



*Retrieved from: *Community Engagement and Empowerment*. [Image]. <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/councils-and-committees/community-engagement-and-empowerment>.

West Hartford-Bloomfield Health District Community Health Assessment

May 2022

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Community Health Assessment

The West Hartford-Bloomfield Health District, located in Hartford County, Connecticut, proudly serves the towns of West Hartford and Bloomfield.

The purpose of the Health District's Community Health Assessment is to better understand the health status of residents; understand current services and resources available to the community; identify and prioritize areas of strengths, weaknesses, and opportunities for improvement; articulate the value of public health infrastructure and services; develop improvement strategies to achieve goals; and provide a baseline for assessment of health and improvement efforts.

Community Health Assessment Methods

Determinants of Health

The West Hartford-Bloomfield Health District recognizes that multiple factors impact the health and wellbeing of residents. Where we live, work, and play is fundamental to our overall health. Health status is influenced by not only genetics and individual lifestyle factors, but by social and environmental indicators as well. Social determinants of health include access to and quality of healthcare, access to and quality of education, and sense of community. Socio-economic determinants include income and economic stability such as employment rates, food security, and housing stability. Environmental determinants include factors in the built environment such as crime, violence, air quality, access to clean water, and housing quality. The relationship between these factors as well as considering policies and social constructs, are crucial in assessing the health of a community. The data utilized and analyzed in this assessment highlights outcomes relative to which populations are healthiest and least healthy in the community and identify connections between health indicators and health outcomes.

Primary Data Collection

Primary quantitative data was collected winter 2021-2022 by way of a district-wide community health survey. The anonymous survey was distributed both digitally using Qualtrics™ and via paper copies with pre-stamped, return-addressed envelopes provided for respondents to mail back to the Health District. The survey included questions on demographic information, mental health, physical health, and behaviors that may affect health. The survey was available in three languages: 1) English, 2) Spanish, and 3) Portuguese. The survey was distributed to public libraries, community centers, and senior centers in both Bloomfield and West Hartford. Surveys were distributed at events and by service providers including events hosted at senior centers, Senior Day at Geissler's Supermarket, and town food share/food pantry pick-up days. Digital surveys were sent out via school superintendents, town alert systems, and listservs, for residents signed up and consenting to receive blast messages. Partners of the Health District, including Bloomfield Volunteer Ambulance, assisted in survey distribution to residents. There was a total of 580 survey respondents. Primary qualitative data was collected via key informant interviews, described in the Key Informant Interviews section below.

Secondary Data Collection

Existing quantitative data was collected and reviewed from national, state, and local sources to assist in building a community health profile regarding health, social, and economic characteristics. Data sources included but were not limited to: U.S. Census Bureau, Connecticut Department of Public Health,

Mobilizing for Action through Planning and Partnerships, 2020 ALICE Report, 2020 American Community Survey, and the Connecticut Behavioral Risk Factor Surveillance Survey Report. Types of data utilized include disease surveillance data, vital statistics, and self-report from broad, population-based surveys.

Key Informant Interviews

A total of six individuals participated in key informant interviews; three were conducted for each town. Interviewees were selected based upon their knowledge and involvement in their communities, representing various professional perspectives. Interviews were conducted via video chat using a semi-structured interview outline, and lasted about 30 minutes. The key informant interviews focused on five topic areas: 1) background information on the individual, 2) health and quality of life in the community, 3) strengths and weaknesses of health-related communications and services in the community, 4) barriers to health and quality of life in the community, and 5) recommendations to improve health outcomes and quality of life.

Analyses

Quantitative data was collected, organized, and analyzed using statistical software including Qualtrics™, Microsoft Excel, and Stata. Qualitative data was collected via key informant interviews, coded, and analyzed thematically. Key themes were identified across all interviews, as well as unique points noted for specific health indicators or populations. De-identified, paraphrased quotes from key informant interviews have been selected and are included throughout this report to support ideas and themes.

Limitations

There are several limitations through research and statistical analysis that must be acknowledged. For secondary data analyses, some sources, such as the Connecticut Behavioral Risk Factor Surveillance Survey (BRFSS), were not stratified by town, but data was available at the district-level. Further, in other secondary data analyses, data was not stratified by all of the following: race, ethnicity, gender, or age, therefore, data was analyzed for the total population or specific subgroups alone (i.e. age).

Data collected from the BRFSS and Health District community health assessment survey are based on self-report and should be interpreted with caution. Respondents may either under or over report behaviors or health conditions due to recall bias, fear of social stigma, or misunderstanding of a question. Recall bias is when a participant responds in good faith, but misremembers and reports inaccurately.

Margins of error due to limited sample sizes must be acknowledged. Analyses for health assessment survey responses for Bloomfield are interpreted with a 90% confidence interval and 8% margin of error. Survey response analyses for West Hartford are interpreted with a 95% confidence interval and 5% margin of error. The differences are due to the number of survey responses from each town – a greater number of responses allows for a higher confidence interval and smaller margin of error. This means that when looking at the data, we are 90% and 95% confident that the real value of a given question is within $\pm 8\%$ or $\pm 5\%$ of the surveyed value for the population on average. In other words, if the survey was repeated several times, values would fall into a range $\pm 8\%$ within that of the measured value 90% of the time. Despite limitations, the survey included large enough sample sizes to allow for comparison and validity.

Key informant interviews provide valuable insight from various audiences and perspectives to aid in identifying community priorities and opportunities for improvement. However, it must be noted that

results from key informant interviews are not representative of the larger population due to nonrandom sampling and small sample size. Finally, data was collected over a short period of time and therefore cannot be interpreted as definitive.

Findings and Results

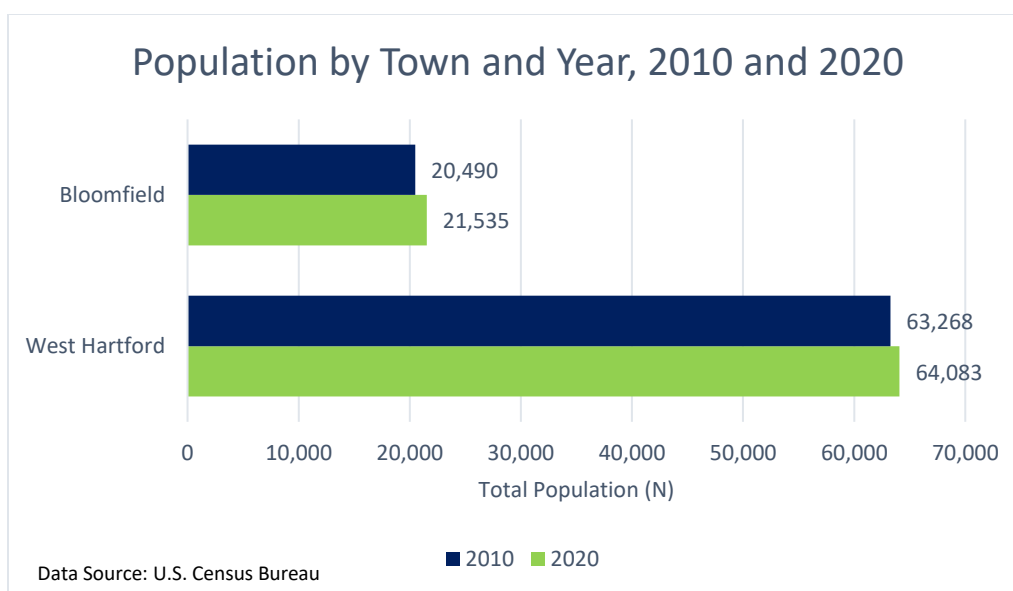
A total of 580 recordable responses were received from residents of West Hartford and Bloomfield participating in the community health assessment survey distributed both digitally and in print by the Health District. The age range of respondents was 18 to 99 years. The mean age of respondents in Bloomfield was 64 years, while the mean age of respondents in West Hartford was 60 years. Females were more likely to respond than males, representing 76% of Bloomfield's respondents and 71% of West Hartford's respondents.

Demographics

Demographic characteristics, such as the distribution of age, race, ethnicity, and gender all have an impact on health at the community and individual levels. These factors affect the availability and types of services and resources available within a community. This section provides a description of the population served by the West Hartford-Bloomfield Health District.

Population

The total population of the West Hartford-Bloomfield Health District was 85,618 in April 2020, up 2.22% from 83,758 in 2010. The towns of Bloomfield and West Hartford are located in Hartford County, the second-most populous county in Connecticut with a population of 899,498, according to the 2020 census. The towns within Hartford County vary by size, wealth, and demographics. The town of Bloomfield comprises 2.39% of the county's population, and 25.15% of the Health District's population. The town of West Hartford comprises 7.12% of the county's population, and 74.85% of the Health District's population.

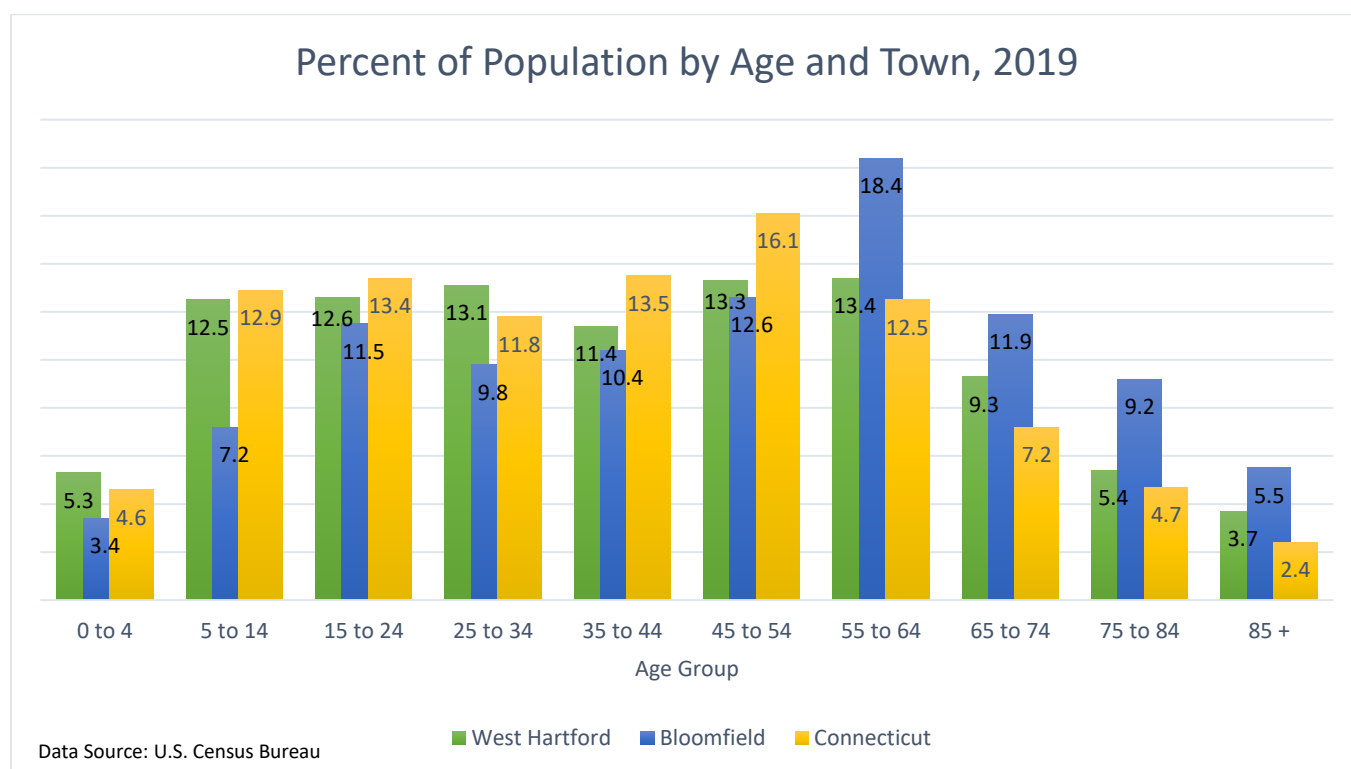


The population of Bloomfield increased by 5.10% from 2010 to 2020 and the population of West Hartford increased by 1.29%, while the state of Connecticut as a whole only experienced a population increase of 0.9% from 2010 to 2020.

On available data from 2019, the average number of persons per household was 2.34 in Bloomfield and 2.47 in West Hartford. Among families in Bloomfield, 66.75% are married-couple families, less than the state average of 70.16%, while 33.25% are single-parent families, greater than the state average of 29.84%. Among families in West Hartford, 76.86% are married-couple families, greater than the state average (70.16%), while 23.14% are single-parent families. Families may include married couples with children, single parents with children, or groups of related adults.

Age Distribution

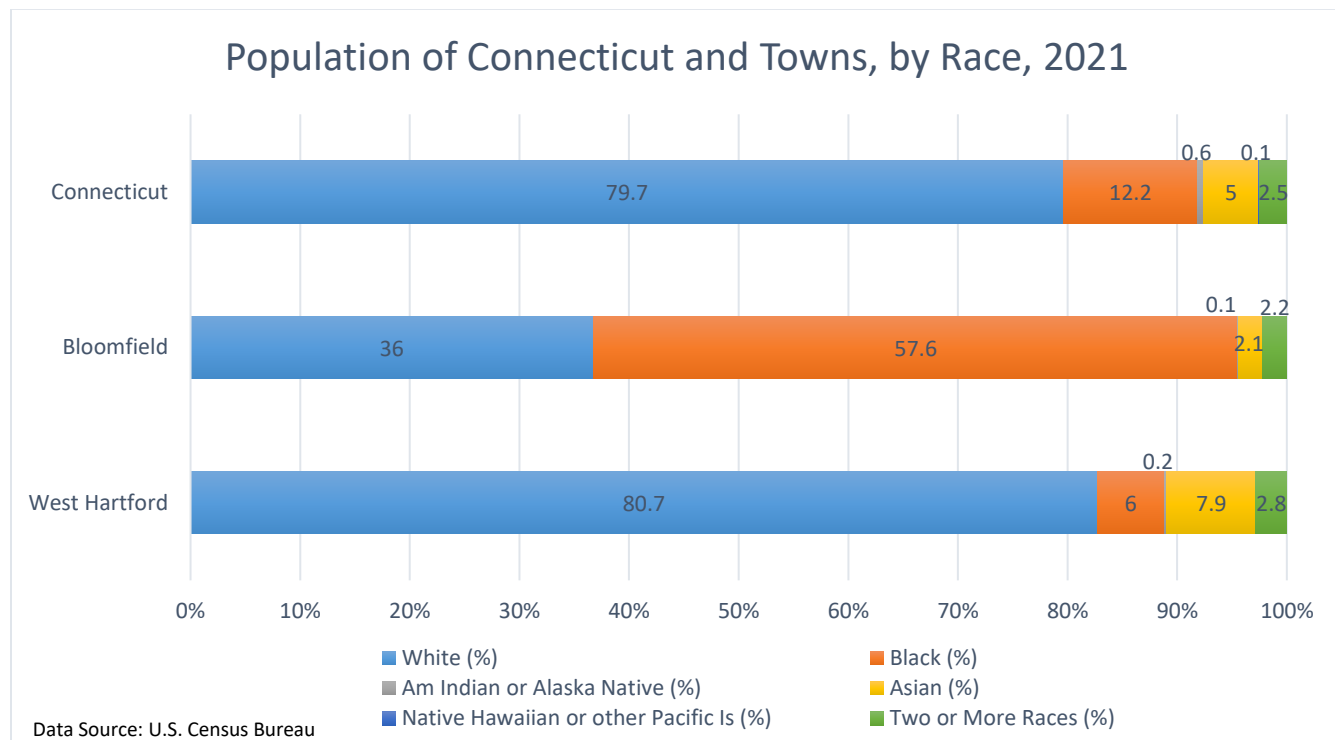
Age distribution within Bloomfield and West Hartford differ considerably. Bloomfield has an older population overall, with a median age of 51.3. The percentage of residents making up each age group 55 and above is greater than the state of Connecticut's (median age for the state is 41 years). Age distribution within West Hartford is more heavily weighted on both sides of the age continuum, with a percentage larger than the state average for children under 5, as well as adults over 55. The town of West Hartford has a smaller percentage of middle-aged residents (aged 35 to 54) than the state as a whole. West Hartford's population rates more closely mirror the state of Connecticut's averages (with a median age of 40.7 years), whereas Bloomfield has significantly less children aged 5 to 14 years and significantly more adults over age 55 (45% of the total town population).



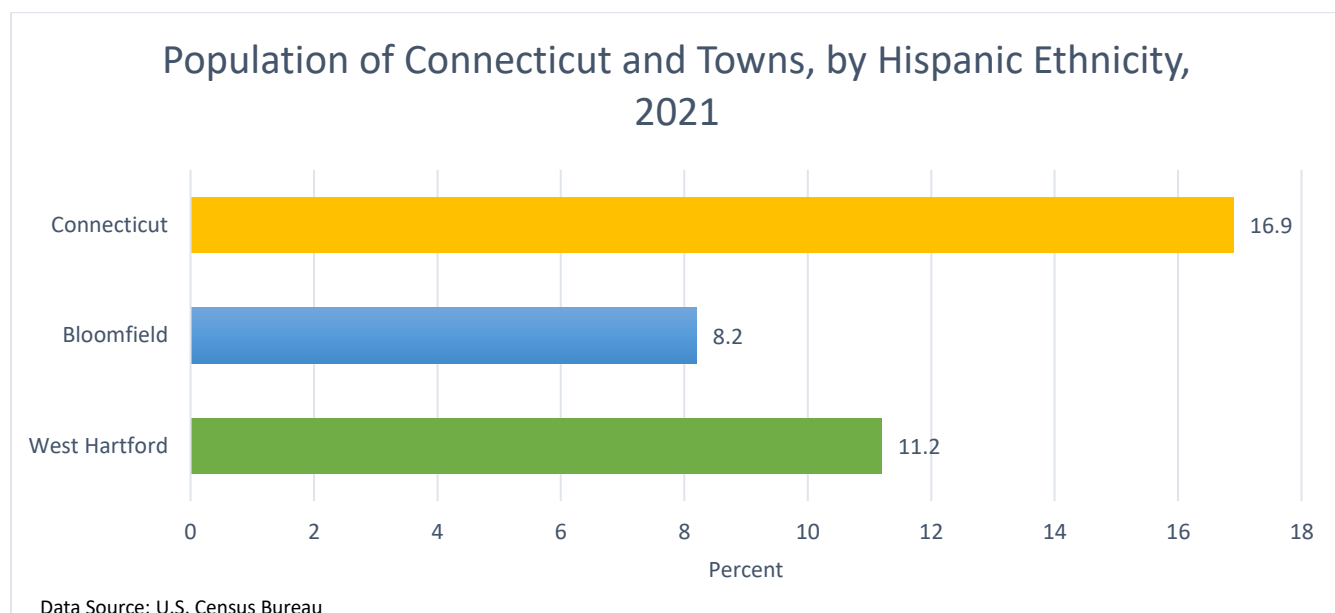
Racial and Ethnic Diversity

The town of Bloomfield has substantial racial diversity, greater than that of the state of Connecticut as a whole, with 64% of the population being non-white. West Hartford is less diverse, with racial proportions similar to the state as a whole, approximately 20% of the population identifies as non-white. The Black/African American population (57.6%) comprises a large proportion of Bloomfield's population. The town of Bloomfield has a slightly smaller proportion of Asians (2.1%) than the state as a whole (5%),

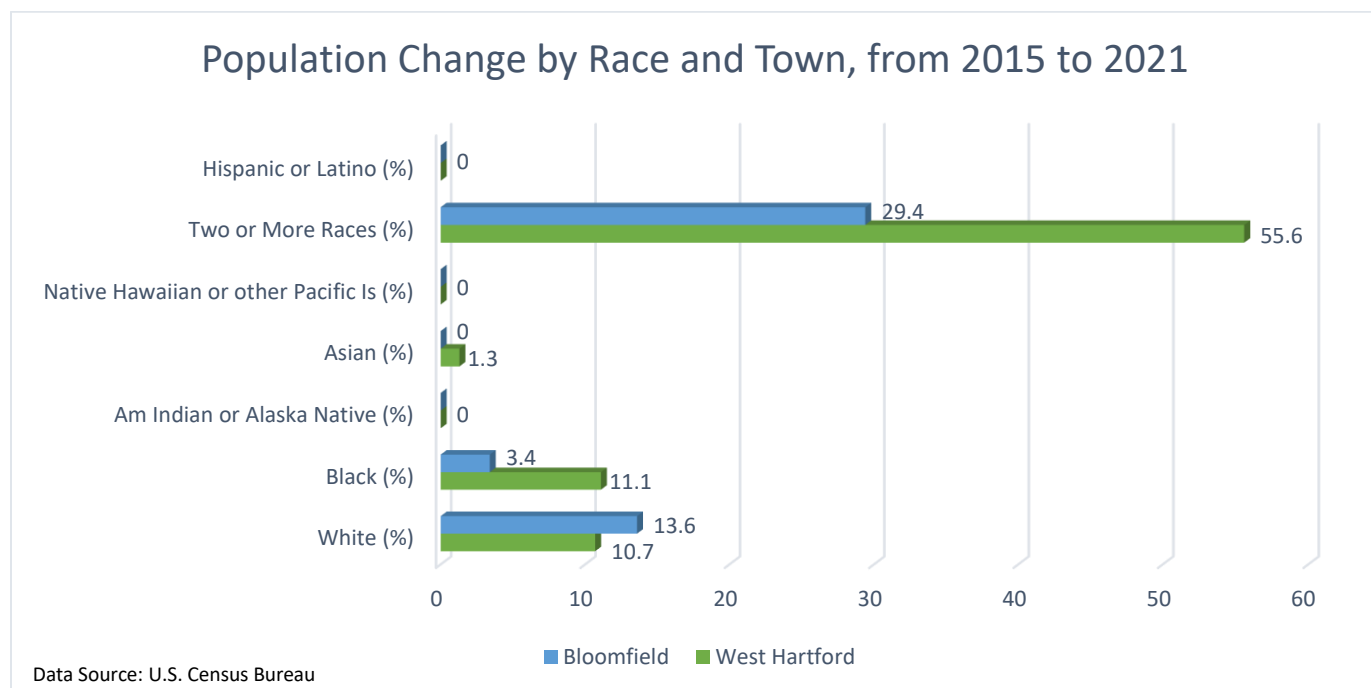
while the town of West Hartford has a slightly higher proportion of Asians (7.9%) as compared to the state. West Hartford and Bloomfield have proportions of Native Hawaiians/other Pacific Islanders, American Indians/Alaskan Natives, and those who identify as two or more races that align with those of the state as a whole (0.1%, 0.6%, and 2.5%, respectively).



