007 and 2011.

Table 14. Offense Statistics (2007; 2011)

	2011	2007
Murder	1	0
Rape	0	4
Robbery	23	41
Aggravated Assault	11	46
Burglary	158	214
Larceny	1,515	1,588
Motor Vehicle Theft	80	98
Arson	4	6
Crime Total Index	1,788	1,991

Source: Annual Report of the Uniform Crime Reporting Program, Connecticut Department of Emergency Services and Public Protection, Crimes Analysis Unit

Health Care

Access to health care is a growing concern across the country. In Milford, 3% of children under 18 and 8% of adults ages 18 to 64 are uninsured. Subsidized health insurance is available to residents through the HUSKY Health Care Program and the Charter Oak Health Plan; however,

limitations still exist. Focus group participants shared that many households do not qualify for HUSKY and do not have adequate coverage through another source. They also shared that even those who are insured, struggle with out-of-pocket expenses like deductibles. Participants suggested that a medical clinic that offers free or sliding scale services be made available to residents.

Focus group participants and survey respondents also cited the following issues related to access to care as areas of need:

- Support for those in need of mental health services (51% of survey respondents). Focus groups participants supported the need for mental health services by citing a shortage of child and adult psychiatrists.
- Support for those in need of substance abuse services (48% of survey respondents)
- Help with the cost of prescription medication (46% of survey respondents)
- Lack of dental care available for older adults on Medicare and the uninsured
- Fewer doctors accepting Medicare or Medicaid

Maternal and child health statistics are indicators of the overall health of an area. In 2010, Milford experienced two infant deaths, 42 low birth weight babies and ten births to teenage mothers. The resulting low birth weight percentage (9.0%) is higher when compared to Connecticut (8.0%) and the U.S. (8.2%), while the teenage birth percentage (2.1%) is lower when compared to Connecticut (7.8%) and the U.S. (12.2%). A rate was not calculated for infant mortality due to a low infant death count.

Additional health care issues that are being addressed by the Milford Public Health Department include housing issues among elderly and/or disabled persons, pertussis, oral health, parenting and asthma.

Older Adults

Milford's older adult population has increased 10% since 2000 to comprise 16% of the total population. By 2025, the older adult population is projected to rise again to comprise 20% of the total population. As an expanding population with unique health issues, the needs of older adults should be considered in health planning and initiatives. In the resident survey, older adults rated the following issues as areas of extreme need:

- Home health care services (34%)
- Preventive health services (medical and dental) (39%)
- More senior housing (30%)
- More transportation options (32%)
- Help with home maintenance and repair (32%)

Older adults struggle with issues related to income and housing. According to the Elder Economic Security Standard Index for Connecticut, living expenses for a single older adult in

good health equate to \$21,383 for homeowners without a mortgage and \$24,408 for renters. Living expenses for older adult couples equate to \$32,039 for homeowners without a mortgage and \$35,064 for renters. In Milford, approximately 47% of older adults fall below these expense levels. In addition, approximately 11% of older adult households live below the federal poverty level.

Related to senior housing, focus group participants echoed the need for more options that are affordable and provide living assistance. Outside of high mortgage and rent costs, participants stated that older adults struggle with the high cost of property taxes. They also shared that there is only one assisted living facility in the city and no congregate care. Focus group participants also made the suggestion for a friendly visitor program that would link volunteers with older adults who are isolated and in need of assistance in caring for their home.

A positive finding from the resident survey is that only 17% of older adults felt that there is a need for more social programs in Milford. A possible reason for this is the establishment of the Milford Senior Center and the meals and programs that it offers.

Disaster Recovery and Preparedness

Milford was affected by both Tropical Storm Irene in 2011 and Hurricane Sandy in 2012 and many residents are still struggling to rebuild their homes and businesses. Hurricane Sandy cost the city over \$1.5 million in damage and more than 1,000 households applied for assistance from the Federal Emergency Management Agency. Many homes in the area remain uninhabitable. The biggest challenge to moving back in is the need to elevate homes, which can range in cost from \$70,000 to \$150,000.

The 2013-2014 Milford Community Needs Assessment data was correlated with additional secondary data to identify cross-cutting areas of opportunities. A summary of the CHNA key findings is included below.

ADDITIONAL SECONDARY DATA COLLECTION

Additional secondary data was collected and analyzed to supplement the community needs assessment conducted by the United Way. Secondary data is comprised of data obtained from existing resources and includes health indicator data points. The data was gathered and integrated into a graphical report to portray the current health status of residents in Milford, Connecticut.

Secondary data was collected from reputable sources including the U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), Healthy People 2020 and the Connecticut Department of Public Health. Data sources are listed throughout the report and a full reference list is included in Appendix A. The data represents a point in time study using the most recent data possible. When available, state and national comparisons are provided as benchmarks.

