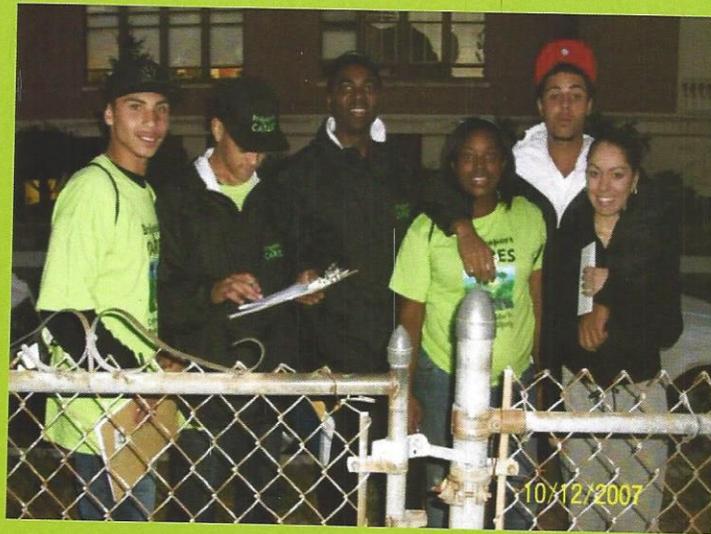


Bridgeport Community Allied to REACH Health Equity (Bridgeport CARES): Results of a Community Health Assessment



April 2011



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Thank you....

To the 1707 Bridgeport residents who talked with our interviewers.

To our Community Partners

Bridgeport community gardens
Bridgeport Hospital
Bridgeport Housing Authority
Bridgeport REACH 2020
City of Bridgeport: Central Grants office, Housing Authority, Mayor's Office
Optimus Health Care
RYASAP
Southern CT State University School of Public Health
Southwest Area Health Education Center
Southwest Community Health Center
St Vincent's Hospital
United Congregational Church - Feel the Warmth Community Suppers

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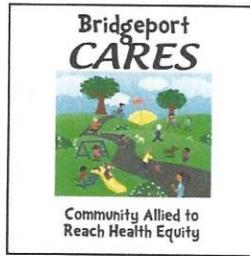
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To the Vendors who provided services and materials to the Project

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The Workplace Summer Youthworks Employment Program



Bridgeport CARES Overview and Executive Summary

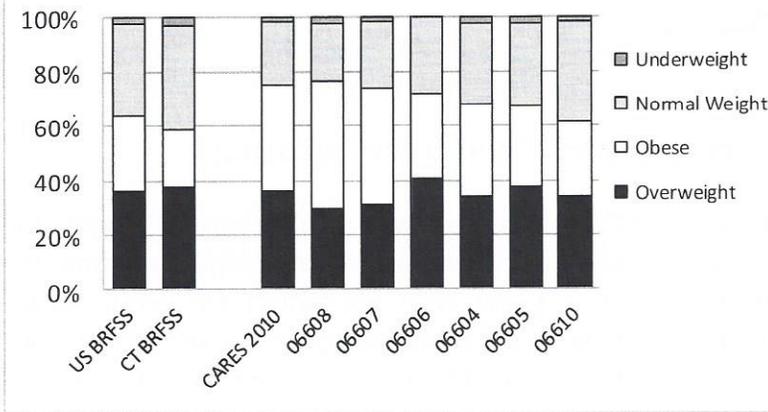
The Bridgeport Community Allied to Reach Health Equity (CARES) began work in the Spring of 2010 when the Bridgeport Department of Health and Social Services undertook a review of the survey and findings from the 2005 Bridgeport Health Improvement Partnership's Survey, together with area health and social service providers. duBay Horton Associates, an area consulting firm who aided in the analysis and dissemination of the 2005 BHIP Community Health Assessment Survey, assisted in the development of the CARES survey as well. The revised and expanded survey tool that was used for the present CARES survey is shown in Appendix A.

Bridgeport CARES was more than a survey, as it sought to engage Bridgeport young people and residents in the process. Thirty surveyors were recruited from area teen parenting programs, local high schools, and the Workplace Youthworks program which provides summer work opportunities to young people involved with the juvenile justice system, DCF, or other at-risk groups. The surveyors were supervised by 5 field captains who were also members of the Bridgeport community. Prior to the work being approved by Bridgeport's city council, the surveyors received training on health equity, survey methods, and performed community service projects working in area soup kitchens, reclaiming a neglected community garden site and bringing produce to the soup kitchen, and having educational sessions and activities to understand the importance of having a bank account, entrepreneurship, and other life skills.

The surveys were conducted in September and October 2010. Teams alternated work in the field (going door to door) with conducting phone surveys using a random digit dial methodology. Surveys were conducted in both English and Spanish. It was decided that the survey should oversample neighborhoods that had been undersampled in previous efforts; specifically the project sought adequate sample sizes from the East End and East Side neighborhoods. Surveys were conducted in Trumbull Gardens, Marina Village, and PT Barnum housing projects with collaboration from the Bridgeport Housing Authority. Surveys were also conducted at community events (e.g. Trunk or Treat at Dunbar School, Basketball Tournament at Cardinal Sheehan Center as examples.) As the data collection proceeded, the characteristics of respondents were continuously monitored, and efforts were made to adjust the surveys population when necessary, to make the final sample as representative of the city as possible. This was accomplished with success; while overall the sampling method was not random but rather convenience, the resulting demographics are close to that of the city as a whole, and represent the East End and East Side Neighborhoods.

The same group who had been engaged in the survey design participated in the survey analysis. Three meetings were held to review survey results and to provide input into the analysis and outcomes. Given the enormous density of the available information the group recommended the development of "fact sheets" on topics of interest to particular groups. Fact sheets were developed on: Obesity, Hispanic ethnicity, Chronic disease: Diabetes and Asthma, Lead testing, Issues related to children, Homelessness, Smoking, and Food insecurity. A larger report with details on results and crosstabs on each question will be made available. Highlights from some of these areas include:

BMI Comparisons



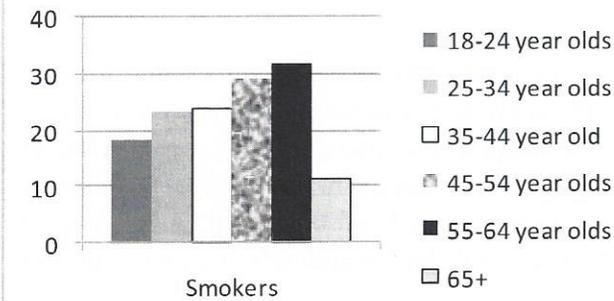
Obesity: There was a relatively large percentage of people (19%) who did not share their height and/or weight information, and for whom therefore BMI could not be calculated. Among those who did provide height and weight information, overall, 37% were obese and another 34% were overweight. Those groups at elevated risk included: residents living below poverty level, Hispanics, those with less than a 12th grade education, those who reported food insecurity, those with low vegetable consumption, and those living in certain zip codes. There may be an independent association with being overweight and living in zip codes 06607 and 06608; further investigation

will examine this relationship. Rates of being overweight are similar to statewide averages from the Behavioral Risk Factor Surveillance Survey, but rates of obesity are almost double Connecticut's overall rate of 21%.

Hispanics: The Hispanic population in Bridgeport increased from 32% to 40% between 2000 to 2010; in the CARES sample 34% were Hispanic. 63% of Hispanic respondents spoke both English and Spanish, 23% spoke Spanish only, 13% spoke English only. Hispanic respondents were more likely to have lower levels of education and lower incomes, compared to non-Hispanic respondents. They were also more likely to rent versus own, to have been homeless in the last year, to have been food insecure, to lack health insurance, to have had trouble paying for medications, and to feel unsafe in their neighborhood. Hispanics were also more likely than their Black or White counterparts to report having thought a lot about their race/ethnicity, and to have had physical symptoms due to their treatment based on race.

	Hispanics	Blacks	Whites
<i>n</i>	572	752	313
Physical symptoms due to race			
Never/ once a year	75%	77%	88%
One a week/ month	16%	12%	7%
Once an hour/ constantly	8%	8%	3%
Physical symptoms due economic circumstances			
Never/ once a year	44%	50%	58%
One a week/ month	21%	23%	19%
Once an hour/ constantly	32%	25%	22%

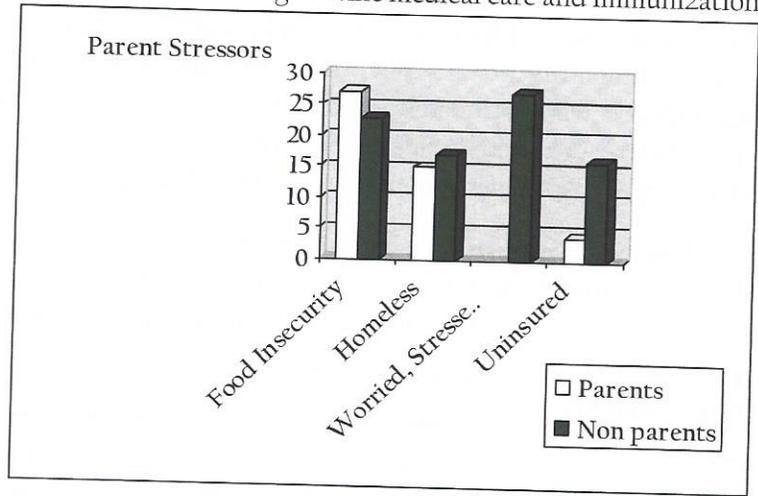
CARES Smoking Rates by Age



Smoking: Overall, 465 respondents (27% of sample) smoked. Groups at elevated risk included: men, those below the poverty level, Blacks/African Americans, those with less than a 12th grade education, those who were unemployed, and those who had no health insurance. Almost exactly half of smokers had tried to quit in the last year. Those who had tried to quit smoking had higher levels of income and education, compared to those who hadn't tried. The CARES survey found the highest rate of smoking among middle aged participants (32% for those 55-64 years), while rates among younger respondents were relatively low (18% for those 18-24 years). This stands in contrast to the findings of the Connecticut Adult

Tobacco Survey which found the highest rates of smoking among adults in Connecticut to be among 18-34 year olds¹. The 2008 Search Institute Survey of Bridgeport High School students found the rates of smoking to be about 9% for students in 10th-12th grade three years ago².

Children: While there was good news with regard to children receiving routine medical care and immunizations (85%) two thirds of parents report that children watch more than two hours of television daily. Parents were also more likely than non-parents to be food insecure, with 27% of parents reporting running out of food or money to buy food in the past month compared to 21% of non-parents. 38% of parents in our survey reported having times in the past year when their family had no place to live. Despite the fact that parents overwhelmingly reported believing that reading to children daily is important, fewer than one quarter of households with children under 6 reported reading to their children for at least 20 minutes/day. Older, male, White, and higher income parents were all relatively more likely to read to their children.



Lead Poisoning: Compared to the state as a whole, Bridgeport consistently has higher rates of screening for lead poisoning for children under 6 years of age (47% vs. 28% in 2008), and also higher rates of elevated blood lead levels among those screened³. This is important given the age of housing stock in Bridgeport. In our sample, 63% of households with children under the age of 6 reported that the child had been tested. Connecticut mandates that children on Medicaid be tested for lead; accordingly, rates of screening were higher among children on Medicaid (our sample 67% versus 52%). Those more likely to get tested included: Hispanics, those living below poverty level, those whose parents have an educational level of 11th grade or less, and those who used a community health center as their primary health provider. Less likely to get tested included those whose primary care provider was a private doctor, a walk-in clinic, or the ER, White children, and children who didn't have health insurance.

Neighborhood Concerns: There were many issues which were not easily collapsible – for purposes of this report we have joined them in a discussion of neighborhood or community concerns. These data include details on homelessness, neighborhood characteristics, top health concerns by neighborhood, top items that make a neighborhood a good place to live. Generally Bridgeport residents (84%) feel safe walking in their own neighborhoods during the day. While the rates fall slightly lower at night (63%) most residents do have a sense of security. Many issues showed neighborhood differences – particularly homelessness, obesity and food insecurity.

Homelessness: Homelessness in the CARES sample was defined by answering “yes” or “sometimes” to the statement: “There have been times in the past year when my family has had no place to live”. Overall, 285 or 17% of respondents answered positively to that question. One-third of respondents who had been homeless had children. In terms of age, gender, and race, the homeless population was similar to the overall survey population, though males and respondents of Hispanic ethnicity were somewhat over-represented. Nearly half (47%) were employed, and 70% had at least a 12th grade education. While the prevalences of alcohol and substance use, mental illness, and having experienced violence were each low among the homeless, those factors raised the risk

¹ http://www.ct.gov/dph/lib/dph/hems/tobacco/pdf/a_quick_look_at_smoking_in_ct.pdf

² Search Institute, 2006. *Developmental Assets: A Profile of Your Youth for Bridgeport Public Schools*

³ CT DPH, Childhood Lead Poisoning in Connecticut, Surveillance Reports for 2006, 2007 and 2008.