The towns of Bloomfield and West Hartford both have a smaller proportion of Hispanic residents when compared to the state of Connecticut as a whole. This population accounts for 16.9% of Connecticut, while 8.2% of Bloomfield's residents and 11.2% of West Hartford's residents are Hispanic.



Quantitative data concerning changes in diversity between 2015 and 2021 show that both the towns of Bloomfield and West Hartford saw the largest increase among those identifying as two or more races (a 29.4% and 55.6% increase, respectively). The population of individuals identifying as White increased among both towns, with a 13.6% increase in Bloomfield between 2015 and 2021 and a 10.7% increase in West Hartford over the same timeframe. The population of individuals identifying as Black increased among both towns as well, with a 3.4% increase in Bloomfield between 2015 and 2021 and an 11.1% increase in West Hartford. The Asian population increased by 1.3% in West Hartford from 2015 to 2021, with no significant increase in Bloomfield. Minimal increase was observed among individuals identifying as Hispanic or Latino, Native Hawaiian or other Pacific Islander, and American Indian or Alaskan Native among both towns across this timeframe.



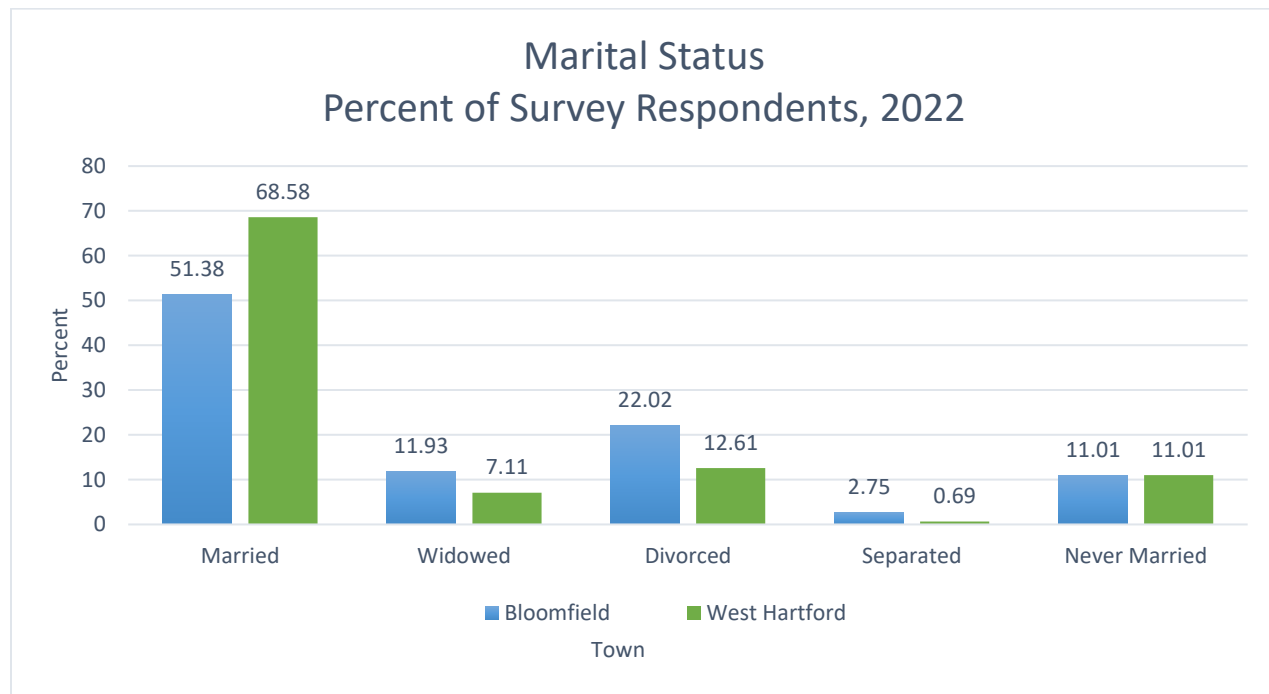
Languages Spoken

Data collected by the U.S. Census Bureau, 2020, indicates the percent of families speaking a language other than English at home is 23.9% and 16% in West Hartford and Bloomfield, respectively. Across the state of Connecticut as a whole, about 22% of families speak a language other than English at home. Among survey respondents from Bloomfield, 13.1% indicated a language other than English is spoken at home. Among survey respondents from West Hartford, 9.4% specified that a language other than English is primarily spoken in the home, indicating under-representation of these demographics. Several languages were identified; the most commonly listed were Spanish, Russian, Patois, Portuguese and French. Other languages spoken in the community include American Sign Language, Polish, Japanese, Italian, German, Arabic, and Vietnamese.

Families

Among health assessment survey respondents in Bloomfield, 51.4% indicated they were married at the time of participation, 22% were divorced, 11.9% were widowed, 11% were never married, and 2.8% were separated. Following a similar pattern, respondents in West Hartford, 68.6% were married at the

time of survey completion, 12.6% were divorced, 11% were never married, 7% were widowed, and <1% were separated.



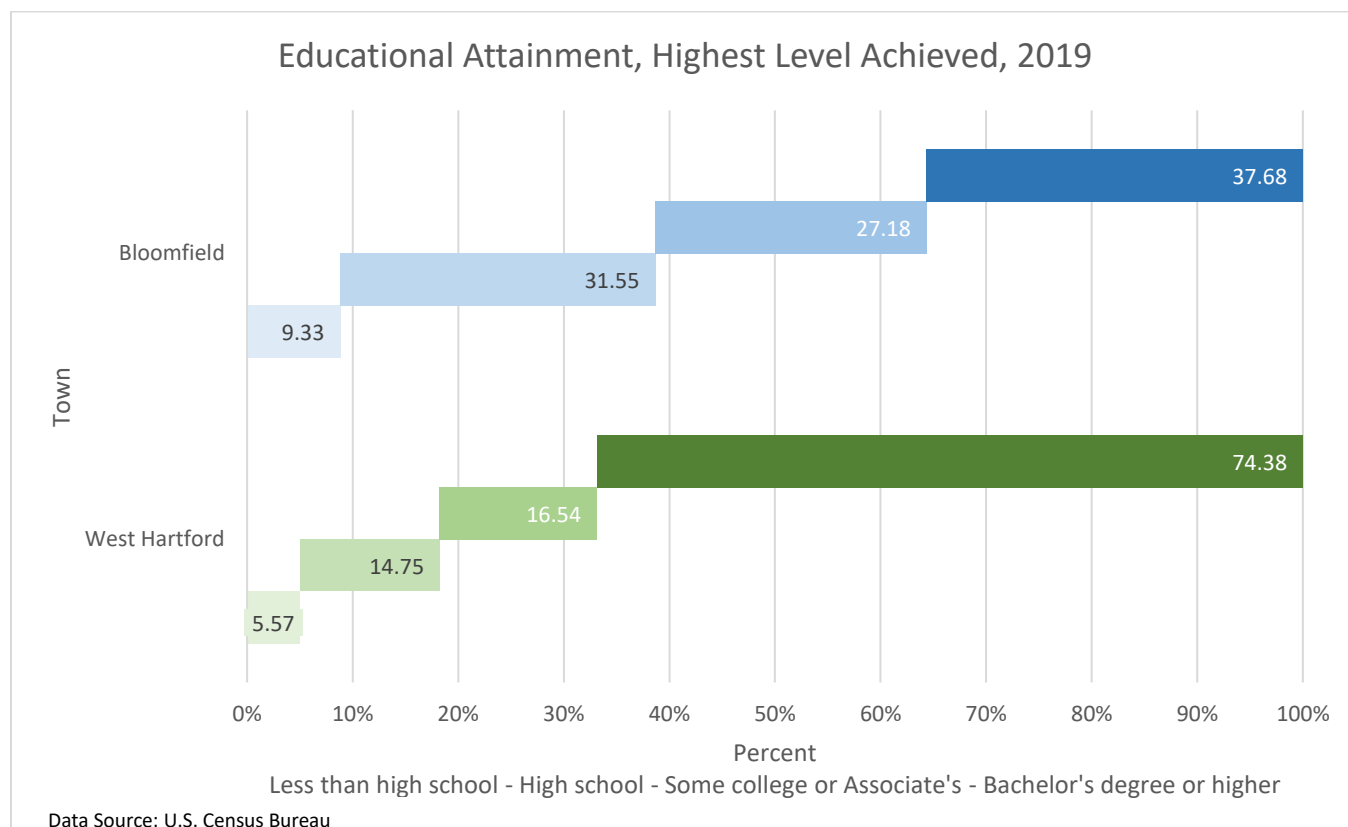
Census data from 2020 indicates the average number of people per household for the towns of West Hartford and Bloomfield is 2.42 and 2.38, respectively. U.S. Census Bureau statistics show the percentage of households run by a single parent is 7.8 and 10.7 for West Hartford and Bloomfield, respectively. Community health assessment survey respondents were more likely to be retired and similarly, less likely to have children under the age of 18 residing in the household. Responses were similar across Bloomfield and West Hartford, with an average of 69% (68.3% and 69.7%, respectively) of respondents reporting no children under age 18 currently living in the home, 11.8% of respondents reporting 1 child currently lives in the home (12.5% and 11%), 12.1% reporting 2 children live in the home (10.6% and 13.6%), 4.5% reported 3 children living in the home (4.8% and 4.1%), and 3.8% of respondents from Bloomfield reported 4 or more children live in the home, while 1.6% of respondents from West Hartford reported 4 or more children residing in the home.

Social Environment

Educational Attainment

Individuals completing college or beyond are more likely to live healthier lives. The Health Equity Index supports an association between educational achievement and employment status. Individuals with higher education have an easier time finding employment and earning a steady income.¹ Education increases cognitive resources that can assist in healthy decision-making such as awareness of health benefits, knowledge of health consequences of certain behaviors and the ability to utilize technology and information to improve health.¹ Education encourages the development of other skills including conscientiousness and self-efficacy, further encouraging healthier behaviors.¹

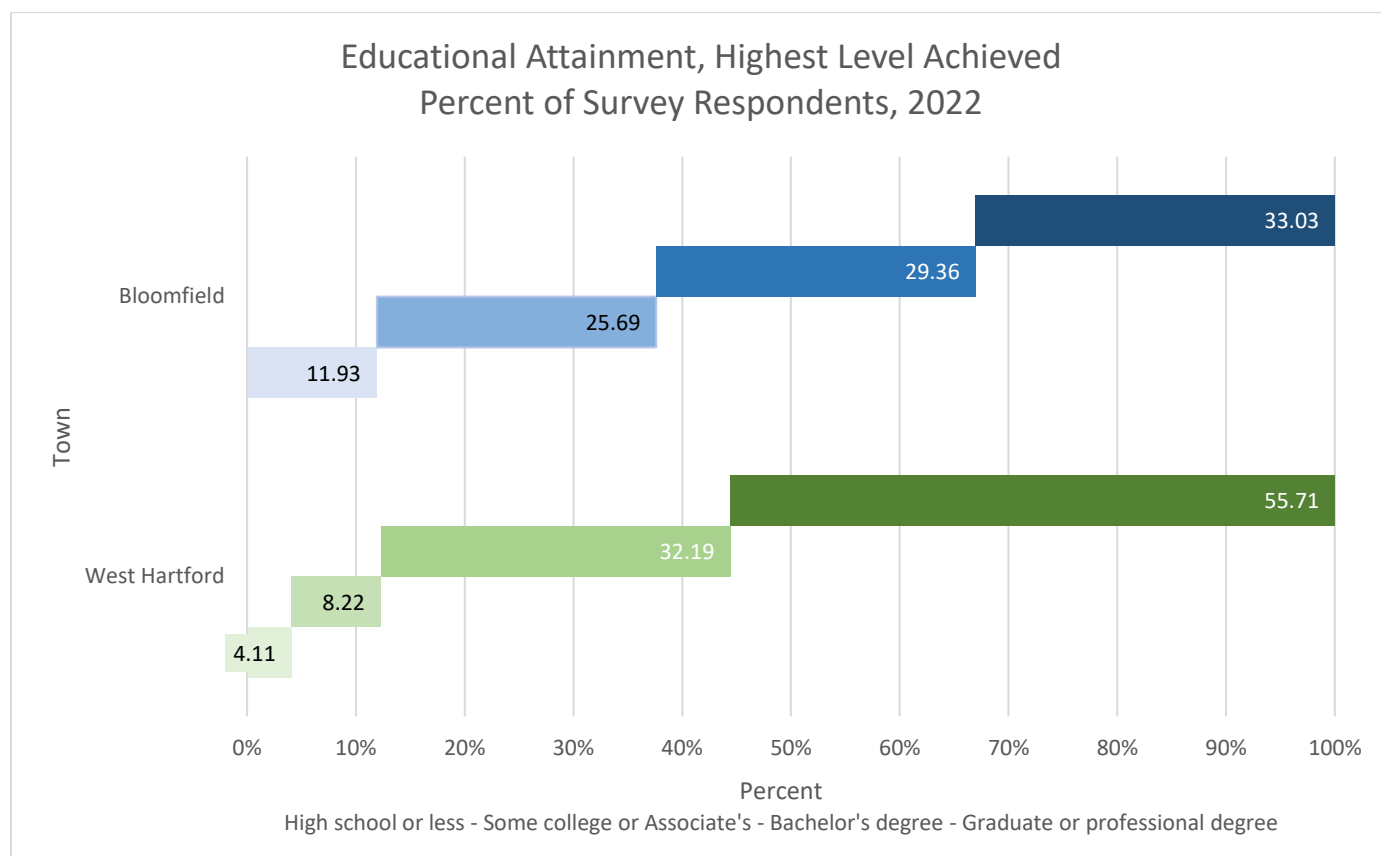
Census data demonstrates high educational achievement for the Health District as a whole. Educational attainment in Bloomfield is dispersed between resident's earning a Bachelor's degree or higher (37.7% of adults), completing a high school education (31.6%), and completing some college or earning an Associate's degree (27.2%). West Hartford has exceptional rates of adults earning a Bachelor's degree or higher (74.4% of residents). Adults completing some college or earning an Associate's degree accounts for 16.5% of residents, and those completing high school comprise 14.8% of residents. High school graduation rates in both Bloomfield (92.2%) and West Hartford (96.1%) exceed that of the state of Connecticut (88.5%).



Educational attainment followed a similar pattern for each town based upon survey responses, although the metrics used differ from those of the Census Bureau ("High school" or "Less than high school" were combined, and "Bachelor's degree or higher" was separated into "Bachelor's degree" and "Graduate or

professional school” due to high numbers that fall into each category). The high educational achievement of both towns is better elucidated with these metrics.

In Bloomfield, at least 62.4% of respondents had a Bachelor’s degree or higher, while 33% indicated having completed graduate or other professional school. In West Hartford, 87.9% of respondents had at least a Bachelor’s degree, while 55.7% indicated having completed graduate or professional school. Comparing quantitative data from the Census Bureau and the Health District survey suggests that individuals participating in the survey were more likely to have completed higher levels of education.

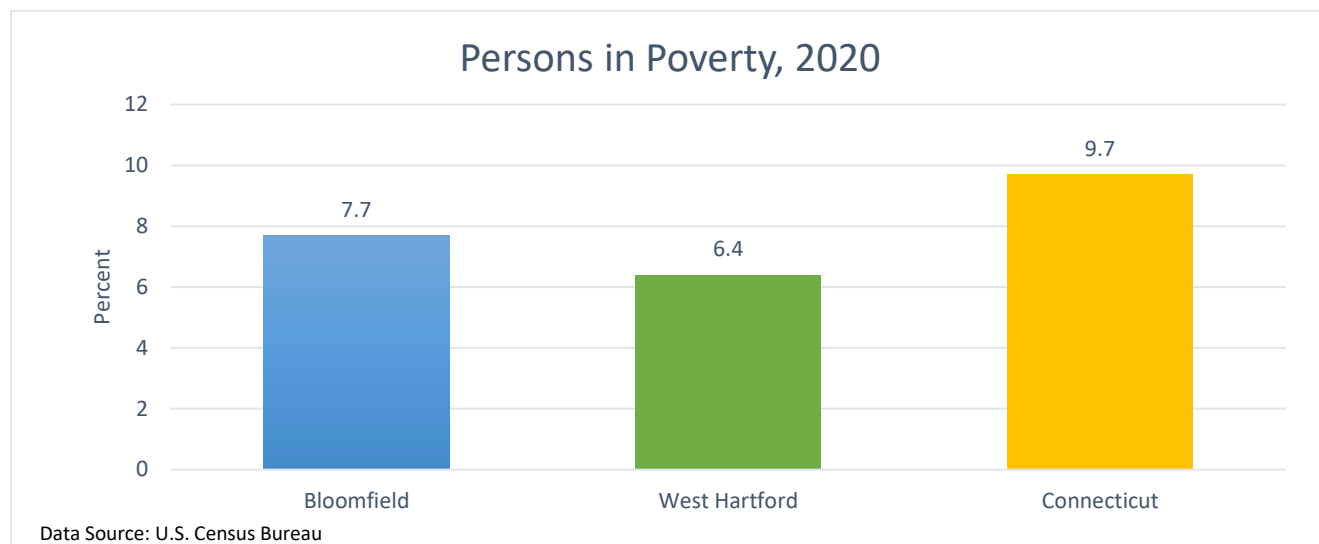


Income and Poverty

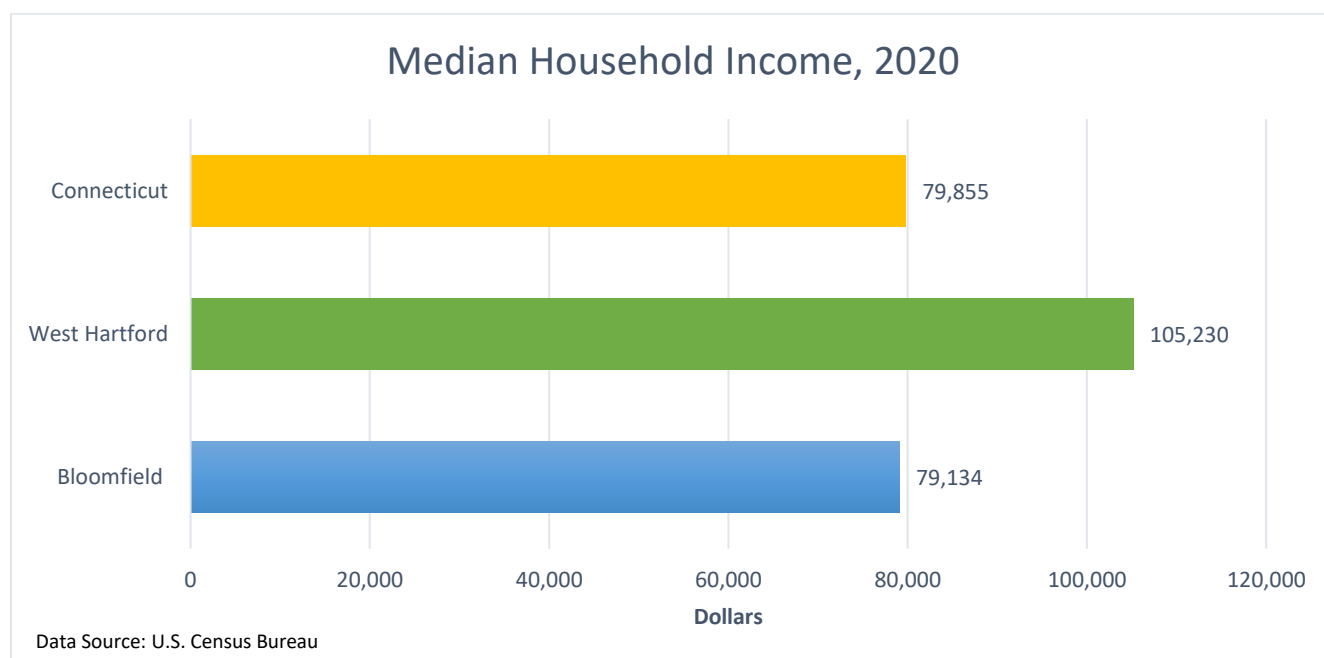
High educational attainment is associated with higher personal earnings and family income. Higher education also increases the likelihood of marrying another individual of similar or higher socioeconomic status, such as marrying another individual with a college degree if you have earned a college degree.² Economic assets allow the purchase of improved health behaviors such as gym memberships, diet plans, and smoking cessation aids, and better health insurance benefits.¹

Poverty rates in Bloomfield (7.7% of residents living in poverty) and West Hartford (6.4%) are below the average poverty rate for Connecticut (9.7%). The percent of individuals living in poverty increased slightly in Bloomfield since 2019 (7%), remained the same in West Hartford (6.4%), and decreased for Connecticut as a whole (9.9%). The poverty rate of individuals under 18 in Connecticut was greater than that of all residents combined as of 2019, with approximately 13% of Connecticut residents under 18

living in poverty. The percent of youth living in poverty was smaller than that of residents of all ages in Bloomfield (6.2%), while it was greater in West Hartford (7.2%).

