

MIDDLESEX HEALTH

Middlesex Hospital Community Health Needs Assessment

REPORT FOR YEAR ENDING SEPTEMBER 30, 2022



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Author: Catherine Rees, MPH, Director, Community Benefit, Middlesex Health

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The members of the Middlesex Health Community Health Needs Assessment Advisory Committee:

- Reverend Robyn Anderson, MS, LPC, LMFT, LADC, Executive Director, Ministerial Health Fellowship
- Sherry Carlson, BSN, RN, Public Health Nurse & Emergency Preparedness Coordinator, Connecticut River Area Health District
- Heather Chandor, Vice President of Operations, Middlesex YMCA
- Kevin Elak, MPH, RS/REHS, CP-FS, Director of Health, City of Middletown Department of Health
- Daisy Hernandez, MPH, CHES, Community Health Educator, City of Middletown Department of Health
- Faith M. Jackson, Director of Equal Opportunity & Diversity Management & Veterans Service Contact Representative, City of Middletown and President, Middlesex County NAACP Branch, Unit 2018-B
- Harmony Jones, Community Health Worker, Ministerial Health Fellowship
- Amber Kapoor, MPH, Health Education, Grants, and Survivorship Coordinator, Cancer Center, Middlesex Health
- Beverly Lawrence, Doula, Pregnant with Possibilities, Ministerial Health Fellowship
- Veronica Mansfield, DNP, APRN, AE-C, CCM, Manager of Clinical Practice, Center for Chronic Care Management, Middlesex Health
- Ayanna McKennon, Community Engagement Coordinator, Russell Library
- Russell S. Melmed, MPH, Director of Health, Chatham Health District
- William Milardo Jr, RS, Assistant Health Director and Sanitarian, Town of Durham Health Department
- Emily Moore, MPH, Community Member
- Salvatore Nesci, R.S., Public Health Coordinator; Acting Director of Health; Emergency Management Director, Town of Cromwell Department of Health
- Margaret O'Hagan-Lynch, Division Director Addiction Services, Connecticut Valley Hospital
- Judy Omphroy, Health Committee Chair, Middlesex County NAACP Branch, Unit 2018-B
- Dan Osborne, LCSW, Chief Executive Officer, Gilead Community Services, Inc.
- Brenda Pena Rivera, Doula, Pregnant with Possibilities, Ministerial Health Fellowship
- Catherine Rees, MPH, Director, Community Benefit, Middlesex Health
- Robin Ross, Recovery Coach, How Can We Help?, Ministerial Health Fellowship
- Maryellen Shuckerow, Executive Director, St. Vincent de Paul Middletown

Please contact Catherine Rees with any questions at 860-358-3034, catherine.rees@midhosp.org.



EXECUTIVE SUMMARY

The onset of the COVID-19 pandemic prompted a cascading effect that impacted every aspect of life, health and well-being, causing significant personal and societal loss and lasting effects on the physical, financial and psychological well-being of individuals. The pandemic has taken a disproportionate toll on people of color and other marginalized groups, illuminating longstanding and historic societal inequities. Readers of this report are encouraged to examine the data through a COVID-19 lens and to ask how we might take the lessons learned from the COVID-19 pandemic to ensure that policies and systems are corrected and redesigned to ensure everyone has an equal opportunity to thrive.

Middlesex Health is pleased to provide this community health needs assessment (CHNA). While required by IRS Tax Code 501(r)(3) every three taxable years, the CHNA is an important tool for improving community health and well-being and advancing health equity. In this CHNA, a variety of primary and secondary data specific to our geographic service area have been collected and analyzed. Data are presented by the towns in Middlesex Health's service area (when possible) and Middlesex County and benchmarked against the state of Connecticut. When available, data are disaggregated by age, gender, race and ethnicity, but available disaggregated data for Middlesex County continues to be a limitation. This study is intended to present a comprehensive picture of the health and well-being status of Middlesex County and surrounding towns, to identify unmet needs, gaps and barriers to optimal health and well-being, and to highlight health equity concerns.

The hope is that this report will prompt the following questions: what are the health, well-being and social concerns and needs of the community? What are the social influencers and root causes behind these identified problems? What populations are disproportionately impacted and what are the reasons for these inequities? What community-based and community-driven collaborative solutions can be developed, implemented and sustained?

The significant health and health-related issues that have been identified through the process of conducting this CHNA include (but are not limited to) **lasting impacts of the COVID-19 pandemic; chronic disease (asthma, COPD, diabetes, heart disease, hypertension, obesity); maternal child health; mental health; substance use disorder; social determinants of health issues; at-risk populations; health disparities;** and the **impact of racism as a public health crisis**. With input from the community, Middlesex Health will use the findings of this CHNA to prioritize significant health and health-related needs which will inform the CHNA Implementation Strategy.

Middlesex Health is grateful for continued collaboration with community partners who share a commitment to improving the health and well-being of community members and looks forward to using the findings of this CHNA as a springboard to further the work of multisector collaboratives that are dedicated to responding to identified needs, supporting community health improvement and advancing health equity.

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Part I

Impact of the COVID-19 Pandemic

Introduction and Background

Next Steps

Actions Since 2019 CHNA

Significant Health & Health-Related Needs

Definition of the Community Served

Life Expectancy & Mortality

Process and Methods Used to Conduct CHNA

Health Equity

Social Determinants of Health

Well-Being

Middlesex Health CHNA Community Survey

THE IMPACT OF THE COVID-19 PANDEMIC

The COVID-19 pandemic has had a profound impact on individuals, families, households, businesses and the health care system in the United States, causing considerable hardship and negative consequences. The tragic loss of life and the emergence of post-COVID-19 syndrome (the persistence of clinical symptoms beyond the onset of acute COVID-19 symptoms) has resulted in enormous personal and societal losses and lasting impacts on the physical, financial and psychological well-being of people in the United States and all over the world. Grief, isolation and anxiety caused by the pandemic has resulted in an increase in mental health concerns for individuals of all ages.

The early stage of the pandemic was marked by a severe economic downturn that resulted in high levels of job loss, and unemployment remained high throughout 2020. Substantial and important relief measures helped to ease the very highest levels of hardship, but households experiencing significant financial problems and unmet need remained, resulting in households lacking sufficient food; depleting their savings; unable to pay rent or mortgage and other household expenses (utilities, internet, etc.); and unable to cover car payments, medical expenses or student loans (RWJF, 2020; Center on Budget and Policy Priorities, 2021).

Prior to the COVID-19 pandemic, people of color and other underrepresented and historically marginalized groups have faced longstanding socioeconomic and health disparities in the United States. The COVID-19 pandemic has further exposed and amplified these inequities. The pandemic caused disproportionate harm to Asian populations, Black populations, Latino/a populations, other people of color, and individuals experiencing lower socioeconomic status, all of whom experienced higher rates of COVID-19 cases, hospitalizations and death compared to white people (KFF, 2020; Health Affairs, 2021; JAMA, 2021). In addition to the direct health impacts of COVID-19, the pandemic has taken a disproportionate toll on the financial security and mental health and well-being of Black, Indigenous, Latino/a and other people of color, low-income individuals, LGBTQ+ individuals, people with disabilities, and other underserved groups (KFF, 2020).

The lessons learned from the COVID-19 pandemic are a call to action to address longstanding and pervasive social inequities – including structural racism – with a renewed focus on the role that social determinants of health (i.e., unstable housing, food insecurity, environmental conditions, poverty, racism, among others) contribute to health-related disparities.

INTRODUCTION AND BACKGROUND

ABOUT MIDDLESEX HEALTH AND MIDDLESEX HOSPITAL

Middlesex Health is a comprehensive network of services provided in conjunction with hospital services. Middlesex Hospital proper, founded in 1904, is an independent, not-for-profit, acute-care community hospital located in Middletown, Connecticut. The hospital is licensed for 275 beds and 22 bassinets, and Middlesex Health serves a total population of more than 250,000 people. Middlesex Health employs over 3,400 people and has 378 active medical staff, 79 courtesy medical staff and 168 allied health professionals on its medical staff. Services provided include inpatient care and emergency services and extensive outpatient care, including diagnostic, physical rehabilitation (5 locations), behavioral health, disease management, radiology, laboratory, hospice / palliative care, cancer care (2 locations), care at home, wound and ostomy care, surgical services, paramedics services, medical specialists, an autism center, urgent care (3 locations), and a network of primary care offices (15 sites). Middlesex Health continues to fully support its Family Medicine Residency Program (in existence for more than 40 years) and Radiology School that operates on the hospital campus. In addition to its emergency department located in Middletown, Middlesex Health operates two satellite medical centers in Westbrook and Marlborough that have fully accredited, stand-alone emergency departments.

Middlesex Hospital was the first hospital in Connecticut to attain the nursing Magnet® designation from the American Nurses Credentialing Center and currently holds five consecutive Magnet® designations. Middlesex Health became a member of the Mayo Clinic Care Network in October 2015. This relationship provides access to information, knowledge and expertise from Mayo Clinic's expert specialists.

COMMENTS FROM MOST RECENTLY CONDUCTED CHNA & IMPLEMENTATION STRATEGY

Middlesex Health did not receive any written comments for its most recently completed CHNA (2019) and most recently adopted CHNA Implementation Strategy (2020). Any written comments on this CHNA (2022) and the upcoming CHNA Implementation Strategy (2023) may be directed to Catherine Rees, Director, Community Benefit, at catherine.rees@midhosp.org.

INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY

A Community Health Needs Assessment Advisory Committee was formed to provide input and guidance, including review of the study's data components; review and input on the Middlesex Health CHNA Community Survey; assistance with service area-wide Community Survey dissemination; and review and input on community resources and assets. The advisory committee was comprised of stakeholders representing the broad interests of the community, including local health departments, health care organizations (including medical and behavioral), community-based organizations, faith-based organizations, advocacy groups, support professionals embedded in the community (i.e., community health workers, doulas, recovery coaches, etc.) and community members to ensure community voice was represented. The CHNA Advisory Committee members are listed in **Table A1** in the **Appendix**.

OVERVIEW OF PROCESS AND METHODS USED TO CONDUCT CHNA

This report includes primary, secondary, quantitative and qualitative data sources of key health and well-being indicators, benchmarked against the state of Connecticut whenever possible. Primary data was collected and analyzed through the DataHaven Community Wellbeing Survey and the Middlesex Health CHNA Community Survey. Secondary data was collected from a variety of publicly available sources and the DataHaven Connecticut Hospital Association ChimeData study, an analysis of state-wide hospital emergency department, inpatient and observation discharge encounters for twenty-one health and health-related indicators. More detail on the processes for the DataHaven Community Wellbeing Survey, the Middlesex Health CHNA Community Survey and the DataHaven ChimeData study can be found in the Process and Methods Used to Conduct CHNA section. A listing of the data sources used in this report is provided in **Table A2** in the **Appendix**. To identify existing resources for health care and health-related social needs - a process that also allows any gaps in services to be uncovered - an extensive review of community assets was conducted with the aggregated resources located in **Part III**.

As Middletown differs demographically when compared to other municipalities in Middlesex Health's primary service area, it is extracted and benchmarked against Middlesex County and the state of Connecticut whenever possible. Granular town-level information, demographic and health and health-related indicator data are highlighted by the individual towns in Middlesex Health's primary service area whenever possible.

This assessment was completed internally by Middlesex Health under the direction of, and written by, Catherine Rees, MPH, the Director of Community Benefit.

LIMITATIONS

The goal of this community health needs assessment is to assess the health status, quality of life and conditions that impact health, well-being and health equity for the residents in the communities served by Middlesex Health. While multiple primary, secondary, quantitative and qualitative data elements were collected and analyzed, Middlesex Health acknowledges that there is information and data point gaps that impact the ability to thoroughly measure and assess the community's health and well-being status. Publicly available data sources are often limited by insufficient sample size, given Middlesex County's small population size, and this can limit the availability of data specific to Middlesex County. Of particular concern is the 1) inability to obtain and exhibit data stratified by race and ethnicity, which is likely due to insufficient data collection methodologies or insufficient sample size, and 2) lack of data availability to assess other vulnerable populations. In addition, while hospital emergency department, inpatient and observation encounter data sets are useful proxies for the health status of a community and are helpful for prioritization, they are only measures of those who go to the hospital. An important complement to hospital encounters would be outpatient visit types (i.e., primary care), which were not available for this report.

NEXT STEPS

Section 501(r)(3) of the Internal Revenue Code requires section 501(c)(3) hospitals to adopt an implementation strategy to address the community health needs identified through their CHNAs. To prioritize the significant health and health-related needs and guide Middlesex Health's CHNA Implementation Strategy, priority setting will occur through a facilitated and interactive community conversation comprised of multisector organizations and community members. An effort will be made to ensure that community voice is centered, especially those with lived experience. Prioritization elements will include the following components: magnitude of the problem; severity of the problem; need among vulnerable populations; community's capacity to act on the issue; ability to have a measurable impact on the issue; availability of resources (hospital and community); existing interventions focused on the issue; whether the issue is a root cause of other problems; and trending health concerns in the community (ACHI, 2022). The results of this process will be used to develop goal-oriented strategies that will inform the CHNA Implementation Strategy which will be reviewed and adopted by Middlesex Health's governing body prior to February 15, 2023.

ACTIONS SINCE 2019 CHNA

Middlesex Hospital's 2019 CHNA Implementation Strategy was adopted by its Board of Directors on February 7, 2020, a little more than a month before the start of the COVID-19 pandemic. As with all hospitals and health systems in the United States, Middlesex Health rapidly pivoted its community health and well-being programming to address the COVID-19 public health crisis.

Middlesex Hospital's 2019 CHNA Implementation Strategy had four broad priority areas (healthy weight / obesity / diabetes prevention; mental health – adverse childhood experiences; substance use disorder – opioids; and cancer). This section reviews the actions Middlesex Health took to respond to emergent community needs due to the COVID-19 pandemic through a participatory community-based approach and provides updates, when possible, on actions to address the priorities identified in Middlesex Hospital's 2019 CHNA Implementation Strategy.

COVID-19 COMMUNITY RESPONSE

Since the outset of the COVID-19 pandemic, Middlesex Health has been committed to developing strategies to protect all residents and rapidly shifted to meet urgent needs in order to help community members – especially those most vulnerable and at-risk - stay healthy and safe during the pandemic. Through the strength of existing long-standing relationships of trust and to demonstrate that Middlesex Health is a willing partner to the community during a time of crisis, Middlesex Health staff members worked side-by-side with community agencies and leaders during the pandemic to develop and implement community-based COVID-19 prevention activities and programs.

The Middlesex County COVID-19 People of Color Health Initiative: The Middlesex County COVID-19 People of Color Health Initiative (“POC Health Initiative”) was formed in April 2020 due to the alarming national statistics regarding disproportionate COVID-19 morbidity and mortality among Black, Indigenous, Latino/a and other people of color. The partnership included representatives from the Ministerial Health Fellowship; the Middletown Ministerial Alliance; the Middlesex County NAACP Branch; Middlesex Health; Community Health Center, Inc.; the Middletown Department of Health; the Middletown Common Council; Middletown Public Schools; the Middletown Police Department; Middletown Parks and Recreation; the Community Foundation of Middlesex County; Middlesex United Way; and St. Vincent de Paul Middletown. The POC Health Initiative partners worked proactively and aggressively to prevent the spread of COVID-19 among communities of color by securing masks and hand sanitizer when there was a shortage; develop COVID-19 informational material; and, assemble and distribute COVID-19 wellness kits to community members. The kits included culturally sensitive COVID-19 educational material (lead authorship provided by Middlesex Health) highlighting COVID-19 symptoms and how the virus is spread, COVID-19 prevention and safety tips and instructions for proper mask wearing; masks; soap; and antibacterial hand sanitizer. While COVID-19 wellness kits were distributed to as many community members as possible, people of color were prioritized. Well over 1,000 wellness kits and thousands of masks and educational material were distributed through this initiative.

COVID-19 Crisis Counselors: Middlesex Health supported the Ministerial Health Fellowship's FEMA-funded COVID-19 Crisis Counselors program by writing the grant that secured the funding and providing assistance with budget preparation; this support was provided in-kind and 100% of the funds went to the Ministerial Health Fellowship and created jobs. The grant, administered by the Connecticut Department of Mental Health and Addiction Services (DMHAS), placed COVID-19 Crisis Counselors throughout the state to provide crisis counseling, education, assessment, and linkage to needed community supports and resources. While this program was open to all residents, it prioritized people of color given the documented disproportionate COVID-19 experience for Black, Indigenous, Latino/a and other people of color. Middlesex Health developed and conducted a 3-module COVID-19 curriculum for all MHF Crisis Counselors that included information about the nature of the SARS-CoV2 virus; how the virus is spread; infection risks; symptoms and illness; prevention and safety; proper mask wearing and storage; quarantine and isolation protocols; testing; and vaccination. The COVID-19 educational material developed by Middlesex Health was widely distributed by the Crisis Counselors throughout the state.

COVID-19 Trusted Messengers: Middlesex Health supported the Ministerial Health Fellowship's COVID-19 Trusted Messengers Program by writing the grants that secured multiple rounds of funding from the Connecticut Health Foundation and providing assistance with budget preparation; this support was provided in-kind and 100% of the funds went to the Ministerial Health Fellowship and created jobs. The Ministerial Health Fellowship embedded trusted messengers who live and work in the communities they serve to deliver culturally sensitive COVID-19 prevention, safety, testing and vaccine information (lead authorship provided by Middlesex Health) and COVID-19 wellness kits to all community members, with an increased focus on people of color.

Middletown Behavioral Health COVID-19 Collaborative: Recognizing that people who experience homelessness, mental health conditions, substance use disorders and/or other disabilities were at high risk for acquiring COVID-19 and for having poorer health outcomes if the virus is contracted, Middlesex Health was a founding member of the Middletown Behavioral Health COVID-19 Collaborative, which was established within months of the start of the COVID-19 pandemic. The collaborative was comprised of agencies that specialize in housing and behavioral health, the Middletown Department of Health and municipal representatives. The partnership focused on solutions to mitigate risk for COVID-19 exposure and spread in high density communal living settings, to expand single-occupancy shelter, and to minimize congregate living for those experiencing homelessness by relocating a Warming Center (emergency shelter for individuals/families experiencing homelessness) to a local hotel throughout COVID-19 surges.

Home Food Delivery Program for Cancer Patients: During the height of the COVID-19 pandemic and before the development of COVID-19 vaccines, at-risk Cancer Center patients were too immunocompromised to safely go to the grocery store to purchase food. In response, the Middlesex Health Cancer Center partnered with St. Vincent de Paul Middletown (SVDM), the safety-net agency that oversees the Amazing Grace Food Pantry in Middletown. SVDM created a new program for food delivery to residents who could not get out/should not go out as they were at high-risk for COVID-19 or who struggled to afford to purchase food and were homebound. Middlesex Health's Cancer Center nurse navigators and social workers arranged for free-of-charge ongoing food delivery by SVDM of one 20 to 25

pound box of non-perishables and one 10 to 15 pound box of perishables for their immunocompromised cancer patients.

COVID-19 Vaccine Equity Project: Middlesex Health supported the City of Middletown Department of Health and the Ministerial Health Fellowship Vaccine Equity Partnerships Funding (VEPF) application through the Connecticut Department of Health by writing the grant that secured the funding and providing assistance with budget and workplan preparation; this support was provided in-kind and 100% of the funds went to the City of Middletown Department of Health and the Ministerial Health Fellowship and created jobs. The COVID-19 Vaccine Equity Project in Middletown, administered by the Ministerial Health Fellowship and the Middletown Department of Health, increased access to COVID-19 vaccines for people of color and addressed COVID-19 vaccine concerns. Trusted Messengers outreached to community members identifying as Black, Indigenous, Latino/a and other people of color to connect them to vaccine clinics, provide culturally sensitive COVID-19 vaccine educational materials, address any other barriers that may hinder COVID-19 vaccine access, and connect residents to the services needed for a successful vaccination experience. To provide a comfortable and trusted environment, vaccination clinics were held at Cross Street AME Zion Church in Middletown and offered a flexible system for registration and welcomed walk-ins.

OTHER HEALTH & WELL-BEING PRIORITY INITIATIVES

Accountable Health Communities (AHC): To address social determinants of health, Middlesex Health participated in the Centers for Medicare & Medicaid Services (CMS) Accountable Health Communities five-year demonstration through the Connecticut Coalition to Align Systems and Connect People with Services (CT CAPS). Danbury Hospital / Nuvance Health served as the bridge organization for the five hospital CT CAPS partnership. The purpose of the AHC model is to test whether systematically identifying and addressing the health-related social needs of community-dwelling Medicare and Medicaid beneficiaries through screening, referral and community navigation services will impact health care quality, utilization, and costs. The model design bridges the gap between clinical and community service providers. Eligible patients were screened for five core health-related social needs (housing instability; food insecurity; utility needs; transportation needs; interpersonal violence) and referred to navigators who assisted patients with accessing community-based services in order to address the needs identified during the screening process. The demonstration ended in 2022, and for its sustainability plan, Middlesex Health is implementing a social determinants of health screening and referral protocol.

Cancer Awareness: The Middlesex Health Cancer Center prioritized prevention with an enhanced focus on vulnerable populations who may experience barriers to cancer prevention and screenings and have higher incidence and prevalence of many cancers, including veterans and people of color. Prevention programming included (but is not limited to) prevention days in collaboration with community-based organizations; lung cancer screening for veterans with coordinated transportation and follow-up; lunch-and-learn prevention talks with clinical specialists; community-based health fair/event participation; a culturally sensitive prevention series for people of color; and HPV in-school education to high school

students. The Cancer Center employs a full-time health educator and part time lay community breast health navigator to facilitate cancer prevention and early detection in the community.

Greater Middletown Area Health Enhancement Community (GMAHEC): The Greater Middletown Area Health Enhancement Community was formed in the fall of 2019 through a planning grant from the Connecticut Office of Health Strategy. GMAHEC is a multi-sector, place-based collaborative that supports long-term efforts to improve community health and well-being through broad, systemic change. GMAHEC’s purpose is to 1) build healthy and equitable communities that actively work together to prevent the development of disease; and 2) improve the social, economic, and physical conditions within communities to enable individuals and families to meet basic needs, achieve health and well-being goals, and thrive throughout their lives. Access to nutritious, high-quality, and affordable food is a priority area for the GMAHEC and funding has been secured to launch a program that will include (but is not limited to) culturally sensitive cooking demonstrations / classes; favorite food recipe modifications; community and personal gardening; a family approach to meal planning and preparation; nutrition education; and diabetes prevention education. Middlesex Health staff are members of the GMAHEC leadership team and provide considerable in-kind time to the collaborative and its initiatives.

Greater Middletown Opioids Task Force: The Greater Middletown Opioids Task Force was developed to address the opioid epidemic. Communities are experiencing increasing opioids-related overdoses and overdose fatalities with an increasing prevalence of Fentanyl. This multi-sector collaborative, of which Middlesex Health is a partner, works together to share resources and develop strategies to reduce opioid overdoses and overdoses resulting in fatalities. Its priority areas include education; prevention; resource awareness; intervention; harm reduction; and increasing access to substance use disorder treatment.

Middlesex County NAACP Health Committee: Middlesex Health continues to be a committed partner with the Middlesex County NAACP Health Committee (“Health Committee”). The mission of the Health Committee is to promote, protect and maintain the health and well-being of Black/African Americans, Latinx and all people of color in Middlesex County by assessing health needs and advocating for health equity in order to achieve positive health outcomes. Middlesex Health staff are involved in all Health Committee initiatives, most notably:

- The “Protecting our Health from the Impacts of Race, Racism, and COVID-19” health series that was developed based on the recommendations from the *2019 Middlesex County NAACP, Connecticut Branch 2018-B Health Equity Focus Groups for African Americans*, and designed through a COVID-19 lens. This series provides recurring health and well-being dialogue-based educational sessions that propose manageable, culturally considerate, and sustainable lifestyle changes. While all are invited to attend, the program's target audience is people of color.
- The Family Wellness and Fun Series which provides recurring 60-minute programs for youth, as practicing health-promoting behaviors from a young age supports optimal health over one’s lifetime. The sessions couple health education with a coordinating art project, as the benefits of art in education are well-documented with topics presented in a way that may be more easily understood. When appropriate, parents and caregivers are invited to participate so that adults

can also receive health information and have an opportunity to bond with the children in their lives. While all are invited to attend, the program's target audience is people of color.

- The Health Committee Latino/a Focus Group Project which uses the focus group model to provide a forum for Latino/a voices to be heard and amplified regarding health and well-being concerns. This project will result in a final report that will be widely disseminated throughout Middletown and Middlesex County and will inform health and well-being strategies that are guided by, and in alignment with, the needs and preferences of Latino/a residents in Middletown and Middlesex County.

Ministerial Health Fellowship (MHF) Partnership: The Ministerial Health Fellowship is a faith-based health care advocacy network of Black pastors and church leaders whose shared mission is to build knowledge of health care issues, advocate for health equity policy changes, and forge connections with health care providers and public officials in order to reduce health disparities among people of color. MHF is dedicated to highlighting health disparities, advocating for meaningful advancement in health equity, and implementing critical community-based health and well-being programs. Middlesex Health remains a dedicated partner with the Ministerial Health Fellowship, and in addition to the programs outlined in this section, partners on many other MHF initiatives.

Pregnant with Possibilities: Pregnant with Possibilities (PWP) is a program under the Greater Middletown Area Health Enhancement Community and is overseen by the Ministerial Health Fellowship with Middlesex Health as a collaborative partner. Middlesex Health was the lead author for the grant that secured the funding for PWP and assisted with budget preparation; this support was provided in-kind and 100% of the funds went to the Ministerial Health Fellowship and created jobs. PWP was developed to address the significant disparities in pregnancy and birth outcomes among Black and Latina persons and their babies by providing no-cost, wrap-around doula services. PWP doulas provide support before, during and up to one year after delivery. The program includes personalized physical activity sessions and nutrition education. Support is also provided by a PWP doula who is bilingual in English and Spanish.

Racism is a Public Health Crisis – Middletown Declaration: Understanding that dismantling institutional racism - which is a substantial driver of health inequities - is critical to advancing health equity, Middlesex Health participated in community letters of support to the City of Middletown, advocating that the city declare that racism is a public health crisis. The City of Middletown was the 11th city in Connecticut to adopt this declaration, which was passed by the Common Council on July 6, 2020.

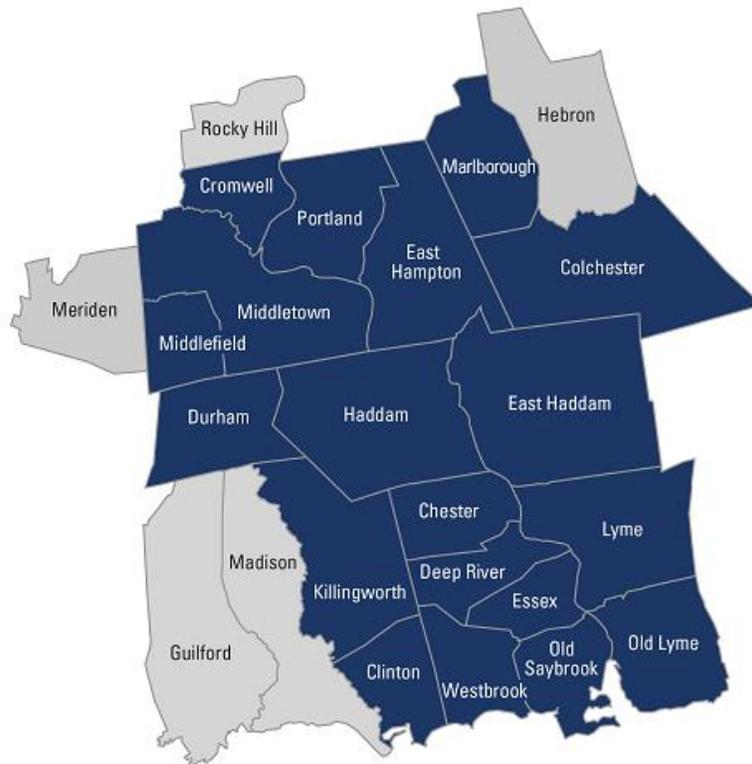
SIGNIFICANT HEALTH AND HEALTH-RELATED NEEDS IDENTIFIED THROUGH CHNA

The significant health and health-related needs of the community identified through the 2022 CHNA process are indicated below. The method used to identify these needs was based on frequency and degree of prevalence within the CHNA. Prioritization of the significant needs will take place during the CHNA implementation strategy phase.

Category	Significant Health & Health-Related Needs
<p style="text-align: center;">Health & Health Behaviors</p>	<ul style="list-style-type: none"> ▪ Asthma ▪ Cancer ▪ Chronic Obstructive Pulmonary Disease (COPD) ▪ Depressive Disorder ▪ Diabetes ▪ Heart Disease ▪ Hypertension ▪ Marijuana Use among Young Adults ▪ Maternal Child Health ▪ Mental Health (children, adolescents, adults) – exacerbated by COVID-19 ▪ Oral Health ▪ Overweight / Obesity ▪ Substance Use Disorder <ul style="list-style-type: none"> ○ Alcohol Use Disorder ○ Opioid Use Disorder ▪ Tobacco Use
<p style="text-align: center;">Social Determinants of Health</p>	<ul style="list-style-type: none"> ▪ Access to Health Care Services (including mental health and substance use disorder) ▪ Computer & Broadband Internet Access ▪ Food Insecurity / Lack of Access to Healthy Foods ▪ Housing Insecurity ▪ Poverty / Income Constrained / Income Disparities ▪ Utility Affordability ▪ Transportation Access
<p style="text-align: center;">Other</p>	<ul style="list-style-type: none"> ▪ Access to & Affordable Childcare ▪ COVID-19 Impact ▪ Falls ▪ Health Disparities due to Structural Racism / Racism is a Public Health Crisis ▪ Older Adult Population ▪ Race / Ethnicity Health Disparities ▪ Race / Ethnicity Mortality Disparities ▪ Trauma – Adults ▪ Trauma - Adverse Childhood Experiences (ACEs) ▪ Vaccination Disparities

DEFINITION OF THE COMMUNITY SERVED

Middlesex Health's service area includes 24 municipalities. There are 19 towns in its primary service area: Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Middlefield, Middletown, Old Saybrook, Portland, and Westbrook (the 15 towns of Middlesex County), Colchester, Lyme, Marlborough, Old Lyme, and five towns in its secondary service area: Guilford, Hebron, Madison, Meriden, Rocky Hill. Middlesex Health defines its community served (i.e., primary service area) as the towns that make up 75% of its inpatient and observation discharges. For the purposes of this report, "service area" represents the towns in Middlesex Health's primary service area.

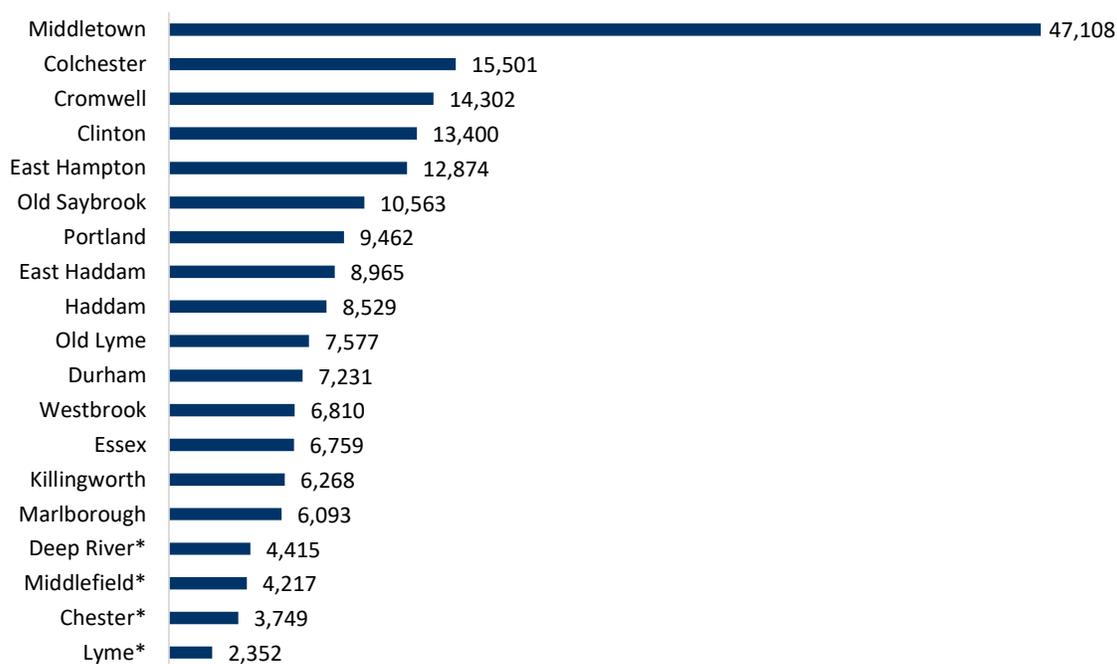


By land area, Middlesex County (369.3 square miles) is the smallest county of the eight counties in Connecticut and is the sixth in population size (U.S. Census, 2020). Municipality sizes by land mass vary throughout the county, from 10.40 square miles (Essex) to 54.25 square miles (East Haddam) with Middletown having 41.02 square miles of land area.

POPULATION

Of the total state of Connecticut population (3,605,597), 4.6% (164,759) reside in Middlesex County (U.S. Census, 2021). With a population of 47,108 (U.S. Census, 2021), Middletown is the largest municipality in Middlesex County (**Figure 1**). The remaining towns in Middlesex Health’s primary service area fall into three population ranges. Colchester, Cromwell, Clinton, East Hampton and Old Saybrook have populations between 10,000 and 15,600. Portland, East Haddam, Haddam, Old Lyme, Durham, Westbrook, Essex, Killingworth and Marlborough have populations between 5,000 and 9,999. Deep River, Middlefield, Chester and Lyme have populations less than 5,000. The Connecticut Office of Rural Health (CT-ORH) defines rural as all towns with a population census of 10,000 or less and a population density of 500 or less people per square mile. Based on this metric, the towns of Chester, Deep River, Durham, East Haddam, Haddam, Killingworth, Lyme, Marlborough, Middlefield, Old Lyme and Westbrook are considered rural. For population density for the towns in Middlesex Health’s service area, see **Appendix Table A3**.

Figure 1 - Population Estimates, 2021



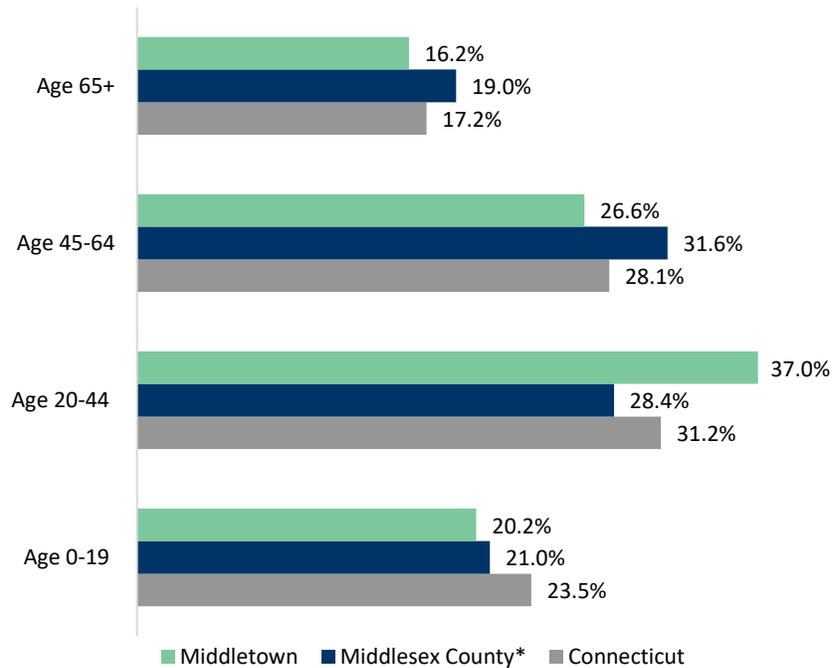
U.S. Census Quick Facts, 2021; <https://www.census.gov/quickfacts>
 Towns with *: U.S. Census, [https, 2020; //data.census.gov/cedsci/profile](https://data.census.gov/cedsci/profile)

AGE DISTRIBUTION

Figure 2 benchmarks Middletown and Middlesex County against the state of Connecticut. Middlesex County is lower than the state average in the 0-19 and 20-44 age groups and exceeds the state average in the 45-64 and 65+ age groups. Middletown is lower than the state average in the 0-19 age group, is significantly higher than the state average in the 20-44 age group and lower than the state average in the 45-64 and 65+ age groups. For age distribution for the towns in Middlesex Health’s service area, see **Appendix Table A4**.

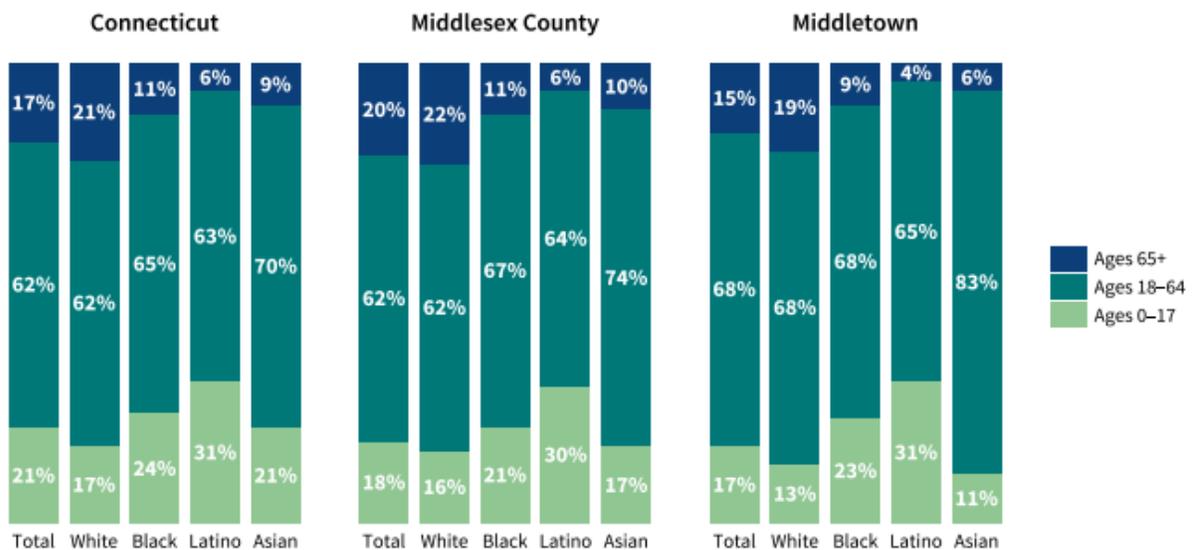
Figure 3 compares the 0-17, 18-84 and 65+ age groups by race and ethnicity in Middletown and Middlesex County to the state of Connecticut. Baby boomers (persons born in the years from 1946 to 1964) in Connecticut are predominantly white and the state's increased racial and ethnic representation are driven by younger generations, particularly Black and Latino populations (DataHaven, 2022).

Figure 2 - Age Distribution by Middletown, Middlesex County and Connecticut, 2016-2020



Connecticut Data Collaborative, 2016-2020; <http://data.ctdata.org/>
 Middlesex County*: Connecticut Data Collaborative, 2014-2018; <http://data.ctdata.org/>

Figure 3 - Population by Race and Ethnicity and Age Group, 2015-2019

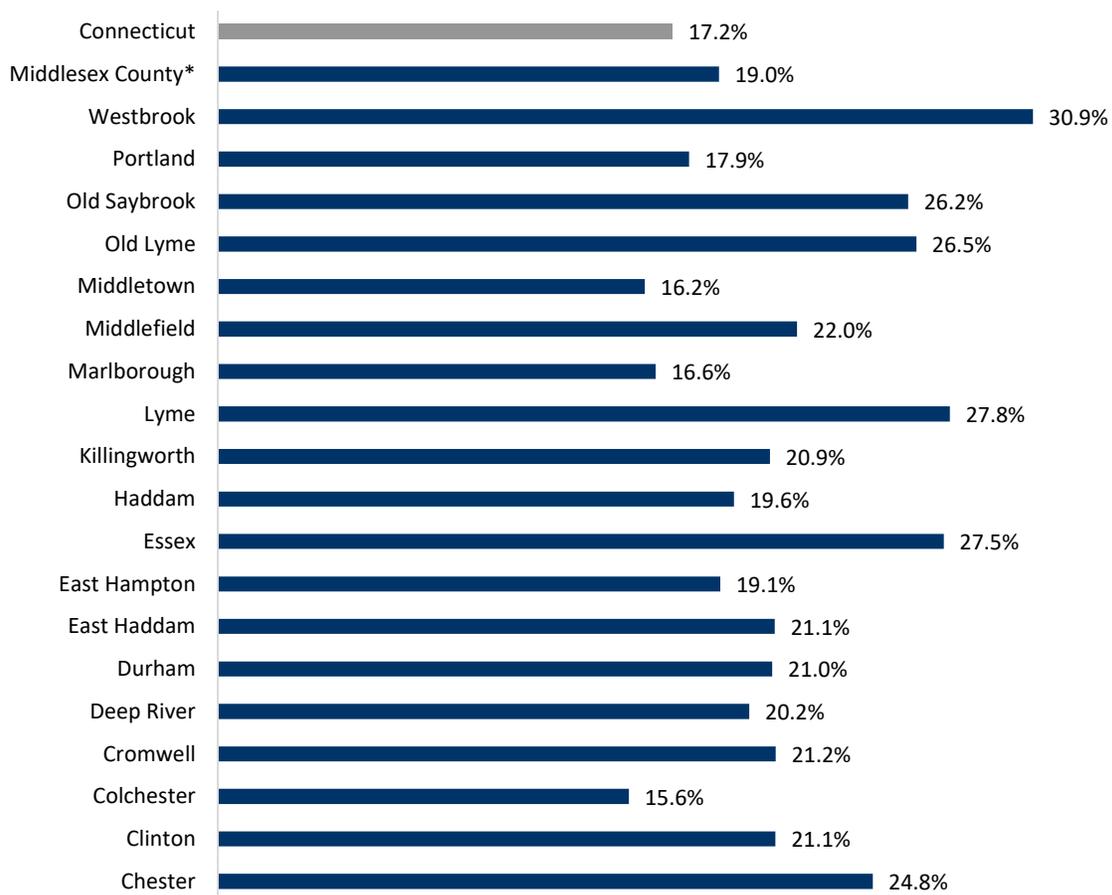


Note: Only groups with at least 50 residents shown

DataHaven Middlesex County 2022 Equity Profile - DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates

When extracting age 65+, Middlesex County (19.0%) exceeds Connecticut (17.2%), and the majority of the towns in Middlesex Health’s service area continue to have a greater concentration of older adults when compared to Connecticut (**Figure 4**). The towns of Colchester, Marlborough and Middletown fall below the state average of 17.2%. Portland is on par with the state average, while Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Haddam, Killingworth, and Middlefield exceed the state average with an age 65+ range of 19.1%-24.8%, and Essex, Lyme, Old Lyme, Old Saybrook, and Westbrook considerably exceed the state average with an age 65+ range of 26.2%-30.9% (CT Data Collaborative, 2016-2020).

Figure 4 - Age 65+ Distribution, 2016-2020



Connecticut Data Collaborative, 2016-2020; <http://data.ctdata.org/>

Middlesex County*: Connecticut Data Collaborative, 2014-2018; <http://data.ctdata.org/>

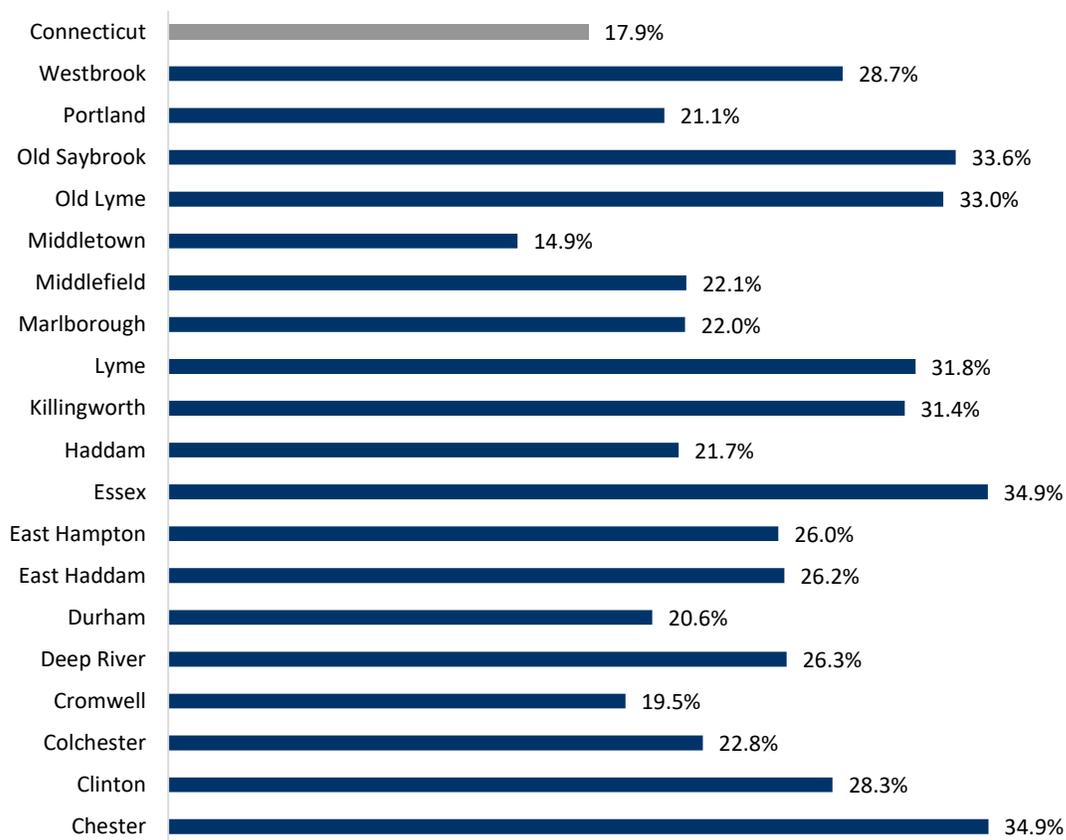
The total 65+ population in Middlesex County is 31,304 (CT Data Collaborative, 2016-2018), and the total age 65+ population for the towns in Middlesex Health’s primary service area is 39,582 (CT Data Collaborative, 2016-2020). **Appendix Table A5** outlines the numeric value that corresponds to the age 65+ estimate per town in Middlesex Health’s service area.

POPULATION PROJECTIONS AGE 65 AND OVER

The trend of a disproportionately higher 65+ older adult population in the majority of towns in Middlesex Health’s service area when compared to the state average continues to be evident for population projections for 2030 (**Figure 5**). Excluding Middletown (at 14.9%), the expected growth for age 65+ by 2030 ranges from 19.5% to 34.9% in the remaining 18 towns in Middlesex Health’s service area compared to 17.9% for Connecticut.

Given the current and projected percentage of older adults in Middlesex Health’s service area when compared to the state average, evidence-based solutions to support independent function, improve health and well-being, improve quality of life, and promote positive outcomes for community-dwelling older adults - with special attention paid to vulnerable at-risk elders who may be experiencing health disparities - would help address the associated health care needs for the current age 65+ population and projected age 65+ population growth.

Figure 5 - Age 65+ Population Projections, 2030



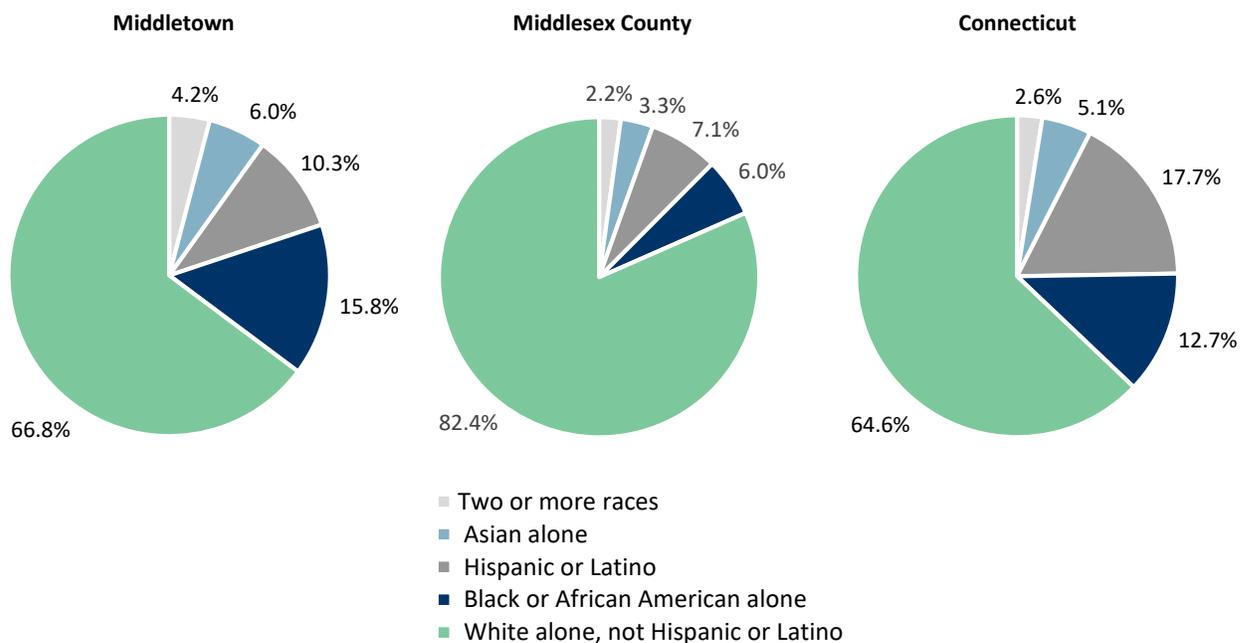
Note: 2030 age population projections not available for Middlesex County

Connecticut Data Collaborative. <http://data.ctdata.org/>

RACE AND HISPANIC OR LATINO ORIGIN

The racial and ethnic make-up of Middletown and Middlesex County as compared to the state of Connecticut is outlined in **Figure 6**. Middletown has a more diverse demographic relative to the other towns in Middlesex County and resembles Connecticut except in the Hispanic or Latino category, where Middletown has a smaller population. The racial and ethnic make up for the towns in Middlesex Health’s service area is described in **Appendix Table A6**.

Figure 6 - Race & Hispanic or Latino Origin, 2021



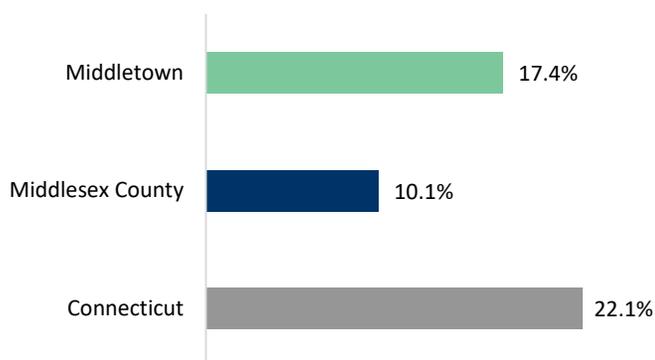
U.S. Census Quick Facts, 2021; <https://www.census.gov/quickfacts>

Population changes by race and ethnicity based on the U.S. Census basic population counts between 2010 and 2020 indicate that the number of white residents in Middlesex County decreased by 8%, while the non-white population grew by 43% (DataHaven, 2022).

LANGUAGES

Figure 7 depicts the percentage of languages other than English spoken at home for Middletown, Middlesex County and Connecticut. See **Appendix Table A7** for the percentage of broad language categories other than English spoken at home in the towns in Middlesex Health’s service area.

Figure 7 - Language Other than English Spoken at Home, Percent of Persons Age 5+ Years, 2016-2020

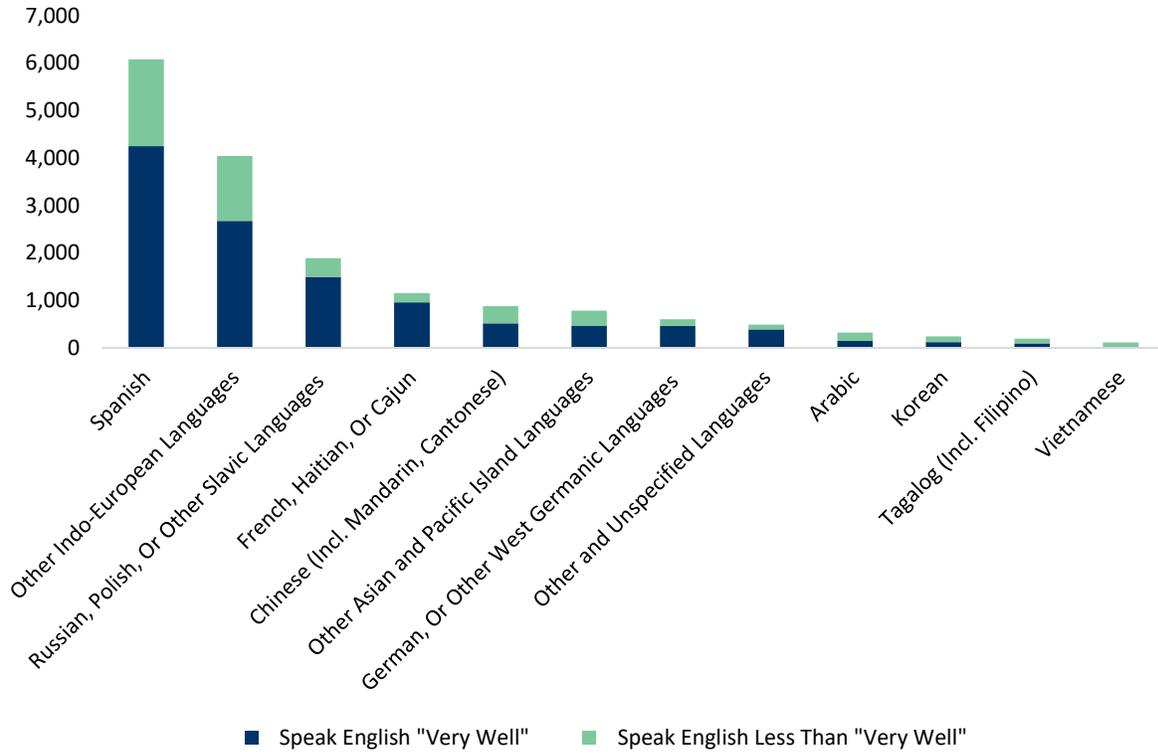


U.S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020, <https://data.census.gov/>

Linguistic isolation is defined as speaking English less than “very well.” Those who struggle with English proficiency may experience difficulty in school, seeking and accessing health care and social services, or finding employment in predominantly English-speaking communities (DataHaven, 2022). In 2019, 3% of Middlesex County’s population age 5 and older (5,264 residents) were linguistically isolated, with Latino and Asian populations more likely to be linguistically isolated than other racial/ethnic groups (DataHaven, 2022).

Residents experiencing limited English proficiency (LEP) are among the most vulnerable populations, as they may struggle to understand medical, financial and legal information written in English (Department of Consumer Protection, 2020). Patients with limited English proficiency experience worse clinical outcomes when compared to English-proficient patients (Green, Nze, 2017). In its 2020 study, the Connecticut Department of Consumer Protection compiled county-level language data from the American Community Survey five-year estimates (2014-2018), noting that, of the residents in Middlesex County who speak a language other than English at home, many report LEP. **Figure 8** outlines the primary languages spoken at home (excluding English) in Middlesex County by “Speak English Very Well” and “Speak English Less Than Very Well.” For language detail for primary language spoken at home (Excluding English) for Middlesex County, see **Appendix Table A8**.

Figure 8 - Languages Spoken at Home other than English, Middlesex County, 2014-2018



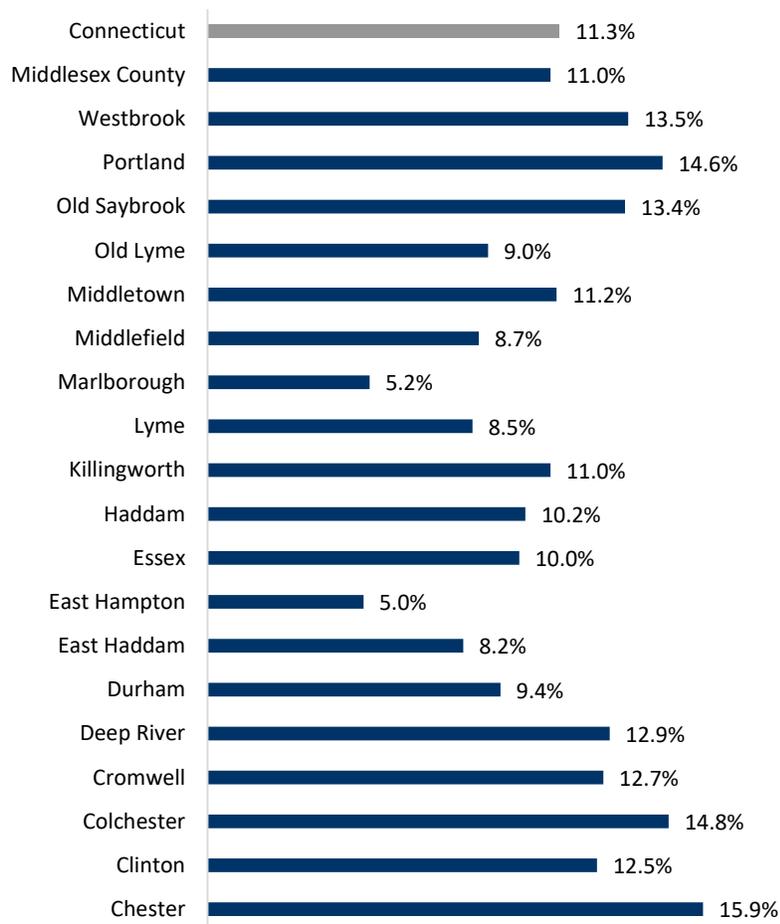
Note: Indo-European languages include languages native to the majority of Europe, the Iranian plateau and the northern Indian subcontinent

Connecticut Department of Consumer Protection, https://portal.ct.gov/-/media/DEMHS/_docs/Plans-and-Publications/EHSP0087--DCPCountyLanguageDoc.pdf; American Community Survey 5-year estimates, 2014-2018; U.S. Census Bureau

DISABILITY STATUS

The U.S. Census Bureau American Community Survey (ACS) asks about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. A respondent who reports any one of the six disability types is considered to have a disability (U.S. Census Bureau, 2022). **Figure 9** outlines the disability status for the total population of each town in Middlesex Health’s service area and Middlesex County compared to the state of Connecticut. For disability status per age group for Middlesex County and each town in Middlesex Health’s service, see **Appendix Table A9**.

Figure 9 - Disability Status for Total Population, All Ages, 2016-2020



U.S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020, <https://data.census.gov/>

VETERAN STATUS

The veteran population is 2,237 in Middletown, 9,197 in Middlesex County and 167,521 (5.9% of the population) in Connecticut (CT Data Collaborative, 2015-2019; 2016-2020). Of the towns in Middlesex Health's service area, 14 have veteran population percentages that are above the state average of 5.9%, one mirrors the state average and four are below (**Table 1**).

Table 1 - Veteran Status, 2015-2019

Location	% of Population	# of Persons	Location	% of Population	# of Persons
Chester	4.5%	158	Killingworth	4.3%	216
Clinton	7.2%	760	Lyme	8.4%	171
Colchester	9.6%	1,159	Marlborough	5.4%	270
Cromwell	6.9%	762	Middlefield	7.5%	271
Deep River	6.3%	224	Middletown	5.8%	2,237
Durham	5.5%	319	Old Lyme	9.4%	570
East Haddam	9.2%	672	Old Saybrook	10.4%	873
East Hampton	8.8%	900	Portland	7.7%	563
Essex	11.4%	640	Westbrook	8.9%	546
Haddam	7.1%	479	Middlesex County*	5.6%	9,197

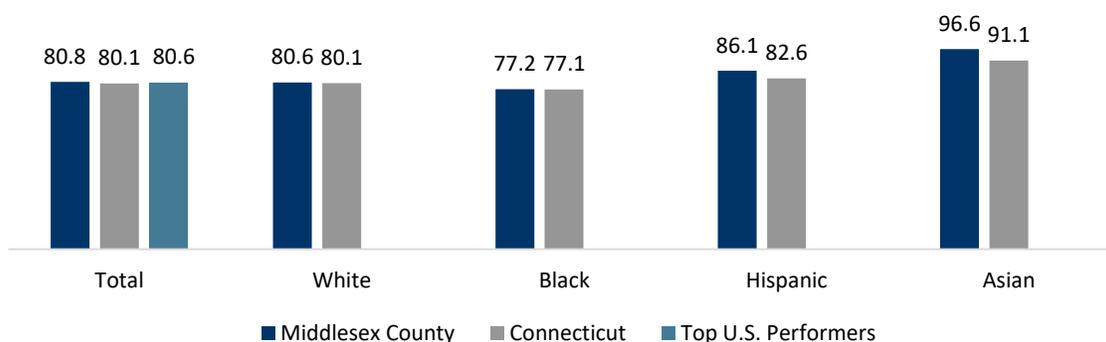
Connecticut Data Collaborative, 2015-2019, <http://data.ctdata.org/>

Middlesex County*: U.S. Census Quick Facts, 2016-2020, <https://www.census.gov/quickfacts>

LIFE EXPECTANCY & MORTALITY

Life expectancy is the key metric for assessing population health; it captures mortality along the entire life course and relays the average number of years a person can expect to live, or the average age of death in a population. When comparing race and ethnicity categories (**Figure 10**), Black residents experience the lowest average life expectancy in Middlesex County at 77.2 years of age, and Asian residents experience the highest average life expectancy at 96.6 years of age. County Health Ranking and Roadmaps 2022 provides top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for total life expectancy.

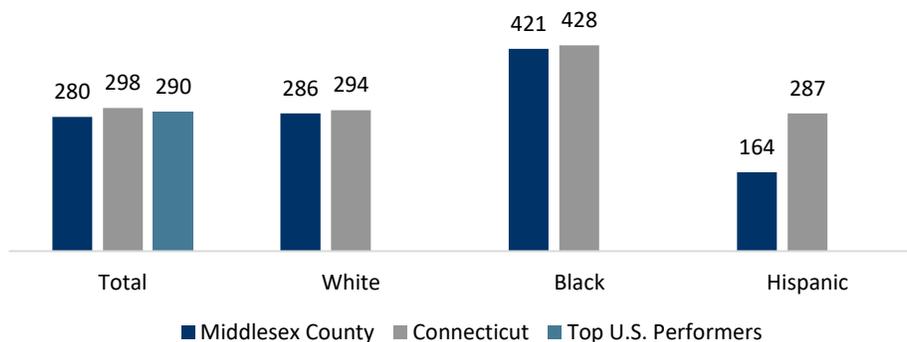
Figure 10 - Life Expectancy by Race and Ethnicity by Average Number of Years, 2018-2020



County Health Rankings & Roadmaps 2022; National Center for Health Statistics, CDC WONDER, 2018-2020

Premature age-adjusted mortality is an important population health outcome measure; it is presented as a rate and measures the number of deaths among residents under the age of 75 per 100,000 population which allows for comparisons among different populations. In Middlesex County, significant disparities exist for the Black population with a premature age-adjusted mortality rate that is 1.5 times higher than the premature age-adjusted mortality rate for the white population (**Figure 11**). County Health Ranking and Roadmaps 2022 provides top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for total premature age-adjusted mortality.

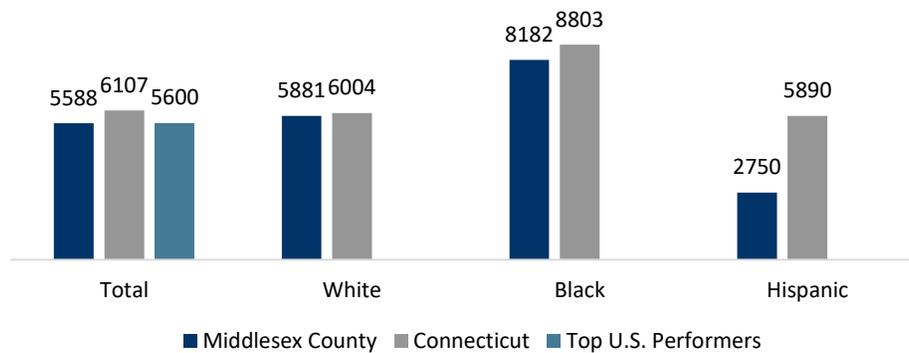
Figure 11 - Premature Age-Adjusted Mortality Rate by Race and Ethnicity per 100,000 Population Under Age 75, 2018-2020



County Health Rankings & Roadmaps 2022; National Center for Health Statistics, CDC WONDER, 2018-2020

Years of Potential Life Lost (YPLL) is a measure (age-adjusted) for the rate and distribution of premature mortality; it is the sum of the years of life lost annually by persons who suffered early deaths. Overall mortality rates are dominated by deaths of the elderly, whereas YPLL emphasizes deaths of younger persons and, therefore, focuses attention on deaths that might have been prevented (County Health Rankings & Roadmaps, 2022). YPLL can also be used to identify disproportionate premature death among populations. In Middlesex County, significant premature death disparities exist for the Black population with a YPLL rate that is 1.4 times higher than the YPLL rate for the white population (**Figure 12**). County Health Ranking and Roadmaps 2022 provides top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for total premature death Years of Potential Life Lost.

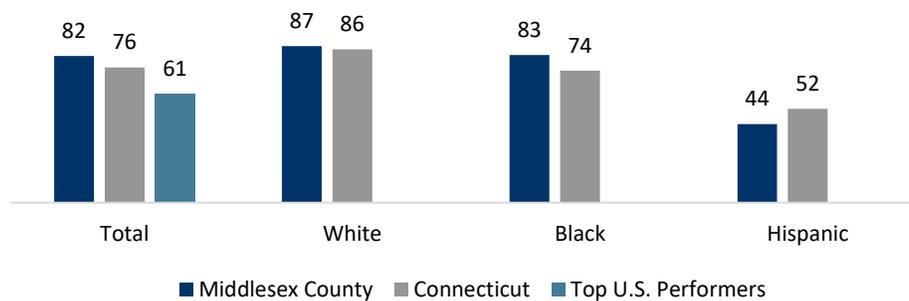
Figure 12 - Premature Death Years of Potential Life Lost (YPLL) Rate by Race and Ethnicity per 100,000 population Under Age 75, 2018-2020



County Health Rankings & Roadmaps 2022; National Center for Health Statistics, CDC WONDER, 2018-2020

Injury deaths is presented as a rate, the number of deaths due to injury per 100,000 population. It is the rate of deaths that were intentional or planned (e.g., suicide or homicide) and unintentional or unplanned (e.g., poisoning, motor vehicle traffic deaths, and falls). Unintentional injuries are a substantial contributor to premature death. **Figure 13** depicts injury deaths by race and ethnicity and compares Middlesex County to the state of Connecticut and to overall top U.S. performers provided by County Health Ranking and Roadmaps 2022, defined as those counties setting a benchmark by performing in the top 10th percentile for injury deaths.

Figure 13 - Injury Death Rate by Race and Ethnicity per 100,000 population, 2016-2020



County Health Rankings & Roadmaps 2022; National Center for Health Statistics, CDC WONDER, 2018-2020

PROCESS AND METHODS USED TO CONDUCT CHNA

DATAHAVEN 2021 COMMUNITY WELLBEING SURVEY

DataHaven, located in New Haven, Connecticut, is a non-profit organization with a 25-year history of collecting, interpreting and sharing public data to support local communities. Through the Community Wellbeing Survey, DataHaven is able to collect and produce reliable community-level information on issues that impact the well-being of the community being measured. Indicators include economic mobility, macroeconomic trends, employment, transportation, housing quality, housing security, food security, civic satisfaction, civic engagement, community optimism, community vitality, neighborhood environment, education access, health outcomes, health behaviors, health care access and COVID-19 pandemic experiences (DataHaven 2021).

In 2021, DataHaven conducted its fifth state-wide Community Wellbeing Survey through live, in-depth phone interviews. Randomly selected residents throughout the state answered questions relating to well-being, quality of life and health. Upon survey completion, DataHaven and the Siena College Research Institute developed regional crosstabs weighted by age, gender, reported race (when sample size is sufficient), and income to ensure statistical representativeness. All Community Wellbeing Survey crosstabs are made publicly available for widespread use. The crosstabs for Middlesex County and Connecticut can be found at <https://www.ctdatahaven.org/> and are also posted on the Middlesex Health website at <https://middlesexhealth.org/> under the Community Health Needs Assessment section. Middlesex Health continued its participation in the 2021 survey by providing funding to support survey administration in Middlesex County. In addition to Middlesex Health, 2021 survey funding partners for Middlesex County included the Workforce Alliance and the Connecticut Health Foundation.

A total of 264 adults age 18 or older were surveyed in Middlesex County. In past years Community Wellbeing Survey data was provided for Middletown and Middlesex County, however in 2021, the sample size was too small to extract Middletown. Therefore, in this CHNA, the Community Wellbeing Survey data feature Middlesex County benchmarked against the state of Connecticut. The demographic categories that describe the sample of residents age 18 or older for the 2021 survey conducted in Middlesex County are: 1) gender: male, female; 2) age: 18-34, 35-49, 50-64, 65+; 3) education: high school or less, some college or associate's, bachelor' or higher; 4) income: less than \$30,000, \$30,000 - \$100,000, \$100,000 or higher; and 5) children in household: yes, no. Due to the small sample size, disaggregation by race and ethnicity is not available, which is a data limitation. The nature of the sample (i.e., the demographics of the respondents) for Middlesex County is listed in **Table 2**.

Select Middlesex County 2021 Community Wellbeing Survey results are presented throughout this assessment and are benchmarked against Connecticut.

Table 2 - DataHaven 2021 Community Wellbeing Survey, Nature of the Sample

Residents Ate 18 or Older	Middlesex County
Gender	
Male	47%
Female	51%
Age	
Age 18 - 34	24%
Age 35 - 49	26%
Age 50 - 64	19%
Age 65+	30%
Race / Ethnicity	
African American / Black	5%
Hispanic	6%
White	82%
Education	
High School or Less	22%
Some college or Associate's	30%
Bachelor's degree or higher	47%
Income	
Less than \$30,000	18%
\$30,000 - \$100,000	34%
\$100,000 or more	37%
Children in Household	
Yes	29%
No	70%

Categories that total less than 100% are due to: rounding; not all categories are shown for race / ethnicity; and "prefer not to say" was selected for the income question

DataHaven Community Wellbeing Survey, 2021

DATAHAVEN CHIMEDATA STUDY

Through public reporting to support community health needs assessments for Connecticut hospitals, DataHaven provided analyses of Connecticut Hospital Association (CHA) ChimeData for Connecticut towns, cities, and counties. This allowed Middlesex Health to include ChimeData hospital encounter data for Middlesex County and the towns in its service area (excluding a discrete report for Lyme, as Lyme's zip codes are included in the Old Lyme profile). Middlesex Health is grateful to DataHaven for providing ChimeData analyses. In this CHNA, Middletown data have been presented for each of the ChimeData indicators, benchmarked against Middlesex County and Connecticut, as Middletown consistently has encounter rates that are higher than the state for several conditions.

The ChimeData extraction includes de-identified hospital information for emergency department, inpatient and observation encounters - by primary and secondary diagnoses - incurred by any residents of any town in Connecticut regardless of where the individual received treatment.

Twenty-one health and health-related indicators (alcohol; amputation; asthma; COPD; COVID-19; dental; diabetes type 2; diabetes uncontrolled; falls; heart disease; homicide/assault; human immunodeficiency virus (HIV); hypertension; lung cancer; mental disorder (any); motor vehicle accident; poison; sexually transmitted infection (STI); stroke; substance abuse; and suicide/self-harm) were analyzed and benchmarked during the time period of 2018-October 2021. The following parameters define DataHaven's ChimeData analysis:

- The study is by encounters, not by individuals. Therefore, there may be repeat encounters by the same individual for the same or different condition.
- All town and county profiles are benchmarked against the state of Connecticut.
- DataHaven calculated annualized relative encounter rates per 10,000 persons for the three-year time period for each geographic region and indicator. Each indicator is disaggregated by gender and five age strata (0-19, 20-44, 45-64, 65-74, and 75+ years) and provides a single all-ages encounter rate. For asthma, in order to capture children, a different age strata were used (0-4, 5-19, 20-44, 45-64, 65-74, and 75+ years).
- DataHaven calculated a single age-adjusted annualized encounter rate per 10,000 persons for the three-year time period for each geographic region and indicator.
- Data points that have no value indicate where data has been suppressed due to either a small number of encounters or not enough of a population from which to generalize.

The full DataHaven ChimeData study description can be found in **Appendix A10**.

Data about residents' hospital emergency department, inpatient and observation visits can be used to review variations in health and quality of life by geography and by specific populations. Encounter rates are useful for examining differences between populations (for example, for the ChimeData study, by age group and gender), where age-adjusted rates are helpful for identifying risk and overall burden. A limitation to the study includes the inability to stratify by race and ethnicity due to a variation in race and ethnicity data collection methodologies by hospitals.

For this study, ChimeData encounter rates are only depicted by age strata in the figures presented; data are not depicted by gender.

For ChimeData county, city and town-level profiles prepared by DataHaven, please contact DataHaven (<https://www.ctdatahaven.org/>).

MIDDLESEX HEALTH CHNA COMMUNITY SURVEY

With input and assistance from Community Health Needs Assessment Advisory Committee members, the key informant survey used in Middlesex Health's previous CHNA was re-designed, streamlined, and re-branded as a community survey. Survey topic areas included Key Health Issues and Health Behaviors, Health Care Access, and Social Determinants of Health. Questions related to COVID-19 were added. All the survey response options were posed in quantitative form through Likert scales. A qualitative open-ended text box was provided at the end of the survey to allow for comments.

The eight-question survey (five focused questions, two demographic questions and an option to add comments) was administered electronically through the online SurveyMonkey format. To ensure responses from a wide range of representative community members and leaders with diverse backgrounds, perspectives and first-hand knowledge about their communities, the survey was extensively disseminated to an array of sector contacts; forwarded to multiple collaborative e-distribution lists; posted on websites and social media platforms; and included in e-newsletters throughout Middletown, Middlesex County and the periphery towns of Middlesex Health's service area. Sectors included advocacy groups, alliances/coalitions, the business community, educational institutions, community-based organizations, community residents, elected officials, municipal staff, faith-based organizations, foundations, health care organizations (including medical and behavioral), local health departments, mental health organizations, substance treatment facilities, and youth and family services. Community Health Needs Assessment Advisory Committee members were asked to broadly share the community survey link, and all survey recipients were invited to share the link with coworkers, friends and family or anyone who lives or works in Middlesex County. A total of 204 surveys were completed and response results are included in the Middlesex Health CHNA Community Survey section of this CHNA.

2-1-1 CONNECTICUT

2-1-1 is a confidential information and referral service program under the United Way of Connecticut and is supported by the state of Connecticut and Connecticut United Way. By dialing 2-1-1 or conducting an online database search on <https://www.211ct.org/>, people are connected to essential health and human services. 2-1-1 Connecticut provides trained contact specialists, operates 24 hours a day, seven days a week online and over the phone and is no cost for users. To maintain the database, 2-1-1 resource specialists continually check resources and verify changes to ensure the data is current and accurate.

2-1-1 Connecticut data are included in this CHNA for Middletown and Middlesex County and are benchmarked against the state of Connecticut. Years prior to the COVID-19 pandemic are included to provide a pre-pandemic benchmark to highlight the areas that experienced increases in essential service requests due to the pandemic. See **Appendix Tables A11-A16** for 2-1-1 request percentages by the top categories (Housing & Shelter; Employment & Income; Food; Utilities; Mental Health & Addictions; and Health Care) and their corresponding subcategories for Middletown, Middlesex County and the state of Connecticut for the years of 2018, 2019, 2020 and 2021.

HEALTH EQUITY

Healthy People 2030 defines **health equity** as “*the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities*” (HHS & ODPHP, Healthy People 2030). Health equity exists when people have equal opportunity to be healthy; to achieve this, the factors that cause health disparities and health inequities must be addressed.

When visualizing health equity (**Figure 14**), it extends beyond equality (i.e., where everyone has the same size ladder) to the concept of ensuring that people have what they need to thrive and be successful (i.e., having the size/type of ladder or ramp that meets individual need). It is the understanding that those with the greatest needs and least resources require more, not equal, effort and resources to equalize opportunities.

Figure 14 - Meeting Needs with Equity



Health inequities are systematic differences in the health status of different population groups and have significant social and economic costs both to individuals and societies (WHO, 2018). Health inequities cause differences and, oftentimes, significant differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment (CDC & NCCDPHP, 2022).

Healthy People 2030 defines a **health disparity** as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion” (HHS & ODPHP, Healthy People 2030).

Advancing health equity in order to make certain that every citizen has a fair and just opportunity to be as healthy as possible requires meaningful examination of the unequal and inequitable systems and drivers - within the current and historical context - that perpetuate health disparities, such as poverty; discrimination; structural/institutional racism and its consequences; powerlessness; and, lack of access to good jobs with fair pay, quality education and housing, safe environments, and quality and affordable health care.

Addressing health inequities must start with an understanding that health disparities and their adverse consequences are not only a widespread public health issue but are a violation of ethical and human rights principles. As the mechanisms for health inequities are complex, varied and firmly established, an intentional approach is necessary to begin and sustain the work of furthering health equity. Pledging to advance health equity and reduce/eliminate health inequities and health disparities requires a commitment to 1) addressing the intrapersonal, interpersonal, institutional, systemic, and structural mechanisms that are in place, and 2) organizing the distribution of power and resources differently for different group identities (e.g., age, race, ethnicity, gender, sexual orientation, gender expression, disability, etc.) (NASEM, 2017).

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality of life outcomes and risks (HHS, Healthy People 2030). There is growing recognition that medical care alone cannot address or solve the issues that are making people sick. A frayed social safety net; economic instability; housing instability; racism and other forms of discrimination; educational disparities; food insecurity and inadequate nutrition; and risks within neighborhoods and the physical environment affect health well in advance of the health care system getting involved and contribute to worsening health outcomes and life expectancy (Castrucci & Auerbach, 2019). Healthy People 2030 groups SDoHs into five domains: Economic Stability; Education Access and Quality; Health Care Access and Quality; Neighborhood and Built Environment; and, Social and Community Context (**Figure 15**) (HHS & ODPHP, Healthy People 2030).

Figure 15 - Healthy People 2030 Social Determinants of Health Domains



Healthy People 2030, U.S. Department of Health and Human Services, 2022, <https://health.gov/healthypeople/priority-areas/social-determinants-health>

Healthy People 2030 describes how the five domains impact health and well-being:

- **Economic Stability:** People living in poverty struggle to afford healthy food, health care and housing. People who experience steady employment are less likely to live in poverty and are more likely to be healthy.
- **Education Access and Quality:** People with higher levels of education are more likely to be healthy and live longer.
- **Health Care Access and Quality:** People without health insurance are less likely to have a primary care provider; are more likely to experience a lack of access to preventative care, screenings and treatment for chronic illnesses; and are more likely to experience the inability to

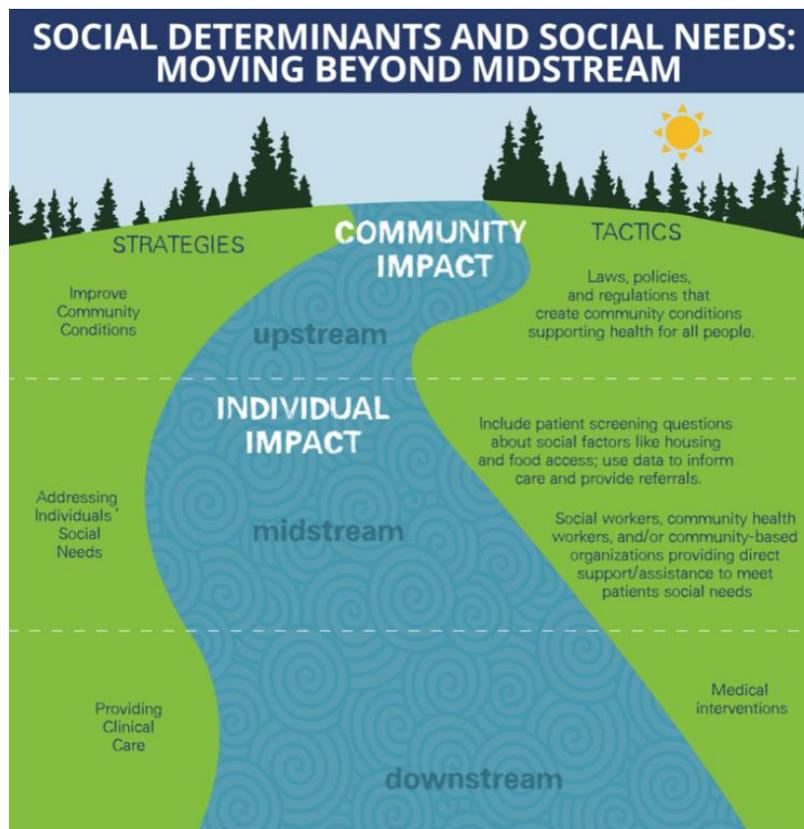
afford health care services and medications. These conditions may also exist for those who are underinsured or have high deductible health care plans.

- **Neighborhood and Built Environment:** Neighborhoods that people live in have a significant impact on health and well-being. Many people live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks.
- **Social and Community Context:** People’s relationships and interactions with family, friends, coworkers and community members can have a significant impact on their health and well-being.

Healthy People 2030, U.S. Department of Health and Human Services, 2022, <https://health.gov/healthypeople/priority-areas/social-determinants-health>

Individual-level interventions, while beneficial, do not address the systems that are in place that perpetuate poor health at the community level. The de Beaumont Foundation and Trust for America’s Health provide an infographic using the metaphor of a stream where upstream factors bring downstream effects (**Figure 16**). Medical interventions occur downstream; midstream is where individual social needs interventions occur – while these are further upstream than medical interventions, they are not enough, because social needs are the downstream results of the impact of social determinants of health on an entire community (Castrucci & Auerbach, 2019). The demand for social needs interventions can’t be mitigated until the root cause issues that are making people sick are addressed, that is, those community conditions that occur further upstream.

Figure 16 - Social Determinants of Health: Moving Upstream



de Beaumont Foundation and Trust for America’s Health, 2019

MEDIAN HOUSEHOLD INCOME

The median household income per town in Middlesex Health’s service area (**Table 3**) ranges from \$62,022 (Middletown) to \$130,635 (Durham) and all towns except Middletown, Middlefield and Westbrook exceed Connecticut’s median income of \$79,855 (Connecticut Data Collaborative, 2016-2020).

Table 3 - Median Household Income, 2016-2020

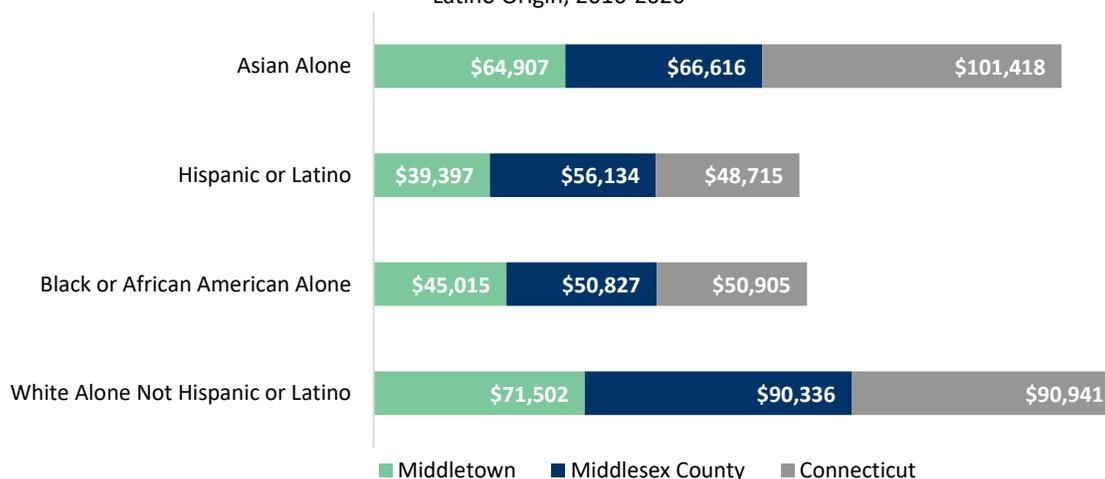
Location	Median Household Income	Location	Median Household Income
Chester	\$87,717	Killingworth	\$104,462
Clinton	\$90,332	Lyme	\$106,667
Colchester	\$107,914	Marlborough	\$113,547
Cromwell	\$89,562	Middlefield	\$79,042
Deep River	\$80,495	Middletown	\$62,022
Durham	\$130,635	Old Lyme	\$105,417
East Haddam	\$95,685	Old Saybrook	\$86,802
East Hampton	\$95,663	Portland	\$97,754
Essex	\$102,243	Westbrook	\$73,988
Haddam	\$107,073	Middlesex County*	\$85,898

Connecticut Data Collaborative, 2016-2020; <http://data.ctdata.org/>

Middlesex County*: Connecticut Data Collaborative, 2015-2019; <http://data.ctdata.org/>

There are significant median household income disparities when data points are disaggregated by race and ethnicity and compared to White Alone Not Hispanic or Latino (**Figure 17**). In Middletown, white households earn 1.6 times more than Black households and 1.8 times more than Hispanic or Latino households. In Middlesex County, white households earn 1.8 times more than Black households and 1.6 times more than Hispanic or Latino households. While the gap is narrower, white households earn 1.1 times more (Middletown) and 1.4 times more (Middlesex County) than Asian households.

Figure 17 - Median Household Income by Select Races and Hispanic or Latino Origin, 2016-2020



Connecticut Data Collaborative, 2016-2020; <http://data.ctdata.org/>

Middlesex County*: Connecticut Data Collaborative, 2015-2019; <http://data.ctdata.org/>

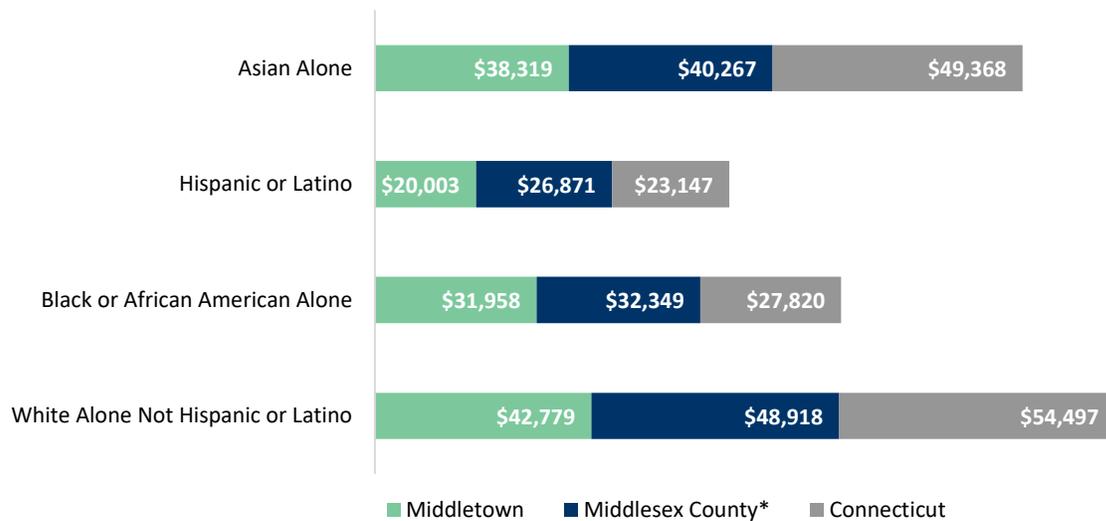
PER CAPITA INCOME

Per capita income is the mean (average) income computed for individuals in a given area as compared to median household income, which is the middle value (where 50% of households in a geographic area earn more and 50% earn less). Additionally, per capita income is based on an individual's earnings whereas median household income is based on the income of the household.

The per capita income in Middlesex County is \$46,023 compared to the state of Connecticut at \$45,668. The per capita income per town in Middlesex Health's service area ranges from \$38,345 (Middletown) to \$79,113 (Lyme), and all towns except Middletown, Chester, East Hampton and Middlefield exceed Connecticut's per capita income (Connecticut Data Collaborative, 2016-2020). For the per capita income per towns in Middlesex Health's service area, see **Appendix Table A17**.

As with median household income, considerable disparities exist when per capita income data points are disaggregated by race and ethnicity and compared to White Alone Not Hispanic or Latino (**Figure 18**). In Middletown, white residents earn 1.3 times more than Black residents and 2.1 times more than Hispanic or Latino residents. In Middlesex County, white residents earn 1.5 times more than Black residents and 1.8 times more than Hispanic or Latino residents. While the gap is narrower, white residents earn 1.1 times more (Middletown) and 1.2 times more (Middlesex County) than Asian residents.

Figure 18 - Per Capita Income by Select Races and Hispanic or Latino Origin, 2016-2020



Connecticut Data Collaborative, 2016-2020; <http://data.ctdata.org/>
 Middlesex County*: Connecticut Data Collaborative, 2015-2019; <http://data.ctdata.org/>

POVERTY STATUS

The U.S. Census Bureau uses a set of income thresholds that vary by family size and composition to determine who is in poverty. A person is living in poverty when his or her total household income compared with the size and composition of the household is below the determined federal poverty threshold. If a family's total household income is less than the determined federal poverty threshold for the given family size, then that family and every individual in it is considered in poverty (U.S. Census Bureau, 2022).

Table 4 presents the total and under age 18 poverty rates for the towns in Middlesex Health's service area. The total poverty rate for Middletown at 12.3% exceeds the state of Connecticut at 9.8%. The total poverty rates for Middlefield (8.5%) and Marlborough (8.4%) exceed the Middlesex County total poverty rate of 7.1%. The under 18 poverty rate for Middletown at 16.1% exceeds the state of Connecticut at 13.0%. The under 18 poverty rates for the towns of Colchester (11.6%), Portland (10.9%), Middlefield (9.3%) and East Hampton (8.7%) exceed the Middlesex County under 18 poverty rate of 8.3%.

Table 4 - Poverty Rate, Total and Under Age 18, 2016-2020

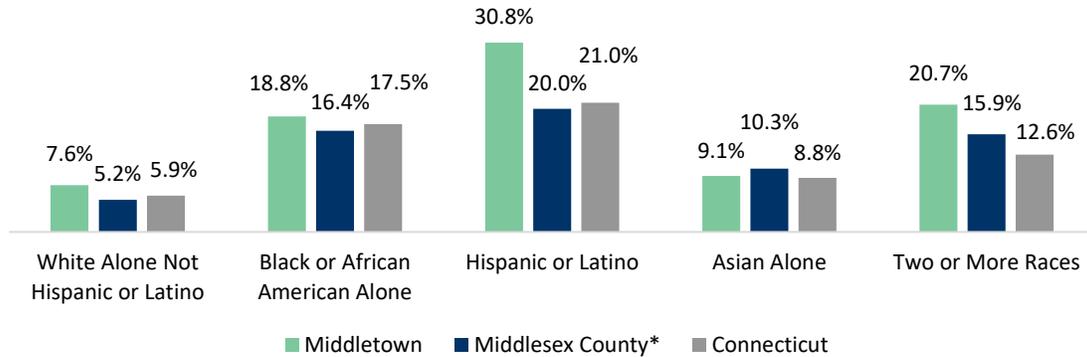
	% Total	% Under Age 18		% Total	% Under Age 18
Chester	5.3%	3.4%	Killingworth	4.9%	3.7%
Clinton	5.8%	7.7%	Lyme	1.1%	0.0%
Colchester	6.5%	11.6%	Marlborough	8.4%	4.1%
Cromwell	6.9%	8.0%	Middlefield	8.5%	9.3%
Deep River	3.0%	0.0%	Middletown	12.3%	16.1%
Durham	4.6%	0.0%	Old Lyme	3.7%	2.7%
East Haddam	3.6%	5.3%	Old Saybrook	4.3%	3.2%
East Hampton	5.6%	8.7%	Portland	7.0%	10.9%
Essex	4.7%	5.1%	Westbrook	3.0%	3.3%
Haddam	3.0%	0.0%	Middlesex County	7.1%	8.3%

Connecticut Data Collaborative, 2016-2020; <http://data.ctdata.org/>

Middlesex County: U.S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020, <https://data.census.gov/>

Poverty rates are significantly more pronounced among Black or African American Alone, Hispanic or Latino, and Two or More Races populations in Middletown and Middlesex County when compared to White Alone Not Hispanic or Latino for the total and under 18 categories (**Figures 19 & 20**).

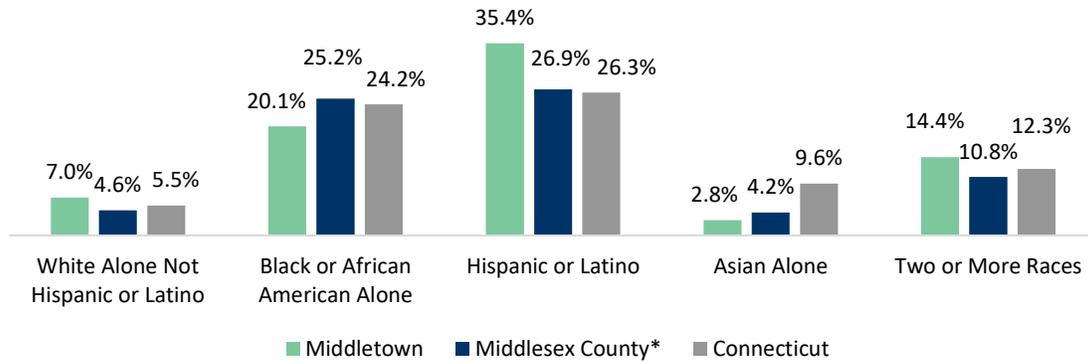
Figures 19 - Total Poverty Rate by Select Races and Hispanic or Latino Origin, 2016-2020



Connecticut Data Collaborative, 2016-2020; <http://data.ctdata.org/>
 Middlesex County*: Connecticut Data Collaborative, <http://data.ctdata.org/>, 2015-2019

- Black or African American Alone residents are 2.5 times more likely (Middletown) and 3.2 times more likely (Middlesex County) to experience poverty when compared to White Alone Not Hispanic or Latino residents.
- Hispanic or Latino residents are 4.1 times more likely (Middletown) and 3.8 times more likely (Middlesex County) to experience poverty when compared to White Alone Not Hispanic or Latino residents.
- Asian Alone residents are 1.2 times more likely (Middletown) and 2 times more likely (Middlesex County) to experience poverty when compared to White Alone Not Hispanic or Latino residents.
- Residents with Two or More Races are 2.7 times more likely (Middletown) and 3.1 times more likely (Middlesex County) to experience poverty when compared to White Alone Not Hispanic or Latino residents.

Figures 20 - Under 18 Poverty Rate by Select Races and Hispanic or Latino Origin, 2016-2020



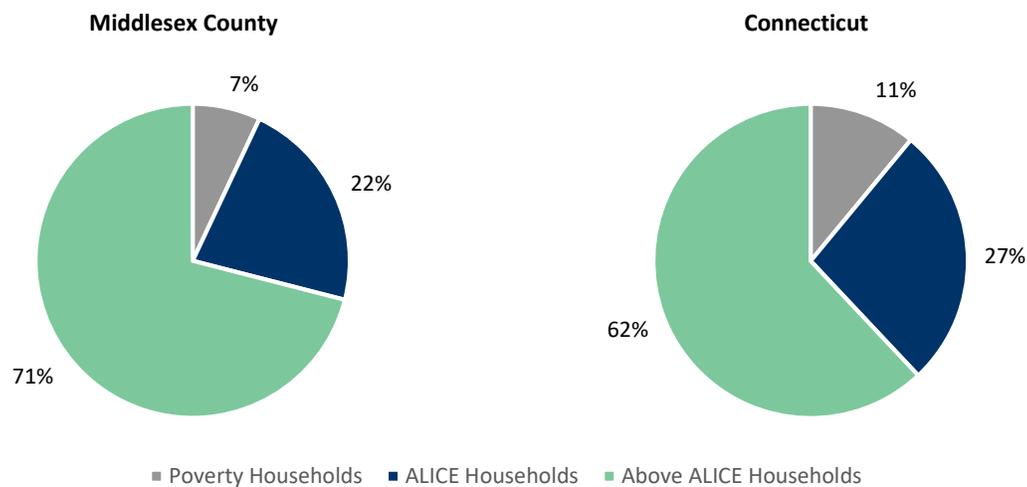
Connecticut Data Collaborative, 2016-2020; <http://data.ctdata.org/>
 Middlesex County*: Connecticut Data Collaborative, <http://data.ctdata.org/>, 2015-2019

- Under age 18 Black or African American Alone youth are 2.9 times more likely (Middletown) and 5.5 times more likely (Middlesex County) to experience poverty when compared to under 18 age White Alone Not Hispanic or Latino youth.
- Under age 18 Hispanic or Latino youth are 5.1 times more likely (Middletown) and 5.8 times more likely (Middlesex County) to experience poverty when compared to under age 18 White Alone Not Hispanic or Latino youth.
- Under age 18 youth with Two or More Races are 2.1 times more likely (Middletown) and 2.3 times more likely (Middlesex County) to experience poverty when compared to under age 18 youth White Alone Not Hispanic or Latino youth.

THE ALICE POPULATION

Multiple United Ways of Connecticut generate reports on the ALICE (Asset Limited, Income Constrained, Employed) demographic in Connecticut, defined as residents who are employed and are above the U.S. Federal Poverty Level but do not earn enough to cover the basic cost of living (the ALICE threshold) for the defined geographic area (Middlesex County United Way, 2020). **Figure 21** presents the ALICE population for Middlesex County and Connecticut.

Figure 21 - ALICE Population, Middlesex County and Connecticut, 2019



Connecticut United Ways, <https://alice.ctunitedway.org/wp-content/uploads/2020/09/MIDDLESEX-UNITED-WAY.pdf>, data sources, 2018-2019

When combined, the households that are at or below the ALICE basic cost of living threshold and at or below the poverty level equals the total population struggling to afford basic needs (Middlesex County United Way, 2020). **Table 5** outlines the combined households that are at or below the ALICE basic cost of living threshold and poverty level for the towns in Middlesex County.