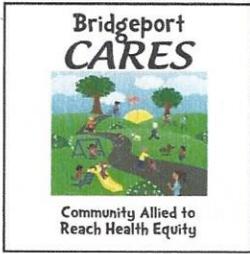
of being homeless. In other words, among those who reported mental illness, substance use, and/or violence, the rates of homelessness were much higher.

How did our sample compare to Bridgeport residents as a whole?

Below is a summary of how the demographics of our sample compared to the demographics of Bridgeport as a whole. It is important to remember that 06607 and 06608 were oversampled to ensure that the groups in those neighborhoods were adequately represented. This also meant that because those neighborhoods were more racially diverse, our overall sample was more racially diverse than the city as a whole. Our sample also differed from the greater Bridgeport population in terms of age, gender, and socio-economic status.

The differences in population composition should be kept in mind when interpreting the results; characteristics such as ethnicity, age, and socio-economic status clearly affect health outcomes and concerns. Appendix B shows the percentages for each demographic, that the summary below is based on.

Demographic	
Age	
Middle ages 35-64 years	Over-represented
Younger (18-34) and Older (65 and older)	Under-represented
Gender	
Women	Over-represented
Men	Under-represented
Race/Ethnicity	
Black/AA	Over-represented
White	Under-represented
Hispanic	(neither)
Education	
12th grade or GED	Over-represented
College 4 or more	Under-represented
<12 th grade, College 1-3 yrs	(neither)
Income	
< \$20,000, range \$20,000 to < \$50,000	Over-represented
≥ \$50,000	Under-represented
Zip Code	
06607, 06608	Over-represented
06605, 06606, 06610	Under-represented
06604	(neither)



CARES Fact Sheet: Obesity

Of the entire sample of 1707 respondents, 81% (1381) gave both height and weight information such that BMI could be calculated. Looking at the subset of 1381 with adequate information shows that 37% were obese and 34% were overweight. The table below shows obesity and overweight/obesity combined rates, by risk group.

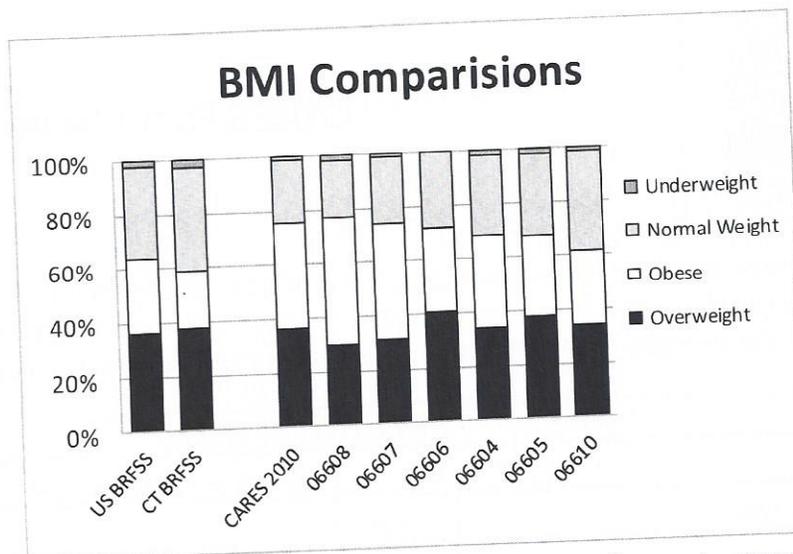
Risk factors for obesity			
	<i>n</i>	% Obese or Overweight	% Obese
Overall rate	1381	71%	37%
Men	567	71%	34%
Women	794	71%	39%
Poverty level	497	75%	41%
Not poverty level	478	70%	36%
Black/AA	593	72%	38%
Hispanic	486	76%	40%
White	259	62%	30%
<12 th grade	371	73%	39%
College graduate	202	67%	29%
Unemployed	303	72%	37%
Employed	716	71%	37%
Private Insurance	399	71%	38%
Government	699	70%	36%
No Health Insurance	292	74%	35%
Zip code 06608	290	77%	48%
Zip code 06610	115	62%	28%

Compared to state and national data derived from the Behavioral Risk Factor Surveillance System (BRFSS), Bridgeport had rates of obesity higher than either state or national averages. Like the local CARES survey, the BRFSS also reported that respondents were more likely to be obese or overweight if they had relatively low levels of education (27% obese among Connecticut residents with less than a high school education), were poor (37% obese among residents earning less than \$15,000 per year), and were of color (39% obese among Connecticut's Black residents, 30% among Connecticut's Hispanic residents).

Geographic region and source	% Overweight	% Obese
United States (BRFSS 2009)	36.2	27.2
Connecticut (BRFSS 2009)	38.0	21.0
Bridgeport CARES survey	34.2	36.8

There were no big differences in overweight/obesity when looked at by age. The only notable difference was that the proportions of the population who were obese or overweight were lower among the elderly.

Given the effects not only of being overweight - but obese on overall health outcomes this fact is of great concern.



Zip Code

There were differences in obesity/overweight by zip code, with 06608 and 06610 having the most extreme high and low rates. 06608 also has the highest rates of 3 factors that were associated with obesity: % respondents living below the poverty line, % residents with less than a high school education, and % Hispanic residents. 06610 on the other hand had the lowest rates for poverty and % residents with less than a high school education, and was somewhere in the middle in its percentage of Hispanics. So to some extent we would expect 06608 to have higher rates than 06610. In addition when reviewing the number of grocery stores and bodegas by zip code the two areas with the highest obesity rates also have the lowest rates of full service grocery stores.⁴

Zip code	# household	full service grocers	rate FSG/10,000	corner store	rate CS/10,000
06604	4556	1	2.20	40	8.78
06605	8585	2	2.33	31	3.61
06606	16801	3	1.79	35	2.08
06607	2688	0	0.00	20	7.44
06608	4346	1	2.30	33	7.59
06610	8877	1	1.13	20	2.25

However, when each of these risk categories (poverty, education, ethnicity) is looked at by zip, the rates of obesity/overweight are higher even *within* the risk categories. For example, if you consider only those living below the poverty level, residents of 06608 were still more likely to be overweight/obese.

Within Zip Code	06608	06610
Total number of respondents	290	115
Respondents below poverty level	128 (44%)	29 (25%)
% obese or overweight	78%	59%
< 11 th grade education	100 (34%)	18 (16%)
% obese or overweight	74%	67%
Hispanics	164 (57%)	37 (32%)
% obese or overweight	79%	68%

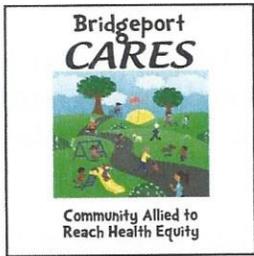
effect on obesity/overweight through diet.

Food security was also associated with obese/overweight: among those who reported that they did not have enough food or money to buy food in the past 30 days, 40% were obese and 75% were either obese or overweight, compared to 36% and 70% respectively. Further investigation will try to answer the question of whether food insecurity is a marker of poverty, or whether it might have an independent

⁴ # licensed grocers and corner stores taken from licenses held by Bridgeport Dept of Health and Social Services, rates calculated using # households from 2010 census data.

Servings of vegetables had an inverse relationship with obesity/overweight. There were 4 answer choices for vegetable consumption ranging from “none” to “6 or more”. Those who answered none had the highest rate of obesity/overweight at 77%; those who answered 6 or more had the lowest at 61% and the choices in between followed a step-wise pattern.

The survey also explored the reasons people gave for not usually buying fresh vegetables. Looking at the subgroup who was overweight/obese and who ate 2 or fewer servings of vegetables (n=631): the responses they gave to that question were almost exactly the same as the bigger group. “Too expensive” was the biggest reason (28%) followed by “spoil before we eat them” (11%), and “quality not good” (9%).



CARES Fact Sheet: Hispanic Population

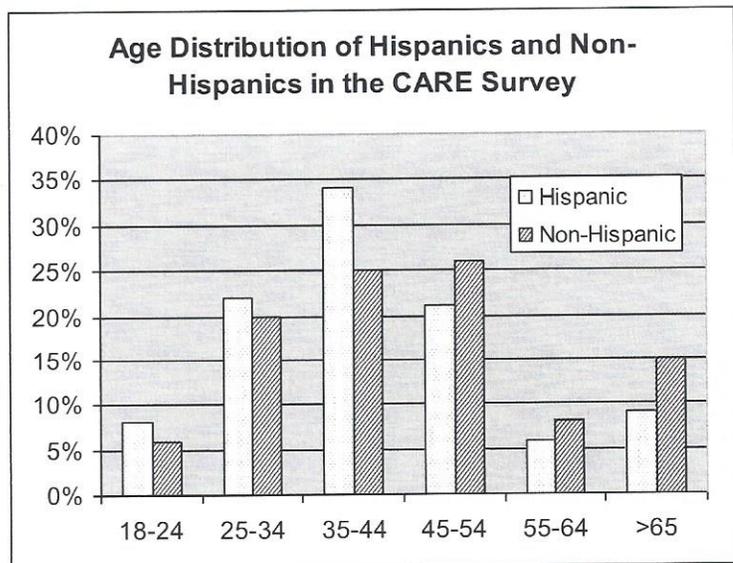
According to the US Census, the proportion of the Hispanic population in Bridgeport grew from 32% in 2000 to 40% in 2010. Of the entire sample of 1707 respondents, 35% (594) said they were of Hispanic ethnicity.

Of the 594, 36 listed another race in addition: 22 Black/African American and 14 White. For the purposes of data analysis, each respondent was given a primary race/ethnicity, and darker skin color prevailed in the decision of what race/ethnicity to assign. So for the CARE survey analysis, 572 (34%) were considered Hispanic.

In terms of languages (“tell me the languages you speak”), 76% listed English and 86% Spanish, with an overlap of 63% listing both.

Languages	
English and Spanish	361 (63%)
Spanish only	132 (23%)
English only	72 (13%)
(missing)	7 (1%)

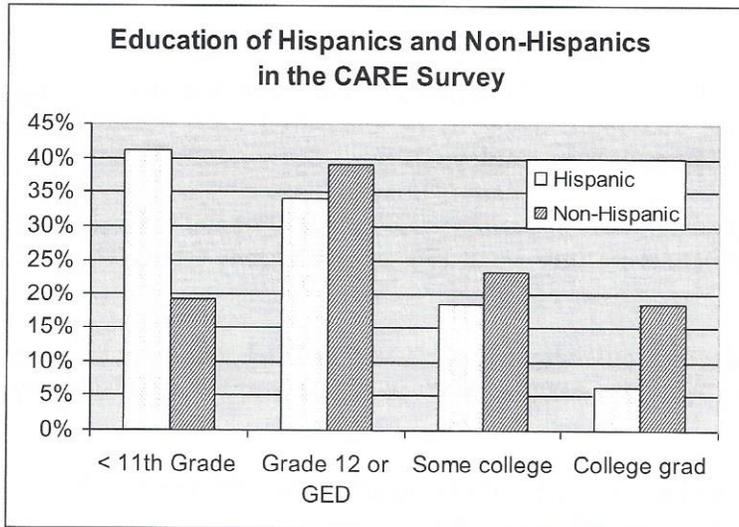
Zip Codes	
06608	186 (54%)
06606	119 (33%)
06604	96 (29%)
06607	72 (24%)
06605	53 (25%)
06610	45 (30%)



Geographically, Latinos ranged from comprising about 25% to over 50% of the respondents by zip code. Hispanics comprised 54% of the respondents in zip 06608.

Non-Hispanics were a little more likely to have lived in Bridgeport for a longer period of time, but not by much. 13% of non-Hispanics had lived in Bridgeport for fewer than 5 years, compared to 16% of Hispanics.

The Hispanics in our survey were disproportionately younger. About two-thirds of the sample (65%) were under 45 years of age, compared to 56% of non-Hispanics.



Hispanics also had relatively lower levels of education compared to the non-Hispanics in the sample. About twice as many Hispanics had not completed 12th grade, and the rate of attaining some college education was lower (25% Hispanics, 41% non-Hispanics).

Income levels were also lower among the Hispanics who took the survey: 44% had incomes and household compositions that put them below poverty level, compared with 32% for non-Hispanics. Hispanics and non-Hispanics were almost exactly the same in terms of employment (distribution of employed, unemployed, disabled, etc.).

Hispanics were more likely to be renters than non-Hispanics (69% versus 57%). Hispanics were more likely to have been homeless in the last year (20% versus 15%), and to have been food insecure (27% versus 21%).