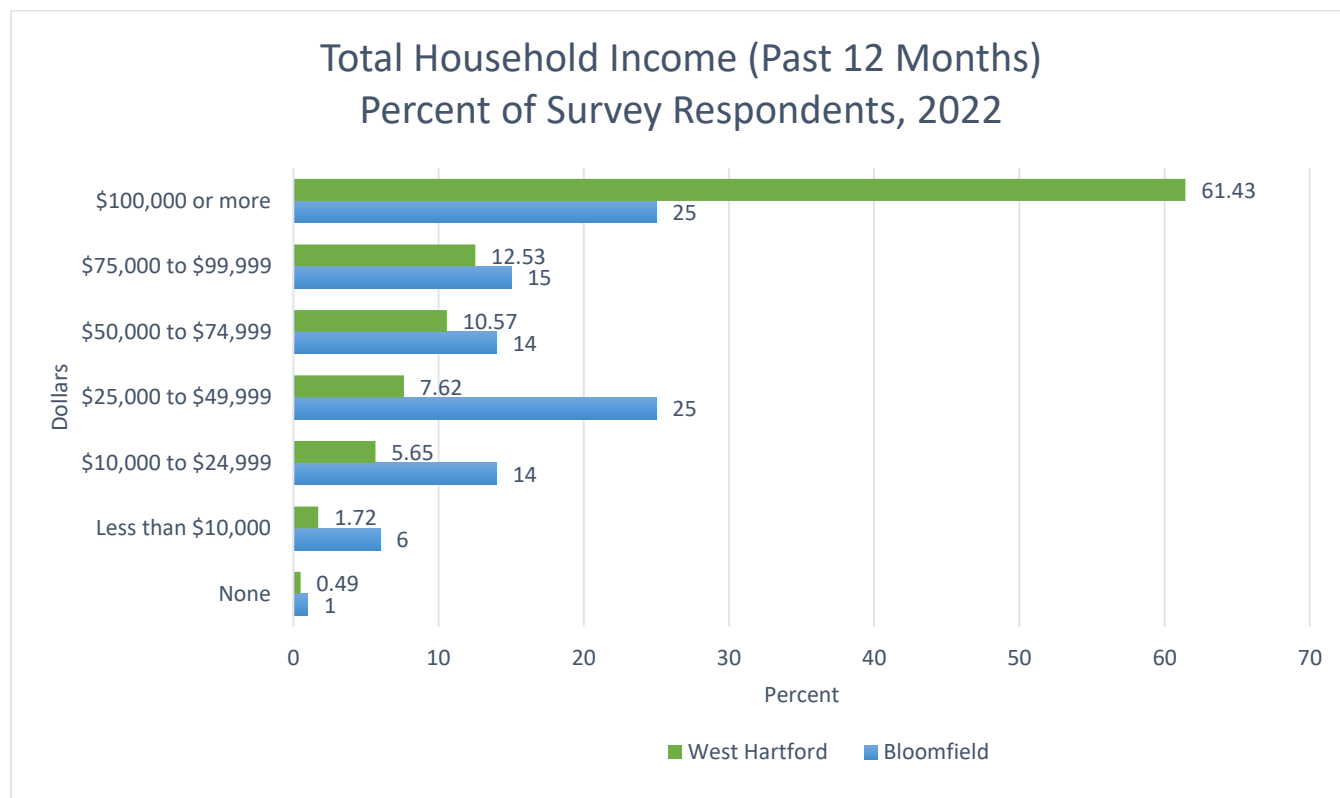


The median household income for Bloomfield (\$79,134) is equivalent to that of Connecticut as a whole (\$79,855), while West Hartford's median household income is greater as compared to the state's (\$105,230). Per capita income levels follow a similar trend: \$45,668, \$43,959, \$58,140 for Connecticut, Bloomfield, and West Hartford, respectively.



Total household income was assessed categorically on the community health assessment survey. Participants were asked for their total household income over the last 12 months as a category range. Respondents in West Hartford were most likely to have made \$100,000 or more (61.4% of respondents selected this category). Among respondents in Bloomfield, 25% reported having a total household income of \$100,000 or more and 25% reported having a household income between \$25,000 and

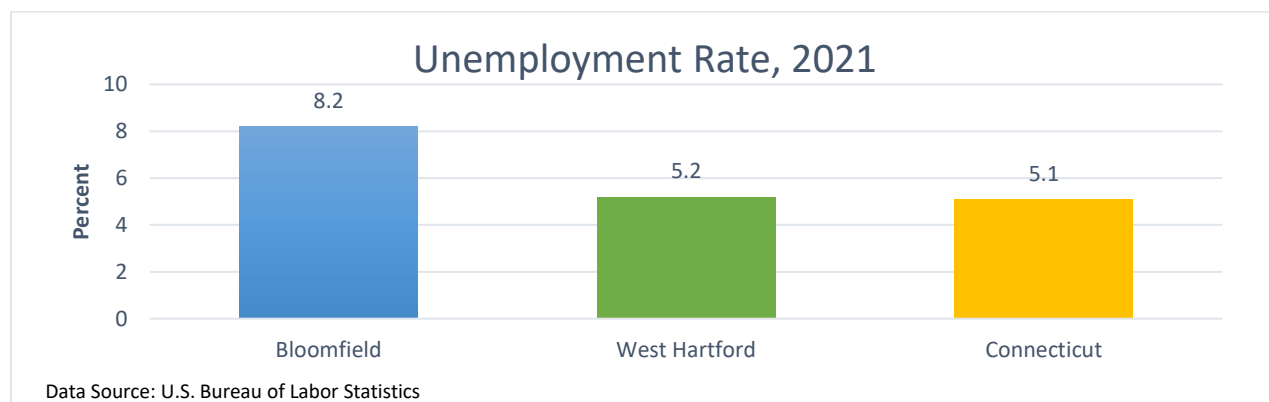
\$49,999. Household income levels varied among Bloomfield respondents, while the percent of responses increased as income levels increased among respondents from West Hartford.



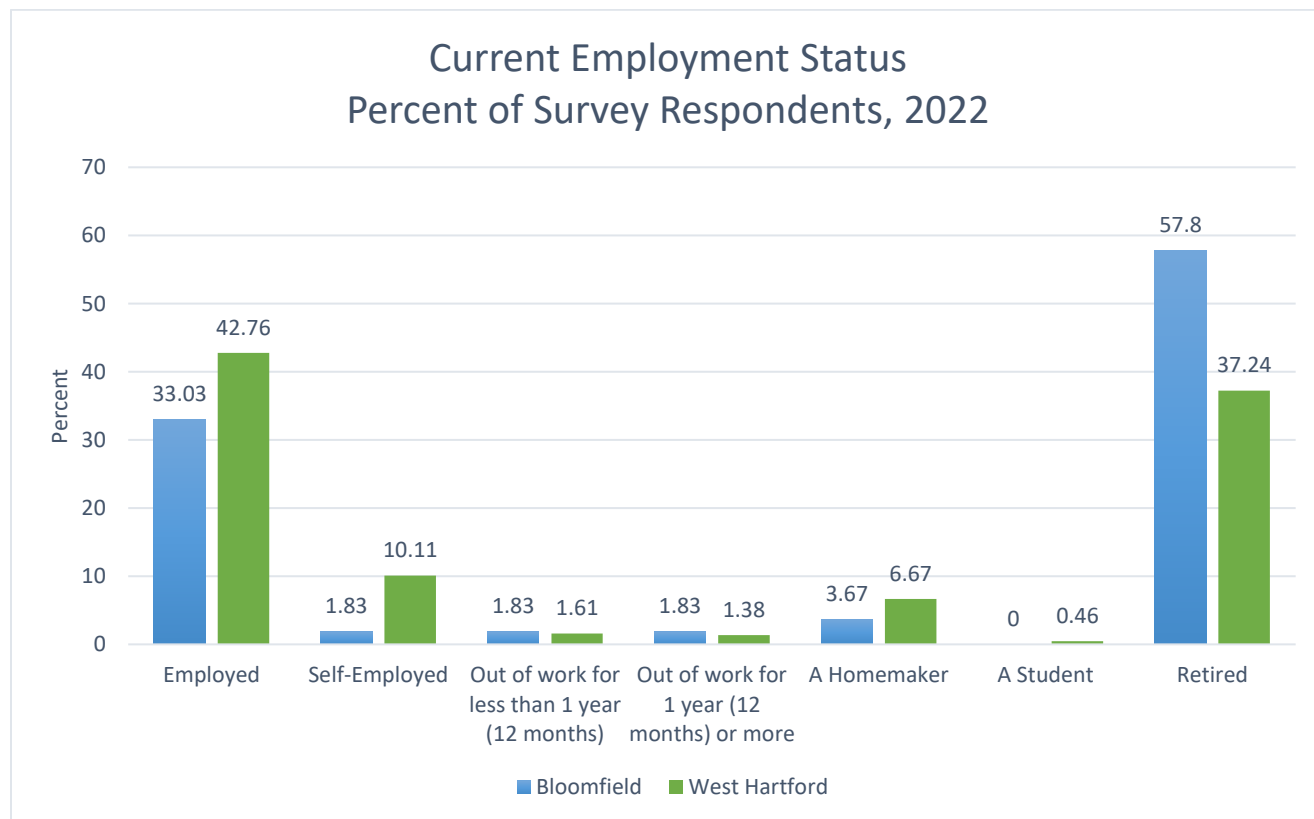
Employment

Employment and occupation may have an impact on health behaviors. Occupational status is associated with income and access to economic assets as well as social norms unrelated to financial resources. For example, having the ability to smoke while working on construction sites versus having the inability to take smoke breaks in a corporate office.¹

As of 2021, the unemployment rate in West Hartford (5.2%) was comparable to that of the state (5.1%) while the rate in Bloomfield (8.2%) was significantly greater than that of the state. According to the U.S. Bureau of Labor Statistics, Connecticut's unemployment rate as of December 2019, before the start of the COVID-19 pandemic, was 3.5%.



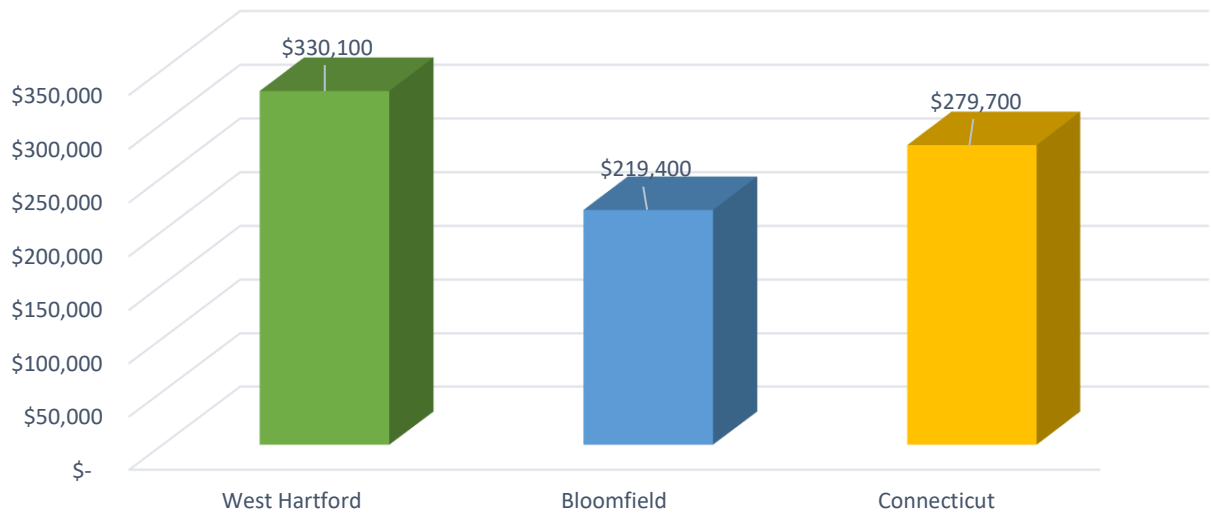
Survey respondents among both West Hartford and Bloomfield were most likely to report being employed or retired at the time of survey completion. A larger percentage of respondents were retired in Bloomfield (57.8%) as compared to West Hartford (37.2%). Following similar trends, 42.8% of respondents from West Hartford reported being employed at the time of survey participation, while 33% of respondents from Bloomfield reported being employed. There is an element of bias among individuals more likely to participate in the health assessment survey. Students and individuals out of work were least likely to participate.



Housing

Housing costs vary throughout Hartford County and between the towns served by the Health District, as depicted below. The median value of homes in West Hartford are above that of the state of Connecticut, at \$330,100 and \$279,700, respectively. The median value of homes in Bloomfield are below that of Connecticut's as a whole, with a median value of \$219,400. As of 2020, 69.4% of houses in West Hartford are occupied by the home owner. In Bloomfield, 68.1% of homes are owner-occupied. These housing rates are similar to those documented for the state of Connecticut, with 66.1% of homes being owner-occupied.

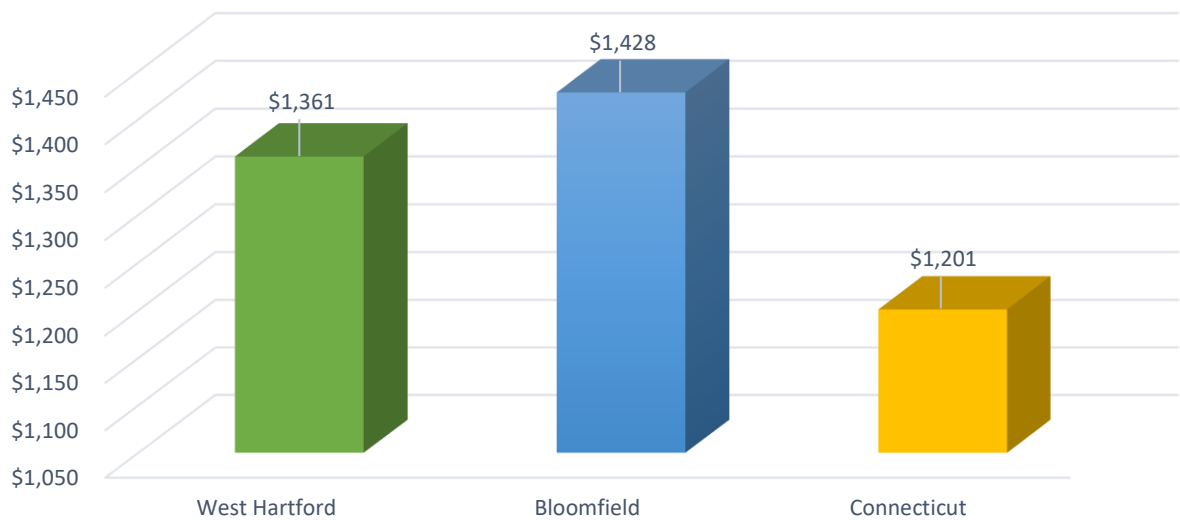
Median Value of Owner-Occupied Housing, 2020



Data Source: U.S. Census Bureau

West Hartford's median home value is greater than that of Bloomfield's, however, Bloomfield's median monthly rental costs are greater than West Hartford's (\$1,428/month and \$1,361/month, respectively), though the gap is not as significant when compared to median home values. Both West Hartford and Bloomfield's monthly rental costs are higher than Connecticut's average monthly rent (\$1,201).

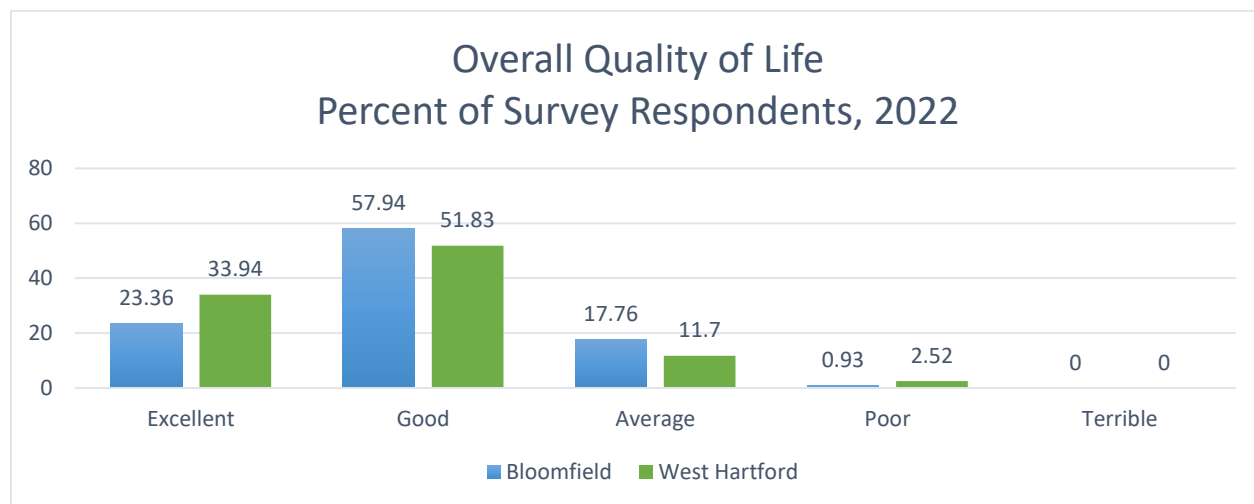
Median Monthly Rental Costs, 2020



Data Source: U.S. Census Bureau

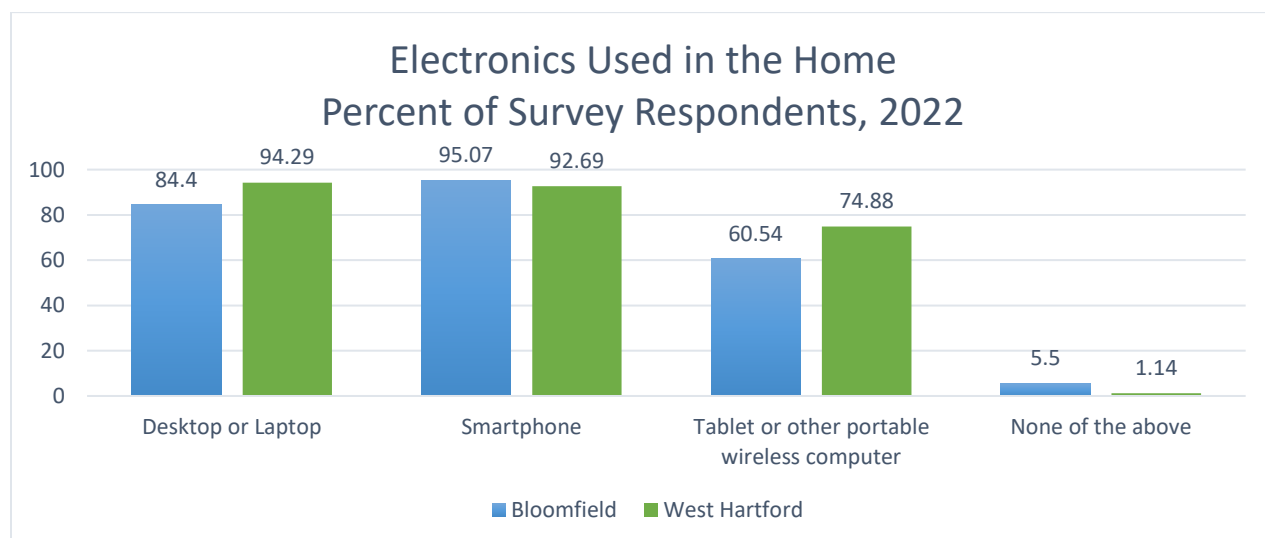
Quality of Life

The majority of community health assessment respondents reported “good” or “excellent” overall quality of life. A greater percentage of West Hartford respondents reported “excellent” overall quality of life (33.9% vs 23.4%), while more Bloomfield residents reported “average” overall quality of life (17.8% vs 11.7%).