Table 5 - ALICE and Below Poverty-Level Households by Towns in Middlesex County, 2019

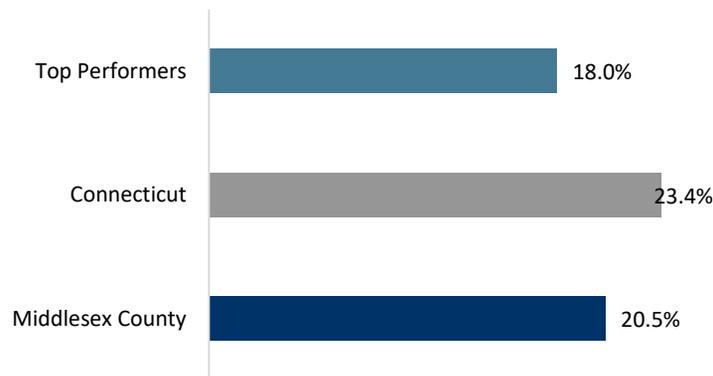
Location	% ALICE & Poverty	Location	% ALICE & Poverty
Chester	24%	Haddam	20%
Clinton	34%	Killingworth	21%
Cromwell	24%	Middlefield	24%
Deep River	26%	Middletown	38%
Durham	17%	Old Saybrook	27%
East Haddam	23%	Portland	26%
East Hampton	22%	Westbrook	36%
Essex	33%	Middlesex County	29%

Connecticut United Ways, <https://alice.ctunitedway.org/wp-content/uploads/2020/09/MIDDLESEX-UNITED-WAY.pdf>, data sources, 2018-2019

CHILDCARE COST BURDEN

Childcare cost burden is represented as the childcare costs for a household with two children as a percent of median household income. The U.S. Department of Health and Human Services has defined “affordable childcare” as care costing no more than 7% of family income. When households experience a childcare cost burden, it can impact the ability to meet other basic needs, such as paying rent or a mortgage, affording medical visits, purchasing healthy foods, or paying for utilities and transportation (County Health Rankings & Roadmaps, 2022). **Figure 22** compares the percentage of childcare cost burdened households in Middlesex County to the state of Connecticut and the County Health Ranking and Roadmaps top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for childcare cost burdened households.

Figure 22 - Percent of Households Experiencing Childcare Cost Burden, 2020-2021



County Health Rankings & Roadmaps 2022, <https://www.countyhealthrankings.org/>; U.S. Census Bureau; Small Area Income and Poverty Estimates (SAIPE), 2020-2021

2021 DATAHAVEN WELLBEING SURVEY – INCOME

The DataHaven 2021 Community Wellbeing Survey asked respondents questions about their level of financial security, specifically, “*how well would you say you are managing financially these days?*” and provided a variety of response options. **Figure 23** compares the total responses from Middlesex County to the state of Connecticut. **Figures 24a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A1a-d**.

Figure 23 - Middlesex County & Connecticut Total Responses for “How Well Financially Managing?”, 2021

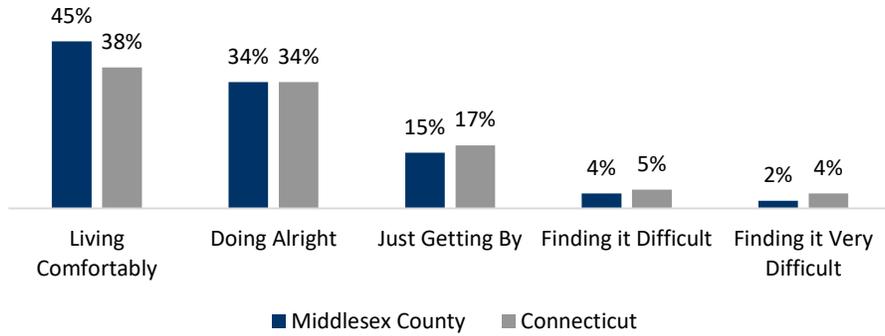


Figure 24a - Middlesex County Responses for “How Well Financially Managing?” by Age, 2021

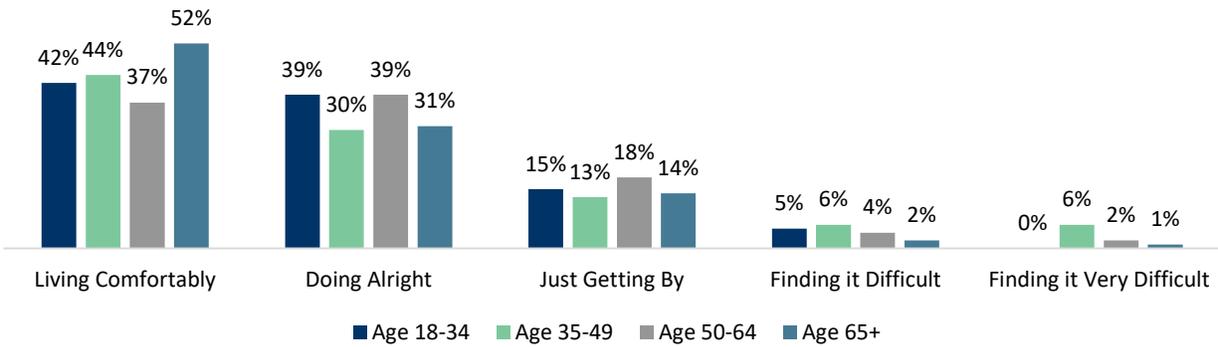
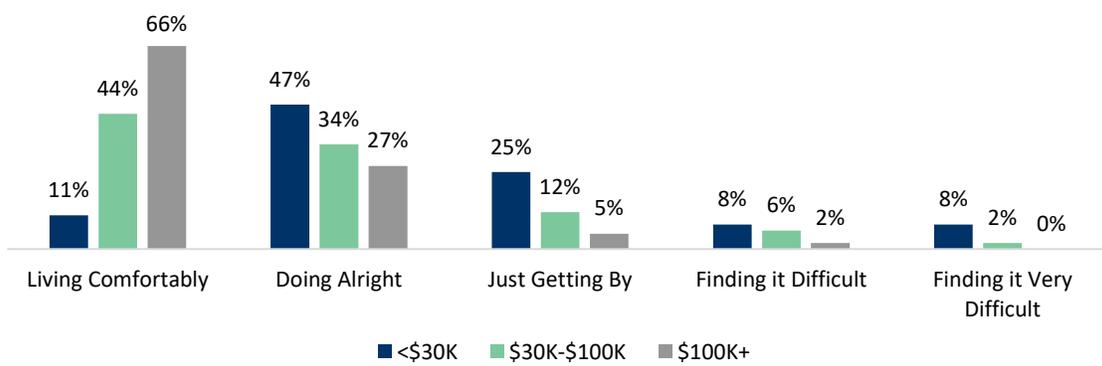


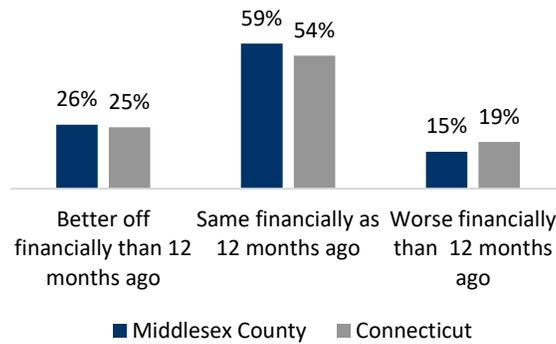
Figure 24b - Middlesex County Responses for “How Well Financially Managing?” by Income, 2021



DataHaven Community Wellbeing Survey, 2021

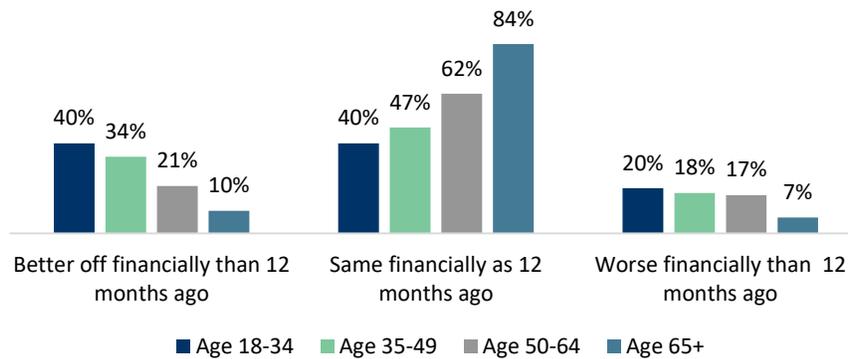
The DataHaven 2021 Community Wellbeing Survey asked respondents “how has your financial situation changed in the past 12 months?” and provided response options. **Figure 25** compares the total responses from Middlesex County to the state of Connecticut. **Figures 26a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A2a-d**.

Figure 25 - Middlesex County & Connecticut Total Responses for “Has Financial Situation Changed?”, 2021



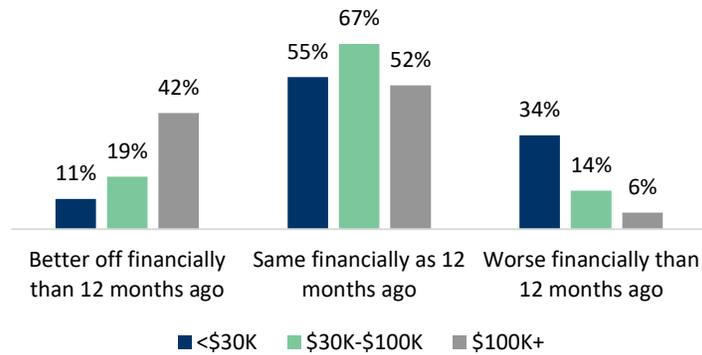
DataHaven Community Wellbeing Survey, 2021

Figure 26a - Middlesex County Responses for “Has Financial Situation Changed?” by Age, 2021



DataHaven Community Wellbeing Survey, 2021

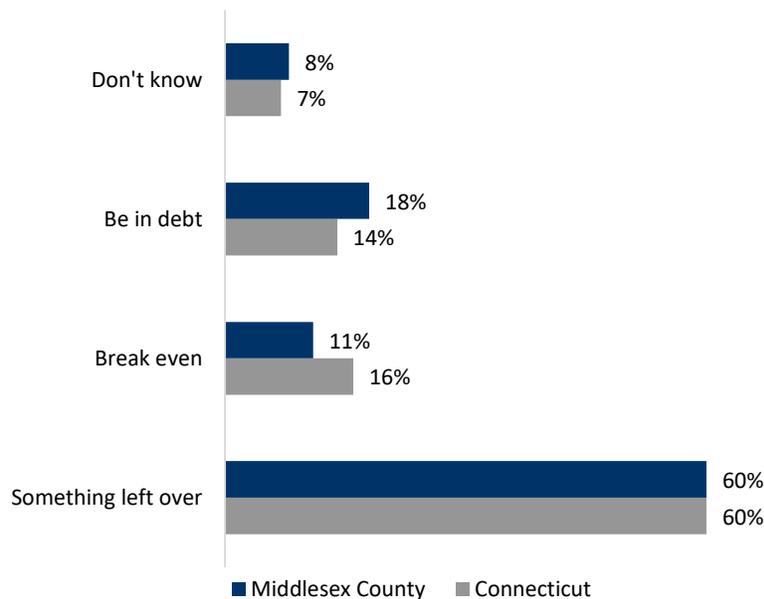
Figure 26b - Middlesex County Responses for “Has Financial Situation Changed?” by Income, 2021



DataHaven Community Wellbeing Survey, 2021

To measure debt status, the DataHaven 2021 Community Wellbeing Survey asked respondents “suppose you and others in your household were to sell all of your major possessions (including your home), turn all of your investments and other assets into cash, and pay off all of your debts. Would you have something left over, break even, or be in debt?” and provided various response options. **Figure 27** compares the total responses from Middlesex County to the state of Connecticut.

Figure 27 - Middlesex County and Connecticut Total Responses for Debt Status, 2021



Note: data not available by disaggregated categories

DataHaven Community Wellbeing Survey, 2021

EMPLOYMENT STATUS

The COVID-19 pandemic had a profound impact on the unemployment rate in Connecticut. In February 2020, just prior to the COVID-19 lockdown, the unemployment rate in Connecticut was 3.4%. By June 2020, it had more than tripled to 11.1%. As of June 2021, the unemployment rate in Connecticut was still high at 6.7% and experienced a downward trend as of June 2022 at 4% (CT Department of Labor, 2022).

Table 6 depicts the unemployment rates in the towns in Middlesex County’s service area, comparing 2019 to 2020 and demonstrating the impact of the COVID-19 pandemic. Connecticut’s overall unemployment rates were 3.7% in 2019 and 7.9% in 2020. While all towns experienced a significant increase in 2020, Middletown had the highest unemployment rate at 7.3%.

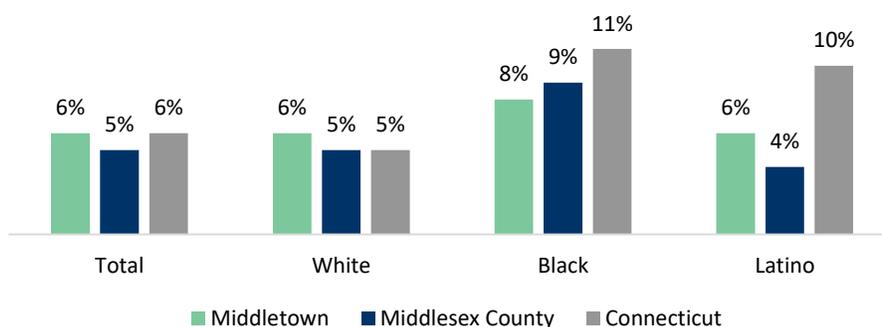
Table 6 - Unemployment Rates, Annual Averages, 2019 and 2020

Location	2019 Unemployment Rate	2020 Unemployment Rate	Location	2019 Unemployment Rate	2020 Unemployment Rate
Chester	3.0%	6.1%	Killingworth	2.4%	5.1%
Clinton	3.2%	6.7%	Lyme	2.6%	5.2%
Colchester	3.1%	6.2%	Marlborough	2.9%	5.6%
Cromwell	3.1%	6.7%	Middlefield	3.5%	6.3%
Deep River	2.7%	5.8%	Middletown	3.6%	7.3%
Durham	2.7%	5.1%	Old Lyme	3.2%	6.9%
East Haddam	3.3%	6.6%	Old Saybrook	3.1%	6.5%
East Hampton	3.0%	6.1%	Portland	3.2%	6.4%
Essex	3.0%	6.0%	Westbrook	3.3%	6.7%
Haddam	2.6%	5.6%	Middlesex County	3.2%	6.5%

Connecticut Data Collaborative, <http://data.ctdata.org/>

Figure 28 outlines the unemployment rate by race and ethnicity for the 2015-2019 five-year estimate. The unemployment rate for Black residents is 1.3 times higher in Middletown and 1.8 times higher in Middlesex County when compared to white residents. In general, factors including hiring practices to proximity of available jobs impact workers of colors, increasing unemployment (DataHaven, 2022). Unemployment rates had a disproportionate impact for Black, Indigenous, Latino/a and other people of color during the COVID-19 pandemic economic downturn.

Figures 28 - Unemployment Rate by Race and Ethnicity, 2015-2019

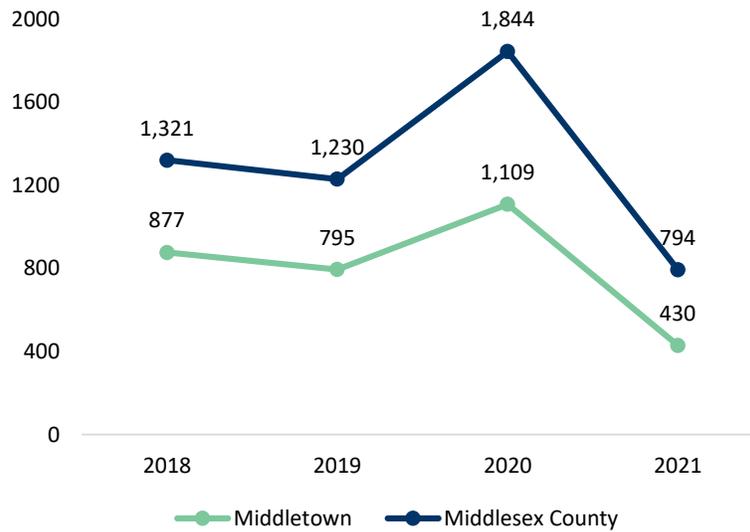


DataHaven Middlesex County 2022 Equity Profile - DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates

2-1-1 EMPLOYMENT REQUESTS

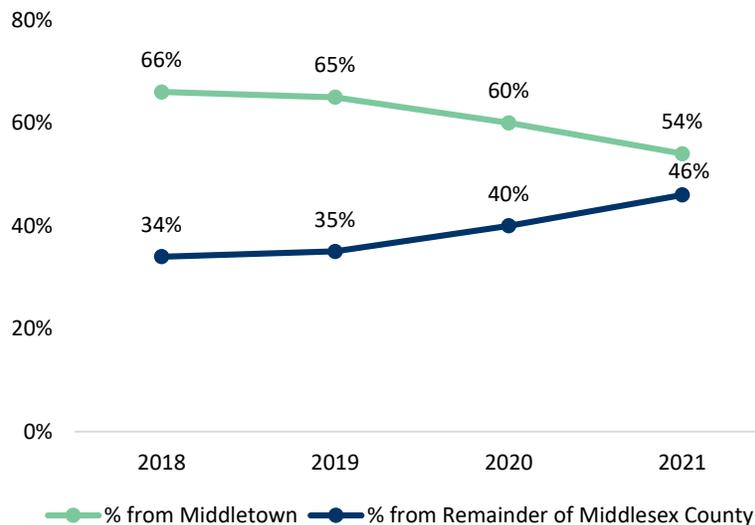
There was a significant increase in 2-1-1 requests for Middletown and Middlesex County in 2020 for the Employment & Income category and a sharp drop in 2021 (**Figure 29**). **Figure 30** describes the percentage of employment and income requests from Middletown relative to the remainder of Middlesex County (excluding Middletown); the majority of the requests for the 2018-2021 timeframe are from Middletown (range of 66% - 54%) when compared to the remainder of Middlesex County.

Figure 29 - Number of 2-1-1 Total Employment & Income Requests for Middletown & Middlesex County, 2018-2021



2-1-1 Counts, 2-1-1 Connecticut; <https://ct.211counts.org/>

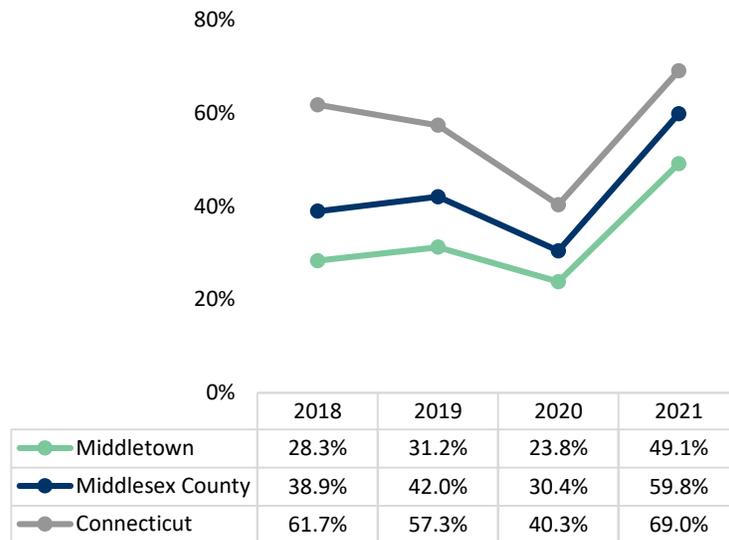
Figure 30 - Percent of 2-1-1 Total Employment & Income for Middletown & Remainder of Middlesex County, 2018-2021



2-1-1 Counts, 2-1-1 Connecticut; <https://ct.211counts.org/>

Figures 31, 32 and 33 represent the top three 2-1-1 Employment & Income subcategory requests (Financial Assistance, Job Search and Unemployment Benefits) for Middletown, Middlesex County and Connecticut for the 2018-2021 time-period. Financial assistance requests (**Figure 31**), which 2-1-1 defines as “services related to government and other assistance programs like SSI and TANF”, decreased in Middletown and Middlesex County in 2020 and increased sharply in 2021, which may be due to COVID-19 relief programs ending in 2021.

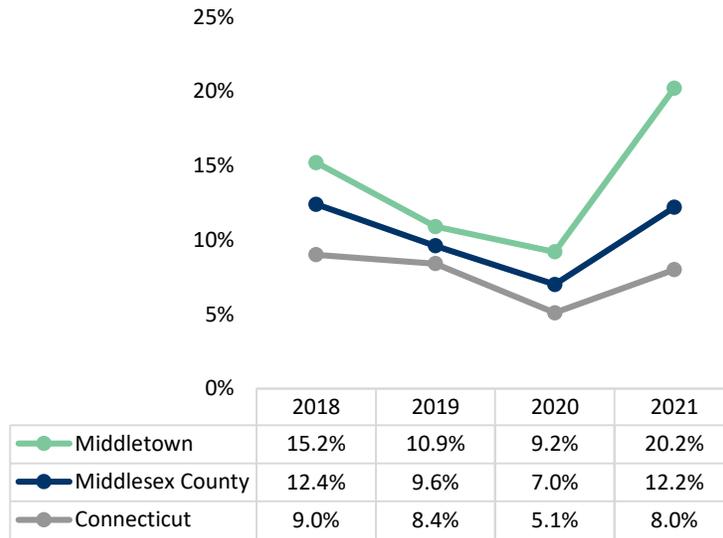
Figure 31 - 2-1-1 Percent of Financial Assistance Requests, 2018-2021



2-1-1 Counts, 2-1-1 Connecticut; <https://ct.211counts.org/>

2-1-1 job search requests (**Figure 32**) slightly decreased in Middlesex and Middlesex County in 2020 and increased significantly in 2021, which may be due to the expiration of the unemployment benefit provisions under the federal CARES Act on September 4, 2021, ending the Federal Pandemic Unemployment Compensation supplement in addition to the cessation of other unemployment assistance and compensation programs.

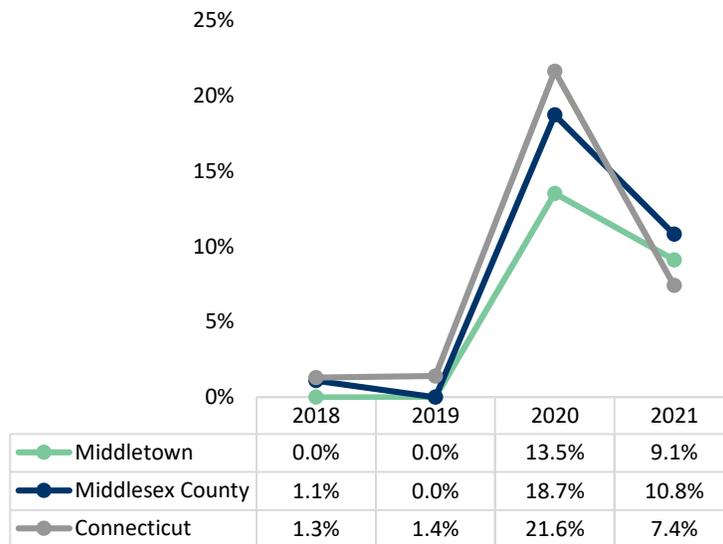
Figure 32 - 2-1-1 Percent of Job Search Requests, 2018-2021



2-1-1 Counts, 2-1-1 Connecticut; <https://ct.211counts.org/>

2-1-1 requests for unemployment benefits (**Figure 33**) increased sharply in Middletown and Middlesex County in 2020 and 2021 compared to the pre-COVID-19 years of 2018 and 2019, which tracks with the economic downturn due to the pandemic.

Figure 33 - 2-1-1 Percent of Unemployment Benefits Requests, 2018-2021



2-1-1 Counts, 2-1-1 Connecticut; <https://ct.211counts.org/>

DATAHAVEN 2021 COMMUNITY WELLBEING SURVEY - EMPLOYMENT

Under the introduction of “now I’m going to ask you to think about some aspects of life in your city or area” the DataHaven 2021 Community Wellbeing Survey asked respondents to rate the ability to obtain suitable employment as excellent, good, fair, poor or don’t know. **Figure 34** compares the total responses from Middlesex County to the state of Connecticut. **Figures 35a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A3a-d**.

Figure 34 - Middlesex County & Connecticut Total Responses for Ability to Obtain Suitable Employment, 2021

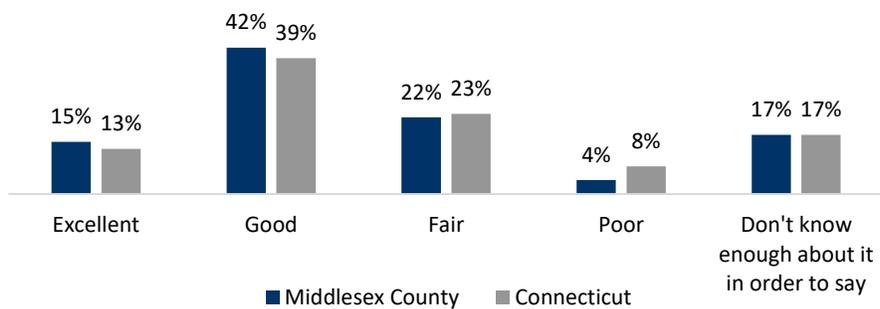


Figure 35a - Middlesex County Responses for Ability to Obtain Suitable Employment by Age, 2021

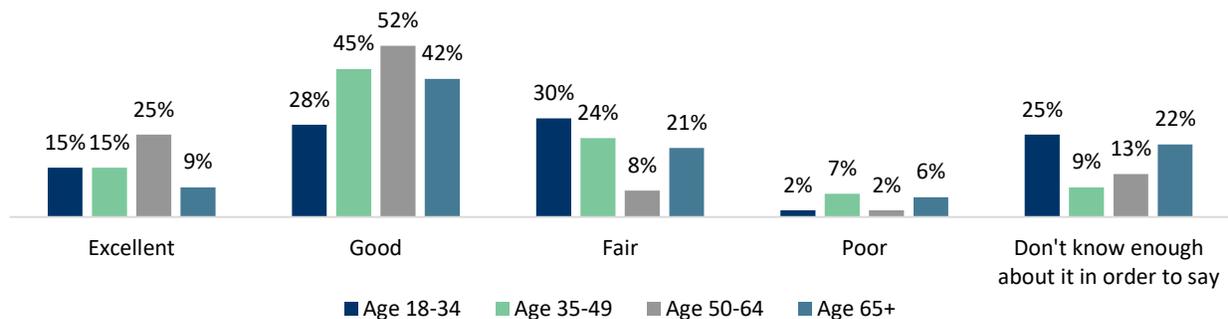
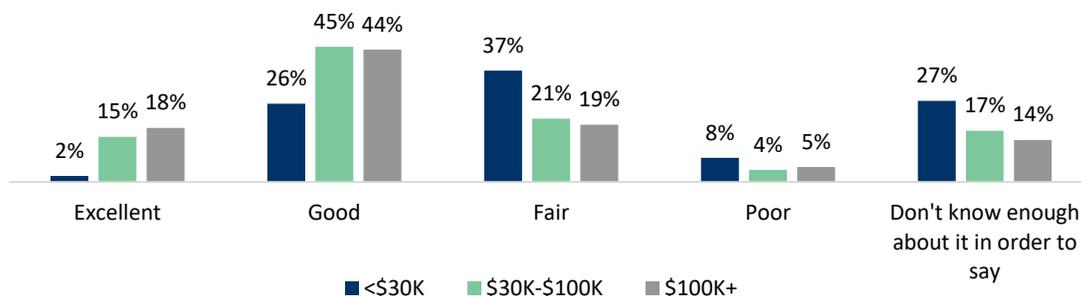


Figure 35b - Middlesex County Responses for Ability to Obtain Suitable Employment by Income, 2021



DataHaven Community Wellbeing Survey, 2021

The DataHaven 2021 Community Wellbeing Survey asked respondents an employment-related question specific to COVID-19, introducing the question with this statement “now we will ask about things you or other adults in your household may have experienced since the coronavirus pandemic began this year” followed by “since February 2020, have you or any other adult in your household: lost your job or gotten laid off?” The total “Yes” responses were 22% for Middlesex County and 23% for the state of Connecticut. **Figures 36a-d** compare the “Yes” responses for Middlesex County to the state of Connecticut, disaggregated by age, income level, gender and education level.

Figure 36a & b - “Yes” Responses for “Since February 2020, Lost Job/Gotten Laid Off?” by Age and Income Level, 2021

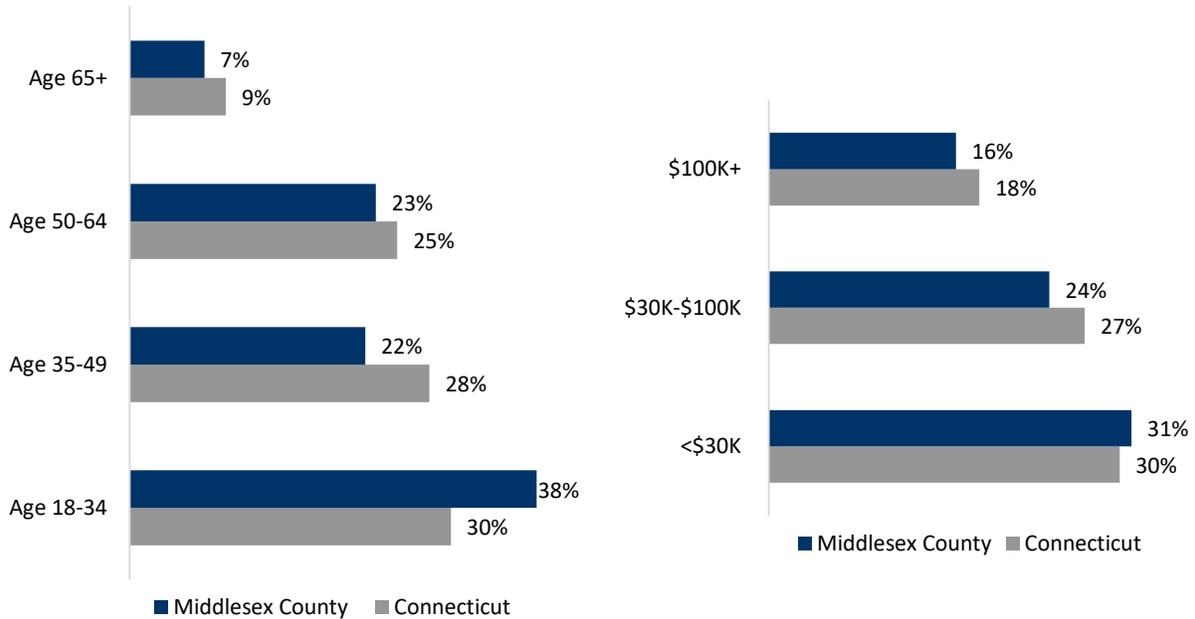
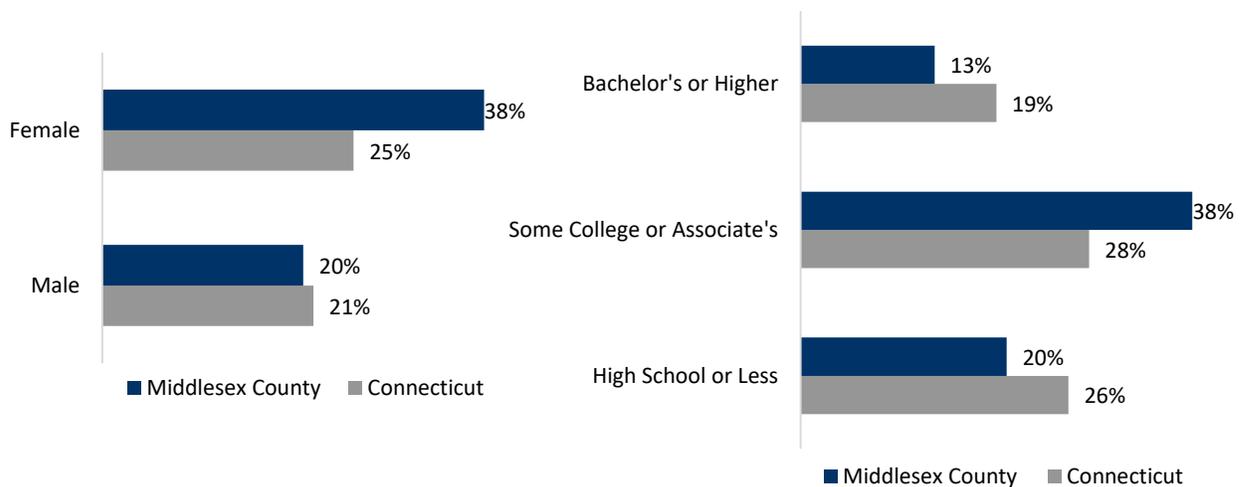


Figure 36c & d - “Yes” Responses for “Since February 2020, Lost Job/Gotten Laid Off?” by Gender and Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

EDUCATION STATUS

Table 7 describes the educational attainment categories for age 25 and above for the towns in Middlesex Health’s service area. All high school graduation rates in the school districts in Middlesex County, except the Westbrook School District, are higher than the state of Connecticut at 88.5% (**Table 8**).

Table 7 - Educational Attainment Age 25+, 2016-2020

Location	No high school diploma	High school graduate (includes equivalency)	Some college or associate’s degree	Bachelor’s degree or higher	High school graduate or higher
Chester	4.1%	21.4%	41.1%	33.4%	95.9%
Clinton	6.6%	31.6%	28.9%	33.0%	93.4%
Colchester	6.8%	24.3%	36.5%	32.4%	93.2%
Cromwell	5.9%	23.2%	26.4%	44.6%	94.2%
Deep River	4.2%	27.2%	24.8%	43.8%	95.8%
Durham	4.2%	25.6%	24.0%	46.2%	95.8%
East Haddam	4.0%	26.0%	29.9%	40.0%	96.0%
East Hampton	7.2%	22.4%	39.6%	30.8%	92.8%
Essex	1.4%	23.1%	19.1%	56.4%	98.6%
Haddam	4.6%	21.5%	26.6%	47.3%	95.4%
Killingworth	1.4%	24.4%	24.0%	50.1%	98.6%
Lyme	2.1%	16.1%	27.6%	54.2%	97.9%
Marlborough	3.6%	22.7%	28.8%	44.9%	96.3%
Middlefield	3.0%	36.9%	26.8%	33.4%	97.1%
Middletown	6.5%	27.2%	26.4%	39.8%	93.5%
Old Lyme	4.3%	17.9%	23.6%	54.3%	95.7%
Old Saybrook	3.1%	21.4%	25.1%	50.3%	96.9%
Portland	7.5%	26.3%	37.1%	29.1%	92.6%
Westbrook	8.5%	21.0%	22.3%	48.2%	91.5%
Middlesex County	5.3%	25.0%	27.0%	42.7%	94.7%
Connecticut	9.1%	26.3%	24.6%	40.0%	90.9%

U.S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020, <https://data.census.gov/>

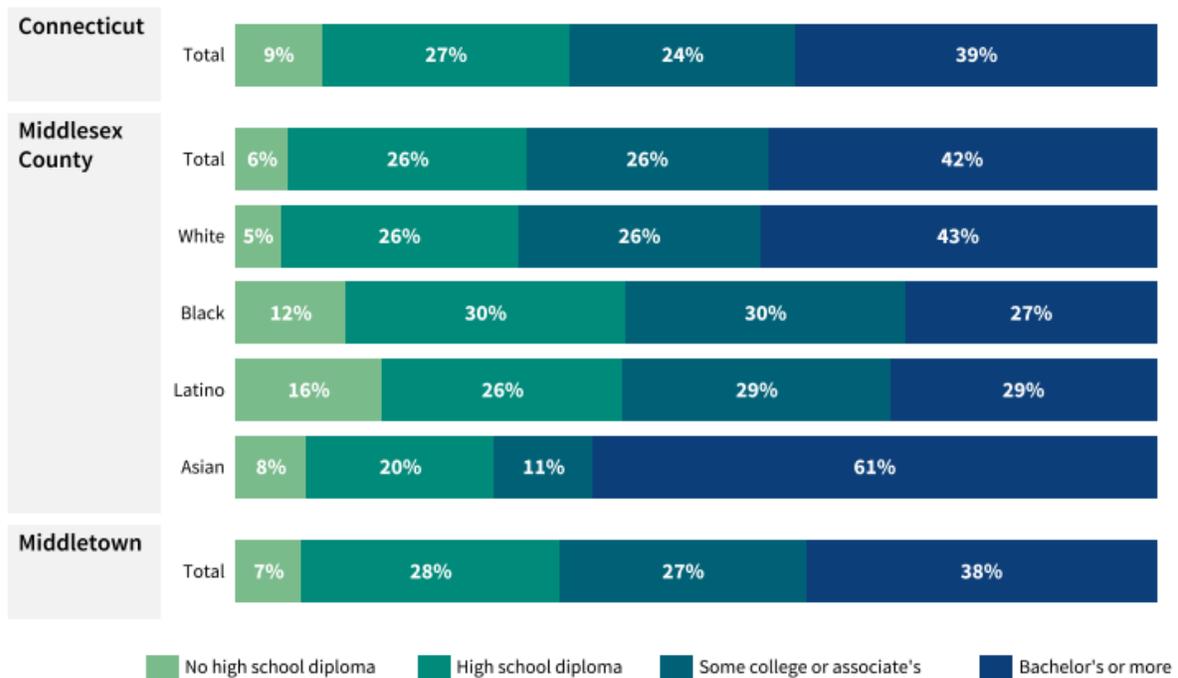
Table 8 - High School Graduation Rates, 2018-2019

School District	Graduation Rate	School District	Graduation Rate
Clinton School District	95.8%	Old Saybrook School District	92.7%
Colchester School District	90.3%	Portland School District	90.5%
Connecticut Technical High School	97.2%	Regional School District 04 (Chester, Deep River, Essex)	91.9%
Cromwell School District	94.7%	Regional School District 13 (Durham)	97.1%
East Haddam School District	97.3%	Regional School District 17 (Haddam-Killingworth)	98.1%
East Hampton School District	96.2%	Regional School District 18 (Lyme-Old Lyme)	99.1%
Middletown School District	91.8%	Westbrook School District	86.9%

Connecticut Data Collaborative, 2018-2019; <http://data.ctdata.org/>;
 The Connecticut Department of Education (CSDE), <https://portal.ct.gov/Services/Education/K-12-Education/Schools-and-Districts>

Figure 37 outlines educational attainment by race and ethnicity in Middletown, Middlesex County and the state of Connecticut by the categories No High School Diploma; High School Diploma; Some College or Associate’s; and Bachelor’s or More. Adults who hold high school diplomas or college degrees experience more employment opportunities, and on average, the higher the educational attainment results in considerably higher potential earnings when compared to those who don’t complete high school (DataHaven, 2022).

Figure 37 - Educational Attainment by Race and Ethnicity, Share of Adults Age 25+, 2019



DataHaven Middlesex County 2022 Equity Profile - DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates

HOUSEHOLDS

The total households in the towns in Middlesex Health’s service area (**Table 9**) range from 988 (Lyme) to 19,876 (Middletown).

Table 9 - Total Households, 2016-2020

Location	# of Households	Location	# of Households
Chester	1,724	Killingworth	2,353
Clinton	1,504	Lyme	988
Colchester	2,237	Marlborough	2,289
Cromwell	5,706	Middlefield	1,842
Deep River	1,987	Middletown	19,876
Durham	1,454	Old Lyme	3,162
East Haddam	3,813	Old Saybrook	4,218
East Hampton	1,193	Portland	2,505
Essex	2,907	Westbrook	3,485
Haddam	3,070	Middlesex County	67,765

U.S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020, <https://data.census.gov/>

HOUSING TENURE

Housing tenure refers to the arrangement under which the household occupies all or part of a housing type and includes ownership by a member of the household or rental of all or part of the housing unit by a member of the household (OECD.Stat, 2022). **Table 10** outlines the percent of owner occupied and percent of renter occupied households for the towns in Middlesex Health’s service area. All towns, except Middletown, are above the state of Connecticut’s owner occupied percent (66%) and below the state of Connecticut’s renter occupied percent (34%) (CT Data Collaborative, 2015-2029).

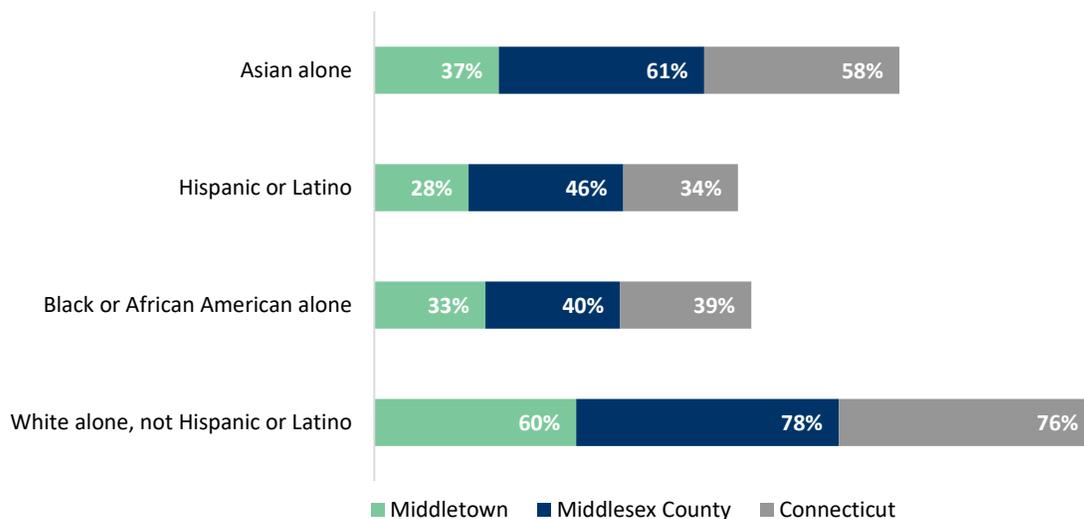
Table 10 - Percent Owner Occupied and Percent Renter Occupied, 2015-2019

Location	% Owner Occupied	% Renter Occupied	Location	% Owner Occupied	% Renter Occupied
Chester	76%	24%	Killingworth	94%	6%
Clinton	80%	20%	Lyme	82%	18%
Colchester	77%	23%	Marlborough	87%	13%
Cromwell	76%	24%	Middlefield	84%	16%
Deep River	72%	28%	Middletown	53%	47%
Durham	95%	5%	Old Lyme	80%	20%
East Haddam	85%	15%	Old Saybrook	81%	19%
East Hampton	87%	13%	Portland	82%	18%
Essex	73%	27%	Westbrook	81%	19%
Haddam	83%	17%	Middlesex County	74%	26%

Connecticut Data Collaborative, <http://data.ctdata.org/>

Figure 38 indicates that homeownership varies by race and ethnicity. There are significant differences in owner occupied households by race and ethnicity with White Not Hispanic or Latino residents 1.8 times more likely to own a home compared to Black residents, 2.1 times more likely to own a home compared to Hispanic residents and 1.6 times more likely to own a home compared to Asian residents in Middletown. In Middlesex County, White Not Hispanic or Latino residents are 2 times more likely to own a home compared to Black residents, 1.7 times more likely to own a home compared to Hispanic residents and 1.3 times more likely to own a home compared to Asian residents.

Figure 38 - Percent Owner Occupied by Race and Hispanic or Latino Origin 2015-2019



Connecticut Data Collaborative, <http://data.ctdata.org/>

In Middlesex County, 74% are homeowner households. There are 76,327 housing units in Middlesex County, of which 74% are single-family units (DataHaven, 2022). Past and present racially discriminatory practices regarding home purchase continue to restrict access, which in addition to the prevalence of single-family units, creates a dynamic for advantaged groups and results in de facto racial and economic segregation evident throughout Connecticut (DataHaven, 2022).

SINGLE PARENT HOUSEHOLDS

Single parent families are those headed by a single parent with children under the age of 18. All of the towns in Middlesex Health's service area with a single parent family (range of 0.9% - 11.7%) are lower than the Connecticut average (12.89%) except for Colchester (14.9%), Cromwell (15.5%), Deep River (16.2%) and Middletown (17.4%) (**Table 11**).

Table 11 - Single Parent Families, 2016-2020

Location	% of Households	Location	% of Households
Chester	10.0%	Killingworth	4.9%
Clinton	10.1%	Lyme	10.2%
Colchester	14.9%	Marlborough	9.1%
Cromwell	15.5%	Middlefield	8.6%
Deep River	16.2%	Middletown	17.4%
Durham	4.6%	Old Lyme	5.2%
East Haddam	7.9%	Old Saybrook	8.3%
East Hampton	6.2%	Portland	11.7%
Essex	4.9%	Westbrook	0.9%
Haddam	8.0%	Connecticut	12.9%

Connecticut Data Collaborative, <http://data.ctdata.org/>

COST-BURDENED HOUSEHOLDS

The housing cost-burden data in **Table 12** and **Figure 39** are from prior to the COVID-19 pandemic. The financial consequences of the pandemic negatively impacted those already experiencing a housing cost-burden, making their situations worse. Additionally, the economic downturn from the pandemic created new housing cost-burdens for many households that had not experienced one before.

A cost-burdened household is a household that spends at least 30% of its annual household income on housing costs. The state of Connecticut’s overall cost-burdened household percentage is 39.6%, with 31.1% of homeowners experiencing a housing cost-burden and 51.5% of renters experiencing a housing cost-burden (Connecticut Data Collaborative, 2019). **Table 12** outlines cost-burdened households by householder status - those who are homeowners with a mortgage and renters - for the towns in Middlesex Health’s service area.

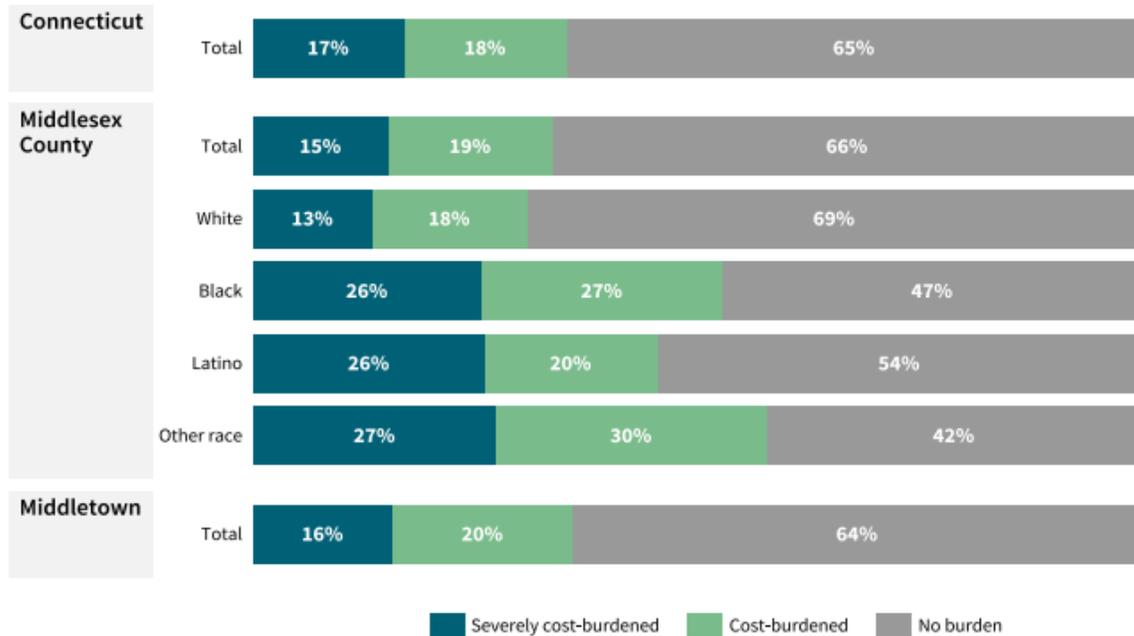
Table 12 - Cost-Burdened Households by Householder Status, 2015-2019

Location	All	Home-owner	Renter	Location	All	Home-owner	Renter
Chester	43.6%	39.6%	53.1%	Killingworth	29.3%	30.4%	13.3%
Clinton	40.7%	34.9%	57.5%	Lyme	40.0%	39.7%	40.9%
Colchester	31.5%	24.3%	49.7%	Marlborough	22.0%	17.1%	51.8%
Cromwell	33.6%	26.8%	50.3%	Middlefield	31.5%	27.8%	45.5%
Deep River	34.9%	28.3%	47.7%	Middletown	40.5%	27.8%	51.1%
Durham	26.5%	25.8%	40.5%	Old Lyme	33.4%	24.6%	54.7%
East Haddam	29.8%	30.0%	28.9%	Old Saybrook	43.2%	35.6%	63.2%
East Hampton	31.6%	30.6%	37.5%	Portland	28.8%	19.4%	60.5%
Essex	37.8%	33.1%	47.4%	Westbrook	41.2%	34.6%	62.8%
Haddam	35.4%	27.0%	75.8%	Middlesex County	36.8%	29.6%	51.7%

Connecticut Data Collaborative, <http://data.ctdata.org/>

Figure 39 presents cost-burdened households by race and ethnicity. In Middletown and Middlesex County Black and Latino residents carry a disproportionate housing cost-burden.

Figure 39 - Housing Cost-Burdened Rates by Race and Ethnicity, 2019



DataHaven Middlesex County 2022 Equity Profile - DataHaven analysis (2021) of Ruggles, et al. (2019)

SUBSIDIZED HOUSING

Subsidized housing are those households receiving governmental housing assistance which includes the Housing Choice Voucher Program, Tenant Rental Assistance, CHFA/USDA Mortgages, and Deed Restrictions. The subsidized housing percentages in the towns in Middlesex Health’s service area (**Table 13**) range from 0.8% (Lyme) to 21.6% (Middletown). The overall subsidized housing rate for the state of Connecticut is 11.6% (Connecticut Data Collaborative, 2019).

Table 13 - Percent of Subsidized Housing, 2019

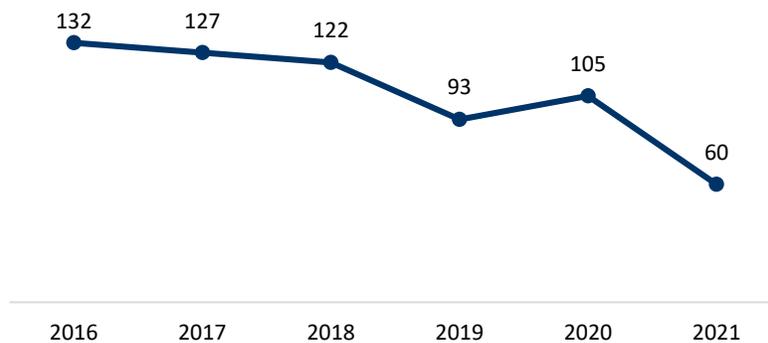
Location	% Subsidized Housing	Location	% Subsidized Housing
Chester	2.1%	Killingworth	1.1%
Clinton	2.3%	Lyme	0.8%
Colchester	8.7%	Marlborough	2.1%
Cromwell	6.5%	Middlefield	2.6%
Deep River	2.6%	Middletown	21.6%
Durham	1.9%	Old Lyme	1.6%
East Haddam	2.6%	Old Saybrook	2.4%
East Hampton	3.3%	Portland	8.3%
Essex	2.3%	Westbrook	5.0%
Haddam	1.4%	Middlesex County	8.6%

Connecticut Data Collaborative, <http://data.ctdata.org/>

HOMELESSNESS

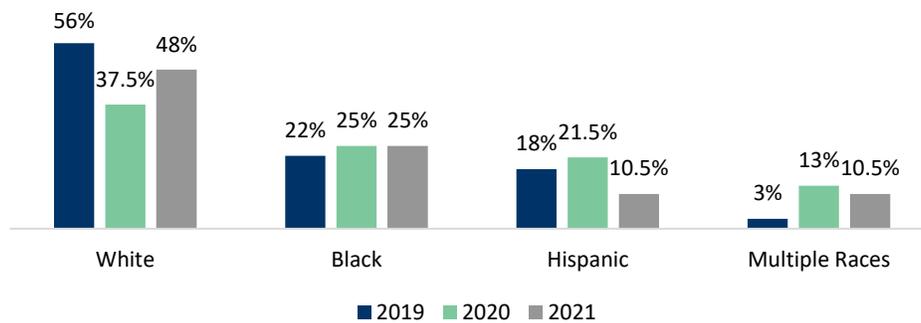
The Connecticut Point-in-Time Count tracks people experiencing homelessness, both sheltered and unsheltered, throughout the state at a given point in time (annually in January). **Figure 40** gives the total Point-in-Time Count for Middletown for 2016-2021. The steep drop in 2021 may be due to an adjustment in counting processes due to COVID-19. **Figure 41** gives the Point-in-Time Count by race and ethnicity for 2019-2021.

Figure 40 - Homelessness Point-in Time Count, Middletown, 2016-2021



Connecticut Coalition to End Homelessness (CCEH) Point-in-Time Count, <https://www.cceh.org/pit/overview/>

Figure 41 - Homelessness Point-in Time Count, Middletown, by Race and Ethnicity 2016-2021

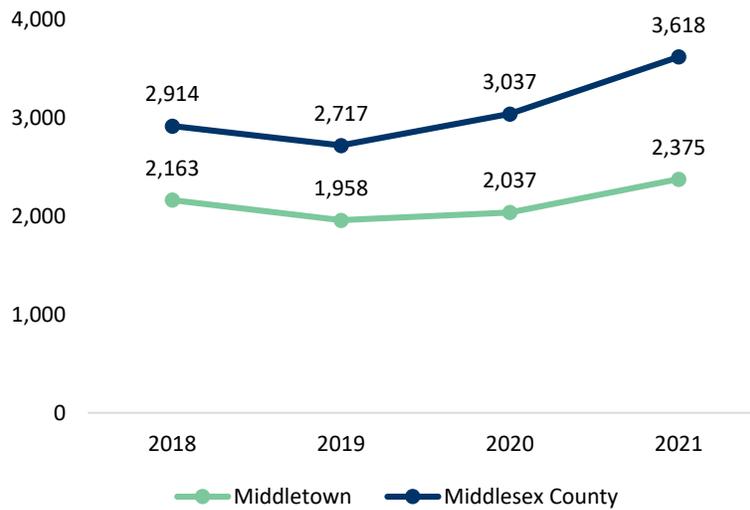


Connecticut Coalition to End Homelessness (CCEH) Point-in-Time Count, <https://www.cceh.org/pit/overview/>

2-1-1 HOUSING REQUESTS

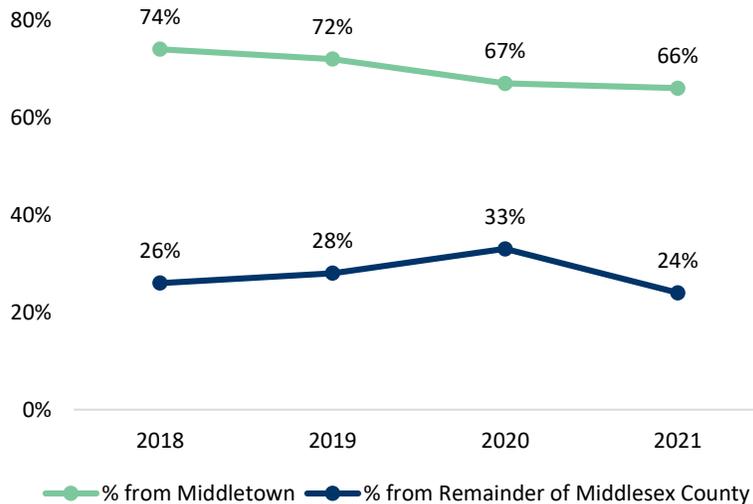
There was a significant increase in 2-1-1 Housing & Shelter category requests for Middletown and Middlesex County in 2021 (**Figure 42**). **Figure 43** describes the percentage of housing and shelter requests from Middletown relative to the remainder of Middlesex County (excluding Middletown). The majority of the requests in the Housing & Shelter category for the 2018-2021 timeframe are from Middletown (range of 74% - 66%) when compared to the remainder of Middlesex County.

Figure 42 - Number of 2-1-1 Total Housing & Shelter Requests for Middletown & Middlesex County, 2018-2021



2-1-1 Counts, 2-1-1 Connecticut; <https://ct.211counts.org/>

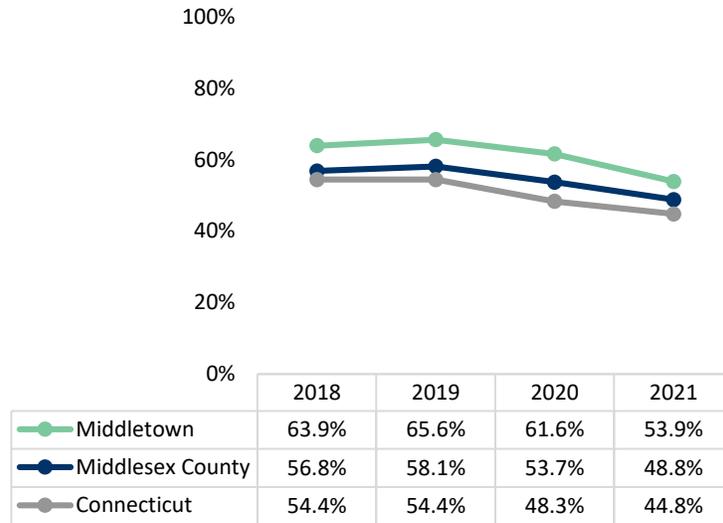
Figure 43 - Percent of 2-1-1 Total Housing & Shelter Requests for Middletown & Remainder of Middlesex County, 2018-2021



2-1-1 Counts, 2-1-1 Connecticut; <https://ct.211counts.org/>

Figures 44, 45 and 46 represent the top three 2-1-1 Housing & Shelter subcategory requests (Shelters; Rent Assistance; and Low-Cost Housing) for Middletown, Middlesex County and Connecticut for the 2018-2021 time-period. The percentage of shelter requests (**Figure 44**) for Middletown and Middlesex County decreased during the COVID-19 years of 2020-2021 compared to pre-COVID-19 years of 2018-2019. This may be due to a statewide effort during COVID-19 to ensure that, when possible, those who did not have housing had a safe place to shelter that was not in congregate living.

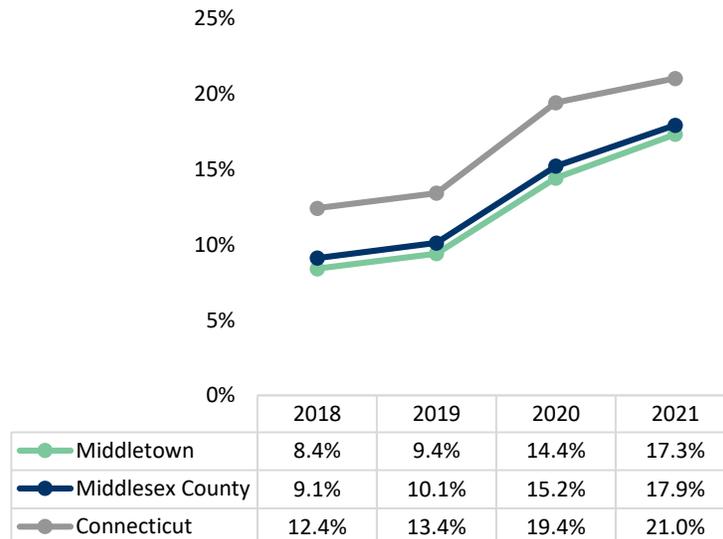
Figure 44 - 2-1-1 Percent of Shelter Requests, 2018-2021



2-1-1 Counts, 2-1-1 Connecticut; <https://ct.211counts.org/>

2-1-1 rent assistance requests (**Figure 45**) increased substantially for Middletown and Middlesex County in 2020 and 2021 which is likely due to income constraints caused by the pandemic.

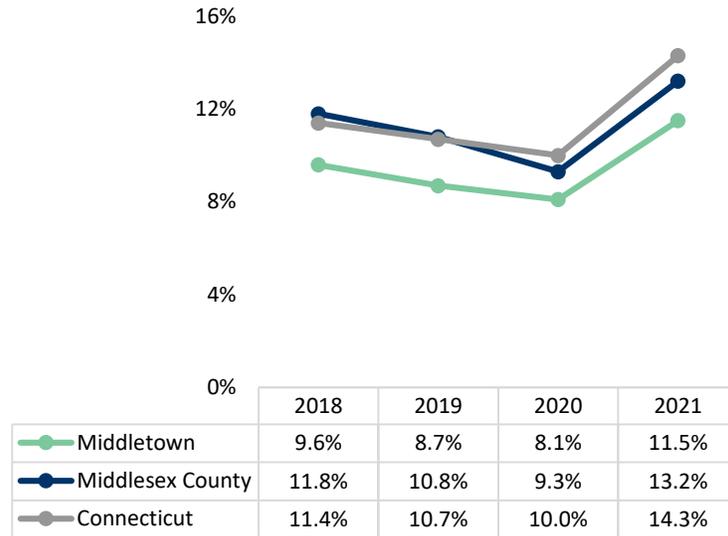
Figure 45 - 2-1-1 Percent of Rent Assistance Requests, 2018-2021



2-1-1 Counts, 2-1-1 Connecticut; <https://ct.211counts.org/>

2-1-1 requests for low-cost housing (**Figure 46**) increased for Middletown and Middlesex County in 2021, which may be a result of the end of the COVID-19 emergency provisions for rent and eviction and Connecticut's Eviction Protection Moratorium expiration on June 30, 2021.

Figure 46 - 2-1-1 Percent of Low-Cost Housing Requests, 2018-2021

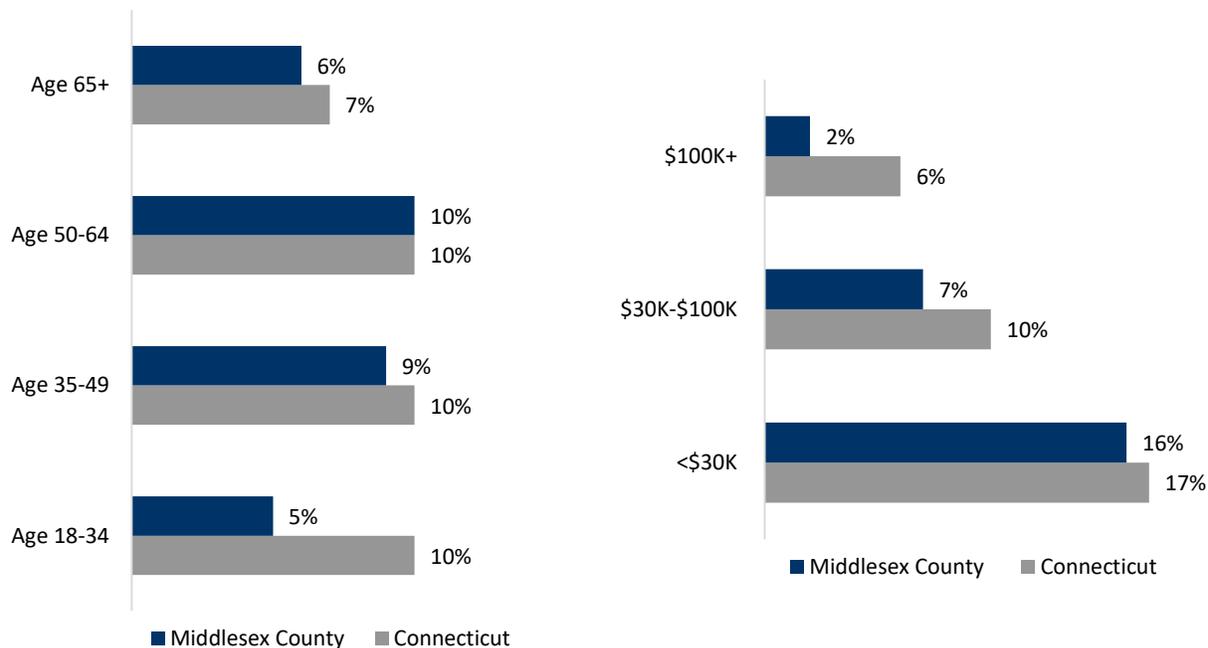


2-1-1 Counts, 2-1-1 Connecticut; <https://ct.211counts.org/>

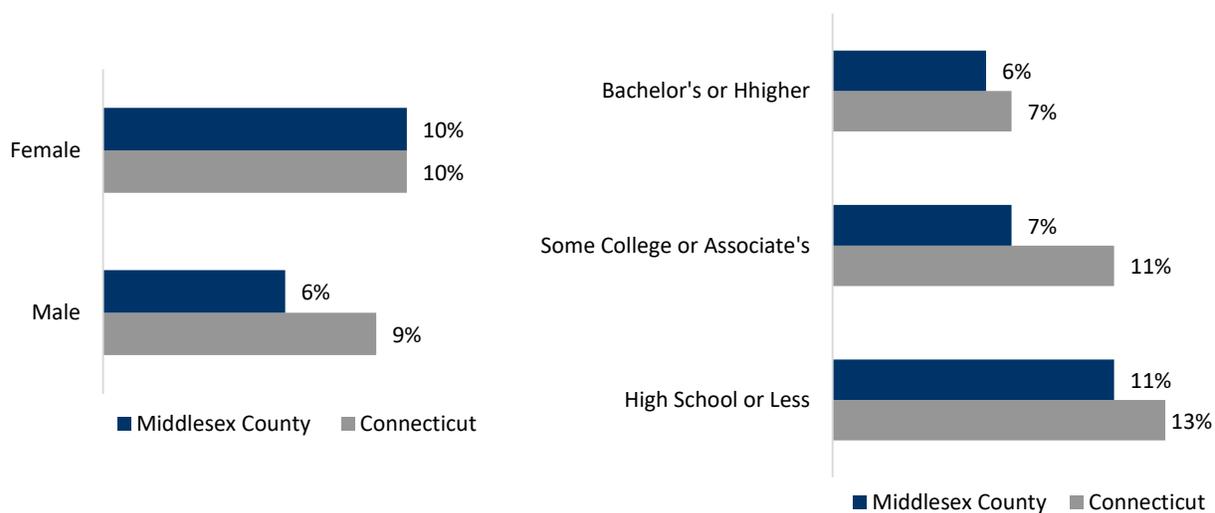
DATAHAVEN 2021 COMMUNITY WELLBEING SURVEY - HOUSING

The DataHaven 2021 Community Wellbeing Survey asked respondents questions about ability to afford shelter, specifically, “*in the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family?*” The total “Yes” responses were 8% for Middlesex County and 9% for the state of Connecticut. **Figures 47a-d** compare the “Yes” responses for Middlesex County to the state of Connecticut, disaggregated by age, income level, gender and education level.

Figures 47a & b - "Yes" Responses for "Inability to Afford Housing in the Past 12 months?" by Age & Income Level, 2021



Figures 47c & d - "Yes" Responses for "Inability to Afford Housing in the Past 12 months?" by Gender & Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

FOOD INSECURITY

The U.S Department of Agriculture uses two categories to define household food insecurity: Low Food Security (“reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake”) and Very Low Food Security (“reports of multiple indications of disrupted eating patterns and reduced food intake”) (USDA, 2006). **Table 14** outlines the food insecurity rates in the towns in Middlesex Health’s service area. Westbrook (12%) and Middletown (13.8%) exceed the Connecticut food insecurity rate of 11.9%. The rates provided in **Table 14** are pre-COVID-19; these food insecurity rates are likely to have significantly increased during the pandemic years.

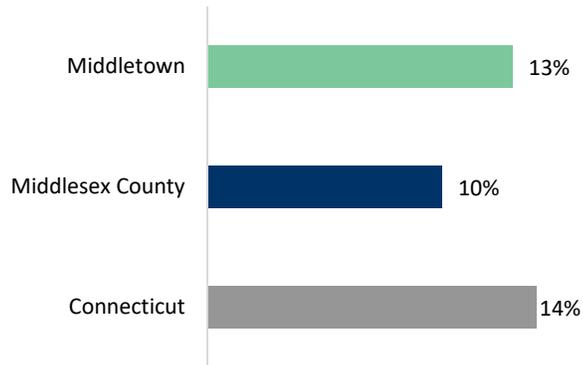
Table 14 - Food Insecurity Rates, 2019

Location	% Experiencing Food Insecurity	Location	% Experiencing Food Insecurity
Chester	10.0%	Killingworth	7.8%
Clinton	9.9%	Lyme	9.0%
Colchester	11.0%	Marlborough	6.5%
Cromwell	8.6%	Middlefield	8.4%
Deep River	9.0%	Middletown	13.8%
Durham	6.8%	Old Lyme	9.4%
East Haddam	8.6%	Old Saybrook	9.3%
East Hampton	11.0%	Portland	10.6%
Essex	9.7%	Westbrook	12.0%
Haddam	10.2%	Middlesex County	10.0%

1. Gunderson, C., Strayer, M., Dewey, A., Hake, M., & M., Engelhard, E. (2021) Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019. Feeding America.; <https://www.ctfoodbank.org/about-us/hunger-in-connecticut>
2. U.S. Census Bureau: 2015-2019 American Community Survey 5-Year Estimates
3. Middlesex County Food Insecurity Rate, 2019: Overall (all ages) Hunger & Poverty in Middlesex County, Connecticut | Map the Meal Gap (feedingamerica.org)

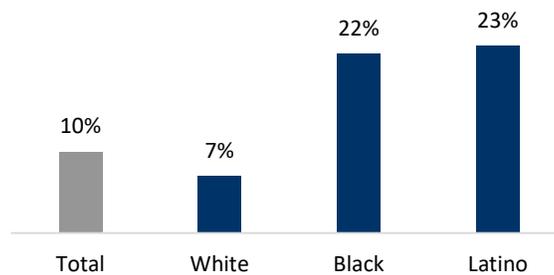
Figure 48 presents the share of adults in Middletown, Middlesex County and Connecticut who identified experiencing food insecurity in the DataHaven Community Wellbeing surveys (2015-2021), and **Figure 49** provides this food insecurity data disaggregated by race and ethnicity for Middlesex County.

Figure 48 - Percent of Adult Experiencing Food Insecurity, 2015-2021



DataHaven Middlesex County 2022 Equity Profile; DataHaven analysis (2021) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey

Figure 49 - Middlesex County Percent of Adult Experiencing Food Insecurity by Race & Ethnicity, 2015-2021



DataHaven Middlesex County 2022 Equity Profile; DataHaven analysis (2021) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey

The Supplemental Nutrition Assistance Program (SNAP) is an indicator of food insecurity. SNAP is a food-purchasing assistance program administered by the U.S. Department of Agriculture (USDA) under the Food and Nutrition Service, with benefits distributed locally in each state. SNAP provides a hunger safety net for low- and no-income individuals and families. All of the towns in Middlesex Health’s service area are at or below Connecticut’s SNAP average (11.6%), except for Portland (12.9%) and Middletown (15.5%) (**Table 15**).

Table 15 - Percent of Households Receiving SNAP, 2016-2020

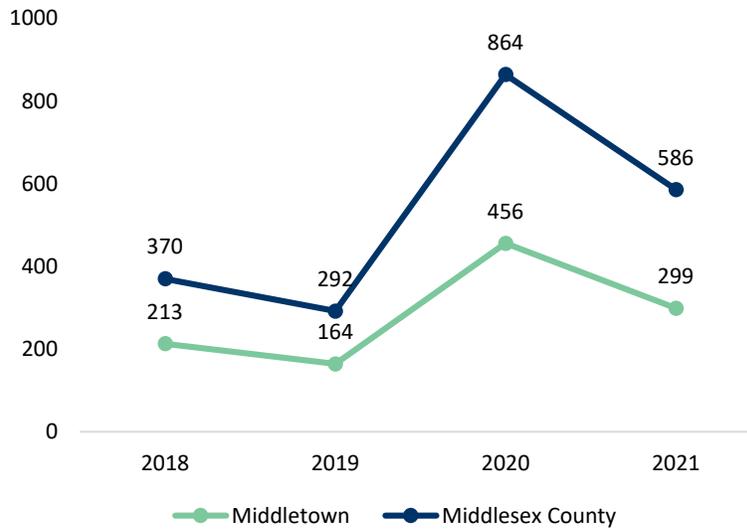
Location	% of Households Receiving SNAP	Location	% of Households Receiving SNAP
Chester	4.5%	Killingworth	0.7%
Clinton	11.6%	Lyme	2.8%
Colchester	7.0%	Marlborough	4.5%
Cromwell	7.7%	Middlefield	10.5%
Deep River	6.6%	Middletown	15.5%
Durham	2.7%	Old Lyme	2.6%
East Haddam	2.5%	Old Saybrook	5.9%
East Hampton	7.5%	Portland	12.9%
Essex	2.8%	Westbrook	4.8%
Haddam	3.6%	Middlesex County	8.4%

U.S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020, <https://data.census.gov/>

2-1-1 FOOD REQUESTS

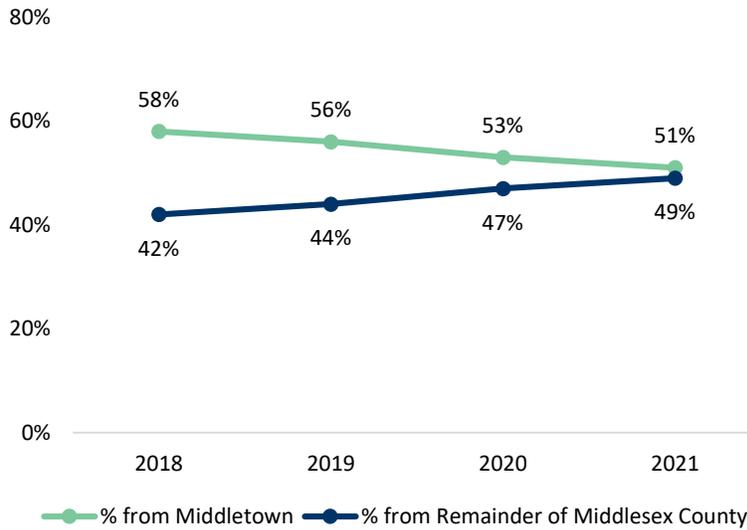
There was a significant increase in 2-1-1 Food category requests for Middletown and Middlesex County in 2021 (**Figure 50**). **Figure 51** describes the percentage of food requests from Middletown relative to the remainder of Middlesex County (excluding Middletown). Over half of the requests in the food category for the 2018-2021 timeframe are from Middletown (range of 58% - 51%) when compared to the remainder of Middlesex County.

Figure 50 - Number of 2-1-1 Total Food Requests for Middletown & Middlesex County, 2018-2021



2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

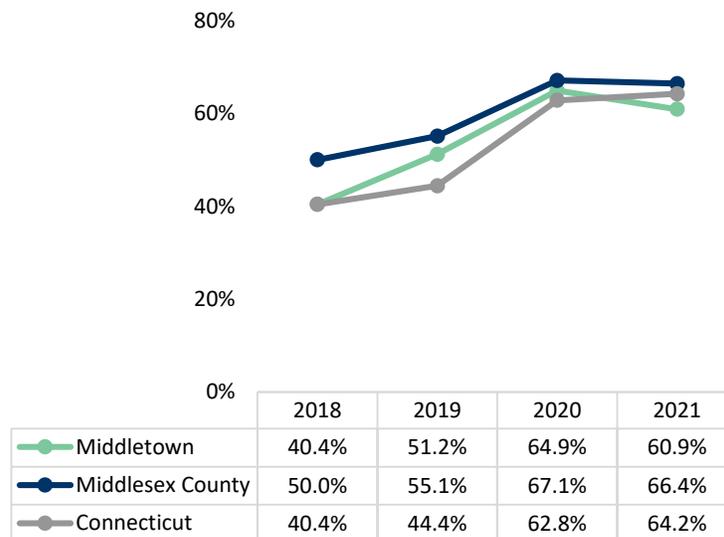
Figure 51 - Percent of 2-1-1 Total Food Requests for Middletown & Remainder of Middlesex County, 2018-2021



2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

Figures 52, 53 and 54 represent the top three 2-1-1 Food subcategory requests (Help Buying Food; Food Pantries; and Soup Kitchens & Meals to Go) for Middletown, Middlesex County and Connecticut for the 2018-2021 time-period. Help buying food requests (**Figure 52**) for Middletown and Middlesex County increased substantially during the COVID-19 years of 2020-2021 compared to the pre-COVID-19 years of 2018-2019.

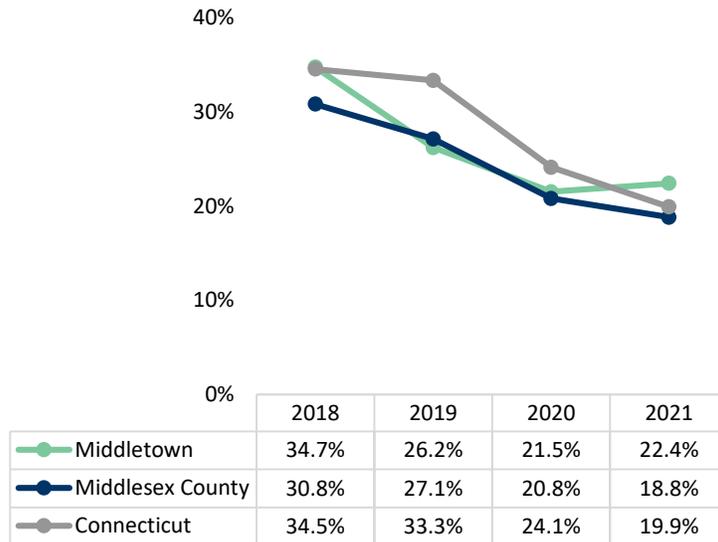
Figure 52 - 2-1-1 Percent of Help Buying Food Requests, 2018-2021



2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

Food pantry requests (**Figure 53**) decreased for Middletown and Middlesex County during the COVID-19 years of 2020-2021, which is likely due to the percentage increase in the other food related subcategories during this time frame.

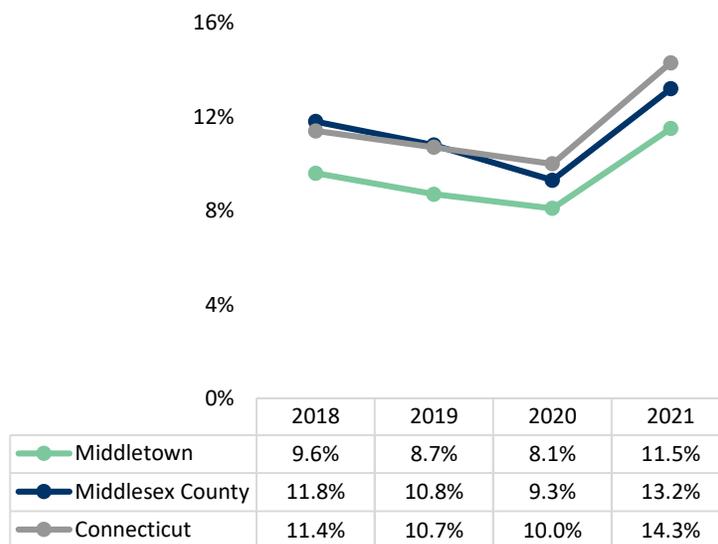
Figure 53 - 2-1-1 Percent of Food Pantries Requests, 2018-2021



2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

Requests for soup kitchens and meals to go (**Figure 54**) increased for Middletown and Middlesex County in 2021 when compared to 2018, 2019, and 2020.

Figure 54 - 2-1-1 Percent of Soup Kitchens & Meals to Go Requests, 2018-2021

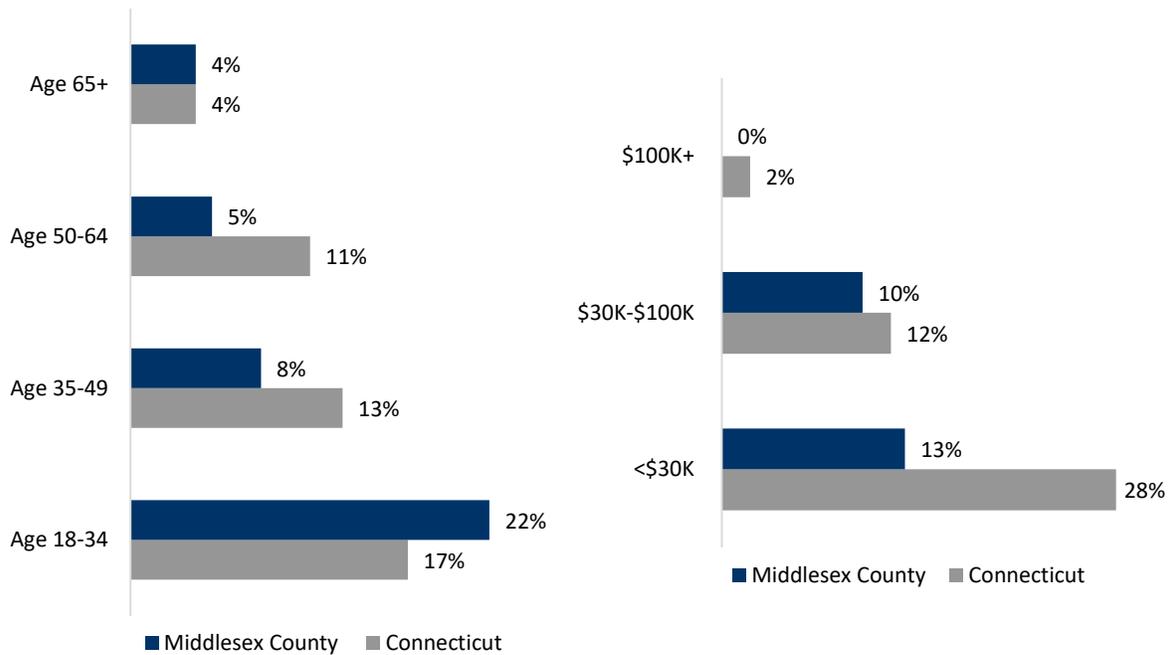


2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

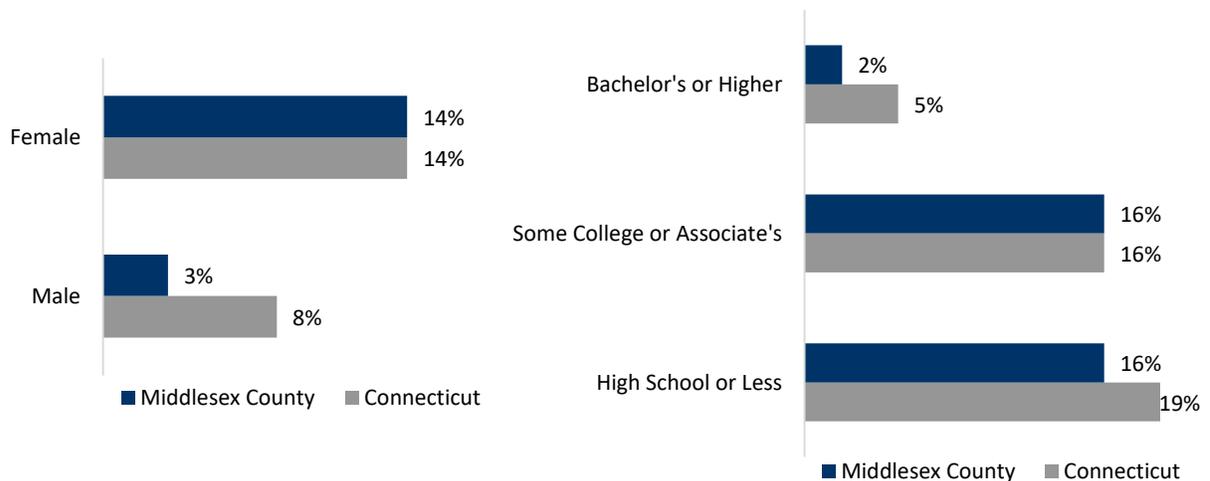
DATAHAVEN 2021 COMMUNITY WELLBEING SURVEY - FOOD INSECURITY & FOOD ACCESS

To measure food insecurity, the DataHaven 2021 Community Wellbeing Survey asked respondents a question about their ability to purchase food, “*have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?*” The total “Yes” responses were 9% for Middlesex County and 11% for the state of Connecticut. **Figures 55a-d** compare the “Yes” responses for Middlesex County to the state of Connecticut, disaggregated by age, income level, gender and education level.

Figures 55a & b - “Yes” Responses for “Unable to Buy Food in the Past 12 Months?” by Age & Income Level, 2021



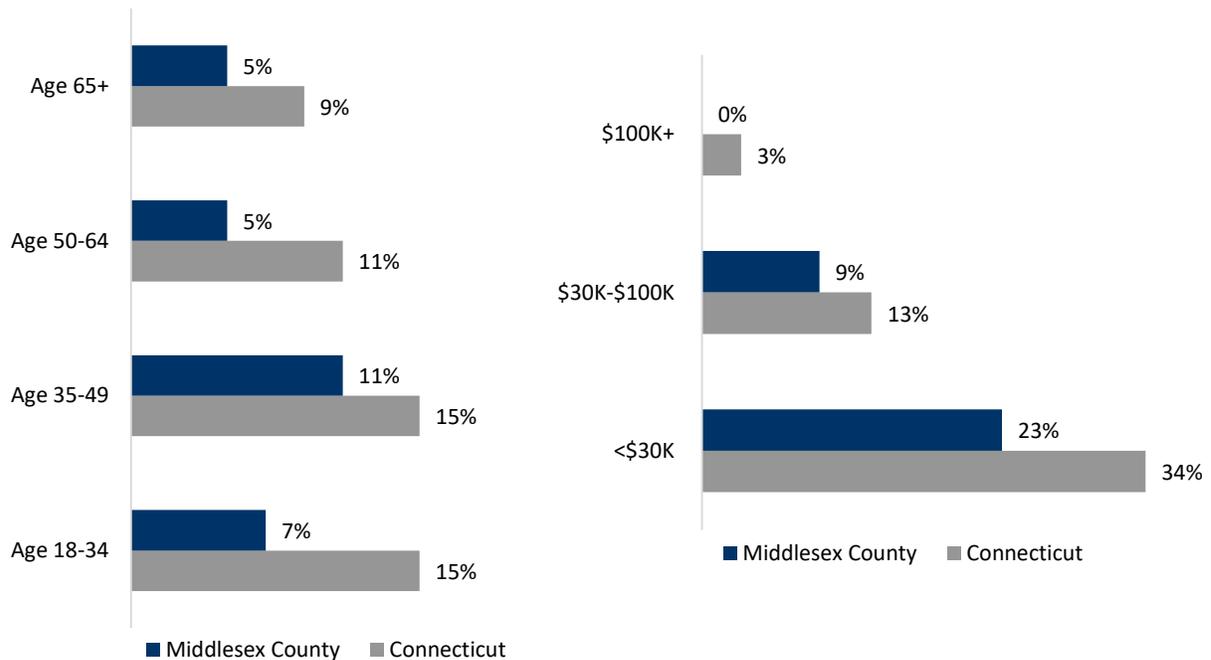
Figures 55c & d - “Yes” Responses for “Unable to Buy Food in the Past 12 Months?” by Gender & Education Level, 2021



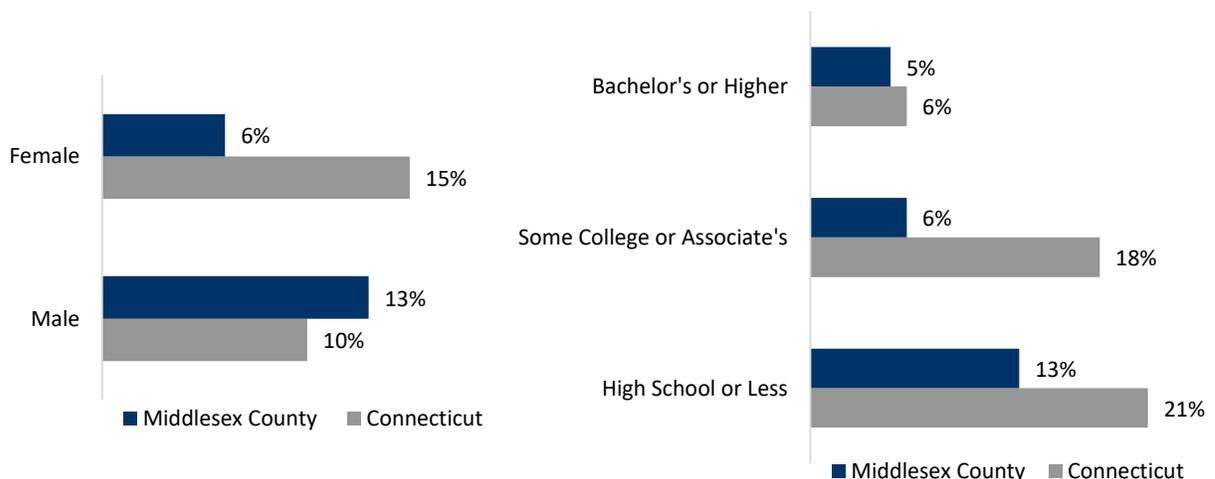
DataHaven Community Wellbeing Survey, 2021

The DataHaven 2021 Community Wellbeing Survey asked respondents a food-related question specific to COVID-19, introducing the question with this statement, “now we will ask about things you or other adults in your household may have experienced since the coronavirus pandemic began this year,” followed by “since February 2020, have you or any other adult in your household: received groceries or meals from a food pantry, food bank, soup kitchen, or other emergency food service?” The total “Yes” responses were 7% for Middlesex County and 13% for the state of Connecticut. **Figures 56a-d** compare the “Yes” responses for Middlesex County to the state of Connecticut, disaggregated by age, income level, gender and education level.

Figures 56a & b - “Yes” Responses for Emergency Food Services Since February 2020, by Age & Income Level, 2021



Figures 56c & d - “Yes” Responses for Emergency Food Services Since February 2020 by Gender and Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

The DataHaven 2021 Community Wellbeing Survey asked respondents to rank the availability of affordable, high-quality fruits and vegetables in the areas in which they live. **Figure 57** compares the Total “Yes” responses from Middlesex County to the state of Connecticut. **Figures 58a & b** compare the “Yes” responses for Middlesex County to the state of Connecticut by age and income levels, respectively. For responses to this question disaggregated age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A4a-d**.

Figure 57 - Middlesex County & Connecticut Total Responses for Availability of High-Quality Fruits and Vegetables, 2021

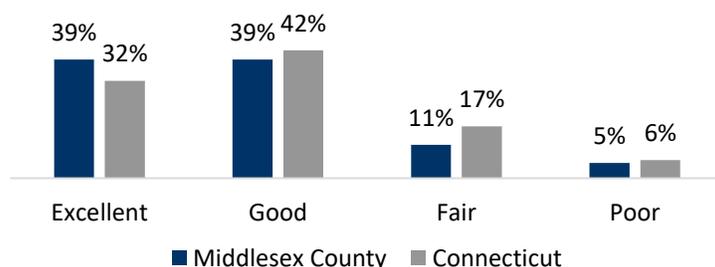


Figure 58a - Middlesex County Responses for Availability of High-Quality Fruits and Vegetables by Age, 2021

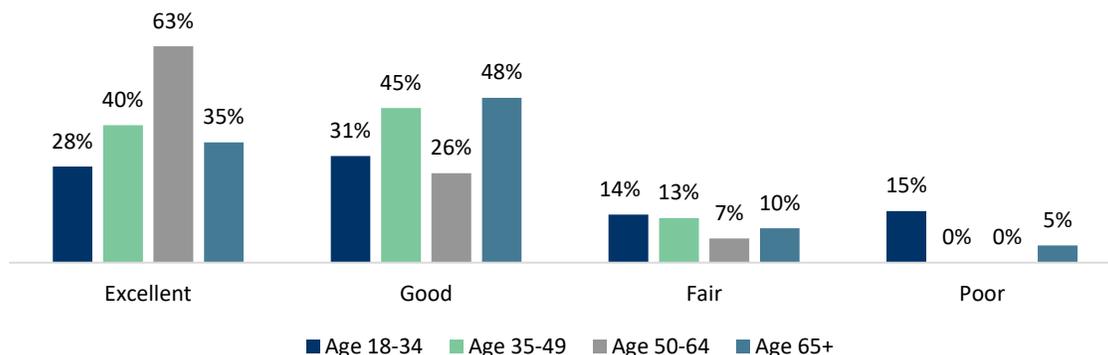
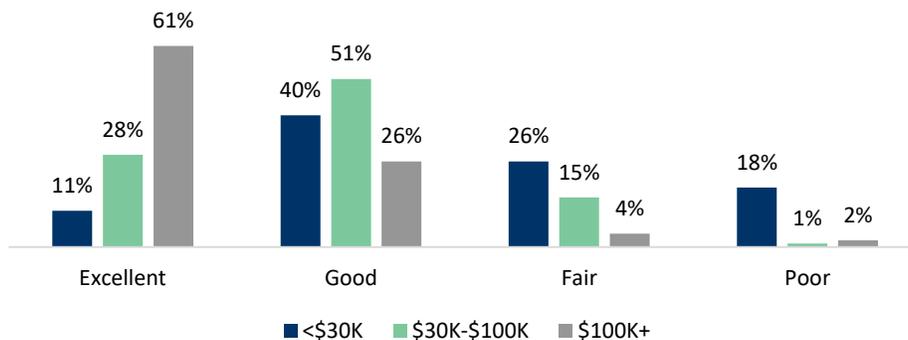


Figure 58b - Middlesex County Responses for Availability of High-Quality Fruits and Vegetables by Income, 2021



DataHaven Community Wellbeing Survey, 2021

“Don’t know enough about it in order to say” responses are not included in **Figures 57, 58a & b**.

TRANSPORTATION

Table 16 describes those who have no access to a car for the towns in Middlesex Health’s service area compared to the state of Connecticut. Middletown (10%) is the only town in Middlesex Health’s service area that exceeds Connecticut (9%), while Cromwell (7%) and Chester (6%) have increased lack of access to a car when compared to the other towns in Middlesex Health’s service area.

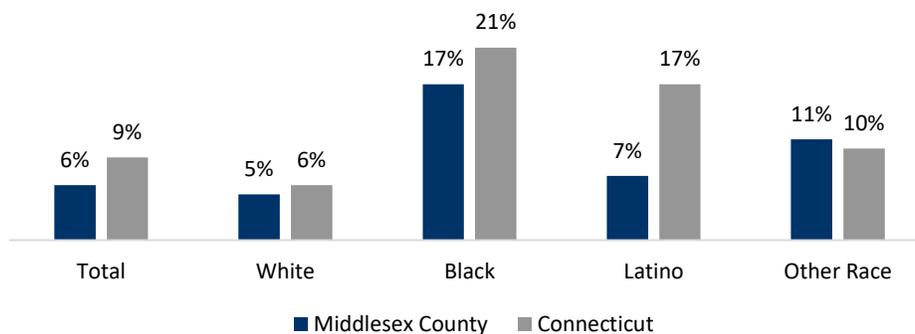
Table 16 - No Access to a Car, 2015-2019

Location	No Access to A Car %	Location	No Access to A Car %
Chester	6%	Killingworth	2%
Clinton	4%	Lyme	3%
Colchester	2%	Marlborough	1%
Cromwell	7%	Middlefield	2%
Deep River	1%	Middletown	10%
Durham	2%	Old Lyme	1%
East Haddam	1%	Old Saybrook	5%
East Hampton	2%	Portland	4%
Essex	3%	Westbrook	3%
Haddam	3%	Connecticut	9%

Town Profiles, <https://profiles.ctdata.org/>; from the U.S. Census Bureau, American Community Survey 5-Year Estimates 2015-2019

Access to a personal vehicle can enhance quality of life and may be considered a measure of wealth as reliable transportation increases access to work (DataHaven, 2022). **Figure 59** represents the percent of households with no vehicle at home by race and ethnicity for Middlesex County compared to the state of Connecticut.

Figure 59 - Households with No Vehicle at Home by Race/Ethnicity of Head of Household, 2019

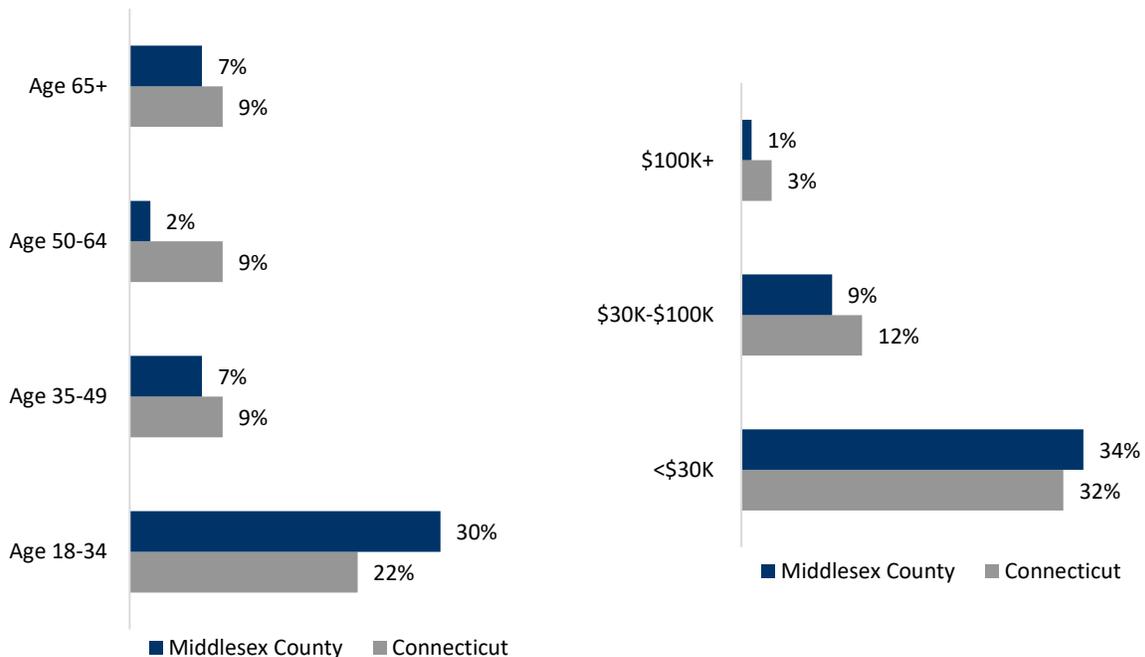


DataHaven Middlesex County 2022 Equity Profile - DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates

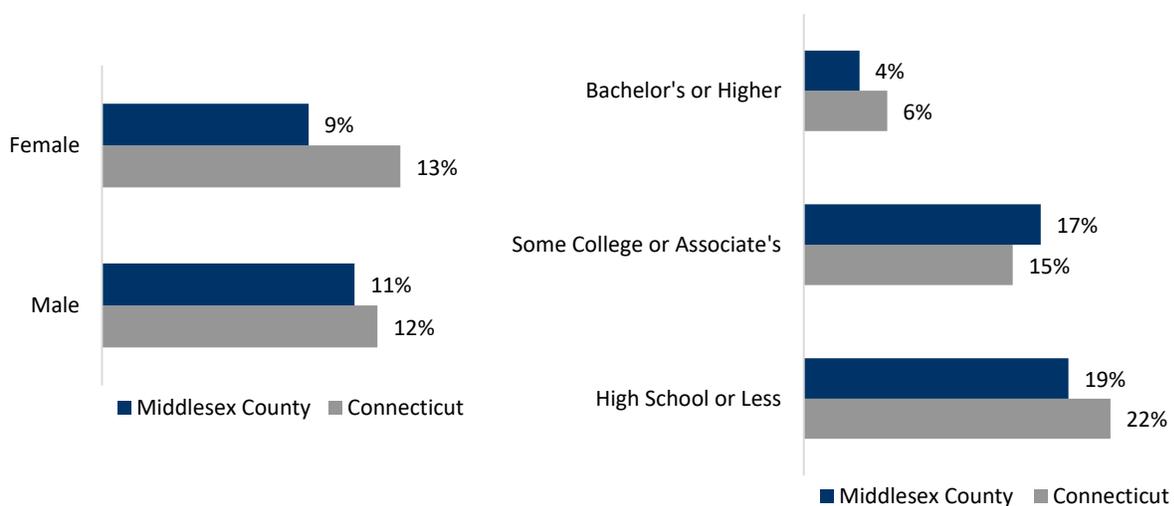
DATAHAVEN 2021 COMMUNITY WELLBEING SURVEY - TRANSPORTATION

The DataHaven 2021 Community Wellbeing Survey asked respondents a question about transportation to measure transportation insecurity, specifically, *“in the past 12 months, did you stay home when you needed or wanted to go someplace because you had no access to reliable transportation?”* The total “Yes” responses were 11% for Middlesex County and 13% for the state of Connecticut. **Figures 60a-d** compare the “Yes” responses for Middlesex County to the state of Connecticut, disaggregated by age, income level, gender and education level.

