

## **Greater Waterbury Health Partnership 2019 Key Informant, Key Leader and Community Conversations Outcomes**

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### **Scope of Work:**

B. Weyland Smith Consulting was awarded a contract by The Greater Waterbury Health Partnership (GWHP) in April 2019 to support the establishment of the Community Health Improvement Plan (CHIP) and GWHP's strategic plan. By June 10, 2019 the consultants were required to:

- 1) Facilitate and conduct 1 (4 hour) key informant session regarding the outcomes of the 2018-2019 DataHaven Community Wellbeing Survey. Review of data and facilitation of organized discussion and action to prioritize health needs down to 2-3 focus areas.
- 2) Facilitate and conduct community conversations, structured as follows; 2 resident meetings in Waterbury, 1 resident and key leader meeting for the Chesprocott Health District and 2 key leader conversations, one at Waterbury Hospital and the other at St. Mary's Hospital regarding the outcomes of the 2018-2019 Data Haven Well-being Survey and the community's perceptions of health concerns.

### **Methodology:**

B. Weyland Smith Consulting fulfilled this work plan under the leadership of consultants, Bonnie Smith, MPH and Emily Melnick, MA. The consultants analyzed Greater Waterbury specific data from the 2018 Data Haven Community Wellbeing Survey. Data were compared to 2015 Data Haven Community Wellbeing survey findings, Connecticut communities with similar demographic variables and the state of Connecticut overall. Specifically, the city of Waterbury was compared to other Connecticut communities within DataHaven's "Urban Core" classification. Chesprocott Health District communities (Cheshire, Prospect and Wolcott) were compared to communities within DataHaven's "Suburban" classification. Data were organized into five domains based on guidance from Data Haven, GWHP staff and the outcomes of past Community Health Needs Assessment Processes. Where data appeared to demonstrate change from 2015 outcomes, they were presented. DataHaven leadership vetted the data selected for presentation for accuracy and relevance.

Via 4 separate PowerPoint presentations, the consultants provided the key data findings to Waterbury Key Informants, Waterbury and St. Mary's Hospital representatives and Chesprocott community members. The purpose of this session was to provide current health and wellness data to solicit participant feedback based on their expertise and knowledge of community issues. Participants were encouraged to ask questions and make comments on data limitations, their observations about community health status as it relates to the data presented. The consultants also conducted 2 community conversations in Waterbury with representatives of the North and South End of Waterbury, respectively. Data presentations were not provided at these meetings.

For all 6 sessions, the consultants facilitated group discussions and a prioritization process. Community representatives' opinions and reactions to both DataHaven data as well as other community concerns not within the dataset were elicited and their feedback compiled and prioritized. The methods for prioritization of community health concerns varied based on conversation type. Further detail about each session is below.

### ***Waterbury Key Informants, May 30<sup>th</sup>, 2019***

The Waterbury Key Informant Session, hosted by GWHP and its community partners, took place at Naugatuck Valley Community College. The session lasted 4 hours. Approximately 40 key leaders participated. At the conclusion of the data presentation and conversation, participants were asked to complete an "issue priority matrix" that included 5 domains; healthy lifestyle, health status, access to healthcare, mental health, and substance use/misuse. Within these domains were sub categories and an opportunity to note additional or "other" items of importance. Participants were asked to rank each sub category on a scale of 1 to 5, according to:

- 1) Impact-extent of social, health, economic and criminal justice consequences;
- 2) Capacity-the availability of community resources (human/financial); and
- 3) Readiness-community/key stakeholder buy-in.

Thirty-five key informant participants completed the priority matrix form. The consultants tabulated the results of the matrix to determine individual impact, capacity and readiness scores and the average of these "matrix" scores. Page 3 includes the outcomes of the Key Informant Session.

### ***Waterbury Key Leader Conversations -- (St. Mary's Hospital, June 4, 2019 and Waterbury Hospital, June 4, 2019)***

The Waterbury Key Leader Conversations, held separately at both hospitals, each lasted approximately 2 hours and were attended by approximately 35 people overall. At the conclusion of the consultant's data presentation, community concerns were recorded on large poster paper. Participants were directed to "vote" on the health areas they felt were of most concern for the community. Using stickers, which they could apply either to one health area or distribute across multiple health topics, participants ranked areas of local health and wellness concerns based on their opinions. Page 7 of this report outcomes of the hospital sessions.