Children and Households

More Hispanic respondents reported having children in their care, compared to non-Hispanics: 46% versus 32%. Some of this could be due to the fact that Hispanic respondents on the whole were younger. But—in addition to the relative youth of the population—elderly Hispanics were also likely to report having children living in their households. Among Hispanics respondents 65 or older, 27% reported having a child in the household, compared to 5% of non-Hispanics.

In terms of household size, Hispanic households tended to be a little larger (an average of 3.4 people versus 3.1 people for non-Hispanic). Put another way, 45% of non-Hispanics lived in households with one or two people, compared with 35% of Hispanics.

Quality of life

Fewer Hispanics felt safe in their neighborhoods compared to non-Hispanics. During the day, 79% of Hispanic respondents said they felt safe or very safe walking in their neighborhood, compared to 86% of non-Hispanics. For the night time, those figures were 50% and 58% respectively. 42% of Hispanics had library cards compared to 58% of non-Hispanics.

	Hispanics	Blacks	Whites
<i>n</i>	572	752	313
Physical symptoms due to race			
Never/ once a year	75%	77%	88%
One a week/ month	16%	12%	7%
Once an hour/ constantly	8%	8%	3%
Physical symptoms due economic circum.			
Never/ once a year	44%	50%	58%
One a week/ month	21%	23%	19%
Once an hour/ constantly	32%	25%	22%

Hispanics also thought about their race/ethnicity more than Blacks or Whites. In answer to “how often do you think about your race?”

80% Whites said “never” or “once a year”, compared to 63% of Blacks, and 55% of Hispanics. At the same time, 33% of

Hispanics replied “once an hour” or “constantly”, compared to 24% Blacks, and 7% of Whites.

Health Outcomes

Hispanics were exactly as likely as non-Hispanics to have government insurance. They were less likely to have employer-based insurance or self-bought insurance, and more likely to be uninsured (21% versus 13%). (Remember Hispanics were exactly as likely as non-Hispanics to be employed).

Hispanics were more likely to have their children on government insurance (70% versus 60%) and their children were more likely to be uninsured, though the numbers were very small (5% or 13 children versus 3% or 12 children).

Hispanics were much less likely to go to a private doctor's office for care (36% versus 53%), and more likely to use a community health center (41% versus 29%). Rates for usage of walk-in clinics and the ER were very similar.

Hispanics were a little more likely to report ever having had trouble paying for medications (30% versus 27%).

Barrier	Hispanics	non-Hispanics
Can't afford to go to the doctor	10%	10%
Transportation problems	8%	8%
No insurance	9%	6%
Can't find Dr. who accepts insurance	7%	4%
Can't find Dr./clinic you like	6%	4%

The profile of barriers to health care was similar for Hispanics and non-Hispanics; Hispanics were slightly more likely to list a few of the most common ones (Q4).

Behavior/outcome	Hispanics	non-Hispanics
Smoking	27%	27%
Obesity/Overweight	76%	68%
Asthma	23%	17%
Diabetes	12%	13%
Worried/stressed/sad	33%	25%
Lead testing*	66%	61%
Car seats* (always)	85%	79%
* Includes households with children under 6 years.		

Protective factors

The "Hispanic paradox" refers to the phenomenon that Hispanics tend to have relatively high rates of poverty and low rates of health insurance, yet tend to outlive African Americans and non-Hispanic Whites. Suggestions for what might account for the Hispanic paradox include low rates of smoking and close social and family networks. Another idea in the literature is that levels of education may not be as tightly correlated with health outcomes in the Hispanic community, as they are in other communities.

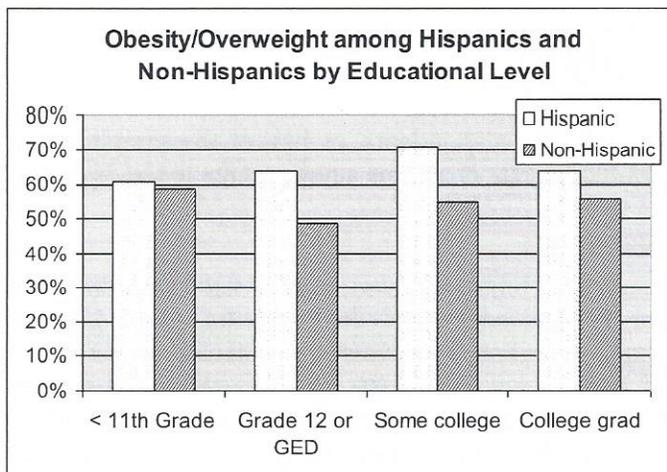
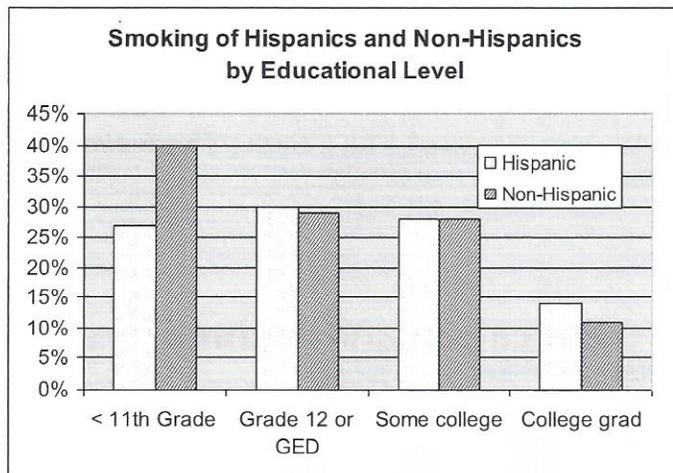
Looking at these ideas for our CARE respondent population:

Smoking: Overall exactly as many Hispanics smoked as non-Hispanics (27%). However, among the 132 Hispanic respondents who spoke only Spanish, only 16% smoked.

Social support: "How often do you get the social and emotional support you need?"

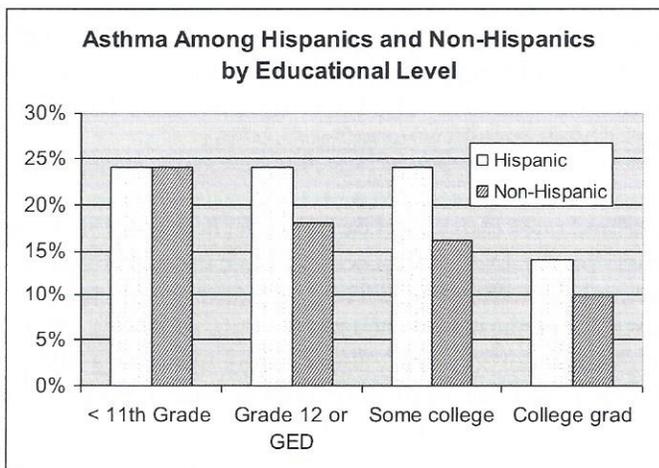
This didn't bear out in favor of Hispanics either. Hispanics were more likely to answer this with "sometimes", (16% versus 13%) or "rarely/never" (19 versus 14%), and less likely to answer with "usually/always" (63% versus 72%).

Correlation of education and health outcomes:



There may be some truth to the idea that educational levels are less correlated with health outcomes among Hispanics, compared to non-Hispanics, in our sample. The patterns with smoking and asthma are more step-wise among non-Hispanics and more even among Hispanics, until you get to college graduates. The pattern with obesity is a little less clear, but still different for Hispanics.

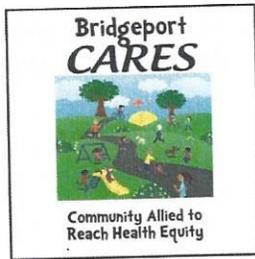
The pattern with diabetes and education was the same between Hispanics and non-Hispanics (not shown).



Sources of Media Information

Which media do you watch/read/listen to on a regular basis

	Hispanics	non-Hispanics
Channel 12 News	62%	64%
Connecticut Post	37%	50%
Channel 8 News	16%	29%
Bridgeport News	20%	19%
Facebook	14%	16%
WICC	6%	8%
WEBE 108	4%	5%
Radio Cumbre 1450 AM	10%	1%
El Sol	9%	<1%



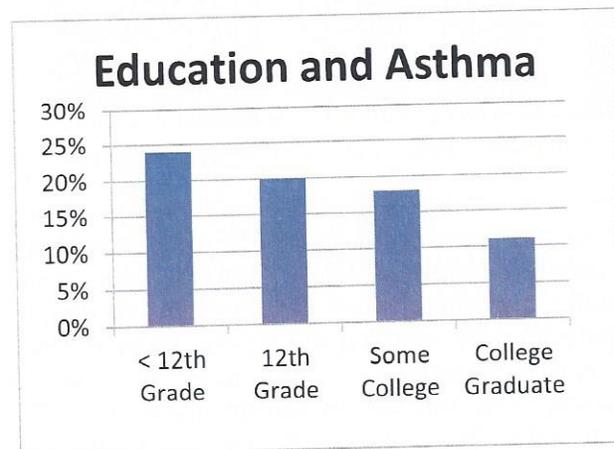
CARES Fact Sheet: Chronic Diseases

Asthma

Overall, 324 respondents, or 19% of the sample reported having been diagnosed with asthma. This is almost double the rate of asthma among adults in the State of CT (9.3%).⁵

Risk factors

Having asthma was associated with lower levels of income and education. Respondents whose incomes put them below the poverty line had asthma at the rate of 24%, compared to 14% for those above the poverty line. Looking at the more differentiated income levels does *not* show a step-wise pattern as incomes increase; rather it looks more like a threshold effect. The rate of asthma for those with incomes under \$20,000 per year was 24%. Those with reported incomes of \$20,000-\$39,999 had a rate of 15%, and other income levels had rates of about 16%. The lower the education levels the most likely people were to have asthma.



Asthma rates also varied by zip code; however the differences in asthma rates by zip were likely driven, at least in part, by the local differences in education and income. The two zip codes with the highest rates of residents living below the poverty level, and of residents with less than a 12th grade education were also the two zip codes with the highest rates of asthma (06607, 06608). Similarly, the zip code with the highest rate of residents living above the poverty level, and of residents with a high school or better education, had the lowest rate of asthma (06610). Renters were more likely to have asthma versus those who owned their own home (22% versus 14%).

Characteristic	n	% Asthma
Entire Sample	1707	19%
Below poverty level	603	24%
<12 th grade education	430	24%
Zip 06607	300	23%
Rent (vs. own or w/ friends)	1037	22%
Household size 5 or more	338	23%
Hispanic—speak English	440	26%
Hispanic—speak only Spanish	132	15%

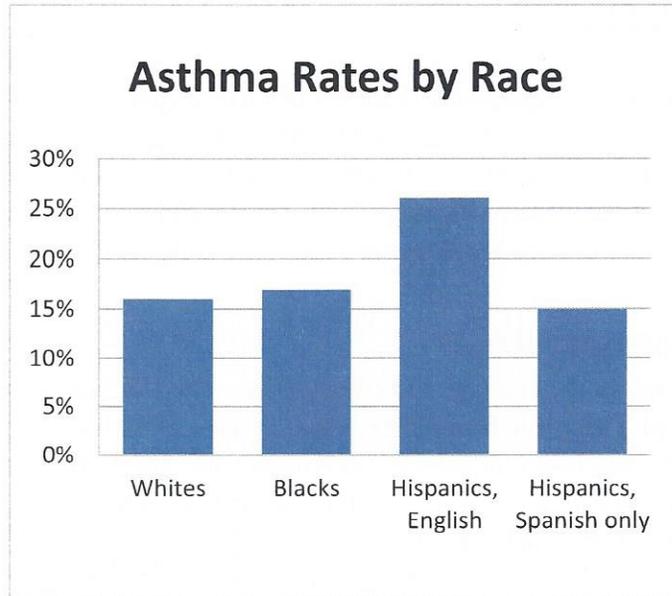
Respondents in crowded households were also more likely to report having asthma; among those living in households with 5 or more people, 23% had asthma while those living alone had a rate of 17%. Household size is also associated with many things that are in turn associated with asthma, such as poverty and age (elderly were more likely to live alone). Further analysis would be needed to tease out some of these factors.

⁵ http://www.ct.gov/dph/cwp/view.asp?a=3137&q=387988&dphNav_GID=1948&dphPNavCtr=|#49320

Race/ethnicity and asthma

In the CARES survey sample, White and Blacks had very similar rates of asthma (16% and 17% respectively), while Hispanics were at the elevated risk of 24%. Looking at Hispanics more closely, though, shows that those who spoke only Spanish were at an advantage. Among the Hispanics who reported speaking English, the rate of asthma was 26%; among those who reported speaking only Spanish, the rate was 15%.

The number of respondents who reported their race/ethnicity as Native American was extremely small, only 12. But the rate of asthma among those 12 Native Americans was extremely high—6 or half of them reported having been diagnosed with asthma.



Smoking and asthma

Having asthma did not seem to deter respondents from smoking. The overall rate for smoking cigarettes was 24%; those with asthma smoked at a rate of 30%, those without, 22%. And among smokers, the rate of asthma was higher. 24% of smokers reported having been diagnosed with asthma; among non-smokers it was 17%.