The secondary findings detail data covering the following areas:

- Mortality Statistics
- Maternal & Child Health Statistics
- Sexually Transmitted Illness
- Communicable Disease Statistics
- Mental Health Statistics
- Cancer Statistics
- Environmental Health Statistics

Mortality Statistics

The age-adjusted mortality rate per 100,000 in Milford is 759.7. This is notably higher than that of Connecticut (665.8), but comparable to the U.S. (767.4). A higher percentage of the total deaths that occurred in Milford were due to cancer, heart disease and chronic lower respiratory disease (CLRD). This is also comparable to the U.S. and varies only slightly from Connecticut, which includes stroke among its top three causes of death.

Table 15. Mortality, All Ages (2010; 2006 - 2010)

	U.S.	Connecticut	Milford
Total deaths (2010)	2,468,435	28,597	516
Crude rate per 1,000 (2010)	8.0	8.0	9.8
Age-adjusted rate per 100,000 (2006 – 2010)	767.4	665.8	759.7

Sources: Center for Disease Control and Prevention, 2012
Connecticut Department of Public Health, 2013

Table 16. Top 10 Leading Causes of Death, All Ages (2006 - 2010)

	U.S.	Connecticut	Milford
The following are the top 10 leading causes of death in ranking order of the United States.			
Diseases of heart	25.0%	25.1%	24.4%
Malignant neoplasms (Cancer)	23.1%	23.8%	25.4%
Chronic lower respiratory diseases	5.5%	4.9%	5.7%
Cerebrovascular diseases (Stroke)	5.4%	5.0%	5.4%
Accidents (Unintentional injuries)	5.0%	4.5%	4.4%
Alzheimer's disease	3.2%	2.7%	2.1%
Diabetes Mellitus	2.9%	2.3%	2.4%
Influenza and pneumonia	2.2%	2.4%	2.4%
Nephritis, nephrotic syndrome and nephrosis	2.0%	2.0%	1.7%
Intentional self-harm (Suicide)	1.5%	1.0%	1.0%

Sources: Center for Disease Control and Prevention, 2012
Connecticut Department of Public Health, 2013

In Milford, the percentage of deaths due to heart disease, cancer and (CLRD) is similar to Connecticut and the U.S.; however, the age-adjusted mortality rates for these conditions show that Milford residents are disproportionately affected by them. Mortality rates and percentages differ in that rates consider the number of deaths due to a condition in relation to the total population and percentages consider the number of deaths due to a condition in relation to the total number of deaths.

The following graphs compare the age-adjusted mortality rate per 100,000 for heart disease, cancer and CLRD in Milford, Connecticut and the U.S. The mortality rate for heart disease is higher in Milford (182.3) when compared to Connecticut (161.0), but slightly lower when compared to the U.S. (190.9). In contrast, the mortality rate for cancer and CLRD is higher in Milford than in Connecticut and the U.S., and in the case of cancer, the Healthy People 2020 goal. The cancer mortality rate in Milford (189.6) is of greatest concern. It compares to a rate of 164.4 in Connecticut, 176.7 in the U.S., and the Healthy People 2020 goal of 160.6. The CLRD mortality rate is 43.3 in Milford, which is notably higher than that of Connecticut (32.6), but only slightly higher than that of the U.S. (42.4).

