2019 Community Health Needs Assessment Report

ECHN℠

Eastern Connecticut Health Network

Healthy is Everything.

Prepared by: DATAHAVEN- 129 CHURCH STREET - NEW HAVEN, CT 06510

About ECHN

Eastern Connecticut Health Network (ECHN) is a community-based healthcare system serving 19 towns across eastern Connecticut. ECHN provides a full spectrum of wellness, prevention, acute care, rehabilitation and restorative care to the community. ECHN also operates several outpatient facilities and a physician network of primary care and specialty practices. ECHN is comprised of the following companies:

- Manchester Memorial Hospital (249 Licensed Beds), 71 Haynes Street, Manchester, CT 06040;
- Rockville General Hospital (102 Licensed Beds), 31 Union Street, Vernon, CT 06066;
- Visiting Nurse & Health Services of Connecticut, 8 Keynote Drive, Vernon, CT 06066;
- ECHN Medical Group, 71 Haynes Street, Manchester, CT 06040; and
- Woodlake at Tolland Rehabilitation & Nursing Center, 26 Shenipsit Road, Tolland, CT 06084.

ECHN also partners with many other providers through contractual and joint venture arrangements offering services such as transportation, radiation oncology, outpatient eating disorders treatment, occupational health, imaging services and more.

About this Community Health Needs Assessment (CHNA)

This Community Health Needs Assessment (CHNA) is designed to provide local-level data about health and health-related needs within the Eastern Connecticut Health Network (ECHN) primary service area, defined as 9 Connecticut towns located just east of Hartford: **Andover, Bolton, Coventry, Ellington, Manchester, South Windsor, Tolland, Vernon, and Willington**. Additionally, ECHN elected to also include the town of East Hartford in the analysis totaling 10 towns within a defined "ECHN Region".

Information in this report will be used by ECHN and local partners to help **identify and respond to issues of concern** so that health improvement efforts can be targeted to improve well-being within these communities. The assessment is also designed to help identify health disparities, so groups that are most impacted by various adverse health outcomes and health inequities (such as lack of insurance or adequate food), or who have historically faced or currently experience racism, discrimination, and other economic and social barriers that relate to these inequities, can more effectively advocate for appropriate interventions to reduce these disproportionate burdens of poor health.

This assessment will lead to the development of a **Community Health Improvement Plan** (published separately) that will detail the strategies ECHN will use to address specific concerns identified in the 2019 CHNA.

This report complements the **2019 Greater Hartford Community Wellbeing Index**, a publication produced by DataHaven with support from public and private partners throughout the region. The Community Wellbeing Index contains a comprehensive review and discussion of the indicators used in this report for the broader Greater Hartford region. Not only is it designed to serve as a shared regional health assessment, but also to meet the needs of multiple stakeholders who are interested in data on civic engagement, public health, economic opportunity, and well-being in the Greater Hartford region. The full 2019 Index will be available on the DataHaven website in the fall of 2019.

Methodology

This CHNA, like the 2019 Greater Hartford Community Wellbeing Index, incorporates a range of qualitative and quantitative data. This document focuses on information from three sources:

Qualitative information

A structured protocol was used during 3 **focus groups and "data walks"** with community members representing a wide range of community stakeholders and providers in the service area. In order to ensure consistency in the topics covered, each session began with a presentation by Mark Abraham, Executive Director of DataHaven, and a review of health-related data about the ECHN Region. Following the data presentation, Eve Berry, community engagement consultant for DataHaven, facilitated a brief discussion of the strengths of the community. Next, the attendees of each focus group were divided into smaller groups. Relevant data posters from the presentation were displayed around the room at five stations:

- Access to Healthcare;
- Cancer;
- Family Planning & Infant/Child Health;
- Heart Disease, Diabetes & Nutrition;
- and Mental Health/Substance Abuse.

The smaller groups rotated through each of the five stations and provided feedback about the data, discussed disparities and obstacles, as well as generated ideas for addressing concerns. At each station, a facilitator interacted with each small group and captured the reactions to the data, perceptions of the issues and ideas for addressing the health concerns of the community.

Methodology *(continued)*

Primary survey data

DataHaven conducts the Community Wellbeing Survey, as described previously. In 2015 and 2018, DataHaven and Siena College Research Institute conducted 1,300 live, in-depth interviews with randomly-selected adults in the ECHN service area, including 400 within Manchester (as part of its interviews with over 16,000 adults throughout the state). Like other high-quality survey, results are weighted by demographic factors like age, race/ethnicity, and gender in order to ensure representativeness and accuracy of all of the estimates produced. More information on the survey is posted on the DataHaven website. In the ECHN service area specifically, 2015-2018 funders of the survey included:

- Capitol Region Council of Governments,
- City of Hartford Department of Health and Human Services,
- CT Health Foundation,
- Connecticut Housing Finance Authority,
- Eastern Highlands Health District (which covers Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington),
- Hartford Foundation for Public Giving,
- Hartford HealthCare,
- Manchester Health Department,
- North Central District Health Department (which covers East Windsor, Ellington, Enfield, Stafford, Suffield, Vernon, Windham and Windsor Locks)
- Trinity College,
- Manchester Health Department,
- North Central District Health Department (which covers East Windsor, Ellington, Enfield, Stafford, Suffield, Vernon, Windham and Windsor Locks),
- and Trinity Health of New England.

Secondary data

Through its production of the 2019 Greater Hartford Community Wellbeing Index and similar programs serving the state's other regions, DataHaven collects and conducts extensive analysis of a large array of Connecticut specific health data on a wide range of social, economic, and health issues. These sources collected and reviewed as part of the CHNA included data produced by the U.S. Census, CT Department of Public Health, and other state and federal sources. The data included in ECHN's CHNA identifies health needs based primarily on the size and severity of a particular need, an also took into account ECHN's ability to impact the need(s), and the availability of resources that exist to address it. ECHN helped to fund this data analysis, in addition to many of the supporting organizations listed above.

Primary and Secondary Data: Selected Findings

Demographics

The ECHN Region has a collective population of 221,254 (see table below). Since 1990, the population has been growing at a pace fairly similar to that of the state as a whole. In nearly all respects, the demographics of the area are representative of Connecticut's suburbs and smaller cities, though there is some variation in measures such a population density, economic diversity, and racial/ethnic composition. East Hartford, Manchester, and Vernon are somewhat more densely populated, than the other seven towns, and have a higher degree of racial and ethnic diversity and a somewhat lower median household income. This topic, along with related issues such as housing units, are covered in more detail in the 2019 Greater Hartford Community Wellbeing Index.

A few key findings include:

- East Hartford is more racially and ethnically diverse than other communities in the area. Its population is 34% white non-Hispanic, 34% Latino, 25% Black, 4% Asian, and 3% other, a significant difference from the population in the outer suburbs of Hartford which is 86% white non-Hispanic, 5% Latino, 5% Asian, 2% Black, and 2% other. Additionally, Manchester has a larger Asian population (11%) than most towns.
- In East Hartford and Manchester, 22% and 17% of the population, respectively, is foreign born, compared to a rate of 14% statewide and 9% in the outer suburbs.
- In East Hartford, 34% of the population lives in a low-income household (earning less than 200% of the poverty level), compared to a rate of 23% statewide and 12% in the outer suburbs.

Population and Growth

	Population				Median Age		
Name	1990	2017	% Change	Density[1]	2000	2017	Change
United States	248,709,873	321,004,407	29%	91	35.3	37.8	2.5
Connecticut	3,287,116	3,594,478	9%	742	37.4	40.8	3.4
Greater Hartford	910,338	975,902	7%	950	37.2	40.1	2.9
Andover	2,540	3,179	25%	206	38.0	45.6	7.6
Bolton	4,575	4,947	8%	344	40.5	47.0	6.5
Coventry	10,063	12,458	24%	331	36.6	43.9	7.3
East Hartford	50,452	50,812	1%	2,823	37.4	37.9	0.5
Ellington	11,197	15,948	42%	468	36.9	40.8	3.9
Manchester	51,618	58,172	13%	2,123	36.5	35.4	-1.1
South Windsor	22,090	25,802	17%	918	39.0	43.5	4.5
Tolland	11,001	14,838	35%	375	37.4	42.2	4.8
Vernon	29,841	29,182	-2%	1,649	37.7	39.2	1.5
Willington	5,979	5,916	-1%	178	33.6	36.1	2.5
ECHN Region	199,356	221,254	11%				

