Hartford HealthCare

MidState Medical Center

2021

Community Health Needs Assessment

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EXECUTIVE SUMMARY

Introduction

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

MidState Medical Center (MidState) is located in Meriden, Connecticut. MidState has specialties in neuroscience, cancer, cardiology and vascular, urology, and behavioral health. MidState also provides services in physical rehabilitation and homecare including The Connecticut Orthopaedic Institute. MidState's staff has clinical expertise in emergency care, urgent care, general and robotic surgery, emergency medicine, weight management, wound and hyperbarics, labor and delivery, maternal fetal medicine, sleep care, digestive health, and pain management. For more information, please visit www.midstatemedical.org.

MidState Medical Center 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/.

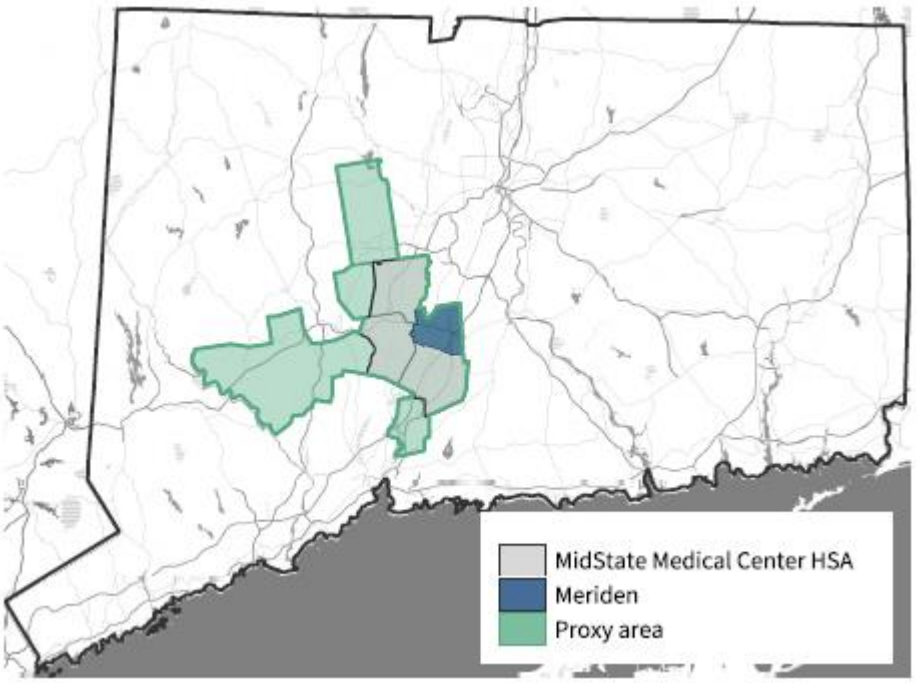
This CHNA was conducted using generally accepted methodologies to identify the significant health needs of the community served by MidState Medical Center. The CHNA also was conducted to comply with federal laws and regulations.

Community Assessed

For purposes of this CHNA, MidState Medical Center's community was defined as the following Connecticut towns: Cheshire, Meriden, Southington, and Wallingford. In this report, these towns are referred to as the MidState HSA (Hospital Service Area).

In calendar year 2020, the MidState HSA accounted for approximately 69 percent of the hospital's inpatient volumes and 80 percent of the hospital's emergency department visits. The total population of these towns in 2020 was 177,200.

The following map portrays the community assessed by MidState Medical Center.



The CHNA includes data for the Connecticut towns that comprise the hospital's HSA. Certain data also for the City of Meriden, and for a proxy area, and for New Haven County 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 MidState Medical Center are:

- Access to health care services, which has been affected by:
  - Transportation challenges (including a lack of non-emergency medical transportation) particularly for low-income and elderly populations
  - The cost of care, which is most significant for lower-income and uninsured persons
  - Gaps in health insurance, including the number of uninsured in Hartford and uninsured Latinos in the MidState HSA
  - Uneven access to computer and online technologies needed to take advantage of telehealth services
  - Systemic racism and a lack of trust in the healthcare system among minority populations
  - Language barriers for Latinos and Asians
- The COVID-19 pandemic, which has caused virus-related illness and death, increased isolation and mental health problems, and economic challenges. The pandemic also has highlighted the need for service providers to communicate and collaborate.

- Numerous racial and ethnic health and economic disparities, associated with systemic racism and language barriers, among other contributing factors. Low-income, Black, and Hispanic (or Latino) populations including migrant and undocumented workers have been particularly affected.
- Mental health status in Meriden and for racial and ethnic minorities across Connecticut; made worse by the COVID-19 pandemic
- Social Determinants of Health, which are most problematic for racial and ethnic minorities, including:
    - Poverty and income disparities
    - The cost of childcare
    - Levels of educational achievement
    - Access to affordable housing
    - Food insecurity, which is particularly problematic in the MidState HSA
- Comparatively high rates of smoking and obesity in Meriden
- Substance abuse (particularly opioids including fentanyl)

DATA AND ANALYSIS

This section summarizes findings from an assessment of secondary community health data and of community input for the MidState Medical Center CHNA.

Secondary Data Summary

Secondary community health data were provided by DataHaven. *See* Appendix B for a March 2021 report entitled *MidState 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 MidState Hospital. The table focuses on Social Determinants of Health.

For example, the table indicates that 58 percent of households in the City of Meriden 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.

Unfavorable Secondary Data Indicators
Social Determinants of Health

Indicator	Area	Value	Benchmark Area		Exhibit
			Value	Area	
Homeownership rate	Meriden	58.0%	66.0%	Connecticut	Table 1
Homeownership rate - Black	MidState HSA	49.0%	79.0%	Homeownership rate - White	Table 3
Homeownership rate - Latino	MidState HSA	35.0%			
Housing cost burden rate	Meriden	32.0%	36.0%	Connecticut	Table 1
Housing cost burdened - Black	MidState HSA	38.0%	27.0%	Housing cost burdened - White	Figure 4
Housing cost burdened - Latino	MidState HSA	40.0%			
Adults with less than a high school diploma	Meriden	13.0%	9.0%	Connecticut	Table 1
No high school diploma - Black	MidState HSA	15.0%	6.0%	No high school diploma - White	Figure 7
No high school diploma - Latino	MidState HSA	27.0%			
Median household income	Meriden	$58,843	$78,444	Connecticut	Table 1
Poverty rate	Meriden	10.0%	10.0%	Connecticut	Table 1
Poverty rate	Midstate HSA	6.0%	10.0%	Connecticut	Table 1
Poverty rate - Black	MidState HSA	9.0%	4.0%	Residents below poverty level - White	Table 6
Poverty rate - Latino	MidState HSA	18.0%			
Adults without health insurance	Meriden	13.0%	10.0%	Connecticut	Table 1
Uninsured rate - Black	MidState HSA	6.0%	3.0%	Uninsured rate - White	Figure 11
Uninsured rate - Latino	MidState HSA	13.0%			
Linguistically isolated - Latino	MidState HSA	28.0%	2.0%	Linguistically isolated - White	Figure 2
Linguistically isolated - Asian	MidState HSA	28.0%			
Unemployment rate - Black	MidState HSA	8.0%	4.0%	Unemployment rate - White	Figure 8
Unemployment rate - Latino	MidState HSA	6.0%			
Food Insecurity	Meriden	20.0%	13.0%	Connecticut	Figure 13
Food Insecurity - Black	Midstate HSA	22.0%	10.0%	Food Insecurity - White	Figure 13
Food Insecurity - Latino	Midstate HSA	29.0%			

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 Midstate Medical Center:

- Homeownership and housing costs:
  - City of Meriden
  - Black and Latino populations in the MidState HSA
- No high-school diploma:
  - City of Meriden
  - Black and Latino populations in the MidState HSA
- Poverty rates (and low median household incomes):
  - City of Meriden
  - Black and Latino populations in the MidState HSA
- Black and Latino unemployment rates in the MidState HSA
- Comparatively high uninsured rate:
  - City of Meriden
  - Black and Latino populations in the MidState HSA
- Food insecurity:
  - City of Meriden
  - Black and Latino populations in the MidState HSA

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

Unfavorable Secondary Data Indicators
Health Behaviors and Outcomes

Indicator	Area	Value	Benchmark Area		Exhibit
			Value	Area	
Life expectancy (years)	Meriden	78.9	80.3	Connecticut	Table 1
Self-rated health "excellent" or "very good"	Meriden	54.0%	60.0%	Connecticut	Figure 13
Smoking	Meriden	19.0%	14.0%	Connecticut	Figure 13
Obesity	Meriden	33.0%	28.0%	MidState HSA	Figure 13
Experiencing anxiety	Meriden	15.0%	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	Meriden	16.0%	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	MidState HSA	85.0%	42.0%	Share of drug overdose deaths involving fentanyl, 2015-2016	Figure 17
Late or no prenatal care	Meriden	3.6%	3.4%	Late or no prenatal care - Connecticut	Table 9
Low birthweight	Meriden	8.0%	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 Midstate Medical Center:

- In the City of Meriden:
  - 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 and women with late or no prenatal care
- Mental health disparities across Connecticut for Black and Latino residents
- A growing share of drug overdose deaths in the MidState HSA involving fentanyl
- A comparatively high Black maternal mortality rate in Connecticut

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 Value	Area	Exhibit
% Low Birthweight	New Haven County	8.1%	7.3%	Peer Counties	CHSI
% Adults with Obesity	New Haven County	28.1%	25.8%	Peer Counties	CHSI
% Physically Inactive	New Haven County	21.7%	19.0%	Peer Counties	CHSI
Chlamydia Rate	New Haven County	580.3	448.1	Peer Counties	CHSI
Preventable Hospitalization Rate	New Haven County	4,231.0	4,179.1	Connecticut	CHSI
% Some College	New Haven County	65.8%	70.8%	Peer Counties	CHSI
% Unemployed	New Haven County	4.4%	3.8%	Peer Counties	CHSI
% Children in Poverty	New Haven County	16.7%	12.7%	Peer Counties	CHSI
Income Ratio	New Haven County	5.1	4.6	Peer Counties	CHSI
% Single-Parent Households	New Haven County	37.4%	29.9%	Peer Counties	CHSI
% Severe Housing Problems	New Haven County	20.1%	19.0%	Peer Counties	CHSI
% Drive Alone to Work	New Haven County	78.1%	74.3%	Peer Counties	CHSI
Median Household Income	New Haven County	$69,905	$78,444	Connecticut	SparkMap
Population Below 100% FPL	New Haven County	11.7%	9.9%	Connecticut	SparkMap
Children Below 100% FPL	New Haven County	17.3%	13.3%	Connecticut	SparkMap
Children Eligible for Free or Reduced Price Lunch	New Haven County	48.8%	41.7%	Connecticut	SparkMap
Population 25+ with Bachelor's Degree or Higher	New Haven County	35.0%	39.3%	Connecticut	SparkMap
Population 25+ with No High-School Diploma	New Haven County	9.9%	9.4%	Connecticut	SparkMap
Teen Births per 1,000 Population	New Haven County	13.4	10.9	Connecticut	SparkMap
Medicare Beneficiaries with Asthma	New Haven County	7.1%	6.5%	Connecticut	SparkMap
Adults with Diabetes (Age Adjusted Rate)	New Haven County	8.9%	7.8%	Connecticut	SparkMap
Years of Life Lost per 100,000	New Haven County	6,219	5,677	Connecticut	SparkMap
Age Adjusted Death Rate - Suicide (Per 100,000)	New Haven County	11.1	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 Haven County:

- Low birthweight
- Obesity and physical activity
- Chlamydia rate
- Preventable hospitalizations

- Income inequality
- Teen birth rates
- Adult asthma (Medicare beneficiaries)
- Adults with diabetes

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 Haven County, CT	91,959	2,122	10,722.6	247.4	53.7%	5.6%
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 Haven County have been higher than Connecticut and U.S. averages.

