

Bridgeport Health Improvement Partnership (BHIP)

Community Health Assessment Survey Results



Summary prepared by duBay Horton Associates (dHA, LLC)
March 2007

**Bridgeport Health Improvement Partnership (BHIP)
Participating Agencies**

ASPIRA

Bridgeport Hospital

Bridgeport Child Advocacy Coalition (BCAC)

Center for Research & Public Policy

City of Bridgeport City Grants Department

City of Bridgeport Fair Housing

City of Bridgeport Health and Social Services

Fairfield University

Greater Bridgeport Adolescent Pregnancy Program (GBAPP)

Health Net

**Optimus Health Care (Bridgeport Community Health Center
and Park City Primary Care Center)**

RYASAP

Sacred Heart University

St. Vincent's Medical Center

Southwest Community Health Center

Southwestern Area Health Education Center

Summary prepared by duBay Horton Associates (dHA,LLC)

BHIP Community Health Assessment Survey Results

The Community Health Assessment was a city-wide effort conducted in 2005 to get a snapshot of the health status of Bridgeport residents. Two surveys were conducted: a phone survey that got responses from 1204 residents, and a companion agency survey that was conducted in-person at health and human service agencies and queried 320 residents. These two surveys captured two different “slices” of the Bridgeport population, as reflected in the demographics of each group. The phone survey respondents as a group were much older and more predominantly white. The agency respondents as a group were less educated and more likely to have a household income of less than \$20,000 per year. Ethnic differences showed more Black/African Americans and respondents of Caribbean descent among the agency respondents. Women were over-represented in both groups, but more so among agency respondents. Highlights from the two surveys are discussed below. Unless specifically referred to as from the “agency survey”, response results refer to the phone survey. The differences between the two survey populations have to be kept in mind when interpreting the results below.

The results have been broken into four topic areas:

- * Insurance Status and Access to Medical Care Insurance status of Bridgeport residents and how that status relates to self reported access to medical and dental care.
- * Health/Risk Behaviors Smoking and alcohol use of Bridgeport residents analyzed by race, gender and other demographic characteristics and participation in preventive behaviors – such as health screening – are included in this section.
- * Health Status Differences in rates of asthma, depression and health priorities of participants in the surveys are presented.
- * Environmental Effects Other factors that affect the health of Bridgeport residents including domestic violence, cardiovascular knowledge, physical activity, and screening for lead in homes.

These results suggest a number of priorities for the Bridgeport community to undertake to ensure the health of its citizens including:

- Promote universal health and dental coverage for all residents.
 - Expand mental health services to meet the needs of all residents in need.
 - Expand access to needed screening services particularly colon, prostate and cardiovascular.
- Promote smoking cessation activities for smoking residents who would like to quit, and educate all residents on the adverse health effects of smoking.
- Educate residents through social marketing and group and individual level education efforts on highlighted concerns including:
 - the signs and symptoms of heart attack and stroke
 - the prevalence and unacceptability of domestic violence and sexual assault
- Expand screening of homes with children living in them for lead.

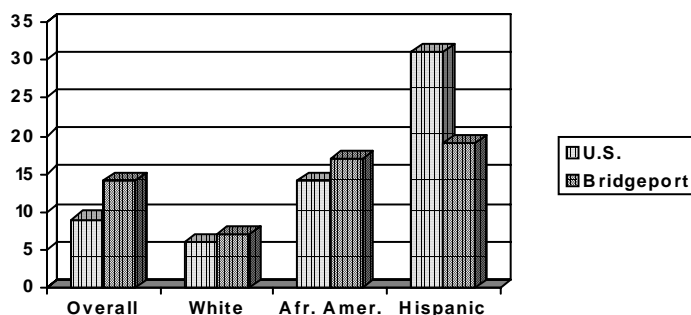
Insurance and Access to Medical Care

❖ *Bridgeport residents report being well connected to medical care -- although this is less true among the uninsured, working poor, linguistic minorities, and men.*

Overall, 90% of the survey respondents had a personal doctor, 96% reported understanding doctors' instructions well, and 91% of survey respondents had had a routine check-up within two years. These percentages are considerably lower for the uninsured (58%, 78%, 69% respectively), working poor¹ (74% have a personal doctor), among Spanish speakers (84%, 90%, 83%), Portuguese speakers (72% have a personal doctor), and men (83%, 90%, 85%).