[1]Population Density per Square Mile

Source: DataHaven from the 2013 - 2017 American Community Survey

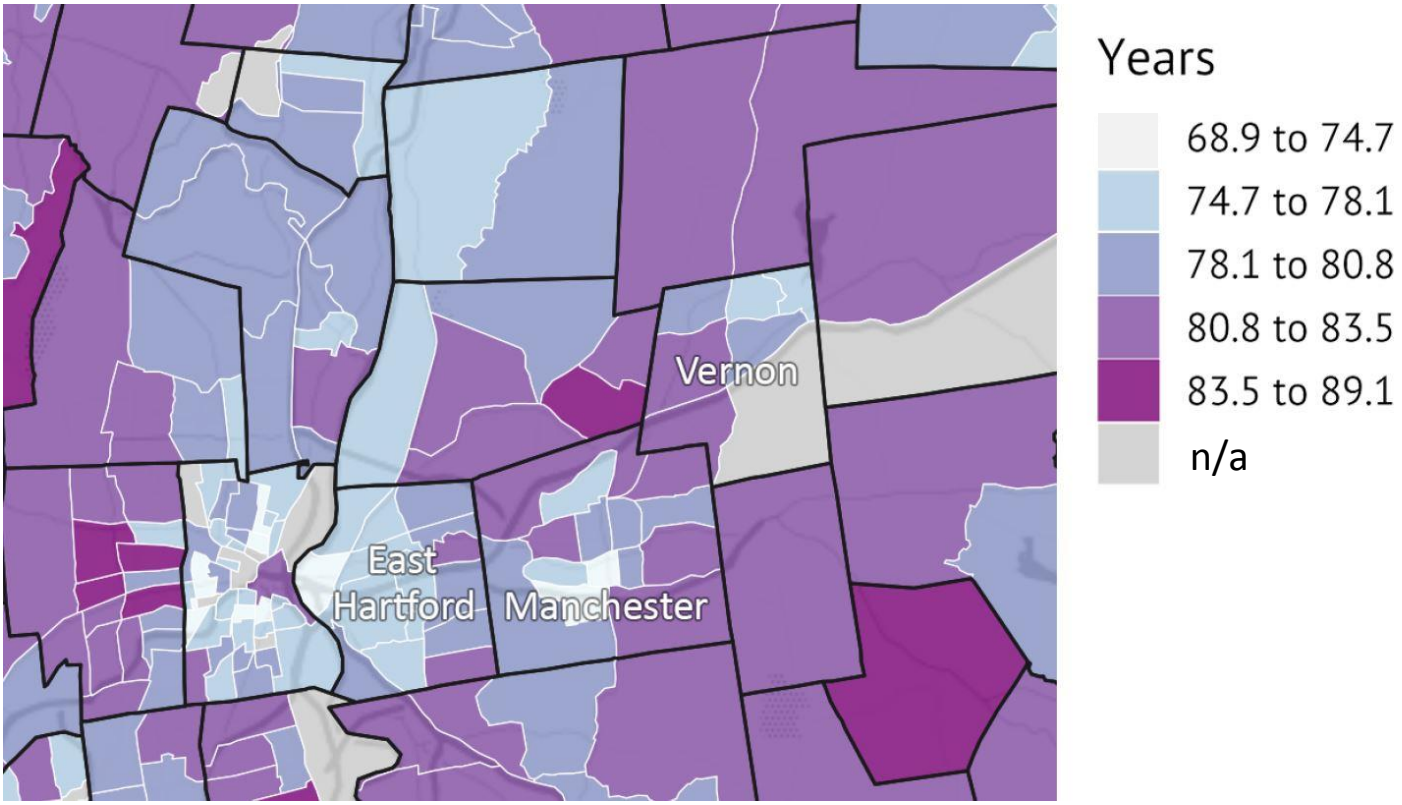
Social Determinants of Health

According to the Centers for Disease Control and Prevention, social determinants of health are "the complex, integrated, and overlapping social structures and economic systems that are responsible for most health iniquities." Relevant social determinants include, but are in no way limited to, age, income, race, ethnicity, town, presence of children at home, and neighborhood quality. These underlie all of the analyses discussed in the following five sections and are reflected in the level of disaggregation of data.

Residents from the ECHN Region live just as long as the average American adult — and in many cases, even longer. The average life expectancy in the United States (as measured by the 2010-2015 USALEEP study) is 78.7 years, and life expectancy in Connecticut is slightly higher, at 80.3 years. In the Greater Hartford area, the longest-lived adults are in Andover and Hebron, which boast average life expectancies of 85.2 and 84.3 years, respectively. The map below illustrates that areas of Vernon (particularly Rockville), central Manchester, and much of East Hartford have life expectancies that are between 75 and 78 years, which is significantly lower than the statewide average.

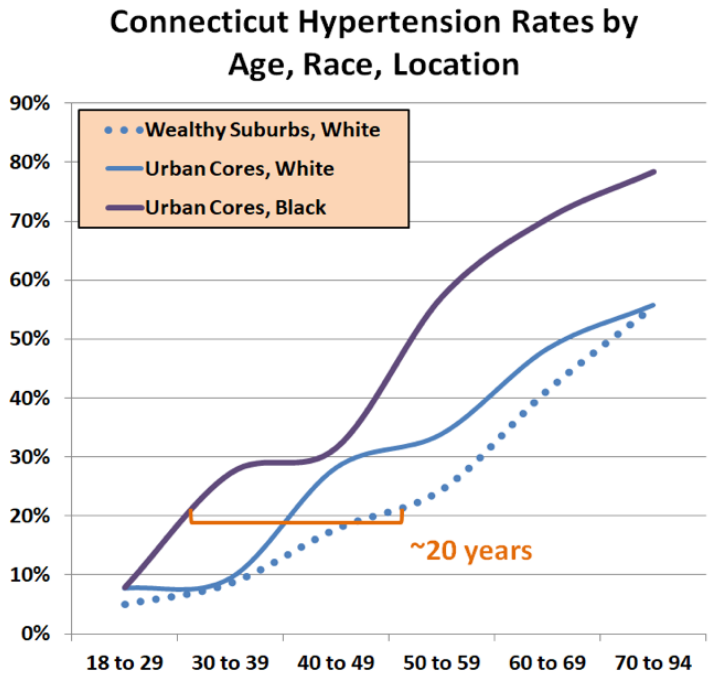
Neighborhood-Level Life Expectancy

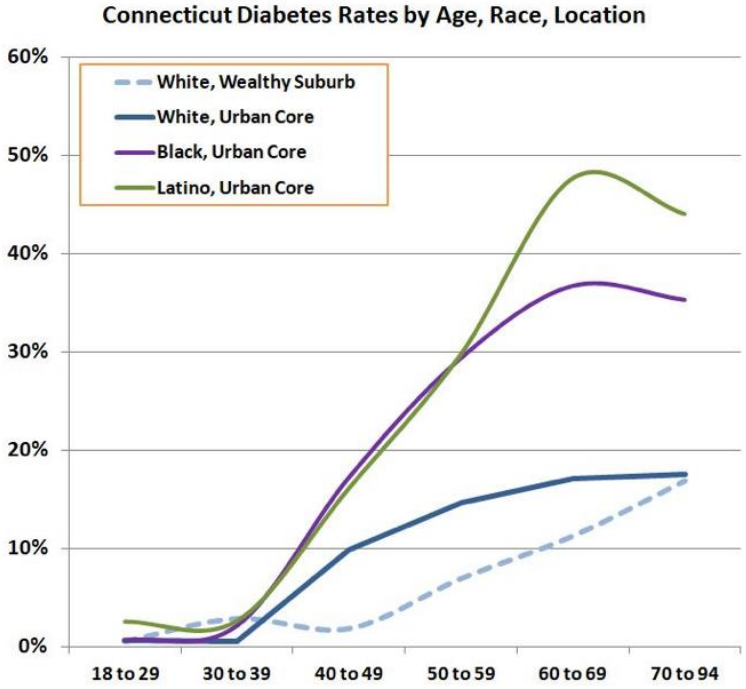
Life expectancy at birth (in years) by census tract



Source: DataHaven analysis of 2010-2015 USALEEP data

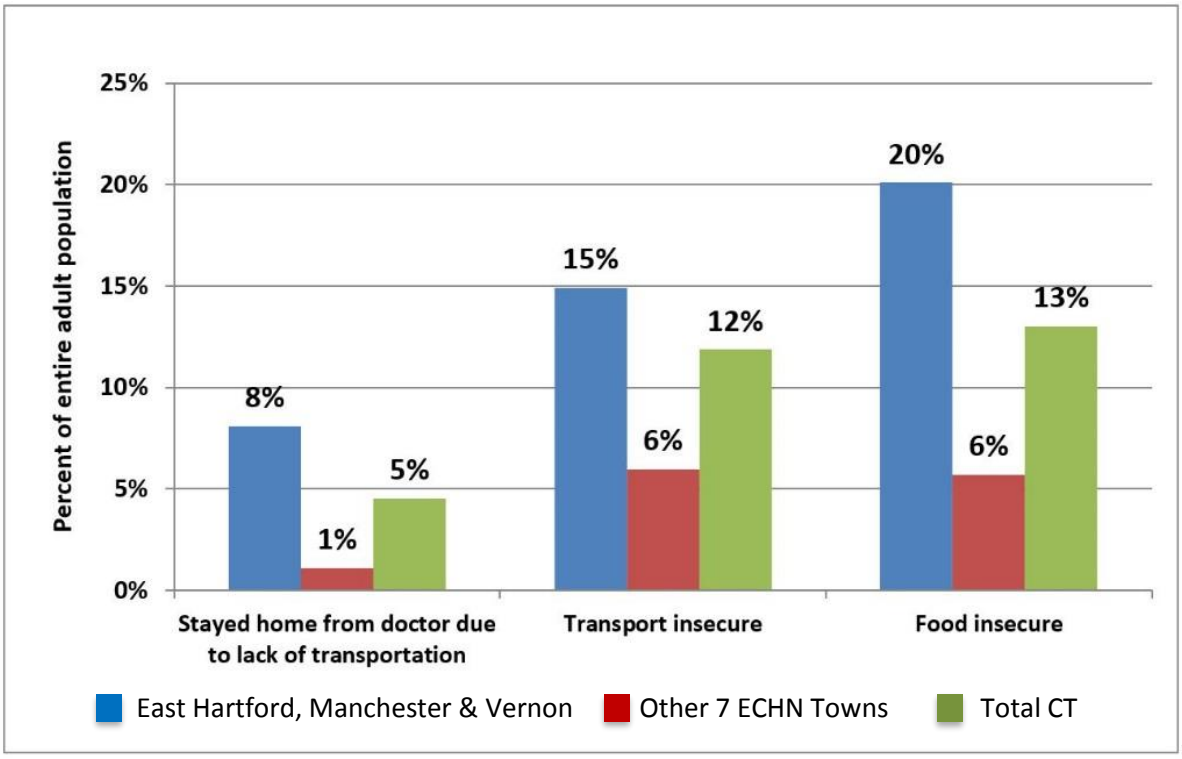
Hypertension and Diabetes by Age, Race, and Location in Connecticut