Community Input Summary

Thirteen (13) interviews were conducted with 14 stakeholders participating to learn about community health issues in the MidState Medical Center community. Participants included individuals representing public health departments, social service organizations, community health centers, and similar organizations.

Questions focused first on identifying and discussing the most significant health issues in the community. Interviews then focused on the COVID-19 pandemic's impacts 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 should be implemented to address the community's health issues and to be better prepared for future risks.

Stakeholders most frequently identified the following issues as significant.

- **Transportation** is a significant issue, impacting the ability to travel to jobs, services, healthcare providers, and others. **Non-emergency medical transportation** is lacking. The cost, reliability, and limited routes of public options all present barriers. Low-income and elderly populations are particularly vulnerable.

- 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.

  - A need for **service providers and physicians to better communicate between each other** is impacting the continuum of care.

- There are several barriers to accessing health services in the community, including:

  - The **cost of care** – which is considered most significant for lower-income and uninsured persons.

  - **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 impact **access to preventative health services** in particular, affecting the ability of residents to stay healthy.

- Interviewees 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** are 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. **Isolation** is impacting both the mental and physical health of residents.

  - 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**, as many residents are newly utilizing food pantries. The **prevalence of economic disparities** highlighted by the pandemic is significant.

  - While telehealth has expanded access to care, it does present another barrier for those without access to technology, described as a **"digital divide"**.

  - The **impact on children** has been severe, due to isolation, educational delays due to school closures and remote learning, and decreased social interactions.

  - The pandemic highlights the **need for service providers to communicate and collaborate** as successes in the pandemic largely have come through strong collaboration.

- **Disparities in health** – both in the ability to access services and health outcomes – are widespread and significant.

  - Groups identified as particularly vulnerable include **low-income and impoverished populations**, **Black populations,** and **Hispanic (and Latino) populations**, particularly migrant and undocumented workers.

  - The **needs of immigrant communities** are disproportionately high, including **language barriers** limiting available services and engagement.
  - **Systemic racism** – including in the healthcare system – also is a prevalent issue.

- **Mental health status** is a significant concern. Interviewees cited an 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 underlying contributors to many health 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, leading to health issues such as asthma.
  - More **educational opportunities, including job training,** are needed to access higher-paying and stable jobs.
  - The **cost of childcare** is also significant and greatly impacts residents' available, limited resources and job choices.
  - **Food insecurity and poor access to healthy foods** are significant problems due to financial barriers, transportation issues, and cultural norms. The need for better **education regarding healthy eating** and making better choices is significant.
- **Substance abuse** issues were identified as significant. The **opioid epidemic** is an issue, including both illicit and prescription drug usage.
- The health and wellness of growing **elderly populations** is a significant concern. **Isolation** from COVID-19 and before has worsened the severity of their mental and physical health.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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

Hospitals

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

Hospitals Located in New Haven County, 2021

Name	Hospital Type	City	ZIP Code
Connecticut Hospice, Inc., The	General Hospital	Branford	06405
Gaylord Hospital	Chronic Disease Hospital	Wallingford	06492
Griffin Hospital	General Hospital	Derby	06418
Masonicare Health Center	Hospital for Mentally Ill Persons	Wallingford	06492
MidState Medical Center	General Hospital	Meriden	06451
Saint Mary's Hospital, Inc.	General Hospital	Waterbury	06708
Waterbury Hospital, The	General Hospital	Waterbury	06708
Yale New Haven Hospital, Inc.	General Hospital	New Haven	06510

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 22 FQHC sites operating in the MidState HSA.

Federally Qualified Health Centers Located in the Hospital HSA, 2020

Name	Address	City	ZIP Code
WYA at Crysalis		Meriden	
Venture Academy	883 Paddock Ave	Meriden	06450
Thomas Edison Magnet Middle School	1355 N Broad St	Meriden	06450
Washington Middle School - SBHC	1225 N Broad St	Meriden	06450
Wilcox Technical High School SBHC	298 Oregon Rd	Meriden	06451
Thomas Hooker Elementary School SBHC	70 Overlook Dr	Meriden	06450
Community Health Center of Meriden	134 State St	Meriden	06450
Nathan Hale Elementary School - SBHC	277 Atkins Street Ext	Meriden	06450
Israel Putnam Elementary School - SBHC	133 Parker Ave	Meriden	06450
Roger Sherman Elementary School - SBHC	64 N Pearl St	Meriden	06450
Casimir Pulaski Elementary School - SBHC	100 Clearview Ave	Meriden	06450
Platt High School - SBHC	220 Coe Ave	Meriden	06451
Lincoln Middle School - SBHC	164 Centennial Ave	Meriden	06451
Maloney High School - SBHC	121 Gravel St	Meriden	06450
Meri Care Dental Center	165 Miller St	Meriden	06450
John Barry Elementary School - SBHC	124 Columbia St	Meriden	06451
Meriden Head Start SBHC	398 Liberty St	Meriden	06450
Benjamin Franklin Elementary School - SBHC	426 W Main St	Meriden	06451
Hanover Elementary School - SBHC	208 E Main St	Meriden	06450
WYA at Masters Manna	46 N Plains Industrial Rd	Wallingford	06492
WYA at Shelter Now	43 Saint Casimir Dr	Meriden	06450
WYA Master's Manna	428 S Cherry St	Wallingford	06492

Source: HRSA, 2021.

According to 2019 data published by HRSA:

- 26.8 percent of uninsured persons; and
- 36.1 percent of Medicaid enrollees in the MidState Hospital community 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;

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

- 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/.

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).

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, MidState Medical Center collaborated with the following Hartford Healthcare hospitals: Backus Hospital, Charlotte Hungerford Hospital, Hartford Hospital, Hospital of Central Connecticut, 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 fourteen (14) 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.

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 MidState Medical Center H.S.A. 2021 Equity Profile pdf.

MIDSTATE MEDICAL CENTER HSA 2021 EQUITY PROFILE

Contents

Compiled by DataHaven in March 2021.

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ctdatahaven.org

EXECUTIVE SUMMARY

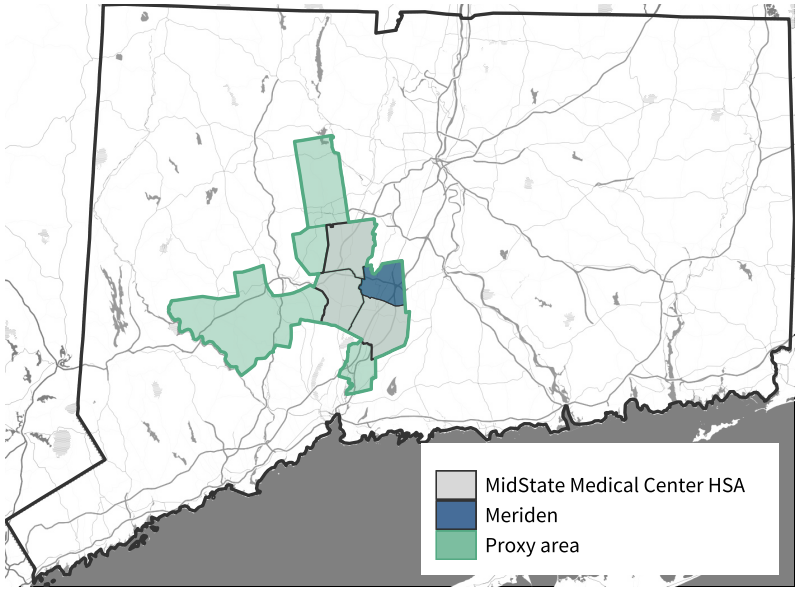
Throughout most of the measures in this report, there are important differences by race/ethnicity and neighborhood that reflect differences in access to resources and other health-related social needs. Wherever possible, data will be presented with racial/ethnic breakdowns.

- The MidState Medical Center HSA is a region of **177,200 residents**, including **33,306 children** and **34,487 seniors**.
- The population of the MidState Medical Center HSA is **24 percent** people of color and **9 percent** foreign-born.
- Of the region's **71,590 households**, **72 percent** are owner-occupied.
- **Twenty-seven percent** of the MidState Medical Center HSA's households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- **Ninety-one percent** of the region's public high school seniors graduated within four years in 2019.
- Among the region's adults ages 25 and up, **35 percent** have earned a bachelor's degree or higher.
- The MidState Medical Center HSA is home to **84,804 jobs**, with the largest share in the Health Care and Social Assistance sector.
- The median household income in the MidState Medical Center HSA is **$81,869**.
- The MidState Medical Center HSA's average life expectancy is **80.3 years**.
- **Sixty percent** of adults in MidState Medical Center HSA say they are in excellent or very good health.
- In 2020, **60 people** in the MidState Medical Center HSA died of drug overdoses.
- **Seventy-nine percent** of adults in MidState Medical Center HSA are satisfied with their area, and **49 percent** say their local government is responsive to residents' needs.
- In the 2020 presidential election, **84 percent** of registered voters in the MidState Medical Center HSA voted.
- **Fifty-two percent** of adults in MidState Medical Center HSA report having stores, banks, and other locations in walking distance of their home, and **70 percent** say there are safe sidewalks and crosswalks in their neighborhood.

