Milford Food Insecurity Group

2022 Community Health Needs Assessment

May 24, 2022

Community Health Needs Assessment (CHNA)

- Health Care Reform Law, 2010
 - Internal Revenue Service
 - 3-year cycle
- Collaborative Effort
 - Hospitals
 - Public Health Departments
 - Community Organizations
- Two Main Elements:
 - Assessment
 - Implementation Strategy



Community Health Partnerships



COUNCIL OF COMMUNITY SERVICES PORT CHESTER · TOWN OF RYE · RYE BROOK



- Local partnerships addressing community health & well-being through a SDOH lens
- Connection between hospitals, health departments, healthcare providers and CBOs
- Each comprised of 40-50+ organizations across multiple town geographies
- System focus is horizontal across partnerships for shared efficiencies/best practices as well as vertical for local issues

NewHaven

Health

2022 CHNA & CHIP Timeline

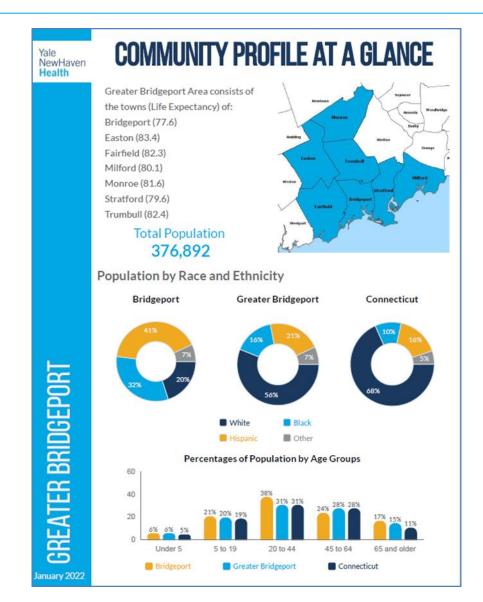
	Spring 2021	Summer 2021	Fall 2021	Winter 2022	Spring 2022	Summer 2022	Fall 2022
Key Informant Survey							
Asset Mapping							
CT Well-Being Survey Conducted							
Ct Well-Being Survey Results Analyzed							
Quantitative Data Collected and Analyzed							
Community Engagement Plan Developed							
Community Engagement Conducted							
Prioritization & CHIP Development							
Community Presentations							
CHNA Report Development							
CHNA Internal and External Presentations							
Hospital Board Presentations							

CHNA Research

- Quantitative
 - Well Being Survey (DataHaven)
 - CHA
 - State
 - Federal
 - Asset Mapping
- Qualitative
 - Key Informant
 - Community Wisdom



Community Profile



Multi-page infographic profiles for the Greater Bridgeport region <u>PLUS</u> one for each of the 7 towns