Technology

The majority of homes across the health district’s jurisdiction have internet in the home and access to electronic devices. Most respondents reported having a smartphone. However, a greater number of respondents from West Hartford reported having a desktop or laptop computer (94.3%) as compared to a smartphone (92.7%). Among respondents from Bloomfield, 95.1% reported having a smartphone, while 84.4% reported having a desktop or laptop computer. This may be due in part to age distribution of survey respondents. A greater number of respondents from West Hartford reported having a tablet in the home (74.9%) as compared to Bloomfield respondents (60.5%). Respondents from Bloomfield were more likely to report having no access to Internet in the home (6.5%). These differences are likely also due in part to age distribution of survey participants.



Transportation and Environment

The town of Bloomfield has twenty-two parks and playgrounds of varying uses. Most consist of a playground, athletic courts, marked trails, picnic tables, and restrooms. Some are listed as areas of recreational fishing or botanical gardens. Bloomfield offers a mini-bus transportation service that assists residents over the age of 60 that are deemed medically eligible for an annual fee. According to key informants, the town would like to allocate funding to environmental justice through increasing resources for residents to live a healthier life.

The town of West Hartford has eight parks, five of which are major neighborhood parks. Most of these parks have a playground, picnic tables, athletic courts, pools, and restrooms. West Hartford offers various modes of public and private transportation such as Connecticut Transit, Dial-A-Ride, and bicycling routes. According to key informants, there are many sidewalks and the town is actively increasing the number of foot paths and bicycle paths to reduce traffic-related accidents.

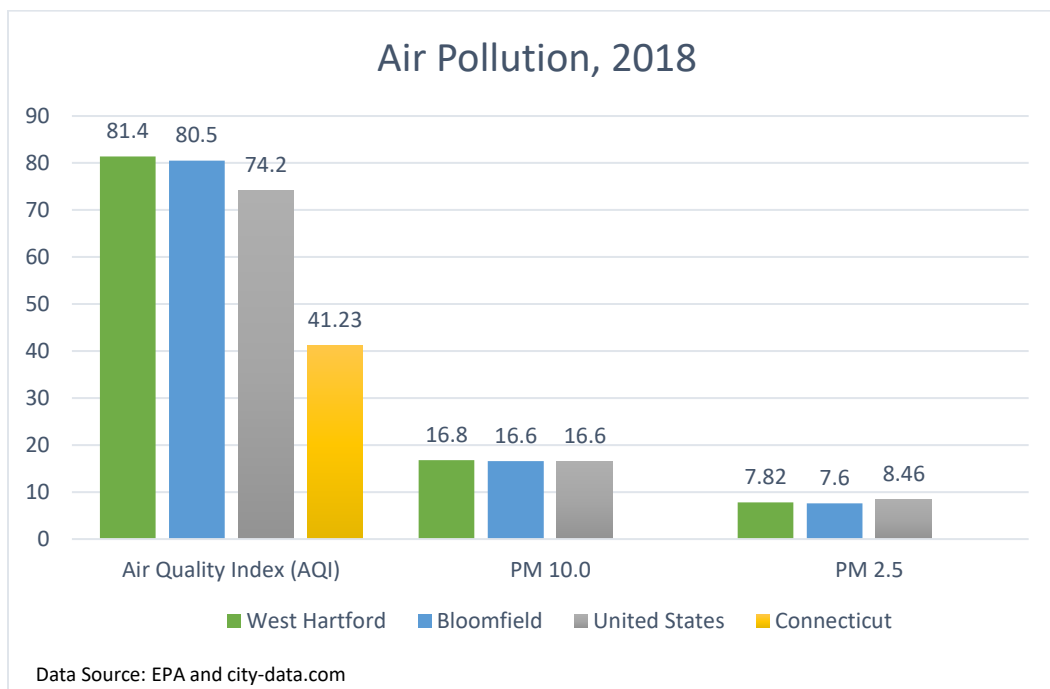
Food Insecurity

Access to foods that support healthy eating patterns plays a role in overall health. Data suggests that increased access to healthy foods is associated with healthier diet and lifestyle. Transportation, travel distance to grocery stores, and affordability all impact access to healthy foods.³ Lower income families more often rely on foods that are low-cost and conveniently accessible, but may be lower in nutritional value.³ Research supports a connection between healthy food accessibility and health outcomes. Residents in areas with easily accessible grocery stores and more full-service restaurants (as compared to fast-food chains) had lower rates of obesity and diabetes.³ In the Town of West Hartford, 6.2% of residents are food insecure and 20.9% of children qualify for free or reduced lunch at school. Among residents of Bloomfield, 9.3% are affected by food insecurity and 49.4% of children qualify for free or reduced lunches. Both towns have a smaller population experiencing food insecurity as compared to Hartford County overall, with 15.9% of residents affected by food insecurity. Data from the Office of Legislative Research indicates that 7% of Connecticut's children became food insecure in 2020 due to the COVID-19 pandemic, and the percent of childhood food insecurity increased among all eight of Connecticut's counties.⁴

Environmental Quality

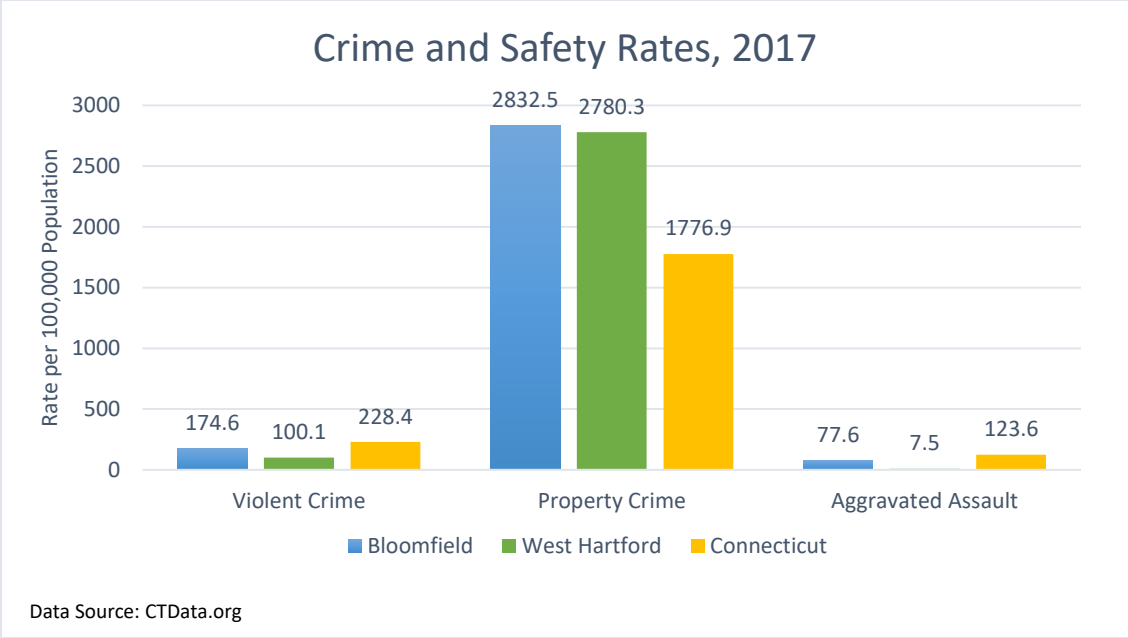
Air pollution, the combination of hazardous constituents, is recognized to be associated with negative health outcomes including oxidative stress, inflammation, latent chronic diseases, and cancer.⁵ The Air Quality Index (AQI) is the United States Environmental Protection Agency's (EPA) index for reporting air quality across the nation and is denoted by values of 0 to 500 where the higher the value, the greater the air pollutant concentration. Data from 2018 suggests that both Towns of Bloomfield and West Hartford experience higher AQI levels than that of state and national values at 80.5, 81.4, 41.23, and 74.2, respectively.⁶ Both towns are categorized by the color yellow, which denotes a "moderate" level of concern where the quality is acceptable but there may be a higher risk for individuals who are sensitive to pollutants.⁷ The AQI consists of five major air pollutants established by the EPA: ground-level ozone, carbon monoxide, sulfur dioxide, nitrogen dioxide, and particulate matter - denoted as PM 2.5 and PM 10.⁷ PM 10 consists of inhalable particles of about 10 micrometers and under in diameter such as dust, pollen, or mold. PM 2.5 consists of fine inhalable particles of about 2.5 micrometers and under in

diameter such as organic compounds or combustion particles.⁸ Data from 2018 indicates both Bloomfield and West Hartford are comparable to that of national values for both PM 2.5 and PM 10.⁹



Crime and Safety

Crime and safety data were compiled from the Federal Bureau of Investigation’s (FBI) Uniform Crime Reporting (UCR) Program where three key crime types were evaluated. Violent crime as defined by the FBI, entails the use of force or threat of force and consists of four major offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime as defined by the FBI, entails destruction of property where there is no use of force or threat of force and consists of four major offenses: burglary, larceny-theft, motor vehicle theft, and arson. Aggravated Assault as defined by the FBI, entails “an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury” and likely involves the use or display of a weapon.¹⁰ In 2017, the rate per 100,000 population in West Hartford for violent crime was 100.1, property crime was 2,780.3, and aggravated assault was 7.5. In the same year, the rate per 100,000 population in Bloomfield for violent crime was 174.6, property crime was 2,832.5, and aggravated assault was 77.6. For the state of Connecticut, the rate of violent crime was 228.4 per 100,000 population, property crime was 1,776.9 per 100,000 population, and aggravated assault was 123.6 rate per 100,000 for the same year.¹¹ Violent crime in the towns of Bloomfield and West Hartford were both lower than that of the state of Connecticut. Rates of property crime in Bloomfield and West Hartford were comparable, however, when compared to the state, the towns saw a rate of 1.59 and 1.56 times higher, respectively. Aggravated assault in the towns of Bloomfield and West Hartford were significantly lower than that of the state of Connecticut, with rates 1.59 and 16.48 times lower, respectively. Rates of aggravated assault in West Hartford were exceptionally low in 2017.



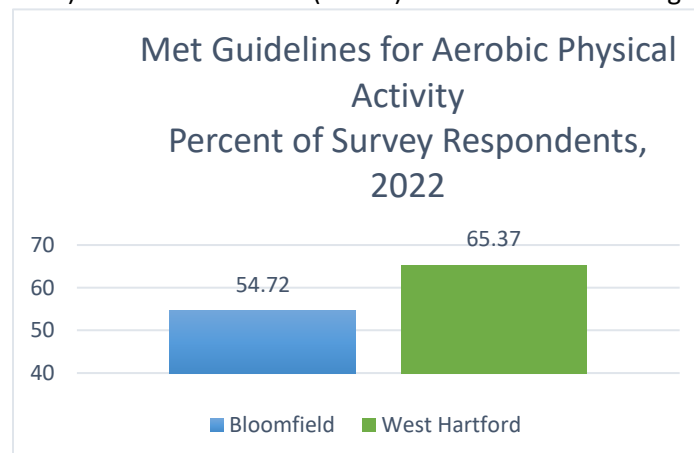
Health Behaviors

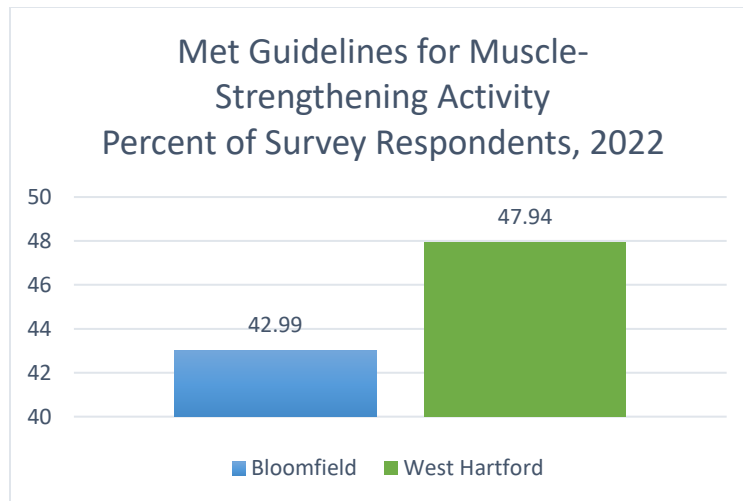
Physical Activity

According to the 2019 Connecticut Behavioral Risk Factor Surveillance System (BRFSS) report, presenting data collected from 2015 to 2018, 87% of adults across all groups report good or better general health and 87.4% report having good physical health. Adults from the health district's jurisdiction report better general health and physical health as compared to Connecticut as a whole, 85.6% of Connecticut residents report good or better general health, while 87% of residents in Bloomfield and West Hartford combined report good or better general health. For Connecticut, 84.8% of individuals report being in good physical health (as compared to 87.4% of Health District residents). Across both towns served by the Health District, younger individuals reported better physical health than older individuals (93.4% for 18 to 44 year olds versus 80.6% for those 65+), males reported slightly better physical health than females (88.5% versus 86.5%), Non-Hispanic white individuals reported slightly better physical health than all other racial groups (88.8% versus 85.4%). Education and income levels were positively correlated with self-reported physical health status.

The U.S. Department of Health and Human Services recommends adults participate in at least 150 minutes per week of moderate intensity or 75 minutes per week of vigorous intensity aerobic physical activity, or an equivalent combination of moderate and vigorous activity in episodes of at least 10 minutes.¹² Additionally, adults are recommended to perform moderate or high intensity muscle-strengthening activities 2 or more days per week.¹² Connecticut BRFSS data states 24.3% of adults meet both aerobic and muscle-strengthening guidelines. Within the health district's jurisdiction, more individuals aged 45 to 64 reported meeting physical activity guidelines (27.7%) as compared to individuals aged 18 to 44 (25.7%) and 65+ (17.6%). Females reported more physical activity (25.9%) versus males (22.6%). A greater percentage of Non-Hispanic white adults reported meeting guidelines (28.7%) when compared to all other racial/ethnic groups (15.6%). Education and income levels also correlate with time spent performing physical activity.

Among community health assessment survey respondents, over 70% indicated they had conducted some type of physical activity in the past 30 days. Respondents from West Hartford reported higher rates of physical activity. Qualitative data from the health assessment survey and BRFSS report indicate adults more likely to participate in the survey are also more likely to meet physical activity guidelines as compared to the general population. More respondents met guidelines for aerobic physical activity from Bloomfield (54.7%) and West Hartford (65.4%) than for muscle-strengthening activity.





Healthy Eating

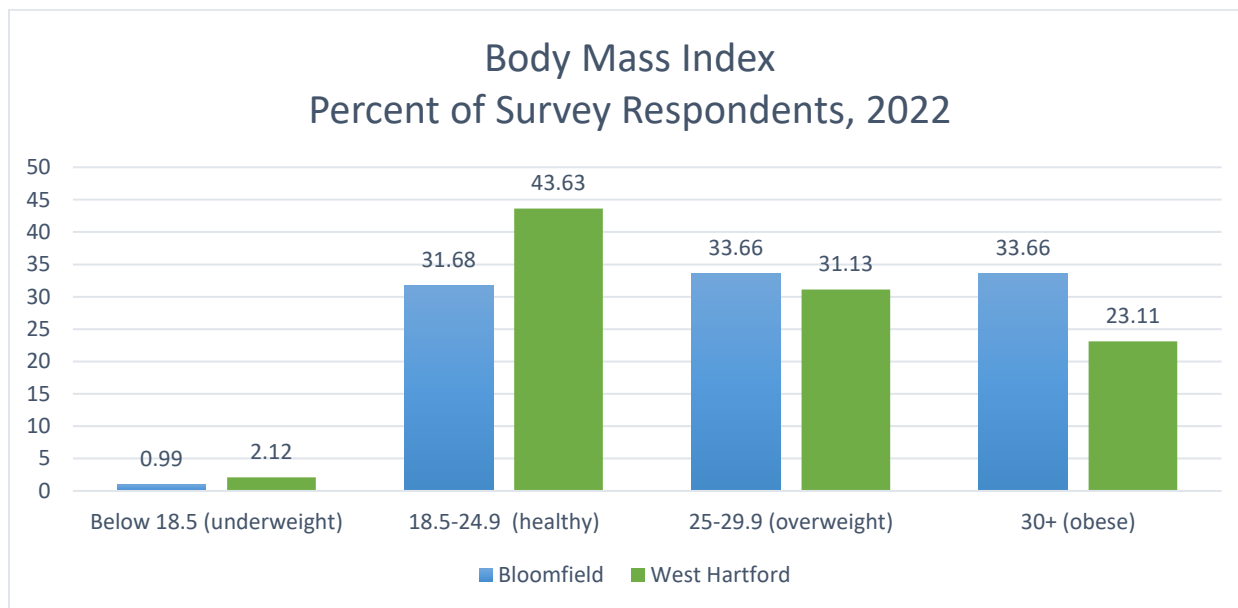
Quantitative data from the BRFSS report indicates residents within the health district’s jurisdiction consume more vegetables (78.7% consume vegetables at least once per day) than fruits (67.6% consume fruits at least once per day). Healthy eating patterns follow those of physical activity across the jurisdiction. Ages 45 to 64 consume more vegetables than the 18 to 44 and 65+ age groups, while fruit consumption correlates with age (adults aged 18 to 44 consume the least and 65+ consume the most). Females consume more fruits and vegetables than males (82.8% and 74.4% report eating vegetables at least once per day, respectively). Non-Hispanic white individuals reported consuming more vegetables (84.1%) than other racial groups (67.4%), however, there was no significant difference of fruit consumption across groups. Individuals reporting higher education levels and income status also reported higher vegetable consumption. However, the opposite was true of fruit consumption; individuals reporting lower education levels and income reported higher levels of fruit consumption as compared to other groups.

Obesity

Overweight and obesity results as a culmination of several factors including genetic, metabolic, behavioral, cultural, environmental, and socioeconomic determinants.¹³ Behavioral and environmental factors are the greatest contributors to overweight and obesity and should be prioritized for preventive interventions and strategies. For many individuals, excess calorie consumption and lack of physical activity influences weight gain. The health consequences of obesity include increased health care costs, social stigmatization, decreased quality of life, lost productivity, and premature death or disability.¹³ Studies have shown an association between obesity and increased risk of chronic diseases including diabetes, hypertension, and coronary artery diseases.¹⁴

Quantitative data from the 2019 Connecticut BRFSS Report and 2022 West Hartford-Bloomfield Health District Community Health Assessment Survey highlights the prevalence of obesity within the state of Connecticut and our communities. Among the towns of Bloomfield and West Hartford combined, 39.5% of residents are considered a healthy weight, whereas 37.3% of all Connecticut residents are a healthy weight. This data supports findings from the community health assessment survey. Body mass index was calculated using reported heights and weights of survey participants. Body mass index (or BMI) is a measure of body fat based on height and weight.¹⁵ Among Bloomfield participants, 31.7% have a healthy

BMI (BMI range of 18.5 to 24.9), 33.7% are classified as overweight (BMI range of 25 to 29.9), and 33.7% are classified as obese (BMI of 30 or above). Among West Hartford respondents, using the traditional BMI scale, 43.6% are at a healthy weight, 31.1% are considered overweight, and 23.1% fall into the category of obese. The rate of adults considered underweight was low across both towns. While studies have shown BMI is significantly correlated with total body fat for most individuals, it is important to note that it is an imperfect measure of physical health, as body composition such as muscle mass is not considered.¹³ Other factors should be taken into account when determining physical fitness.