OVERVIEW

For the purposes of this report, the MidState Medical Center HSA will be compared to Connecticut, as well as to the area's core city of Meriden 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 parts of Hartford and New Haven Counties, 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.**

Figure 1: Study area



MidState Medical Center HSA is made up of the following towns *(with population)*:

- Cheshire *(29,147)*
- Meriden *(59,676)*
- Southington *(43,781)*
- Wallingford *(44,596)*

The proxy for the area is the combination of:

- PUMA 0900304 *(113,658)*
- PUMA 0900900 *(133,488)*
- PUMA 0900902 *(127,994)*

Table 1: About the area

Indicator	Connecticut	Mid State Med. Ctr. HSA	Meriden
Total population	3,575,074	177,200	59,676
Total households	1,370,746	71,590	25,595
Homeownership rate	66%	72%	58%
Housing cost burden rate	36%	27%	32%
Adults with less than a high school diploma	9%	9%	13%
Median household income	$78,444	$81,869	$58,843
Poverty rate	10%	6%	10%
Life expectancy (years)	80.3	80.3	78.9
Adults w/o health insurance	10%	9%	13%

DEMOGRAPHICS

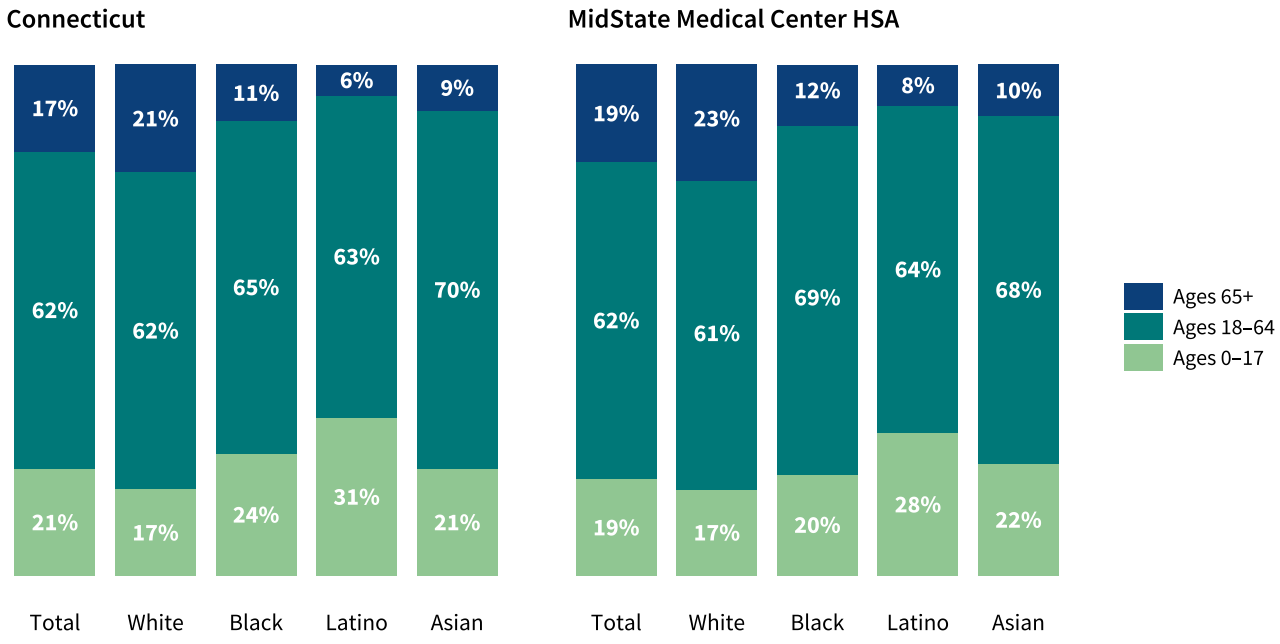
As of 2019, the population of the MidState Medical Center HSA is 177,200, including 16,735 residents (9 percent) who are foreign-born. Twenty-four percent of the MidState Medical Center HSA's residents are people of color.

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

	White		Black		Latino		Asian		Native American		Other race/ethnicity	
Area	**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%
MidState Medical Center HSA	135,436	76%	8,226	5%	24,311	14%	6,167	3%	267	<1%	2,793	2%
Meriden	34,330	58%	5,477	9%	17,417	29%	990	2%	202	<1%	1,260	2%

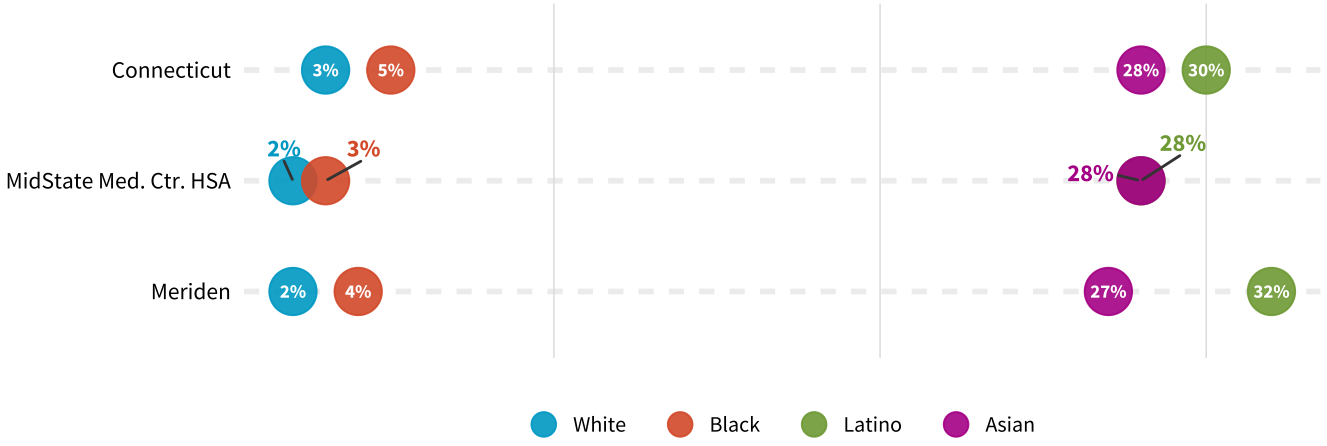
Nineteen percent of MidState Medical Center HSA's residents are children under age 18, and 19 percent are adults ages 65 and up. As Connecticut's predominantly white Baby Boomers age, younger generations are driving the state's increased racial and ethnic diversity. Black and Latino populations in particular skew much younger than white populations. In MidState Medical Center HSA, 26 percent of Black and Latino residents are children, compared to 17 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 MidState Medical Center HSA, 10,634 residents, or 6 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 MidState Medical Center HSA has 71,590 households, of which 72 percent are homeowner households. Of the MidState Medical Center HSA's 78,036 housing units, 67 percent are single-family and 32 percent are multifamily, compared to Meriden, where 54 percent are single-family and 46 percent are multifamily.

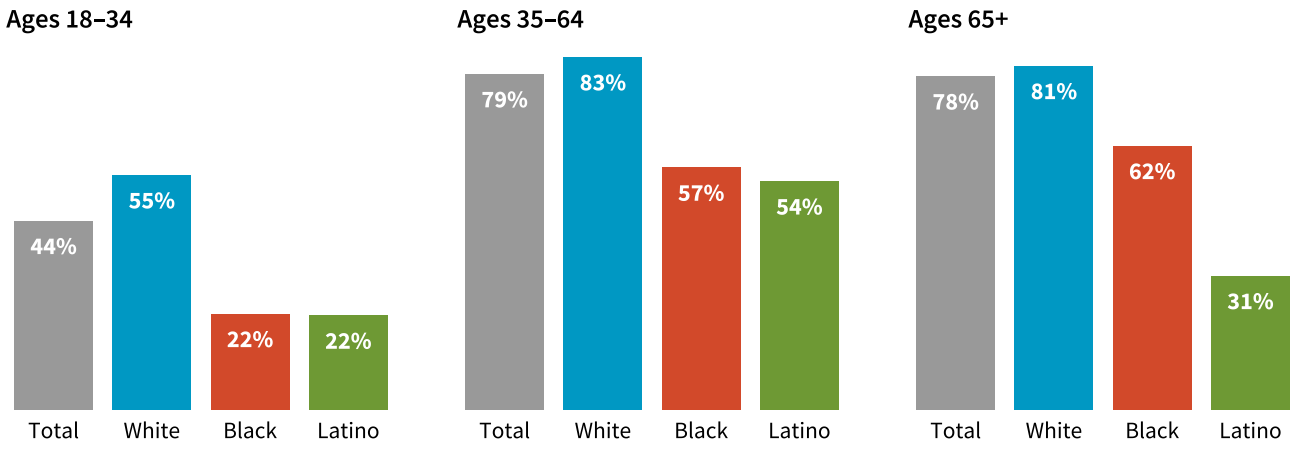
Homeownership rates vary by race/ethnicity. Purchasing a home is more attainable for advantaged groups because the process of purchasing a home has a long history of racially discriminatory practices that continue to restrict access to homeownership today. This challenge, coupled with municipal zoning 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%
MidState Medical Center HSA	72%	79%	49%	35%	74%	N/A
Meriden	58%	72%	49%	30%	57%	N/A

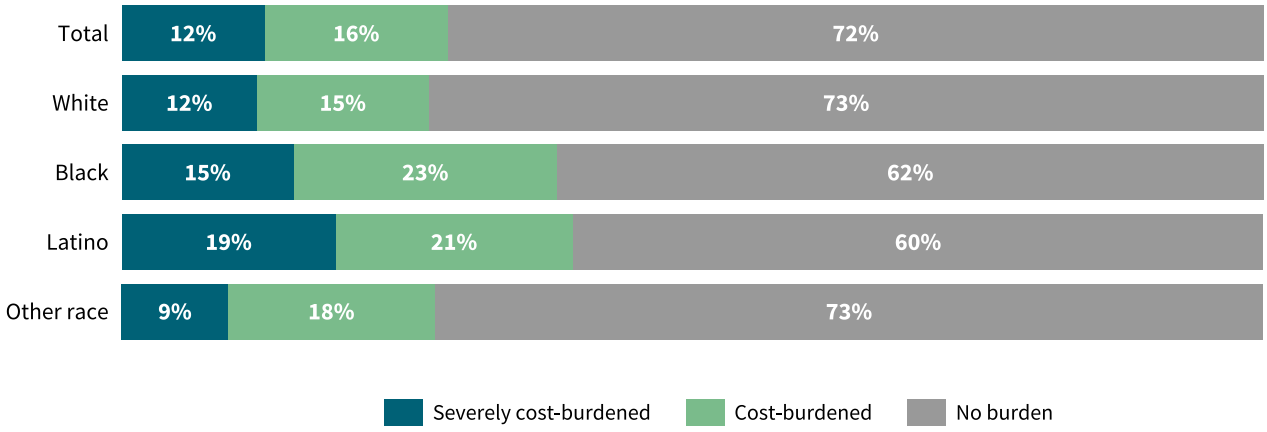
Younger adults are less likely than older adults to own their homes across several race/ethnicity groups; however, younger white adults own their homes at rates comparable to or higher than older Black and Latino adults.

Figure 4: Homeownership rates by age and race/ethnicity of head of household, MidState Medical Center 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 MidState Medical Center HSA, 43 percent are cost-burdened, compared to 22 percent of owner households.