❖ *1 in 5 Bridgeport residents (20%) reported being without health insurance currently or at some time during the previous year. This rate increases to nearly 1 in 3 (31%) among working poor, 27% among Spanish speakers and 37% among Portuguese speakers.*

Of the survey respondents who had health insurance, public forms of insurance (SAGA, Medicaid, Medicare, Husky, "Government") accounted for between one-third and one-half of coverage (36% of phone survey respondents and 51% of in-person survey respondents). *The story was happier regarding children: about 89% of respondents who had children reported that their children were covered by health insurance.*



❖ *46% of respondents reported not having insurance that paid for their dental care.* Just over half (55%) reported having been examined by a dentist or dental hygienist during the previous year. Again, children tended to fare better than adults, with 77% of respondents who had children reporting that their children were covered by dental insurance.

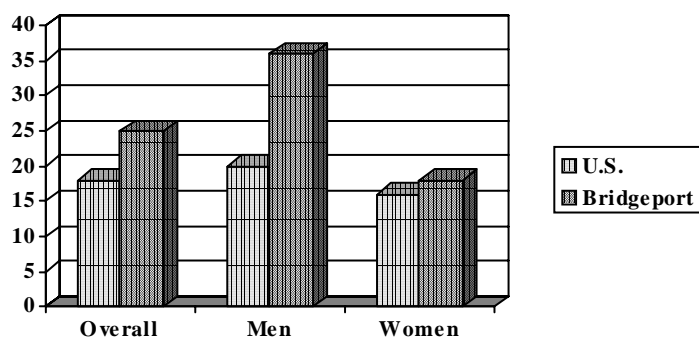
❖ *While 82% of phone survey respondents said they had no trouble getting medical care only 40% of the agency respondents reported no trouble. This difference appears to be due in large part to poverty and insurance status.* Of the agency respondents who had no insurance over the last year, only 55% reported no trouble getting medical care, and among agency respondents classified as working poor, 31% reported no trouble. Among the respondents who reported difficulties, the most frequently cited barriers were not being able to afford the doctor/not having insurance, transportation and not being able to get time off of work.

¹ Working poor is defined as being employed and earning less than \$20,000 per year.

Health Behaviors

❖ *1 in 4 Bridgeport residents smoke— among the uninsured, this rises to 1 in 3 (33%) and among the unemployed 1 out of every 2 smoke (50%).* About twice as many men reported smoking compared to women (36% versus 18%). Interestingly, among Spanish speakers the rate was 41% while among Portuguese speakers it was 10%.

Percent Who Currently Smoke



❖ *Overall, one third of Bridgeport residents reported having had an alcoholic drink during the past 30 days.* Drinking was more prevalent among the unemployed (49%), and Portuguese speakers (62%). Higher rates of drinking were also reported by those who were college educated (42%) and those making more than \$50,000 per year (59%).

❖ *The most commonly reported screening test was for blood pressure, reaching fully 85% of respondents in both surveys.* By contrast, only 43% of phone survey respondents had been screened for colon cancer, and only 46% of men had been screened for prostate cancer. In general, agency respondents reported lower rates of screening-- again, reflecting circumstances among younger, poorer respondents of color. Respondents who were insured were much more likely to have been screened for each test. Similarly, the elderly were more likely to have been screened. Still, only 55% of respondents over the age of 50 had been screened for colon cancer, and only two-thirds of men over 50 had been screened for prostate cancer.

