Community Health Needs Assessment 2019

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Collaborative
Southeastern Connecticut

Acknowledgments

Executive Summary

Guided by the Southeastern CT Health Improvement Collaborative, a partnership of health care providers, local public health, federally qualified health centers, higher education, and numerous social service and other non-profit organizations serving the region, data from primary and secondary sources were considered in order to identify and elucidate the leading health indicators for the region included in this report.

The data in this assessment provide a rich array of information and move the process toward a more holistic understanding of health status, perceptions, barriers, and strategies for improvement. Community member input reveal consistent themes around both the many assets in our region and the many challenges that residents face in achieving health and wellbeing. Particular attention has been paid to the intersection between social, economic, and environmental conditions and health as well as to health disparities in recognition of the significant contribution of social determinants to overall health and wellness.

The data further reiterate that where one lives has a very powerful impact on life expectancy. A determinant strongly tied to neighborhood, economic security, or the ability to regularly and comfortably pay for one's basic needs such as food, housing, transportation, and other goods and services, is closely associated with health outcomes. Residents in lower income categories report lower wellbeing, less access to basic resources including high quality fruits and vegetables, lower rates of feeling safe and trusting their neighbors, and more incidences of discrimination. Food insecurity among the working poor ($30K to $75K annual income) exceeds that of the lower income category. Further, rates of poverty in the Black and LatinX populations of the region are disproportionate to their overall population.

Those unemployed and wanting to work are more represented among the low income, young adults, and those with less education. Poverty and less education lead to poor health, which makes the ability to work more difficult, further exacerbating poverty. Additionally, the Wellbeing Survey highlighted several indicators related to the experience of discrimination including in employment, in relationship with the police, and in healthcare. This discrimination was perceived to be most often associated with race. These measures are of critical importance in formulating the Community Health Improvement Plan as the micro-aggressions and toxic stress associated with racism is linked to poor health outcomes.

Housing stock in the region is older in general and more likely to harbor health hazards such as defective lead paint, failing plumbing, and asbestos insulation underscoring poorer health among lower income residents who are more likely to live in poor quality housing. Although housing cost burden, defined as spending 30% or more on housing costs, has declined slightly in recent years, there is a continued challenge for many families to find affordable housing in the region. Transportation has continued to be a key concern impacting health; focus group, web survey participants, and community partners repeatedly cited the need for more and better public and specialty transportation.

As it relates to chronic disease, there are repeated associations between poor health and social determinants in the assessment data. When sedentary lifestyle is examined by income, those with incomes less than $75,000 are more likely to be sedentary than the state and greater New London overall. Vaping, diabetes, asthma, and heart disease also have higher prevalence among those within lower income categories and those with lower levels of education. Lower income and education is also correlated with higher emergency department use, the delaying of healthcare, not getting necessary care, less dental care, a lack of primary care provider, and not getting necessary medications due to cost.

Mental and emotional wellbeing is an area of concern, with disparities by race and also by income. People of color report anxiety and depression at significantly higher rates than Whites in the region. Drug overdoses and overall substance use remain an area of grave concern.

Racial and ethnic health disparities were evident on several indicators including asthma (higher among people of color), oral health (less preventive care among people of color), obesity (higher among African Americans) and hypertension (higher among African Americans). People of color are more likely to use the hospital emergency department (ED) three or more times per year, considered a proxy for access to care in the community.

Understanding the connections between wide ranging factors and their relative contributions to overall health is one goal of the community health assessment process. Only through this understanding can the community effectively impact policies, systems and practices toward a healthier community.

Geographic Scope
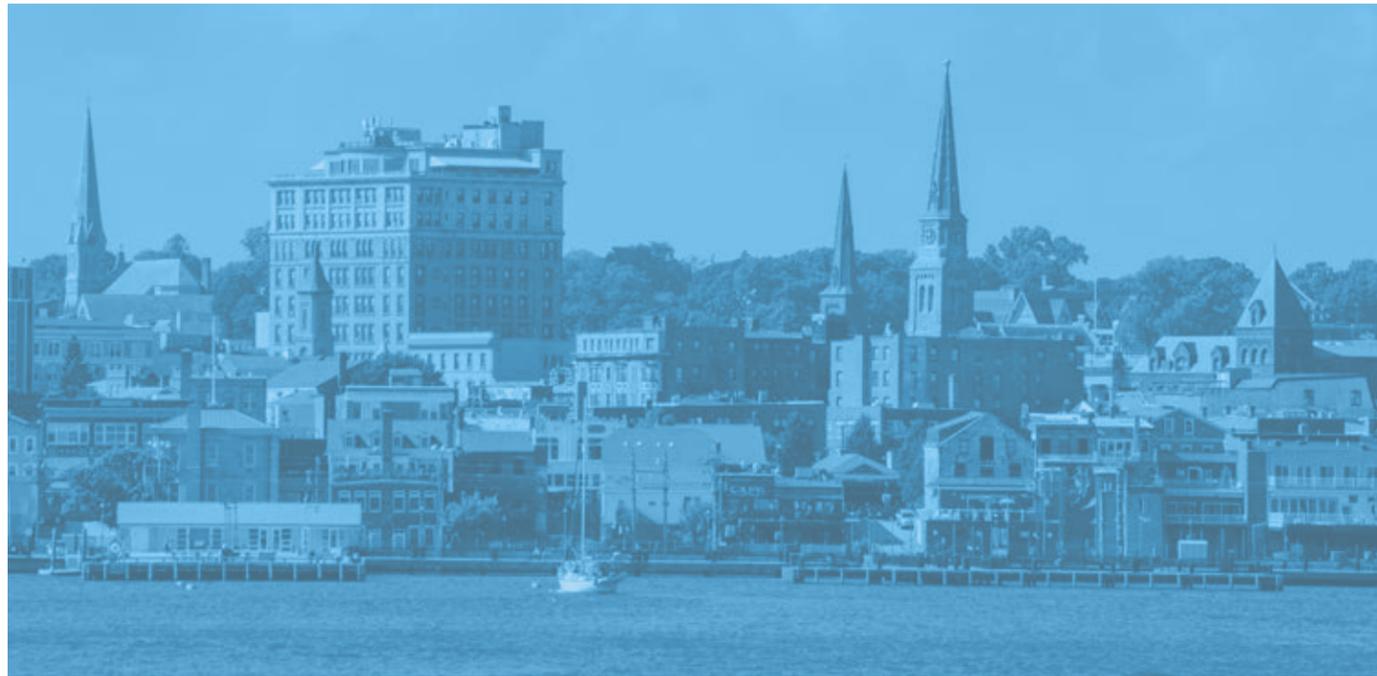
The geography included in the 2019 Community Health Assessment consists of the primary service area of L+M Hospital. These municipalities are a mix of urban and suburban communities and include two federally-recognized Tribal Nations. Upon defining the geographic area and population serviced in Greater New London, the Collaborative was diligent to ensure that no groups, especially minority, low-income or medically under-served, were excluded.

Greater New London (GNL) area includes:

- Ledge Light Health District Towns
- East Lyme
- Lyme
- Old Lyme
- Waterford
- New London
- Groton
- Ledyard
- Stonington
- North Stonington
- Uncas Health District Town
- Montville

Wellbeing Index

Throughout the Greater New London Region, personal wellbeing is strongly associated with the Community Index.

Personal wellbeing score based on self-reported happiness, health, anxiety, and life satisfaction.
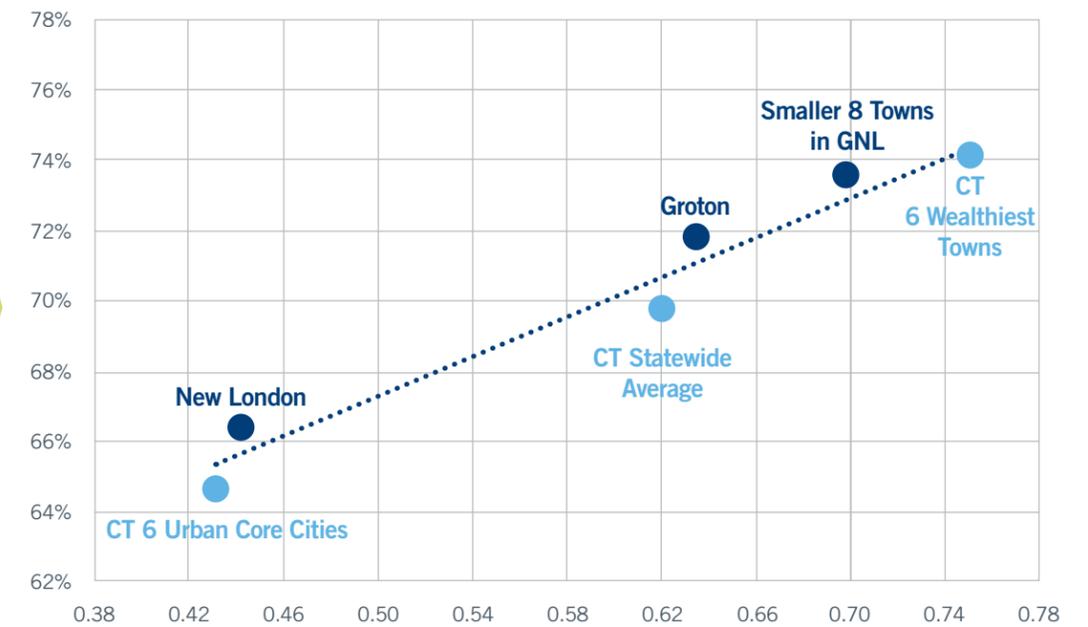
Community Index score based on employment, education, income, poverty, life expectancy, and other community-level factors.

Source: DataHaven analysis of 2018 DataHaven Community Wellbeing Survey live, in-depth interviews with 16,043 randomly selected adults throughout CT, and DataHaven analysis of U.S. Census 2013-2017 5-year American Community Survey and other local data.

Self-Reported Wellbeing

Connecticut	59%
Greater New London	57%
New London	51%
Ages 18-34	55%
Ages 35-49	55%
Ages 50-64	56%
Ages 65+	61%
White	57%
Black	49%
Hispanic	51%
Under $30K	46%
$30K-$75K	47%
$75K+	69%
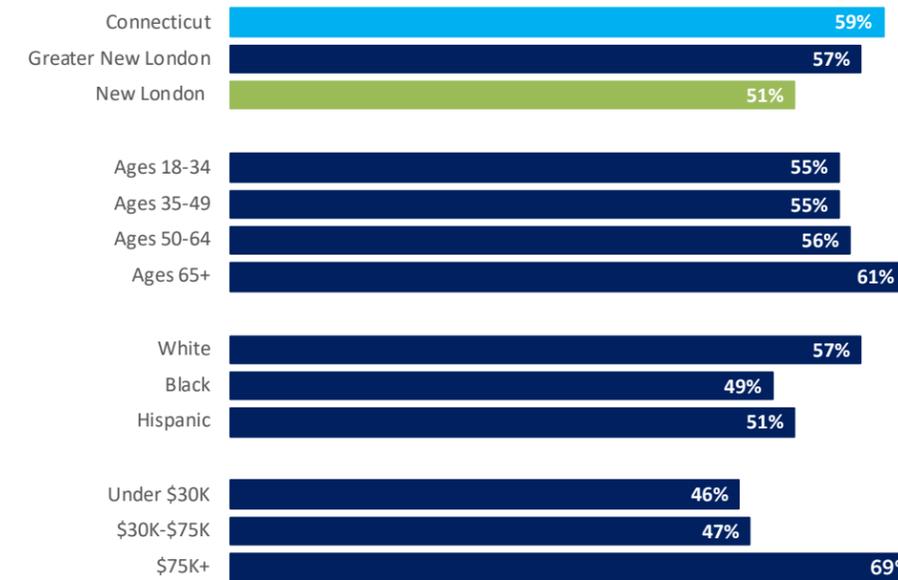
Adults rating their overall health as excellent or very good, GNL, Wellbeing Survey 2018.

Self-rated health status is a measure used internationally and a strong predictor of health outcomes and hospitalizations. There are significant disparities by income, race/ethnicity, and geography.