Figures 60a & b - “Yes” Responses for Having No Access to Reliable Transportation by Age and Income Level, 2021



Figures 60c & d - “Yes” Responses for Having No Access to Reliable Transportation by Gender and Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

COMPUTER & BROADBAND INTERNET

The U.S. Census Bureau American Community Survey (ACS) defines “computer use” as “if anyone in the household owned or used a computer” and provides four response categories: desktop or laptop; a smartphone; a tablet or other portable wireless computer; or some other type of computer (U.S. Census Bureau ACS, 2020). The ACS defines “internet access” as “if any member of the household accesses the Internet” and characterizes “access” as whether or not someone in the household uses or connects to the Internet, regardless of whether or not they pay for the service (U.S. Census Bureau ACS, 2020).

The importance of access to computers and the internet was illuminated during the COVID-19 pandemic; it had a direct impact on students’ ability to participate in remote learning and workers’ ability to work successfully remotely during the COVID-19 lockdown.

Table 17 outlines the percent of households with / without a computer for the towns in Middlesex Health’s service area compared to the state of Connecticut which has 92% of households with a computer and 8% of households without a computer. The towns in Middlesex Health’s service area that exceed the state of Connecticut percent of households without a computer are Deep River (8.7%) and Middletown (11.6%).

Table 17 - Percent of Households With / Without a Computer, 2016-2020

Location	% of Households with a computer	% of Households without a computer	Location	% of Households with a computer	% of Households without a computer
Chester	94.5%	5.5%	Killingworth	93.5%	6.5%
Clinton	94.7%	5.3%	Lyme	96.7%	3.3%
Colchester	93.7%	6.3%	Marlborough	96.8%	3.2%
Cromwell	92.2%	7.8%	Middlefield	94.8%	5.2%
Deep River	91.3%	8.7%	Middletown	88.4%	11.6%
Durham	95.8%	4.2%	Old Lyme	95.4%	4.6%
East Haddam	94.0%	6.0%	Old Saybrook	93.8%	6.2%
East Hampton	94.2%	5.8%	Portland	91.9%	8.1%
Essex	97.1%	2.9%	Westbrook	94.7%	5.3%
Haddam	95.1%	4.9%	Middlesex County	92.4%	7.6%

U.S. Census Quick Facts, <https://www.census.gov/quickfacts>, 2016-2020

U.S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020, <https://data.census.gov/>

Table 18 describes the percent of households with / without a broadband internet subscription for the towns in Middlesex Health’s service area compared to the state of Connecticut, which has 87.3% of households with a broadband internet subscription and 12.7% of households without a broadband internet subscription. The towns in Middlesex Health’s service area that exceed the state of Connecticut percent of households without a broadband internet subscription are Portland (13.9%), Deep River (15.9%), Middlefield (16%) and Middletown (18.7%).

Table 18 - Percent of Households With / Without Broadband Internet Subscription, 2016-2020

Location	% of Households with a Broadband Internet Subscription	% of Households without a Broadband Internet Subscription	Location	% of Households with a Broadband Internet Subscription	% of Households without a Broadband Internet Subscription
Chester	91.7%	8.3%	Killingworth	89.0%	11.0%
Clinton	91.3%	8.7%	Lyme	95.2%	4.8%
Colchester	92.2%	7.8%	Marlborough	95.2%	4.8%
Cromwell	87.2%	12.8%	Middlefield	84.0%	16.0%
Deep River	84.1%	15.9%	Middletown	81.3%	18.7%
Durham	89.7%	10.3%	Old Lyme	93.7%	6.3%
East Haddam	91.1%	8.9%	Old Saybrook	92.1%	7.9%
East Hampton	88.8%	11.2%	Portland	86.1%	13.9%
Essex	95.7%	4.3%	Westbrook	87.2%	12.8%
Haddam	93.6%	6.4%	Middlesex County	87.2%	12.8%

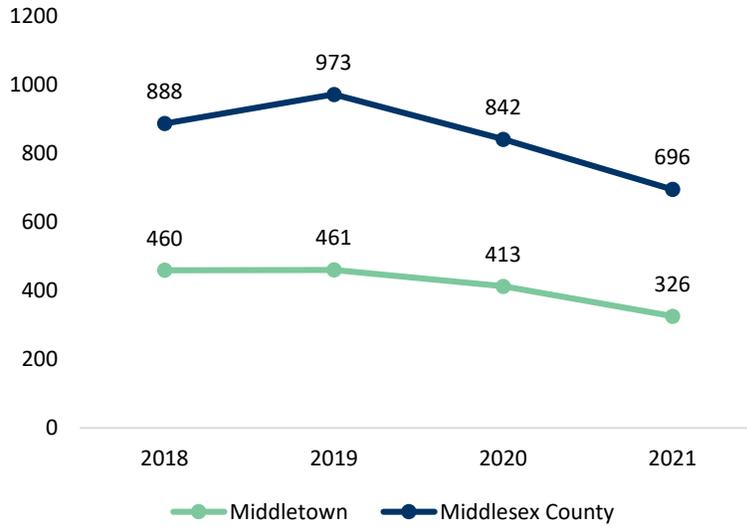
U.S. Census Quick Facts, <https://www.census.gov/quickfacts>, 2016-2020

U.S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020, <https://data.census.gov/>

UTILITIES

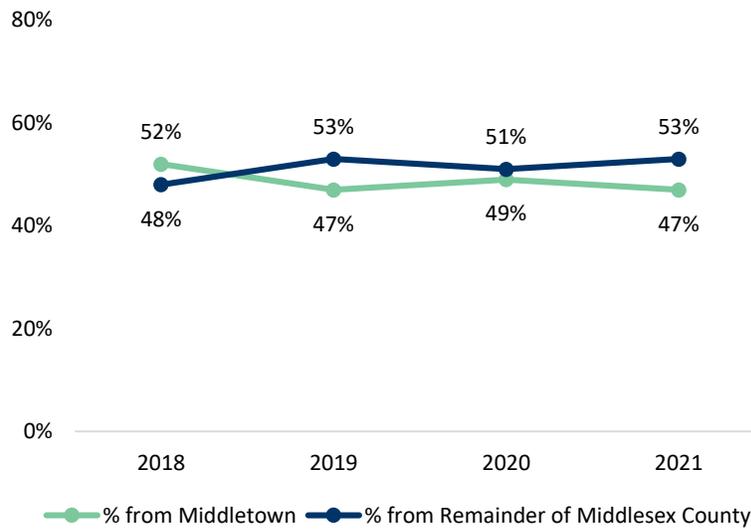
The 2-1-1 total requests for the Utilities category trended down for Middletown and Middlesex County in 2020 and 2021 compared to previous years (**Figure 61**). **Figure 62** describes the percentage of utilities requests from Middletown relative to the remainder of Middlesex County (excluding Middletown). Slightly less than half of the requests in the utilities category for the 2018-2021 timeframe are from Middletown when compared to the remainder of Middlesex County.

Figure 61 - Number of 2-1-1 Total Utilities Requests for Middletown & Middlesex County, 2018-2021



2-1-1 Counts, 2-1-1 Connecticut; <https://ct.211counts.org/>

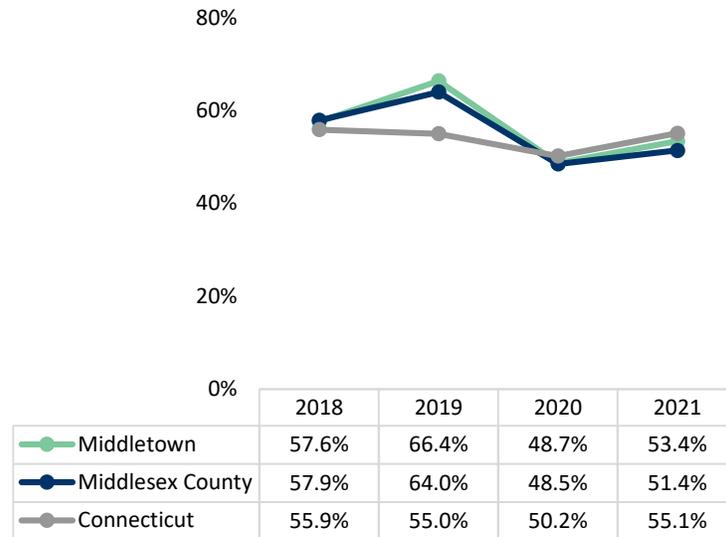
Figure 62 - Percent of 2-1-1 Total Utilities Requests for Middletown & Remainder of Middlesex County, 2018-2021



2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

Figures 63 – 66 represent the top four 2-1-1 Utilities subcategory requests (Electric; Gas; Heating Fuel; and Phone / Internet) for Middletown, Middlesex County and Connecticut for the 2018-2021 time-period. While the majority of requests received in the Utilities category for Middletown and Middlesex County were for electric information (**Figure 63**), there was a decrease in the overall percentage for 2020 and 2021 due to increases in other subcategories.

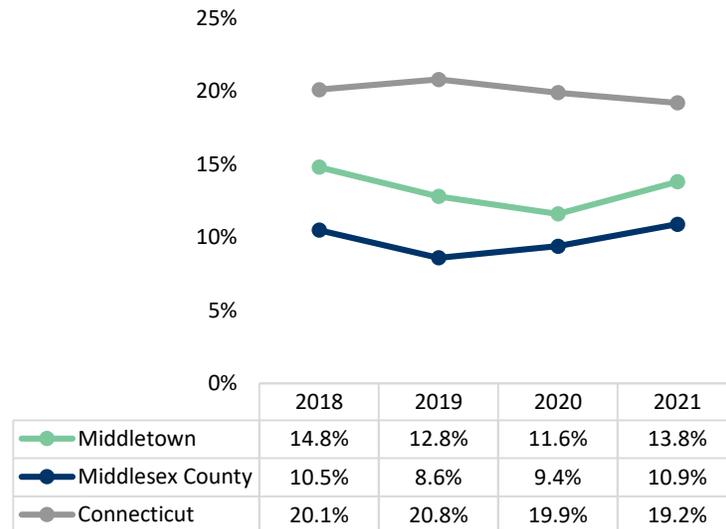
Figure 63 - 2-1-1 Percent of Electric Requests, 2018-2021



2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

2-1-1 gas requests (**Figure 64**) decreased slightly for Middletown in 2020 and increased slightly in 2020 and 2021 for Middlesex County.

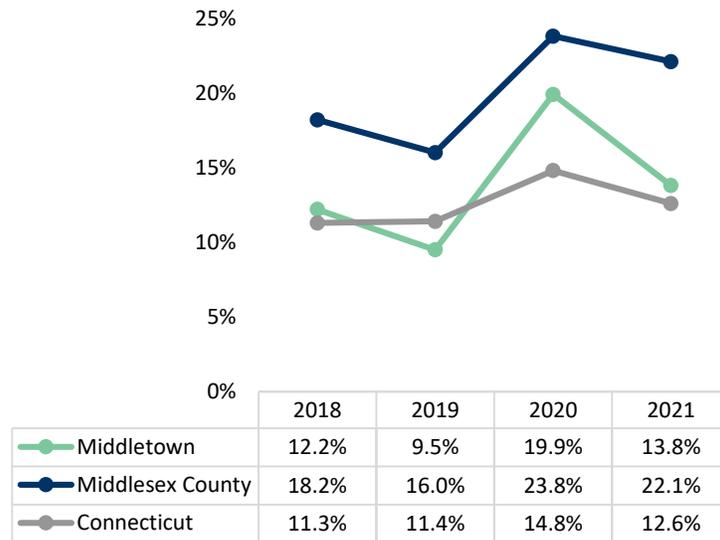
Figure 64 - 2-1-1 Percent of Gas Requests, 2018-2021



2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

2-1-1 requests for heating fuel (**Figure 65**) increased substantially for Middletown and Middlesex County in 2020 and stayed at a higher level for Middlesex County in 2021.

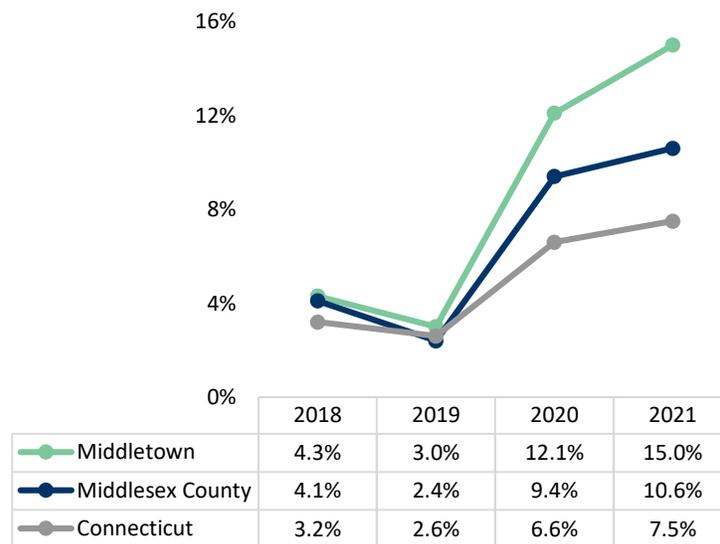
Figure 65 - 2-1-1 Percent of Heating Fuel Requests, 2018-2021



2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

The highest percentage increase during the COVID-19 years of 2020 and 2021 in the utilities category for Middletown and Middlesex County were for phone / internet requests (**Figure 66**) which is likely due to the lockdown in 2020 when schools transitioned to remote learning and many businesses encouraged employees to work remotely.

Figure 66 - 2-1-1 Percent of Phone / Internet Requests, 2018-2021



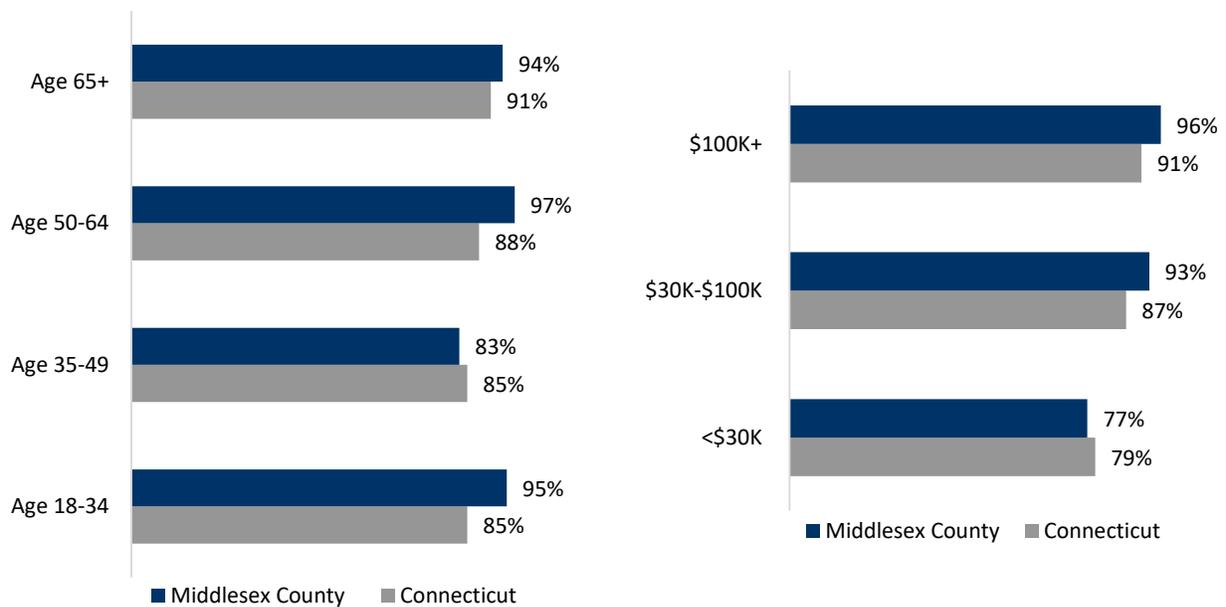
2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

LIVING ENVIRONMENT

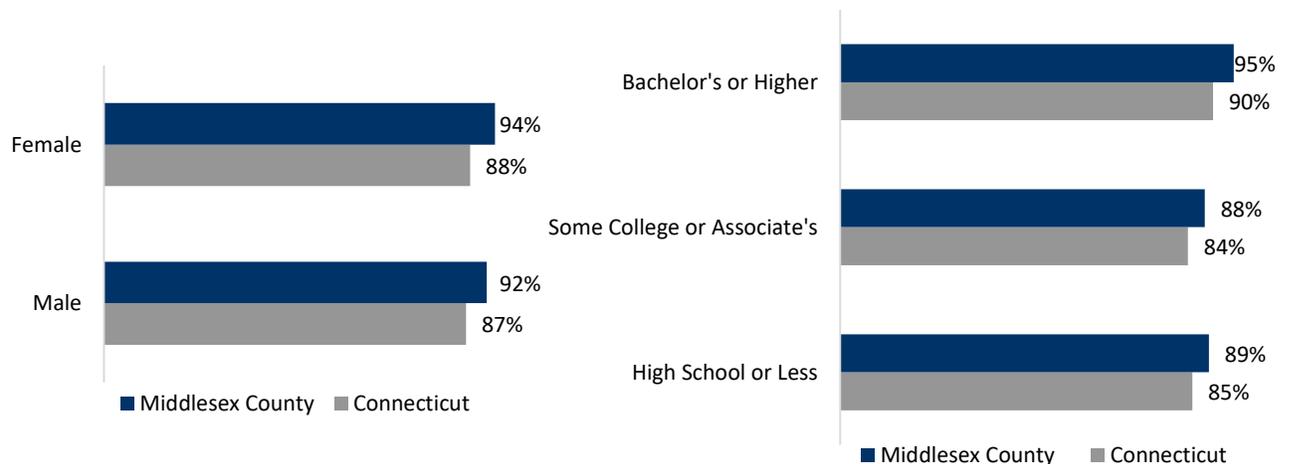
The DataHaven 2021 Community Wellbeing Survey asked a series of questions about the neighborhood and areas in which people live, asking respondents to answer yes or no or to select their level of agreement with various living environment questions and statements.

In response to the question “are you satisfied with the city or area where you live?” the total “Yes” responses were 92% for Middlesex County and 87% for the state of Connecticut. **Figures 67a-d** compare the “Yes” responses for Middlesex County to the state of Connecticut, disaggregated by age, income level, gender and education level.

Figures 67a & b - Middlesex County & Connecticut “Yes” Responses for “Are You Satisfied with Where You Live?” by Age and Income Level, 2021



Figures 67c & d - Middlesex County & Connecticut “Yes” Responses for “Are You Satisfied with Where You Live?” by Gender and Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

Regarding safety, the DataHaven 2021 Community Wellbeing Survey asked respondents for their level of agreement with statements made about their neighborhood. **Figure 68** compares the total responses from Middlesex County to the state of Connecticut for the statement “I do not feel safe to go on walks in my neighborhood at night.” **Figures 69a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A5a-d**.

Figure 68 - Middlesex County & Connecticut Total Responses for “I do Not Feel Safe on Walks at Night”, 2021

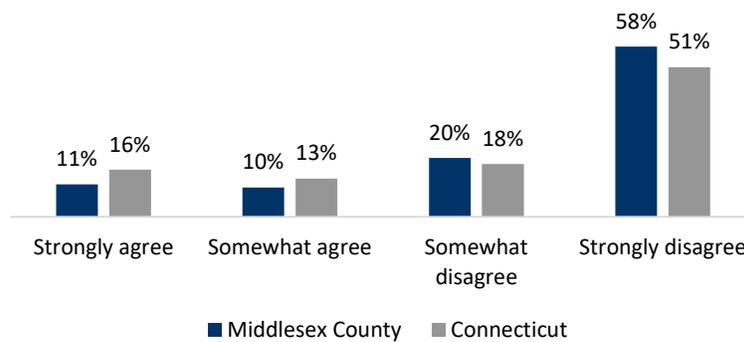


Figure 69a - Middlesex County Responses for “I do Not Feel Safe on Walks at Night” by Age, 2021

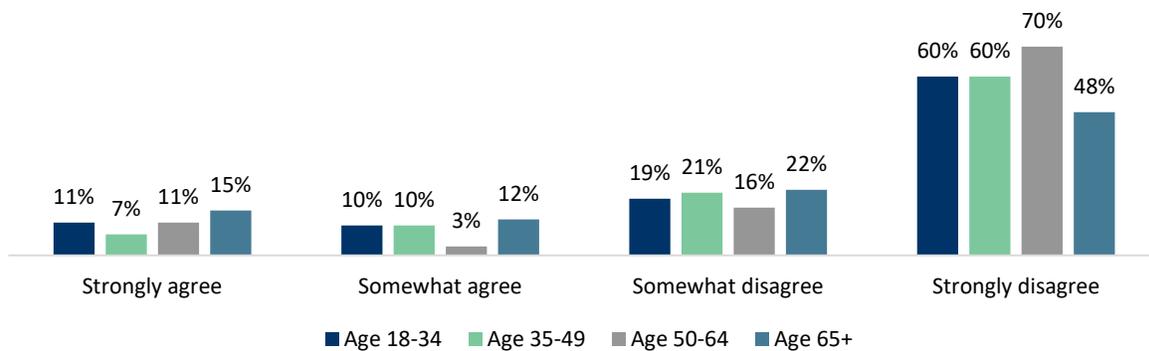
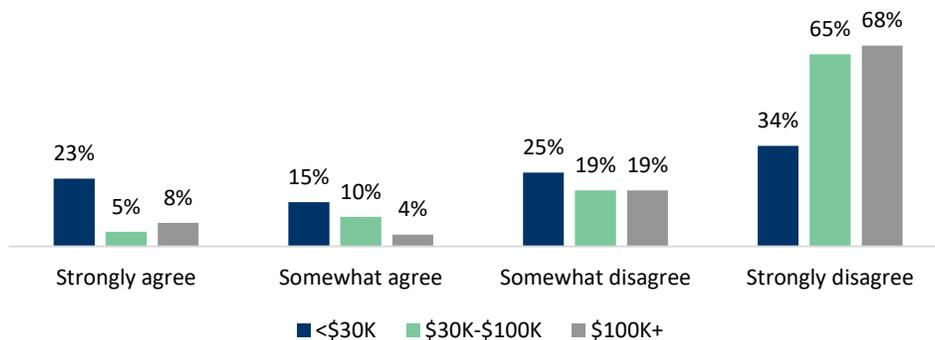


Figure 69b - Middlesex County Responses for “I do Not Feel Safe on Walks at Night” by Income Level, 2021



DataHaven Community Wellbeing Survey, 2021

To measure trust, the DataHaven 2021 Community Wellbeing Survey asked respondents for level of agreement with statements made about their neighborhood. **Figure 70** compares the total responses from Middlesex County to the state of Connecticut for the statement “*people in this neighborhood can be trusted.*” **Figures 71a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A6a-d**.

Figure 70 - Middlesex County & Connecticut Total Responses for “People in this Neighborhood can be Trusted”, 2021

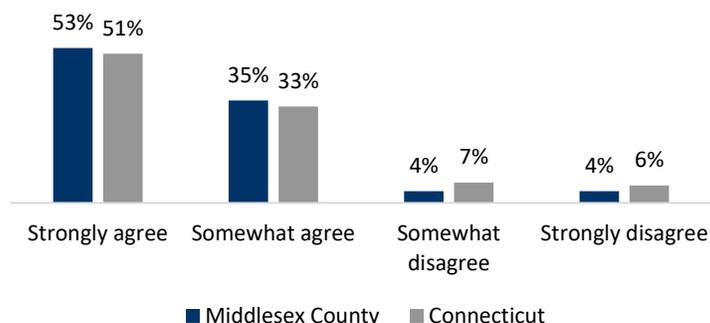


Figure 71a - Middlesex County Responses for “People in this Neighborhood can be Trusted” by Age, 2021

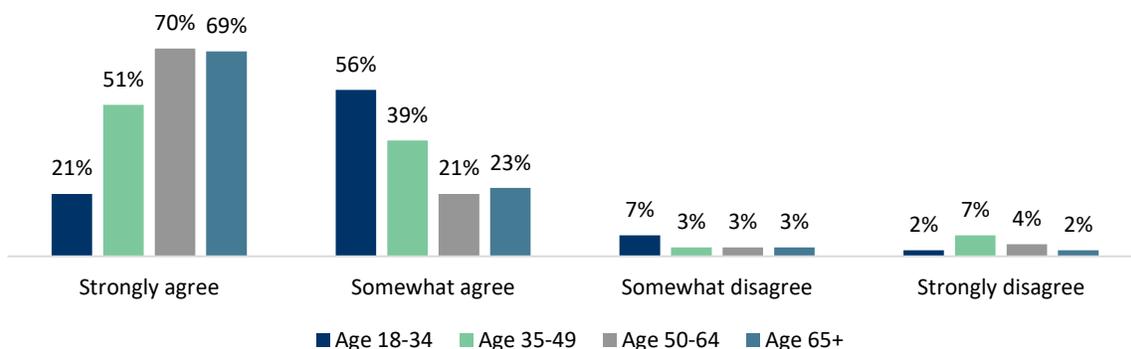
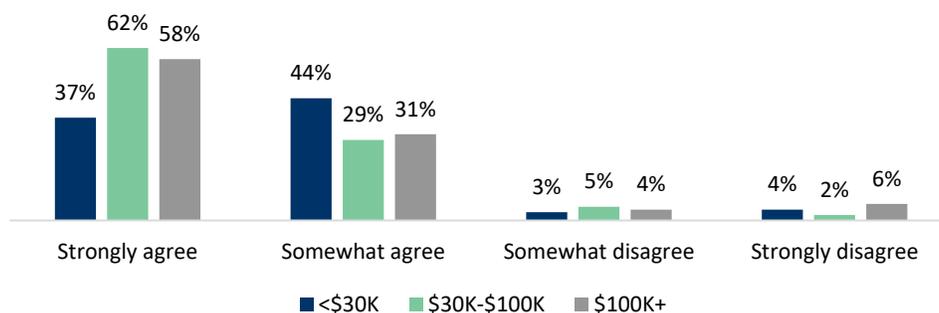


Figure 71b - Middlesex County Responses for “People in this Neighborhood can be Trusted” by Income Level, 2021



DataHaven Community Wellbeing Survey, 2021

The DataHaven 2021 Community Wellbeing Survey asked respondents to agree or disagree with the statement “my neighborhood has several free or low-cost recreation facilities such as parks, playgrounds, public swimming pools, etc.” **Figure 72** compares the total responses from Middlesex County to the state of Connecticut for this statement. **Figures 73a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figure A7a-d**.

Figure 72 - Middlesex County & Connecticut Total Responses for Availability of Free or Low-Cost Recreation Facilities in Neighborhood, 2021

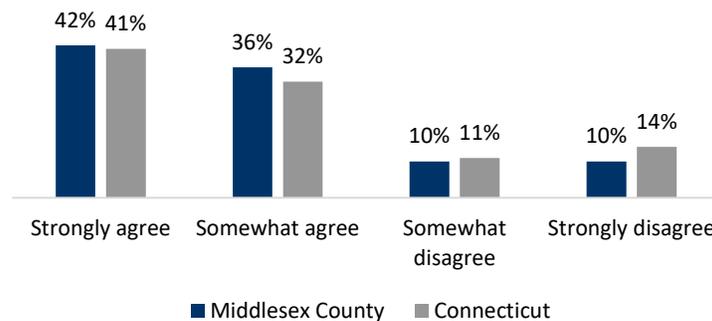


Figure 73a - Middlesex County Responses for Availability of Free or Low-Cost Recreation Facilities in Neighborhood by Age, 2021

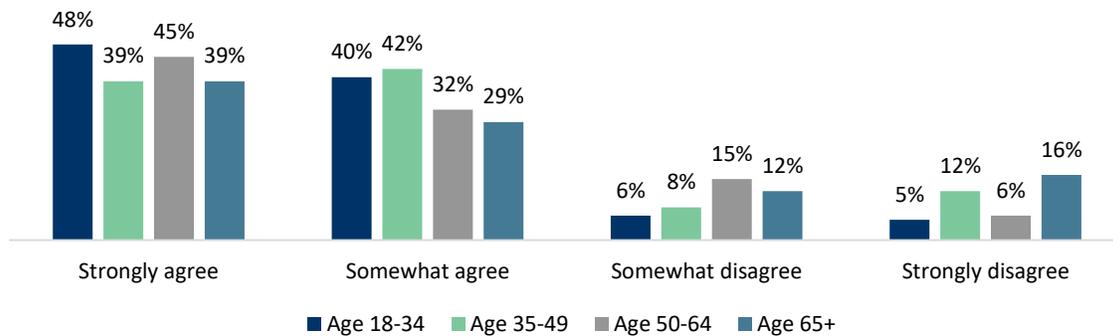
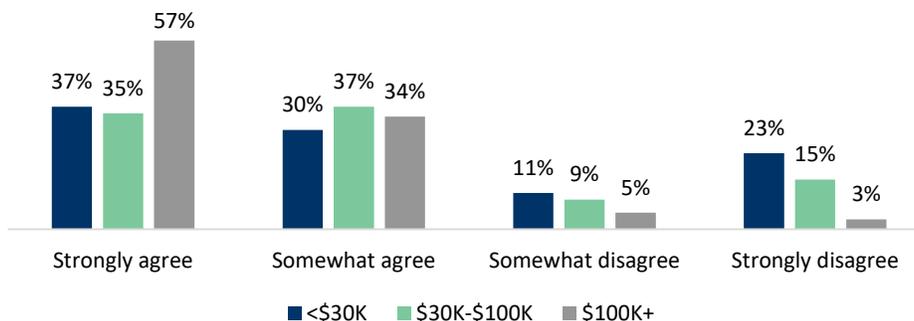


Figure 73b - Middlesex County Responses for Availability of Free or Low-Cost Recreation Facilities in Neighborhood by Income Level, 2021



DataHaven Community Wellbeing Survey, 2021

The DataHaven 2021 Community Wellbeing Survey asked respondents about aspects of life in their city or area. **Figure 74** compares the total responses from Middlesex County to the state of Connecticut rating “the condition of public parks and other public recreational facilities.” **Figures 75a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figure A8a-d**.

Figure 74 - Middlesex County & Connecticut Total Responses for Condition of Public Parks and Recreational Facilities, 2021

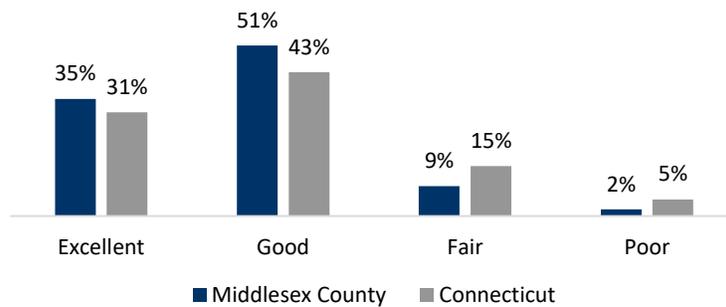


Figure 75a - Middlesex County Responses for Condition of Public Parks and Recreational Facilities by Age, 2021

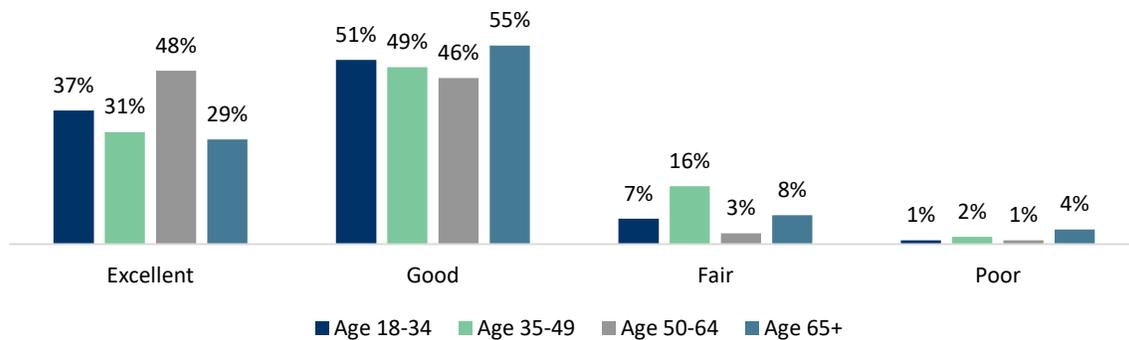
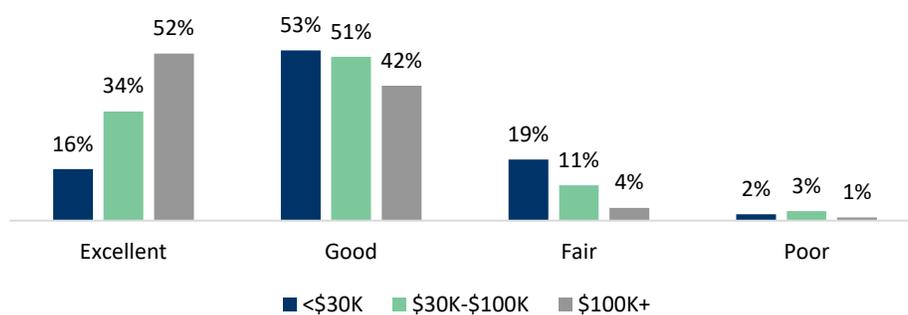


Figure 75b - Middlesex County Responses for Condition of Public Parks and Recreational Facilities by Income Level, 2021



DataHaven Community Wellbeing Survey, 2021

ACCESS TO HEALTH CARE SERVICES

Tables 19, 20 and 21 describe the health insurance status for age categories under age 18, ages 18-64 and ages 65 and older for the towns in Middlesex Health’s service area. Public insurance includes the federal programs Medicare, Medicaid and other medical assistance programs; VA and CHAMPVA Health Care; the Children’s Health Insurance Program (CHIP); and individual state health plans (U.S. Census Bureau, 2022). The data in **Tables 19, 20, and 21** are prior to the COVID-19 pandemic. It is likely that the uninsured rate increased due to the pandemic, especially during the periods of economic downturn and high unemployment.

Individuals who lack health insurance or who are underinsured and have high deductible plans have less access to recommended care, delay or forgo medical care due to cost, and experience worse health outcomes when compared to fully insured individuals. Lacking health insurance or being underinsured and having high deductible plans can also lead to large amounts of medical debt for individuals, especially as medical care becomes emergent due to lack of access to preventative care and services for major health conditions and chronic diseases.

Table 19 - Health Insurance Status, Under Age 18, 2015-2019

Location	Without Health Insurance	With Private Health Insurance	With Public Health Insurance
Chester	0.0%	81.7%	20.4%
Clinton	3.4%	79.6%	22.3%
Colchester	0.0%	85.1%	18.1%
Cromwell	0.8%	82.9%	18.4%
Deep River	1.3%	69.0%	31.0%
Durham	0.0%	92.0%	12.4%
East Haddam	1.9%	82.6%	21.6%
East Hampton	1.2%	87.9%	19.0%
Essex	4.9%	80.7%	23.8%
Haddam	1.9%	82.2%	21.2%
Killingworth	0.0%	88.4%	14.9%
Lyme	2.1%	71.8%	26.1%
Marlborough	0.0%	79.3%	20.7%
Middlefield	0.0%	80.3%	19.7%
Middletown	1.0%	71.1%	34.1%
Old Lyme	4.7%	87.7%	8.4%
Old Saybrook	1.0%	65.3%	43.4%
Portland	1.6%	87.4%	17.1%
Westbrook	0.0%	85.8%	18.5%
Connecticut	3.0%	66.3%	34.6%

Connecticut Data Collaborative, <http://data.ctdata.org/>, from the American Community Survey 5-Year Estimates 2015-2019

Table 20 - Health Insurance Status, Ages 18-64, 2015-2019

Location	Without Health Insurance	With Private Health Insurance	With Public Health Insurance
Chester	6.7%	77.1%	17.4%
Clinton	7.5%	81.7%	13.5%
Colchester	1.6%	89.2%	12.6%
Cromwell	3.9%	87.5%	11.5%
Deep River	12.8%	82.8%	7.2%
Durham	1.3%	94.4%	6.0%
East Haddam	5.6%	83.7%	15.5%
East Hampton	4.6%	81.8%	16.5%
Essex	3.6%	79.7%	17.5%
Haddam	4.9%	86.7%	10.5%
Killingworth	4.4%	88.9%	9.4%
Lyme	2.6%	87.4%	10.0%
Marlborough	2.2%	91.5%	8.0%
Middlefield	1.8%	89.6%	12.9%
Middletown	4.0%	79.8%	18.1%
Old Lyme	3.0%	84.8%	14.0%
Old Saybrook	6.9%	78.4%	18.6%
Portland	4.3%	83.3%	14.5%
Westbrook	3.4%	86.6%	12.1%
Connecticut	7.5%	76.1%	19.1%

Table 21- Health Insurance Status, Ages 65+, 2015-2019

Location	Without Health Insurance	With Private Health Insurance	With Public Health Insurance
Chester	0.0%	67.8%	99.0%
Clinton	0.0%	60.0%	98.6%
Colchester	0.0%	76.2%	94.4%
Cromwell	0.0%	75.2%	96.4%
Deep River	1.0%	61.1%	94.8%
Durham	0.0%	69.3%	94.9%
East Haddam	0.0%	62.8%	98.1%
East Hampton	0.0%	64.4%	96.5%
Essex	0.0%	58.5%	97.1%
Haddam	0.0%	66.9%	92.8%
Killingworth	2.9%	72.5%	95.1%
Lyme	0.0%	56.4%	97.1%
Marlborough	0.0%	59.6%	96.8%
Middlefield	0.0%	71.0%	93.0%
Middletown	0.6%	65.7%	96.4%
Old Lyme	0.0%	66.2%	98.1%
Old Saybrook	0.0%	67.7%	96.8%
Portland	0.0%	59.2%	98.8%
Westbrook	0.0%	63.0%	96.6%
Connecticut	0.6%	61.7%	95.1%

Connecticut Data Collaborative, <http://data.ctdata.org/>, from the American Community Survey 5-Year Estimates 2015-2019

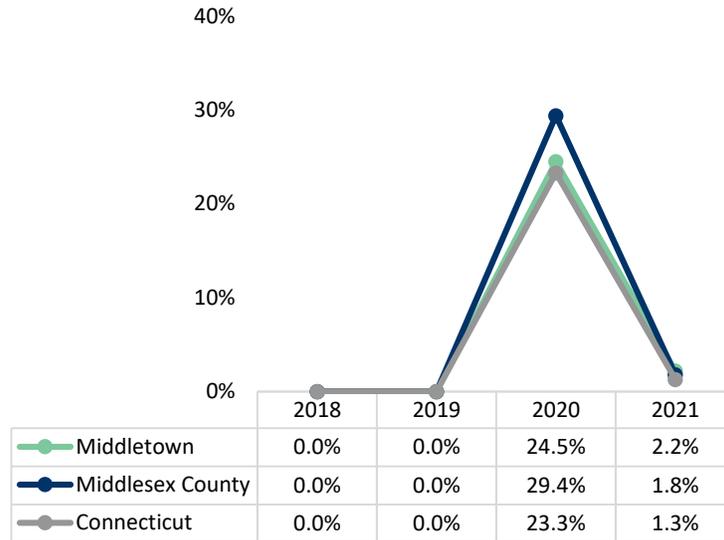
2-1-1 HEALTHCARE ACCESS REQUESTS

The large quantity of requests that came into 2-1-1 for Middletown and Middlesex County in the Healthcare category for COVID-19 testing (in 2020) and COVID-19 vaccinations (in 2021) greatly skewed the percentages for the health care subcategories. Numeric requests in the overall Health Care category for Middletown were 447 in 2019, 1,566 in 2020 and 4,408 in 2021. Health care requests for Middlesex County were 882 in 2019, 3,922 in 2020 and 12,837 in 2021.

The actual numeric request counts for the 2-1-1 Healthcare subcategories (Health Insurance, defined by 2-1-1 as “help applying for, using, or managing health insurance, including Medicaid, Medicare, the Affordable Care Act and other programs”; Medical Providers, Nursing Home & Adult Care, and Dental & Eye Care) are similar to or increased in 2020 and 2021 when compared to prior years.

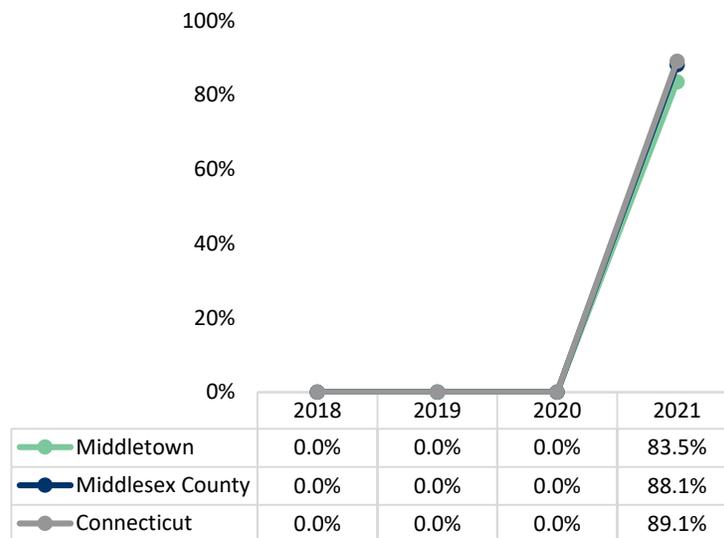
Figures 76 & 77 depict the 2-1-1 requests for COVID-19 testing and vaccination as percentages relative to the overall health care category for Middletown and Middlesex County compared to the state of Connecticut.

Figure 76 - 2-1-1 Percent of COVID-19 Testing Requests, 2020-2021



2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

Figure 77 - 2-1-1 Percent of COVID-19 Vaccination Requests, 2021

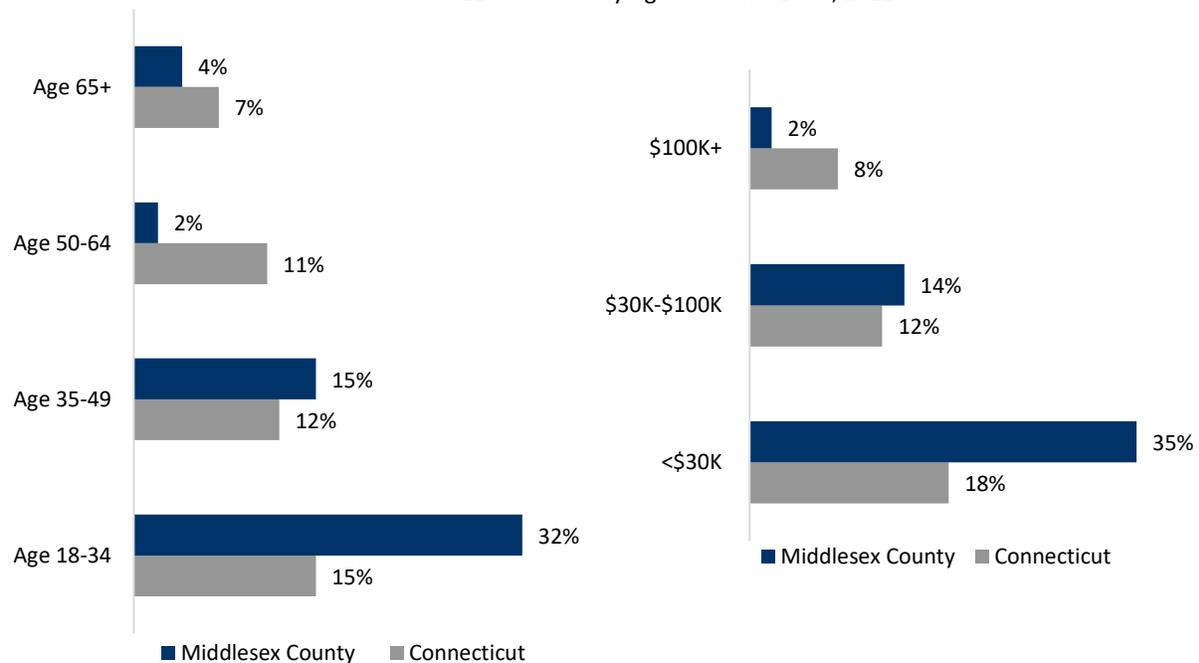


2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

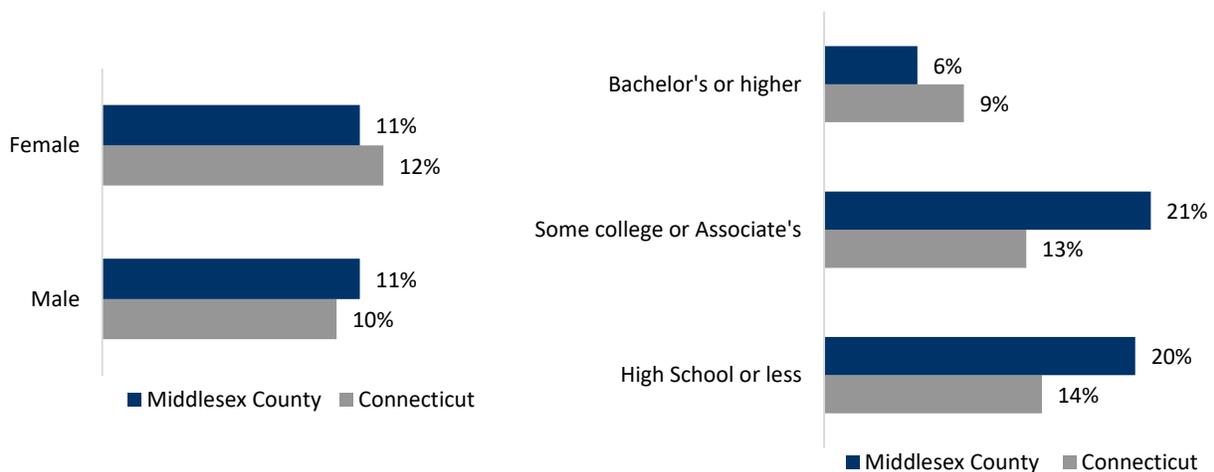
DATAHAVEN 2021 WELLBEING SURVEY - HEALTH CARE ACCESS

To measure access to health care, the DataHaven 2021 Community Wellbeing Survey asked respondents a series of questions. In response to the question “during the past 12 months, was there any time when you didn’t get the medical care you needed?” the total “Yes” responses were 13% for Middlesex County and 11% for the state of Connecticut. **Figures 78a - d** compare the “Yes” responses for Middlesex County to the state of CT, disaggregated by age, income level, gender and education level.

Figures 78a & b - “Yes” Responses for “Inability to Get Medical Care in the Past 12 Months?” by Age & Income Level, 2021



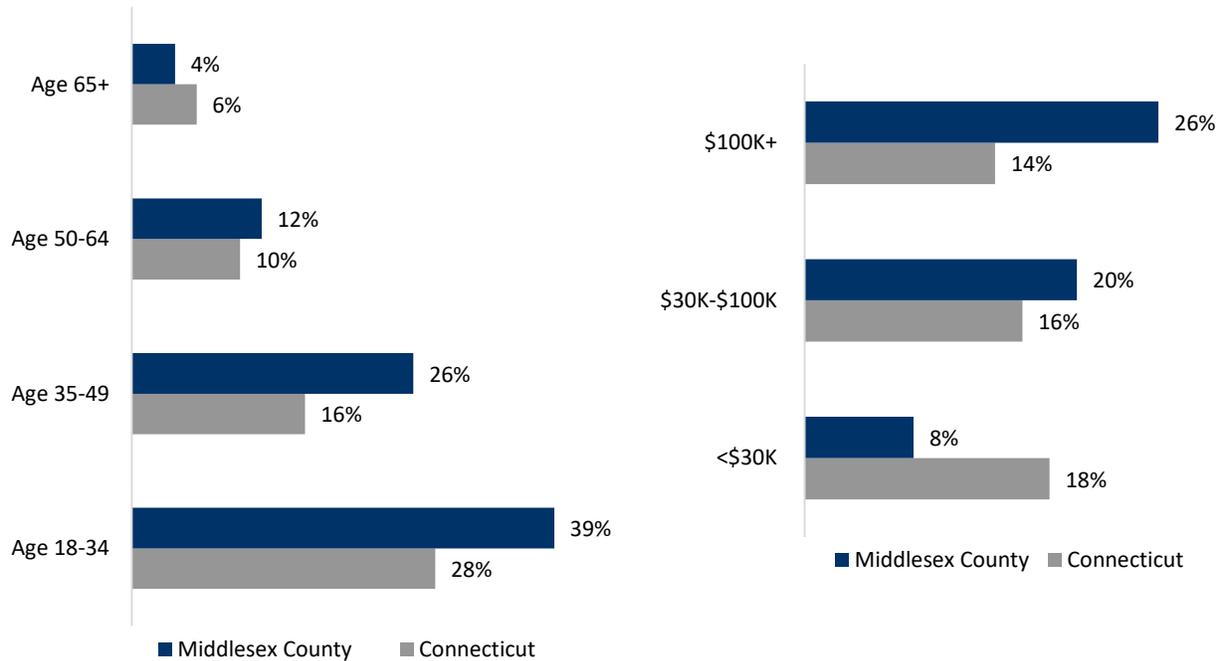
Figures 78c & d - “Yes” Responses for “Inability to Get Medical Care in the Past 12 Months?” by Gender & Education Level, 2021



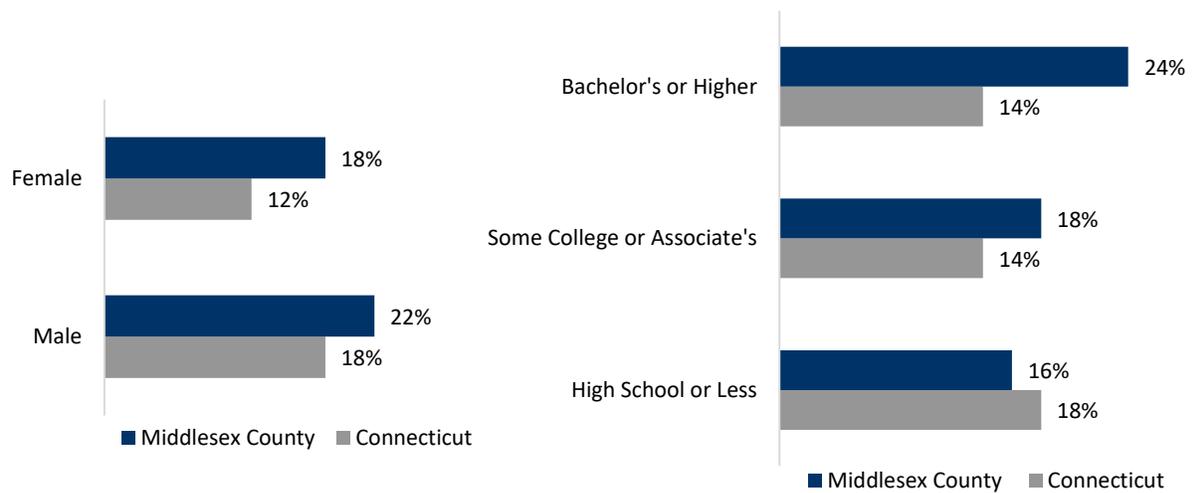
DataHaven Community Wellbeing Survey, 2021

In response to the DataHaven 2021 Community Wellbeing Survey question “do you have one person or place you think of as your personal doctor or health care provider?” the total “No” responses were 20% for Middlesex County and 15% for the state of Connecticut. **Figures 79a - d** compare the “No” responses for Middlesex County to the state of Connecticut, disaggregated by age, income level, gender and education level.

Figures 79a & b - “No” Responses for “Do You Have a Personal Doctor or Healthcare Provider?” by Age & Income Level, 2021



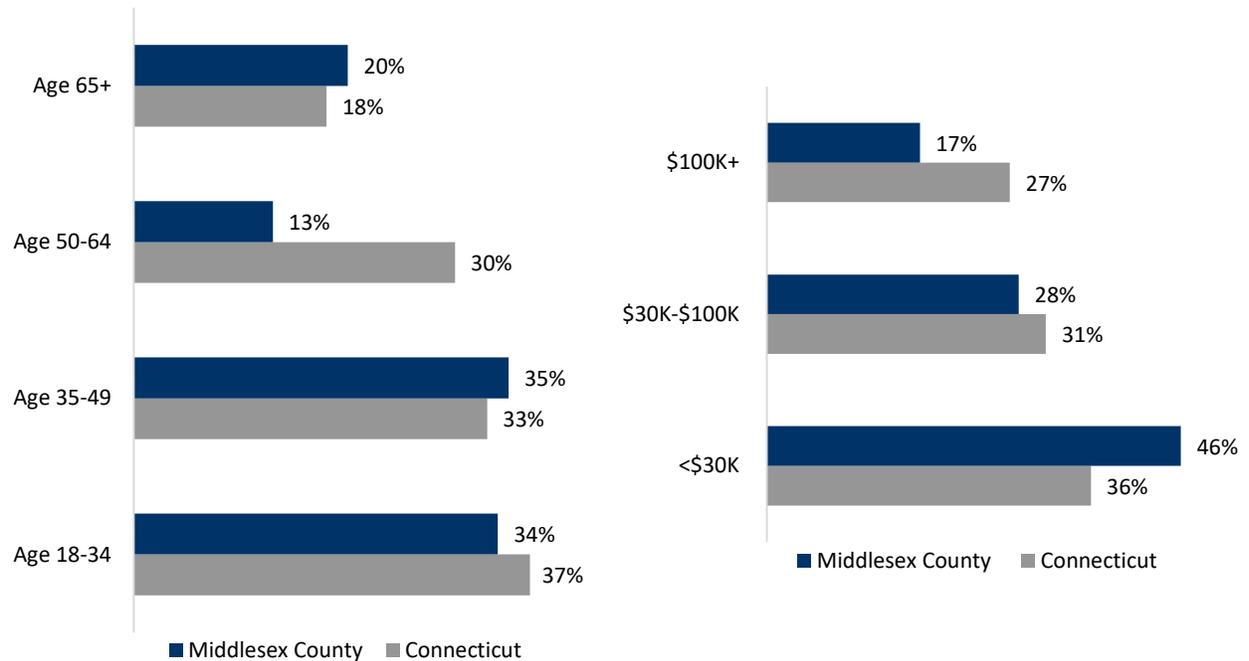
Figures 79c & d - “No” Responses for “Do You Have a Personal Doctor or Healthcare Provider?” by Gender & Education Level, 2021



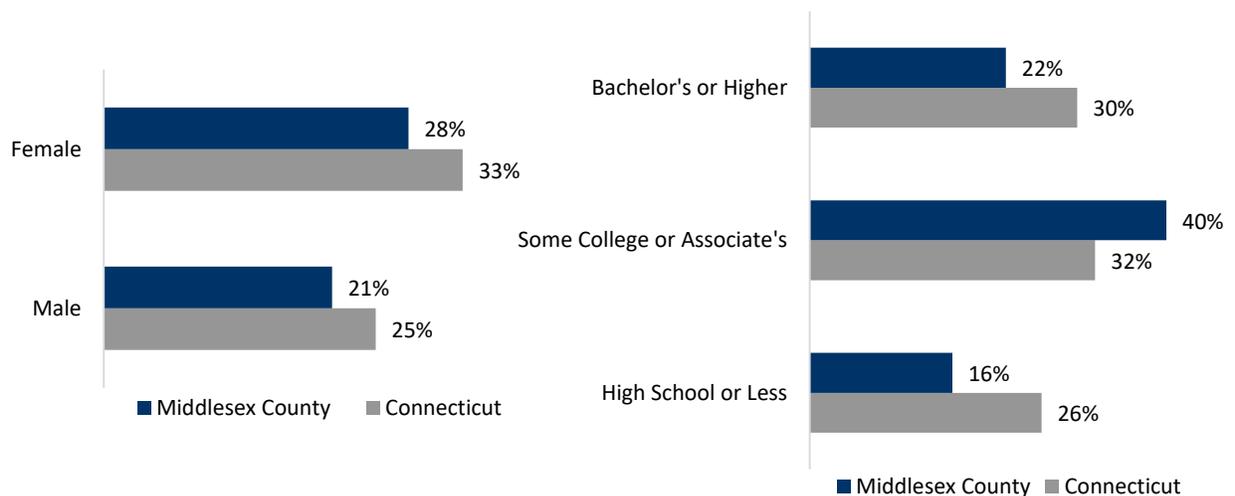
DataHaven Community Wellbeing Survey, 2021

In response to the DataHaven 2021 Community Wellbeing Survey question “during the past 12 months, was there any time when you put off or postponed getting medical care you thought you needed?” the total “Yes” responses were 26% for Middlesex County and 30% for the state of Connecticut. **Figures 80a - d** compare the “Yes” responses for Middlesex County to the state of Connecticut, disaggregated by age, income level, gender and education level.

Figures 80a & b - “Yes” Responses for “Postponement of Getting Medical Care in the Past 12 Months?” by Age & Income Level, 2021



Figures 80c & d - “Yes” Responses for “Postponement of Getting Medical Care in the Past 12 Months?” by Gender & Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

The DataHaven 2021 Community Wellbeing Survey asked respondents about dental care, specifically, “when was the last time you were seen by a dentist, was it....” and provided a series of time-frame options. **Figure 81** compares the total responses from Middlesex County to the state of Connecticut. **Figures 82a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figure A9a-d**.

Figure 81 - Middlesex County & Connecticut Total Responses for “Last Time Seen by a Dentist?”, 2021

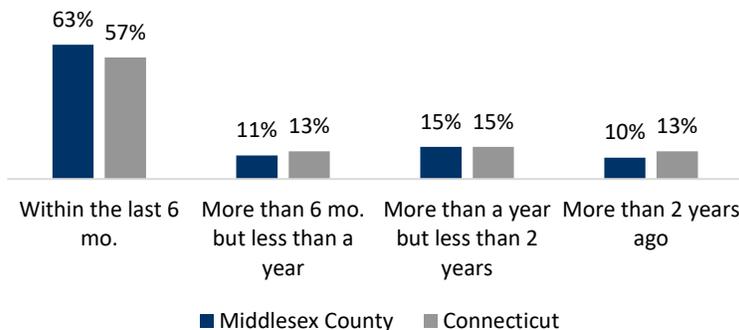


Figure 82a - Middlesex County Responses for “Last Time Seen by a Dentist?” by Age, 2021

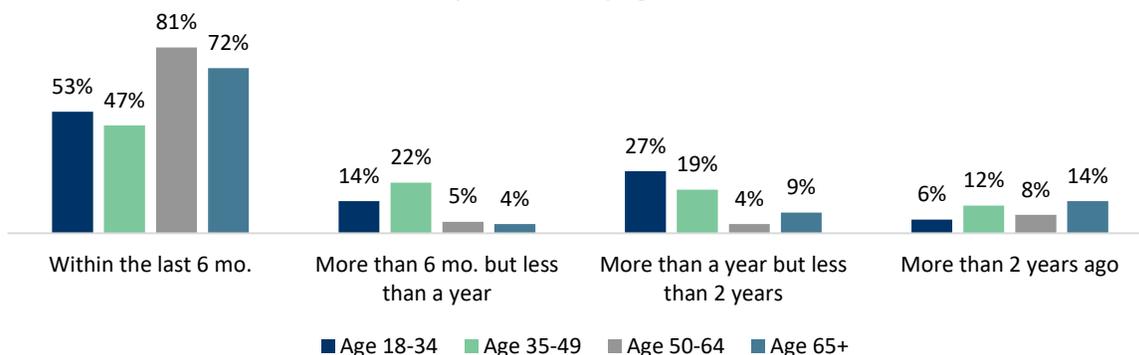
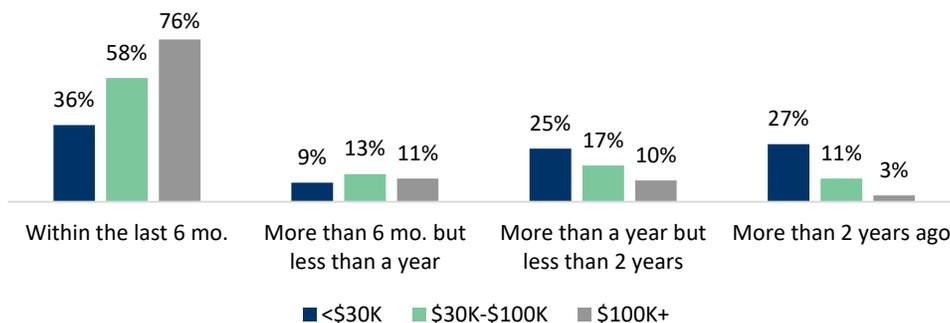


Figure 82b - Middlesex County Responses for “Last Time Seen by a Dentist?” by Income, 2021



DataHaven Community Wellbeing Survey, 2021

WELL-BEING

Well-being is a positive outcome measure that reveals people's perception of life satisfaction. The state of well-being can include positive emotions; physical well-being; emotional well-being; psychological well-being; social well-being; economic well-being; development and activity; good living conditions; positive relationships; resiliency; realization of potential; engaging activities and work; and overall satisfaction with life (CDC, 2022). Well-being is associated with self-perceived health; longevity; healthy behaviors; mental and physical health; social connectedness and productivity.



The DataHaven 2021 Community Wellbeing Survey asked respondents questions relative to well-being, as measured by overall health, satisfaction with life, and social and emotional support.

OVERALL HEALTH

Figure 83 compares the total responses from Middlesex County to the state of Connecticut for the DataHaven 2021 Community Wellbeing Survey question that measures self-reported health status, “*how would you rate your overall health, would you say your health is excellent, very good, good, fair or poor?*” **Figures 84a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figure A10a-d**.

Figure 83 - Middlesex County & Connecticut Total Responses for Rating Overall Health, 2021

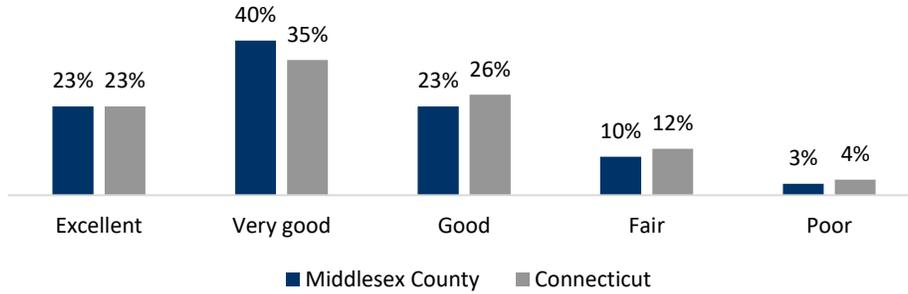


Figure 84a - Middlesex County Responses for Rating Overall Health by Age, 2021

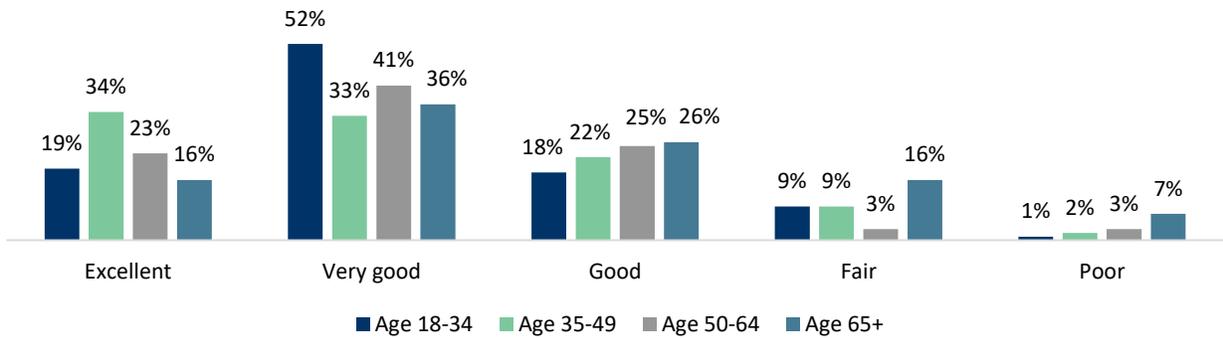
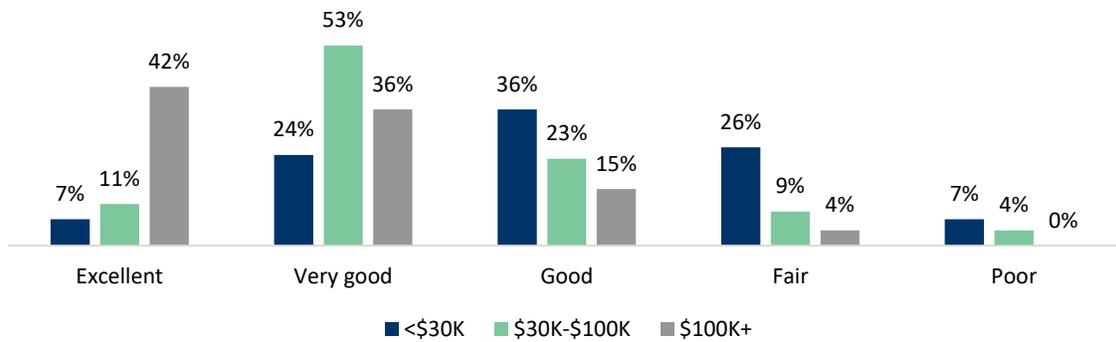


Figure 84b - Middlesex County Responses for Rating Overall Health by Income Level, 2021



DataHaven Community Wellbeing Survey, 2021

LIFE SATISFACTION

Figure 85 compares the total responses from Middlesex County to the state of Connecticut for the DataHaven 2021 Community Wellbeing Survey question “overall, how satisfied are you with your life nowadays?” **Figures 86a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figure A11a-d**.

Figure 85 - Middlesex County & Connecticut Total Responses for “How Satisfied with Life Nowadays?”, 2021

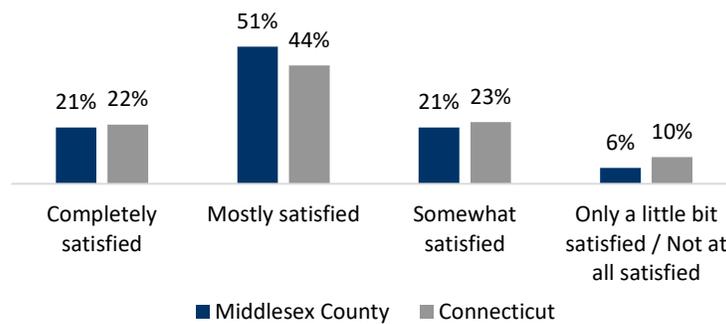


Figure 86a - Middlesex County Responses for “How Satisfied with Life Nowadays?” by Age, 2021

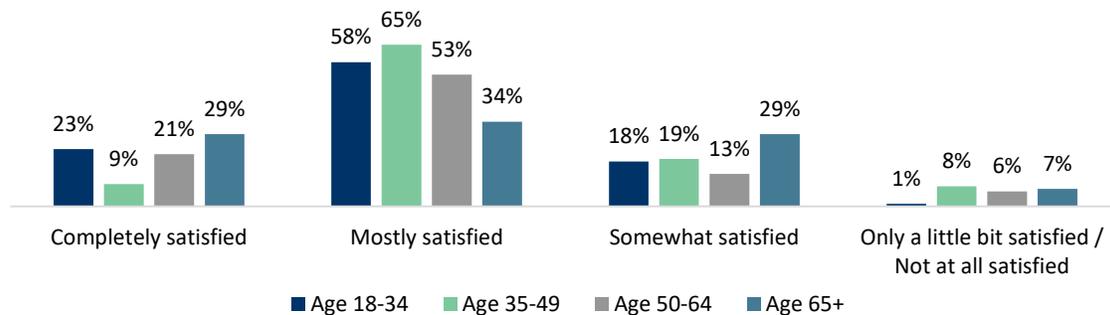
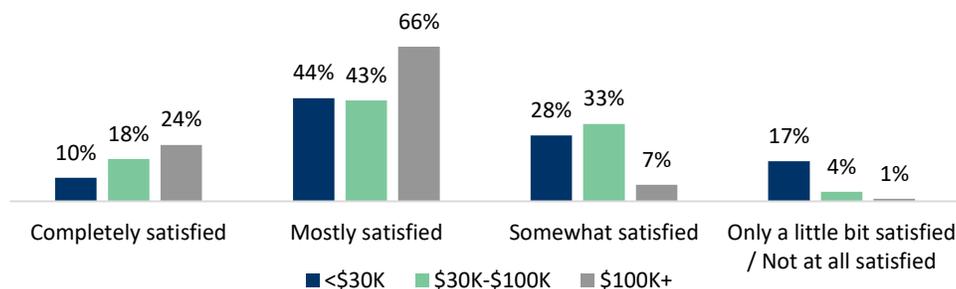


Figure 86b - Middlesex County Responses for “How Satisfied with Life Nowadays?” by Income Level, 2021



DataHaven Community Wellbeing Survey, 2021

SOCIAL & EMOTIONAL SUPPORT

Figure 87 compares the total responses from Middlesex County to the state of Connecticut for the DataHaven 2021 Community Wellbeing Survey question “how often do you get the social and emotional support you need?” **Figures 88a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A12a-d**.

Figure 87 - Middlesex County & Connecticut Total Responses for “Frequency of Getting Social and Emotional Support”, 2021

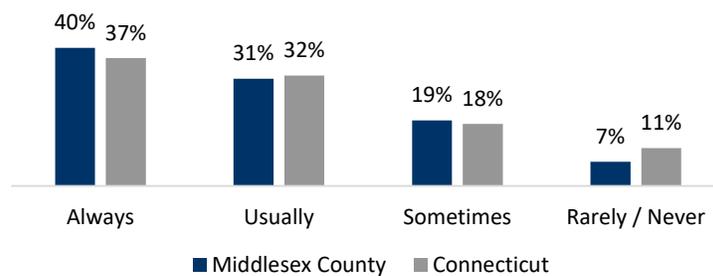


Figure 88a - Middlesex County Responses for “Frequency of Getting Social and Emotional Support” by Age, 2021

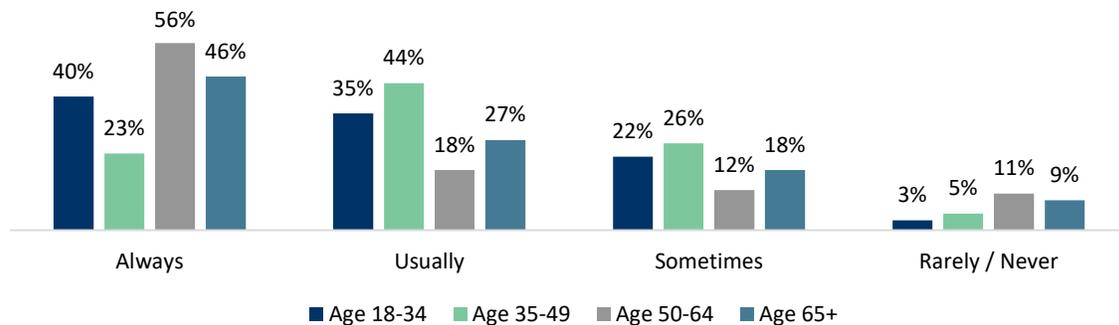
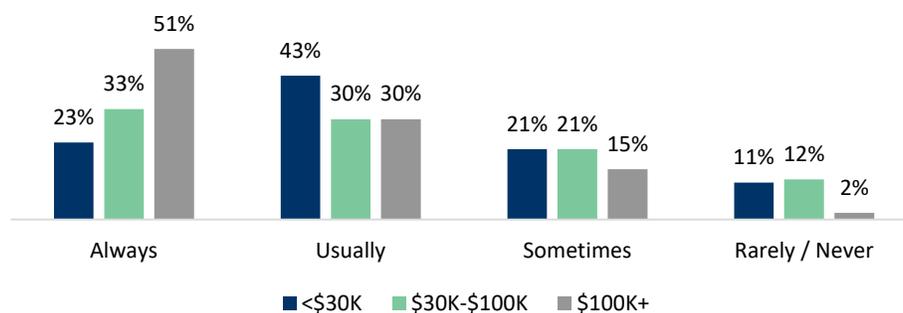


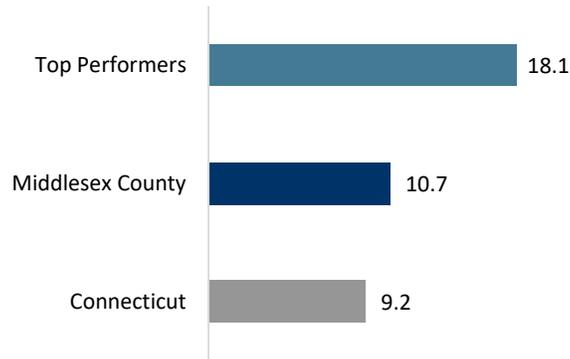
Figure 88b - Middlesex County Responses for “Frequency of Getting Social and Emotional Support” by Income Level, 2021



DataHaven Community Wellbeing Survey, 2021

Figure 89 compares the social associations rate per 10,000 population provided by the County Health & Ranking Roadmaps, for Middlesex County, the state of Connecticut and the County Health Ranking and Roadmaps top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for social associations.

Figure 89 - Social Associations Rate Per 10,000 Population, 2019



County Health Rankings & Roadmaps 2022,
<https://www.countyhealthrankings.org/>;
U.S. Census County Business Patterns, 2019

- **Social Associations** is a rate presented as the number of membership associations per 10,000 population. Associations include membership organizations, such as civic organizations, fitness centers, sports organizations and groups, religious organizations, political organizations, labor organizations, business organizations, and professional organizations (County Health Rankings and Roadmaps, 2022). Lack of social support networks, minimal contact with others and limited involvement in community life can lead to risks associated with social isolation (County Health Rankings and Roadmaps, 2022).

PHYSICAL & MENTAL DISTRESS

The County Health & Ranking Roadmaps provides well-being measures. **Table 22** compares various physical health and mental health metrics for Middlesex County to the state of Connecticut and to the County Health Ranking and Roadmaps top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for the respective indicator. The data in **Table 22** are prior to the COVID-19 pandemic; it is well-documented that mental distress increased substantially due to the pandemic.

Table 22 - Physical Health and Mental Health Wellbeing Measures Age-Adjusted, 2019

	Middlesex County	Connecticut	Top Performers
Physical & Mental Health			
% Frequent Physical Distress	9.2%	10.0%	10.0%
% Frequent Mental Distress	12.3%	11.6%	13.0%
% Poor or Fair Health	11.8%	14.3%	15.0%
Poor Health Days (# of days in past 30 days)			
Poor Physical Health Days	3.2 days	3.4 days	3.4 days
Poor Mental Health Days	4.1 days	3.9 days	4 .0 days

County Health Rankings & Roadmaps 2022, <https://www.countyhealthrankings.org/>; The Behavioral Risk Factor Surveillance System (BRFSS), 2019

- Frequent Physical Distress** is the percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted) in response to the Behavioral Risk Factor Surveillance System (BRFSS) question *“now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?”* County Health Rankings and Roadmaps explains that Frequent Physical Distress is a corollary measure to Poor Physical Health Days. Frequent Physical Distress emphasizes those who are experiencing more chronic, and likely severe, physical health issues (County Health Rankings and Roadmaps, 2022).
- Frequent Mental Distress** is the percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted) in response to the BRFSS question *“now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”* County Health Rankings and Roadmaps explains that Frequent Mental Distress is a corollary measure to Poor Mental Health Days. Frequent Mental Distress emphasizes those who are experiencing more chronic, and likely severe, mental health issues (County Health Rankings and Roadmaps, 2022).
- Poor or Fair Health** is the percentage of adults reporting fair or poor health (age-adjusted) in response to the BRFSS question *“would you say that in general your health is Excellent/Very good/Good/Fair/Poor?”* (County Health Rankings and Roadmaps, 2022).

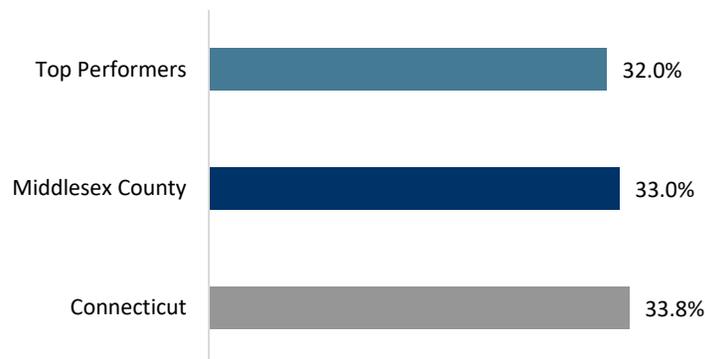
- **Poor Physical Health Days** measures the average number of physically unhealthy days reported in the past 30 days (age-adjusted) in response to the BFRSS question “*now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?*” (County Health Rankings and Roadmaps, 2022).
- **Poor Mental Health Days** measures the average number of mentally unhealthy days reported in past 30 days (age-adjusted) in response to the BRFSS question “*now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?*” (County Health Rankings and Roadmaps, 2022).

For Poor or Fair Health, Poor Physical Health Days and Poor Mental Health Days, County Health Rankings and Roadmaps explains that self-reported health status is a widely used measure of health-related quality of life in a population which can help characterize the experience of people with disabilities and people living with chronic conditions (County Health Rankings and Roadmaps, 2022).

INSUFFICIENT SLEEP

Figure 90 compares the Insufficient Sleep measure provided by the County Health & Ranking Roadmaps, comparing Middlesex County to the state of Connecticut and the County Health Ranking and Roadmaps top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for insufficient sleep. A high percentage of adults in Middlesex County reported insufficient sleep (33%).

Figure 90 - Insufficient Sleep Age-Adjusted, 2018



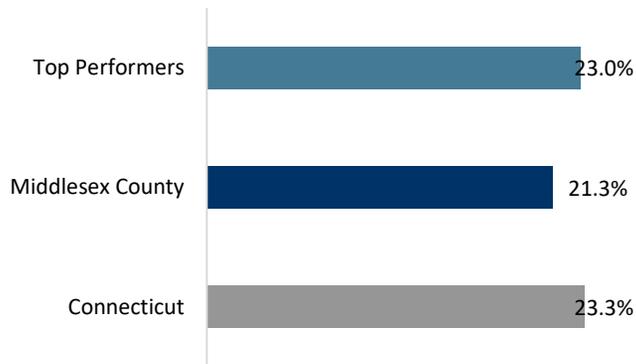
County Health Rankings & Roadmaps 2022,
<https://www.countyhealthrankings.org/>; The Behavioral
 Risk Factor Surveillance System (BRFSS), 2018

- **Insufficient Sleep** is the percentage of adults who report fewer than seven hours of sleep on average (age-adjusted) in response to the BFRSS question “*on average, how many hours of sleep do you get in a 24-hour period?*” Sleep is an important part of a healthy lifestyle, and ongoing sleep deficiency has been linked to chronic health conditions (County Health Rankings and Roadmaps, 2022).

PHYSICAL ACTIVITY

Figure 91 compares the Physical Inactivity measure provided by the County Health & Ranking Roadmaps, comparing Middlesex County to the state of Connecticut and the County Health Ranking and Roadmaps top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for physical inactivity.

Figure 91 - Percent of Physical Inactivity Age-Adjusted, 2019



County Health Rankings & Roadmaps 2022,
<https://www.countyhealthrankings.org/>; The
Behavioral Risk Factor Surveillance System (BRFSS),
2019

- **Physical Inactivity** is the percentage of adults ages 18 and over reporting no leisure-time physical activity (age-adjusted); it measures the “no” responses to the BFRSS question “*during the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?*” (County Health Rankings and Roadmaps, 2022).

The DataHaven 2021 Community Wellbeing Survey asked respondents “*in an average week, how many days per week do you exercise?*” **Figure 92** compares the total responses from Middlesex County to the state of Connecticut. **Figures 93a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A13a-d**.

Figure 92 - Middlesex County & Connecticut Total Responses for “Frequency of Physical Activity”, 2021

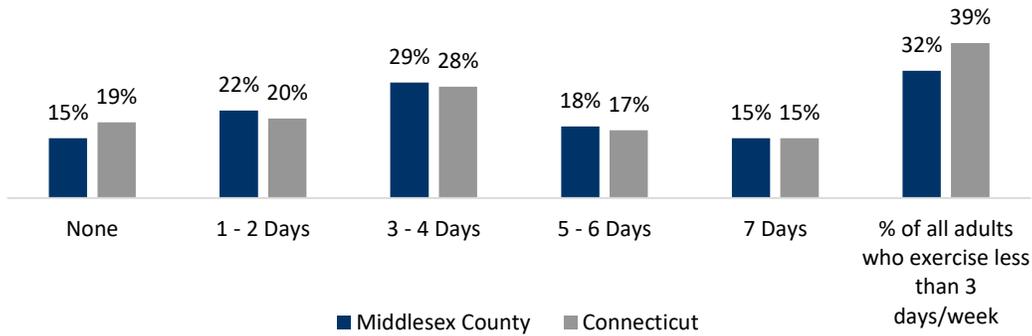


Figure 93a - Middlesex County Responses for “Frequency of Physical Activity” by Age, 2021

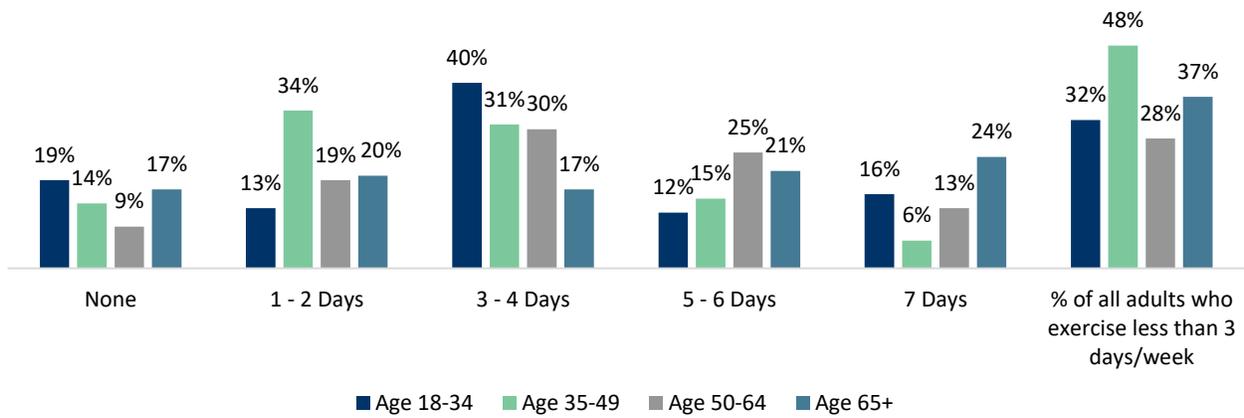
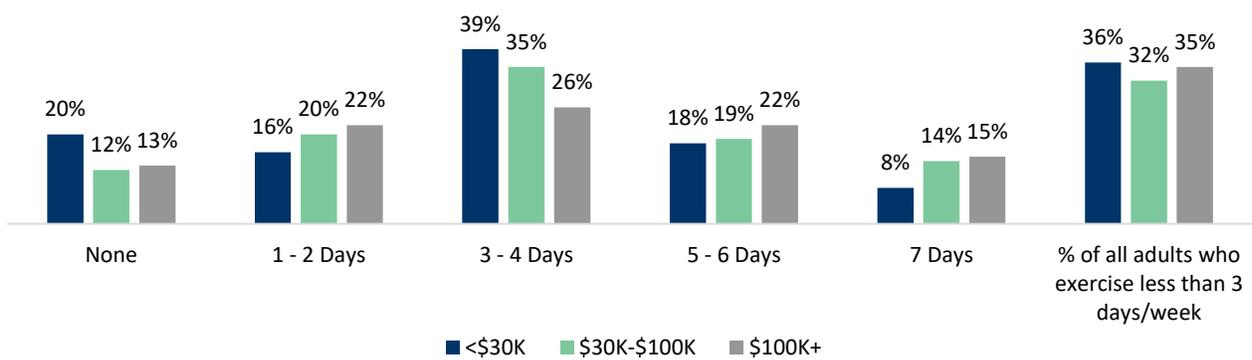


Figure 93b - Middlesex County Responses for “Frequency of Physical Activity” by Income Level, 2021



DataHaven Community Wellbeing Survey, 2021

MIDDLESEX HEALTH CHNA COMMUNITY SURVEY

Topic areas for the Middlesex Health CHNA Community Survey included Key Health Issues and Health Behaviors, Health Care Access, and Social Determinants of Health. All survey response options were posed in quantitative form through a five-point Likert scale. A Likert scale is a rating scale used to measure individual attitudes, perceptions and level of agreement with a particular statement. The one to five ranking format allows respondents to indicate their negative-to-positive strength of agreement or strength of feeling regarding the question or statement. The Likert scale assumes that the strength or intensity of an attitude or perception is linear, that it is on a continuum of strongly disagree to strongly agree, and it makes the assumption that attitudes or perceptions can be measured (McLeod, 2008). Each of the five responses have an assigned numerical value that is used to measure the attitude or perception being measured and results in an overall weighted average.

Question one of the Community Survey gave respondents a list of medical conditions, diseases and health topics and asked them to rate the degree to which they believe each option impacts the health and well-being status of the community using a Likert scale of one to five with 1 = limited impact on community health and well-being; 3 = moderate impact on community health and well-being; and 5 = significant impact on community health and well-being. A response option of “do not know” was provided. **Figure 94a** describes the percentage of respondents who selected “significant impact on community health and well-being” and **Figure 94b** gives the weighted average of the one to five response options. Of note, Adverse Childhood Experiences was defined as abuse, neglect, and traumatic experiences for people under age 18.

Figure 94a - Medical Conditions: Percent of Responses for “Significant Impact on Community Health and Well-being”, 2022

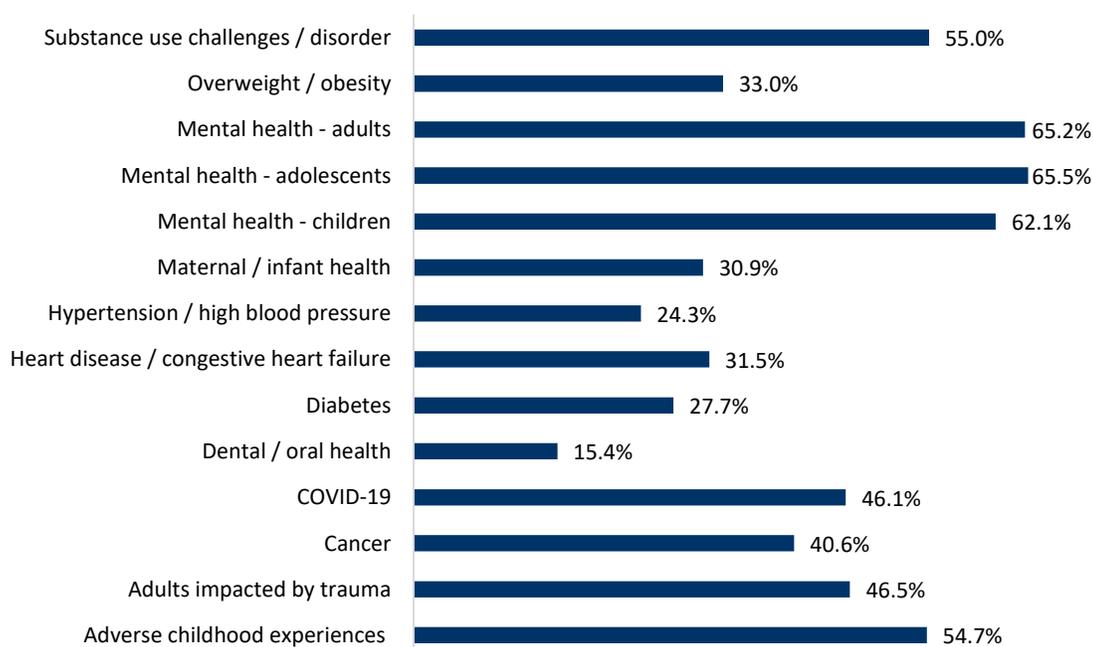
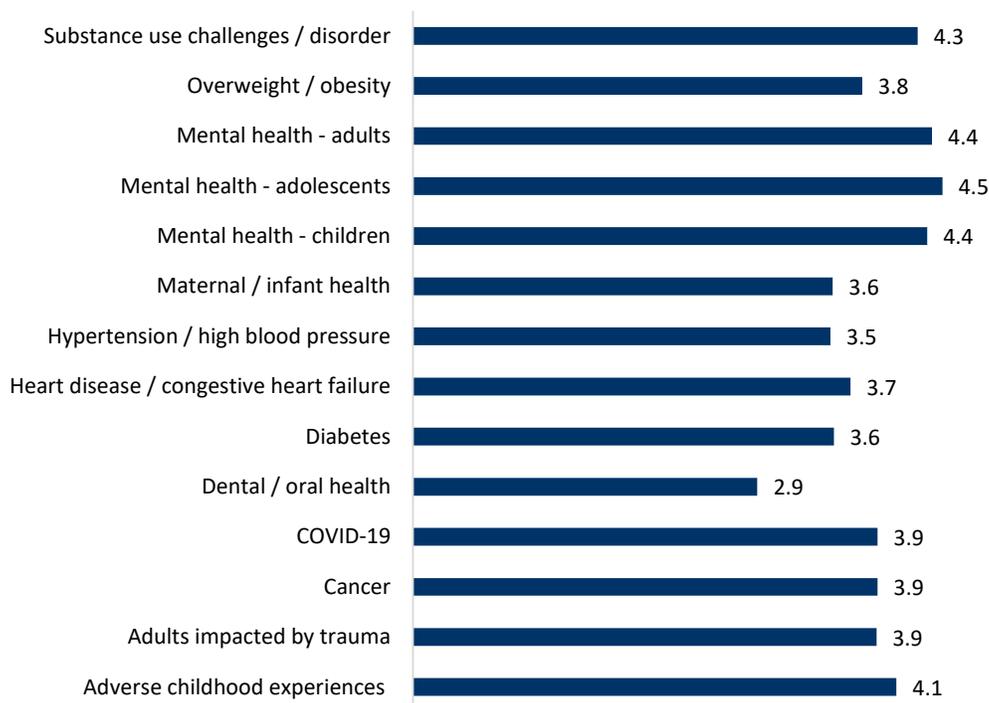


Figure 94b - Medical Conditions: Weighted Average for “Impact on Community Health and Well-being”, 2022



Question two of the Community Survey gave respondents a list of substance usage and asked them to rate the degree to which they believe each option influences the health and well-being status of the community using a Likert scale of one to five with 1 = limited impact on community health and well-being; 3 = moderate impact on community health and well-being; and 5 = significant impact on community health and well-being. A response option of “do not know” was provided. **Figure 95a** describes the percentage of respondents who selected “significant impact on community health and well-being” and **Figure 95b** gives the weighted average of the one to five response options.

Of note, descriptors were provided for the following substances: benzodiazepine (Ativan, Klonopin, Valium, Xanax, etc.); cocaine (coke, crack); marijuana (cannabis, weed, pot, etc.); other addictive and illegal drugs (hallucinogens, inhalants, methamphetamine, etc.); prescription opioids (oxycodone/OxyContin®, hydrocodone/Vicodin®, fentanyl, codeine, morphine); other prescription drugs (barbiturates, tranquilizers, stimulants, sedatives, etc.); and tobacco (cigarettes, cigars, chewing tobacco, etc.).

Figure 95a - Substance Use / Abuse: Percent of Responses for “Significant Impact on Community Health and Well-being”, 2022

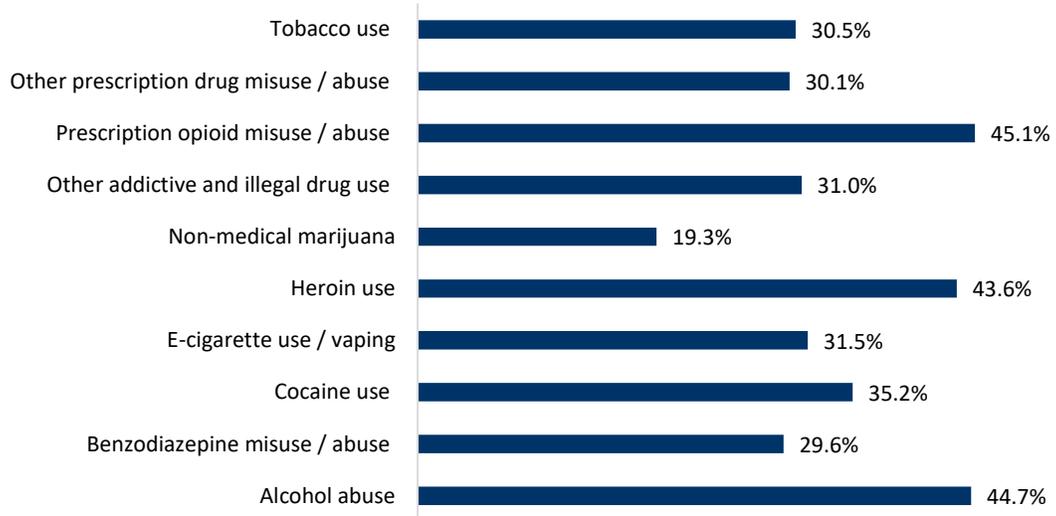
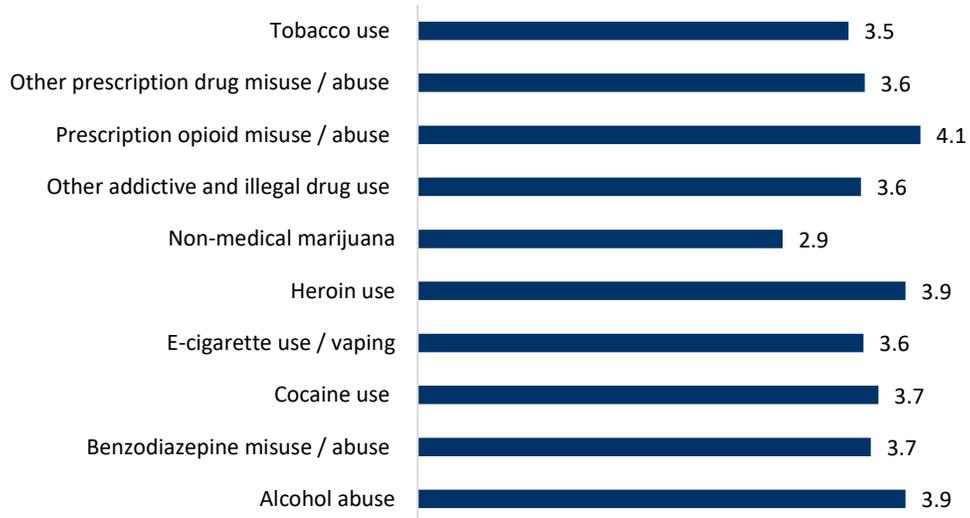


Figure 95b - Substance Use / Abuse: Weighted Average for “Impact on Community Health and Well-being”, 2022



Question three of the Community Survey asked respondents to rate their level of agreement for statements about the COVID-19 experience in the community using a Likert scale of one to five with 1 = strongly disagree; 3 = moderately/somewhat agree; and 5 = strongly agree. A response option of “do not know” was provided. **Figure 96a** describes the percentage of respondents who selected “strongly agree” and **Figure 96b** gives the weighted average of the one to five response options.

The complete statements for question three are as follows:

- A significant portion of the community is still struggling economically because of COVID-19’s early impact on the economy.
- The COVID-19 pandemic increased the prevalence / severity of depression and anxiety in the community.
- The early stages of the COVID-19 pandemic caused many people in the community to postpone getting needed checkups, screenings and preventive healthcare services, the impact of which continues today.
- There is a significant portion of the community experiencing the effects of “long COVID” (i.e., long-term effects from COVID-19 infection).
- The COVID-19 pandemic exacerbated health disparities in the community.

