

2022-2023 Community Health Assessment

PUBLIC HEALTH IN OUR COMMUNITY
TO PROTECT, PROMOTE, AND IMPROVE THE HEALTH AND SAFETY OF CHESHIRE,
PROSPECT, AND WOLCOTT COMMUNITIES.

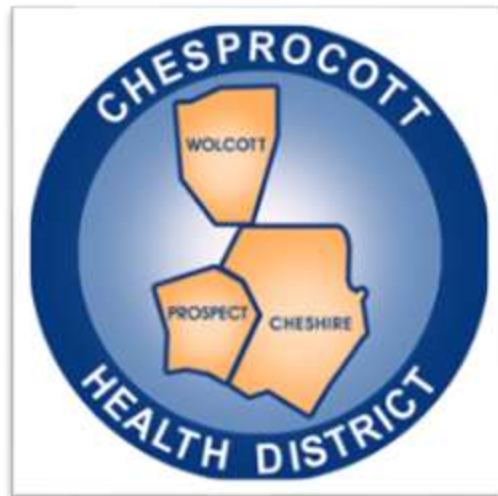


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CHESPROCOTT HEALTH DISTRICT'S COMMUNITY HEALTH ASSESSMENT

Executive Summary

A **Community Health Assessment (CHA)** identifies critical health needs and issues through systematic, comprehensive data collection and analysis. The CHA will provide Chesprocott Health District (CHD) with complete information about the community's current health status, needs, and issues. The plan is updated every five years.

CHD collected hospital data, surveys, focus groups, and information from the Center for Disease Control and Prevention (CDC) to create the community health assessment; the essential ingredients are community engagement and collaborative participation.

A Community Health Assessment provides information so that communities may identify issues of most significant concern and decide to commit resources to those areas, making the most effective possible impact on the community's health status. This CHA will be a tool for Chesprocott Health District's strategies to improve the community's health.

- To improve residents' health status, increase their life spans, and elevate their overall quality of life.
- To reduce the health disparities among its residents.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life) and lower the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

The information included in the needs assessment helps guide CHD's health programs and interventions. These programs target the populations and areas indicated in our data analysis, which creates our long-term plan. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments most at risk for various diseases and injuries.

The CHA is followed by a Community Health Improvement Plan (or CHIP), a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. These plans are typically updated every three to five years.

EXECUTIVE SUMMARY

What follows is a summary of all the key findings. The subsequent sections will cover each topic in much greater detail.

PART I: COMMUNITY HEALTH ASSESSMENT

Methods Used for the Community Health Assessment

In 2016 Chesprocott Health District completed its first Community Health Assessment (CHA) for the district. The assessment was guided by a participatory, collaborative approach, examining health broadly.

In 2019, the Greater Waterbury Health Initiative Project presented its Community Assessment Data at a coalition meeting. The Coalition Members reviewed the data and discussed the survey data and what was of importance to our community. Due to this discussion, CHD added three new priority areas: oral health, food insecurity, and access to care.

Now in 2021, the CHA has begun its third community assessment review focusing on the following objectives:

- To gain a greater appreciation of the needs and desires of Cheshire, Prospect, and Wolcott, Connecticut (CT).
- To use the resources available as Chesprocott strives to improve health outcomes.
- To update the 2016 Community Health Assessment with current data.
- To help identify strategies to improve the health of the community.
- To understand how the impact of the COVID-19 pandemic affected our residents.

The COVID-19 pandemic used virus-related illness and death, increased isolation and mental health problems, and economic challenges. The pandemic also has highlighted the need for service providers to communicate and collaborate with their local health districts/departments.

2022 Key Findings

The following is a brief overview of key findings from this assessment.

Who lives in Chesprocott's district area?

- The study area for the survey effort (referred to as "The Chesprocott area" or "Our community") consists of three towns: Cheshire, Prospect, and Wolcott. A geographic description follows in the next section.
- **Overall Population:** The combined population of our three towns is 54,276. Approximately 52% of our district comprises Cheshire residents, 30% by Wolcott, with Prospect making up 18% of the Chesprocott area. The first data from the 2020 Census released in August 2021, between 2010 and 2020, Connecticut's population was nearly stagnant. Wolcott shrank by 538 people, a 3.2% decrease. *DataHaven
- **Age Distribution:** Based on the most recent Census Data available by town, the age distribution of the Chesprocott area is generally consistent with that of Connecticut. In Cheshire, a moderately more significant percentage of the older adult population is. The Town of Prospect has slightly lower rates of younger people with a somewhat more meaningful, more aging population.
- **Racial and Ethnic Diversity:** Many of the residents of our community classify themselves as Caucasian. However, diversity does exist in the community.