Figure 5: Housing cost-burden rates by race/ethnicity, MidState Medical Center 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

	Total		White		Black		Latino		Asian		Native American	
Area	**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%
MidState Medical Center HSA	735	1%	232	<1%	94	3%	375	4%	<50	N/A	<50	N/A
Meriden	468	2%	71	<1%	81	4%	320	4%	<50	N/A	<50	N/A

EDUCATION

As of the 2019–2020 year, there were 33,048 students enrolled in the public K–12 school districts serving towns in the MidState Medical Center 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

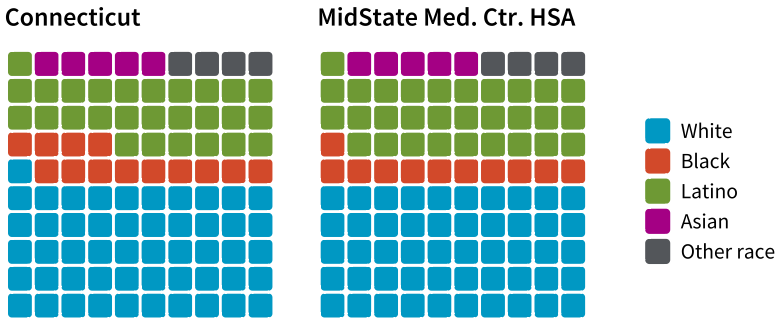
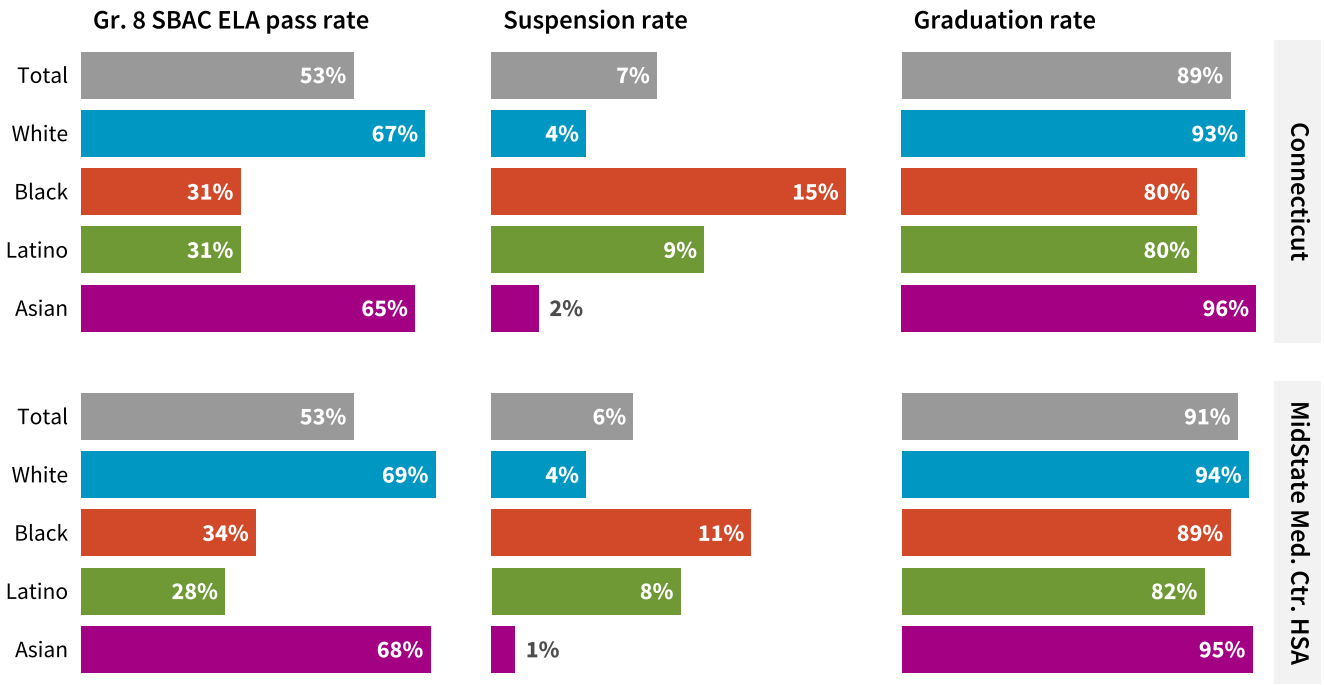
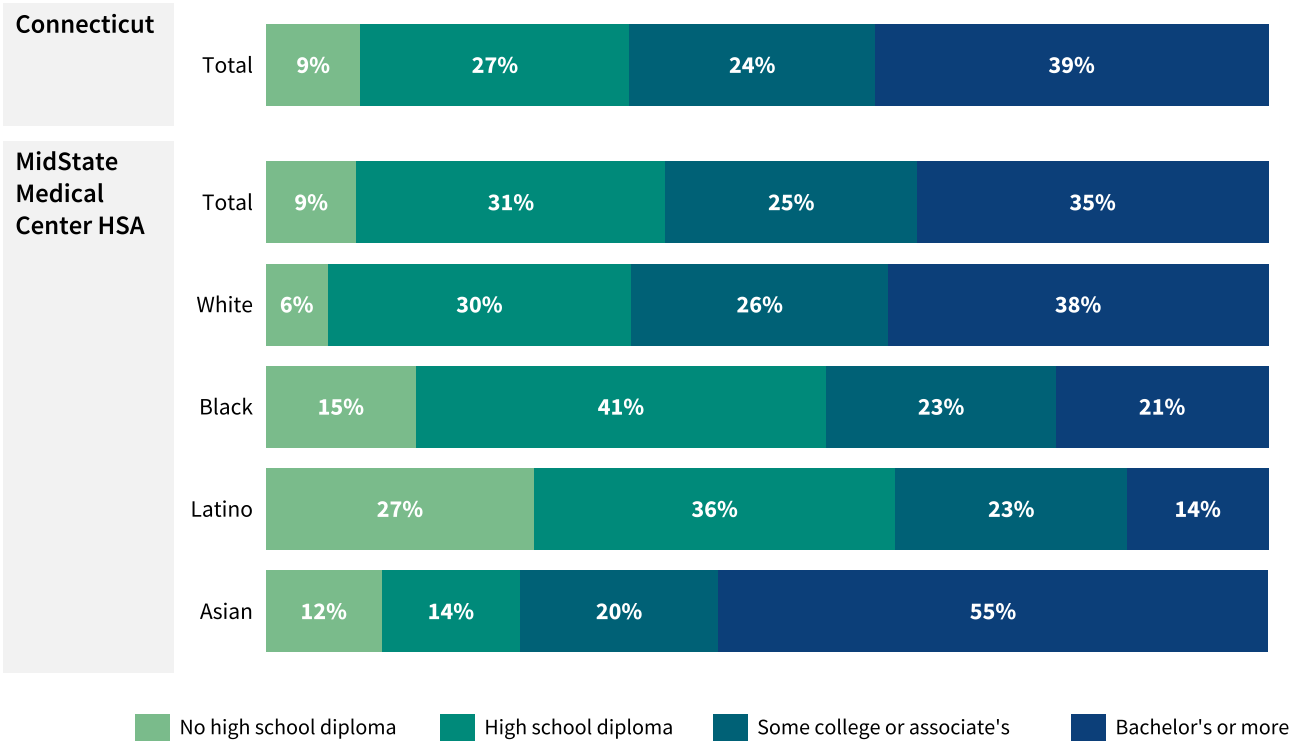


Figure 7: Selected academic and disciplinary outcomes by student race/ethnicity, 2018–2019



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 MidState Medical Center HSA, 9 percent of adults ages 25 and over, or 11,698 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

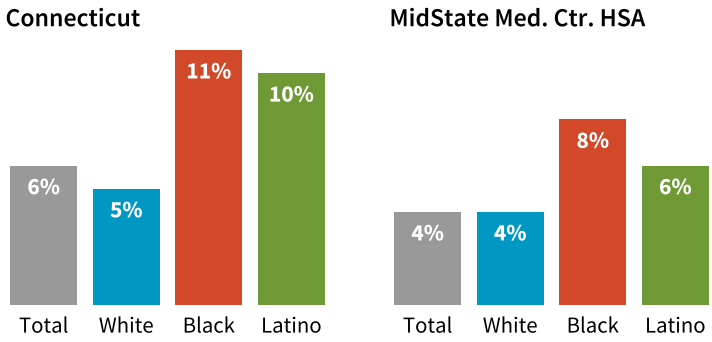
There are 84,804 total jobs in the MidState Medical Center HSA, with the largest share in the Health Care and Social Assistance sector. While these numbers are from 2019 and do not include economic outcomes related to the COVID-19 pandemic, they describe general labor market strengths and average wages for the area.

Table 5: Jobs and wages in MidState Medical Center HSA's 5 largest sectors, 2019

	Connecticut		MidState Med. Ctr. HSA	
Sector	**Total jobs**	**Avg annual pay**	**Total jobs**	**Avg annual pay**
All Sectors	1,670,354	$69,806	84,804	$56,268
Health Care and Social Assistance	271,014	$54,858	14,161	$48,871
Manufacturing	161,893	$85,031	9,213	$74,635
Retail Trade	175,532	$35,833	8,386	$32,884
Accommodation and Food Services	129,012	$23,183	6,542	$19,632
Administrative and Support and Waste Management and Remediation Services	89,852	$47,443	5,162	$35,644

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 MidState Medical Center HSA averaged 4 percent in 2019.

Figure 9: Unemployment rate by race/ethnicity, 2019



INCOME & WEALTH

The median household income in Connecticut is $78,444. Within the MidState Medical Center HSA, town-level median household incomes range from a minimum of $58,843 in Meriden to a maximum of $120,546 in Cheshire. 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

		Total		White		Black		Latino		Asian		Native American	
Indicator	**Area**	**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%
	MidState Med. Ctr. HSA	10,576	6%	5,429	4%	719	9%	4,117	18%	180	3%	<50	N/A
	Meriden	6,156	10%	2,083	6%	533	9%	3,437	20%	63	6%	<50	N/A
Receives SNAP	**Connecticut**	162,967	12%	67,339	7%	34,650	26%	56,091	32%	3,145	6%	958	26%
	MidState Med. Ctr. HSA	10,047	14%	5,275	9%	813	27%	3,778	43%	92	5%	<50	N/A
	Meriden	6,864	27%	2,579	17%	737	32%	3,433	48%	<50	N/A	<50	N/A

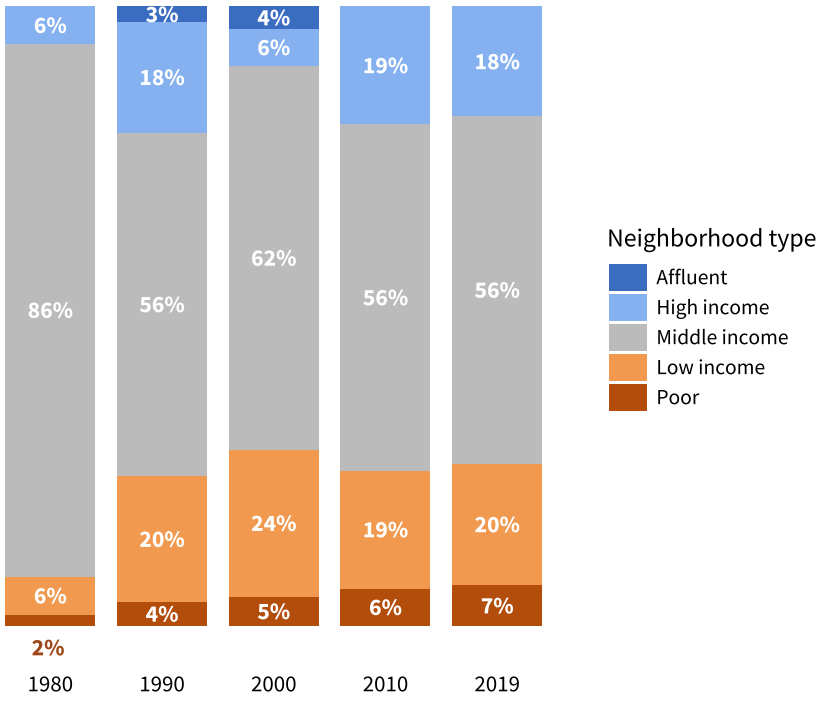
Access to a personal vehicle may also be considered a measure of wealth since reliable transportation plays a significant role in job access and quality of life. Vehicle access reduces the time a family may spend running errands or traveling to appointments, school, or work.