Profiles include highlights from different data sources

MILFORD

April 2022

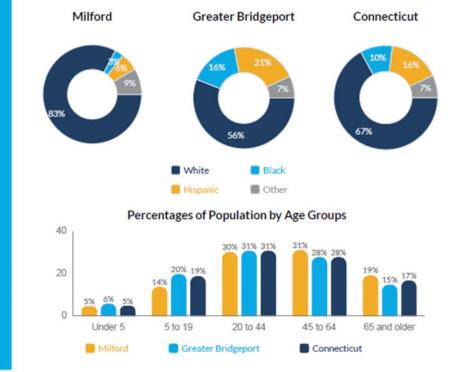
COMMUNITY PROFILE AT A GLANCE

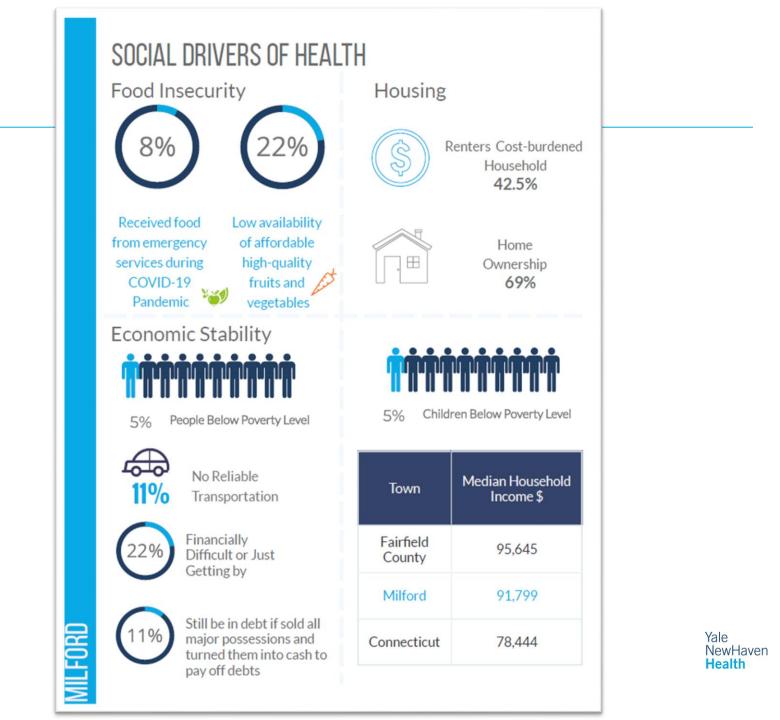
Milford is a city in New Haven County, Connecticut. It is part of the Greater Bridgeport service area. It has a Life Expectancy at Birth of 80.1 years.