Cheshire's population has over 17% of its residents identifying as white-non-Hispanic. The district has some residents who classify themselves as African American, Hispanic/Latino, or Asian descent. Cheshire has 9.6% of its population as foreign-born, whereas Wolcott has 6.2% as foreign-born.

- **Income & Poverty:** The towns making up the Chesprocott area vary in household income. Average Cheshire income is \$120,546, Prospect's income is \$101,134, and Wolcott's is \$95,257. Poverty rates in the three towns are as follows: Cheshire, 2%; Prospect, 1%; and Wolcott, 3.9%. There is a correlation between Wolcott's lower income level and its higher poverty rate.
- **Educational Attainment:** All three towns in the Chesprocott area have high school graduation rates above the state average of 88.0%. Cheshire's and Wolcott's graduation rate (98%) leads, followed by Prospect's (93%). Ultimately, the educational attainment levels in the three towns are varied. After a more comprehensive breakdown of the population for each city, Cheshire has a higher number of bachelor's attaining (29%) and advanced degree attaining (27%) persons compared to Prospect and Wolcott.

Indicator 2021	Cheshire	Prospect	Wolcott
Total population	28,733	9,401	16,142
Total households	10,169	3,347	6,052
Homeownership rate	88%	89%	85%
Housing cost burden rate	19%	25%	24%
Adults with less than a high school diploma	6%	6%	6%
Median household income	\$120,546	\$101,134	\$95,257
Poverty rate	2%	1%	4%
Life expectancy (years)	81.5	81.8	79.4
Adults' w/o health insurance	7%	7%	8%
*2021 data haven			

What is the Chesprocott Area like? Social & Physical Environment:

This section provides an overview of the social & physical environment around the Chesprocott Area to provide a greater context when discussing the community's health.

- **Housing:** The Chesprocott area is a prosperous region. There is an extensive range in median home values between the towns in our community; Cheshire's median home value is \$338,800; Wolcott's is \$248,100, and Prospect's is \$286,000. The 2021 median home value within the district is about \$291,000, approximately \$11,000 more than the median Connecticut home value and about \$39,000 greater than the median New Haven County home value.
- **Access to Recreation:** Each town has a Parks & Recreation Department, walking paths, and public parks.

- **Access to Healthy Foods:** In 2019, critical leader discussions identified concerns related to a healthy lifestyle, such as food insecurity, social issues/social determinants of health, including income/poverty, education, and housing in the community. According to the Zwick Center for Food Resource and Policy, the district's food insecurity rate is about 6% compared to the statewide 14%. Prospect and Wolcott would benefit from larger food markets.
- **Crime & Violence:** Our community's crime and violence reports are comparably low to Connecticut. In the most recent reported data from 2020, Cheshire's crime rate was about 1,016 per 100,000 residents, followed by Wolcott with 1,475 per 100,000 residents and Prospect with 679 crimes per 100,000 residents.
- **Healthy Eating, Physical Activity & Overweight/Obesity:** Our communities observe similar trends around obesity as other parts of Connecticut and the nation at large. A study by the Zwick Center for Food Resource and Policy presents an obesity rate of 17.1% in Cheshire compared to 24% in both Wolcott and Prospect. The towns would benefit from prevention programs around healthy eating and physical activity.

The three communities have school systems with nutritional lunch programs and community-sponsored team sports and activities. The lack of knowledge on how to eat healthy and understanding food labels could be a barrier.

 - To address this health indicator, the Healthy Communities Coalition has created a healthy recipe booklet with information on local farmer markets and parks. In addition, we have held community bike rides, walks, virtual walks, stretching exercises, nutrition lectures, and diabetes prevention wellness lectures and groups.
- **Substance Use and Abuse:** The opioid epidemic has not spared our community. According to Data Haven, Chesprocott Health District reports that 34% of people know someone who has struggled with the misuse of opioids or prescription painkillers during the past three years compared to the statewide 31%. According to the Chief Medical Reports that 25 residents had an overdose death over the past three years (2019 thru 2022). Overdoses average to be 7-8 deaths per year. The average age is 41 years old, and they are primarily white males.

