

Behavioral Health Risks Among Eastern Highlands Adults, 2011-2013



This fact sheet presents data for Eastern Highlands Health District (EHHD) adults (18 years and older) on selected chronic conditions, clinical preventive practices, and obesity and health risk behaviors. Data are from the Connecticut Behavioral Risk Factor Surveillance System (CT BRFSS). For years 2011-2013, combined.

The CT BRFSS is a continuous landline/cell phone survey administered across the state with funding and specifications from the U.S. Centers for Disease Control and Prevention. Connecticut has participated in the BRFSS since 1988. The CT BRFSS is managed by the State of Connecticut Department of Public Health. For more information about the CT BRFSS, visit our website at www.ct.gov/dph/BRFSS.



Highlights

- ◆ With the exception of annual health check-ups, residents of the EHHD engage in clinical preventive practices at rates similar to those of the rest of Connecticut.
- ◆ It is worthwhile noting that the population served by EHHD includes a large proportion of young adults affiliated with the University of Connecticut. The rural nature of the communities within the EHHD catchment area might also be a factor when it comes to residents' access to healthcare.
- ◆ Local EHHD residents can benefit from the use of many parks, trails, and recreation facilities. When compared to the state, adult residents of the EHHD are significantly more likely to be physically active, as evidenced by approximately 83% of survey respondents reporting that they engage in some type of recreational activity. The prevalence of other health-related risk behaviors and selected chronic conditions are similar to that of the rest of the state.
- ◆ EHHD is committed to enhancing the quality of life in its communities through the prevention of illness, promotion of wellness and protection of our human environment. For more information on EHHD's community health promotion services, please visit www.ehhd.org.

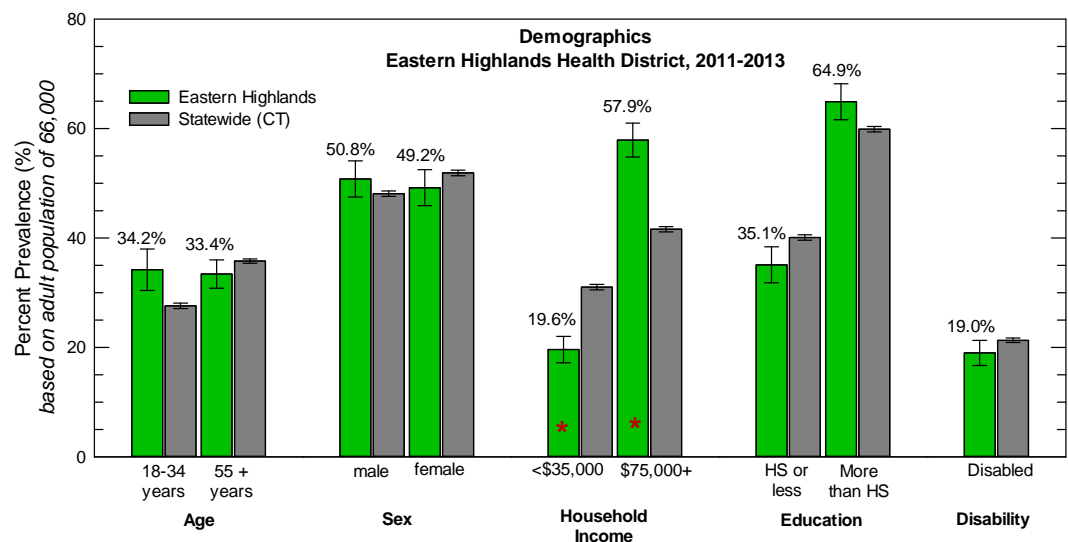
Methods

This report shows selected prevalence estimates for the health district (green bars), with standard errors. Also shown are prevalence estimates and standard errors for the state (grey bars). Bars with red asterisks (*) identify prevalence estimates for the health district that are significantly higher or lower than the state prevalence ($p < 0.05$). All estimates shown have a coefficient of variation less than 15%.