Health care and asthma

Most respondents with asthma had some form of health insurance (85%). At the same time respondents without health insurance were *not* at a risk for asthma (of the uninsured, 16% had asthma, compared with 20% of insured respondents). The majority of respondents with asthma (88%) responded that they "...had one person or health care facility you think of as your personal doctor... or health care provider". The table below shows the main medical care providers for respondents with asthma. The 12% (35 people) who reported that they did *not* have a one main health care provider tended to use community health centers (13 people), walk-in medical clinics (5 people) and the emergency room (7 people).

Main medical care provider

Medical providers	324
Private doctor's office	140 (43%)
Community health center	119 (37%)
Walk-in medical clinic	26 (8%)
Emergency room	21 (6%)
Other or missing	18 (6%)

Children and asthma

Overall, 8% of respondents (144) responded that they had an immediate family member who was a child, that had asthma. A disproportionate number of those respondents were under the federal poverty level. Of the 144 families that said they had a child with asthma, nearly half were under the poverty level (47%), compared with 35% for those who did not report having a child with asthma. Only three of those families reported not having health insurance for their children. 10.5% of CT's children have asthma but the differences in how the numbers were determined are not predictive of a change in asthma rates.

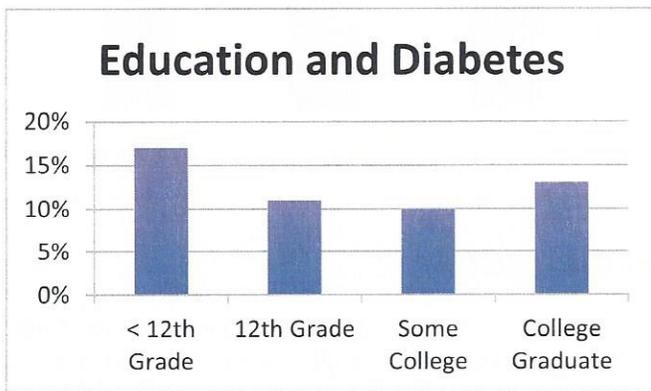
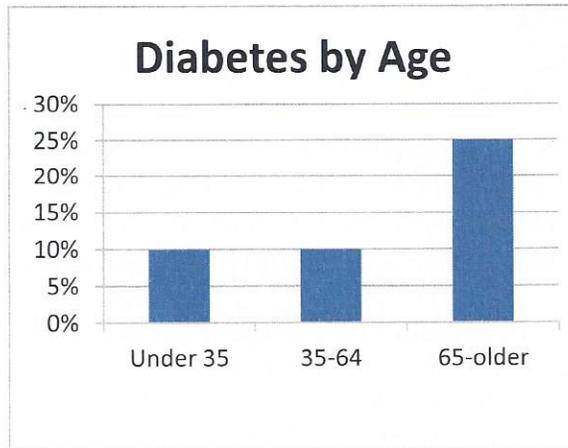
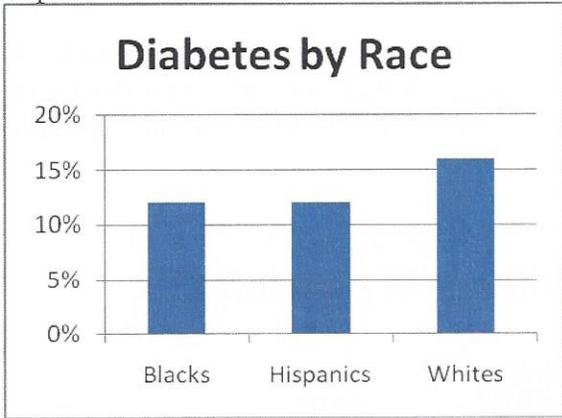
Hospitalizations for asthma

Of the 324 respondents who had asthma, 132 or 41% had been hospitalized for asthma in the past year; roughly half (61 people) had been hospitalized once, and the other half (71 people) had been hospitalized more than once. The odds of being hospitalized went down with age: 51% of those under 35 had been hospitalized in the previous year, 41% of those 35-64, and 30% of those 65 years or older. Like having asthma in the first place, respondents of color were more likely to have been hospitalized. Those living below the poverty line were *not* at elevated risk. Those who had no insurance and who listed the ER as their primary health care provider were at elevated risk (note: the numbers were not large; only 21 people with asthma listed the ER as their primary health care provider).

Hospitalizations for asthma	# in sample	# hospitalized
All respondents with asthma	324	132 (41%)
White	50	17 (30%)
Black	126	56 (45%)
Hispanics—English speaking	113	48 (43%)
Hispanics—Spanish only	20	7 (35%)
Below poverty level	146	57 (39%)
No insurance	43	20 (47%)
ER as main health care provider	21	10 (48%)

Diabetes

Overall, 214 respondents, or 13% of the sample reported having been diagnosed with diabetes. Unlike the case with asthma, the risk of having diabetes increased with age, and was lower among respondents of color.

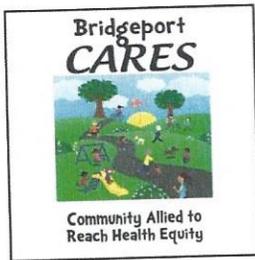


Living below the poverty line put respondents at greater risk for diabetes, but not much: those below the poverty line, had a rate of 14%, for those above it, it was 12%. Similarly, education had somewhat of an effect: The rate of diabetes varied by zip code: the lowest rate was 8% in 06610 and the highest rate was 16% in 06608; all other zips ranged from 11%-13%.

Diabetes in Families: 119 respondents said that they had an immediate adult family member who had diabetes. Another 33 respondents said that they had an immediate family member who was a child, that had diabetes. Interestingly, the vast majority—92% of those who reported having a family member with diabetes, had diabetes themselves (140 out of 152).

Hospitalizations for Diabetes

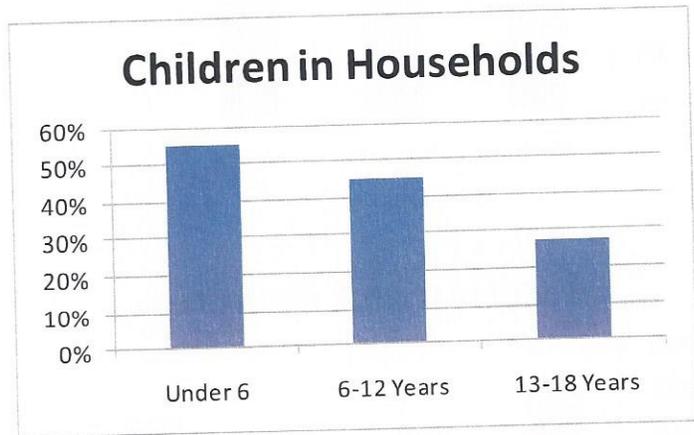
Respondents who were below the poverty line were only slightly more likely to have diabetes, but if they *did* have diabetes, they were much more likely to have been hospitalized for it in the past year (35% versus 19% for those above the poverty line). Similarly, while Blacks and Hispanics were less likely to have diabetes in the first place, those who did have it were more likely to have been hospitalized for it, compared to Whites (Blacks 25%, Hispanics 32%, and Whites 20%). Insurance did not seem to be correlated to hospitalizations—33% respondents with government insurance had been hospitalized, 31% of those with private insurance had been. (The number of uninsured with diabetes was quite low—25 total, and their rate of hospitalization was 16%). The primary source of health care was related to hospitalizations: of those who listed a private doctor's office, 22% had been hospitalized, of those who listed a community health center or walk-in medical clinic, 40% were hospitalized.



CARES Fact Sheet: Children

Of the 1707, 627 respondents (37%) reported that their household had at least one child. For the purposes of this report we've included results on lead testing, food insecurity, reading to children, and relevant asthma and diabetes information, in this section. This section also includes results on ability to help their children with homework, health care coverage among children and immunizations.

Out of the 627 respondents who reported having children, a little over half had children were under the age of 6. 282 of the respondents had at least one child in the 6-12 year range, and 170 had at least one 13-18 year old.



Characteristics of households reported with children versus those without

The tables below describe the characteristics of the households where the respondent reported having at least one child who lived there, versus those who did not. Possible differences in education, employment, and income were looked at, and it was found that those characteristics did not differ much comparing households with children to those without.

Age of respondent	Total # households	Hshlds with children
18-24	110	47 (43%)
25-34	354	154 (44%)
35-44	482	207 (43%)
45-54	413	157 (38%)
≥55	343	60 (17%)

Renting, owning, or living with family/friends, in households with children

	Hshlds with children	Hshlds w/out children
<i>n</i>	627	1003
Rent	66%	58%
Own	24%	29%
Family/friends	7%	10%
Refused/missing	3%	4%

Households with children were slightly more likely to rent than own and slightly more likely to live with family or friends.

Additional characteristics of households with children	Hshlds with children	Hshlds w/out children
<i>N</i>	627	1003
Feel very safe or somewhat safe in neighborhood during day	84%	84%
Feel very safe or somewhat safe in neighborhood during night	55%	56%
Working smoke detectors on each floor (all or some rooms)	94%	94%
Working carbon monoxide detectors	52%	49%
Use tobacco (some days of every day)	28%	27%
Food insecurity past 30 days	27%	21%
Homelessness in past year (Yes or sometimes)	15%	17%
English speaking household	89%	90%
Spanish speaking household	42%	32%
Below poverty level	36%	36%

Ease of obtaining drugs in the community	Hshlds with children	Hshlds w/out children
<i>N</i>	627	1003
Easy or very easy to obtain marijuana	63%	56%
Easy or very easy to obtain cocaine or crack	51%	49%
Easy or very easy to obtain other illegal drugs	49%	46%

Health and Medical Care

The good news is that the overwhelming majority of children in Bridgeport have health coverage.

Health care coverage for children	Hshlds with children
<i>N</i>	627
Government plan (incl. HUSKY)	406 (65%)
Private insurance (through employer)	118 (19%)
Private insurance (buy)	34 (5%)
No insurance	26 (4%)
Refused	43 (7%)

Main medical care provider for children	Hshlds with children
<i>N</i>	627
Private doctors office	296 (47%)
Community health center	231 (37%)
Walk-in medical clinic	28 (5%)
School-based health center	15 (2%)
Emergency room	4 (.1%)
Refused/ missing	53 (9%)

Main source of dental care for children	Hshlds with children
<i>N</i>	627
Private dentist	294 (47%)
Clinic/Community health center	211 (34%)
Free care from "Give kids a smile day"	16 (3%)
Not receiving dental care	15 (2%)
Refused/ missing	91 (15%)

Immunizations	Hshlds with children
<i>n</i>	627
All	496 (79%)
Most	33 (5%)
Some	11 (2%)
None	20 (3%)
Refused/ missing	67 (11%)

2% of respondents answered that they had an immediate family member who was a child, that had diabetes.

Asthma

Of the 627 respondents who reported having children living in the household, 87 people or 14% reported having an immediate family member who was a child, with asthma.

Of the 87 households who had a child with asthma, a disproportionate number were under the federal poverty level. 18% of the families living below the poverty level reported having a child with asthma, compared to 9% of those not under the poverty level.

Who the child's main medical care provider was did not seem to affect asthma status; the rate of asthma diagnosis was 13% or 14% for all providers. Asthma rates did vary, however, by insurance status; children on government insurance plans were more likely to have been diagnosed with asthma, a finding consistent with the finding that children below the poverty level were more likely to be diagnosed with asthma.

Main medical care provider	#households with children	# with asthma
Community health center	231	33 (14%)
Private doctor's office	296	37 (13%)
School-based health center	15	2 (13%)
Walk-in medical clinic	28	4 (14%)
Health Care coverage	# households with children	# with asthma
Government plan, incl. HUSKY	406	65 (16%)
Private insurance (employer)	118	10 (9%)
Private insurance (buy own)	34	4 (12%)
No insurance	36	3 (12%)

Lead Testing

Overall, 63% of respondents with children under 6 years old (219 out of 346) reported that any of their children under 6 had been tested for lead in the past year. 42% (145 out of 346) reported that their house had been tested for lead.

Household Characteristic	#children<6	% tested
All households with children <6	346	219 (63%)
English speakers	311	192 (62%)
Spanish speakers	154	106 (69%)
Below poverty level	138	93 (67%)
Family rents housing	250	156 (62%)
Family owns housing	62	43 (69%)

Screening for lead poisoning is one of the few areas that is *more* comprehensive among poor residents, than among those with more resources. Children were more likely to have been screened if they lived in a household that was below the poverty level, was Spanish-speaking, where the respondent had less than a 12th grade education, if the child was on Medicaid, and if the child used a community health center as their primary care giver.