Figure 96a - COVID-19 Experience in the Community: Percent of Responses for “Strongly Agree”, 2022

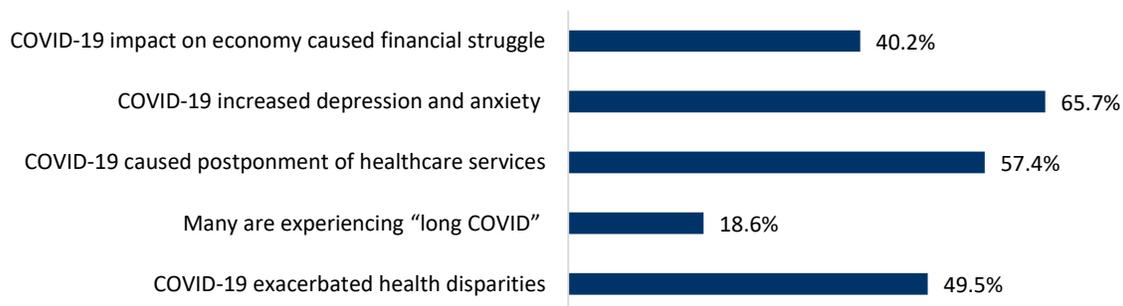
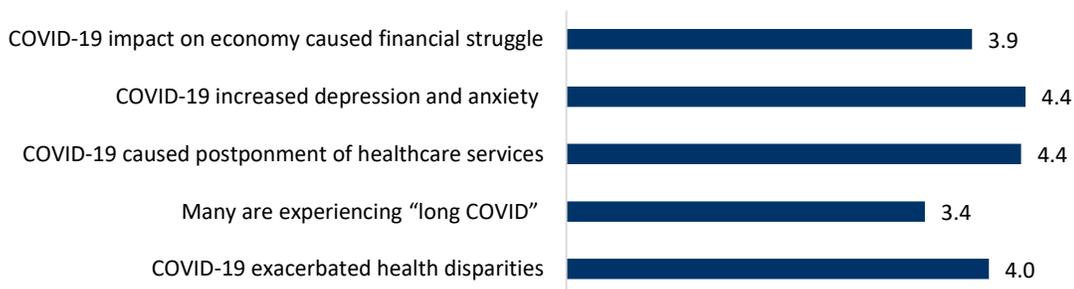


Figure 96b - COVID-19 Experience in the Community: Weighted Average for COVID-19 Experience in the Community, 2022



Question four of the Community Survey asked respondents about health care access and asked them to consider the following when thinking about accessing health care services: number of providers, affordability, ease of getting an appointment, hours of operation, whether practices are accepting new patients, etc. Respondents were asked to rate the degree to which they agreed that there was **not** enough access to each statement using a Likert scale of one to five with 1 = strongly disagree; 3 = moderately/somewhat agree; and 5 = strongly agree. A response option of “do not know” was provided. **Figure 97a** describes the percentage of respondents who selected “strongly agree” and **Figure 97b** gives the weighted average of the one to five response options.

Of note, the acronym LGBTQ+ was defined as “lesbian, gay, bisexual, transgender, queer/questioning+” and the full statement “providers who address the needs of populations in a way that is sensitive to culture, race and ethnicity” was shortened to “providers who are sensitive to culture, race and ethnicity” for the figures.

Figure 97a - Health Care Access: Percent of Responses for “Strongly Agree” there is Not Enough Access, 2022

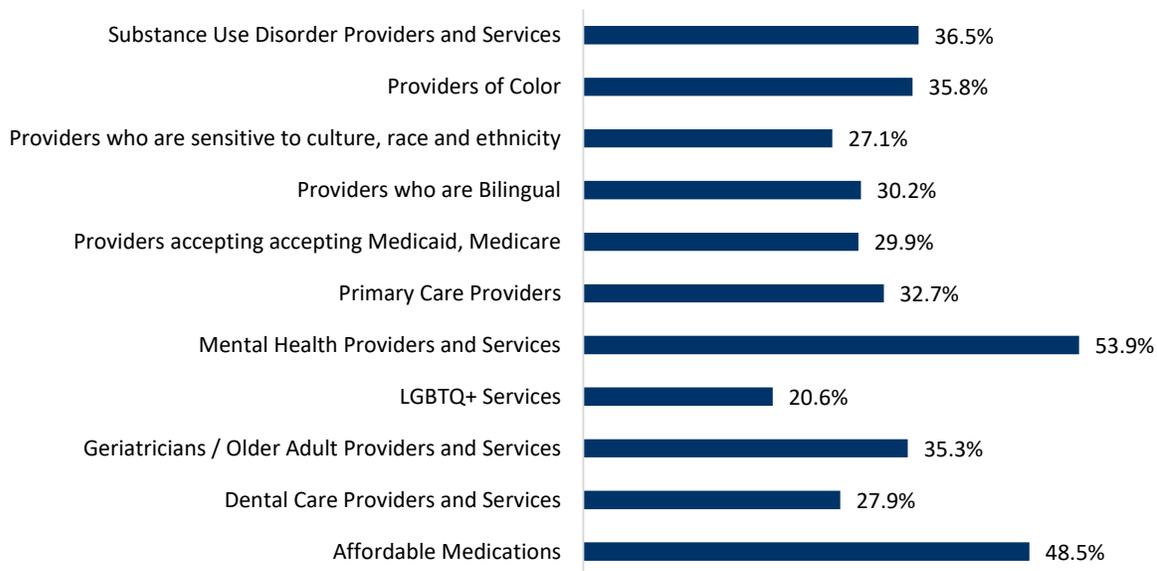
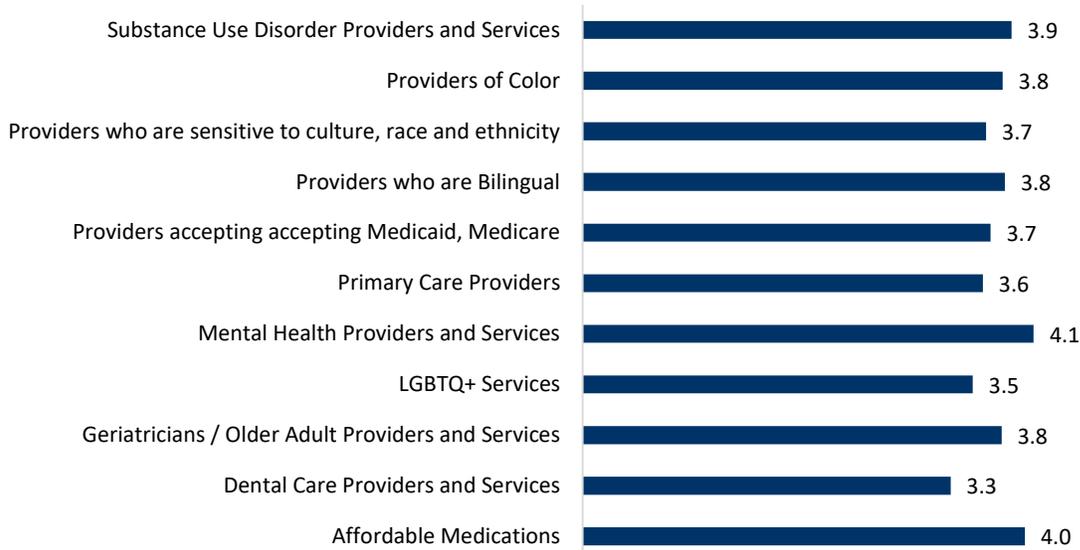


Figure 97b - Health Care Access: Weighted Average for “Strongly Agree” there is Not Enough Access, 2022



Question five of the Community Survey was about Social Determinants of Health (SDoH), and the following definition was provided: “social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. Social determinants of health also contribute to wide health disparities and inequities.”

Respondents were asked to rate the degree to which they believe the provided SDoHs impact the health and well-being status of the community using a Likert scale of one to five with 1 = limited impact on community health and well-being; 3 = moderate impact on community health and well-being; and 5 = significant impact on community health and well-being. A response option of “do not know” was provided. **Figure 98a** describes the percentage of respondents who selected “significant impact on community health and well-being” and **Figure 98b** gives the weighted average of the one to five response options.

Of note, discrimination / institutional racism was defined as “societal patterns and structures that impose oppressive or otherwise negative conditions on the basis of race or ethnicity.” Food insecurity included lack of access to affordable and healthy foods. Housing instability included lack of access to affordable housing or homelessness. Limited health literacy was defined as “the capacity to obtain, process, and understand basic health information / services needed to make appropriate health decisions.”

Figure 98a - SDoH: Percent of Responses for “Significant Impact on Community Health and Well-being”, 2022

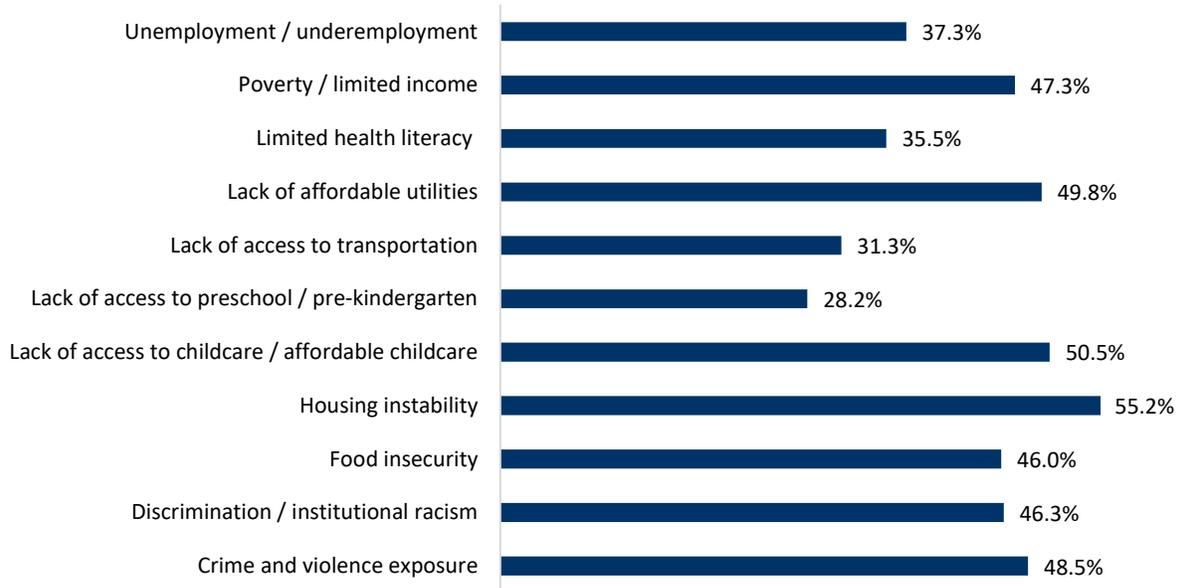
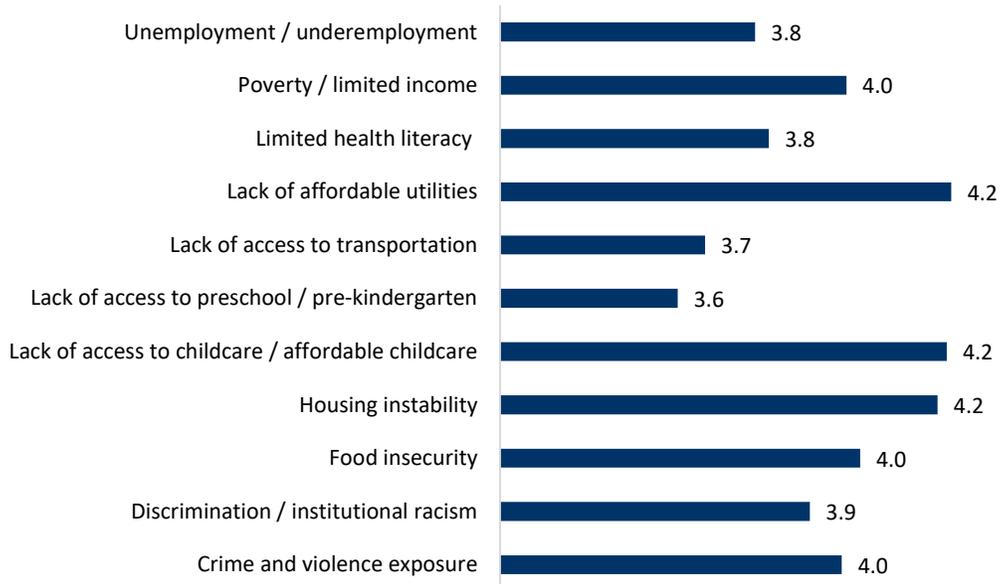


Figure 98b - SDoH: Weighted Average for “Significant Impact on Community Health and Well-being”, 2022



Part II

Health Indicators Data Overview

Health Indicators – ChimeData Study

Health Indicators by Town – ChimeData Study

Additional Health Indicators

Communicable Diseases – ChimeData Study

Specific Cause Mortality

Mental Health Indicators – ChimeData Study

Additional Mental Health Information

Health Behavior Indicators

Prevention

Injuries & Accidents – ChimeData Study

HEALTH INDICATORS

DATA OVERVIEW

Middlesex Health hopes this overview is helpful when reviewing figures and data tables.

Age-Adjusted Calculation: Data are often presented as “age-adjusted.” Age is a non-modifiable risk factor, and as age increases, poor health outcomes are more likely to increase. Age-adjustment is a statistical process that controls for the effects of age differences on health event rates. By calculating a weighted average, rates of disease, other health outcomes, injuries, and mortality can be compared among groups with different age distributions. Said another way, it levels the impacts of variation among specific age groups and allows for fair comparisons of populations with differing age structures.

Rate: A rate is a measurement of an event, disease or condition in relation to a unit of the population (e.g., per 100,000 people), which, in a specified time frame, allows for comparison of a particular event in populations of different sizes. Rate can be calculated by the number of events divided by the total population x a standard value (1,000, 10,000 or 100,000) and is expressed by the standard value population. This process enables incidence, prevalence and health factor risks to be compared among communities with different population size structures. A rate can also be expressed as a percentage, fraction or multiple.

Incidence: This is the number of new cases of disease or injury in a population during a specified time interval (the numerator). The denominator is the population at the start of the time interval. Incidence can be presented as a proportion or a rate.

Prevalence: This is the number of people in a population who have a particular disease or attribute at a specified point in time or over a specified period of time. Prevalence includes all cases, both new and preexisting in a population over a specific time-frame. Prevalence can be presented as a proportion or a rate.

ChimeData Study Overview: The data extraction for the DataHaven ChimeData study includes de-identified hospital information for emergency department, inpatient, and observation encounters, by primary and secondary diagnoses, incurred by any residents of any town in Connecticut regardless of where the individual received treatment. Twenty-one health and health-related indicators were analyzed and were benchmarked over the time period of 2018-October 2021.

ChimeData Study Calculations Overview: Two methodologies were used for the DataHaven ChimeData study: 1) annualized age-adjusted encounter rates per 10,000 residents, and 2) annualized encounter rates per 10,000 residents. Data points that have no value indicate where data has been suppressed as there was either a small number of encounters or not enough of a population from which to generalize.

Age-adjusted rates are helpful for identifying risk and overall burden. For the DataHaven ChimeData study, the age-adjusted rates are presented as a single total value for each indicator, that is, for all age groups combined.

Encounter rates are useful for examining differences between populations. For the ChimeData study, encounter rates (with no age-adjustment) were used to look at the data by age group and gender in order to identify variations within these subgroups. Each indicator is disaggregated by five age strata (0-19, 20-44, 45-64, 65-74, and 75+ years) and by gender and provides an “all ages” annualized encounter rate. For asthma, in order to capture children, a different age strata was used (0-4, 5-19, 20-44, 45-64, 65-74, and 75+ years). For this study, ChimeData encounter rates are only depicted by age strata in the figures presented; data are not depicted by gender.

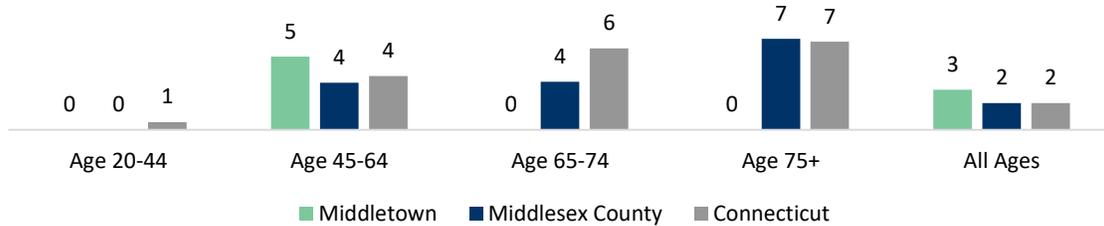
For ChimeData county, city and town-level profiles prepared by DataHaven, please contact DataHaven (<https://www.ctdatahaven.org/>).

HEALTH INDICATORS – CHIMEDATA STUDY

This section reviews the health indicator encounter rates from the DataHaven ChimeData study for Middletown, Middlesex County and Connecticut for the 2018-October 2021 time frame.

AMPUTATION

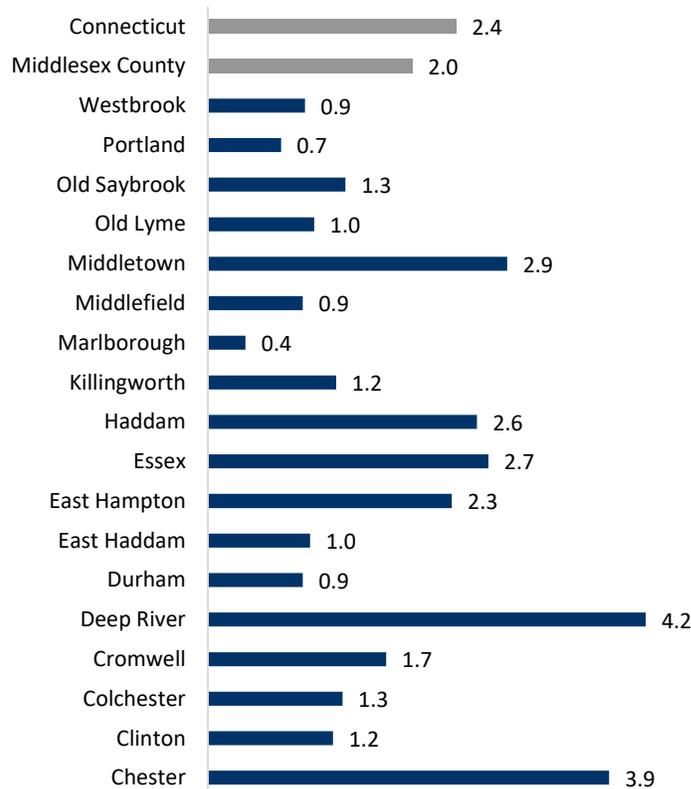
Figure 99 - Amputation, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



Note: data points that have no value indicate where data has been suppressed as there was either a small number of encounters or not enough of a population from which to generalize

DataHaven Analysis of CHA CHIME data, 2022

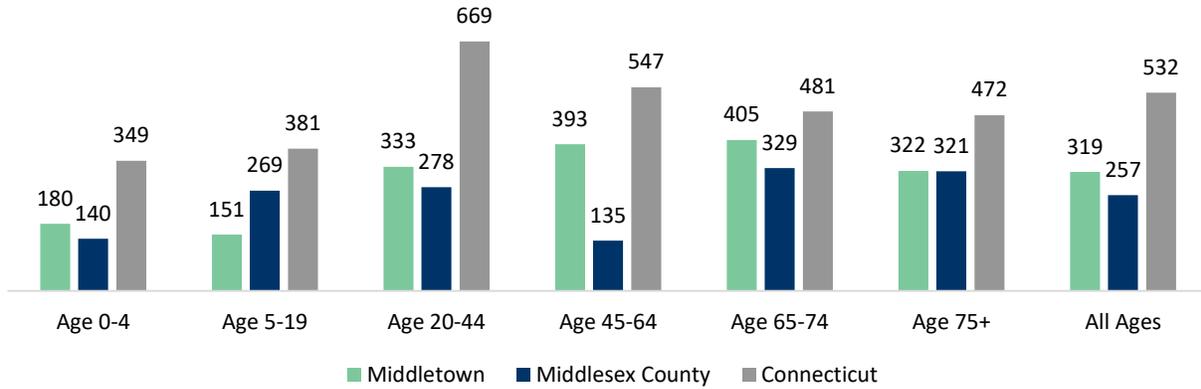
Figure 100 - Amputation, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

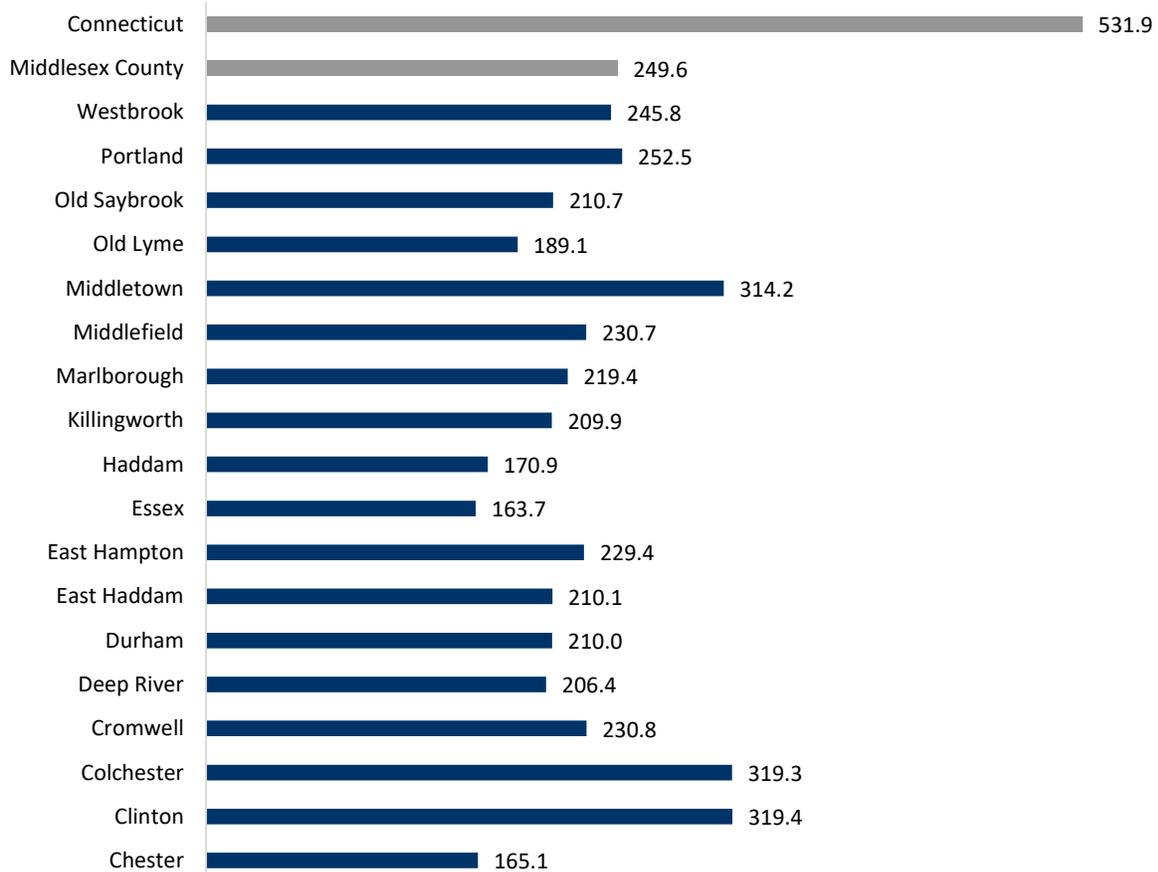
ASTHMA

Figure 101 - Asthma, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

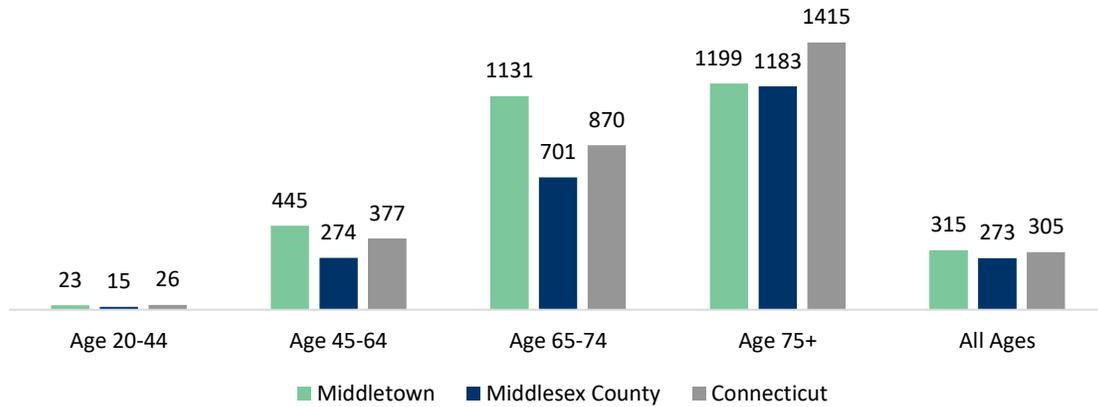
Figure 102 - Asthma, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

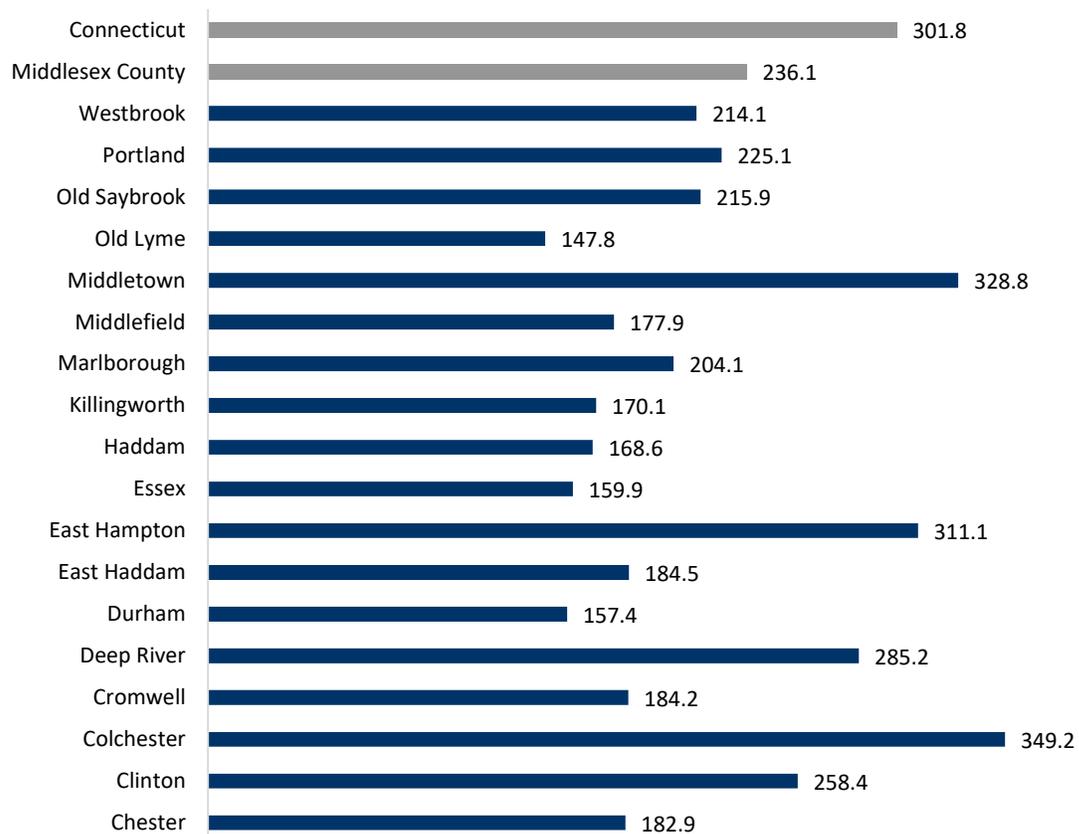
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Figure 103 - COPD, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

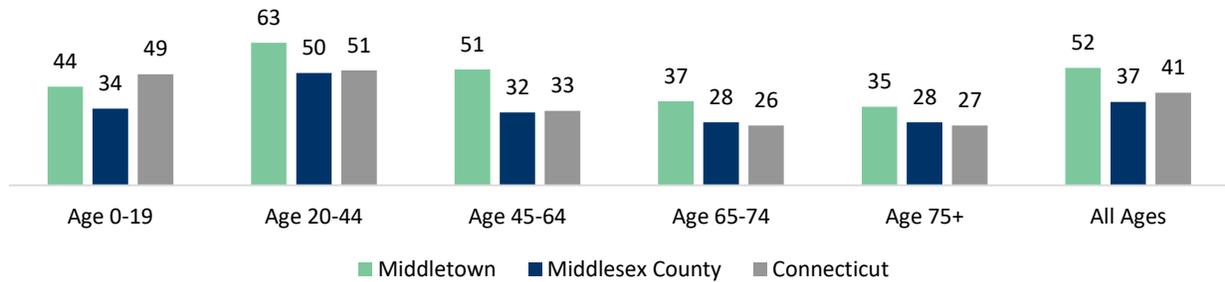
Figure 104 - COPD, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

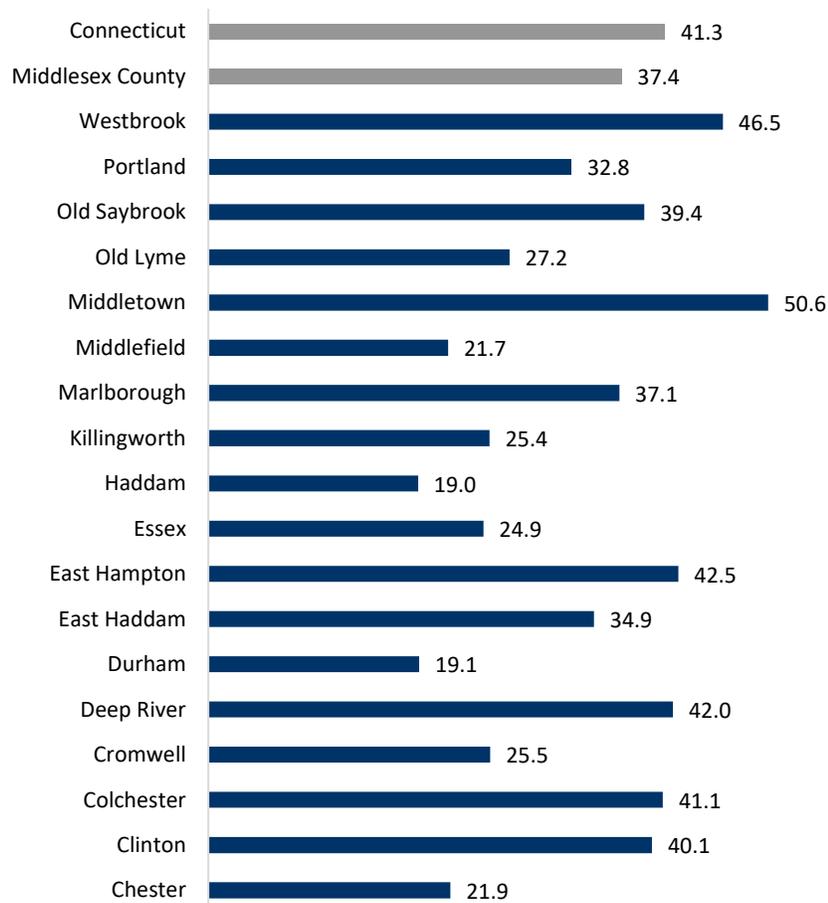
DENTAL

Figure 105 - Dental, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

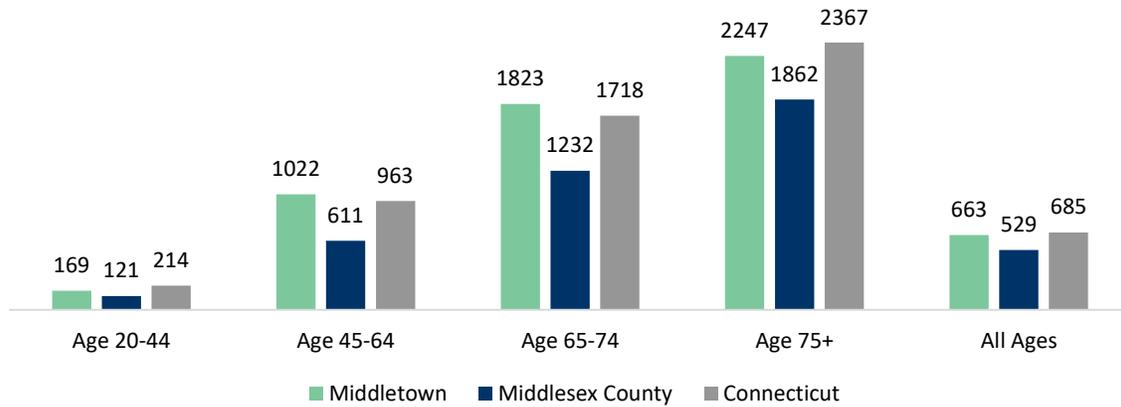
Figure 106 - Dental, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

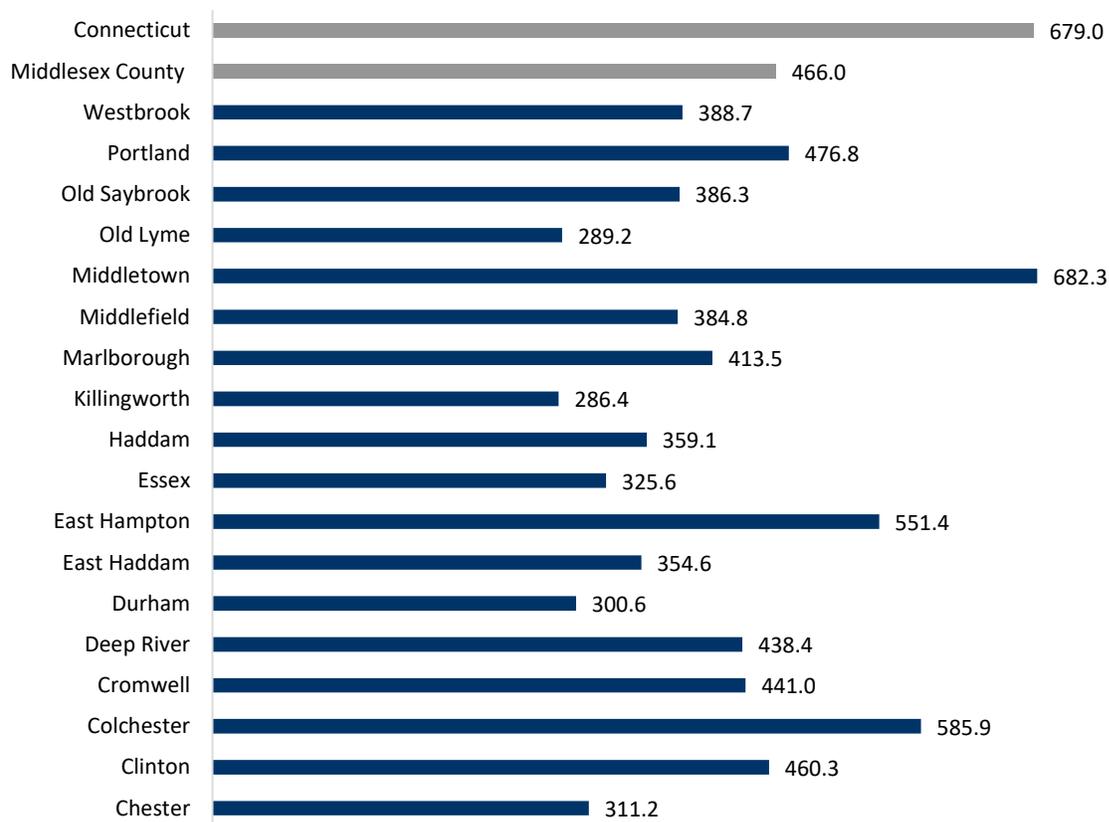
DIABETES (TYPE 2)

Figure 107 - Diabetes (Type 2), Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

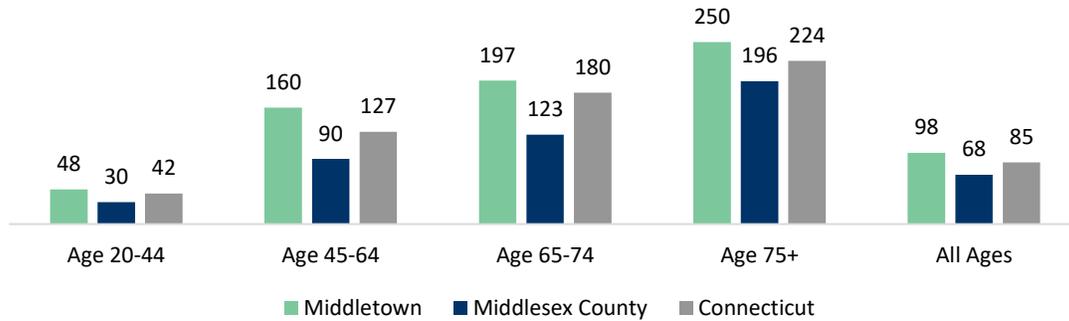
Figure 108 - Diabetes (Type 2), Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

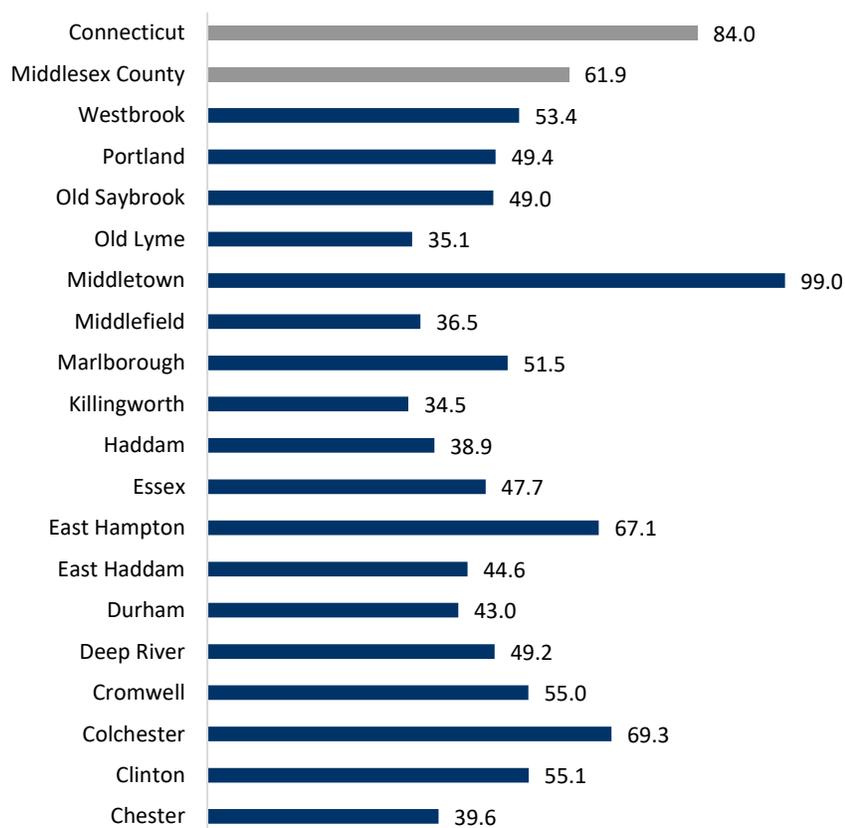
DIABETES UNCONTROLLED

Figure 109 - Diabetes Uncontrolled, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

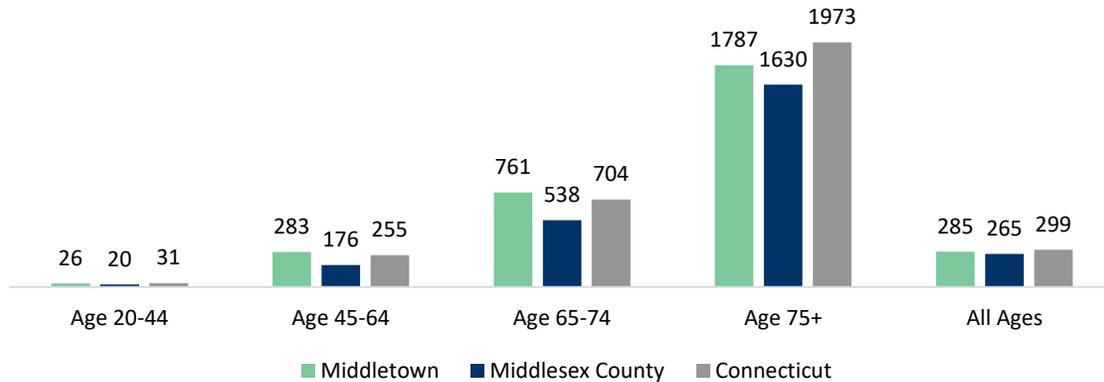
Figure 110 - Diabetes Uncontrolled, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

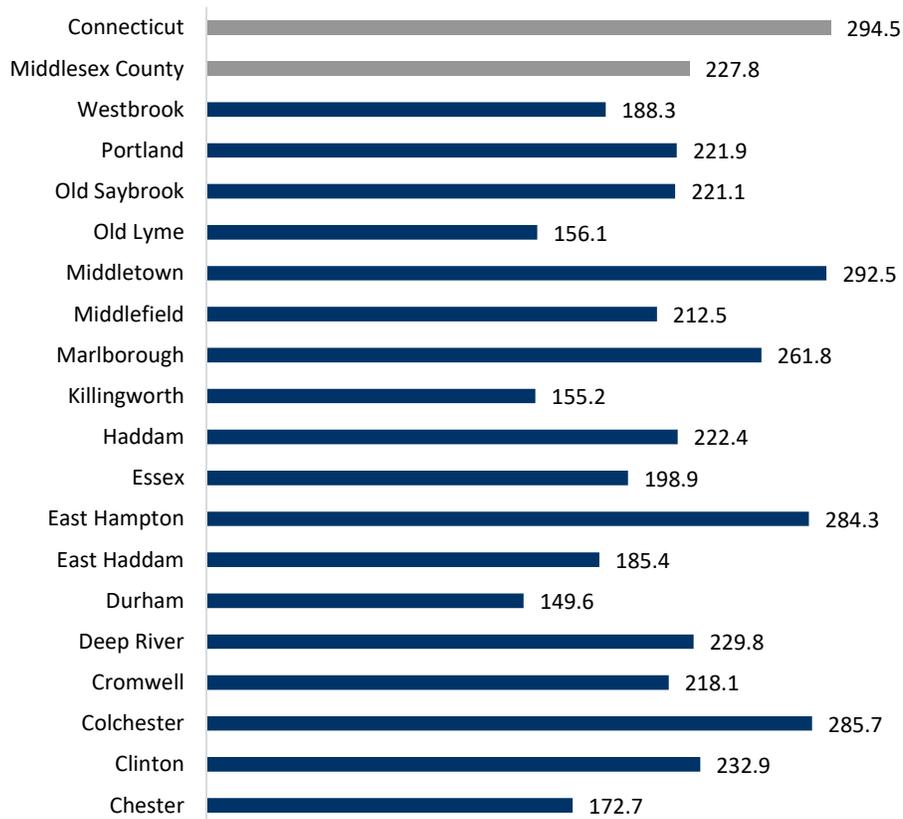
HEART DISEASE

Figure 111 - Heart Disease, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

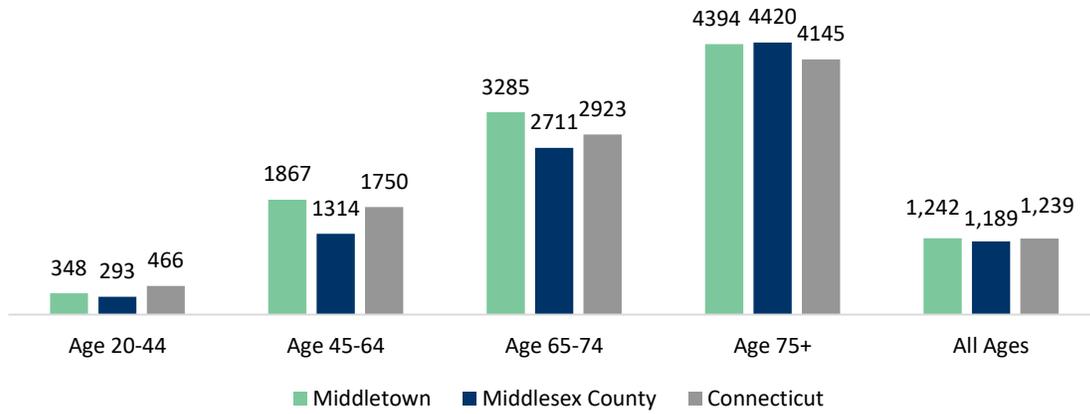
Figure 112 - Heart Disease, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

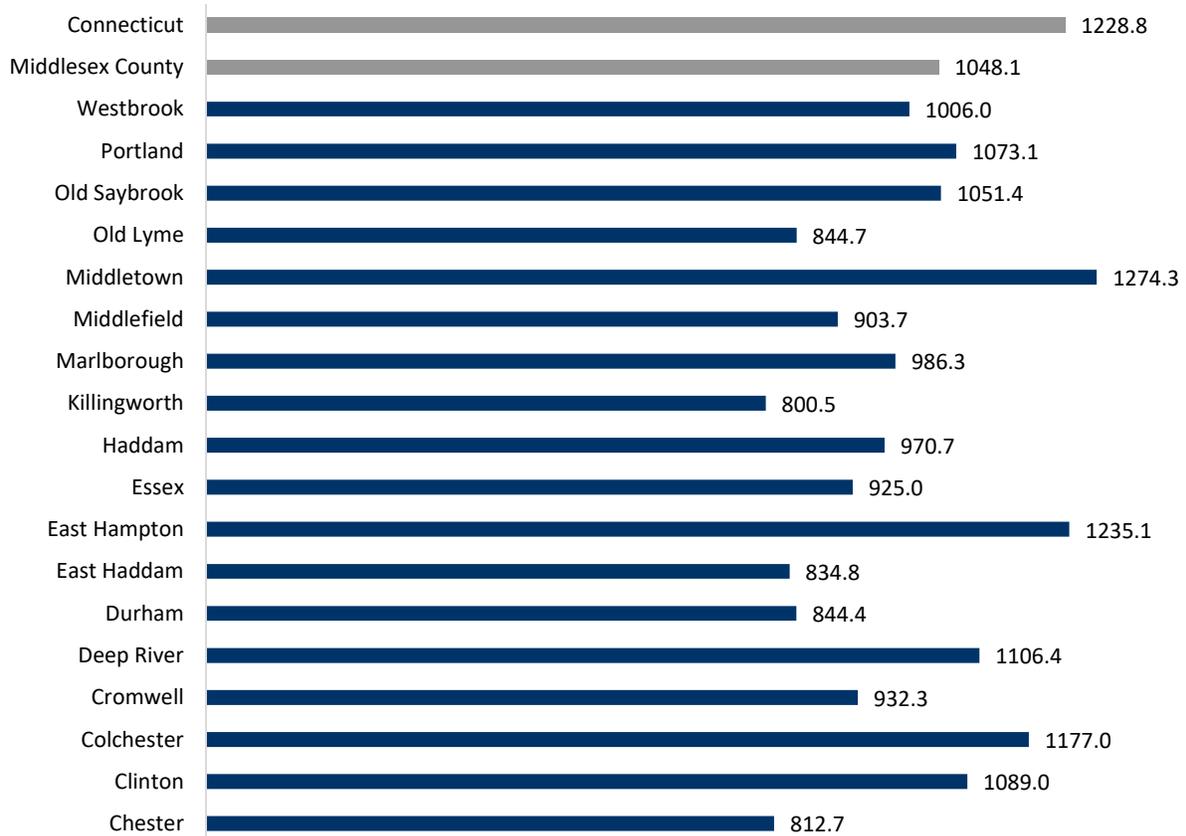
HYPERTENSION

Figure 113 - Hypertension, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

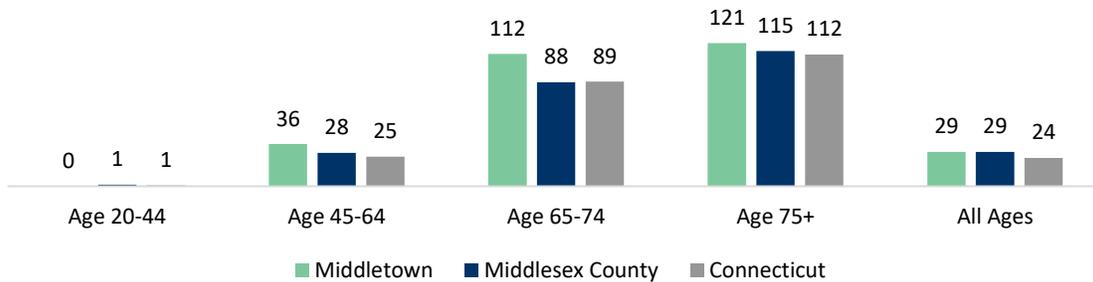
Figure 114 - Hypertension, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

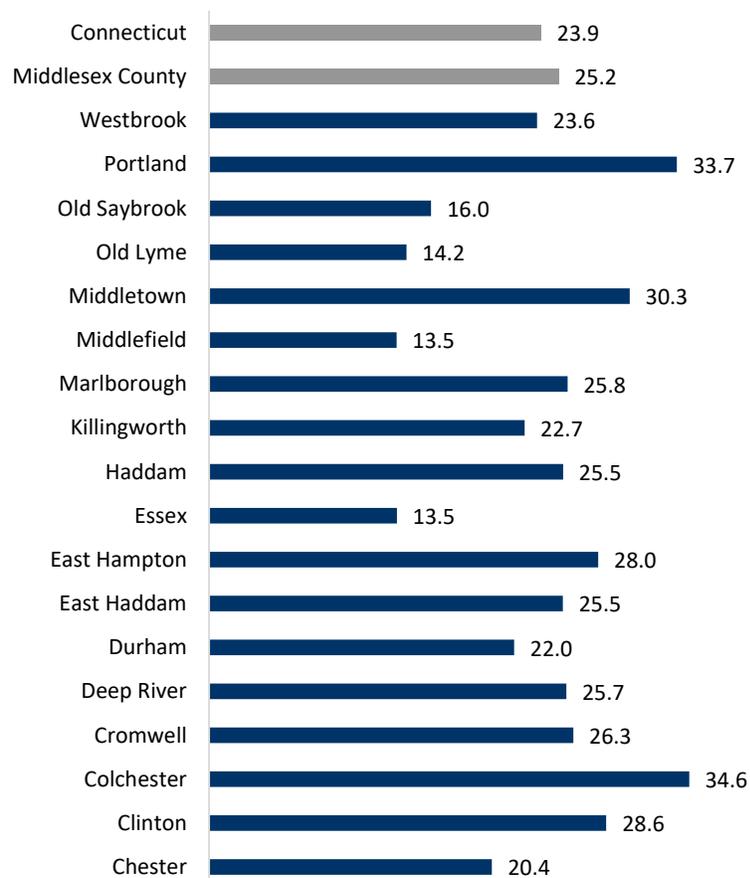
LUNG CANCER

Figure 115 - Lung Cancer, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

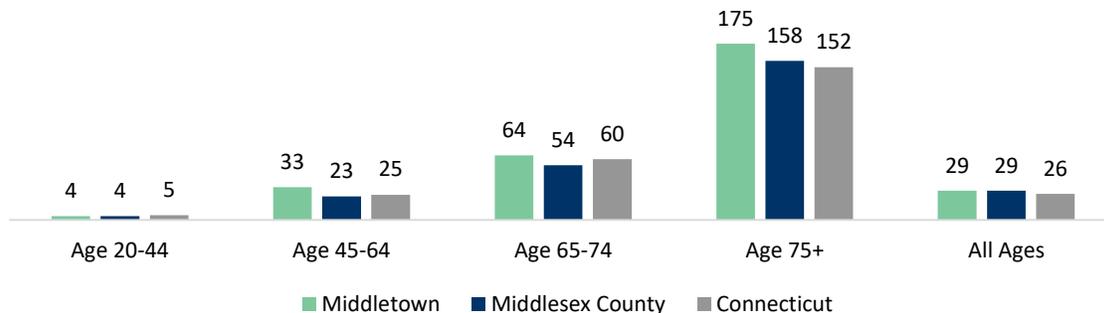
Figure 116 - Lung Cancer, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

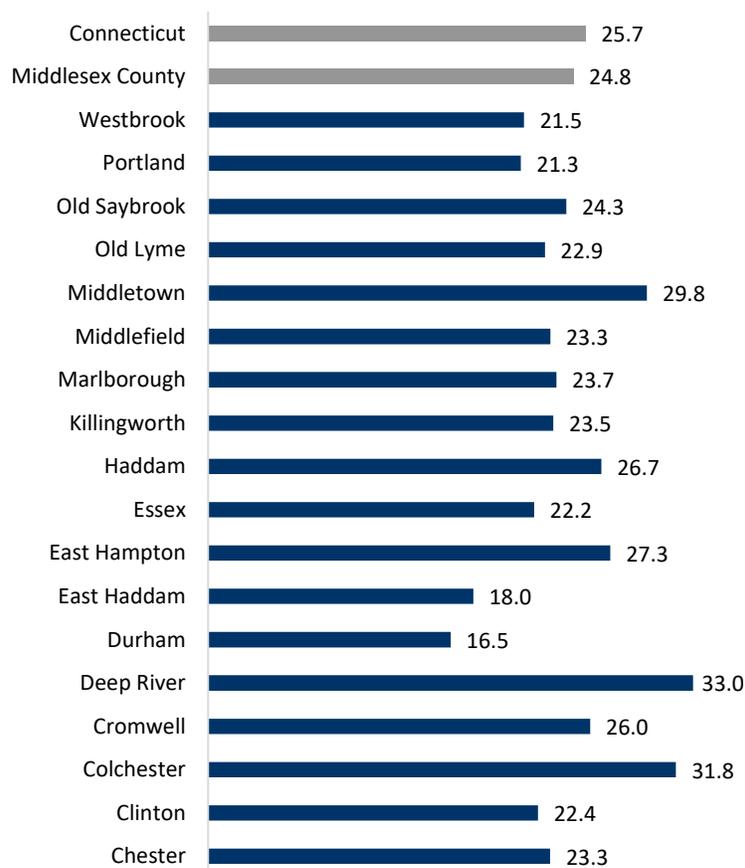
STROKE

Figure 117 - Stroke, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

Figure 118 - Stroke, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



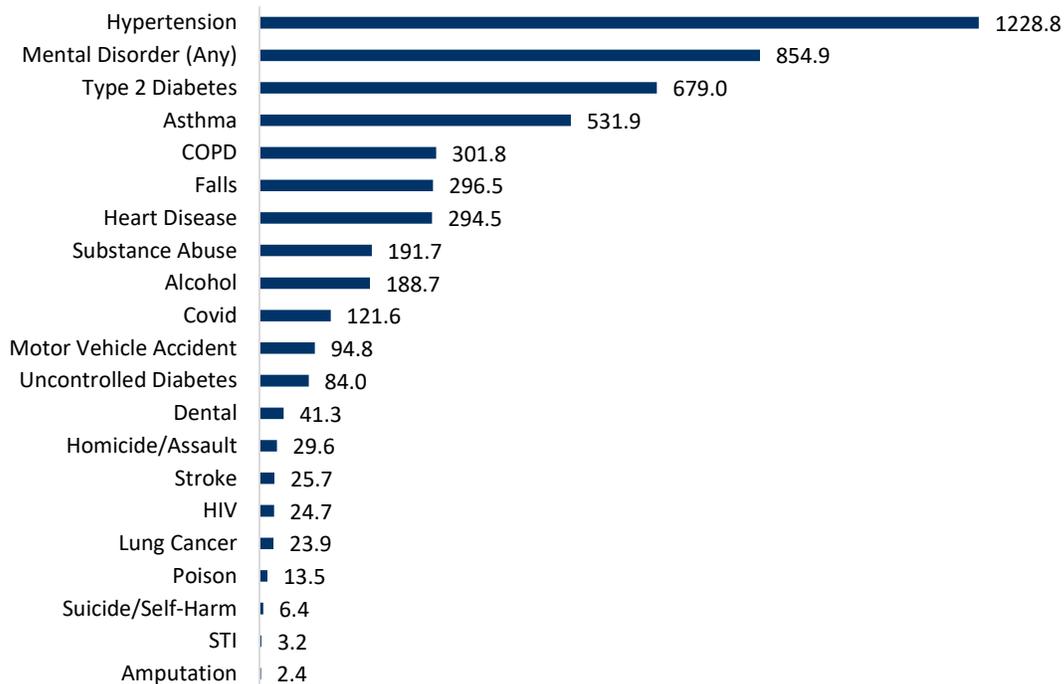
DataHaven Analysis of CHA CHIME data, 2022

HEALTH INDICATORS BY TOWN – CHIMEDATA STUDY

This section reviews annualized age-adjusted encounter rates from the DataHaven ChimeData study for the 2018-October 2021 time frame presented by health, communicable diseases, mental health, health behaviors and injury and accidents indicators for Middlesex County, Connecticut and the towns in Middlesex Health’s service area

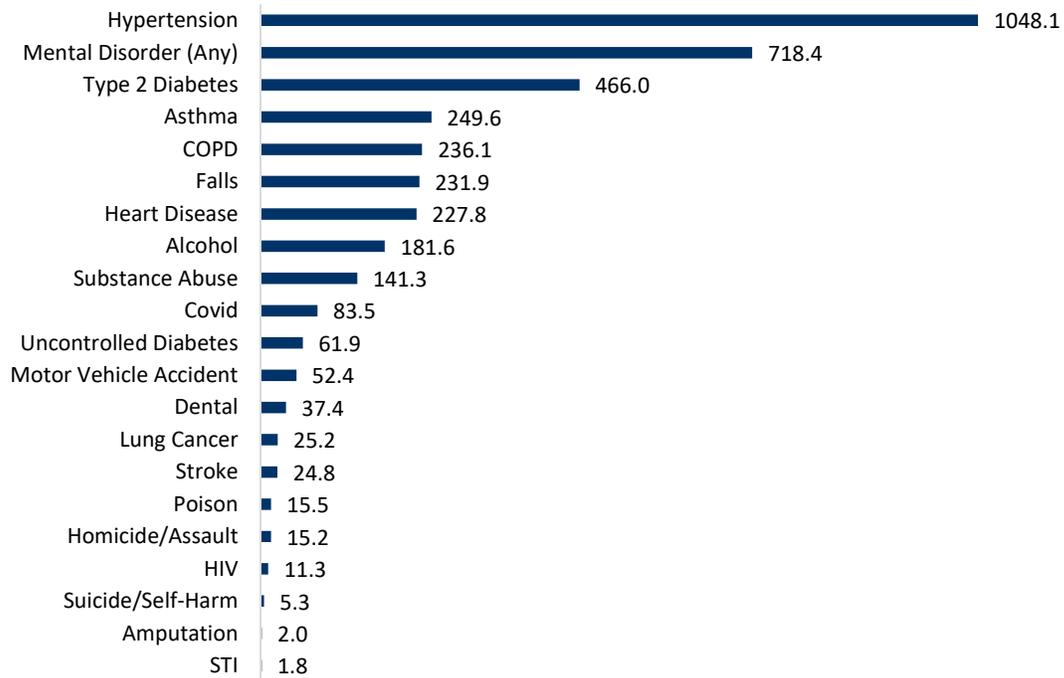
Each figure is ranked by the most to least prevalent indicator per location.

CONNECTICUT - Figure 119 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



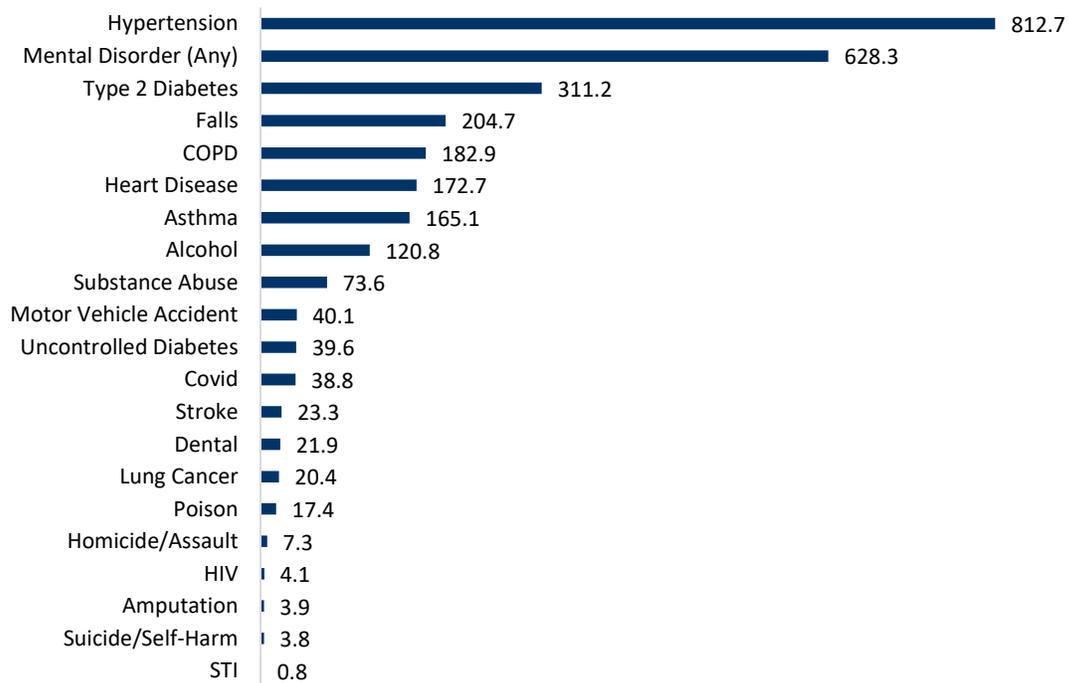
DataHaven Analysis of CHA CHIME data, 2022

MIDDLESEX COUNTY - Figure 120 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



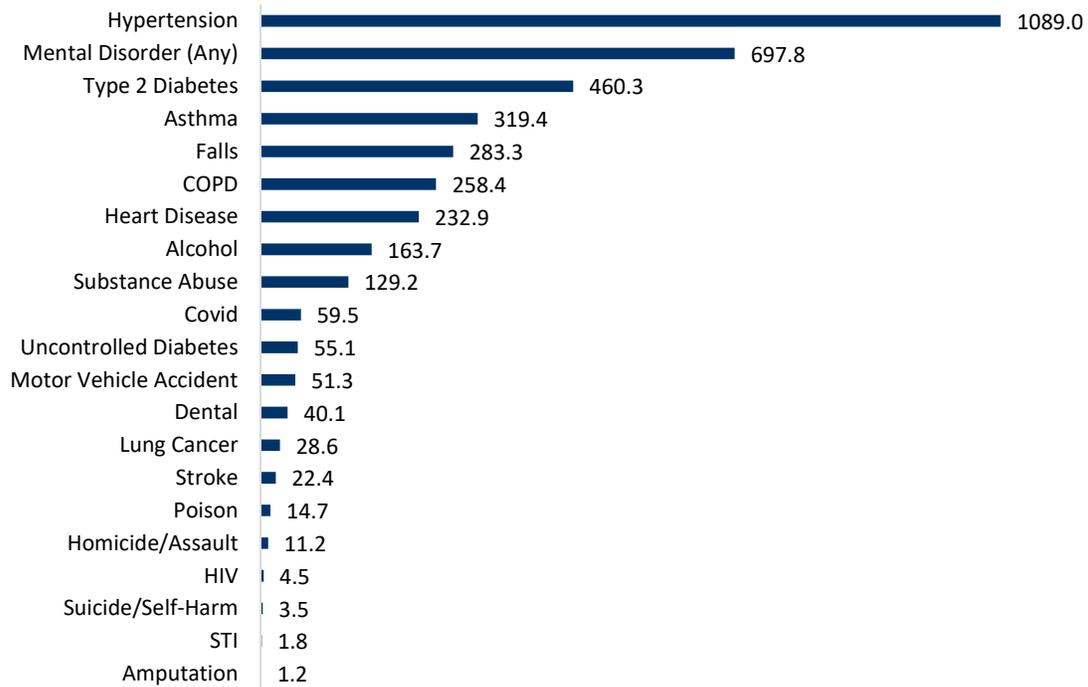
DataHaven Analysis of CHA CHIME data, 2022

CHESTER - Figure 121 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



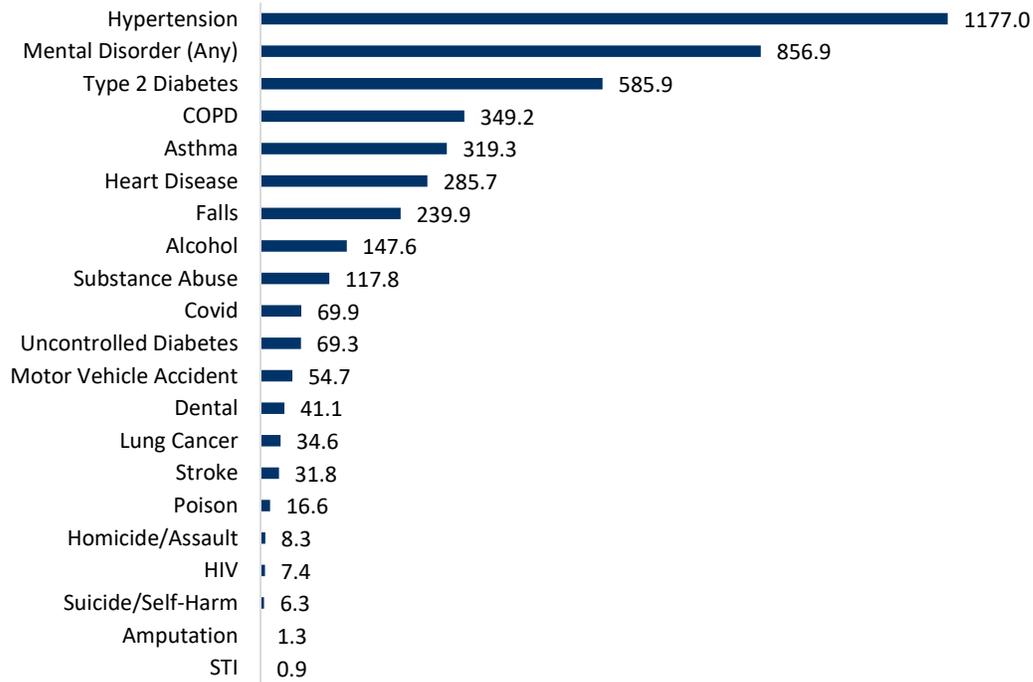
DataHaven Analysis of CHA CHIME data, 2022

CLINTON - Figure 122 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



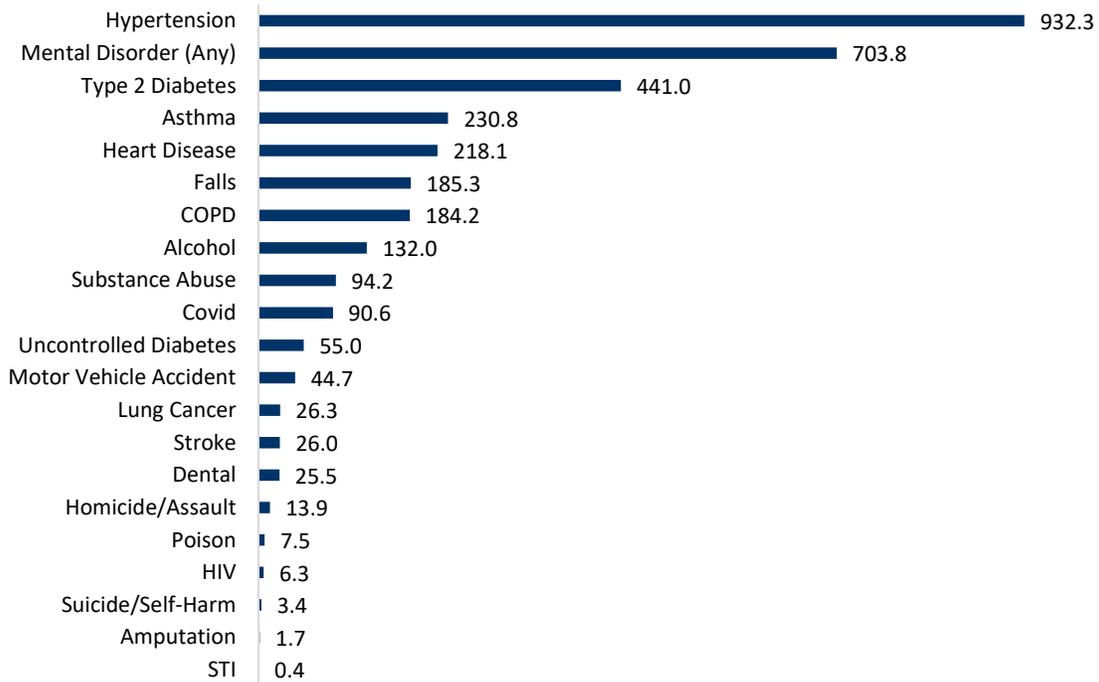
DataHaven Analysis of CHA CHIME data, 2022

COLCHESTER - Figure 123 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



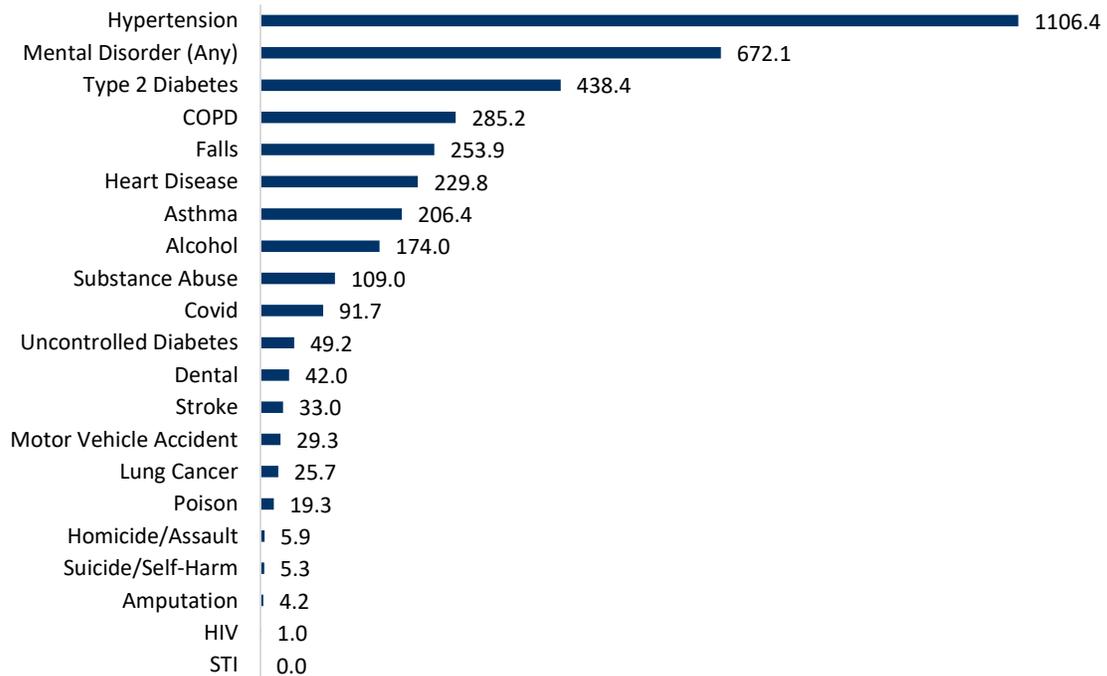
DataHaven Analysis of CHA CHIME data, 2022

CROMWELL - Figure 124 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



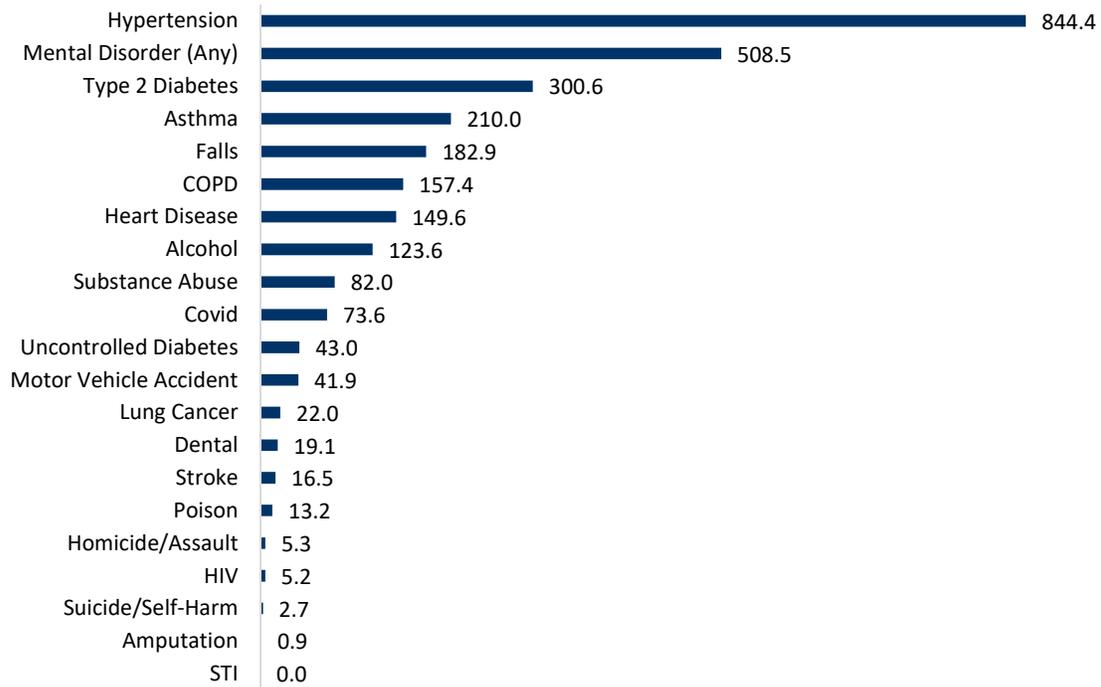
DataHaven Analysis of CHA CHIME data, 2022

DEEP RIVER - Figure 125 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



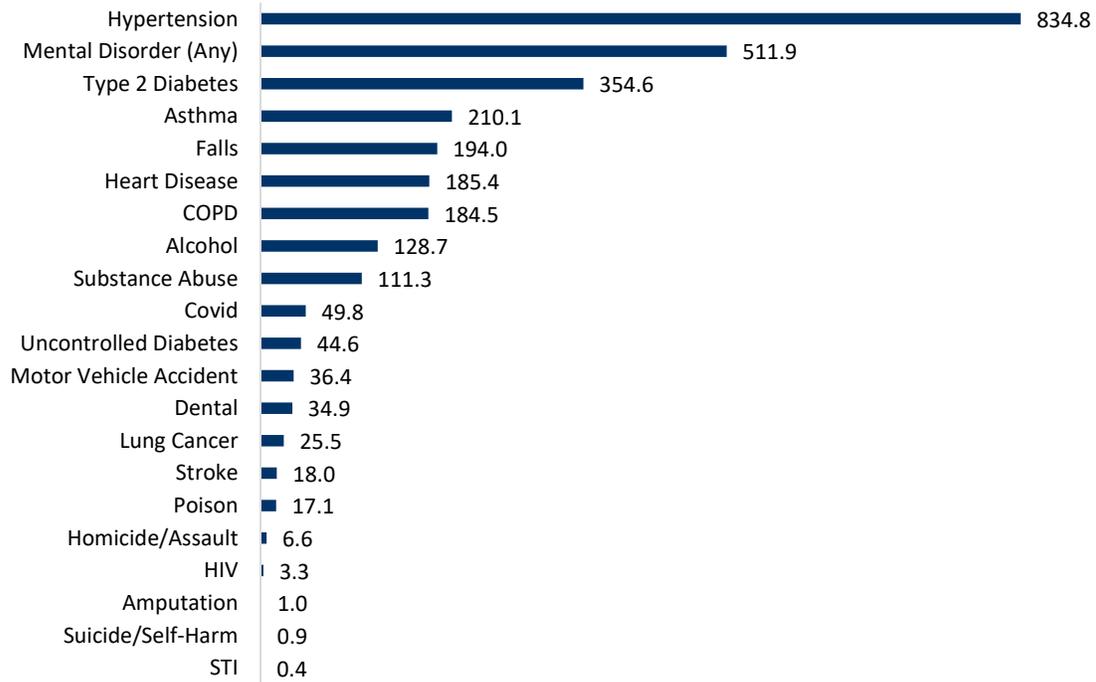
DataHaven Analysis of CHA CHIME data, 2022

DURHAM - Figure 126 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



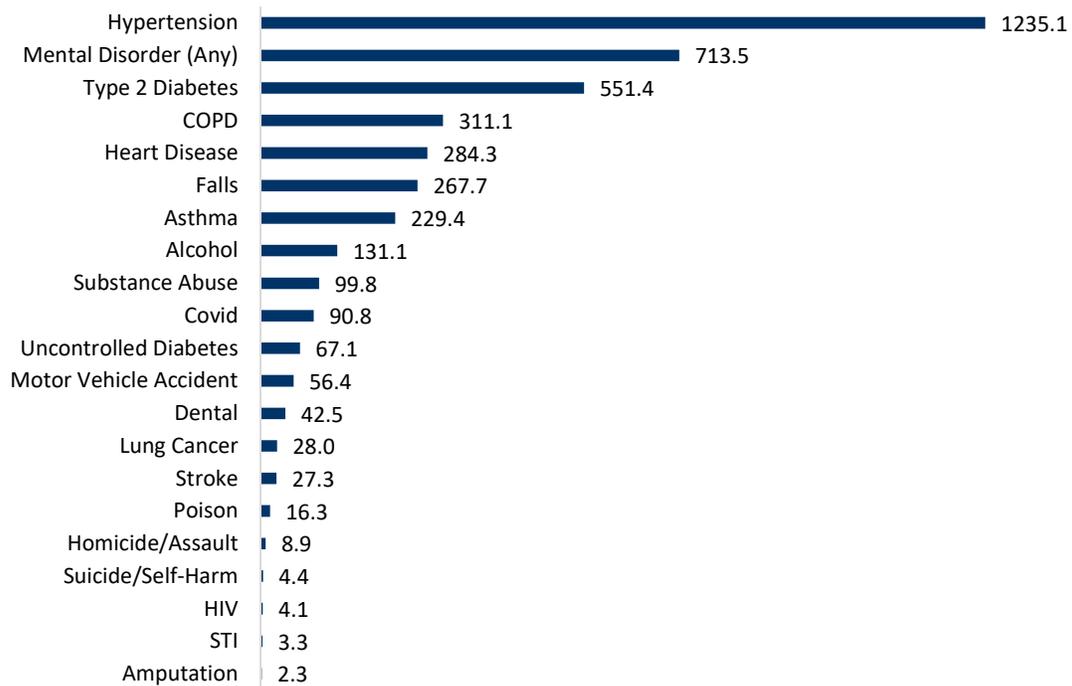
DataHaven Analysis of CHA CHIME data, 2022

EAST HADDAM - Figure 127 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



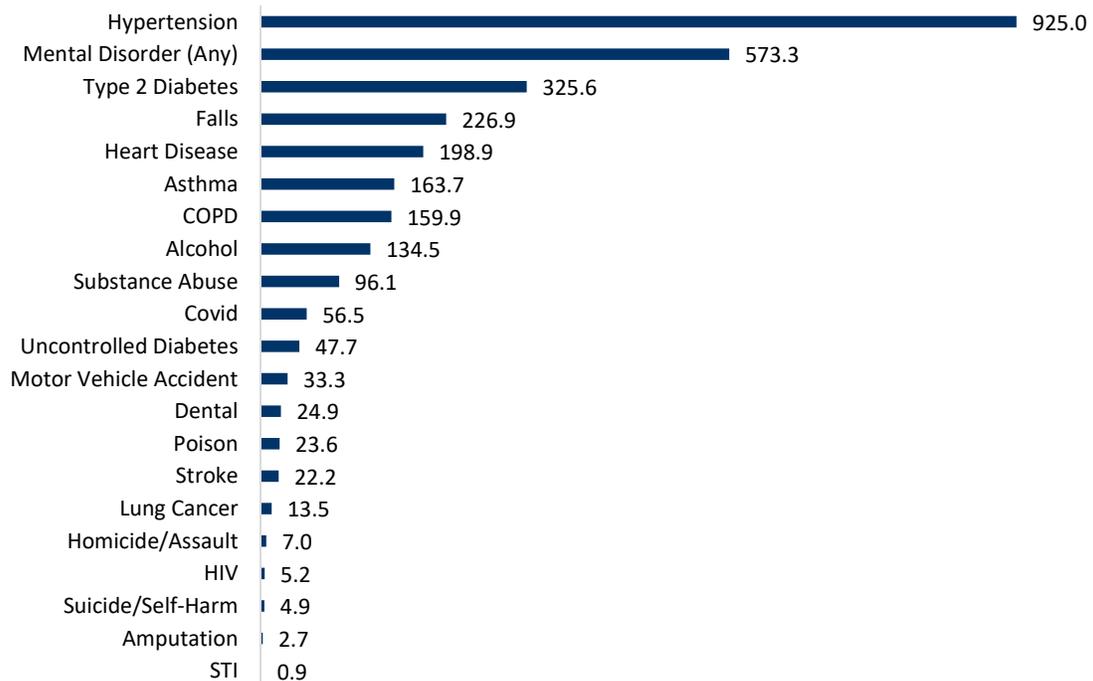
DataHaven Analysis of CHA CHIME data, 2022

EAST HAMPTON - Figure 128 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



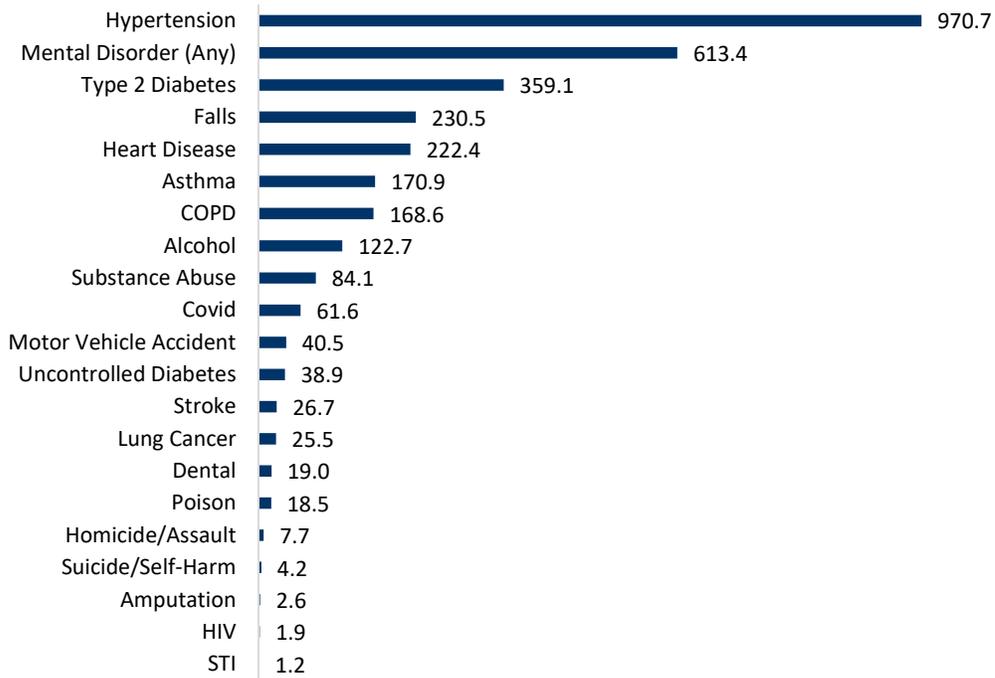
DataHaven Analysis of CHA CHIME data, 2022

ESSEX - Figure 129 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



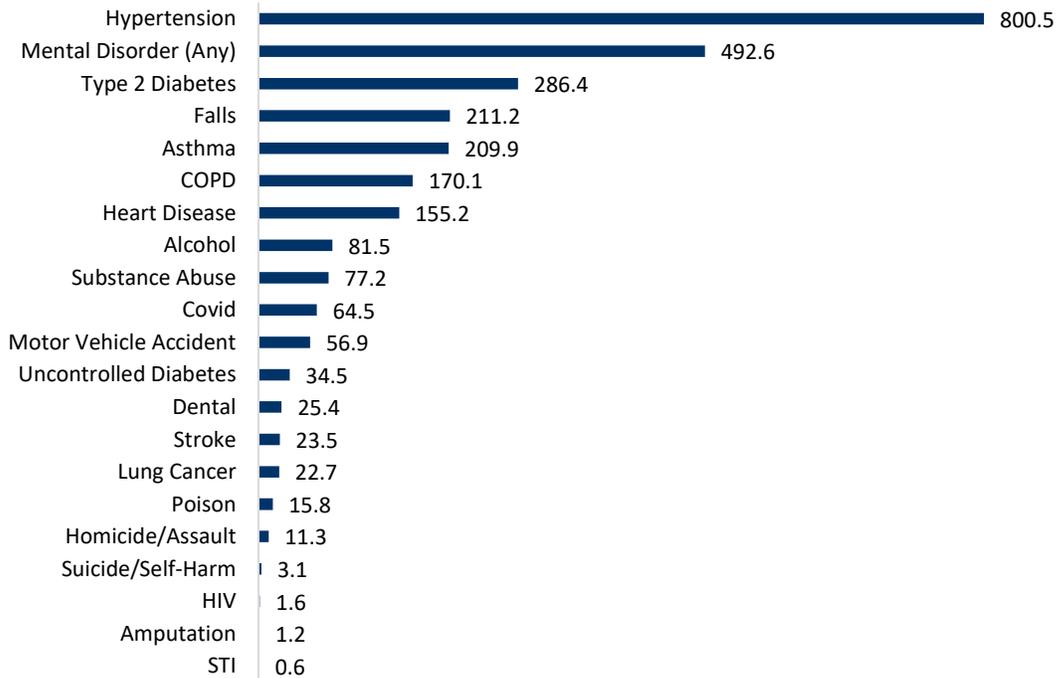
DataHaven Analysis of CHA CHIME data, 2022

HADDAM - Figure 130 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



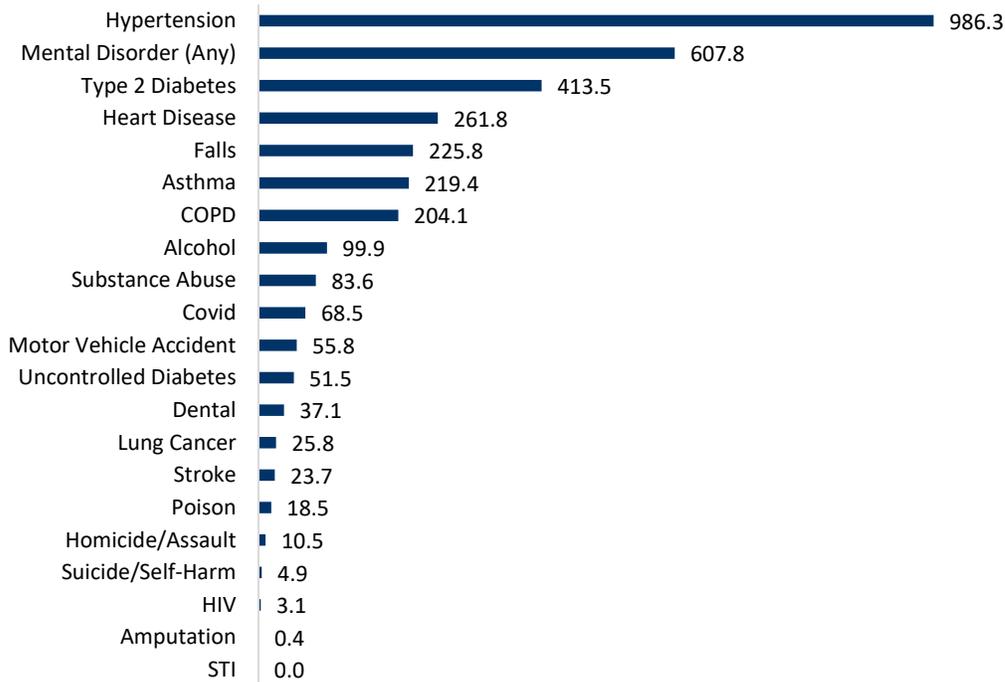
DataHaven Analysis of CHA CHIME data, 2022

KILLINGWORTH - Figure 131 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



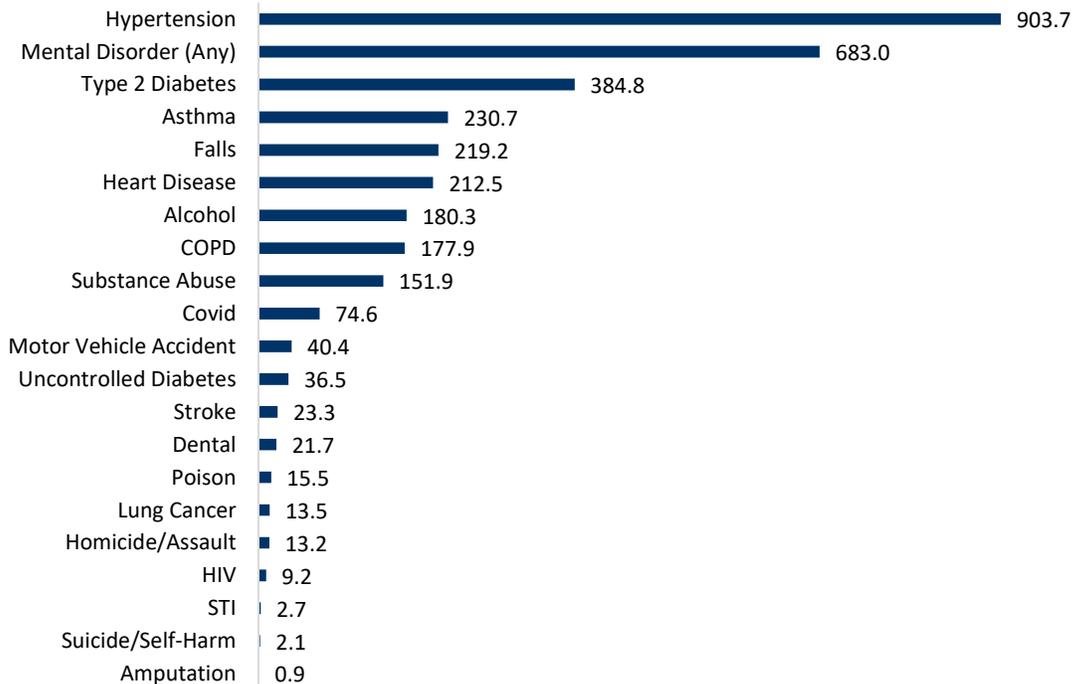
DataHaven Analysis of CHA CHIME data, 2022

MARLBOROUGH - Figure 132 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



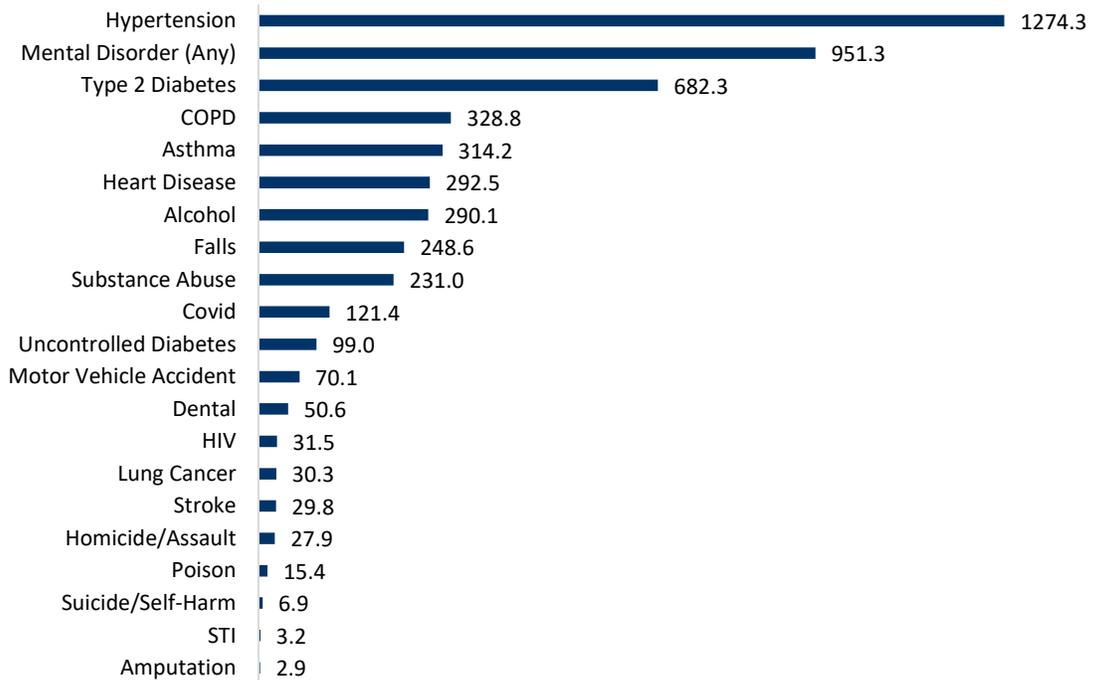
DataHaven Analysis of CHA CHIME data, 2022

MIDDLEFIELD - Figure 133 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



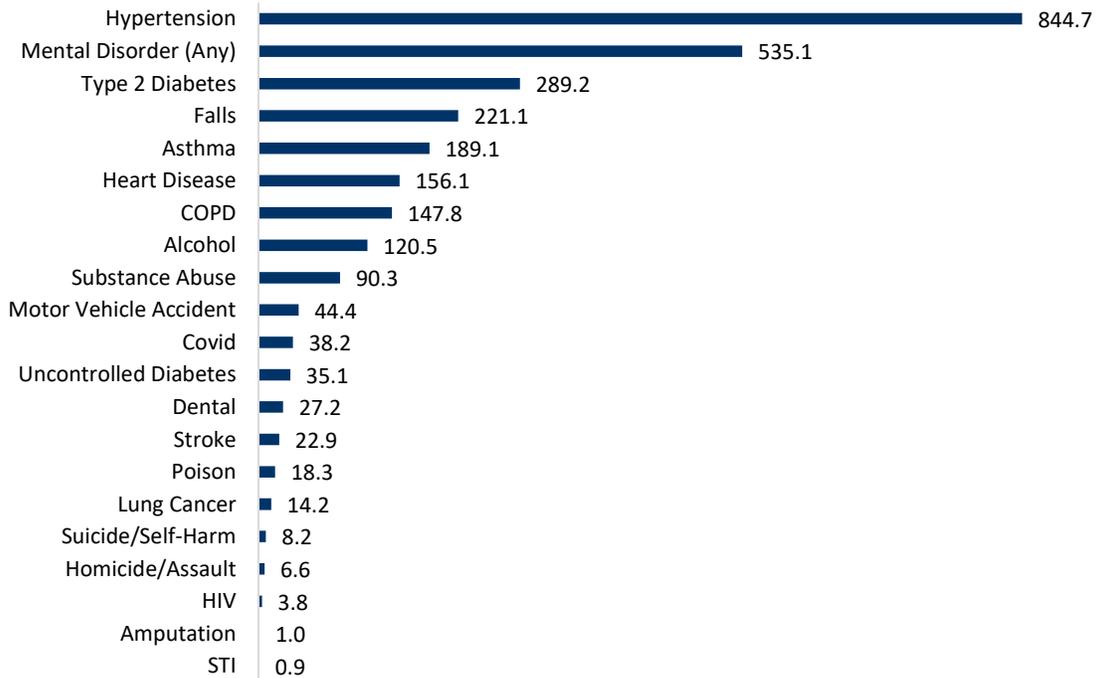
DataHaven Analysis of CHA CHIME data, 2022

MIDDLETOWN - Figure 134 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



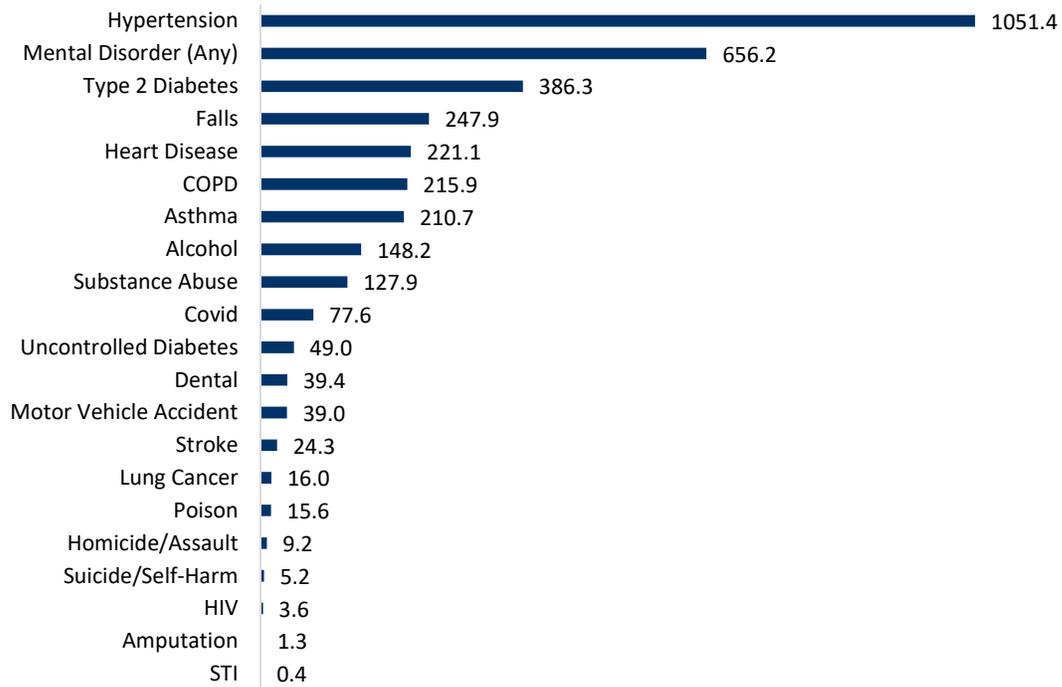
DataHaven Analysis of CHA CHIME data, 2022

OLD LYME - Figure 135 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



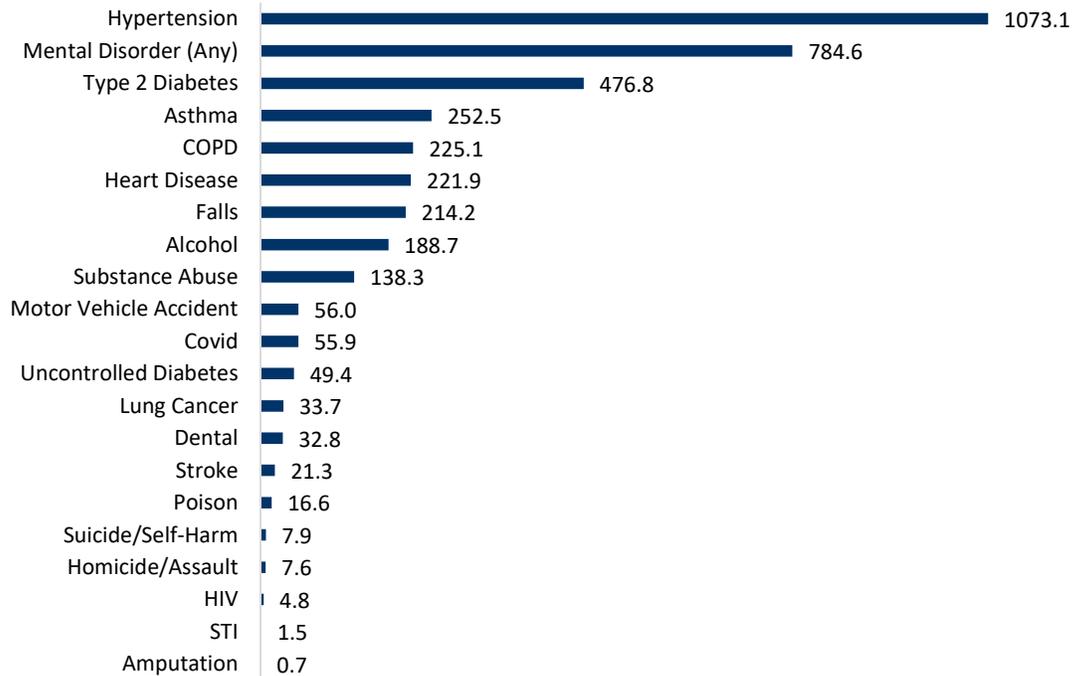
DataHaven Analysis of CHA CHIME data, 2022

OLD SAYBROOK - Figure 136 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



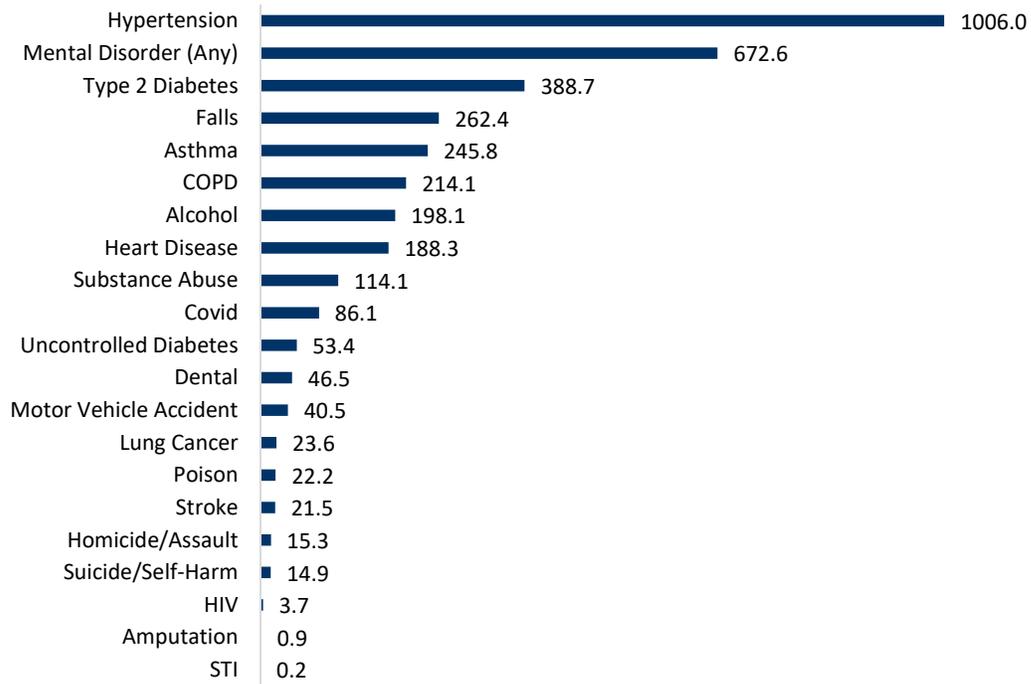
DataHaven Analysis of CHA CHIME data, 2022

PORTLAND - Figure 137 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

WESTBROOK - Figure 138 - Annualized Age-Adjusted Encounter Rates per 10,000 Residents, 2018-2021



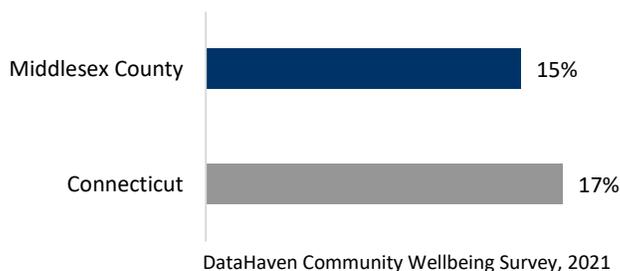
DataHaven Analysis of CHA CHIME data, 2022

ADDITIONAL HEALTH INDICATORS

ASTHMA

The DataHaven 2021 Community Wellbeing Survey asked respondents if they have ever been told by a doctor or health professional that they have asthma. **Figure 139** compares the total “Yes” responses from Middlesex County to the state of Connecticut.