Substance Use

Complex biological and social determinants influence substance use, and substance use disorders are medical conditions involving the brain. Health issues associated with substance use and misuse are not limited to substance use disorders and affect millions of people each year as a result of motor vehicle accidents, crime, injuries, reduced quality of life, impaired health, and deaths.¹⁶ Substance use refers to the use of alcohol, nicotine, cannabinoids, opioids, depressants, stimulants, or hallucinogens. Substance misuse is the use of alcohol, illegal drugs, or prescribed medications in a way that causes harm to ourselves and/or people around us.¹⁷

Quantitative data from the CT BRFSS found 14.9% of adults at the district-level engage in excessive alcohol drinking, less than the state on average (18.3%). Self-report of excessive drinking decreased significantly among those aged 45 and above. The rate of current cigarette smokers is significantly less for the health district as compared to the state as a whole at 5.5% and 12.9%, respectively. E-cigarettes have become a public health issue, especially among youth. From data collected over 2015 to 2018, 12.6% of adults in the district's jurisdiction reported having ever used an e-cigarette. Among those aged 18 to 44, 24.5% had used an e-cigarette at least once (versus 7.8% of those aged 45 to 64).

Data collected from the community health assessment survey differed significantly from the BRFSS data. Among survey respondents from Bloomfield, 1% reported excessive alcohol use, 3.7% reported smoking cigarettes, cigars, or cigarillos "some days" or "every day", and less than 2% reported vaping "occasionally". These differences are likely observed due to a combination of ages of survey

respondents, increased health awareness among respondents, and/or bias. Among West Hartford respondents, 4.7% reported excessive alcohol use, 1.4% reported smoking cigarettes, cigars, or cigarillos “some days” or “every day”, and 1.4% reported vaping “some days” or “every day”. Very few respondents reported using chewing tobacco from both towns. Approximately 16% of respondents from both West Hartford and Bloomfield indicated they had stopped or quit using tobacco products, including electronic vaping products at some point in time, but not in the last year, while 1% and 2.6% reported quitting in the last 12 months from Bloomfield and West Hartford, respectively. The percentage of respondents indicating they had never used tobacco or vaping products were similar across both towns – 83% for Bloomfield and 81.5% for West Hartford.

In 2018, the rate of substance abuse treatment admissions for West Hartford was 58.9 per 10,000 population and 99.3 per 10,000 for Bloomfield, significantly lower than that for Connecticut with a rate of 141.2 per 10,000 population.

Stress

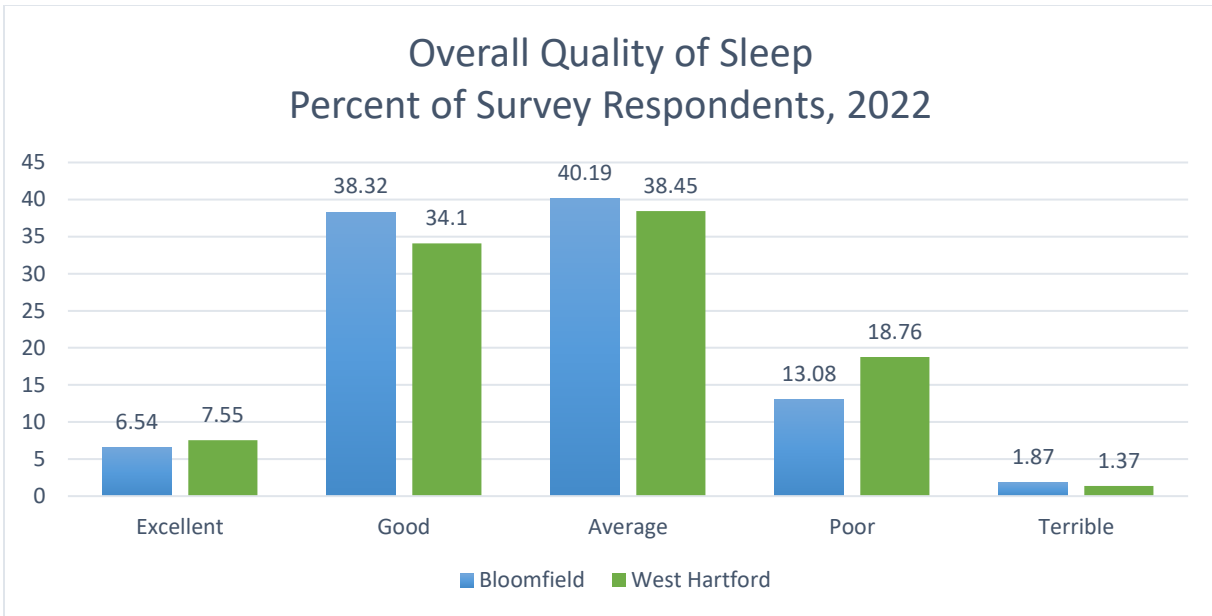
Steroid hormones such as cortisol are essential to immune system regulation and reduction of inflammation, and is normally produced at varying levels throughout the day. These hormones are important in stressful situations where risk of injury is increased.¹⁸ However, prolonged or chronic stress can result in impaired communication between the immune system and the hypothalamic-pituitary-adrenal axis, associated with development of health conditions including chronic fatigue, metabolic disorders, depression, and immune disorders.¹⁸

Among CT BRFSS survey respondents, 87% of adults in Bloomfield and West Hartford combined reported rarely or never stressing about buying groceries or paying for nutritious meals. In the state of Connecticut, 80.3% of adults report rarely or never stressing about paying for meals. Worry or stress about paying for rent and/or mortgage is greater. At the health district level, 74.4% of adults rarely or never stress about paying rent or mortgages, while 68% indicated rarely or never stressing at the state level.

Studies have supported an inverse relationship between stress and physical activity, meaning that stress can impede one’s efforts to be physically active, just as it has a negative influence on other health behaviors such as substance use.¹⁹ At the health district level, 16.5% of individuals report having no leisure time for physical activities, better than the state on average, with 22.7% reporting no leisure time. Younger age groups reported having more leisure time for physical activity as compared to older adults. Significant differences were noted between males (13.7% reported no time for physical activity) and females (19%) as well as non-Hispanic white individuals (13.5%) and other non-white racial and ethnic groups (22.1%).

Sleep

Qualitative data obtained from the community health assessment survey shows the majority of respondents report “good” or “average” quality of sleep. A small percentage of respondents reported “excellent” sleep quality from both Bloomfield (6.5%) and West Hartford (7.6%), while 15% of respondents from Bloomfield and 20.1% from West Hartford reported “poor” or “terrible” sleep quality.



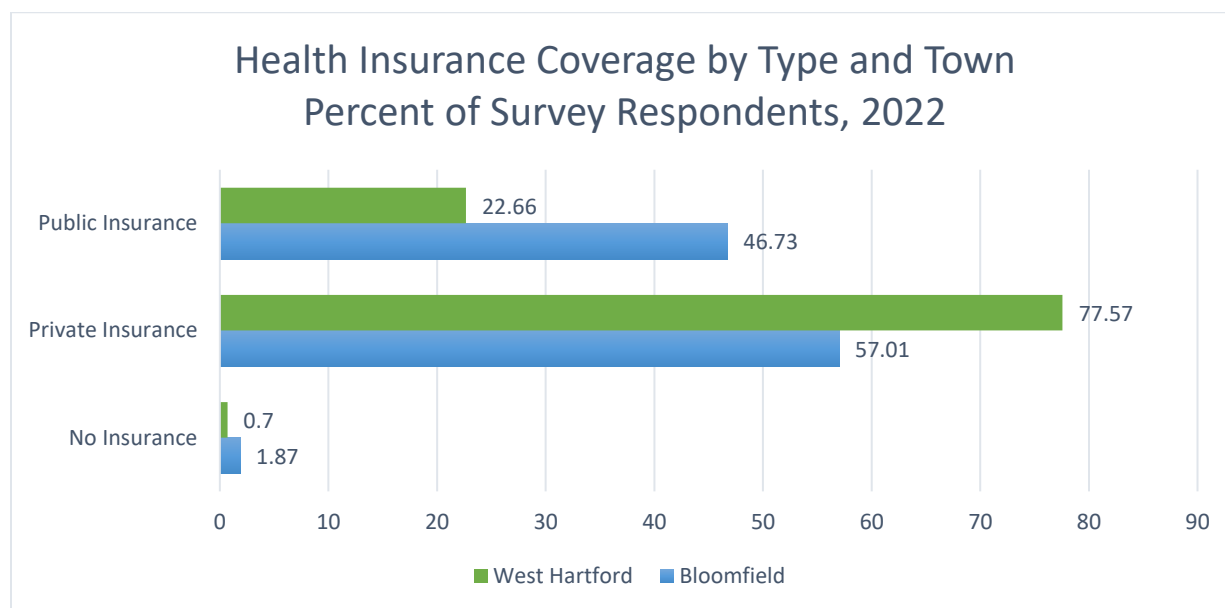
Among respondents reporting hours of sleep per night, 26.4% from Bloomfield and 42.9% from West Hartford indicated regularly sleeping seven to eight hours per night. Six to seven hours of sleep per night was reported by 25.5% of Bloomfield’s respondents and 30.6% of West Hartford’s respondents. Five to six hours of sleep per night was reported by 26.4% of Bloomfield’s respondents and 14.6% of West Hartford’s respondents. Eight to nine hours of sleep per night was reported by 10.4% of respondents from Bloomfield and 7.3% from West Hartford. Small percentages were reported for those regularly sleeping fewer than five hours and greater than nine hours across both towns. It is interesting to note the higher percentage of people from West Hartford reporting more hours of sleep per night, on average, as compared to Bloomfield. Higher percentages were observed across the seven to eight and eight to nine hours per night categories for weekends, as compared to weekdays, for both towns.

Sleep data from the CT BRFSS survey was reported as percentages of individuals reporting “adequate sleep”, meaning sleeping 8 or more hours per night, on average. Significantly less respondents at the health-district level reported adequate sleep (17.8%) as compared to the state (34.9%). Younger age groups reported less sleep (14.5% of 18 to 44 year olds reported 8 or more hours of sleep per night, on average) than older age groups (22.2% of 65+), females reported more adequate sleep (19.2%) than males (16.2%). There were no significant differences in reported sleep across income or racial groups, however, people with a high school education or less reported more sleep (24.1%) than people with higher educational attainment (15.5%).

Health Care Access and Utilization

Health Insurance

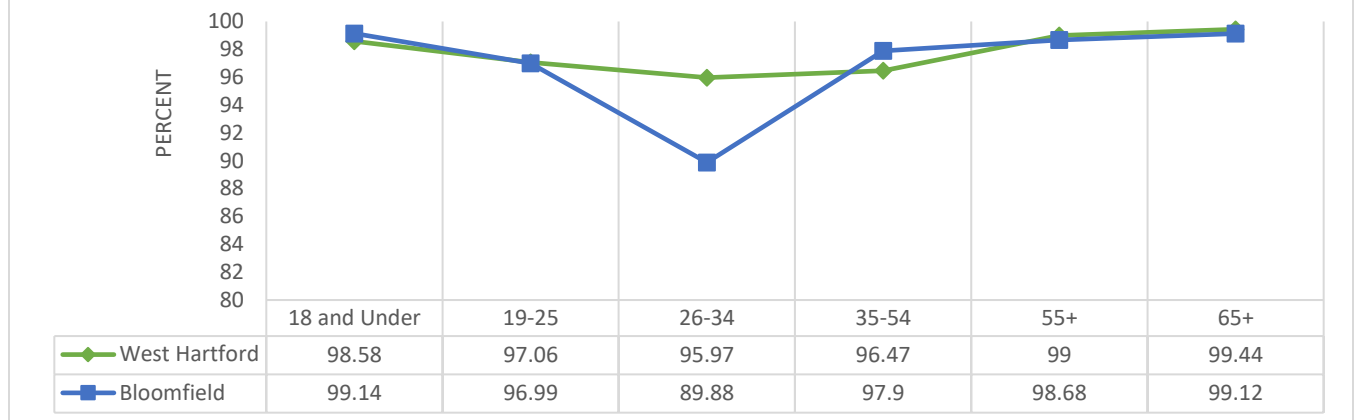
Public health insurance is insurance that is subsidized or paid for by state or federal governments. Private health insurance is offered by a private entity, paid for in part or entirely by the individuals receiving coverage. Coverage includes individuals who have coverage through a spouse or family member. Private insurance was most commonly reported, with 77.57% of community health assessment respondents in West Hartford and 57.01% of respondents in Bloomfield reporting private insurance for their primary health insurance coverage. Public insurance covers 22.66% and 46.73% of respondents of West Hartford and Bloomfield, respectively. The percentage of individuals and families reporting having no insurance coverage is low among West Hartford and Bloomfield (0.7% and 1.87%, respectively).



The most common primary sources of health insurance in West Hartford are employer-based coverage (55.07% of respondents) and Medicare (36.86%). In Bloomfield, the most common primary sources of health insurance are Medicare (58.34% of respondents) and employer-based coverage (32.41%). This is reflective of the age of the population across both towns. Other sources of health insurance include private, non-governmental plans, Medicaid, and state or government-sponsored plans.

To eliminate bias associated with limited sample sizes of specific age groups of survey respondents, the Health District has included percentages of people with health insurance coverage by age group from data collected in 2018 and presented in the 2020 ALICE Report for Connecticut. ALICE stands for Asset Limited, Income Constrained, Employed.²⁰ Across both towns, individuals 18 and under as well as individuals 55 and above have the highest rates of insurance coverage (at least 98.58% coverage). The age group 26 to 34 had the lowest rates of coverage across both West Hartford and Bloomfield (95.97% coverage and 89.88% coverage, respectively).

HEALTH INSURANCE COVERAGE BY AGE GROUP AND TOWN, 2018



Data Source: ALICE Report, 2020

Dental Services

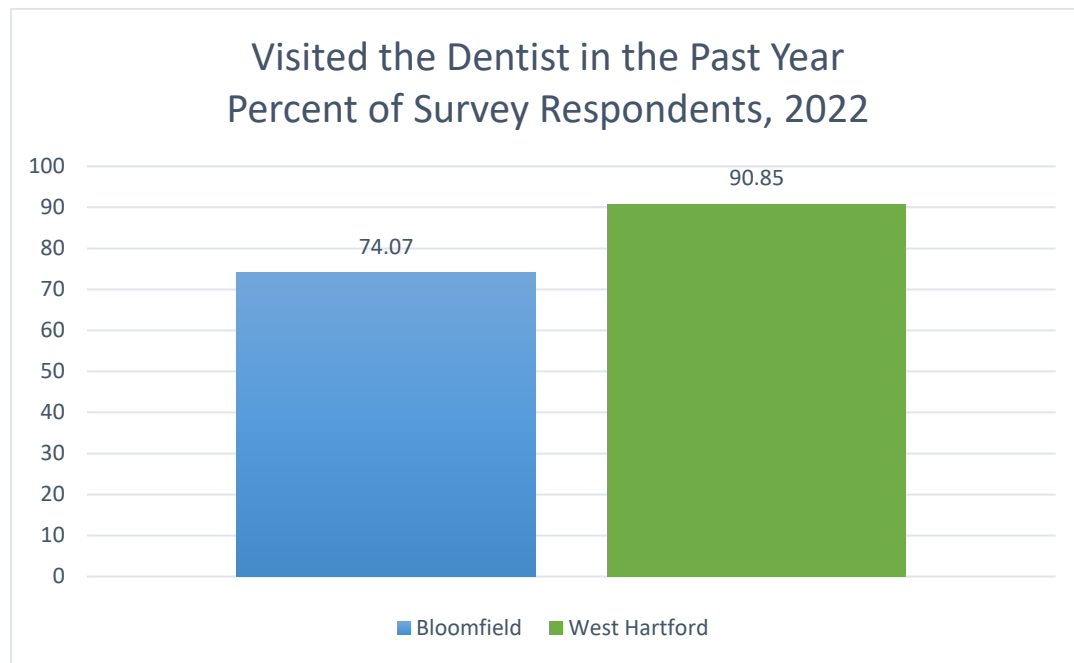
Oral health is critical for overall health. Good oral health fosters the ability to speak, smile, smell, taste, chew, swallow, and express facial emotion.²¹ Health behaviors impacting oral health include tobacco use, excessive alcohol use, and poor diet. Barriers to preventive interventions and treatment services may include limited access to services, lack of awareness, cost, and fear of procedures.²¹ Combined, these factors may lead to cavities or oral diseases, resulting in discomfort and disability. Epidemiological studies have exposed an association between underlying health conditions such as diabetes and cardiovascular disease and increased risk of periodontal diseases.²² Both animal and population-based studies have elucidated the association between periodontal disease and adverse pregnancy outcomes.²²

Oral health across the United States population improved significantly between 1988 and 1994 and again between 1999 and 2004 through community, public health, and medical delivery system interventions.²³ These interventions include community water fluoridation (which has been shown to prevent tooth decay by 18 to 40%) and dental sealants, which have been effective in preventing up to 80% of tooth decay.²¹

Data collected from 2015 to 2018 and reported in the 2019 CT BRFSS report demonstrates analogous use of dental services across the state of Connecticut and the towns of Bloomfield and West Hartford. Among Connecticut residents, 77.2% had visited the dentist in the past year and 77.3% of people living within the health district's jurisdiction had visited the dentist in the past year. There were no significant differences for regular dentist visits among the 18 to 44 and 45 to 64 year age groups (76.3% and 74.5% had visited a dentist in the last year, respectively). However, the percentage of people visiting the dentist regularly was higher among those 65+ (82.7%). There were no significant differences between males and females. Across the health district's jurisdiction, significant gaps in regular dental services were seen among minority racial groups, 66.5% reported visiting the dentist in the last year as compared to Non-Hispanic white people (85.5%), people who had a high school education or less (61.8% reported visiting the dentist in the last year versus 83.3% with more than a high school education), and among

individuals living in poverty (52.3% visited the dentist in the past year, as compared to 87.8% of people with an income over \$75,000 per year).

When breaking down regular use of dental services by town, a greater percentage of survey respondents from West Hartford indicated having visited the dentist in the past year (90.9%) than Bloomfield respondents (74.1%).



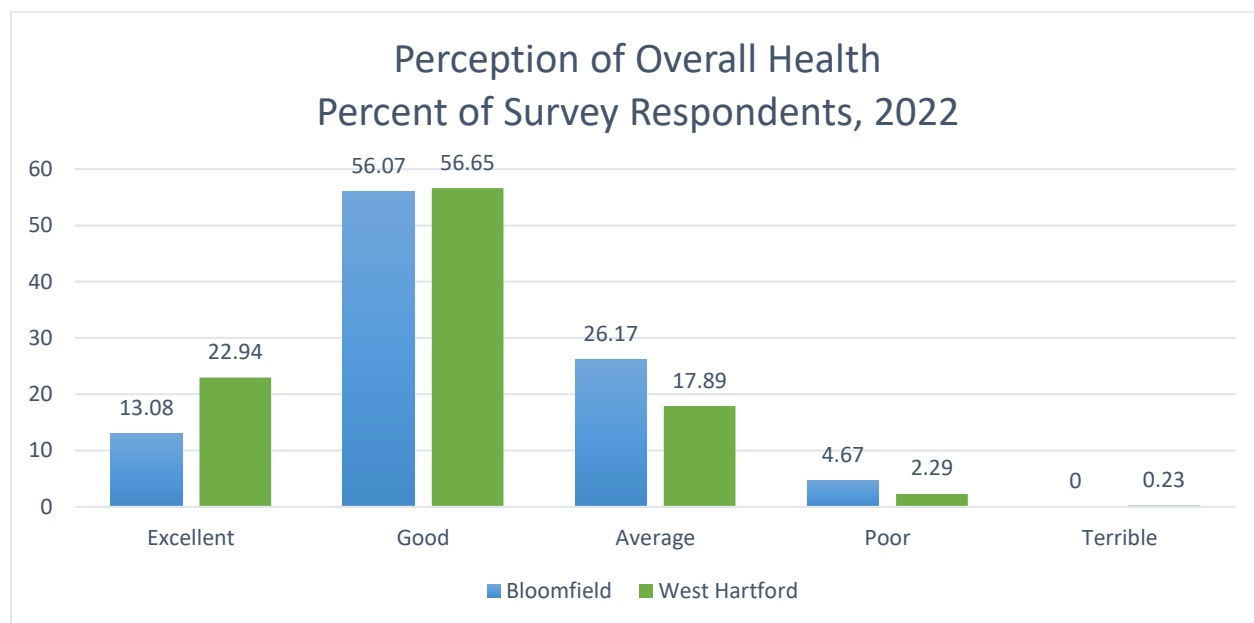
Check-Ups and Primary Care

Bloomfield, West Hartford, and Connecticut as a whole have high rates of routine primary care. The percent of community health assessment survey respondents reporting seeing a healthcare provider for an annual checkup or otherwise were similar across both towns (90%) as well as the state (89.2%). CT BRFSS data reported similar findings, with 90.8% of respondents reporting a routine check-up in the last year. Less than 2% of health district survey respondents from Bloomfield and West Hartford reported their last check-up visit as five or more years ago.