Deaths due to Diseases of the Heart

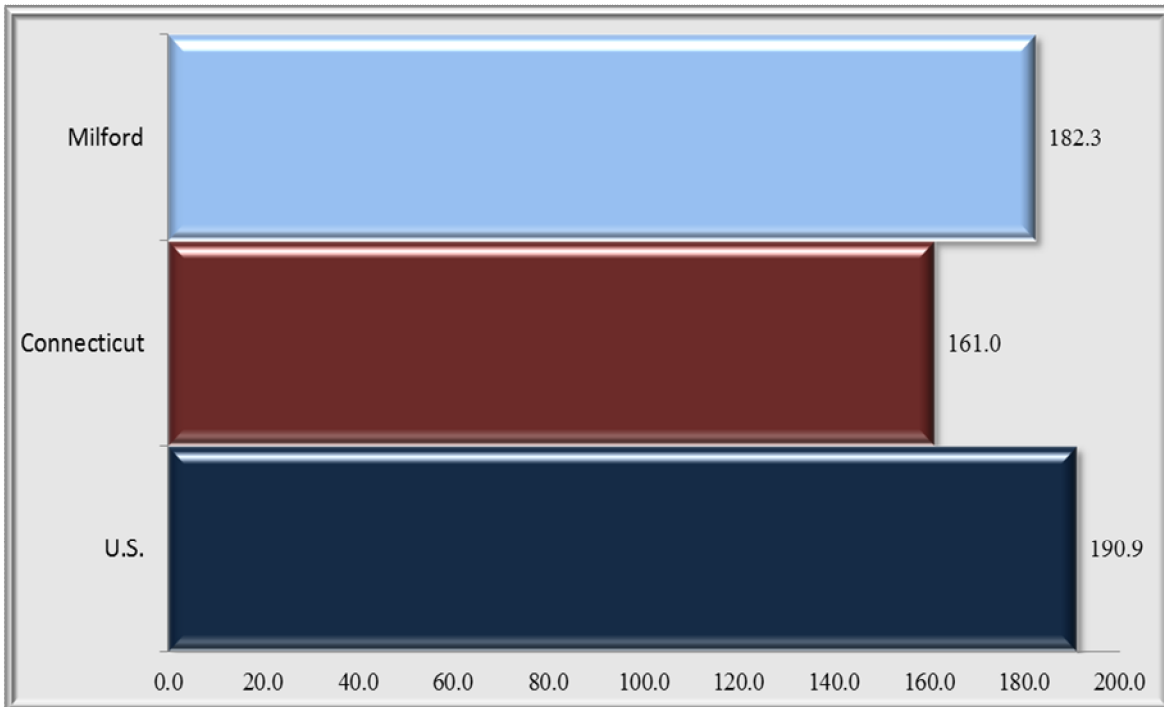


Figure 1. Diseases of the heart mortality rate per age-adjusted 100,000, Milford compared to Connecticut and the U.S. (2006 - 2010).

Deaths due to Malignant Neoplasms (Cancer)

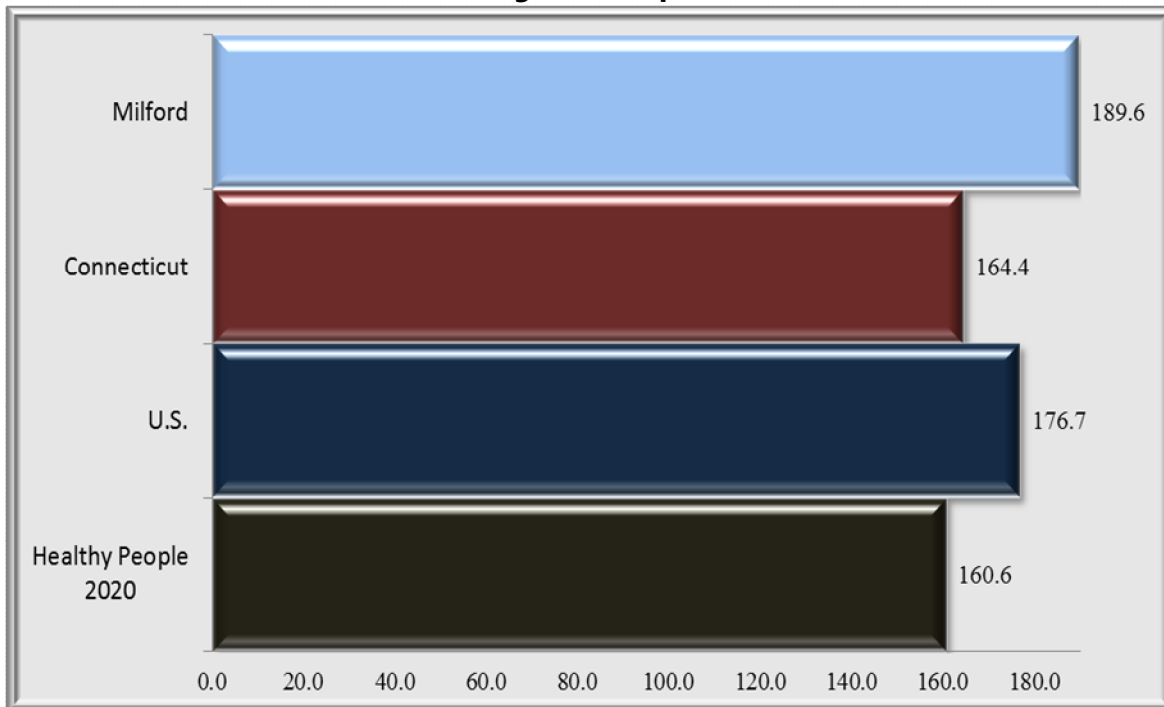


Figure 2. Malignant neoplasms (cancer) mortality rate per age-adjusted 100,000, Milford compared to Connecticut, the U.S., and Healthy People 2020 (2006 - 2010).