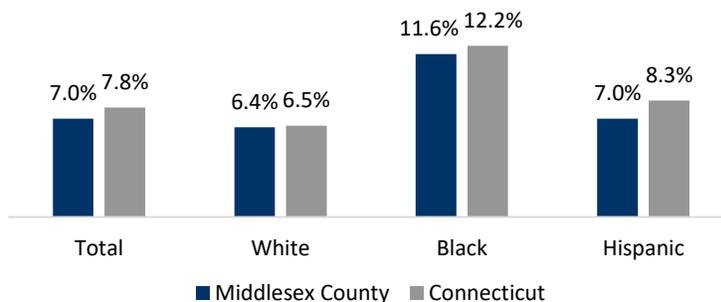
Figure 139 - Middlesex County & Connecticut “Yes” Responses for Asthma, 2021



BIRTH WEIGHT

Low birthweight is an important public health indicator that can be used to assess maternal health, nutrition, the local health care delivery system, and income constraints/poverty (County Health Ranking and Roadmaps, 2022). Low birthweight infants may experience adverse health outcomes, such as decreased growth, lower intellectual development, impaired language development and chronic conditions (e.g., obesity, diabetes, cardiovascular disease) during adulthood (County Health Ranking and Roadmaps, 2022). **Figure 140** reveals a significant disparity in low birth weight (less than 5.5 pounds) for Black babies when compared to white babies for Middlesex County; Black babies are 1.8 times more likely to experience low birth weight when compared to white babies.

Figure 140 - Low Birth Rate by Race & Ethnicity, 2014-2020



Low Birth Weight: % of live births with low birth weight (< 2500 grams)

County Health Rankings & Roadmaps 2022,
<https://www.countyhealthrankings.org/>; National Center for Health
Statistics (NCHS) – Natality files (2014-2020); CDC WONDER

CANCER

The National Cancer Institute and the Centers for Disease Control and Prevention (CDC) oversee the State Cancer Profiles, an interactive map that provides cancer data across the cancer control continuum through geographic profiles; these profiles depict the cancer burden in the United States and can reveal disparities in cancer incidence, mortality, risk factors and screening across various population subgroups (State Cancer Profiles, 2022).

Breast Cancer - Tables 23a & b describe female all stages age-adjusted breast cancer incidence rate and mortality rate, respectively.

Table 23a - Breast Cancer Age-Adjusted Incidence Rate per 100,000 Population, 2014-2018

Female, All Stages	Middlesex County	CT	United States
All Ages			
All Races (includes Hispanic)	145.5	140.2	126.8
White Non-Hispanic	147.3	144.6	132.6
Black (includes Hispanic)	109.5	120.1	124.3
Hispanic (any race)	168.0	121.3	95.4
By Age <50			
All Races (includes Hispanic)	48.5	52.4	45.6
White Non-Hispanic	50.1	55.2	47.9
Black (includes Hispanic)	*	43.0	45.8
Hispanic (any race)	*	43.7	34.9
By Age 50+			
All Races (includes Hispanic)	399.5	370.0	341.7
White Non-Hispanic	401.9	378.8	356.6
Black (includes Hispanic)	348.1	321.9	332.2
Hispanic (any race)	505.5	324.4	255.6
By Age <65			
All Races (includes Hispanic)	91.9	94.0	83.3
White Non-Hispanic	93.1	97.0	86.9
Black (includes Hispanic)	69.2	82.2	83.9
Hispanic (any race)	81.6	81.9	64.4
By Age 65+			
All Races (includes Hispanic)	145.5	140.2	126.8
White Non-Hispanic	147.3	144.6	132.6
Black (includes Hispanic)	109.5	120.1	124.3
Hispanic (any race)	168.0	121.3	95.4

Table 23b - Breast Cancer Age-Adjusted Mortality Rate per 100,000 Population, 2015-2019

Female, All Stages	Middlesex County	CT	United States
All Ages			
All Races (includes Hispanic)	15.6	17.3	19.9
White Non-Hispanic	16.1	17.4	19.9
Black (includes Hispanic)	*	21.0	27.1
Hispanic (any race)	*	11.7	13.7
By Age <50			
All Races (includes Hispanic)	*	4.0	4.2
White Non-Hispanic	*	3.8	4.0
Black (includes Hispanic)	*	5.8	7.0
Hispanic (any race)	*	3.6	3.2
By Age 50+			
All Races (includes Hispanic)	49.2	52.3	60.8
White Non-Hispanic	49.4	53.1	61.5
Black (includes Hispanic)	*	60.9	79.7
Hispanic (any race)	*	33.2	41.3
By Age <65			
All Races (includes Hispanic)	6.6	8.5	9.6
White Non-Hispanic	7.3	8.1	9.2
Black (includes Hispanic)	*	12.9	15.0
Hispanic (any race)	*	7.4	7.2
By Age 65+			
All Races (includes Hispanic)	78.5	78.2	91.1
White Non-Hispanic	76.9	81.8	94.0
Black (includes Hispanic)	*	77.4	111.0
Hispanic (any race)	*	41.8	59.0

A record denoting “ * ” indicates where data has been suppressed to ensure confidentiality and stability of rate estimates; counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category (State Cancer Profiles, 2022)

National Cancer Institute and Centers for Disease Control and Prevention State Cancer Profiles, <https://statecancerprofiles.cancer.gov>

Colon and Rectum Cancers - Tables 24a & b describe female and male all stages age-adjusted colon and rectum cancers incidence rate and mortality rate, respectively.

Table 24a - Colon and Rectum Cancers Age-Adjusted Incidence Rate per 100,000 Population, 2014-2018

Female & Male, All Stages	Middlesex County	CT	United States
All Ages			
All Races (includes Hispanic)	34.2	35.0	38.0
White Non-Hispanic	34.4	34.0	38.0
Black (includes Hispanic)	36.4	36.1	42.9
Hispanic (any race)	*	39.6	33.6
By Age <50			
All Races (includes Hispanic)	8.5	8.2	8.4
White Non-Hispanic	8.7	7.9	9.0
Black (includes Hispanic)	*	8.5	8.5
Hispanic (any race)	*	8.8	6.5
By Age 50+			
All Races (includes Hispanic)	101.4	105.1	116.0
White Non-Hispanic	101.8	102.4	114.4
Black (includes Hispanic)	*	108.5	133.2
Hispanic (any race)	*	120.0	105.1
By Age <65			
All Races (includes Hispanic)	18.6	17.6	19.1
White Non-Hispanic	18.8	16.6	19.1
Black (includes Hispanic)	*	19.2	22.3
Hispanic (any race)	*	20.3	16.3
By Age 65+			
All Races (includes Hispanic)	141.7	155.6	169.0
White Non-Hispanic	142.2	154.8	168.7
Black (includes Hispanic)	*	153.3	185.4
Hispanic (any race)	*	172.7	153.6

Table 24b - Colon and Rectum Cancers Age-Adjusted Mortality Rate per 100,000 Population, 2015-2019

Female & Male, All Stages	Middlesex County	CT	United States
All Ages			
All Races (includes Hispanic)	10.5	10.5	13.4
White Non-Hispanic	11.0	10.6	13.4
Black (includes Hispanic)	*	11.1	17.6
Hispanic (any race)	*	8.5	10.8
By Age <50			
All Races (includes Hispanic)	*	1.4	1.8
White Non-Hispanic	*	1.5	1.9
Black (includes Hispanic)	*	2.4	2.3
Hispanic (any race)	*	*	1.4
By Age 50+			
All Races (includes Hispanic)	33.2	34.2	43.8
White Non-Hispanic	34.2	34.6	43.4
Black (includes Hispanic)	*	33.9	57.5
Hispanic (any race)	*	29.0	35.6
By Age <65			
All Races (includes Hispanic)	3.9	3.5	4.9
White Non-Hispanic	4.2	3.5	4.9
Black (includes Hispanic)	*	4.9	6.8
Hispanic (any race)	*	2.3	3.8
By Age 65+			
All Races (includes Hispanic)	55.6	59.0	72.3
White Non-Hispanic	57.8	60.0	72.1
Black (includes Hispanic)	*	53.7	91.7
Hispanic (any race)	*	51.8	59.5

A record denoting “ * ” indicates where data has been suppressed to ensure confidentiality and stability of rate estimates; counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category (State Cancer Profiles, 2022)

National Cancer Institute and Centers for Disease Control and Prevention State Cancer Profiles, <https://statecancerprofiles.cancer.gov>

Lung and Bronchus Cancers - Tables 25a & b describe female and male all stages age-adjusted lung and bronchus cancers incidence rate and mortality rate, respectively.

Table 25a - Lung and Bronchus Cancers Age-Adjusted Incidence Rate per 100,000 Population, 2014-2018

Female & Male, All Stages	Middlesex County	CT	United States
All Ages			
All Races (includes Hispanic)	60.1	57.7	57.3
White Non-Hispanic	61.2	60.1	61.6
Black (includes Hispanic)	63.6	52.0	58.0
Hispanic (any race)	*	43.6	29.0
By Age <50			
All Races (includes Hispanic)	*	2.7	3.2
White Non-Hispanic	*	3.0	3.7
Black (includes Hispanic)	*	2.4	3.2
Hispanic (any race)	*	2.0	1.5
By Age 50+			
All Races (includes Hispanic)	211.9	201.8	199.0
White Non-Hispanic	215.0	209.5	213.6
Black (includes Hispanic)	230.3	181.9	201.6
Hispanic (any race)	*	152.5	101.1
By Age <65			
All Races (includes Hispanic)	17.3	16.7	18.2
White Non-Hispanic	17.5	17.4	20.1
Black (includes Hispanic)	*	16.9	20.9
Hispanic (any race)	*	12.3	7.4
By Age 65+			
All Races (includes Hispanic)	356.5	341.6	327.1
White Non-Hispanic	362.9	354.9	348.9
Black (includes Hispanic)	384.8	294.5	314.8
Hispanic (any race)	*	259.4	178.6

Table 25b - Lung and Bronchus Cancers Age-Adjusted Mortality Rate per 100,000 Population, 2015-2019

Female & Male, All Stages	Middlesex County	CT	United States
All Ages			
All Races (includes Hispanic)	31.1	31.5	36.7
White Non-Hispanic	32.0	33.4	39.9
Black (includes Hispanic)	38.0	29.0	38.1
Hispanic (any race)	*	15.2	16.2
By Age <50			
All Races (includes Hispanic)	*	1.2	1.4
White Non-Hispanic	*	1.2	1.7
Black (includes Hispanic)	*	1.2	1.5
Hispanic (any race)	*	1.1	0.6
By Age 50+			
All Races (includes Hispanic)	111.3	111.0	129.2
White Non-Hispanic	114.6	117.8	139.8
Black (includes Hispanic)	*	101.7	133.8
Hispanic (any race)	*	52.3	56.9
By Age <65			
All Races (includes Hispanic)	8.0	7.5	9.9
White Non-Hispanic	8.3	8.0	11.1
Black (includes Hispanic)	*	7.7	11.5
Hispanic (any race)	*	3.9	3.3
By Age 65+			
All Races (includes Hispanic)	190.8	197.7	222.0
White Non-Hispanic	195.4	209.0	238.3
Black (includes Hispanic)	*	176.4	221.5
Hispanic (any race)	*	93.4	105.4

A record denoting “ * ” indicates where data has been suppressed to ensure confidentiality and stability of rate estimates; counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category (State Cancer Profiles, 2022)

National Cancer Institute and Centers for Disease Control and Prevention State Cancer Profiles, <https://statecancerprofiles.cancer.gov>

Melanoma of the Skin – Tables 26a & b describe female and male all stages age-adjusted melanoma of the skin incidence rate and mortality rate, respectively.

Table 26a - Melanoma of the Skin Age-Adjusted Incidence Rate per 100,000 Population, 2014-2018

Female & Male, All Stages	Middlesex County	CT	United States
All Ages			
All Races (includes Hispanic)	24.6	20.0	22.6
White Non-Hispanic	26.0	23.7	29.4
Black (includes Hispanic)	*	1.0	1.0
Hispanic (any race)	*	5.9	4.6
By Age <50			
All Races (includes Hispanic)	8.1	5.7	7.5
White Non-Hispanic	9.0	8.1	11.3
Black (includes Hispanic)	*	*	0.2
Hispanic (any race)	*	1.0	1.4
By Age 50+			
All Races (includes Hispanic)	68.0	57.4	62.5
White Non-Hispanic	70.4	64.4	77.1
Black (includes Hispanic)	*	*	2.9
Hispanic (any race)	*	18.5	13.0
By Age <65			
All Races (includes Hispanic)	13.8	10.5	12.8
White Non-Hispanic	15.1	13.4	17.8
Black (includes Hispanic)	1.0	1.0	0.4
Hispanic (any race)	1.0	2.3	2.5
By Age 65+			
All Races (includes Hispanic)	99.4	86.2	90.8
White Non-Hispanic	101.4	94.6	109.0
Black (includes Hispanic)	*	*	4.5
Hispanic (any race)	*	30.8	19.2

Table 26b - Melanoma of the Skin Age-Adjusted Mortality Rate per 100,000 Population, 2015-2019

Female & Male, All Stages	Middlesex County	CT	United States
All Ages			
All Races (includes Hispanic)	1.9	2.0	2.2
White Non-Hispanic	2.0	2.3	2.8
Black (includes Hispanic)	*	*	0.3
Hispanic (any race)	*	*	0.6
By Age <50			
All Races (includes Hispanic)	*	0.4	0.4
White Non-Hispanic	*	0.5	0.6
Black (includes Hispanic)	*	*	0.0
Hispanic (any race)	*	*	0.1
By Age 50+			
All Races (includes Hispanic)	5.6	6.2	6.8
White Non-Hispanic	6.1	7.1	8.5
Black (includes Hispanic)	*	*	1.0
Hispanic (any race)	*	*	2.0
By Age <65			
All Races (includes Hispanic)	*	0.6	0.8
White Non-Hispanic	*	0.9	1.2
Black (includes Hispanic)	*	*	0.1
Hispanic (any race)	*	*	0.3
By Age 65+			
All Races (includes Hispanic)	*	11.1	11.3
White Non-Hispanic	*	12.6	13.8
Black (includes Hispanic)	*	*	1.7
Hispanic (any race)	*	*	3.4

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National Cancer Institute and Centers for Disease Control and Prevention State Cancer Profiles, <https://statecancerprofiles.cancer.gov>

Prostate Cancer - Tables 27a & b describe male all stages age-adjusted prostate cancer incidence rate and mortality rate, respectively.

Table 27a - Prostate Cancer Age-Adjusted Incidence Rate per 100,000 Population, 2014-2018

Male, All Stages	Middlesex County	CT	United States
All Ages			
All Races (includes Hispanic)	103.8	114.4	106.2
White Non-Hispanic	101.0	108.8	99.9
Black (includes Hispanic)	143.1	165.7	168.6
Hispanic (any race)	*	106.1	83.9
By Age <50			
All Races (includes Hispanic)	*	4.0	3.9
White Non-Hispanic	*	3.6	3.4
Black (includes Hispanic)	*	8.2	9.6
Hispanic (any race)	*	2.6	2.1
By Age 50+			
All Races (includes Hispanic)	370.0	403.5	374.3
White Non-Hispanic	362.4	384.1	352.8
Black (includes Hispanic)	468.6	578.0	585.5
Hispanic (any race)	*	377.2	298.5
By Age <65			
All Races (includes Hispanic)	37.4	46.2	42.8
White Non-Hispanic	36.3	42.4	39.4
Black (includes Hispanic)	73.0	77.7	79.9
Hispanic (any race)	*	42.1	28.1
By Age 65+			
All Races (includes Hispanic)	562.3	585.7	544.7
White Non-Hispanic	548.4	567.5	518.4
Black (includes Hispanic)	627.3	774.1	782.0
Hispanic (any race)	*	548.8	470.2

Table 27b - Prostate Cancer Age-Adjusted Mortality Rate per 100,000 Population, 2015-2019

Male, All Stages	Middlesex County	CT	United States
All Ages			
All Races (includes Hispanic)	18.8	18.0	18.9
White Non-Hispanic	19.1	17.4	17.8
Black (includes Hispanic)	*	31.1	36.9
Hispanic (any race)	*	14.4	15.6
By Age <50			
All Races (includes Hispanic)	*	*	0.1
White Non-Hispanic	*	*	0.1
Black (includes Hispanic)	*	*	0.2
Hispanic (any race)	*	*	0.1
By Age 50+			
All Races (includes Hispanic)	67.0	65.1	68.1
White Non-Hispanic	68.0	62.7	64.3
Black (includes Hispanic)	*	112.3	133.1
Hispanic (any race)	*	51.8	56.2
By Age <65			
All Races (includes Hispanic)	*	1.3	1.7
White Non-Hispanic	*	1.2	1.4
Black (includes Hispanic)	*	3.1	4.0
Hispanic (any race)	*	*	1.3
By Age 65+			
All Races (includes Hispanic)	137.0	133.5	137.8
White Non-Hispanic	139.5	129.1	131.1
Black (includes Hispanic)	*	225.3	264.2
Hispanic (any race)	*	108.6	114.7

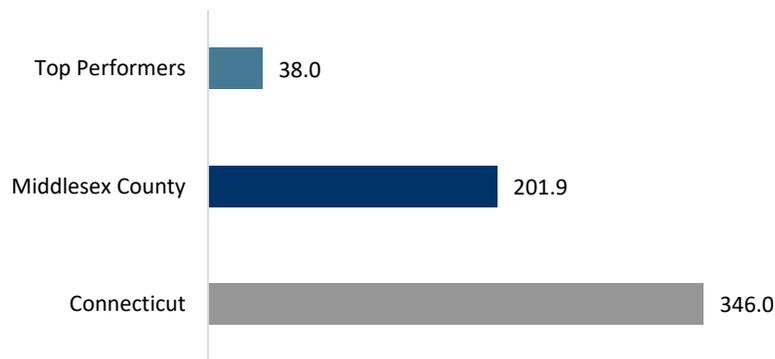
A record denoting “*” indicates where data has been suppressed to ensure confidentiality and stability of rate estimates; counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category (State Cancer Profiles, 2022)

National Cancer Institute and Centers for Disease Control and Prevention State Cancer Profiles, <https://statecancerprofiles.cancer.gov>

COMMUNICABLE DISEASE

For sexually transmitted infections, **Figure 141** compares the HIV (human immunodeficiency virus) prevalence rate per 100,000 population for people aged 13 years and older living with an HIV diagnosis for Middlesex County, Connecticut and the County Health Ranking and Roadmaps top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for HIV prevalence.

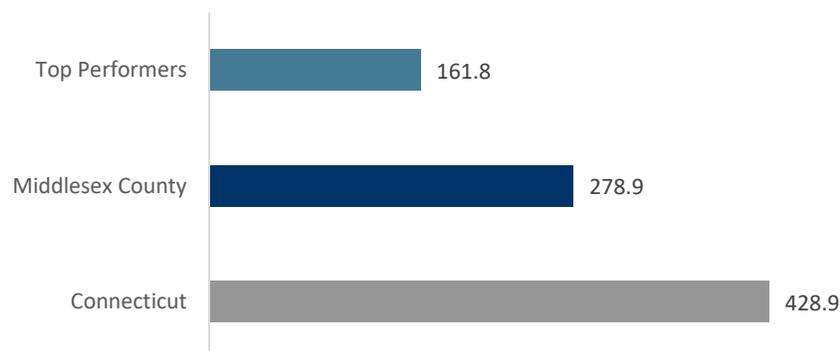
Figure 141 - HIV Prevalence Rate per 100,000 Population, 2019



County Health Rankings & Roadmaps 2022, <https://www.countyhealthrankings.org/>; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), 2019

Figure 142 compares number of newly diagnosed chlamydia cases rate per 100,000 population for Middlesex County, Connecticut and the County Health Ranking and Roadmaps top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for chlamydia incidence.

Figure 142 - Chlamydia Rate per 100,000 Population, Newly Diagnosed Cases, 2019

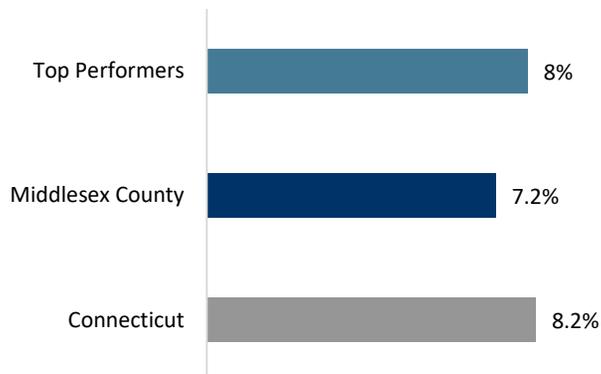


County Health Rankings & Roadmaps 2022, <https://www.countyhealthrankings.org/>; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), 2019

DIABETES

Figure 143 outlines the age-adjusted percentage of adult diabetes in Middlesex County, Connecticut and the County Health Ranking and Roadmaps top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for adult diabetes.

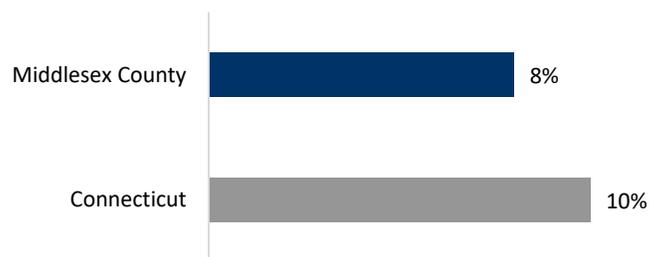
Figure 143 - Percent of Adult Diabetes, Age-Adjusted, 2019



County Health Rankings & Roadmaps 2022, <https://www.countyhealthrankings.org/>; The Behavioral Risk Factor Surveillance System (BRFSS), 2019

The DataHaven 2021 Community Wellbeing Survey asked respondents if they have ever been told by a doctor or health professional that they have diabetes. **Figure 144** compares the total “Yes” responses from Middlesex County to the state of Connecticut.

Figure 144 - Middlesex County & Connecticut Percent of “Yes” Responses for Diabetes, 2021

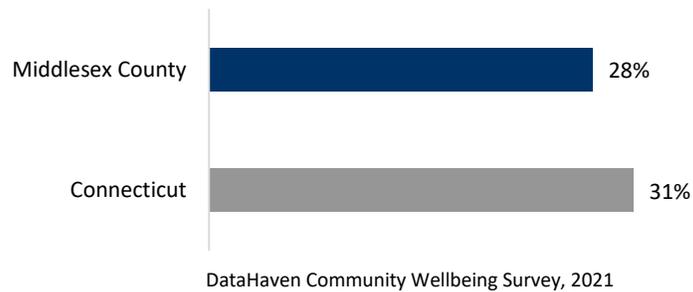


DataHaven Community Wellbeing Survey, 2021

HYPERTENSION

The DataHaven 2021 Community Wellbeing Survey asked respondents if they have ever been told by a doctor or health professional that they have high blood pressure or hypertension. **Figure 145** compares the Total “Yes” responses from Middlesex County to the state of Connecticut.

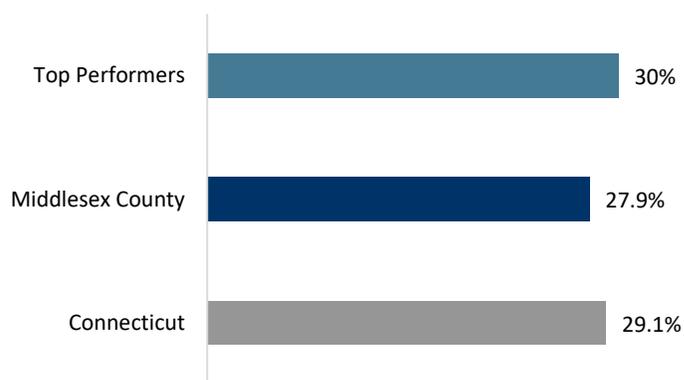
Figure 145 - Middlesex County & Connecticut Percent of “Yes” Responses for Hypertension, 2021



OBESITY

Obesity increases the risk for many serious diseases and health conditions, including all-causes of death (mortality); high blood pressure (hypertension); high LDL cholesterol, low HDL cholesterol, or high levels of triglycerides (dyslipidemia); type 2 diabetes; coronary heart disease; stroke; gallbladder disease; osteoarthritis (a breakdown of cartilage and bone within a joint); sleep apnea and breathing problems; many types of cancer; low quality of life; mental health issues; body pain and difficulty with physical functioning (CDC, 2022). The Behavioral Risk Factor Surveillance Survey (BRFSS) asked adult respondents to self-report their height and weight and BMIs were calculated from the reported values. Adult obesity is defined as having a Body Mass Index greater (BMI) than or equal to 30 kg/m². **Figure 146** outlines the age-adjusted percentage of adult obesity in Middlesex County, Connecticut and the County Health Ranking and Roadmaps top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for adult obesity.

Figure 146 - Percent of Adult Obesity, Age-Adjusted, 2019



County Health Rankings & Roadmaps 2022, <https://www.countyhealthrankings.org/>; The Behavioral Risk Factor Surveillance System (BRFSS). 2019

The DataHaven 2021 Community Wellbeing Survey asked respondents about their Body Mass Index. DataHaven calculated BMI based on self-reported height and weight and categorized responses into the standard BMI categories of Underweight, Normal Weight, Overweight and Obese. **Figure 147** compares the total responses from Middlesex County compared to the state of Connecticut. **Figures 148a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A14a-d**.

Figure 147 - Middlesex County & Connecticut Body Mass Index Categories, 2021

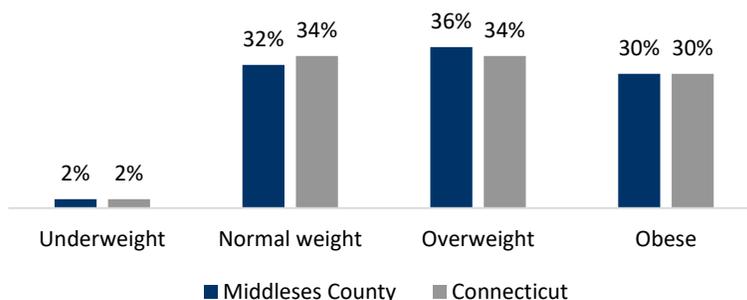


Figure 148a - Middlesex County Body Mass Index Categories by Age, 2021

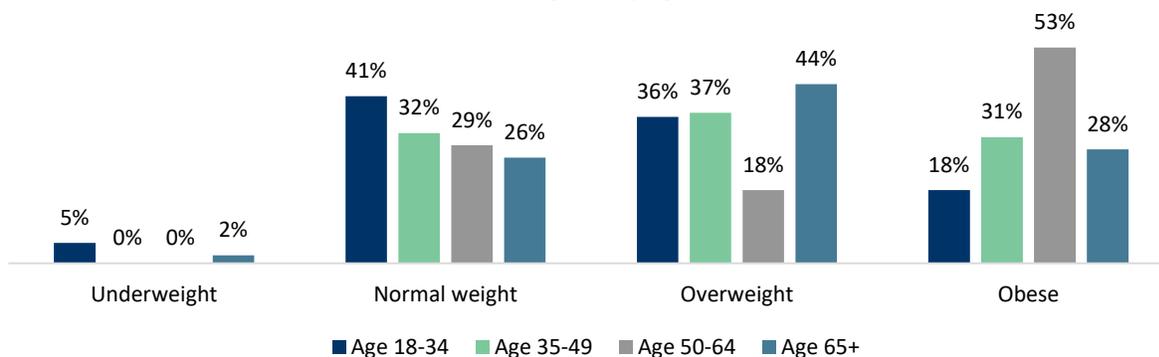
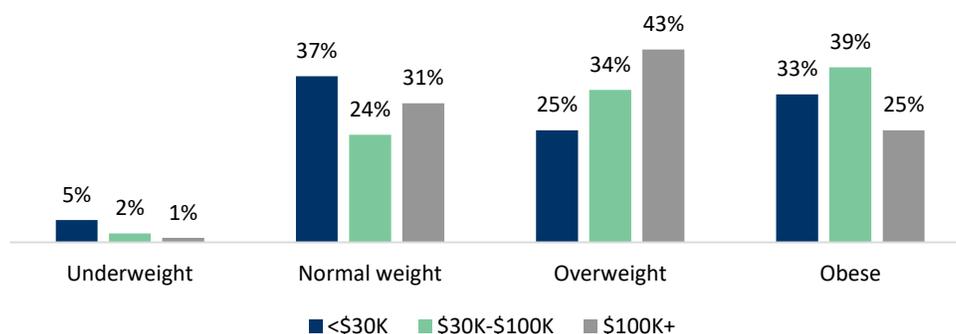


Figure 148b - Middlesex County Body Mass Index Categories by Income Level, 2021



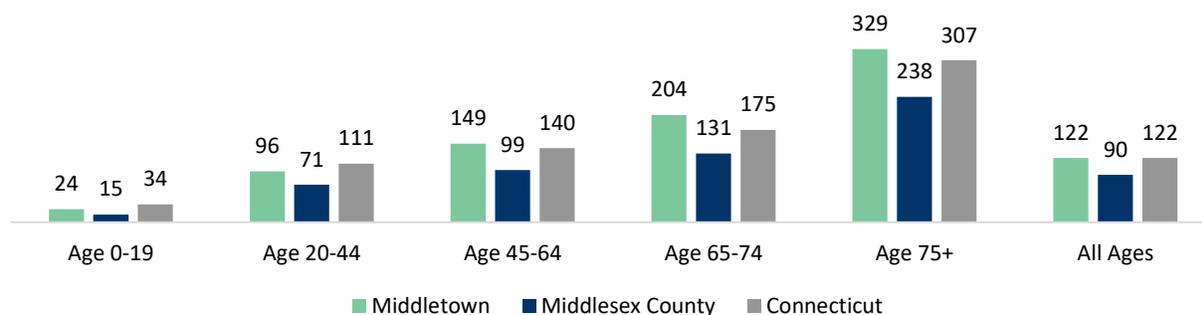
DataHaven Community Wellbeing Survey, 2021

COMMUNICABLE DISEASES – CHIMEDATA STUDY

This section reviews the communicable diseases indicator encounter rates from the DataHaven ChimeData study for Middletown, Middlesex County and Connecticut for the 2018-October 2021 time frame.

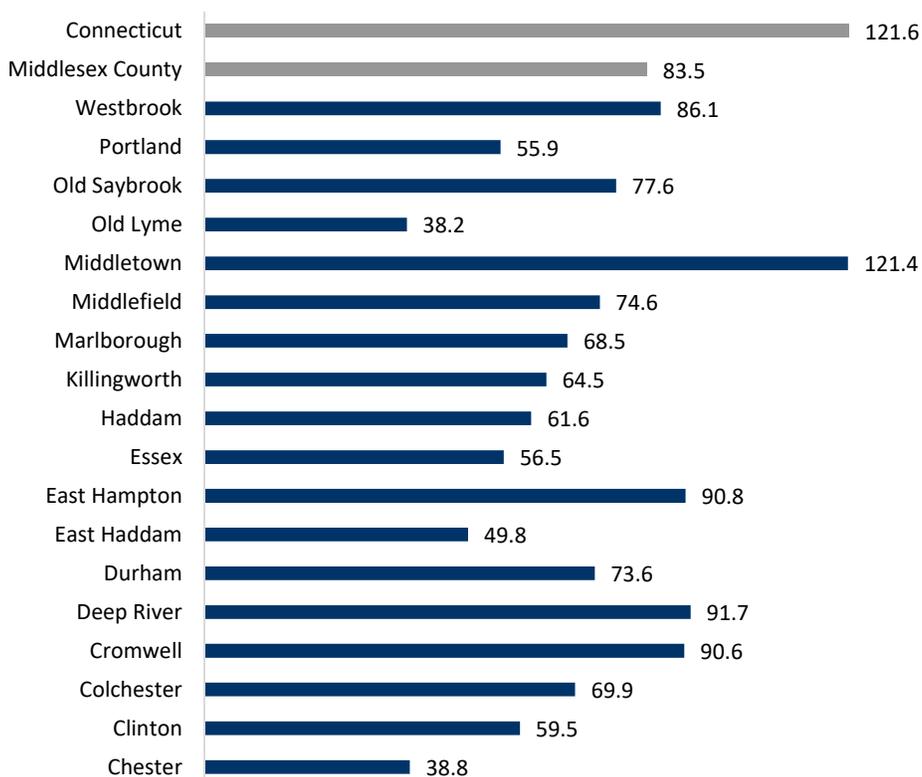
COVID-19

Figure 149 - COVID-19, Annualized Encounter Rates per 10,000 Residents by Age, 2020-2021



DataHaven Analysis of CHA CHIME data, 2022

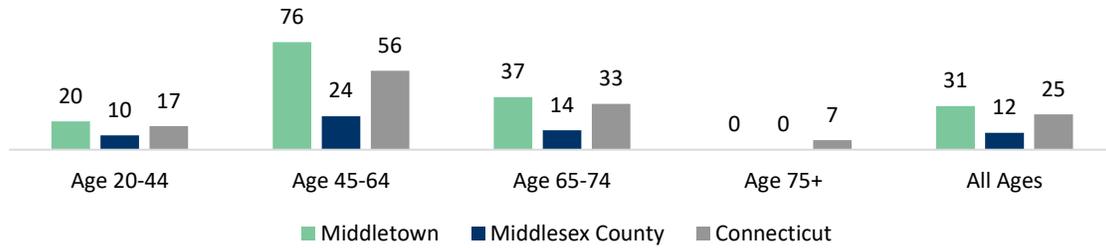
Figure 150 - COVID-19, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

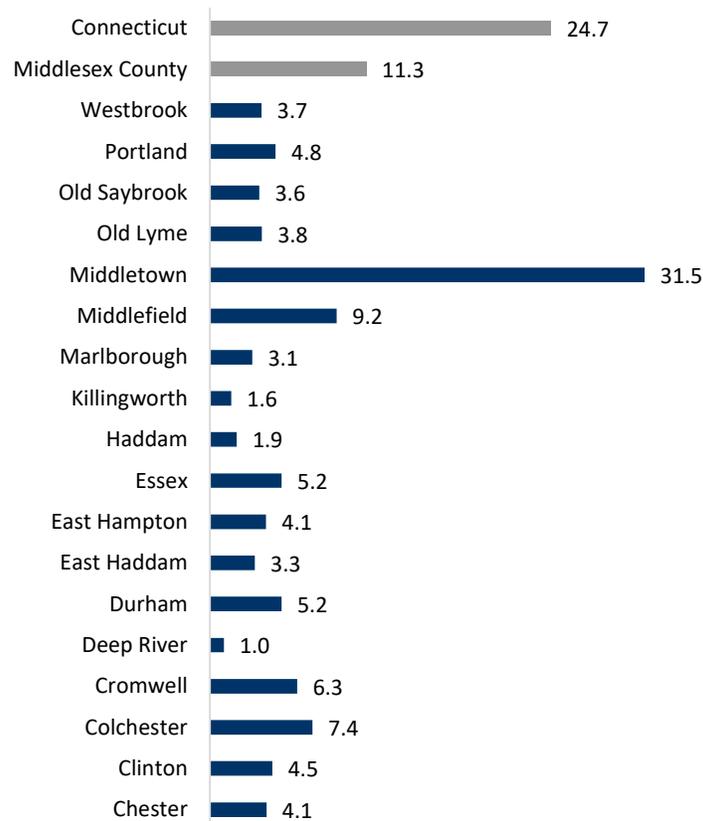
Figure 151 - HIV, Annualized Encounter Rates per 10,000 Residents by Age, 2020-2021



Note: data points that have no value indicate where data has been suppressed as there was either a small number of encounters or not enough of a population from which to generalize

DataHaven Analysis of CHA CHIME data, 2022

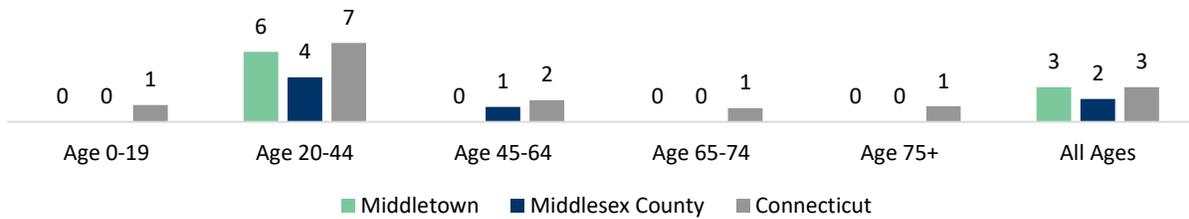
Figure 152 - HIV, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

SEXUALLY TRANSMITTED INFECTIONS (STI)

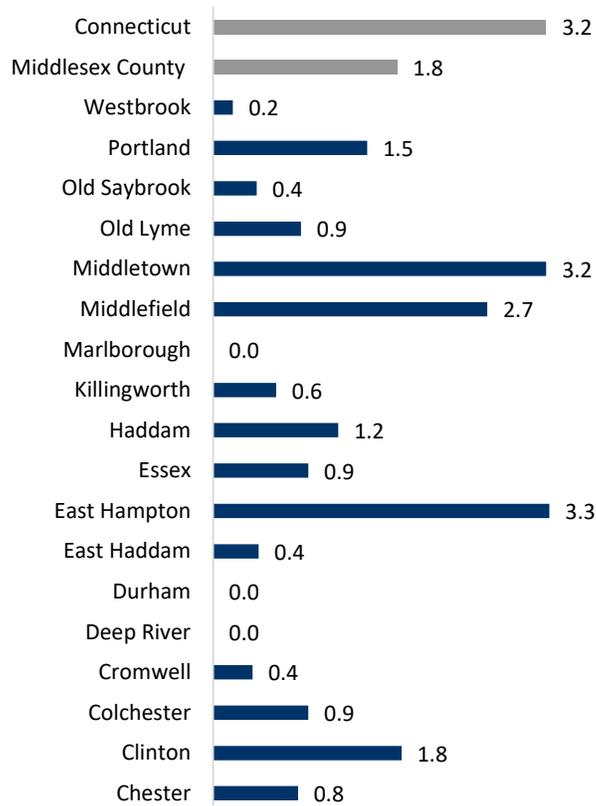
Figure 153 - STI, Annualized Encounter Rates per 10,000 Residents by Age, 2020-2021



Note: data points that have no value indicate where data has been suppressed as there was either a small number of encounters or not enough of a population from which to generalize

DataHaven Analysis of CHA CHIME data, 2022

Figure 154 - STI, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



Note: data points that have no value indicate where data has been suppressed as there was either a small number of encounters or not enough of a population from which to generalize

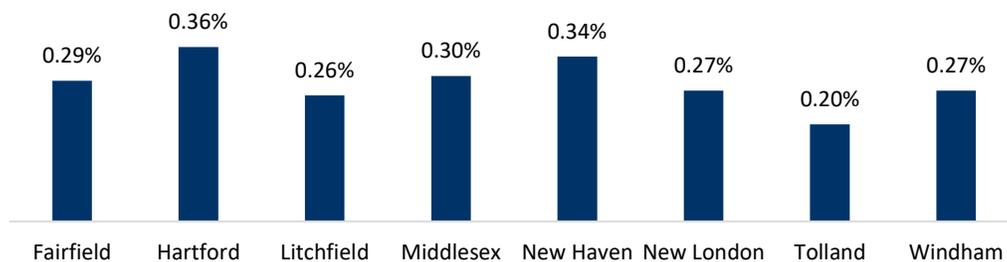
DataHaven Analysis of CHA CHIME data, 2022

SPECIFIC CAUSE MORTALITY

COVID-19 MORTALITY

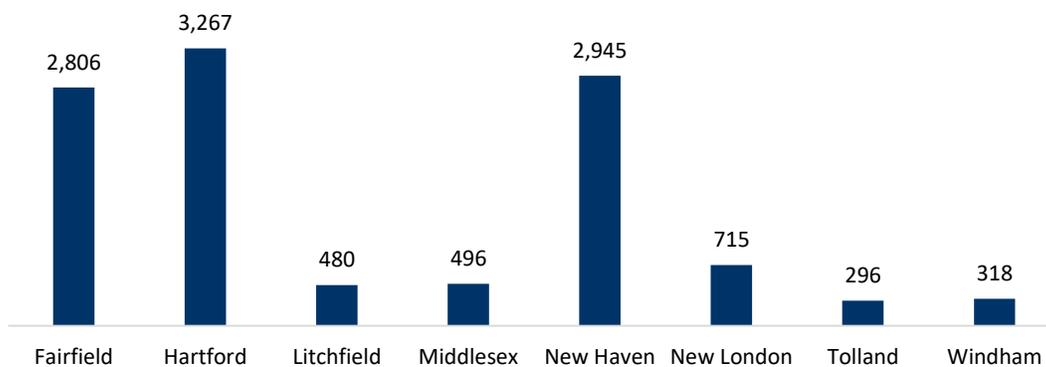
Figures 155 and **156** depict the cumulative COVID-19 death rate and number of deaths, respectively, as of September 18, 2022 for the eight counties in Connecticut. **Table 28** provides the cumulative death rate and number of deaths as of September 18, 2022 for the towns in Middlesex Health's service area. Of note, this data is not available disaggregated by age, gender, race and ethnicity.

Figure 155 - Cumulative COVID-19 Death Rates, Counties in Connecticut, as of September 18, 2022



CT Data.gov; <https://data.ct.gov/>

Figure 156 - Cumulative Number of COVID-19 Death, Counties in Connecticut, as of September 18, 2022



CT Data.gov; <https://data.ct.gov/>

Table 28 - Cumulative COVID-19 Deaths and Death Rates, as of September 18, 2022

Location	Number of Deaths	Death Rate (%)	Location	Number of Deaths	Death Rate (%)
Chester	19	0.45%	Killingworth	11	0.17%
Clinton	15	0.12%	Lyme	1	0.04%
Colchester	45	0.28%	Marlborough	31	0.49%
Cromwell	66	0.48%	Middlefield	5	0.11%
Deep River	2	0.05%	Middletown	188	0.41%
Durham	9	0.13%	Old Lyme	4	0.05%
East Haddam	24	0.27%	Old Saybrook	67	0.67%
East Hampton	25	0.20%	Portland	30	0.32%
Essex	14	0.21%	Westbrook	10	0.15%
Haddam	11	0.13%	Middlesex County	496	0.30%

CT Data.gov; <https://data.ct.gov/>

INFANT MORTALITY

Figure 157 compares the infant mortality rate for Middletown, Middlesex County and Connecticut. As infant mortality data disaggregated by race and ethnicity are not available for Middletown and Middlesex County, **Figure 158** serves as proxy data. In Connecticut, Black infants are 3.1 times more likely to die compared to white infants (DataHaven, 2022).

Figure 157 - Infant Mortality Rate per 1,000 Live Births, 2016-2018

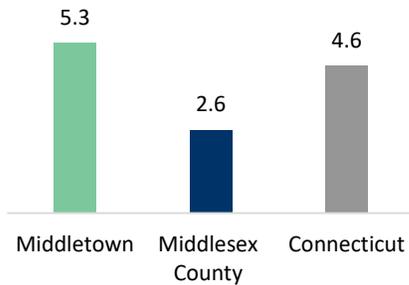
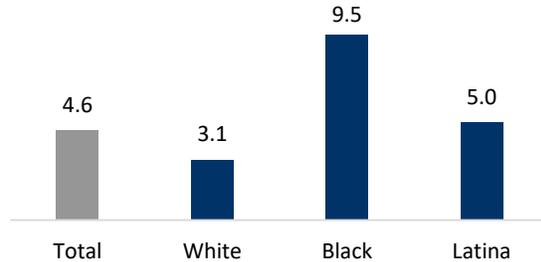


Figure 158 - Connecticut Infant Mortality Rate per 1,000 Live Births, 2016-2018

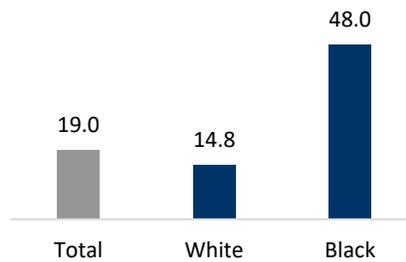


DataHaven Middlesex County 2022 Equity Profile; DataHaven analysis (2021) of data from the Connecticut Department of Public Health Vital Statistics. Retrieved from <https://portal.ct.gov/DPH/Health-Information--Systems--Reporting/HisHome/Vital-Statistics-Registration-Reports>

MATERNAL MORTALITY

As maternal mortality data disaggregated by race and ethnicity are not available for Middletown and Middlesex County, **Figure 159** serves as proxy data. In Connecticut, Black parents giving birth are 3.2 times more likely to die from complications during pregnancy or childbirth compared to white parents giving birth (DataHaven, 2022).

Figure 159 - Connecticut Maternal Mortality
Rate per 100,000 Births, 2013-2017



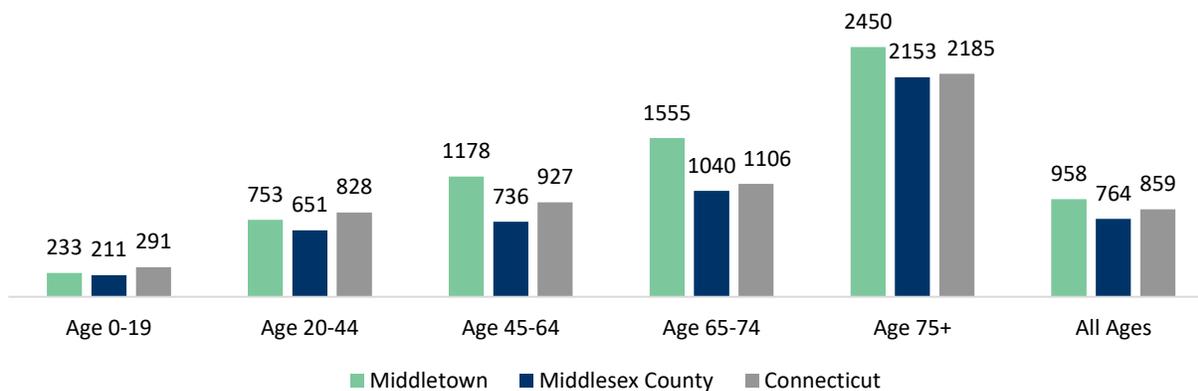
DataHaven Middlesex County 2022 Equity Profile; DataHaven analysis (2021) of America's Health Rankings analysis of CDC WONDER Online Database, Mortality files, United Health Foundation. Retrieved from <https://www.americashealthrankings>

MENTAL HEALTH INDICATORS – CHIMEDATA STUDY

This section reviews the mental health indicator encounter rates from the DataHaven ChimeData study for Middletown, Middlesex County and Connecticut for the 2018-October 2021 time frame.

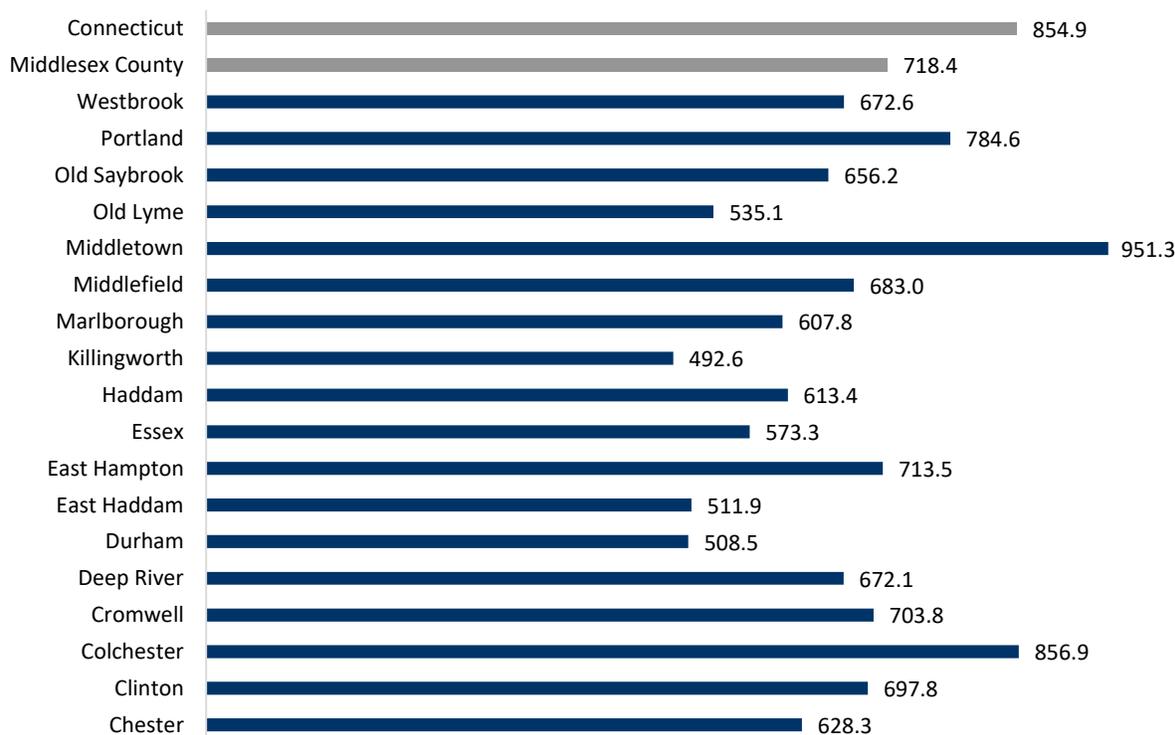
MENTAL HEALTH CONDITIONS

Figure 160 - Mental Health Conditions, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

Figure 161 - Mental Health Conditions, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

MENTAL HEALTH

2-1-1 MENTAL HEALTH & BEHAVIORAL HEALTH ACCESS REQUESTS

There was an increase in 2-1-1 total requests for Middletown and Middlesex County in 2020 for the Mental Health & Addictions category followed by a decrease in 2021 (**Figure 162**). **Figure 163** describes the percentage of mental health and addictions requests from Middletown relative to the remainder of Middlesex County (excluding Middletown); the majority of the requests in the 2018-2021 timeframe are from Middletown (range of 73% - 57%) when compared to the remainder of Middlesex County.

Figure 162 - Number of 2-1-1 Mental Health & Addictions Requests for Middletown & Middlesex County, 2018-2021

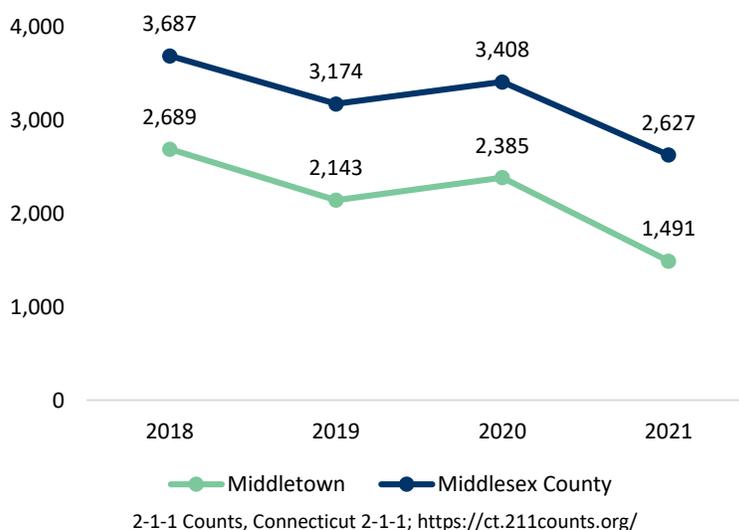
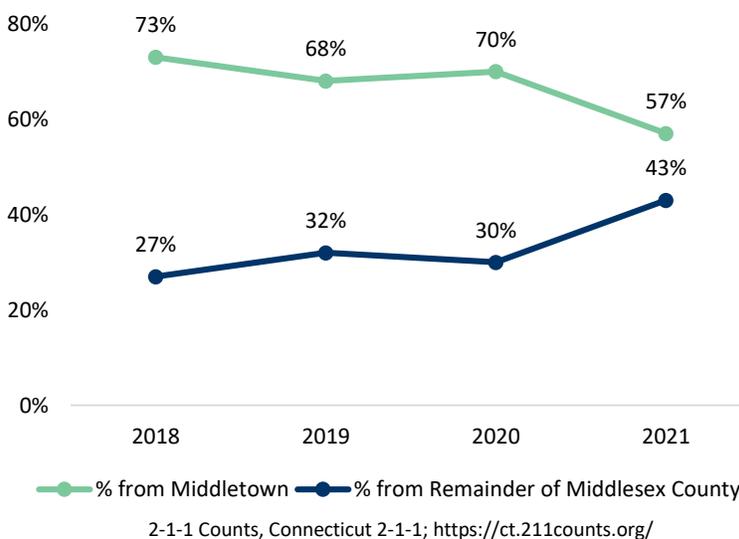
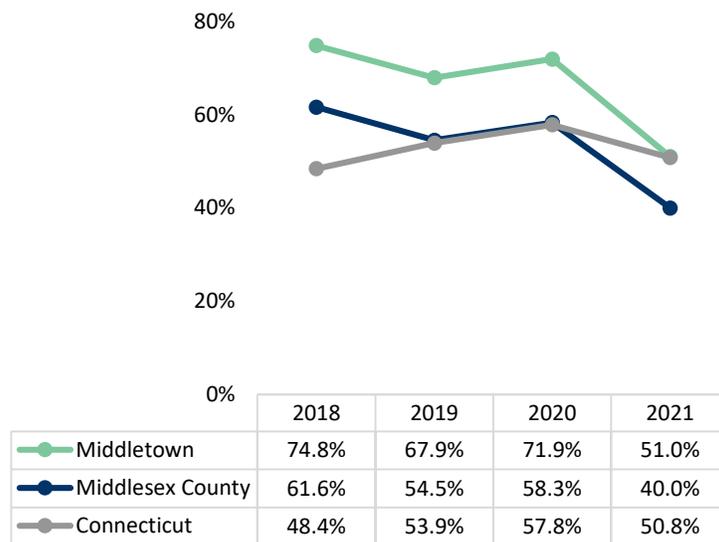


Figure 163 - Percent of 2-1-1 Mental Health & Addictions Requests for Middletown & Remainder of Middlesex County, 2018-2021



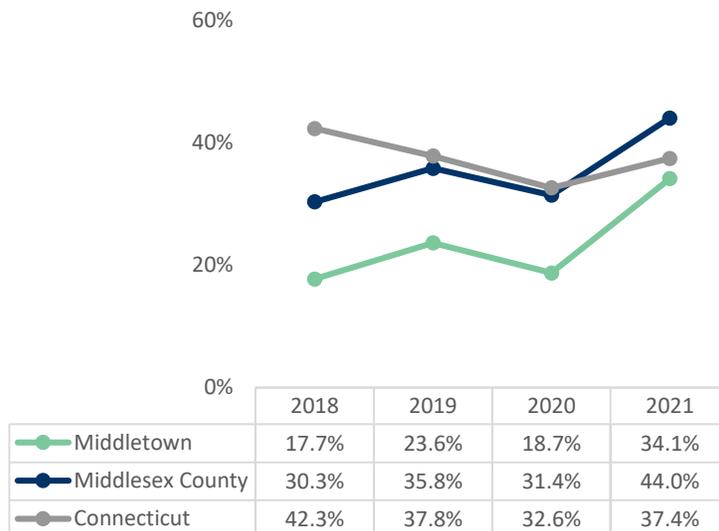
Figures 164, 165 and 166 represent the top three 2-1-1- Mental Health & Addictions subcategory requests (Mental Health Services; Crisis Intervention & Suicide; and Substance Abuse & Addictions) for Middletown, Middlesex County and Connecticut for the 2018-2021 time-period. Mental health requests (**Figure 164**) decreased for Middletown and Middlesex County in 2021, which is likely due to the percentage increase in the other mental health related subcategories during this time frame. There was a significant increase in crisis intervention and suicide requests (**Figure 165**) in 2021 in Middletown and Middlesex County.

Figure 164 - 2-1-1 Percent of Mental Health Requests, 2018-2021



2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

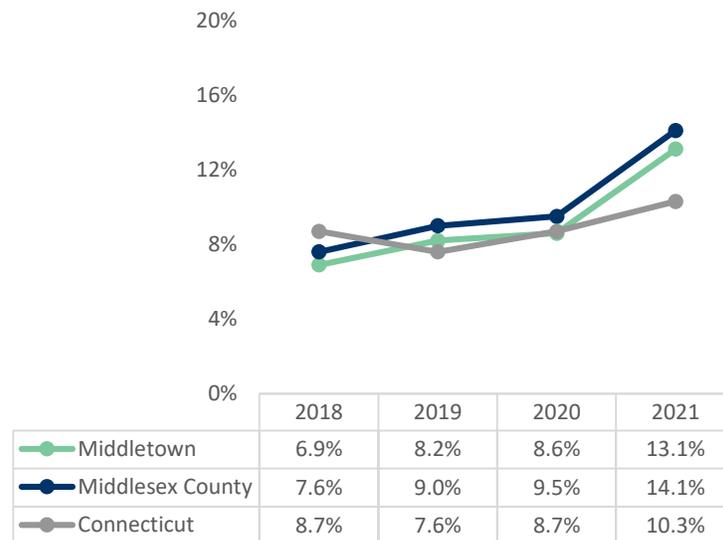
Figure 165 - 2-1-1 Percent of Crisis Intervention & Suicide Requests, 2018-2021



2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

There was a marked increase in substance abuse and addictions requests (**Figure 166**) in 2021 in Middletown and Middlesex County.

Figure 166 - 2-1-1 Percent of Substance Abuse & Addictions Requests, 2018-2021



2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

DATAHAVEN 2021 COMMUNITY WELLBEING SURVEY – MENTAL HEALTH & WELL-BEING

The DataHaven 2021 Community Wellbeing Survey asked respondents mental health and well-being questions as measured by anxiety level and feeling down, depressed or hopeless. **Figure 167** compares the total responses from Middlesex County to the state of Connecticut for the question “*overall, how anxious did you feel yesterday?*” **Figures 168a & b** present responses for Middlesex County by age and income level, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A15a-d**.

Figure 167 - Middlesex County & Connecticut Total Responses for “How Anxious as of Yesterday?”, 2021

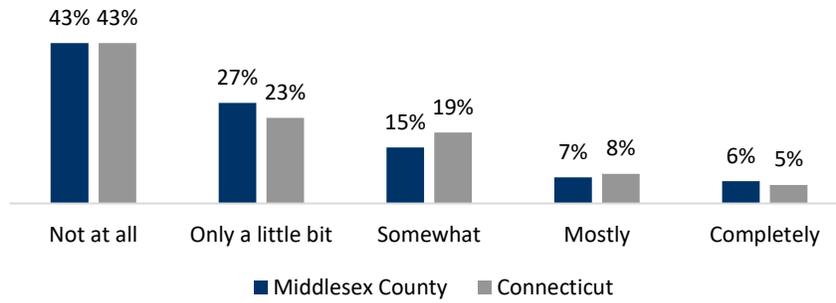


Figure 168a - Middlesex County Responses for “How Anxious as of Yesterday?” by Age, 2021

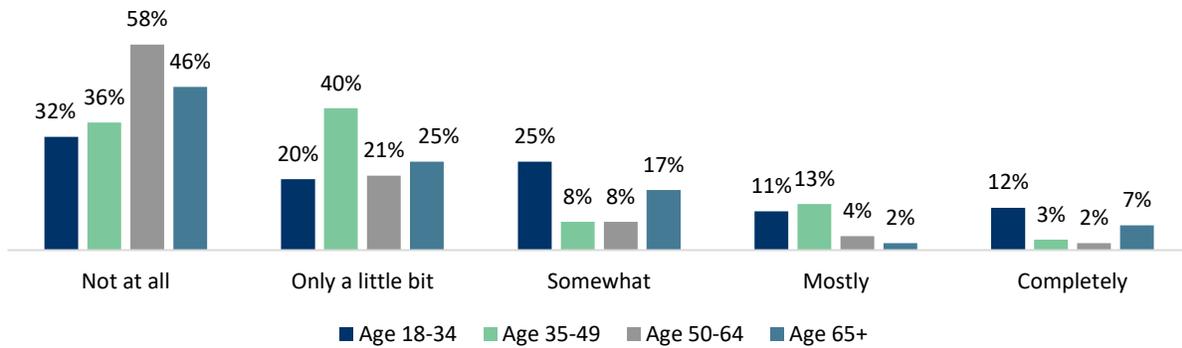
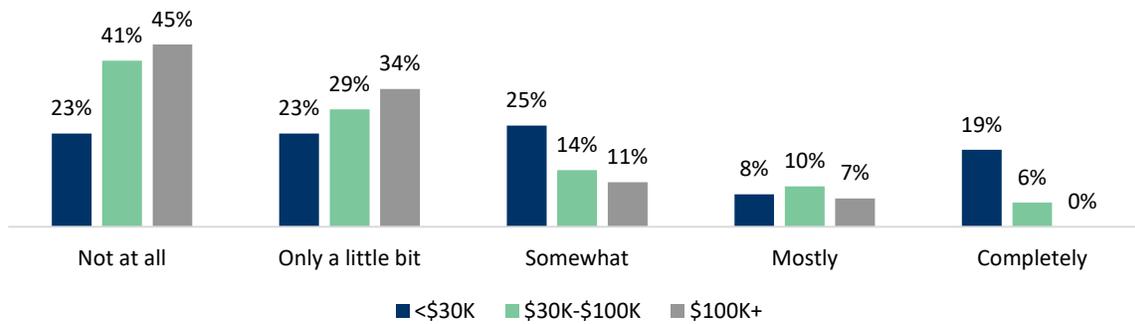


Figure 168b - Middlesex County Responses for “How Anxious as of Yesterday?” by Income Level, 2021



DataHaven Community Wellbeing Survey, 2021

Figure 169 compares the total responses from Middlesex County to the state of Connecticut for the question “over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?” **Figures 170a & b** present responses for Middlesex County by age and income level, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A16a-d**.

Figure 169 - Middlesex County & Connecticut Total Responses for “How Often Feeling Down, Depressed, or Hopeless?” 2021

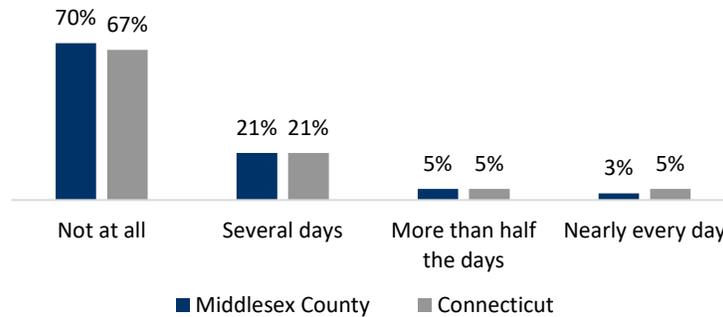


Figure 170a - Middlesex County Responses for “How Often Feeling Down, Depressed, or Hopeless?” by Age, 2021

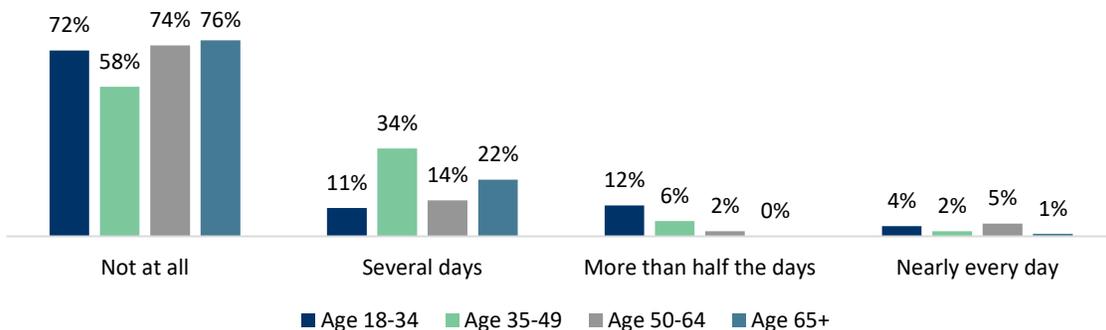
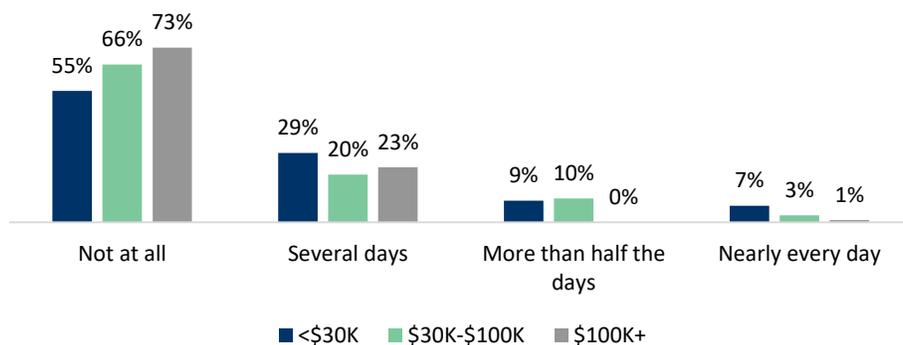


Figure 170b - Middlesex County Responses for “How Often Feeling Down, Depressed, or Hopeless?” by Income Level, 2021



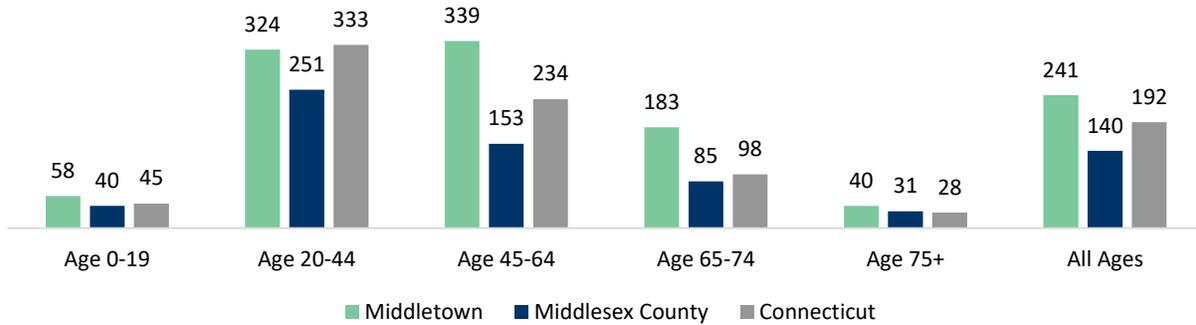
DataHaven Community Wellbeing Survey, 2021

HEALTH BEHAVIOR INDICATORS – CHIMEDATA STUDY

This section reviews the health behavior indicator encounter rates from the DataHaven ChimeData study for Middletown, Middlesex County and Connecticut for the 2018-October 2021 time frame.

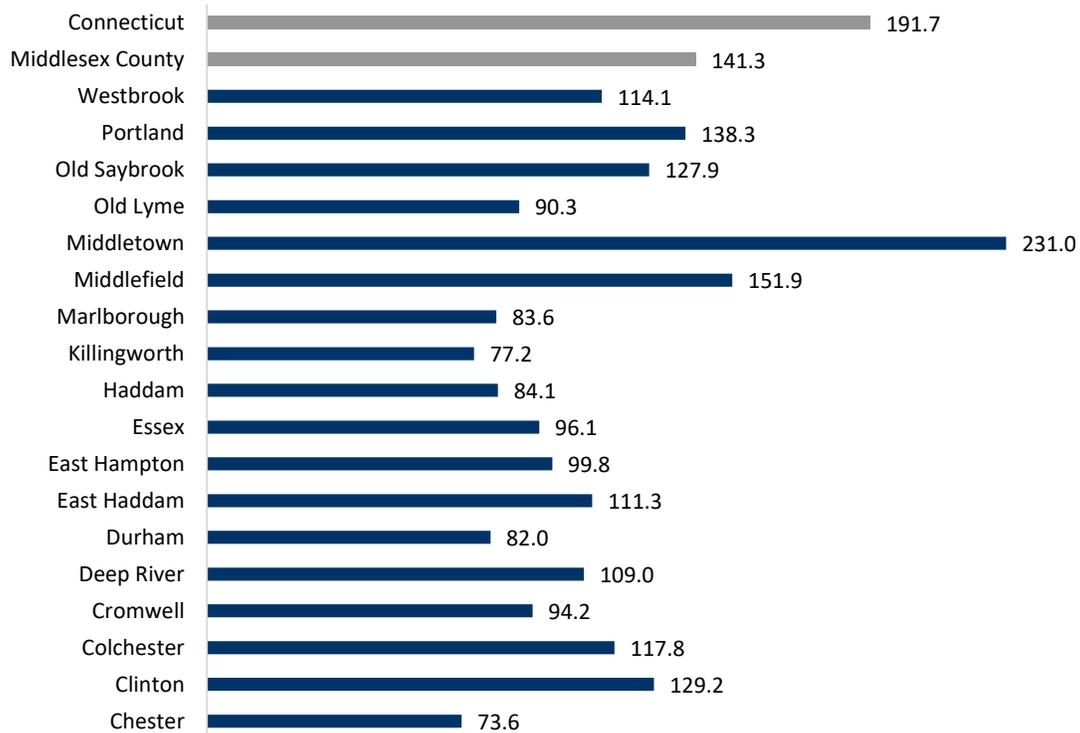
SUBSTANCE USE DISORDER

Figure 171 - Substance Use Disorder, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

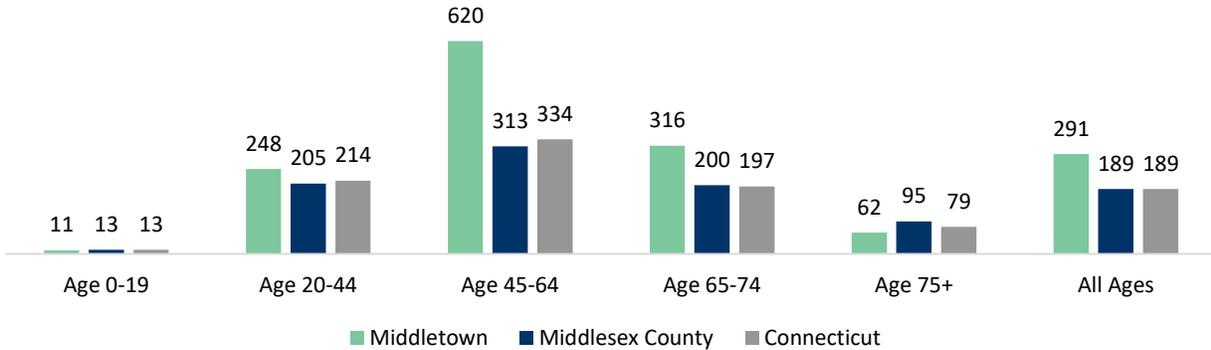
Figure 172 - Substance Use Disorder, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

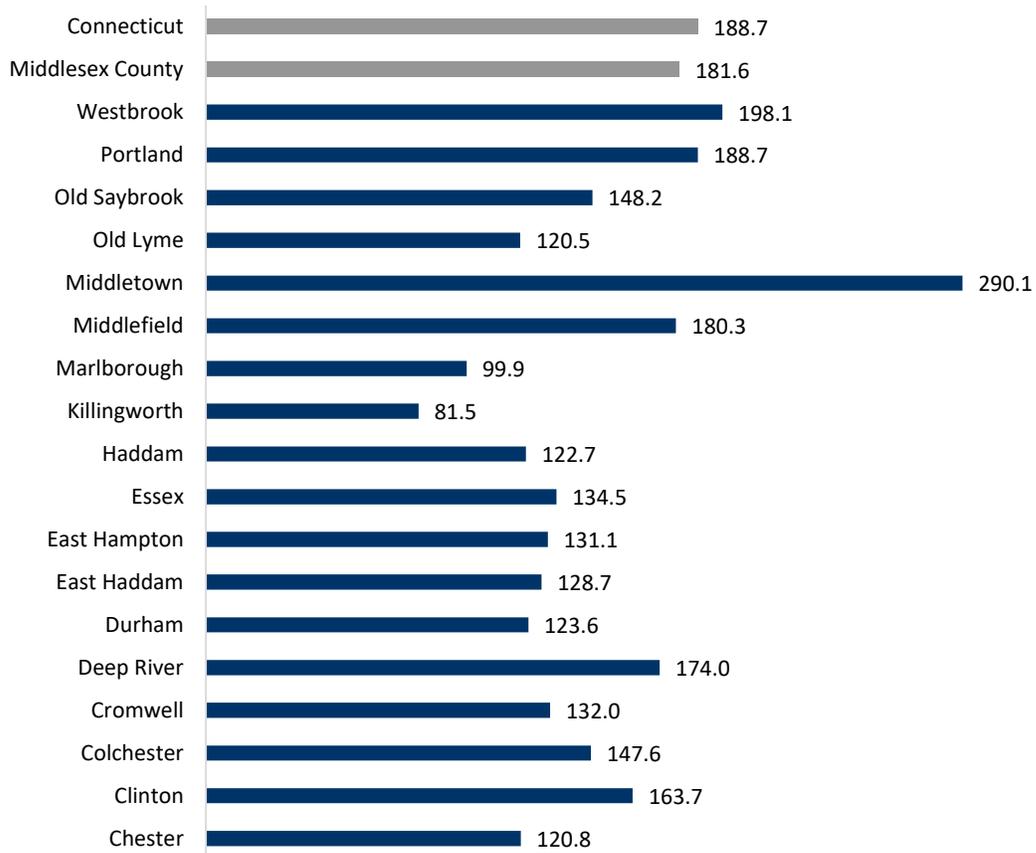
ALCOHOL USE

Figure 173 - Alcohol Use, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

Figure 174 - Alcohol Use, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021

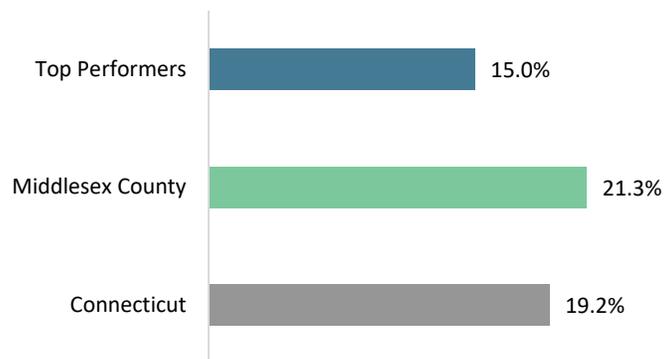


DataHaven Analysis of CHA CHIME data, 2022

ALCOHOL USE

Excessive drinking is a risk factor for many adverse health outcomes. Excessive drinking measures the percentage of a county's adult population that reports binge or heavy drinking in the past 30 days (County Health Rankings & Roadmaps, 2022). **Figure 175** compares the age-adjusted percentage of adults reporting binge or heavy drinking in Middlesex County to the state of Connecticut and the County Health Ranking and Roadmaps top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for excessive drinking.

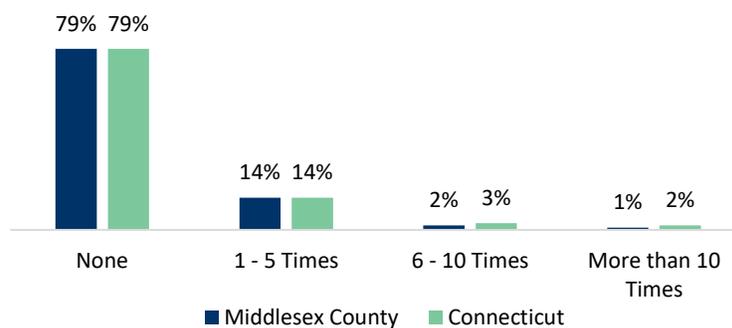
Figure 175 - Percent of Excessive Drinking, Age-Adjusted, 2019



County Health Rankings & Roadmaps 2022,
<https://www.countyhealthrankings.org/>; The Behavioral
 Risk Factor Surveillance System (BRFSS), 2019

The DataHaven 2021 Community Wellbeing Survey asked respondents questions about alcohol use, specifically, “*considering all types of alcoholic beverages, how many times during the past 30 days did you have 4/5 or more drinks on an occasion?*” and provided various frequency response options. **Figure 176** compares the total responses from Middlesex County to the state of Connecticut. **Figures 177a & b** present responses for Middlesex County by age and income levels, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A17a-d**.

Figure 176 - Middlesex County & Connecticut Total Responses for Drinks During the Past 30 Days, 2021



DataHaven Community Wellbeing Survey, 2021

Figure 177a - Middlesex County Responses for Drinks During the Past 30 Days by Age, 2021

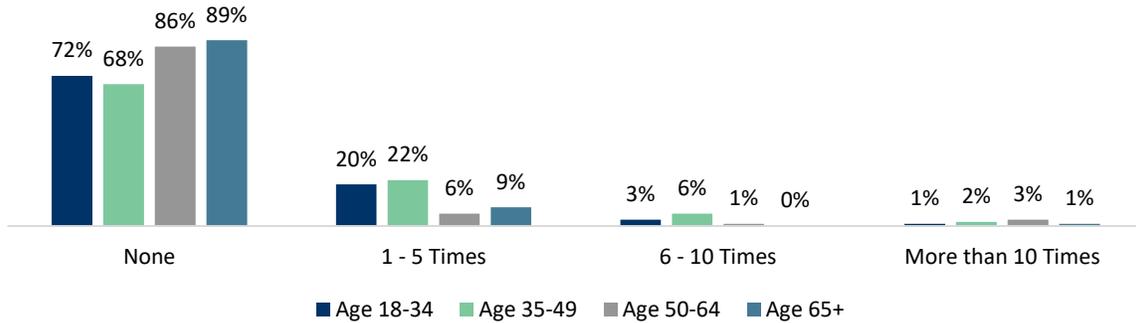
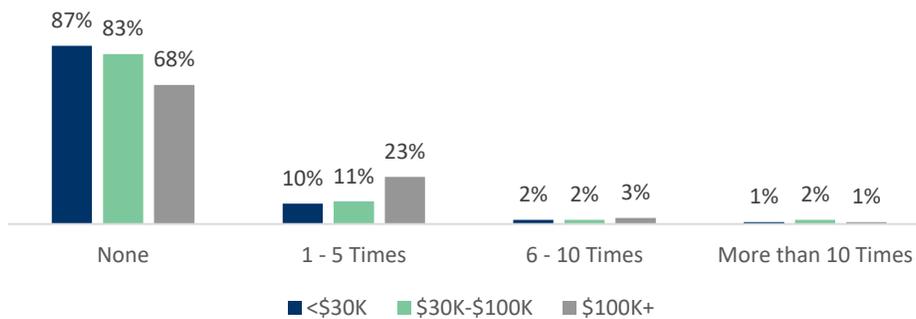


Figure 177b - Middlesex County Responses for Drinks During the Past 30 Days by Income Level, 2021



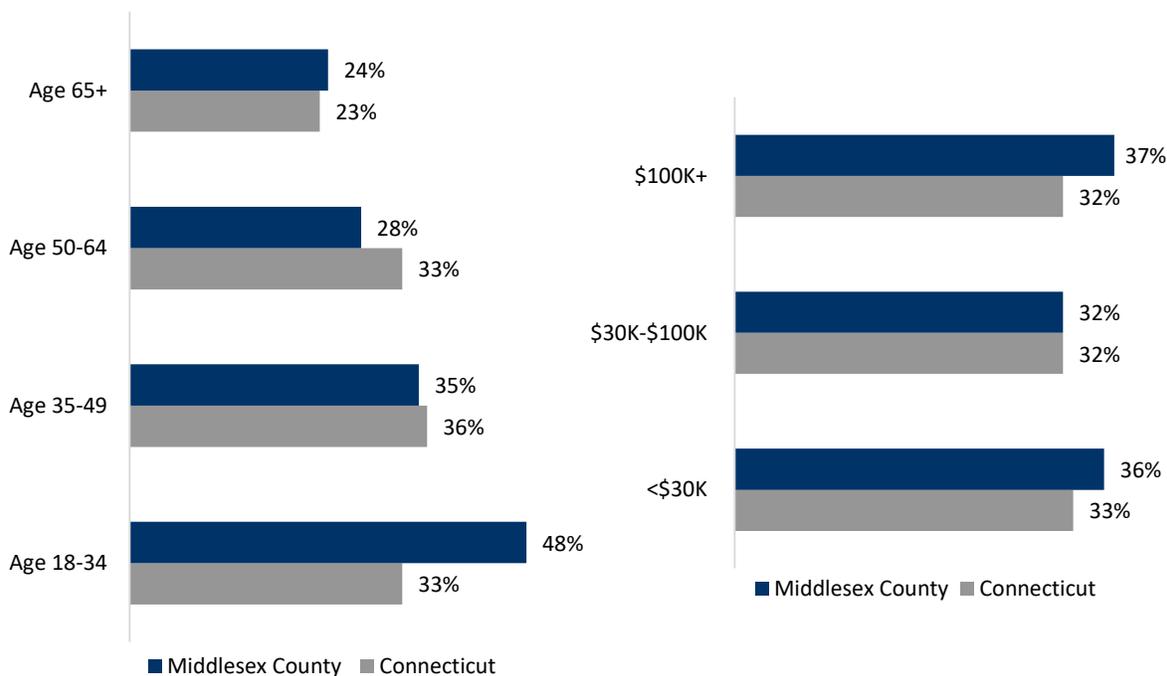
DataHaven Community Wellbeing Survey, 2021

OPIOID USE

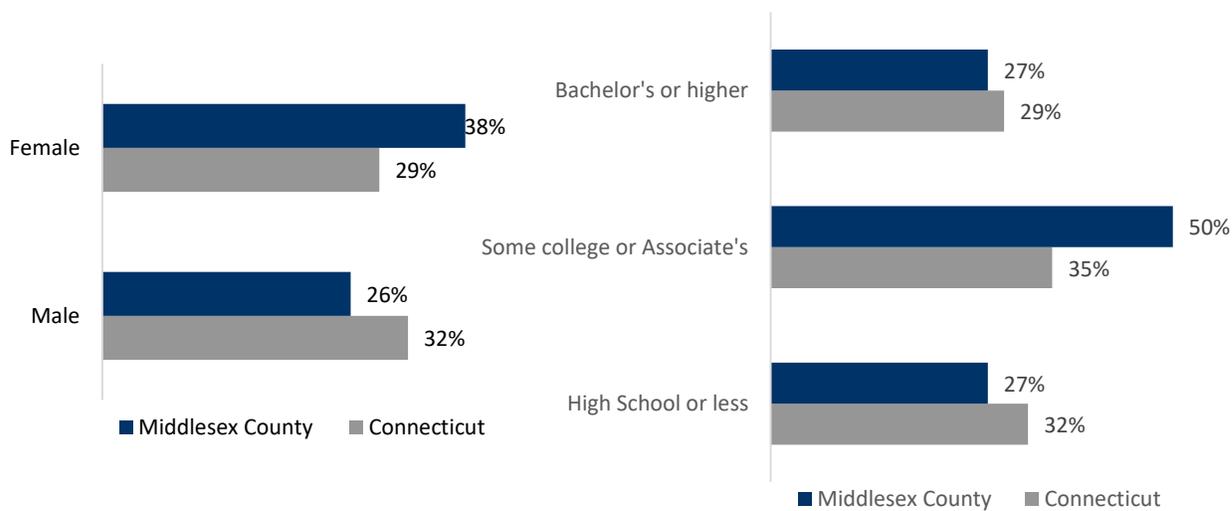
The DataHaven 2021 Community Wellbeing Survey asked respondents questions about prescription painkillers and opiate use, specifically, “do you personally know anyone who has struggled with misuse or addiction to heroin or other opiates such as prescription painkillers at any point during the last 3 years?”

The total “Yes” responses were 33% for Middlesex County and 31% for the state of Connecticut. **Figures 178a-d** compare the “Yes” responses from Middlesex County to the state of Connecticut disaggregated by age, income level, gender and education level.

Figures 178a & b - "Yes" Responses for "Do You Know Anyone who has Struggled with Opiate Use?" by Age and Income Level, 2021



Figures 178c & d - "Yes" Responses for "Do You Know Anyone who has Struggled with Opiate Use?" by Gender and Income Level, 2021



DataHaven Community Wellbeing Survey, 2021

Respondents who answered “Yes” to the DataHaven 2021 Community Wellbeing Survey question “do you personally know anyone who has struggled with misuse or addiction to heroin or other opiates such as prescription painkillers at any point during the last 3 years?” were asked the follow-up question “(If yes) who do you know that has struggled with this at any point during the past 3 years? Is it...”. **Figure 179** compares total responses for Middlesex County to the state of Connecticut and **Figures 180a & b** disaggregate the data by gender (which is the only available disaggregated category).

Figure 179 - Middlesex County & Connecticut Responses for “Who do you Know that has Struggled with Opiate Use?”, 2021

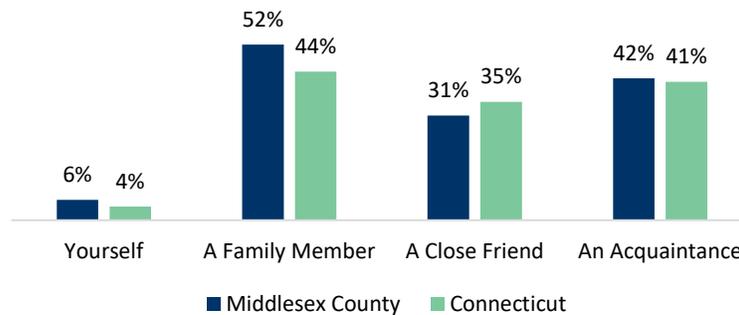


Figure 180a - Middlesex County Responses for “Who do you Know that has Struggled with Opiate Use?” by Gender, 2021

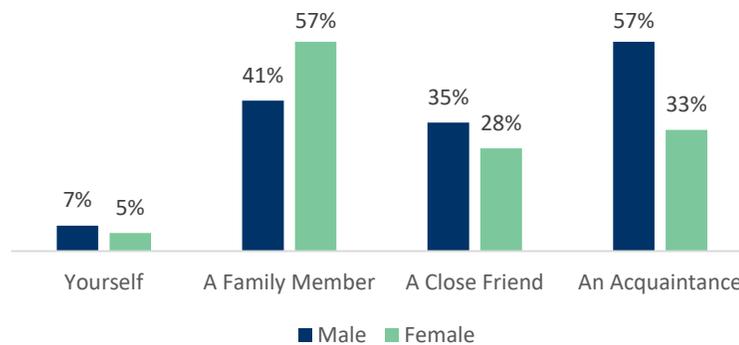
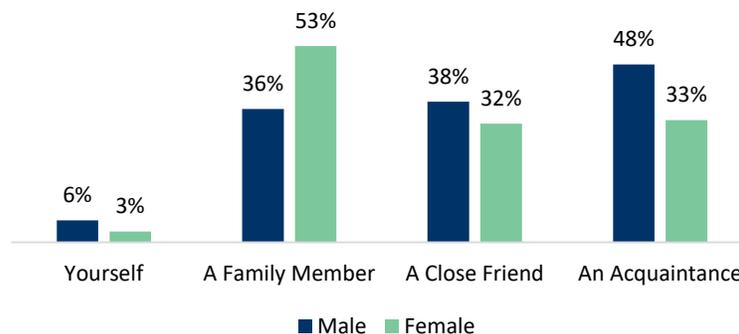


Figure 180b - Connecticut Responses for “Who do you Know that has Struggled with Opiate Use?” by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

DRUG OVERDOSE DEATHS

Table 29 gives the total accidental drug-related deaths for 2019, 2020 and 2021 for all the towns in Middlesex Health’s service area and notes when deaths are due “any opioid” and describes if there was Fentanyl involvement for “any opioid” related deaths.

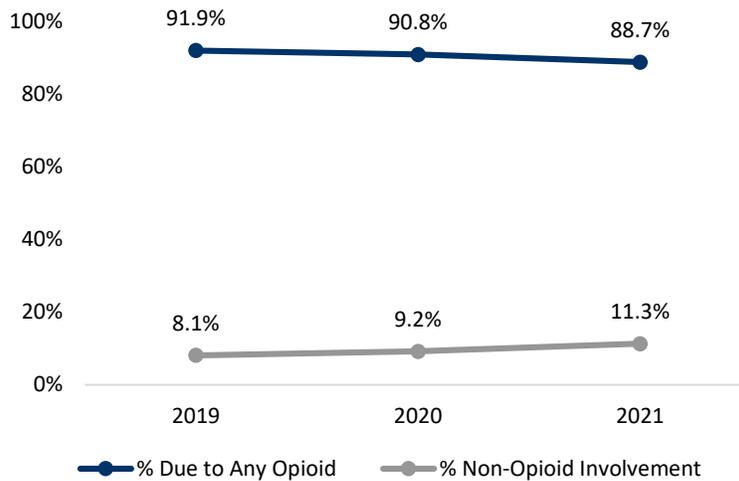
Table 29 - Accidental Drug Related Deaths, 2019 - 2021

Location	2019 Any Opioid	2019 Fentanyl	2019 Total	2020 Any Opioid	2020 Fentanyl	2020 Total	2021 Any Opioid	2021 Fentanyl	2021 Total
Chester	0	0	0	2	2	2	0	0	0
Clinton	1	0	1	3	3	4	5	5	6
Colchester	3	3	4	5	5	6	4	4	4
Cromwell	1	1	1	2	2	2	1	1	3
Deep River	1	1	1	1	1	1	0	0	0
Durham	2	2	2	0	0	0	0	0	0
East Haddam	2	2	2	0	0	1	0	0	0
East Hampton	3	1	3	4	4	4	2	2	2
Essex	0	0	1	0	0	0	0	0	0
Haddam	0	0	0	1	1	2	0	0	0
Killingworth	1	0	1	0	0	0	1	1	1
Lyme	0	0	0	0	0	0	1	1	1
Marlborough	1	1	1	1	1	1	1	0	1
Middlefield	0	0	0	2	1	2	0	0	0
Middletown	13	10	13	25	20	25	30	28	33
Old Lyme	0	0	0	0	0	1	3	3	3
Old Saybrook	1	1	1	3	3	3	2	0	3
Portland	1	1	2	6	6	6	2	2	2
Westbrook	4	2	4	4	3	5	3	3	3
Total	34	25	37	59	52	65	55	50	62

Connecticut Data Collaborative, <https://data.ct.gov/Health-and-Human-Services/Accidental-Drug-Related-Deaths-2012-2021>

Figure 181 depicts the accidental drug-related deaths in Middlesex Health’s service area that were due to “any opioid” which accounts for the majority of accidental drug-related deaths (91.9% in 2019; 90.8% in 2020; and 88.7% in 2021).

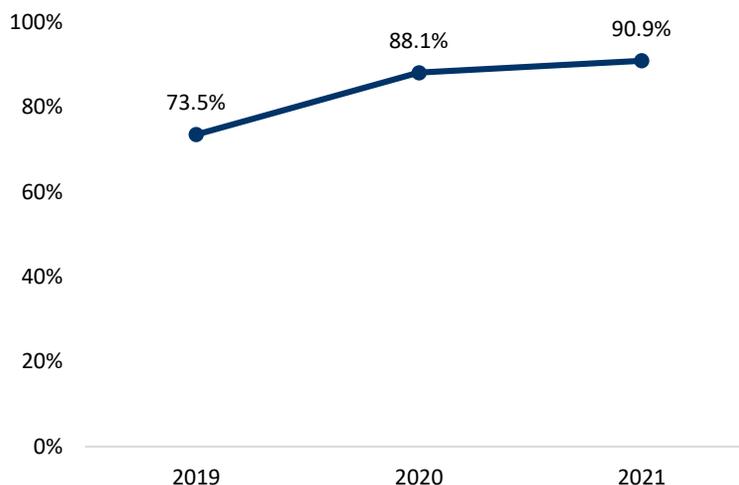
Figure 181 - Percent of Accidental Drug-Related Death Due to “Any Opioid”, All Towns in Service Area, 2019 - 2021



Connecticut Data Collaborative, <https://data.ct.gov/Health-and-Human-Services/Accidental-Drug-Related-Deaths-2012-2021>

Figure 182 outlines the accidental drug-related deaths in Middlesex Health’s service area that were due to “any opioid” and had Fentanyl involvement (73.5% in 2019; 88.1% in 2020; and 90.9% in 2021). There is a significant upward trend for Fentanyl involvement between the years of 2019 – 2021.

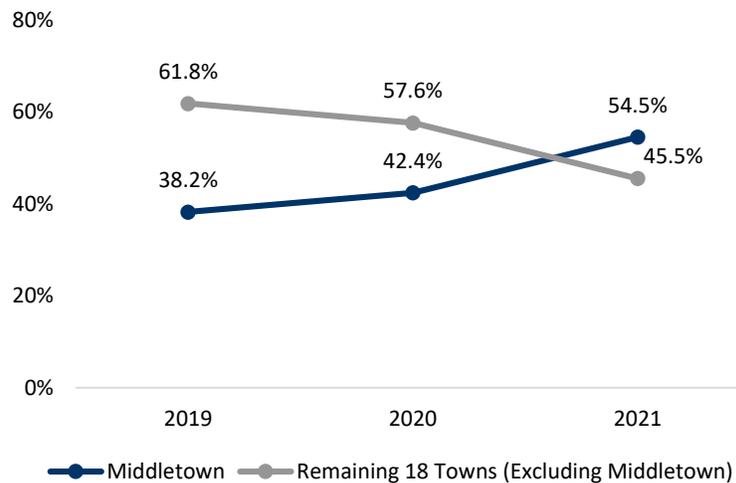
Figure 182 - Percent of Accidental Drug-Related Death Due to “Any Opioid” with Fentanyl Involvement, All Towns in Service Area, 2019 - 2021



Connecticut Data Collaborative, <https://data.ct.gov/Health-and-Human-Services/Accidental-Drug-Related-Deaths-2012-2021>

Figure 183 extracts Middletown from the remaining towns in Middlesex Health’s service area and compares the total percentages of accidental drug-related deaths due to “any opioid” between the two geographic areas. There has been a steady upward trend for accidental drug-related deaths due to “any opioid” in Middletown with a significant increase in 2021.