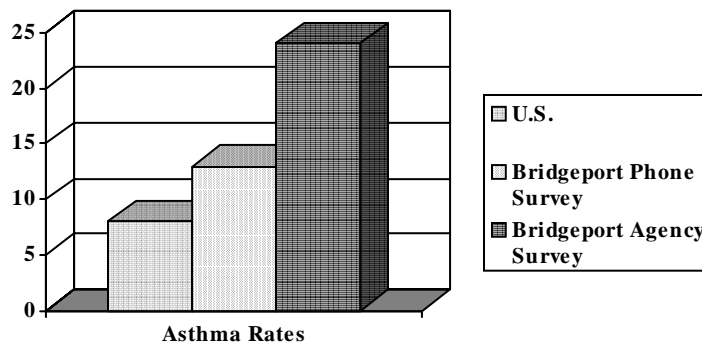
Test or Screening	Phone	Agency	Insured	Uninsured	Over 50
Blood pressure screening	86%	85%	90%	74%	95%
EKG (electrocardiogram)	63%	47%	67%	43%	75%
Cholesterol blood test	81%	67%	85%	67%	90%
Colon cancer screening	43%	29%	47%	27%	55%
Mammogram (women only)	76%	58%	79%	59%	85%
Prostate cancer blood test (men only)	46%	44%	53%	26%	66%

Note: the screening rates by insurance status and for those over 50 years are for phone survey respondents only.

Health Status

❖ One in four Bridgeport residents (26%) has an immediate family member with asthma and 13% have been told by a professional that they have asthma themselves. Among the agency survey, rates were higher—a finding consistent with the fact that rates of asthma tend to be higher among younger, non-white, and poorer populations (agency survey: 24% had asthma and 43% had a family member with asthma). Rates of asthma were elevated among those who had children (phone survey 18%, agency 25%), those who were under 35 years (phone survey 18%, agency 24%) and the working poor (phone survey 18%, agency 24%).

Percent Who Have Asthma



❖ *About one in ten Bridgeport residents (9% phone survey, 13% agency survey) reported that their mental health or depression kept them from their usual activities for at least a few days over the last year or two.* Mental health problems disproportionately affected the poor. Respondents reporting incomes less than \$20,000, reported that mental health issues kept them from their usual activities at much higher rates (14% phone survey, 30% agency) compared to those reporting incomes \$20,000 to \$50,000 (7% phone, 9% agency).

❖ *Considering both surveys together, high blood pressure, arthritis and asthma were each among the top 5 health concerns listed. Other commonly-cited health concerns included high cholesterol, diabetes and back or neck problems.*

Environmental Effects

❖ *Overall, 1 in 10 Bridgeport residents feels unsafe walking in their own neighborhood. This goes up to about 1 in 5 (19%) among respondents who report having an income less than \$20,000, and half (49%) of unemployed residents feel unsafe walking in their neighborhood. Interestingly, all Portuguese-speaking respondents (of which there were 29) reported feeling safe or very safe walking in their neighborhood.*

❖ *Sixteen percent (16%) of women in the agency survey reported being victims of domestic violence, and 11% reported being victims of sexual assault.*

❖ *Only one-third of households who have children (34%) reported having had their home checked for lead.*

❖ *Overall, about three-quarters of respondents (72.1%) reported doing moderate physical exercise activities at least ten minutes at a time, about five days a week. Rates were highest among the young (83% for those under 35 years) and lowest among the very old (60% for those 75 and older). Portuguese speakers were the most likely to report consistent exercise (100%) and African Americans were less likely (67%). Overall, 75% agency respondents reported doing moderate physical exercise.*

❖ *Cardiovascular knowledge - Overall, only 16% of phone survey respondents and 13% of agency survey respondents recognized all 5 potential symptoms of a heart attack. Older adults tended to be more familiar with the warning signs, with 15% of agency respondents over the age of 50 recognizing all 5 symptoms, compared with 11% of agency respondents under 50. There was little knowledge difference between men and women, but those with insurance tended to recognize more symptoms compared to those without (14% versus 11% recognized 5 symptoms), and respondents classified as working poor identified fewer symptoms (9% versus 13% for non-working poor).*