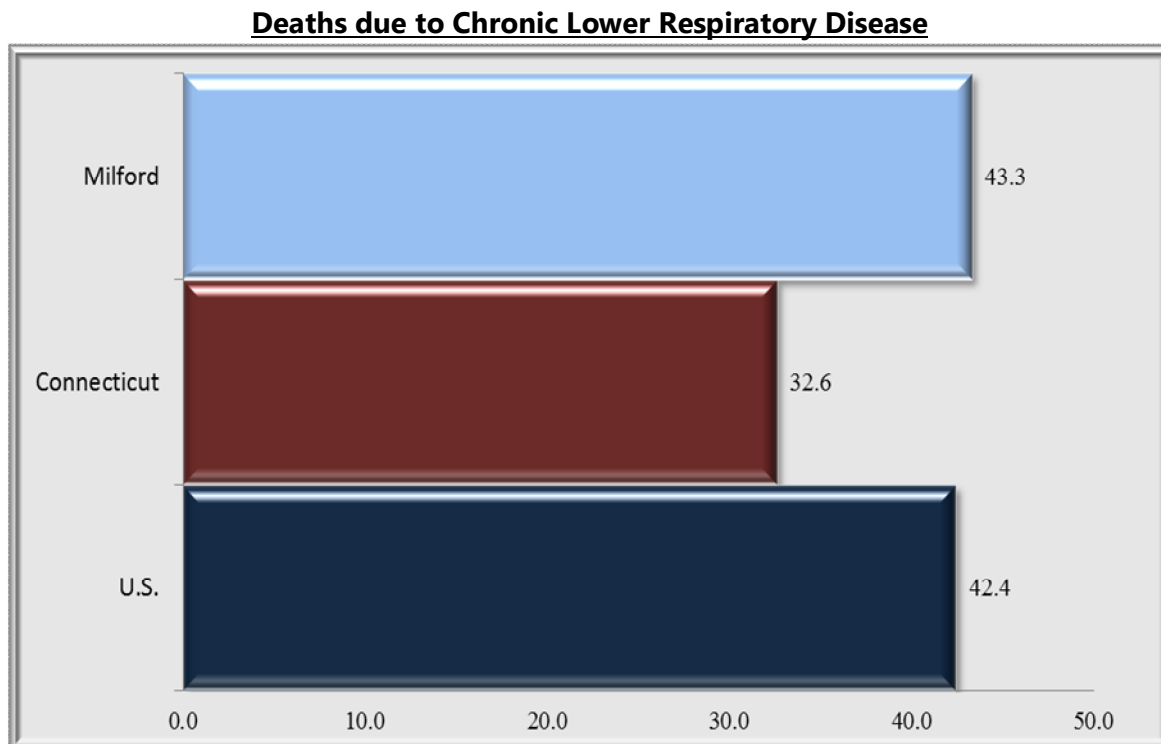


Figure 3. Chronic lower respiratory disease mortality rate per age-adjusted 100,000 population, Milford compared to Connecticut and the U.S. (2006 - 2010).

Maternal and Child Health Statistics

In 2010, there were 467 births in Milford for a birth rate of 8.9 per 1,000. The birth rate is lower than that of both Connecticut (10.5) and the U.S. (13.0) and may be a reflection of Milford’s older population. As stated in the United Way assessment, a higher percentage of infants are born with low birth weight in Milford. Additional data shows that a higher percentage of infants are also born with very low birth weight (2.1%) when compared to Connecticut (1.5%), the U.S. (1.5%) and the Healthy People 2020 goal of 1.4%. Low birth weight indicates a birth weight less than five pounds and three ounces, while very low birth indicates a birth weight less than three pounds and five ounces.

Table 17. Live Births per 1,000 (2010)

	U.S.	Connecticut	Milford
Total live births	3,999,386	37,713	467
Live birth rate	13.0	10.5	8.9

Sources: Center for Disease Control and Prevention, 2012
 Connecticut Department of Public Health, 2013

Table 18. Birth Weight (2010)

	Healthy People 2020	U.S.		Connecticut		Milford	
	%	n	%	n	%	n	%
Low birth weight	7.8	325,563	8.2	3,018	8.0	42	9.0
Very low birth weight	1.4	57,841	1.5	577	1.5	10	2.1

Sources: Center for Disease Control and Prevention, 2012
 Connecticut Department of Public Health, 2013
 Healthy People 2020, 2012

Ten of the 467 births that occurred in 2010 in Milford were to teenage mothers, resulting in an overall teenage birth percentage of 2.1%. This is lower than both Connecticut (7.8%) and the U.S. (12.2%). None of the teenage births in Milford were to women less than 15 years of age and only one birth was to a mother less than 18 years of age.