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

	Total		White		Black		Latino		Other race	
Area	**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%
MidState Medical Center HSA	9,225	6%	6,671	5%	583	10%	1,636	12%	335	6%

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, MidState Medical Center HSA, 1980–2019

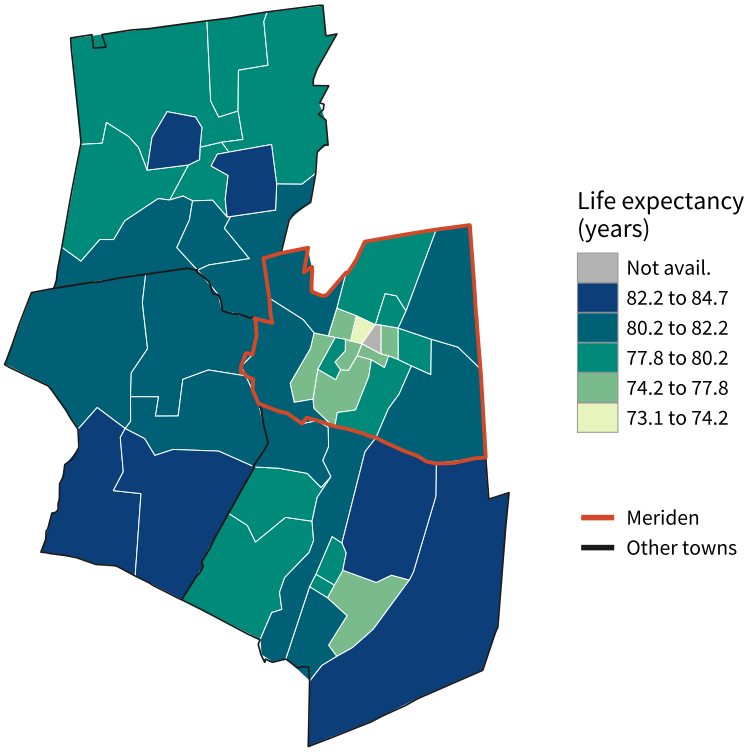


HEALTH

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.

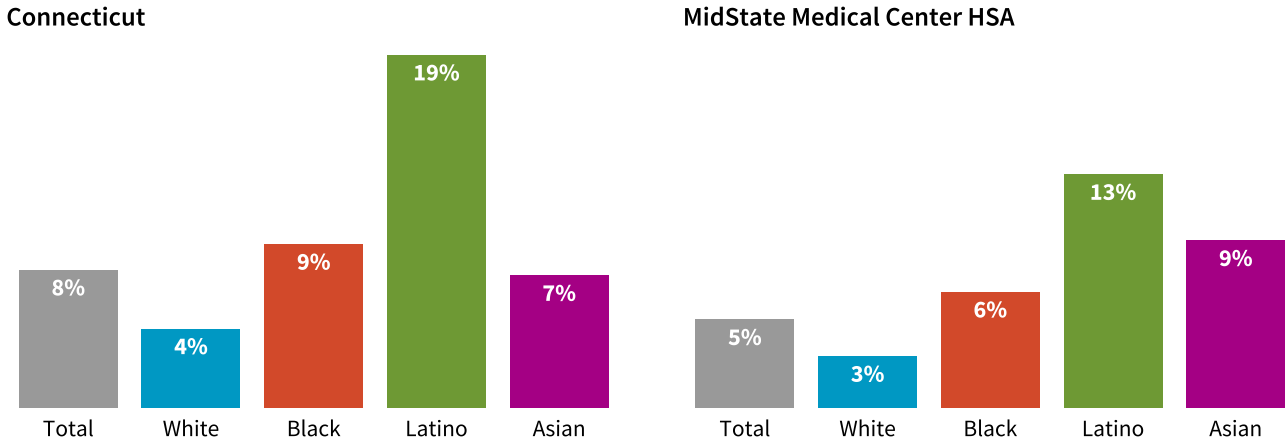
Life expectancy is a good proxy for overall health and well-being since it is the culmination of so many other social and health factors. The average life expectancy in the MidState Medical Center HSA is 80.3 years, and 80.3 years in Connecticut. Regionally, these values range from a low of 78.9 in Meriden to a high of 81.5 in Cheshire.

Figure 11: Life expectancy, MidState Medical Center HSA by Census tract, 2015



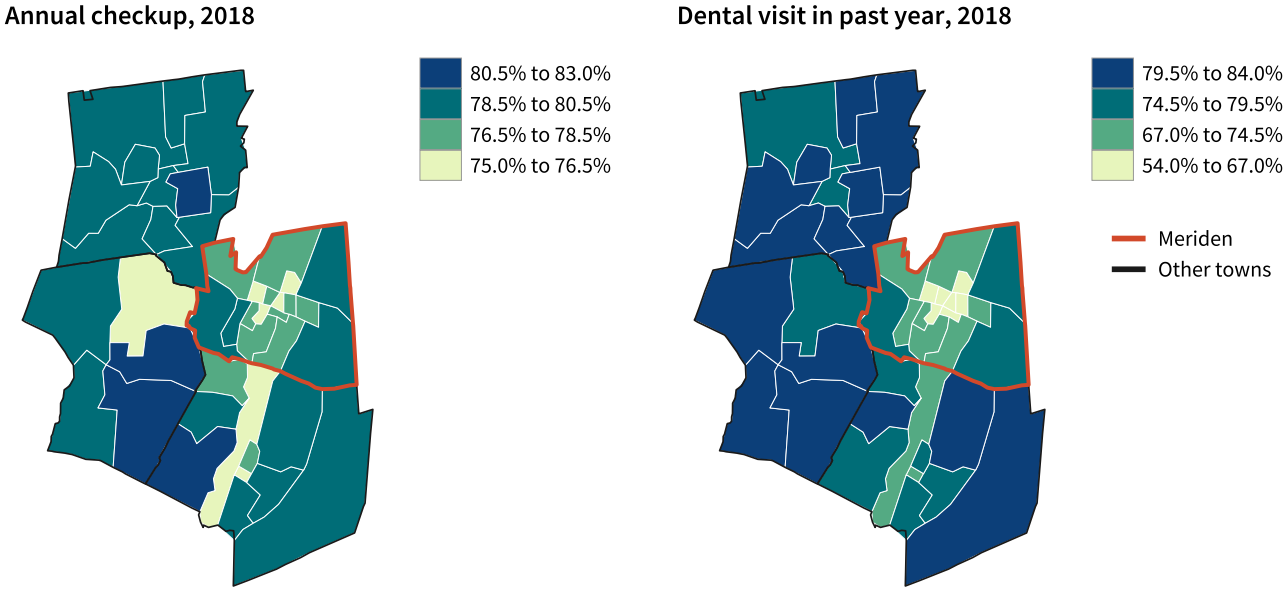
Health-related challenges begin with access to care. Due to differences in workplace benefits, income, and eligibility factors, Black and especially Latino people are less likely to have health insurance than white people.

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 MidState Medical Center HSA had an annual checkup as of 2018, and 77 percent had a dental visit in the past year.

Figure 13: Preventive care measures, share of adults by Census tract, MidState Medical Center 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

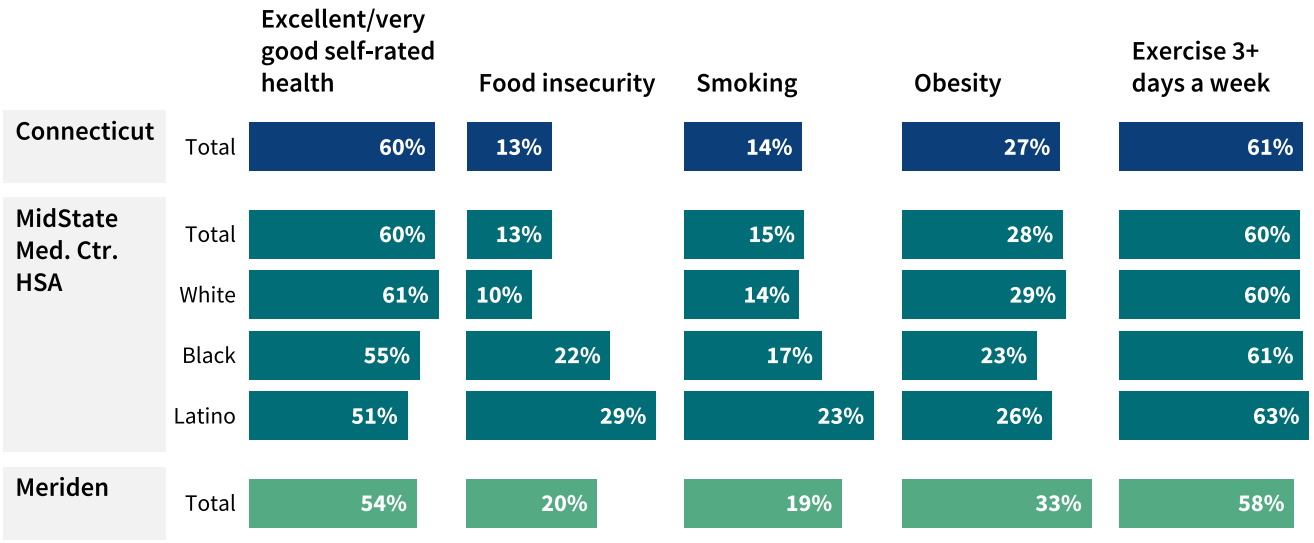


Figure 15: Selected health indicators by age and race/ethnicity, share of adults, MidState Medical Center HSA, 2015–2018

