

FVHD Community Health Assessment Overview

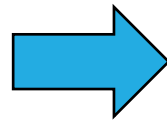
Our Vision:

Exceptional health and well-being for *all people* who work, live, learn and play in the *Farmington Valley*

What is a Community Health Assessment (CHA)?

- Collaborative, systematic, data-driven report that describes the health status, behaviors, and outcomes of residents

Understand the health of
the population



Inform the prioritization of strategies
and interventions to be undertaken to
improve health in our communities

CHA Advisory Board

- **Membership:** Senior and social services, academia, mental health professionals, community health nursing, school nurses, medical providers, environmental health, women's health
- **Roles:**
 - Identified major public health issues in our communities
 - Decided on criteria for issue prioritization and data collection
 - Established vision and values for CHA process
 - Identified, reviewed, and analyzed secondary data sources and measures
 - Conducted data gap analyses
 - Brainstormed ideas for primary data collection
 - Identified community assets
 - Reviewed CHA drafts

Topical Areas

I. Demographics

- I. Population, Age Distribution, Racial and Ethnic Diversity, Language

II. Social Determinants of Health

- I. Educational Attainment, Income and Poverty, Employment, Housing, Environmental Conditions, Transportation, Access to Care

III. Health Behaviors

- I. Physical Activity, Substance Use, Routine Medical Care Visits, Vaccinations, Screenings, Sleep

IV. Health Outcomes

- I. Perceived Health Status, Leading Causes of Death, Chronic Disease, Infectious Disease, Maternal and Child Health, Mental Health, Accidents, Environmental Health

V. Youth Health

- I. Health Behaviors, Mental Health

Data Sources

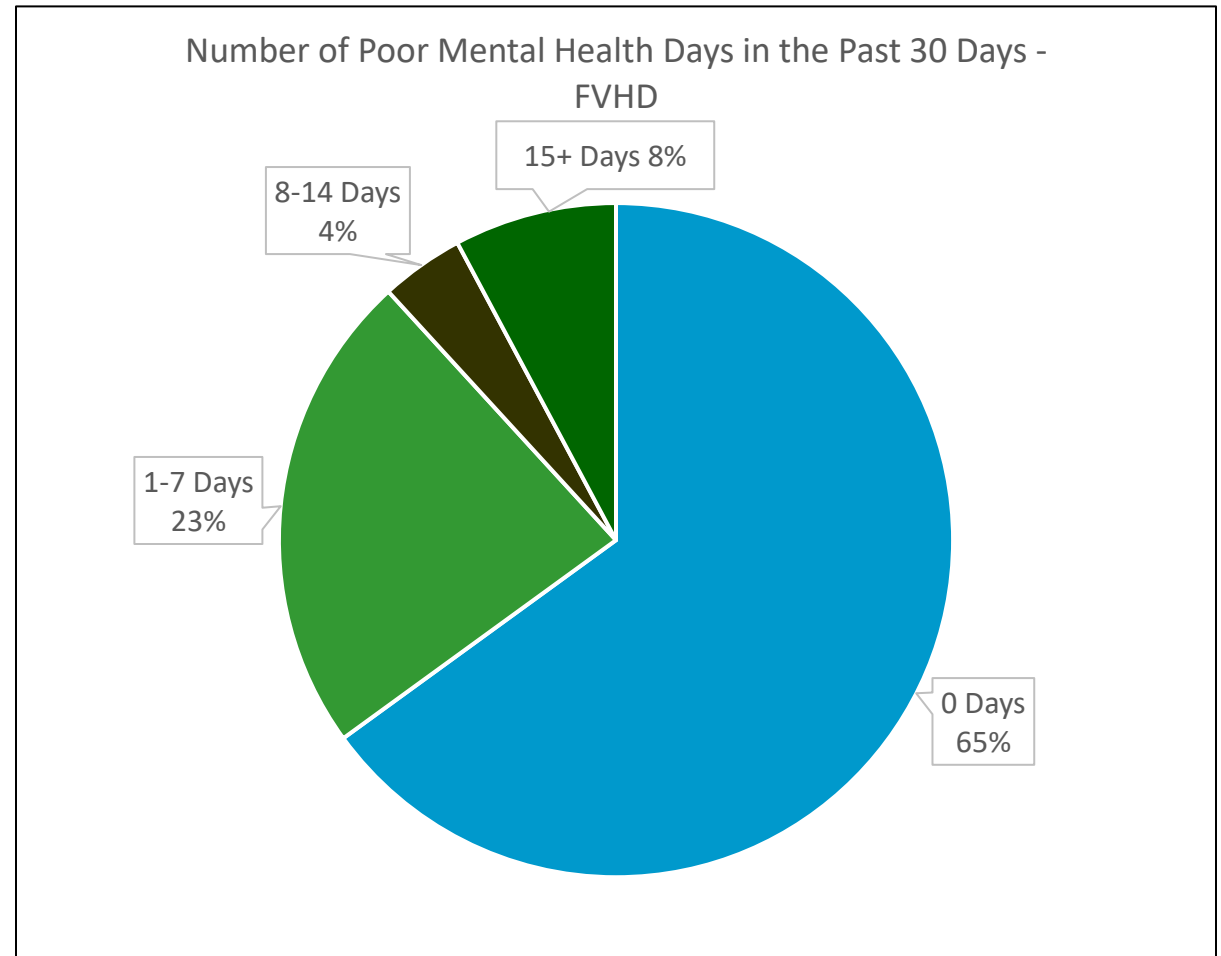
- US Census Bureau – American Community Survey
- CT Department of Public Health
- CT Behavioral Risk Factor Surveillance System
- CT School Health Survey
- Connecticut Data Portal
- Connecticut Data Collaborative
- CT State Unintentional Drug Overdose Reporting System
- CT Electronic Disease Surveillance System
- CT Department of Mental Health and Addiction Services
- CT Department of Energy and Environmental Protection
- CT Department of Education
- CT Department of Labor
- CT Department of Housing
- CT Crash Data Repository
- CT United Way
- United States Geological Survey
- FVHD Town Social Services Directors