Demographics

Population

Greater New London population in thousands by age group:
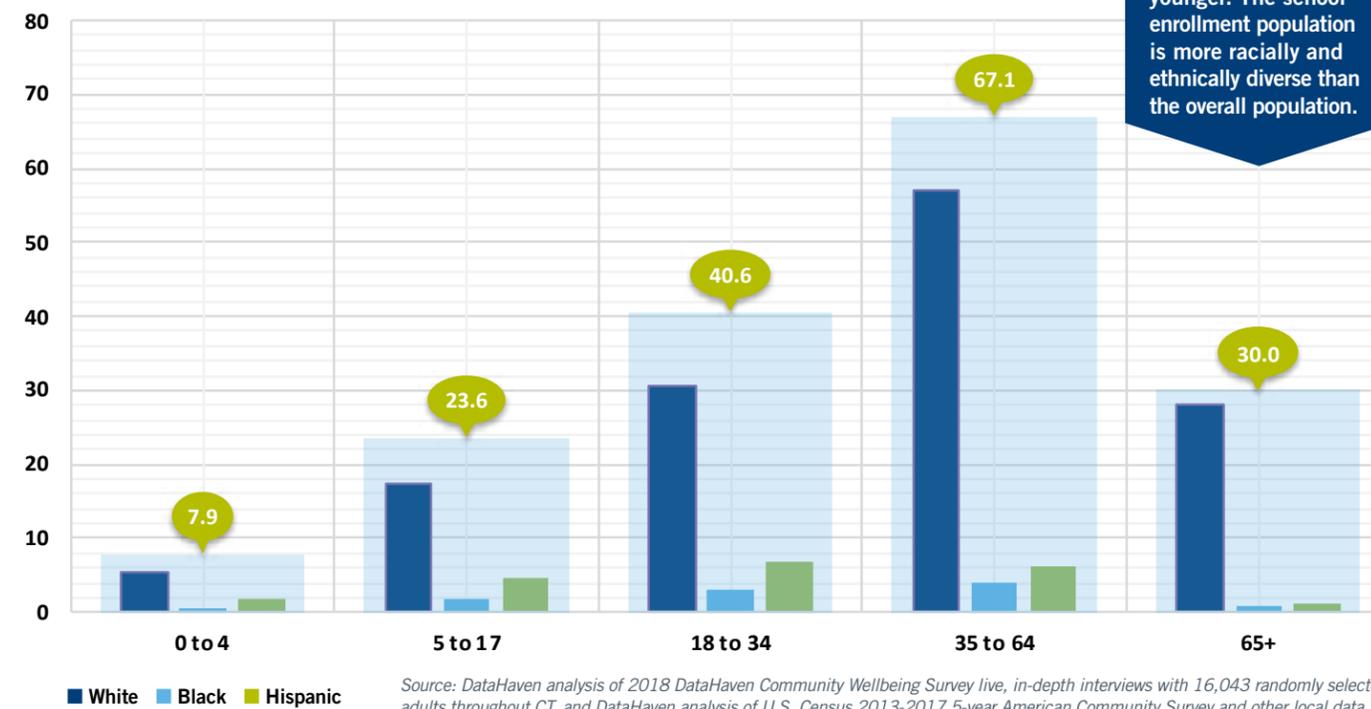
The region's population is becoming more diverse. In the urban centers of Groton and New London, the population trends younger. The school enrollment population is more racially and ethnically diverse than the overall population.

- White
- Black
- Hispanic

Source: DataHaven analysis of 2018 DataHaven Community Wellbeing Survey live, in-depth interviews with 16,043 randomly selected adults throughout CT, and DataHaven analysis of U.S. Census 2013-2017 5-year American Community Survey and other local data.

Life Expectancy

Life expectancy at birth, Greater New London by town, CDC 2018:

Where you live matters in terms of life expectancy. In southeastern Connecticut there is a 5+ year disparity between the town with the highest life expectancy and that with the lowest. An examination to the census tract level reveals even greater disparities.

GNL: 80.89

Connecticut: 80.30

US: 78.70

- 0.01 - 77.20
- 77.21 - 79.90
- 79.91 - 81.00
- 81.01 - 82.30
- 82.31 - 83.90
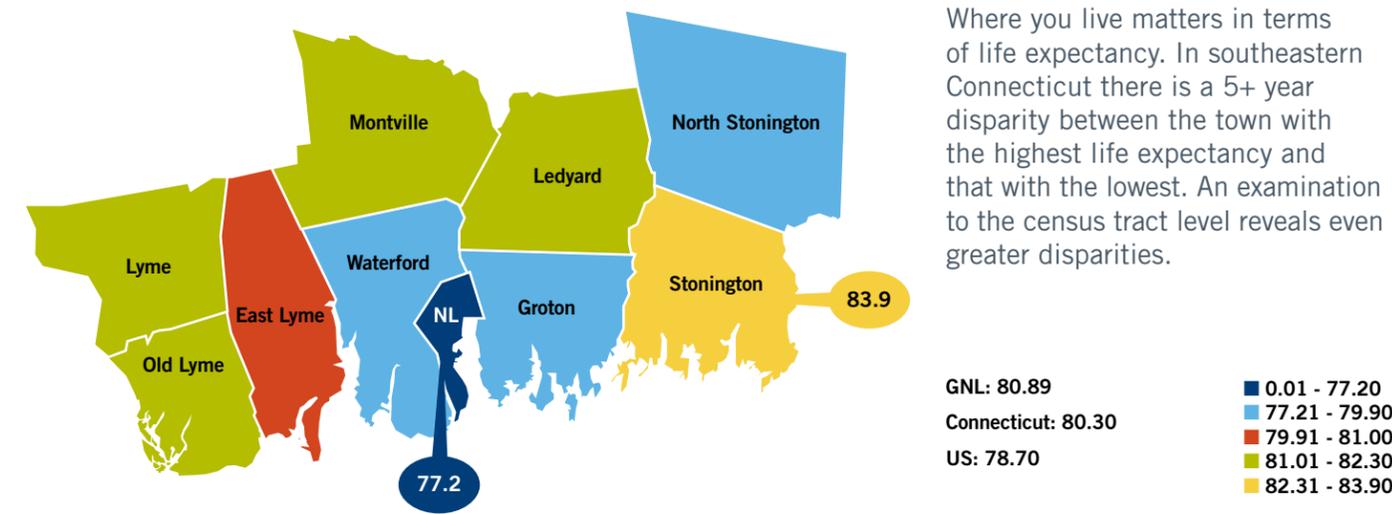
Social and Economic Factors

Economic Security

New London County's richest 5% earn seven times more than the lowest 20%, DataHaven 2018:

Economic Security, or the ability to regularly and comfortably pay for one's basic needs such as food, housing, transportation, and other goods and services, is closely associated with health outcomes.

Household income by percentile, New London County, 2016

Bottom 20%	Median	Top 20%	Top 5%
30K	68K	130K	220K
	2.3 times higher	4.4 times higher	7.4 times higher than bottom 20%
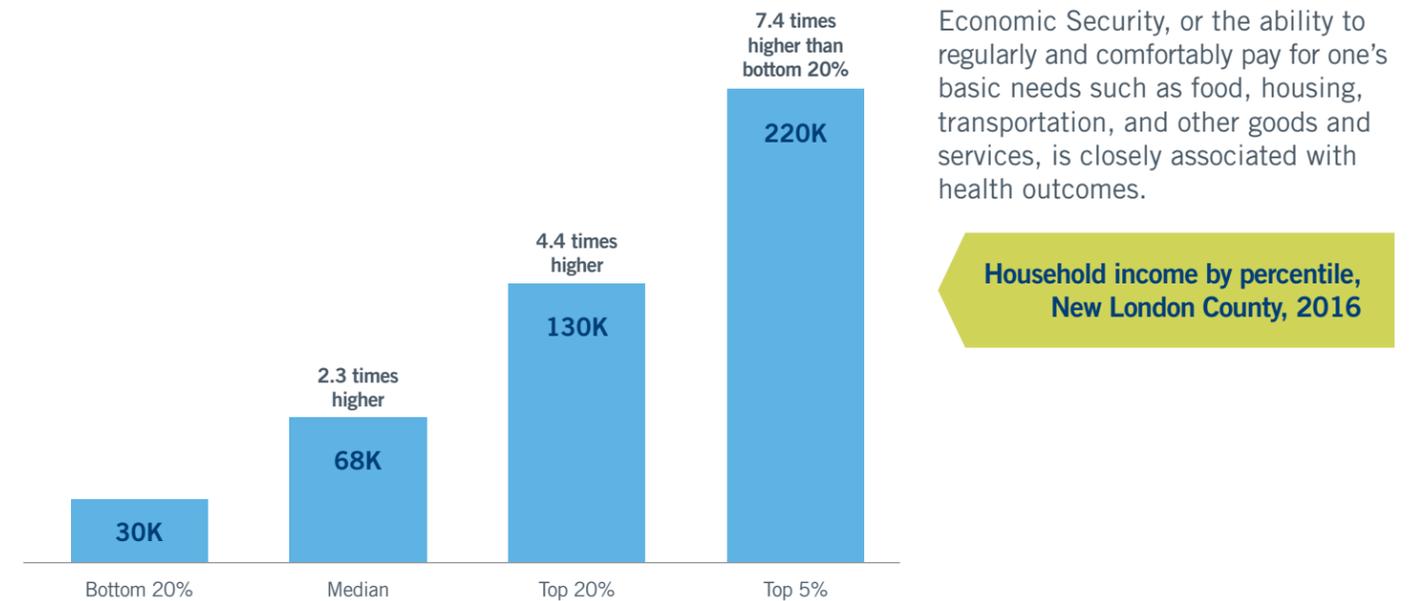
GNL Population by race/ethnicity and population in poverty by race/ethnicity:

Poverty rates among Black and LatinX people is disproportionate to the overall population. Certain groups are experiencing a continued upward trend in poverty.

	White non Hispanic	African American	Hispanic of Any Race
Percent of Population by Race/Ethnicity, ACS 2017	74.5	5.3	11.7

	White non Hispanic	African American	Hispanic of Any Race
Percent of Population below Poverty by Race/Ethnicity, ACS 2017	7.0	20.2	27.6
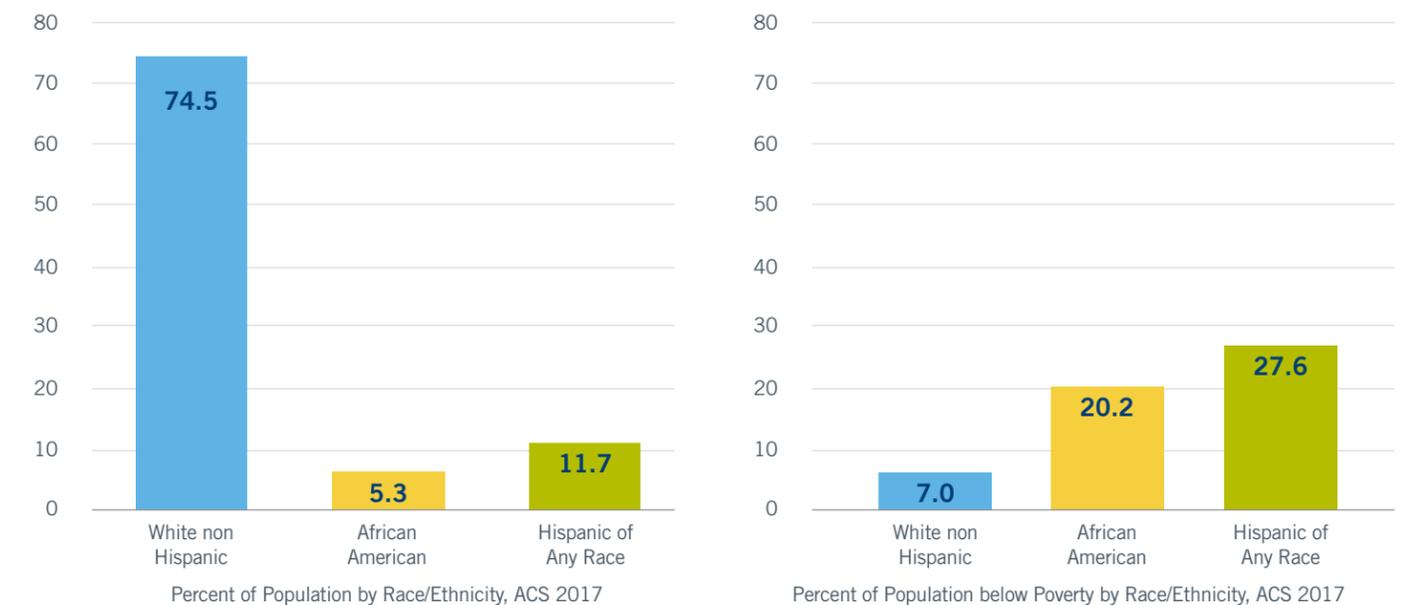
Economic Security

Change in percent in poverty rate by race/ethnicity and for all LLHD, ACS 2012-2017:

Line chart legend: White not Hispanic, African American, Hispanic of any Race, All LLHD

Year	White not Hispanic	African American	Hispanic of any Race	All LLHD
2012	5.9	14.8	20.3	7.7
2013	6.3	17.3	25.2	8.8
2014	6.8	15.0	25.6	9.2
2015	7.0	19.1	30.6	10.1
2016	6.7	18.6	29.0	9.9
2017	6.9	20.9	29.1	10.4
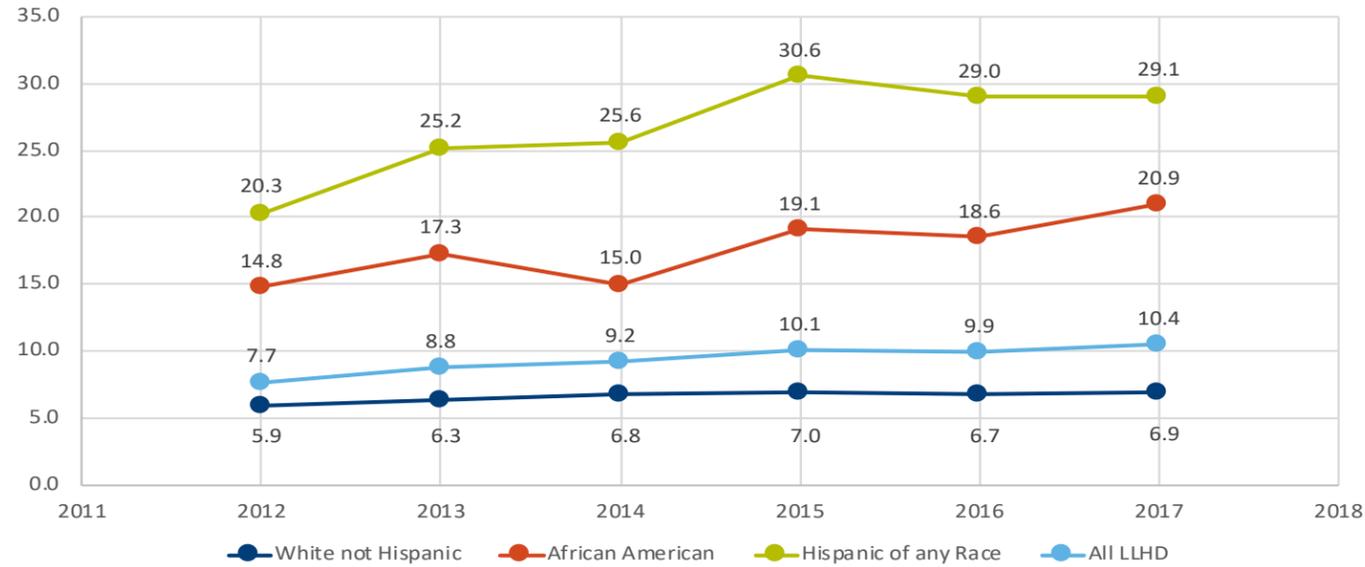
Household Resources