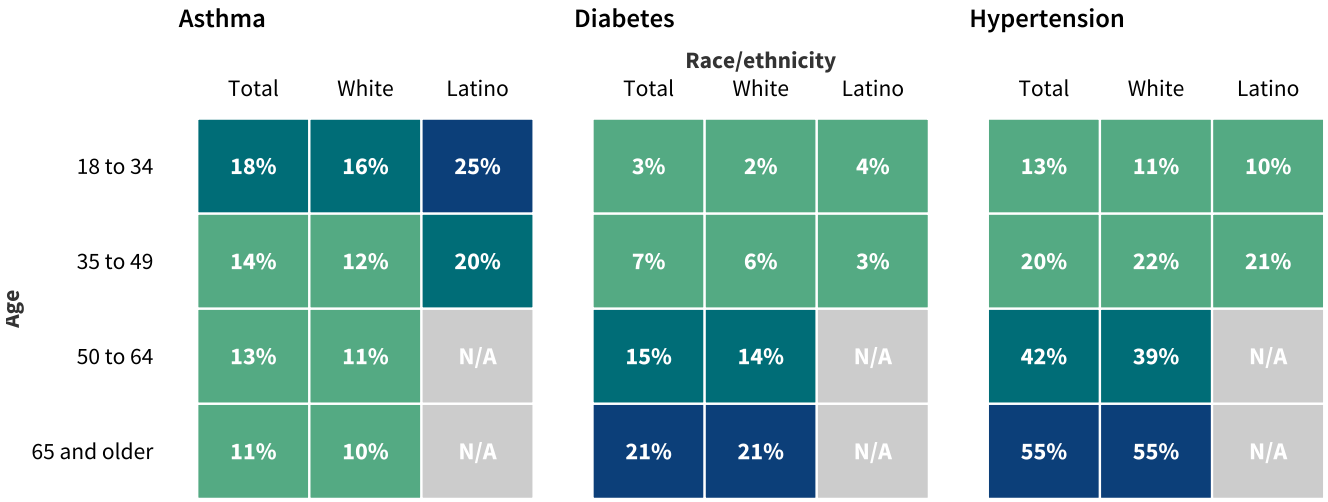
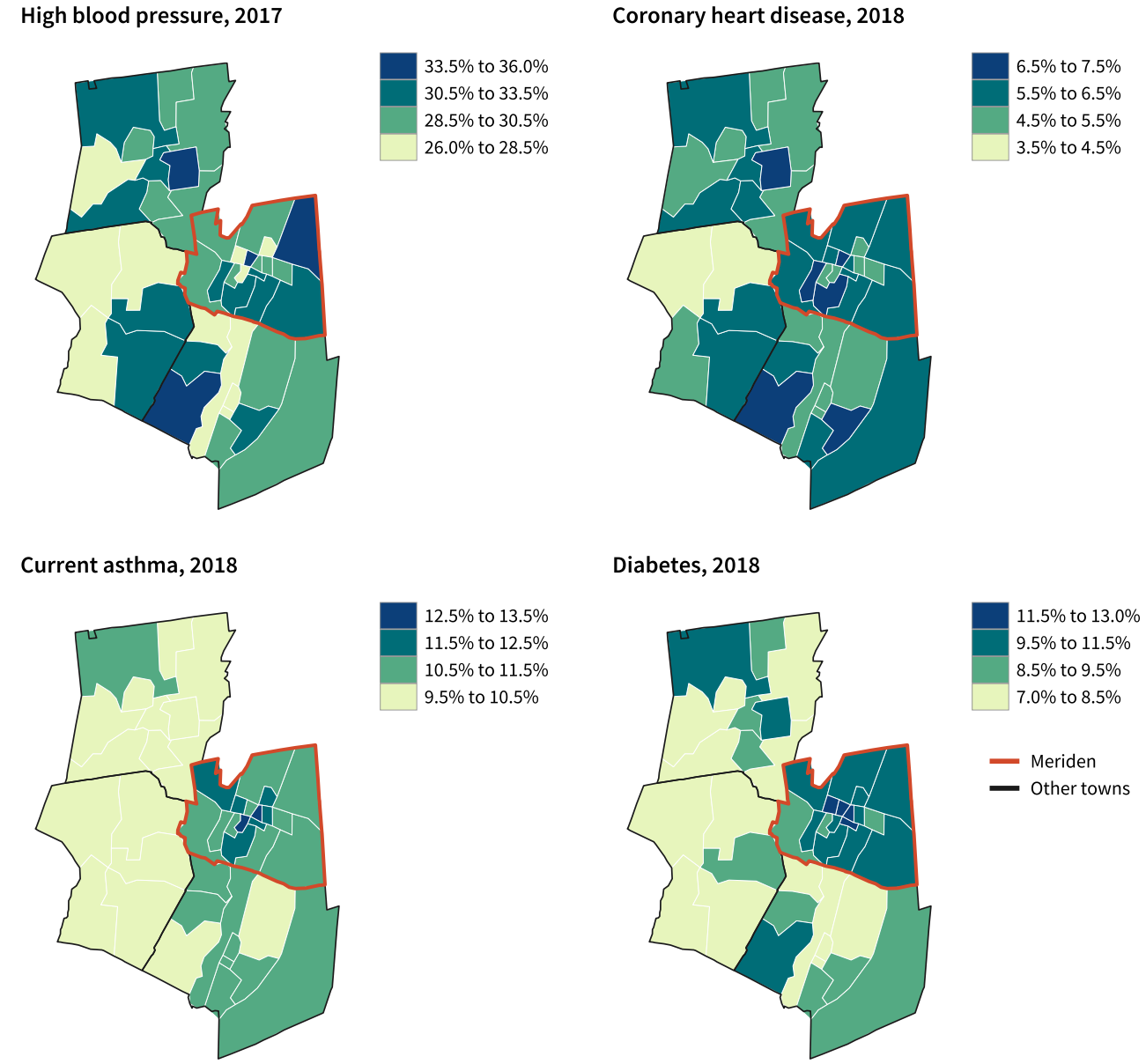


Figure 16: Chronic disease prevalence, share of adults by Census tract, MidState Medical Center HSA



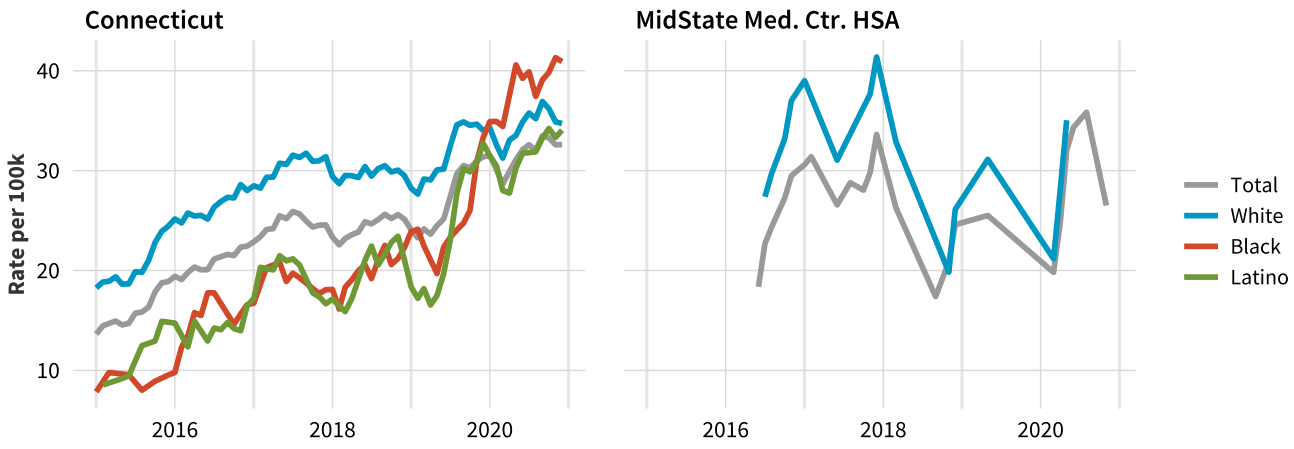
Mental health issues like depression and anxiety can be linked to social determinants like income, employment, and environment, and can pose risks of physical health problems as well, including by complicating a person's ability to keep up other aspects of their health care. People of color are slightly more likely to report feeling mostly or completely anxious and being bothered by feeling depressed or hopeless. Overall, 13 percent of MidState Medical Center 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%
	MidState Med. Ctr. HSA	13%	11%	15%	22%	N/A	N/A
	Meriden	15%	13%	21%	22%	N/A	N/A
Bothered by depression	**Connecticut**	9%	8%	10%	14%	8%	12%
	MidState Med. Ctr. HSA	9%	7%	15%	29%	N/A	N/A
	Meriden	16%	12%	22%	33%	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.

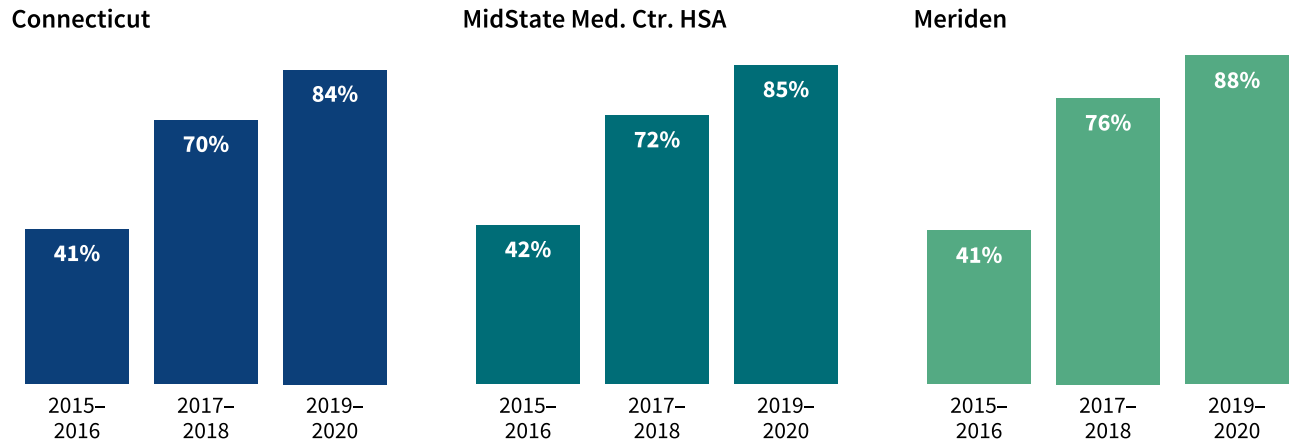
Figure 17: Age-adjusted monthly rates of drug overdose deaths per 100,000 residents by race/ethnicity, 6-month rolling averages, 2015–2020