Main medical care provider	#children<6	% tested
Community health center	142	101 (71%)
Private doctor's office	159	96 (60%)
School-based health center	9	5 (56%)
Walk-in medical clinic	17	8 (47%)

Health Care coverage	#children<6	% tested
Government plan, incl. HUSKY	258	173 (67%)
Private insurance (employer)	55	34 (62%)
Private insurance (buy own)	19	10 (53%)
No insurance	9	4 (44%)

Zip Codes	#children<6	% tested
06604	40	28 (70%)
06605	41	23 (56%)
06606	94	56 (60%)
06607	56	33 (59%)
06608	82	54 (66%)
06610	32	25 (78%)

Health Habits and Lifestyle

Do the children in your care...	% responded yes
<i>n</i>	627
Participate in physical activity on a regular basis	506 (81%)
Have a regular doctor/health care provider	533 (85%)
Receive routine health checkups	533 (85%)
Eat 3-5 servings vegetables daily	450 (72%)
Watch 2 or more hours of television daily	417 (67%)

On average, how many times do all the family members who live with you eat together?

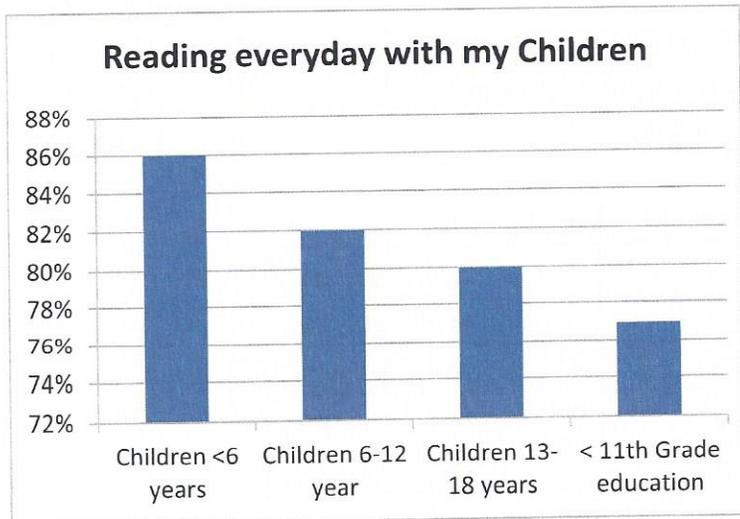
Nights dinner together in a week	Hshlds with children
<i>n</i>	625
1 or 2	90 (14%)
3-5	222 (36%)
6 or 7	313 (50%)

How frequently do the children in your care use car seats?

Car seat use	Hshlds with children under 6
<i>n</i>	346
Always	282 (82%)
Most of the time	9 (3%)
Sometimes/seldom/never	24 (7%)
Refused or missing	31 (9%)

Reading to Children

- 62% of respondents with children had a library card, compared to 46% without children.
- Of the English speaking households with children, 65% reported having a library card; among Spanish-speaking households with children, 53% did.
- 55% of respondents with children reported visiting the library at least once per month, compared to 42% of respondents without children.
- Of the English speaking households with children, 57% reported visiting the library at least once per month; among Spanish-speaking households with children, 50% did.
- 81% respondents with children responded “strongly agree” to the question “Reading every day with my child is important”.
- 84% respondents with children responded “strongly agree” to the question “Children should read every day, either by themselves, or with a parent”. Parents of young children (under age 6) were much more likely to read to children daily but still very few read the recommended 15-20 minutes daily.

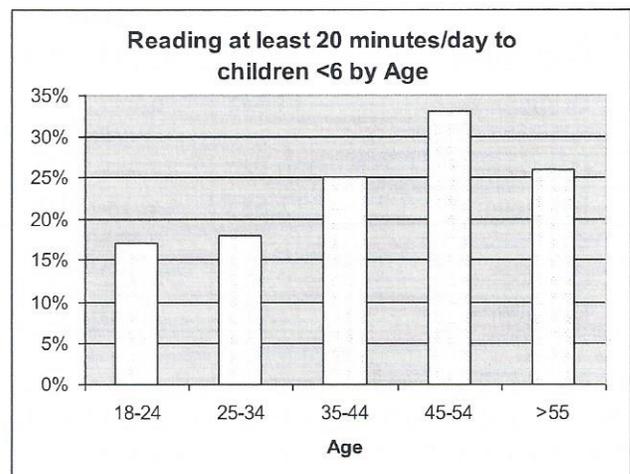


On average, how many minutes/hours a week do you read to your children at home?	Hshlds w/ children <6 yrs
<i>n</i>	346
<15 minutes per week	24%
16-60 minutes per week	29%
61-90 minutes per week	13%
91-140 minutes/week (about 20 minutes/day)	12%
>140 minutes/week (30 minutes per day)	12%
Refused/missing	11%

In summary: No more than one quarter of households with children under six reported reading to their children for at least 20 minutes per day.

Reading to children every day was more common among older parents and perhaps grandparents as the children in this sub-sample by definition are under 6

There was no step-wise pattern when looked at in terms of education, but in general, respondents with some college education were more likely to read to their children, compared to those with an 11th grade or less education. Similarly, income did not follow a step-like pattern, but those in the highest income category did report reading more than those at any other income category, at 45%.



Reading at least 20 minutes/day to child(ren) under 6

	<i>n</i>	Read 20 minutes/day or more
All households	346	24%
06604	40	33%
06605	41	12%
Men	83	33%
Hispanic	150	20%
Black/AA	163	25%
White	24	29%
Income >\$60,000	22	45%

Are you able to help your child with homework, if necessary?

Frequency	children 6-12 yrs	children 6-12 yrs	children 13-18 yrs
<i>N</i>	346	282	170
Very able to help	74%	81%	77%
Sometimes able to help	9%	9%	12%
Not able to help	1%	1%	1%
Refused/ missing	17%	9%	10%

Lead Testing

There were 346 respondents who reported having a child under 6 years old in the household. Given that this is the high-risk age group for lead poisoning, it is the group that we focused analysis on. Of the 346 respondents, 219 or 63% replied yes to the question “Have any of the children under the age of 6 had their blood tested for lead in the past year?” (21% replied No and another 16% didn’t know, refused, or the question was left blank). The 2005 BHIP telephone survey (n=1204) found that 61% of children under the age of 6 had had their blood tested for lead in the previous year. The BHIP in-person agency survey (n=320) found that 57% had had their blood tested. Hence we still see around two-thirds of Bridgeport households report having their home tested for lead.

Background: State data for Bridgeport and CT ⁶				
	n	% screened	>10 µg/dL	>20 µg/dL
2006				
Connecticut	270,187	69,315 (26%)	1,082 (1.6%)	215 (.3%)
Bridgeport	13,635	6,257 (46%)	192 (3.1%)	37 (.6%)
2007				
Connecticut	270,187	72,088 (27%)	1,020 (1.4%)	208 (.3%)
Bridgeport	13,635	6,180 (45%)	185 (3.0%)	34 (.6%)
2008				
Connecticut	270,187	76,722 (28%)	1,054 (1.4%)	221 (.3%)
Bridgeport	13,635	6,370 (47%)	151 (2.4%)	29 (.5%)

In terms of sheer numbers, statewide data show that Bridgeport has had the second highest number of children with elevated blood lead levels (defined as >10 µg/dL) of all the cities in the state, from 2003 through 2008, the latest year for which town-wide totals are available.

Statewide, in 2008, 37% of children under 6 years of age who were enrolled in Medicaid (during FFY 2008) had a lead screening, while 24% of children under 6 years of age who were not enrolled in Medicaid at any time during FFY 2008 had a lead screening⁷.

In our sample, 67% of the families with children under six who reported that their children were on Medicaid, reported that their child had been tested in the past year, and 52% who reported other (or non-existing) insurance had a child who had been tested.

State-wide data also showed that once they were screened, children enrolled in Medicaid were at higher risk for having elevated blood lead levels. Blacks and Hispanics were also at elevated risk for lead poisoning, as were boys.

⁶ CT DPH, Childhood Lead Poisoning in Connecticut, Surveillance Reports for 2006, 2007, and 2008.

http://www.ct.gov/dph/lib/dph/environmental_health/lead/pdf/CY_2006_Surveillance_Report_final.pdf

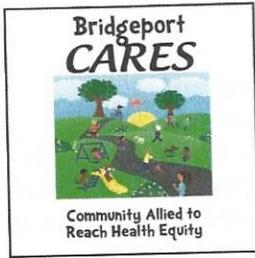
⁷ http://www.ct.gov/dph/lib/dph/environmental_health/lead/pdf/CY_2008_Lead_Surveillance_Report.pdf, p. 55

Risk factors for lead testing		
Characteristic	Respondents	% Tested
Overall rate	346	63%
Poverty level	138	67%
Not poverty level	86	64%
Spanish speaking	31	77%
English speaking	188	59%
Hispanic	150	66%
Black/AA	163	61%
White	24	54%
<11 th grade	88	74%
College graduate	36	56%
Community health center	142	71%
Private Dr.'s office	159	60%
Walk-in clinic/ school-based/ ER	28	46%
Medicaid	258	67%
Private Insurance	70	57%
No Health Insurance	9	44%
06610	32	78%
06604	40	70%
06608	82	66%
06606	94	60%
06607	56	59%
06605	41	56%

Lead testing requirements in CT

Connecticut currently mandates (and in 2008 had recommended) that all healthcare providers in the state screen every child for lead poisoning at age 12 months and again at age 24 months. Additionally, any child between 25-72 months of age, who has not previously been screened, should have a blood lead screen performed immediately, regardless of risk. Federal requirements also mandate lead testing: all children 6-72 months of age who are enrolled in HUSKY Part A Medicaid must be assessed for risk, and at a minimum, screened at 12 months and 24 months of age.

Of the 627 households that reported having children (at all, not just children under the age of 6), 242 or 39% reported that their *house* had ever been tested for lead.



CARES Fact Sheet: Smoking

Overall, 27% (465 out of 1707) of participants surveyed said that they used a tobacco product on some days or all days. In the 2005 BHIP phone survey, 25% of respondents reported smoking; in the BHIP in-person survey, 31% reported smoking.

Smoking Rates

Tobacco use	<i>n</i>	% Tobacco	% Cigarettes	Tried to Quit*
Overall rate	1707	27%	24%	51%
Men	656	34%	28%	52%
Women	1025	23%	21%	51%
Poverty level	615	35%	30%	50%
Not poverty level	550	20%	16%	59%
Black/AA	752	30%	26%	53%
Hispanic	572	27%	23%	50%
White	313	20%	18%	55%
<11 th grade	444	33%	29%	47%
College graduate	242	12%	10%	52%
Unemployed	375	39%	34%	54%
Employed	878	25%	22%	50%
No health insurance	262	37%	32%	46%
Government or comb. insurance	1032	28%	25%	52%
Private insurance thru employer	358	17%	15%	54%

*Tried to quit percentages are based on cigarette smokers (n=402).

For example, 184 men reported smoking cigarettes (28% of 656). Of those 184, 95 (52%) had tried to quit in the past year.

“Tobacco use” means primarily smoking. Of those who reported using tobacco, 87% reported smoking cigarettes, 7% cigars (30 people), and 10% (44 people) chewing or smokeless.

Chewing/smokeless tobacco followed a risk pattern similar to smoking: respondents were more likely to use it if they were male, unemployed, below the poverty level, and did not complete high school.

Smoking cigars followed a different pattern. Respondents were still more likely to smoke cigars if they were male (much more likely, about $\frac{3}{4}$ of cigar smokers were male) and unemployed, but they were also more likely to smoke cigars if they had completed some college education, and were above the poverty level.

Of the 465 respondents who reported using tobacco, almost exactly half (237 or 51%) had tried to quit during the previous year. Like not using tobacco in the first place, trying to quit was associated with higher levels of education and income. There were also differences in rates of having tried to quit when looked at by zip code (zip 06604, 40% had tried; zip 06610, 54% had) and by insurance status (private insurance 54%, no insurance 47%); both of these associations are likely due to the underlying differences in education and income. There were not large differences in having tried to quit when looked at by gender, race, or age.

Question 28 asked about the barriers to quitting smoking/using tobacco. By far the most frequently chosen response was that it is too difficult (192 respondents, 41%). Another 26% (121) said that they did not want to quit (7% said both). From there the positive responses to the (pre-determined) answers dwindled: 8% said they didn't know how, 6% said they didn't have support, and 5% or less said everyone they knew used tobacco, they were afraid of gaining weight, or that they couldn't afford medications to help (3% or 14 respondents).