Key Findings

- Mental health concerns (adult and youth)
- Substance use concerns (adult and youth)
- High number of adults who have fallen and high proportion who subsequently required medical attention or whose fall contributed to their death
- High levels of overweight and obesity
- Low seasonal flu vaccine uptake
- High household radon levels
- Lack of affordable housing

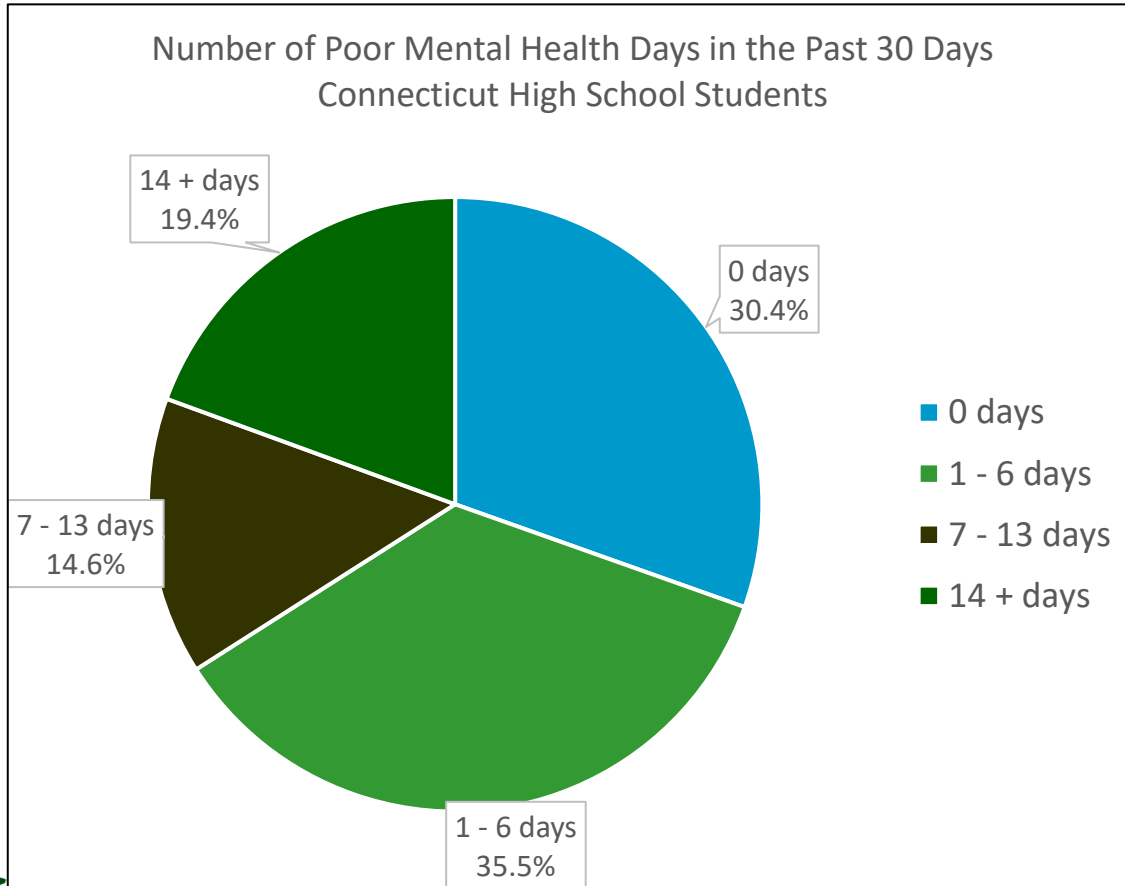
Adult Mental Health

- 23% of FVHD respondents reported between one and seven days of poor mental health in last 30 days
- 12% of FVHD respondents reported at least eight days of poor mental health in last 30 days
- 15.7% of FVHD residents report ever having been diagnosed with a depressive disorder
- 46% of individuals who die by suicide have a known mental illness