***Waterbury Resident Community Conversations, (Long Hill Bible Church June 7, 2019 and Our Lady of Lourdes Church, June 10, 2019)***

Two separate Waterbury Resident Community Conversations took place at two faith communities within the City of Waterbury -- at Long Hill Bible Church in the north end of Waterbury and at Our Lady of Lourdes located in the south end of Waterbury. Each community conversation lasted approximately 90 minutes. GWHP provided dinner and incentive gift cards to participants. At Our Lady of Lourdes, a Spanish/English translator was utilized to support the majority of participants for which Spanish was their first language. Approximately, 20 people attended the Long Hill Bible conversation and 31 people attended the conversation at Our Lady of Lourdes.

The consultants began the conversations with introductions focusing on why people chose to attend and to specify what concerns they have about their health and wellbeing, and the health and wellbeing of their families and neighbors in Waterbury. Participants' concerns were recorded on large poster paper. Participants in both sessions completed a sticker "prioritization process" as described above. The outcomes of these sessions can be found on page 10.

## **KEY FINDINGS:**

### **Waterbury Key Informant Session Summary and Outcomes:**

Below are the outcomes of the Waterbury Key Informant Session matrix ranking process. Please note that while an aggregate "matrix score" of all three the indicators is established, it is essential that GWHP and community partners review the separate impact, readiness and capacity scores and their relative importance when considering the strategic direction necessary to improve the health of the City of Waterbury.

During the Key Informant Session, the following topics were noted through discussion of the data and community conditions. Separately, at the end of each matrix domain, we also list all areas of concern discussed during the community conversation. They have been organized by categories that correspond with the 5 domains within the matrix process, with Substance Use and Mental Health being combined as the one comment that includes mental health also mentioned substance use.

### **Outcomes by Impact, Capacity and Readiness:**

- Highest impact scores: (both 4.6)
  - Childhood obesity
  - Unable to afford prescription medication
- Highest capacity scores: (both 3.6)
  - Access to affordable and healthy foods
  - Diabetes
- Highest readiness score: Infant mortality (4.4)

**Outcomes by Highest Average Matrix Scores: (all 3.7)**

- Food security (Healthy Lifestyle)
- Childhood obesity (Health Status)
- Infant mortality (Health Status)

**Outcomes by DOMAIN:**

<b><u>Healthy Lifestyle Indicators:</u></b>	<b>Impact</b>	<b>Capacity</b>	<b>Readiness</b>	<b>Matrix Score:</b>
<b>Food security</b>	4.3	3.4	3.4	3.7
<b>Community Environment</b>	4.2	3.2	3.4	3.6
<b>Access to affordable and healthy foods</b>	3.9	3.6	3.5	3.5

*Additional Healthy Lifestyle Items of Concerns noted on matrix:*

- Access to parenting supports and education
- Adequate housing
- Transportation insecurity
- PE in schools/youth activity
- Youth activity groups-i.e. income-based camps
- Domestic violence
- Unemployment
- Employment
- Opportunity to exercise
- Food deserts

*Subpopulations noted on matrix:*

- Food security/Food deserts- homebound immigrants, children and young families
- African American, Latinx-specific to food security and access to affordable and healthy foods
- Homeless-overall for each indicator in this category
- Geriatric-food security

Healthy Lifestyles (conversation items):

- Impact of domestic violence
- State-wide physical education programs have been reduced
- Recess for Pre-K-8 20 minutes a day required
- Pay to play for community sports and impact on obesity
- Increase in tech leads to anxiety, depression and obesity
- Bridge to Success Youth Programs
- Conditions of parks vary by location
- Housing