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

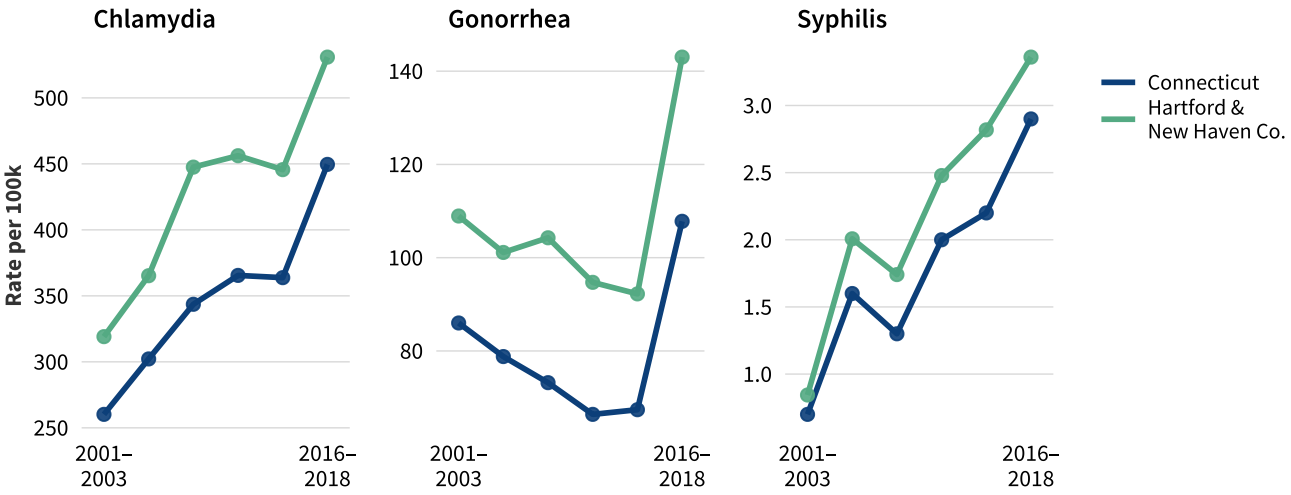
The introduction and spread of fentanyl in drugs—both with and without users' knowledge—is thought to have contributed to this steep rise in overdoses. In 2015 and 2016, 42 percent of the drug overdose deaths in the MidState Medical Center HSA involved fentanyl; in 2019 and 2020, this share was 85 percent.

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



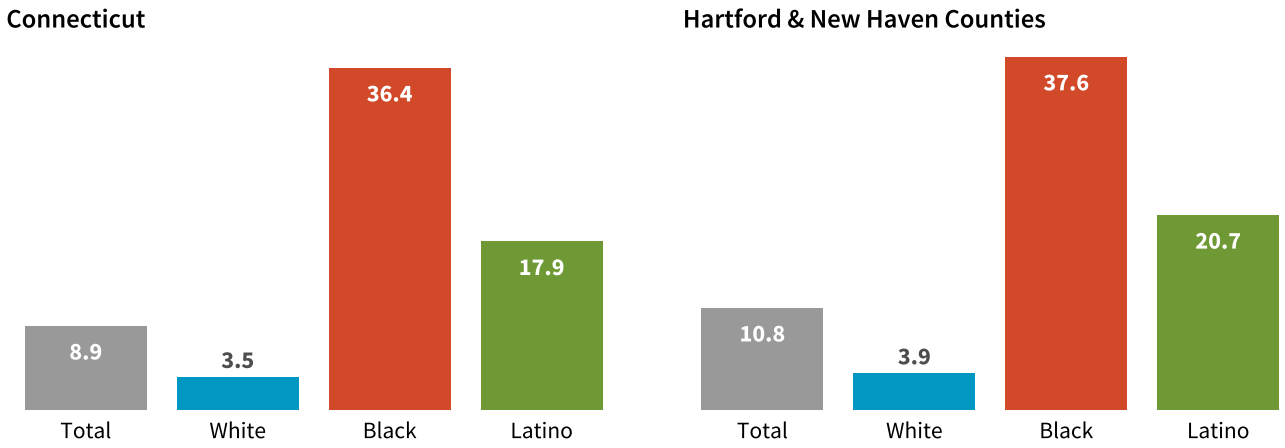
Sexually transmitted infections (STIs) can have long-term implications for health, including reproductive health problems and certain cancers, and can increase the risk of acquiring and transmitting diseases such as HIV and hepatitis C. Following nationwide trends, Connecticut has seen increases in the rates of STIs like chlamydia and gonorrhea over the past two decades. Between 2016 and 2018, Hartford & New Haven Counties had annual average case rates of 531 new cases of chlamydia per 100,000 residents, 143 cases of gonorrhea per 100,000, and 3.4 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

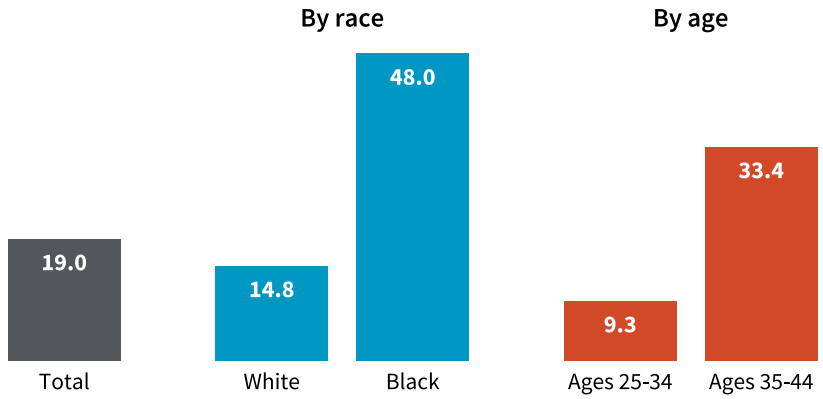


Birth outcomes often reflect health inequities for parents giving birth, and those outcomes can affect a child throughout their life. Often, parents of color have more complications related to birth and pregnancy than white parents. Complications during pregnancy or childbirth also contribute to elevated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

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

					Latina			
Indicator	**Area**	**Total**	**White**	**Black**	**Latina (overall)**	**Puerto Rican**	**Other Latina**	**Asian**
Late or no prenatal care	**Connecticut**	3.4%	2.5%	5.7%	4.0%	2.9%	5.1%	3.5%
	MidState Med. Ctr. HSA	2.5%	1.8%	6.0%	2.8%	2.0%	3.8%	5.8%
	Meriden	3.6%	3.1%	6.1%	3.0%	2.2%	4.5%	13.5%
Low birthweight	**Connecticut**	7.8%	6.4%	12.1%	8.3%	10.2%	6.6%	8.7%
	MidState Med. Ctr. HSA	7.6%	6.8%	N/A	7.7%	9.4%	4.9%	N/A
	Meriden	8.0%	6.3%	N/A	7.7%	9.4%	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
	MidState Med. Ctr. HSA	2.6	2.5	N/A	N/A	N/A	N/A	N/A
	Meriden	3.4	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 2.7 percent of these children in the MidState Medical Center 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.

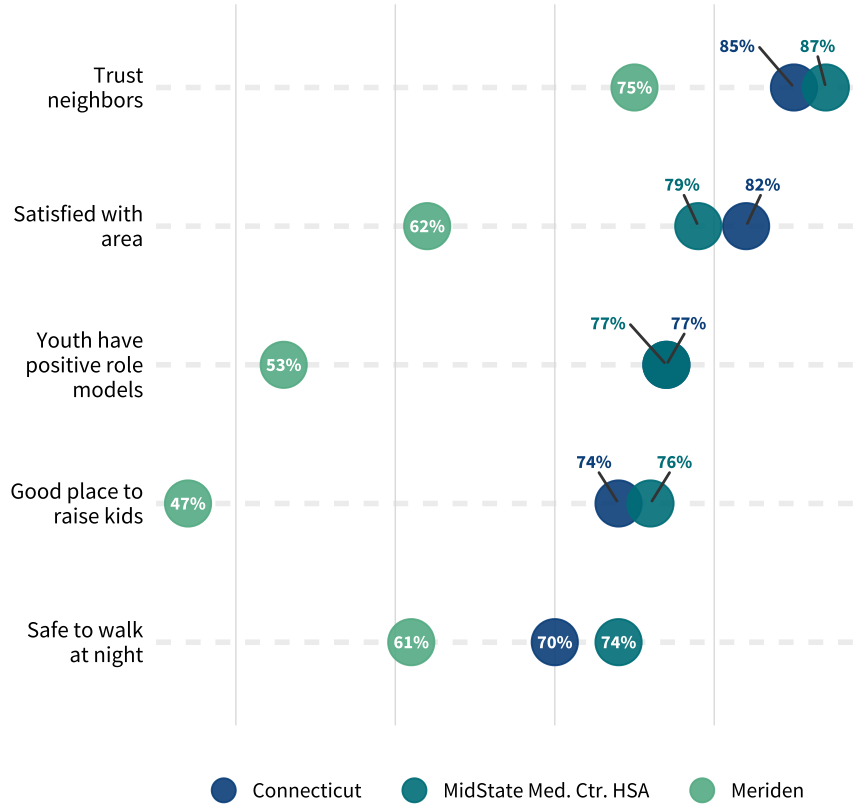
Table 10: Households living in structures built before 1960 by race/ethnicity of head of household (with proxy area), 2019

	Total		White		Black		Latino		Other race	
Area	**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%
MidState Medical Center HSA	56,946	39%	46,013	38%	2,426	40%	7,230	52%	1,277	25%