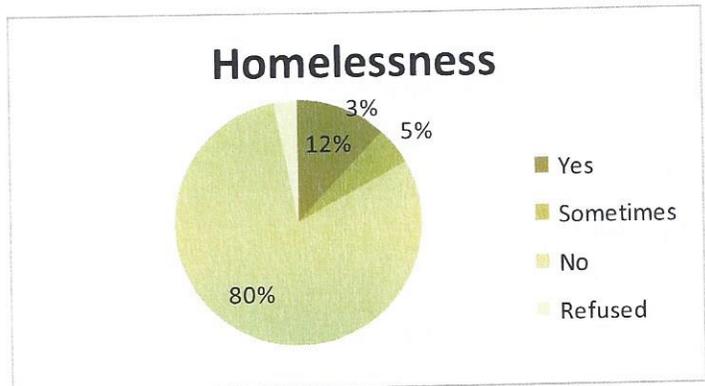
CARES Fact Sheet: Neighborhood Concerns

There were many issues which were not easily collapsible – for purposes of this report we have joined them in a discussion of neighborhood or community concerns. These data include details on homelessness, neighborhood characteristics, top health concerns by neighborhood, top items that make a neighborhood a good place to live, etc.

Homelessness

Definition of homeless used in CARES

The CARES question about homelessness was “There have been times in the past year when my family as had no place to live” where the answer choices were yes, sometimes, no, and refused. A respondent was considered homeless if they answered “yes” or “sometimes” to that question. The “stricter definition” of homelessness referred to in the tables below is the group who answered the question “yes” (as opposed to “sometimes”). This chart represents the residents of Bridgeport who at one point had no place for their family to live. Only 12% of residents said “Yes”. 5% of the residents said at one point or another they found themselves homeless. 80% of the residents said that they have never been homeless.



Point in time survey results: trends and comparisons with our data

On the evening of January 28 2009, 3,320 households in Connecticut were living in homeless shelters, and 430 of these households were families, with a total of 801 children⁸

The point in time surveys use a definition of currently homeless, specifically: individuals currently in shelters, and unsheltered families and individuals who are living in places not meant for human habitation.

Results of the Point in Time Survey For the Bridgeport-Stratford-Fairfield region, by year⁹

	2007	2008	2009
Number of households	183	234	225
Number of single adults	131	186	186
Number of families	37	51	40

⁸ CCEH Connecticut Counts 2009 Point-In-Time Homeless Count, Final Report, August 18, 2009.

⁹ CCEH Connecticut Counts 2009 Point-In-Time Homeless Count, Final Report, August 18, 2009, p.90.

http://www.cceh.org/pdf/count/2009_pit_report.pdf, combined with data from two previous years' final reports.

By comparison, CARES survey results, using a completely different methodology	2010
Number of households	285
Number of single adults	175
Number of families	93

The proportion of households with children in the point in time surveys hovered around 20%. The proportion of households who had been homeless in our survey who had children was 33%. This is one example of the differences in findings due to the differences in the segments of homeless populations surveyed.

Characteristics of the Homeless population

Characteristic	% Homeless	% Stricter def.
<i>n</i>	285	204
Women	56%	56%
Men	44%	42%
Black/AA	44%	40%
Hispanic	40%	44%
White	12%	12%
<11 th grade	30%	31%
≥12 th grade	70%	69%
Employed	47%	39%
Unemployed	32%	38%

Characteristic	% Homeless	% Stricter def.
<i>n</i>	285	204
Health problems:		
Alcohol	6%	6%
Drug problem	5%	6%
Depression	11%	15%
Domestic Violence	3%	3%
Sexual Assault	1%	2%
Violence	2%	2%
Children:		
Have at least one child	33%	38%
Child <6	18%	21%
Child 6-12	15%	17%
Child 13-18	7%	9%

The age distribution of the homeless population mirrored the age distribution of the sample as a whole (not shown). The rates of mental illness, substance use, and violence were relatively low among the homeless population within our survey. However, it is important to note that those who reported mental illness, substance use, and/or violence in their lives were *more likely* to be homeless. The table below shows the risk associated with each of these conditions. For example, those who reported struggling with alcohol were about three times as likely to be homeless, compared to those who did not report having a problem with alcohol.

Risk Factors for the CARES Homeless population

Characteristic	Relative Risk	Stricter def.
Males	1.3	1.2
Hispanics	1.3	1.5
Unemployed	1.7	2.2
Health problems:		
Alcohol	2.9	3.2
Drug problem	2.5	3.5
Depression	2.1	3.1
Domestic Violence	1.5	2.1
Sexual Assault	3.3	2.4
Violence	2.3	1.8
Have at least one child	.8	1.1

Food Insecurity

Characteristic	<i>n</i>	% Food Insecure
Entire Sample	1707	23%
Homeless in last year	285	41%
Disabled	20	45%
Out of work <1 year	126	26%
Out of work >1 year	249	32%
Below poverty level	216	35%
Hispanic	572	27%
Have children	391	27%
Household size 5 or more	338	27%
Zip 06608	342	29%
Live in projects	105	28%
Obese	504	25%
Underweight	19	32%
Elderly (≥65)	121	21%
Some college education	608	16%

Food insecurity was common with 23% of all respondents reporting having “run out of food or enough money to buy food” in the past month. Rates were much higher among those with a history of homelessness or who were disabled, living below poverty level or out of work.

The relationship between food insecurity and the lack of a full service grocery store in neighborhoods cannot be overstated.

Zip code	# household	full service grocers	rate FSG/10,000	corner store	rate CS/10,000
06604	4556	1	2.20	40	8.78
06605	8585	2	2.33	31	3.61
06606	16801	3	1.79	35	2.08
06607	2688	0	0.00	20	7.44
06608	4346	1	2.30	33	7.59
06610	8877	1	1.13	20	2.25

CARES Results by Neighborhood

	All CARES results	06604	06605	06606	06607	06608	06610
<i>n</i>	1707	331	215	363	305	342	150
Asthma	(323) 19%	(61) 18%	(38) 18%	(60) 17%	(68) 22%	(72) 21%	(24) 16%
Hospitalizations Asthma	41%	33%	47%	28%	46%	42%	38%
Diabetes	(214) 13%	(40) 12%	(28) 13%	(48) 13%	(32) 11%	(54) 16%	(12) 8%
Hospitalizations Diabetes	31%	25%	25%	42%	34%	26%	33%
Smoking	24%	17%	24%	22%	31%	24%	24%
Obesity	30%	27%	27%	25%	33%	40%	21%
Safe in neighborhood	84%	82%	90%	85%	84%	78%	87%
Homelessness	17%	13%	13%	17%	25%	17%	13%
Food Insecurity	23%	21%	21%	23%	22%	29%	21%
Stress	27%	29%	24%	25%	31%	29%	22%

Question Definitions

1. Asthma (Q33) "Have you ever been told by a doctor, nurse or other health professional that you had asthma?" where the response chosen was "yes". (The number of respondents is shown in parentheses because it serves as the denominator for the rate of hospitalizations, shown in the next line.)
2. Hospitalizations Asthma (Q34) "How many times have you been hospitalized in the past year because of an asthma attack?" where the response chosen was "Once" or "More than once". The denominator for the percentage was those who answered yes to having asthma.
3. Diabetes (Q36) "Have you ever been told by a doctor, nurse or other health professional that you have diabetes?" where the response chosen was "yes". (The number of respondents is shown in parentheses because it serves as the denominator for the rate of hospitalizations, shown in the next line.)
4. Hospitalizations Diabetes (Q37) "How many times have you been hospitalized in the past year because of diabetes?" where the response chosen was "Once" or "More than once". The denominator for the percentage was those who answered yes to having diabetes.
5. Smoking (Q26) "What forms of tobacco do you currently use?" where the response chosen was "Cigarettes".
6. Obesity was based on BMI calculated from self-reported height and weight information. A BMI of 30 or greater was considered obese.
7. Safe in neighborhood (Q7) "How safe do you feel walking in your neighborhood during the day?" where the answer chosen was "Very safe" or "Somewhat safe".
8. Homelessness (Q63) "There have been times in the past year when my family has had no place to live" where the answer chosen was "Yes" or "Sometimes".
9. Food Insecurity (Q59) "During the past 30 days, was there a time that you and/or your family did not have enough food or money to buy food?" Where the answer chosen was "Yes".
10. Stress (Q62) "Do you feel worried, stressed, or sad a lot of the time?" where the answer chosen was "Yes".

Top 10 Health Concerns by Zip Code

(Bport as Reference)						
Diabetes (33%)						
Asthma (30%)						
Cancer (26%)						
Homicide (26%)						
Teen Pregn (19%)						
Dom. Violence (18%)						
Child Abuse (16%)						
High BP (15%)						
HIV/AIDS (15%)						
Firearm Inj. (13%)						
06604	06605	06606	06607	06608	06610	
Diabetes (29%)	Diabetes (41%)	Diabetes (38%)	Asthma (31%)	Diabetes (32%)	Asthma (33%)	
Homicide (28%)	Asthma (28%)	Asthma (33%)	Homicide (28%)	Asthma (28%)	Diabetes (33%)	
Asthma (27%)	Homicide (24%)	Cancer (27%)	Diabetes (28%)	Cancer (28%)	Cancer (29%)	
Cancer (25%)	Cancer (22%)	Homicide (24%)	Cancer (25%)	Homicide (28%)	Teen Pregn (21%)	
Child Abuse (21%)	Teen Pregn (21%)	Teen Pregn (19%)	Dom. Violence (23%)	Dom. Violence (21%)	Dom. Violence (20%)	
Teen Pregn (17%)	Dom. Violence (19%)	High BP (17%)	HIV/AIDS (20%)	Teen Pregn (18%)	Homicide (19%)	
High BP (16%)	High BP (19%)	HIV/AIDS (17%)	Teen Pregn (19%)	Child Abuse (17%)	Child Abuse (17%)	
Dom. Violence (15%)	Child Abuse (16%)	Child Abuse (14%)	Firearm Inj. (17%)	Firearm Inj. (12%)	High BP (15%)	
HIV/AIDS (13%)	Firearm Inj. (15%)	Dom. Violence (12%)	High BP (15%)	HIV/AIDS (12%)	Firearm Inj. (13%)	
Firearm Inj. (11%)	HIV/AIDS (16%)	Firearm Inj. (11%)	Child Abuse (14%)	High BP (10%)	HIV/AIDS (11%)	

Top 10 Risk Factors that Affect People's Health

All responses	
Drug Abuse	(56%)
Alcohol Abuse	(51%)
Dropping out of school	(33%)
Being overweight	(29%)
Unsafe sex	(25%)
Tobacco use	(23%)
Racism	(19%)
Lack of exercise	(16%)
Poor eating habits	(11%)
Betting/ gambling	(10%)

06604	06605	06606	06607	06608	06610
Alcohol Abuse (50%)	Drug Abuse (52%)	Drug Abuse (58%)	Drug Abuse (59%)	Drug Abuse (57%)	Drug Abuse (63%)
Drug Abuse (49%)	Alcohol Abuse (51%)	Alcohol Abuse (48%)	Alcohol Abuse (57%)	Alcohol Abuse (51%)	Alcohol Abuse (56%)
Dropping school (31%)	Dropping school (36%)	Dropping school (34%)	Dropping school (33%)	Dropping school (33%)	Dropping school (35%)
Overweight (36%)	Overweight (34%)	Overweight (29%)	Unsafe sex (30%)	Unsafe sex (27%)	Overweight (30%)
Unsafe sex (30%)	Unsafe sex (27%)	Tobacco (24%)	Overweight n=65 (21%)	Overweight(26%)	Tobacco (27%)
Tobacco (20%)	Tobacco (21%)	Unsafe sex (21%)	Tobacco n=65 (21%)	Tobacco (25%)	Unsafe sex (15%)
Racism (17%)	Racism (n=40) (19%)	Racism (19%)	Racism (18%)	Racism (24%)	Racism (12%)
Exercise (15%)	Exercise (n=40) (19%)	Exercise (18%)	Exercise (18%)	Exercise(18%)	Exercise (18%)
Bet/ gambling (11%)	Eating habits (14%)	Eating habits (13%)	Eating habits (13%)	Bet/ gambling (10%)	Eating habits (14%)
Eating habits (7%)	Bet/ gambling (10%)	Bet/ gambling (13%)	Bet/ gambling (9%)	Eating habits (7%)	Bet/ gambling (9%)

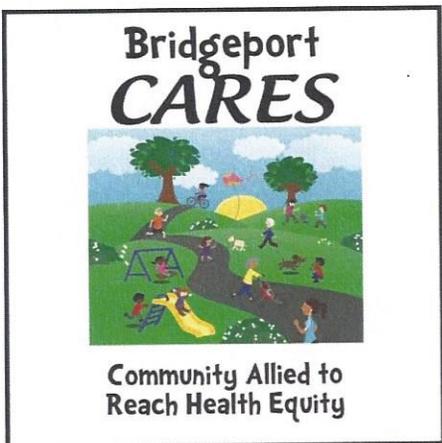
Top 10 Factors that make a community a good place to live

