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**Public Health Testimony by Arvind Shaw, MBA, March 14<sup>th</sup> 2007-  
Generations Family Health Center**

S.B. No. 684 An Act Concerning Community-Based Medical Residency Training Programs.

**I am in support of this training program.**

It is well documented that the Nation is facing a physician shortage, and this shortage is painfully felt by the patients who rely upon the community Health Centers for their primary care. The lack of a Physician Workforce is already playing itself out in the disparities in healthcare in Connecticut that have been documented by the Ct. Health Foundation's report of March 2005 which states that from 1999 to 2001 African Americans lost 11,028 years of potential life and Latinos lost 6,806 years of potential life and the white population lost 5,687 years of potential life. 23,521 person years lost every three years is an awful price to be paid by any community.

**"The system is designed perfectly for the results it gets".** This Bill is a practical way of directly improving the health outcomes with patient services in the community health center – integrating the objectives of teaching with service. This Bill is a new way of preparing the workforce for the challenges of this population and will allow us all cost effective solution to change the disparities that are causing our system of care to be so inefficient and ineffective. The issues of health literacy, prevention, accessibility, network capacity and quality need to be addressed by integrative community based models of care for long term sustainability and viability.

Our Health Center serves the Northeast part of the state, and in Windham County are the poorest patients by income in the State. We serve about 13,671 unduplicated patients annually, 1,834 are homeless, 280 are migrant, and 114 are with HIV. We also provide 7,897 SAGA visits annually (about 15% of the state volume).

The emergency room is not the place for people to receive proper primary care. Its too late by then. We have been building our healthcare system in the wrong place, the highest cost, at the wrong time, when we should have our focus on prevention and chronic disease management. We need to have a strong initiative for the state to remap its resources to reflect the needs of the population. Our Community is in need for the strengthening of the safety net by ensuring a committed and dedicated workforce. This Bill is timely as it will take several years to develop this workforce.

Thank you

***Keeping Families Healthy Throughout Generations***

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CT Poverty Data 2004 Estimates										
Hhs Region	State Name	State Abbreviation	State Fips Code	Full County Name	County Fips Code	Time Period	Income Below Poverty Level	Percent Income Below Poverty Level	Income Under 2.00 Times Us Federal Poverty Level	Percent Income Under 2.00 Times Us Federal Poverty Level
Region I	Connecticut	CT	09	Fairfield County	001	2004	61267	6.9	151513	17.06
Region I	Connecticut	CT	09	Tolland County	013	2004	7357	5.55	19477	14.7
Region I	Connecticut	CT	09	New Haven County	009	2004	77612	9.49	182777	22.36
Region I	Connecticut	CT	09	Litchfield County	005	2004	8398	4.49	26744	14.28
Region I	Connecticut	CT	09	Windham County	015	2004	9290	8.5	26196	23.98
Region I	Connecticut	CT	09	New London County	011	2004	16174	6.38	47419	18.71
Region I	Connecticut	CT	09	Hartford County	003	2004	79049	9.32	179540	21.18
Region I	Connecticut	CT	09	Middlesex County	007	2004	7270	4.62	20641	13.12
Source: HRSA Geospatial Data Warehouse										
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Demographic Data: The Demographic data consists of the U.S. Census 2000 Data, population estimates for 2004 obtained from Claritas, Inc., and the Births and Infant Deaths Data from the National Center for Health Statistics (NCHS). The Census data is comprised of US population statistics published by the US Census Bureau after the decennial census of 2000. The 2004 population estimates are calculated by Claritas, Inc. using proprietary algorithms, based on data from the decennial census of 2000. The births and infant deaths data are obtained from the NCHS and include low birth weight rates and infant mortality rates. They are aggregated by county and by State, and represent five (5) years of data in each aggregation. By agreement with NCHS, only in cases where the value is greater than three (3) shall the data be reported. Also, if the value can be derived from other elements, those elements shall be suppressed as well. Refer to the Data Suppression Rules for a complete description of how the data suppression rules are applied.

NOTE: 23,98 does not meet the required 30% or greater level specified (see next worksheet for federal HPSA guidelines)