Table 19. Percent of All Births to Teenagers (2010)

	U.S.		Connecticut		Milford	
	n	%	n	%	n	%
<15 years	4,497	0.1	20	0.1	0	0.0
<18 years	113,670	2.8	642	1.7	1	0.2
<20 years	372,175	9.3	2,294	6.1	9	1.9

Sources: Center for Disease Control and Prevention, 2012
 Connecticut Department of Public Health, 2013

Milford mothers of all races/ethnicities are more likely to receive adequate or intensive prenatal care than mothers across Connecticut. Only 23.2% of mothers received late/ no or non-adequate prenatal care compared to 33.0% across Connecticut. Late prenatal care is defined as seeking care in the second or third trimester. These findings are in contrast to the percentage of infants that are born with low or very low birth weight and may represent an area for further discussion.

Table 20. Prenatal Care Adequacy (2010)

	Healthy People 2020 ^a	Connecticut	Milford
Late or None	N/A	12.8%	7.6%
White	N/A	8.9%	7.3%
Black	N/A	19.5%	5.9%
Hispanic	N/A	19.5%	12.0%
Non-Adequate	N/A	20.2%	15.6%
White	N/A	17.0%	16.3%
Black	N/A	26.4%	11.8%
Hispanic	N/A	25.5%	21.7%
Adequate	77.6%	42.6%	39.3%
White		43.6%	40.0%
Black		38.3%	31.3%
Hispanic		41.2%	34.8%
Intensive		37.3%	45.2%
White		39.4%	43.7%
Black		35.3%	56.3%
Hispanic		33.3%	43.5%

Sources: Connecticut Department of Public Health, 2013

Healthy People 2020, 2012

^a Healthy People 2020 represents the percentage of mothers who receive early and adequate prenatal care and is not a direct comparison to data provided for Connecticut and Milford, which includes early and late adequate prenatal care.

Sexually Transmitted Illness Statistics

The findings for sexually transmitted illnesses in Milford are positive when compared to Connecticut and the U.S. Fewer residents are diagnosed with HIV, gonorrhea, chlamydia or syphilis. The gonorrhea rate in particular is lower in Milford (8.9) when compared to Connecticut (72.6) and the U.S. (98.1).

Table 21. Sexually Transmitted Illness Cases per 100,000 (2009, 2011)^a

	U.S		Connecticut		Milford	
	n	Rate	n	Rate	n	Rate
HIV	49,273	15.8	348	9.7	4	*
Gonorrhea	301,174	98.1	2,554	72.6	5	8.9
Chlamydia	1,244,180	405.3	12,136	344.9	72	127.6
Primary/Secondary Syphilis	13,997	4.6	65	1.8	0	0.0

Sources: Center for Disease Control and Prevention, 2013

Connecticut Department of Public Health, n.d.

^a All statistics represent 2009 data with the exception of HIV, which represents 2011 data

*Rates not calculated for counts less than 5

Communicable Disease Statistics

The findings for all communicable diseases except influenza are positive in Milford when compared to Connecticut, the U.S. and Healthy People 2020 goals. In 2011, there was no incidence of tuberculosis and only five hepatitis cases, all of which were chronic hepatitis B. In 2012, there were 18 Lyme disease cases for an overall rate of 34.4. This compares to a rate of 78.0 in all of Connecticut.

Influenza is an area of opportunity for Milford. From August 26, 2012 to May 11, 2013, there were 211 cases of influenza resulting in a rate of 400.6 per 100,000. This compares to a rate of 263.4 in all of Connecticut. The majority of cases in Milford were due to Type A (Unspecified) Influenza. In addition to having higher incidence of influenza, Milford has a higher mortality rate for influenza and pneumonia (18.7) when compared to Connecticut (15.2) and the U.S. (16.9).

Table 22. Hepatitis Cases per 100,000 (2011)

	Healthy People 2020	U.S. ^a		Connecticut		Milford	
	Rate	n	Rate	n	Rate	n	Rate
Acute Hepatitis A	0.3	1,670	0.5	18	0.5	0	0.0
Acute Hepatitis B	N/A	3,350	1.1	19	0.5	0	0.0
Chronic Hepatitis B	N/A	N/A	N/A	351	9.8	5	9.5
Acute Hepatitis C	0.2	850	0.3	47	1.3	0	0.0

Sources: Center for Disease Control and Prevention, 2012
Connecticut Department of Public Health, n.d.

^a Statistics represent 2010 data

Table 23. Influenza Cases per 100,000 (August 26, 2012 – May 11, 2013)^a

	Connecticut		Milford	
	n	Rate	n	Rate
Type A (2009 H1N1)	38	1.0	0	0.0
Type A (H1N1)	0	0.0	0	0.0
Type A (H3N2 seasonal)	1,399	39.1	10	19.0
Type A (Unspecified)	5,354	149.5	152	288.6
Total Cases	9,430	263.4	211	400.6

Source: Connecticut Department of Public Health, n.d.