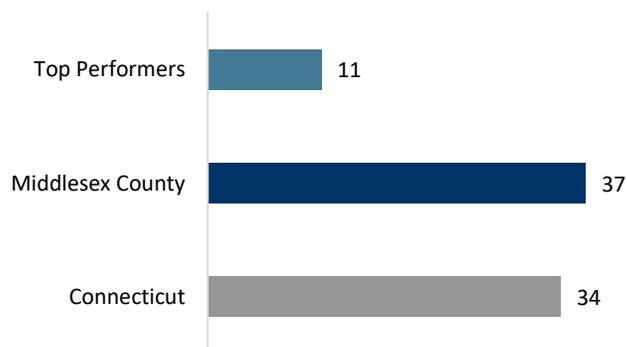
Figure 183 - Percent of Accidental Drug-Related Death Due to “Any Opioid”, Middletown Compared to Remaining Towns in Service Area, 2019 - 2021



Connecticut Data Collaborative, <https://data.ct.gov/Health-and-Human-Services/Accidental-Drug-Related-Deaths-2012-2021>

Figure 184 presents the rate of drug overdose deaths per 100,000 population, comparing Middlesex County to the state of Connecticut and the County Health Ranking and Roadmaps top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for drug overdose deaths. For this metric, deaths are counted in the county of residence for the person who died rather than the county where the death occurred, and includes deaths from accidental, intentional, and undetermined drug poisoning over a three-year period (County Health Ranking and Roadmaps, 2022).

Figure 184 - Drug Overdose Deaths per 100,000 Population, 2018-2020



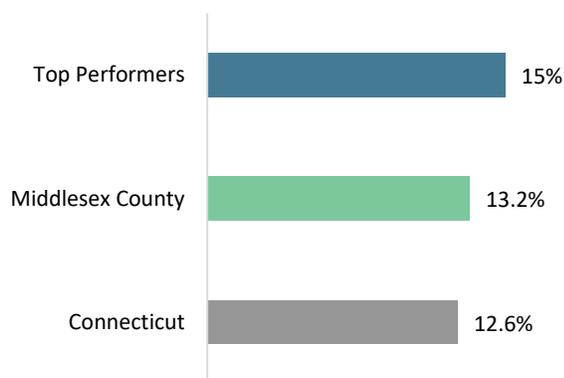
County Health Rankings & Roadmaps 2022, <https://www.countyhealthrankings.org/>; National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS), CDC WONDER, 2018-2020

TOBACCO USE

Cigarette smoking is the leading cause of preventable death in the United States (CDC, 2022) and is identified as a cause of various cancers. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes (County Health Rankings & Roadmaps, 2022). **Figure 185** compares the age-adjusted percentage of adults who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime for Middlesex County to the state of Connecticut and the County Health Ranking and Roadmaps top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for tobacco use.

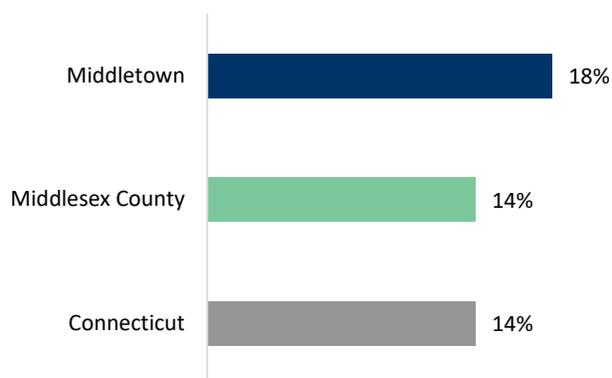
Figure 186 presents the share of adults in Middletown, Middlesex County and Connecticut who identified as current smokers in the DataHaven Wellbeing surveys conducted in 2015, 2018, and 2021, and **Figure 187** provides current smokers data disaggregated by race and ethnicity for Middlesex County.

Figure 185 - Percent of Adult Who Are Current Smokers, Age-Adjusted, 2019



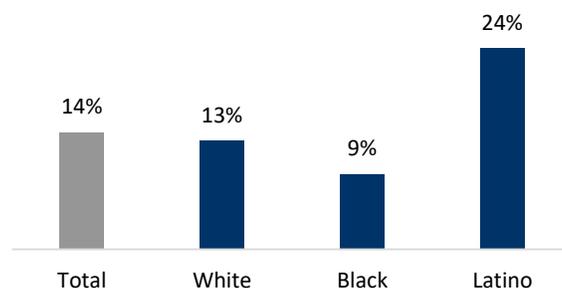
County Health Rankings & Roadmaps 2022, <https://www.countyhealthrankings.org/>; The Behavioral Risk Factor Surveillance System (BRFSS), 2019

Figure 186 - Percent of Adult Who Are Current Smokers, 2015-2021



DataHaven Middlesex County 2022 Equity Profile; DataHaven analysis (2021) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey

Figure 187 - Middlesex County Percent of Adult Who Are Current Smokers by Race & Ethnicity, 2015-2021



DataHaven Middlesex County 2022 Equity Profile; DataHaven analysis (2021) of 2015, 2018, and 2021 DataHaven Community Wellbeing Survey

The DataHaven 2021 Community Wellbeing Survey asked respondents questions about tobacco use, specifically, “have you smoked at least 100 cigarettes in your entire life?” The total “Yes” responses were 38% for Middlesex County and 37% for the state of Connecticut. **Figures 188a - d** compare the “Yes” responses for Middlesex County to the state of Connecticut disaggregated by age, income level, gender and education level.

Figure 188a & b - “Yes” Responses for Smoked at Least 100 Cigarettes by Age and Income Level, 2021

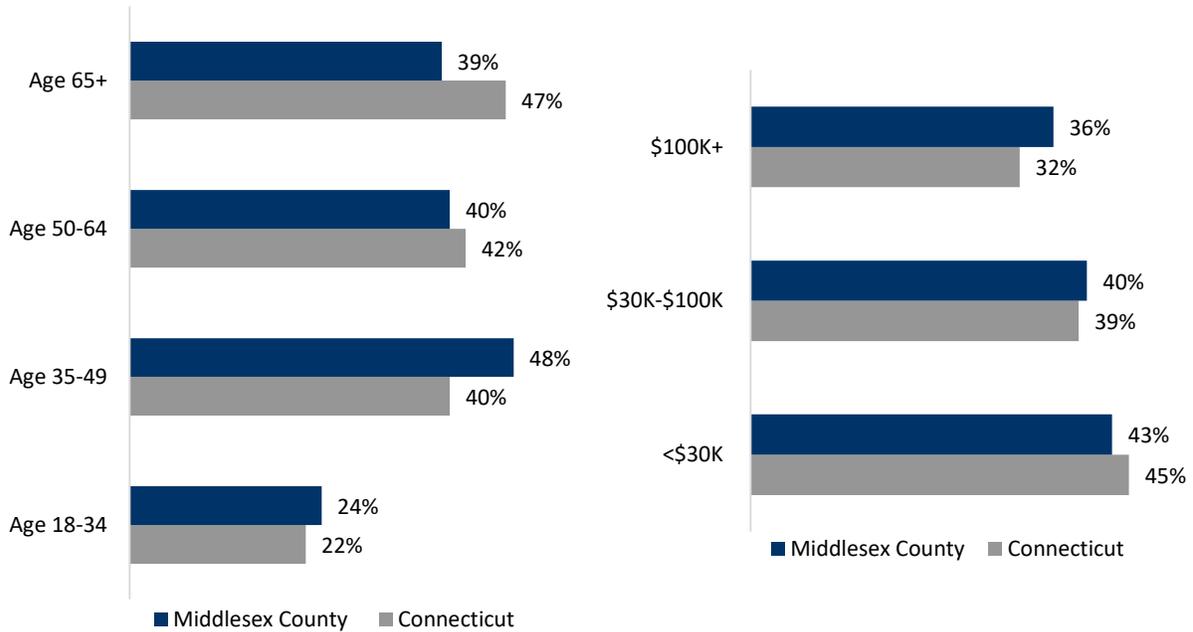
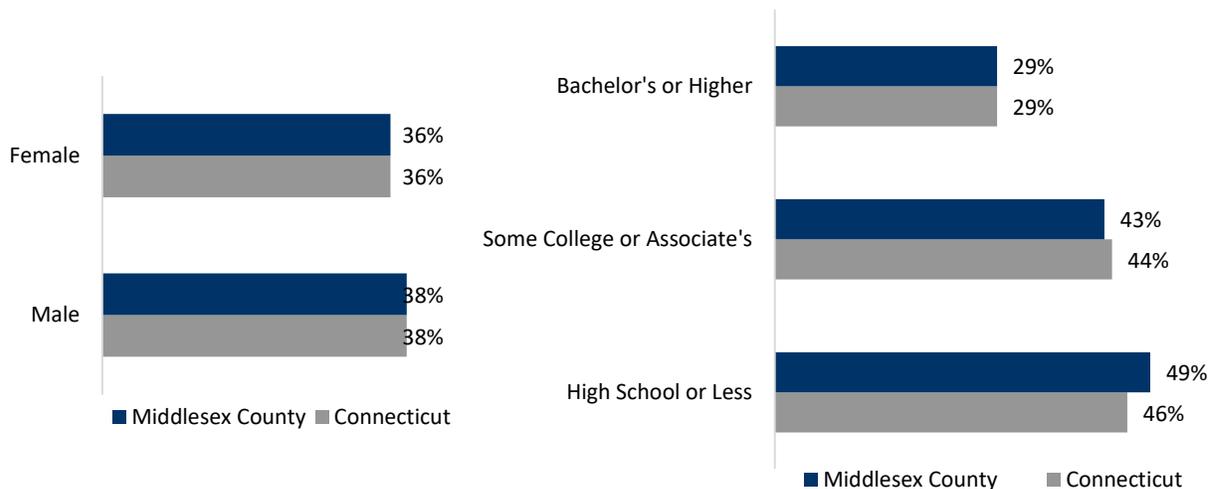


Figure 188c & d - “Yes” Responses for Smoked at Least 100 Cigarettes by Gender and Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

Those who answered “Yes” to the DataHaven 2021 Community Wellbeing Survey question, “*have you smoked at least 100 cigarettes in your entire life?*” were asked the follow-up question “*(If smoked 100 cigarettes) do you currently smoke cigarettes every day, some days or not at all?*” **Figure 189** compares the total responses from Middlesex County to the state of Connecticut. **Figures 190a & b** present responses for Middlesex County by age and income level, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A18a-d**.

Figure 189 - Middlesex County & Connecticut Total Responses for “Do You Currently Smoke?”, 2021

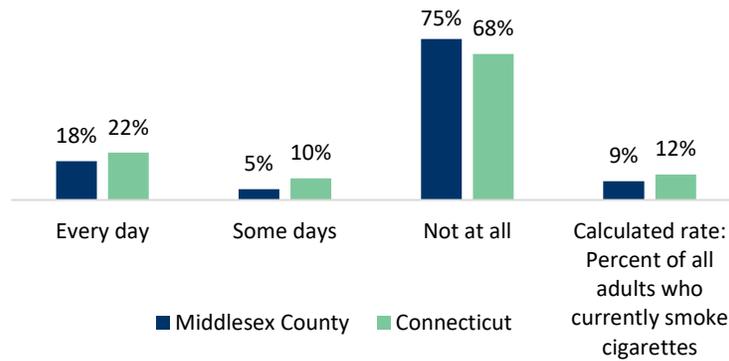


Figure 190a - Middlesex County Responses for “Do You Currently Smoke?” by Age, 2021

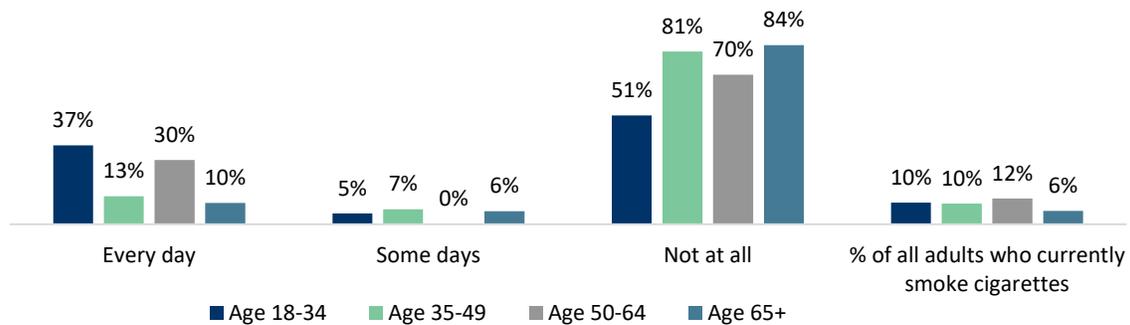
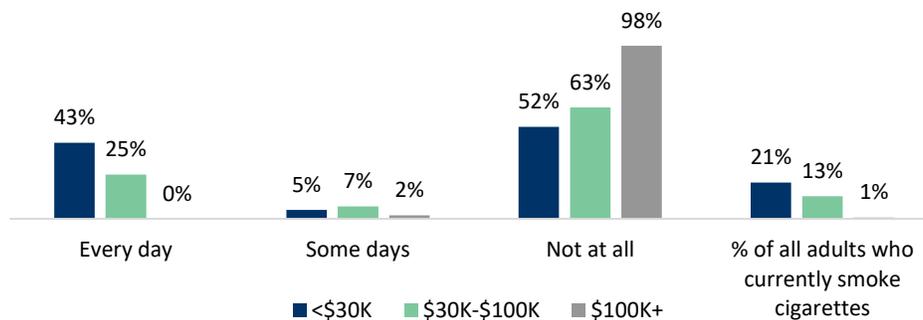


Figure 190b - Middlesex County Responses for “Do You Currently Smoke?” by Income Level, 2021



DataHaven Community Wellbeing Survey, 2021

MARIJUANA / CANNABIS USE

The DataHaven 2021 Community Wellbeing Survey asked respondents questions about marijuana use, specifically, “during the past 30 days, on how many days did you use marijuana or cannabis?” and provided various frequency response options. **Figure 191** compares the total responses from Middlesex County to the state of Connecticut. **Figures 192a & b** present responses for Middlesex County by age and income level, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A19a-d**.

Figure 191 - Middlesex County & Connecticut Total Responses for Marijuana or Cannabis Use, 2021

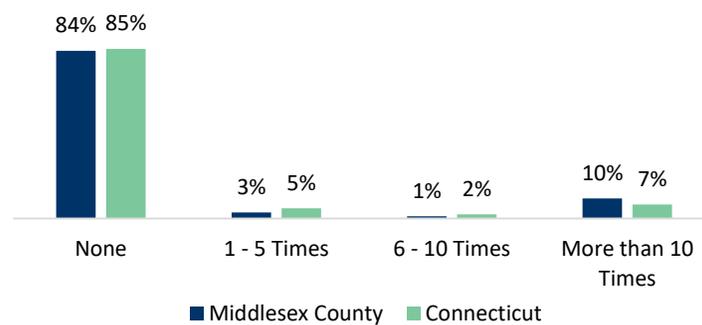


Figure 192a - Middlesex County Responses for Marijuana or Cannabis Use by Age, 2021

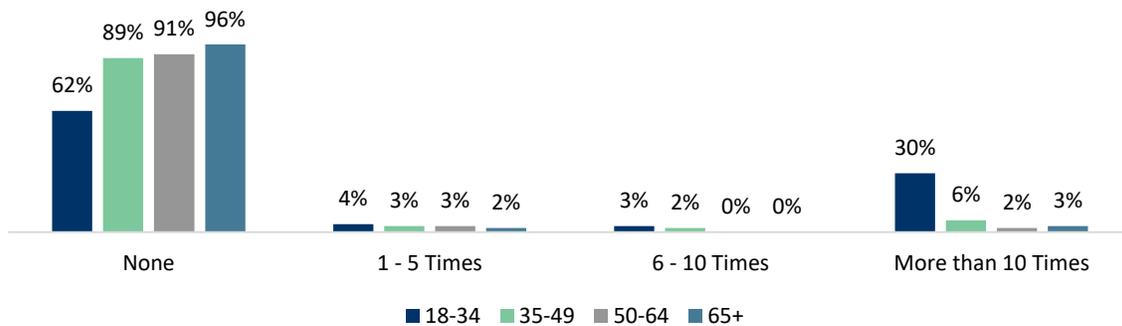
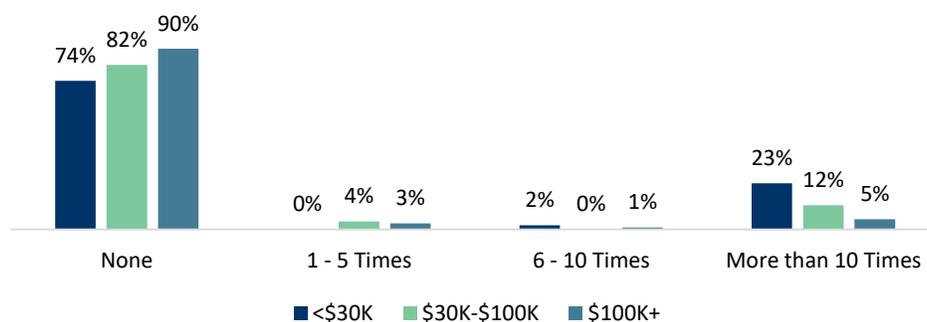


Figure 192b - Middlesex County Responses for Marijuana or Cannabis Use by Income Level, 2021



DataHaven Community Wellbeing Survey, 2021

GAMBLING

The DataHaven 2021 Community Wellbeing Survey asked respondents questions about gambling specifically, “In the past 12 months how often have you gambled, meaning playing any of the following Keno, lottery, scratch off tickets, sports betting, dice games, cards for money, casino games, Off Track Betting and Daily Fantasy Sports?” and provided various frequency response options. **Figure 193** compares the total responses from Middlesex County to the state of Connecticut. **Figures 194a & b** present responses for Middlesex County by age and income level, respectively. For responses to this question disaggregated by age, gender, income level and education level for Middlesex County and compared to the state of Connecticut, see **Appendix Figures A20a-d**.

Figure 193 - Middlesex County & Connecticut Total Responses for Gambling Activity, 2021

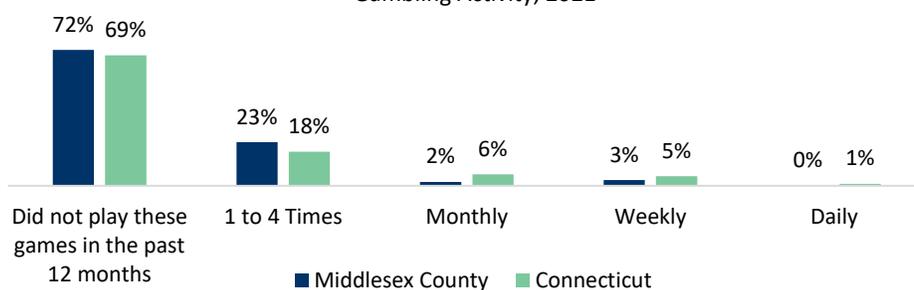


Figure 194a - Middlesex County Responses for Gambling Activity by Age, 2021

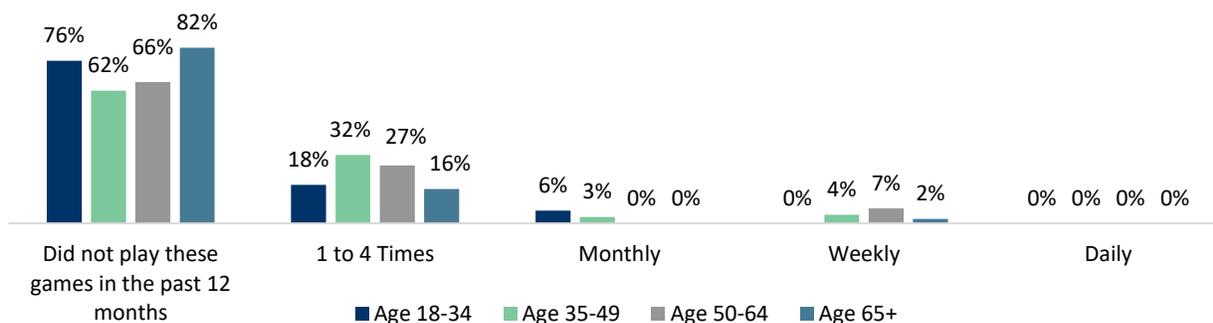
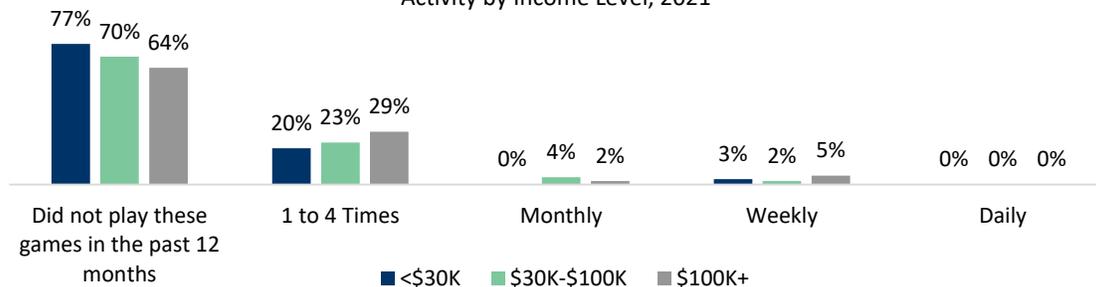


Figure 194b - Middlesex County Responses for Gambling Activity by Income Level, 2021

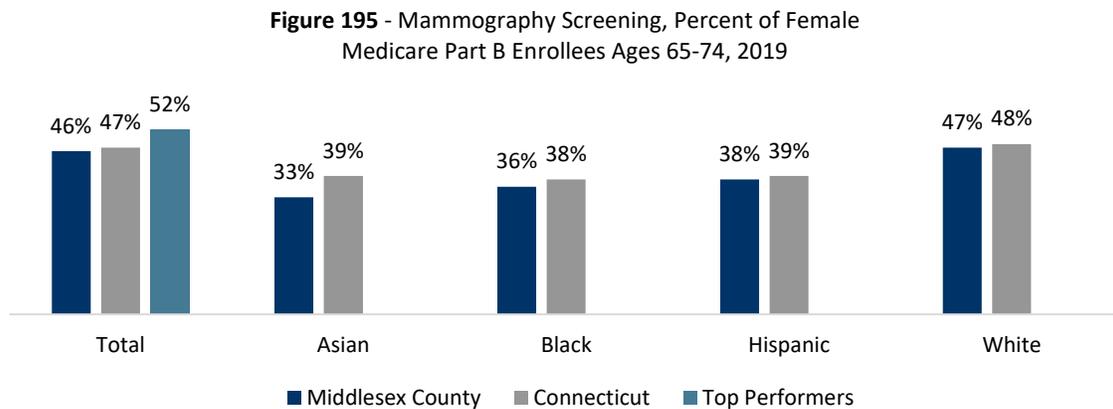


DataHaven Community Wellbeing Survey, 2021

PREVENTION

SCREENINGS

Figure 195 presents the percentage of female fee-for-service Medicare Part B enrollees ages 65-74 who received an annual mammography screening disaggregated by race and ethnicity and compares Middlesex County to the state of Connecticut and the County Health Ranking and Roadmaps Top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for mammography screening. Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women (County Health Rankings and Roadmaps, 2022).



County Health Rankings & Roadmaps 2022, <https://www.countyhealthrankings.org/>; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities Mapping Medicare Disparities (MMD) Tool, 2019

VACCINATIONS

COVID-19 Vaccinations

Figure 196 outlines the percent of people (all ages) in Middletown who have initiated COVID-19 vaccination as of September 14, 2022, disaggregated by race and ethnicity. A person who has received at least one dose of any vaccine is considered to have initiated vaccination (CT Data.gov, 2022).

Figure 197 outlines the percent of people (all ages) in Middletown who have full COVID-19 vaccination as of September 14, 2022, disaggregated by race and ethnicity. A person is considered fully vaccinated if they have completed a primary series by receiving two doses of the Pfizer or Moderna vaccines or one dose of the Johnson & Johnson vaccine (CT Data.gov, 2022).

Figure 196 - Middletown COVID-19 Vaccination Status: At Least One Dose by Race & Ethnicity, All Ages, as of September 14, 2022

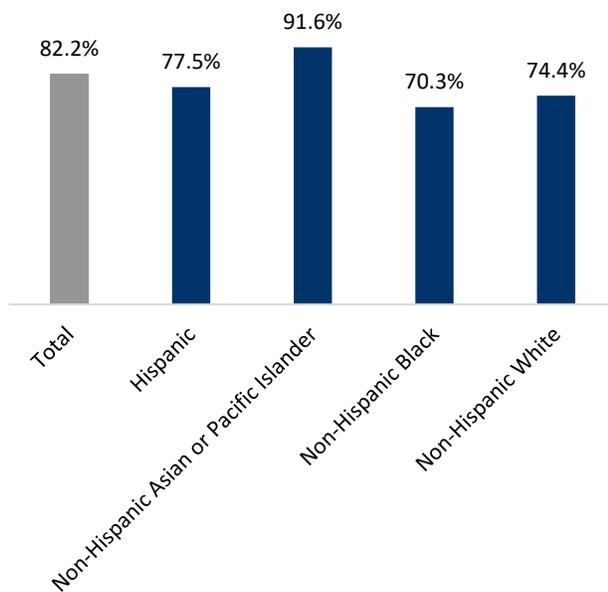
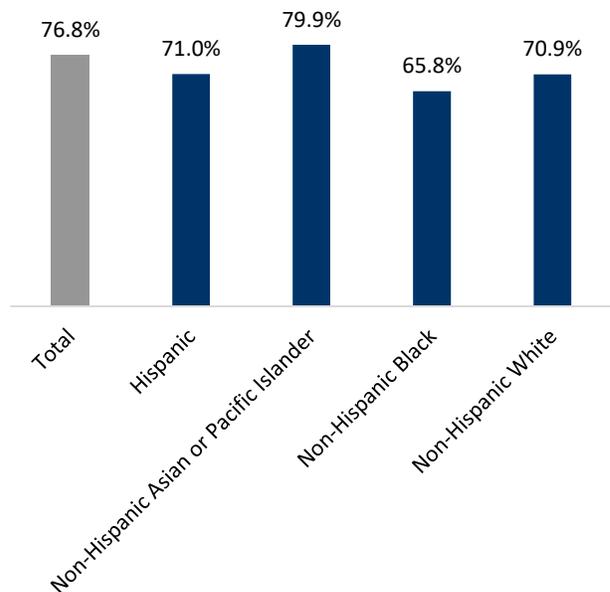


Figure 197 - Middletown COVID-19 Vaccination Status: Full COVID-19 Vaccination by Race & Ethnicity, All Ages, as of September 14, 2022



CT Data.gov; <https://data.ct.gov/>

Table 30 outlines the percent of people (all ages) in the towns in Middlesex Health’s service area who have initiated COVID-19 vaccination as of September 14, 2022. A person who has received at least one dose of any vaccine is considered to have initiated vaccination (CT Data.gov, 2022).

Table 31 outlines the percent of people (all ages) in the towns in Middlesex Health’s service area who have full COVID-19 vaccination as of September 14, 2022. A person is considered fully vaccinated if they have completed a primary series by receiving two doses of the Pfizer or Moderna vaccines or one dose of the Johnson & Johnson vaccine (CT Data.gov, 2022).

For these data sets, town of residence is verified by geocoding the reported address and then mapping it using municipal boundaries (CT Data.gov, 2022).

Table 30 - COVID-19 Vaccination Status: At Least One Dose, All Ages, as of September 14, 2022

Town name	Percentage
Chester	78.8%
Clinton	87.7%
Colchester	79.8%
Cromwell	86.9%
Deep River	84.8%
Durham	80.3%
East Haddam	78.0%
East Hampton	79.1%
Essex	90.3%
Haddam	87.8%
Killingworth	82.1%
Lyme	94.5%
Marlborough	81.8%
Middlefield	79.4%
Middletown	82.2%
Old Lyme	88.1%
Old Saybrook	92.3%
Portland	82.5%
Westbrook	86.6%

CT Data.gov; <https://data.ct.gov/>

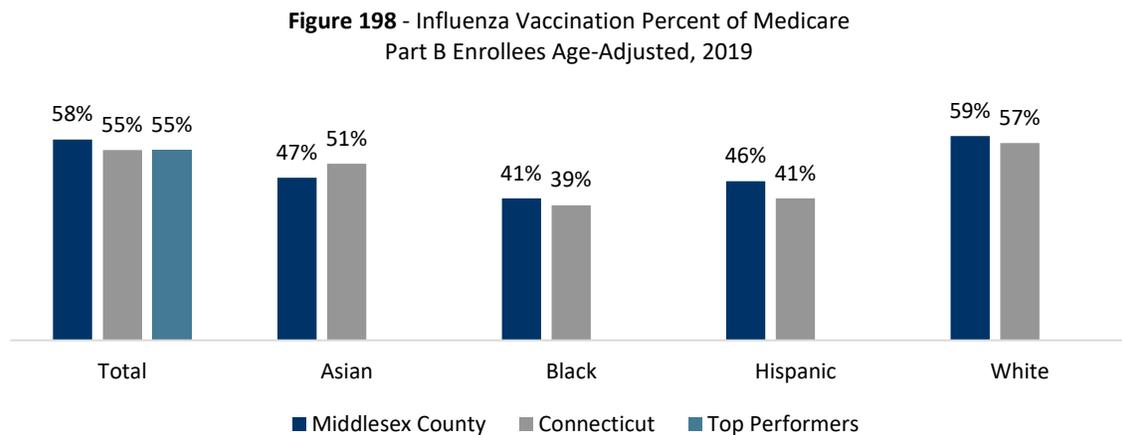
Table 31 - Vaccination Status: Full COVID-19 Vaccination, All Ages, as of September 14, 2022

Town name	Percentage
Chester	74.2%
Clinton	82.2%
Colchester	75.4%
Cromwell	82.6%
Deep River	79.9%
Durham	76.7%
East Haddam	72.9%
East Hampton	75.2%
Essex	84.7%
Haddam	83.0%
Killingworth	78.3%
Lyme	87.4%
Marlborough	77.5%
Middlefield	75.8%
Middletown	76.8%
Old Lyme	82.7%
Old Saybrook	86.9%
Portland	78.6%
Westbrook	80.9%

CT Data.gov; <https://data.ct.gov/>

Influenza Vaccinations

Figure 198 outlines the percentage of fee-for-service Medicare enrollees who had an annual influenza (flu) vaccination (age-adjusted) disaggregated by race and ethnicity and compares Middlesex County to the state of Connecticut and the County Health Ranking and Roadmaps Top U.S. performers, defined as those counties setting a benchmark by performing in the top 10th percentile for influenza vaccination. Influenza is a potentially serious disease that can lead to hospitalization and even death. A seasonal flu vaccine each year can help protect against influenza and may reduce the risk of flu illness, flu-related hospitalizations, and flu-related death (County Health Rankings and Roadmaps, 2022).



County Health Rankings & Roadmaps 2022, <https://www.countyhealthrankings.org/>; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities Mapping Medicare Disparities (MMD) Tool, 2019

INJURIES & ACCIDENTS – CHIMEDATA STUDY

This section reviews the injury and accident indicator encounter rates from the DataHaven ChimeData study for Middletown, Middlesex County and Connecticut for the 2018-October 2021 time frame.

FALLS

Figure 199 - Falls, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021

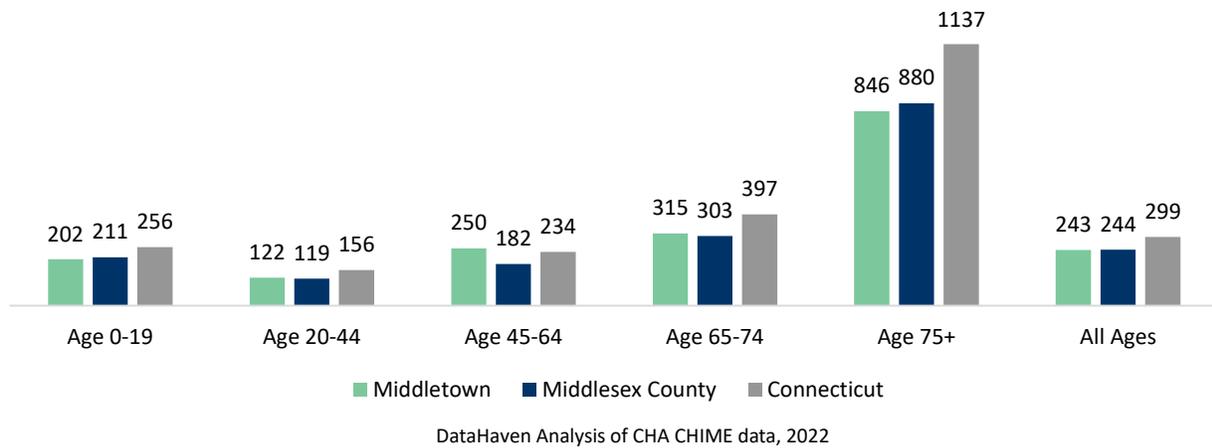
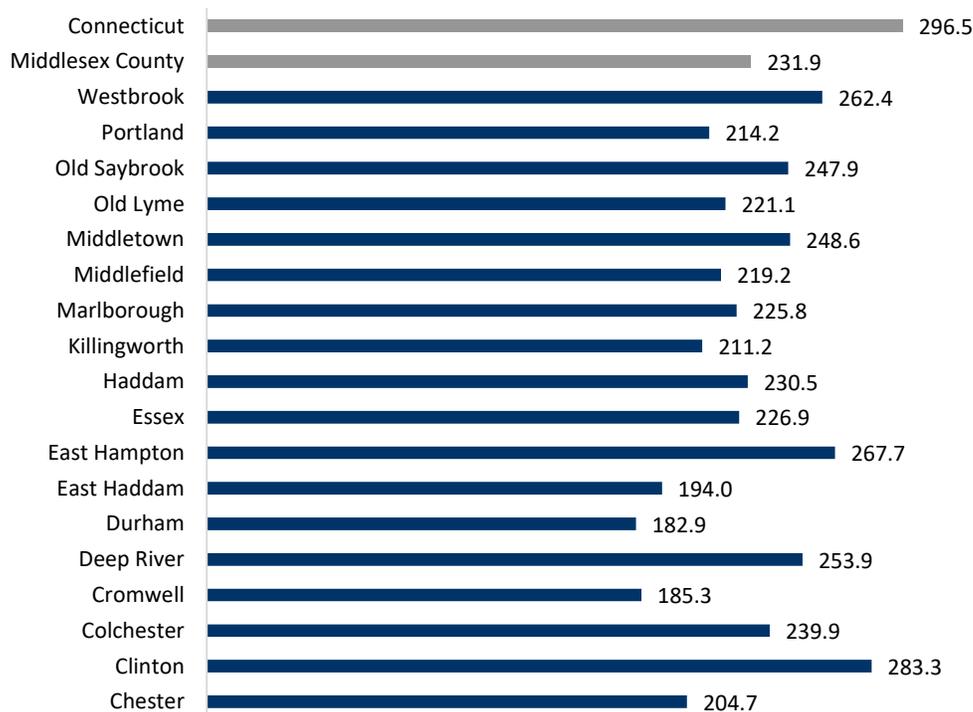


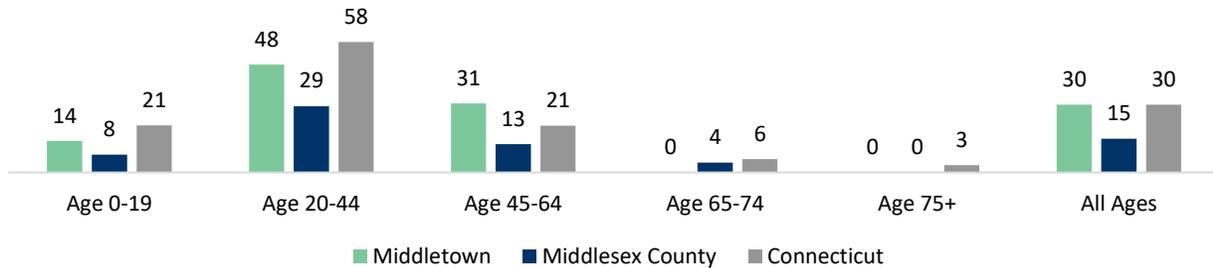
Figure 200 - Falls, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

HOMICIDE & ASSAULT

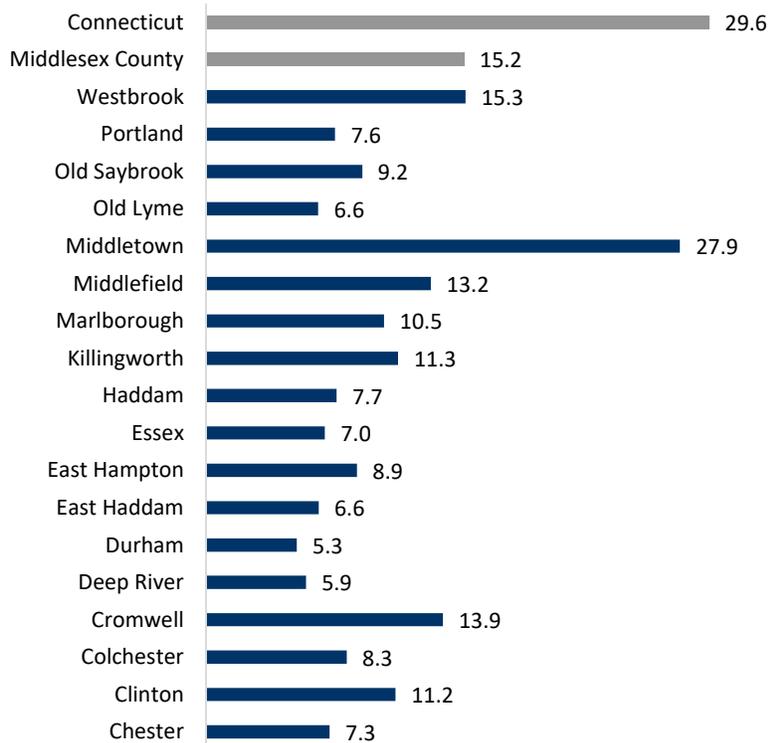
Figure 201 - Homicide & Assault, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



Note: data points that have no value indicate where data has been suppressed as there was either a small number of encounters or not enough of a population from which to generalize

DataHaven Analysis of CHA CHIME data, 2022

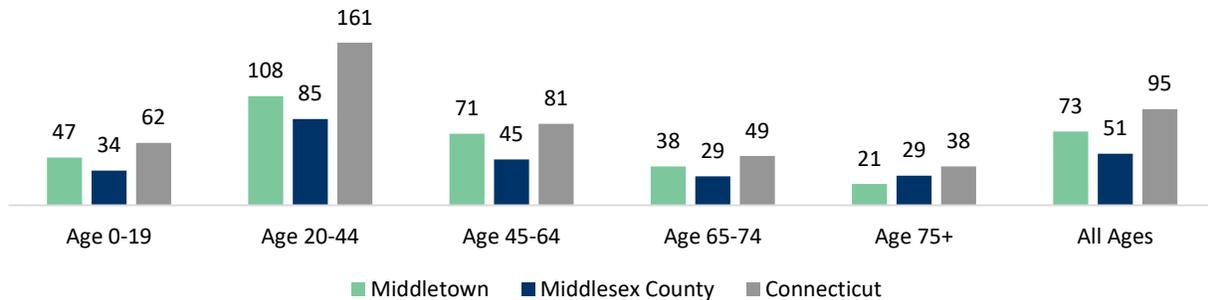
Figure 202 - Homicide & Assault, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

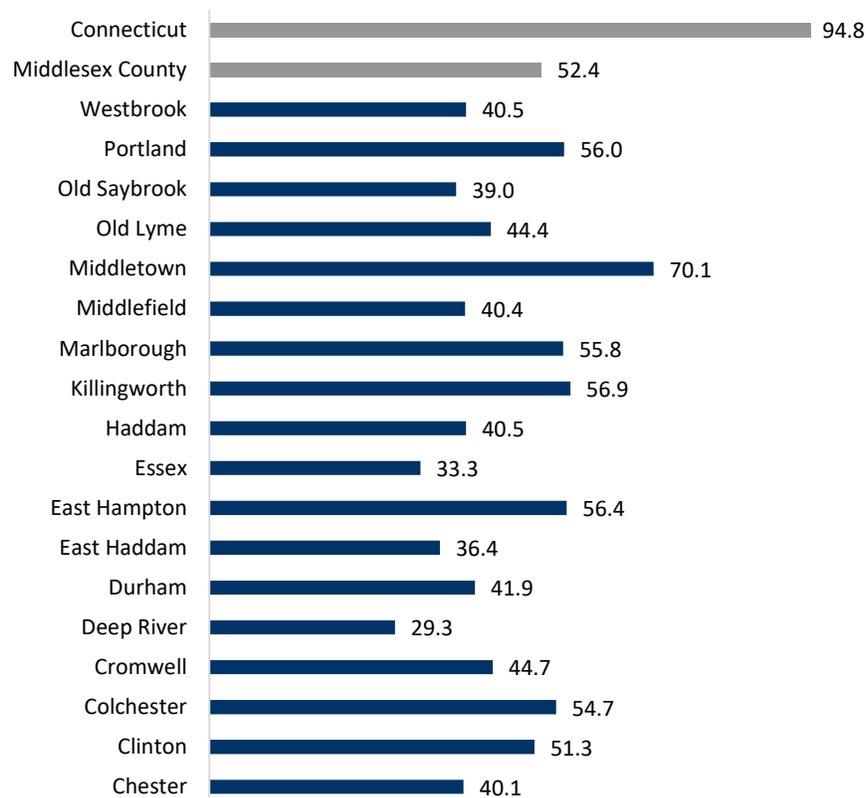
MOTOR VEHICLE ACCIDENTS

Figure 203 - Motor Vehicle Accidents, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

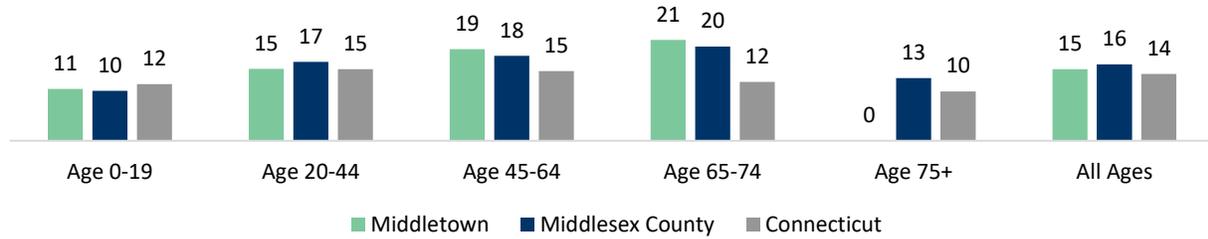
Figure 204 - Motor Vehicle Accidents, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

POISON

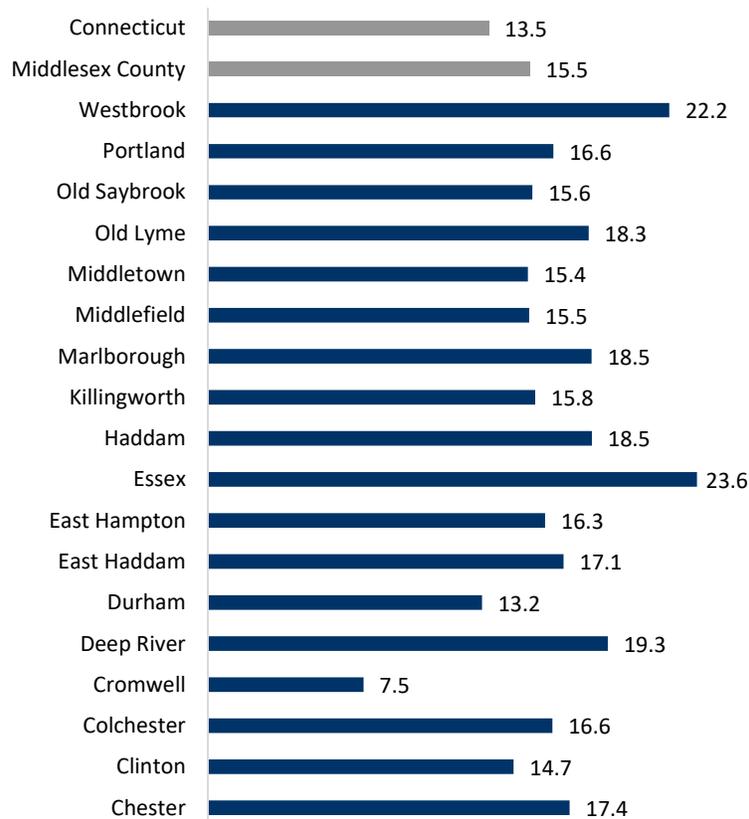
Figure 205 - Poison, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



Note: data points that have no value indicate where data has been suppressed as there was either a small number of encounters or not enough of a population from which to generalize

DataHaven Analysis of CHA CHIME data, 2022

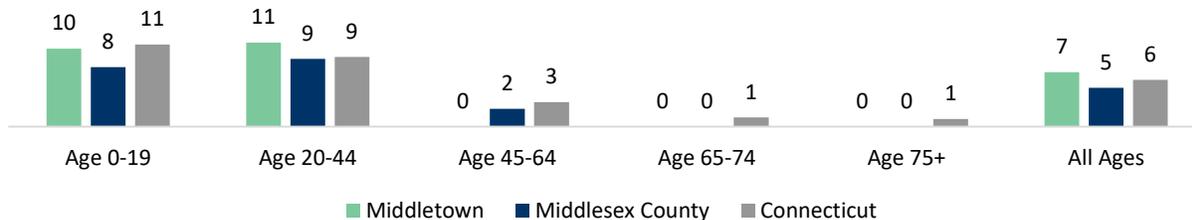
Figure 206 - Poison, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022

SUICIDE & SELF HARM

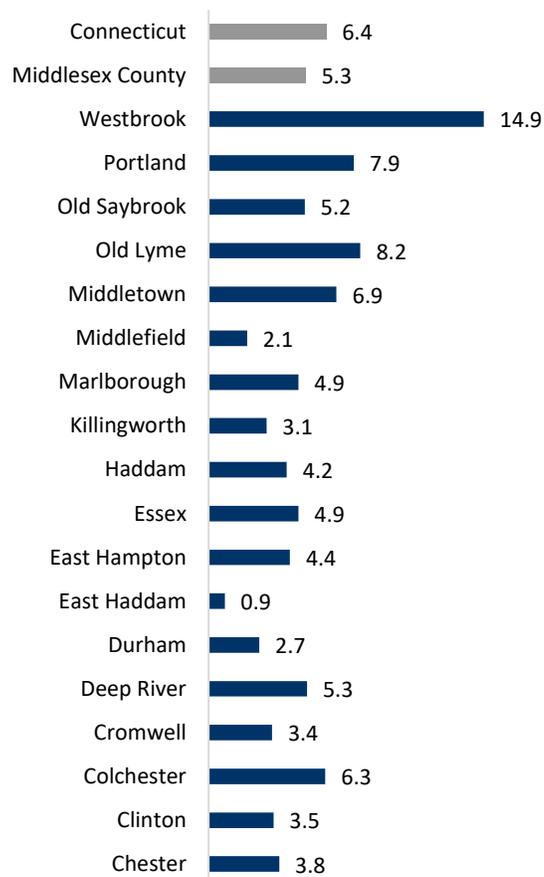
Figure 207 - Suicide & Self Harm, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021



Note: data points that have no value indicate where data has been suppressed as there was either a small number of encounters or not enough of a population from which to generalize

DataHaven Analysis of CHA CHIME data, 2022

Figure 208 - Suicide & Self Harm, Annualized Age-Adjusted Encounter Rates per 10,000 Residents by Town, 2018-2021



DataHaven Analysis of CHA CHIME data, 2022



Part III

Appendix

References

Resources to Address Significant Health Needs –
Community Services

Resources to Address Significant Health Needs –
Clinical & Support Services

APPENDIX

Table A1 - Community Health Needs Assessment Advisory Committee Members & Sectors / Communities Represented

Name & Title	Organization	Sectors/Communities Represented
Rev. Robyn Anderson, MS, LPC, LMFT, LADC, Executive Director	Ministerial Health Fellowship	Faith-Based Organization; Advocacy (equality for people of color); Community Programming
Sherry Carlson RN, BSN, Public Health Nurse & Emergency Preparedness Coordinator	Connecticut River Area Health District (CRAHD)	Public Health
Heather Chandor, VP of Operations	Middlesex YMCA	Community Based Organization; including at risk, low-income
Kevin Elak, MPH, RS/REHS, CP-FS, Director of Health	City of Middletown Department of Health	Public Health
Daisy Hernandez, MPH, CHES, Community Health Educator	City of Middletown Department of Health	Public Health
Faith M. Jackson, Director of Equal Opportunity & Diversity Management & Veterans Service Contact Representative; President Middlesex County NAACP Branch	City of Middletown; Middlesex County NAACP Branch, Unit 2018-B	Municipality; Advocacy (equality for people of color)
Harmony Jones, Community Health Worker	Ministerial Health Fellowship	Faith-Based Organization; Advocacy (equality for people of color); Community Programming
Amber Kapoor, MPH, Health Education, Grants, and Survivorship Coordinator	Middlesex Health - Cancer Center	Health Care
Beverly Lawrence, Doula, Pregnant with Possibilities	Ministerial Health Fellowship	Faith-Based Organization; Advocacy (equality for people of color); Community Programming
Veronica Mansfield, DNP, APRN, AE-C, CCM, Manager of Clinical Practice	Middlesex Health - Center for Chronic Care Management	Health Care - general population; low-income; medically underserved
Ayanna McKennon, Community Engagement Coordinator	Russell Library	Community Resource Organization
Russell S. Melmed, MPH, Director of Health	Chatham Health District	Public Health
William Milardo Jr, RS, Assistant Health Director and Sanitarian	Town of Durham Department of Health	Public Health
Emily Moore, MPH	Community Member	Community
Salvatore Nesci, R.S., Public Health Coordinator, Acting Director of Health, Emergency Management Director	Town of Cromwell Department of Health	Public Health
Margaret O'Hagan-Lynch, Division Director Addiction Services	CVH (Connecticut Valley Hospital)	Behavioral Health - general population; low-income; medically underserved
Judy Omphroy, Health Committee Chair, Middlesex County NAACP Branch	Middlesex County NAACP Branch, Unit 2018-B	Advocacy (equality for people of color)

Table A1 - CHNA Advisory Committee Members & Sectors / Communities Represented, *Continued*

Name & Title	Organization	Sectors/Communities Represented
Dan Osborne, LCSW, Chief Executive Officer	Gilead Community Services, Inc.	Behavioral Health - general population; low-income; medically underserved
Catherine Rees, MPH, Director, Community Benefit	Middlesex Health - Community Benefit	Health Care
Brenda Rivera, Doula, Pregnant with Possibilities	Ministerial Health Fellowship	Faith-Based Organization; Advocacy (equality for people of color); Community Programming
Robin Ross, Recovery Coach, How Can We Help?	Ministerial Health Fellowship	Faith-Based Organization; Advocacy (equality for people of color); Community Programming
Maryellen Shuckerow, Executive Director	St. Vincent de Paul Middletown	Basic Needs Community Based Organization; including at risk, low-income
Gary Wallace, Director, Community Engagement & Relations	Community Health Center, Inc.	Health Care - general population; low-income; medically underserved

Table A2 - CHNA Data Sources

Data Sources	Website
American Community Survey (ACS)	https://www.census.gov/programs-surveys/acs
Connecticut Coalition to End Homelessness	https://www.cceh.org/
Connecticut 2-1-1 Counts	http://ct.211counts.org/
Connecticut Data Collaborative	http://data.ctdata.org/
Connecticut Hospital Association	https://cthosp.org/
Connecticut State Office of Rural Health	http://www.ruralhealthct.org/
Connecticut United Ways	https://alice.ctunitedway.org/
County Health Rankings & Roadmaps	https://www.countyhealthrankings.org/
CT Data.Gov	https://data.ct.gov/
DataHaven	https://www.ctdatahaven.org/
Feeding America	https://map.feedingamerica.org/
NIH National Cancer Institute	https://statecancerprofiles.cancer.gov/
U.S. Census Bureau	https://data.census.gov/
U.S. Census Bureau Quick Facts	https://www.census.gov/quickfacts/

Table A3 outlines the highest to lowest population density of the towns in Middlesex Health’s service area, compared of the state of Connecticut with a population density of 745 per square mile. Population density allows for broad comparison of concentration of individuals settled in a specific geographic area and is typically expressed in the U.S. as the number of people per square mile of land area.

Table A3 - Population Density per Square Mile, 2020

Location	Population Density Per Square Mile	Location	Population Density Per Square Mile
Middletown	1163	Old Lyme	332
Cromwell	1142	Colchester	318
Portland	970	Durham	302
Clinton	814	Chester*	264
Old Saybrook	696	Marlborough	263
Essex	647	Haddam	192
Westbrook	429	Killingworth	175
East Hampton	357	East Haddam	164
Middlefield*	346	Lyme*	78
Deep River*	332	Middlesex County	445

U.S. Census Quick Facts, <https://www.census.gov/quickfacts>, 2020;

Towns with *: Town Profiles, <https://profiles.ctdata.org/>, American Community Survey 2015-2019

Table A4 - Age Distribution, 2016-2020

Location	Age 0-19	Age 20-44	Age 45-64	Age 65+
Chester	19.5%	23.5%	32.3%	24.8%
Clinton	20.4%	26.3%	32.2%	21.1%
Colchester	25.3%	28.0%	31.1%	15.6%
Cromwell	20.5%	30.9%	27.5%	21.2%
Deep River	20.9%	25.9%	33.0%	20.2%
Durham	18.1%	30.2%	30.7%	21.0%
East Haddam	19.0%	22.4%	37.5%	21.1%
East Hampton	20.6%	27.4%	29.4%	19.1%
Essex	25.3%	21.2%	32.4%	27.5%
Haddam	17.7%	25.4%	32.6%	19.6%
Killingworth	21.7%	21.0%	36.4%	20.9%
Lyme	15.6%	26.8%	29.8%	27.8%
Marlborough	22.3%	29.3%	31.9%	16.6%
Middlefield	19.8%	21.0%	37.2%	22.0%
Middletown	20.2%	37.0%	26.6%	16.2%
Old Lyme	22.0%	18.6%	34.8%	26.5%
Old Saybrook	17.4%	18.9%	35.7%	26.2%
Portland	23.9%	27.5%	30.7%	17.9%
Westbrook	9.9%	27.0%	32.2%	30.9%
Middlesex County*	21.0%	28.4%	31.6%	19.0%
Connecticut	23.5%	31.2%	28.1%	17.2%

Connecticut Data Collaborative, <http://data.ctdata.org/>, 2016-2020

Middlesex County*: Connecticut Data Collaborative, <http://data.ctdata.org/>, 2014-2018

Table A5 - Age 65+ Population, 2016-2020

Location	Age 65+ Population	Location	Age 65+ Population
Chester	931	Killingworth	1,312
Clinton	2,833	Lyme	653
Colchester	2,415	Marlborough	1,011
Cromwell	3,025	Middlefield	926
Deep River	890	Middletown	7,627
Durham	1,520	Old Lyme	2,006
East Haddam	1,893	Old Saybrook	2,764
East Hampton	2,452	Portland	1,691
Essex	1,860	Westbrook	2,104
Haddam	1,669	Middlesex County*	31,304

Connecticut Data Collaborative, 2016-2020; <http://data.ctdata.org/>
 Middlesex County*: Connecticut Data Collaborative, 2014-2018; <http://data.ctdata.org/>

Table A6 - Race & Hispanic or Latino Origin, 2021

Location	White alone, not Hispanic or Latino	Black or African American alone	Hispanic or Latino	American Indian and Alaska Native alone	Asian alone	Native Hawaiian Other Pacific Islander alone	Two or more races
Chester*	91.3%	0.7%	3.6%	0.0%	0.8%	0.0%	3.5%
Clinton	89.8%	0.1%	8.1%	0.1%	0.9%	0.0%	1.0%
Colchester	88.8%	2.0%	5.4%	0.0%	2.5%	0.0%	2.1%
Cromwell	75.2%	7.2%	10.1%	0.3%	3.9%	0.0%	4.7%
Deep River*	88.5%	1.0%	4.4%	0.2%	1.1%	0.0%	4.8%
Durham	92.1%	0.2%	2.7%	0.0%	1.3%	0.0%	4.6%
East Haddam	95.0%	0.2%	2.9%	0.0%	0.0%	0.0%	2.4%
East Hampton	91.2%	1.3%	2.4%	0.8%	3.1%	0.1%	1.8%
Essex	92.4%	0.0%	2.2%	0.0%	3.1%	0.0%	2.6%
Haddam	89.0%	1.2%	3.0%	0.0%	5.3%	0.0%	1.8%
Killingworth	93.5%	0.0%	1.6%	0.0%	2.3%	0.0%	3.8%
Lyme*	93.2%	0.4%	2.4%	0.0%	0.9%	0.0%	3.1%
Marlborough	88.9%	1.0%	4.9%	0.1%	1.4%	0.0%	3.3%
Middlefield*	89.7%	1.1%	4.8%	0.0%	1.2%	0.0%	3.2%
Middletown	66.8%	15.8%	10.3%	0.6%	6.0%	0.0%	4.2%
Old Lyme	92.8%	0.0%	4.4%	0.1%	1.7%	0.1%	1.0%
Old Saybrook	92.7%	0.7%	3.7%	0.0%	1.7%	0.0%	1.2%
Portland	90.8%	1.0%	5.4%	0.0%	0.3%	0.0%	4.6%
Westbrook	86.2%	0.8%	9.6%	0.0%	1.0%	0.0%	8.1%
Middlesex County	82.4%	6.0%	7.1%	0.3%	3.3%	0.1%	2.2%
Connecticut	64.6%	12.7%	17.7%	0.7%	5.1%	0.1%	2.6%

U.S. Census Quick Facts, <https://www.census.gov/quickfacts>, 2021; Towns with *: U.S. Census, <https://data.census.gov/cedsci/profile>, 2020

Table A7 - Languages other than English Spoken at Home, 2016-2020

Location	Spanish	Other Indo-European languages	Asian and Pacific Island languages	Other languages	Total languages other than English Spoken at Home
Chester	3.2%	0.9%	2.3%	0.0%	6.4%
Clinton	9.3%	1.1%	0.4%	0.3%	11.1%
Colchester	4.8%	1.7%	0.2%	0.4%	7.1%
Cromwell	3.0%	6.8%	0.7%	0.7%	11.2%
Deep River	4.8%	3.8%	0.0%	0.3%	8.9%
Durham	2.0%	2.0%	2.3%	0.0%	6.3%
East Haddam	2.1%	3.8%	0.0%	0.5%	6.4%
East Hampton	1.4%	1.2%	0.0%	0.0%	2.6%
Essex	1.0%	2.0%	1.3%	0.0%	4.3%
Haddam	0.9%	3.2%	3.1%	0.2%	7.4%
Killingworth	1.0%	3.6%	0.4%	0.0%	5.0%
Lyme	0.5%	2.3%	0.3%	0.0%	3.1%
Marlborough	1.9%	1.4%	0.0%	0.5%	3.8%
Middlefield	1.3%	1.6%	0.5%	0.0%	3.4%
Middletown	6.2%	7.1%	2.7%	1.4%	17.4%
Old Lyme	2.7%	3.6%	0.3%	0.1%	6.7%
Old Saybrook	3.1%	4.4%	0.7%	0.2%	8.4%
Portland	2.0%	2.0%	0.0%	0.0%	4.0%
Westbrook	6.4%	2.5%	1.0%	1.0%	10.9%
Middlesex County	3.7%	4.5%	1.4%	0.6%	10.2%
Connecticut	11.9%	6.8%	2.3%	1.1%	22.1%

U.S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020, <https://data.census.gov/>, 2016-2020

**Table A8 - Languages Spoken at Home other than English,
Middlesex County, 2014-2018**

Language	People	Percent
Speak Only English	139,704	89.3%
Spanish:	6,085	3.9%
Speak English "Very Well"	4,252	2.7%
Speak English Less Than "Very Well"	1,833	1.2%
French, Haitian, Or Cajun:	1,155	0.7%
Speak English "Very Well"	959	0.6%
Speak English Less Than "Very Well"	196	0.1%
German, Or Other West Germanic Languages:	601	0.4%
Speak English "Very Well"	460	0.3%
Speak English Less Than "Very Well"	141	0.1%
Russian, Polish, Or Other Slavic Languages:	1,889	1.2%
Speak English "Very Well"	1,497	1.0%
Speak English Less Than "Very Well"	392	0.3%
Other Indo-European Languages:	4,046	2.6%
Speak English "Very Well"	2,675	1.7%
Speak English Less Than "Very Well"	1,371	0.9%
Korean:	239	0.2%
Speak English "Very Well"	121	0.1%
Speak English Less Than "Very Well"	118	0.1%
Chinese (Incl. Mandarin, Cantonese):	880	0.6%
Speak English "Very Well"	514	0.3%
Speak English Less Than "Very Well"	366	0.2%
Vietnamese:	111	0.1%
Speak English "Very Well"	17	0.0%
Speak English Less Than "Very Well"	94	0.1%
Tagalog (Incl. Filipino):	194	0.1%
Speak English "Very Well"	95	0.1%
Speak English Less Than "Very Well"	99	0.1%
Other Asian and Pacific Island Languages:	785	0.5%
Speak English "Very Well"	465	0.3%
Speak English Less Than "Very Well"	320	0.2%
Arabic:	322	0.2%
Speak English "Very Well"	145	0.1%
Speak English Less Than "Very Well"	177	0.1%
Other and Unspecified Languages:	486	0.3%
Speak English "Very Well"	389	0.3%
Speak English Less Than "Very Well"	97	0.1%

Connecticut Department of Consumer Protection, https://portal.ct.gov/-/media/DEMHS/_docs/Plans-and-Publications/EHSP0087--DCPCountyLanguageDoc.pdf
American Community Survey 5-year estimates, 2014-2018; U.S. Census Bureau

Table A9 - Disability Status by Age Group, 2016-2020

Location	5 to 17 years	18 to 34 years	35 to 64 years	65 to 74 years	75 years and over	Total Population
Chester	8.2%	18.6%	9.8%	20.7%	54.4%	15.9%
Clinton	2.3%	6.6%	13.1%	9.6%	43.1%	12.5%
Colchester	5.3%	4.4%	16.3%	14.1%	54.0%	14.8%
Cromwell	3.4%	7.3%	11.7%	15.1%	51.4%	12.7%
Deep River	1.3%	3.8%	14.5%	16.2%	53.9%	12.9%
Durham	4.2%	1.0%	9.0%	5.8%	47.7%	9.4%
East Haddam	3.9%	3.7%	5.1%	15.2%	35.5%	8.2%
East Hampton	4.4%	4.6%	3.6%	9.7%	35.3%	5.0%
Essex	1.5%	2.9%	10.9%	8.8%	30.3%	10.0%
Haddam	0.0%	4.1%	6.3%	30.0%	49.9%	10.2%
Killingworth	0.0%	6.6%	9.1%	15.9%	40.9%	11.0%
Lyme	1.1%	1.6%	3.8%	12.0%	41.5%	8.5%
Marlborough	2.1%	0.2%	4.4%	12.5%	30.1%	5.2%
Middlefield	4.8%	3.5%	8.4%	7.7%	31.4%	8.7%
Middletown	4.5%	6.1%	10.6%	20.1%	46.2%	11.2%
Old Lyme	6.2%	5.2%	4.5%	13.2%	30.0%	9.0%
Old Saybrook	8.4%	12.8%	8.5%	14.0%	36.4%	13.4%
Portland	7.4%	10.3%	12.2%	23.4%	49.3%	14.6%
Westbrook	0.0%	3.6%	14.7%	16.1%	27.8%	13.5%
Middlesex County	3.7%	6.4%	9.2%	16.3%	41.5%	11.0%
Connecticut	5.2%	6.3%	10.1%	19.1%	43.9%	11.3%

U.S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020, <https://data.census.gov/>, 2016-2020

DataHaven

Community Health Needs Assessment
CHIME Data Profile: Middlesex County
By DataHaven, May 2022

Data about residents' visits to hospitals and emergency rooms may be used as a tool to examine variations in health and quality of life by geography and within specific populations¹. Unless otherwise noted, all information in this profile is based on a DataHaven analysis (2022) of 2018-2021 CHIME data provided by the Connecticut Hospital Association upon request from a special study agreement with partner hospitals and DataHaven. The CHIME hospital encounter data extraction included de-identified information for each of several million Connecticut hospital and emergency department encounters incurred by any residents of any town in Connecticut. Any encounter incurred by any resident of these towns at any Connecticut hospital would be included in this dataset, regardless of where they received treatment.

In order to develop statewide geographic benchmark comparisons within the CHIME data that could be used to provide context, DataHaven developed a statewide aggregate as well as rates for individual Connecticut towns and regions. Comparisons should be made with caution, especially when examining data for towns or regions near the state border, given that residents in those towns may have been more likely to receive treatment at hospitals located outside of the state in some cases.

Each encounter observation had a unique encounter ID and was populated with one or more "indicator flags" representing a variety of conditions. Each encounter could include multiple indicator flags

Annualized encounter rates were calculated for the indicator flags assigned within the dataset including Asthma, COPD, Substance Abuse, and many other conditions. Analyses in this document describe data on "all hospital encounters" including inpatient, emergency department (ED), and observation encounters. Annualized encounter rates per 10,000 persons were calculated for the period from 2018 to October 2021 by merging CHIME data with population data.

For each geographic area and indicator, our analysis generally included an annualized encounter rate for populations in each of five age strata (0-19, 20-44, 45-64, 65-74, and 75+ years), and by gender, as well as a single age-adjusted annualized encounter rate. DataHaven also calculated rates by race, but those results are not included in this document because we believe that the collection of race/ethnicity data is not yet standardized in a way that allows for accurate comparisons across geographic areas. In some cases, results are not included in this report if the number of observations and/or populations in any given area were very small. It is important to note that there is no way to discern the unique number of individuals in any zip code, town, area, or region who experienced hospital encounters during the period under examination or the number of encounters that represented repeat encounters by the same individual for the same or different conditions. To better examine encounter rates for asthma, the age-strata used to calculate asthma encounter rates differed from age groupings used for the other disease encounter types (0-4, 5-19, 20-44, 45-64, 65-74, and 75+ years).

Please contact DataHaven or refer to our larger documents at ctdatahaven.org/reports for further information.

¹Data for other towns, zip codes, and regions are available via the regional Community Health Needs Assessment. We recommend comparing the information in this profile to information from surrounding towns, counties, and similar communities. General demographic information is also available at ctdatahaven.org/communities.

APPENDIX - 2-1-1 COUNTS

Table A11 - 2-1-1 Percent of Housing & Shelter Service Requests, 2018 - 2021

Middletown

Housing & Shelter	2018	2019	2020	2021
Shelters	63.9%	65.6%	61.6%	53.9%
Low-cost housing	9.6%	8.7%	8.1%	11.5%
Home repair/ maintenance	<1%	<1%	<1%	<1%
Rent assistance	8.4%	9.4%	14.4%	17.3%
Mortgage assistance	<1%	<1%	<1%	1.1%
Landlord/ tenant issues	3.3%	3.2%	4.6%	5.2%
Contacts	13.4%	12.0%	10.1%	10.3%
Other housing & shelter	0.0%	<1%	<1%	<1%

Middlesex County

Housing & Shelter	2018	2019	2020	2021
Shelters	56.8%	58.1%	53.7%	48.8%
Low-cost housing	11.8%	10.8%	9.3%	13.2%
Home repair/ maintenance	1.3%	<1%	<1%	<1%
Rent assistance	9.1%	10.1%	15.2%	17.9%
Mortgage assistance	1.9%	1.3%	1.8%	1.2%
Landlord/ tenant issues	3.4%	4.2%	5.9%	5.9%
Contacts	15.6%	14.4%	13.2%	12.0%
Other housing & shelter	0.0%	<1%	<1%	<1%

Connecticut

Housing & Shelter	2018	2019	2020	2021
Shelters	54.4%	54.4%	48.3%	44.8%
Low-cost housing	11.4%	10.7%	10.0%	14.3%
Home repair/ maintenance	1.1%	1.2%	<1%	1.1%
Rent assistance	12.4%	13.4%	19.4%	21.0%
Mortgage assistance	1.1%	1.1%	1.5%	1.2%
Landlord/ tenant issues	4.1%	4.5%	6.4%	5.7%
Contacts	15.5%	14.7%	13.3%	11.7%
Other housing & shelter	<1%	<1%	<1%	<1%

Contacts = providing requested contact information for housing and shelter organizations

2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

Table A12 - 2-1-1 Percent of Employment & Income Service Requests, 2018 - 2021

Middletown

Employment & Income	2018	2019	2020	2021
Job search	15.2%	10.9%	9.2%	20.2%
Job development	<1%	<1%	<1%	<1%
Unemployment benefits	<1%	<1%	13.5%	9.1%
Tax preparation	51.1%	52.2%	48.2%	13.0%
Financial assistance	28.3%	31.2%	23.8%	49.1%
Money management	<1%	<1%	<1%	1.4%
Contacts	3.3%	3.6%	1.7%	6.3%
Other employment & income	0.0%	0.0%	2.5%	<1%

Middlesex County

Employment & Income	2018	2019	2020	2021
Job search	12.4%	9.6%	7.0%	12.2%
Job development	<1%	<1%	<1%	<1%
Unemployment benefits	1.1%	<1%	18.7%	10.8%
Tax preparation	41.7%	41.6%	36.7%	8.9%
Financial assistance	38.9%	42.0%	30.4%	59.8%
Money management	1.2%	1.3%	1.0%	1.0%
Contacts	4.2%	4.4%	2.0%	5.4%
Other employment & income	0.0%	0.0%	3.9%	1.1%

Connecticut

Employment & Income	2018	2019	2020	2021
Job search	9.0%	8.4%	5.1%	8.0%
Job development	<1%	<1%	<1%	<1%
Unemployment benefits	1.3%	1.4%	21.6%	7.4%
Tax preparation	18.8%	25.3%	24.3%	7.0%
Financial assistance	61.7%	57.3%	40.3%	69.0%
Money management	1.1%	1.3%	<1%	1.3%
Contacts	7.9%	6.2%	3.8%	6.0%
Other employment & income	0.0%	0.0%	3.9%	1.2%

Contacts = providing requested contact information for employment organizations

Financial Assistance = services related to government and other assistance programs like SSI and TANF

2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

Table A13 - 2-1-1 Percent of Food Service Requests, 2018 - 2021**Middletown**

Food	2018	2019	2020	2021
Help buying food	40.4%	51.2%	64.9%	60.9%
Food pantries	34.7%	26.2%	21.5%	22.4%
Soup kitchens & Meals to-go	14.1%	12.2%	5.9%	7.4%
Feeding children	0.0%	0.0%	0.0%	<1%
Home-delivered meals	7.0%	4.9%	3.9%	3.7%
Holiday meals	3.8%	4.9%	2.9%	4.0%
Contacts	0.0%	0.0%	0.0%	0.0%
Other food	0.0%	<1%	<1%	1.0%

Middlesex County

Food	2018	2019	2020	2021
Help buying food	50.0%	55.1%	67.1%	66.4%
Food pantries	30.8%	27.1%	20.8%	18.8%
Soup kitchens & Meals to-go	11.1%	8.6%	4.1%	5.3%
Feeding children	<1%	<1%	<1%	<1%
Home-delivered meals	5.7%	5.1%	4.7%	5.1%
Holiday meals	2.2%	3.1%	1.9%	3.4%
Contacts	0.0%	0.0%	0.0%	0.0%
Other food	0.0%	<1%	<1%	<1%

Connecticut

Food	2018	2019	2020	2021
Help buying food	40.4%	44.4%	62.8%	64.2%
Food pantries	34.5%	33.3%	24.1%	19.9%
Soup kitchens & Meals to-go	16.2%	11.8%	4.7%	6.3%
Feeding children	1.4%	1.3%	<1%	<1%
Home-delivered meals	3.1%	3.6%	5.6%	5.1%
Holiday meals	4.3%	5.3%	1.8%	2.5%
Contacts	0.0%	0.0%	0.0%	0.0%
Other food	<1%	<1%	<1%	<1%

Contacts = providing requested contact information for food assistance organizations

2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

Table A14 - 2-1-1 Percent of Utilities Service Requests, 2018 - 2021

Middletown

Utilities	2018	2019	2020	2021
Electric	57.6%	66.4%	48.7%	53.4%
Gas	14.8%	12.8%	11.6%	13.8%
Water	<1%	<1%	<1%	<1%
Heating fuel	12.2%	9.5%	19.9%	13.8%
Trash collection	0.0%	0.0%	0.0%	0.0%
Utility payment plans	0.0%	<1%	0.0%	<1%
Utility deposit assistance	0.0%	0.0%	0.0%	0.0%
Disconnection protection	8.9%	6.3%	2.7%	2.1%
Phone/internet	4.3%	3.0%	12.1%	15.0%
Contacts	1.5%	1.3%	2.4%	<1%
Other utilities	0.0%	0.0%	2.2%	0.0%

Middlesex County

Utilities	2018	2019	2020	2021
Electric	57.9%	64.0%	48.5%	51.4%
Gas	10.5%	8.6%	9.4%	10.9%
Water	<1%	<1%	<1%	1.6%
Heating fuel	18.2%	16.0%	23.8%	22.1%
Trash collection	0.0%	0.0%	0.0%	0.0%
Utility payment plans	0.0%	<1%	<1%	<1%
Utility deposit assistance	0.0%	0.0%	0.0%	0.0%
Disconnection protection	7.4%	7.0%	3.7%	1.7%
Phone/internet	4.1%	2.4%	9.4%	10.6%
Contacts	1.5%	1.3%	2.4%	<1%
Other utilities	0.0%	0.0%	1.9%	<1%

Connecticut

Utilities	2018	2019	2020	2021
Electric	55.9%	55.0%	50.2%	55.1%
Gas	20.1%	20.8%	19.9%	19.2%
Water	1.0%	1.2%	2.0%	2.3%
Heating fuel	11.3%	11.4%	14.8%	12.6%
Trash collection	0.0%	0.0%	0.0%	0.0%
Utility payment plans	<1%	<1%	<1%	<1%
Utility deposit assistance	0.0%	0.0%	0.0%	0.0%
Disconnection protection	6.5%	7.4%	3.5%	1.4%
Phone/internet	3.2%	2.6%	6.6%	7.5%
Contacts	1.8%	1.4%	1.8%	<1%
Other utilities	<1%	0.0%	<1%	<1%

Contacts = providing requested contact information for utilities organizations

2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

Table A15 - 2-1-1 Percent of Mental Health & Addictions Service Requests, 2018 - 2021

Middletown

Mental Health & Addictions	2018	2019	2020	2021
Substance abuse & addictions	6.9%	8.2%	8.6%	13.1%
Marriage & family	0.0%	0.0%	0.0%	0.0%
Crisis intervention & suicide	17.7%	23.6%	18.7%	34.1%
Mental health services	74.8%	67.9%	71.9%	51.0%
Mental health facilities	<1%	<1%	11.0%	1.8%
Other mental health & addictions	0.0%	0.0%	0.0%	0.0%

Middlesex County

Mental Health & Addictions	2018	2019	2020	2021
Substance abuse & addictions	7.6%	9.0%	9.5%	14.1%
Marriage & family	0.0%	0.0%	0.0%	0.0%
Crisis intervention & suicide	30.3%	35.8%	31.4%	44.0%
Mental health services	61.6%	54.5%	58.3%	40.0%
Mental health facilities	<1%	<1%	<1%	1.8%
Other mental health & addictions	0.0%	0.0%	0.0%	0.0%

Connecticut

Mental Health & Addictions	2018	2019	2020	2021
Substance abuse & addictions	8.7%	7.6%	8.7%	10.3%
Marriage & family	0.0%	0.0%	<1%	0.0%
Crisis intervention & suicide	42.3%	37.8%	32.6%	37.4%
Mental health services	48.4%	53.9%	57.8%	50.8%
Mental health facilities	<1%	<1%	<1%	1.5%
Other mental health & addictions	0.0%	0.0%	0.0%	0.0%

2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

Table A16 - 2-1-1 Percent of Healthcare Service Requests, 2018 - 2021

Middletown

Healthcare	2018	2019	2020	2021
Health insurance	51.7%	50.6%	14.2%	4.7%
Medical expense assistance	<1%	1.1%	<1%	<1%
Medical providers	19.9%	20.4%	7.3%	2.0%
Dental & eye care	6.0%	3.8%	1.8%	<1%
Prescription medications	<1%	<1%	<1%	<1%
Nursing homes & adult care	10.2%	12.3%	3.6%	2.7%
Death related	<1%	<1%	<1%	<1%
Public health & safety	***	0.0%	<1%	<1%
COVID testing	***	***	24.5%	2.2%
COVID vaccination	***	***	<1%	83.5%
All other COVID	***	***	40.0%	1.2%
Other health services	4.4%	4.5%	2.2%	<1%
Contacts	4.6%	4.5%	3.3%	2.2%
Other healthcare	0.0%	0.0%	<1%	<1%

Middlesex County

Healthcare	2018	2019	2020	2021
Health insurance	57.1%	56.9%	12.2%	3.2%
Medical expense assistance	<1%	1.6%	<1%	<1%
Medical providers	17.9%	17.1%	5.5%	1.3%
Dental & eye care	5.3%	3.3%	1.3%	<1%
Prescription medications	<1%	<1%	<1%	<1%
Nursing homes & adult care	8.9%	10.8%	3.1%	1.5%
Death related	<1%	<1%	<1%	<1%
Public health & safety	***	***	<1%	<1%
COVID testing	***	***	29.4%	1.8%
COVID vaccination	***	***	<1%	88.1%
All other COVID	***	***	40.0%	<1%
Other health services	2.8%	3.2%	2.2%	<1%
Contacts	4.5%	4.3%	3.3%	1.8%
Other healthcare	0.0%	0.0%	<1%	<1%

Connecticut

Healthcare	2018	2019	2020	2021
Health insurance	56.7%	54.6%	15.1%	3.2%
Medical expense assistance	<1%	1.4%	<1%	<1%
Medical providers	17.1%	17.8%	6.0%	1.2%
Dental & eye care	3.2%	2.0%	<1%	<1%
Prescription medications	<1%	<1%	<1%	<1%
Nursing homes & adult care	9.0%	11.3%	3.4%	1.3%
Death related	<1%	<1%	<1%	<1%
Public health & safety	***	***	<1%	<1%
COVID testing	***	***	23.3%	1.3%
COVID vaccination	***	***	<1%	89.1%
All other COVID	***	***	41.2%	<1%
Other health services	2.5%	2.4%	2.6%	<1%
Contacts	7.9%	7.3%	4.3%	1.9%
Other healthcare	0.0%	0.0%	<1%	<1%

Contacts = providing requested contact information for healthcare organizations

2-1-1 Counts, Connecticut 2-1-1; <https://ct.211counts.org/>

APPENDIX - INCOME

Table A17 presents the per capita income for the towns in Middlesex Health’s service area. The per capita income for the state of Connecticut is \$45,668 (CT Data Collaborative, 2016-2020).

Table A17 - Per Capita Income, 2016-2020

Location	Per Capita Income	Location	Per Capita Income
Chester	\$41,045	Killingworth	\$48,583
Clinton	\$46,835	Lyme	\$79,113
Colchester	\$46,996	Marlborough	\$50,947
Cromwell	\$47,638	Middlefield	\$44,539
Deep River	\$47,196	Middletown	\$38,345
Durham	\$61,200	Old Lyme	\$72,875
East Haddam	\$51,773	Old Saybrook	\$55,191
East Hampton	\$43,715	Portland	\$47,819
Essex	\$60,415	Westbrook	\$59,116
Haddam	\$50,584	Middlesex County*	\$46,023

Connecticut Data Collaborative, <http://data.ctdata.org/>, 2016-2020

Middlesex County*: Connecticut Data Collaborative, <http://data.ctdata.org/>, 2015-2019

The DataHaven 2021 Community Wellbeing Survey asked respondents questions about level of financial security, specifically, “how well would you say you are managing financially these days?” and provided a variety of response options. **Figures A1a-d** compare the responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A1a1 - Middlesex County Responses for “How Well Financially Managing?” by Age, 2021

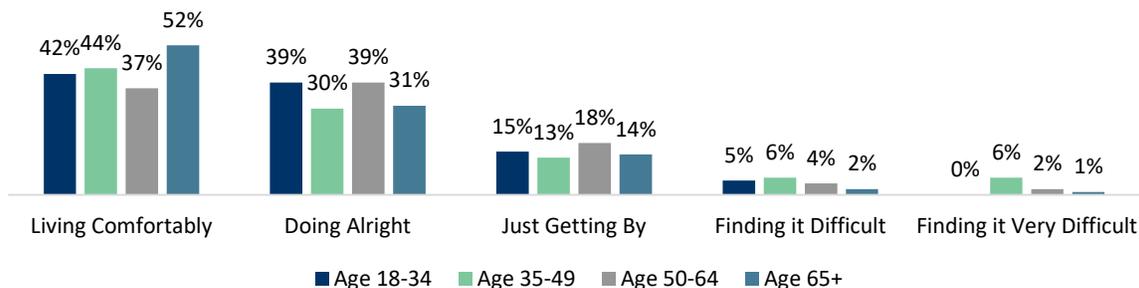


Figure A1a2 - Connecticut Responses for “How Well Financially Managing?” by Age, 2021

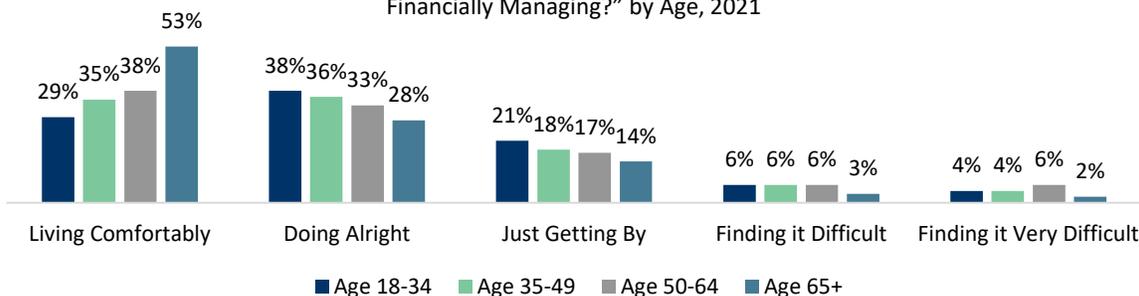


Figure A1b1 - Middlesex County Responses for “How Well Financially Managing?” by Gender, 2021

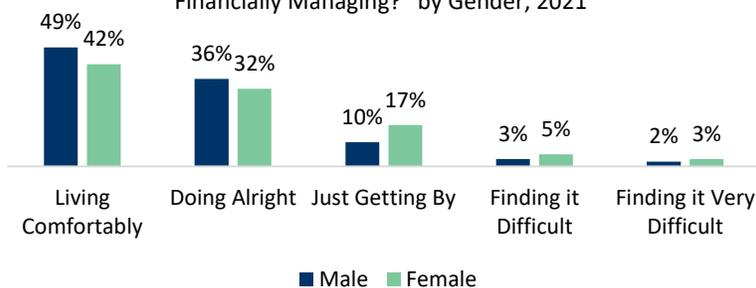
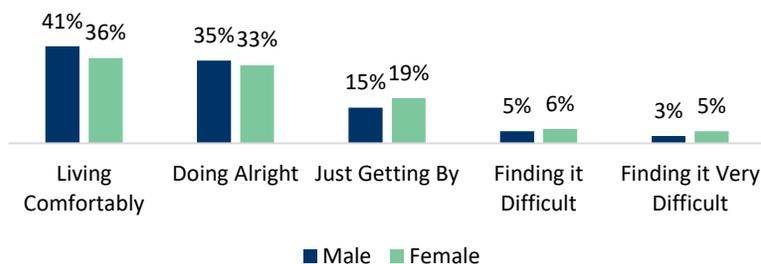


Figure A1b2 - Connecticut Responses for “How Well Financially Managing?” by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A1c1 - Middlesex County Responses for “How Well Financially Managing?” by Income Level, 2021

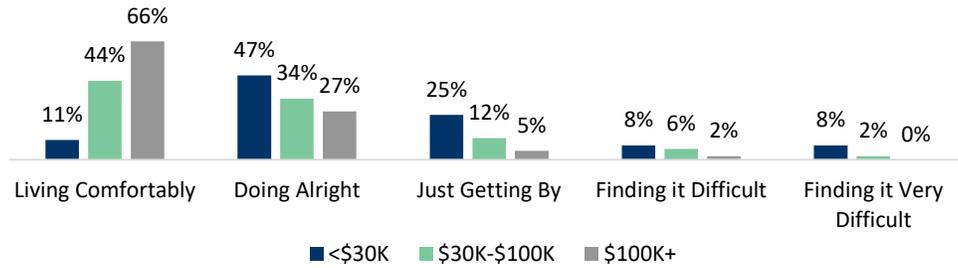


Figure A1c2 - Connecticut Responses for “How Well Financially Managing?” by Income Level, 2021

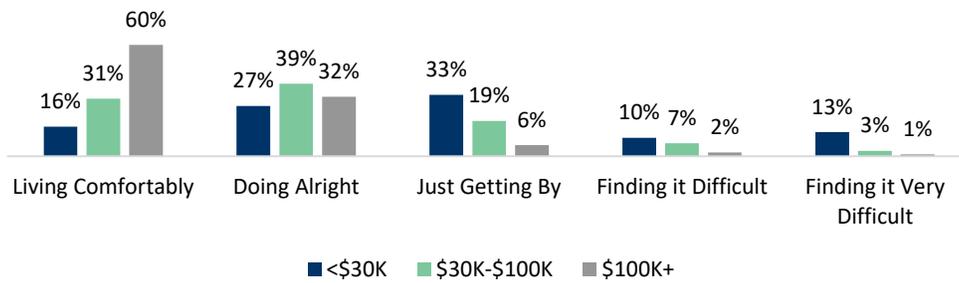


Figure A1d1 - Middlesex County Responses for “How Well Financially Managing?” by Education Level, 2021

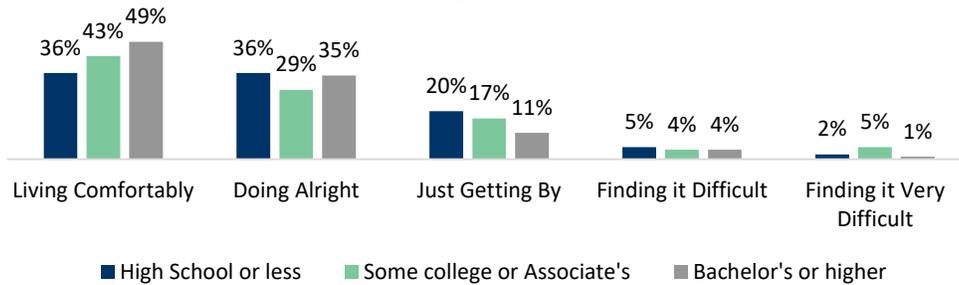
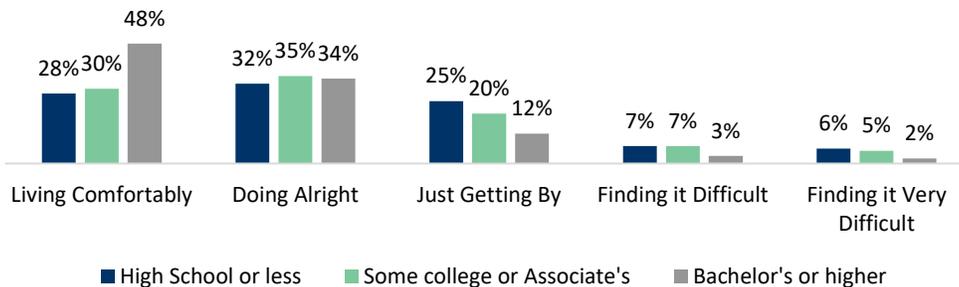


Figure A1d2 - Connecticut Responses for “How Well Financially Managing?” by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

The DataHaven 2021 Community Wellbeing Survey asked respondents “how has your financial situation changed in the past 12 months?” and provided response options. **Figures A2a-d** compare the responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A2a1 - Middlesex County Responses for “Has Financial Situation Changed?” by Age, 2021

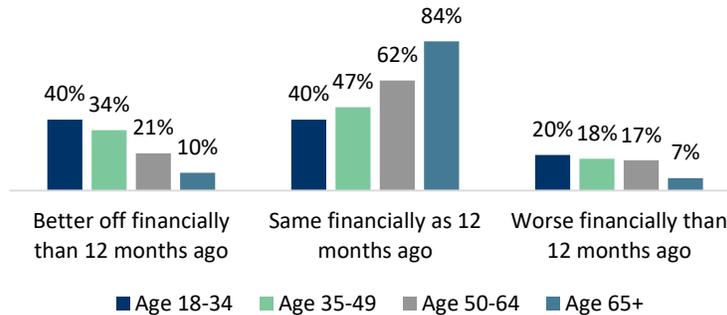


Figure A2a2 - Connecticut Responses for “Has Financial Situation Changed?” by Age, 2021

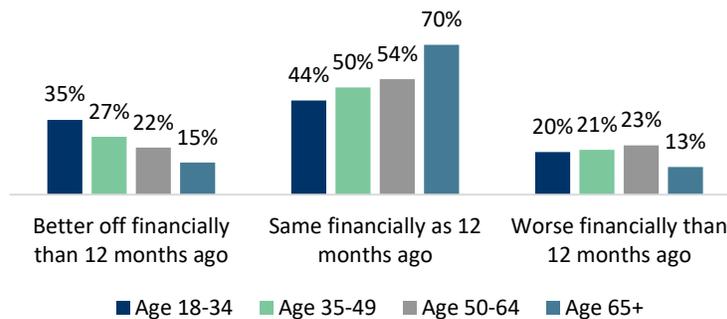


Figure A2b1 - Middlesex County Responses for “Has Financial Situation Changed?” by Gender, 2021

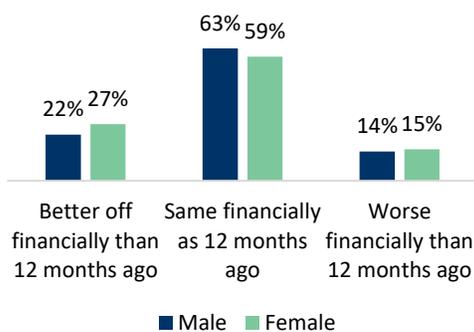
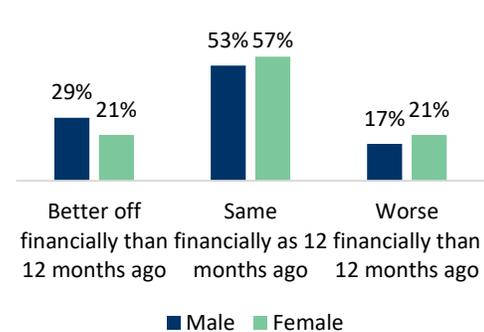


Figure A2b2 - Connecticut Responses for “Has Financial Situation Changed?” by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A2c1 - Middlesex County Responses for “Has Financial Situation Changed?” by Income Level, 2021

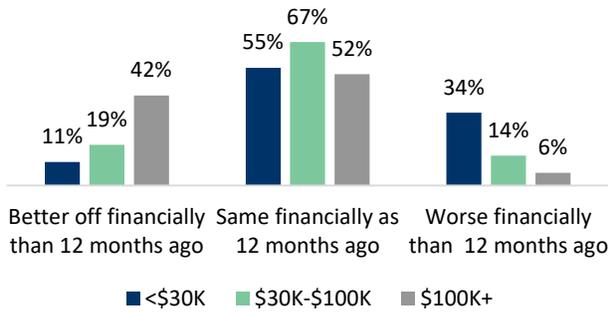


Figure A2c2 - Connecticut Responses for “Has Financial Situation Changed?” by Income Level, 2021

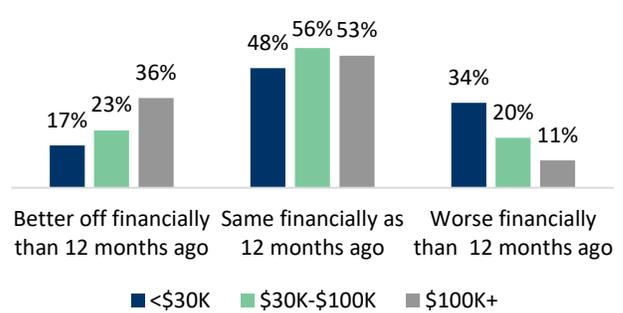


Figure A2d1 - Middlesex County Responses for “Has Financial Situation Changed?” by Education Level, 2021

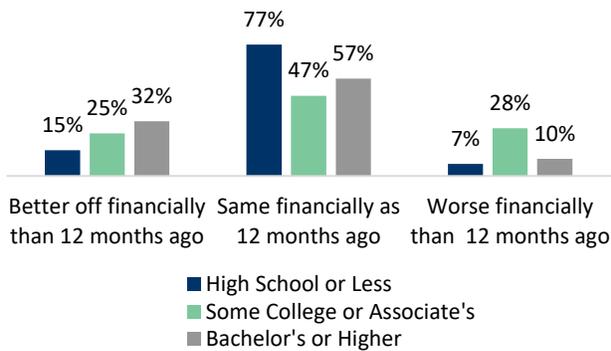
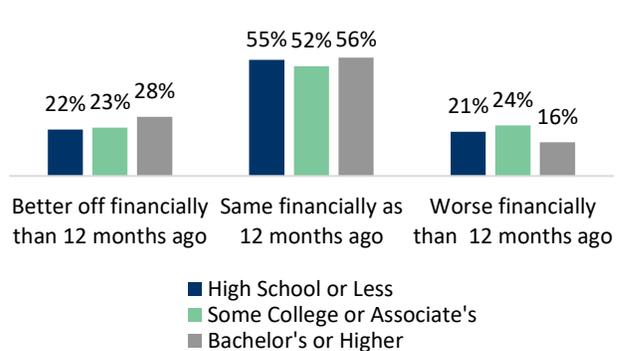


Figure A2d2 - Connecticut Responses for “Has Financial Situation Changed?” by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

APPENDIX - EMPLOYMENT

The DataHaven 2021 Community Wellbeing Survey asked respondents to rate the ability to obtain suitable employment, specifically: “now I’m going to ask you to think about some aspects of life in your city or area.” **Figures A3a-d** compare responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A3a1 - Middlesex County Responses for Ability to Obtain Suitable Employment by Age, 2021

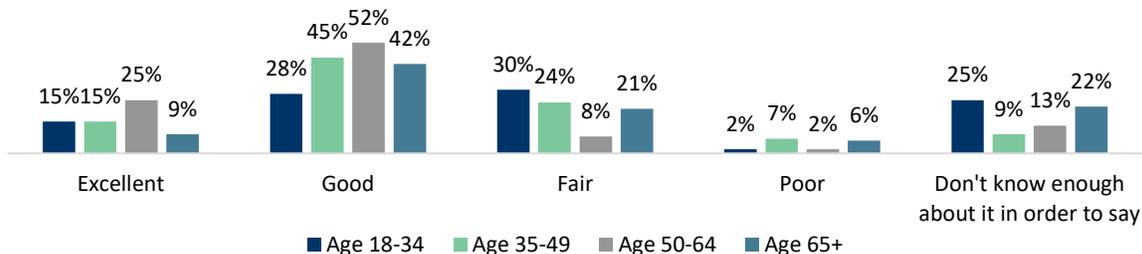


Figure A3a2 - Connecticut Responses for Ability to Obtain Suitable Employment by Age, 2021

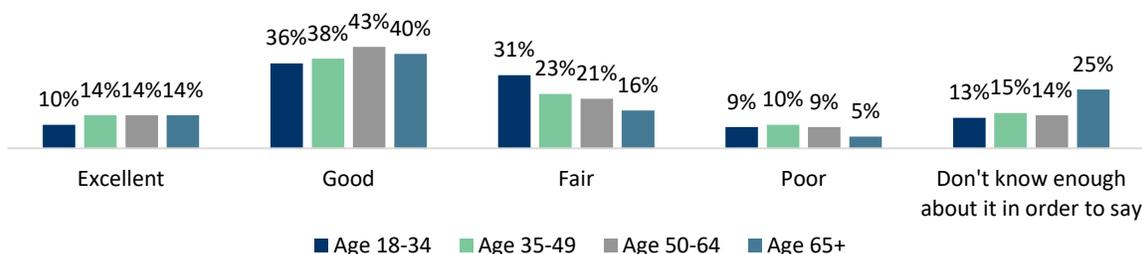


Figure A3b1 - Middlesex County Responses for Ability to Obtain Suitable Employment by Gender, 2021

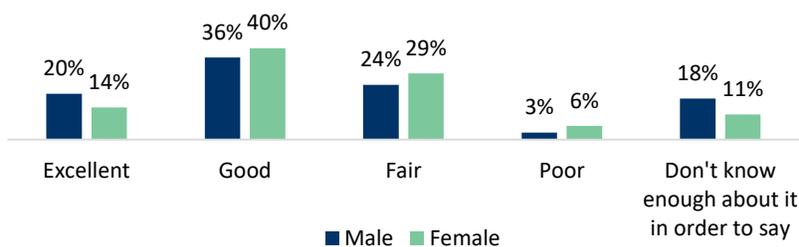
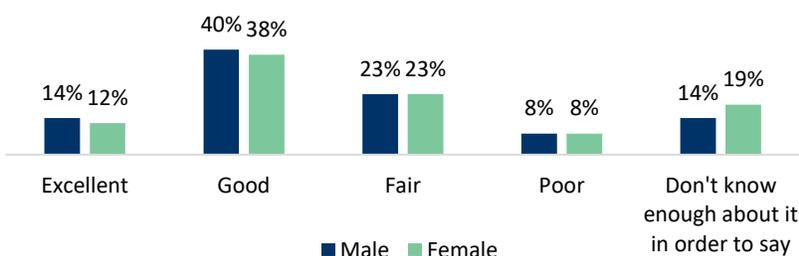


Figure A3b2 - Connecticut Responses for Ability to Obtain Suitable Employment by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A3c1 - Middlesex County Responses for Ability to Obtain Suitable Employment by Income Level, 2021

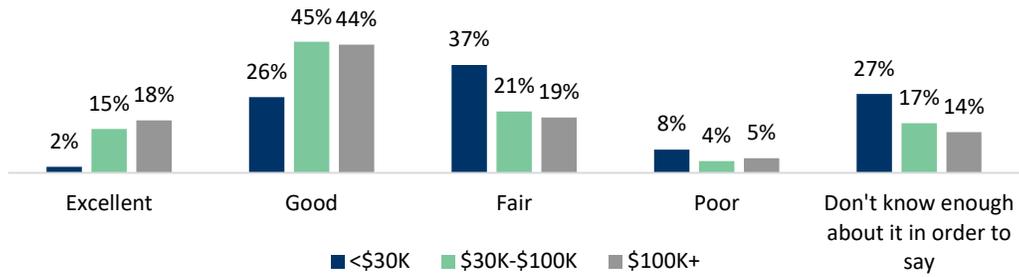


Figure A3c2 - Connecticut Responses for Ability to Obtain Suitable Employment by Income Level, 2021

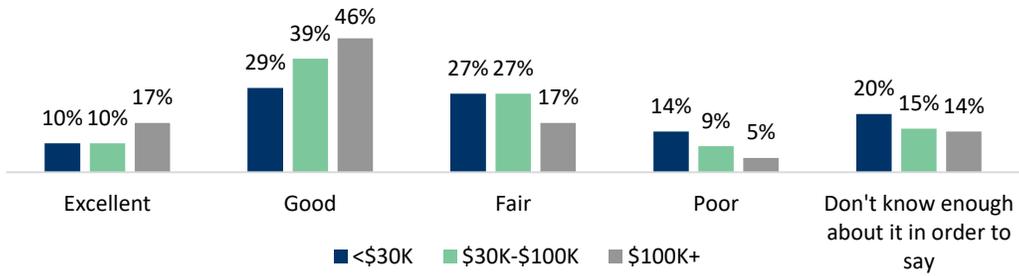


Figure A3d1 - Middlesex County Responses for Ability to Obtain Suitable Employment by Education Level, 2021

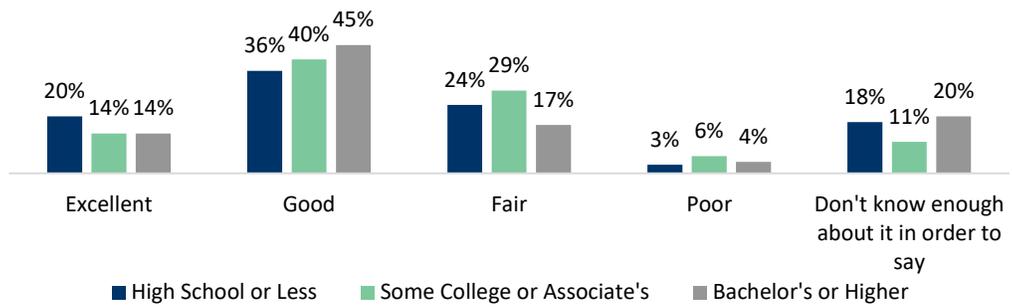
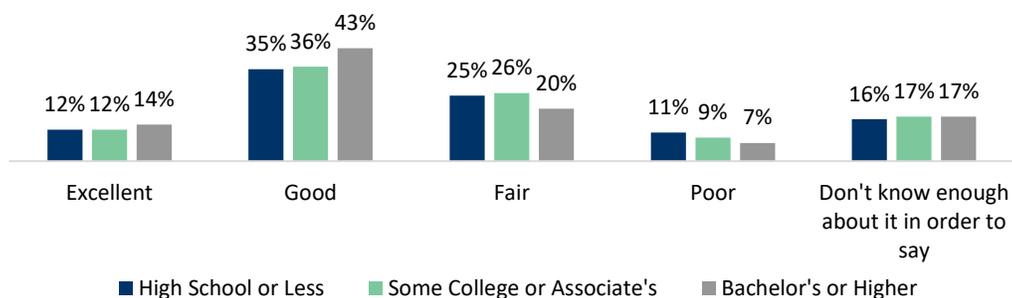


Figure A3d2 - Connecticut Responses for Ability to Obtain Suitable Employment by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

APPENDIX - FOOD

The DataHaven 2021 Community Wellbeing Survey asked respondents to rank the availability of affordable, high-quality fruits and vegetables in the areas in which they live. **Figures A4a-d** compare responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A4a1 - Middlesex County Responses for Availability of High-Quality Fruits and Vegetables by Age, 2021

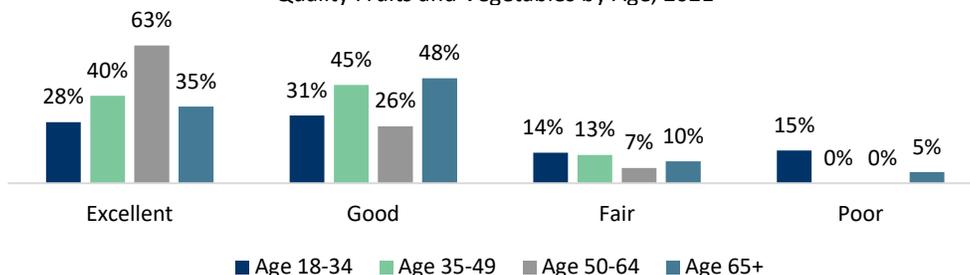


Figure A4a2 - Connecticut Responses for Availability of High-Quality Fruits and Vegetables by Age, 2021

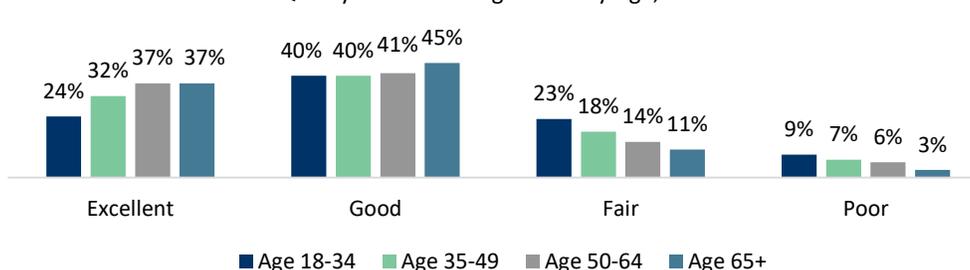


Figure A4b1 - Middlesex County Responses for Availability of High-Quality Fruits and Vegetables by Gender, 2021

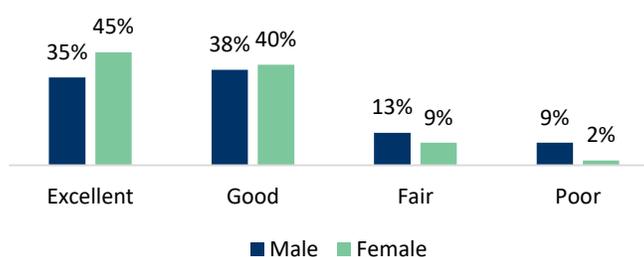
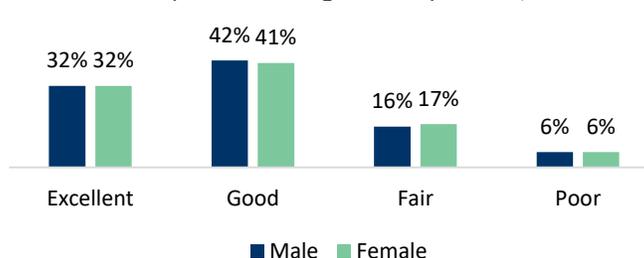


Figure A4b2 - Connecticut Responses for Availability of High-Quality Fruits and Vegetables by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A4c1 - Middlesex County Responses for Availability of High-Quality Fruits and Vegetables by Income Level, 2021

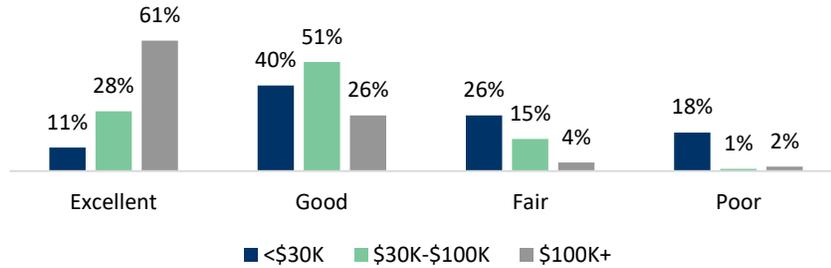


Figure A4c2 - Connecticut Responses for Availability of High-Quality Fruits and Vegetables by Income Level, 2021

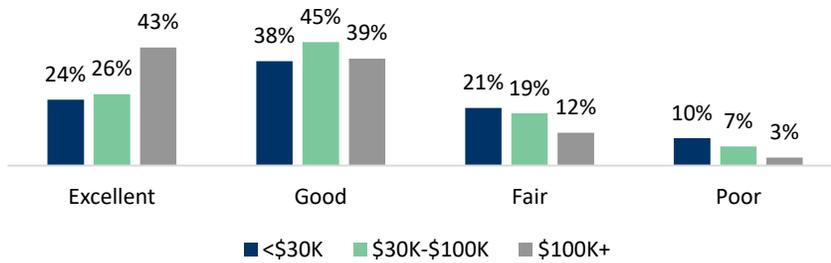


Figure A4d1 - Middlesex County Responses for Availability of High-Quality Fruits and Vegetables by Education Level, 2021

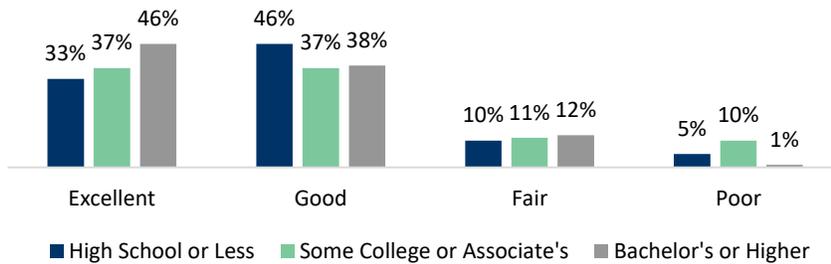
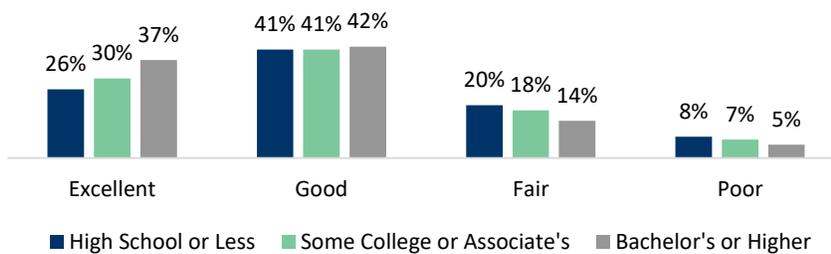


Figure A4d2 - Connecticut Responses for Availability of High-Quality Fruits and Vegetables by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

Not included in **Figures A4a-d** are the responses for “don’t know enough about it in order to say.”