Each town has a local prevention/wellness committee. The Wolcott and Cheshire Coalitions actively prevent substance use among youth in the community. Prospect's prevention/wellness committee would benefit from capacity building and funding. CHD assists each town with mental health prevention by hosting mental awareness training.

Health Outcomes

This section provides a quantitative overview of the leading health conditions in the Chesprocott Health District's Area. It also discusses concerns some residents and community leaders raised during focus groups and key-informant interviews.

- ***Overall Leading Causes of Death:*** The leading cause of death in Connecticut for adults in our community was COVID-19. Other identified causes of death for all ages in our society (St Mary's CHNA-Data Haven 2018): 1) cancer, 2) accidents (unintentional injuries), 3) infant/fetal mortality, 4) heart disease, and 5) drug use. Data shows that

teens and young adults have a higher death rate from motor vehicle accidents than older adults. In contrast, older adults are more likely to die from heart disease. In 2020, CDC identified the leading causes of death for all ages - heart disease; cancer; COVID-19; accidents (unintentional injuries); stroke, and chronic lower respiratory diseases.

- *Leading Causes of Hospitalization:* Mental health admissions were the leading cause of CT hospitalizations for almost every age group.
- *Maternal & Child Health:* Low birthweight significantly predicts infant survival, child development, and physical well-being and can serve as proxy indicators for community health. Teenage pregnancy can contribute to low-birth weight rates.
- *Presence of Chronic Diseases:* cardiovascular disease, diabetes, asthma, and cancer.
- *Mental Health:* Concerns about mental health came up frequently, especially regarding our youth. Residents raised concerns during community focus groups, and several issues were brought to light by the Youth Survey, such as teens in grades 7-10 actively using illegal drugs. The 2022 focus group prioritized mental health among all ages and professionals.
- *Oral Health:* Oral health became a concern due to the report from data haven, which found that more than half of adults only have one oral health cleaning a year.
- *Infectious Disease:* Local health providers must report communicable diseases so the health district can review them. During the past few years, sexually transmitted infections and conditions associated with needle use have increased, which matches a nationwide trend.

How do citizens get Health Care? Access and Utilization:

The following section provides a qualitative and quantitative overview of healthcare access and utilization.

Resources and Use of Health Care Services: Four hospitals serve Chesprocott Health District area-local hospitals: Hartford Healthcare, Waterbury Hospital, St. Mary's Hospital & Midstate Medical Center, all located within a 5 to 15-mile radius of our communities. The Chesprocott Community has several urgent care centers operated by St. Mary's and Midstate Medical Center. Since the original report in 2016, numerous urgent care facilities have opened across all three towns, allowing more readily available access to care. Six local pediatrician practices provide services to our younger adult population. Unfortunately, the Town of Wolcott does not have a pediatrician, and residents must seek services outside the area. The Chesprocott community has multiple primary and specialty physicians in the area.

Challenges in Accessing Health Care Services:

Many residents must rely on private or public transportation to doctors' appointments. DataHaven reports that 7% of Chesprocott uses public transit compared to 12% statewide. Our three towns have access to public buses, and each senior center has older adult buses. In addition, many residents need insurance or can afford copays for healthcare visits.

What are our Community Strengths & Resources?

This section provides an overview of our communities' assets and strengths, which will be of great value in planning our Community Health Improvement Plan.