Younger adults, lower-income adults, and adults of color have less access to basic resources, Wellbeing Survey 2018:

	Food insecure	No reliable car access	No bank account
Connecticut	13	17	9
GNL	14	12	8
NL	27	29	12
18-34	26	23	13
35-49	21	9	8
50-64	9	11	5
65+	3	8	3
White	13	10	6
Not white	21	25	13
<$30K	43	25	17
$30K-75K	15	12	6
$75K+	4	4	4

Percent of adults facing measures of financial insecurity by age, race, and income Greater New London, 2018
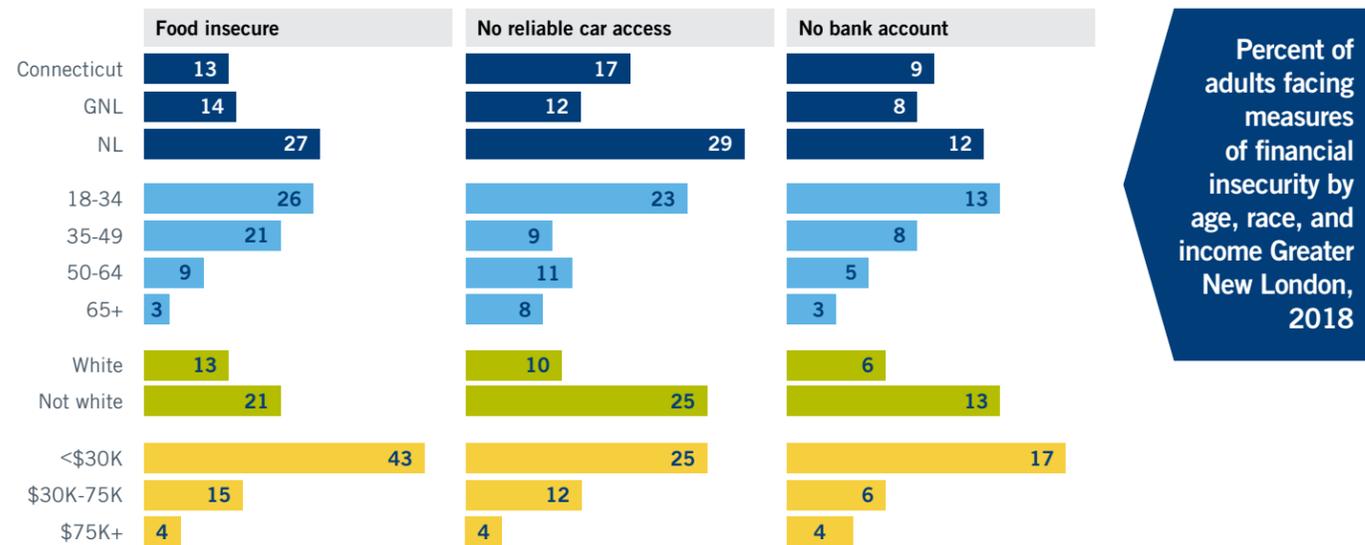
Food Security

Affordability of high-quality fruits and vegetables, obesity, and diabetes, GNL, Wellbeing Survey 2018:

One of the direst consequences of poverty is the inability to buy food. Food insecurity in the region continues to be a significant challenge, particularly for middle-income earners and working poor. There is also an association between food insecurity and obesity.

	Fruits & Vegetables Access	Obese	Diabetes
Connecticut	26	29	10
GNL	26	31	11
White	23	29	10
Black	52	35	25
Hispanic	31	46	10
18-34	42	27	2
35-49	26	39	6
50-64	22	35	14
65+	13	26	23
<$30K	29	42	16
$30K-75K	33	34	12
$75K+	20	28	9
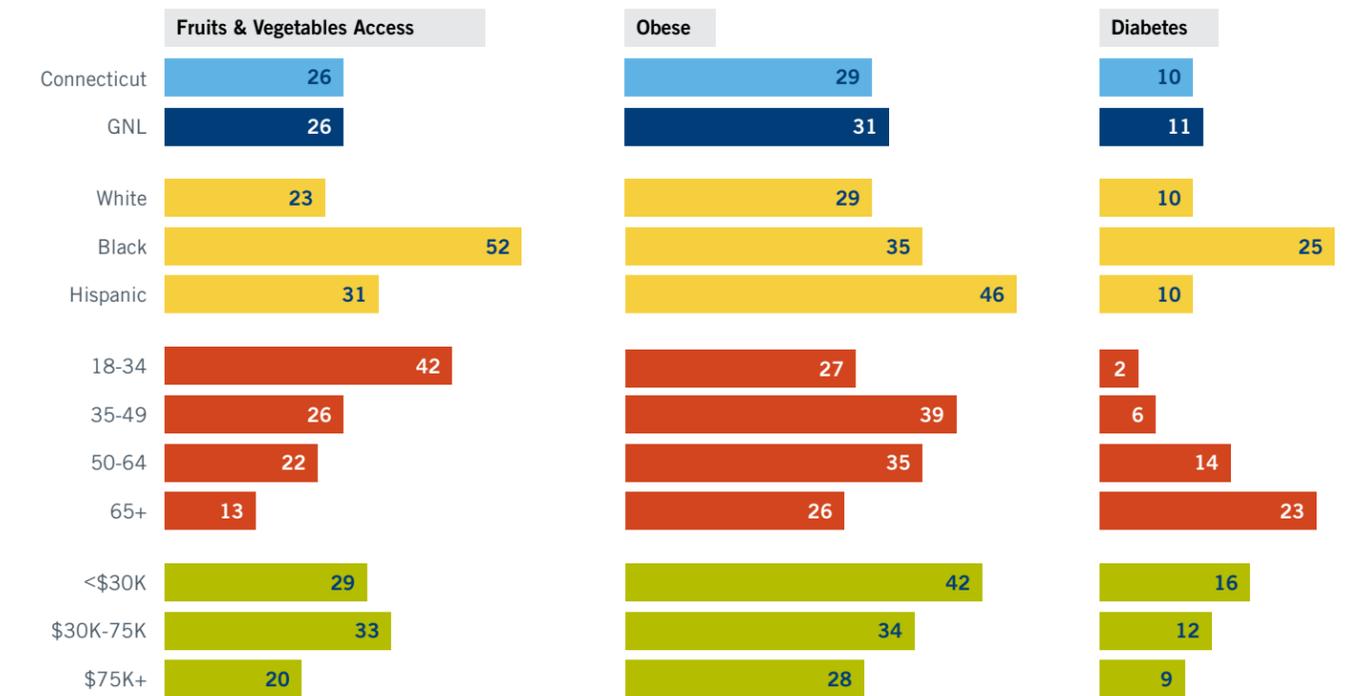
Housing

Percentage of Occupied Housing Units Paying Over 30% of Income Towards Housing Costs:

When residents spend over 30% of their income on housing alone, some struggle to pay for other necessities such as food, transportation, healthcare, and child care.

Bar chart: Percentage paying over 30% of income towards housing costs

	2014	2017
US	34%	32%
Connecticut	38%	36%
GNL	37%	31%

■ 2014 ■ 2017

Source: American Community Survey (ACS) 2018.
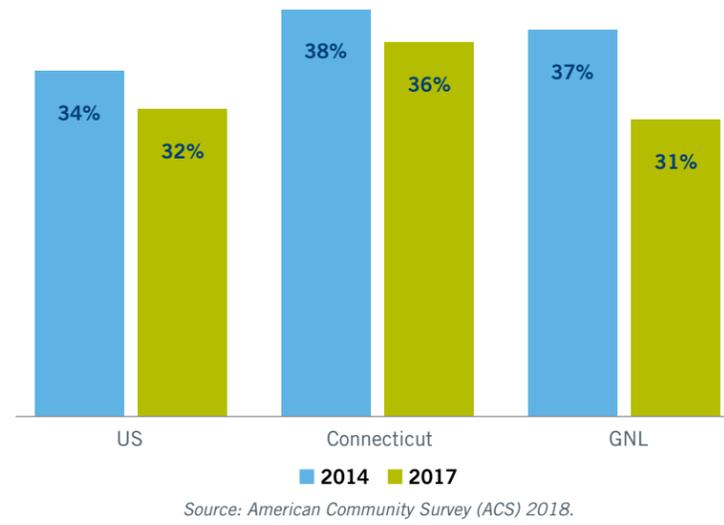
Social and Community Context

New London trails behind surrounding towns on community cohesion:

Having a strong social support system and feeling connected to a community can be a protective factor for both physical and mental health. Lower income residents are impacted substantially by factors of community cohesion.

	Trust neighbors	Good place to raise kids	Safe to walk at night
Connecticut	85	75	70
Greater New London	89	80	73
New London	66	47	54
Male	87	80	76
Female	89	78	71
White	91	83	76
Non white	78	69	65
Under $30K	76	67	57
$30K-$75K	87	73	74
$75K+	94	88	83
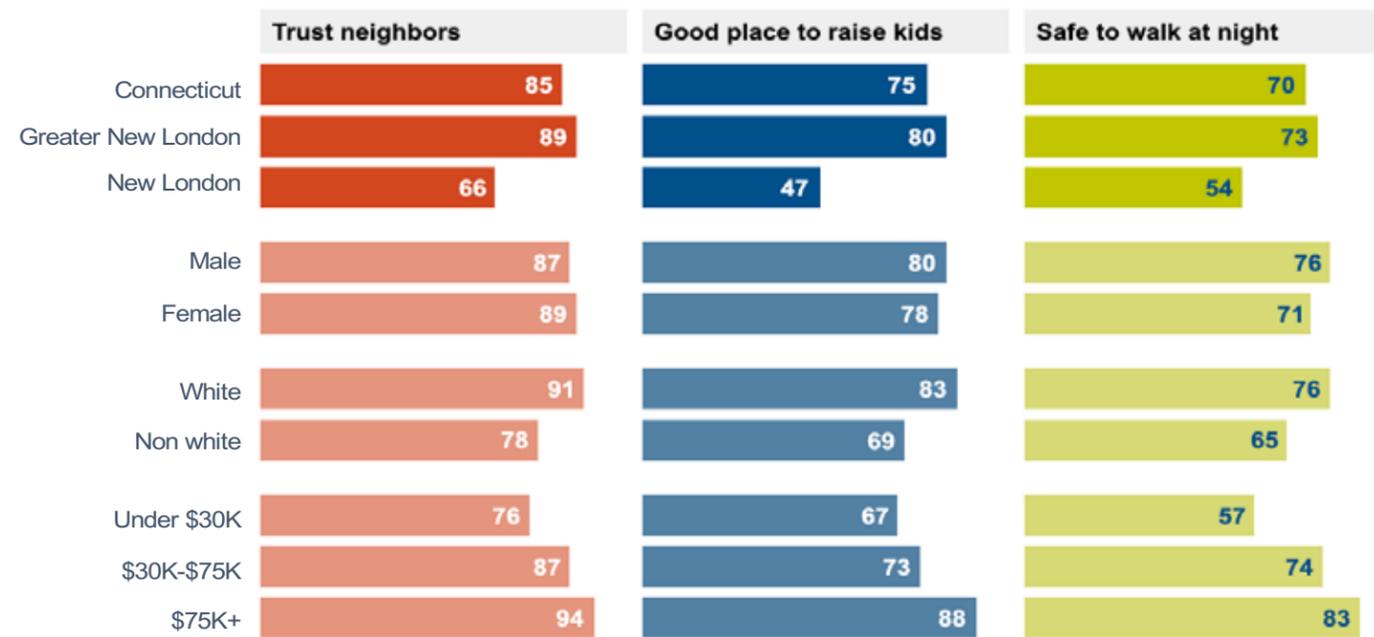
Source: DataHaven Analysis of 2018 Wellbeing Survey.

Social and Community Context

Unfairly fired, unfairly denied a promotion or raise, or not hired for a job for unfair reasons, GNL, Wellbeing Survey 2018:

> Those with lower incomes, males, and people of color report higher incidences of discrimination, largely based on race, physical appearance, and age. The toxic stress associated with racism is linked to poor health outcomes.

