Middlesex Health
2022 Community Health Needs Assessment
Community Conversation

Thursday, February 9, 2023
12pm – 1:30pm, Zoom

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

Amber Kapoor, MPH, Health Education, Grants, and Survivorship Coordinator, Middlesex Health Cancer Center

Prioritization Discussion Facilitated By:

Rev. Robyn Anderson, MS, LPC, LMFT, LADC, Executive Director, Ministerial Health Fellowship

Kevin Elak, MPH, RS/REHS, CP-FS, Director of Health, City of Middletown Department of Health

Ministerial Health Fellowship

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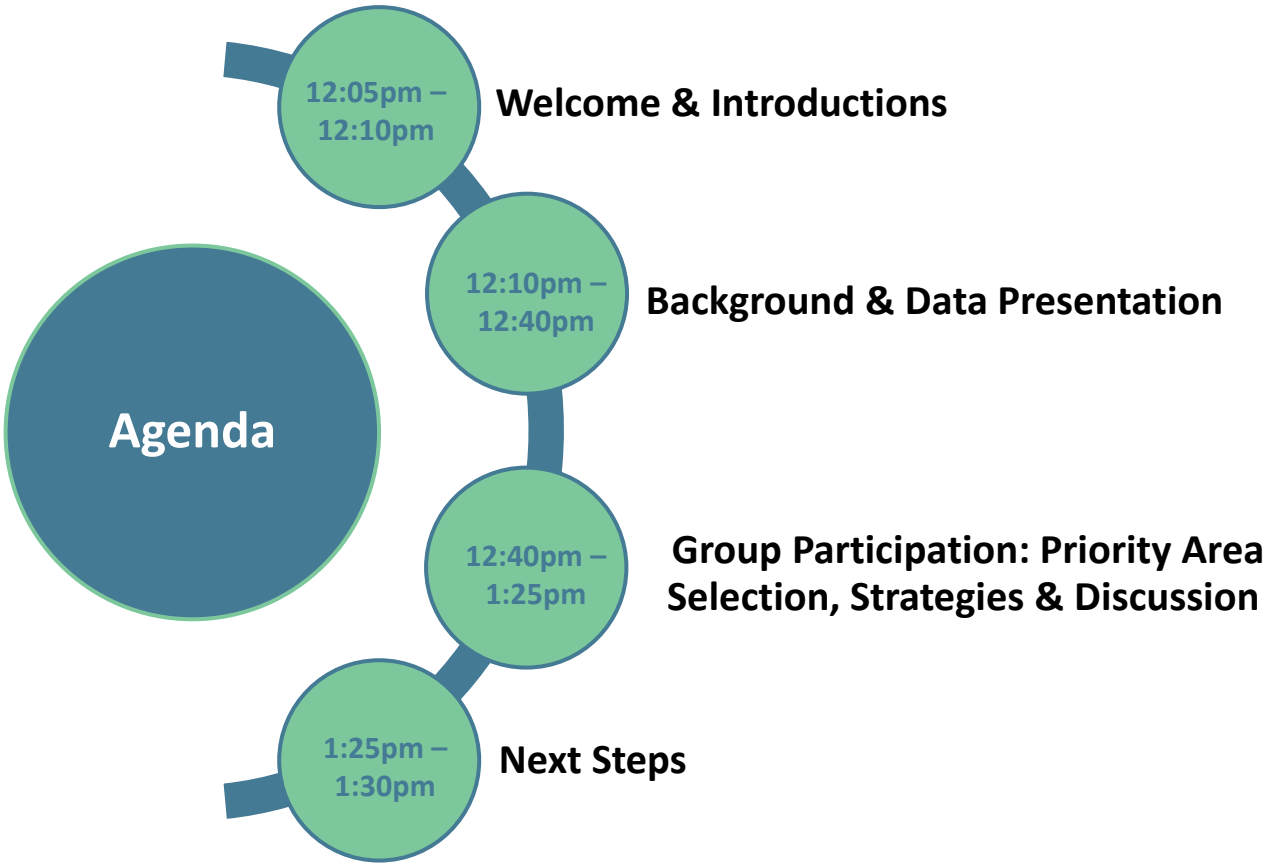
Public Health
Prevent. Promote. Protect.
Middletown Health Department



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Many Thanks!

Middlesex Health is grateful to you! **Many thanks to:**

- **All of you for participating today**
- **The CHNA Advisory Committee members**
- **Our collaborative partners**
- **Rev. Robyn Anderson and Kevin Elak**

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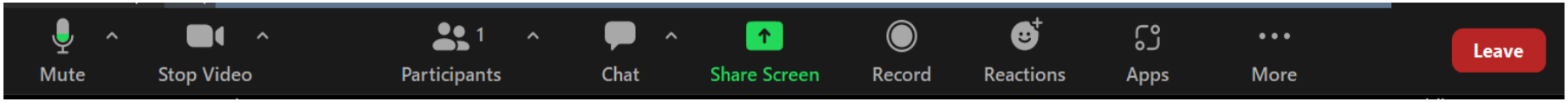
Housekeeping

- Please mute when not speaking
- Please enter questions into the chat or use the raise hand icon



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Reflective Moment

Ukraine Crisis

Rep. Quentin Williams
November 24, 1983 – January 5, 2023

Turkey / Syria Crisis

Global Community

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Background / Overview

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What is a Community Health Needs Assessment (CHNA)?

- **IRS Requirement:** Not-for-profit hospitals are required to complete a CHNA every 3 taxable years per IRS Code 501(r); must be adopted by governing body (board)
- **Purpose:**
  - to understand the health status of a defined geographic area through a systematic and comprehensive data collection process
  - to identify the health and health-related needs, gaps, access issues and barriers to health and health services
  - to serve as a tool for guiding hospital planning; to be a useful resource for community partners and the general public

- **CHNA results + Community Conversation** → enables prioritization of health problems, unmet health needs, and the development and execution of a community health implementation strategy
- **CHNA and Implementation Strategy** → required by IRS Section 501(r); must be adopted by governing body

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CHNA Limitations

- **Insufficient Sample Size:** given Middlesex County's small population size (4.6% of CT population), publically available data sources are often limited by insufficient sample size → resulting in:

    1) inability to obtain and disaggregate data by race and ethnicity (which may also be due to insufficient data collection methodologies) → resulting in inability to meaningfully and accurately identify health disparities

    2) lack of data availability to assess other vulnerable populations

- **ChimeData Study:** inability to disaggregate data by race and ethnicity due to inconsistent race / ethnicity data collection by CT hospitals

- **Future Improvement:** State of Connecticut Public Act 21-35 requires collection of detailed races, ethnicities, and primary languages for analyses, tracking, monitoring, and to support development of targeted interventions to minimize racial disparities

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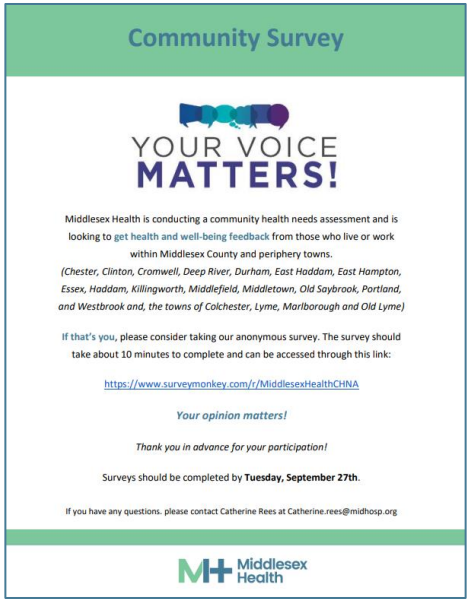
Data Types (Primary & Secondary)

- **DataHaven 2021 Community Wellbeing Survey:** 264 adults age 18+ surveyed in Middlesex County (telephonic)
- **Middlesex Health Community Survey:** 204 surveys completed (electronic)
- **DataHaven ChimeData Study:** 21 health and health-related hospital encounter indicators were analyzed
- **County-level and available town-level summary data:** demographic, clinical and behavioral indicators
- **United Way 2-1-1 CT**
- **Clinical and Community Services/Resources**



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Today's Conversation

- Please refer to Middlesex Health's CHNA for complete overview of data
- Middletown is extracted and benchmarked against Middlesex County and the state of Connecticut as it differs demographically from Middlesex County
- In the CHNA, granular town-level information is provided by the individual towns in Middlesex Health's primary service area, whenever possible

When thinking about the key concepts and data presented today, please consider vulnerable / marginalized populations; the impact of COVID-19; and conditions that influence health inequities

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Demographics

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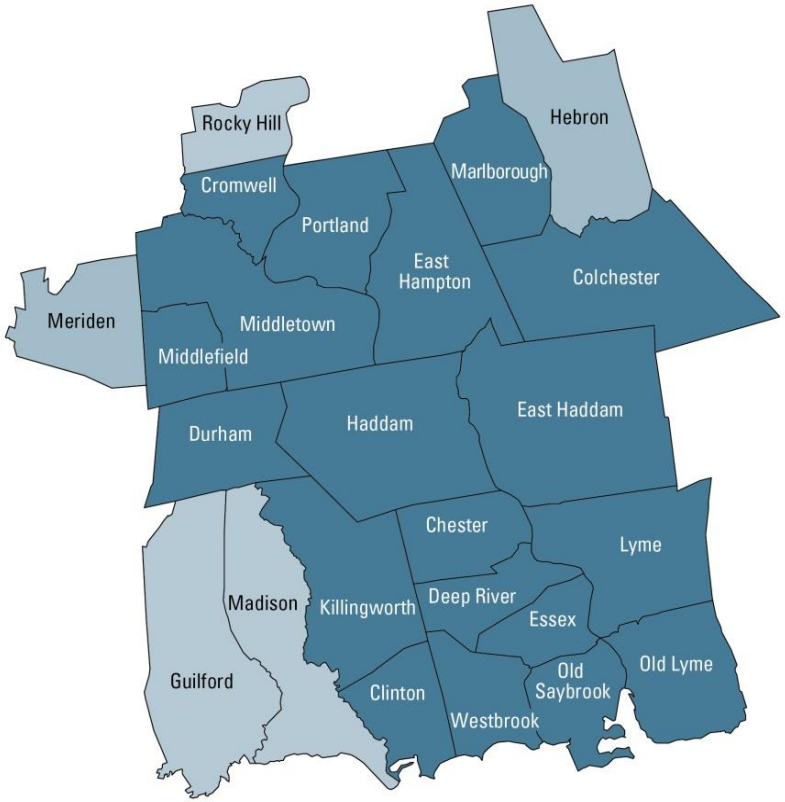
Middlesex Health Service Area – Primary Service Area Used for CHNA



- Primary Service Area
- Secondary Service Area

Total Service Area: 250,000+ persons

Middlesex County: 164,759 persons

Middletown: 47,108 persons

(U.S. Census, 2021)

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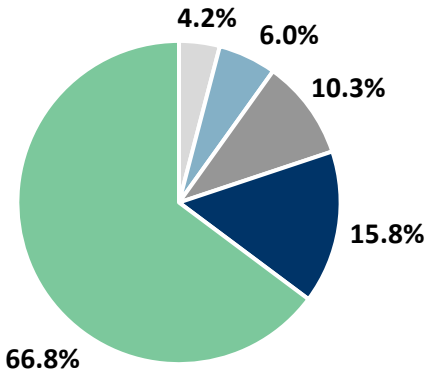
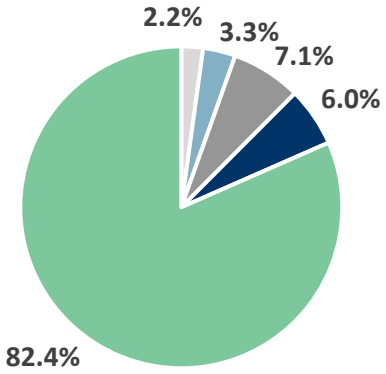
Race & Hispanic or Latino Origin (2021)

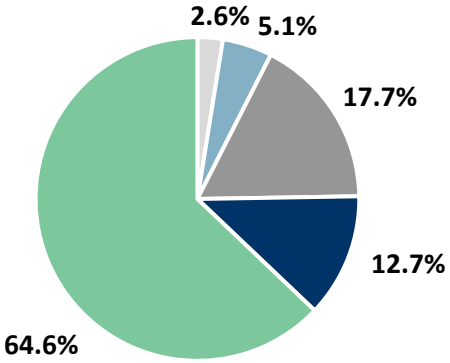
Middletown



Middlesex County



Connecticut



- Two or more races
- Asian alone
- Hispanic or Latino
- Black or African American alone
- White alone, not Hispanic or Latino