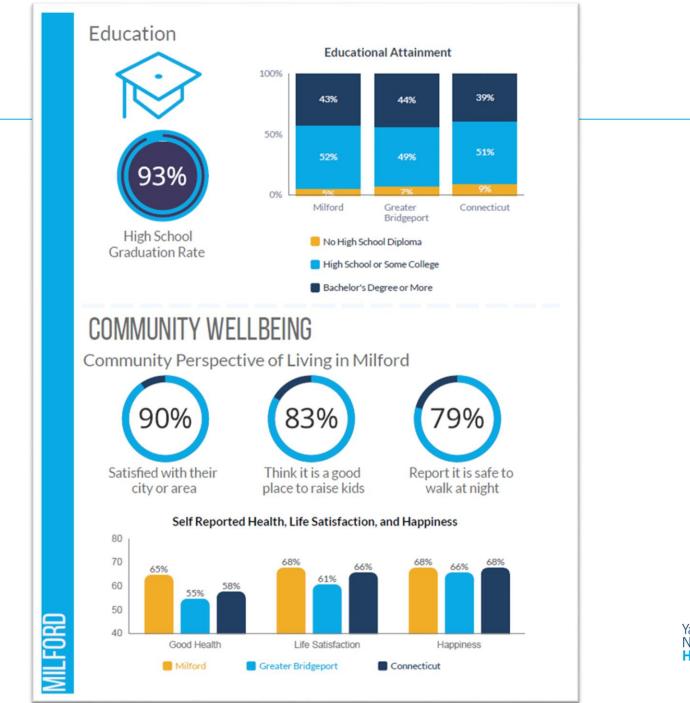
Total Population 54,328

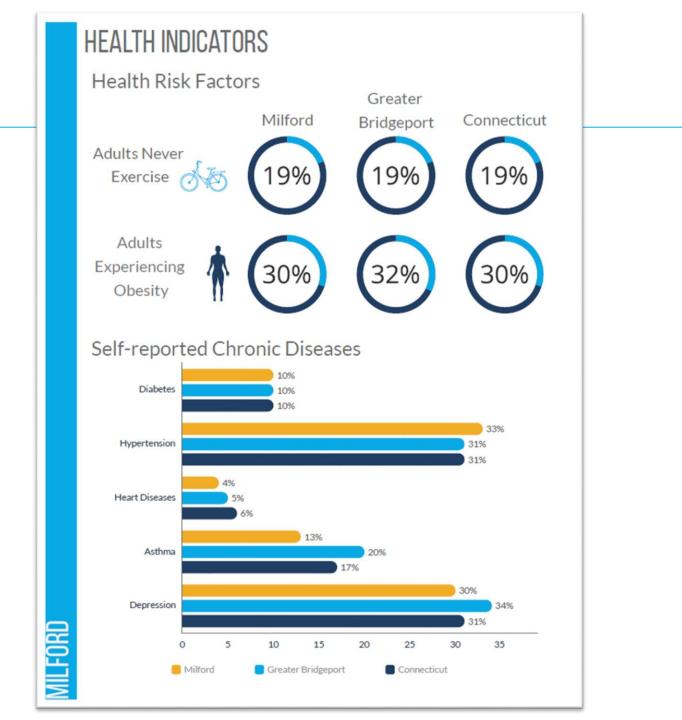


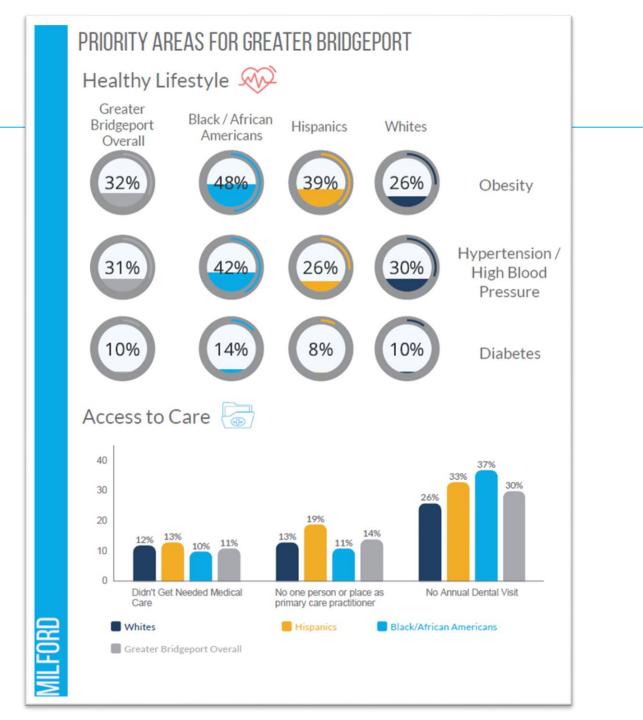












PRIORITY AREAS FOR GREATER BRIDGEPORT Behavioral Health 46% 40 33% 34% 33% 25% 25% 20% 20 17% 16% 14% 11% 0 Feel Mostly or Completely Report Being Depressed or Not Received Needed Anxious Emotional/Social Support Hopeless Whites Black/African Americans Hispanics Greater Bridgeport Overall **Drug** Overdose 35.0 31.6 35.2 Death Rate Per 100,000 People Milford Greater Connecticut Bridgeport $(\mathbf{\bullet})$

Child Wellbeing 27.2% 65% '4% Percentage of infants and toddlers enrolled Adults reporting Pregnant in high quality women accessing they think their **MILFORD** early care and neighborhood is a prenatal care in education the 1st trimester good place to raise children

NOTES AND DATA SOURCES

This community profile is a product of the department of Community Health Improvement at Yale-New Haven Health System (YNHHS). Milford is a city in the Greater Bridgeport Area of Connecticut, which is one of 5 YNHHS delivery networks. Map courtesy of Community Health Improvement and Office of Strategy Management.

Life Expectancy at Birth estimates are weighted means for Connecticut towns, calculated by DataHaven. Data comes for the Centers for Disease Control and Prevention (CDC)'s National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP), 2010-2015.

Demographic indicators from the US Census Bureau American Community Survey (ACS), 2019 5-Year estimates. Table ID: DP05 (Total Population, Race/Ethnicity, and Age).

Food insecurity indicators from the 2021 DataHaven Community Wellbeing Survey (DCWS). Rates of adults received groceries or meals from a food pantry, food bank, soup kitchen, or other emergency food service since February 2020, and adults think there is low availability of affordable fruits and vegetables.

Housing indicator: Renter's cost-burdened households from the US Census Bureau ACS, 2019 5-Year estimates. Table ID: DP04 (Percentage of renter occupied housing units paying at least 30% of annual household income towards housing costs).

Housing indicator: Home ownership from the 2021 DCWS. Rate of adults report they own their homes.

Economic stability indicators: Poverty level, and income from the US Census Bureau ACS, 2019 5-Year estimates. Table ID: \$1701 (Percentage of people living below poverty level, and percentage of children below 18 living below poverty level), Table ID: \$1901 (Median Household Income).

Economic stability indicators from the 2021 DCWS. Rates of adults who ever stay home when needed to go someplace because of no access to reliable transportation, adults describe how they are managing financially these days as just getting by or difficult to manage, and adults report they will still be in debt if they sold all major possessions and turned them into cash to pay off their debts.

Education indicator: 4-year cohort high school graduation rate, from 2019-2020 CT State Department of Education's data portal (EdSight).

Education indicator: Educational attainment from the US Census Bureau ACS, 2019 5-Year estimates. Table ID: S1501 (Percent of individuals over the age of 25 years who are less than high school graduate, those with high school diploma - some college - or associate degree, and those with a Bachelor's Degree or higher).

Community wellbeing indicators from the 2021 DCWS. Rates of adults satisfied with the city or area where they live, think it is a good place to raise kids, feel safe to walk at night, rating their overall health as excellent or very good, completely or mostly satisfied with their life, and felt completely or mostly happy.