Source: Connecticut Behavioral Risk Factor Surveillance System, 2016-2020

Youth Mental Health in Connecticut – Poor Mental Health Days

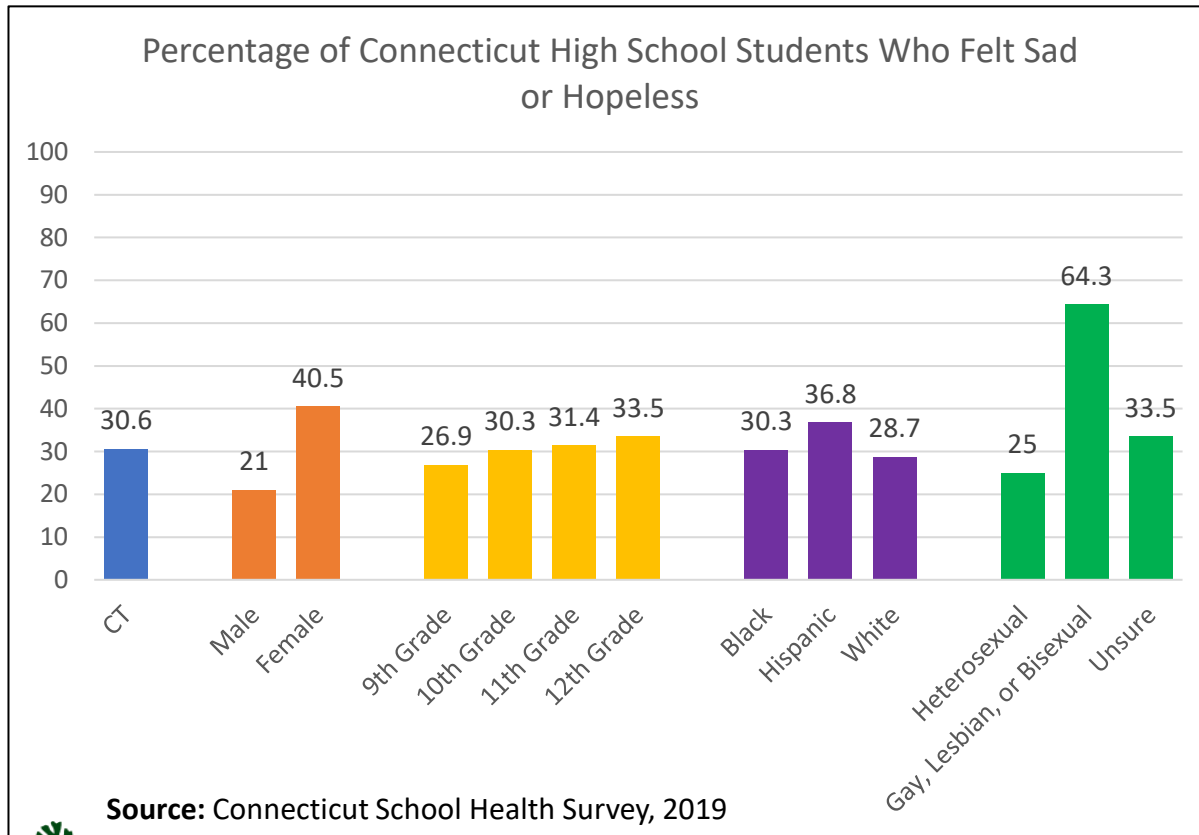


Source: Connecticut School Health Survey, 2019

When asked “During the past 30 days, on how many days was your mental health not good?”:

- 34% of high school students reported mental health not good for 7 days or more
- 8% reported mental health not good for all 30 days

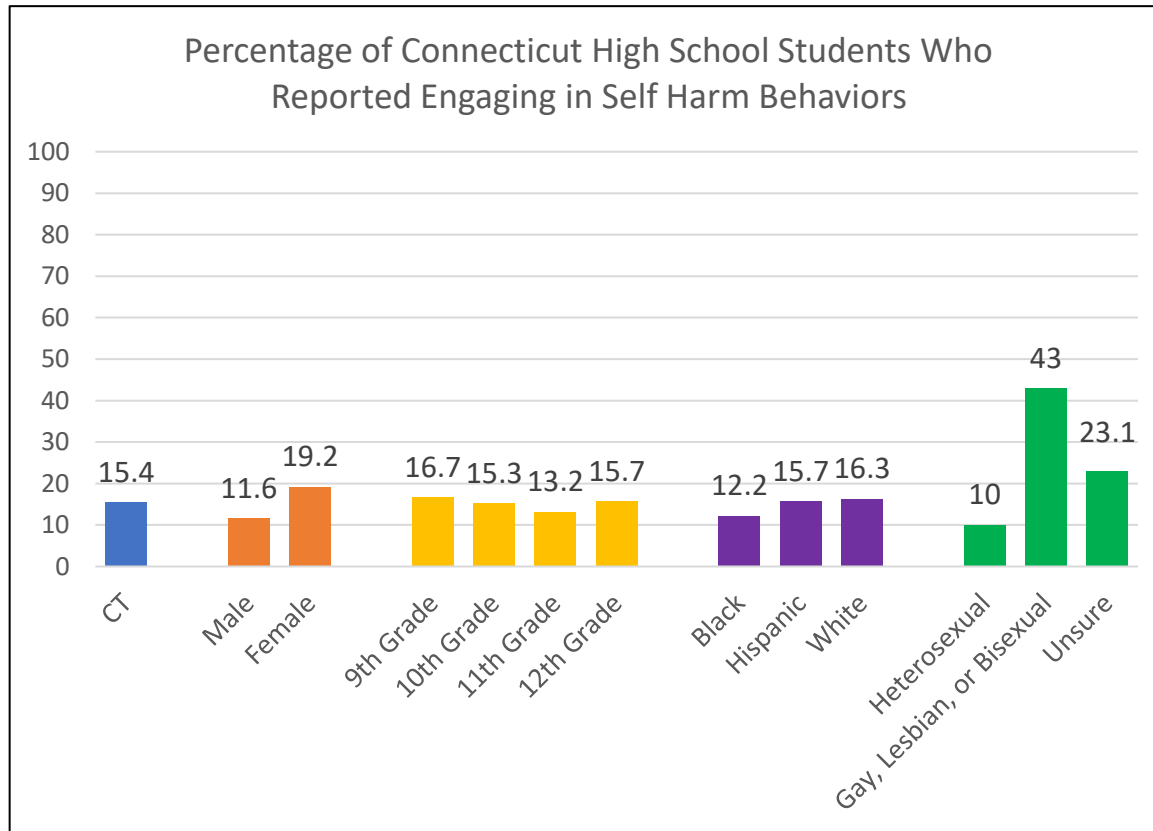
Youth Mental Health in Connecticut – Feeling Sad or Hopeless