Bar chart values:

Category	Value
$75K+	24%
$30K-75K	37%
<$30K	38%
Bachelor's +	27%
Associates	27%
HS or less	40%
65+	23%
50-64	26%
49 or <	43%
Female	31%
Male	28%
Non-White	27%
White	30%
GNL	30%
Connecticut	27%

Unfairly stopped, searched, questioned, physically threatened, or abused by the police, GNL, Wellbeing Survey 2018:

Bar chart values:

Category	Value
$75K+	10%
$30K-75K	10%
<$30K	18%
Bachelor's +	11%
Associates	8%
HS or less	17%
65+	5%
50-64	12%
35-49	15%
18-34	14%
Female	7%
Male	15%
Non-White	18%
White	9%
GNL	11%
Connecticut	11%
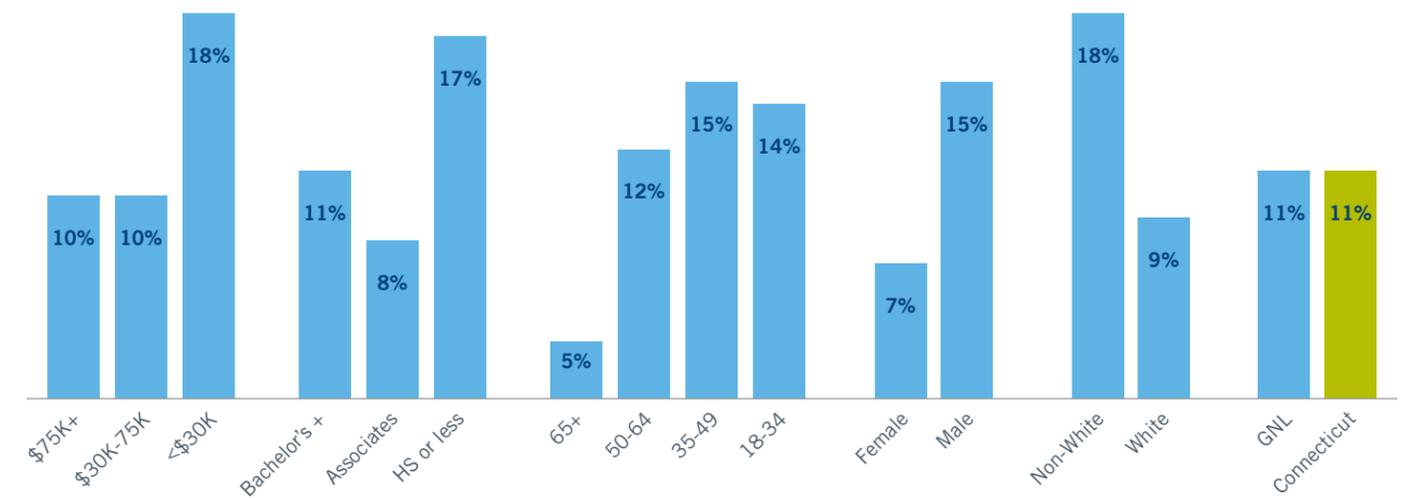
Social and Community Context

Main perceived reason for being unfairly treated by the police, GNL, Wellbeing Survey 2018:

	GNL	CT
Race	30%	32%
Physical Appearance	28%	22%
Age	26%	15%
Gender	13%	11%
National Origin	10%	9%
Education/Income	4%	4%
Physical Disability	3%	2%
Religion	1%	2%
Sexual Orientation		2%

■ GNL ■ CT
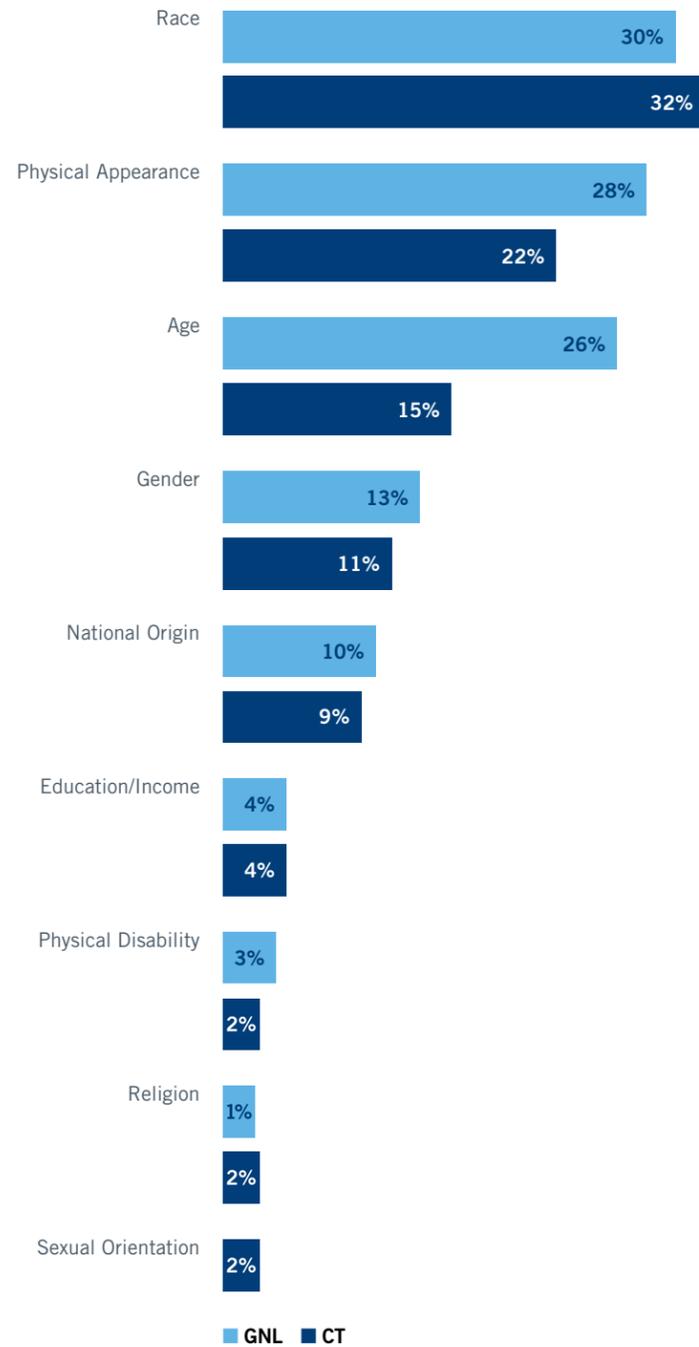
Neighborhood and Environment

Percentages of people with good perceptions about their neighborhood and environment:

Sedentary behavior is strongly correlated with chronic disease and impacts longevity. Residents who lack access to safe and available spaces for recreation or whose economic situations limit their ability to be physically active are at greater risk.

Safe place to ride a bicycle			Parks in good condition				People are trying to improve the neighborhood			
NL	GNL	CT	Groton	NL	GNL	CT	Groton	NL	GNL	CT
64	57	62	75	54	72	72	65	62	71	74

Source: DataHaven Analysis of 2018 Wellbeing Survey.
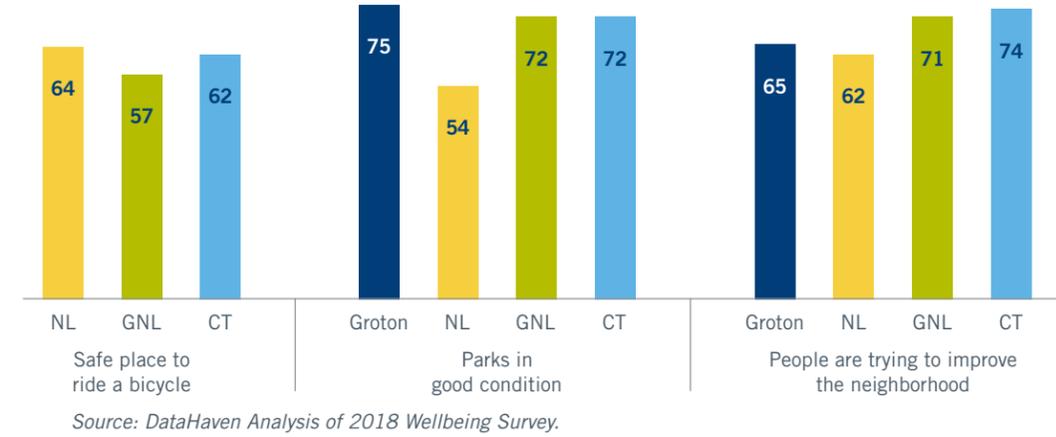
Adverse Childhood Experiences

In communities, there is an inverse correlation between perception of positive role models for children and reports for abuse and neglect to DCF, DataHaven 2019:
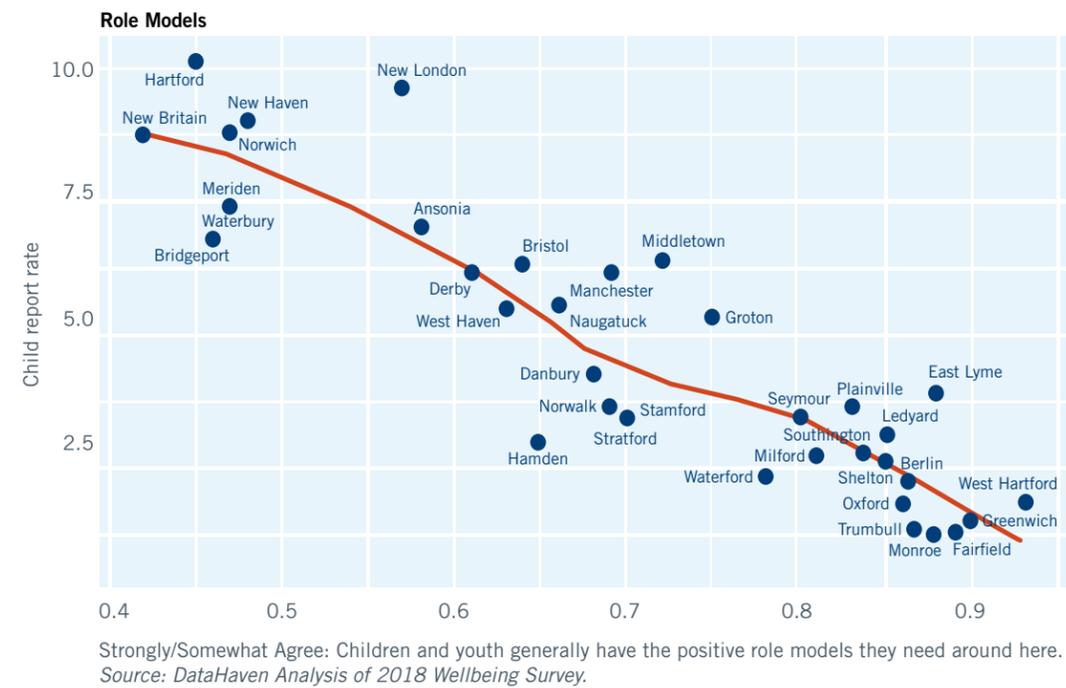
Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violent or growing up with family members who have substance use disorders. Much research has demonstrated that ACEs have lifelong impact in terms of both physical and mental health.

Strongly/Somewhat Agree: Children and youth generally have the positive role models they need around here.
Source: DataHaven Analysis of 2018 Wellbeing Survey.

Healthcare Utilization

Access to Care

Percent of adults reported they have no one person or place to think of as their primary care practitioner. DataHaven Community Wellbeing Survey, GNL, 2018:

Access to primary care continues to be challenging in Greater New London overall, and more dramatically impacts low-income persons in the region. One indication of inadequate access to primary care is the use of the emergency department for primary care conditions; three or more visits to the emergency department is an indicator of primary care inadequacy. Frequent emergency department visitors are significantly more likely to report health-related social needs.

	Percent
White	13%
Black	40%
Hispanic	33%
Male	18%
Female	14%
High School or less	27%
Some College or Associate	20%
Bachelor or more	9%
<$30K	31%
$30-75K	21%
>$75K	10%
GNL Total	16%
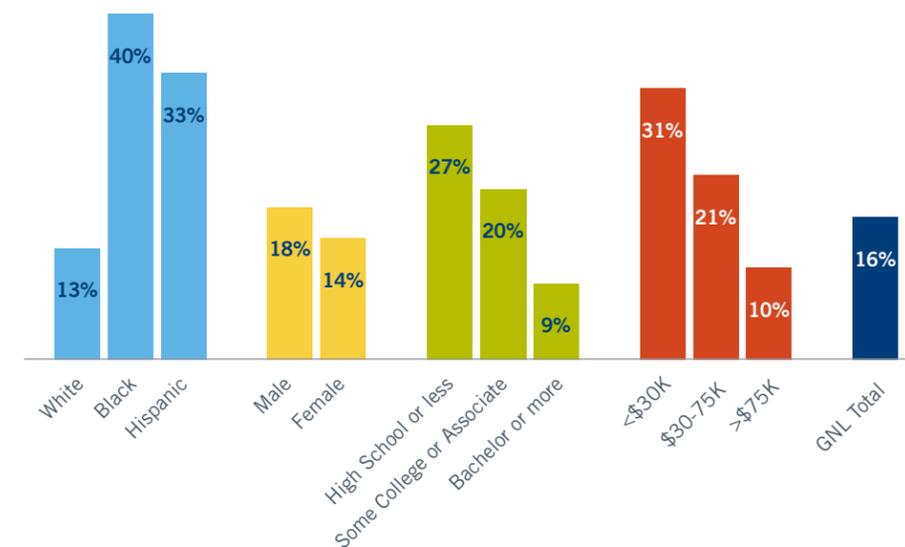
Wellbeing Survey 2018:

Almost half of low-income area residents report no dental visits in the last year. Urban, younger, and people of color are more at risk for inadequate oral healthcare.