Source: 2015 DataHaven Community Wellbeing Survey live, in-depth interviews of 16,219 randomly-selected adults throughout Connecticut.

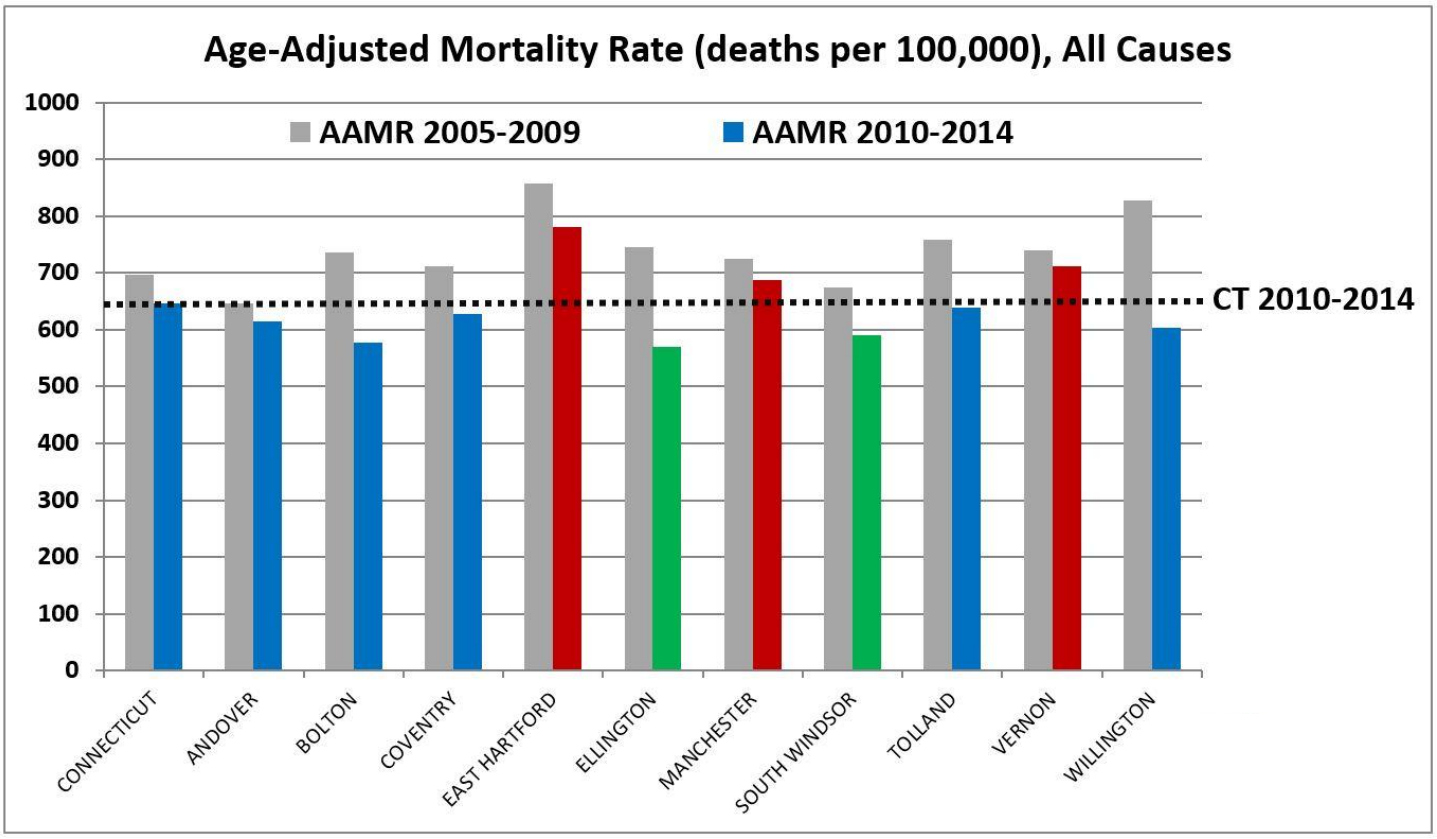
Transportation and Food Insecurity in the ECHN Area



Source: Selected data from 2018 DataHaven Community Wellbeing Survey

All-Cause Mortality and Leading Causes of Death

Mortality rates have been decreasing statewide over the last decade. In Connecticut, the number of deaths per 100,000 people from all causes dropped from 2005-2009 in 2010-2014; however, some towns still experience higher mortality rates. East Hartford, Manchester, and Vernon have Age Adjusted Mortality Rates that are considered to be significantly higher than the state (indicated below in red), while Ellington and South Windsor have rates that are lower than the state. The red and green bars on the chart below indicate statistically significant differences.



Source: DataHaven analysis of CTDPH data

All-Cause Mortality and Leading Causes of Death *(continued)*

Of the many potential causes of death, cancer and heart disease remain by far the leading causes of death nationwide, statewide, and in the ECHN Region. However, premature death rates help show the impact of these deaths in terms of years of life lost in a way that relates more closely with the life expectancy disparities previously described. To illustrate, the table below shows the total number of deaths, premature deaths, and premature death rates from 2010-2014 within the largest towns in the ECHN Region, where data is considered to be more stable for this type of analysis due to the population size (together, these 4 towns also comprise the majority of the ECHN Region studied; 163,968 residents and 74% of the population studied).

For example, the table below shows that in 2010-2014, Manchester had 559 deaths from cancer and 555 from heart disease, and 111 from accidents (primarily injuries, including poisoning and motor vehicle crashes). Of these deaths, 289 cancer deaths, 162 heart disease deaths, and 70 accident deaths were of residents who had not yet reached their 75th birthday.

Years of Potential Life Lost (YPLL), is an estimate of the average years a person would have lived if he or she had not died prematurely. It is, therefore, a measure of premature mortality. As an alternative to death rates, it is a method that gives more weight to deaths that occur among younger people. ECHN uses age 75 as the benchmark for YPLL calculations.

EAST HARTFORD

	Deaths	Deaths <age75	population under75	Years lost per death	Premature death rate (YPLL75)
Cancer	544	290	47,895	13	1,572
Accident	114	79	47,895	33	1,092
Heart	541	174	47,895	14	1,048
Drugs	42	42	47,895	30	532
Firearms	23	19	47,895	42	335

MANCHESTER

	Deaths	Deaths <age75	population under75	Years lost per death	Premature death rate (YPLL75)
Cancer	559	289	54,487	14	1,455
Heart	555	162	54,487	14	841
Accident	111	70	54,487	32	828
Drugs	35	34	54,487	31	387
Suicide	32	31	54,487	25	284

VERNON

	Deaths	Deaths <age75	population under75	Years lost per death	Premature death rate (YPLL75)
Cancer	320	167	26,912	12	1,549
Heart	376	108	26,912	15	1,194
Accident	71	48	26,912	33	1,168
Drugs	26	26	26,912	31	602
CLD	24	19	26,912	21	292

SOUTH WINDSOR

	Deaths	Deaths <age75	population under75	Years lost per death	Premature death rate (YPLL75)
Cancer	231	118	23,719	13	1,244
Heart	269	57	23,719	14	694
Accident	38	15	23,719	23	289
Suicide	11	10	23,719	29	240
Firearms	7	7	23,719	27	158

Source: DataHaven analysis of CTDPH data

When considering the years lost per death (i.e., the age of the residents who died prematurely), the leading causes of premature death in Manchester are:

- Cancer (1,455 per 100,000 residents per year),
- Heart Disease (841 YPLL per year) and
- Accidents (828 YPLL per year).