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

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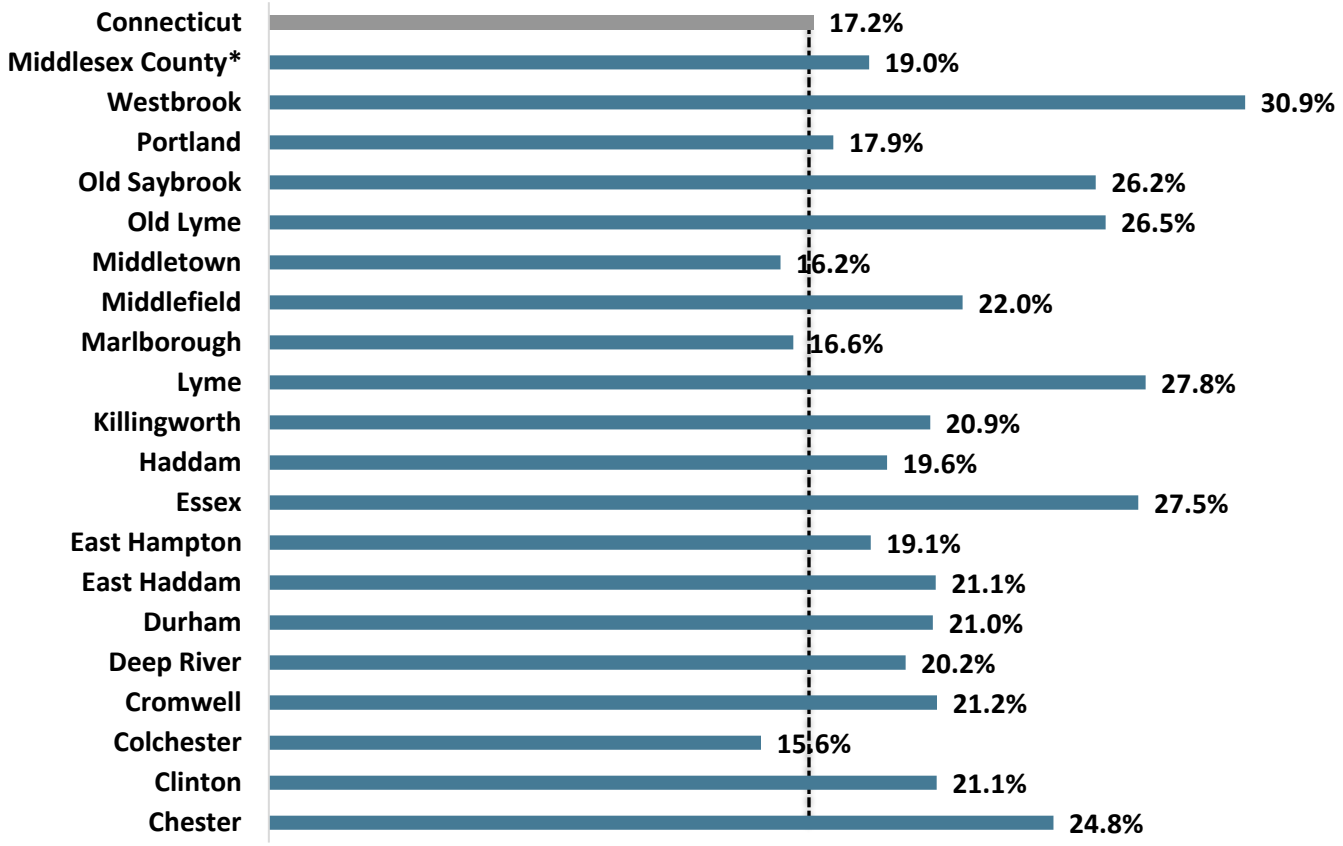
Age 65+ Distribution, 2016 - 2020



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

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

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COVID-19 Impact

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The Impact of the COVID-19 Pandemic

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 and other drivers) contribute to health-related disparities

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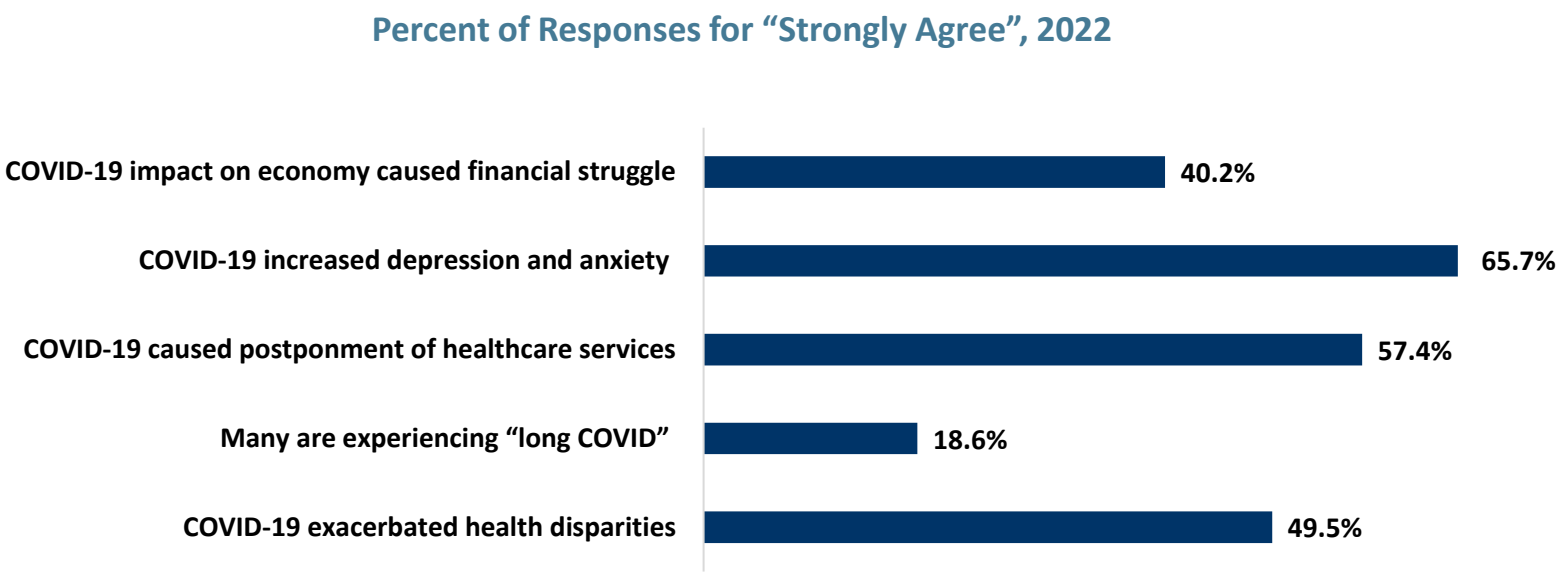
Middlesex Health Community Survey – COVID-19 Experience in the Community



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Well-Being, Social Determinants of Health & Health Equity

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Well-Being

- Well-being is a positive outcome measure that reveals people's perception of life satisfaction
- Higher levels of well-being are associated with decreased risk of disease, illness, and injury; better immune functioning; speedier recovery; and increased longevity
- Well-being is an **important indicator for overall health**

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
- Overall satisfaction with life

CDC, Well-Being Concepts; https://www.cdc.gov/hrqol/wellbeing.htm#

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Social Determinants of Health (SDoH)

- The conditions in the environment in which people are born, grow, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risk
- There is growing recognition that medical care alone **cannot address or solve the issues that are making people sick** *(and understanding that has been expanded by the impacts of COVID-19)*

Healthy People 2030 SDoH Domains

1. **Economic Stability**
2. **Education Access and Quality**
3. **Healthcare Access and Quality**
4. **Neighborhood and Built Environment**
5. **Social and Community Context**

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

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Upstream Solutions

- How do we address the systems that are in place that perpetuate poor health at the community level?
- Upstream factors bring downstream effects → therefore, the root causes (those that occur upstream) that are making people sick must be addressed

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

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Health Equity

- **Health Equity:** *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:**
  - makes certain that every citizen has a **fair and just opportunity** to be as healthy as possible
  - is the understanding that those with the greatest needs and least resources require more, not equal, effort and resources **to equalize opportunities**

- **Advancing Health Equity:** 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
  - Lack of access to good jobs with fair pay, quality education, quality housing and safe environments
  - Lack of access to quality and affordable healthcare

Meeting Needs with Equity

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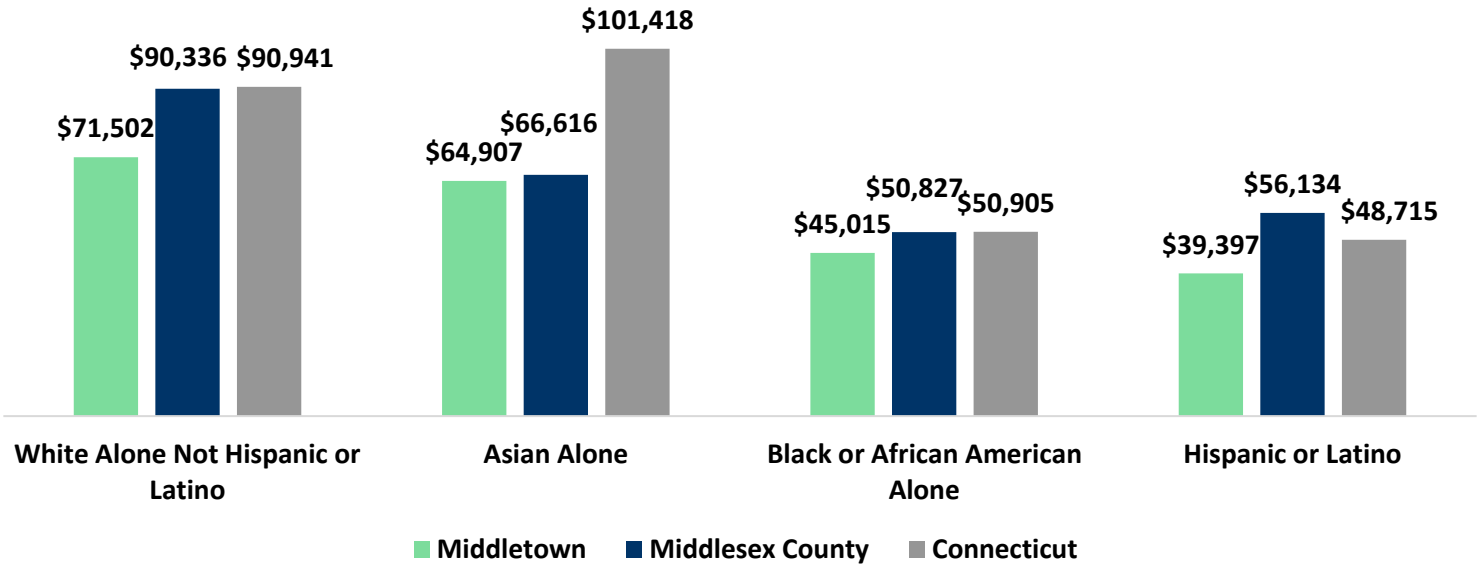
Median Household Income by Race and Hispanic or Latino Origin, 2016-2020