<b><u>Health Status:</u></b>	<b>Impact</b>	<b>Capacity</b>	<b>Readiness</b>	<b>Matrix Score:</b>
<b>Childhood obesity</b>	4.6	3.2	3.4	3.7
<b>Obesity</b>	4.5	3.2	3.3	3.6
<b>Diabetes</b>	4.1	3.6	3.2	3.6
<b>Asthma</b>	4.1	3.3	3.4	3.6
<b>Hypertension/high blood pressure</b>	3.9	3.4	3.1	3.5
<b>Falls</b>	3.0	2.6	2.5	2.7

*Additional Health Status Items of Concerns noted on matrix:*

- Breast cancer
- Unemployment
- Sexual Assault

*Subpopulations noted on matrix:*

- African American, Latinx/Black and brown residents of Waterbury-specific to hypertension, diabetes, obesity, childhood obesity, asthma, falls
- Disabled persons-falls
- Those in poor housing or non-responsive landlords-falls

Health Status (conversation items):

- Perception childhood obesity is rising, example parents asking if child is “too thin” it appears body norms have changed.
- Breast cancer (particularly among African Americans)
- Asthma 23-24% of K-12, pre-K 20%
- Falls related to sidewalks, homes, weather, topography, hoarding

<b><u>Access To Healthcare:</u></b>	<b>Impact</b>	<b>Capacity</b>	<b>Readiness</b>	<b>Matrix Score:</b>
<b>Health Insurance Coverage</b>	3.8	3.2	3.3	3.4
<b>Unable to afford prescription medicatio</b>	4.6	2.5	2.5	3.2
<b>No Medical Home</b>	3.9	3.0	2.6	3.2
<b>Missed visit to a health care provider because of transportation</b>	3.7	2.6	2.2	2.8
<b>Discrimination at health care provider</b>	3.4	2.5	2.2	2.7

*Additional Access to Healthcare Items of Concern noted on matrix:*

- Hours of operation
- Wait time for appointment
- Noted by one participant: “Discrimination at healthcare provides is “important.”” and “Access-quality of care among groups”

Access to Healthcare (conversation items):

- Prescription medications are not affordable
- People refuse treatment, vaccines, sign up for insurance because of immigration concerns
- Medicare/Medicaid recipients can at times access newer meds than those with high deductible insurance

<b><u>Mental Health:</u></b>	<b>Impact</b>	<b>Capacity</b>	<b>Readiness</b>	<b>Matrix Score:</b>
<b>Emotional and Social Support</b>	4.2	3.3	3.0	3.5
<b>Frequency of feeling down, depressed or hopeless</b>	4.3	3.0	2.9	3.4
<b>Satisfied with current life</b>	3.6	2.6	2.5	2.9

*Additional Mental Health Items of Concern noted on matrix:*

- Early childhood mental health
- Anxiety and depression

<b><u>Substance Use/Misuse Indicators:</u></b>	<b>Impact</b>	<b>Capacity</b>	<b>Readiness</b>	<b>Matrix Score:</b>
<b>Knowledge of someone who died from opioid overdose</b>	4.0	3.2	3.3	3.5
<b>Knowledge of someone with misuse/addiction</b>	4.0	3.2	3.2	3.5
<b>Current Cigarette Smoking Use</b>	3.7	3.1	3.2	3.3
<b>Vaping</b>	3.8	2.8	2.5	3.1

*Additional Substance Use/Misuse Item of Concern noted on matrix:*

- Marijuana

*Comments noted for Substance Use/Misuse noted on matrix:*

- “Overdose deaths spiked significantly in Waterbury in 2018, what is our capacity to address the fact that fentanyl is the primary factor influencing this data? All or most previous prevention, intervention and treatment has little or no impact on the onslaught of more potent opioids in Waterbury...”
- Vaping-Cigarettes-need to focus on youth prevention
- Opioids-need more free Narcan to those that use, need recovery coaches to do follow-up

Mental Health/Substance Use (conversation items):

- Data indicates that increasing numbers do not get mental health and substance use treatment
- Tobacco 21 impact on community
- Marijuana use

- Youth survey

## **St Mary's and Waterbury Hospital Key Informant Community Conversations Summary and Outcomes:**

Below is a summary assessment of the key findings from two Waterbury hospital key informant community conversations and a list of all items of priority and note. To the extent possible, they are organized by categories that correspond with the 5 domains within the matrix process. In addition, knowledge of the impact of social determinants of health is noted as well.

