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Connecticut Long-Term Care Needs Assessment
Focused Report III: May 2008
An Analysis by Region

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Initial results from the 2007 Connecticut Long-Term Care Needs Assessment showed few significant variations across three geographic regions. However, the analysis indicated that differences may exist at the sub-region level, when the state is divided into twelve geographic areas. These twelve regions differ by characteristics such as population, density, income, socioeconomic factors, resources, and programs or services. By examining the data from the general resident survey across twelve regions, this report offers a more in-depth study of long-term care needs specific to the smaller geographical areas. These results augment the data previously reported by highlighting specific long-term care challenges faced by survey respondents in each region. All Connecticut Needs Assessment reports are available online at **http://www.uconn-aging.uchc.edu/res_edu/assessment.html**.

This analysis reveals marked differences between the twelve regions in many domains, including:

- Financial resources
- Multiple health indicators
- Daily living activities
- Home and community-based service use and unmet need

Financial resources

Financial resources of survey respondents show great variation across the state.
- Compared to other regions, respondents in the New Haven and Willimantic regions have significantly fewer financial resources. Respondents in the Torrington, New Britain, Waterbury, and Norwich regions also have limited financial resources.
- In contrast, higher incomes and greater financial resources are found in the Stamford, Danbury, Bridgeport, and Hartford regions.

Health

Differences in health status and related indicators between the twelve regions are striking.
- Compared to respondents from other regions, Willimantic area respondents are in the poorest health. These respondents have the highest rate of fair/poor health, number of falls, and unintended change in weight, while at the same time reporting low rates of many routine health examinations. Respondents from the Waterbury, New Haven, Norwich, and New Britain regions also report higher than average fair/poor health.
- In contrast, respondents from the Stamford and Danbury regions report the best health overall.

Regional variations in ability to perform daily living activities demonstrate a similar pattern.
- Much greater percentages of respondents from the New Haven and Willimantic regions need help with at least one daily living activity, especially when compared to respondents from the Danbury region.

Mental health disparities between the twelve regions also parallel the above findings.
- New Haven area respondents have the highest percentage of respondents with mental health disabilities and one of the highest rates of depressive symptoms. Respondents from both the Willimantic and New Britain regions also have high rates of depression, while the lowest rate of depression is found in the Stamford area.

Home and community-based services: Use and unmet need

Notable regional differences also exist in use of home and community-based services (HCBS) and unmet need for these services.

- Current use of HCBS is greatest in the New Haven area. These respondents report the highest rate of current use for five out of the eight services assessed in the survey. In contrast, Danbury area respondents report very low or no current use of these services. Respondents from the Bridgeport and New Britain regions also report low service use overall.
- More respondents from the Willimantic region are missing needed HCBS compared to the other regions. These respondents report the highest rate of unmet need for all eight identified services. New Haven area respondents also report a high unmet need for two of the listed services. As with current use, unmet need for services is lowest in the Danbury region.

Socioeconomic characteristics, health, service use, and unmet need

There is a clear association between socioeconomic characteristics, health, use of HCBS, and unmet need for these services.

- Willimantic and New Haven area respondents, the regions with the fewest financial resources, do poorly on a number of indices, such as health and need for assistance with daily activities. Respondents in these regions also report the highest rates of use of HCBS (New Haven) and unmet need for these services (Willimantic).
- This contrasts significantly with the Danbury region – an area with high socioeconomic status and very high financial resources – which also has the best health, lowest need for assistance, and very low unmet need for HCBS.
- Other regions tend to fall in between on various indicators – the Stamford, Hartford, and Manchester areas do better overall, while the Waterbury and Torrington regions tend to be worse on some health and other indicators.

Intersection of unmet need and provider services

No consistent pattern emerges when overlap between regional need for certain HCBS and provider locations is examined. The rate of unmet need for these services does not appear to correlate directly with the number or location of providers in specific regions. It is likely that a more complex interaction is at work, with other barriers, such as lack of knowledge, affordability, eligibility for services, availability of Medicaid providers, and regional characteristics (rural vs. urban), also playing a role.

Implications for future long-term care service use

Underlying the Needs Assessment is the guiding principle of creating parity with regard to long-term care services among residents of all ages or disabilities, basing service use on level of need. The achievement of this goal must address geographic equality as well, so that residence in a particular part of the state does not contribute to disparities in services among residents with similar service needs. This report clearly demonstrates that inequalities do exist among regions with respect to access, use, and unmet need for community-based long-term care services.

These data also point to the reality that unmet need for such services is a complex issue, with multiple contributing factors, including some associated with geographic location within the state, such as socioeconomic status, provider availability, infrastructure barriers such as lack of transportation, and geographic characteristics such as rural versus urban. As rebalancing policies develop and community-based service use expands, geographic characteristics should be considered along with other challenges and competing factors.