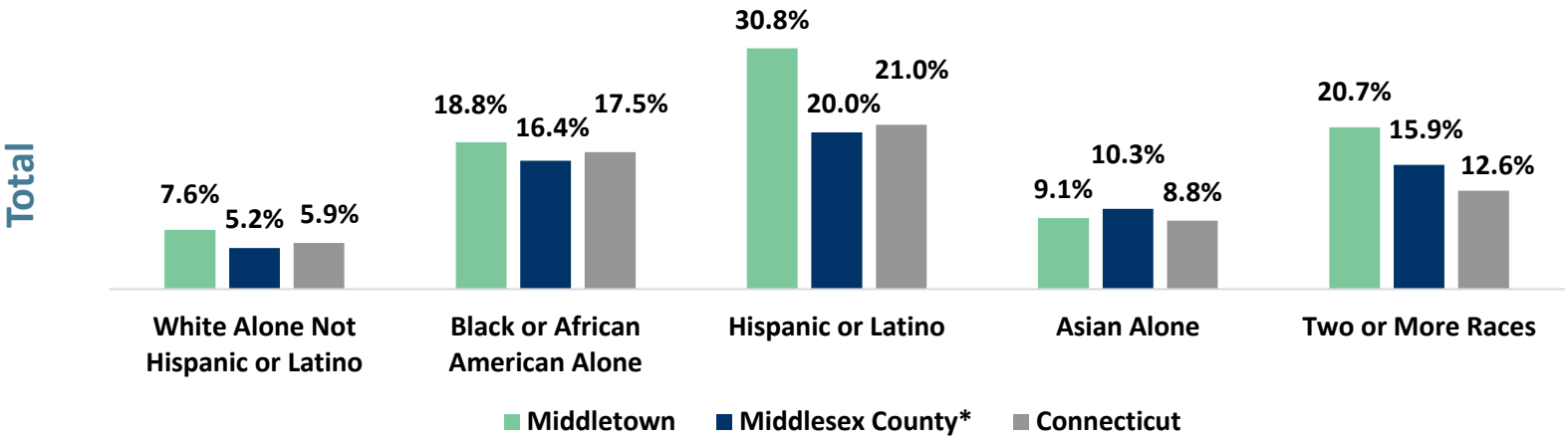
There are significant median household income disparities when data are disaggregated by race and ethnicity		
In Middletown, white households earn:	**1.6 times more** than Black households	**1.8 times more** than Hispanic or Latino households
In Middlesex County, white households earn:	**1.8 times more** than Black households	**1.6 times more** than Hispanic or Latino households

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

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

Middlesex Health

Poverty Rates by Race and Hispanic or Latino Origin, 2016-2020



Poverty Rate when Compared to White Alone Non-Hispanic (Total)

Race / Ethnicity	Middletown	Middlesex County
Black or African American Alone	2.5x higher	3.2x higher
Hispanic or Latino	4.1x higher	3.8x higher
Asian Alone	1.2x higher	2x higher
Two or More Races	2.7x higher	3.1x higher

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

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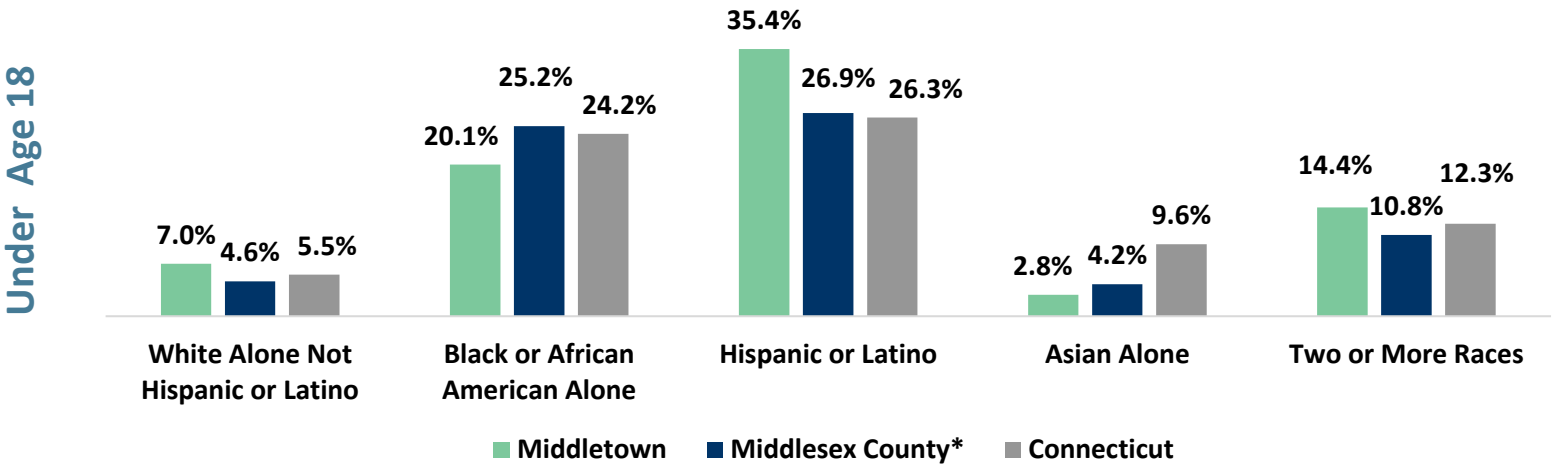
Poverty Rates by Race and Hispanic or Latino Origin, 2016-2020



Poverty Rate when Compared to White Alone Non-Hispanic (Under Age 18)

Race / Ethnicity	Middletown	Middlesex County
Black or African American Alone	2.9x higher	5.5x higher
Hispanic or Latino	5.1x higher	5.8x higher
Two or More Races	2.1x higher	2.3x higher

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

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

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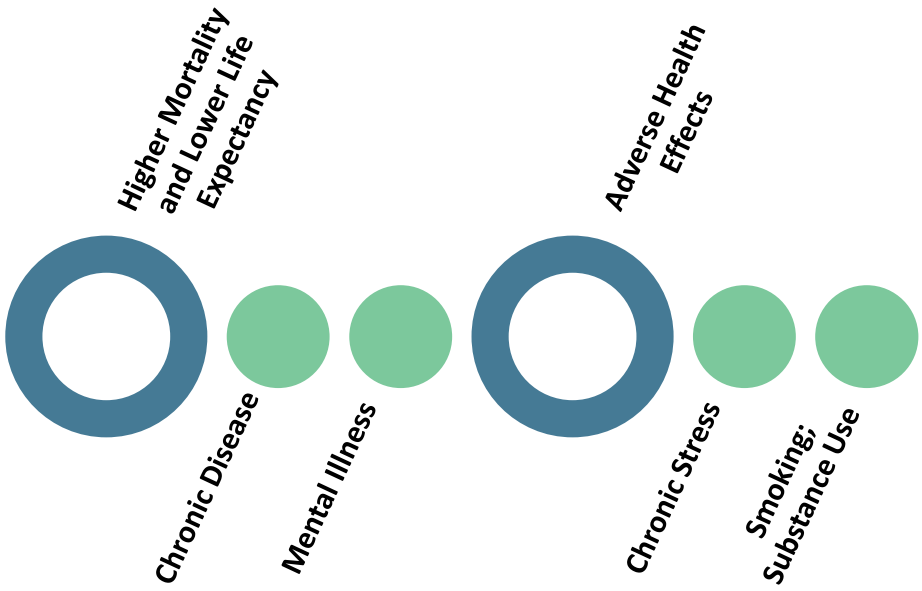
Risks of Poverty

- Poverty is an indicator for poorer health
- Residents of impoverished communities are at increased risk for:



- **Childhood Poverty** is associated with developmental delays, toxic stress, chronic illness, and nutritional deficits
- Individuals who experience childhood poverty are more likely to experience poverty into adulthood, which contributes to **generational cycles of poverty**

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

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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%**

- State of Connecticut Food Insecurity rate = 11.9% (2019)
- These food insecurity rates are pre-COVID-19 and are likely to have significantly increased during the pandemic years

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)

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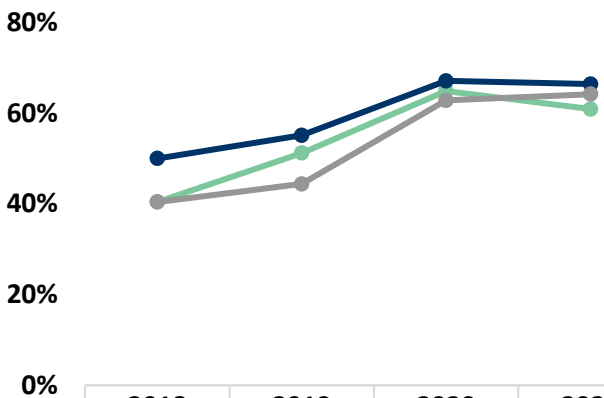
Food Insecurity

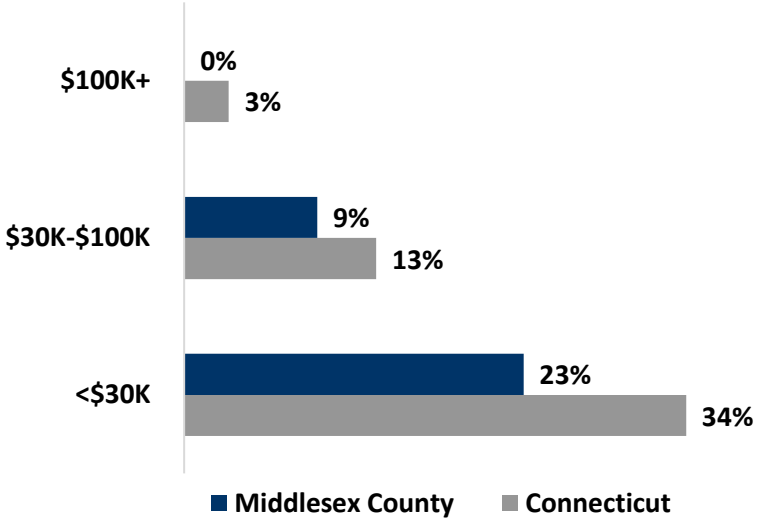
2-1-1 Percent of Help Buying Food Requests, 2018-2021



	2018	2019	2020	2021
Middletown	40.4%	51.2%	64.9%	60.9%
Middlesex County	50.0%	55.1%	67.1%	66.4%
Connecticut	40.4%	44.4%	62.8%	64.2%

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

"Yes" Responses for Emergency Food Services Since February 2020 by Income Level (2021)



DataHaven Community Wellbeing Survey, 2021

DataHaven Community Wellbeing Survey (2021) Question: "now we will ask about things you or other adults in your household may have experienced since the coronavirus pandemic began this year…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?"

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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%**

- Cost-burdened household = a household that spends at least 30% of its annual household income on housing costs
- State of Connecticut: 39.6% overall cost-burdened household percentage; 31.1% of homeowners experiencing a housing cost-burden; 51.5% of renters experiencing a housing cost-burden
- These housing cost-burdened rates are pre-COVID-19 and are likely to have significantly increased during the pandemic years

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

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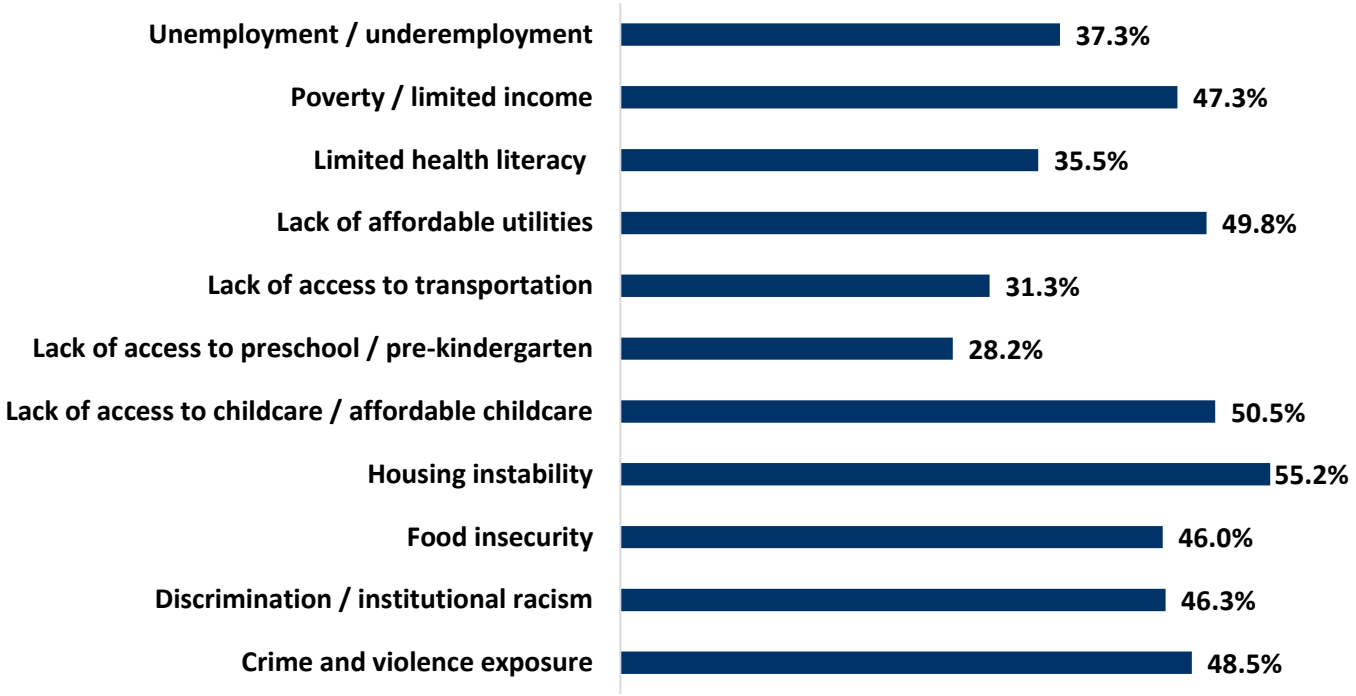
Middlesex Health Community Survey – Social Determinants of Health