When asked “During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?”:

- 30.6% of high school students and 64.3% of gay, lesbian, bisexual students answered yes
- Statistically significant increase from 24.8% reported in 2005

Youth Mental Health in Connecticut – Self Harm and Suicide



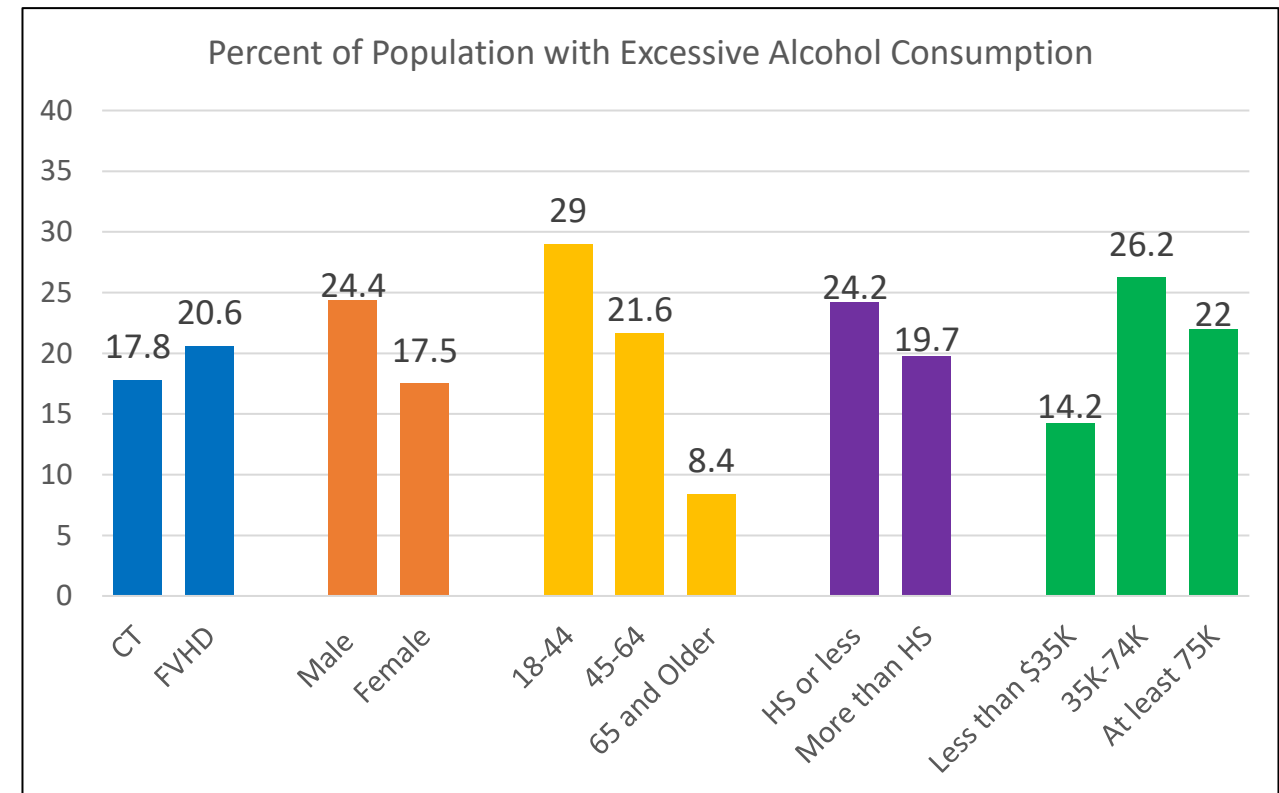
Source: Connecticut School Health Survey, 2019

When asked “During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?”:

- 15.4% of high school students, 19.2% of female students and 43% of gay, lesbian, or bisexual students engaged in self-harm behaviors
- 12.7% seriously considered suicide
- 6.7% attempted suicide