Health Outcomes/Death, Injury, & Illness

Perceived Health Status

Quantitative data collected from the health district's community health assessment supports positive perceptions of overall health among residents. In Bloomfield, 69.2% of respondents indicated their perception of their overall health is "good" or "excellent". Similarly, 79.6% of West Hartford respondents selected "good" or "excellent". Less than 5% of respondents from each town reported "poor" or "terrible" overall health.



As earlier stated, when comparing to 2019 CT BRFSS data, adults from the health district's jurisdiction reported slightly better general health and physical health as compared to Connecticut as a whole, 85.6% of Connecticut residents report good or better general health, while 87% of residents in Bloomfield and West Hartford combined report good or better general health.

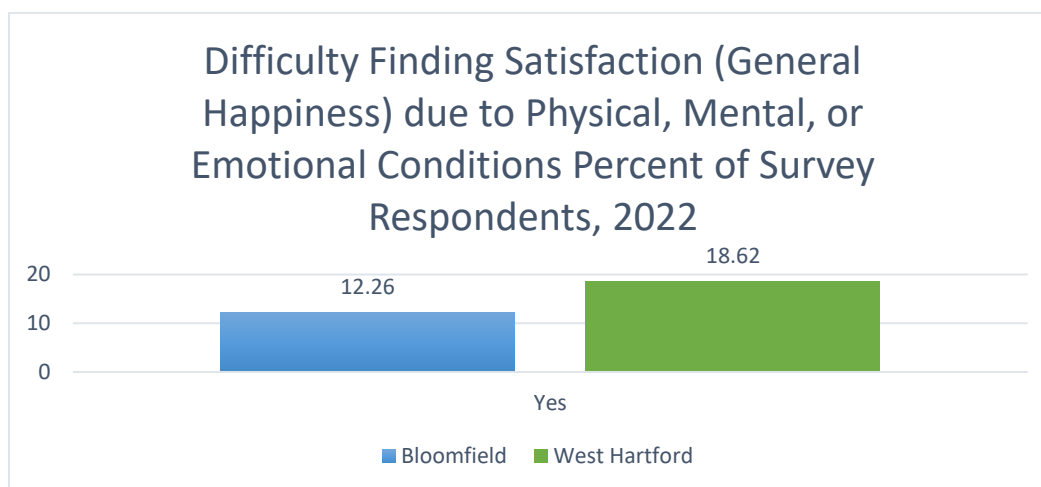
Mental Health

Mental health encompasses emotional, psychological, and social wellbeing, determined by a range of socioeconomic, biological, and environmental factors affecting how people think, feel, and act.²⁴ Mental and physical health are both important to overall health and quality of life. Mental health conditions such as depression can increase the risk of physical conditions including diabetes, heart disease, and stroke.²⁵ The presence of chronic conditions can also increase the risk for mental illness.²⁶ Mental illness and mental health are not the same – a person experiencing poor mental health may not have a mental illness. People with mental illnesses can also experience physical, mental, and social wellbeing.²⁵

People may experience poor mental health when under circumstances that exceed their resources and/or ability to cope, such as when experiencing economic hardship or caring for an ill relative.²⁵ Many factors may contribute to mental illness including trauma or abuse, chronic medical conditions, chemical imbalances and biological factors, social isolation, or substance use.²⁵ According to data provided by the Centers for Disease Control and Prevention, more than half of people in the United States will be

diagnosed with a mental illness or disorder in their lifetime, and 1 in 5 Americans will experience a mental illness in a given year.

Among health district survey respondents, 12.3-18.6% reported having difficulty being generally happy due to physical, mental, or emotional conditions or circumstances. It is important to note that this data provides feelings of satisfaction at a point in time, and is subject to recall and social desirability bias.



When asked to consider the number of days one is impacted by stress, depression, or problems with emotions, approximately 50% of respondents from each town reported zero while nearly 20% reported one to four days. Among Bloomfield respondents, 18% reported poor mental health five to fifteen days per month, while 25% from West Hartford reported the same range. Less than 10% of respondents from each town reported having poor mental health more than half of days per month.

Overall, respondents indicated feeling sad, blue, or depressed more days than they reported being impacted by stress, depression, or problems with emotions. Again, about 50% reported feeling sad, blue, or depressed zero days, while 25% reported one to four days. More residents from West Hartford reported feeling sad, blue, or depressed five to fifteen days per month (32%) as compared to Bloomfield respondents (23%). Those reporting feeling sad, blue, or depressed more than half of the days per month accounted for less than 5% of respondents among each town.

When asked to consider the number of days one feels worried, tense, or anxious, 36% and 27% of Bloomfield and West Hartford's respondents reported zero, respectively. Nearly 27% of respondents from Bloomfield and 30% of respondents from West Hartford reported feeling worried, tense, or anxious one to four days per month while 22.5% and 31.2% reported five to fifteen days per month from Bloomfield and West Hartford, respectively. About 25% of respondents among both towns reported feeling worried, tense, or anxious more than half the days over the last month, at the time of response.

Qualitative data from the 2019 CT BRFSS suggests higher percentages of positive mental health across the health district's jurisdiction (87.5% reporting good mental health) than Connecticut (83.8%). Self-report for good mental health was positively correlated with age, with 93.9% of individuals 65+ reporting good mental health, 88.9% of those aged 45 to 64, and 82.2% of those ages 18 to 44. No significant differences were noted across racial groups or genders. However, income levels were also positively correlated with positive mental health self-report (90.9% for those earning over \$75,000 per

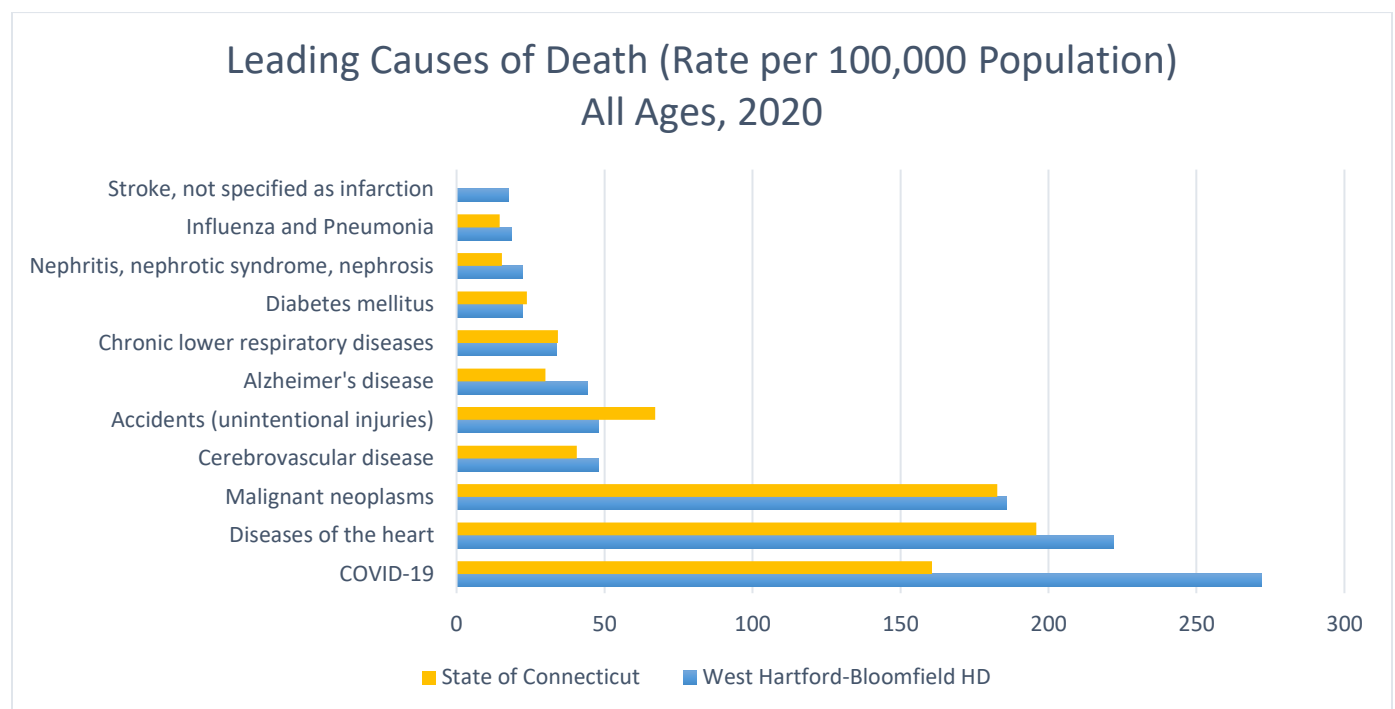
year versus 74.4% for those earning under \$35,000 per year). The sample size was too small for a valid comparison across levels of educational attainment.

According to CT BRFSS data collected from 2015 to 2018, 15.8% of adults at the health district level reported having depression, similar to the state at 16.7%. Within the health district's jurisdiction, females are impacted by depression more than males (18.1% versus 13.2%), Non-Hispanic Whites (19.4%) as compared to non-white racial and ethnic groups (8.8%), and those of lower income status (22.8%) versus higher income status (13.4%).

In 2018, the rate of mental health treatment admissions was 60 per 10,000 population in West Hartford, 157 per 10,000 in Bloomfield, and 134.1 in Connecticut, for comparison.

Leading Causes of Death, All

Quantitative data indicates the leading causes of death among all ages in both Bloomfield and West Hartford combined are diseases of the heart, malignant neoplasms, cerebrovascular disease, and unintentional injuries. For the year 2020, COVID-19 was the leading cause of death among residents in the combined population of Bloomfield and West Hartford for all ages. The death rate among West Hartford-Bloomfield residents due to COVID was significantly higher than that of Connecticut as a whole (272.1 versus 160.6 per 100,000 population). This is due in part to an older population in the towns served by the Health District and a large number of assisted and long-term care facilities, as compared to the state's demographics as a whole. Data for strokes, not specified as infarction, was not available at the state-level for comparison.

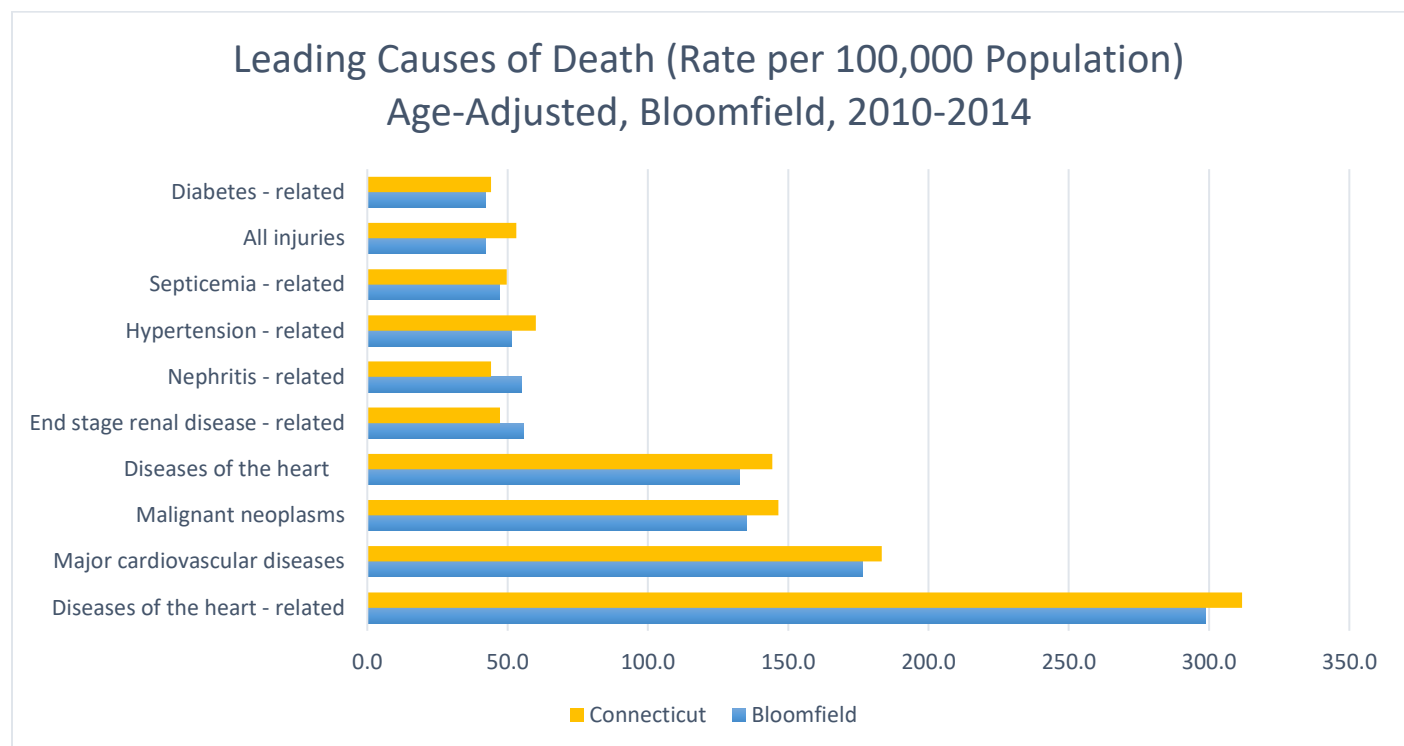


Leading Causes of Death (Deaths per 100,000 Population), All Ages, 2020		
	West Hartford-Bloomfield HD	State of Connecticut
COVID-19	272.1	160.6
Diseases of the heart	221.9	195.9
Malignant neoplasms	185.7	182.7
Cerebrovascular disease	47.9	40.6
Accidents (unintentional injuries)	47.9	67.1
Alzheimer's disease	44.4	30
Chronic lower respiratory diseases	33.9	34.2
Diabetes mellitus	22.2	23.8
Nephritis, nephrotic syndrome, nephrosis	22.2	15.3
Influenza and Pneumonia	18.7	14.6
Stroke, not specified as infarction	17.5	Data not available

Data Source: Connecticut Department of Public Health Mortality Statistics *Provisional 2020 Data

Leading Causes of Death, Bloomfield

Quantitative data indicates the leading causes of death, adjusted for age, in the town of Bloomfield are diseases of the heart and related to diseases of the heart, major cardiovascular diseases, malignant neoplasms, and end stage renal disease-related complications. After adjusting for age, the rate of deaths due to accidents significantly decreases and is no longer a leading cause of death. However, death due to all injuries is included as a top ten cause of mortality (with a rate of 42.3 per 100,000 population). When adjusting for age, mortality rates for Bloomfield are slightly lower than that for the state for all causes except end stage renal disease-related deaths and nephritis-related deaths. Leading causes of mortality in Bloomfield are similar to those in West Hartford. However, diabetes is a leading cause of death in Bloomfield (whereas it is not in West Hartford), and chronic lower respiratory disease-related conditions are among the top ten causes of mortality in West Hartford (and is not on the top ten list in Bloomfield). The rate of deaths due to all injuries is significantly greater in Bloomfield as compared to West Hartford (42.3 versus 31.9 per 100,000 population, respectively). However, death rates due to all injuries in Bloomfield is less than that of Connecticut as a whole.



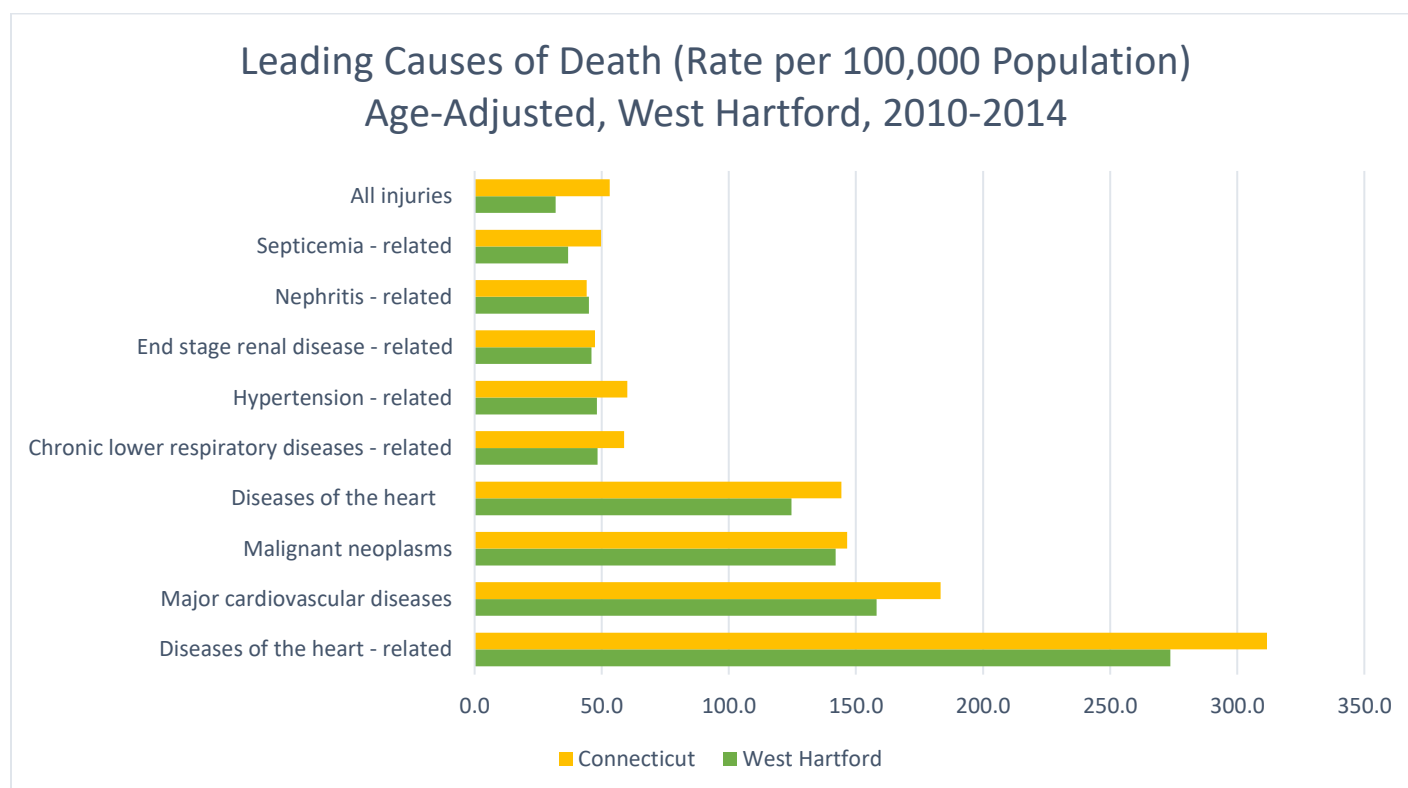
Leading Causes of Death (Deaths per 100,000 Population), Age-Adjusted, Bloomfield, 2010-2014		
	Bloomfield	Connecticut
Diseases of the heart - related	298.6	311.7
Major cardiovascular diseases	176.6	183.3
Malignant neoplasms	135.2	146.5
Diseases of the heart	132.7	144.3
End stage renal disease - related	55.8	47.3

Nephritis - related	55.0	44.1
Hypertension - related	51.3	60.1
Septicemia - related	47.2	49.7
All injuries	42.3	53.1
Diabetes - related	42.2	44.1

Data Source: Connecticut Department of Public Health Mortality Statistics, 2010-2014 *Most recently available AAMR

Leading Causes of Death, West Hartford

Quantitative data indicates the leading causes of death, after adjusting for age, in the town of West Hartford are diseases of the heart and those related to diseases of the heart, major cardiovascular diseases, malignant neoplasms, and chronic lower respiratory disease-related conditions. Mortality rates, after adjusting for age, are lower than that for the state in West Hartford for all causes of death except those in which are nephritis-related, which closely mirrors the state's rates (44.9 versus 44.1 per 100,000 population, respectively).