Percent of Responses for "Significant Impact on Community Health and Well-being", 2022



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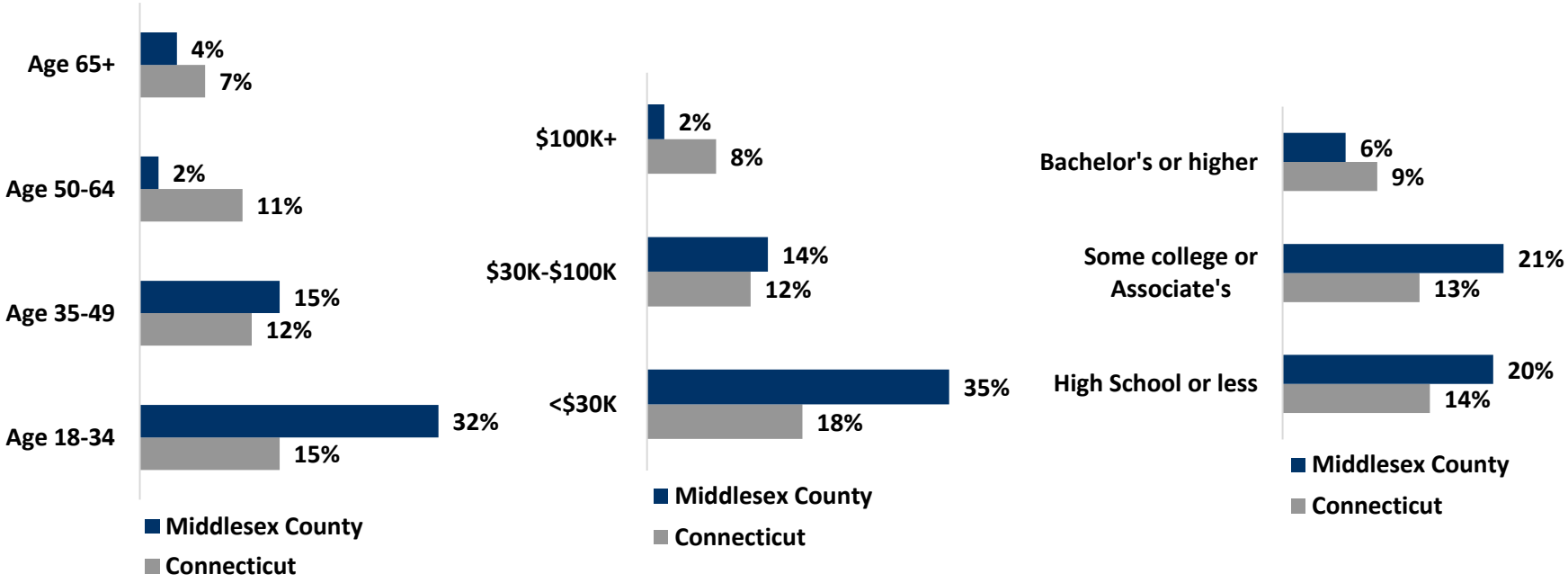
Healthcare Access

"Yes" Responses for "Inability to Get Medical Care in the Past 12 Months?" by Age, Income Level & Education Level, 2021



- "Yes" responses: Middlesex County (13%); state of Connecticut (11%) → **a different data story for Middlesex County when disaggregated by age, income level and education level**
- DataHaven 2021 Community Wellbeing Survey: *"do you have one person or place you think of as your personal doctor or health care provider?"* – "No" responses were **20%** for Middlesex County and **15%** for the state of Connecticut

DataHaven Community Wellbeing Survey, 2021

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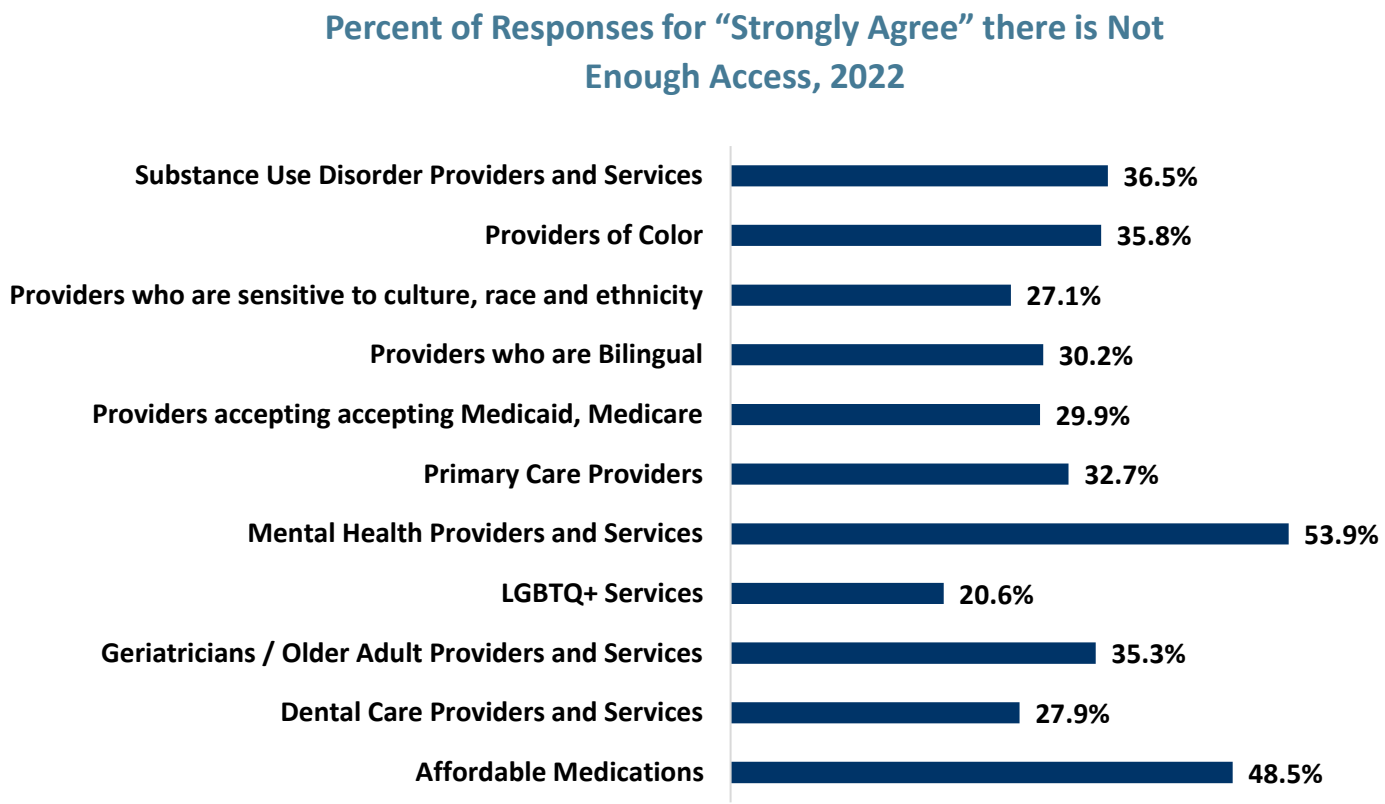
Middlesex Health Community Survey – Healthcare Access



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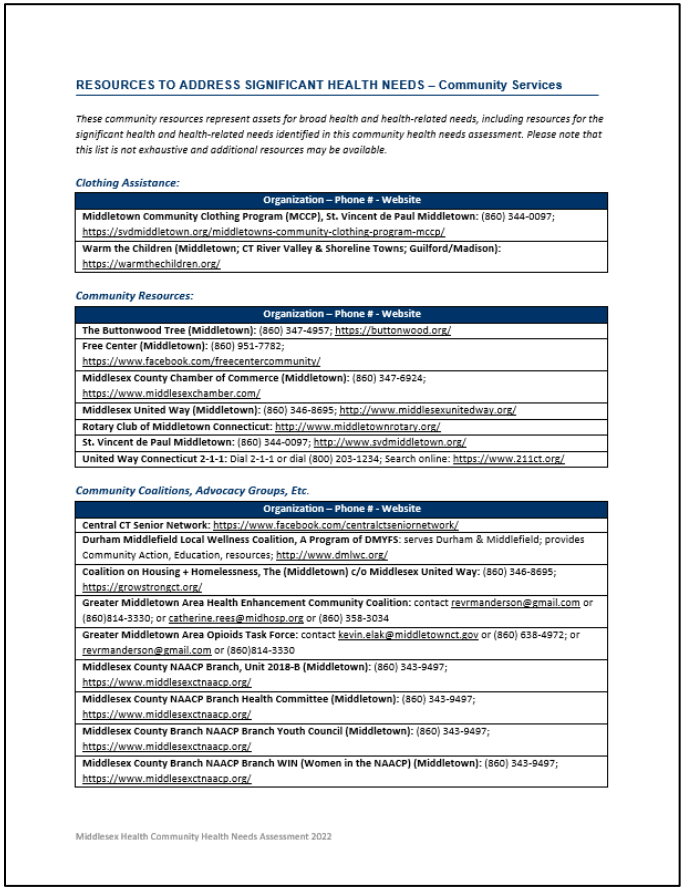
CHNA Resources Section



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:

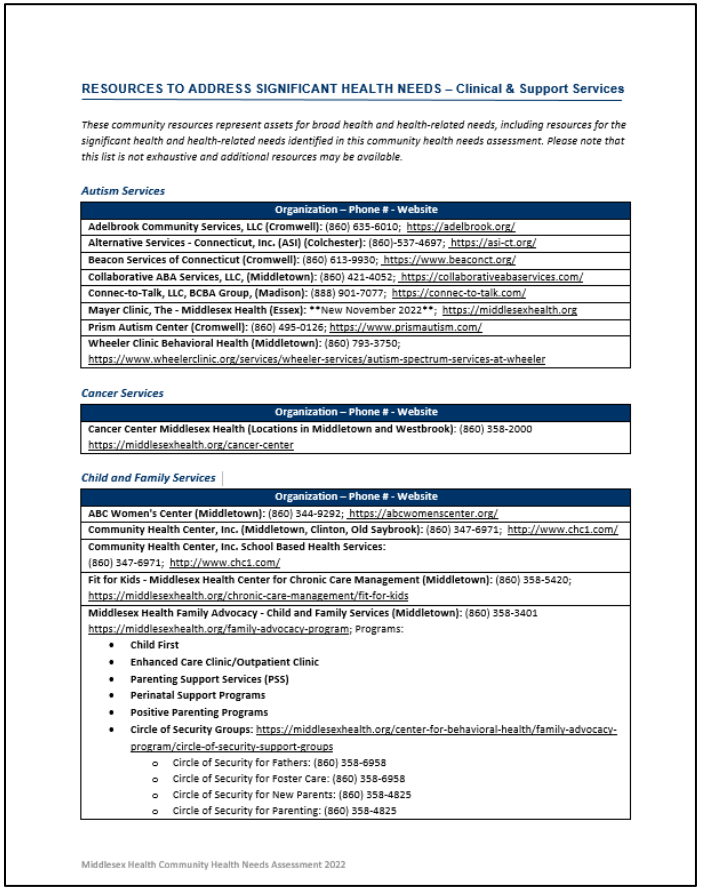
Organization – Phone # - Website
Middletown Community Clothing Program (MCCP), St. Vincent de Paul Middletown: (860) 344-0097; https://svdmiddletown.org/middletowns-community-clothing-program-mccp/
Warm the Children (Middletown; CT River Valley & Shoreline Towns; Guilford/Madison): https://warmthechildren.org/