Adult Substance Use

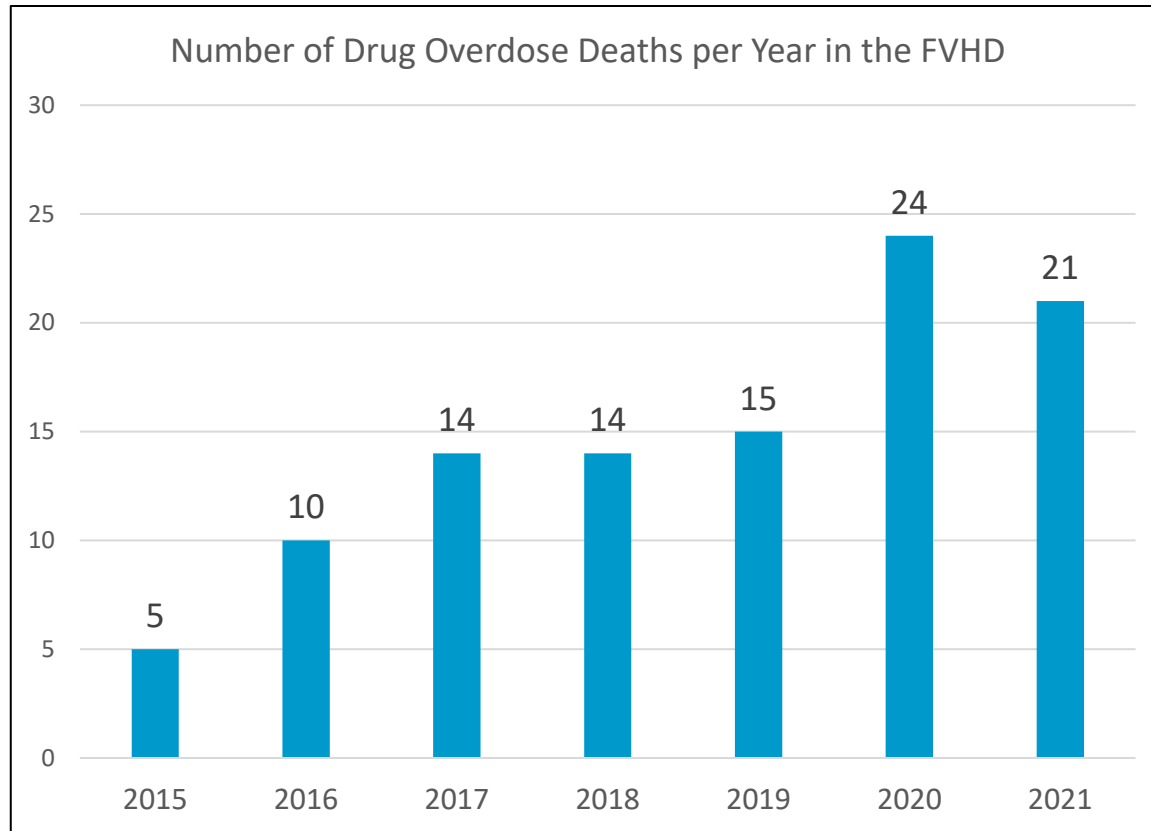
- 8% of FVHD adults currently smoke cigarettes
- 25.5% of FVHD adults use e-cigarettes every day or some days
- 20.6% of the FVHD population reports excessive alcohol consumption
- Town Social Services Directors note that alcohol use and alcohol abuse in the senior citizen population is currently at an all-time high



Source: Connecticut Behavioral Risk Factor Surveillance System, 2016-2020



Overdose Deaths



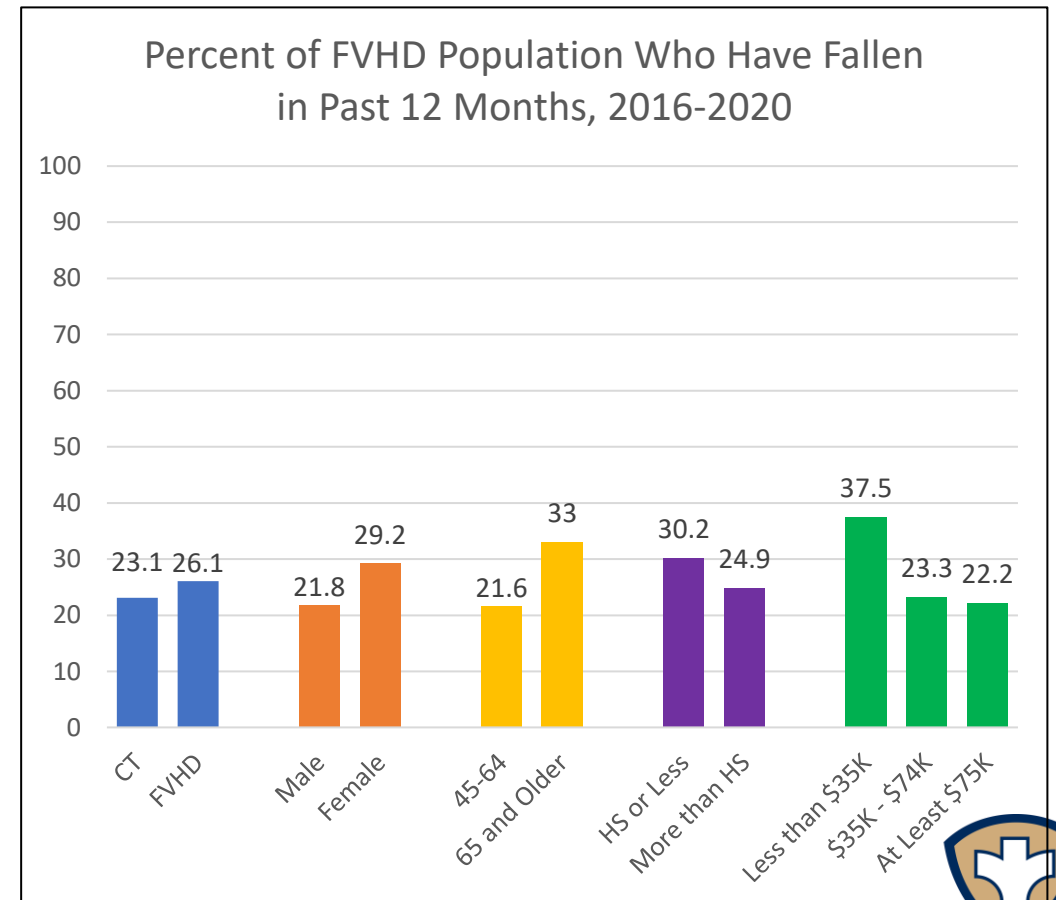
- Deaths from drug overdoses more than quadrupled from 5 in 2015 to 21 in 2021
- Of the 103 drug overdose deaths since 2015, 74% were in males and 94% were in White, non-Hispanic residents
- The 35- to 44-year-old age group had the highest number of drug overdoses (25)
- Opioids were involved in 90.3% of drug overdose deaths; Fentanyl or an analog were involved in 73.8% of deaths

Source: Connecticut State Unintentional Drug Overdose Reporting System

Falls occur for a variety of reasons – household hazards, improper footwear, medication issues, etc. Falls are mostly preventable!