Leading Causes of Death (Deaths per 100,000 Population), Age-Adjusted, West Hartford, 2010-2014		
	West Hartford	Connecticut
Diseases of the heart - related	273.6	311.7
Major cardiovascular diseases	158.1	183.3
Malignant neoplasms	142.1	146.5
Diseases of the heart	124.6	144.3
Chronic lower respiratory diseases - related	48.4	58.8

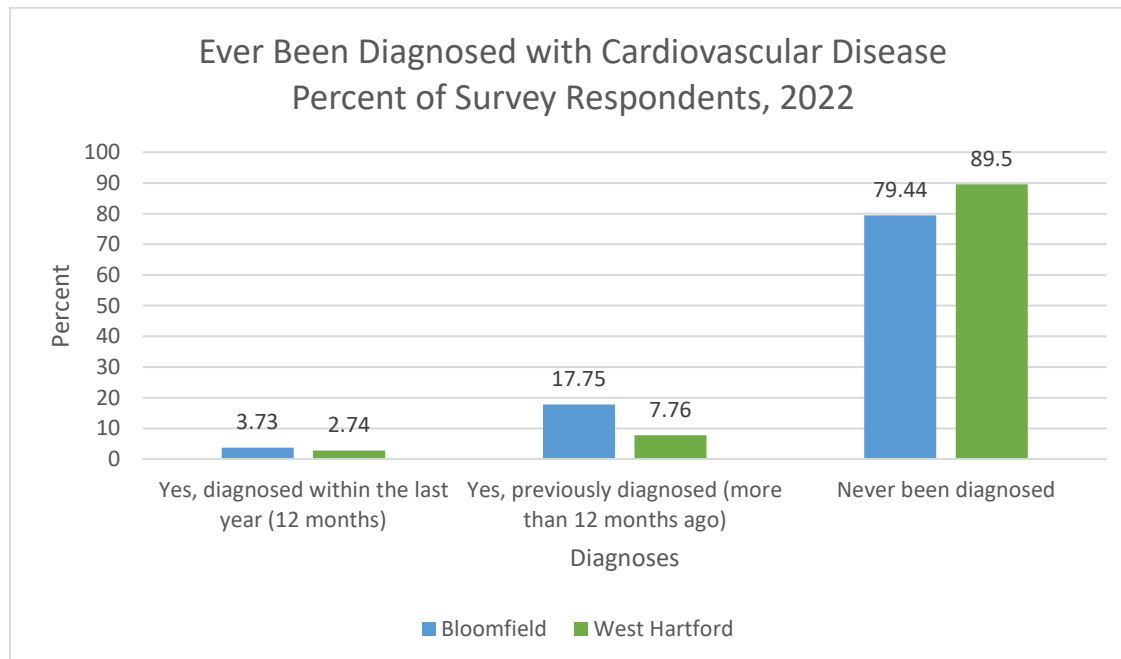
Hypertension - related	48.1	60.1
End stage renal disease - related	45.9	47.3
Nephritis - related	44.9	44.1
Septicemia - related	36.8	49.7
All injuries	31.9	53.1

Data Source: Connecticut Department of Public Health Mortality Statistics, 2010-2014 *Most recently available AAMR

Chronic Disease

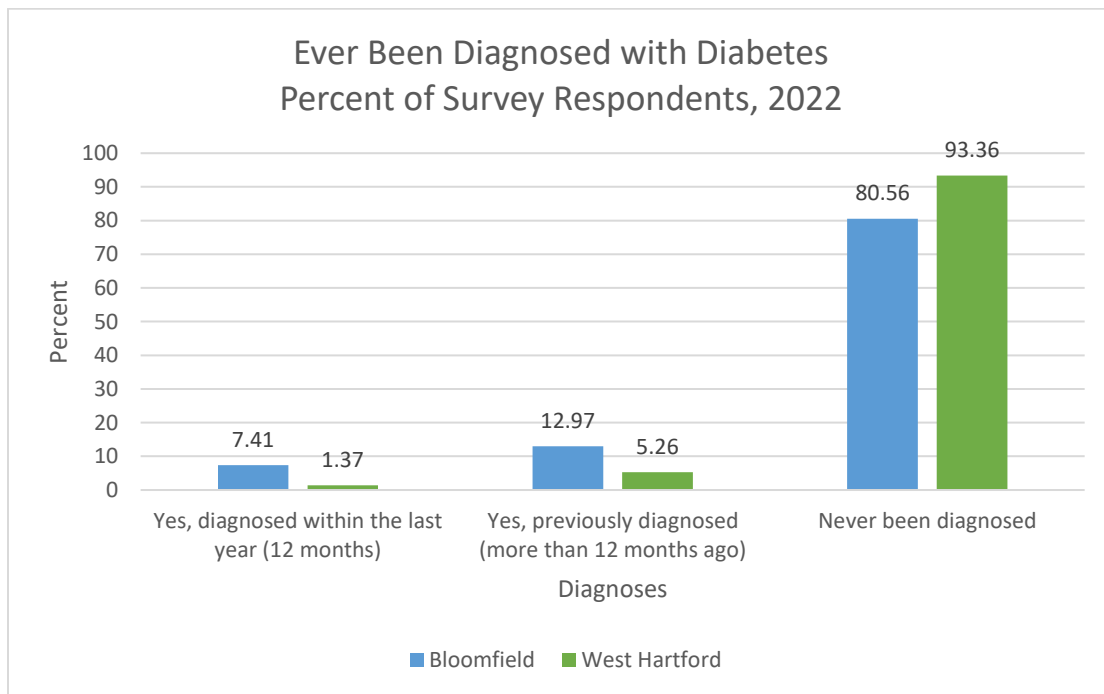
Cardiovascular Disease

The number one cause of death globally is cardiovascular disease (CVD), accounting for over 10 million fatalities annually.²⁷ While CVD has a high burden globally, it can be prevented through positive lifestyle changes by attending to contributing behavioral risk factors that precede CVD.²⁸ In 2021, CVD affected approximately 198,000 adults, in 2019 accounted for 11% of all inpatient hospitalizations, and in 2019 accounted for nearly 23% of all fatalities in the state of Connecticut.²⁹ This burden is elucidated through qualitative CT 2019 BRFSS data, where 7.3% of the jurisdiction's population reported having been diagnosed with cardiovascular disease, similar to that of the state of Connecticut (7.4% of the overall population). Among health district community health assessment survey respondents, 17.8% and 7.8% of respondents from Bloomfield and West Hartford, respectively, indicated having been diagnosed with cardiovascular disease at some point in time, over twelve months ago. Small percentages of respondents from each town reported having a CVD diagnosis within the past year, at the time of response.



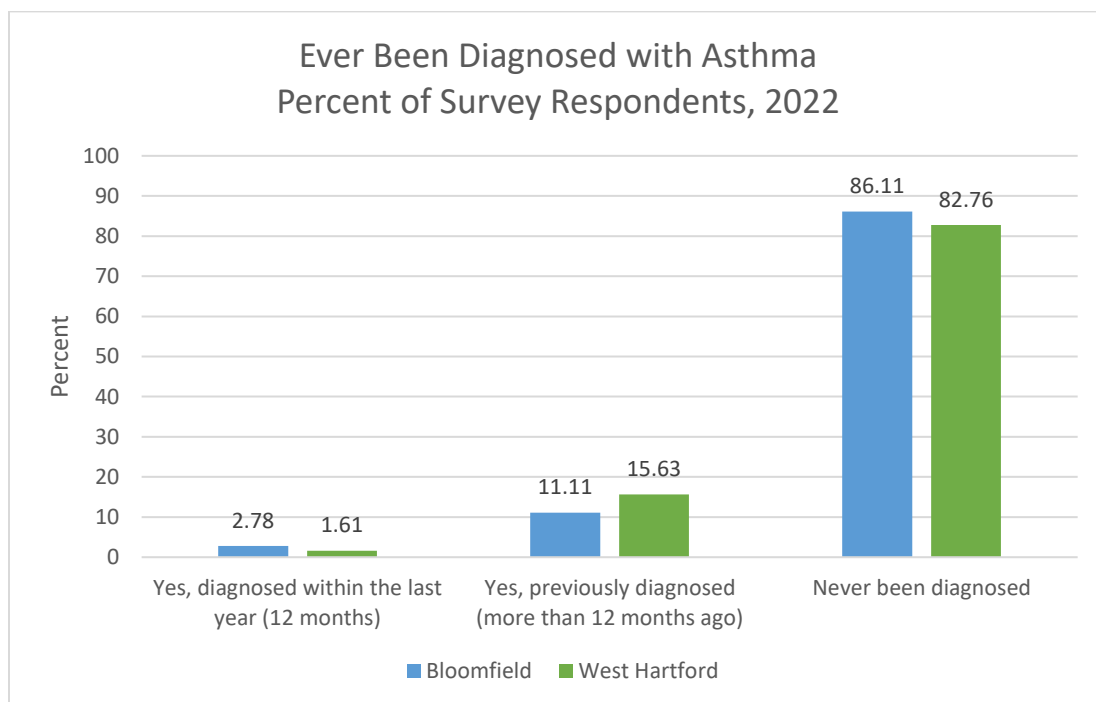
Diabetes

Diabetes is the seventh leading cause of death in the United States, affecting 37.3 million adults where one of five are living without a diagnosis.³⁰ According to BRFSS data collected from 2015 to 2018, 8.2% of all Bloomfield and West Hartford residents reported having been diagnosed with diabetes, slightly lower than that for the state of Connecticut as a whole (9.3%). Data from the Connecticut Diabetes Surveillance System shows that as of 2019, approximately 19,500 new cases are diagnosed annually.³¹ Data from the same report indicates there were over 111,000 emergency department visits and 80,374 hospital discharges related to diabetes in 2018.³¹ Among 2022 survey respondents, ~13% and 5.3% of adults self-reported having a diagnosis of diabetes at some point in time, more than twelve months ago, in Bloomfield and West Hartford, respectively. A small percentage of respondents reported having a diagnosis within the past year in Bloomfield (7.4%) and West Hartford (1.4%).



Asthma

Asthma affects 7.8% of the United States population, impacting both children and adults.³² Both biological and environmental factors including pollution, tobacco exposure, and allergens may impact asthma prevalence and outcomes. In Connecticut, hospitalization discharges with asthma as the primary diagnosis was 6.1 per 10,000 population for 2019, where children accounted for the majority of cases.³³ The rate of emergency department visits due to asthma-related complications in Connecticut for 2019 was 48.9 per 10,000 population, children also representing the majority of cases.³³ According to 2019 CT BRFSS data, 9.6% of health district jurisdiction residents live with asthma, slightly lower than that of the state's overall population (10.4%). Among 2022 community health assessment survey respondents, 11.1% and 15.6% reported having previously been diagnosed with asthma (over twelve months ago). A small percentage of respondents from Bloomfield (2.8%) and West Hartford (1.6%) indicated having an asthma diagnosis within the last year.

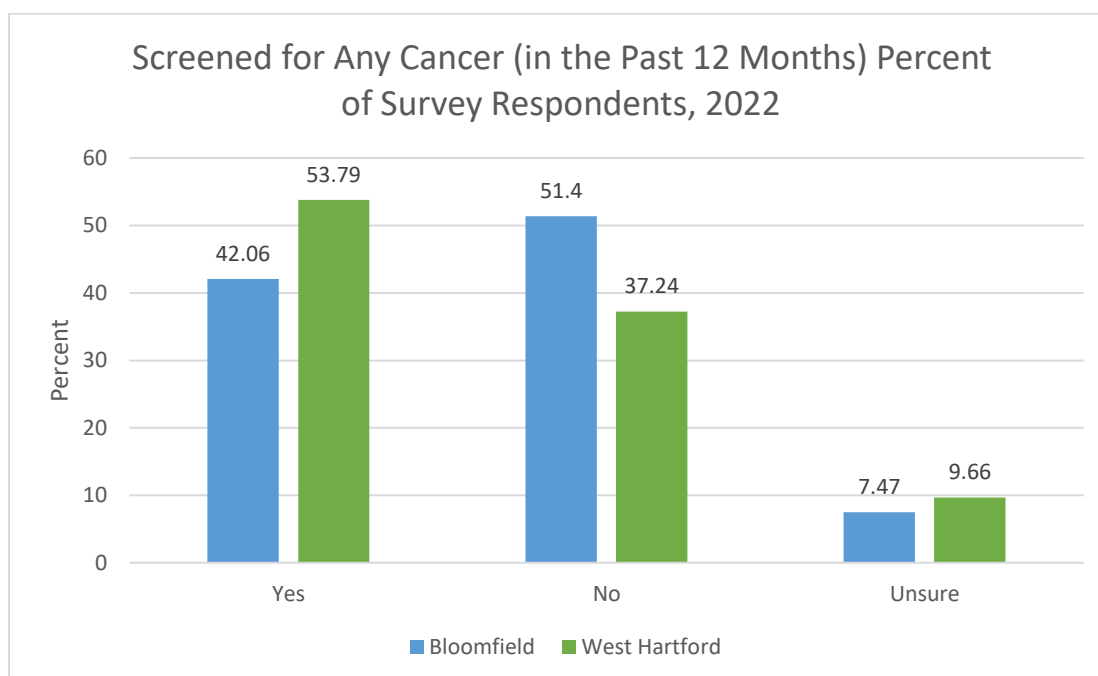


Cancer

Cancer is a term used to describe an array of diseases in which abnormal cells grow beyond their usual boundaries and invade adjoining body parts or organs. Cancer is a leading cause of death globally, accounting for one in six deaths in 2020.³⁴ The most common types of cancer are breast, lung, colon, rectal, and prostate cancers.³⁴ According to the Centers for Disease Control and Prevention (CDC), for every 100,000 people, 436 new cases of cancer would be diagnosed and would further claim the lives of 149 individuals.³⁵ Approximately one-third of cancer-related deaths are associated with behavioral risk factors, including substance use, obesity, lack of fruit and vegetable consumption, and lack of physical activity.³⁴ Between 30% and 50% of cases can be prevented through positive lifestyle changes.³⁴ Fortunately, many cancers can be effectively treated if detected early. Screening and early detection may result in increased survivability and lower long-term treatment costs.

According to 2019 CT BRFSS data, 14.3% of health district jurisdiction residents reported a diagnosis of any type of cancer, slightly higher than that of the state's population as a whole (11.7%).

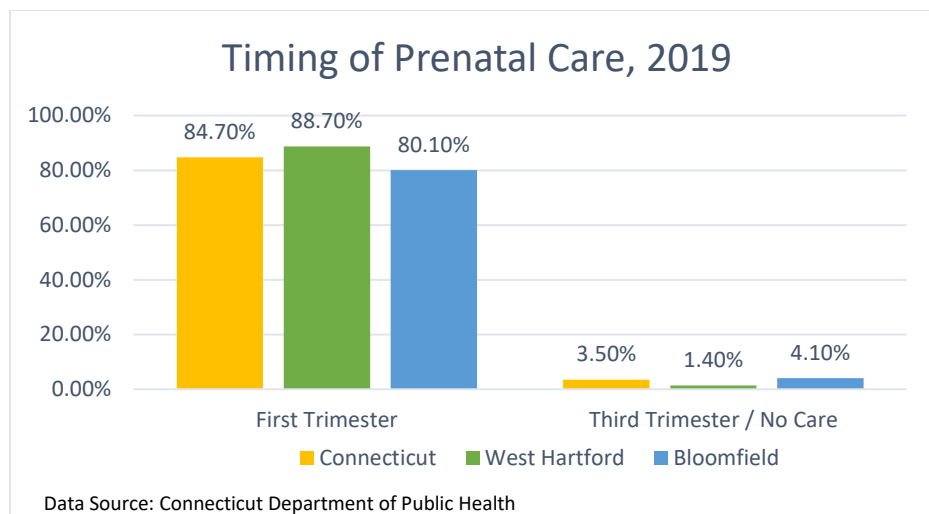
The most common types of cancers reported by respondents in the community were breast, melanoma and prostate cancers. Approximately half of health district survey respondents reported having been screened for any type of cancer in the past year, at the time of survey completion.



Maternal and Child Health

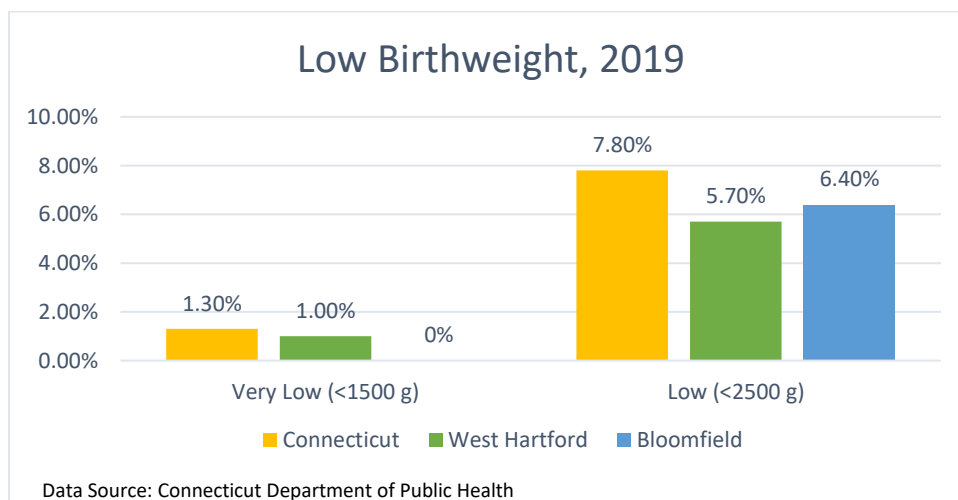
Prenatal Care

Prenatal care is fundamental for positive maternal and child health outcomes. Initiation of prenatal care within the first trimester of a pregnancy paired with regular physician visits can assist in the early detection and mitigation of adverse outcomes.³⁶ Quantitative data indicates that the majority of new mothers in Connecticut, West Hartford, and Bloomfield seek out prenatal care in the first trimester at 84.70%, 88.70%, and 80.10%, respectively. Less than 5% of new mothers sought out prenatal care in the third trimester or not at all across both towns and the state.



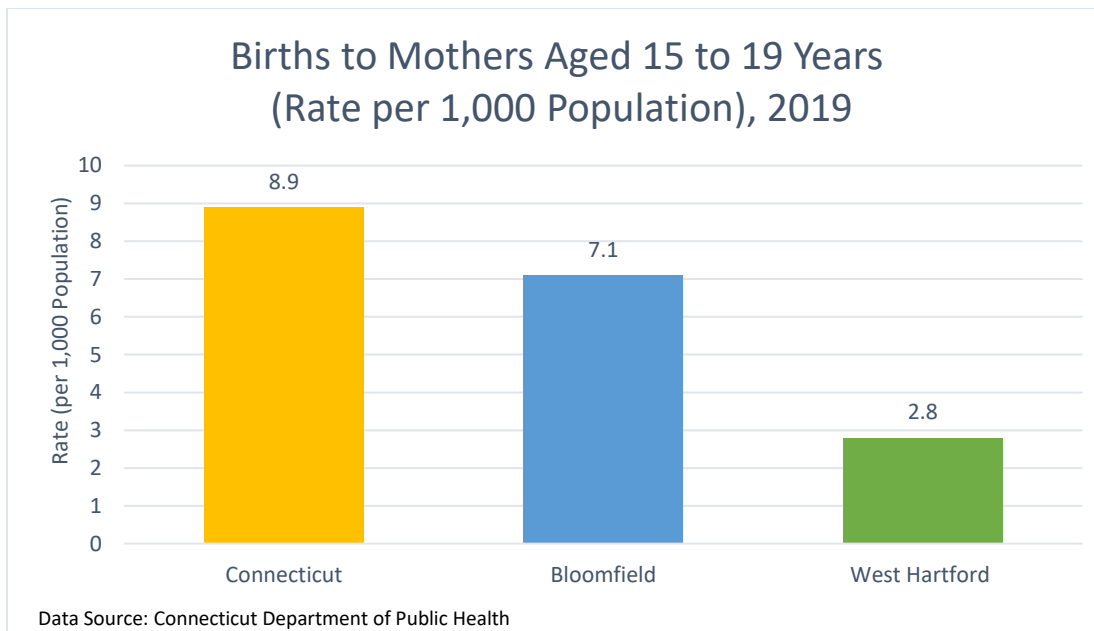
Low Birth Weight

Prenatal care is key in prevention of low birth weight in newborns.³⁷ Low birth weight is defined as newborns weighing less than 2,500 grams.³⁸ Mothers who do not seek prenatal care at the beginning of their pregnancy may unknowingly contribute to latent low birth weight, as fundamental benchmarks cannot be monitored. Interventions are most effective when pregnancy-related complications are caught early in the pregnancy. Quantitative data from 2019 indicates that the prevalence of low weight births was lesser in Bloomfield (6.4%) and West Hartford (5.7%) than Connecticut as a whole (7.8%).