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/



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: • **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 o Circle of Security for Fathers: (860) 358-6958 o Circle of Security for Foster Care: (860) 358-6958 o Circle of Security for New Parents: (860) 358-4825 o Circle of Security for Parenting: (860) 358-4825

Middlesex Health

ChimeData Snapshot

Middlesex Health

ChimeData Extraction

- Analyzed and benchmarked by DataHaven
- Data detail:
  - de-identified hospital emergency department, inpatient and observation encounters (incurred by any residents of any town in CT regardless of where the individual received treatment)
  - by primary and secondary diagnoses
  - October 2018 - 2021 time-frame
  - twenty-one health and health-related indicators
- Rates presented by geographic region and indicator:
  - **Annualized relative encounter rates** per 10,000 persons where each indicator is disaggregated by gender and by age strata – *helpful for examining differences between groups*
  - **Single age-adjusted annualized encounter rate** per 10,000 persons – *helpful for identifying risk and over-all burden*

1. **Alcohol**
2. **Amputation**
3. **Asthma**
4. **COPD**
5. **COVID-19**
6. **Dental**
7. **Diabetes (Type 2)**
8. **Diabetes Uncontrolled**
9. **Falls**
10. **Heart disease**
11. **homicide/assault**
12. **Human Immunodeficiency Virus (HIV)**
13. **Hypertension**
14. **Lung cancer**
15. **Mental disorder (any)**
16. **Motor vehicle accident**
17. **Poison**
18. **sexually transmitted infection (STI)**
19. **Stroke**
20. **Substance Abuse**
21. **Suicide/Self-Harm**

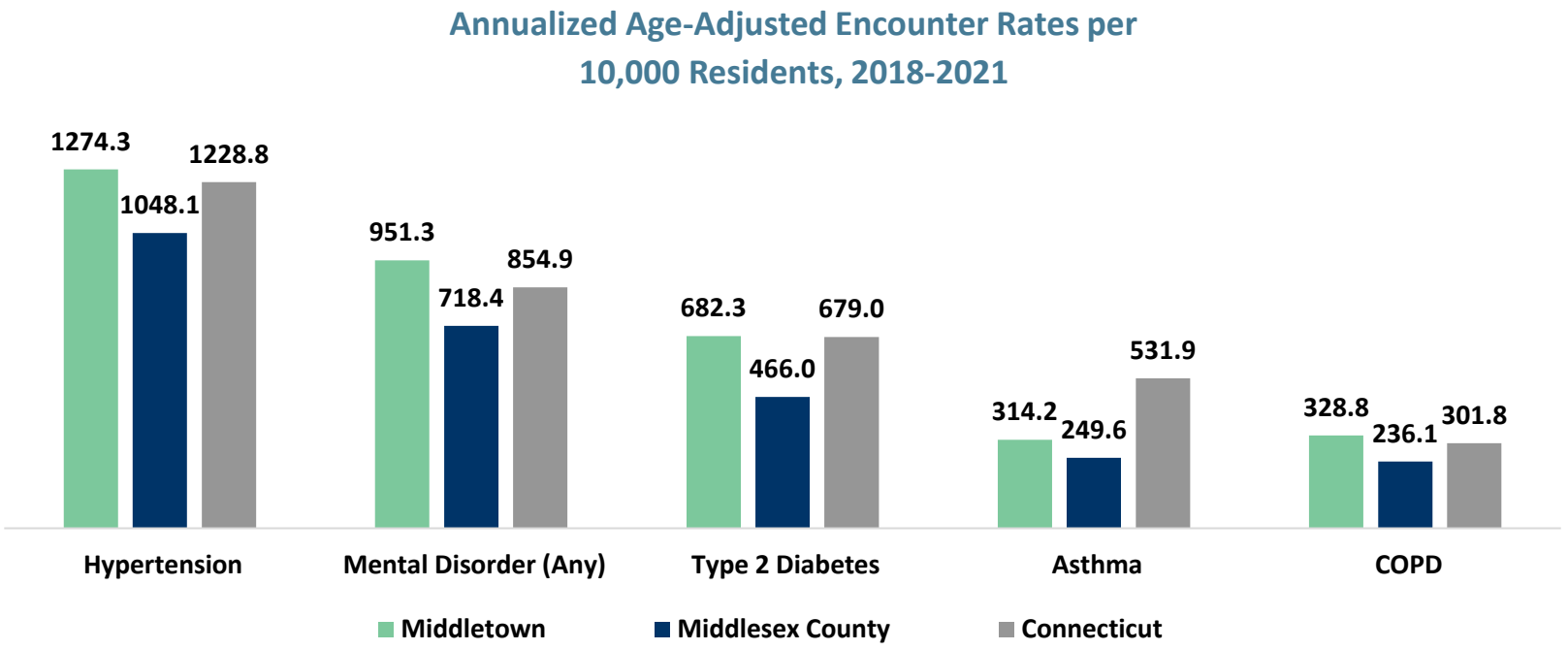
Many thanks to DataHaven for conducting the analyses of Connecticut Hospital Association (CHA) ChimeData for Connecticut towns, cities, and counties and providing public reporting of ChimeData to support community health needs assessments for Connecticut hospitals

Middlesex Health

Significant Health & Health-Related Needs Identified Through CHNA

Middlesex Health

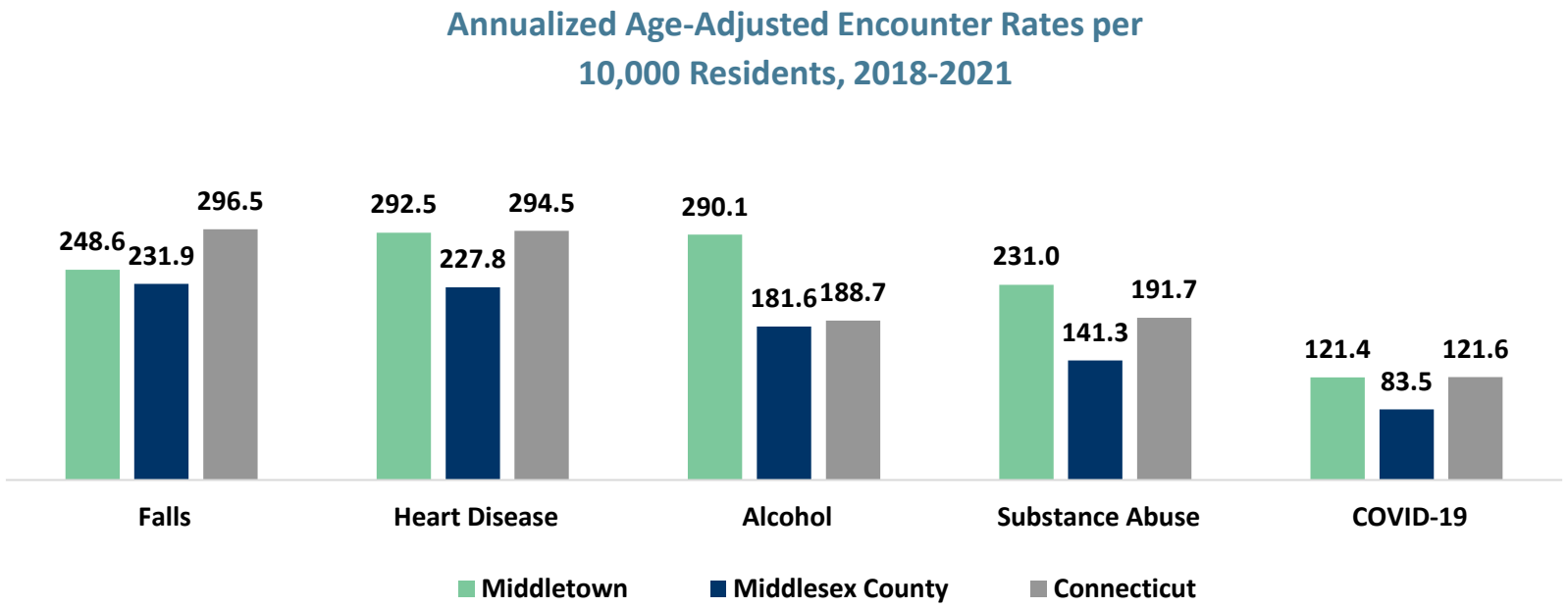
ChimeData – Indicators



DataHaven Analysis of CHA CHIME data, 2022

Middlesex Health

ChimeData – Indicators



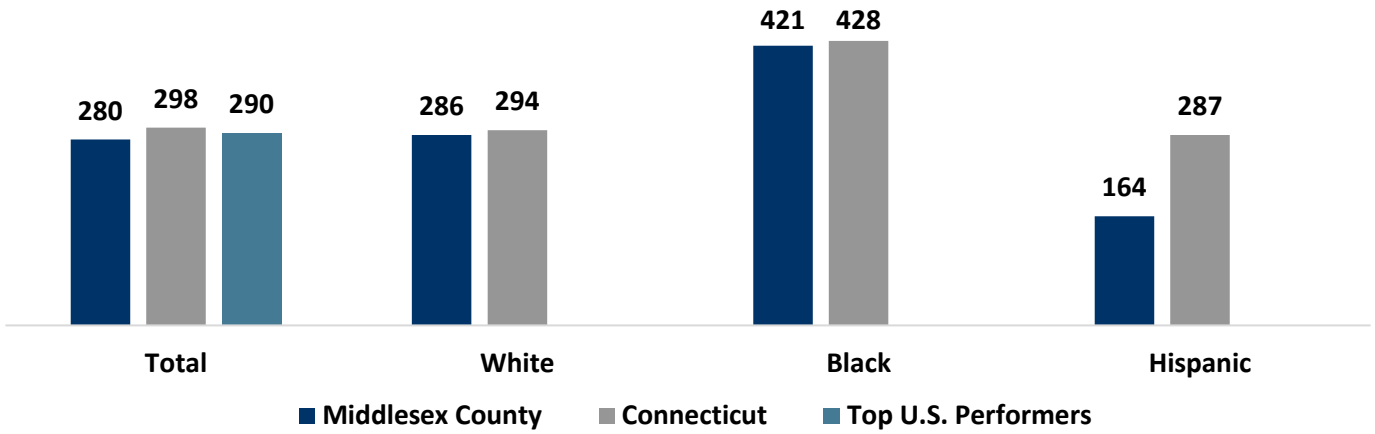
DataHaven Analysis of CHA CHIME data, 2022

Note: diagnoses related to Alcohol have been extracted from other Substance Use diagnoses and analyzed separately