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- The FVHD has an aging population with 19% age 65 and older
- 26.1% of the FVHD population has fallen in the past 12 months and 33% of individuals 65 and older reported having fallen
- Accidents are the third leading cause of death in the FVHD.
- 33.8% of deaths from accidents in the FVHD are the result of a fall
- Significant cause of emergency department visits and hospitalizations among 65 and older



Source: Connecticut Behavioral Risk Factor Surveillance System, 2016-2020

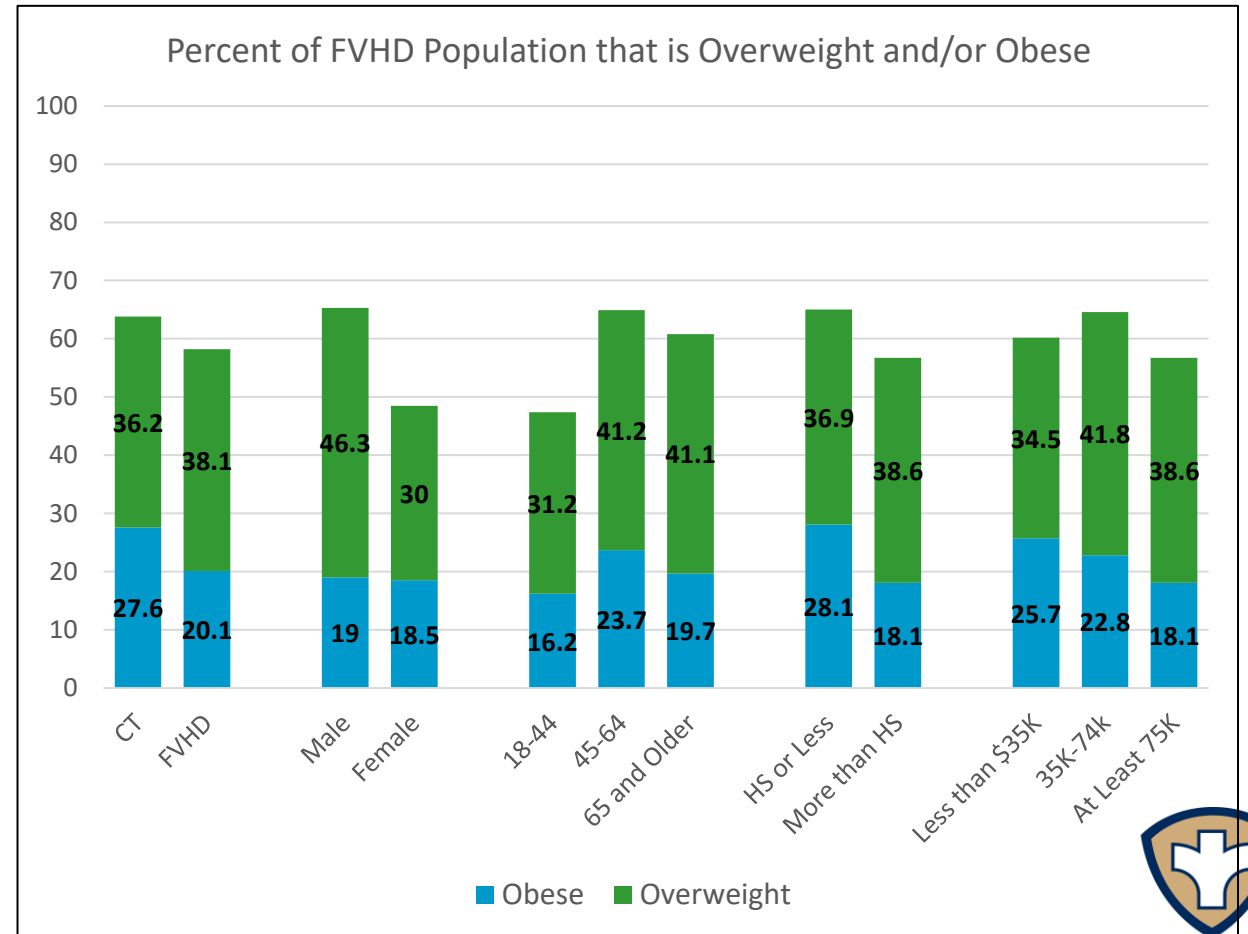


Public Health
Prevent. Promote. Protect.

Overweight and Obesity

58.2% of FVHD is classified as overweight or obese

- Overweight and obese adults are at risk for developing a wide range of health problems, including high blood pressure, type 2 diabetes, coronary heart disease, certain cancers, strokes, and other diseases.
- The prevalence of obese adults is of particular interest because obesity has been shown to be a major cause of preventable morbidity and mortality in the United States.