	3+ ER visits in past year	No annual dental visit		Postponed medical care
Connecticut	4	25	Connecticut	23
GNL	5	23	GNL	25
NL	9	31	NL	38
Ages 18-34	6	28	Male	21
Ages 35-49	6	24	Female	30
Ages 50-64	3	23		
Ages 65+	6	18	Under $30K	40
			$30K-75K	29
White	5	22	$75K+	18
Non white	6	28		
			Kids in home	36
Under $30K	15	41	No kids	21
$30K-75K	4	25		
$75K+	2	16		
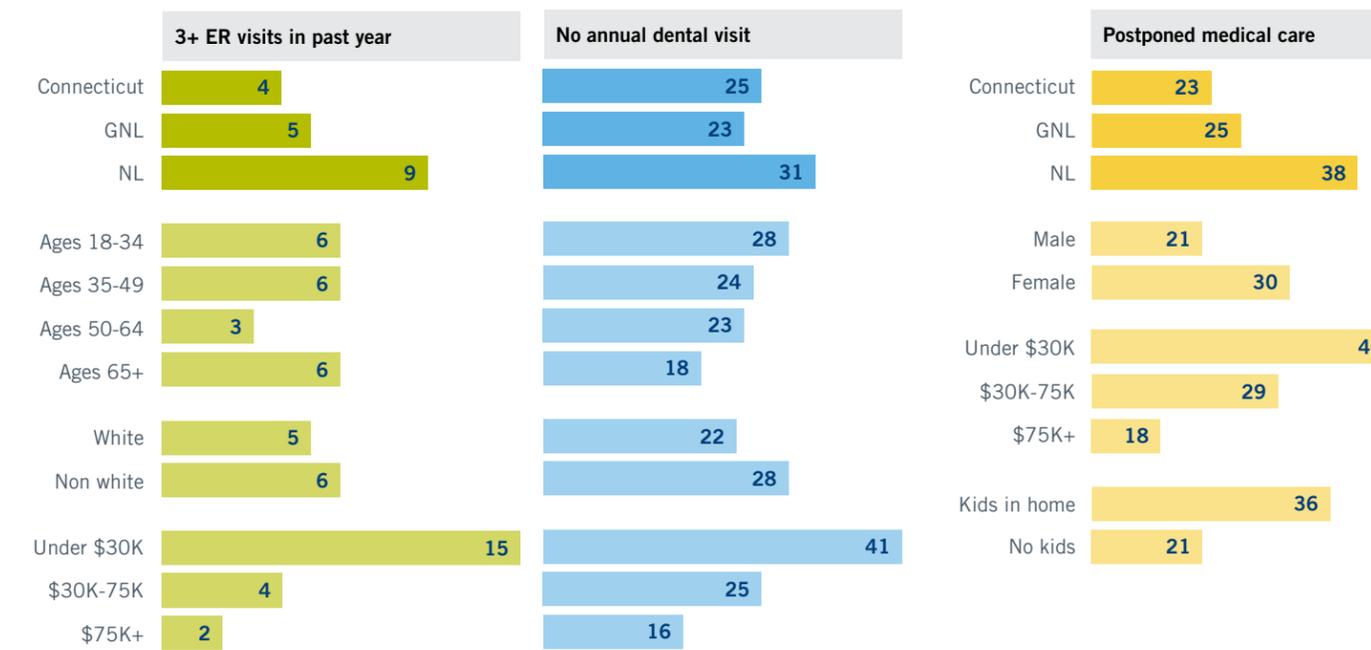
Health Risk Factors

BMI, Exercise, Obesity

Obesity rate (BMI), Wellbeing Survey 2018:

Obesity impacts health outcomes from cardiovascular disease and diabetes to mental health. It carries a heavy economic strain through direct costs related to increased use of the healthcare system to indirect costs like lower productivity in the workplace.

	Connecticut	GNL	Groton	NL
2015	26%	27%	30%	35%
2018	29%	31%	35%	39%

■ 2015 ■ 2018
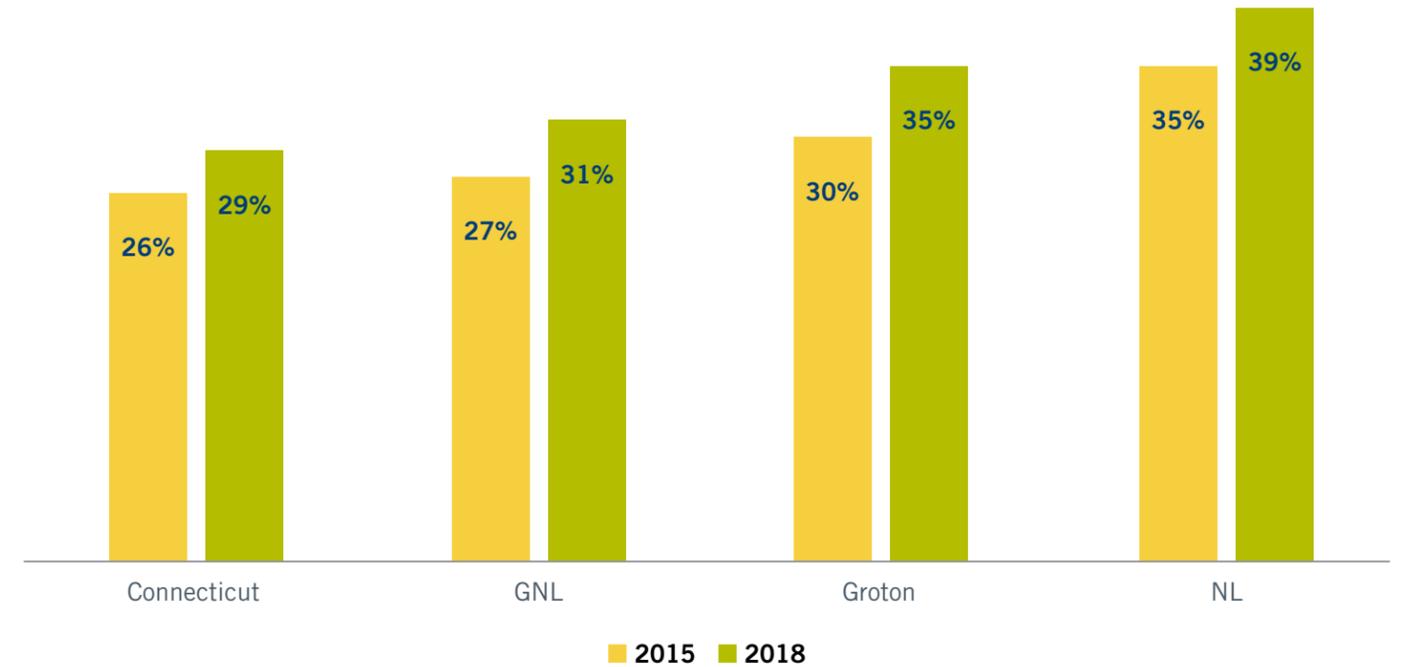
Exercise (adults not getting three days of exercise), Wellbeing Survey 2018:

	Connecticut	GNL
2015	36%	31%
2018	42%	41%

■ 2015 ■ 2018
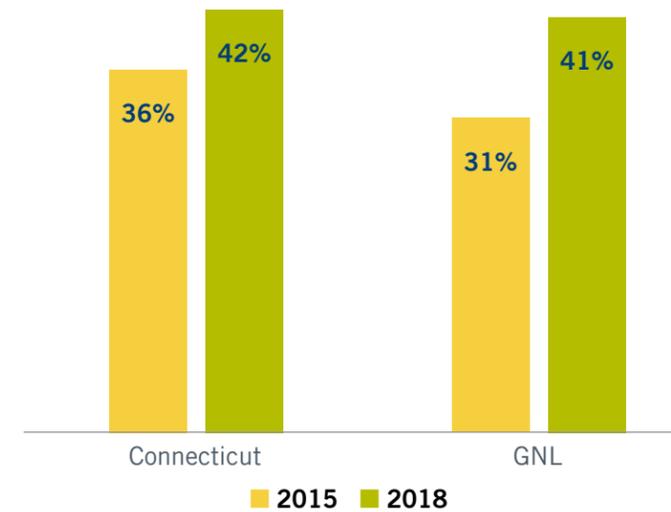
Food insecure at any time in the past 12 months and obesity, GNL, Wellbeing Survey 2018:

	CT	GNL	<$30K	$30-75K	$75K+
Food insecurity	13%	14%	43%	15%	4%
Obesity	29%	31%	42%	34%	28%

■ Food insecurity ┈ Obesity
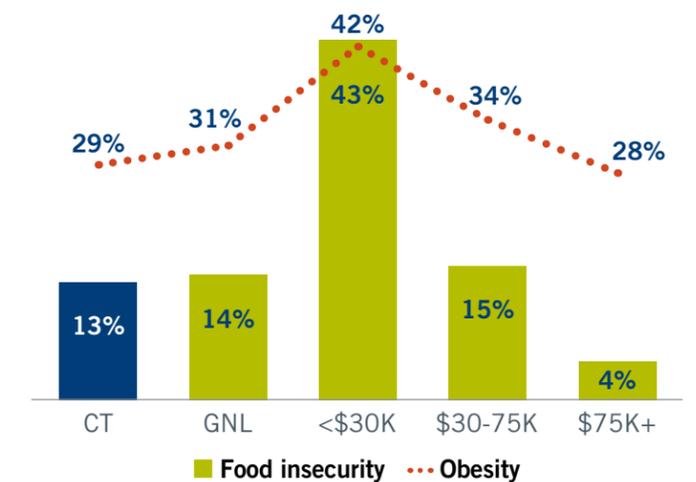
Alcohol Dependence or Abuse

Alcohol Dependence or Abuse in Eastern CT in the Past Year, NSDUH 2014-2016:
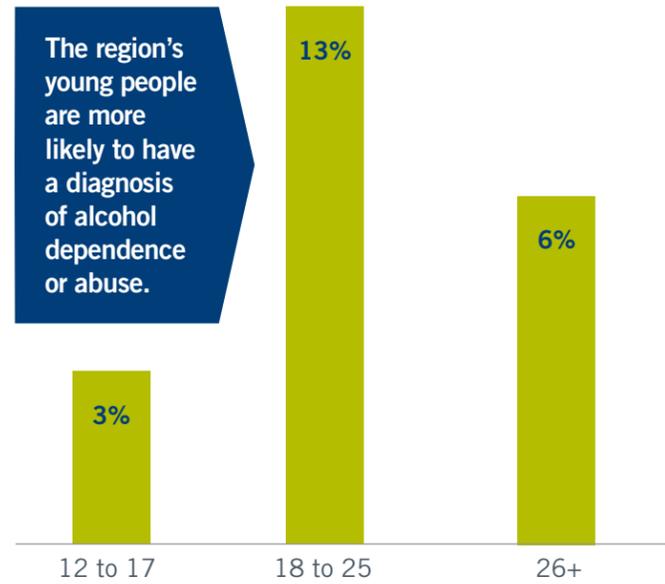
The region's young people are more likely to have a diagnosis of alcohol dependence or abuse.