Middlesex Health

Premature Mortality Disparities

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



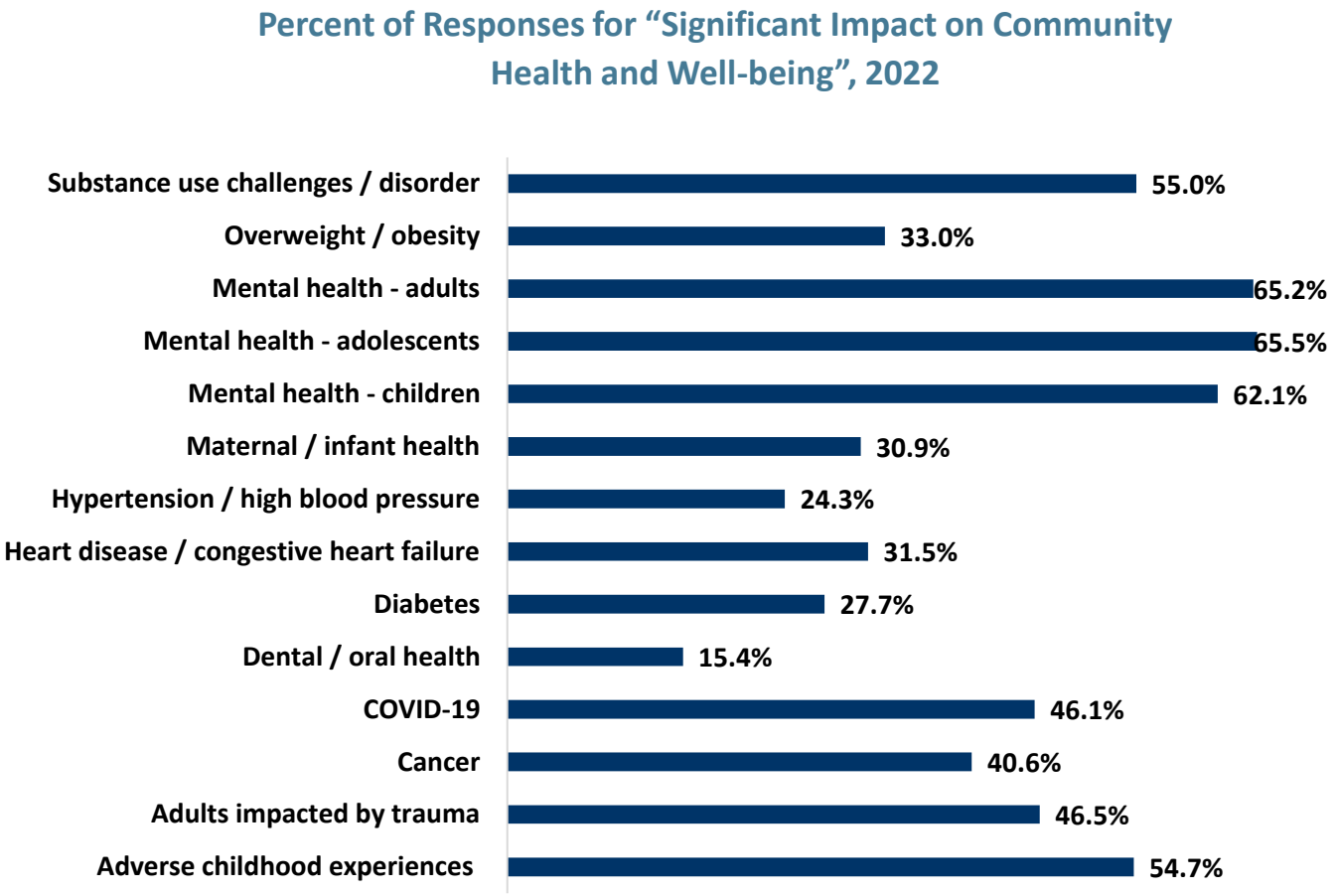
- **Premature Age-Adjusted Mortality** is an important population health outcome measure of deaths among residents under the age of 75
- **Significant Disparities:** premature age-adjusted mortality rate for Black population is **1.5 times higher** than the premature age-adjusted mortality rate for white population…….**Why?**

U.S. Top Performers: provided by County Health Ranking and Roadmaps, defined as those counties setting a benchmark by performing in the top 10th percentile for total premature age-adjusted mortality.

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

Middlesex Health

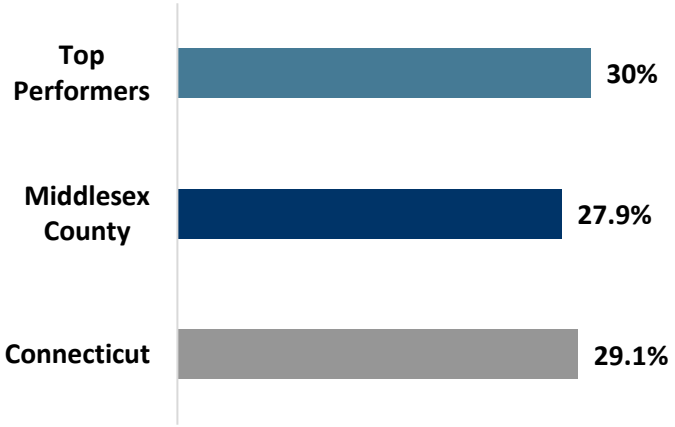
Middlesex Health Community Survey – Medical Conditions



Middlesex Health

Obesity / Body Mass Index

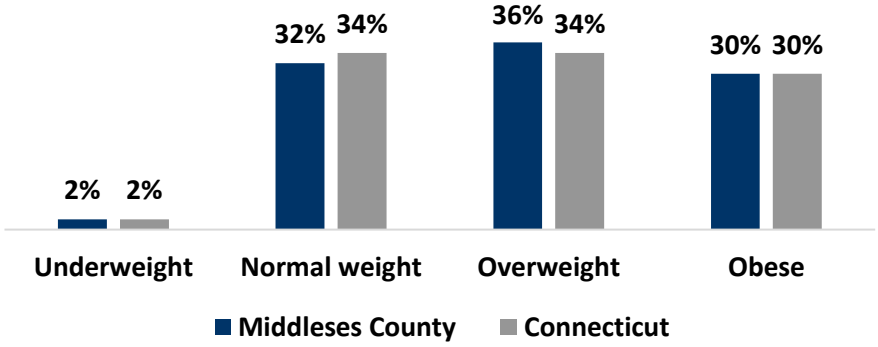
Percent of Adult Obesity, Age-Adjusted, 2019



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

U.S. Top Performers: provided by County Health Ranking and Roadmaps, defined as those counties setting a benchmark by performing in the top 10th percentile for adult obesity.

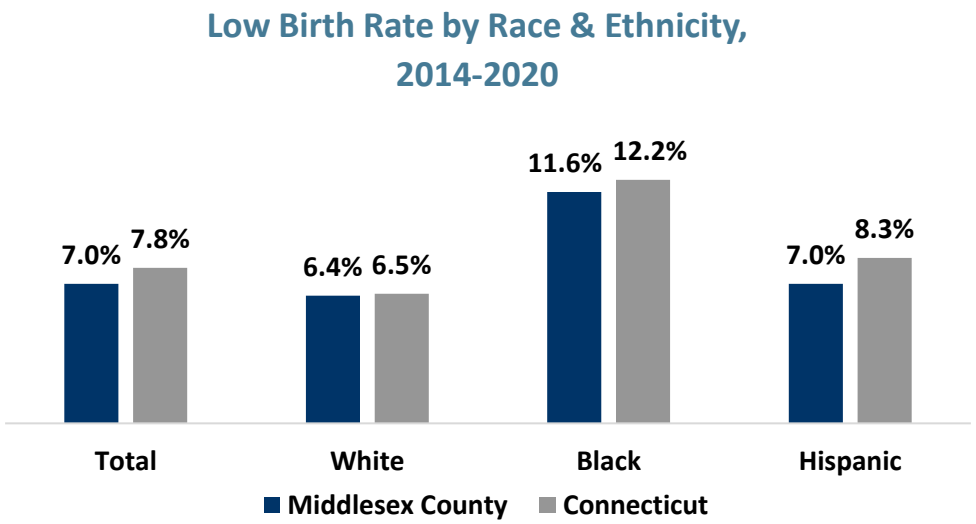
Middlesex County & Connecticut Body Mass Index Categories, 2021



DataHaven Community Wellbeing Survey, 2021

Middlesex Health

Maternal Child Health - Birthweight



Low Birth Weight: % of live births with low birth weight (< 2500 grams / less than 5.5 pounds)

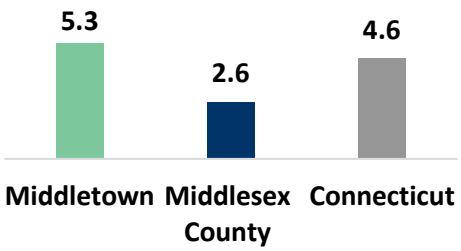
- Low birthweight infants may experience adverse health outcomes and chronic conditions during adulthood
- **Significant Disparity:** in Middlesex County, Black babies are **1.8 times more** likely to experience low birth weight when compared to white babies

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

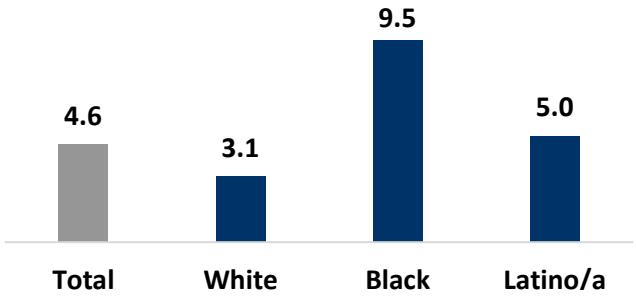
Middlesex Health

Maternal Child Health - Mortality

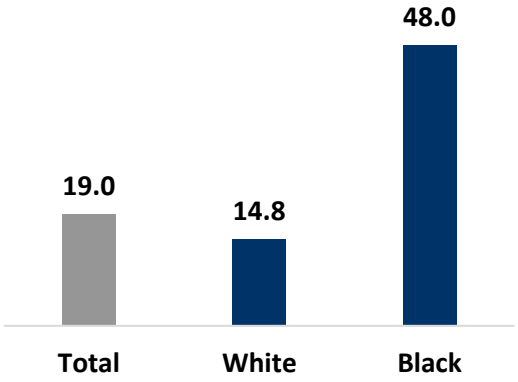
Infant Mortality Rate per 1,000 Live Births, 2016-2018



CT Infant Mortality Rate by Race / Ethnicity per 1,000 Live Births, 2016-2018



CT Maternal Mortality Rate per 100,000 Births, 2013-2017

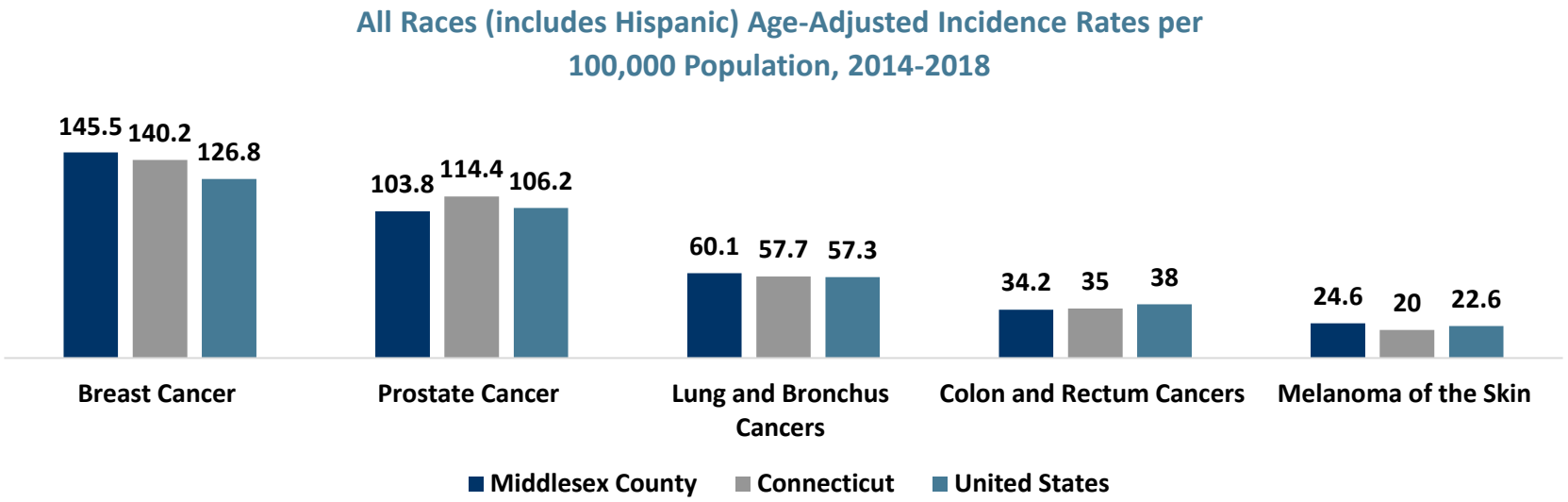


- State of Connecticut infant morality data by race / ethnicity serves as proxy data. Black infants are **3.1 times more** likely to die compared to white infants
- State of Connecticut maternal morality data by race / ethnicity serves as proxy data. Black parents giving birth are **3.2 times more** likely to die from complications during pregnancy or childbirth compared to white parents giving birth

- Infant Mortality: 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/Hisrhome/Vital-Statistics-Registration-Reports
- Maternal Mortality: 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