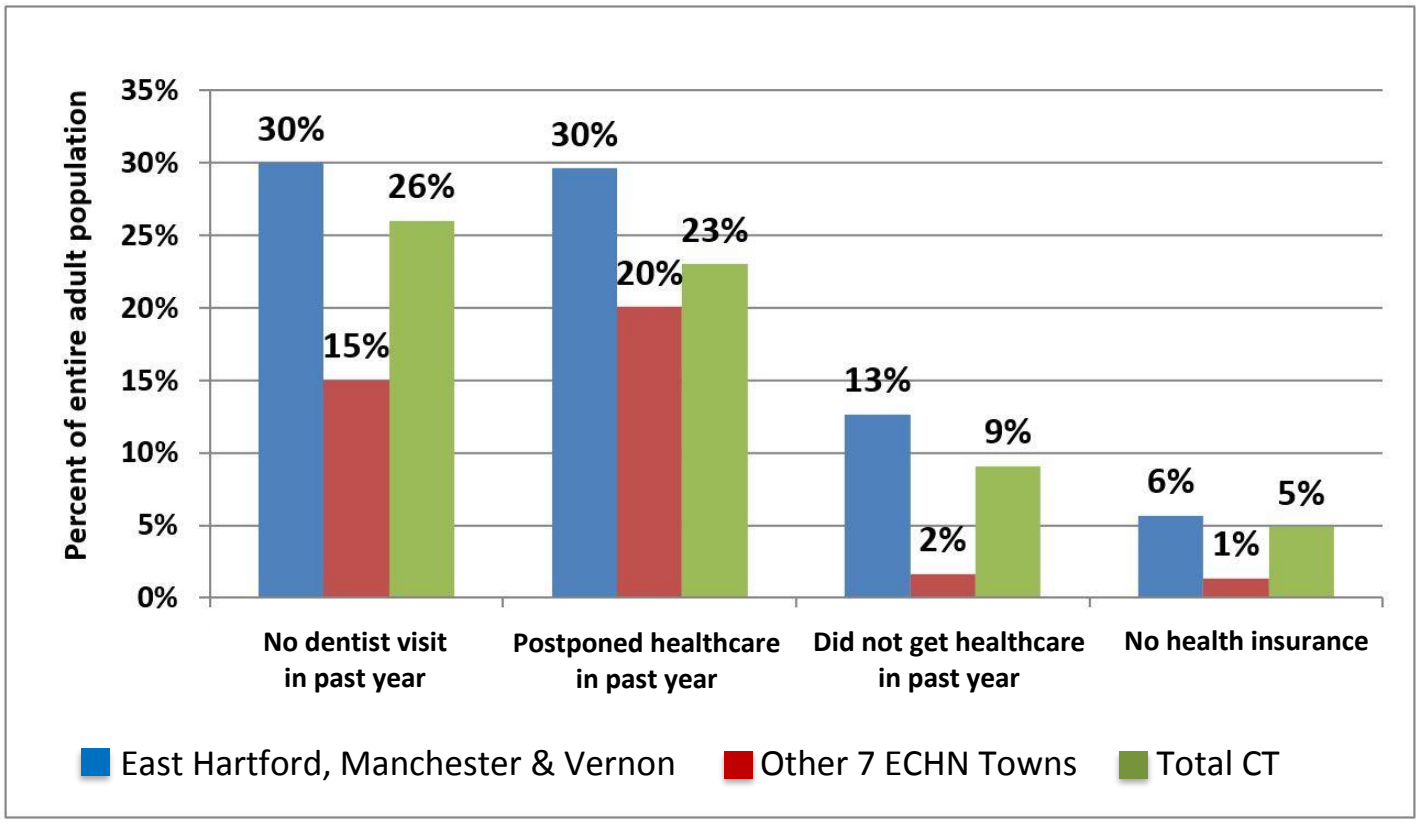
Suicides, drug-related deaths, and firearm-related deaths were also significant contributors to premature death and therefore to reduced life expectancy in the area during these years. In recent years, the number of drug related deaths has skyrocketed, but those deaths are not yet reflected in this data.

Access to Healthcare

In 2018, 9% of Greater Hartford residents did not get needed care. In East Hartford, Manchester, and Vernon combined, this rate was 13%, compared to 2% in the other seven ECHN Region towns.

In Greater Hartford, 11% of adults, including 22% of Latinos and 20% of adults age 18-34, do not have a "medical home." In other words, they cannot think of a single person or place they consider to be a personal doctor or healthcare provider.

Healthcare Access



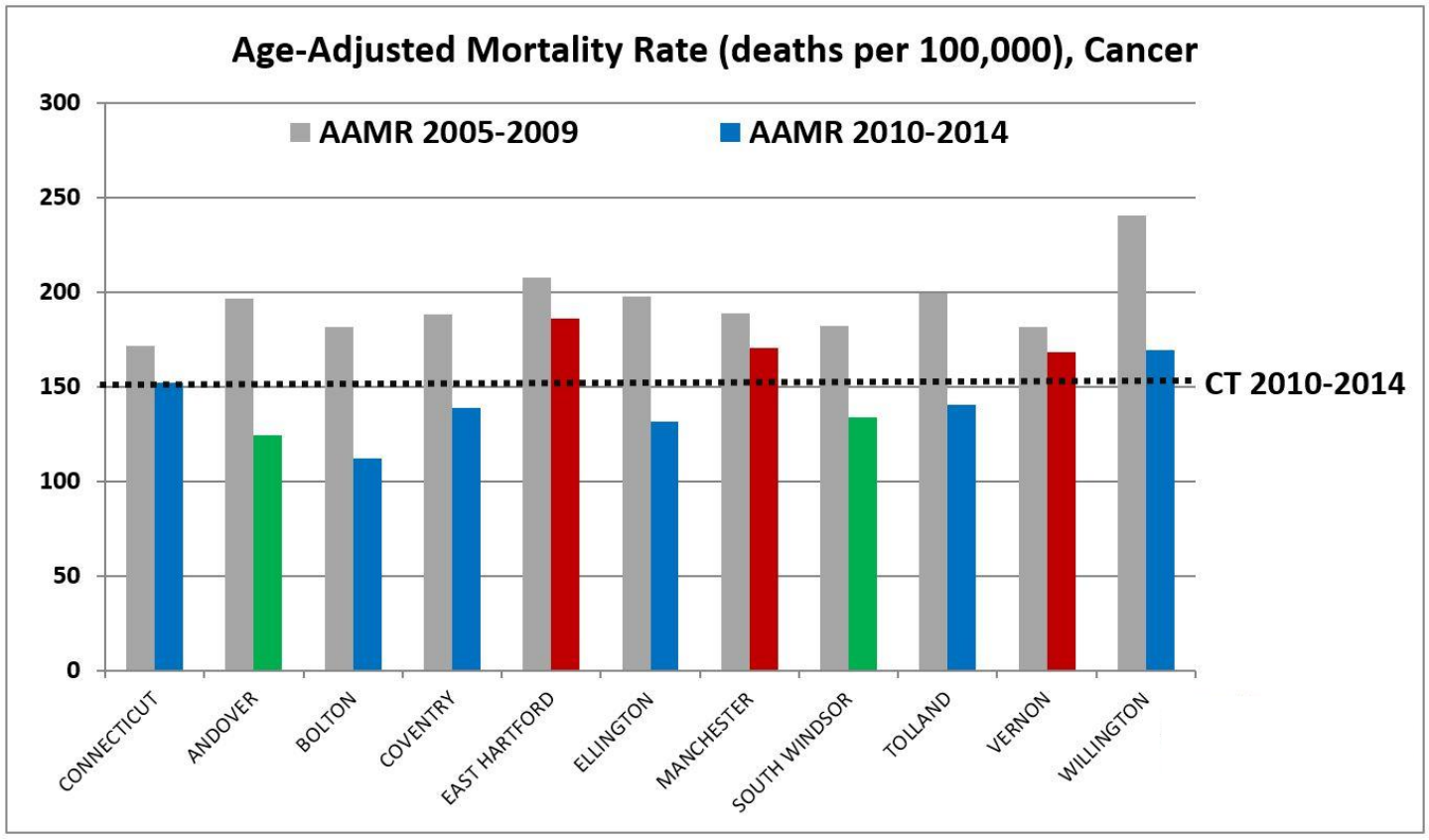
Source: 2018 DataHaven Community Wellbeing Survey

The reasons for these statistics are complex and have roots in social determinants of health. The most common direct barriers to access to care include cost, lack of time, transportation, caregiving, and poor health insurance coverage. Adults with limited income are more likely to be impacted by these issues. Another major factor is lack of adequate insurance. The adult health insurance coverage rate is fairly stable at close to 95% in Greater Hartford. However, uninsured rates amongst Black and Latinos are three times higher than among whites.

Not being able to get to an appointment is also a common reason for not getting healthcare. In Connecticut and Greater Hartford, 5% of all adults stayed home from medical appointments because they had no transportation. However, this figure is 10% among Black and Latino adults and 7% among adults with children at home. Even once access to healthcare has been achieved, there are more challenges for certain demographics. Statewide, 8% of adults, including 12% of Blacks and 16% of Latinos, say when seeking healthcare in the past 3 years, they have been treated with less respect or received poorer services. This is most often due to race/ethnicity and insurance status.