APPENDIX - LIVING ENVIRONMENT

The DataHaven Community 2021 Wellbeing Survey asked respondents for level of agreement with the statement “I do not feel safe to go on walks in my neighborhood at night.” **Figures A5a-d** compare responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A5a1 - Middlesex County Responses for “I do Not Feel Safe on Walks at Night” by Age, 2021

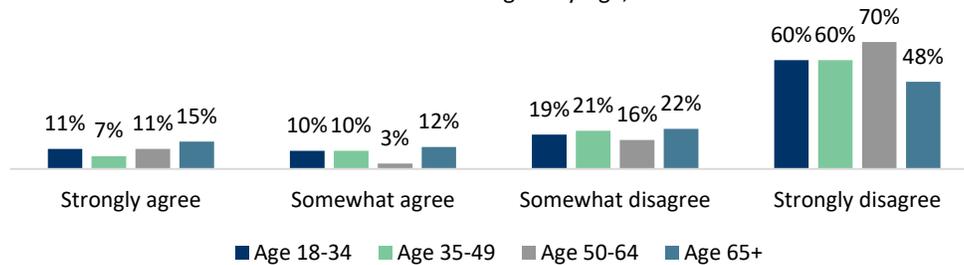


Figure A5a2 - Connecticut Responses for “I do Not Feel Safe on Walks at Night” by Age, 2021

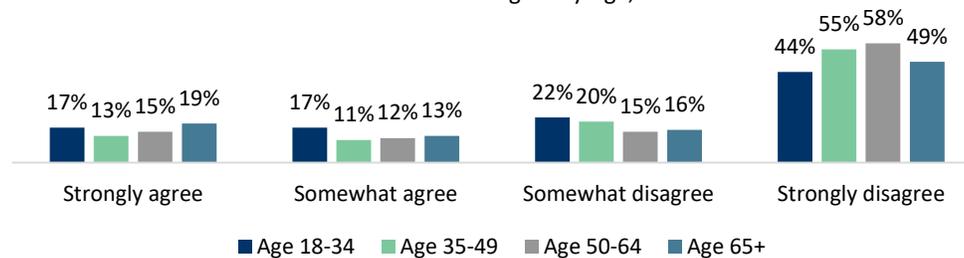


Figure A5b1 - Middlesex County Responses for “I do Not Feel Safe on Walks at Night” by Gender, 2021

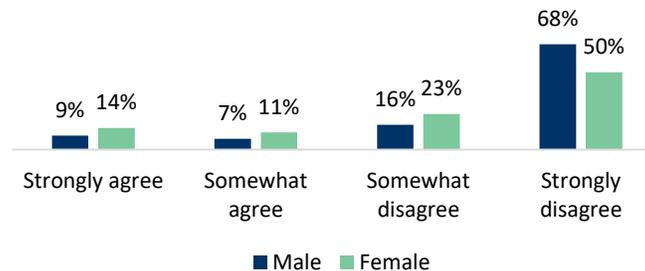
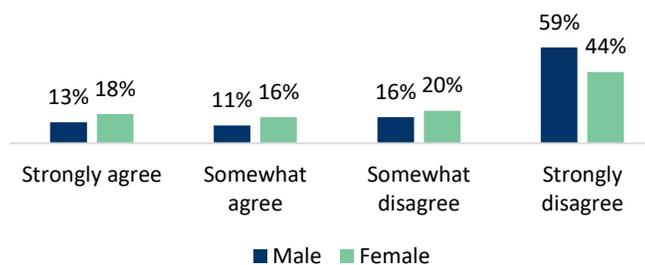


Figure A5b2 - Connecticut Responses for “I do Not Feel Safe on Walks at Night” by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A5c1 - Middlesex County Responses for “I do Not Feel Safe on Walks at Night” by Income Level, 2021

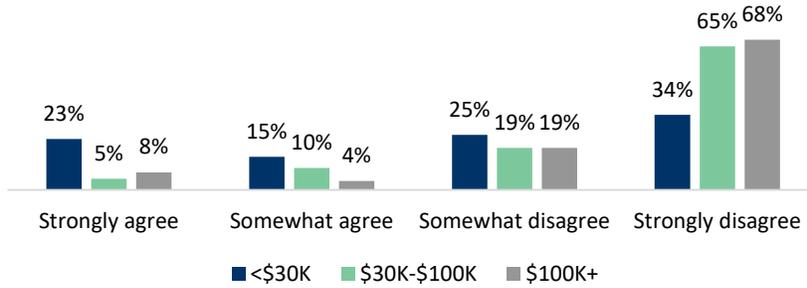


Figure A5c2 - Connecticut Responses for “I do Not Feel Safe on Walks at Night” by Income Level, 2021

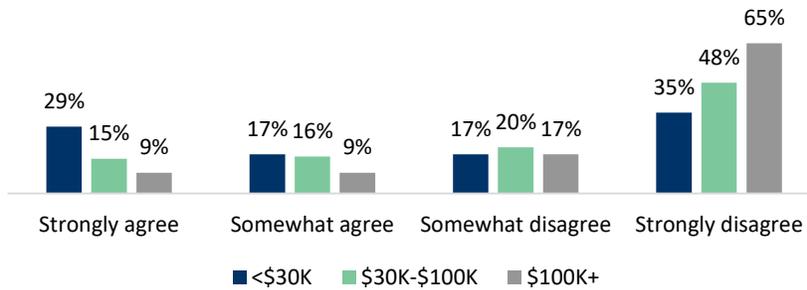


Figure A5d1 - Middlesex County Responses for “I do Not Feel Safe on Walks at Night” Education Level, 2021

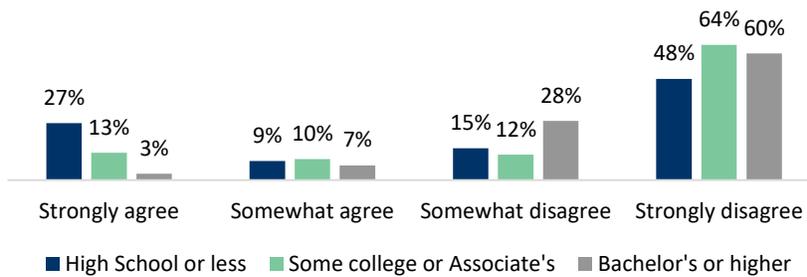
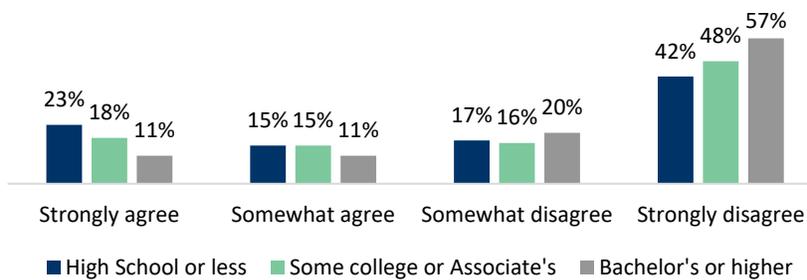


Figure A5d2 - Connecticut Responses for “I do Not Feel Safe on Walks at Night” by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

The DataHaven Community 2021 Wellbeing Survey asked respondents for level of agreement with the statement “people in this neighborhood can be trusted.” **Figures A6a-d** compare responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A6a1 - Middlesex County Responses for “People in this Neighborhood can be Trusted” by Age, 2021

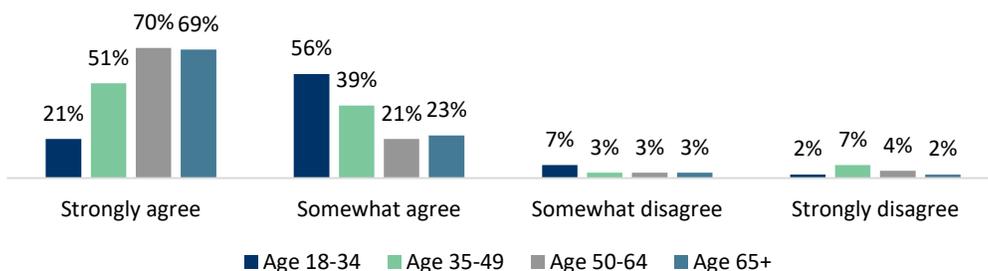


Figure A6a2 - Connecticut Responses for “People in this Neighborhood can be Trusted” by Age, 2021

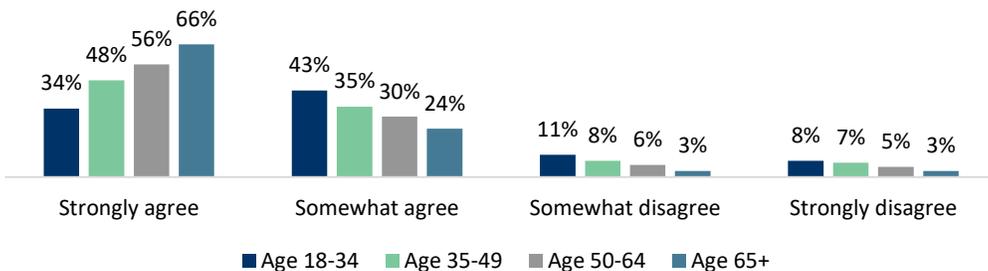


Figure A6b1 - Middlesex County Responses for “People in this Neighborhood can be Trusted” by Gender, 2021

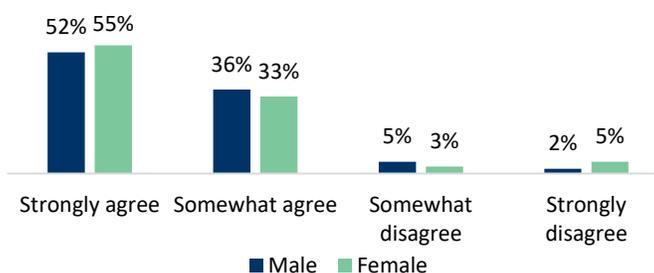
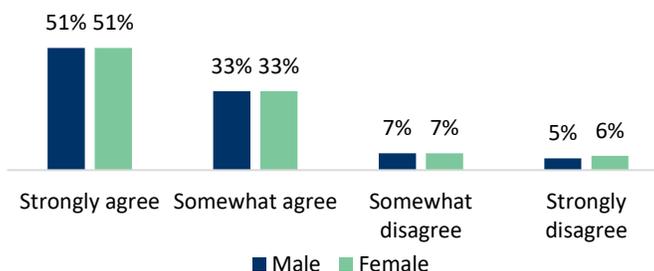


Figure A6b2 - Connecticut Responses for “People in this Neighborhood can be Trusted” by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A6c1 - Middlesex County Responses for “People in this Neighborhood can be Trusted” by Income Level, 2021

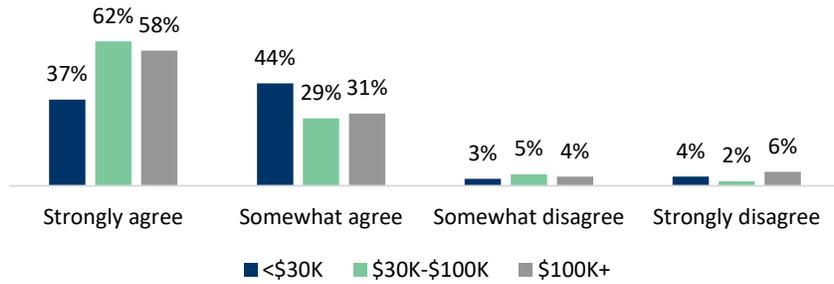


Figure A6c2 - Connecticut Responses for “People in this Neighborhood can be Trusted” by Income Level, 2021

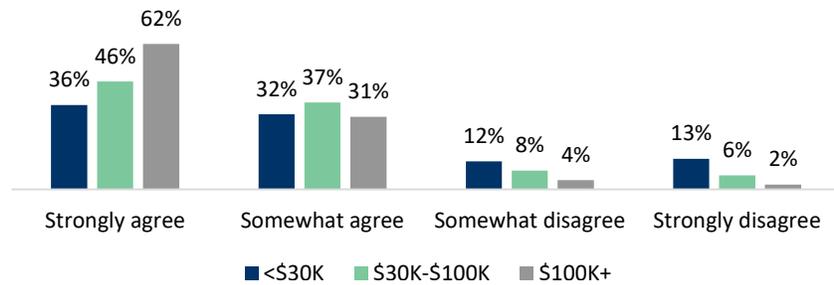


Figure A6d1 — Middlesex County Responses for “People in this Neighborhood can be Trusted” by Education Level, 2021

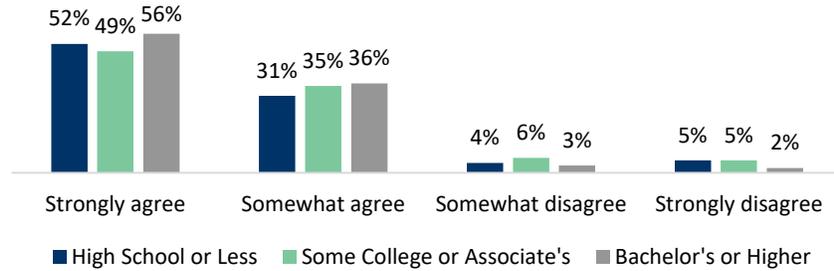
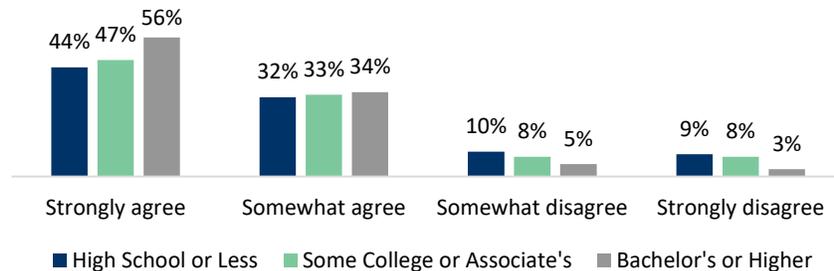


Figure A6d2 - Connecticut Responses for “People in this Neighborhood can be Trusted” by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

The DataHaven 2021 Community Wellbeing Survey asked respondents for level of agreement with the statement “my neighborhood has several free or low-cost recreation facilities such as parks, playgrounds, public swimming pools, etc.” **Figures A7a-d** compare responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A7a1 - Middlesex County Responses for Availability of Free or Low-Cost Recreation Facilities by Age, 2021

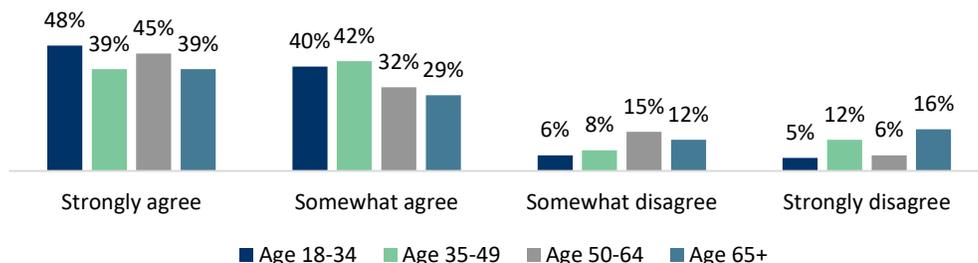


Figure A7a2 - Connecticut Responses for Availability of Free or Low-Cost Recreation Facilities by Age, 2021

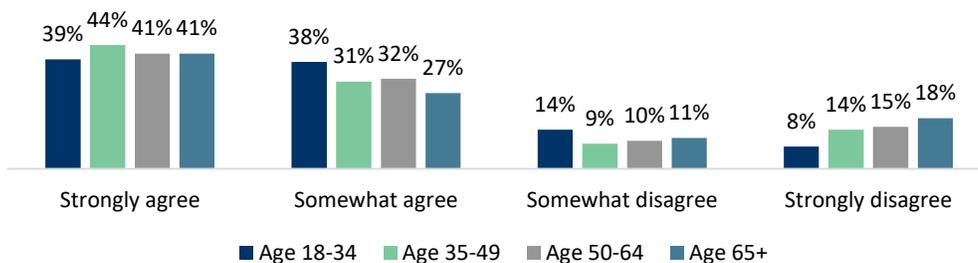


Figure A7b1 - Middlesex County Responses for Availability of Free or Low-Cost Recreation Facilities by Gender, 2021

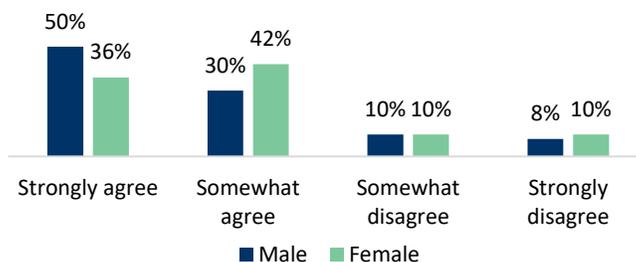
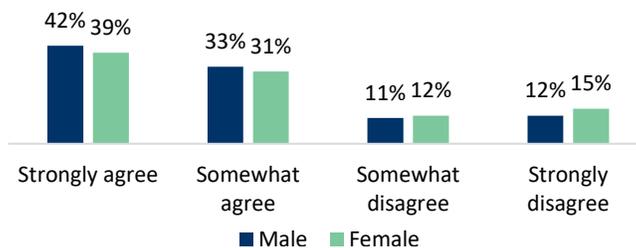


Figure A7b2 - Connecticut Responses for Availability of Free or Low-Cost Recreation Facilities by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A7c1 - Middlesex County Responses for Availability of Free or Low-Cost Recreation Facilities by Income Level, 2021

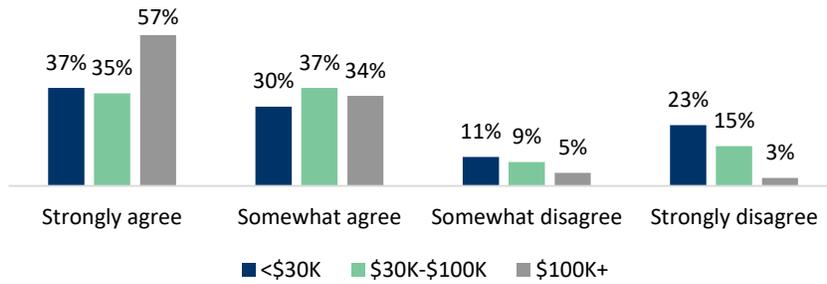


Figure A7c2 - Connecticut Responses for Availability of Free or Low-Cost Recreation Facilities by Income Level, 2021

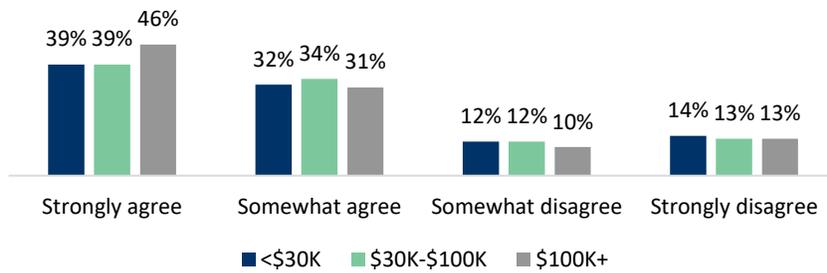


Figure A7d1 - Middlesex County Responses for Availability of Free or Low-Cost Recreation Facilities by Education Level, 2021

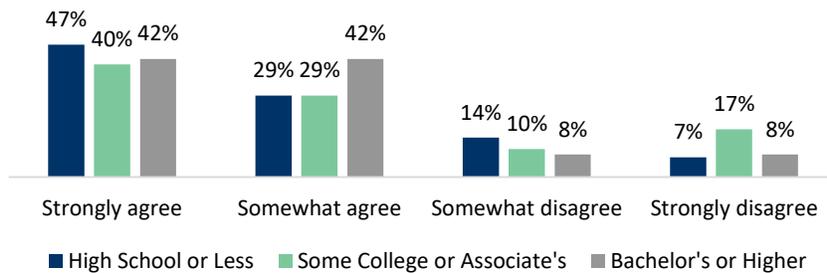
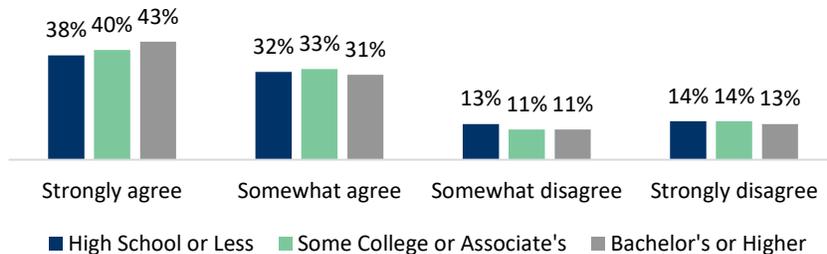


Figure A7d2 - Connecticut Responses for Availability of Free or Low-Cost Recreation Facilities by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

The DataHaven 2021 Community Wellbeing Survey asked respondents to rate “the condition of public parks and other public recreational facilities” in their neighborhood. **Figures A8a-d** compare responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A8a1 - Middlesex County Responses for Condition of Public Parks and Recreational Facilities by Age, 2021

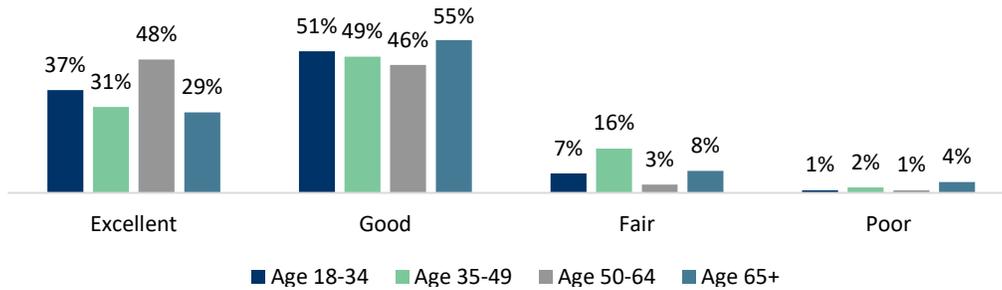


Figure A8a2 - Connecticut Responses for Condition of Public Parks and Recreational Facilities by Age, 2021

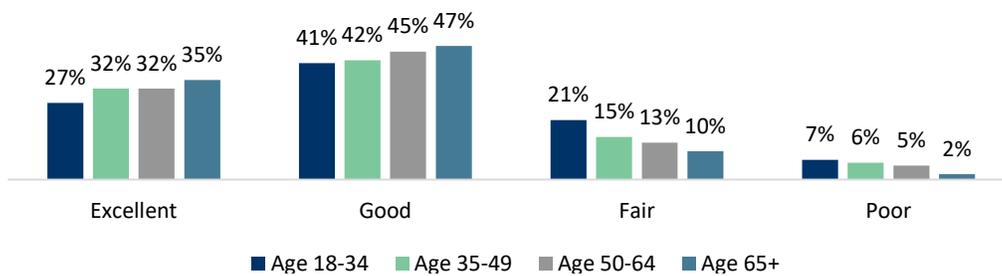


Figure A8b1 - Middlesex County Responses for Condition of Public Parks and Recreational Facilities by Gender, 2021

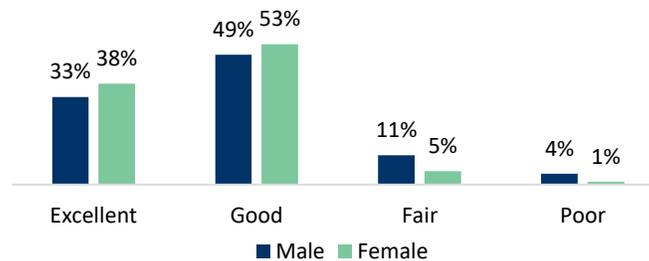
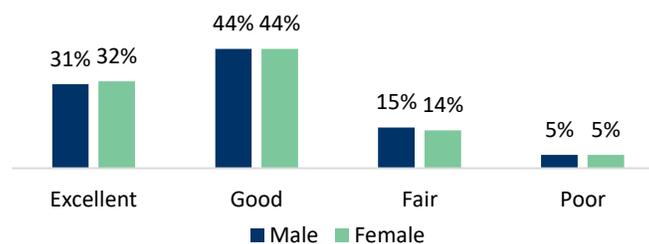


Figure A8b2 - Connecticut Responses for Condition of Public Parks and Recreational Facilities by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A8c1 - Middlesex County Responses for Condition of Public Parks and Recreational Facilities by Income Level, 2021

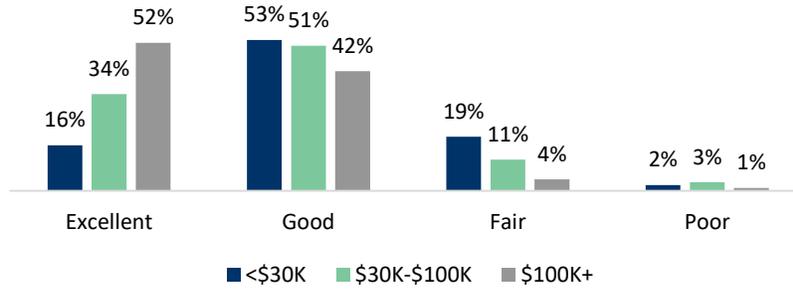


Figure A8c2 - Connecticut Responses for Condition of Public Parks and Recreational Facilities by Income Level, 2021

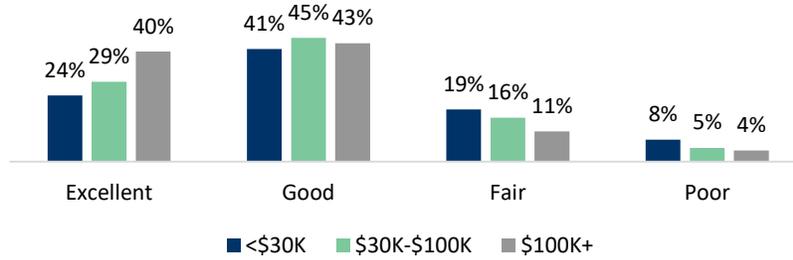


Figure A8d1 - Middlesex County Responses for Condition of Public Parks and Recreational Facilities by Education Level, 2021

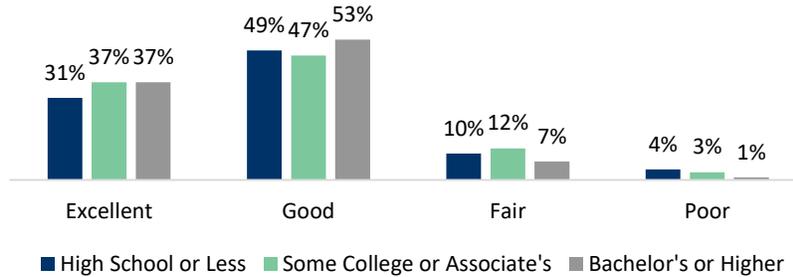
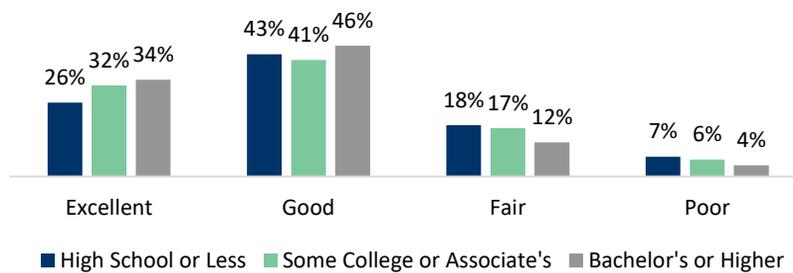


Figure A8d2 - Connecticut Responses for Condition of Public Parks and Recreational Facilities by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

APPENDIX - HEALTH CARE ACCESS

The DataHaven 2021 Community Wellbeing Survey asked respondents about dental care, specifically, “when was the last time you were seen by a dentist, was it....”, providing a series of time frame options. **Figures A9a-d** compare responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A9a1 - Middlesex County Responses for “Last Time Seen by a Dentist?” by Age, 2021

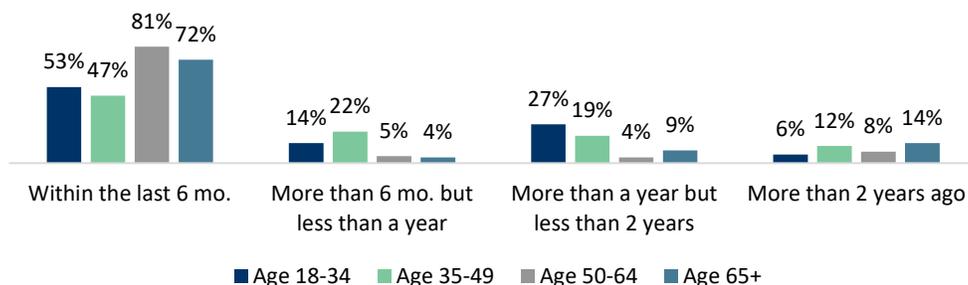


Figure A9a2 - Connecticut Responses for “Last Time Seen by a Dentist?” by Age, 2021

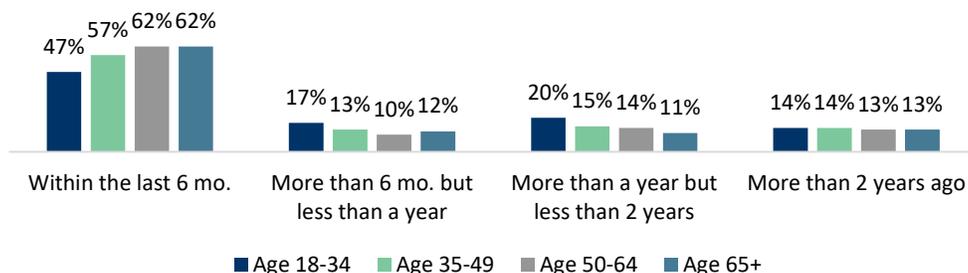


Figure A9b1 - Middlesex County Responses for “Last Time Seen by a Dentist?” by Gender, 2021

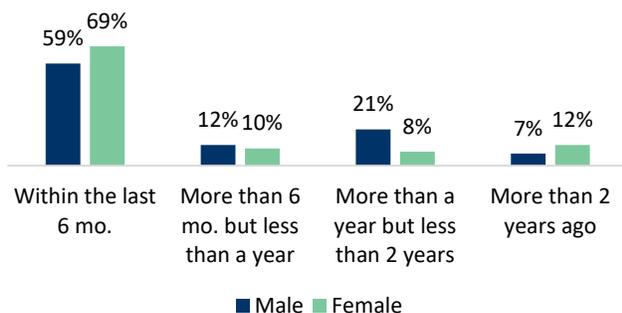
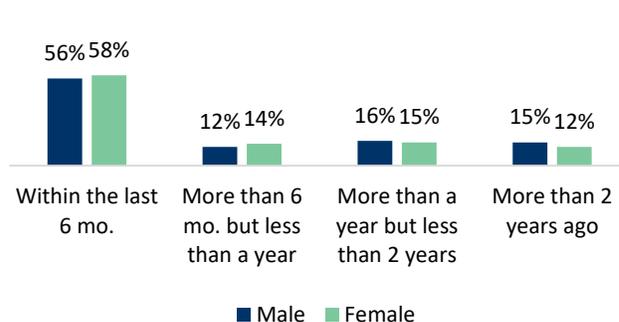


Figure A9b2 - Connecticut Responses for “Last Time Seen by a Dentist?” by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A9c1 - Middlesex County Responses for “Last Time Seen by a Dentist?” by Income Level, 2021

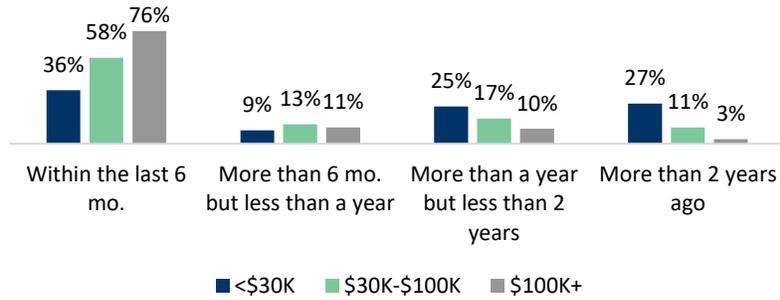


Figure A9c2 - Connecticut Responses for “Last Time Seen by a Dentist?” by Income Level, 2021

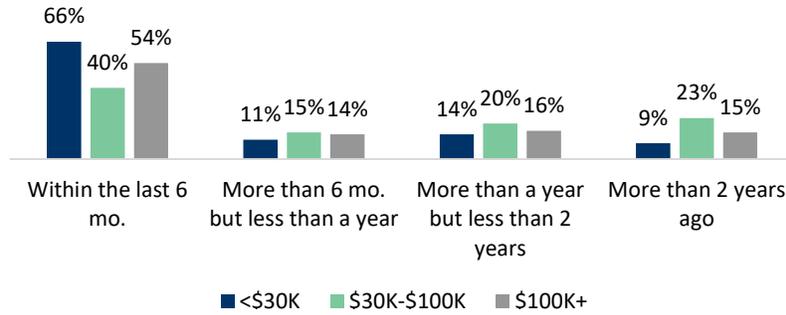


Figure A9d1 - Middlesex County Responses for “Last Time Seen by a Dentist?” by Education Level, 2021

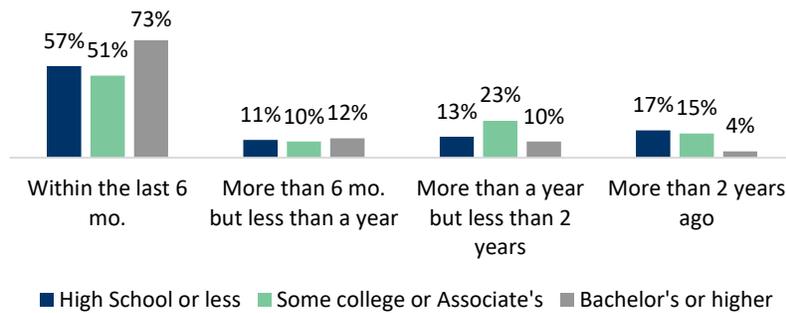
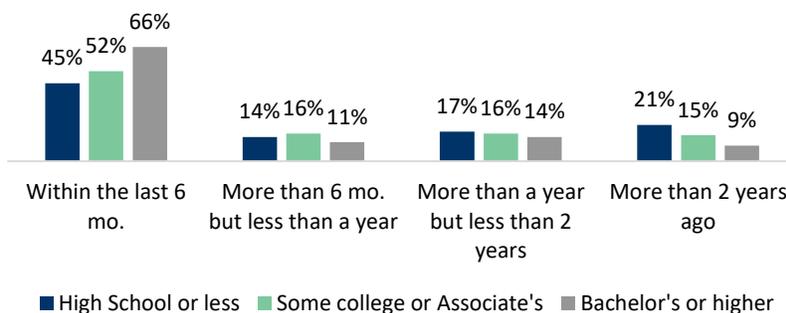


Figure A9d2 - Connecticut Responses for “Last Time Seen by a Dentist?” by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

APPENDIX – WELL-BEING

The DataHaven 2021 Community Wellbeing Survey asked respondents “how would you rate your overall health, would you say your health is excellent, very good, good, fair or poor?” **Figures A10a-d** compare the responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A10a1 - Middlesex County Responses for Rating Overall Health by Age, 2021

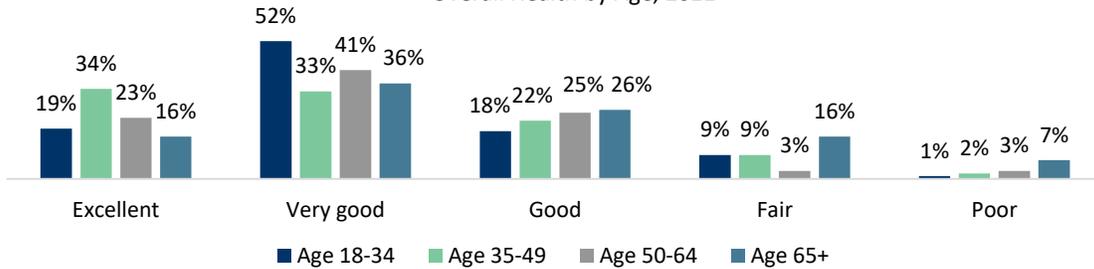


Figure A10a2 - Connecticut Responses for Rating Overall Health by Age, 2021

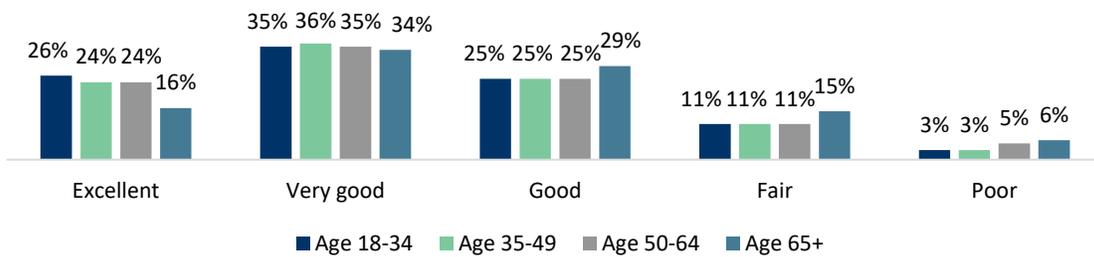


Figure A10b1 - Middlesex County Responses for Rating Overall Health by Gender, 2021

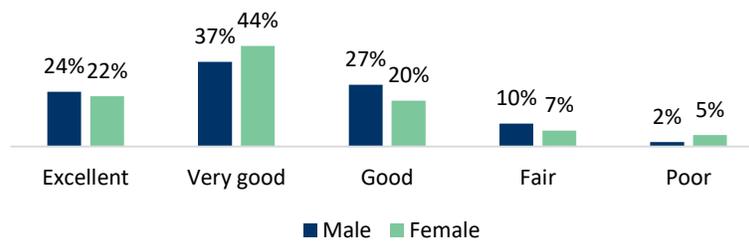
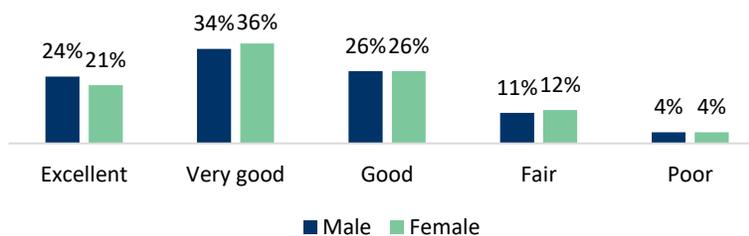


Figure A10b2 - Connecticut Responses for Rating Overall Health by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A10c1 - Middlesex County Responses for Rating Overall Health by Income Level, 2021

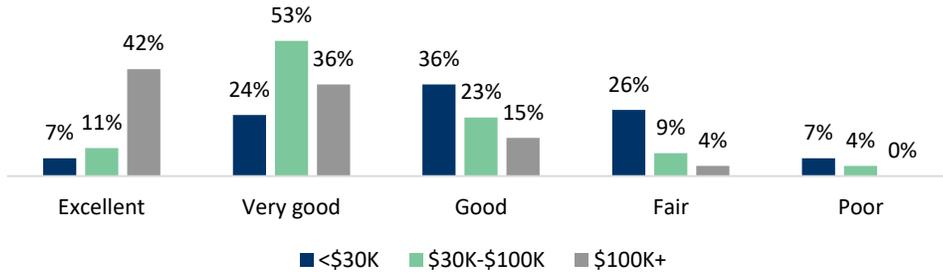


Figure A10c2 - Connecticut Responses for Rating Overall Health by Income Level, 2021

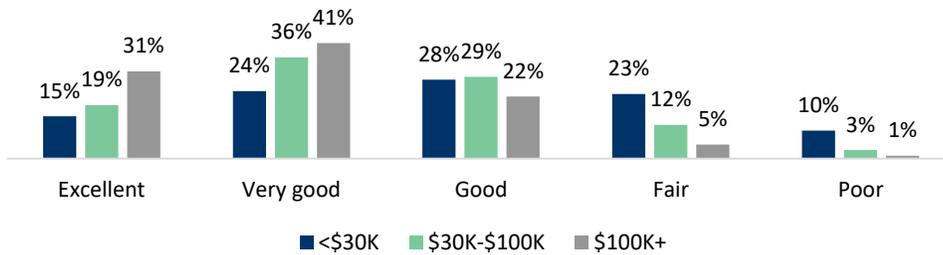


Figure A10d1 - Middlesex County Responses for Rating Overall Health by Education Level, 2021

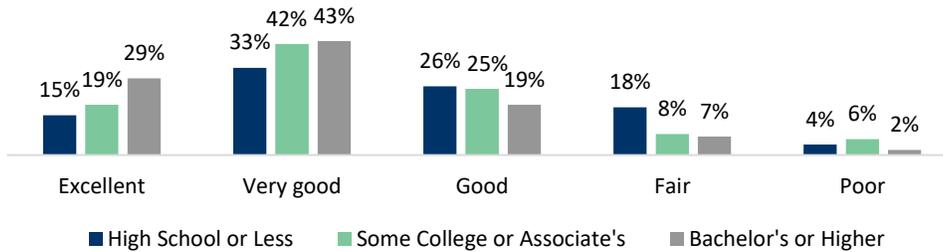
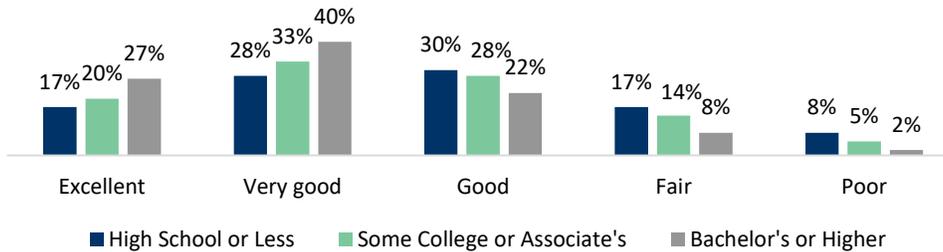


Figure A10d2 - Connecticut Responses for Rating Overall Health by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

The DataHaven 2021 Community Wellbeing Survey asked respondents “overall, how satisfied are you with your life nowadays?” **Figures A11a-d** compare the responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A11a1 - Middlesex County Responses for “How Satisfied with Life Nowadays?” by Age, 2021

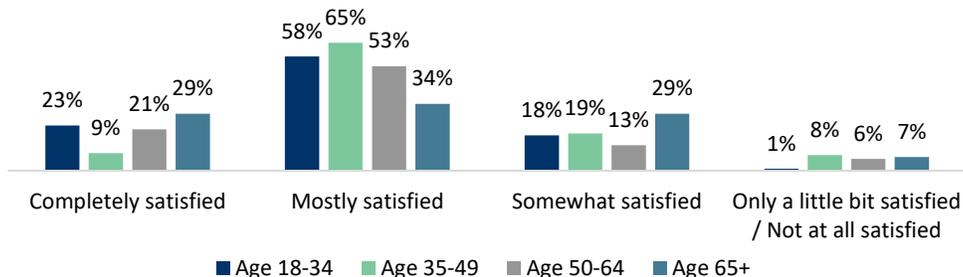


Figure 11a2 -- Connecticut Responses for “How Satisfied with Life Nowadays?” by Age, 2021

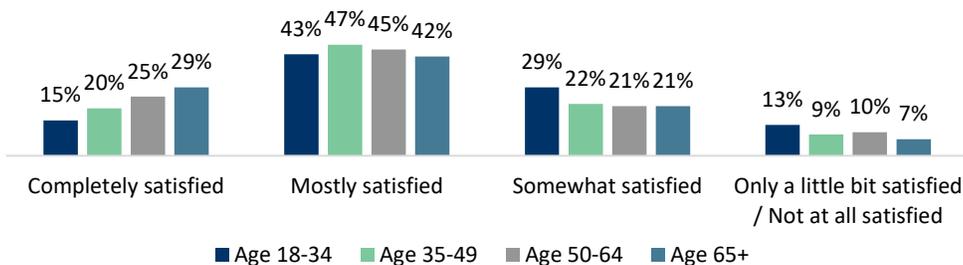


Figure A11b1 - Middlesex County Responses for “How Satisfied with Life Nowadays?” by Gender, 2021

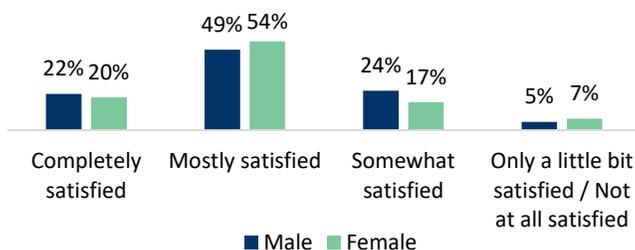
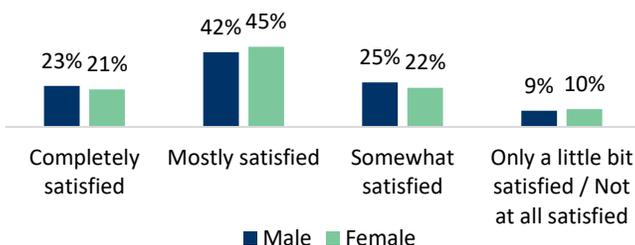


Figure A11b2 - Connecticut Responses for “How Satisfied with Life Nowadays?” by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A11c1 - Middlesex County Responses for “How Satisfied with Life Nowadays?” by Income Level, 2021

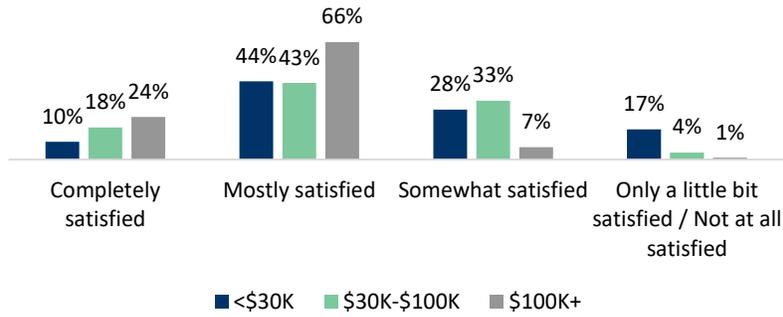


Figure A11c2 - Connecticut Responses for “How Satisfied with Life Nowadays?” by Income Level, 2021

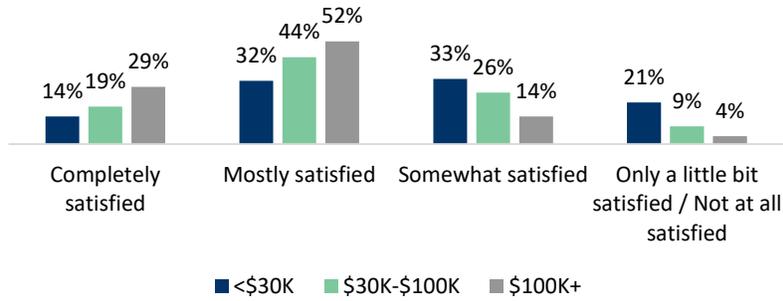


Figure A11d1 - Middlesex County Responses for “How Satisfied with Life Nowadays?” by Education Level, 2021

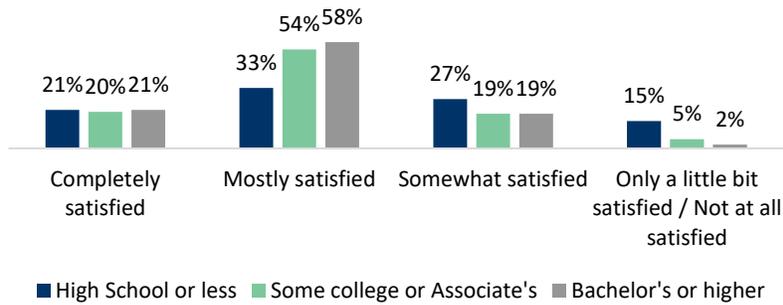
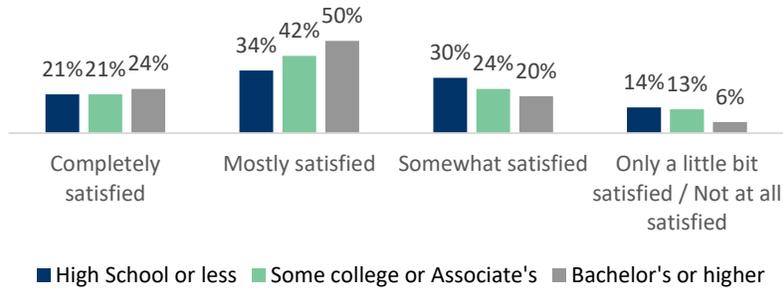


Figure A11d2 - Connecticut Responses for “How Satisfied with Life Nowadays?” by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

The DataHaven 2021 Community Wellbeing Survey asked respondents “how often do you get the social and emotional support you need?” **Figures A12a-d** compare the responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A12a1 - Middlesex County Responses for “Frequency of Getting Social and Emotional Support” by Age, 2021

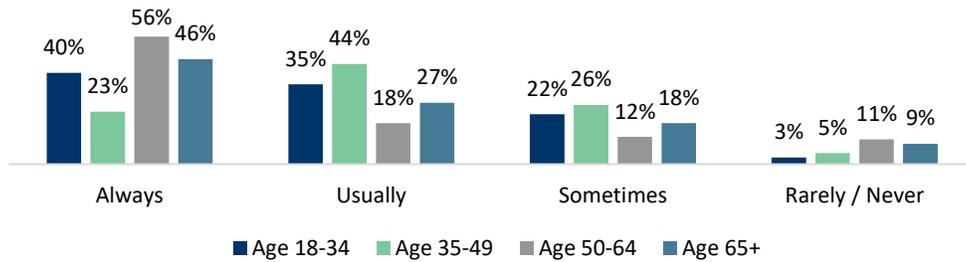


Figure A12a2 - Connecticut Responses for “Frequency of Getting Social and Emotional Support” by Age, 2021

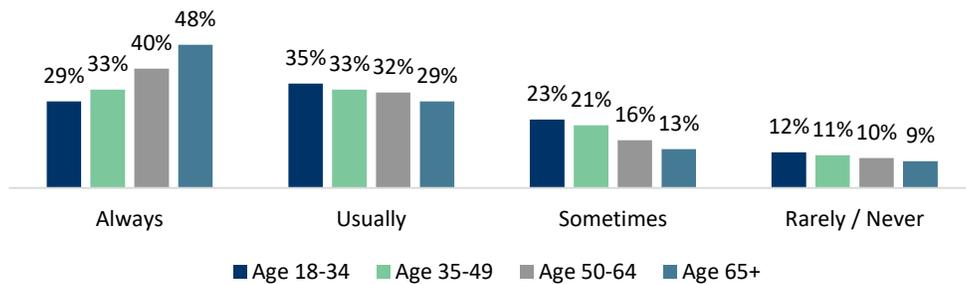


Figure A12b1 - Middlesex County Responses for “Frequency of Getting Social and Emotional Support” by Gender, 2021

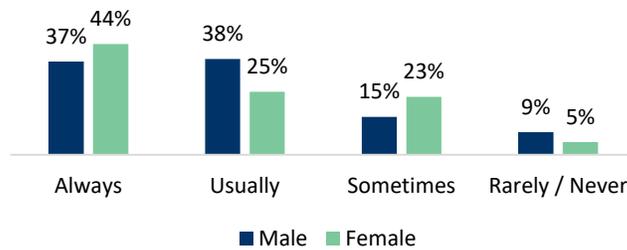
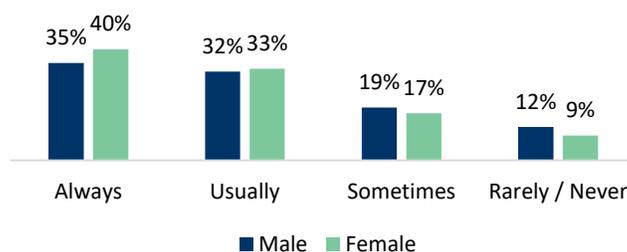


Figure A12b2 - Connecticut Responses for “Frequency of Getting Social and Emotional Support” by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A12c1 - Middlesex County Responses for “Frequency of Getting Social and Emotional Support” by Income Level, 2021

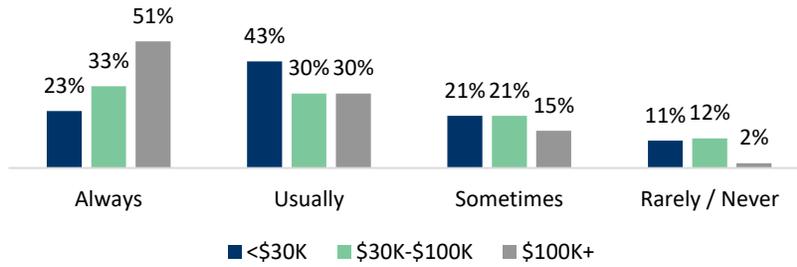


Figure A12c2 - Connecticut Responses for “Frequency of Getting Social and Emotional Support” by Income Level, 2021

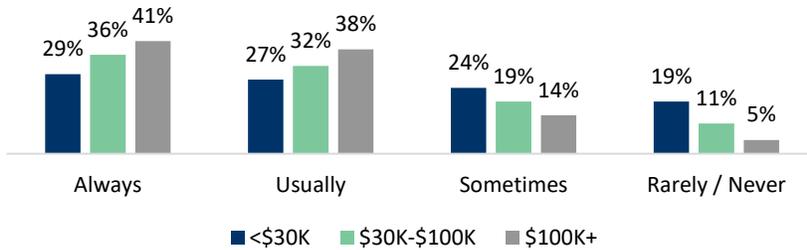


Figure A12d1 - Middlesex County Responses for “Frequency of Getting Social and Emotional Support” by Education Level, 2021

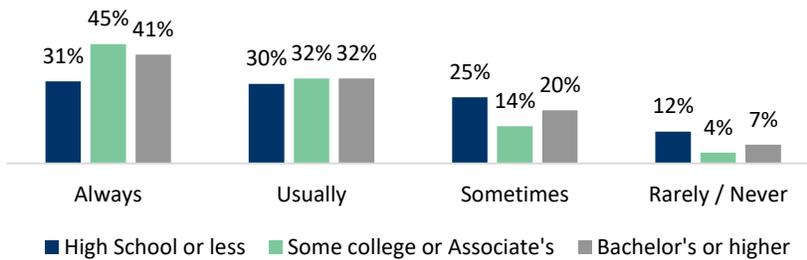
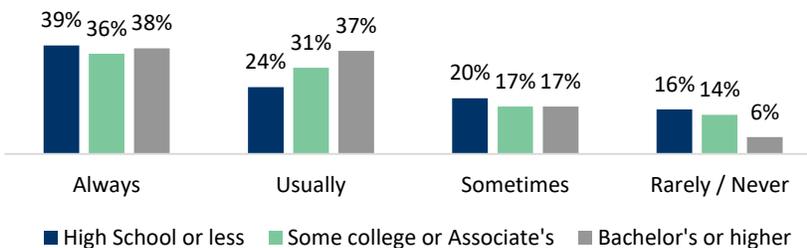


Figure A12d2 - Connecticut Responses for “Frequency of Getting Social and Emotional Support” by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

The DataHaven 2021 Community Wellbeing Survey asked respondents “in an average week, how many days per week do you exercise?” **Figures A13a-d** compares the responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A13a1 - Middlesex County Responses for “Frequency of Physical Activity” by Age, 2021

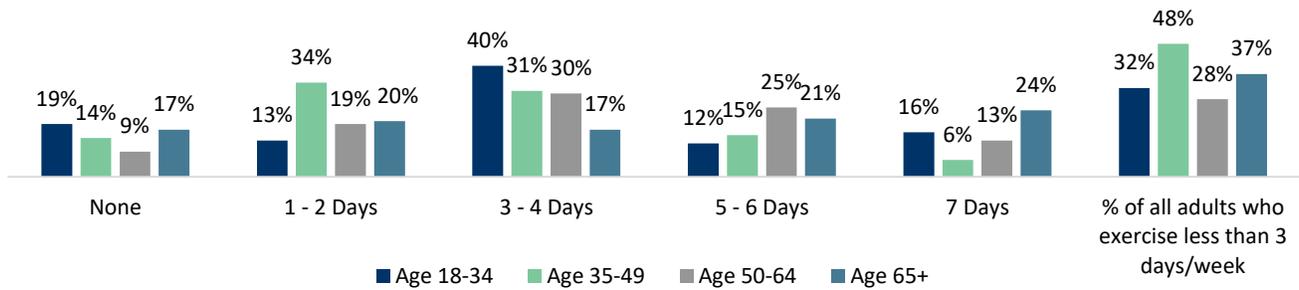


Figure A13a2 - Connecticut Responses for “Frequency of Physical Activity” by Age, 2021

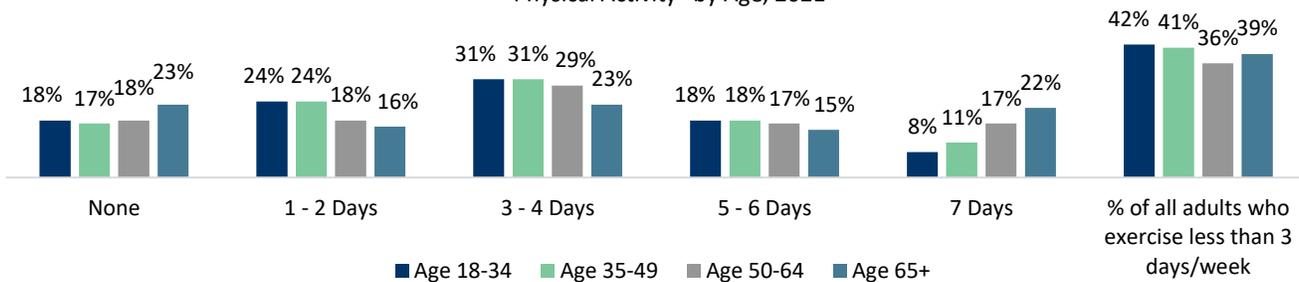


Figure A13b1 - Middlesex County Responses for “Frequency of Physical Activity” by Gender, 2021

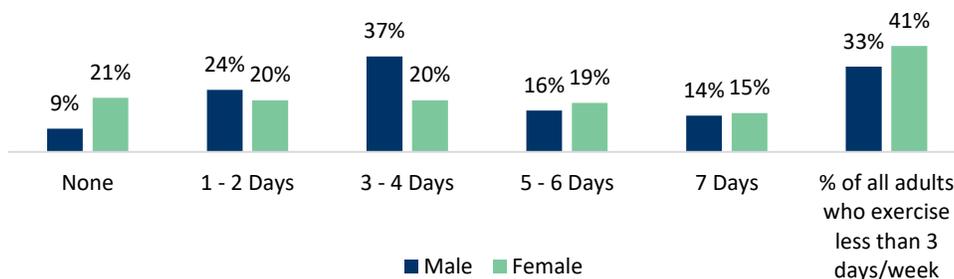
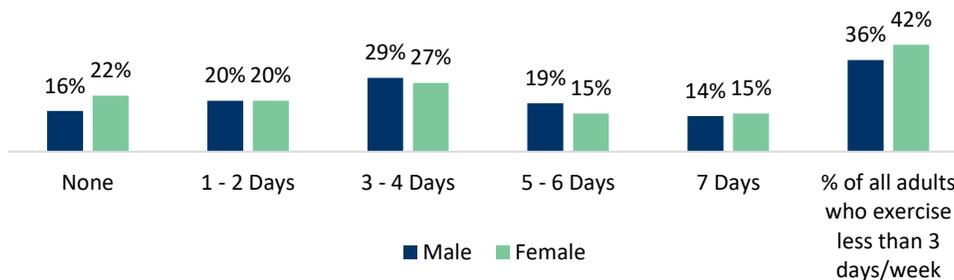


Figure A13b2 - Connecticut Responses for “Frequency of Physical Activity” by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A13c1 - Middlesex County Responses for “Frequency of Physical Activity” by Income Level, 2021

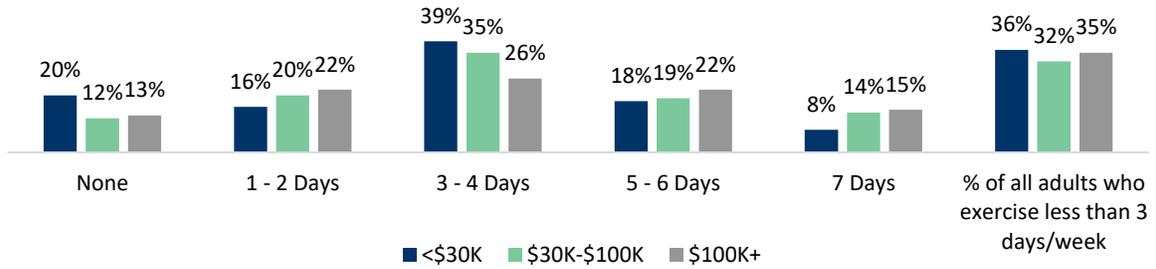


Figure A13c2 - Connecticut Responses for “Frequency of Physical Activity” by Income Level, 2021

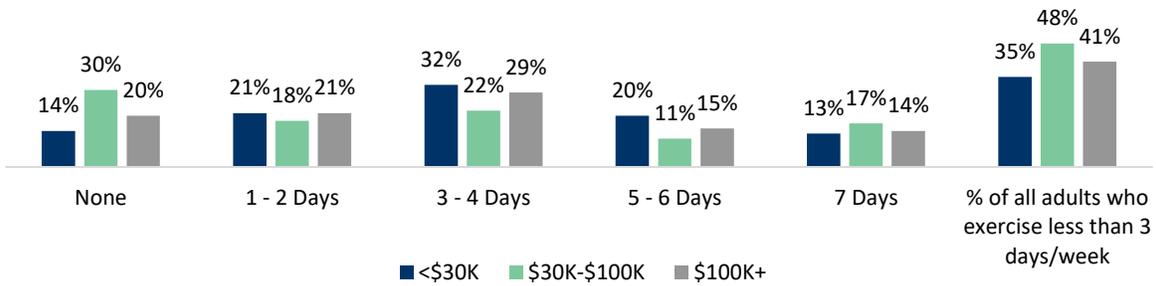


Figure A13d1 - Middlesex County Responses for “Frequency of Physical Activity” by Education Level, 2021

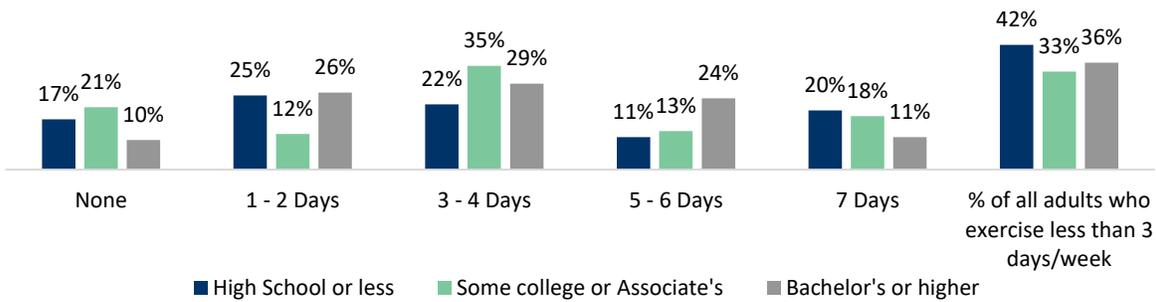
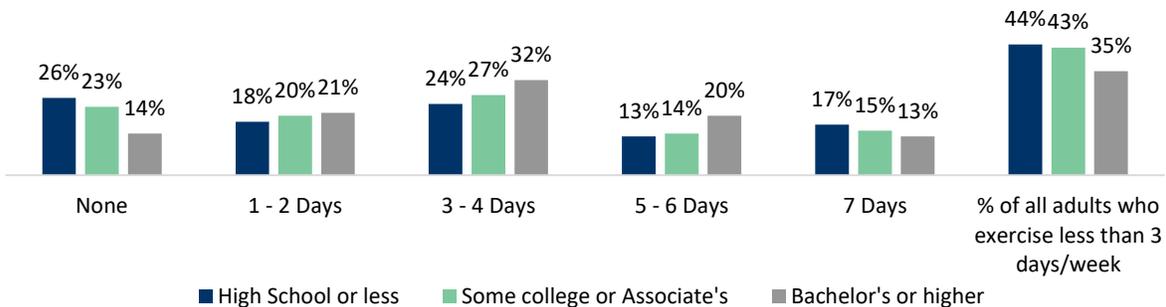


Figure A13d2 - Connecticut Responses for “Frequency of Physical Activity” by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

APPENDIX – OTHER HEALTH INDICATORS

The DataHaven 2021 Wellbeing Survey asked respondents about their Body Mass Index (BMI), and DataHaven calculated BMI based on self-reported height and weight and categorized responses into the standard BMI categories Underweight, Normal Weight, Overweight and Obese. **Figures A14a-d** compare responses for Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A14a1 - Middlesex County Body Mass Index Categories by Age, 2021

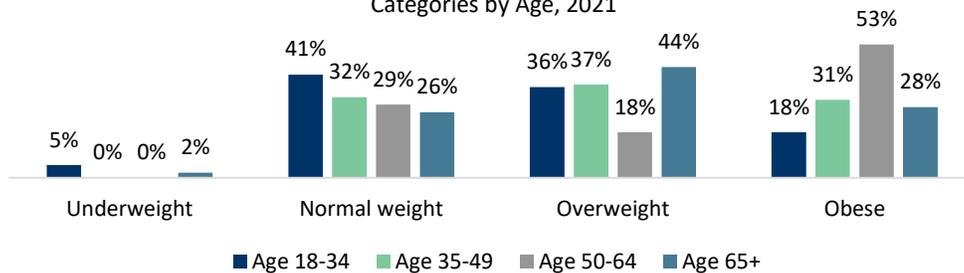


Figure A14a2 - Connecticut Body Mass Index Categories by Age, 2021

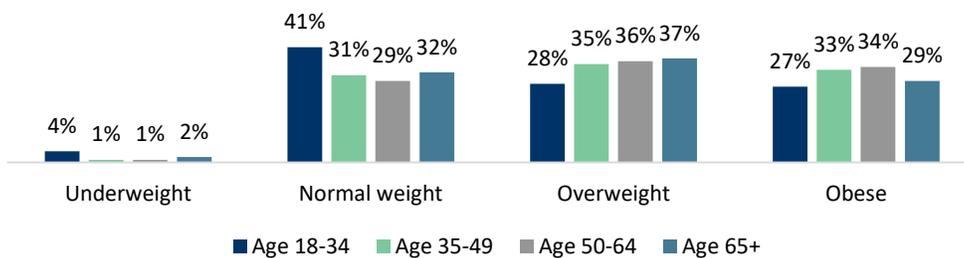


Figure A14b1 - Middlesex County Body Mass Index Categories by Gender, 2021

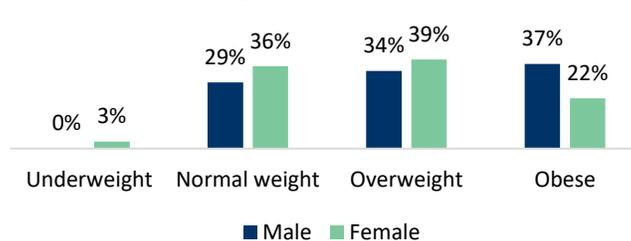
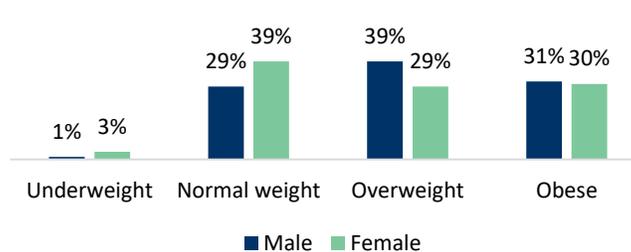


Figure A14b2 - Connecticut Body Mass Index Categories by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A14c1 - Middlesex County Body Mass Index Categories by Income Level, 2021

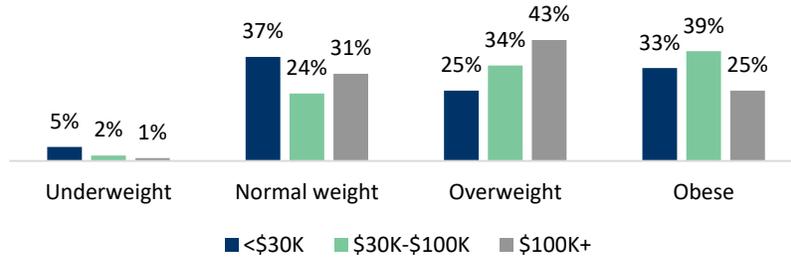


Figure A14c2 - Connecticut Body Mass Index Categories by Income Level, 2021

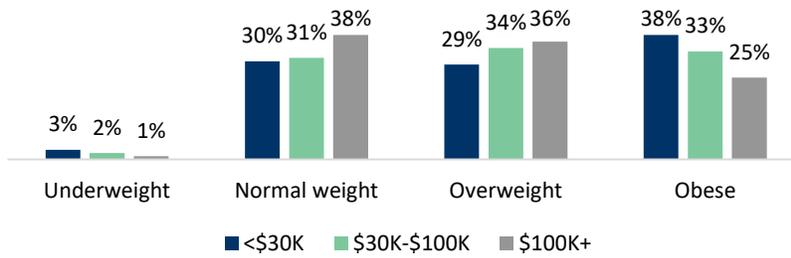


Figure A14d1 - Middlesex County Body Mass Index Categories by Education Level, 2021

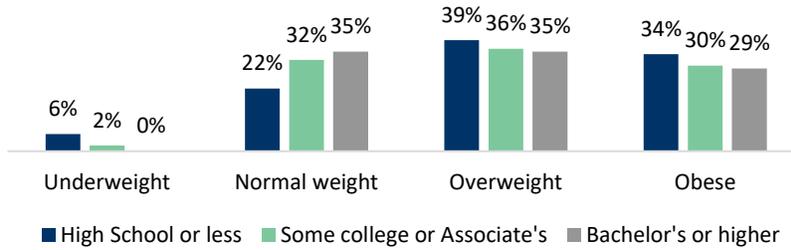
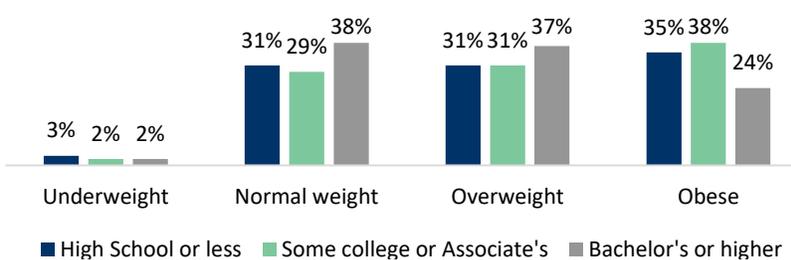


Figure A14d2 - Connecticut Body Mass Index Categories by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

APPENDIX - MENTAL HEALTH

The DataHaven 2021 Community Wellbeing Survey asked respondents mental health and well-being questions including “overall, how anxious did you feel yesterday?” **Figures A15a-d** compare the responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A15a1 - Middlesex County Responses for “How Anxious as of Yesterday?” by Age, 2021

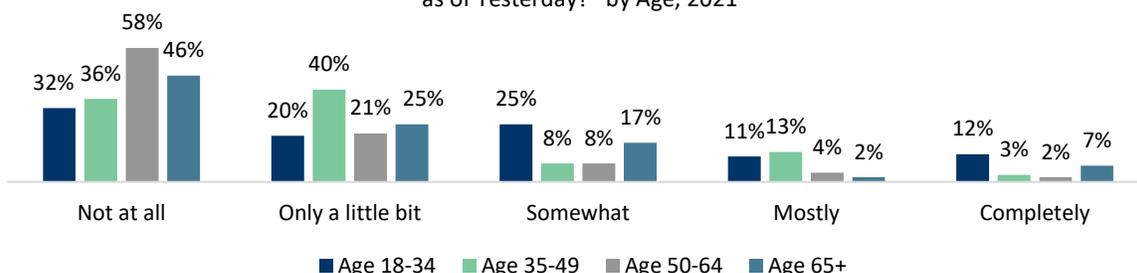


Figure A15a2 - Connecticut Responses for “How Anxious as of Yesterday?” by Age, 2021

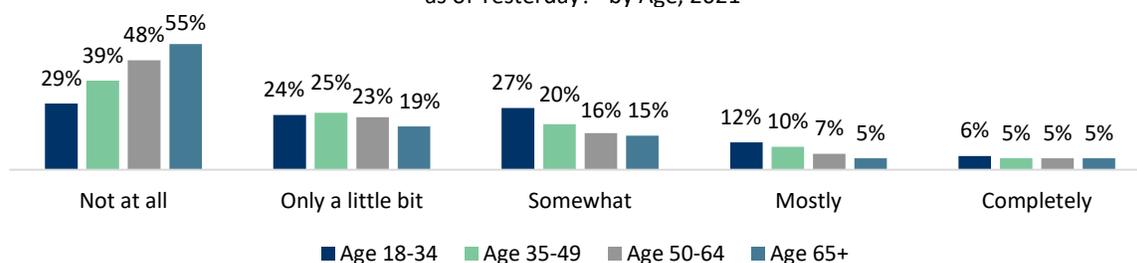


Figure A15b1 - Middlesex County Responses for “How Anxious as of Yesterday?” by Gender, 2021

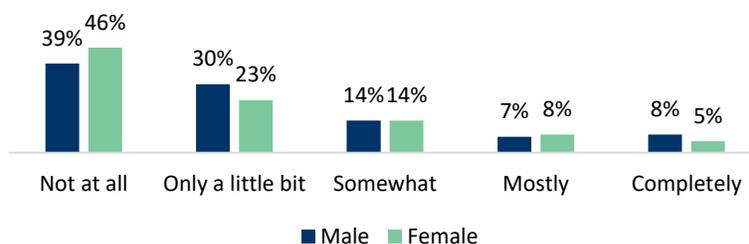
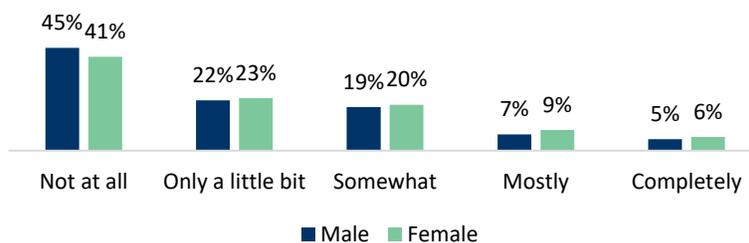


Figure A15b2 - Connecticut Responses for “How Anxious as of Yesterday?” by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A15c1 - Middlesex County Responses for “How Anxious as of Yesterday?” by Income Level, 2021

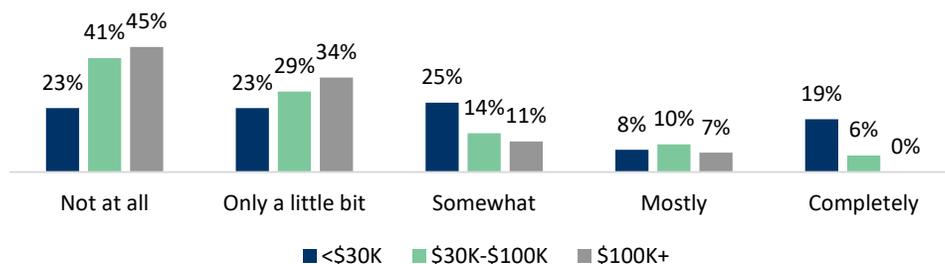


Figure A15c2 - Connecticut Responses for “How Anxious as of Yesterday?” by Income Level, 2021

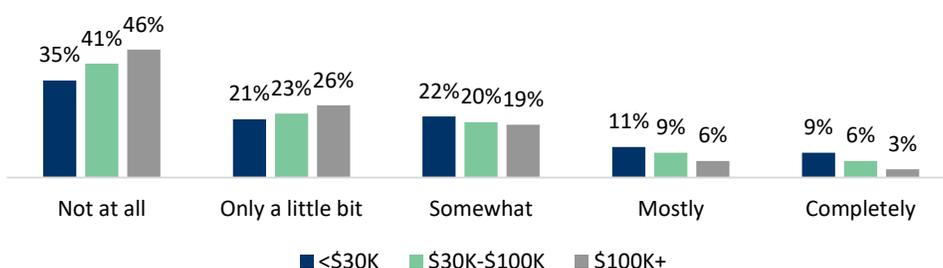


Figure A15d1 - Middlesex County Responses for “How Anxious as of Yesterday?” by Education Level, 2021

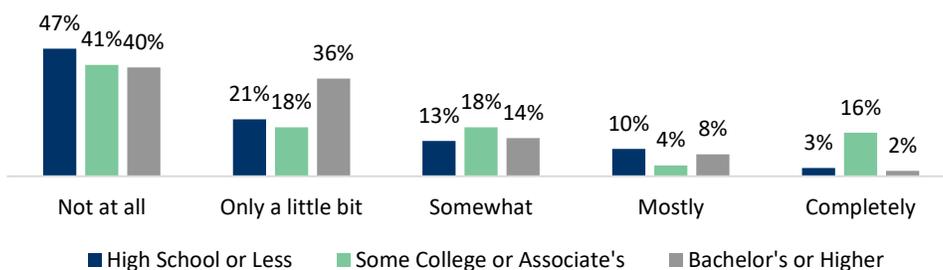
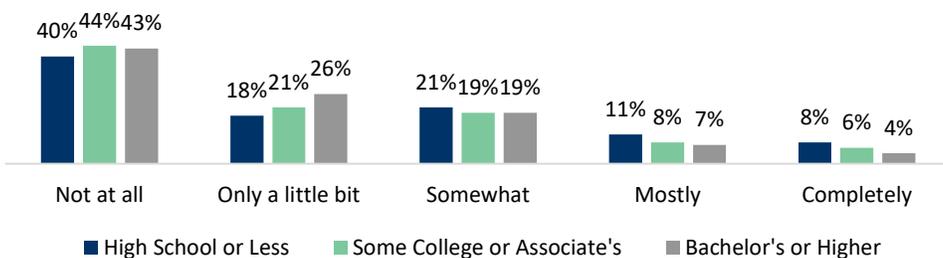


Figure A15d2 - Connecticut Responses for “How Anxious as of Yesterday?” by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

The DataHaven 2021 Community Wellbeing Survey asked respondents mental health and well-being questions including “over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?” **Figures A16a-d** compare the responses from Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A16a1 - Middlesex County Responses for “How Often Feeling Down, Depressed, or Hopeless?” by Age, 2021

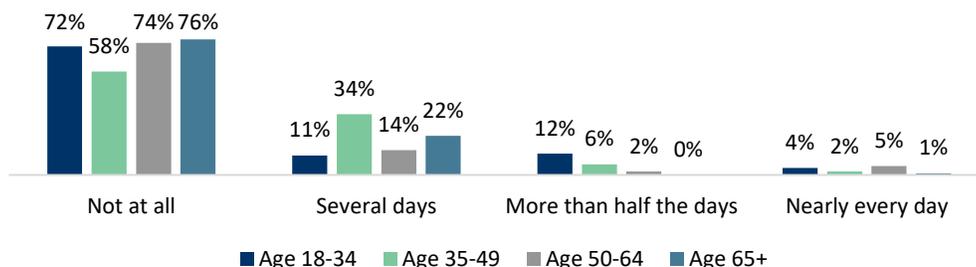


Figure A16a2 - Connecticut Responses for “How Often Feeling Down, Depressed, or Hopeless?” by Age, 2021

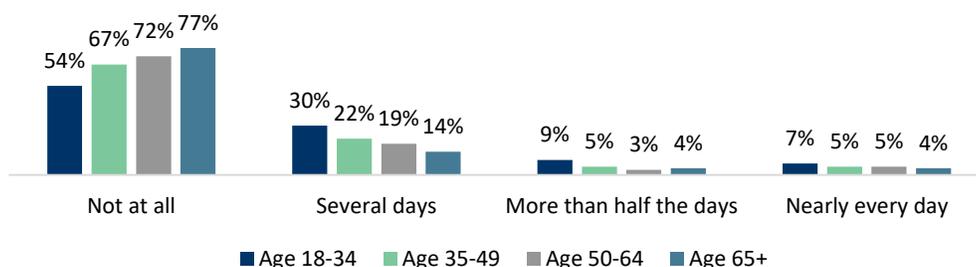


Figure A16b1 - Middlesex County Responses for “How Often Feeling Down, Depressed, or Hopeless?” by Gender, 2021

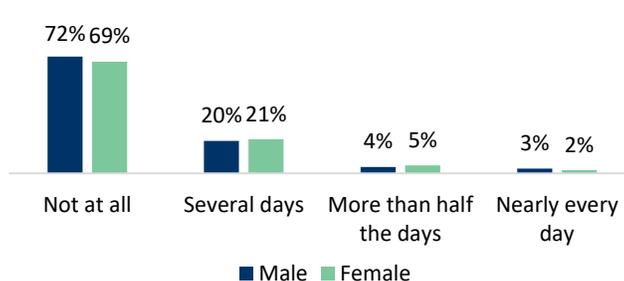
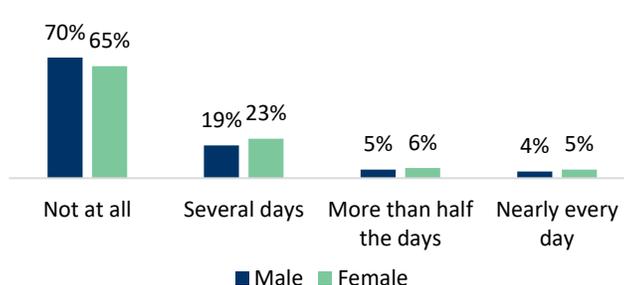


Figure A16b2 - Connecticut Responses for “How Often Feeling Down, Depressed, or Hopeless?” by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A16c1 - Middlesex County Responses for “How Often Feeling Down, Depressed, or Hopeless?” by Income Level, 2021

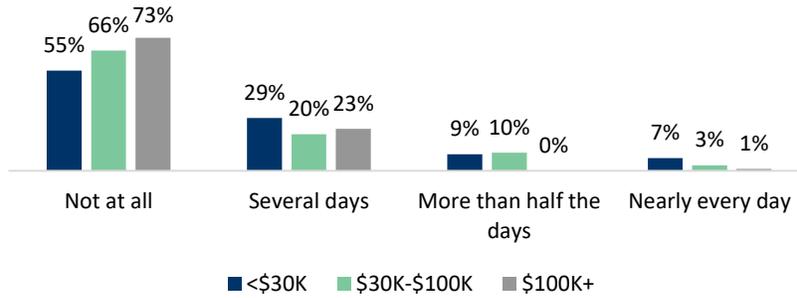


Figure A16c2 - Connecticut Responses for “How Often Feeling Down, Depressed, or Hopeless?” by Income Level, 2021

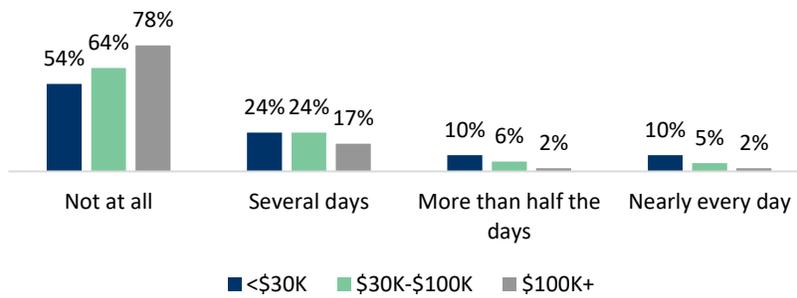


Figure A16d1 - Middlesex County Responses for “How Often Feeling Down, Depressed, or Hopeless?” by Education Level, 2021

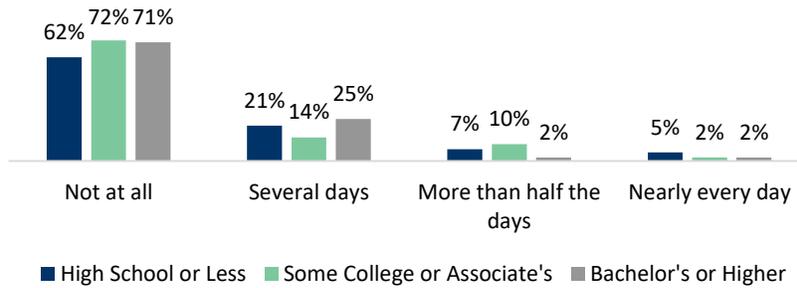
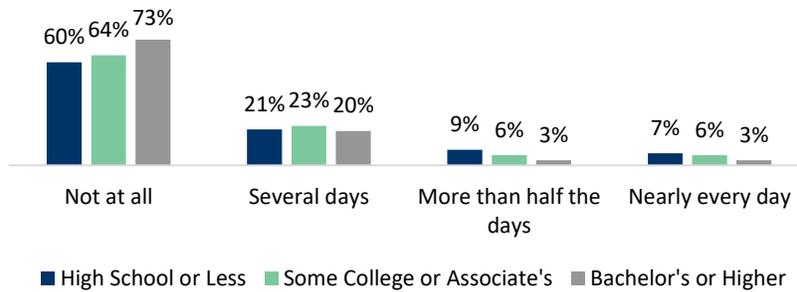


Figure A16d2 - Connecticut Responses for “How Often Feeling Down, Depressed, or Hopeless?” by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

APPENDIX – HEALTH BEHAVIORS

ALCOHOL USE – The DataHaven 2021 Community Wellbeing Survey asked respondents a question about alcohol use, “considering all types of alcoholic beverages, how many times during the past 30 days did you have 4/5 or more drinks on an occasion?” **Figures A17a-d** compare responses for Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A17a1 - Middlesex County Responses for Drinks During the Past 30 Days by Age, 2021

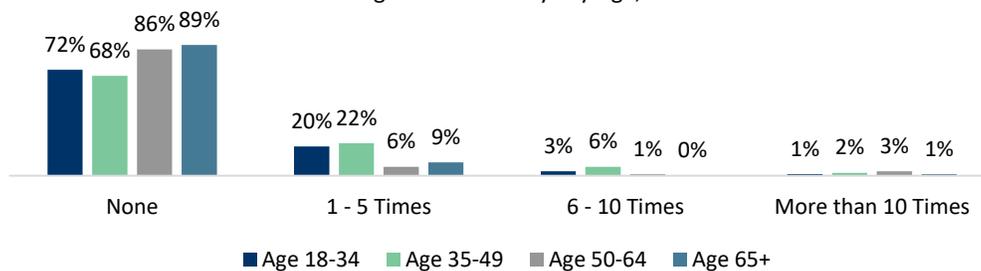


Figure A17a2 - Connecticut Responses for Drinks During the Past 30 Days by Age, 2021