- 12 to 17: 3%
- 18 to 25: 13%
- 26+: 6%

Alcohol Dependence or Abuse in the Past Year for ages 18 to 25 Years, NSDUH 2014-2016:

- US: 11%
- CT: 12%
- Eastern CT: 13%
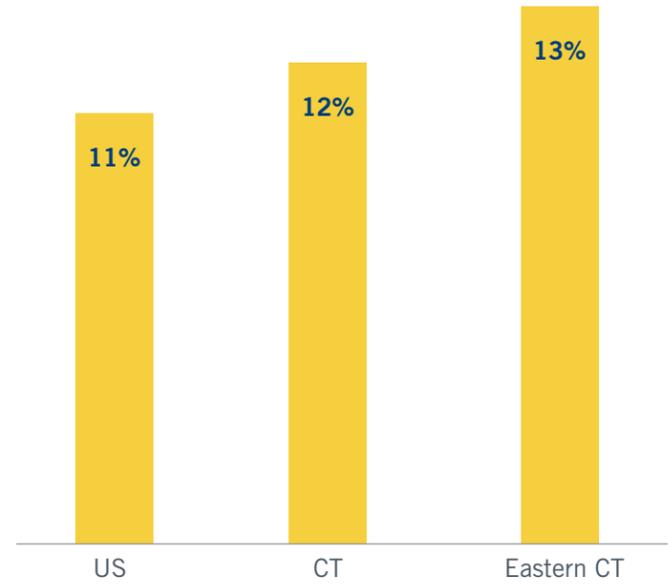
Cigarette Smoking and Vaping

Trend: Cigarette Smoking and Vaping, Wellbeing Survey 2015-2018:

Current cigarette smoking
- Groton: 24% (2015), 20% (2018)
- NL: 22% (2015), 19% (2018)
- GNL: 18% (2015), 17% (2018)
- CT: 15% (2015), 14% (2018)

Ever tried vaping
- NL: 20% (2015), 29% (2018)
- GNL: 17% (2015), 20% (2018)
- CT: 16% (2015), 19% (2018)

■ 2015 ■ 2018
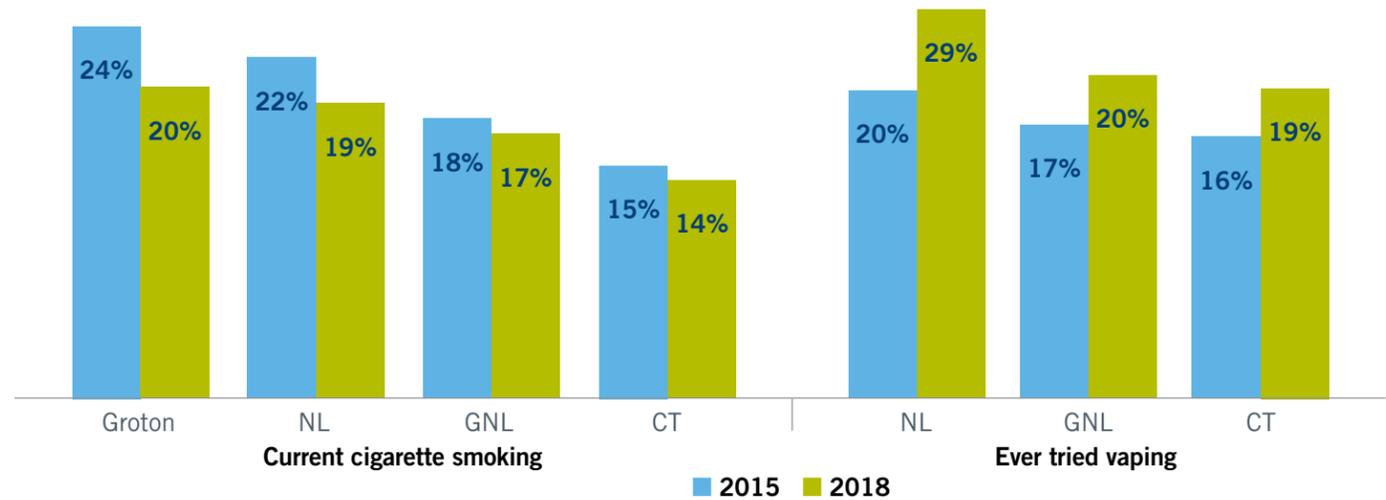
Cigarette Smoking and Vaping

Ever Tried Vaping 2018:

Although the rates of smoking in the region have continued a downward trend, there are still higher smoking rates among young adults, lower income residents, and people of color. Vaping has escalated dramatically, particularly among younger residents and those with lower incomes and educational levels.

- Connecticut: 19%
- GNL: 20%
- White: 20%
- Non-White: 23%
- High School or less: 30%
- Some College or Associates: 24%
- Bachelor's or more: 13%
- <$30K: 27%
- $30K-75K: 23%
- $75+: 17%
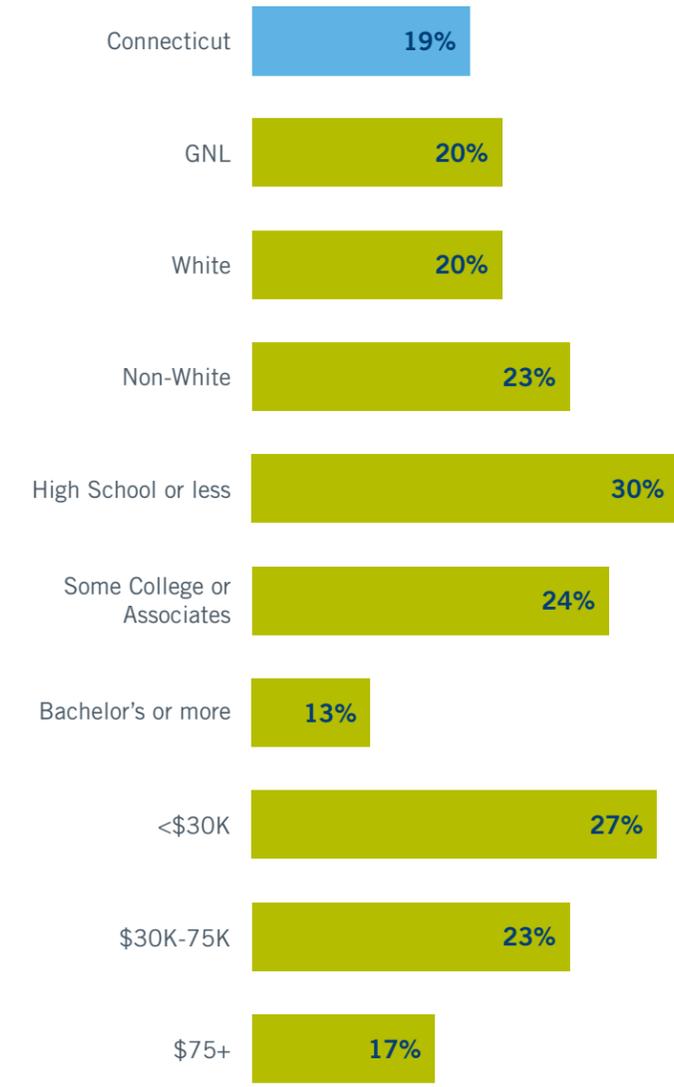
Source: DataHaven Analysis of 2018 Wellbeing Survey.

Health Outcomes

Chronic Disease

Chronic Disease Prevalence, Wellbeing Survey 2018:

Percent of adults reporting chronic diseases by age, race, and income, GNL, 2018

	Diabetes	Asthma	Heart Disease
Connecticut	10	15	6
GNL	11	15	6
NL	12	21	7
Ages 18-34	2	15	0
Ages 35-49	6	19	2
Ages 50-64	14	14	6
Ages 65+	23	14	16
White	10	13	6
Non white	15	24	8
Under $30K	16	22	8
$30K-75K	12	17	5
$75K+	9	10	5

Cancer

	Connecticut	NL
Breast CA	20,800	123
Lung CA	49,473	528
Pancreatic CA	13,525	140
Liver CA	10,117	98
Colorectal CA	17,930	165

■ Colorectal CA ■ Liver CA ■ Pancreatic CA ■ Lung CA ■ Breast CA
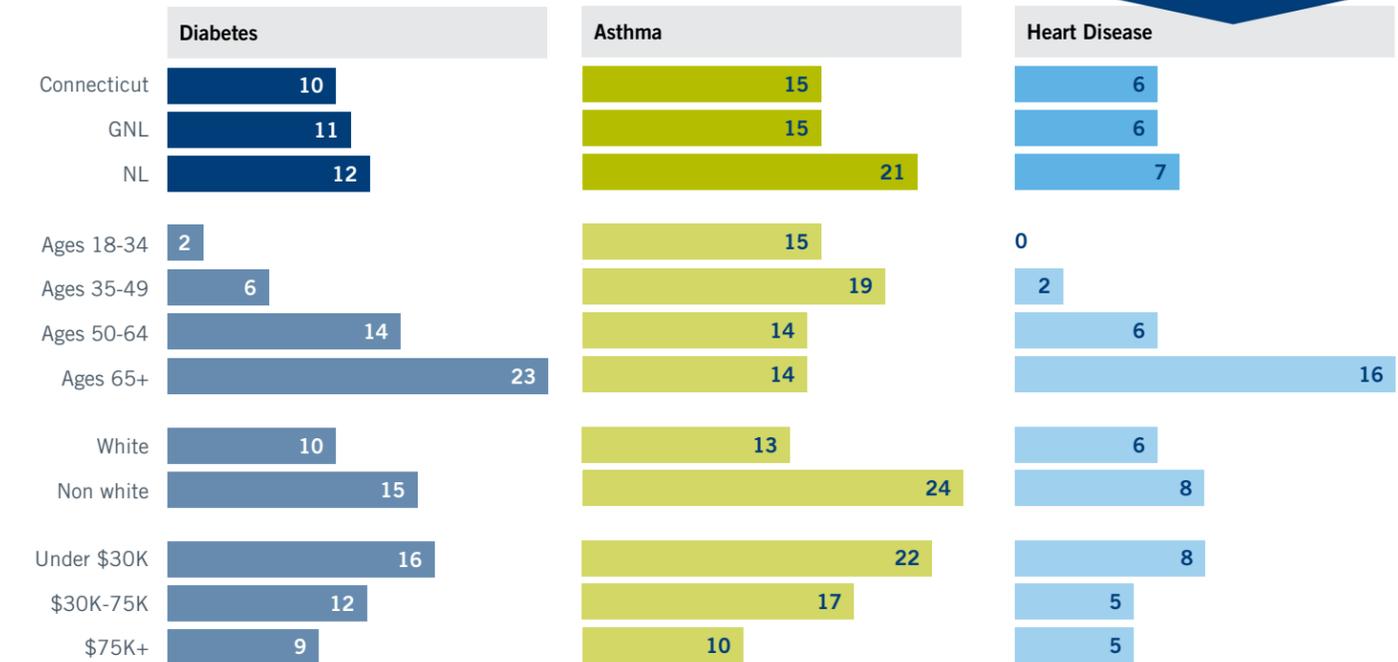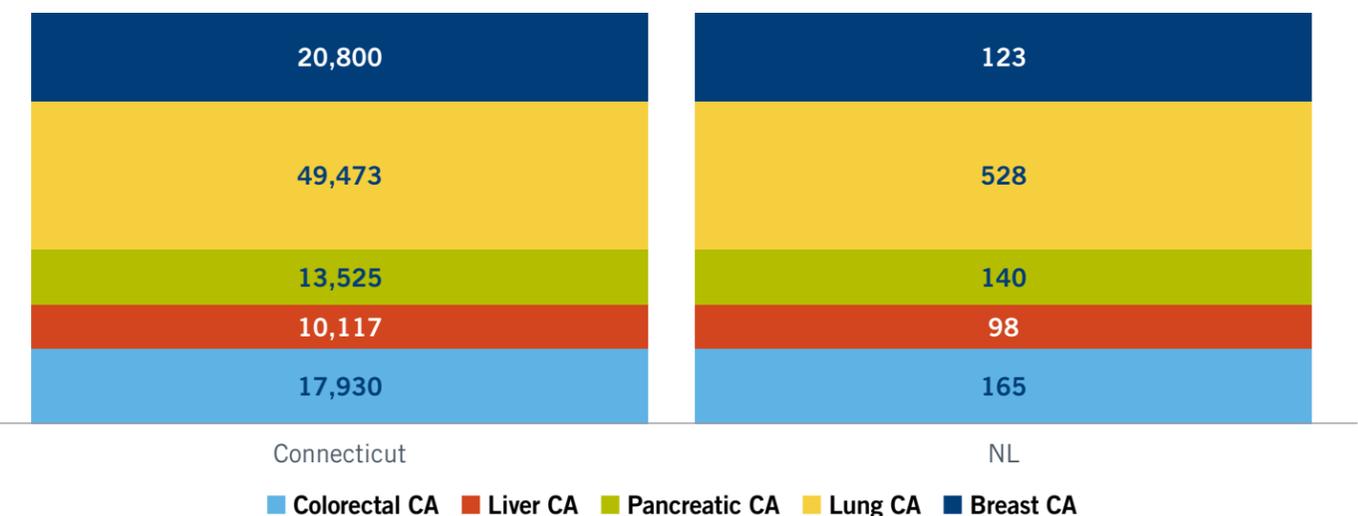
Years of potential life lost (YPLL) <75 due to cancer by cancer type, Connecticut DPH 2010-2014

Chronic Disease

Never exercising and prevalence of diabetes, GNL, Wellbeing Survey 2018:

NL males have higher risk of dying from injuries, cancer, and heart disease than CT males and all females.