Cancer Mortality

Although cancer mortality rates are decreasing alongside mortality rates as a whole, cancer is still responsible for nearly one-quarter of the deaths in Connecticut. East Hartford, Manchester, and Vernon had higher age-adjusted cancer mortality rates than the state, whereas Bolton and South Windsor had lower cancer mortality rates than the state. The red and green bars on the chart below indicate statistically significant differences.



Source: DataHaven analysis of CTDPH data

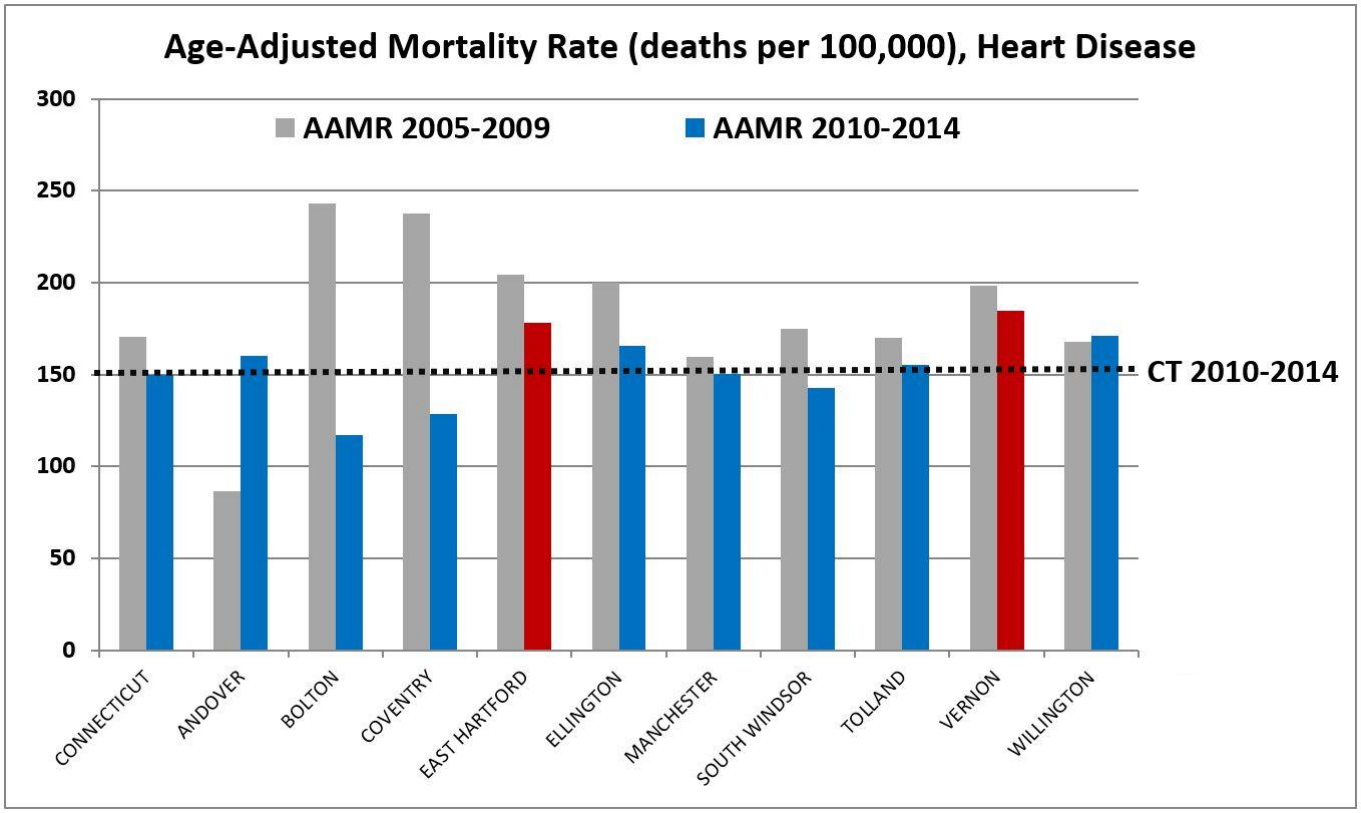
Lung cancer, specifically, is the most common cause of cancer mortality. Manchester and Vernon had 167 and 90 lung cancer deaths, respectively, with mortality rates from lung cancer that were over 20% higher than the statewide rate between 2010 and 2014. The overwhelming majority of lung cancer deaths are linked to cigarette smoking.

Colorectal, pancreatic, and liver cancer are also significant contributors to cancer mortality in the ECHN Region. In particular, in East Hartford, colorectal cancer and liver cancer mortality rates were 50% higher than their statewide rates between 2010 and 2014.

Heart Disease and Physical Health

Another highly-prevalent cause of death in Connecticut is heart disease. Six percent of adults in Connecticut had been told by a doctor that they either had heart disease or a heart attack, and that rate rose to 8% in East Hartford, Manchester, and Vernon combined.

Heart disease mortality is considered to be significantly higher than the statewide average in both East Hartford and Vernon, and similar to the state average in the 8 other ECHN Region towns. The red bars on the chart below indicate the towns whose mortality rates are considered to be statistically different and worse than the statewide average. All diagnoses codes related to Disease of the Heart are represented in this chart.



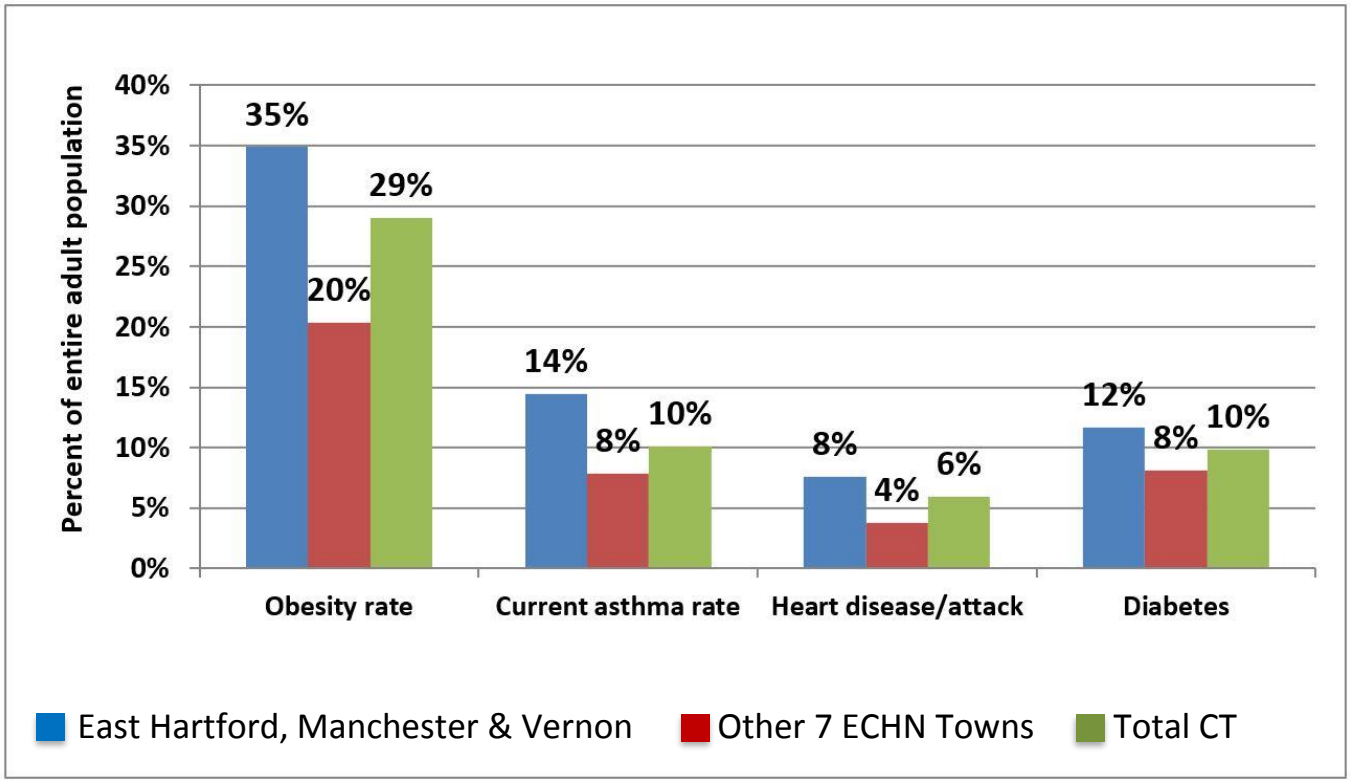
Source: DataHaven analysis of CTDPH data

Heart disease, and the other health and cardiovascular conditions are associated with health and lifestyle factors like:

- high-fat or high-cholesterol diets,
- smoking,
- and various sources of stress.
- lack of physical activity,
- lack of appropriate healthcare

Additional data in the DataHaven 2019 Greater Hartford Community Wellbeing Index illustrates that heart disease leads to hospitalizations and other impacts on the region's lower-income populations at far earlier ages than the general population, where it tends to primarily impact adults age 50 and above.