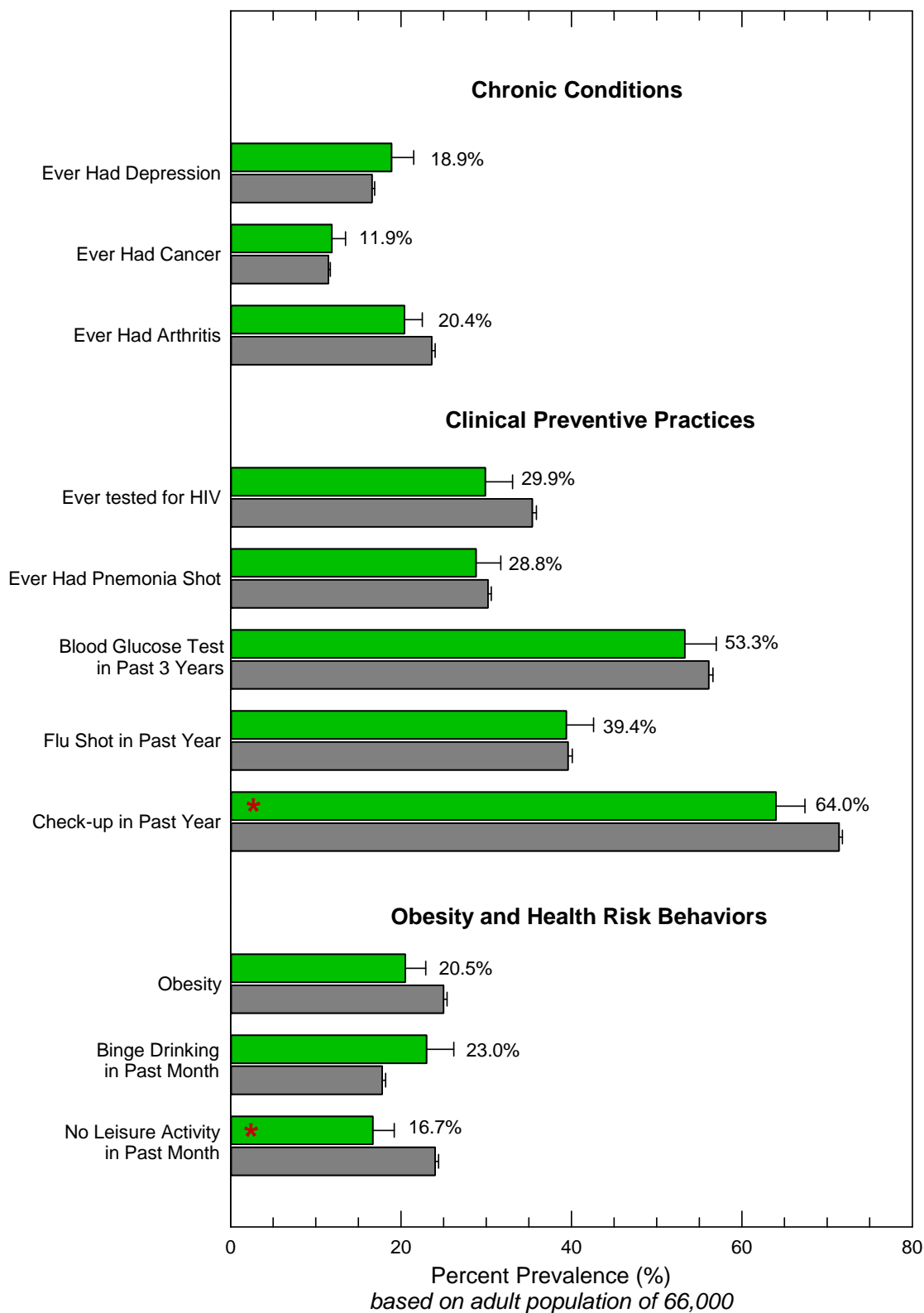
An adult population estimate for the health district was calculated as an average of town populations for years 2011, 2012, and 2013 in the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington, subtracted from the estimated population of children for each town (*B09001: Population under 18, 2008-2012, American Community Survey*). The average was rounded to the nearest thousand. Town population estimates can be viewed at <http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388156>.

Prevalence estimates from the CT BRFSS for the health district used existing state weights. A statistically significant shift in household income for the health district, relative to the state (see **Demographics**, right), indicates that estimates for the health district may not reflect the demographics of the health district.

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Selected Health Indicators Among Eastern Highlands Adults, 2011-2013



In addition to EHHD's strong environmental health department, complemented by a comprehensive public health emergency preparedness program, EHHD continues to engage in health promotion efforts carried out in partnership with members of its local coalition known as CHART (Community Health Action Response Team).

Together we focus on advancing policy, systems, and environmental change aimed at increasing opportunities for active living, healthy eating, access to preventive health care, and tobacco-free environments. We also regularly support local citizen groups and municipalities, by sharing our public health expertise on the impact that different policies may have on the holistic health and wellbeing of our population.

For more information about programs and activities, or about this report, please contact:

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