^a Rates calculated based on 2011 population estimates

Table 24. Confirmed and Probable Lyme Disease Cases per 100,000 (2012)

	U.S. ^a		Connecticut		Milford	
	n	Rate	n	Rate	n	Rate
	33,097	10.6	2,658	78.0	18	34.4

Sources: Center for Disease Control and Prevention, 2013
Connecticut Department of Public Health, n.d.

^a Statistics represent 2011 data

Table 25. Tuberculosis Incidence per 100,000 (2011)

	U.S		Connecticut		Milford	
	n	Rate	n	Rate	n	Rate
	10,528	3.4	83	2.3	0	0.0

Sources: Center for Disease Control and Prevention, 2012
Connecticut Department of Public Health, n.d.

Mental Health Statistics

The suicide rate is considered an indicator of the overall mental health of an area. In Milford, the age-adjusted suicide rate from 2006 to 2010 was 8.7. This is slightly higher than that of Connecticut (8.0), but falls well below that of the U.S. (11.6) and the Healthy People 2020 goal of 10.2.

Table 26. Deaths Due to Suicide per 100,000 (2006 – 2010)

	Healthy People 2020	U.S	Connecticut	Milford
Number of deaths	N/A	179,206	1,485	24
Crude rate	N/A	11.8	8.4	9.1
Age-adjusted rate	10.2	11.6	8.0	8.7

Sources: Center for Disease Control and Prevention, 2012
Connecticut Department of Public Health, 2013

Cancer Statistics

As indicated previously, cancer is an area of concern for Milford. The incidence rates for all reported cancer types are notably higher than both Connecticut and the U.S. In particular, the incidence rates for lung cancer (113.6) and prostate cancer (228.3) are higher when compared to Connecticut (74.3; 173.3) and the U.S. (67.6; 162.9). The overall mortality rate due to cancer is also higher in Milford (189.6) when compared to Connecticut (164.4), the U.S. (176.7) and the Healthy People 2020 goal of 160.6. In particular, the mortality rate due to lung cancer is higher in Milford (56.9) when compared to Connecticut (43.7), the U.S. (49.5) and the Healthy People 2020 goal of 45.5.

Table 27. Cancer Incidence by Site per 100,000 (2007)

	U.S.		Connecticut		Milford	
	n	Rate	n	Rate	n	Rate
Female breast	207,908	122.5	2,854	155.6 ^a	51	186.4 ^a
Colorectal	146,936	46.6	1,795	51.3	32	57.7
Lung	211,539	67.6	2,602	74.3	63	113.6
Prostate	233,443	162.9	3,015	173.3 ^a	58	228.3 ^a
All Sites	1,510,594	479.3	19,669	561.6	376	678.1

Sources: Center for Disease Control and Prevention, 2013
Connecticut Department of Public Health, n.d.

^a Rates based on 2010 population counts

Table 28. Cancer Mortality by Site per age-adjusted 100,000 (2006 – 2010)

	Healthy People 2020	U.S.		Connecticut		Milford	
	Rate	n	Rate	n	Rate	n	Rate
Female breast	20.6	203,683	22.7	2,517	N/A	44	N/A
Colorectal	14.5	265,472	16.6	2,919	13.8	53	16.2
Lung	45.5	792,213	49.5	8,912	43.7	186	56.9
Prostate	21.2	142,586	9.0	1,811	N/A	35	N/A
All Sites	160.6	2,830,603	176.7	34,083	164.4	615	189.6

Sources: Center for Disease Control and Prevention, 2012
Connecticut Department of Public Health, 2013

Environmental Health Statistics

The findings for environmental health indicators in Milford are positive when compared to Connecticut. Children are less likely to have been diagnosed with asthma, more likely to be screened for lead poisoning and less likely to have blood lead levels $\geq 10\mu\text{g}$.

Table 29. Asthma Prevalence Rates among Public School Students per 100 (2006 - 2009)

	Connecticut		Milford School District	
	n	Rate	n	Rate
Students with asthma	41,269	13.2	376	8.2

Source: Connecticut Department of Public Health, 2010

Table 30. Childhood Lead Screening by Age (2011)

	Connecticut		Milford	
	n	%	n	%
Age 9 months – 2 years	55,960	67.6	740	69.7

Source: Connecticut Department of Public Health, 2012

Table 31. Childhood Blood Lead Levels $\geq 10\mu\text{g}$ among Children Under Age Six (2011)

	Connecticut		Milford	
	n	%	n	%
Prevalence	619	0.8	2	0.2
Incidence	434	0.6	1	0.1

Source: Connecticut Department of Public Health, 2012

The secondary data was correlated with the 2013-2014 Milford Community Needs Assessment to identify cross-cutting areas of opportunities. A summary of the CHNA key findings is included below.

Identified Areas of Need

While each individual research component provides a unique perspective on the health status of Milford, Connecticut, a number of overlapping health issues are evident. The following list outlines the key themes that stood out across the research components.