Chronic Diseases

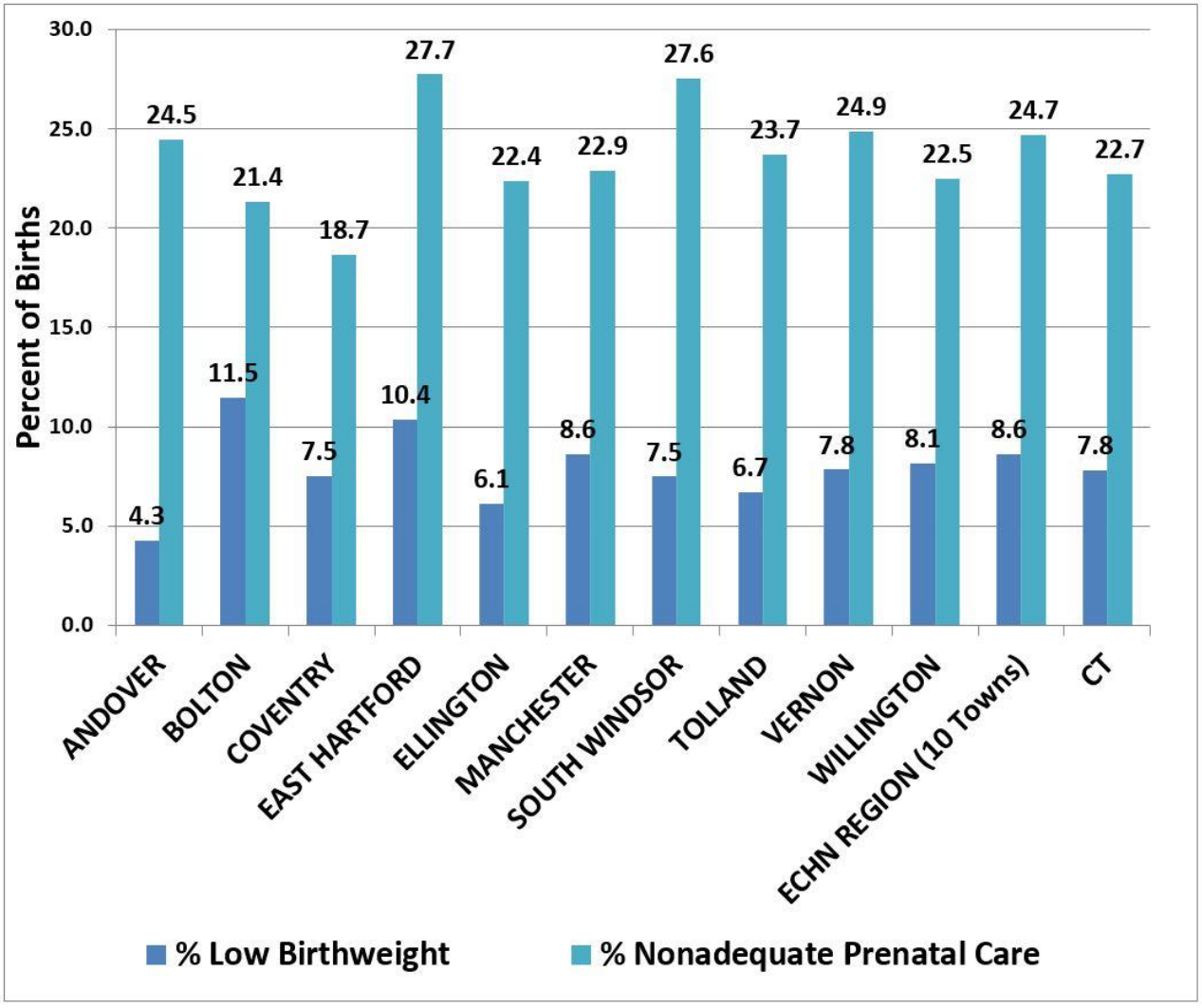


Source: 2018 DataHaven Community Wellbeing Survey

Infant and Maternal Health

Connecticut may be achieving better infant health outcomes overall by maintaining a higher rate of adequate prenatal care for mothers. Twenty-two point seven percent (22.7%) of Connecticut mothers reporting less than adequate prenatal care in 2011-2015, compared to 24.4% of mothers across the US in 2016. Within the ECHN Region, these measurements vary. Some towns, in particular East Hartford, have markedly high rates of low birthweight and inadequate prenatal care. A higher rate in Bolton was also observed, but this difference is not considered statistically meaningful due to the relatively small number of births in that town. Others, like Ellington, have lower rates overall.

Infant Health



Source: DataHaven analysis of 2011-2015 CTDPH data on birth outcomes

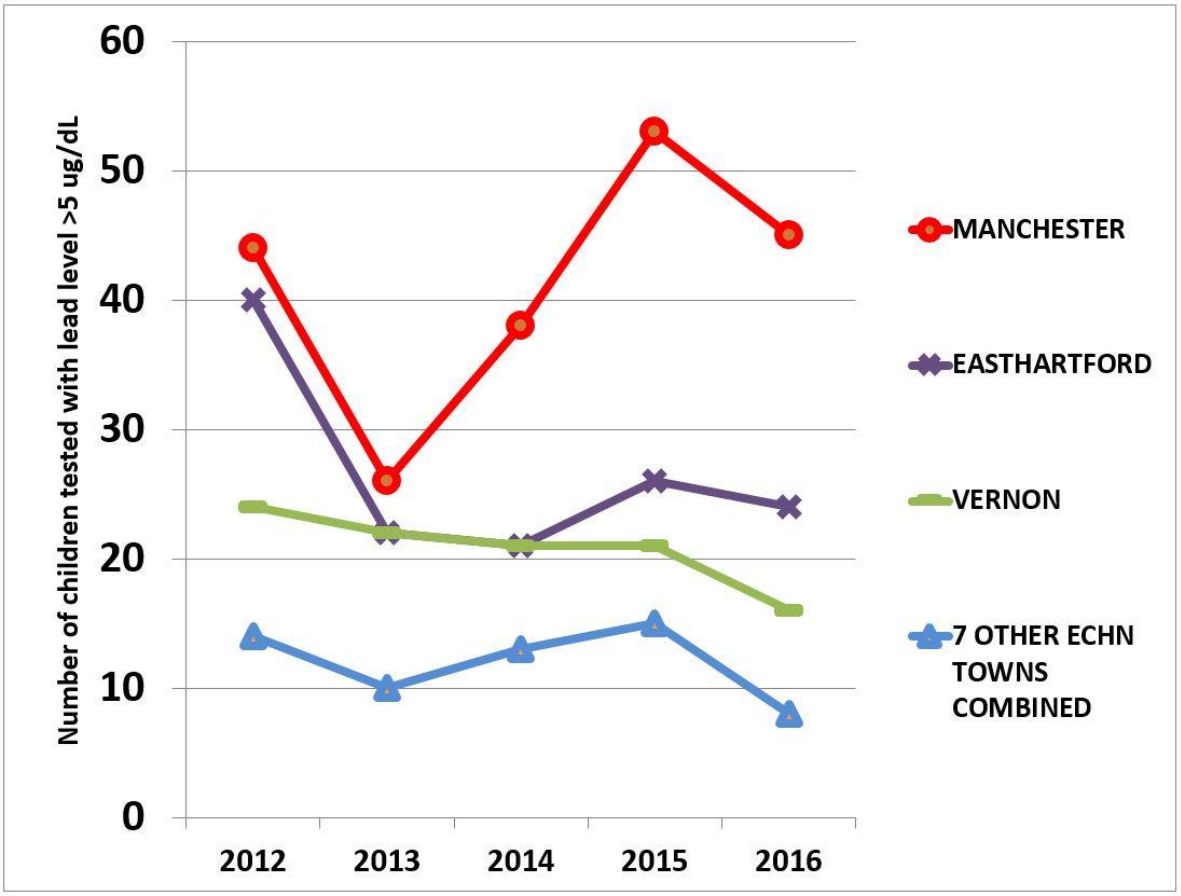
Andover, East Hartford, South Windsor, Tolland, and Vernon had higher percent low birthweight. The same towns had a higher percentage of births with less than adequate prenatal care. Bolton and Coventry had lower percent low birthweight and two of the lowest percentages of inadequate prenatal care. There are large racial and ethnic disparities in these measures both in Connecticut and throughout the nation, with black babies being about 2 to 3 times more likely to die in their first year of life than white babies.

Infant and Maternal Health *(continued)*

Lead Poisoning

As shown in the chart below, between 25 and 55 children in Manchester had unhealthy levels of lead in their blood each year between 2012 and 2016.