### ***Prioritization Outcomes:***

#### ***Overall Domains:***

- 1) Healthcare Access (84 votes)
- 2) Second Priority Domain: Healthy Lifestyles (60 votes)

\* Items below indicate a highly indicated priority concern. Concern specific to only one hospital conversation are indicated.

#### **Health Care Access [84]**

- Lack of providers (14)\*
- Lack of providers who take insurance (5), especially Medicaid and specialty care (3)
- Provider policies about carrying det, co pays and withholding care (who in the office serves as the gatekeeper?) (4)
- Insurance
  - High Co Pays (13)\*
  - Cost
  - Coverage (5)
  - No insurance mandate
- Lack of prenatal care
- Prescription Drug Affordability (5)
  - HC prof. master generic prescribing to help reduce costs
  - Modification of use due to cost
- Transportation as it relates to both Access (9) and Lifestyles (5)
- Low health literacy (7)/Terminology is barrier to access (5)
  - 211 uses language such as “prenatal care” which may not be sufficiently understood

#### **Health Access Comments:**

Mortality rates could be due to people not receiving preventive care/prenatal care,

- Lack of access to specialty care- especially for Medicaid patients- Medicaid pays much less in CT compared to other states- specialty providers do not want to take Medicaid patients for that reason
- They don't have access to mental health providers to refer covered patients to. Many of the providers do not accept insurance

- Lack of transportation and access impact.
- Solutions -- Billing policies might need to change because cost is such an issue for going to see the doctor
- What is role of low Health literacy in Waterbury and access to care/infant mortality? People may not be able to interpret the terminology- education issues, example: “prenatal care”- they do not understand what prenatal means or what prenatal care does.

### **Healthy Lifestyles [60]**

- Food Insecurity (17)\*
  - Access to health food/grocery stores (food deserts) (4)
- Social issues are drivers of outcomes {23}
  - Income/poverty (1)
  - Education
  - Housing (13)\*
    - Eviction rate (9)
    - Unknown how many share homes to afford
    - Quality concerns and impact on health
    - Asthma/lead
- Obesity Screening (14) – (St. Mary’s specific)

### **Mental Health [21]**

- Depression (6)
- Access to MH care (15)\*

### **Substance Use/Misuse [31]**

- Youth vaping rates (13) \*(Waterbury hospital specific)
  - Gateway
- Smoking cessation resources (13)\* (St. Mary’s specific)
- Opioid deaths
  - physician role in using pain scale – 5<sup>th</sup> sign, physician education
- Impact on community that outsiders come to W for drugs due to lower cost

### **Substance Use Comment:**

- There is concern about how doctors have contributed to the opioid epidemic and how best practices such as revising the pain scale might be implemented to reduce over prescribing. Illicit drug use also seen as a potential contributing factor to high rate of injuries.

### **Health Status/Chronic Diseases [9]**

- Heart Disease (5)
- Diabetes (4)



### **Other Concerns [22]**

- Social Isolation (of geriatric) (6)
- Community awareness of Social Determinants of Health (3)
  - Implementation of standard assessment (1)
- Non English/Spanish speakers are not included in DataHaven sample
- Domestic Violence (4)
- Sexual Assault (7)
- Gang (1)

### **Other Considerations [6]**

- CCT (4) – St. M
  - systems approach (2)
- Collaboration
- Partnerships

### **Social Determinants of Health Comments:**

Hospital based stakeholders recognize that the social determinants of health (food insecurity and poor housing, in particular) are driving factors contributing to health issues in Waterbury. Solutions such as Community Care Teams, are valued for their ability to help to remediate some of that. In particular, there is concern about food insecurity and the correlation to high obesity and diabetes rates, especially among the younger population. There is also recognition that Waterbury has a very high eviction rate and that the low quality of housing and resulting mold and lead concerns leads to high rates of illnesses including asthma.