Chart (Never exercise bars / Diabetes line):
- CT: 20% (never exercise), 10% (diabetes)
- GNL: 21% (never exercise), 11% (diabetes)
- <$30K: 28% (never exercise), 16% (diabetes)
- $30K-75K: 24% (never exercise), 12% (diabetes)
- 75K+: 16% (never exercise), 9% (diabetes)

Legend: ■ Never exercise · · · Diabetes
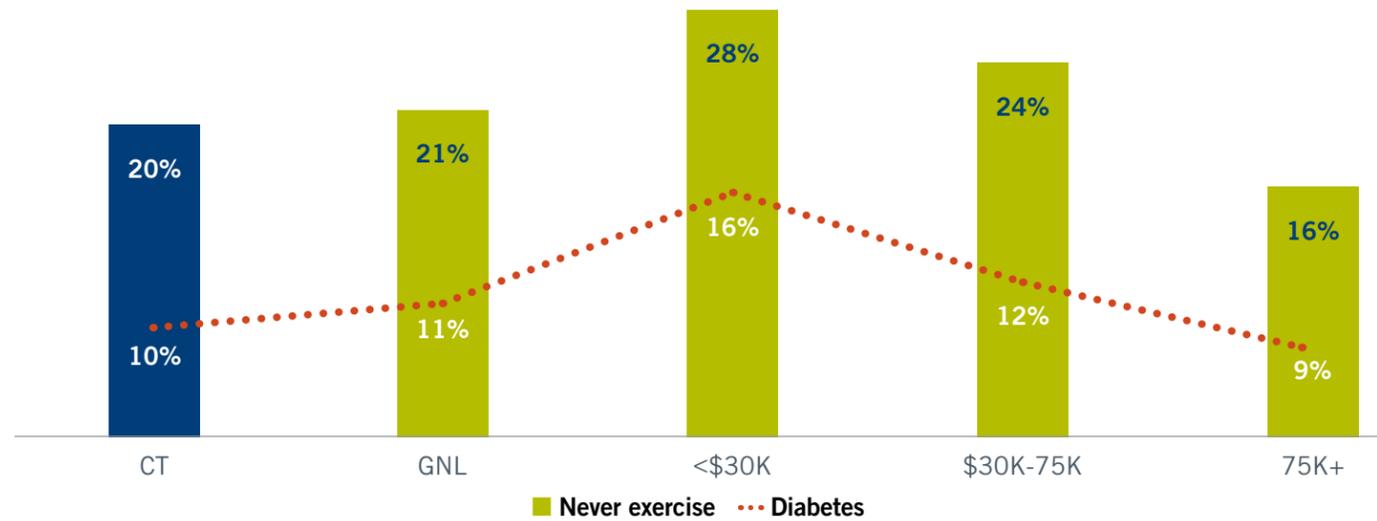
New London vs. Connecticut age adjusted years of potential life lost (YPLL) <75 due to cancer, heart diseases, and injuries by gender, Connecticut DPH 2010-2014:

Chart (CT M, CT F, NL M, NL F):
- Cancer: 1096, 997, 1731, 1350
- Heart Disease: 981, 388, 1152, 573
- All Injury: 2018, 667, 2911, 875

Legend: ■ CT M ■ CT F ■ NL M ■ NL F
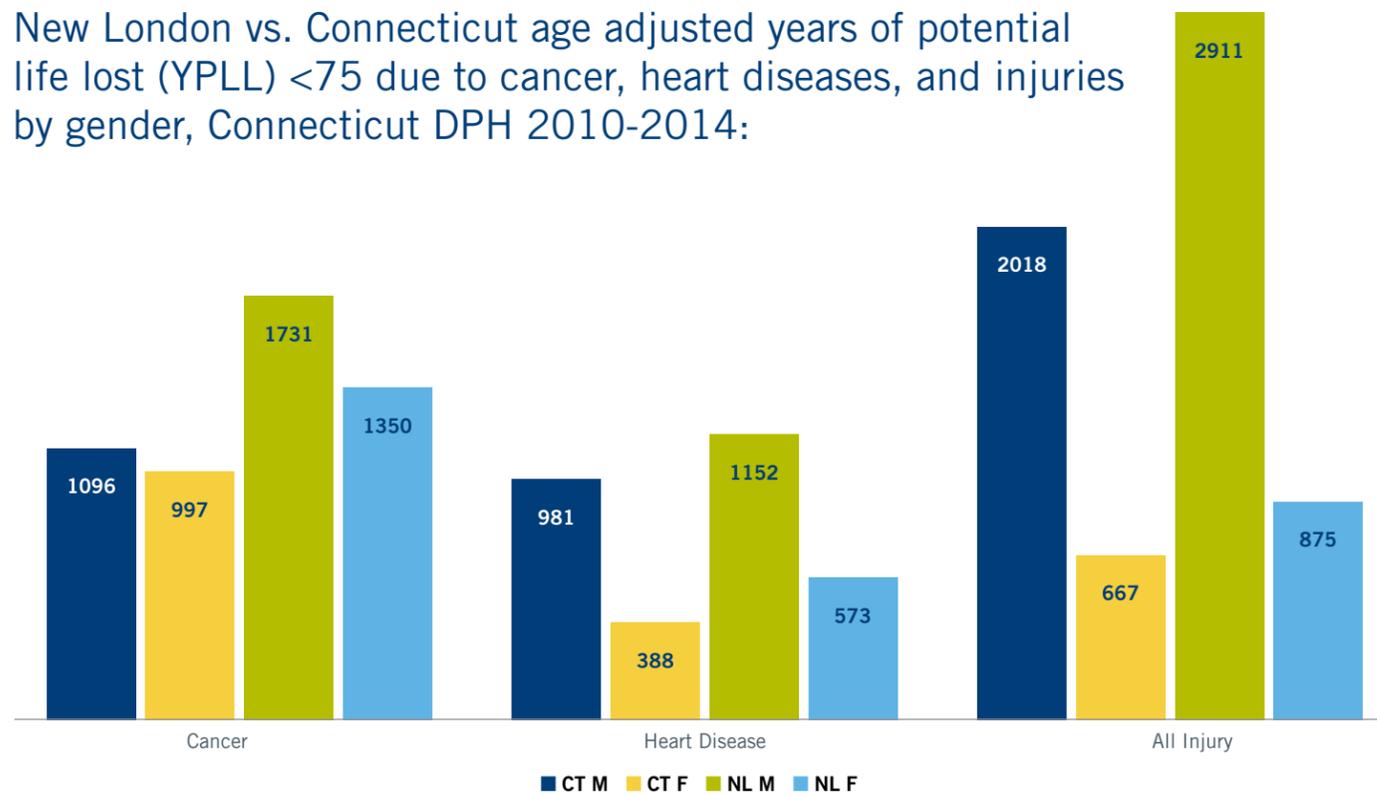
Mental Health

Percentage of overall population reporting depression and anxiety, Wellbeing Survey 2018:

Depression and anxiety disproportionately impact people of color in the region and there are not adequate culturally appropriate services to accommodate the need.

	Depression	Anxiety
Connecticut	30%	12%
GNL	30%	12%
White	28%	10%
Non-White	42%	18%
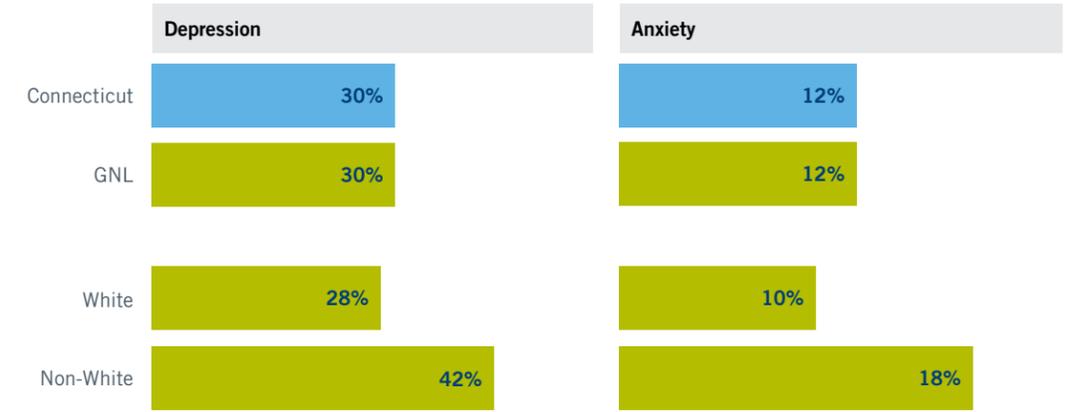
LatinX Mental Health

Percentage with depression/hopelessness several days or more in the last two weeks, and percentage feeling mostly or completely anxious yesterday, Wellbeing Survey 2018:

Chart:
- Depression: Overall population 30%, LatinX population 43%
- Anxiety: Overall population 12%, LatinX population 21%

Legend: ■ Overall population ■ LatinX population

Substance Use

Age-adjusted years of potential life lost under 75 (AAYPLL<75) due to substance abuse, CT DPH, 2010-2014.
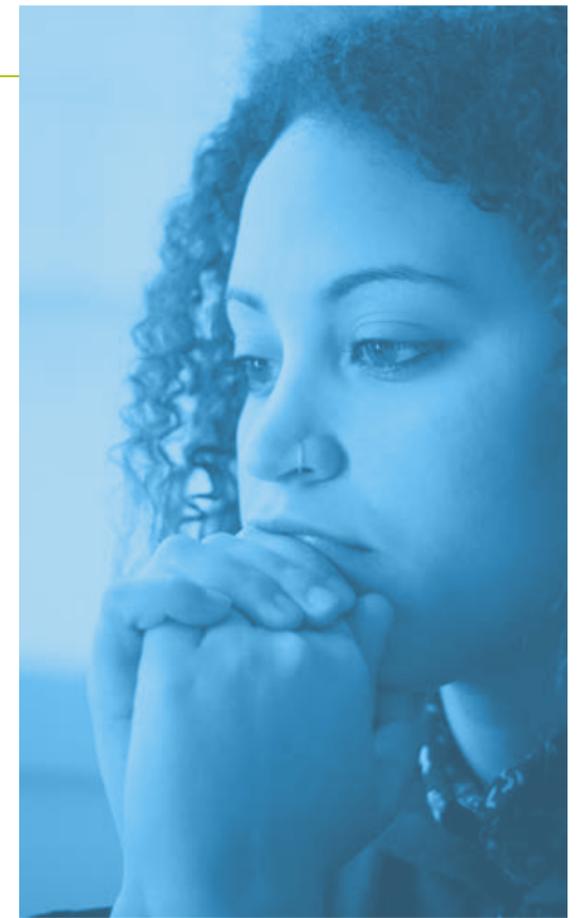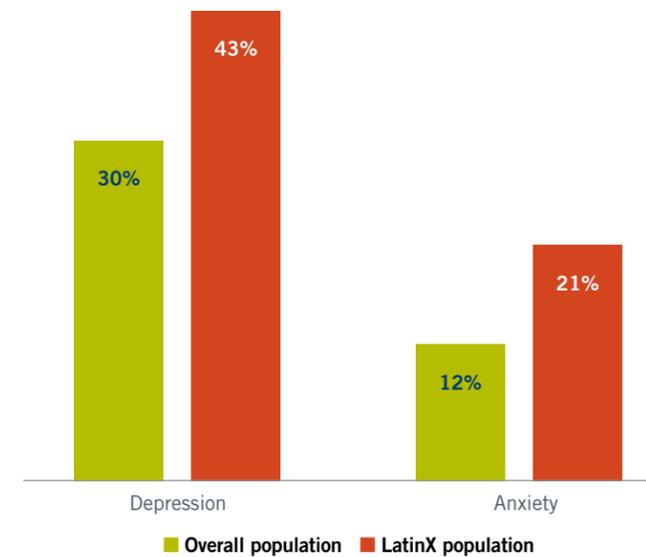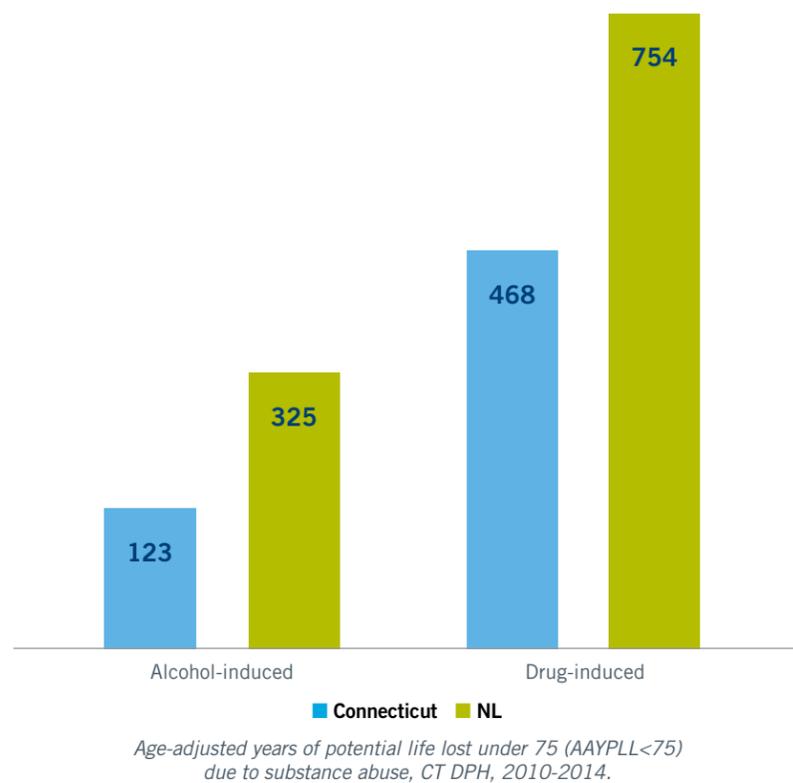
The region's young people are more likely to report being diagnosed with an alcohol use disorder. Years of potential life lost related to both alcohol and drug-induced deaths are higher in New London than in CT. As in the state, local rates of fatal overdoses have increased dramatically since 2013. Rates of overdose death are highest among white males and in the 35 to 64 age group. In the vast majority of overdose deaths, the person had more than one substance in their system at the time of death, and most had at least one opioid on board. Between 2015 and 2017 there was a sharp decrease in deaths related to prescription opioids and a sharp increase in deaths related to fentanyl.

Drug Overdose Deaths: Drug overdose death rate per 100,000 population in GNL vs. CT, OCME 2012-2017:

Substance Use

Drug Overdose Deaths: Five-year drug overdose death rate per 100,000 population in GNL, CT OCME 2013-2017:
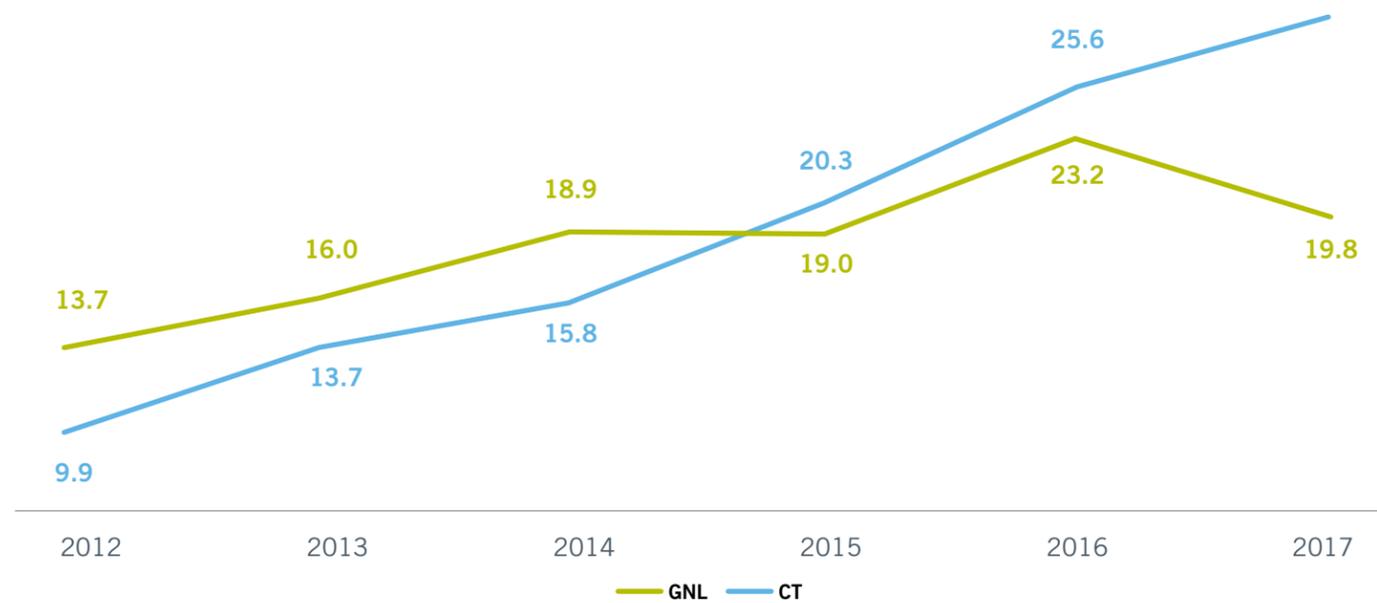
Drug Overdose Deaths: Percentage of substances involved in drug overdose death in GNL by drug type*, CT OCME 2012-2017:

These drug categories are not exclusive of each other
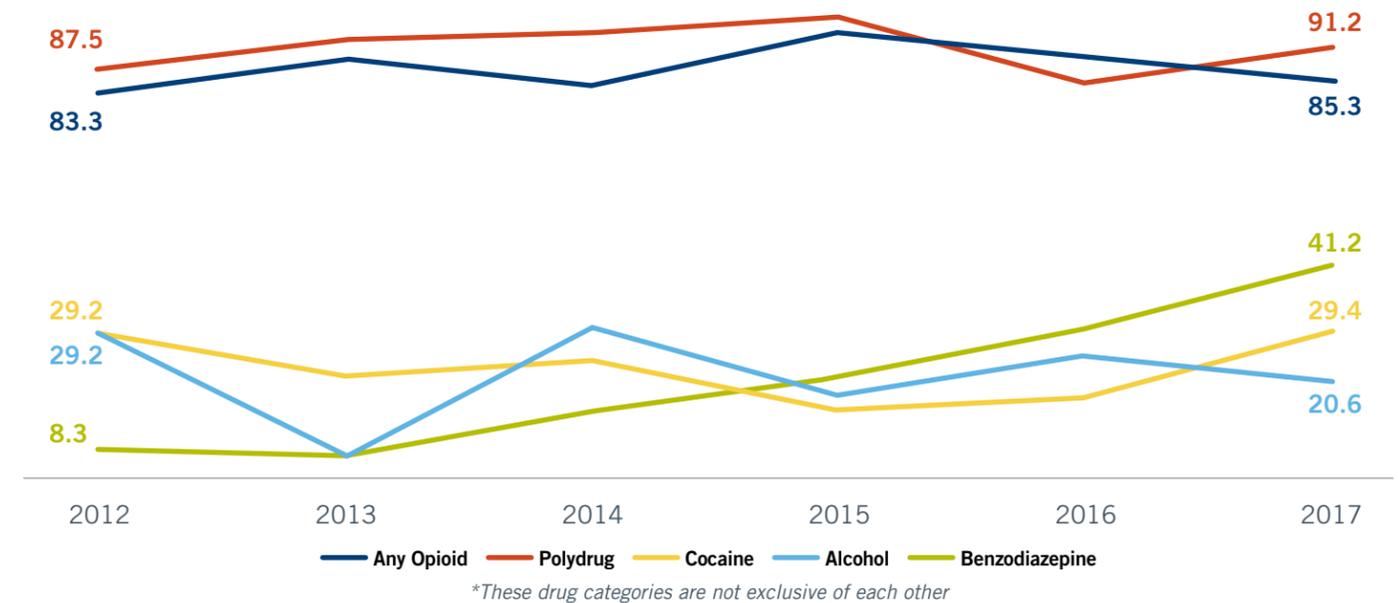
Substance Use

Opioids: Percentage of opioids involved in drug overdose death in GNL, CT OCME 2012-2017:

	2012	2013	2014	2015	2016	2017
Any Opioid	83.3	89.3	84.8	93.9	90.0	85.3
Heroin	54.2	64.3	66.7	69.7	57.5	38.2
Prescription Medication	33.3	39.3	36.4	33.3	42.5	17.6
Fentanyl	0.0	3.6	15.2	18.2	55.0	52.9

■ Any Opioid ■ Prescription Medication ■ Fentanyl ■ Heroin
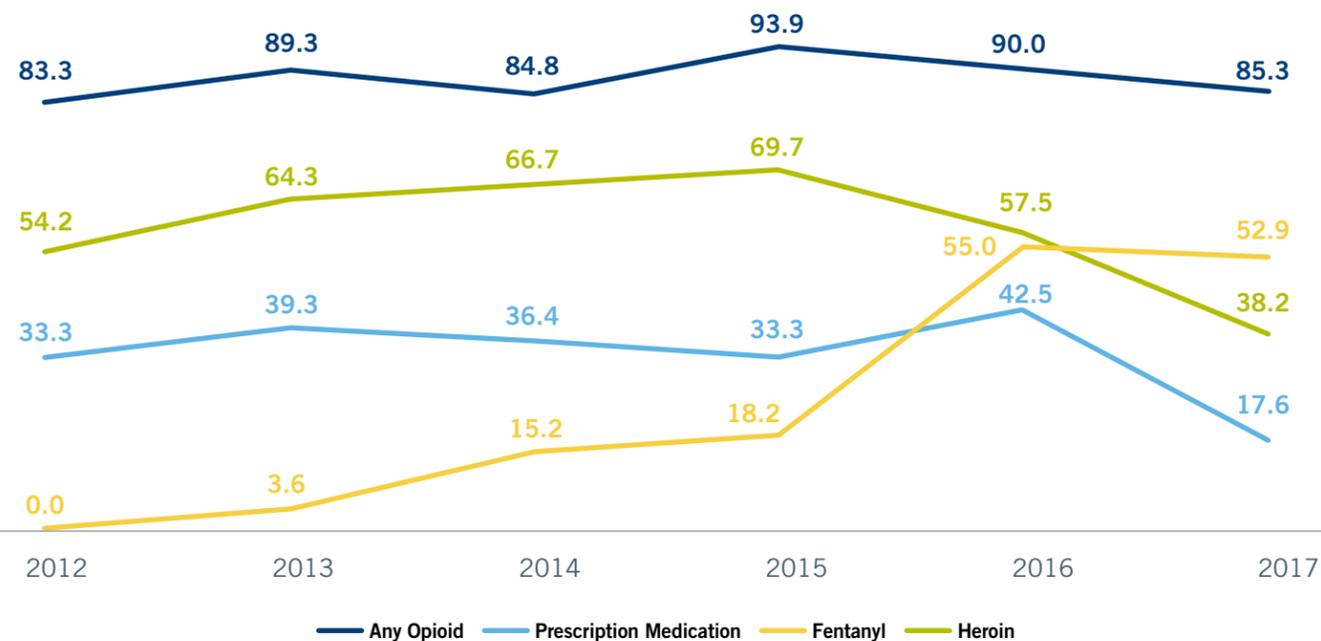
Unintentional Injury
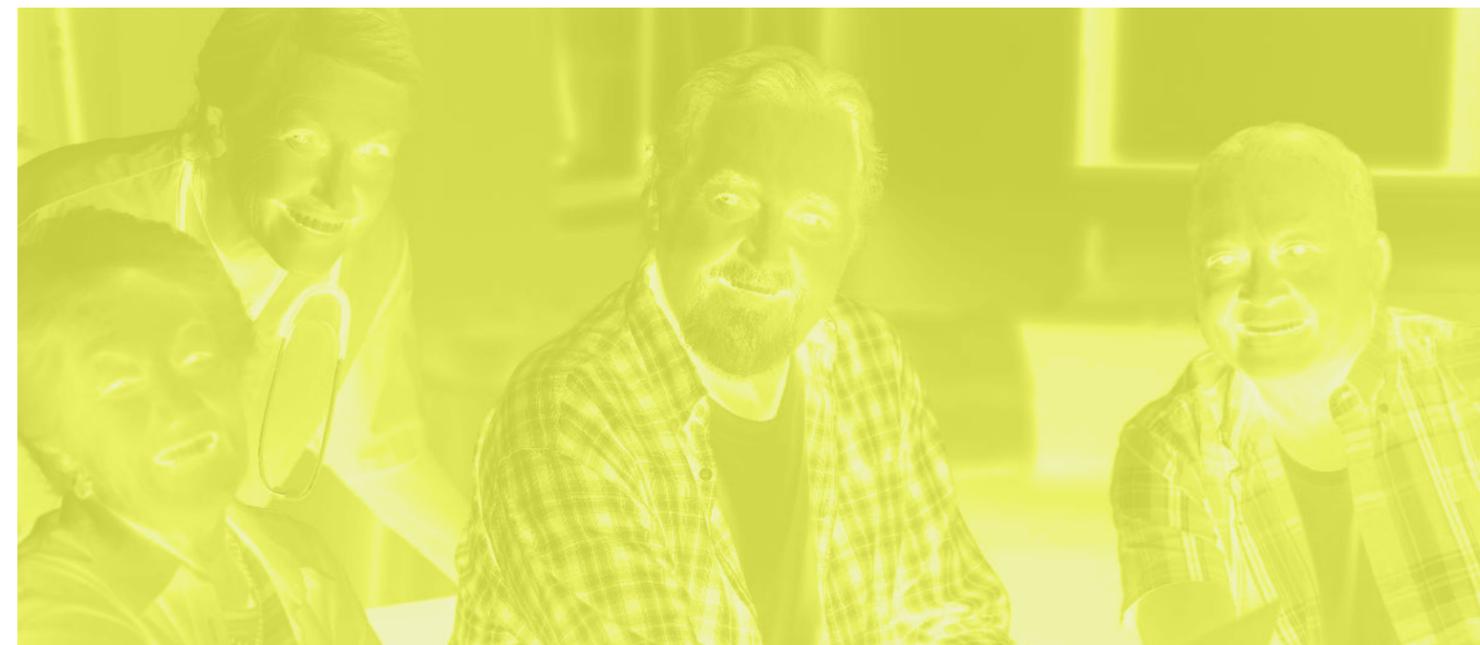
Burden of accidents and chronic conditions: Rate of YPLL <75 per 10,000 population in GNL, 2010-2014, by community type, DPH 2010-2014:

Years of potential life lost is an estimate of the average years a person would have lived if he or she had not died prematurely.

	Rural rate	Suburban rate	Urban rate
Cancer	621.7	590.6	661.0
Diabetes	44.6	23.5	68.0
Heart Disease	346.0	294.3	344.4
COPD	60.2	21.5	79.5
Accidents	426.1	391.4	370.5
Suicide	211.4	284.1	167.2
Alcohol-Induced	61.0	110.4	82.4
Drug-Induced	244.9	270.2	259.0

■ Rural rate ■ Suburban rate ■ Urban rate

Infectious Disease

Immunizations

Immunization Rates for GNL Kindergarten Students, CT DPH 2018:

Some area communities fall below the recommended 95% immunization level recommended for school children. This places the school and wider community at risk for infectious diseases that otherwise have been eradicated or controlled by vaccination.

Measles, Mumps, and Rubella (MMR)

Groton	New London	Ledyard	Montville	Stonington	North Stonington	Waterford	East Lyme	Old Lyme
93.7%	96.3%	98.3%	96.7%	97.2%	96.4%	98.4%	98.4%	100%

■ Groton   ■ New London   ■ Ledyard   ■ Montville   ■ Stonington   ■ North Stonington   ■ Waterford   ■ East Lyme   ■ Old Lyme

All Immunizations

Groton	New London	Ledyard	Montville	Stonington	North Stonington	Waterford	East Lyme	Old Lyme
92%	92.1%	92.7%	94.4%	96%	96.4%	97.9%	98.4%	100%

■ Groton   ■ New London   ■ Ledyard   ■ Montville   ■ Stonington   ■ North Stonington   ■ Waterford   ■ East Lyme   ■ Old Lyme

All immunizations include: DTaP, Polio, MMR, Varicella, HepB, & HepA.