Lead Poisoning



Source: DataHaven analysis of 2012-2016 CTDPH data

Mental Health and Substance Abuse

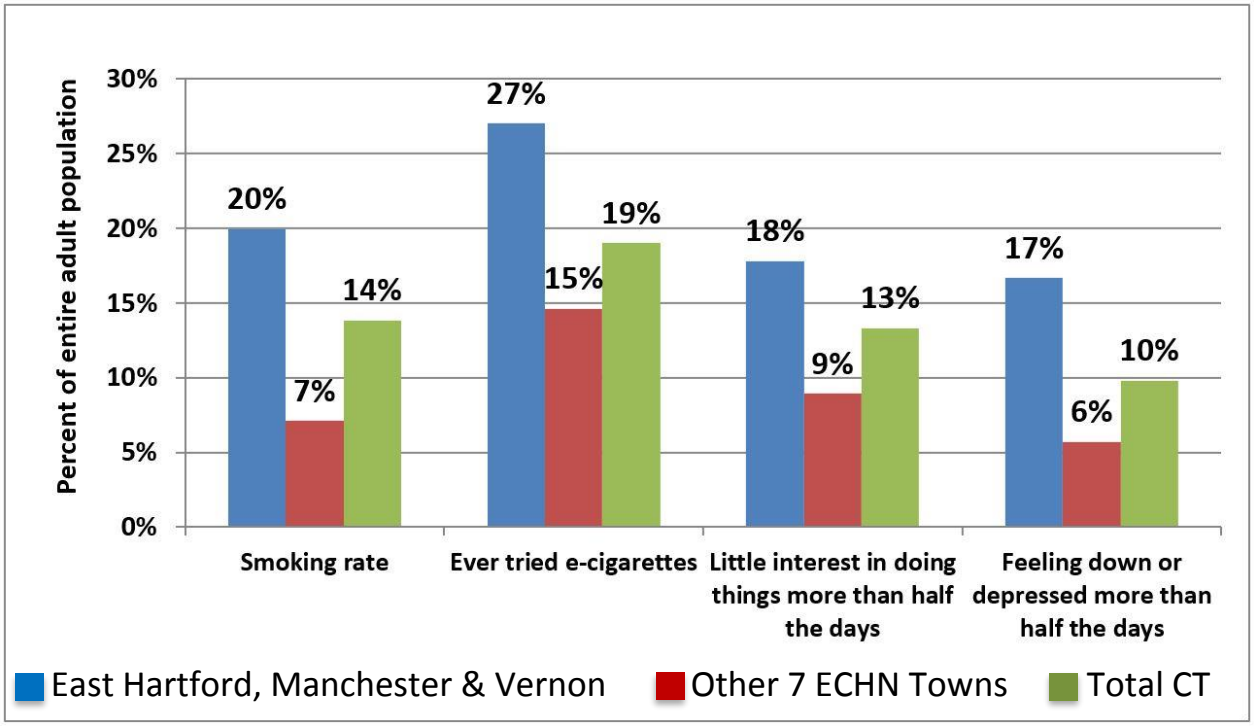
In the larger towns of East Hartford, Manchester, and Vernon combined, 17% of adults said that they feel depressed during more than half of the days in the last month, much higher than statewide average of 10%. The other 7 ECHN Region towns reported lower rates.

According to the 2019 Greater Hartford Community Wellbeing Index, which also considers data on all statewide hospital and emergency room visits (data that are not included in this report), mental disorders and depressive disorders are among the top five most common diagnoses in hospital encounters. The report suggests that there are burdens of hospitalizations and emergency room visits for depressive disorders in East Hartford, Vernon, and Manchester that are higher than the statewide and regional average.

Greater Hartford followed statewide trends in decreasing smoking rates. From 2015 to 2018, cigarette smoking fell from 15% to 12%, compared to 15% to 14% statewide. However, the rise of vaping continued, with 19% of adults in Greater Hartford having tried e-cigarettes, up from 15% in 2015. This rate was much higher in the three largest ECHN Region towns, East Hartford, Manchester & Vernon, at 27%, compared to 15% in the other seven ECHN Region towns.

Mental Health and Substance Abuse in the ECHN Area

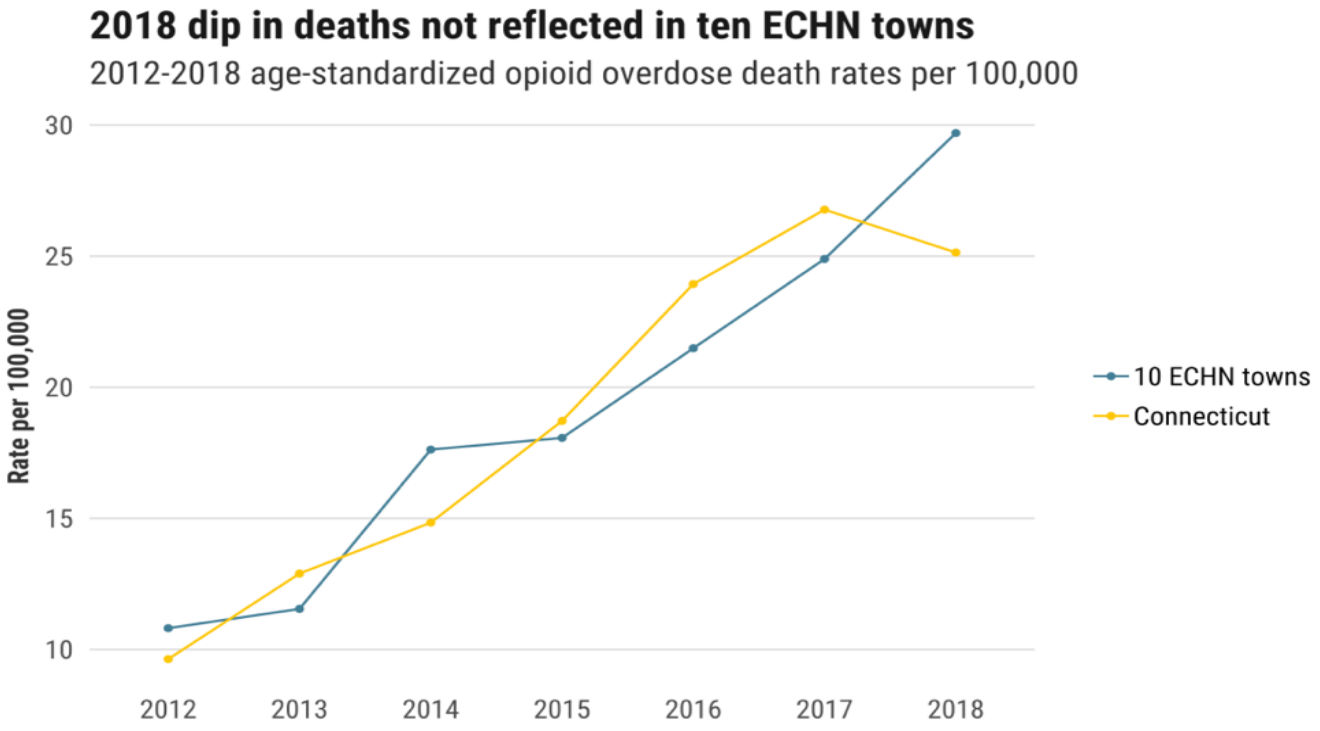
Selected data from 2018 DataHaven Community Wellbeing Survey



Source: 2018 DataHaven Community Wellbeing Survey

Mental Health and Substance Abuse *(continued)*

The rising number of opioid overdose deaths has become a major concern throughout the nation, and within Connecticut. In 2018 alone, East Hartford, Manchester, and Vernon witnessed 21, 27 and 11 opioid overdose deaths, respectively. While Connecticut experienced a slight dip in opioid overdose deaths in 2018, the rates in ECHN towns continued to increase between 2017 and 2018.



Source: DataHaven analysis of CT OCME data

Regional Focus Groups and "Data Walks"

In April and May 2019, ECHN invited over 160 community partners and representatives to participate in one of three focus groups. The three focus groups engaged a total of 35 individuals and were conducted by ECHN and DataHaven. The goals of the focus groups were to determine perceptions of health strengths and needs in the region; to identify gaps, challenges and opportunities for addressing community needs more effectively; and to explore how these issues can be addressed in the future. Focus groups were scheduled in three towns of the ECHN Region: Manchester, South Windsor and Vernon.

Focus groups are meant to provide the perspective of community members, particularly community partners who are serving the underserved and/or specific populations, as part of the community health needs assessment process. Each session was structured in two parts:

- A presentation of data gathered through the 2019 DataHaven Community Wellbeing Survey and other data sources such as Connecticut Department of Health, Connecticut Office of Chief Medical Examiner, ChimeData (hospital data) and US Census and
- Interactive discussions on each data topic in small groups with a facilitator, modeling the Urban Institute's "data walk" process, allowing all participants to share their perspectives and experiences.