All responses							
Good schools	(51%)						
Low crime/ safe neighborhoods	(48%)						
Good place to raise children	(35%)						
Good jobs and healthy economy	(32%)						
Affordable housing	(22%)						
Clean environment	(20%)						
Low levels of child abuse	(18%)						
Access to health care (family doctor)	(15%)						
Excellent race relations	(15%)						
Strong family life	(15%)						
06604	06605	06606	06607	06608	06610		
Good schools (45%)	Good schools (55%)	Good schools (53%)	Good schools (52%)	Good schools (51%)	Good schools (57%)		
Crime (44%)	Crime (49%)	Crime (44%)	Crime (49%)	Crime (53%)	Crime (57%)		
Jobs (40%)	Jobs (37%)	Children (41%)	Children (34%)	Children (36%)	Children (43%)		
Children (31%)	Housing (30%)	Jobs (26%)	Jobs (28%)	Jobs (32%)	Jobs (30%)		
Housing (26%)	Children (29%)	Housing (19%)	Housing (22%)	Environment (19%)	Housing (14%)		
Environment (21%)	Environment (21%)	Environment (19%)	Environment (21%)	Child Abuse (19%)	Child Abuse (18%)		
Child Abuse (18%)	Child Abuse (20%)	Race Relat. (16%)	Child Abuse (17%)	Family Life (18%)	Family Life (17%)		
Race Relat. (16%)	Access Hlth Cr (15%)	Child Abuse (15%)	Race Relat. (17%)	Family Life (18%)	Environment (16%)		
Access Hlth Cr (15%)	Family Life (13%)	Family Life (15%)	Access Hlth Cr (17%)	Race Relat. (16%)	Access Hlth Cr (16%)		
Family Life (12%)	Race Relat. (11%)	Access Hlth Cr (15%)	Family Life (15%)	Access Hlth Cr (14%)	Race Relat. (13%)		

Appendix A: CARES Survey Tool

Survey coding: First and last initial of surveyor, first three initials of street (if in person TEL if on phone) date completed and three digit # of survey # completed that day. (001 if it is your first, 002 if it is your second)

Survey#



2010 Bridgeport Community Health Assessment

The Bridgeport Health Department and a group of local health providers and social service providers are working together to understand the health needs of Bridgeport residents.

In person only --- This survey will take about 15-20 minutes and for your time, you will be compensated with a \$10 gift card Compare Foods.

1. Are you 18 years of age or older?
 - a. Yes – NOTE AGE OF RESPONDENT _____
 - b. No
 - *if on phone, ask to speak with someone over 18.
 - *if in person, ask if someone over 18 is home.

2. In general, would you say your health is ...
 - a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor
 - f. Refused

3. Many people have difficulties getting to the doctor or other health professionals for examinations or screenings. What difficulties, if any, have you experienced in getting health care?
(Circle all that apply)
 - a. Can't find a doctor or clinic you like
 - b. Can't afford to go to the doctor
 - c. Can't find a doctor who accepts your insurance
 - d. Childcare issues
 - e. Fear of pain/discomfort
 - f. Language/cultural problems
 - g. Mistrust or dislike of healthcare provider
 - h. Time off of work
 - i. Transportation problems
 - j. No insurance
 - k. Other _____
 - l. None
 - m. Refused

4. Have you ever had problems being able to pay for any of the medications prescribed to you?
- a. Yes
 - b. No
 - c. Refused

5. Where do you get the majority of your information on health related topics/issues?
- a. School nurse
 - b. Dr./nurse at a clinic
 - c. Pharmacy
 - d. Family members
 - e. Friends
 - f. Neighbors
 - g. Church/spiritual advisor
 - h. Library
 - i. Employer
 - j. Government
 - k. Internet
 - l. Refused

6. How safe do you feel walking in your neighborhood during the day?
- a. Very safe
 - b. Somewhat safe
 - c. Somewhat unsafe
 - d. Not safe at all
 - e. Refused

NOTE: on this question for anyone responding c or d please ask Why? _____

7. How safe do you feel walking in your neighborhood at night?
- a. Very safe
 - b. Somewhat safe
 - c. Somewhat unsafe
 - d. Not safe at all
 - e. Refused

NOTE: on this question for anyone responding c or d please ask Why? _____

8. Do you have working smoke detectors on each floor of your home?
- a. Yes – all floors
 - b. Yes – some floors
 - c. No
 - d. Refused

NOTE: if no or not all floors please offer referral to smoke detector program

9. Do you have working carbon monoxide detectors in your home?
- a. Yes
 - b. No
 - c. Refused

10. During the past 12 months, have you had a...
- Seasonal flu shot **Yes/No**
 - H1N1 flu shot **Yes/No**
 - Pneumococcal vaccine **Yes/No**
 - Refused
11. Do you (not children you may care for) have any kind of health care coverage now, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare, Medicaid/HUSKY?
- Yes, private health insurance (through your employer or your spouse's)
 - Yes, private health insurance (buy your own)
 - Yes, government plan (HUSKY, Medicaid, Charter Oak, Medicare, VA)
 - No insurance
 - Refused
 - Other _____
12. During the past 12 months was there any time that you did not have any health insurance or coverage?
- Yes - If yes, please ask why? _____
 - No
- If answered no here, skip to Question 14
 - Refused
13. How long were you without health insurance?
- Less than a month
 - 1-3 months
 - 4-12 months
 - More than one year
 - Refused
14. Is your main medical care is provided by a
- Private doctors office
 - Community health center
 - Walk-in medical clinic
 - Emergency room
 - Other
 - Refused
15. When your doctor or health care provider gives you instruction, how well do you usually understand them?
- Very well
 - Somewhat well
 - Not very well
 - Not at all
 - Refused
16. Do you have one person or health care facility you think of as your personal doctor, nurse practitioner or health care provider?
- Yes, only one
 - More than one

- c. No one that I can think of
- d. None
- e. Refused

17. About how long has it been since you had a routine checkup?
- a. Within the past year (Less than 12 months ago)
 - b. Within the past 2 years (1 to 2 years ago)
 - c. Within the past 5 years (2 to 5 years ago)
 - d. 5 or more years ago
 - e. Refused

Dental Care

18. Do you have insurance coverage that pays for some or all of your routine dental care such as checkups and cleanings?
- a. Yes, private health insurance (through your employer or your spouse's)
 - b. Yes, private health insurance (buy your own)
 - c. Yes, government plan (HUSKY, Medicaid, Charter Oak, Medicare, VA)
 - d. No insurance
 - e. Refused

19. About how long has it been since you have been examined by a dentist or dental hygienist?
- a. Within the past year (Less than 12 months ago)
 - b. Within the past 2 years (1 to 2 years ago)
 - c. Within the past 5 years (2 to 5 years ago)
 - d. 5 or more years ago
 - e. Never been seen
 - f. Refused

20. Which difficulties have you experienced in getting dental care?
(Circle all that apply)
- a. Can't find a dentist or clinics you like
 - b. Can't afford to go to the dentist
 - c. Can't find a dentist who accepts your insurance
 - d. Childcare issues
 - e. Fear of pain/discomfort
 - f. Language/cultural problems
 - g. Mistrust or dislike of healthcare provider
 - h. Time off of work
 - i. Transportation problems
 - j. No insurance
 - k. Other _____
 - l. None
 - m. Refused

GAMBLING

21. During the past 30 days, have you gambled or placed a bet? (Lottery, horses, casinos scratch offs etc)
- a. Yes
 - b. No- If no, skip to question 24

- c. Refused

If you answered yes to question number 21, how many times in the last 30 days?

- 22. a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6-10
- g. 11-15
- h. 16-20
- i. 21-25-
- j. 26+
- k. Refused

- 23. On the days that you bet, on average, how much money did you bet?
 - a. \$5 or less
 - b. \$5 - \$20
 - c. \$21 - \$50
 - d. \$51+
 - e. Refused

TOBACCO PRODUCTS

- 24. Do you currently use tobacco products every day, some days, or not at all?
 - a. Everyday
 - b. Some days
 - c. Not at all – Skip to Q. 30
 - d. Refused

What forms of tobacco do you currently use?

	<u>Yes</u>	<u>No</u>
25. Chewing tobacco/snuff/ smokeless tobacco	A	B
Cigars/pipes	A	B
Cigarette	A	B

- 26. During the past 12 months, have you stopped using tobacco products for one day or longer because you were trying to quit smoking?
 - a. Yes
 - b. No
 - c. Refused

- 27. What do you think are the main barriers that prevent you from quitting using tobacco products now, or in the past? (check all that apply)
 - a. I do not want to quit
 - b. It is too difficult
 - c. I don't know how
 - d. I'm afraid of gaining weight

- e. I don't have support
- f. Everyone I know uses tobacco
- g. I can't afford medications to help me (nicotine replacement products)
- h. Other _____
(Note: Offer smoking cessation referral)
- i. Refuse

ALCOHOL USE

A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail or 1 shot of liquor.

- 28. During the past 30 days, how often have you had at least one drink of any alcoholic beverage?
 - a. Days per week _____
 - b. Days per month _____
 - c. No drinks in past 30 days (If "c" is answered, skip to question 30)
 - d. Refused
- 29. On the days when you drank, about how many drinks did you have on average?
 - a. Number of drinks _____
 - b. Refused

RECREATIONAL DRUG USE

The next few questions are presented to learn about the availability of drugs in your community. *Your responses are strictly confidential.*

- 30. Please indicate how easy or difficult it is, based on all you know or have heard, to obtain the following drugs in your community from "Very easy" to "Very Difficult".

	Very Easy	Easy	Not Easy	Difficult	Very Difficult	IDK	Refused
Marijuana	VE	E	NE	D	VD	IDK	R
Cocaine or crack	VE	E	NE	D	VD	IDK	R
Other illegal drugs	VE	E	NE	D	VD	IDK	R

- 31. During the past 12 months, which medical/health problems have you experienced or are you currently living with?
 - a. Alcoholism
 - b. Arthritis/rheumatism
 - c. Asthma
 - d. Back or neck problem
 - e. Cancer
 - f. Chronic aches and pains
 - g. Depression/anxiety/emotional problem
 - h. Diabetes
 - i. Domestic Violence
 - j. Drug addiction
 - k. Eye/vision problem (such as glaucoma, blindness, macular degeneration)

- l. Fractures, bone/joint injury
- m. Hearing problem
- n. Heart problem
- o. High blood pressure
- p. High cholesterol
- q. Influenza
- r. Lung/breathing problem
- s. Osteoporosis
- t. Sexual Assault
- u. Gambling problem
- v. Sleep disturbance/insomnia
- w. Stroke
- x. Violence/Assault
- y. Walking problem
- z. Other _____
- aa. None
- bb. Refused

Asthma

32. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?
- a. Yes
 - b. No- If no, skip to question 35
 - c. Refused
33. How many times have you been hospitalized in the past year because of an asthma attack?
- a. None
 - b. Once
 - c. More than once
 - d. Refused
34. Do you have an immediate family member with asthma?
- a. Yes – child
 - b. Yes - adult
 - c. No
 - d. Refused

Diabetes

35. Have you ever been told by a doctor, nurse, or other health professional that you had diabetes?
- a. Yes
 - b. No- If no, skip to questions 38
 - c. Refused
36. How many times have you been hospitalized in the past year because of diabetes?
- a. None
 - b. Once
 - c. More than once
 - d. Refused

37. Do you have an immediate family member with diabetes?
- a. Yes – child
 - b. Yes - adult
 - c. No
 - d. Refused

Literacy

38. Do you have a library card?
- a. Yes
 - b. No
 - c. Refused
39. On average, how many times a month do you visit the library?
- a. Never
 - b. Once
 - c. 2-3 times
 - d. 4-5 times
 - e. 6 or more times
 - f. Refused

Children

40. How many children under the age of 18 live in your household? _____

NOTE: If none skip to question 56

41. How many of these children are:

Less than 6 years old (*If zero, skip to question 47*) _____

6-12 _____

13-18 _____

42. This question is skipped on purpose.
43. On average, how many minutes/hours per week does your child read alone at home? (Please answer for your youngest child). _____
44. Have any of the children under the age of 6 had their blood tested for lead in the past year?
- a. Yes
 - b. No
 - c. Don't know
 - d. Not sure
 - e. Refused
45. Have you ever had your house checked for lead?
- a. Yes
 - b. No
 - c. Refused

46. How frequently do the children you care for use car seats when traveling in the car?
- Always
 - Most of the time
 - Sometimes
 - Seldom
 - Never
 - Refused
47. Do the children you care for have any kind of health care coverage now, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare, Medicaid/HUSKY?
- Yes, private health insurance (through your employer or your spouse's)
 - Yes, private health insurance (buy your own)
 - Yes, government plan (HUSKY, Medicaid, Charter Oak, Medicare, VA)
 - No insurance
 - Refused
48. Is your child's main medical care is provided by a
- Private doctors office
 - Community health center
 - School based-health center
 - Walk-in medical clinic
 - Emergency room
 - Other (specify)
 - Refused
49. Where does your child get dental care?
- Private dentist
 - Clinic/community health center
 - Free care from "Give kids a smile day"
 - My child is not receiving dental care
 - Other please describe _____
 - Refused
50. Have the children in your household, under 18 years of age, received all, most, some or none of their childhood immunizations (such as DPT, Polio, Influenza, Mumps, Measles, Rubella)?
- All
 - Most
 - Some
 - None
 - Refused
51. Do your children...
- Participate in physical activity on a regular basis **Yes/No**
 - Have a regular doctor, health care provider or health care facility **Yes/No**
 - Receive routine health checkups at least every year **Yes/No**
 - Eat 3-5 servings of vegetables daily **Yes/No**
 - Watch 2 or more hours of television daily. **Yes/No**
 - Refused

52. On average, how many minutes does your child read alone in a week? If you have more than one school aged child, please answer for the youngest child. _____
53. On average, how many minutes/hours a week do you read to your child at home? If you have more than one school age-child, please answer for the youngest child:
- Less than 15 minutes a week
 - 16-60 minutes a week
 - 61-90 minutes a week (this is about 10 minutes a day)
 - 91-140 minutes a week (this is about 20 minutes a day)
 - More than 140 minutes a week (more than 30 minutes a day)
 - Refused
54. Are you able to help your child with homework, if necessary?
- Very able to help
 - Sometimes able to help
 - Not so able to help
 - Unable to help
 - Refused

	Strongly Disagree	Disagree	Don't Disagree	Agree	Strongly Agree
55. Reading with my child is important	1	2	3	4	5
56. Children should read every day, either by themselves, or with a parent.	1	2	3	4	5

57. In an average week, how many times do all of the people in your household eat dinner together?
- 1 2 3 4 5 6 7

Nutrition

A "serving" of vegetable is defined as either one cup of a leafy vegetable or ½ cup of the other kinds of vegetables by the USDA.