## **Waterbury Community Conversations Outcomes:**

Below is a summary assessment of the key findings from both the Long Hill Bible Church and Our Lady of Lourdes community conversations. To the extent possible, they are organized by categories that correspond with the 5 domains within the matrix process. In addition, knowledge of the impact of social determinants of health is noted as well.

The outcomes below are by domain, due to placement of stickers on the charts, it was not always possible to determine if participants were selecting the domain or specific sub topics within the domain.

\* Items below indicate a highly indicated priority concern.

### **Long Hill Bible Church Community Priorities:**

#### **Priority Domains:**

- 1) Healthy Lifestyle (47 votes)
- 2) Homelessness Housing (44 votes)
- 3) Mental Health (31)

#### **Healthy Lifestyle [47]:\***

- Exercise (7)
  - No sidewalks
  - Safety
- Access to High Quality Foods (40)
  - Grocery store costs vary in neighborhoods and in Waterbury compared to other towns (8)
  - Garden (1)
  - Cost/income (5)
  - Farmers markets expensive and limited hours (8)
  - Disparity in quality between stores (7)
  - Hard to access stores without a car (1)
  - Quality of school foods (8)
  - Layout of certain foods in stores (less quality is more visible) (2)

#### **Health Status/Chronic Disease: [44]:**

- Diabetes (3)
- Asthma (2)
- Blood pressure (3)

- Infant Mortality (18)-
  - Substance use
  - Lack of parent education (3)
  - Don't know of programs for moms (1)
  - Trauma during pregnancy (1)
  - Teen pregnancy-high rates-teens hiding pregnancy (5)
  - Parent education on infant sleep health (6)

**Health Access [19]:**

- Transportation barriers (3)
- Wait time for appointments (3)
- Emergency department sends people away
- Providers don't take time with patients (4)
- Insurance does not cover doctors and prescriptions (3)
- Birth control one hospital is religious, barriers to birth control (3)
- Diabetes and amputees related to medication, insurance and healthy eating (1)
- Lack of providers
- Readmissions after hospitalizations (2)

**Substance Use [23]:**

- High Number of Liquor Stores/Bodegas (5)
- Attitude of acceptance (4)
- Cigarettes (1)
- Housing concerns
- Infant mortality (3)

**Mental Health [31]:**

- Vicarious trauma for providers
- Trauma (5)
- Depression-taking care of self (7)
- Postpartum care
- High stress (4)
- Needs levels of care from parent education groups to..... (9)

• **Other Issues:**

- **Homelessness/Housing [44]:**
  - Youth couch surfing
  - Lack of conversations in school about this
  - Impact good sleep (3)
  - Impacts self-care and routine (6)

- Role of schools with clean clothes and food (3)
- High rent (7)
- Low quality-older homes, lead, mold
- Lack of subsidies for improvement compared to other communities
- Lack of mixed income communities
- Blight (5)
- Absent landlords (6)
- Transient community
  
- **Health Education: [5]**
  - Lack of knowledge of resources (5)
  - People don't come out to learn at meetings
  
- **Jobs [6]:**
  - Lack of options
  - Only irregular part-time work
  - Jobs equal self-worth
  - Lack of positive role models
  
- **Miscellaneous/ "Parking Lot:"**
  - City takes on disease specific initiatives, not holistic
  - Other issues are priorities
  - Older Adult Concern-Elder abuse in care facilities, understaffed/elders need advocates (13)
  - Foster Grandparents
  - 211 (4)
  - Childcare (4)

### **Social Determinants of Health Comments:**

Participants were especially aware of how the Social Determinants of Health impact their community. They had a strong knowledge of what services are or are not available in their community, as compared to other communities within Waterbury and Connecticut. There was also the believe that some available services are underutilized due to lack of knowledge or awareness if their existence.