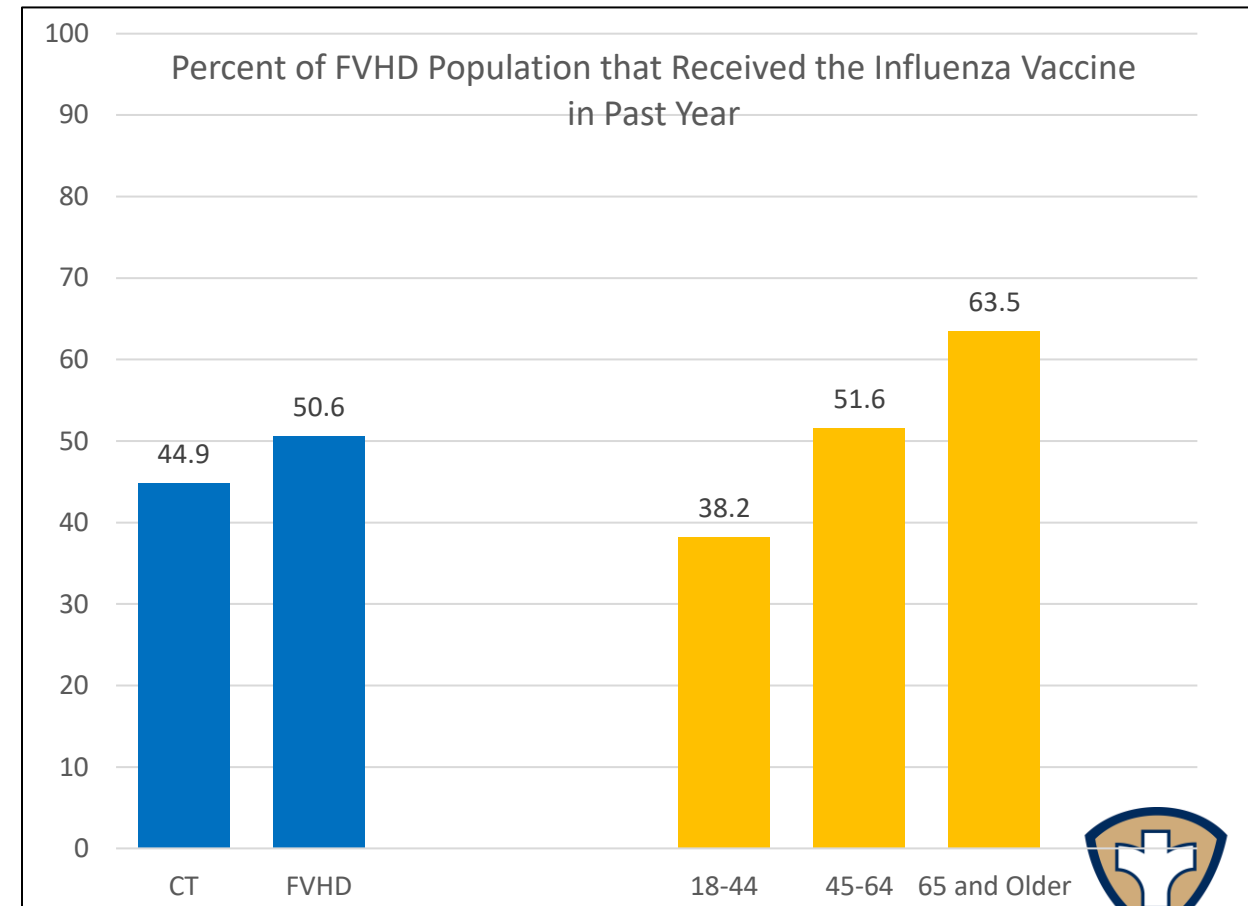


Source: Connecticut Behavioral Risk Factor Surveillance System, 2016-2020



Influenza Vaccine (a.k.a. Flu shot)

- 50.6% of FVHD adults reported they had received the influenza vaccine in the last 12 months, falling short of the *Healthy People 2030* objective of 70%
- Higher percentages were reported in adults 65 years and older
- The influenza vaccine is a vaccine that protects individuals against the flu or, if they do get the flu, the vaccine reduces severity of disease and risk of hospitalization and death
- It is estimated that the influenza vaccine prevented 7.5 million flu illnesses during the 2019 to 2020 flu season and it reduced the risk of being admitted to an intensive care unit (ICU) with the flu by 82%



Source: Connecticut Behavioral Risk Factor Surveillance System, 2016-2020



Household Radon Levels

Approximately one in four kits analyzed in this time period from the FVHD exceeded the recommended EPA level of 4.0 pCi/l

Why is it important to test?

- Radon is an odorless, tasteless, naturally occurring gas that seeps up through the ground and diffuses into homes through cracks in foundations
- Radon is the leading cause of death from lung cancer in non-smokers and the second leading cause of lung cancer deaths overall
- In the FVHD, lung cancer was the leading cause of death from cancer for both males and females, accounting for 24.9% of all cancer deaths
- It is estimated that lung cancer deaths could be reduced two to four percent by lowering radon levels in homes

Measurement of Radon Levels, 1/1/2005 through 8/26/2022 - FVHD Towns

	Number of analyses	Number of analyses where result was at or above 4.0 pCi/l	% kits at action level
AVON	505	126	25%
BARKHAMSTED	101	28	27.7%
CANTON	388	94	24.2%
COLEBROOK	24	7	29.1%
EAST GRANBY	115	30	26.1%
FARMINGTON	615	177	28.8%
GRANBY	247	51	20.6%
HARTLAND	26	6	23.1%
NEW HARTFORD	203	47	23.2%
SIMSBURY	437	108	24.7%