PARTICIPANT DEMOGRAPHICS

Individuals participating in the focus groups represented a broad cross-section of the ECHN Region. The tables below show the distribution of participants were as follows:

Town Representation	# of Participants
Ellington	2
East Hartford	1
Manchester	19
Rockville	1
South Windsor	5
Storrs	1
Vernon	6
TOTAL	**35**

Type of Organizations Represented	# of Participants
Behavioral Health	2
Business Association	1
Community Council	1
Healthcare/Medical	2
Emergency Medical Services	4
Environmental Health	1
Food Supplier	4
Town Government	10
Health Department/District	4
Human Services	1
Law Enforcement	1
Library	1
Media	1
Social Services	2
TOTAL	**35**

Regional Focus Groups and "Data Walks" (continued)

Our focus group participants had representation from the following organizations and departments:

- Ambulance Service of Manchester, Business Development & Education
- CHR
- Eastern Highlands Health District (Storrs)
- Ellington Volunteer Ambulance
- Elm Press
- First Choice Health Center
- Foodshare
- Highland Park Market
- Hockanum Valley Community Council
- Manchester Fire-Rescue
- Manchester Housing Authority, Resident Services
- Manchester Youth Services
- North Central District Health Department
- Planned Parenthood
- Rockville Downtown Association
- ShopRite of Manchester, Dietary
- Town of East Hartford, Nursing
- Town of Ellington, Human Services
- Town of Manchester, Community Programs
- Town of Manchester, Health Services
- Town of Manchester, Senior & Adult Services
- Town of Manchester, Senior Center
- Town of Manchester, Youth Services
- Town of South Windsor, Health Office
- Town of South Windsor, Human Services
- Town of Vernon, Senior Center
- Town of Vernon, Social Services
- Urologist
- Vernon Library
- Vernon Police Department

SURVEY

We invited focus group participants to complete a brief survey to prioritize major health problems and access to care barriers. Of the 35 participants, 32 completed the survey for a response rate of 89%.

Based on the surveys, the perceived top five major health problems were:

- Access to Healthcare
- Cancer
- Diabetes, Nutrition & Physical Activity
- Heart Disease
- and Mental Health/Substance Abuse.

Regional Focus Groups and "Data Walks" (continued)

The survey also requested that focus group participants call upon their professional experiences/community interactions to identify the Top 5 most difficult types of care to access. Below are the results:

- Dental Care
- Elder Care
- Mental Health
- Primary Care
- and Substance Abuse Treatment.

Attendees of the focus groups were also given the opportunity to identify other health issues not covered in the discussion. The following are additional comments provided on the surveys:

- The lack of focus on primary prevention, polices and physical community changes to support/facilitate optimal health;
- Case management services;
- Coordination of healthcare information across systems;
- Fresh food for low income families;
- Not just our community—insurance navigation, cost, understanding;
- Race plays a significant role in healthcare access and subsequent disparities and correlates directly with high need areas on the services map.

Finally, participants were asked to indicate whether participation in the session was relevant and valuable. Of the 32 responses, 31 indicated "Yes" and only one person indicated "Somewhat."

OVERALL STRENGTHS AND ASSETS

Strengths of the community noted by participants included the following:

- Access to food markets
- Cancer treatment programs
- Emergency Medical Services
- Parks
- Recovery rates for heart disease
- Sense of community engagement
- AEDs available in buildings and parks
- Easy access to highways, hospitals
- Four seasons
- Programs for human services
- Safe communities

Analysis of Focus Group Themes

An analysis of themes that emerged during the conversations was organized around the 5 healthcare areas identified in the data as described above.

Access to Healthcare

Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for our communities.

Resources: Resources mentioned include Dial-A-Ride and local Senior Centers.

Barriers: Barriers to accessing healthcare included poverty, transportation, limitations of insurance plans, funding restrictions and language.

Recommendations:

1. APRN/PA visits to nursing homes,
2. Increasing publicity about resources, e.g. food pantry,
3. Use of telemedicine and
4. Increasing ECHN outreach to the community.

Cancer

The overall response to the data on cancer was a shock about the high incidence rates. Participants in all three focus groups were particularly curious about why the numbers were so high, especially in Manchester. There was also interest in knowing whether the causes of lung cancer were from smoking or environmental factors, (e.g. radon) and wondered if having a breakdown of data at the neighborhood level for analysis purposes would be helpful. Concerns were also expressed about the long-term impact of vaping. The positive efforts being made with dermatology was acknowledged.

Barriers: One participant noted that barriers exist among minority populations to colorectal cancer diagnosis and treatment. Cultural barriers and fear prevent people from accessing testing because funding for treatment is not available.

Recommendations: Recommendations offered included:

1. Increase publicity about end-of-life services,
2. Focus on prevention and educating youth,
3. Provide information on smoking cessation programs and
4. Increase use of radon map for education and prevention.

Analysis of Focus Group Themes *(continued)*

Family Planning & Infant/Child Health

Participants expressed interest in a more detailed breakdown of information by towns for issues such as drug use, gangs. Overall, Manchester youth services have shown improvement over the last five years. Manchester has also made a concerted effort to encourage providers to test lead levels in children.

Barriers: An increase in inadequate pre-natal care in South Windsor was identified a concern. Another issue was the number of undocumented residents/families living with reluctance to access services due to immigration-related fears. Issues with accessing care and acceptance of insurance in the East Hartford area was also noted.

Heart Disease, Diabetes & Nutrition

A general comment offered from the review of heart disease, diabetes and nutrition data was that busy lifestyles for families translate to consumption of more fast food. Participants also noted that Baby Boomers are more interested in physical activity than older adults. The ALICE survey was also mentioned as a resource.

Barriers: Barriers included the lack of access to primary care providers and education, transportation, lack of knowledge regarding resources, (e.g. FoodShare, meal services) expense of healthy foods, language and lower educational levels and the disproportionate number of fast food establishments in economically disadvantaged areas.

Recommendations:

1. Need for more information about walkable areas and bike trails,
2. Need for more community-based clinics and health fairs,
3. Need for more communication between cardiologists and Primary Care providers,
4. Pre-diabetes and heart disease prevention education,
5. Increased publicity on available services and
6. Offer more services during after-work and weekend hours.

Analysis of Focus Group Themes *(continued)*

Mental Health/Substance Abuse

Participants in the focus groups noted that mental health/substance abuse needs have become more prevalent. Suicide rates are high, and one participant mentioned that Vernon has had the third highest rate in the state in a recent year (not confirmed). Suicide among adolescents and substance abuse were also noted as top concerns in rural areas.

Resources: Resources mentioned to address mental health/substance abuse issues included the monthly meetings of Communities of Care, the Sword Initiative and mental health providers in communities in the region.

Mental Health Barriers: Stigma and denial associated with mental health were mentioned at each of the three focus groups. Sharing of information between providers is limited by laws and regulations. The expense and lack of coverage for mental health services were identified as issues. Participants noted that there are limited resources for short-term mental health treatment. Although checklists to identify mental health issues are being introduced, this approach does not address individual differences in mental health status. Transportation is another barrier to seeking mental health services.

Vaping: Participants expressed more concerns about vaping than any other mental health/substance abuse issue. One attendee reported that they believe that 80% of students in high school are vaping and that many middle school students are also vaping. Participants noted that parents enable vaping. Others expressed that the impact of high doses of nicotine on developing brains is a growing concern.

Opioid use: Opioid use is a significant concern across all towns in the ECHN Region. The relationship between opioid use and pain management was also stated. Frustration was expressed about the limitation of resources at the local level, the high expense of Narcan, treatments being "watered down," and not knowing which approaches to addressing opioid use work best.

Recommendations:

1. Banning vaping,
2. Using screening questions in primary care settings,
3. Providing more information about availability of mental health services,
4. Providing assistance with navigation of local treatment options and services and
5. Increasing the number of mobile crisis teams.

Summary

In the ECHN Region of 10 towns, stakeholders recognize the importance of community health, and are regularly working on initiatives that contribute to the well-being of the area. As noted above, there is a high level of interest in collaboration and specific recommendations to further improve the region's health. While the region is healthy overall, concerns about community health and health disparities were raised across all of the areas of focus in this assessment. Obstacles to health include socioeconomic conditions and determinants such as nutrition, smoking, transportation insecurity and access to and affordability of healthcare. ECHN will continue to prioritize the strategies developed in our correlating CHNA Action Plan based primarily on the size and severity of a particular need, while also taking into account our ability to impact the need and the availability of resources that exist to address it.

Partners in the ECHN Region will continue to work together to identify targeted policies and program changes that work to address access to care, as well as to create healthier environments that sustain improvements at the individual and community level. In the ECHN Region, some neighborhoods are disproportionately impacted by chronic disease and substance use disorder, and have lower life expectancy as a result. Expansion and improvement of healthcare and social services, and broader approaches to facilitate healthy behaviors, such as investment in environmental improvements or smoking cessation supports, may begin to alleviate these concerns, especially if they are targeted to the populations in greatest need.

As shown, age, race and location play a large role in distribution of clinical markers. Research indicates that attention to social determinants of health may both improve health and reduce healthcare costs.

The first steps have been taken: People in the region are having discussions to identify priorities and discuss ways to improve community health. By continuing this approach of community engagement, and tracking progress over time as regional assessments are updated, solutions to addressing community health needs become more sustainable and foster lasting changes to the health status of the ECHN Region.

DataHaven *is a non-profit public service organization, founded in 1992, that seeks to empower all people by creating and sharing meaningful, community-level information about the well-being of Connecticut. Its programs include the DataHaven Community Wellbeing Survey, which creates local-level information throughout Connecticut by conducting live, in-depth interviews with over 32,000 randomly-selected Connecticut adults in 2015 and 2018. DataHaven is funded by over 100 public and private organizations throughout Connecticut, and regularly consults with local and state public health departments as well as university researchers throughout the region as it conducts this work.*

Healthy is Everything.