## **Our Lady of Lourdes Community Priorities:**

### **Priority Domains:**

- 1) Healthcare Access (115 votes)
- 2) Healthy Lifestyle (64 votes)
- 3) Substance Abuse (62 votes)

- **Health Care Access [115]\*:**

- High-copays for insurance
- After age 26 access to insurance
- Wait list for providers outside Veteran's Administration system is too long
- Slow process to support the blind
- Notice doctors push pills a lot
- Doctors do not look into symptoms of pain (ex. Lyme Disease)
- Doctors and specialists tell different medical advice
- Lack of ESL medical interpretation services
  
- Sub topic that emerged:
  - Medical interpreting:
    - As a result, negative health consequences
    - Lack of State funding
    - Spanish and other languages
    - St. Mary's not doing it

- **Healthy Lifestyle [64]\*:**

- Condition of parks
- Have to pay to park at parks
- Homeless in parks
- Increase in crime, afraid to walk
- Difficult relationships
- Lack of regular schedule for eating
- People should increase walking and other exercise, it is habit not to exercise
- Lack of time for exercise, working a lot, caring for family
- Health issues make exercise hard, try alternatives at senior center, water programs at YMCA are free for age 60+
- Kids at school age prefer fast foods
- Healthy means at school are needed
- Housing
- Culture/tradition, access to healthy food-quantity, a lot of fried foods, sweets, starch

- Easier access to processed foods with EBT
  - Increase cost of healthy food compared to fast foods
  - Lack of knowledge of how to access affordable, healthy foods
  - Healthy eating and high cholesterol, eat food when they know are not healthy  
Addiction to sweets/sugar
    - This also was the only group to emphasize the role of culture and family norms specific to healthy eating.
- **Environmental Concerns [29]:**
    - Trash in streets/community, hygiene problems
    - Trash put around brass factories
    - Contaminated areas cannot be planted, people plant and don't know what they are eating
    - General chemicals in fruits and vegetables and dairy
- **Chronic Disease [44]:**
    - Diabetes
    - High blood pressure
    - High cholesterol
    - Arthritis
    - Fibromyalgia- lack of knowledge and support among community and providers
    - Hypothyroid-a lot of women in the community have this
    - Asthma
- **Mental Health [32]:**
    - Depression
    - Menopause
    - Suicide-among young adults
    - Anxiety
    - Substance use, blame others
    - Access to drugs for teens
    - See it at home, it is a cycle
    - Need more education in community about resources
    - Doctors want hyper children on medication
- **Substance Abuse [62]\*:**
    - Alcoholism
    - Substance abuse and mental health treatment (only group where SU and MH came up)
    - Together
    - Access to alcohol and drugs -role of family and youth use

- Opioid crisis-lack of information for youth and families and awareness of risks
  - (multi-language)
  - Vaping and teens
  - Violence and crime associated with substance use
- **Miscellaneous or “Parking Lot”:** -these topics were on one sheet and could fit within domains noted above, however with the “votes” of stickers, it cannot be determined which categories the votes were allocated to:
    - Hurricane Maria displacement of people with needs (15)
    - Health Education (34)
      - How to eat healthy with limited budget
      - Lack of knowledge of fibromyalgia among providers

## **Conclusion:**

### **Overall Key Findings and Common Concerns/Themes across conversations:**

Across all Waterbury sessions, the top domains (selected as either the first or second priority area from the 5 sessions held) identified were;

- 1) Healthy Lifestyles-from 3 sessions
- 2) Healthcare Access-from 2 sessions
- 3) Health Status-from 1 session

**In addition, a number of issues within each domain were common sources of concern including:**

#### **Healthy Lifestyles/Social Determinants of Health:**

- Housing quality and availability
- Food insecurity/lack of access to healthy foods

#### **Healthcare Access:**

- High co-pays for care and prescription medications
- Lack of access to specialists for those who are insured under Medicaid/Medicare
- Lack of transportation

#### **Health Status:**

- Chronic disease and the relationship to healthy lifestyles was a theme, especially as it relates to access to healthy food.

- Diabetes
- Lack of education on disease management
- Lack of ability to eat well (financial, transportation and lifestyle reasons) and serious health outcomes, such as becoming an amputee was recurring.