58. How many servings of vegetables do you eat on an average day?
- None
 - 1 or 2
 - 3 to 5
 - 6 or more
 - Refused
59. During the past 30 days, was there any time that you and/or your family did not have enough food or money to buy food?
- Yes – if yes how many days _____
 - No
 - Don't know / not sure
 - Refused

60. If you don't usually buy fresh vegetables what are the reasons? Check all that apply.
- a. Have to go too far to get them
 - b. Too expensive
 - c. Usually looks too old, quality not good
 - d. Don't know how to cook them
 - e. Spoils before we eat them
 - f. Family does not like them
 - g. Other – please specify _____
 - h. Refused

Satisfaction, Social Determinants and Other Questions

61. How often do you get the social and emotional support you need?
Please include support from any source.
- a. Always
 - b. Usually
 - c. Sometimes
 - d. Rarely
 - e. Never
 - f. Refused
62. Do you feel very worried, stressed, or sad a lot of the time?
- a. Yes
 - b. Sometimes
 - c. No
 - d. Refused
63. Have there been times in the past year when your family has had no place to live?
- a. Yes
 - b. Sometimes
 - c. No
 - d. Refused
64. Please tell me your race or ethnicity.
- a. White
 - b. Black or African American
 - c. Hispanic
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander
 - f. American Indian, Alaska Native
 - g. Jamaican
 - h. Haitian
 - i. West Indian
 - j. Other _____ (Please specify)
 - k. Refused

65. I just asked you about how you self identify your race. Now I will ask how other people identify you and treat you.

How do other people usually classify you in this country? Would you say White, Black, African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian, Alaskan Native or some other ethnic group?

- a. White
- b. Black or African American
- c. Hispanic or Latino
- d. Asian
- e. Native Hawaiian or Alaskan Native
- f. Some other group (Please specify) _____
- g. Don't know/ not sure
- h. Refused

NOTE: If the respondent requests clarification of this question say: We want to know how other people usually classify you in this country which might be different from how you classify yourself.

66. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour or constantly?

- a. Never
- b. Once a year
- c. Once a month
- d. Once a week
- e. Once a day
- f. Once an hour
- g. Constantly
- h. Refused

NOTE to interviewer: The responses can be interpreted as meaning "at least" the indicated time frequency,

67. As a result of how you were treated based on your race within the past 12 months, on average, how often have you experienced physical symptoms of stress (headache, upset stomach, tensing of your muscles, or a pounding heart)?

- a. Never
- b. Once a year
- c. Once a month
- d. Once a week
- e. Once a day
- f. Once an hour
- g. Constantly
- h. Refused

68. As a result of the economy or your personal finances within the past 12 months, on average, how often have you experienced physical symptoms of stress (headache, upset stomach, tensing of your muscles, or a pounding heart)?

- a. Never
- b. Once a year

- c. Once a month
- d. Once a week
- e. Once a day
- f. Once an hour
- g. Constantly
- h. Refused

69. In the following list, what are the 3 most important factors to make a community a good place to live? Please circle your top 3 choices.

- Good place to raise children
- Low crime/safe neighborhoods
- Low level of child abuse
- Good schools
- Access to health care (family Dr)
- Parks/recreation & arts/cultural events
- Clean environment
- Parks/recreation & arts/cultural events
- Religious or spiritual values

- Excellent race relations
- Good jobs & healthy economy
- Strong family life
- Healthy behaviors and lifestyles
- Affordable housing
- Healthy behaviors and lifestyles
- Other _____

70. In the following list, what do you think are the 3 most important "health problems" in your community? (Those problems that have the greatest impact on overall community health.) Please circle your top 3 choices.

- Aging problems (e.g. arthritis, hearing vision loss, etc).
- Asthma
- Betting or gambled too much
- Cancers
- Child abuse/neglect
- Dental problems
- Diabetes
- Domestic violence
- Firearm related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS

- Homicide
- Infant Death
- Infectious diseases (TB, hepatitis, etc)

- Mental health problems
- Motor vehicle crashes/injuries
- Rapes/sexual assault
- Respiratory/lung disease
- Sexually Transmitted Diseases
- Suicide
- Teen pregnancy
- Other: _____

71. In the following list what do you think are the 3 most important "risk factors" in your community that affect people's health? (Those behaviors which have the greatest impact on overall community health.) Please circle your top 3 choices.

- Alcohol abuse
- Betting or gambled too much
- Being overweight
- Dropping out of school
- Drug abuse
- Lack of exercise
- Poor eating habits
- Other _____

Not getting "shots" to prevent disease

- Racism
- Tobacco use
- Not using birth control
- Not using seatbelts, child safety seats
- Unsafe sex

72. What is your sex/gender?
- Male
 - Female
 - Other _____
 - Refused
73. What is the highest grade or year of school completed?
- Never attended school/only attended kindergarten
 - Grades 1 through 8
 - Grades 9 through 11 (some high school)
 - Grade 12 or GED (high school graduate)
 - College 1 year to 3 years (some college)
 - College graduate or post graduate
 - Refused
74. How long have you lived in Bridgeport? _____ or Refused
75. What languages do you speak?
- English
 - Spanish
 - Portuguese
 - Other please describe _____
 - Refused
76. Which of the following categories best describes your total family income *before* taxes?
- Less than \$20,000
 - Between \$20,000 and \$39,999
 - Between \$40,000 and \$59,999
 - Between \$60,000 and \$79,999
 - Between \$80,000 and \$99,999
 - \$100,000 and more
 - Don't know/Not sure
 - Refused
77. How many people, including yourself, live in your home full time? _____
78. What is your current work status?
- Employed for wages
 - Self-employed
 - Out of work for more than a year
 - Out of work for less than 1 year
 - Homemaker
 - Student
 - Retired
 - Refused
79. Do you rent, own, or live with family/friends in Bridgeport?
- Rent

- b. Own
- c. Live in home of friends or family
- d. Refused

80. How much do you weigh without shoes? _____ lbs or Refused

81. How tall are you without shoes? _____ feet _____ inches or Refused

82. Which local newspapers, radio station, TV stations or social media do you watch, listen and/or read on a regular basis? (circle all that apply)

- a. The Bridgeport News
- b. El Sol
- c. FM 102.9
- d. WDJZ-1540
- e. New Haven Register
- f. Connecticut Post
- g. WICC
- h. Channel 12 news
- i. Channel 8 news
- j. Channel 99 news
- k. WEBE 108
- l. WSHU
- m. Radio Cumbre, 1450 AM
- n. Facebook
- o. Twitter
- p. Other _____
- q. Refused

(NOTE to interviewer: For questions 81 and 82, if you can fill in without asking, do, otherwise, ask.)¹

83. Please give me your zip code _____

84. What elementary school is closest to your home?

- | | |
|-------------------------------|--------------------------------|
| Barnum | Hooker |
| Beardsley | Johnson |
| Black Rock | Longfellow |
| Blackham | Madison |
| Bryant | Marin |
| Cesar Batalla | Tisdale |
| Classical Studies (Maplewood) | Multicultural Magnet Park City |
| Columbus | Park City Magnet |
| Cross | Read |
| Curiale | Roosevelt |
| Dunbar | Skane |
| Ellison | Tisdale |
| Hall | Waltersville |
| Hallen | Winthrop |
| High Horizons | |

85. IN PERSON Do not ask this. Rather, please indicate the nearest intersection.

Thank you very much for your time and cooperation.

Appendix B: Demographic comparison of CARE sample, (prior) BHIP survey samples, and the City of Bridgeport

How did our sample compare to Bridgeport residents as a whole?

Below is a demographic comparison of the sample group surveyed for CARES, the groups surveyed in the previous BHIP survey, and the demographics for Bridgeport as a whole. It is important to remember that 06607 and 06608 were oversampled to ensure that the groups in those neighborhoods were adequately represented. One consequence of that oversampling was that because those neighborhoods were more racially diverse, our overall sample was more racially diverse than the city as a whole.

In addition to the racial and ethnic differences among the zip codes, there were other differences in the demographic make-ups, including age. These differences will affect the rates of diabetes, health concerns, and other items; these are shown in more detail in the neighborhoods section.

Zip Code	Bport 2000 Census	Bport 2010Estimates ¹⁰	CARES	BHIP phone	BHIP in-person
<i>n</i>	139,513	143,722	1706	1204	320
06606	30%	32%	21%	---	27%
06608	10%	10%	20%	---	13%
06604	22%	20%	19%	---	18%
06607	5%	5%	18%	---	10%
06605	17%	17%	13%	---	6%
06610	16%	16%	9%	---	16%
missing	---	---	---	---	13%

Age Groups	Bport 2000 Census	Bport 2010 Estimates	CARES	BHIP phone	BHIP in-person
<i>n</i>	139,513	143,722	1706	1204	320
18-35	35%	31%	27%	17%	39%
35-64	48%	52%	59%	48%	51%
65 and older	17%	17%	13%	31%	8%
missing	---	---	<1%	2%	2%

Gender	Bport 2000 Census	Bport 2010 Estimates	CARES	BHIP phone	BHIP in-person
<i>n</i>	139,513	143,722	1706	1204	320
Male	48%	49%	38%	40%	28%
Female	52%	52%	60%	60%	72%
missing	---	---	2%	---	---

¹⁰ Estimates for 2010 are from the online service Demographics Now.

Race/ethnicity	Bport 2000 Census	Bport 2010 Estimates	CARES	BHIP phone	BHIP in-person
<i>n</i>	139,513	143,722	1706	1204	320
Black/AA	31%	29%	42%	28%	47%
Hispanic	32%	40%	34%	28%	26%
White	45%	46%	20%	43%	16%
All other combined			6%	2%	6%
missing	---	---	---	1%	6%

Note: the census categories for race/ethnicity are different from those used in the local surveys. In the local surveys, Hispanic ethnicity and multi-race responses were collapsed into the race category, such that each respondent had one race/ethnicity. Hence the percentages from the census are not directly comparable to the local survey percentage findings.

Education	Bport 2000 Census	Bport 2010 Estimates	CARES	BHIP phone	BHIP in-person
<i>n</i>	139,513	143,722	1706	1204	320
Less than 12 th grade	32%	25%	27%	16%	26%
12th grade or GED	31%	33%	37%	40%	24%
College 1-3 yrs	22%	22%	21%	26%	28%
College 4 or more	15%	20%	14%	16%	16%
missing	---	---	1%	3%	7%

Income	Bport 2000 Census	Bport 2010 Estimates	CARES	BHIP phone	BHIP in-person
<i>n</i>	139,513	143,722	1707	1204	320
< \$20,000	37%	36% [†]	37%	27%	39%
\$20,000 to < \$50,000	30%	27% [†]	33%*	30%	32%
≥ \$50,000	33%	37%	9%*	13%	11%
missing	---	---	21%	30%	18%

[†]The census income cut-off is \$25,000, so the Bridgeport income categories from the census are <\$25,000, and \$25,000 to \$49,999.

*CARES's income category cut-offs were \$39,000 and \$59,000. So the categories shown here are <\$20,000, \$20,000 to \$59,000, and < \$60,000.