- **Volunteerism:** The willingness of all our residents to assist their town was a central topic of the 2022 Focus Group. Examples include Cheshire's Lights of Hope, Prospect's Pumpkin Festival, and Wolcott's community picnics. Lastly, many volunteers from each town have joined the MRC to help vaccinate the community against COVID-19 and the flu.
- **The Physical Environment:** Our Chesprocott Community is in a central location in Connecticut. The landscape is a wealth of recreational, cultural, and natural resources. According to the Cheshire Land Trust, Cheshire boasts 30 open-space properties across 578 acres, most open to public use. In contrast, the Wolcott Land Trust advertises eight properties across 200 acres. There are a combined 27 recreation parks across our district.
- **Activities for Youth:** All our communities have vigorous activities and services for our youth. Cheshire is the only town with a designated, fully staffed Social Services Department, and within it is a Youth Services Program, including the Yellow House, which plans social and learning programs for its "tweens" and teens. Cheshire also has a fully staffed and highly involved Parks and Rec Department responsible for many town-wide activities (ex: Summer Concert Series) and youth-specific camps and programs. The Town of Prospect has a robust park and recreation program for the youth. The Town of Wolcott has a youth center, and all three communities have active Police and Fire Explorer programs. All three towns have extensive team sports and a variety of after-school learning programs.
- **Supportive Community:** All three towns are part of the Northwest Regional Mental Health Board and the Western CT Coalition. This organization supports social services and town municipal agents to assist with the residents' mental health needs, substance abuse, and protective factors. Chesprocott Health District has trained community members in suicide prevention and Narcan training.

Introduction

A community may be defined by more than a set of physical boundaries; sometimes, it's a group of shared characteristics or interests. The health status of a community plays a significant role in social and economic prosperity. Hence, society must strive to improve and maintain its health continually. Government agencies (city, state, and federal health departments) may provide health services; however, not all health programming comes from these organizations. Successful health programming must also include input from community agencies and community members.

A Community Health Assessment (CHA) systematically collects and analyzes community health information. By using the assessment findings, communities can initiate strategies to begin improving the health of their residents. The Community Health Assessment was conducted by Chesprocott Health District (CHD) to identify significant community health needs and to inform the development of a plan to address those needs. This report outlines the findings of the assessment.

Chesprocott Health District is devoted to maintaining and protecting the health and environment of its communities. Furthermore, CHD is committed to building lasting partnerships with those communities to improve their health status. CHD hopes community members and other agencies will find this report helpful as they continue their efforts to identify health issues and work to address priorities.

COMPONENTS OF A COMMUNITY HEALTH ASSESSMENT

For community health assessments to be accurate, the data collected must be comprehensive and representative of the community it serves. CHD collected survey data from local hospitals. In addition, information from many population sectors via community focus groups and surveys to gather a representative sample.

All the communities have recently suffered from drug-related overdoses. From January 2017 through July 2022, there was a combined total of 8 opioid-related overdose deaths among the towns, and the number of overdoses is growing each month. The town of Wolcott reported administering Narcan 30 times from July 2017-October 2022. Many of the overdoses of our residents occur in other cities and towns, which is why CHD is a part of the regional opioid abuse prevention workgroup to partner with the surrounding communities. As CHD's partnerships strengthen, we are gathering more data to learn how to address the epidemic fully.

Cheshire, Prospect, and Wolcott are close to many highways and cities where the availability of opioids is prevalent. The norms and beliefs in the community indicate denial of substance abuse use among youth, derailing prevention efforts. Many healthcare providers in town prescribe large amounts of opioids for minor surgeries, and prescription bottles stay in homes for several years. These local conditions in communities all contribute to the increase in opioid use.

The Chesprocott Healthy Communities Coalition has developed a committee to address substance abuse in the district in response to their community needs assessment and health improvement plan. CHD is implementing various strategies to reduce and prevent the opioid epidemic, such as community Narcan training, sharing of first responder data, drug take-back days, mental health first aid training, and community presentations.

Community Health Assessment Process

Community Health Assessment

The Community Health Assessment (CHA) aims to achieve the following goals:

- Understand the health issues important to Cheshire, Prospect, and Wolcott residents.
- To identify assets within the community that encourage healthy lifestyles.
- To identify areas of improvement to increase and improve the community's health.

Community Health Assessment Methods

The following sections detail how the CHA data's many influences affect the health of individuals and communities. These influences range from social and economic factors (e.g., income and education) to the physical environment (e.g., air quality and safe housing) to the person's characteristics and behaviors (e.g., genetics and coping skills). One's health is also influenced by whether one has access to healthcare services and utilizes those services to stay healthy. Determining whether you are healthy or not is determined by a multitude of effects.