## **Future Considerations to Enhance CHIP Process:**

### **Diversification of Data Sources:**

Data Haven data are an incredible asset to Connecticut towns and cities compiling community health needs assessments. These data are reflective of community perceptions among adults, which are powerful. Key informants made recommendations regarding other sources of data that may support enhanced needs assessment and prioritization in the future. Below is a list of data sources and types that were noted in the Key Informant Session.

#### **Data Sources:**

- Department of Children and Families
- Department of Public Health
- Child Health and Development Institute
- Department of Mental Health and Addiction Services

#### **Data Types:**

- Medicaid
- Domestic Violence and substance abuse data
- Youth vape data from school surveys
- Youth mental health data
- Lead data
- Opioid data
- Early childhood data

### **Language Translation Approaches:**

The Our Lady of Lourdes Community Conversation had strong outcomes. Participants appeared to be engaged. For future community conversation planning it is suggested that a Spanish speaking facilitator be engaged for a Spanish speaking group. Consultants could work to record and summarize outcomes, however for the comfort of the group and flow of communication, a Spanish speaking facilitator could engage the group best and record comments, in real time, in Spanish. These could later be translated to English for report purposes.



## ***Chesprocott Health District Key Leader Conversation, June 3, 2019***

On June 3, 2019, in Cheshire, CT, GWHP, with its community partners, hosted a Key Informant Session on community health and wellness concerns specific to residents of the areas of the Chesprocott Health District --- Cheshire, Prospect and Wolcott. The session lasted approximately 2 hours. Approximately 30 community stakeholders participated in the session.

The majority of data presented by the consultants via a PowerPoint presentation were from DataHaven's 2018 Community Wellbeing Survey. Chesprocott data were compared to both the "Suburban Core," Data Haven's community type designation of which Chesprocott is within, and the state of Connecticut overall. Data were organized into five domains based on guidance from DataHaven and GWHP staff and the outcomes of past Community Health Needs Assessment Processes. Where data appeared to demonstrate a demonstrable change from 2015 outcomes, they were presented.

Participants were encouraged to ask questions and make comments on data limitations, their observations about community health status as it relates to the data presented and other health topic areas that were not included in the data set. These comments were recorded on large poster paper.

At the conclusion of the consultant's data presentation, community concerns were recorded on large poster paper. Participants were directed to "vote" on the health areas they felt were of most concern for the community. Using stickers which they could apply either to one health area or distribute across multiple health topics, participants ranked areas of local health and wellness concerns based on their opinions.

### **Key Findings/Outcomes:**

#### **Priority Domains:**

- 1) Mental Healthy (50 votes)- emphasis on access to providers for youth
- 2) Second Priority Domain: Substance Abuse (32 votes)- focus on youth vaping
- 3) Third Priority Domain: Healthy Lifestyles (31 votes)- noting the importance of preventative care

#### **Overall Observations:**

Mental Health was identified as the key concern. As it relates to both behavioral health insurance coverage, youth access to services and lack of local mental health providers. Depression in particular was identified, along with the role that financial and food insecurity plays in increasing mental health rates

\* Items below indicate a highly indicated priority concern.

#### **Mental Health [50]\***

- Depression
- Food/financial insecurity and mental health issues
- Youth access to Mental Health Care and lack of providers (15)
- Behavioral health insurance coverage (10)
- In patient (1)
- Psychiatrists (4)
- Short term care (1)
- A quarter of the Chesprocott population is suffering with Mental Health issues.

### **Healthy Lifestyles [31]\***

- Obesity (1)
- Exercise/Activity (3)
- Healthy Food (9)
- Oral health care has an impact on overall health and % of residents who have not seen a dentist in 6 months is alarming. (1)
- Prevention (17)

### **Substance Abuse [32]\***

- Youth opioid deaths (1)
- Youth vaping and parental awareness (6)
- Youth vaping and youth awareness of health consequences (12)
- Marijuana – social norms (7)
- Need for increased education re: opioids, vaping (both kids and parents).
- What are local prescribed opioid rates?
- Do people may not feel that they are abusing them because they are prescribed?

### **Access to Care [11]**

- Dental Insurance (5)
- Business Medical Leave polices and relation to postponing care (4)
- Data about sick/medical leave policies of local employers as it applies to postponed medical care