- **Access to Care:** Concerns for healthcare access were seen as greatest for individuals who do not qualify for subsidized health insurance and do not have adequate coverage through another source. Individuals who have health insurance but cannot afford the out-of-pocket expenses associated with care, particularly prescription medications, were also identified as a population of concern. Services that were seen as missing or insufficient in Milford were dental care for older adults on Medicare and the uninsured and doctors accepting Medicare or Medicaid.
- **Cancer Incidence & Mortality:** Milford residents are more likely to be diagnosed with cancer and to die from it. The incidence rates for all reported cancer types are notably higher than both Connecticut and the U.S. The overall mortality rates due to cancer are also higher in Milford when compared to Connecticut, the U.S. and the Healthy People 2020 goal. In particular, lung cancer is a health issue for residents.
- **Influenza:** The incidence of influenza is notably higher in Milford compared to all of Connecticut. Specifically, more residents are diagnosed with Type A (unspecified) influenza. In addition to having a higher incidence of influenza, more Milford residents die of pneumonia and influenza.
- **Maternal & Child Health:** The findings for maternal and child health are mixed. Milford mothers are more likely to receive adequate prenatal care and less likely to give birth as teenagers. However, they are more likely to give birth to infants with low or very low birth weight, which can be associated with increased infant mortality.
- **Mental Health & Substance Abuse:** Mental health and substance abuse were indicated as areas of concern in the United Way 2-1-1 findings, focus group comments and youth risk assessment surveys. In 2012, the 2-1-1 program received 4,931 requests for services. The top request was for mental health care services, specifically psychiatric mobile response services. Focus group participants shared that there is a lack of social workers to help youth dealing with substance abuse issues and child and adult psychiatrists. An assessment of risky behaviors among students found that students are using and abusing harmful substances, primarily alcohol, as early as 7th grade.
- **Older Adult Health Issues:** The population in Milford is aging; by 2025, 20% of the population will be age 65 or older. As this population continues to expand, their health needs will be of increasing concern to the community. These needs, according to older adult survey respondents, may include home health care services, preventive health services, housing, transportation and home maintenance and repair, among others.

Documentation

The CHNA Summary Report was posted on the hospital's website in September 2013 to ensure it was widely available to the community. An Implementation Strategy of how Milford Hospital will address the identified priorities will be developed and submitted with the hospital's 990 filing.

Appendix A: Secondary Data Profile References

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Appendix B: Prioritization Session Participants

Joseph Pelaccia, President and CEO, Milford Hospital,
Lloyd Friedman, MD, Vice President of Medical Affairs and COO, Milford Hospital
Karen Kipfer, Director of Community Relations, Milford Hospital
Marcy Winkle, Director of Social Services, Milford Hospital

Steven Fournier, Assistant Mayor, City of Milford
Dr. Elizabeth Feser, Superintendent of Schools, City of Milford
John Harkins, Mayor, City of Stratford
Janice Jackson, Executive Director, Milford Senior Center
Gary Johnson, Executive Director, United Way of Milford
Barry Kasdan, President and CEO, Bridges
Robert Lewis, MD, Physician (Cardiovascular Physicians and Consultants)
Joyce Lindsay, Director, Home Care Plus
Dr. A. Dennis McBride, Director, City of Milford, Health Department
Maureen Lillis, Associate Director, City of West Haven, Health Department
Ann Marie Ricks, MD, Physician (Seaside OB/GYN of Milford)
Calvin E. Robinson, Pastor, First Baptist Church
Gayle Slossberg, State Senator, Milford

Implementation Strategy 2014- 2016

In support of the 2013 Community Health Needs Assessment, and ongoing community benefit initiatives, Milford Hospital is addressing identified needs by continuing to implement the following strategies to impact and measure community health improvement. The following are ordered alphabetically:

IDENTIFIED NEED: ACCESS TO HEALTH CARE

There is a portion of the local population that is uninsured or underinsured whose health status could be impacted by access to affordable care and /or access to health insurance.

Goal:

To assist individuals in accessing health insurance and providers.

Objectives:

1. Improve awareness and access to insurance plans and providers.
2. Assist individuals to locate primary care providers and /or specialists as requested by payor acceptance.

Milford Hospital Strategies:

1. Continue to work collaboratively with AccessHealth CT enrollment assistants to improve community awareness of public insurance options.
2. Continue to offer individual counseling to senior citizens and persons with disabilities regarding Medicare, Medicaid and prescription options.
3. Maintain an active program to recruit primary care physicians and specialists to the area.
4. Continue physician referral service that monitors acceptance of new patients by payor source.

Key Indicators in Achieving Objectives:

1. Number of participants in AccessHealth CT enrollment programs and events.
2. Number of one-on-one meetings with Milford Hospital CHOICES counselors.
3. Number of physicians requesting / receiving medical staff credentialing
4. Number of calls to physician referral service.