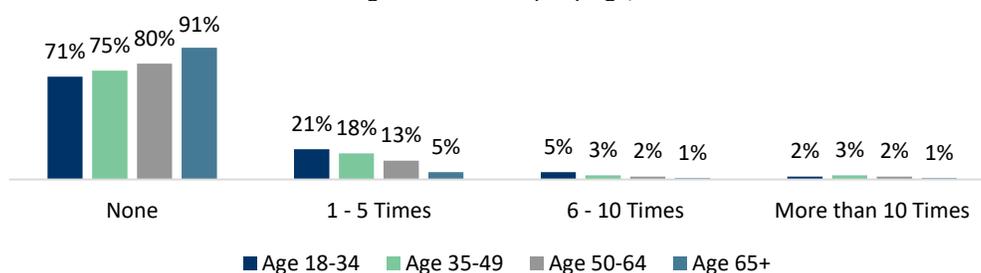


Figure A17b1 - Middlesex County Responses for Drinks During the Past 30 Days by Gender, 2021

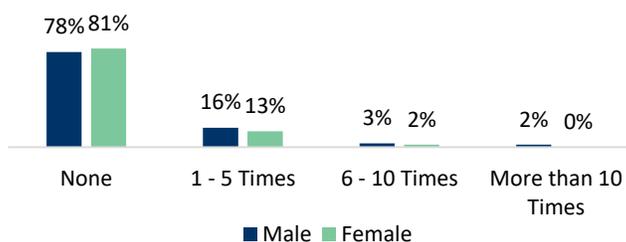
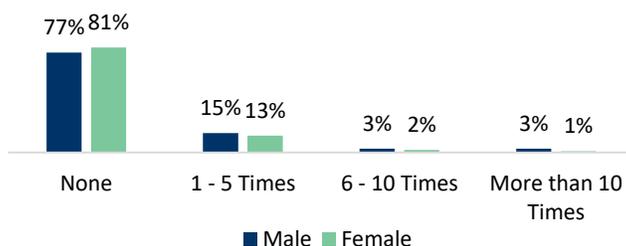


Figure A17b2 - Connecticut Responses for Drinks During the Past 30 Days by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A17c1 - Middlesex County Responses for Drinks During the Past 30 Days by Income Level, 2021

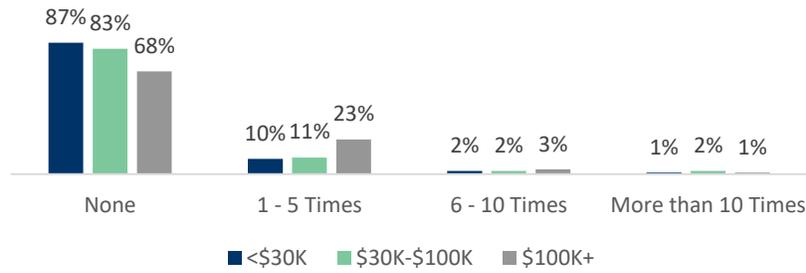


Figure A17c2 - Connecticut Responses for Drinks During the Past 30 Days by Income Level, 2021

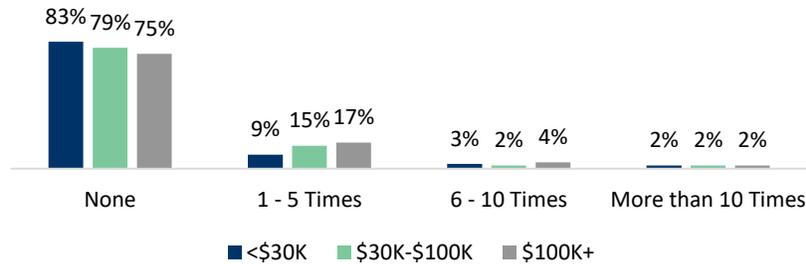


Figure A17d1 - Middlesex County Responses for Drinks During the Past 30 Days by Education Level, 2021

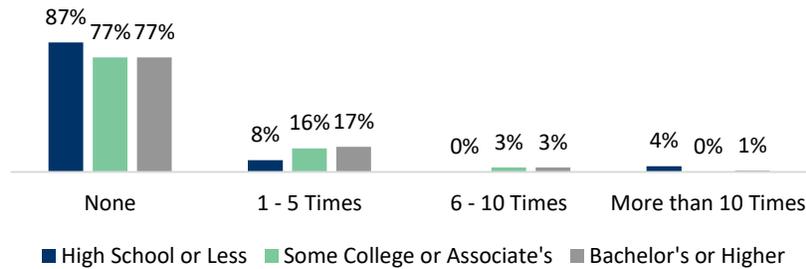
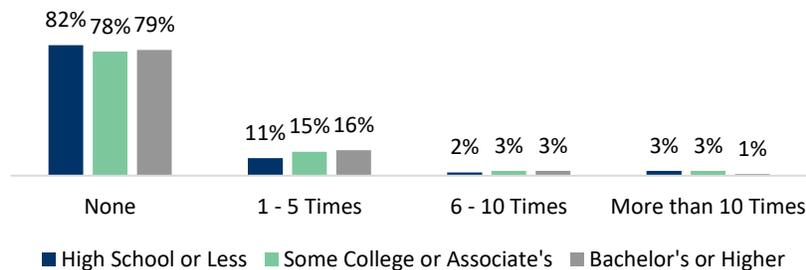


Figure A17d2 - Connecticut Responses for Drinks During the Past 30 Days by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

TOBACCO USE - For those who answered “Yes” to the DataHaven 2021 Community Wellbeing Survey question, “*have you smoked at least 100 cigarettes in your entire life?*” the follow-up question “*do you currently smoke cigarettes every day, some days or not at all?*” was asked. **Figures A18a-d** compare responses for Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A18a1 - Middlesex County Responses for “Do You Currently Smoke?” by Age, 2021

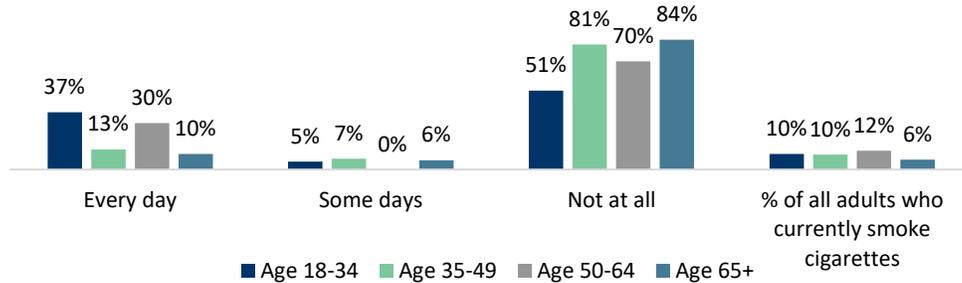


Figure A18a2 - Connecticut Responses for “Do You Currently Smoke?” by Age, 2021

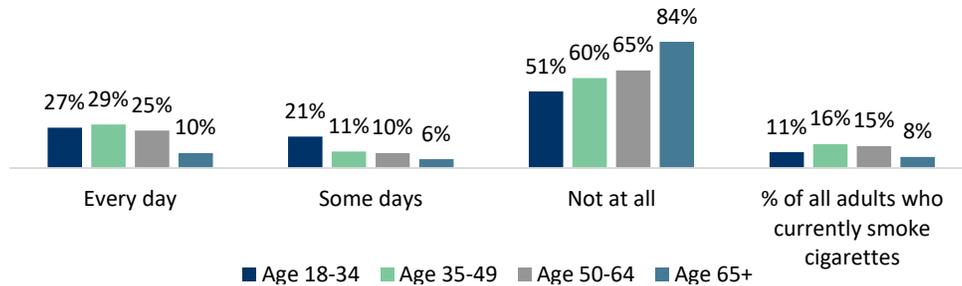


Figure A18b1 - Middlesex County Responses for “Do You Currently Smoke?” by Gender, 2021

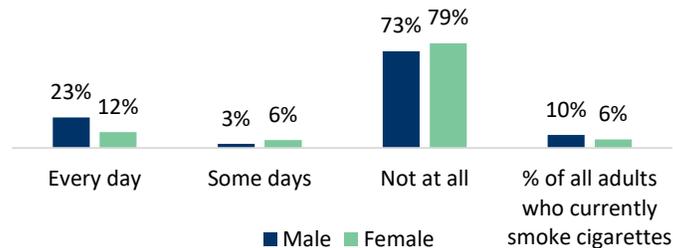
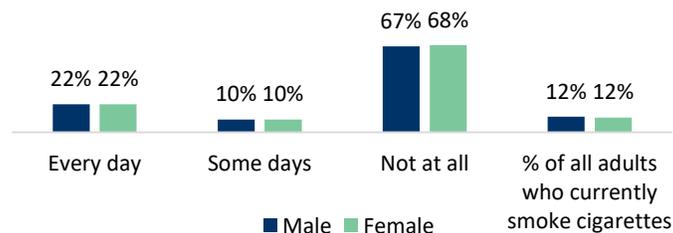


Figure A18b2 - Connecticut Responses for “Do You Currently Smoke?” by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A18c1 - Middlesex County Responses for “Do You Currently Smoke?” by Income Level, 2021

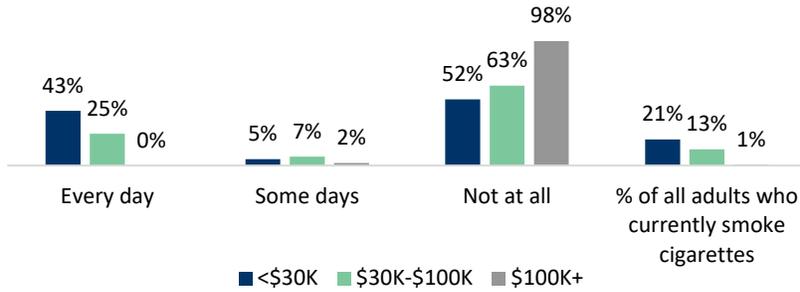


Figure A18c2 - Connecticut Responses for “Do You Currently Smoke?” by Income Level, 2021

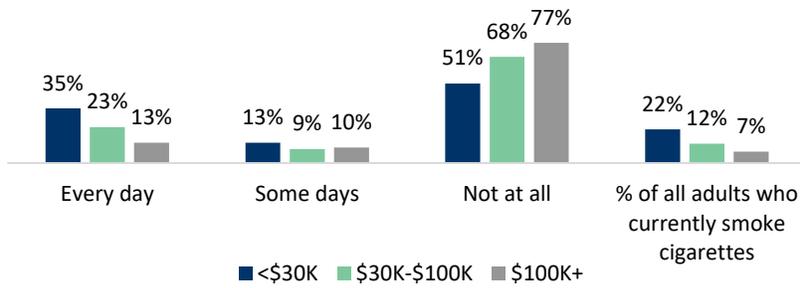


Figure A18d1 - Middlesex County Responses for “Do You Currently Smoke?” by Education Level, 2021

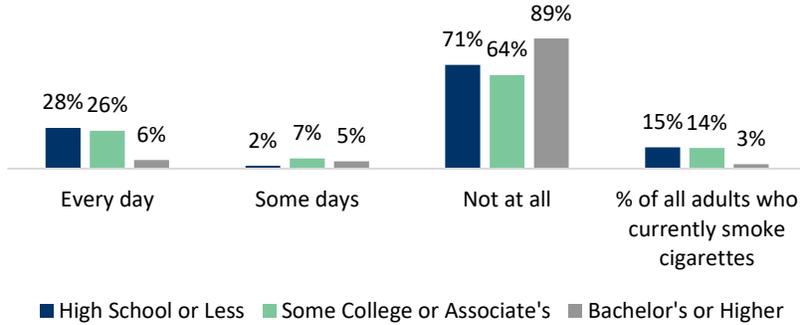
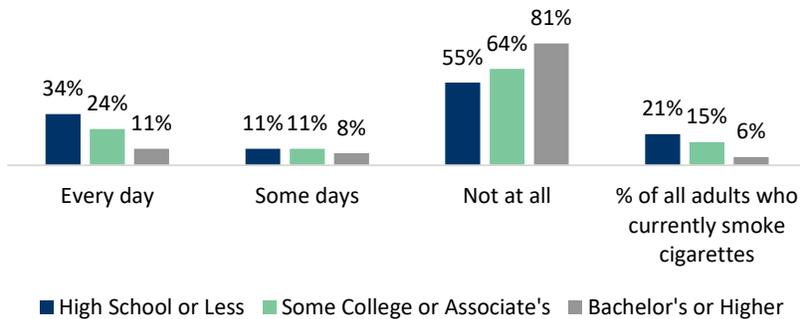


Figure A18d2 - Connecticut Responses for “Do You Currently Smoke?” by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

MARIJUANA USE - The DataHaven 2021 Community Wellbeing Survey asked respondents a question about marijuana use, “during the past 30 days, on how many days did you use marijuana or cannabis?” **Figures A19a-d** compare the responses for Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A19a1 - Middlesex County Responses for Marijuana or Cannabis Use by Age, 2021

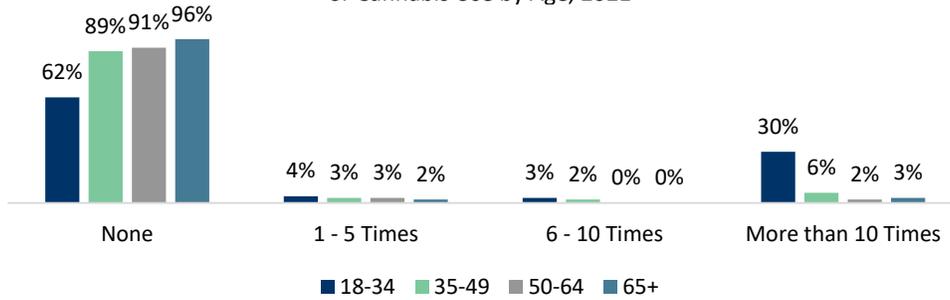


Figure A19a2 - Connecticut Responses for Marijuana or Cannabis Use by Age, 2021

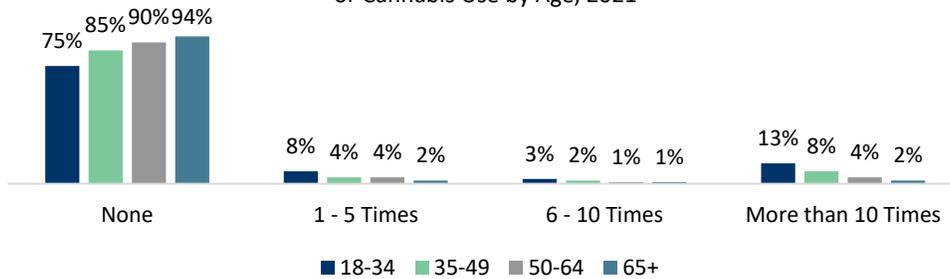


Figure A19b1 - Middlesex County Responses for Marijuana or Cannabis Use by Gender, 2021

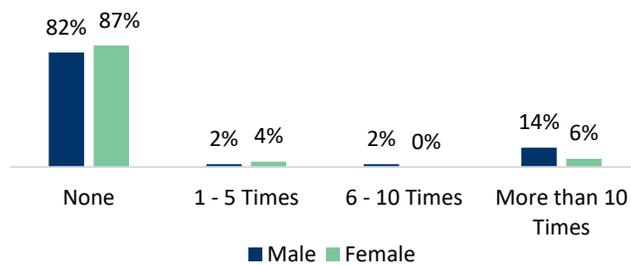
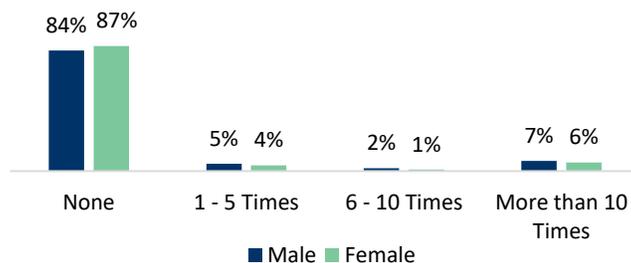


Figure A19b2 - Connecticut Responses for Marijuana or Cannabis Use by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A19c1 - Middlesex County Responses for Marijuana or Cannabis Use by Income Level, 2021

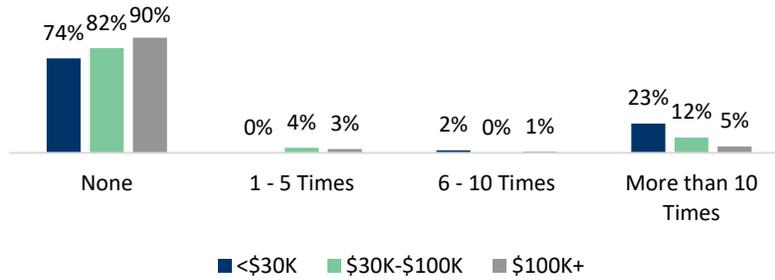


Figure A19c2 - Connecticut Responses for Marijuana or Cannabis Use by Income Level, 2021

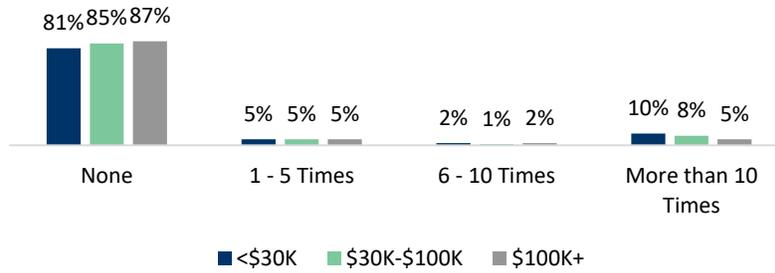


Figure A19d1 - Middlesex County Responses for Marijuana or Cannabis Use by Education Level, 2021

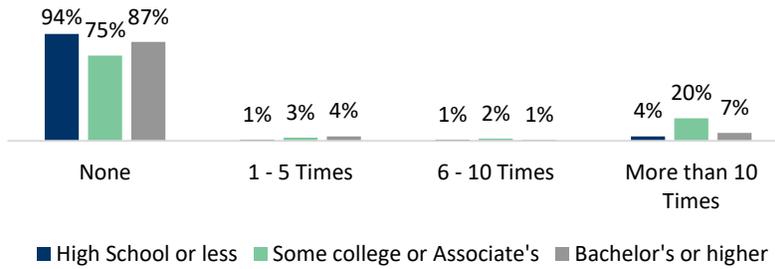
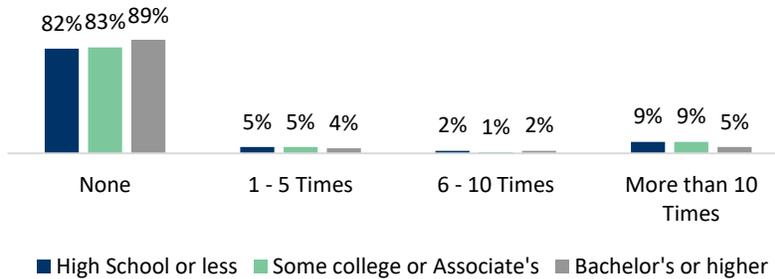


Figure A19d2 - Connecticut Responses for Marijuana or Cannabis Use by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

GAMBLING - The DataHaven 2021 Community Wellbeing Survey asked respondents a question about gambling, “In the past 12 months how often have you gambled, meaning playing any of the following Keno, lottery, scratch off tickets, sports betting, dice games, cards for money, casino games, Off Track Betting and Daily Fantasy Sports?” **Figures A20a-d** compare the responses for Middlesex County to the state of Connecticut disaggregated by age, gender, income level and education level.

Figure A20a1 - Middlesex County Responses for Gambling Activity by Age, 2021

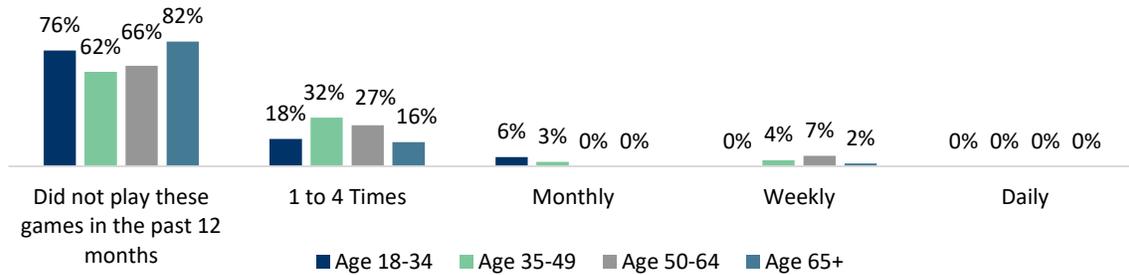


Figure A20a2 - Connecticut Responses for Gambling Activity by Age, 2021

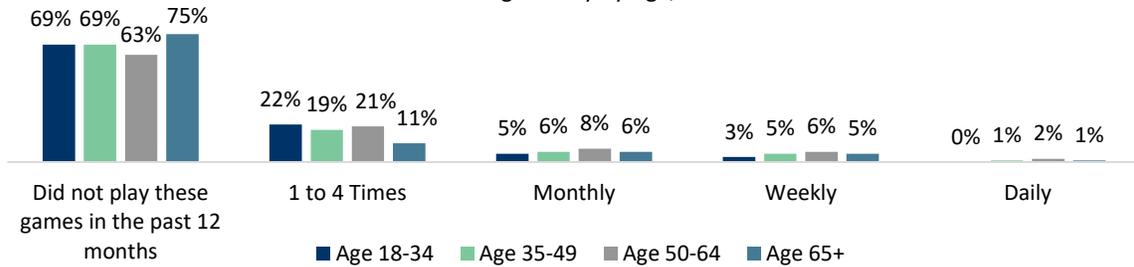


Figure A20b1 - Middlesex County Responses for Gambling Activity by Gender, 2021

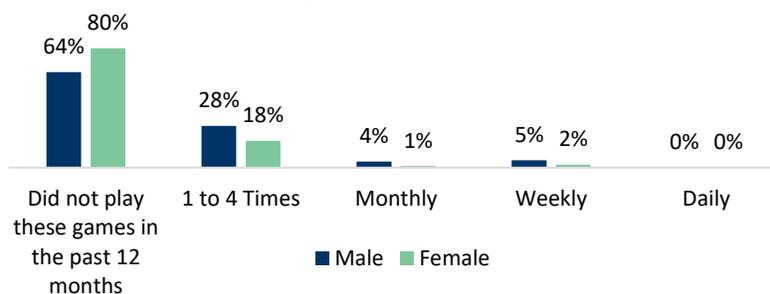
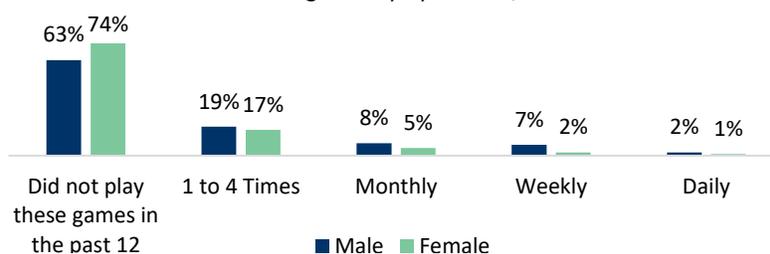


Figure A20b2 - Connecticut Responses for Gambling Activity by Gender, 2021



DataHaven Community Wellbeing Survey, 2021

Figure A20c1 - Middlesex County Responses for Gambling Activity by Income Level, 2021

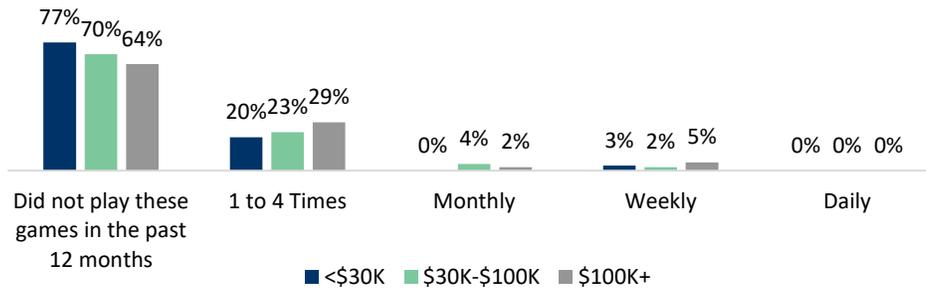


Figure A20c2 - Connecticut Responses for Gambling Activity by Income Level, 2021

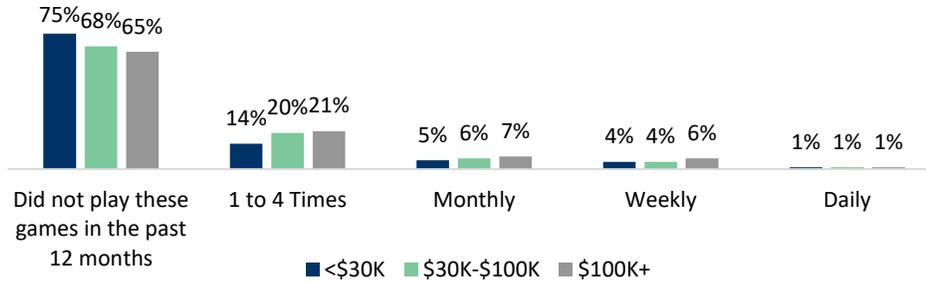


Figure A20d1 - Middlesex County Responses for Gambling Activity by Education Level, 2021

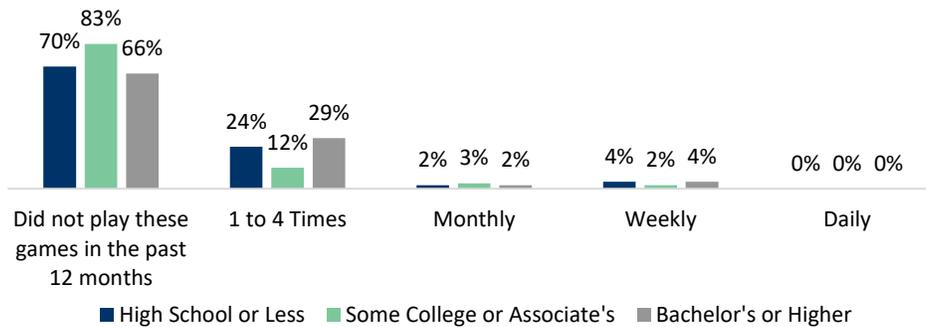
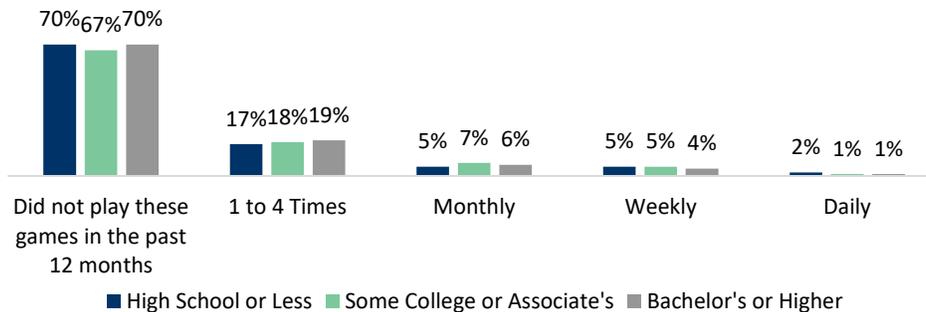


Figure A20d2 - Connecticut Responses for Gambling Activity by Education Level, 2021



DataHaven Community Wellbeing Survey, 2021

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Computer & Broadband Internet

- United States Census Bureau, American Community Survey (ACS), <https://data.census.gov/cedsci/>.

Access to Health Care Services

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Well-Being Section:

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Physical & Mental Distress

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Insufficient Sleep

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Physical Inactivity

- County Health Rankings & Roadmaps, Middlesex County, CT Profile; <https://www.countyhealthrankings.org/app/connecticut/2022/rankings/middlesex/county/outcomes/overall/snapshot>.

Additional Health Indicators Section:

Birth Weight

- County Health Rankings & Roadmaps, Middlesex County, CT Profile; <https://www.countyhealthrankings.org/app/connecticut/2022/rankings/middlesex/county/outcomes/overall/snapshot>.

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Obesity

- Centers for Disease Control and Prevention (CDC), *Health Effects of Overweight and Obesity*; <https://www.cdc.gov/healthyweight/effects/index.html>. Last accessed 9.9.22.

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Prevention Section:

Screenings

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RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS – Community Services

These community resources represent assets for broad health and health-related needs, including resources for the significant health and health-related needs identified in this community health needs assessment. Please note that this list is not exhaustive and additional resources may be available.

Clothing Assistance:

Organization – Phone # - Website
Middletown Community Clothing Program (MCCP), St. Vincent de Paul Middletown: (860) 344-0097; https://svdmiddletown.org/middletowns-community-clothing-program-mccp/
Warm the Children (Middletown; CT River Valley & Shoreline Towns; Guilford/Madison): https://warmthechildren.org/

Community Resources:

Organization – Phone # - Website
The Buttonwood Tree (Middletown): (860) 347-4957; https://buttonwood.org/
Free Center (Middletown): (860) 951-7782; https://www.facebook.com/freecentercommunity/
Middlesex County Chamber of Commerce (Middletown): (860) 347-6924; https://www.middlesexchamber.com/
Middlesex United Way (Middletown): (860) 346-8695; http://www.middlesexunitedway.org/
Rotary Club of Middletown Connecticut: http://www.middletownrotary.org/
St. Vincent de Paul Middletown: (860) 344-0097; http://www.svdmiddletown.org/
United Way Connecticut 2-1-1: Dial 2-1-1 or dial (800) 203-1234; Search online: https://www.211ct.org/

Community Coalitions, Advocacy Groups, Etc.

Organization – Phone # - Website
Central CT Senior Network: https://www.facebook.com/centralctseniornetwork/
Durham Middlefield Local Wellness Coalition, A Program of DMYFS: serves Durham & Middlefield; provides Community Action, Education, resources; http://www.dmlwc.org/
Coalition on Housing + Homelessness, The (Middletown) c/o Middlesex United Way: (860) 346-8695; https://growstrongct.org/
Greater Middletown Area Health Enhancement Community Coalition: contact revrmanderson@gmail.com or (860)814-3330; or catherine.rees@midhosp.org or (860) 358-3034
Greater Middletown Area Opioids Task Force: contact kevin.elak@middletownct.gov or (860) 638-4972; or revrmanderson@gmail.com or (860)814-3330
Middlesex County NAACP Branch, Unit 2018-B (Middletown): (860) 343-9497; https://www.middlesexctnaacp.org/
Middlesex County NAACP Branch Health Committee (Middletown): (860) 343-9497; https://www.middlesexctnaacp.org/
Middlesex County Branch NAACP Branch Youth Council (Middletown): (860) 343-9497; https://www.middlesexctnaacp.org/
Middlesex County Branch NAACP Branch WIN (Women in the NAACP) (Middletown): (860) 343-9497; https://www.middlesexctnaacp.org/

Community Coalitions, Advocacy Groups, Etc. – Continued

Organization – Phone # - Website
Middlesex County (CCT) Community Care Team (Middletown): (860) 358-8825; https://middlesexhealth.org/center-for-behavioral-health
Middlesex County Substance Abuse Action Council: https://mcsaac.org/
Middletown Ministerial Alliance - New Jerusalem Christian Center Church (Middletown): (860) 343-0115; https://www.njccchurch.com/
Middletown Racial Justice Coalition “MRJC” (Middletown): (860) 316-4459; https://www.middletownrjc.org/
Middletown Substance Abuse Prevention Council (MSAPC): https://middletownsubstanceabusepreventioncouncil.com/
Ministerial Health Fellowship: (860) 344-9527; http://www.mhfct.org/
North End Action Team (Middletown): (860) 346-4845; http://neatmiddletown.org/
Valley Shore Community Collaborative: family and youth supports and services; valleyshorecollaborative@gmail.com ; https://www.connectingtocarect.org/collaborative/valley-shore-community-collaborative/
Westbrook Economic Action Initiative “WEAI” (Westbrook): (860) 399-3040; https://westbrookct.us/422/Westbrook-Economic-Action-Initiative

Child, Youth, Parenting and Family Resources & Advocacy

Organization – Phone # - Website
Early Head Start: <ul style="list-style-type: none"> • ACES Middletown Community Education Center: Register at Area Cooperative Educational Services (860) 704-0725 • Colchester Head Start/Early Head Start: Register at Thames Valley Council for Community Action, Inc. (860) 425-6534
Greater Middletown Community Collaborative (Middletown): focused on creating a better network of care for youth in the Middletown area’s juvenile justice and behavioral health systems; https://www.facebook.com/events/1930352113904345/1930352117237678/
Middlesex Coalition for Children (Middletown): https://www.middlesexchildren.org/
Opportunity Knocks - Middlesex Health Family Advocacy (Middletown): (860) 358-3401; https://middlesexhealth.org/family-advocacy-program
Pregnant with Possibilities, Ministerial Health Fellowship: provides doula services for people of color; (860) 344-9527; http://www.mhfct.org/
Women, Infants, and Children (WIC) Program: (860) 358-4070; https://middlesexhealth.org/wic-program

Disability Services

Organization – Phone # - Website
Kuhn Employment Opportunities (Middletown): (860) 347-8923; http://www.kuhngroup.org/
MARC Community Services (Middletown): (860) 342-0700; https://www.marccommunityresources.org/
SARAH Inc. (Westbrook): (860) 399-1888; https://sarah-inc.org/
State of Connecticut Disability Services (Social Security Office): (800) 772-1213; https://portal.ct.gov/DSS/Health-And-Home-Care/Disability-Services/Disability-Services
Vista Life Innovations (Shoreline): (860) 399-8080; https://www.vistalifeinnovations.org/

Educational Resources, Training & Post-Secondary Educational Institutions

Organization – Phone # - Website
CCALC - Castle Craig Adult Learning Center, Middlesex Community College (Meriden): (860) 343-5800 ext. 46398; https://mxcc.edu/ce/lifelong-learning/
CT Pathways - Connecticut’s SNAP Employment & Training Program, Middlesex Community College (Middletown): (860) 343-5782; https://mxcc.edu/ce/snap/
Holy Apostles College & Seminary (Cromwell): (860) 632-3010; https://holypostles.edu/
Life Finishing School (Middletown): (203) 800-6914; https://lifefinishingschool.com/
Middlesex Community College (MxCC) (Middletown): (860) 343-5719; https://mxcc.edu/
Middlesex Institute for Lifelong Education (MILE) (Middletown): (860) 343-5863; https://mxcc.edu/ce/lifelong-learning/
Middletown Adult Education (Middletown): (860) 343-6044; https://www.maect.org/
Porter and Chester Institute (Rocky Hill): (860) 529-2519; https://porterchester.edu/about-pci
Side Street to Main Street Business & Leadership Development Program - Middlesex County Chamber of Commerce (Middletown): (860) 347-6924; https://www.middlesexchamber.com/pages/SideStreettoMainStreetProgram
STEAM Train - Fast Track Academy - Young Adults/Adults (Middletown): (860) 398-9061; https://www.streamtraininc.org/fast-track-academy
Wesleyan University (Middletown): (860) 685-2000; https://www.wesleyan.edu/

Employment Services

Organization – Phone # - Website
A R Mazzotta Employment Specialists (Middletown): (860) 347-1626; http://www.armazzotta.com/
CoWorx Staffing Agency (Chester): (860) 526-4357 ext. 2253; https://www.coworxstaffing.com/about/locations/chester-jobs/
Emergency Resource Management (Portland) for Volunteer EMS Positions: (860) 342-0902; http://ermanagement.com/

Employment Support Services

Organization – Phone # - Website
Kuhn Middletown Employment Opportunities (Middletown): (860) 347-8923; http://www.kuhngroup.org/
MARC (Middletown): (860) 342-0700; https://www.marccommunityresources.org/
Middletown WORKS! (Middletown): (860) 975-5405; https://middletownworks.org/
Recovery Employment Program (REP) Middlesex County Chamber of Commerce (Middletown): 860-347-6924; https://www.middlesexchamber.com/recovery-employment-program/
SARAH Inc. (Westbrook): (860) 399-1888; http://www.sarah-inc.org/
Southeastern Employment Services (Old Lyme): (860) 464-0544; http://sesct.org/
Workforce Alliance: https://www.workforcealliance.biz/ ; American Job Center (Middletown): (860) 347-7691
Workforce Alliance - Young Adults 16-24: https://www.workforcealliance.biz/youth-and-young-adults/young-adults-16-24/
<ul style="list-style-type: none"> • Tri-Town Collaborative (Wallingford-Meriden-Middletown): (860) 266-6113 • Community Renewal Team (CRT) - Skills Training at Middlesex Chamber of Commerce: (860) 347-6924 ext. 248 • Women & Families Center (Meriden): (475) 775-4899

Food – Community Coalitions / Collaboratives

Organization – Phone # - Website
City of Middletown Mayor’s Hunger Task Force / Middlesex Coalition for Children (Middletown): https://www.middlesexchildren.org/
Greater Middletown Area Health Enhancement Community Coalition – Nutritious Foods Committee: contact revrmanderson@gmail.com or (860)814-3330; or catherine.rees@midhosp.org or (860) 358-3034
Opportunity Knocks Nutrition & Physical Activity Work Group - Middlesex Health Family Advocacy (Middletown): (860) 358-3401; https://middlesexhealth.org/family-advocacy-program

Food – Community Gardens

Organization – Phone # - Website
Colchester Community Garden: contact info: colchestergivinggarden@gmail.com ; https://www.facebook.com/ColchesterGivingGarden/
Cromwell Community Garden: (860) 632-3422; https://www.cromwellct.com/planning-development/pages/community-garden
FOOD For ALL GARDEN (Clinton): (860) 304-5705; https://www.facebook.com/people/Food-for-All-Garden/100064721377602/
The Giving Garden of Durham/Middlefield: https://www.facebook.com/people/The-Giving-Garden-of-DurhamMiddlefield/100042951686273/
East Haddam Center for Community Agriculture: https://www.easthaddam.org/center-for-community-agriculture
East Hampton Community Garden: email inquiries and registration requests to e.hampton.communitygarden@gmail.com
Killingworth - Parmelee Farm Community Gardens: https://parmeleefarm.org/community-gardens/ <ul style="list-style-type: none"> • Shared Harvest Garden: https://parmeleefarm.org/shared-harvest-garden/
Middletown Community Garden (North End Action Team): (860) 346 4845; https://neatmiddletown.org/community-gardens/ <ul style="list-style-type: none"> • Erin Street - https://groups.google.com/g/erinstreet • Ferry Street - https://groups.google.com/g/ferry-street-garden
Portland Street - Newest and smallest garden (no google group listed yet)
Middletown United Fathers Community Garden (Middletown): contact h.hart123@comcast.net or (860)770-0187
Lyme Old Lyme Food Share Garden: https://www.lolfoodsharegarden.org/home-1
Portland Community Garden at Bransfield Park: https://portland.recdesk.com/Community/Page?pageId=15691
YMCA Community Garden (Westbrook): https://vsymca.org/community-garden/

Food – Community Gardens Support

Organization – Phone # - Website
Community Garden Ministry Network: https://www.episcopalct.org/community-garden-ministry-network/ Active Parishes: <ul style="list-style-type: none"> • Holy Advent (Clinton) - FOOD for All Garden • Grace (Old Saybrook) - Common Good Gardens

Food – Farmers Markets (And, Offering Support)

Organization – Phone # - Website
CT Department of Agriculture Farmers Market Program - Senior Farmers Market Nutrition Program (SFMNP): https://portal.ct.gov/DOAG/ADaRC/ADaRC/WIC-and-Senior-Farmers-Market-Nutrition-Program
CT Department of Agriculture Farmers Market Program - WIC Farmers Market Nutrition Program (FMNP): WIC and Senior Farmers Market Nutrition Program
Colchester Farmers Market: SFMNP, SNAP/EBT; https://www.communitypollinator.com/
Cromwell Farmers Market: SFMNP; www.cromwellfarmersmarket.org
Cromwell Farmers Market - Phoenix Farm: SFMNP; facebook.com/phoenixfarmorganic/
Durham Farmers Market: SFMNP, SNAP/EBT; https://townofdurhamct.org/farmers-market
East Haddam Farmers Market: https://www.communitypollinator.com/
Higganum Farmers Market: https://www.higgfarmersmarket.com/
Madison Farmers Market: SFMNP; https://www.madisonctfarmersmarket.com/
Middletown Farmers Market (Bogue Farms): SFMNP; guide.ctnofa.org/g/middletown-ct/n/824/bogue-farms
Middletown’s Farmers Market: SFMNP, SNAP/EBT, Benefit Doubling; https://www.middletownct.gov/1198/Middletown-Farmers-Market
Old Saybrook Farmers Market: SFMNP; http://oldsaybrookfarmersmarket.com/
Westbrook Farmers Market: SFMNP, SNAP/EBT; facebook.com/westbrookfarmersmarket/

Food Assistance – Food Pantries & Food Distribution

Organization – Phone # - Website
Amazing Grace Food Pantry - St. Vincent de Paul Middletown: (860) 344-0097 ext. 118; http://www.svdmiddletown.org/food-pantry/
All People Community Outreach Ministry: (860) 301-0299
Chester, Town of - Social Services: (860) 526-0013 ext. 213
Colchester, Town of - Food Pantry: (860) 537-7255; https://www.colchesterct.gov/youth-social-services/pages/food-bank
CT Food Bank - Mobile Pantry - Portland Senior Center: https://www.ctfoodbank.org/get-help/connecticut-food-banks-mobile-pantry-schedule/
Cromwell, Town of - Food Pantry: (860) 632-3449; https://www.cromwellct.com/human-services/pages/food-pantry
Durham, Town of - Food Pantry: (860)-349-3153; Human Services, Durham Town Hall; mperry@townofdurhamct.org
East Haddam Youth and Family Services Food Bank: (860) 891-8100; http://www.easthaddam.org/Food-Bank/
East Hampton, Town of - Food Bank: (860) 365-5978; https://www.easthamptonct.gov/social-services/food-bank
Estuary District Food Program - Shoreline Pantries (Clinton; East Lyme; Old Lyme; Old Saybrook; Westbrook): (860) 388-1988; https://shorelinesoupkitchens.org/
Heaven’s Storehouse Food Pantry - Middletown/Portland Seventh-Day Adventist Church: (860) 342-0141; https://middletownportlandsda.org/
Hebron Interfaith Human Services Food Pantry: (860) 228-1681
Hinka’s Cupboard - Saint Francis of Assisi Parish: (860) 301-5035; https://www.facebook.com/Hinkascupboard/
Magic Food Bus Food Pantry (Middlesex Community College): for students and staff; (860) 343-5708; https://mxcc.edu/magic-food-bus/

Food Assistance – Food Pantries & Food Distribution – Continued

Organization – Phone # - Website
Marlborough, Town of – Foodbank: (860) 295-6008; http://www.foodbankofmarlborough.org/
Portland Food Pantry: (860) 342-6795
Shiloh Baptist Church Food Pantry (Middletown): (860) 346-8295
The Salvation Army, Middletown Corps Community Center (Middletown): (860) 347-7493
Zion First Baptist Church Food Pantry: (860) 347-5074

Food Assistance – Soup Kitchens

Organization – Phone # - Website
Estuary District Food Program - Soup Kitchens (Centerbrook; Chester; Clinton; Deep River; Essex; Old Saybrook; Westbrook): (860) 388-1988; https://shorelinesoupkitchens.org/index.php
St. Andrew Church (Colchester): Community Lunch Program: (860) 537-5742; https://www.standrewcolchester.org/community-free-lunch-program
St. Vincent de Paul Middletown Soup Kitchen: (860) 344-0097 ext. 118; http://www.svdmiddletown.org/meals/

Food Assistance – Home Delivered Meals

Organization – Phone # - Website
Community Renewal Team (CRT) - Meals on Wheels (Hartford): serves Middlesex County; (860) 560-5848; http://www.crtct.org/en/need-help/senior-services/meals-on-wheels
CW Resources - Meals on Wheels (New Britain): (860) 229-7700 Ext 1031; https://www.cwresources.org/lines-of-business/food-services/
Estuary Council of Seniors - Meals on Wheels (Old Saybrook): serves Homebound individuals; Age 60+; Resident of Chester, Clinton, Deep River, Essex, Killingworth, Lyme, Old Lyme, Old Saybrook, Westbrook; (860) 388-1611; https://www.ecsenior.org/services/nutrition
Healing Meals Community Project (Weatogue): serves Middlesex County; (860) 264-5864; https://healingmealsproject.org/

Food Assistance – Additional Resources

Organization – Phone # - Website
Community Renewal Team (CRT) - Food Assistance Programs: (860) 347-4465 http://www.crtct.org/en/need-help/basic-needs/basic-needs-food
Durham Senior Café Durham Activity Center: (860)349-3153; https://www.townofdurhamct.org/Senior-Cafe
Middletown Community Thanksgiving Project (Middletown): mctp2013@yahoo.com or visit https://www.facebook.com/thanksgivingproject/
Senior Cafes (Estuary Council of Seniors): Clinton, Killingworth, Old Lyme and Old Saybrook; https://www.yourestuary.org/services/cafes
Senior Cafes (CRT - Community Renewal Team): Cromwell Senior Center; East Haddam Senior Center; East Hampton Senior Center; Haddam Senior Center; Marlborough Senior Center; Middlefield Senior Center; Middletown Senior Center; http://www.crtct.org
Supplemental Nutrition Assistance Program (SNAP): Call 211 for more information or https://portal.ct.gov/DSS/SNAP/Supplemental-Nutrition-Assistance-Program---SNAP
Women, Infants, and Children (WIC): (860) 358-4070; http://www.fns.usda.gov/wic/women-infants-and-children-wic

Health Departments

Organization – Phone # - Website
Chatham Health District: Serves the towns of: Colchester, East Haddam, East Hampton, Hebron, Marlborough, and Portland; (860) 365-0884; http://chathamhealth.org/
Connecticut River Area Health District: Serves the towns of: Chester, Clinton, Deep River, Haddam, Killingworth and Old Saybrook; (860) 661-3300; http://www.crahd.net/
Cromwell Health Department: (860) 632-3426; http://www.cromwellct.com/health-department
Durham Health Department: (860) 349-8253; http://www.townofdurhamct.org/content/28562/27556/27707/
Essex Health Department (Essex): (860) 767-4340; http://www.essexct.gov/health-department
Ledge Light Health District (New London): also serves the towns of Lyme and Old Lyme; (860) 445-2000 https://llhd.org/
Middletown Health Department: (860) 638-4960; http://www.cityofmiddletown.com/167/Health-Department
Plainville-Southington Regional Health District: Also serves the town of Middlefield; (860) 276-6275; http://www.southington.org/content/17216/17438/default.aspx
Westbrook Health Department: (860) 399-9869; https://westbrookct.us/152/Public-Health

Housing – Supports for the Housing Insecure

Organization – Phone # - Website
Community Assistance Program at St. Vincent de Paul Middletown: (860) 344-0097 Ext 110; https://svdmiddletown.org/community-assistance-program/
Housing Authority: <ul style="list-style-type: none"> • Clinton: (860) 669-6383 • Colchester: (860) 537-5251 • Deep River: (860) 526-5119; https://deeperiverha.org/ • East Hampton: (860) 267-8498; https://www.easthamptonct.gov/housing-authority • Essex: (860) 767-1250; https://www.essexct.gov/essex-housing-authority • Middlefield: (860) 344-9933; https://middlefieldct.org/housing-authority/ • Middletown: (860) 346-8671; http://middletownha.org/ • Portland: (860) 342-1688; https://portlandha.org/
Middlesex YMCA - Men’s Residence - Schwarz Residence: (860) 343-6204; https://www.midymca.org/men-s-residence
Old Middletown High School Elderly Housing: (860) 638-3602; https://www.oldmiddletown-apts.com/
Shelters: Callers in need of shelter must call 2-1-1 for a referral from the Coordinated Access Network (CAN)
Shelter - Warming Center (Middletown): For dates of operation, locations, or for more information, call (860) 344-0097 Ext. 11 (Middletown Health Department)
Shelter - Project REACH Youth: (203) 235-9297 https://womenfamilies.org/transitional-living-program/
Supportive House (Access through the Coordinated Access Network - CAN): Call 2-1-1 <ul style="list-style-type: none"> • Columbus House: Access through the CAN • Shepherd Home: Access through the CAN • St. Vincent de Paul, Middletown: Access through the CAN

Housing – Additional Supports

Organization – Phone # - Website
Community Housing Assistance Program (CHAP): (860) 951-8770 ext. 228; https://www.crtct.org/programs/housing-shelters/chap-cheer/
Connecticut Renters’ Rebate for Elderly/Disabled Renters Program: (860) 418-6377; https://portal.ct.gov/OPM/IGPP/Grants/Tax-Relief-Grants/Renters--Rebate-For-ElderlyDisabled-Renters-Tax-Relief-Program
Connecticut Homeowners’ Tax Relief Program for Elderly/Disabled (Circuit Breaker): (860) 418-6290; https://portal.ct.gov/OPM/IGPP/Grants/Tax-Relief-Grants/Homeowners--ElderlyDisabled-Circuit-Breaker-Tax-Relief-Program
Advocacy: Coalition on Housing + Homelessness, The (Middletown) c/o Middlesex United Way: (860) 346-8695; https://growstrongct.org/

Interpersonal Violence

Organization – Phone # - Website
CCADV - Connecticut Coalition Against Domestic Violence: (888) 774-2900; Para hablar o recibir ayuda, llama al (844) 831-9200; http://www.ctcadv.org/
Intimate Partner Violence (IPV) (Connecticut): Region 3 Phone Number Middletown Office: (860) 638-2189; https://portal.ct.gov/DCF/Intimate-Partner-Violence/Home#AboutUs
New Horizons (Middlesex County): http://www.newhorizonsdv.com ; Phone Numbers: <ul style="list-style-type: none"> • (888) 774-2900 (hotline) • (860) 347-3044 (voice) • (860) 344-9599 (voice) • (860) 343-6470 (Victim Advocate) • (844) 831-9200 (Spanish Hotline)
Project REACH Women and Families Center -Sexual Assault Crisis Service (Middletown): (203) 235-9297; https://womenfamilies.org/transitional-living-program/

Legal Services

Organization – Phone # - Website
Connecticut Legal Rights Project, Inc. (Middletown): (877) 402-2299; http://www.clrp.org/
Connecticut Legal Services (Middletown): (860) 344-0447; https://ctlegal.org/
Court Service Center - Middletown Superior Court: (860) 343-6499; https://www.jud.ct.gov
Legal Services to Victims of Violent Crime - Victim Rights Center of Connecticut (Wallingford): serves Middlesex County; (203) 350-3515; https://endsexualviolencect.org/vrcct/
Statewide Legal Services of Connecticut: 860-344-0380; http://apply.slscct.org/

LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning+) – Services & Resources

Organization – Phone # - Website
<p>Community Events:</p> <ul style="list-style-type: none"> • Middletown Pride Festival: https://www.middletownct.gov/1032/Middletown-Pride-Festival
<p>Community Health Center (CHC) Support Groups: https://www.chc1.com/what-we-do/our-services/behavioral-health/groups/</p> <ul style="list-style-type: none"> • Adult LGBTQIA+ Group • LGBTQIA+ Grupo para Adultos
<p>Middlesex Health Support Groups:</p> <ul style="list-style-type: none"> • Family/Friends/Support Group: https://middlesexhealth.org/news/classes-and-events/transgender-family/friends/supports-group-20200727 • Female/Feminine Gender Discussion Group: https://middlesexhealth.org/news/classes-and-events/gender-discussion-group-female-20210817 • Male/Masculine Gender Discussion Group: https://middlesexhealth.org/news/classes-and-events/gender-discussion-group-male-20200805 • Non-Binary Gender Discussion Group: https://middlesexhealth.org/news/classes-and-events/gender-discussion-group-non-binary-20211013
<p>Trevor Project, The (National): 1.866.488.7386 or Text: Start to 678678; https://www.thetrevorproject.org/resources/</p>
<p>LGBTQ+ Inclusive Houses of Worship:</p> <ul style="list-style-type: none"> • Colchester - Colchester Federated Church (American Baptist Churches and United Church of Christ): (860) 537-5189; https://colchesterfederatedchurch.org/ • Cromwell - Bethany Lutheran Church: (860) 635-4618; https://www.bethanylutheranchurchcromwell.org/ • East Haddam - First Church of Christ, Congregational: (860) 873-9084; http://firstchurcheh.org/ • East Hampton - Haddam Neck Congregational Church: (860) 301-4124; https://haddamneckcongregationalchurch.org/ • Essex - The First Congregational Church in Essex, UCC: (860) 767-8097; http://essexucc.org/ • Haddam - First Congregational Church of Haddam: https://haddamcongchurch.org/ • Madison - First Congregational Church of Madison: (203) 245-2739; https://www.fccmadison.org/open-affirming-statement • North Madison Congregational Church UCC: (203) 421-0986; https://northmadisoncc.org/about/open-and-affirming/ • Marlborough - Congregational Church of Marlborough (UCC): (860) 295-9050; https://mcc.marlcongchurch.org/index.php • Middletown: <ul style="list-style-type: none"> - First Church United Church of Christ: (860) 346.6657; http://www.firstchurchmiddle.org/lgbt/town - South Church: http://www.southchurchofmiddletown.org/ • Old Lyme: <ul style="list-style-type: none"> - First Congregational Church of Old Lyme: (860) 434-1135; https://fccol.org/ - The First Congregational Church of Lyme UCC: (860) 434-0220 https://lymechurch.net/ • Portland: <ul style="list-style-type: none"> - First Congregational Church, UCC: (860) 342-3244 https://www.firstchurchportlandct.org/ - Saint Mary Catholic Church: (860) 342-2328 https://stmaryportlandct.org/all-are-welcome-here

Older Adult Services – Senior Centers

Organization – Phone # - Website
Colchester Senior Center: (860) 537-3911; https://www.colchesterct.gov/senior-center
Cromwell Senior Center: (860) 632-3447; https://www.cromwellct.com/senior-services/pages/services
Durham Activity Center: (860) 788-3337; http://www.townofdurhamct.org/dac
East Haddam Senior Center: (860) 873-5034; https://www.easthaddam.org/departments/seniors
East Hampton Senior Center: (860) 267-4426; http://www.easthamptonct.org/Pages/EastHamptonCT_Senior/index
Estuary Council of Seniors M. Monica Eggert Senior Center (Old Saybrook): (860) 388-1611; http://www.ecsenior.org/
Haddam Senior Center: (860) 554-5246; https://www.haddam.org/haddam-seniors
Marlborough Senior Center: (860) 295-6200; https://www.marlboroughct.net/index.php/boards-commissions/departments/senior-center
Middlefield Senior Center: (860) 349-7121; http://www.middlefieldct.org/
Middletown Senior Center: (860) 638-4540; http://www.middletownct.gov/seniors
Old Lyme Senior Center: 860-434-1605 ext. 240; http://www.oldlyme-ct.gov/
The Waverly Center (Portland): (860) 342-6760; https://www.portlandct.org/senior-services/
Westbrook Senior Center: (860) 399-2029; http://www.westbrookct.us

Older Adult Services & Resources

Organization – Phone # - Website
Social Services: <ul style="list-style-type: none"> • Connecticut State Department of Aging and Disability Services: (855) 626-6632; https://portal.ct.gov/AgingandDisability • Senior Resources: Agency on Aging. Eastern Connecticut Area Agency on Aging (Norwich): Serves Middlesex County; (800) 690-6998, (860) 887-3561; http://www.seniorresourcesec.org/
Housing - Low Income/Subsidized Private Rental Housing for Older or Disabled Adults: <ul style="list-style-type: none"> • Elderly Housing Management - Saint Luke’s Apartments for Seniors (Middletown): (860) 347-1168; http://newsam.org/ • Old Middletown High School Elderly Housing (Middletown): (860) 638-3602; http://www.oldmiddletown-aps.com/
Housing - Non-Portable Public Housing Rent Subsidy Program Middletown Housing Authority: (860) 346-8671; http://www.middletownha.org/ <ul style="list-style-type: none"> • Sbona Tower • Marino Manor
Housing - Connecticut Renters’ Rebate for Elderly/Disabled Renters Program: (860) 418-6377; https://portal.ct.gov/DOH/DOH/Programs/Renters--Rebate-For-ElderlyDisabled-Renters-Tax-Relief-Program
Housing - Connecticut Homeowners’ Tax Relief Program for Elderly/Disabled (Circuit Breaker): (860) 418-6290; https://portal.ct.gov/OPM/IGPP/Grants/Tax-Relief-Grants/Homeowners--ElderlyDisabled-Circuit-Breaker-Tax-Relief-Program

Older Adult Services & Resources – Continued

Organization – Phone # - Website
In-Home Services (Non-Medical): <ul style="list-style-type: none"> • Home Care for Elders Program: (860) 346-0771; http://changeinonline.org/index.htm • Home Instead Senior Care: (860) 764-2949; https://www.homeinstead.com/location/714/home-care-services/ • Middlesex Health Care at Home: Serves Middlesex County; (860) 358-5600 https://middlesexhealth.org/care-at-home • Unison Health Services Home Health Aide: (860) 347-4446, (877) 520-6628; http://www.unisonhealthservices.com/ • Visiting Angels-Middlefield: (860) 349-7016; www.visitingangels.com/middlefield

Older Adult Services & Resources – Other

Note: while the below organizations are outside of the Middlesex Health geographic service area, they are being included as helpful resources.

Organization – Phone # - Website
Alzheimer’s Association (Connecticut Chapter): (800) 272-3900 (24-hour hotline); http://www.alz.org/ct/
Benefits CheckUp (National Council on Aging): https://www.benefitscheckup.org/
Connecticut Home Care Program for Elders: 800-445-5394; https://portal.ct.gov/DSS/Health-And-Home-Care/Connecticut-Home-Care-Program-for-Elders/Connecticut-Home-Care-Program-for-Elders-CHCPE
Center for Medicare Advocacy (Connecticut Office): (860) 456-7790; http://www.medicareadvocacy.org/
Medicare.Gov (The Official U.S. Government Site for Medicare): www.medicare.gov
State Department on Aging (Hartford): (860) 424-5274, (800) 537-2549; http://www.ct.gov/agingservices/site/default.asp

Support Groups

Organization – Phone # - Website
Al-Anon Family Support: (888) 825-2666; https://www.ctalanon.org
Alcoholics Anonymous: (866) 783-7712; https://ct-aa.org/
Bereavement Support Group Middlesex Health: Register Online under Groups/Classes/Events at https://middlesexhealth.org
Better Breathers Club, Water’s Edge at Middletown Senior Center: (860) 335-7526; https://action.lung.org/site/TR?fr_id=18732&pg=entry
Breastfeeding Support Group Middlesex Health: Register Online under Groups/Classes/Events at https://middlesexhealth.org
Caregiver Support Group Middlesex Health: Register Online under Groups/Classes/Events at https://middlesexhealth.org
Children at Heart and Girls Circle Community Health Center & New Horizons: (860) 344-9599; http://www.newhorizonsdv.com/
Community Health Center (CHC) Support Groups: https://www.chc1.com/what-we-do/our-services/behavioral-health/groups/ <ul style="list-style-type: none"> • Adult LGBTQIA+ Group • LGBTQIA+ Grupo para Adultos

Support Groups – Continued

Organization – Phone # - Website
Domestic Violence Support Group - H.E.A.R.T. (Help End Abusive Relationship Tendencies) Support Group (Middletown): (860) 344-9599; https://newhorizonsdv.com/node/41
Epilepsy Support Groups - Epilepsy Foundation of Connecticut: Middletown chapter, (860) 346-1924; https://www.epilepsyct.com/programs/support-group-network
Gender Discussion/Support Groups - Middlesex Health: Register Online under Groups/Classes/Events at https://middlesexhealth.org
<ul style="list-style-type: none"> • Family/Friends/Support Group: https://middlesexhealth.org/news/classes-and-events/transgender-family/friends/supports-group-20200727 • Female/Feminine Gender Discussion Group: https://middlesexhealth.org/news/classes-and-events/gender-discussion-group-female-20210817 • Male/Masculine Gender Discussion Group: https://middlesexhealth.org/news/classes-and-events/gender-discussion-group-male-20200805 • Non-Binary Gender Discussion Group: https://middlesexhealth.org/news/classes-and-events/gender-discussion-group-non-binary-20211013
Health Related Therapy and Support Group for Women who are HIV+ - Community Health Center - Oasis Wellness Center: (860) 347-6971 ext. 3911; https://www.chc1.com/
Hope and Support Groups (Tricircle, Inc.): https://tricircleinc.com/service/support-groups/
Hope After Loss Groups (Tricare Inc.): https://tricircleinc.com/service/support-groups/
How Can We Help Recovery Support Group - Ministerial Health Fellowship: 203-443-9959; http://www.mhct.org/
How Can We Help Women's Recovery Support Group - Ministerial Health Fellowship: 203-443-9959; http://www.mhct.org/
Leukemia, Lymphoma and Multiple Myeloma Support Group - Middlesex Health: (860) 358-2053; https://middlesexhealth.org
Narcotics Anonymous: (800) 627-3543; Refer to website for locations https://ctna.org/
Parent Support Groups Middletown Family Resource Centers (Macdonough and Farm Hill Elementary Schools Middletown):
<ul style="list-style-type: none"> • Farm Hill Elementary School: 860-347-0869; https://farmhill.middletownschools.org/parents_and_students/family_resource_center/services_and_programs • Macdonough Elementary School: (860) 638-3742; https://macdonough.middletownschools.org/resources_family_resource_center/programs
Postpartum Support Group - Middlesex Health: https://middlesexhealth.org
Sexual Assault Support Group and Resources: (203) 235-4444 24/7 Hotline: (888) 999-5545; 1-888-568-8332 (En Espanol); https://womenfamilies.org/sexual-assault-center/
Smoking Cessation Support Group Center for Chronic Care Management - Middlesex Health: (860) 358-5420 https://middlesexhealth.org
Together We Heal Support Group - Middlesex Health: Register Online under Groups/Classes/Events at https://middlesexhealth.org
Weight Loss Surgery Support Group - Middlesex Health: Register Online under Groups/Classes/Events for Weight Loss Surgery at https://middlesexhealth.org
Young Widows and Widowers Support Group - Middlesex Health: Register Online under Groups/Classes/Events at https://middlesexhealth.org

Tax Assistance

Organization – Phone # - Website
AARP Foundation Tax-Aide Program: for age 50+; (888) 227-7669 (888-AARP-NOW); http://www.aarp.org/applications/VMISLocator/searchTaxAideLocations.action
Community Renewal Team (CRT) Free Volunteer Income Tax Assistance (VITA) - Middletown: (860) 347-4465; https://www.crtct.org/programs/basic-needs/vita-tax-preparation-services/
IRS VITA (Volunteer Income Tax Assistance) Site Locator: (800) 906-9887; http://irs.treasury.gov/freetaxprep/

Transportation Services

Organization – Phone # - Website
9 Town Transit (Estuary Transit District): Public transit for Chester, Clinton, Deep River, Durham, Essex, East Haddam, Haddam, Killingworth, Lyme, Old Lyme, Old Saybrook, and Westbrook, with connections to New Haven, New London and Middletown areas. (860) 510-0429; http://estuarytransit.org/ **News Update: Middletown Area Transit (MAT) joined 9 Town Transit July 1, 2022 read more here: https://estuarytransit.org/whats-new/**
American Cancer Society “Road to Recovery” Program: 1-800-227-2345
Community Assistance Program at St. Vincent de Paul (Middletown): (860) 344-0097 Ext 110; https://svdmiddletown.org/community-assistance-program/
Cromwell Senior Center Transportation (Cromwell): (860) 632-3451 or (860) 632-3447; https://www.cromwellct.com/senior-services/pages/transportationdial-ride
CT Taxi (Middletown): (860) 343-3337
Dial-A-Ride (MAT and 9 Town Transit): 860-510-0429 (shoreline) or 860-554-0551 (Middletown) or go to the website https://estuarytransit.org/ under schedules/services - Dial-a-Ride.
Disabled American Veterans - DAV Transportation Network (West Haven): (203) 932-5711, ext. 3420
Estuary Council of Seniors Medical Outpatient Transportation (Old Saybrook): For appointments or questions, contact (860) 388-1611. X203
Executive 2000 Taxi Service: (860) 337-7562; "to confirm hours call/check Facebook or web page" http://www.mytaxicoupon.com/home.html
F.I.S.H (Friends in Service Here) (Essex): (860) 388-3693
Middletown Area Transit (M.A.T.) (Middletown): 860-346-0212 Ext. 2; https://www.middletownareatransit.org/ **News Update: Middletown Area Transit (MAT) joined 9 Town Transit July 1, 2022 read more here: https://estuarytransit.org/whats-new/**
Mobility Manager for South Central Connecticut “Know How to Go: South Central Connecticut”: 203-365-8522; www.knowhowtogoscct.org
Veyo (Medicaid Recipients) (Connecticut): (855) 478-7350; https://ct.ridewithveyo.com/

Utilities Assistance

Organization – Phone # - Website
Community Assistance Program at St. Vincent de Paul (Middletown): (860) 344-0097 Ext 110; https://svdmiddletown.org/community-assistance-program/
Connecticut Energy Assistance Program (CEAP): Community Renewal Team (CRT) Energy Assistance Program (Middletown): (860) 347-4465
Eversource Energy: (800) 286-5844; http://www.eversource.com/ ; Programs: <ul style="list-style-type: none"> • Budget Billing • Extended Payment Plan • Home Energy Solutions / Home Energy Solutions for Income Eligible Customers • Infant Medical Protection Plan • Matching Payment Program (MPP) • Medical Protection • New Start Arrearage Forgiveness Program • Winter Protection/Winter Moratorium
Middletown, City of - Equal Opportunity & Diversity Management Office - Walter C Jones Fund: (860) 638-4830; https://www.icarol.info/ResourceView2.aspx?org=2385&agencynum=17298547

Veterans Services

Organization – Phone # - Website
Benefits: <ul style="list-style-type: none"> • Connecticut Department of Veterans' Affairs (Rocky Hill): (860) 721-5893; https://portal.ct.gov/dva • Connecticut Department of Veterans Affairs Office of Advocacy and Assistance (Rocky Hill): <ul style="list-style-type: none"> ○ 1st District: Cromwell, Middletown, and Portland - (860) 594-6604 or (860) 594-6606 ○ 2nd District: Chester, Clinton, Colchester, Deep River, East Haddam, East Hampton, Essex, Killingworth, Lyme, Marlborough, Old Lyme, Old Saybrook and Westbrook - (860) 887-9162 ○ 3rd District: Durham, Haddam, Middlefield and Middletown - (203) 874-6711
The DMHAS Veterans Recovery Center (VRC) (Rocky Hill): (860) 616-3832 https://portal.ct.gov/DMHAS/Programs-and-Services/Veterans-Services/Veterans-Services
Hospital and Healthcare: https://www.va.gov/connecticut-health-care/ <ul style="list-style-type: none"> • Newington VA Medical Center: (860) 666-6951; Mental Health: (860) 666-6951 ext. 6763 • West Haven VA Medical Center (Main Location): (203) 932-5711 (Main Number); (203) 932-5711 ext. 2570 (Mental Health)
Housing: <ul style="list-style-type: none"> • State of Connecticut Veteran's Home (Rocky Hill): (860) 529-2571 • Military Homeownership Program (Rocky Hill): (860) 721-9501 or (844) CT1-HOME (toll free) • Specially Adapted Housing Grant: https://www.va.gov/housing-assistance/disability-housing-grants/how-to-apply/ • Shepherd Home: Access through 2-1-1 Coordinated Access Network (CAN)
Additional Resources: <ul style="list-style-type: none"> • Military OneSource: (800) 342-9647 http://www.militaryonesource.mil/ • Hartford Veteran Center (Rocky Hill): (860) 563-8800 • Veterans Application for Tax Exemption, Tax Assessor, Town specific • Soldiers, Sailors, and Marines' Fund: (860) 296-0719; http://www.alctssmf.org/ • Middletown American Legion Post: (860) 347-9575 • Disabled American Veterans of Connecticut - DAV (Rocky Hill): (860) 529-1759

YMCA's

Organization – Phone # - Website
Middlesex YMCA (Middletown): (860) 347-6907; http://www.midymca.org/
Valley Shore YMCA (Westbrook): (860) 399-9622; http://vsymca.org/

Youth & Family Services

Organization – Phone # - Website
Andover Hebron Marlborough (AMH) Youth Services: (860) 228-9488; http://ahmyouth.org/
Clinton Youth & Family Services: (860) 669-1103; https://clintonhumanservices.org/
Colchester Youth and Family Services: (860) 537-7255; http://www.colchesterct.gov/Pages/ColchesterCT_Dept/YSB/index
Cromwell Youth Services: (860) 632-3448; https://www.cromwellct.com/youth-services
Durham-Middlefield Youth Services: (860) 349-0258; http://www.dmyfs.org/
East Haddam Youth & Family Services: (860) 873-3296; http://ehyfs.org/
East Hampton Youth and Family Services: (860) 267-9982; https://www.easthamptonct.gov/youth-family-services
Lyme Youth Services Bureau: (860) 434-7208; http://lysb.org/
Middletown Youth Services Bureau: (860) 854-6030; https://www.middletownct.gov/422/Youth-Services-Bureau
Portland Town Youth Services: (860) 342-6758; https://www.portlandct.org/youth-services
Town of Old Saybrook Youth and Family Services: (860) 395-3190; https://www.oldsaybrookct.gov/youth-and-family-services
Tri-Town Youth Services Bureau (Essex): (860) 526-3600; http://www.tritownys.org/
Youth & Family Services of Haddam-Killingworth, Inc.: (860) 345-7498; http://www.hkyfs.org/
Westbrook Youth and Family Services: (860) 399-9239; http://www.wyfs.org/

Youth Enrichment Programs

Organization – Phone # - Website
4-H Education Programs University of Connecticut Cooperative Extension - Middlesex County Extension Center (Haddam): (860) 345-4511; https://4-h.extension.uconn.edu/middlesex-county/
Civil Air Patrol Cadet Program Civil Air Patrol - Connecticut Wing (Middletown): (860) 262-5847; https://ctwg.cap.gov/
KIDCITY - Middletown: (860) 347-0495; http://www.kidcitymuseum.com/
Middletown Summer Youth Employment Program Middlesex County Chamber of Commerce: (860) 347-6924; https://www.middlesexchamber.com/youth-programs/
Middlesex Health Medical Explorers Program: to address underrepresentation in health care; contact catherine.rees@midhosp.org or (860) 358-3034
Oddfellows Playhouse Youth Theater (Middletown): (860) 347-6143; www.oddfellows.org
STEAM Train (Middletown): (860) 398-9061; https://www.steamtraininc.org/
Workforce Alliance American Job Center: https://www.workforcealliance.biz/youth-and-young-adults/summer-youth-employment/ <ul style="list-style-type: none"> • Durham/Middlefield: mford@rsd13.org or asimeone@rsd13.org • Madison: (203) 245-5645 or ballettom@madisonct.org • Middletown: (860) 347-6924 or lorenzo@middlesexchamber.com • Old Saybrook: (860) 460-2033 or kflaherty@oldsaybrookschools.org • Westbrook: (860) 399-3189 or cbialicki@westbrookctschools.org
YMCA - Middlesex (Middletown): (860) 347-6907; http://www.midymca.org/
YMCA - Valley Shore: (860) 399-9622; http://www.vsymca.org/

RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS – Clinical & Support Services

These community resources represent assets for broad health and health-related needs, including resources for the significant health and health-related needs identified in this community health needs assessment. Please note that this list is not exhaustive and additional resources may be available.

Autism Services

Organization – Phone # - Website
Adelbrook Community Services, LLC (Cromwell): (860) 635-6010; https://adelbrook.org/
Alternative Services - Connecticut, Inc. (ASI) (Colchester): (860)-537-4697; https://asi-ct.org/
Beacon Services of Connecticut (Cromwell): (860) 613-9930; https://www.beaconct.org/
Collaborative ABA Services, LLC, (Middletown): (860) 421-4052; https://collaborativeabaservices.com/
Connec-to-Talk, LLC, BCBA Group, (Madison): (888) 901-7077; https://connec-to-talk.com/
Mayer Clinic, The - Middlesex Health (Essex): **New November 2022**; https://middlesexhealth.org
Prism Autism Center (Cromwell): (860) 495-0126; https://www.prismautism.com/
Wheeler Clinic Behavioral Health (Middletown): (860) 793-3750; https://www.wheelerclinic.org/services/wheeler-services/autism-spectrum-services-at-wheeler

Cancer Services

Organization – Phone # - Website
Cancer Center Middlesex Health (Locations in Middletown and Westbrook): (860) 358-2000 https://middlesexhealth.org/cancer-center

Child and Family Services

Organization – Phone # - Website
ABC Women's Center (Middletown): (860) 344-9292; https://abcwomenscenter.org/
Community Health Center, Inc. (Middletown, Clinton, Old Saybrook): (860) 347-6971; http://www.chc1.com/
Community Health Center, Inc. School Based Health Services: (860) 347-6971; http://www.chc1.com/
Fit for Kids - Middlesex Health Center for Chronic Care Management (Middletown): (860) 358-5420; https://middlesexhealth.org/chronic-care-management/fit-for-kids
Middlesex Health Family Advocacy - Child and Family Services (Middletown): (860) 358-3401 https://middlesexhealth.org/family-advocacy-program ; Programs: <ul style="list-style-type: none"> • Child First • Enhanced Care Clinic/Outpatient Clinic • Parenting Support Services (PSS) • Perinatal Support Programs • Positive Parenting Programs • Circle of Security Groups: https://middlesexhealth.org/center-for-behavioral-health/family-advocacy-program/circle-of-security-support-groups <ul style="list-style-type: none"> ○ Circle of Security for Fathers: (860) 358-6958 ○ Circle of Security for Foster Care: (860) 358-6958 ○ Circle of Security for New Parents: (860) 358-4825 ○ Circle of Security for Parenting: (860) 358-4825

Child and Family Services – Continued

Organization – Phone # - Website
Middlesex Health Family Medicine: Care for children and young adults, from birth to age 21. Locations: East Hampton (860) 358-3500, Middletown (860) 358-6300, Portland (860) 358-7100; https://middlesexhealth.org/primary-care-network/middlesex-health-family-medicine
Middlesex Health Primary Care: Provides Pediatric Care: Locations: Chester (860) 358-5005, Cromwell (860) 358-5280, Durham (860) 358-5020, East Haddam (860) 358-5220, Essex (860) 358-5065, Madison (860) 358-5100, Middletown (860) 358-3130, Old Saybrook (860) 358-5120, Portland (860) 358-5040, Westbrook (860) 358-3640; https://middlesexhealth.org/primary-care-network/middlesex-health-primary-care
Middlesex Health Rehabilitation Services: Starting in November 2022, pediatric physical, occupational and speech & language rehabilitation services will be available in the Essex location; (860) 358-6000; https://middlesexhealth.org
Pregnancy & Birth Center - Middlesex Health: (860) 358-6320; https://middlesexhealth.org/pregnancy-and-birth-center
Pregnant with Possibilities - Ministerial Health Fellowship: (860) 344-9527; http://www.mhftc.org/
Women, Infants, and Children (WIC) Program – Middlesex Health: (860) 358-4070; https://middlesexhealth.org/wic-program

Chronic Diseases

Organization – Phone # - Website
Asthma - AIR Middlesex - Center for Chronic Care Management - Middlesex Health: (860) 358-5420; https://middlesexhealth.org/chronic-care-management/asthma-management-programs
Asthma - Little AIR - Center for Chronic Care Management - Middlesex Health: (860) 358-5420; https://middlesexhealth.org/chronic-care-management/asthma-management-programs
Asthma - Putting on Airs - Center for Chronic Care Management - Middlesex Health: <i>**Middlesex Health is hoping to launch Putting On Airs in 2023; please check the Middlesex Health website</i> https://middlesexhealth.org/chronic-care-management **
Chronic Obstructive Pulmonary Disease (COPD) - Center for Chronic Care Management - Middlesex Health: (860) 358-5420; https://middlesexhealth.org/chronic-care-management
Diabetes Care & Education Program - Center for Chronic Care Management - Middlesex Health: (860) 358-5420; https://middlesexhealth.org/chronic-care-management/diabetes-management-program
Diabetes Education - Community Health Center, Inc., Middletown, CT: http://www.chc1.com/
Heart Failure Management - Center for Chronic Care Management - Middlesex Health: (860) 358-5420; https://middlesexhealth.org/chronic-care-management/heart-failure-management

Communicable Diseases

Organization – Phone # - Website
Community Health Center - Center for Key Populations (Middletown): (860) 347-6971 ext. 3900; https://www.centerforkeypopulations.com/#programs ; Services Include: <ul style="list-style-type: none"> • HIV/AIDS Management • Hepatitis C Management
Infectious Disease - Middlesex Health Multispecialty Group (Locations in Middletown and Westbrook): (860) 358-6878; https://middlesexhealth.org/multispecialty-group/infectious-disease

LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning+) Services

Organization – Phone # - Website
<p>Center for Gender Medicine and Wellness at Middlesex Health: (860) 358-3460; https://middlesexhealth.org/center-for-gender-medicine-and-wellness/; Services include:</p> <ul style="list-style-type: none"> • Behavioral Health Services • Hormone Therapy • Continence & Pelvic Health • Primary Care • Physical Rehabilitation, including Voice Therapy • Gender Transition Surgery • Infectious Disease Testing and Treatment • <i>The following services are available for youth:</i> <ul style="list-style-type: none"> ○ Behavioral Health ○ Hormone Therapy ○ Physical Rehabilitation Voice Therapy ○ Primary Care
<p>Child Guidance Center (CGC) Gender Diversity & Resilience Program: (203) 324-6127; https://childguidancect.org/gender-diversity-and-resilience-program/</p>
<p>Community Health Center - Center for Key Populations - LGBTQ (Middletown): General Inquiries: (860) 347-6971, extension 6098; LGBTQ+ Behavioral Health (203) 447-8304; https://centerforkeypopulations.com/</p>

Hospitals & Federally Qualified Health Centers (FQHC)

Organization – Phone # - Website
<p>Community Health Center, Inc. (FQHC) (Middletown): (860) 347-6971; http://www.chc1.com</p>
<p>Connecticut Valley Hospital (CVH) (Middletown): (860) 262-5000; https://www.ct.gov/dmhas/cwp/view.asp?q=416778</p>
<p>Middlesex Hospital - Middlesex Health (Middletown): (860) 358-6000; https://middlesexhealth.org/</p>

Medical Services (Additional Services @ Middlesex Health)

Organization – Phone # - Website
<p>Middlesex Health (Middletown): (860) 358-6000; https://middlesexhealth.org/</p> <ul style="list-style-type: none"> • Middlesex Hospital: Inpatient medical and mental health services as well as emergency services • Marlborough Medical Center: Services offered: 24/7 Emergency Care; Paramedic Services; Laboratory Services; Diagnostic Imaging; Angiography, Bone Densitometry; (860) 358-3200 • Shoreline Medical Center (Westbrook): Services offered: 24/7 Emergency Care, including Paramedics and Helipad for LifeStar, and transport; Cancer Center; Chronic Care Management; Diagnostic Testing; Lab Services; Outpatient Infusion therapy; Pre-surgical testing; (860) 358-3700 • Cardiac Rehabilitation (Middletown): (860) 358- 2450 • Emergency Services - 3 Locations: <ul style="list-style-type: none"> ○ Middlesex Hospital: 28 Crescent St, Middletown, CT 06457; (860) 358-8000 ○ Marlborough Medical Center: 12 Jones Hollow Road, Marlborough, CT 06447; (860) 358-3201 ○ Shoreline Medical Center: 250 Flat Rock Place, Westbrook, CT 06498; (860) 358-3701

Medical Services (Additional Services @ Middlesex Health) – Continued

Organization – Phone # - Website
<p>Middlesex Health (Middletown): (860) 358-6000; https://middlesexhealth.org/</p> <ul style="list-style-type: none"> • Family Medicine Group: <ul style="list-style-type: none"> ○ East Hampton: (860) 358-3500 ○ Middletown: (860) 358-6300 ○ Portland: (860) 358-7100 • Homecare / Care at Home (Locations in Middletown and Westbrook): (860) 358-5600 • Hospice & Palliative Care Inpatient • Hospice & Palliative Care: Homecare / Care at Home • Laboratory Services: <ul style="list-style-type: none"> ○ Marlborough, Marlborough Medical Center, 12 Jones Hollow Road, Marlborough, CT 06447; (860) 358-3270 ○ Middletown, Middlesex Outpatient Center, 534 Saybrook Road, Middletown, CT 06457; (860) 358-2680 ○ Westbrook, Shoreline Medical Center, 250 Flat Rock Place, Westbrook, CT 06498; (860) 358-3700 • Middlesex Multispecialty Group (Middletown); Services include: <ul style="list-style-type: none"> ○ Endocrinology - (860) 358-6875 ○ Infectious Disease - (860) 358-6878 ○ Neurology & Stroke Treatment - (860) 358-5970 ○ Pulmonary Medicine - (860) 358-6878 ○ Rheumatology - (860) 358-8680 ○ Sleep Medicine - (860) 358-4615 • Palliative Care Outpatient Clinic (Middletown): (860) 358-4770; https://middlesexhealth.org/palliative-care • Physical Rehabilitation (Locations in Essex, Madison, Marlborough and Middletown): (860) 358-2700 https://middlesexhealth.org/physical-rehabilitation; Services offered: <ul style="list-style-type: none"> ○ Aquatic Therapy ○ Dry Needling ○ Fall Prevention & Balance Rehabilitation ○ Golf Performance Therapy ○ Hand Therapy ○ LSVT Big and Loud Parkinson Disease Therapy ○ Lymphedema Rehabilitation ○ McKenzie Method of Mechanical Diagnosis & Therapy ○ Neurological Rehabilitation ○ Occupational Therapy ○ Orthopedic/Sports Medicine Rehabilitation ○ Pediatric Occupational Therapy (**Starting November 2022 in Essex location**) ○ Pediatric Physical Therapy (**Starting November 2022 in Essex location**) ○ Pediatric Speech-Language and Voice Therapy (**Starting November 2022 in Essex location**) ○ Pelvic Health and Incontinence Rehabilitation ○ Physical Therapy ○ Pulmonary Therapy ○ Speech-Language and Voice Therapy

Medical Services (Additional Services @ Middlesex Health) – Continued

Organization – Phone # - Website
<p>Middlesex Health (Middletown): (860) 358-6000; https://middlesexhealth.org/</p> <ul style="list-style-type: none"> • Primary Care (Middlesex Health Primary Care – MHPC): Locations: <ul style="list-style-type: none"> ○ Chester - (860) 358-5005 ○ Cromwell - (860) 358-5280 ○ Durham - (860) 358-5020 ○ East Haddam - (860) 358-5220 ○ Essex - (860) 358-5065 ○ Madison - (860) 358-5100 ○ Middletown - (860) 358-3130 ○ Old Saybrook - (860) 358-5120 ○ Portland - (860) 358-5040 ○ Westbrook - (860) 358-3640 • Radiology - Diagnostic Imaging: 800-281-5232 or (860) 358-2600; Locations: <ul style="list-style-type: none"> ○ Middlesex Hospital, 28 Crescent Street, Middletown, CT 06457, (860) 358-6000 ○ Marlborough Medical Center, 12 Jones Hollow Road, Marlborough, CT 06447, (860) 358-3270 ○ Shoreline Medical Center, 250 Flat Rock Place, Westbrook, CT 06498, (860) 358-3700 • Surgical Services; Locations: <ul style="list-style-type: none"> ○ Middlesex Hospital - (860) 358-6000 ○ Outpatient Surgi-Center - (860) 358-2800 • Center for Advanced Surgery: (860) 358-2780; https://middlesexhealth.org/center-for-advanced-surgery/surgical-specialties • Surgical Alliance (Offices in Madison, Marlborough, Middletown, Shoreline Medical Center, Westbrook): 860-358-2780 https://middlesexhealth.org/surgical-alliance; Surgical specialties: <ul style="list-style-type: none"> ○ Center for Joint Replacement Surgery ○ Colorectal Surgery ○ Comprehensive Breast Center ○ da Vinci® Robot-Assisted Surgery ○ General Surgery ○ Gynecologic Surgery ○ Minimally Invasive Surgery ○ Neurosurgery & Spinal Surgery ○ Orthopedic Surgery ○ Surgical Oncology ○ Thoracic Surgery - lobectomy for lung cancer ○ Vascular Surgery • The Center for Medical and Surgical Weight Loss (Locations in Middletown and New London): (860) OBESITY (623-7489). For existing patients: (860) 358-2970 or MyChart; https://middlesexhealth.org/center-for-medical-and-surgical-weight-loss • Urgent Care: <ul style="list-style-type: none"> ○ Middletown - (860) 358-4170; https://middlesexhealth.org/urgent-care ○ Old Saybrook - (860) 358-4130; https://middlesexhealth.org/urgent-care • Urology (Offices in Essex, Madison, Marlborough, Middletown): https://middlesexhealth.org/urology. Location addresses and phone numbers: https://middlesexhealth.org/urology/locations • Wound and Ostomy Center (Middletown): (860) 358-2880; https://middlesexhealth.org/wound-and-ostomy-center

Medical Services (Additional Services @ The Community Health Center, Inc.)

Organization – Phone # - Website
<p>Community Health Center, Inc., Middletown, CT: http://www.chc1.com/. Services Include:</p> <ul style="list-style-type: none"> • Behavioral Health • Breastfeeding support • Case management • Chiropractic services • Clinical pharmacy services • Community education groups for families with young children • Diabetes education • Dental Services – adult and children • Domestic violence services • Healthy Weight Management • Hepatitis C treatment • HIV Counseling, testing and treatment • Homeless services • LGB-Focused and Transgender Care • Medication assisted treatment for opioid addiction • Mobile services • Nutrition counseling • Obstetrics and Gynecology (OBGYN) • Podiatry • Prescription medication assistance • Primary Care – adult and pediatric • School-based health services • Smoking cessation management • Substance Use and Addiction Services • Telephone-based disease management • Women’s Health • Quick Care -Same day access for minor illness/injury
<p>Community Health Center, Inc., Clinton, CT: http://www.chc1.com/Locations/Clinton</p>
<p>Community Health Center, Inc., Old Saybrook: http://www.chc1.com/Locations/OldSaybrook</p>

Mental Health/Behavioral Health Services – Children & Adolescents

Organization – Phone # - Website
<p>Community Health Center (CHC) (Middletown): (860) 347-6971; https://www.chc1.com/; Through a partnership with Child Guidance Center (203) 324-6127, Services Offered:</p> <ul style="list-style-type: none"> • Transgender and Gender Expansive Youth Services • Crisis Services • Groups (Virtual): Co-Ed Social Skills Group; Middle Schools Boys Group; Co-Ed High School DBT Skills Group; Coping with COVID groups (High School age) • Specialized Treatment services target children of certain age groups and diagnostic categories to foster healthy development • Testing and Assessment services help identify and design a plan to address developmental, learning and neuropsychological concerns • Prevention

Mental Health/Behavioral Health Services – Children & Adolescents – Continued

Organization – Phone # - Website
<p>Family Advocacy - Middlesex Health (Middletown): ages 5 through 18 and families; (860) 358-3401; https://middlesexhealth.org/family-advocacy-program; Services offered include:</p> <ul style="list-style-type: none"> • Comprehensive behavioral health outpatient services <ul style="list-style-type: none"> ○ Individual, group, and family therapy ○ Medication management ○ Psychiatric evaluations • Programs to support families across all settings, including school, family home, and clinical services: <ul style="list-style-type: none"> ○ Intensive In-Home Child and Adolescent Psychiatric Service (IICAPS) ○ Mobile Crisis Intervention (MCI)
<p>Sterling Center, The (Cromwell): (860) 635-5700; http://www.thesterlingcenter.com/specialized-treatment; Services Include:</p> <ul style="list-style-type: none"> • Boundary Sensitization and Training • Good Touch - Bad Touch Training • Group Treatment • Individual Treatment • Play Therapy • Psychosexual Assessments • Risk Assessment • Trauma Treatment
<p>Well Life Therapy, LLC (Middletown): Specialize in treating children, teens, adults, couples and families. Specializations in depression & mood disorders, anxiety & stress management, life transitions; (860) 258-6060; https://welllifetherapyllc.com/</p>
<p>Natchaug Hospital - Joshua Center Shoreline (Old Saybrook): Age 6-17 who are struggling with psychiatric or substance abuse issues, but do not require inpatient care. Services Include: Comprehensive assessment, which may include Comprehensive aftercare planning; Family, group, and individual therapy; Occupational and creative rehabilitation therapy; (860) 510-0163; https://natchaug.org/programs-services/joshua-center-programs</p>

Mental Health Services – Adults

Organization – Phone # - Website
<p>Advanced Behavioral Health, Inc. (Middletown): (860) 638-5309; http://www.abhct.com/; Services Include:</p> <ul style="list-style-type: none"> • Behavioral Health Recovery Program (BHRP) – BASIC • COACH 2.0 • COVID-19 Behavioral Health Assistance Program (BHAP) • COVID-19 Block Grant Recovery Program (BGRP) • Military Support Program (MSP) • Multi-Systemic Therapy (MST) Quality Assurance
<p>Community Health Center, Inc. Behavioral Health Services (Middletown): (860) 347-6971; http://www.chc1.com/</p>
<p>Connecticut Valley Hospital General Psychiatry Division (Middletown): (860) 262-5529, Admissions: (860) 262-5515; https://www.ct.gov/dmhas/cwp/view.asp?q=416778</p>

Mental Health Services – Adults – Continued

Organization – Phone # - Website
<p>Gilead Community Services (Middletown): (860) 343-5300; http://gileadcs.org/; Services include:</p> <ul style="list-style-type: none"> • Apartment Services • Community Services • Family Resources • Genoa Healthcare Pharmacy • Mental Health First Aid • Mental Health Resource Center • Outpatient Clinics • Residential Services • Residential Mental Health Services • Social Rehabilitation Center • Substance Abuse Services - Farrell Treatment Center non-profit substance abuse facility • Veterans Support Services • Victim Support Services
<p>Middlesex County (CCT) Community Care Team (Middletown): (860) 358-8825; https://middlesexhealth.org/center-for-behavioral-health</p>
<p>Middlesex Health - Mental Health Services (Middletown):</p> <ul style="list-style-type: none"> • Outpatient Center for Behavioral Health: (860) 358-8825; https://middlesexhealth.org/center-for-behavioral-health <ul style="list-style-type: none"> ○ Classes or support groups ○ Discharge support ○ Educational services ○ Geriatric Psychiatric Assessment and Treatment ○ Group therapy ○ Individual Therapy ○ LGBTQ+ support and services ○ Medication Management ○ Psychiatric evaluation ○ Psychological testing ○ transgender medicine • Day Treatment Program: Intensive outpatient services for adults, geriatric patients, and dually-diagnosed patients. Services offered: <ul style="list-style-type: none"> ○ Partial Hospital Program (PHP) ○ Adult Intensive Outpatient Program (IOP) ○ Dual Diagnosis IOP ○ Senior IOP • Inpatient Psychiatric Unit: (860) 358-6000; https://middlesexhealth.org/
<p>River Valley Services through Department of Mental Health & Addiction Services (DMHAS) (Middletown): (860) 262-5200; https://www.ct.gov/dmhas/cwp/view.asp?a=2916&q=335354; Services include:</p> <ul style="list-style-type: none"> • ASIST Program • Client Rights Officer • Common Thread Warmline (CTWL) • Community Support Program (CSP)

Mental Health Services – Adults – Continued

Organization – Phone # - Website
<p>(Continued) River Valley Services Through Department of Mental Health & Addiction Services (DMHAS) (Middletown): (860) 262-5200; https://www.ct.gov/dmhas/cwp/view.asp?a=2916&q=335354; Services include:</p> <ul style="list-style-type: none"> • Court Liaison Service • Deaf, Deaf-Blind, or Hard of Hearing Services • Hospital/Community Liaison • Lower County Clinical Team (LCCT) • Mobile Response Team (MRT) • Respite • RIDE Transportation Program • Young Adult Services (YAS) • Shelter Plus Care • Transitional Treatment and Evaluation

Nutrition Services

Organization – Phone # - Website
<p>Community Health Center, Inc. Nutrition Counseling (Middletown): (860) 347-6971; http://www.chc1.com/</p>
<p>Fit for Kids - Center for Chronic Care Management - Middlesex Health: (860) 358-5420; https://middlesexhealth.org/chronic-care-management/fit-for-kids</p>
<p>Medical Nutrition Program (MNP) - Center for Chronic Care Management - Middlesex Health: (860) 358-5420; https://middlesexhealth.org/chronic-care-management/medical-nutrition-program</p>
<p>Women, Infants, and Children (WIC) Program - Middlesex Health: (860) 358-4070; https://middlesexhealth.org/wic-program</p>

Smoking Cessation Services

Organization – Phone # - Website
<p>Smoking Cessation Services - Community Health Center (Middletown/Clinton): Offers a smoking cessation program and support group. (860) 347-6971 http://www.chc1.com/</p>
<p>Smoking Intervention Program - Center for Chronic Care Management - Middlesex Health: (860) 358-5420; https://middlesexhealth.org/chronic-care-management/smoking-intervention-program; Services Include:</p> <ul style="list-style-type: none"> • Education • Follow-up care • Individual counseling • Relapse prevention support • Support Groups • Wide range of treatment options

Substance Use Disorder – Community Coalitions / Collaboratives

Organization – Phone # - Website
<p>Greater Middletown Area Opioids Task Force: contact kevin.elak@middletownct.gov or (860) 638-4972; or revrmanderson@gmail.com or (860)814-3330</p>
<p>Middlesex County (CCT) Community Care Team (Middletown): (860) 358-8825; https://middlesexhealth.org/center-for-behavioral-health</p>
<p>Middlesex County Substance Abuse Action Council: https://mcsaac.org/</p>
<p>Middletown Substance Abuse Prevention Council (MSAPC): https://middletownsubstanceabusepreventioncouncil.com/</p>

Substance Use Disorder Services & Supports

Organization – Phone # - Website
<p>Alliance for Prevention & Wellness a program of BHcare: Service area is DMHAS Region 2 (includes Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Haddam, Killingworth, Lyme, Middlefield, Middletown, Old Lyme, Old Saybrook, Portland, Westbrook); (203) 736-8566; www.apw-ct.org</p>
<p>Community Health Center (CHC) Center for Key Populations - Substance Use Treatment (Middletown): (860) 224-3642, extension 5504; https://centerforkeypopulations.com/</p>
<p>Connecticut Harm Reduction Alliance: serves Middletown & Rt. 9/CT River Valley Corridor; (860)-263-8720; www.ct-hra.org</p>
<p>Connecticut Valley Hospital Addiction Services Division (Middletown): (800) 828-3396; https://portal.ct.gov/DMHAS/CVH/Agency-Files/CVH-ASD-Middletown-Campus; Services Provided:</p> <ul style="list-style-type: none"> • Comprehensive psychiatric, medical, and psychosocial assessment • Development of a comprehensive aftercare/discharge plan that is supportive of the next stage of recovery • Educational groups on addiction/recovery • Medical management of withdrawal symptoms (methadone protocol available for opiate detox) • Treatment of acute medical/psychiatric problems (including outside referrals, as necessary)
<p>The Connection (Middletown): https://www.theconnectioninc.org/</p> <ul style="list-style-type: none"> • HALLIE HOUSE: (860) 343-5500 Ext. 1126 • WOMEN'S REACH PROGRAM: (475) 234-1717
<p>The DMHAS Veterans Recovery Center (VRC) (Rocky Hill): (860) 616-3832 https://portal.ct.gov/DMHAS/Programs-and-Services/Veterans-Services/Veterans-Services</p>
<p>How Can We Help? Ministerial Health Fellowship: provides recovery coach support; (860) 344-9527; http://www.mhft.org/</p>
<p>Middlesex County (CCT) Community Care Team (Middletown): (860) 358-8825; https://middlesexhealth.org/center-for-behavioral-health</p>
<p>Middlesex Health - Center for Behavioral Health (Middletown): (860) 358-8825; https://middlesexhealth.org/center-for-behavioral-health; Services Include:</p> <ul style="list-style-type: none"> • Group therapy • Individual Therapy • Medication Assisted Treatment (including Suboxone and Antabuse) • Medication management
<p>Middlesex Health - Evening Recovery Program - Center for Behavioral Health (Middletown): (860) 358-8805 https://middlesexhealth.org/center-for-behavioral-health/evening-recovery-program;</p> <ul style="list-style-type: none"> • Recovery-oriented treatment is for those who struggle with: Alcohol; Opioids/Opiates, including Buprenorphine (Suboxone) initiation and management; Cocaine; Amphetamine; Sedatives/Hypnotics (benzodiazepines); Hallucinogens, such as LSD and PCP • Treatment Includes: Group therapy; Individual therapy; Educational services; Medication management
<p>Middletown Harm Reduction Initiative: dissemination of safer use supplies, syringe exchange program, and referrals; https://middletownhri.org</p>
<p>Project Courage (Old Saybrook): (860) 744-9815; https://projectcourageworks.com/</p>

Substance Use Disorder Services & Supports – Continued

Organization – Phone # - Website
<p>River Valley Services through Department of Mental Health & Addiction Services (DMHAS) (Middletown): (860) 262-5200; https://www.ct.gov/dmhas/cwp/view.asp?a=2916&q=335354; Services include:</p> <ul style="list-style-type: none"> • ASIST Program • Client Rights Officer • Common Thread Warmline (CTWL) • Community Support Program (CSP) • Court Liaison Service • Deaf, Deaf-Blind, or Hard of Hearing Services • Hospital/Community Liaison • Lower County Clinical Team (LCCT) • Mobile Response Team (MRT) • Respite • RIDE Transportation Program • Young Adult Services (YAS) • Shelter Plus Care • Transitional Treatment and Evaluation
<p>Root Center for Advanced Recovery: (860) 740-8132; https://rootcenter.org/root-center-middletown/</p>
<p>Rushford (Middletown): (877) 577-3233; https://rushford.org/locations/middletownn.org/; Services offered:</p> <ul style="list-style-type: none"> • Adult Detox • Adult Medication Assisted Treatment Close to Home • Adult Mental Health Treatment • Adult Outpatient Addiction Treatment • Adult Residential Addiction Treatment • Mental Health Treatment • Rehabilitation • Teen Medication Assisted Treatment Close to Home
<p>Rushford - Stonehaven (Portland): continued residential treatment; (877) 577-3233 https://rushford.org/locations/portland</p>
<p>Victory Church: 1-1 pastoral care and counseling; Celebrate Recovery; referrals; (860) 346-6771; ourvictory.org</p>



Middlesex Health
28 Crescent Street
Middletown, CT 06457
MiddlesexHealth.org