Social Determinants of Health Framework

Our health is determined by factors such as the work we do, our level of education, our income, where we live, the quality of our early childhood experiences, and the physical environment surrounding us. These factors are called the social determinants of health. Although research has demonstrated the importance of the social determinants of health on population health and other social and economic outcomes, public knowledge and understanding still need to be improved. Most people believe choices, such as smoking, diet, and physical activity, influence their health. Other societal factors affect our health, such as income and education. The social determinants of a healthy framework address the distribution of wellness and illness among a population – its patterns, origins, and implications. While the data is a 'snapshot' of that population, those people we've collected. Utilizing this framework allows us to discuss and determine which populations are healthiest in the community. We can also compare social and economic factors and how they relate to better or poor health status.

Secondary Data Collection

The Chesprocott Health District looked at existing quantitative data available from federal, state, and local sources. The Data collected came from the following: U.S. Census Bureau, Centers for Disease Control, the Connecticut Department of Public Health DataHaven Community Wellbeing Survey, NVOG 2022 Regional-housing Profile, Cheshire, Prospect & Wolcott Equity Profile 2021, as well as public health disease surveillance data and vital

statistics gathered from both birth and death certificates.

2022 Qualitative Data Collection

During this time, Chesprocott Health District collected qualitative data from community partners, hospitals, and residents on their perception of community strengths, health concerns, and health issues they identified in their community. Data collection was a community survey with 200 responses, one virtual focus group, and a one-person focus group.

2015-2019 Community Partners Focus Group

The Chesprocott Health District held two workgroups representing local government, hospitals, social services, faith-based organizations, youth organizations, business and industry, and medical services. In January 2016, the first workgroup meeting was held. During this one-hour discussion, participants discussed the community's pressing health needs and our community's strengths, assets, and resources. They identified the gaps between needs and services in our community.

These participants presented eleven areas of concern from the January meeting. Participants narrowed eleven identified concerns to four pressing health issues. A list of the top-eleven topics included opioid addiction/substance abuse, access to healthcare, problems associated with aging, mental health, violence and injury, obesity/lack of physical activity, social isolation, bullying, cancer, and chronic illness.

Key Informant Interviews

Chesprocott Health District conducted individual interviews with community stakeholders from community-based organizations. These interviews were held face-to-face for one hour each. The interviewees provided their perspectives on the community's health needs, strengths, and health issues that were important to them and the community.

Resident Focus Group

Focus groups occurred in each community. Although a plethora of advertising sought participation, more involvement was needed. Chesprocott Health District used these focus group meetings to explore the participants' perspectives of the community's health needs and what they had perceived as strengths, assets, and resources. They asked them to identify gaps between needs and services in each community. Each focus group lasted between 60 - 90 minutes.

Past and Current Analyses & Limitations

Chesprocott Health District collected qualitative information and analyzed the data looking for themes. Key themes emerged from the focus groups and key informant interviews. The Chesprocott Healthy Communities Coalition Health Assessment utilized a participatory, collaborative approach in collecting health data. The process synthesized multiple data collection sources, including reviewing quantitative data from existing databases for demographic information on social and economic status.

The method also reviewed primary data collection of information obtained from focus

groups and key informant interviews. The participants represent sectors of each community, including faith-based & community organizations, town officials, media, schools, EMS, and healthcare officials.

As with all research, our assessment did have limitations. The most significant restriction occurred with the collected quantitative data from residents who needed more community representation. Each town did not contain secondary data collection; therefore: the data could not be reviewed per zip code. The lack of participation caused accurate and reliable data collection and reporting limitations. Large-scale data collected by self-reporting surveys have boundaries of possible over and under-reported data. These self-reporting surveys can also be ejected to recall bias which relies on participants to identify past exposures. They may not accurately report those experiences or data due to memory and time passed.

Although our data collection is subject to limitations, the overarching goal of this health assessment is to collect data to improve the health status of our community, which serves as the first step to begin addressing these social and health inequities.

The following sections include updates and additions to the findings from the original community health assessment conducted from October 2015 to June 2016:

In 2019, The Greater Waterbury Health Department Partnership and Data Haven and their partners conducted a Community Health Needs Assessment. The Chesprocott Health District's Community Coalition shared this new health assessment data. The presentation compared data to the state and asked for coalition members' feedback. Chesprocott Health District took part in this collaborative effort.

Mental Health is a crucial concern. It relates to behavioral health insurance coverage, youth access to services, and lack of local mental health providers. