

Hartford HealthCare

Backus Hospital

2021



Community Health Needs Assessment

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EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Backus Hospital to identify significant community health needs and to inform development of an Implementation Strategy to address those needs.

The William W. Backus Hospital (“Backus Hospital”) was founded in 1897 to serve Norwich, Connecticut, and surrounding towns. Backus Hospital is licensed for 213 beds, including 131 for medical/surgical use and 12 for critical care.

Annually, Backus cares for 11,000 inpatients and is the place where about 1,000 babies are born. The Emergency Department sees more than 65,000 visits. More than 1 million laboratory procedures are performed. Backus is the city’s largest non-government employer. For more information, please visit www.backushospital.org.

Backus Hospital is a member of Hartford HealthCare. Hartford HealthCare operates seven acute-care hospitals, air-ambulance services, behavioral health and rehabilitation services, a physician group and clinical integration organization, skilled-nursing and home health services, and a comprehensive range of services for seniors, including senior-living facilities. For more information, please visit <https://hartfordhealthcare.org/>.

This CHNA was conducted using generally accepted methodologies to identify the significant health needs of the community served by Backus Hospital. The CHNA also was conducted to comply with federal laws and regulations.

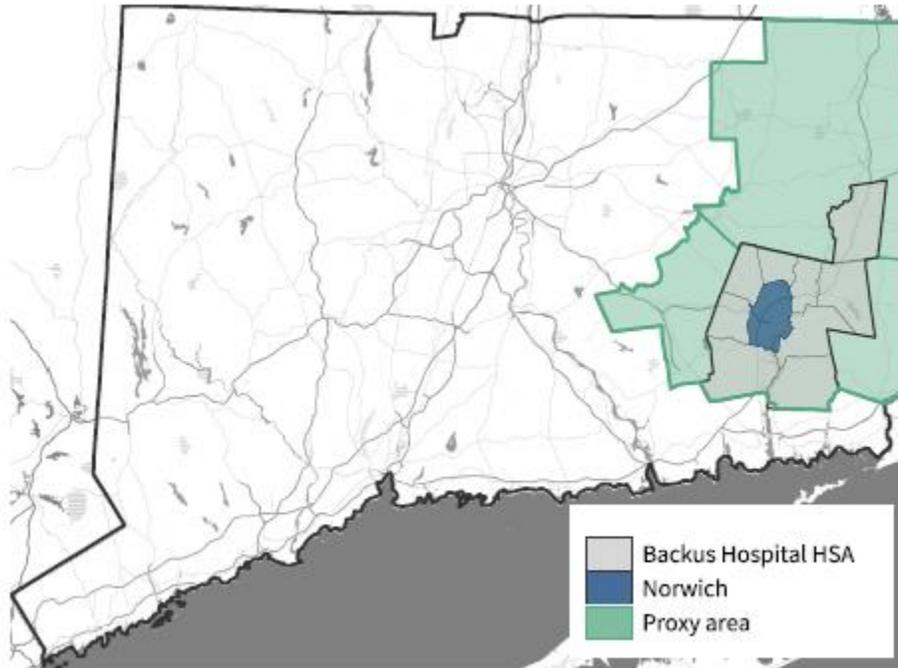
Community Assessed

For purposes of this CHNA, Backus Hospital’s community was defined as the following Connecticut towns: Bozrah, Franklin, Griswold, Ledyard, Lisbon, Montville, Norwich, Plainfield, Preston, and Sprague. In this report, these towns are referred to as the Backus HSA (Hospital Service Area).

In calendar year 2020, these towns accounted for approximately 67 percent of the hospital’s inpatient volumes and 69 percent of the hospital’s emergency department visits. The total population of these towns in 2020 was 115,760.

The following map portrays the community assessed by Backus Hospital.

EXECUTIVE SUMMARY



The CHNA includes data for the Connecticut towns that comprise the hospital’s HSA. Certain data also for the City of Norwich and for a proxy area comprised principally of New London County also have been considered in the assessment.

Significant Community Health Needs

As determined by analyses of secondary community health data and of input provided by community stakeholders, significant health needs in the community served by Backus Hospital are:

- Access to health care services, which has been affected by:
 - Community members experiencing difficulties navigating the health care system and connecting to needed services
 - Transportation challenges (particularly for low-income and elderly populations)
 - A comparatively low per-capita supply of primary care physicians and dentists
 - Gaps in health insurance – particularly for mental health services
 - Systemic racism and a lack of trust in the healthcare system among minority populations
 - Linguistic isolation for Latinos and Asians
- Mental health status:
 - In Norwich and for racial and ethnic minorities across Connecticut; made worse by the COVID-19 pandemic
 - A comparatively high age-adjusted suicide rate in New London County
- Social Determinants of Health, which are most problematic in Norwich and for Black and Latino populations in the Backus HSA, including:

EXECUTIVE SUMMARY

- Poverty rates
- Levels of educational achievement
- Access to affordable housing
- Food insecurity
- Comparatively high rates of smoking in Norwich
- Comparatively high rates of obesity in Norwich and in New London County
- Substance abuse (particularly opioids including fentanyl)
- The COVID-19 pandemic, which has caused virus-related illness and death, increased isolation and mental health problems, and economic challenges

DATA AND ANALYSIS

This section summarizes findings from an assessment of secondary community health data and of community input for the Backus Hospital CHNA.

Secondary Data Summary

Secondary community health data were provided by DataHaven. *See Appendix B* for a March 2021 report entitled *Backus Hospital HSA 2021 Equity Profile*. Secondary data from two other sources were assessed:

- County Health Rankings (with benchmarking comparisons based on Community Health Status Indicators methodologies), and
- Data from SparkMap – including certain statistics regarding the COVID-19 pandemic.

DataHaven 2021 Equity Profile

The following table identifies unfavorable community health indicators within the DataHaven report for the community assessed by Backus Hospital. The table focuses on Social Determinants of Health.

For example, the table indicates that 52 percent of households in Norwich are owned – a statistic well below the 66 percent average for the State of Connecticut.

The rightmost column provides the exhibits (Tables and Figures) in the DataHaven report where the statistics can be found.

DATA AND ANALYSIS

Unfavorable Secondary Data Indicators Social Determinants of Health

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
Homeownership rate	Norwich	52.0%	66.0%	Connecticut	Table 1
Homeownership rate - Black	Backus HSA	35.0%	74.0%	Homeownership rate - White	Table 3
Homeownership rate - Latino	Backus HSA	36.0%			
Homeownership rate - Asian	Backus HSA	68.0%			
Housing cost burdened rate	Norwich	38.0%	36.0%	Connecticut	Table 1
Housing cost burdened - Black	Backus HSA	53.0%	29.0%	Housing cost burdened - White	Figure 4
Housing cost burdened - Latino	Backus HSA	44.0%			
Adults with less than a high school diploma	Norwich	12.0%	9.0%	Connecticut	Table 1
No high school diploma - Black	Backus HSA	15.0%	8.0%	No high school diploma - White	Figure 7
No high school diploma - Latino	Backus HSA	22.0%			
Median household income	Norwich	\$57,052	\$78,444	Connecticut	Table 1
Poverty rate	Norwich	13.0%	10.0%	Connecticut	Table 1
Poverty rate	Backus HSA	9.0%	10.0%	Connecticut	Table 1
Poverty rate - Black	Backus HSA	18.0%	7.0%	Residents below poverty level - White	Table 6
Poverty rate - Latino	Backus HSA	14.0%			
Adults without health insurance	Norwich	12.0%	10.0%	Connecticut	Table 1
Uninsured rate - Black	Backus HSA	4.0%	5.0%	Uninsured rate - White	Figure 11
Uninsured rate - Latino	Backus HSA	13.0%			
Uninsured rate - Asian	Backus HSA	8.0%			
Linguistically isolated - Latino	Backus HSA	25.0%	1.0%	Linguistically isolated - White	Figure 2
Linguistically isolated - Asian	Backus HSA	44.0%			
Unemployment rate - Black	Backus HSA	11.0%	6.0%	Unemployment rate - White	Figure 8
Unemployment rate - Latino	Backus HSA	10.0%			
Food Insecurity	Norwich	19.0%	13.0%	Connecticut	Figure 13
Food Insecurity - Black	Backus HSA	25.0%	14.0%	Food Insecurity - White	Figure 13
Food Insecurity - Latino	Backus HSA	36.0%			

Source: Analysis of DataHaven Report, March 2021 (see Appendix B).

These unfavorable secondary data indicators suggest that the following community health issues are significant within the community assessed by Backus Hospital:

- Homeownership and housing costs:
 - City of Norwich
 - Black and Latino populations in the Backus HSA
- No high-school diploma:
 - City of Norwich
 - Black and Latino populations in the Backus Hospital HSA
- Poverty rates (and low median household incomes):
 - City of Norwich
 - Black and Latino populations in the Backus HSA
- Black and Latino unemployment rate in the Backus HSA
- Linguistic isolation: Latinos and Asians in the Backus HSA
- Comparatively high uninsured rate:
 - City of Norwich
 - Latinos and Asians in the Backus HSA

DATA AND ANALYSIS

- Food insecurity:
 - City of Norwich
 - Blacks and Latinos in the Backus HSA

The next table identifies additional, unfavorable community health indicators within the DataHaven report for the community assessed by Backus Hospital. This table focuses on health behaviors and outcomes.

Unfavorable Secondary Data Indicators Health Behaviors and Outcomes

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
Life expectancy (years)	Norwich	77.4	80.3	Connecticut	Table 1
Self-rated health "excellent" or "very good"	Norwich	48.0%	60.0%	Connecticut	Figure 13
Smoking	Norwich	18.0%	14.0%	Connecticut	Figure 13
Obesity	Norwich	35.0%	33.0%	Backus HSA	Figure 13
Experiencing anxiety	Norwich	13.0%	12.0%	Connecticut	Table 8
Experiencing anxiety - Black	Connecticut	15.0%	11.0%	Experiencing anxiety - White	Table 8
Experiencing anxiety - Latino	Connecticut	19.0%			
Bothered by depression	Norwich	12.0%	9.0%	Connecticut	Table 8
Bothered by depression - Black	Connecticut	10.0%	8.0%	Bothered by depression - White	Table 8
Bothered by depression - Latino	Connecticut	14.0%			
Share of drug overdose deaths involving fentanyl, 2019-2020	Backus HSA	87.0%	59.0%	Share of drug overdose deaths involving fentanyl, 2015-2016	Figure 17
Low birthweight	Norwich	8.3%	7.8%	Low birthweight, Connecticut	Table 9
Maternal mortality per 100,000 births - Black	Connecticut	48.0	14.8	Maternal mortality per 100,000 births - White	Figure 20

Source: Analysis of DataHaven Report, March 2021 (see Appendix B).

These indicators suggest that the following additional community health issues are significant within the community assessed by Backus Hospital:

- In the City of Norwich:
 - Comparatively short life expectancy
 - Comparatively few individuals rating their overall health to be “excellent” or “very good”
 - Comparatively high rates of smoking and obesity
 - Comparatively high proportions of people experiencing anxiety and bothered by depression
 - Above average prevalence of low birthweight births
- Mental health disparities across Connecticut for Black and Latino residents
- A growing share of drug overdose deaths in the Backus HSA involving fentanyl
- A comparatively high Black maternal mortality rate in Connecticut

DATA AND ANALYSIS

Additional Secondary Data

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control’s *Community Health Status Indicators Project (CHSI)*, County Health Rankings also publishes lists of “peer counties,” so comparisons with peer counties across the United States can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

County-level data from SparkMap also were assessed. SparkMap is a product of the Center for Applied Research and Engagement Systems (CARES) and hosted by the University of Missouri.

Unfavorable County-Level Secondary Data Indicators CHSI and SparkMap

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
% of Adults Physically Inactive	New London County	19.6%	19.2%	Connecticut	SparkMap
% Adults with Obesity	New London County	29.6%	25.8%	Peer Counties	CHSI
% Physically Inactive	New London County	20.9%	19.0%	Peer Counties	CHSI
% Driving Deaths with Alcohol Involvement	New London County	39.6%	31.1%	Peer Counties	CHSI
Primary Care Physicians Per-Capita	New London County	64.3	97.8	Peer Counties	CHSI
Dentists Per-Capita	New London County	72.3	107.4	Peer Counties	CHSI
Preventable Hospitalization Rate	New London County	4,332.0	4,179.1	Connecticut	CHSI
% Some College	New London County	66.5%	70.8%	Peer Counties	CHSI
% Unemployed	New London County	4.0%	3.8%	Peer Counties	CHSI
% Single-Parent Households	New London County	36.1%	29.9%	Peer Counties	CHSI
Injury Death Rate	New London County	77.7	67.3	Peer Counties	CHSI
% Drive Alone to Work	New London County	79.8%	74.3%	Peer Counties	CHSI
Children Below 100% FPL	New London County	14.7%	13.3%	Connecticut	SparkMap
Children Eligible for Free or Reduced Price Lunch	New London County	43.2%	41.7%	Connecticut	SparkMap
Preschool Enrollment (Age 3-4)	New London County	59.8%	65.0%	Connecticut	SparkMap
Population 25+ with Bachelor's Degree or Higher	New London County	33.3%	39.3%	Connecticut	SparkMap
Cancer Incidence All Sites	New London County	474.2	470.6	Connecticut	SparkMap
Adults with Diabetes (Age Adjusted Rate)	New London County	8.4%	7.8%	Connecticut	SparkMap
Age Adjusted Death Rate - Suicide (Per 100,000)	New London County	13.3	10.5	Connecticut	SparkMap

Sources: Verité analysis of County Health Rankings data; SparkMap.

The CHSI and SparkMap data suggest that certain additional issues are present in New London County:

- Physical inactivity
- Adults with obesity
- Driving deaths with alcohol involvement
- Per-capita supply of primary care physicians
- Per-capita supply of dentists
- Preventable hospitalization rate
- Injury death rate

DATA AND ANALYSIS

- Cancer incidence
- Adult asthma (Medicare beneficiaries)
- Adults with diabetes
- Suicide rate

SparkMap also maintains data regarding the COVID-19 pandemic.

COVID-19 Cases and Deaths (as of June 3, 2021)

Area	Cases	Deaths	Incidence Rate per 100,000	Mortality Rate per 100,000	Adults Fully Vaccinated	Adults Hesitant About Receiving Vaccination
New London County, CT	22,488	448	8,429.3	167.9	56.9%	5.9%
Connecticut	346,495	8,246	9,698.5	230.8	67.5%	5.2%
United States	32,832,861	587,452	10,063.3	180.1	52.5%	10.4%

Source: Johns Hopkins University via SparkMap, 2021

Per capita COVID-19 cases and deaths in New London County have been lower than state and U.S. averages.

Community Input Summary

Community input regarding community health issues was obtained by conducting twelve (12) interviews with thirteen (13) stakeholders. Participants included individuals representing public health departments, social service organizations, community health centers, and similar organizations. See Appendix C for information regarding those who participated in the community input process.

Questions focused first on identifying and discussing the most significant health issues in the community. Interviews then focused on impacts associated with the COVID-19 pandemic and on what has been learned about the community’s health given those impacts. Stakeholders also were asked to describe the types of initiatives, programs, and investments that can be implemented to address the identified issues and risks.

Interviewees most frequently identified the following issues as significant.

- Community members are experiencing significant difficulties **navigating the healthcare system and connecting to needed services**. Barriers include limited awareness about the services and their eligibility requirements, long wait times, and insurance restrictions.
 - More **services are needed in local communities** rather than expecting residents to travel to services, making navigating healthcare system more difficult.

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- **Transportation** is a significant issue, impacting the ability to travel to jobs, services, and healthcare providers. The cost, reliability, and limited routes of public options all are barriers. Low-income populations are particularly vulnerable to transportation issues.
- There are several barriers to **accessing health services**, including:
 - The **cost of care** – which is considered most significant for **lower-income residents** and the uninsured.
 - **Gaps in health insurance coverage** including high copays and deductibles contribute to access problems, **particularly for the “working poor”**. These individuals are ineligible for Medicaid and other federal programs but often live “paycheck-to-paycheck” and have limited health insurance benefits.
 - These barriers apply most to **mental health services and providers**.
- **Mental health status** is a significant concern. Interviewees cited the increasing prevalence of depression, anxiety, and severe mental health conditions.
- **Social determinants of health** are significant for various segments of the population.
 - **Poverty and income disparities** are an underlying contributor to many health needs. Many residents struggle with **accessing basic needs**.
 - The ability to find **safe and affordable housing** is limited for many. Much of the housing available is either prohibitively expensive or in poor condition, contributing to health issues such as asthma.
 - **Food insecurity and access to healthy foods** is a significant issue, made worse by the **COVID-19 pandemic**. Food insecurity also exists due to financial barriers, transportation issues, cultural norms, and a lack of education around healthy eating.
- Stakeholders were asked about the impacts of the **COVID-19 pandemic**. All stated that the impacts have been significant.
 - The pandemic’s **impacts on mental health** have been significant, including social isolation, stress for essential workers due to their employment, and frustration with changing information and regulations all contributing to stress and fear.
 - The **economic impacts of the pandemic** are extensive and not yet fully realized, including job losses, housing instability, and business closures. These impacts have greatly increased **food insecurity** and reliance on food pantries. The pandemic also highlighted the **prevalence of significant racial/ethnic economic disparities**.
 - The **impact on children** has been severe, due to isolation, educational delays due to school closures and remote learning, and decreased social interactions.

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- **Disparities in health** – both in the ability to access services and health outcomes – are widespread and significant.
 - Groups identified as particularly vulnerable included **low-income and impoverished populations, Black populations, and Hispanic (or Latino) populations**, particularly migrant and undocumented workers.
 - **Systemic racism** – including in the healthcare system – also remains prevalent.
- **Substance abuse** issues were identified as significant (particularly opioids), as well as smoking and tobacco usage.
- The health and wellness of the **elderly population** was identified as a significant concern, particularly due to the anticipated growth in this group.
- **Chronic diseases** – including **diabetes** – were identified as significant concerns due to unhealthy lifestyles and inability to access needed resources to manage these diseases.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities, clinics, and resources available in the Backus Hospital community that are available to address community health needs.

Hospitals

The following table presents information on hospital facilities located in New London County.

Hospitals Located in Community County, 2021

Name	Hospital Type	City	ZIP Code
Lawrence + Memorial Hospital	General Hospital	New London	06320
William W. Backus Hospital, The	General Hospital	Norwich	06360

Source: State of Connecticut eLicense web portal, 2021.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are 19 FQHC sites operating in Backus Hospital’s HSA.

Federally Qualified Health Centers Located in the Hospital HSA, 2020

Site Name	Site Address	Site City	ZIP Code
UCFS Health Center Griswold	226 E Main St	Griswold	06351
Norwich Free Academy - School Based Health Center	305 Broadway	Norwich	06360
UCFS at Stanton Network Elementary School	386 New London Tpke	Norwich	06360
Montville High School - School Based Health Center	800 Old Colchester Rd	Oakdale	06370
UCFS Eldercare Health Center	165 Mckinley Ave	Norwich	06360
GENERATIONS FHC - NORWICH	330 Washington St Ste 510	Norwich	06360
UCFS at Kelly STEAM Magnet Middle School	25 Mahan Dr	Norwich	06360
UCFS Health Center - Norwich	47 Town St	Norwich	06360
UCFS at Global Studies Magnet Middle School	15 Teachers Dr	Norwich	06360
BACKUS MOBILE VAN	330 Washington St	Norwich	06360
Norwich Technical High School - School Based Health Center	7 Mahan Dr	Norwich	06360

Source: HRSA, 2021.

Note: According to Backus Hospital, the Backus Mobile Van is not currently operating.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

According to 2019 data published by HRSA:

- 26.8 percent of uninsured persons; and
- 36.1 percent of Medicaid enrollees in the Backus Hospital HAS are served by FQHCs.

Nationally, FQHCs served 22 percent of uninsured patients and 19 percent of the nation's Medicaid recipients.¹

Other Community Resources

Many social services and resources are available throughout the community and the State of Connecticut to assist residents. The United Way of Connecticut, with support from the State of Connecticut and Connecticut United Ways, maintains a database of resources to serve residents. The United Way 2-1-1 is available online and by telephone, 24-hours a day, seven days a week, and has resources in the following categories:

- Basic Needs;
- Children & Families;
- Crisis;
- Food;
- Health Care;
- Housing;
- Income;
- Legal Assistance;
- Mental Health;
- Older Adults;
- Re-Entry;
- Substance Use;
- Transportation;
- Utility Assistance; and
- Youth.

Additional information about these resources and participating providers can be found at: <https://www.211ct.org/>.

¹ See: <http://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/chartbook-2020-final/> and <https://www.udsmapper.org/>.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.² In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and,
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community’s health needs.

Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The focus on **who** is most vulnerable and **where** they live is important to identifying groups experiencing health inequities and disparities. Understanding **why** these issues are present is challenging but is important to designing effective community health improvement initiatives. The question of **how** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on “all of the relevant facts and circumstances,” including the “geographic location” served by the hospital facility, “target populations served” (e.g., children, women, or the aged), and/or the hospital

² Internal Revenue Code, Section 501(r).

APPENDIX A – OBJECTIVES AND METHODOLOGY

facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).”³ Accordingly, the community definition considered the geographic origins of the hospital’s patients and also the hospital’s mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews. Interviewees represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See Appendix C.*

Certain community health needs were determined to be “significant” if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community’s health and (2) input from community stakeholders who participated in the interview process.

In addition, data were gathered to evaluate the impact of various services and programs identified in the hospital’s previous CHNA process. *See Appendix D.*

Collaborating Organizations

For this community health assessment, Backus Hospital collaborated with the following Hartford Healthcare hospitals: Charlotte Hungerford Hospital, Hartford Hospital, Hospital of Central Connecticut, MidState Medical Center, Natchaug Hospital, and Windham Hospital. These facilities collaborated by gathering and assessing secondary data together, scheduling and conducting interviews together, and by relying on shared methodologies, report formats, and staff to manage the CHNA process.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Hartford HealthCare. Comparisons to benchmarks were made where possible.

Input from persons representing the broad interests of the community was taken into account through key informant interviews with thirteen (13) individuals. Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

³ 501(r) Final Rule, 2014.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 60 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in hospital community benefits and Community Health Needs Assessments.

DataHaven is a non-profit organization with a 25-year history of public service to Connecticut. Its mission is to empower people to create thriving communities by collecting and ensuring access to data on well-being, equity, and quality of life. DataHaven is a formal partner of the National Neighborhood Indicators Partnership of the Urban Institute in Washington, D.C.

APPENDIX B – DATAHAVEN 2021 EQUITY PROFILE

Please refer to the Backus Hospital H.S.A. 2021 Equity Profile pdf

BACKUS HOSPITAL HSA 2021 EQUITY PROFILE

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Compiled by DataHaven in March 2021.

DataHaven is a non-profit organization with a 25-year history of public service to Connecticut. Our mission is to empower people to create thriving communities by collecting and ensuring access to data on well-being, equity, and quality of life.

DataHaven is a formal partner of the National Neighborhood Indicators Partnership of the Urban Institute in Washington, D.C.

ctdatahaven.org

EXECUTIVE SUMMARY

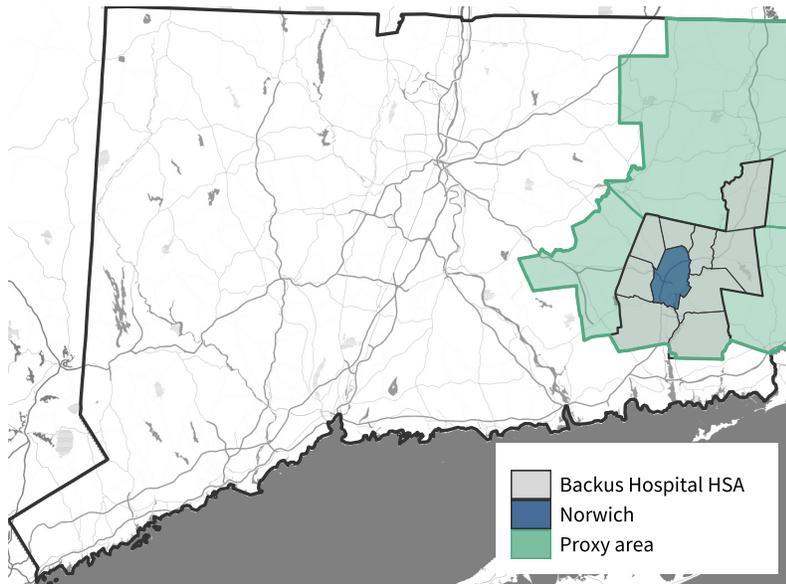
Throughout most of the measures in this report, there are important differences by race/ethnicity and neighborhood that reflect differences in access to resources and other health-related social needs. Wherever possible, data will be presented with racial/ethnic breakdowns.

- The Backus Hospital HSA is a region of **115,760 residents**, including **23,575 children** and **19,185 seniors**.
- The population of the Backus Hospital HSA is **24 percent** people of color and **8 percent** foreign-born.
- Of the region's **45,776 households**, **68 percent** are owner-occupied.
- **Thirty percent** of the Backus Hospital HSA's households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- **Eighty-seven percent** of the region's public high school seniors graduated within four years in 2019.
- Among the region's adults ages 25 and up, **22 percent** have earned a bachelor's degree or higher.
- The Backus Hospital HSA is home to **51,318 jobs**, with the largest share in the Health Care and Social Assistance sector.
- The median household income in the Backus Hospital HSA is **\$70,506**.
- The Backus Hospital HSA's average life expectancy is **79.2 years**.
- **Fifty-three percent** of adults in Backus Hospital HSA say they are in excellent or very good health.
- In 2020, **65 people** in the Backus Hospital HSA died of drug overdoses.
- **Seventy-seven percent** of adults in Backus Hospital HSA are satisfied with their area, and **39 percent** say their local government is responsive to residents' needs.
- In the 2020 presidential election, **81 percent** of registered voters in the Backus Hospital HSA voted.
- **Thirty-seven percent** of adults in Backus Hospital HSA report having stores, banks, and other locations in walking distance of their home, and **46 percent** say there are safe sidewalks and crosswalks in their neighborhood.

OVERVIEW

For the purposes of this report, the Backus Hospital HSA will be compared to Connecticut, as well as to the area’s core city of Norwich when available. Where necessary, data may be presented for a proxy region made up of public use microdata areas (PUMAs) designated by the US Census Bureau, including Windham County and parts of New London County, and covering at least 90 percent of the HSA’s population. **Charts and tables based on these proxy areas are noted as such in their titles.** In addition, DataHaven Community Wellbeing Survey data are presented for New London County where sample sizes are otherwise too small.

Figure 1: Study area



Backus Hospital HSA is made up of the following towns (with population):

- Bozrah (2,589)
- Franklin (1,778)
- Griswold (11,622)
- Ledyard (14,761)
- Lisbon (4,247)
- Montville (18,835)
- Norwich (39,260)
- Plainfield (15,105)
- Preston (4,657)
- Sprague (2,906)

The proxy for the area is the combination of:

- PUMA 0901100 (135,600)
- Windham County (116,627)

Table 1: About the area

Indicator	Connecticut	Backus Hosp. HSA	Norwich
Total population	3,575,074	115,760	39,260
Total households	1,370,746	45,776	16,121
Homeownership rate	66%	68%	52%
Housing cost burden rate	36%	30%	38%
Adults with less than a high school diploma	9%	10%	12%
Median household income	\$78,444	\$70,506	\$57,052
Poverty rate	10%	9%	13%
Life expectancy (years)	80.3	79.2	77.4
Adults w/o health insurance	10%	10%	12%

DEMOGRAPHICS

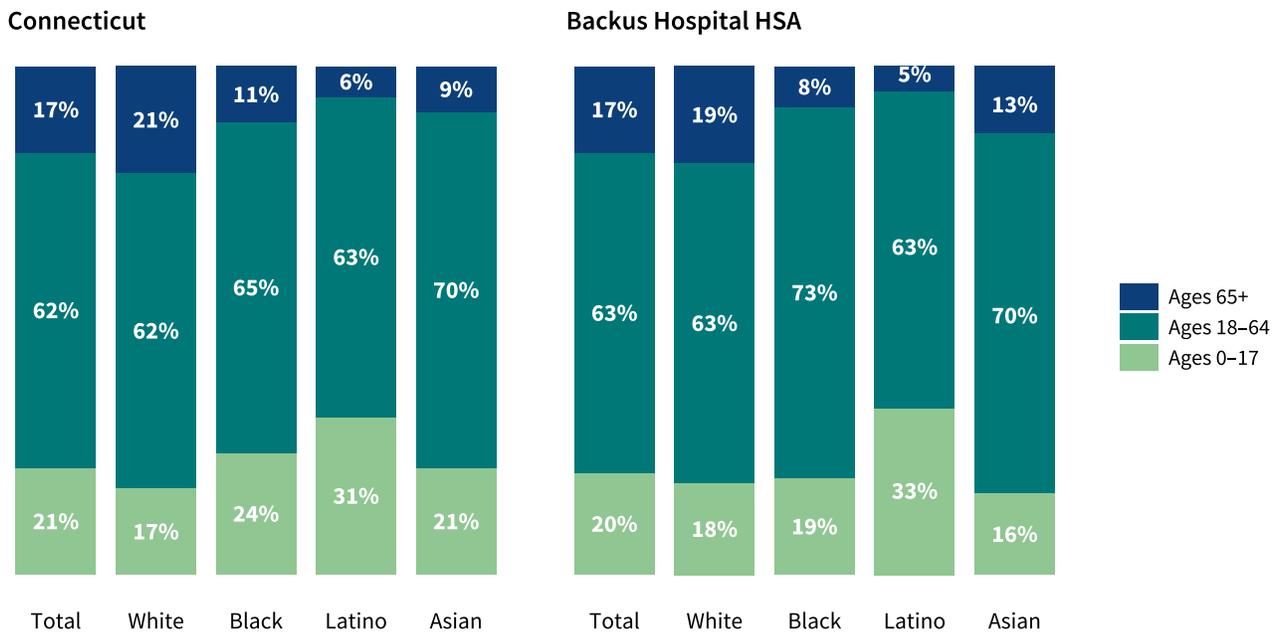
As of 2019, the population of the Backus Hospital HSA is 115,760, including 9,057 residents (8 percent) who are foreign-born. Twenty-four percent of the Backus Hospital HSA’s residents are people of color.

Table 2: Population by race/ethnicity and age group, 2019

Area	White		Black		Latino		Asian		Native American		Other race/ethnicity	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	2,392,013	67%	354,120	10%	574,240	16%	159,989	4%	5,596	<1%	89,116	2%
Backus Hospital HSA	87,918	76%	5,910	5%	10,001	9%	5,677	5%	1,154	1%	5,100	4%
Norwich	24,008	61%	3,915	10%	5,664	14%	3,192	8%	315	1%	2,166	6%

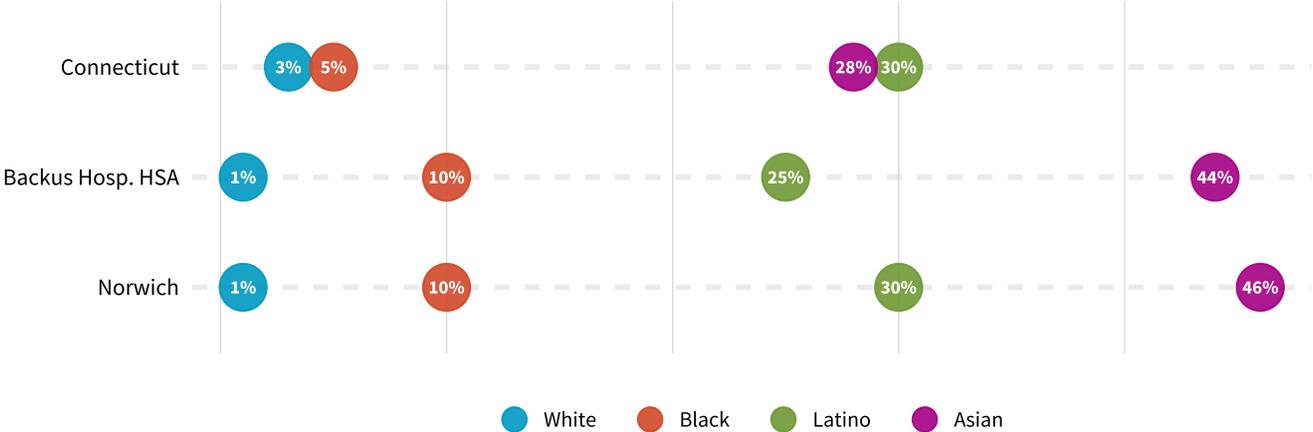
Twenty percent of Backus Hospital HSA’s residents are children under age 18, and 17 percent are adults ages 65 and up. As Connecticut’s predominantly white Baby Boomers age, younger generations are driving the state’s increased racial and ethnic diversity. Black and Latino populations in particular skew much younger than white populations. In Backus Hospital HSA, 27 percent of Black and Latino residents are children, compared to 18 percent of white residents.

Figure 2: Population by race/ethnicity and age group, 2019



Linguistic isolation is characterized as speaking English less than “very well.” People who struggle with English proficiency may have difficulty in school, seeking health care, accessing social services, or finding work in a largely English-speaking community. In the Backus Hospital HSA, 5,783 residents, or 5 percent of the population age 5 and older, are linguistically isolated. Latinos and Asian Americans are more likely to be linguistically isolated than other racial/ethnic groups.

Figure 3: Linguistic isolation by race/ethnicity, 2019



HOUSING

The Backus Hospital HSA has 45,776 households, of which 69 percent are homeowner households. Of the Backus Hospital HSA's 51,739 housing units, 68 percent are single-family and 28 percent are multifamily, compared to Norwich, where 48 percent are single-family and 49 percent are multifamily.

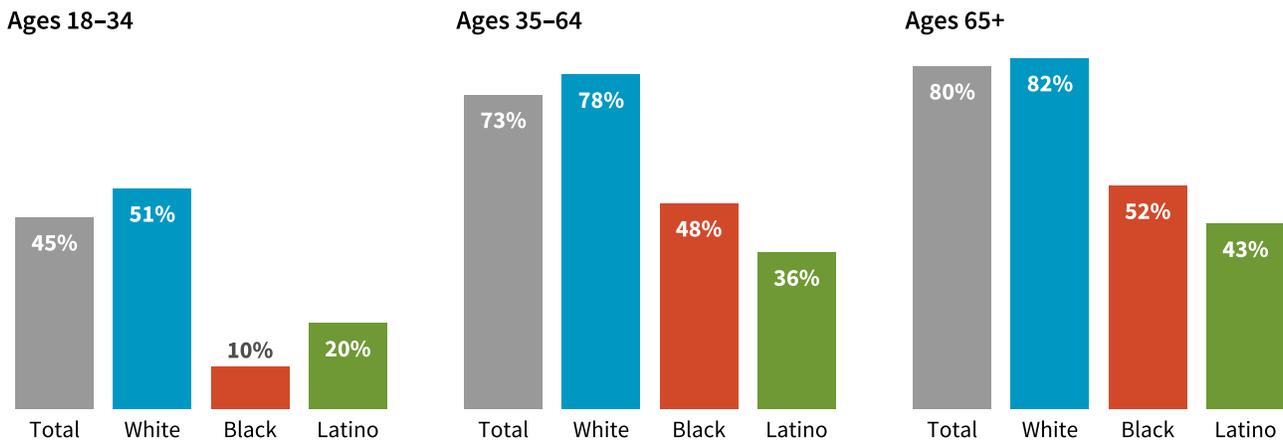
Homeownership rates vary by race/ethnicity. Purchasing a home is more attainable for advantaged groups because the process of purchasing a home has a long history of racially discriminatory practices that continue to restrict access to homeownership today. This challenge, coupled with municipal zoning dominated by single-family housing, results in de facto racial and economic segregation seen throughout Connecticut.

Table 3: Homeownership rate by race/ethnicity of head of household, 2019

Area	Total	White	Black	Latino	Asian	Native American
Connecticut	66%	76%	39%	34%	58%	40%
Backus Hospital HSA	68%	74%	35%	36%	68%	44%
Norwich	52%	60%	22%	17%	68%	N/A

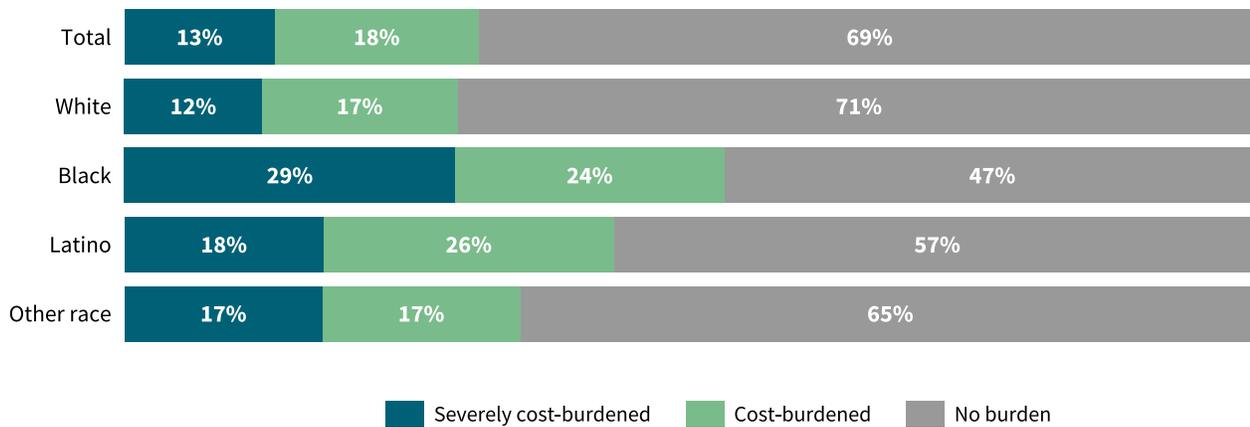
Younger adults are less likely than older adults to own their homes across several race/ethnicity groups; however, younger white adults own their homes at rates comparable to or higher than older Black and Latino adults.

Figure 4: Homeownership rates by age and race/ethnicity of head of household, Backus Hospital HSA (with proxy area), 2019



A household is cost-burdened when they spend 30 percent or more of their income on housing costs, and severely cost-burdened when they spend half or more of their income on housing costs. Housing costs continue to rise, due in part to municipal zoning measures that limit new construction to very few towns statewide. Meanwhile, wages have largely stagnated, especially among lower-income workers who are more likely to rent. As a result, cost burden generally affects renters more than homeowners, and has greater impact on Black and Latino householders. Among renter households in the Backus Hospital HSA, 48 percent are cost-burdened, compared to 23 percent of owner households.

Figure 5: Housing cost-burden rates by race/ethnicity, Backus Hospital HSA (with proxy area), 2019



Household overcrowding is defined as having more than one occupant per room. Overcrowding may increase the spread of illnesses among the household and can be associated with higher levels of stress. Increasing the availability of appropriately-sized affordable units helps to alleviate overcrowding.

Table 4: Overcrowded households by race/ethnicity of head of household, 2019

Area	Total		White		Black		Latino		Asian		Native American	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	25,541	2%	7,252	<1%	4,437	3%	10,771	6%	2,954	6%	158	4%
Backus Hospital HSA	552	1%	328	<1%	<50	N/A	158	6%	<50	N/A	<50	N/A
Norwich	389	2%	192	2%	<50	N/A	149	8%	<50	N/A	<50	N/A

EDUCATION

As of the 2019–2020 year, there were 13,519 students enrolled in the public K–12 school districts serving towns in the Backus Hospital HSA. Tracking student success measures is important since disparate academic and disciplinary outcomes are observed as early as preschool and can ultimately affect a person’s long-term educational attainment and economic potential.

Figure 6: Public K–12 student enrollment by race/ethnicity per 100 students, 2019–2020

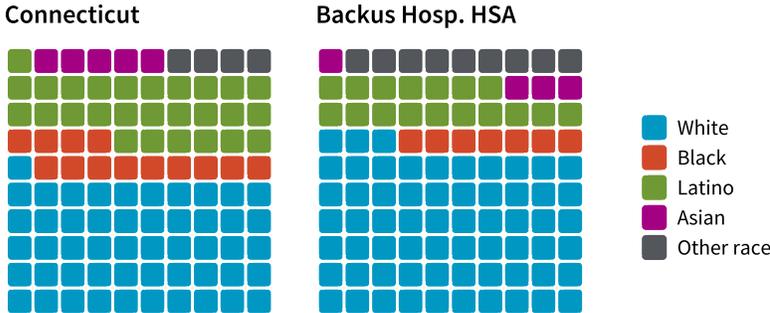
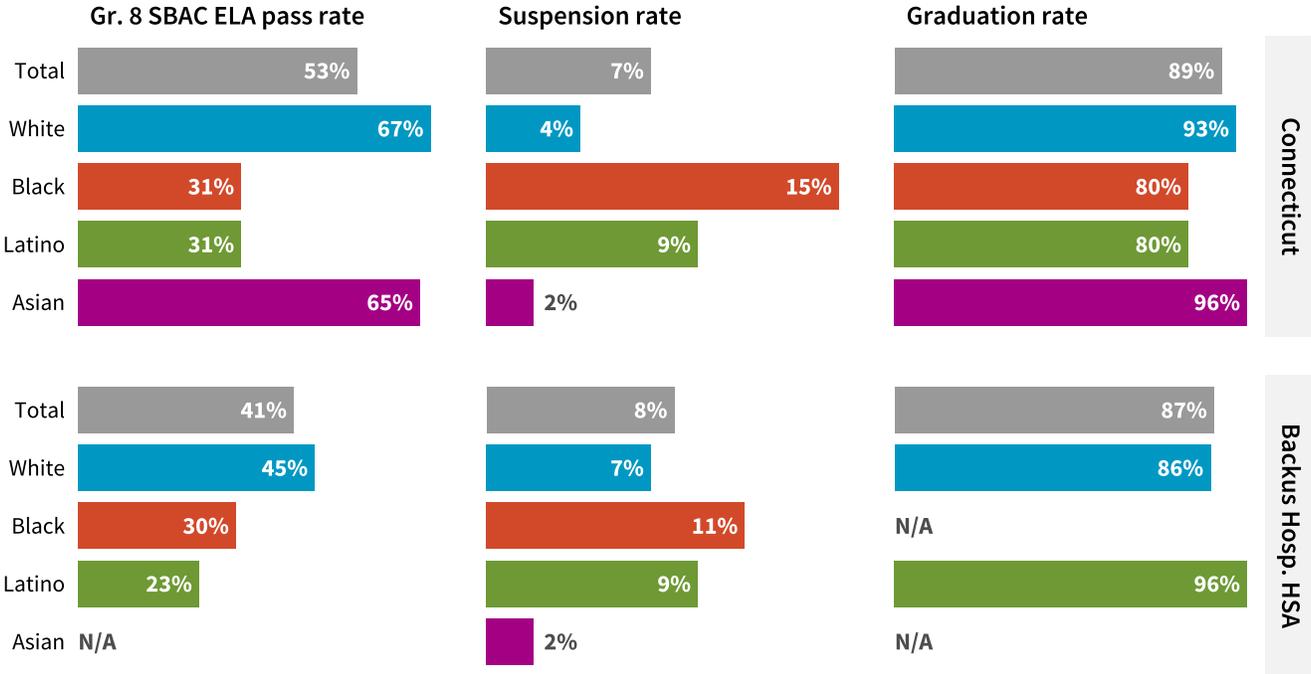
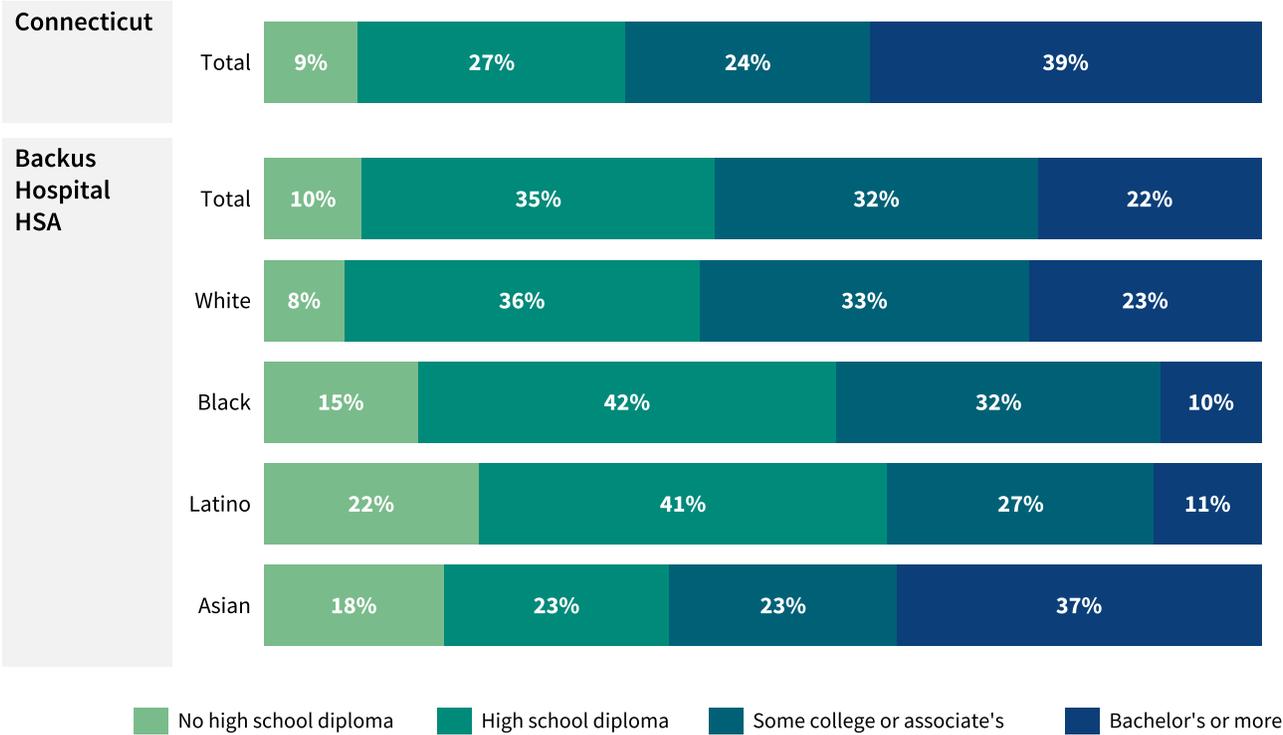


Figure 7: Selected academic and disciplinary outcomes by student race/ethnicity, 2018–2019



Adults with high school diplomas or college degrees have more employment options and considerably higher potential earnings, on average, than those who do not finish high school. In the Backus Hospital HSA, 10 percent of adults ages 25 and over, or 8,132 people, lack a high school diploma; statewide, this value is 9 percent.

Figure 8: Educational attainment by race/ethnicity, share of adults ages 25 and up, 2019



ECONOMY

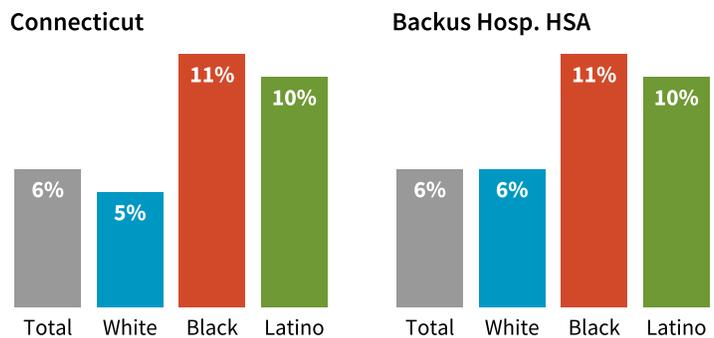
There are 51,318 total jobs in the Backus Hospital HSA, with the largest share in the Health Care and Social Assistance sector. While these numbers are from 2019 and do not include economic outcomes related to the COVID-19 pandemic, they describe general labor market strengths and average wages for the area.

Table 5: Jobs and wages in Backus Hospital HSA’s 5 largest sectors, 2019

Sector	Connecticut		Backus Hosp. HSA	
	Total jobs	Avg annual pay	Total jobs	Avg annual pay
All Sectors	1,670,354	\$69,806	51,318	\$44,853
Health Care and Social Assistance	271,014	\$54,858	7,322	\$51,075
Accommodation and Food Services	129,012	\$23,183	5,555	\$22,528
Retail Trade	175,532	\$35,833	5,381	\$29,601
Construction	59,659	\$72,371	1,633	\$64,319
Manufacturing	161,893	\$85,031	1,510	\$58,140

Rates of unemployment tend to vary by race and ethnicity. Generally, workers of color are more likely to be unemployed due to factors ranging from hiring practices to proximity to available jobs. Overall unemployment in the Backus Hospital HSA averaged 6 percent in 2019.

Figure 9: Unemployment rate by race/ethnicity, 2019



INCOME & WEALTH

The median household income in Connecticut is \$78,444. Within the Backus Hospital HSA, town-level median household incomes range from a minimum of \$57,052 in Norwich to a maximum of \$96,719 in Franklin. Racial disparities in outcomes related to education, employment, and wages result in disparate household-level incomes and overall wealth. Households led by Black or Latino adults generally average lower incomes than white households.

The Supplemental Nutritional Assistance Program (SNAP, or food stamps) is a program available to very low-income households earning less than 130 percent of the federal poverty guideline (\$25,750 for a family of four in 2019). Throughout the state, poverty and SNAP utilization rates are higher among Black and Latino households than white households.

Table 6: Selected household economic indicators by race/ethnicity of head of household, 2019

Indicator	Area	Total		White		Black		Latino		Asian		Native American	
		Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Below poverty level	Connecticut	344,146	10%	137,123	6%	65,664	18%	123,431	22%	12,398	8%	1,629	17%
	Backus Hosp. HSA	10,084	9%	6,312	7%	1,092	18%	1,315	14%	410	7%	80	6%
	Norwich	5,085	13%	2,594	11%	908	21%	767	14%	200	6%	<50	N/A
Receives SNAP	Connecticut	162,967	12%	67,339	7%	34,650	26%	56,091	32%	3,145	6%	958	26%
	Backus Hosp. HSA	5,960	13%	4,050	11%	715	33%	770	27%	<50	N/A	78	13%
	Norwich	3,055	19%	1,575	14%	609	39%	553	31%	<50	N/A	<50	N/A

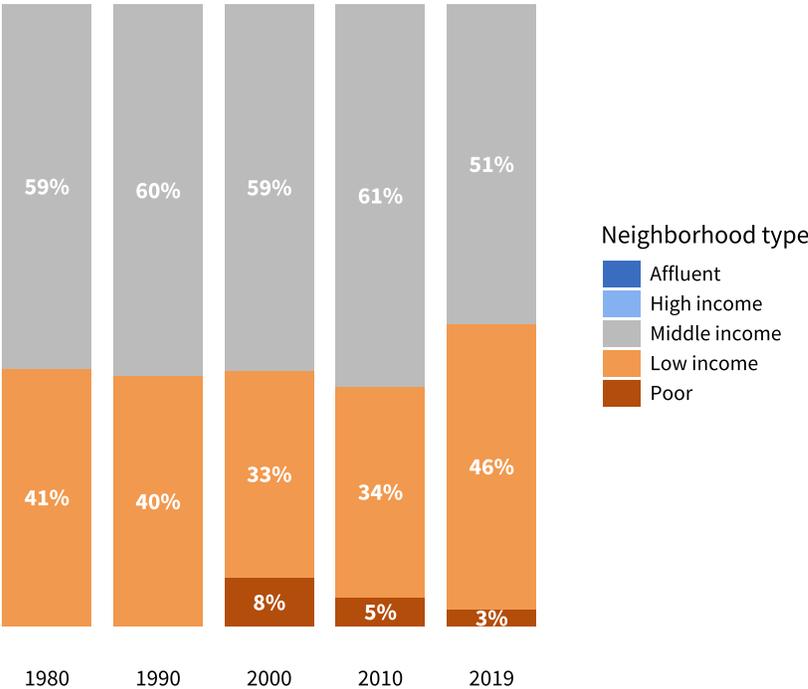
Access to a personal vehicle may also be considered a measure of wealth since reliable transportation plays a significant role in job access and quality of life. Vehicle access reduces the time a family may spend running errands or traveling to appointments, school, or work.

Table 7: Households with no vehicle at home by race/ethnicity of head of household (with proxy area), 2019

Area	Total		White		Black		Latino		Other race	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	121,434	9%	55,942	6%	27,048	21%	30,496	17%	7,948	10%
Backus Hospital HSA	5,763	6%	4,003	5%	457	16%	912	13%	391	8%

Over the past 40 years, neighborhood income inequality has grown statewide as the share of the population living in wealthy or poor neighborhoods has increased and the population in middle income areas declined in a process known as “economic sorting,” which often leads to further disparities in access to economic opportunity, healthy environments, and municipal resources.

Figure 10: Distribution of population by neighborhood income level, Backus Hospital HSA, 1980–2019

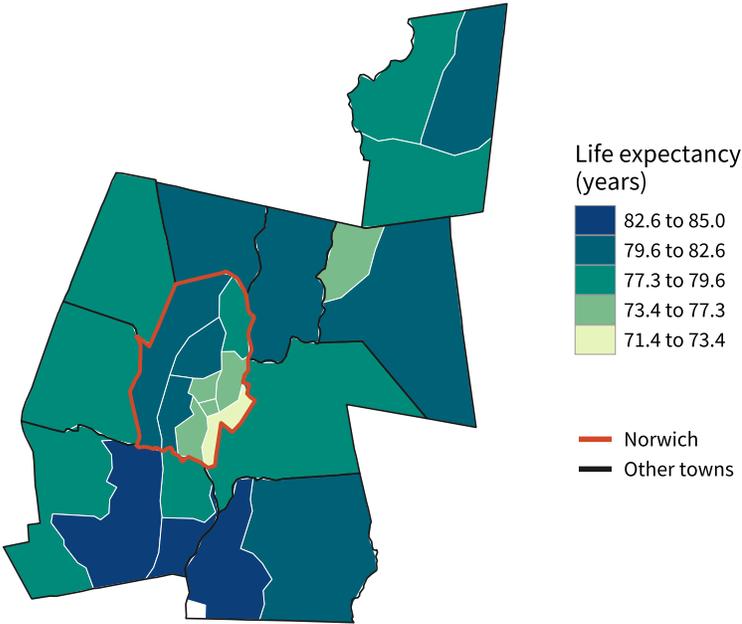


HEALTH

The socioeconomic disparities described above tend to correlate with health outcomes. Factors such as stable housing, employment, literacy and linguistic fluency, environmental hazards, and transportation all impact access to care, physical and mental health outcomes, and overall quality of life. Income and employment status often drive differences in access to healthcare, the likelihood of getting preventive screenings as recommended, the affordability of life-saving medicines, and the ability to purchase other goods and services, including high-quality housing and nutritious food.

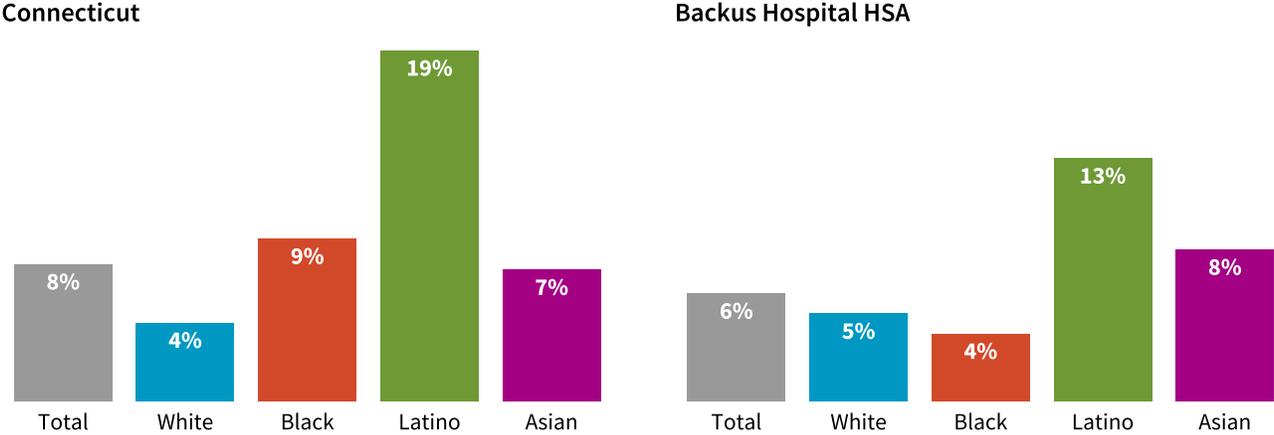
Life expectancy is a good proxy for overall health and well-being since it is the culmination of so many other social and health factors. The average life expectancy in the Backus Hospital HSA is 79.2 years, and 80.3 years in Connecticut. Regionally, these values range from a low of 77.4 in Norwich to a high of 81.8 in Ledyard.

Figure 11: Life expectancy, Backus Hospital HSA by Census tract, 2015



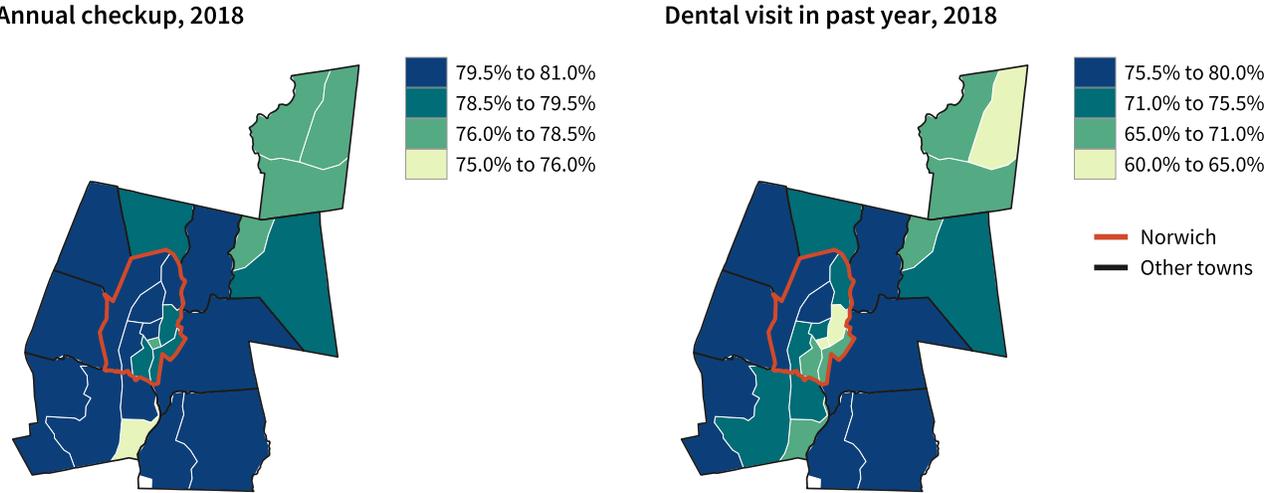
Health-related challenges begin with access to care. Due to differences in workplace benefits, income, and eligibility factors, Black and especially Latino people are less likely to have health insurance than white people.

Figure 12: Uninsured rate among adults ages 19–64 by race/ethnicity, 2019



Preventive care can help counteract economic disadvantages, as a person’s health can be improved by addressing risk factors like hypertension and chronic stress early. Lack of affordable, accessible, and consistent medical care can lead to residents relying on expensive emergency room visits later on. Overall, 79 percent of the adults in the Backus Hospital HSA had an annual checkup as of 2018, and 72 percent had a dental visit in the past year.

Figure 13: Preventive care measures, share of adults by Census tract, Backus Hospital HSA



Throughout the state, people of color face greater rates and earlier onset of many chronic diseases and risk factors, particularly those that are linked to socioeconomic status and access to resources. For example, diabetes is much more common among older adults than younger ones, yet middle-aged Black adults in Connecticut have higher diabetes rates than white seniors.

Figure 14: Selected health risk factors, share of adults, 2015–2018

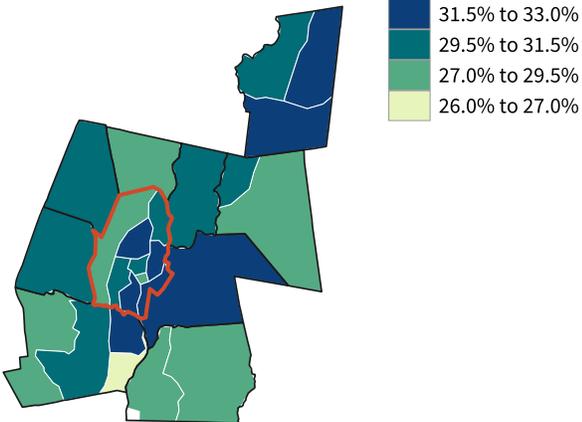
		Excellent/very good self-rated health	Food insecurity	Smoking	Obesity	Exercise 3+ days a week
Connecticut	Total	60%	13%	14%	27%	61%
	Backus Hosp. HSA					
	Total	53%	15%	18%	33%	61%
	White	52%	14%	17%	33%	59%
	Black	56%	25%	15%	36%	67%
	Latino	56%	36%	20%	47%	59%
Norwich	Total	48%	19%	18%	35%	60%

Figure 15: Selected health indicators by age and race/ethnicity, share of adults, New London County, 2015–2018

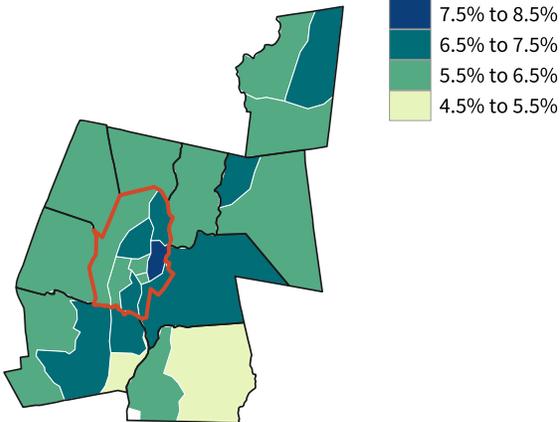
Age	Asthma				Diabetes				Hypertension			
					Race/ethnicity							
	Total	White	Black	Latino	Total	White	Black	Latino	Total	White	Black	Latino
18 to 34	18%	16%	N/A	18%	4%	3%	N/A	3%	9%	10%	N/A	15%
35 to 49	15%	15%	N/A	25%	8%	7%	N/A	18%	22%	19%	N/A	34%
50 to 64	16%	15%	17%	25%	14%	11%	33%	12%	38%	38%	47%	22%
65 and older	11%	12%	13%	N/A	22%	22%	46%	N/A	59%	59%	79%	N/A

Figure 16: Chronic disease prevalence, share of adults by Census tract, Backus Hospital HSA

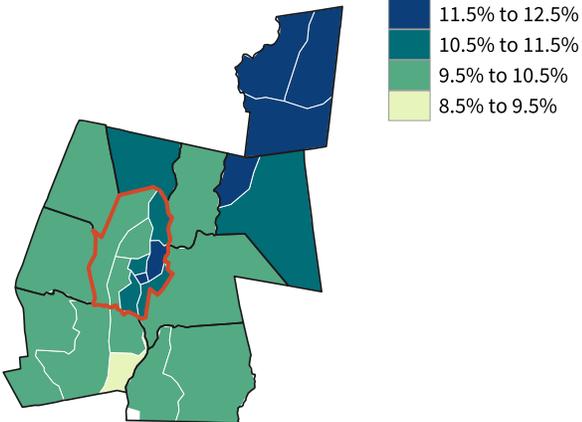
High blood pressure, 2017



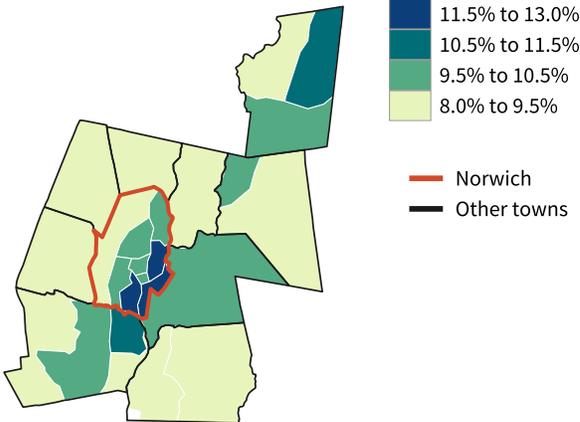
Coronary heart disease, 2018



Current asthma, 2018



Diabetes, 2018



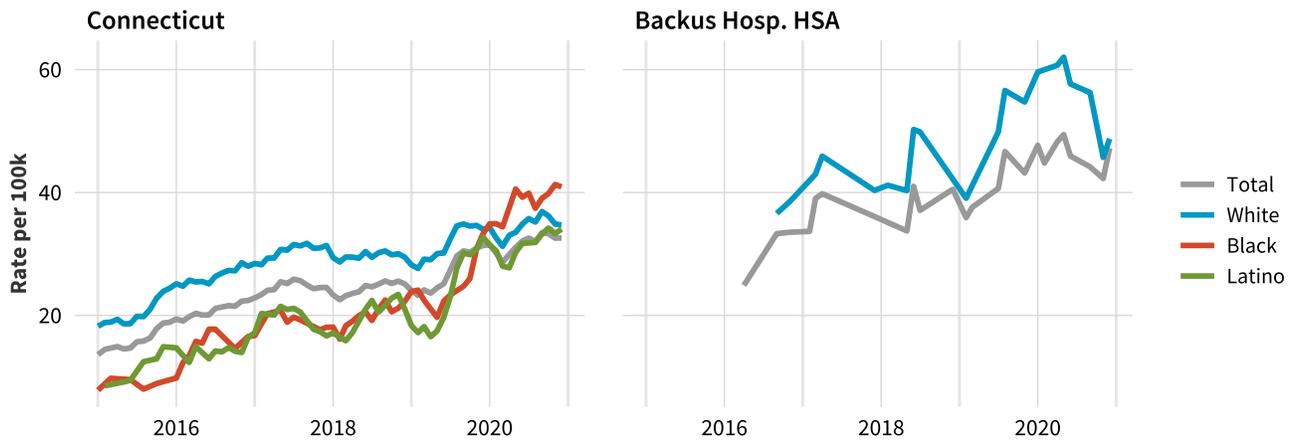
Mental health issues like depression and anxiety can be linked to social determinants like income, employment, and environment, and can pose risks of physical health problems as well, including by complicating a person’s ability to keep up other aspects of their health care. People of color are slightly more likely to report feeling mostly or completely anxious and being bothered by feeling depressed or hopeless. Overall, 12 percent of Backus Hospital HSA adults report experiencing anxiety regularly and 9 percent report being bothered by depression.

Table 8: Selected mental health indicators, share of adults, 2015–2018

Indicator	Area	Total	White	Black	Latino	Asian	Native American
Experiencing anxiety	Connecticut	12%	11%	15%	19%	14%	15%
	Backus Hosp. HSA	12%	12%	13%	27%	N/A	N/A
	Norwich	13%	13%	19%	N/A	N/A	N/A
Bothered by depression	Connecticut	9%	8%	10%	14%	8%	12%
	Backus Hosp. HSA	9%	9%	9%	22%	N/A	N/A
	Norwich	12%	14%	13%	N/A	N/A	N/A

Like other states, Connecticut has seen a rise in drug overdose deaths in the last several years. In 2020, Connecticut saw an average of 113 overdose deaths per month, up from 60 in 2015. White residents long comprised the bulk of these deaths, but with the increasing rate of overdose deaths overall has come an increasing share of people of color counted among overdose deaths.

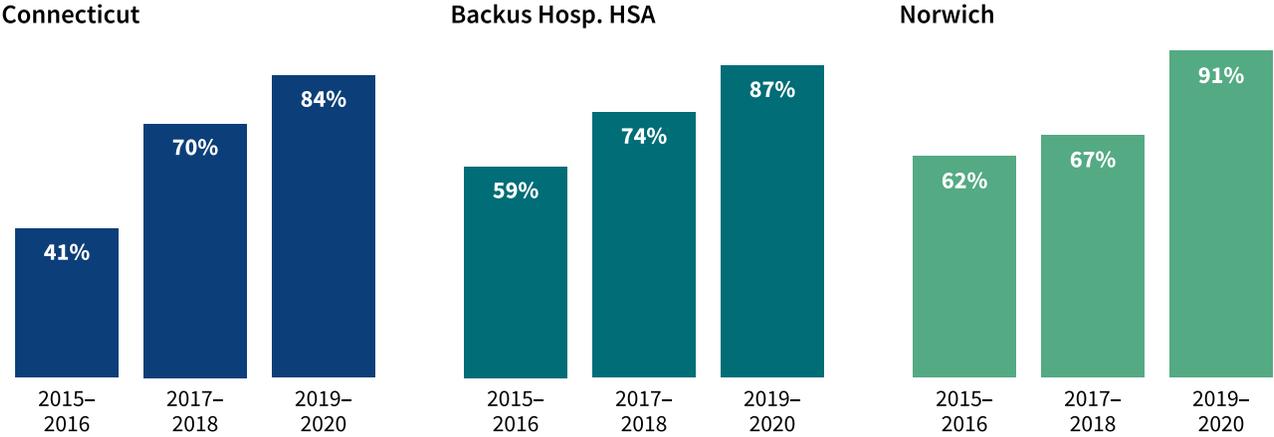
Figure 17: Age-adjusted monthly rates of drug overdose deaths per 100,000 residents by race/ethnicity, 6-month rolling averages, 2015–2020



Note: values suppressed for small populations or few overdose incidents.

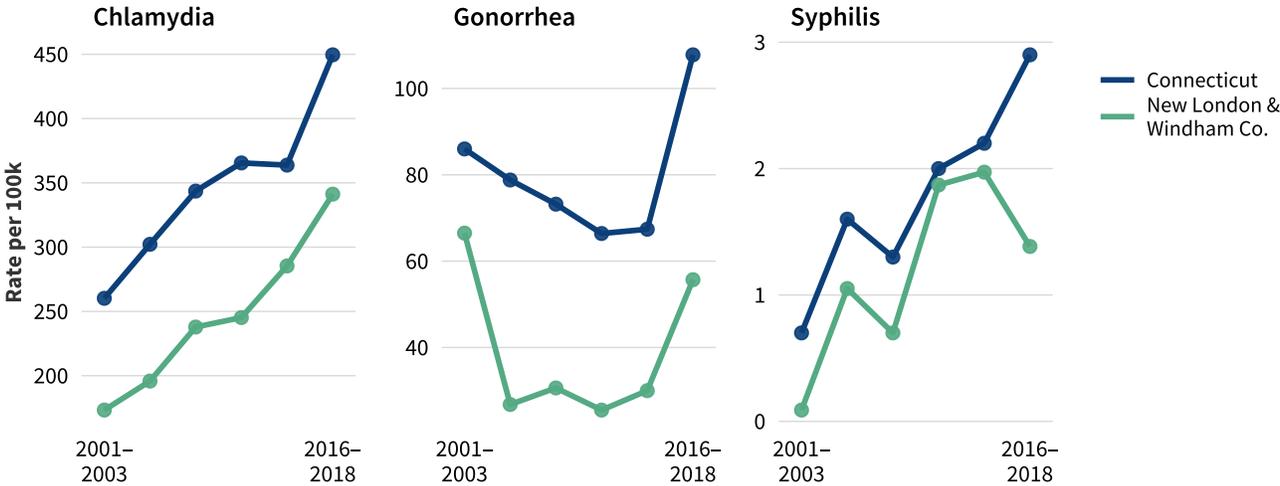
The introduction and spread of fentanyl in drugs—both with and without users’ knowledge—is thought to have contributed to this steep rise in overdoses. In 2015 and 2016, 59 percent of the drug overdose deaths in the Backus Hospital HSA involved fentanyl; in 2019 and 2020, this share was 87 percent.

Figure 18: Share of drug overdose deaths involving fentanyl, 2015–2020



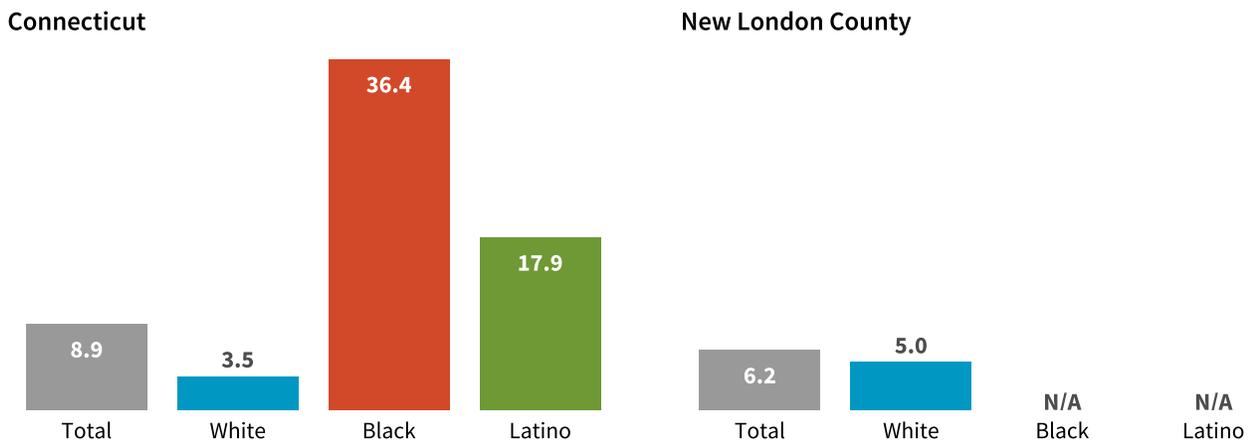
Sexually transmitted infections (STIs) can have long-term implications for health, including reproductive health problems and certain cancers, and can increase the risk of acquiring and transmitting diseases such as HIV and hepatitis C. Following nationwide trends, Connecticut has seen increases in the rates of STIs like chlamydia and gonorrhea over the past two decades. Between 2016 and 2018, New London & Windham Counties had annual average case rates of 341 new cases of chlamydia per 100,000 residents, 56 cases of gonorrhea per 100,000, and 1.4 cases of syphilis per 100,000.

Figure 19: Annualized average rates of new cases of selected sexually transmitted infections per 100,000 residents, 2001–2003 through 2016–2018



Like many other diseases, Connecticut’s Black and Latino residents face a higher burden of HIV rates. Statewide between 2016 and 2018, Black residents ages 13 and up were more than 10 times more likely to be diagnosed with HIV than white residents.

Figure 20: Annualized average rate of new HIV diagnoses per 100,000 residents ages 13 and over, 2016–2018

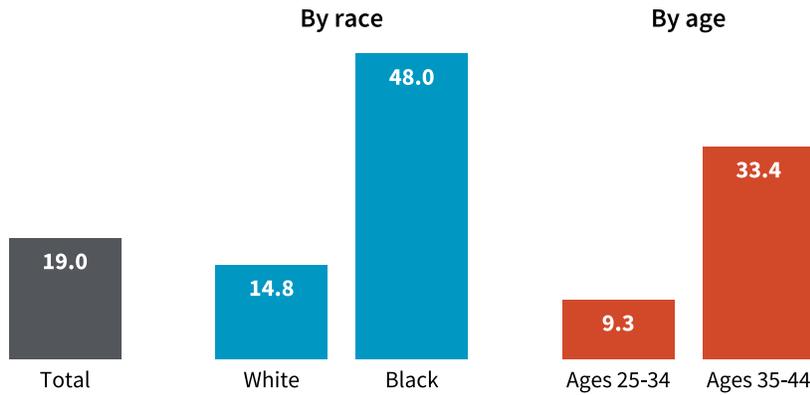


Birth outcomes often reflect health inequities for parents giving birth, and those outcomes can affect a child throughout their life. Often, parents of color have more complications related to birth and pregnancy than white parents. Complications during pregnancy or childbirth also contribute to elevated mortality among parents giving birth.

Table 9: Selected birth outcomes by race/ethnicity of parent giving birth, 2016–2018

Indicator	Area	Total	White	Black	Latina			Asian
					Latina (overall)	Puerto Rican	Other Latina	
Late or no prenatal care	Connecticut	3.4%	2.5%	5.7%	4.0%	2.9%	5.1%	3.5%
	Backus Hosp. HSA	2.4%	2.0%	7.4%	2.0%	N/A	3.0%	N/A
	Norwich	3.2%	2.3%	7.0%	2.6%	N/A	3.8%	N/A
Low birthweight	Connecticut	7.8%	6.4%	12.1%	8.3%	10.2%	6.6%	8.7%
	Backus Hosp. HSA	7.8%	6.5%	N/A	8.7%	N/A	N/A	N/A
	Norwich	8.3%	6.3%	N/A	8.7%	N/A	N/A	N/A
Infant mortality (per 1k live births)	Connecticut	4.6	3.1	9.5	5.0	N/A	N/A	N/A
	Backus Hosp. HSA	3.9	3.5	N/A	N/A	N/A	N/A	N/A
	Norwich	3.8	N/A	N/A	N/A	N/A	N/A	N/A

Figure 21: Maternal mortality rate per 100k births, Connecticut, 2013–2017



Children under 7 years old are monitored for potential lead poisoning, and 3.6 percent of these children in the Backus Hospital HSA have blood-lead levels in excess of the state’s accepted threshold. Children living in homes built before 1960 are at a higher risk of potential lead poisoning due to the more widespread use of lead-based paints in older homes. Black and Latino households are slightly more likely to live in structures built before 1960.

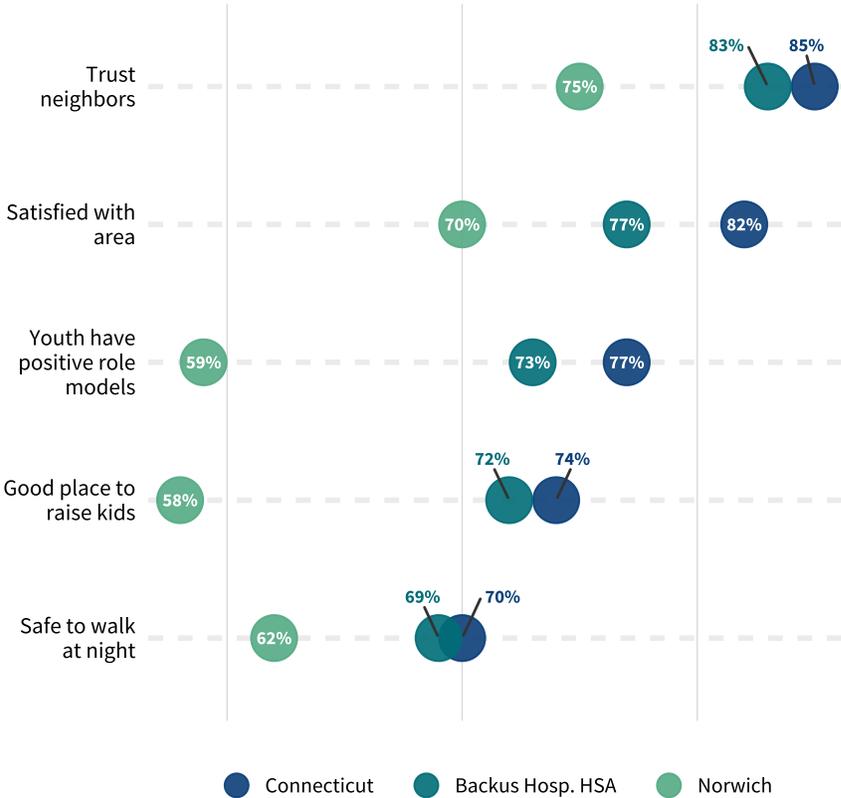
Table 10: Households living in structures built before 1960 by race/ethnicity of head of household (with proxy area), 2019

Area	Total		White		Black		Latino		Other race	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	580,941	42%	399,512	40%	63,552	49%	93,011	53%	24,866	32%
Backus Hospital HSA	36,705	37%	30,515	36%	1,130	40%	3,415	48%	1,645	32%

CIVIC LIFE & COMMUNITY COHESION

Beyond individual health, several measures from the DataHaven Community Wellbeing Survey show how local adults feel about the health of their neighborhoods. High quality of life and community cohesion can positively impact resident well-being through the availability of resources, sense of safety, and participation in civic life. For example, adults who see the availability of role models in their community may enroll their children in extracurricular activities that benefit them educationally and socially; residents who know and trust their neighbors may find greater social support. Overall, 77 percent of Backus Hospital HSA adults reported being satisfied with the area where they live.

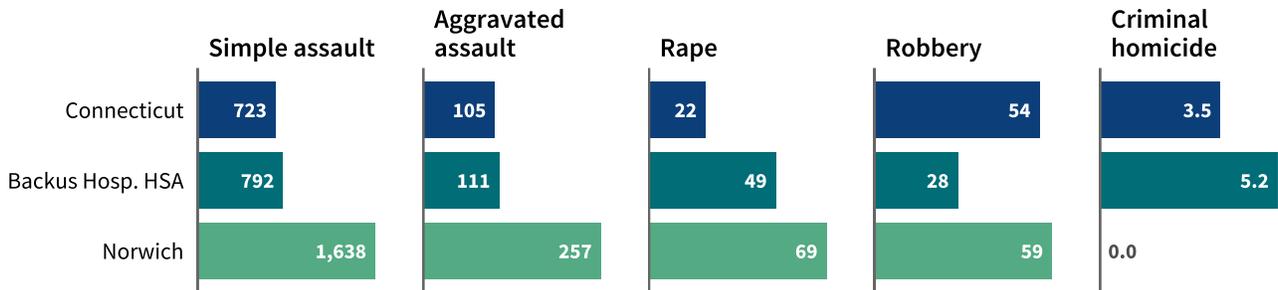
Figure 22: Residents' ratings of community cohesion measures, share of adults, 2015-2018



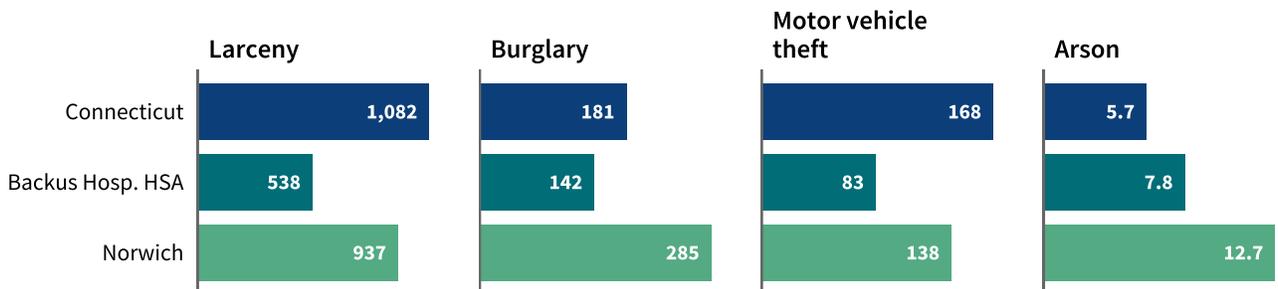
Crime rates per 100,000 residents are based on reports to law enforcement of violent force against persons, as well as offenses involving property. Not all crimes involve residents of the areas where the crimes occur, which is important to consider when evaluating crime rates in areas or towns with more commercial activity. Crime patterns can also vary dramatically by neighborhood. Crime can impact the social and economic well-being of communities, including through negative health effects.

Figure 23: Part I crime rates per 100,000 residents by town / jurisdiction, 2019

Crimes against persons



Crimes against property



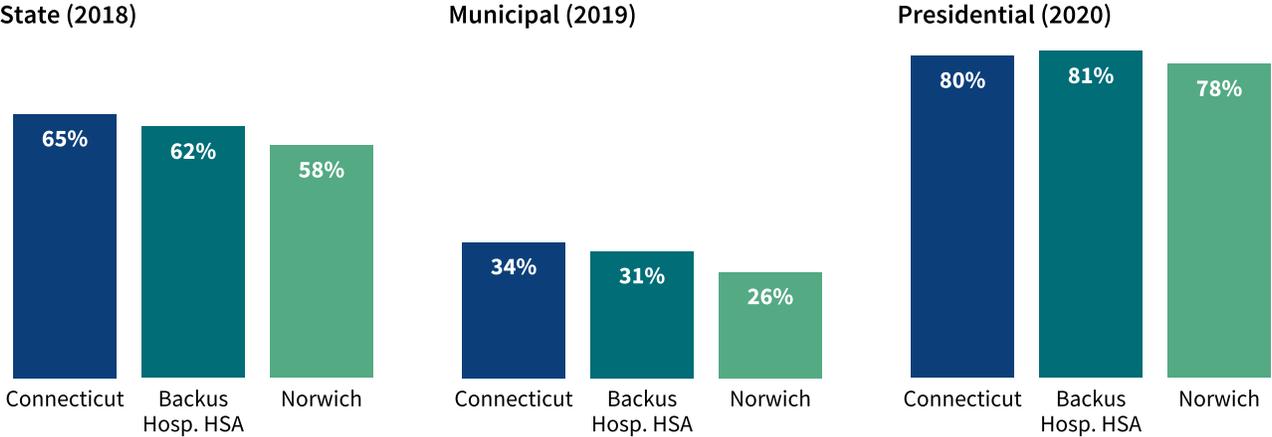
A lack of trust in and engagement with local government and experiences of unfair treatment by authorities can impair community well-being and cohesion. Thirty-nine percent of Backus Hospital HSA adults feel their local government is responsive to residents’ needs, compared to 51 percent statewide.

Table 11: Residents’ ratings of local government, share of adults, 2015–2018

Area	Unfairly stopped by police	Local govt is responsive	Have some influence over local govt
Connecticut	11%	51%	67%
Backus Hospital HSA	11%	39%	62%
Norwich	13%	29%	62%

During the 2020 presidential election, 81 percent of Backus Hospital HSA registered voters cast ballots, compared to 80 percent statewide, and to 77 percent in the 2016 presidential election.

Figure 24: Registered voter turnout, 2018–2020

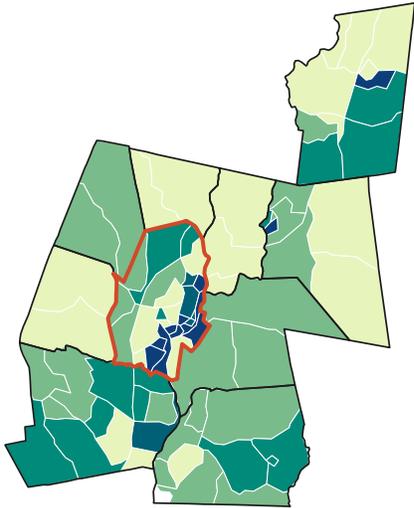


ENVIRONMENT & SUSTAINABILITY

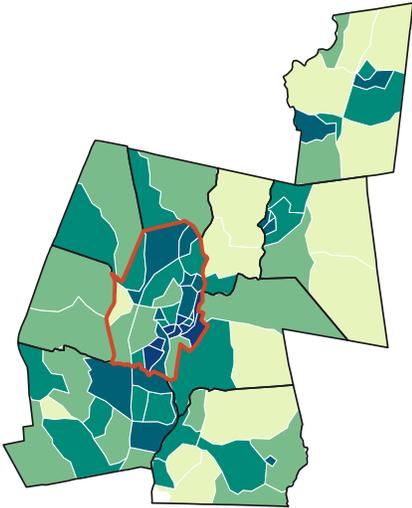
Many environmental factors—from access to outdoor resources to tree canopy to exposure to pollutants—can have direct impacts on residents’ health and quality of life. Environmental justice is the idea that these factors of the built and natural environments follow familiar patterns of socioeconomic disparities and segregation. The federal Environmental Protection Agency (EPA) ranks small areas throughout the US on their risks of exposure to a variety of pollutants and hazards, scaled to account for the historically disparate impact of these hazards on people of color and lower-income people.

Figure 25: EPA Environmental Justice Index by block group, Backus Hospital HSA

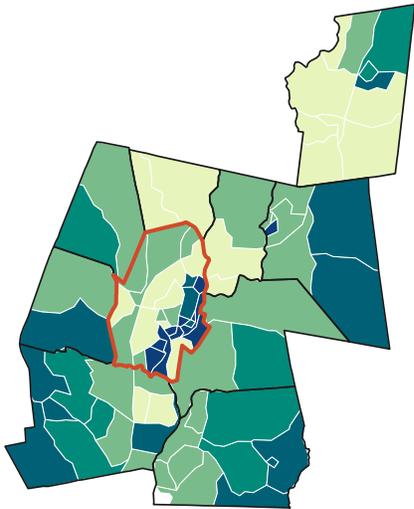
Lead paint exposure risk



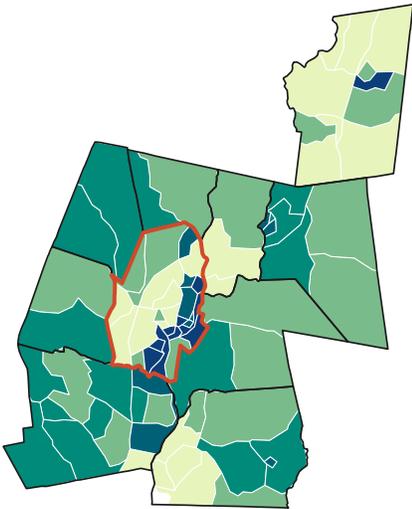
Air cancer risk



Proximity to water discharge



Proximity to treatment facilities



- High risk
- Avg. risk
- Low risk
- Norwich
- Other towns

High-quality built environment resources, such as recreational facilities and safe sidewalks, help keep residents active and bring communities together. Walkable neighborhoods may also encourage decreased reliance on cars. Throughout Connecticut, Black and Latino residents are largely concentrated in denser urban areas which tend to offer greater walkability. Of adults in the Backus Hospital HSA, 37 percent report having stores, banks, and other locations they need in walking distance, lower than the share of adults statewide.

Figure 26: Residents’ ratings of local walkability measures by race/ethnicity, share of adults, 2015–2018



NOTES

Figure 1. Study area. Map tiles by Stamen Design, under CC BY 3.0. Data by OpenStreetMap, under ODbL.

Table 1. About the area. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates. Available at <https://data.census.gov>; PLACES Project. Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/places>; and National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. National Center for Health Statistics. 2018. Available at <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>

Table 2. Population by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 2. Population by race/ethnicity and age group, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 3. Linguistic isolation by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 3. Homeownership rate by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 4. Homeownership rates by age and race/ethnicity of head of household, Backus Hospital HSA (with proxy area), 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year public use microdata sample (PUMS) data, accessed via IPUMS. Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek. IPUMS USA: Version 11.0 [dataset]. Minneapolis, MN: IPUMS, 2021. <https://doi.org/10.18128/D010.V11.0>

Figure 5. Housing cost-burden rates by race/ethnicity, Backus Hospital HSA (with proxy area), 2019. DataHaven analysis (2021) of Ruggles, et al. (2019).

Table 4. Overcrowded households by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 6. Public K–12 student enrollment by race/ethnicity per 100 students, 2019–2020. DataHaven analysis (2021) of 2019–2020 school year enrollment data from the Connecticut State Department of Education, accessed via EdSight at <http://edsight.ct.gov>

Figure 7. Selected academic and disciplinary outcomes by student race/ethnicity, 2018–2019. DataHaven analysis (2021) of 2018–2019 school year testing (8th grade English/language arts), discipline, and four-year graduation data from the Connecticut State Department of Education, accessed via EdSight.

Figure 8. Educational attainment by race/ethnicity, share of adults ages 25 and up, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 5. Jobs and wages in Backus Hospital HSA's 5 largest sectors, 2019. DataHaven analysis (2021) of annual employment data from the Connecticut Department of Labor. Available at https://www1.ctdol.state.ct.us/lmi/202/202_annualaverage.asp

Figure 9. Unemployment rate by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 6. Selected household economic indicators by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 7. Households with no vehicle at home by race/ethnicity of head of household (with proxy area), 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 10. Distribution of population by neighborhood income level, Backus Hospital HSA, 1980–2019. DataHaven analysis (2021) of household income and population by Census tract. Values for 1980–2000 are from the US Census Bureau Decennial Census, provided by the Neighborhood Change Database (NCDB) created by GeoLytics and the Urban Institute

with support from the Rockefeller Foundation (2012). 2019 values are calculated from US Census Bureau American Community Survey 2019 5-year estimates.

Figure 11. Life expectancy, Backus Hospital HSA by Census tract, 2015. Data from National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. National Center for Health Statistics. 2018. Available at <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>

Figure 12. Uninsured rate among adults ages 19–64 by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 13. Preventive care measures, share of adults by Census tract, Backus Hospital HSA. Data from PLACES Project. Centers for Disease Control and Prevention.

Figure 14. Selected health risk factors, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey. Available at <https://ctdatahaven.org/reports/datahaven-community-wellbeing-survey>.

Figure 15. Selected health indicators by age and race/ethnicity, share of adults, New London County, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 16. Chronic disease prevalence, share of adults by Census tract, Backus Hospital HSA. Data from PLACES Project. Centers for Disease Control and Prevention.

Table 8. Selected mental health indicators, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 17. Age-adjusted monthly rates of drug overdose deaths per 100,000 residents by race/ethnicity, 6-month rolling averages, 2015–2020. DataHaven analysis (2021) of Accidental Drug Related Deaths 2012–2018. Connecticut Office of the Chief Medical Examiner. Available at <https://data.ct.gov/resource/rybz-nyjw>. Rates are weighted with the U.S. Centers for Disease Control and Prevention (CDC) 2000 U.S. Standard Population 18 age group weights available at <https://seer.cancer.gov/stdpopulations>

Figure 18. Share of drug overdose deaths involving fentanyl, 2015–2020. DataHaven analysis (2021) of Accidental Drug Related Deaths 2012–2018. Connecticut Office of the Chief Medical Examiner.

Figure 19. Annualized average rates of new cases of selected sexually transmitted infections per 100,000 residents, 2001–2003 through 2016–2018. DataHaven analysis (2021) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2019. <https://www.cdc.gov/nchhstp/atlas/index.htm>

Figure 20. Annualized average rate of new HIV diagnoses per 100,000 residents ages 13 and over, 2016–2018. DataHaven analysis (2021) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus.

Table 9. Selected birth outcomes by race/ethnicity of parent giving birth, 2016–2018. 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>

Figure 21. Maternal mortality rate per 100k births, Connecticut, 2013–2017. America's Health Rankings analysis of CDC WONDER Online Database, Mortality files, United Health Foundation. Retrieved from <https://www.americashealthrankings.org>

Table 10. Households living in structures built before 1960 by race/ethnicity of head of household (with proxy area), 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 22. Residents' ratings of community cohesion measures, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 23. Part I crime rates per 100,000 residents by town / jurisdiction, 2019. DataHaven analysis (2021) of 2019 Crimes Analysis Offenses. Connecticut Department of Emergency Services and Public Protection. Available at <https://portal.ct.gov/DESPP/Division-of-State-Police/Crimes-Analysis-Unit/Crimes-Analysis-Unit>

Table 11. Residents' ratings of local government, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 24. Registered voter turnout, 2018–2020. DataHaven analysis (2021) of data from the Connecticut Office of the Secretary of the State Elections Management System. Available at <https://ctemspublic.pcctg.net>

Figure 25. EPA Environmental Justice Index by block group, Backus Hospital HSA. United States Environmental Protection Agency. 2019 version. EJSCREEN. Retrieved from <https://www.epa.gov/ejscreen>

Figure 26. Residents' ratings of local walkability measures by race/ethnicity, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

APPENDIX C – INTERVIEWEE ORGANIZATIONS

Interviewee Organizational Affiliations

Organization
Backus Hospital Emergency Department
Center for Healthy Aging
Connecticut Alliance for Basic Human Needs
FoodShare/CT Food Bank
Madonna Place
Mashantucket Pequot Tribal Nation Health Services
Mohegan Tribal Nation Health Department
Reliance Health, Inc.
Thames Valley Council for Community Action, Inc.
The Health Education Center
Uncas Health District
United Way of Central and Northeastern Connecticut

APPENDIX D – IMPACT EVALUATION

Backus Hospital Impact Statement 2021

Enhance Coordination of Services with high utilizers of care

- Created a Preventive Medicine Team consisting of an APRN and an MSW
Impact: 469 people served
- CHA Collaborative to address SDOH in 2018/2019
Participated in pilot program then transitioned to HHC's Connections that Matter
Impact: 176 people served
- Partnered with Generations to provide primary care services at St. Vincent DePaul
Impact: 403 people were served. Services suspended 3/20 through year end due to COVID.

Enhance coordination of services, Promoting Healthy Behaviors and Lifestyle

Connecting people & resources to create a healthy community

- Community organization support- member of Executive Committee of the Eastern Connecticut Health Collaborative including oversight of the State of CT HEC pre-planning grant
Impact: Assisted with execution of grant deliverables, established a sustainability plan for CHC including arranging for The United Way to be the backbone organization.

Promoting Healthy Behaviors and Lifestyle

- Nutritional Support
Impact: Conducted at various community events with 647 people served
- Freedom from Smoking Classes - Instruction provided by the Respiratory Therapy department.
Impact: 50 people were served. 2020 program cancelled due to COVID
- Provide vouchers for fresh fruits and vegetables to children at risk for obesity
Impact: 2018/2019 Summer program at Norwich Farmers Market, Winter program at ShopRite in Norwich with 244 people served. No summer or winter of 2020 program due to COVID

Behavioral Health

Addiction support/referrals

- Recovery Coach program embedded in Backus Emergency Department
Impact: 253 drug and/or alcohol abusers were referred to Coaches.