Health risk factor indicators from the 2021 DCWS. Rates of adults never exercise and adults experiencing obesity, broken down by geography.

Health outcome (chronic disease) indicators from the 2021 DCWS. Rates of Diabetes, Hypertension, Heart Diseases, Asthma, and Depression, broken down by geography.

Priority areas were reported for the region, Greater Bridgeport, due to the sample size of DCWS questions.

Health lifestyle indicators from the 2021 DCWS. Rates of Obesity, Hypertension, and Diabetes for residents of Greater Bridgeport broken down by race and ethnicity.

Access to care indicators from the 2021 DCWS. Rates of not having one person or place as a primary care physician, didn't get medical care when needed, and not having an annual dental visit for residents of Greater Bridgeport broken down by race and ethnicity.

Behavioral Health indicators from the 2021 DCWS. Rates of adults not having the emotional or social support they needed, rates of Anxiety, and Depression for residents of Greater Bridgeport broken down by race and ethnicity.

Behavioral health indicator: Drug overdose death rate per 100 thousands population. Analysis by YNHHS Department of Community Health Improvement of the 2020 town accidental drug intoxication. Data from the CT office of the Chief Medical Examiner (OCME). Available at https://portal.ct.gov/OCME/statistics

Child wellbeing: Health Enhancement Community (HEC) healthy beginning indicators from Bridgeport Prospers. Percentage of pregnant women accessing prenatal care in the 1st trimester in 2018, and percentage of infants and toddlers enrolled in high quality early care and education in 2020.

Child wellbeing indicator from 2021 DCWS. Rate of adults in Greater Bridgeport who think their neighborhood is a good place to raise children.

Community Wisdom

- Interactive survey tool, 125 surveys
 - Fairfield, Milford, Stratford Health Departments (various locations),
 SVMC Parish Nurses (food pantries), Southwest CHC (patients)
- Turn data into information
- Meet people where they are
- Prioritize community needs
- Clarify definitions
- Gather stories, hear life experiences
- Guide CHNA and CHIP work



Community Wisdom- Preliminary Results

	#1 Concern	#2 Concern	#3 Concern	
	Food	Drug/Alcohol	Financial Security	
First	15%	13%	19%	
	Affordable Healthcare	Mental Health	Mental Health	
Second	15%	13%	12%	
	Education	Food	Affordable Healthcare	
Third	13%	13%	12%	
	Financial Security	Financial Security	Food	
Fourth	11%	13%	8%	

- All 4 HIA priority areas are reflected in the top needs:
 - Healthy Lifestyles (food),
 - Access to Care (affordable healthcare),
 - Behavioral Health (drug/alcohol & mental health)
 - Child Wellbeing (education)
 - Financial security underlies all

Community Database

Financial Security

- Unemployment
- Asset Limited Income Constrained Employed (ALICE)
- People/Children below poverty level
- Median household income

Built Environment

 Perceptions on availability of public recreation, parks, safe spaces to walk/bike

Transportation

 Access to reliable transportation

Food Security

- Households receiving SNAP
- Children eligible for free or reduced lunch
- Availability of affordable healthy food
- Utilization of emergency food services
- Food insecurity

Community Database

Substance Use

- Youth substance use disorder
- Youth tobacco use
- Substance-Related Disoders Indicator
- Alcohol-Related Disorders Indicator
- Substance Abuse Screening Indicator
- Drug overdose death rateCovid-19
- Cases (#, %, rate)
- Deaths (#, %, rate)
- Vaccination (#, %, rate)
- Hospitalizations

Physical Health

- Youth obesity
- Maternal and infant mortality
- Low birth weight
- Child lead screening and poisoning
- Life expectancy
- Asthma
- Cancer
- COPD
- Diabetes
- Hypertension and stroke
- HIV/AIDS
- Low birth weight
- STI

Community Database

Housing Security

- Homelessness
- Renters; cost-burdened
- Housing inventory
- Home ownership

Access to Healthcare

- Uninsured Population
- Prenatal Care Onset
- Utilization
- Preventable Dental Conditions

Education

- Educational attainment
- High school graduation rate

Behavioral Health

- Mental health status: depression and anxiety
- Youth mental health
- Suicide
- Accident/Injury-Suicide and Self Inflicted Indicator
- Anxiety Disorders Indicator
- Mental health screening

Broadband Internet Access

Discrimination