CIVIC LIFE & COMMUNITY COHESION

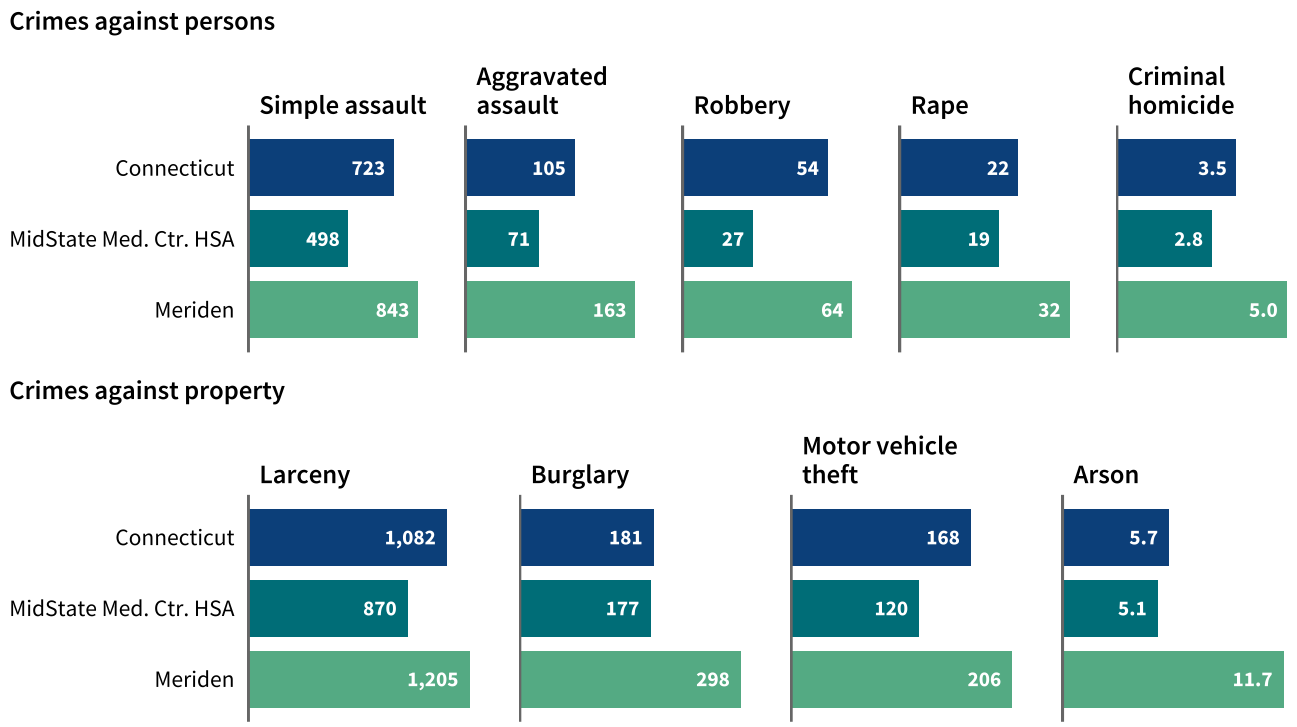
Beyond individual health, several measures from the DataHaven Community Wellbeing Survey show how local adults feel about the health of their neighborhoods. High quality of life and community cohesion can positively impact resident well-being through the availability of resources, sense of safety, and 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, 79 percent of MidState Medical Center 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



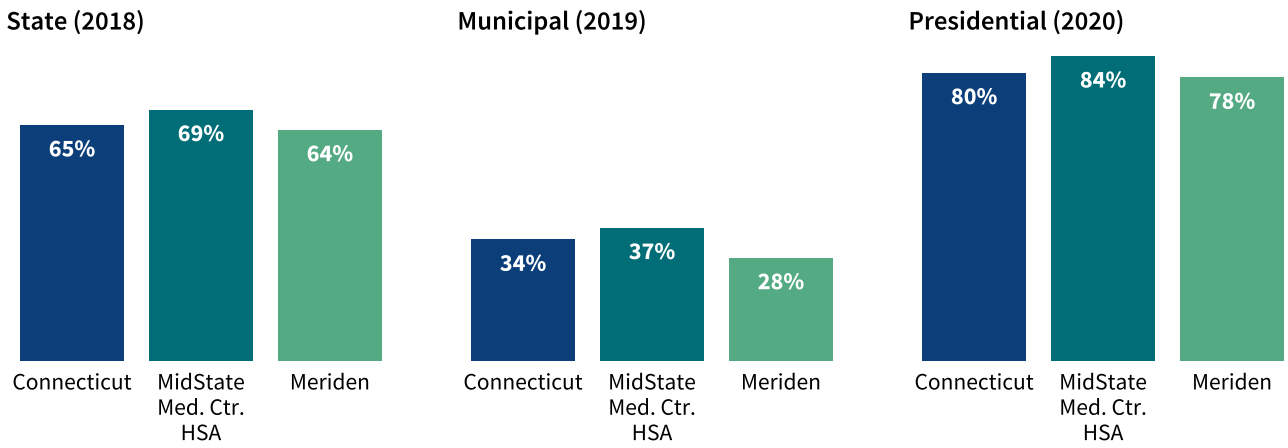
A lack of trust in and engagement with local government and experiences of unfair treatment by authorities can impair community well-being and cohesion. Forty-nine percent of MidState Medical Center HSA adults feel their local government is responsive to residents' needs, compared to 51 percent statewide.

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%
MidState Medical Center HSA	11%	49%	64%
Meriden	18%	27%	55%

During the 2020 presidential election, 84 percent of MidState Medical Center HSA registered voters cast ballots, compared to 80 percent statewide, and to 79 percent in the 2016 presidential election.

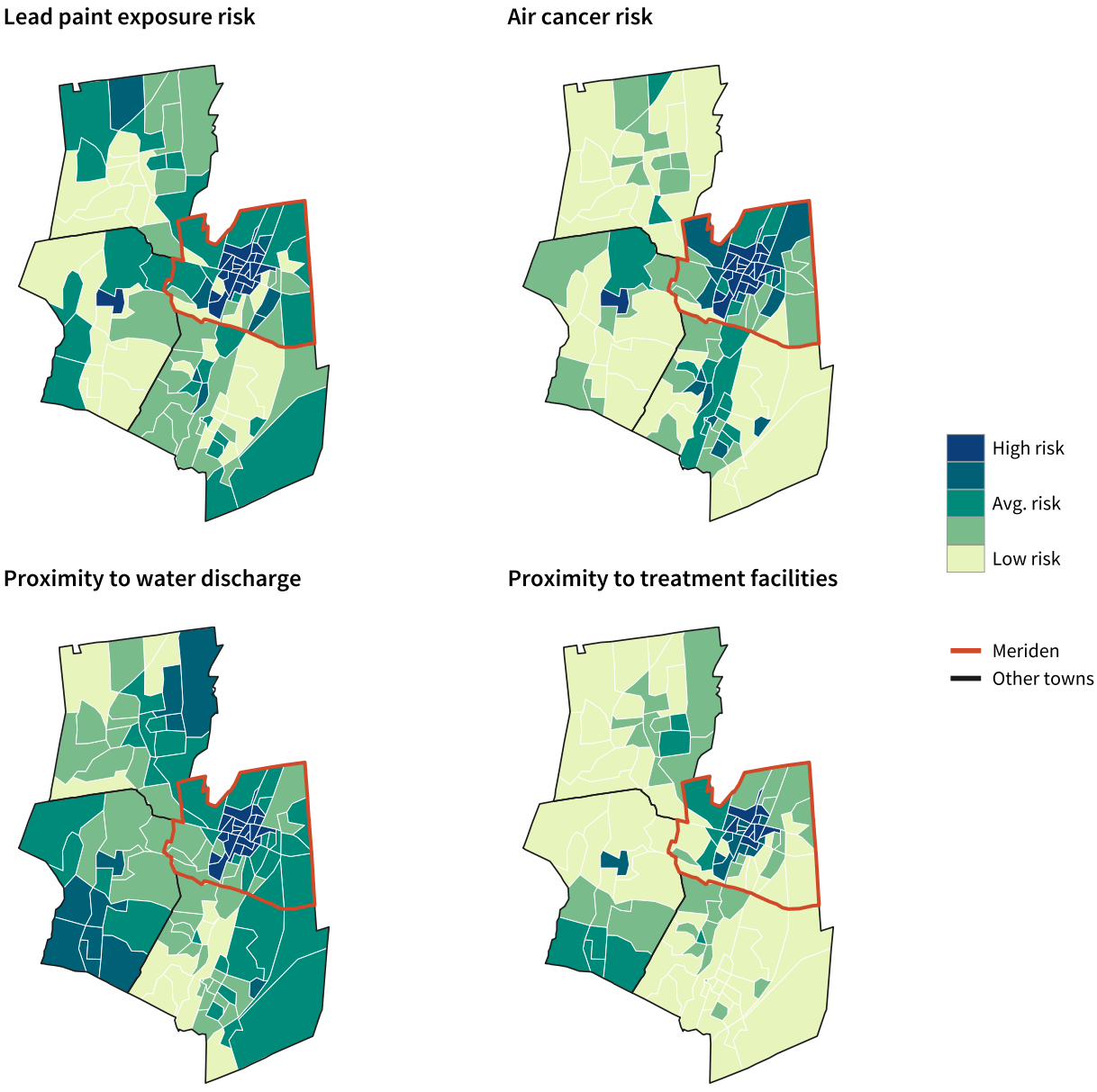
Figure 24: Registered voter turnout, 2018–2020



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, MidState Medical Center HSA



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 MidState Medical Center HSA, 52 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, MidState Medical Center 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, MidState Medical Center 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 MidState Medical Center 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, MidState Medical Center 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, MidState Medical Center 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, MidState Medical Center 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, MidState Medical Center HSA, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 16. Chronic disease prevalence, share of adults by Census tract, MidState Medical Center 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, MidState Medical Center 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
Center for Healthy Aging
Community Health Center
Connecticut Alliance for Basic Human Needs
FoodShare/CT Food Bank
Meriden Health Department
New Opportunities, Inc., of Greater Meriden
Southington - Cheshire Community YMCAs
Spanish Community of Wallingford
United Way of Central and Northeastern Connecticut
United Way of Meriden and Wallingford
Wallingford Health Department
Wallingford Library
Women's Health Connecticut

APPENDIX D – IMPACT EVALUATION

MidState Medical Center Impact Statement 2021

Healthy Community/Lifestyles

Community collaboration:

- Sustain and grow community provider networks and promote healthy behaviors and lifestyles.

  Impact: Wolcott – Expanded participation with the provider network through the Drug Free community grant.

  Meriden– Expanded provider network to include Racial Justice. Expanded through the MidState Chamber Health and Wellness Committee with the inclusion of the Hamden Chamber of Commerce.

  Cheshire – Founders of CHESPROCOTT (Collaboration with the Cheshire Chamber and Cheshire/Wolcott Health Departments)

Breast Cancer:

- Expand number of patients identified through mammogram questionnaires to identify patients at increased risk for hereditary cancer syndromes

  Impact: 17,334 questionnaires were completed

- Identify patients that meet high risk criteria for potential hereditary risk cancers

  Impact: 3,618 screenings were completed; FY20 Screening Mammography was stopped for 9 weeks during peak COVID time period.

- Identify hereditary cancers through testing

  Impact: based on FY19 questionnaire, 107 screenings were completed; FY20 Screening Mammography was stopped for 9 weeks during peak COVID time period.

- Reduce the number of days a woman waits to be seen after a BIRADS 4,5 or 6 diagnosis.

  Impact: In FY 19 days waited went from 9.5 to 5.1 (target was 4 days); FY19 initiative started April '19

  In FY 20 days waited went from 5.1 to 2.3 (target was 4 days)

- Increase number of mammograms completed in the community

  Impact: 37,268 were completed, FY20; Screening Mammography was stopped for 9 weeks during peak COVID time period.

Behavioral Health:

- **Fostering community care teams (CCTs),** community-based organizations to review the cases and make referrals for those patients who have frequent emergency department visits and may have other health and social needs

  Impact: This was implemented for Behavioral Health patients in 2019 and expanded to all "frequent flyers" in 2020.