Teenage Birth Rates

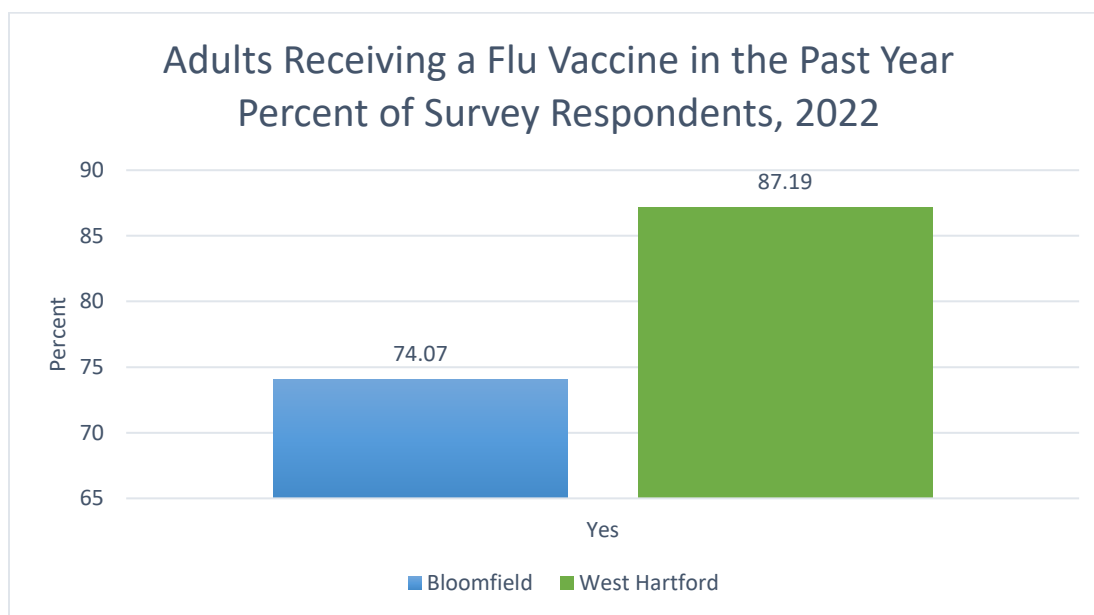
Pregnancy during the teenage years is a major factor contributing to high school dropout rates and low academic achievement.³⁹ Quantitative data from 2019 indicates both the towns of West Hartford and Bloomfield have lower birth rates to mothers aged 15 to 19 (2.8 per 1,000 population and 7.1 per 1,000 population, respectively) than that of the state of Connecticut (8.9 per 1,000 population), as depicted below.⁴⁰ The towns of West Hartford and Bloomfield both offer assistance for teen mothers through their social services departments.



Infectious Disease

Vaccine-Preventable Diseases

Connecticut Behavioral Risk Factor Surveillance Survey data collected between 2015 and 2018 revealed a 47.7% compliance for flu vaccination, self-reported as having received a vaccine in the past year, at the district level. Vaccine-uptake correlated with age, 36.7% of those ages 18 to 44 reported receiving a flu vaccine, while 63.8% of individuals aged 65+ reported receiving a vaccine. A greater number of community health assessment survey respondents reported receiving a flu vaccine in the past year, with 74.1% of respondents from Bloomfield and 87.2% from West Hartford. This is due in part to a high percentage of respondents being 65+, the age group most likely to have received a vaccine in the last year. People more likely to take the survey are also likely to be more conscious of their health. Higher vaccination rates were associated with higher education and income levels across data collected from both surveys.

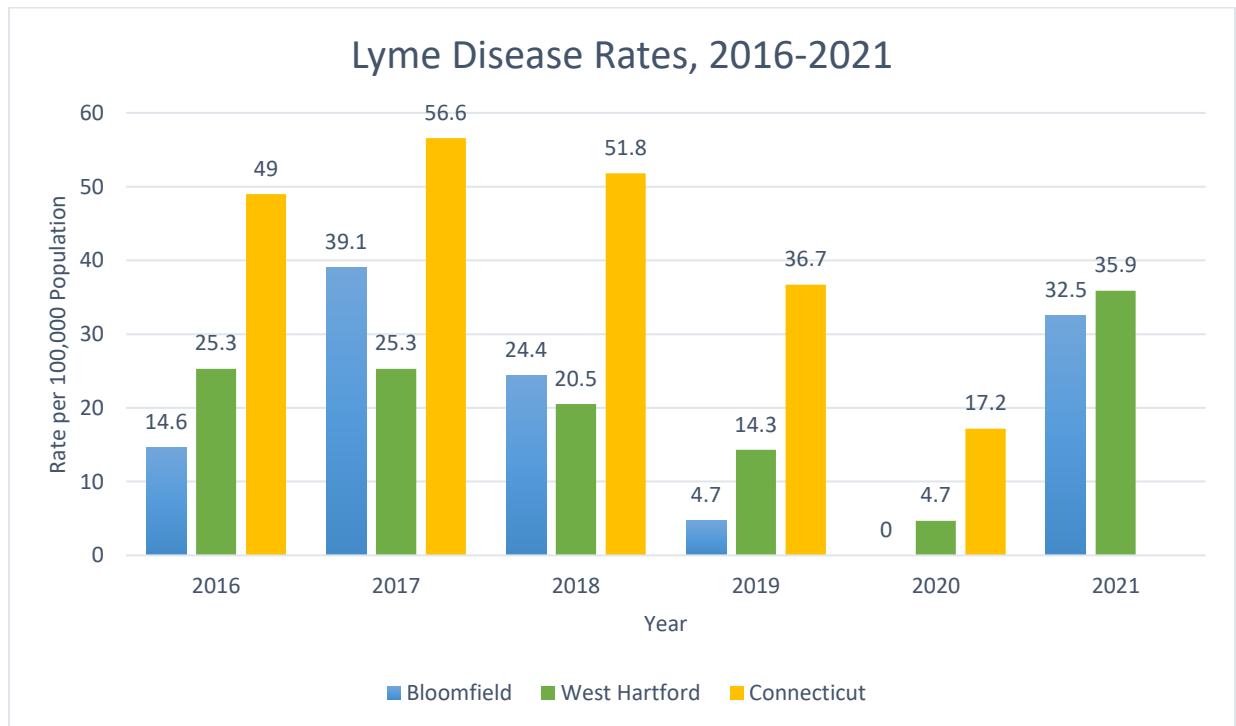


Childhood Immunizations

Quantitative data from the Connecticut Department of Public Health elucidates room for improvement in childhood vaccine compliance, especially for the measles, mumps, and rubella (MMR) vaccine for students entering kindergarten. Kindergarten immunization rates for the 2019 to 2020 school year ranged from 90.0% to 98.2% compliance in West Hartford (range from all public elementary schools, combined) and 87% compliance in Bloomfield. The percentage of kindergarten students receiving the required MMR vaccines for the state of Connecticut as a whole for the 2019 to 2020 school year is 96.2%. This is a decrease of 0.9% since 2012 to 2013. To achieve herd immunity for measles, 95% of the population must have either had the disease or received the vaccine.⁴¹ Fortunately, immunization rates are higher by seventh grade, with 96.7% compliance of all recommended vaccinations in Bloomfield, 97.4-98.3% compliance among West Hartford public schools, and 89.9-95.1% compliance across West Hartford private schools. Data was not available for Bloomfield private schools due to limited sample size. Higher rates of medical and religious exemptions are observed among private schools as compared to public institutions. Connecticut legislation removed non-medical exemptions in April 2021.

Lyme Disease

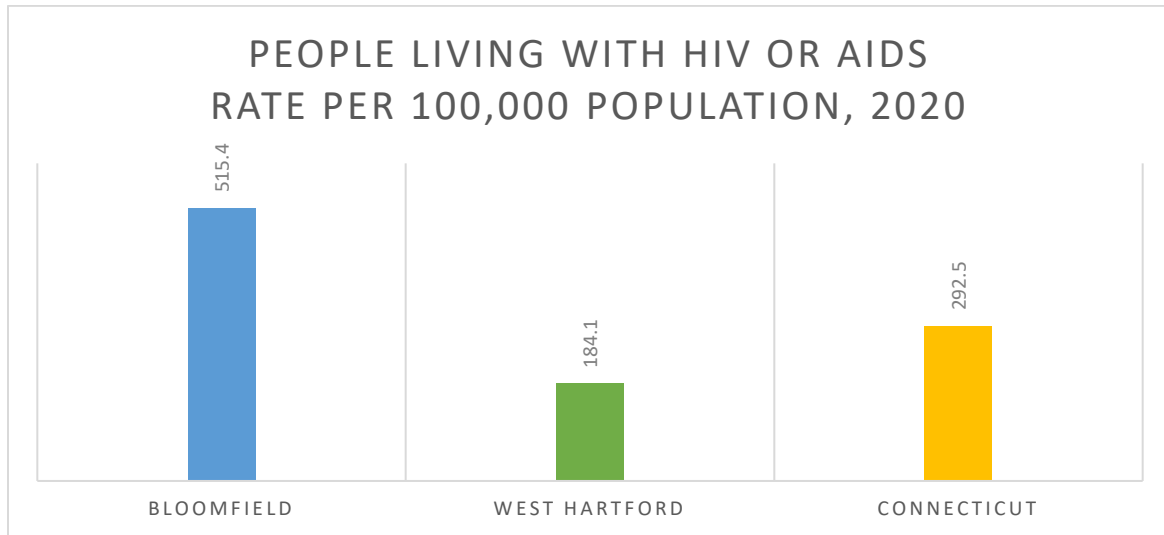
Rates of Lyme Disease are notably high in the State of Connecticut. However, rates in Bloomfield and West Hartford are significantly lower than those of the state for the years 2016 to 2020. Incidence of Lyme has been sporadic in both towns between 2016 and 2021, with the highest rates in 2021 and 2017. For 2021, incidence of Lyme Disease was similar in Bloomfield and West Hartford, with rates of 32.5 per 100,000 population and 35.9 per 100,000 population, respectively.



Data Source: Connecticut Department of Public Health, West Hartford-Bloomfield Health District Internal Data *State data unavailable for 2021

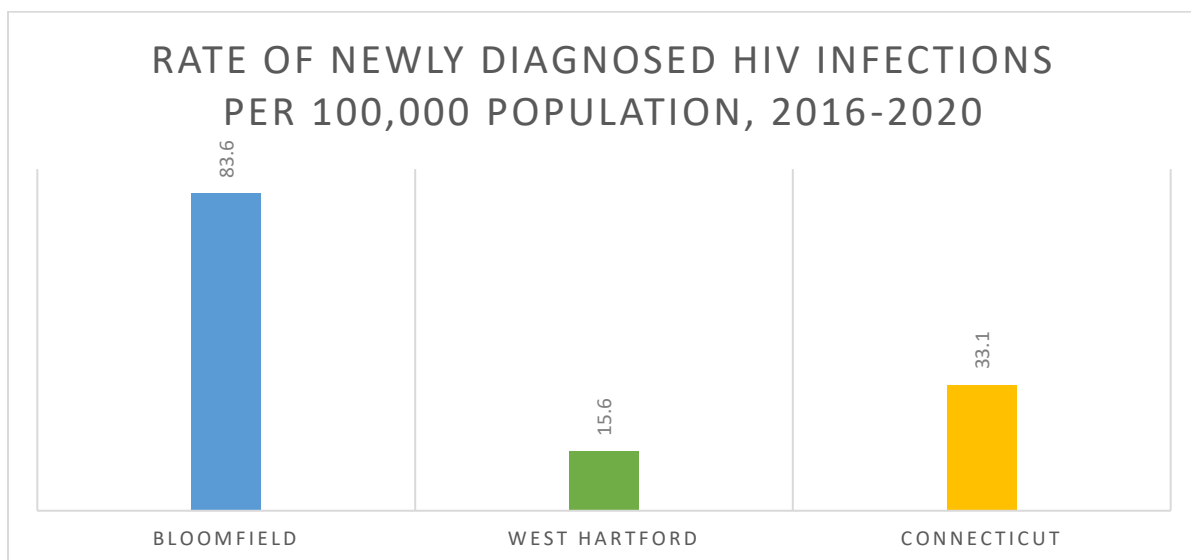
HIV/AIDS

Quantitative data indicates that the rate of people living with HIV or AIDS in Bloomfield (515.4 per 100,000 population) is greater than that of Connecticut (292.5 per 100,000 population). Data from the Connecticut Department of Public Health's HIV Surveillance Program indicates the rate of people living with HIV or AIDS in West Hartford (184.1 per 100,000) is lower than the state (292.5 per 100,000).



Data Source: Connecticut Department of Public Health, HIV Surveillance Program

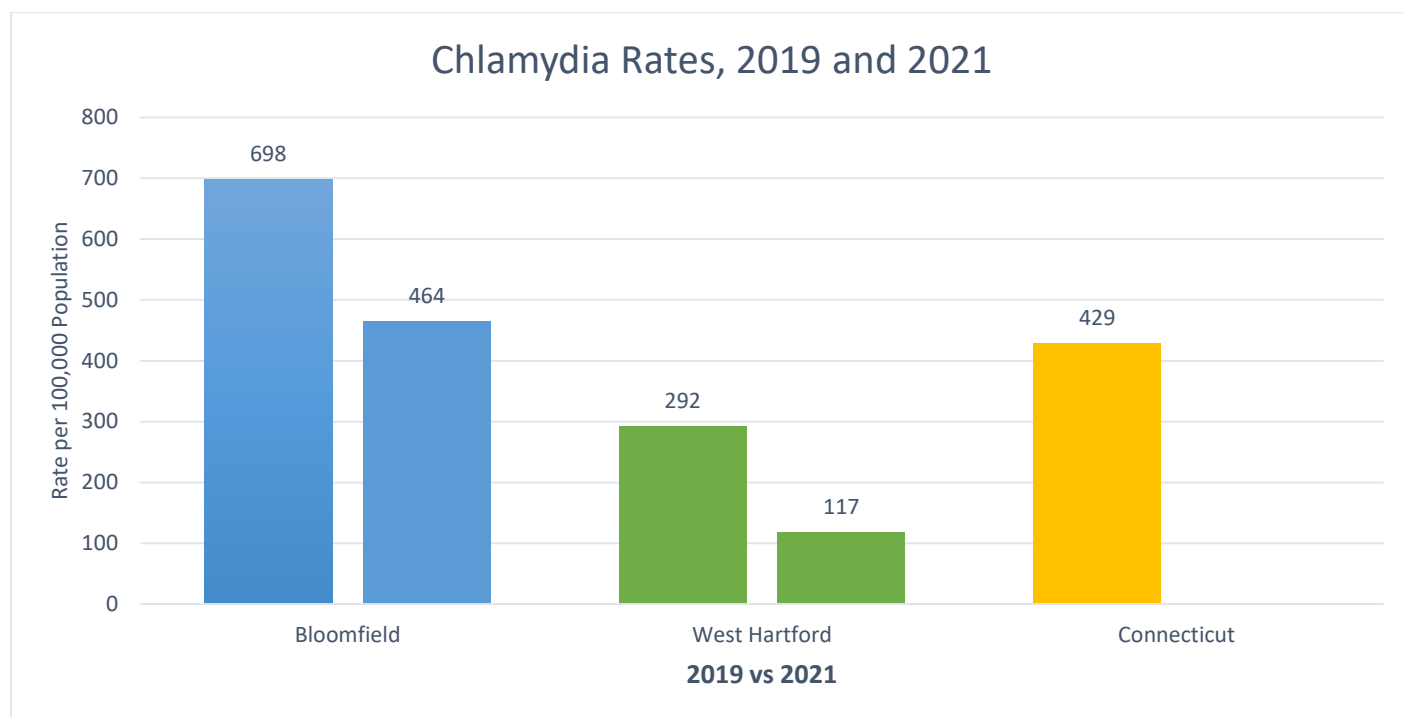
Incidence of HIV infections from 2016 to 2020 trends mirror those of people living with HIV or AIDS among both towns and for the state of Connecticut as a whole. The rate of newly diagnosed HIV infections per 100,000 population between 2016 and 2020 for Bloomfield, West Hartford, and Connecticut are 83.6, 15.6, and 33.1, respectively. Among health district survey respondents, 27.5% from Bloomfield and 28.9% from West Hartford indicated they had been tested for HIV at some point in their lifetime.



Data Source: Connecticut Department of Public Health, HIV Surveillance Program

Sexually Transmitted Infections

Chlamydia rates are often used as a proxy for sexually transmitted infections. The rate of infection in Bloomfield (698 per 100,000 population) was higher than in the state (429 per 100,000 population) in 2019. The rate of infection in West Hartford (292 per 100,000 population) was lower than the state in 2019. Rates of chlamydia decreased across both towns from 2019 to 2021. Most recent data available from the Connecticut Department of Public Health is 2019. Health District internal data was utilized for 2021 rates. Therefore, state-level data is not available for 2021. The rate of gonorrhea infections decreased in Bloomfield (174 per 100,000 population vs. 200), and West Hartford from 2019 to 2021 (73 per 100,000 population vs. 51). Rates of syphilis increased among both Bloomfield (by 37%) and West Hartford (44%) between 2019 and 2021.



Data Source: Connecticut Department of Public Health, West Hartford-Bloomfield Health District Internal Data *State data unavailable for 2021

Key Informant Feedback

Semi-structured key informant interviews were conducted, addressing the following topics: overall health of the community and perception of health within the community, quality of life, pressing health issues, major obstacles to health and positive quality of life, available resources within the community, quantity and quality of health-related information and communication, accessibility of public health services, and recommendations. Six individuals, three from each town were selected based on their knowledge of and active involvement in the community.

The overall health of the community in both towns was perceived as “good” overall. Education, access to social and health services, health equity, prevention, and public safety were among the positive contributors to the overall health of our communities. Quality of life was difficult to quantify for our key informants, but was noted to have declined since the start of the COVID-19 pandemic, especially among older adults. In both towns, there was consensus that initiatives are needed through legislation and policy to enhance economic development, opportunities for outreach and education, and adequate representation.

The pressing health issues most discussed by key informants include addiction, substance use, and increasing incidence of mental health conditions in adolescents. Distrust in medical professionals was a concern among both towns. Environmental justice was identified as a health concern in Bloomfield.

Major obstacles to quality of life and overall health and wellbeing were identified to include increasing poverty, lack of access to healthcare or affordable housing, food insecurity due to the rising cost of food and housing, and lack of policy impact due to unallocated funding. Additional needs to address these concerns were recognized to be providing alternative opportunities for residents to be engaged in the betterment of their health through community events, one on one contact, integrating public health, public safety, and healthcare workers into the community through health fairs where access to free screening and educational services would be offered, and increasing the equity assessment of policies. This equity assessment of policies would consist of a three phase assessment: 1. Informed disparity assessment, 2. Recommended policy, 3. Implementation and analysis of what went well and what needs improvement, using data to inform, and utilization of funding to showcase intention.

Key informants identified several effective, available resources to our communities through the Health District, Social Services, and public safety partners including police, fire, and EMS. Additionally, ad hoc and quasi government solutions to address the most pressing community needs are being utilized. However, improvement of resources is essential to cultivating communities that are happier and healthier. Suggestions included expansion of health education and outreach opportunities, screening, and overall access to healthcare, as well as further integration of the Health District into the community.

The quantity and quality of health-related information delivered to the community was undoubtedly greatly impacted by the COVID-19 pandemic. Key informants shared that with consideration to the current pandemic, there has been an abundance of information which has been overwhelming to the general public, especially as information changes and perceived differences between the local, state, and federal levels exist. Emphasis was placed on the importance of disseminating health-related information in plain, understandable language, with attention to individuals whom English is not their primary language. Awareness of the Health District and available services increased among our communities as a result of COVID-19.

Overall, the accessibility of public health services is perceived to be adequate. Both Bloomfield and West Hartford pride themselves on accessibility to public transportation, as well as having many shopping centers and basic needs within walkable distances. Additional feedback focused on necessary systemic changes through multi-lingual outreach, public visibility, and education intervention strategies to reach youth with a focus on prevention.

Conclusion

This Community Health Assessment has provided an overview of social and economic health determinants, health behaviors, and conditions that greatest impact our communities, as well as the perception of quality of life, health, and services available within the community. We know that our populations are ever-changing. Data assists in understanding changes over time and allows for the identification of patterns and associations across indicators of health. However, it is important to note that all data is subject to a variety of biases. Our goal is to utilize this synthesis of data to inform, bring awareness, and prioritize public health issues and subpopulations within our communities to develop intervention strategies and ultimately, improve health outcomes.

While our state and community population continues to become more diverse, increasing culturally sensitive and linguistically appropriate programming and outreach is crucial in improving health outcomes and implementing intervention strategies. Substance abuse and mental health continues to impact adults and youth, as access to treatment and services remains a challenge. Obesity, lack of physical activity, and associated chronic diseases including cardiovascular disease, diabetes, and hypertension are a top public health concern as obesity rates and the prevalence of chronic diseases increase. Education and preventative outreach to assist in the modification of behavioral risk factors will aid in the improvement of health outcomes. Food insecurity has worsened, particularly among youth as a result of the COVID-19 pandemic. While state and local initiatives have recently focused on improvement of vaccine-uptake, increasing vaccination efforts is a priority to improve and protect the health of our communities.

Key findings and priority areas for improvement identified through this Community Health Assessment and community partnerships will be utilized in the development of a district-wide Community Health Improvement Plan. The Community Health Improvement Plan will provide strategies and objectives to address priority health areas to improve health outcomes and will function as a roadmap for intervention implementation.

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