Middlesex Health

Cancer – Incidence Rates



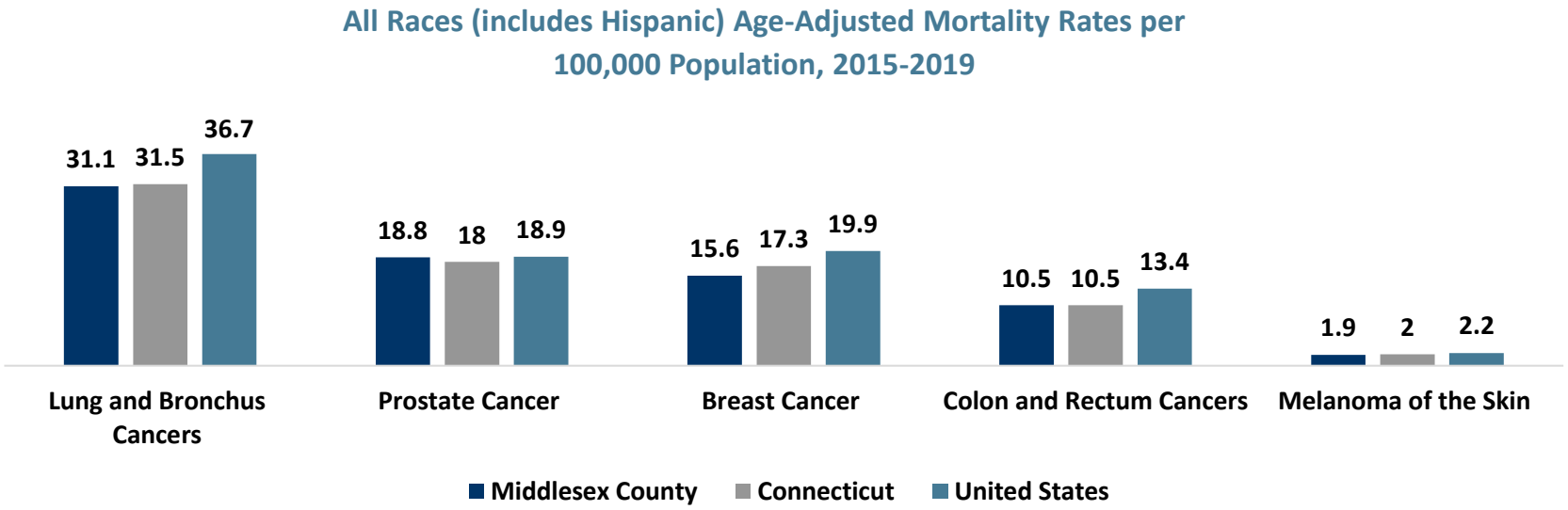
- Breast Cancer: Female, All Stages
- Prostate Cancer: Male, All Stages
- Lung and Bronchus Cancers; Colon and Rectum Cancers; Melanoma of the Skin: Female and Male, All Stages

Please see Middlesex Health Community Health Needs Assessment for disaggregation by age and race / ethnicity, when data are available

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

Middlesex Health

Cancer – Mortality Rates



- Breast Cancer: Female, All Stages
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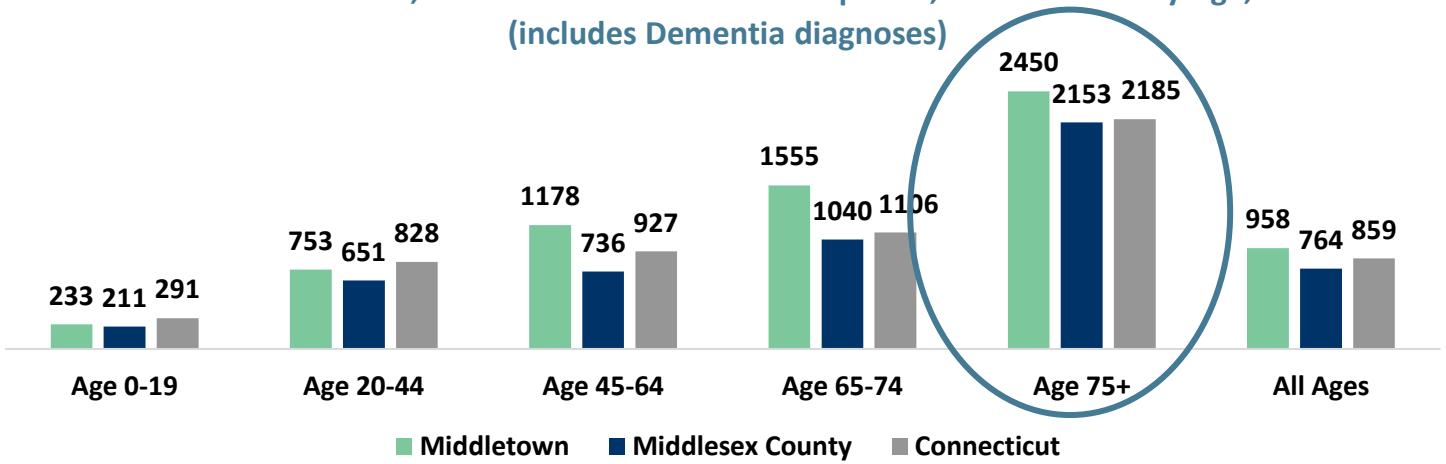
National Cancer Institute and Centers for Disease Control and Prevention State Cancer Profiles, https://statecancerprofiles.cancer.gov

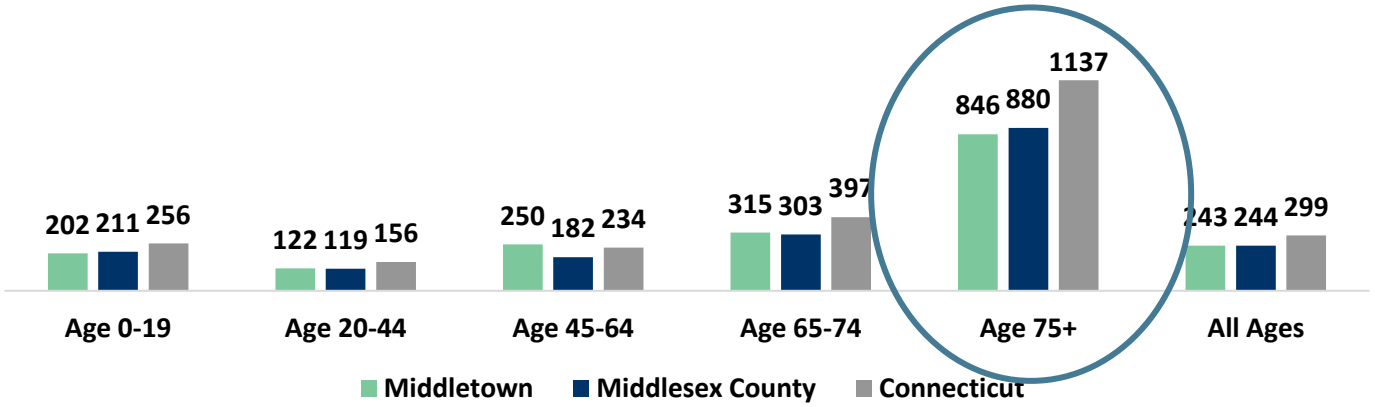
Middlesex Health

Older Adult Considerations

Mental Health Conditions, Annualized Encounter Rates per 10,000 Residents by Age, 2018-2021 (includes Dementia diagnoses)



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



DataHaven Analysis of CHA CHIME data, 2022

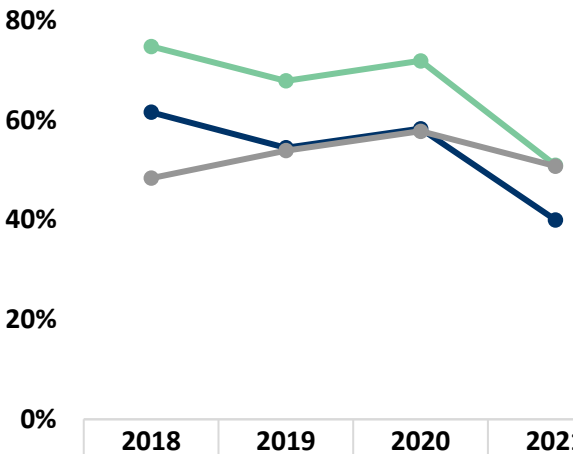
Middlesex Health

Mental Health & Health Behaviors

Middlesex Health

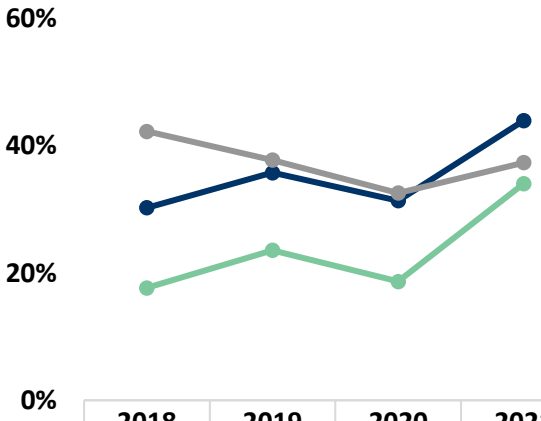
Mental Health – 211 Requests

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



	2018	2019	2020	2021
Middletown	74.8%	67.9%	71.9%	51.0%
Middlesex County	61.6%	54.5%	58.3%	40.0%
Connecticut	48.4%	53.9%	57.8%	50.8%

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



	2018	2019	2020	2021
Middletown	17.7%	23.6%	18.7%	34.1%
Middlesex County	30.3%	35.8%	31.4%	44.0%
Connecticut	42.3%	37.8%	32.6%	37.4%

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

Recap:

- Out of 21 indicators, mental health encounters were the **2nd highest** age-adjusted rate for Middletown, Middlesex County and Connecticut (ChimeData, 2018-2021)
- **65.2%** of respondents thought Mental Health – Adult has a significant Impact on community health and well-being (Middlesex Health Community Survey)
- **62.1%** of respondents thought Mental Health – Children has a significant Impact on community health and well-being (Middlesex Health Community Survey)

Middlesex Health IVIT

Mental Health – 211 Requests

Recap:

- Out of 21 indicators, mental health encounters were the **2nd highest** age-adjusted rate for Middletown, Middlesex County and Connecticut (ChimeData, 2018-2021)
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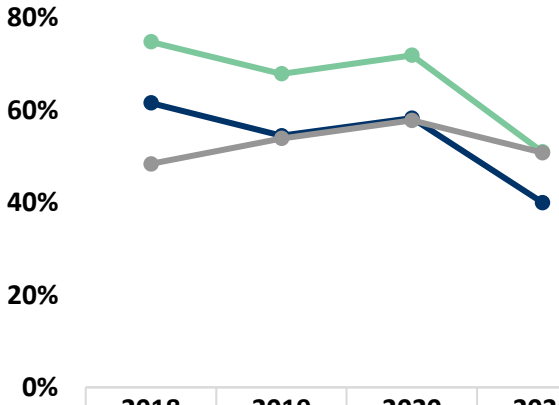
2-1-1 Percent of Mental Health Requests, 2018-2021



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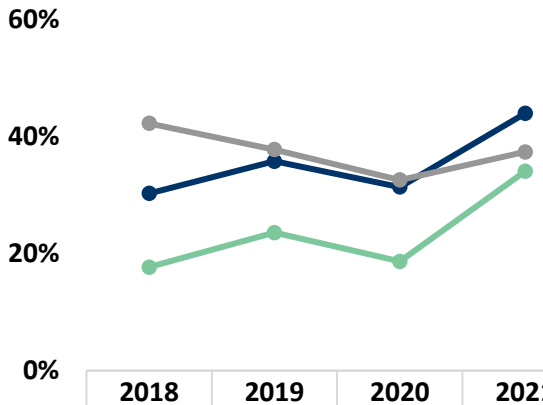

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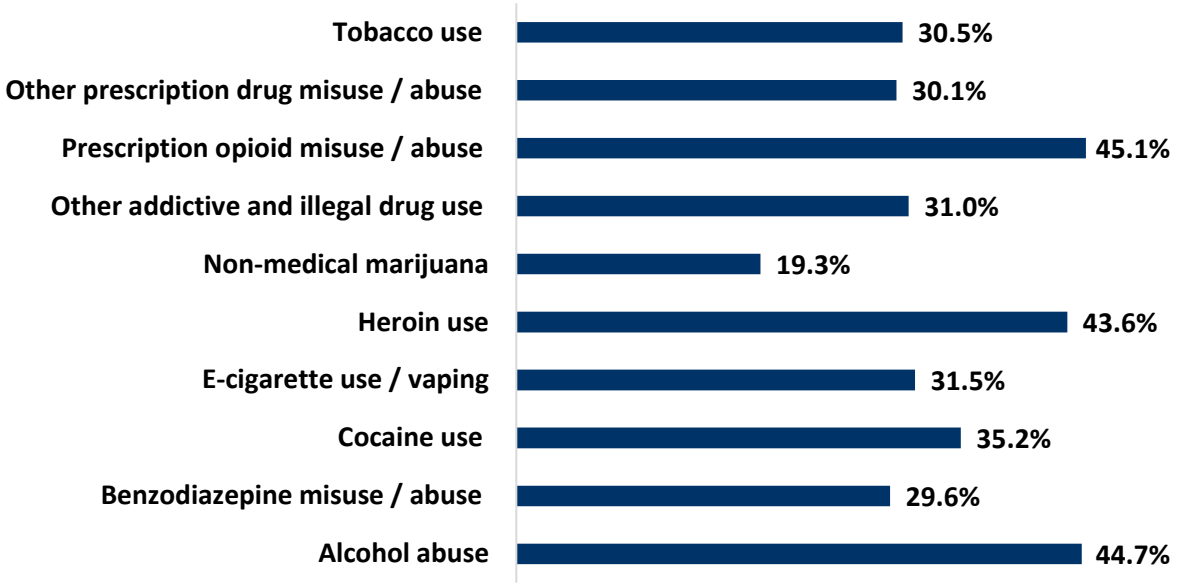
2-1-1 Counts, Connecticut 2-1-1; https://ct.211counts.org/

Middlesex Health

Middlesex Health Community Survey – Substance Use

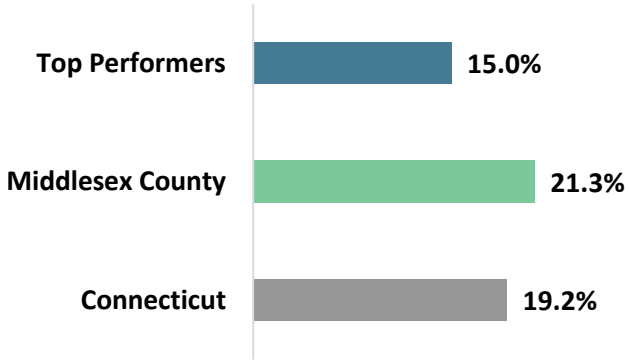
Percent of Responses for "Significant Impact on Community Health and Well-being", 2022



Middlesex Health

Alcohol & Other Substance Use

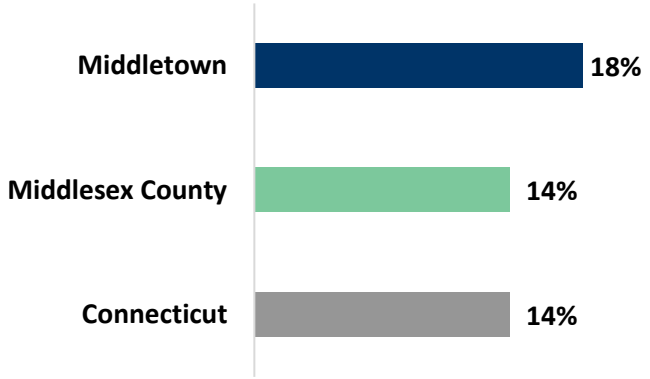
Percent of Excessive Drinking, Age-Adjusted, 2019



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

U.S. Top Performers: provided by County Health Ranking and Roadmaps, defined as those counties setting a benchmark by performing in the top 10th percentile for excessive drinking.

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

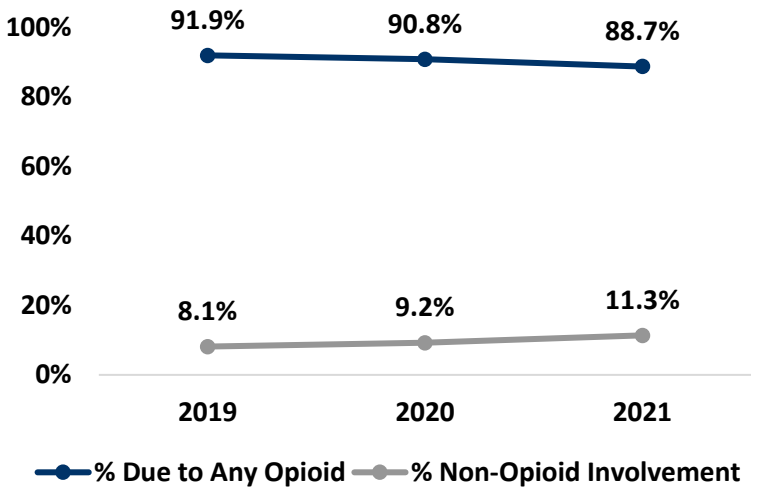
Recap:

- The Alcohol Use annualized age-adjusted encounter rate per 100,000 residents in Middletown (290.1) is **higher than** Middlesex County (181.6) and the state of Connecticut (188.7) (ChimeData, 2018-2021)
- The Substance Use (excluding Alcohol) annualized age-adjusted encounter rate per 100,000 residents in Middletown (231.0) is **higher than** Middlesex County (141.3) and the state of Connecticut (191.7) (ChimeData, 2018-2021)

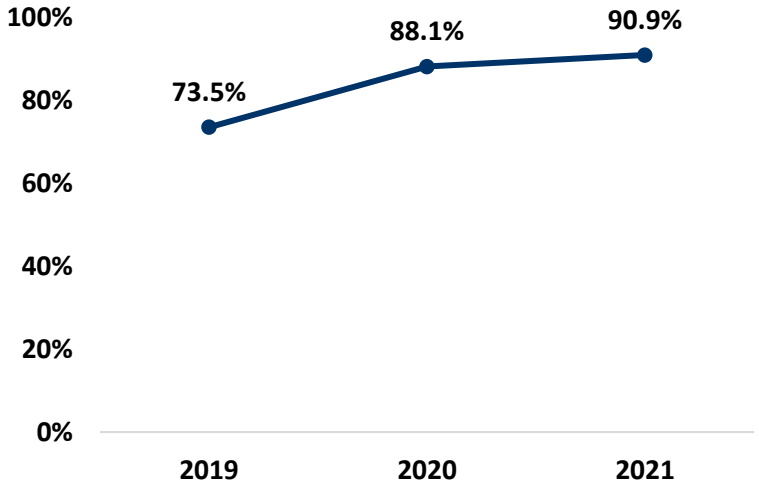
Middlesex Health

Accidental Drug-Related Deaths

Percent of Accidental Drug-Related Death Due to "Any Opioid", All Towns in Service Area, 2019 - 2021



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

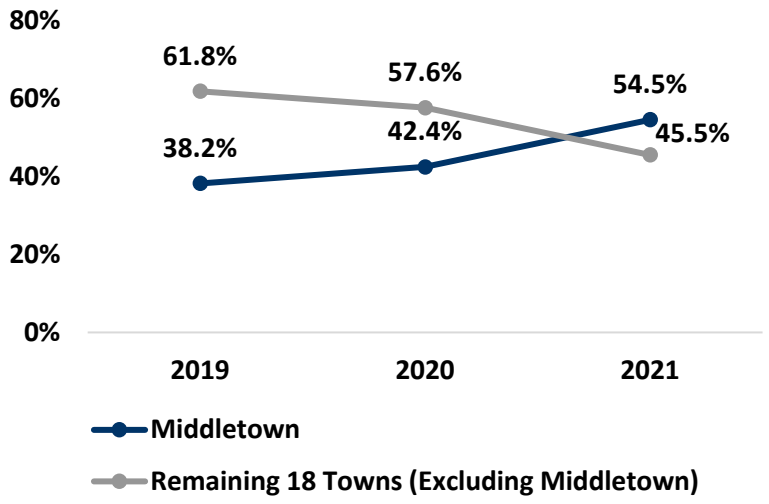


Connecticut Data Collaborative, https://data.ct.gov/Health-and-Human-Services/Accidental-Drug-Related-Deaths-2012-2021

Middlesex Health

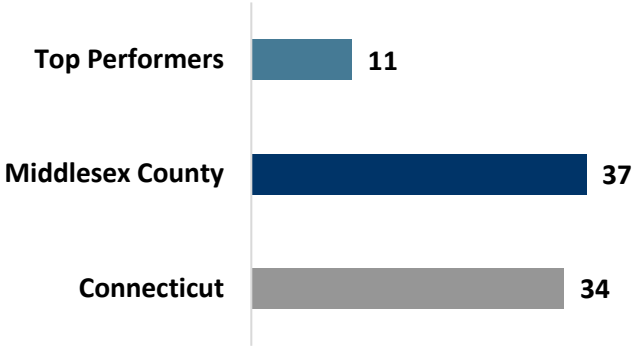
Accidental Drug-Related Deaths

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

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

U.S. Top Performers: provided by County Health Ranking and Roadmaps, defined as those counties setting a benchmark by performing in the top 10th percentile for drug overdose deaths.

Middlesex Health

Any Questions on the Data?

Middlesex Health

Group Participation

Middlesex Health

Group Participation Agenda

- Poll to Identify Top 5 Priority Issues
- Break-Out Rooms to Discuss Strategies for Top 5 Priority Issues
- Report Out
- Group Discussion

Middlesex Health

When Prioritizing Health Issues, Please Think About:

Elements	Factors to Consider
Magnitude or **size** of the problem	• How many people are affected (individuals, family, community)? • Is there potential for worsening of the problem if not addressed?
Seriousness of the problem	• How severe is the condition, how often is the outcome poor? • Is there significant economic loss (i.e. from treatment, lost productivity etc.)?
Feasibility of interventions	• Can we do something about the problem? • How much will interventions cost? • How effective are interventions? • Is there an urgency for the interventions (public support)?
The presence of significant **Inequities**	• Are different groups of people affected differently? • Are the differences due to unjust and avoidable conditions? • Do socioeconomic factors play a role?

Middlesex Health

Prioritization – Top Health Issues (not in rank order)

- Asthma
- Cancer
- Cardiovascular Disease / Hypertension
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Healthy Aging (including Dementia, Falls, Social Isolation)
- Healthy Weight / Obesity
- Maternal Child Health
- Mental Health – All Ages (including Trauma)
- Substance Use Issues (including Alcohol, Opioids)

Please consider vulnerable / marginalized populations and the impacts of COVID-19, social determinants of health and health disparities when thinking about the top health issues

Let's take a virtual poll – please select your top 5 health issues!

Middlesex Health

Breakouts – Priority Area Strategies

Middlesex Health

Strategies Discussion – Top 5 Priorities

- **Breakout Rooms:**
  - There will be 5 breakout rooms and members will be randomly assigned to each room
  - Each room will be assigned 1 of the priority areas to discuss
  - All rooms will have 3 questions to consider
  - Each room will be full and we'd like as many people as possible to get an opportunity to share – if you are not able to share your thoughts in the breakout room, please enter your ideas into the chat when we gather to review the report outs
  - Please select a member to record ideas and provide a report out

Middlesex Health

Strategies Discussion – Top 5 Priorities

For each of the priority areas, please review 4 questions:

1) How can our community and its resources (in place or not yet developed) provide and support prevention of and care for this priority area?

2) How does this priority area disproportionately impact some members of the community? And how can we create solutions that equitably benefit all members of our community?

3) What obstacles might get in the way of addressing this priority area?

4) What strategies for next steps do you suggest?

When thinking about solutions, please consider how we might involve members of the community and those with lived experience in co-designing solutions

Questions based on the Greater Middletown Area Health Enhancement Community (GMAHEC) planning sessions through a State of Connecticut Office of Health Strategy and Department of Public Health initiative

Middlesex Health

Report Out & Group Discussion

Middlesex Health

Report Out of Top Priority Areas Selected Today & % of Responses

- Mental Health – All Ages (91%)
- Substance Use Issues (82%)
- Cardiovascular Disease / Hypertension (61%)
- Healthy Aging (50%)
- Maternal Child Health (50%)
- Diabetes (50%)

Middlesex Health

Group Discussion

- **Please share additional thoughts and reflections**

Middlesex Health

Next Steps

Middlesex Health

Next Steps - Sustain Collaborative Momentum

- **Community Health Needs Assessment Implementation Strategy**
- **Continuing to Collaborate:** continue to work with existing health and well-being collaboratives to develop and/or expand existing programs / initiatives to address priority areas
- Continue to center and prioritize the advancement of health equity and dismantling of systems of oppression (racism is a public health crisis)
- Continue to center those with lived experience
- Ensure that those who are disproportionately impacted by health disparities have a voice at the table

Middlesex Health

Thank You!

Any Questions? Please contact:

Catherine Rees, MPH
Director, Community Benefit
Middlesex Health
catherine.rees@midhosp.org
860-358-3034

Middlesex Health