IDENTIFIED NEED: HEALTHY LIFESTYLES/PREVENTION AND MANAGEMENT OF CHRONIC AND INFECTIOUS DISEASES

Addressing the common risk factors associated with chronic and infectious diseases will improve the overall health of our community.

Goal:

To promote healthy lifestyles that reduce risk of cardiovascular disease, certain types of cancer, obesity, diabetes and infectious diseases (influenza and pneumonia).

Objectives:

1. Improve individual and community awareness of healthy lifestyles, risk factors and prevention of disease.
2. Increase the number of adults who have access to appropriate screening for heart disease and diabetes.
3. Reduce re-admission rates for adults with heart failure as a primary diagnosis.

Milford Hospital Strategies:

1. Maintain disease awareness and community education programs that are free to the public and presented by experts in specific medical disciplines (cardiology, diabetes / endocrinology).
2. Continue offering routine health screenings including: blood pressure, cholesterol, glucose and prostate health.
3. Continue to educate individuals about the importance of adopting healthy lifestyles in order to reduce their risk of chronic and infectious diseases. Programs and events include:
 - Self management of chronic conditions
 - Nutritious food choices
 - Physical activity . yoga and exercise
 - Living smoke free / smoking cessation.
 - Importance of immunization . Influenza and Pneumonia
 - Health and wellness fairs+special events
4. Continue to evaluate post discharge phone call records to identify CHF patients in need of post-discharge medical follow up.
5. Continue to facilitate and/or provide meeting space for community support groups.

Key Indicators in Achieving Objectives:

1. Number of education programs and number of program participants.
2. Number of health screening programs and number of participants
3. Re-admission rate for CHF patients.
4. Utilization of hospital meeting space.

IDENTIFIED NEED: MATERNAL CHILD HEALTH

Milford mothers are more likely to give birth to infants with low or very low birth weight. Low birth weight can be caused by life-style behaviors, lack of adequate prenatal care or a chronic health condition. Low birth weight can lead to infant mortality.

Goal:

To reduce the incidence of low birth weight among Milford's mothers.

Objectives:

1. Increase awareness as to the importance of pre-pregnancy planning in improving birth outcomes.
2. Improve maternal awareness of lifestyle behaviors and risk factors associated with low birth weight.
3. Ensure access to pre-pregnancy and early/regular prenatal care via OB/GYN physicians in the community.

Milford Hospital Strategies:

1. Continue support for current programs offered to women of childbearing age including: woman's health awareness series, prenatal education, baby fairs and other types of maternal child health education.
2. Continue to encourage women of childbearing age to participate in health screenings.
3. Collaborate with OB/GYNs, Young Parent Program and Nurturing Families network to provide physical and emotional support to pregnant and parenting women.

Key Indicators in Achieving Objectives:

1. Number of programs and number of participants.
2. Number of women's health specialty physicians on the hospital's medical staff.
3. Number of low birth weight babies born to Milford mothers.

IDENTIFIED NEED: OLDER ADULTS / ISSUES OF AGING

Milford's aging population has increased significantly and is expected to rise. An aging population has unique health needs including preventive care, home health care and access to physicians.

Goal:

To serve the aging population by offering focused approaches to addressing their multiple health and wellness needs.

Objectives:

1. Increase awareness of the issues related to aging which impact senior and caregivers' health and wellness.
2. Offer medical services that meet the needs of an aging population.
3. Increase access to health care and pharmacy services.

Milford Hospital Strategies:

1. Maintain support for current programs targeted towards the 65+ population including issues related to: advance planning and elder care laws, Alzheimer's and Memory loss and other conditions / diseases related to aging.
2. Continue to expand services that meet the needs of an aging population (ie. Wound Care Center, Hospice and Palliative Care).
3. Recruit geriatric provider.
4. Continue to offer one-on-one counseling to senior citizens regarding Medicare insurance and prescription coverage options.
5. Continue to collaborate with home health providers.

Key Indicators in Achieving Objectives:

1. Number of programs and number of participants.
2. Number of physicians on the hospital's medical staff with a geriatric specialty or a primary interest in senior health.
3. Number of one-on-one meetings with Milford Hospital CHOICES counselors.

OTHER IDENTIFIED NEEDS: MENTAL HEALTH AND SUBSTANCE ABUSE

Individuals in the community suffering from mental disorders and substance abuse experience difficulty in accessing services.

Milford Hospital provides care coordination for individuals seeking substance abuse and mental health services via our Emergency Department.

1. Work collaboratively with inpatient and outpatient behavioral health providers throughout the region to help individuals access appropriate care.
2. Continue to provide information on entitlement programs and available services.