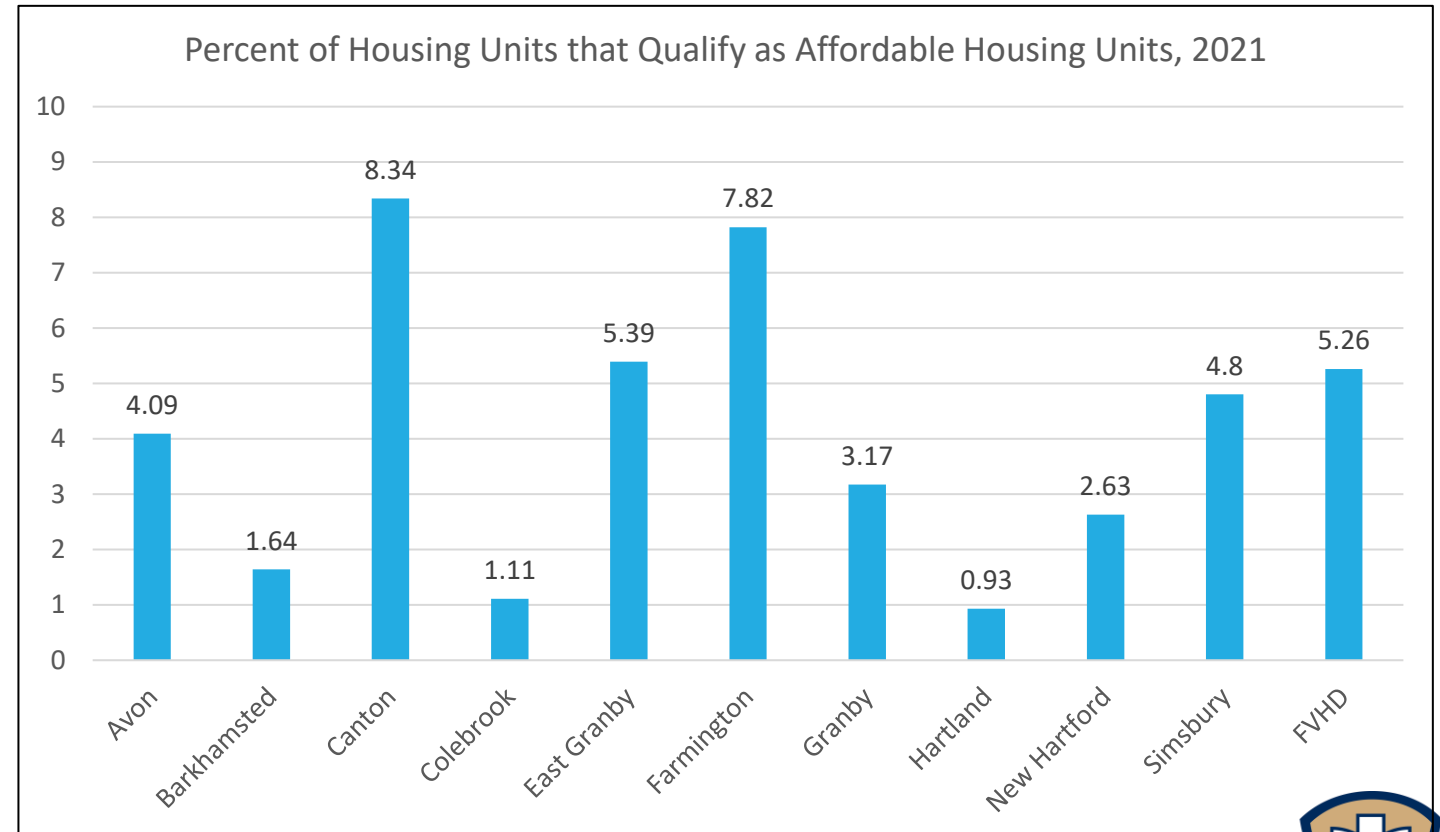
Source: Connecticut Department of Public Health Radon Program (Note – Total number of analyses is likely higher than total number of households tested due to post-mitigation measurements.)



Affordable Housing

5.26% of FVHD housing units qualify as affordable

- Affordable housing is associated with positive health outcomes as it allows individuals to spend a reasonable amount of income on the home
- Overall, the percentage of housing units in each FVHD town that qualify as affordable is lower than the goal of 10% put forth by the State of Connecticut
- Focus groups with Social Service Directors highlighted affordable housing as a pressing concern



Source: Department of Housing, Connecticut Data Portal
<https://data.ct.gov/Housing-and-Development/Affordable-Housing-by-Town-2011-2021/3udy-56vi/data>



To view the complete FVHD Community Health Assessment:



<https://fvhd.org/wp-content/uploads/2023/01/2022-FVHD-Community-Health-Assessment.pdf>

Next Steps

1. Broadly disseminate the findings of the CHA to the community
 - Developing topic-specific summary documents
 - Prioritize issues based on key findings
2. Establish workgroups by priority topic
 - Members are organizations, agencies, and community members with expertise and/or interest in topic
3. Develop community health improvement plan
 - Goals, objectives, strategies, action steps, and indicators to address priorities

How Can You Help?

- Fill Out Our [Share Your Voice!](#) Survey

Contact Us!

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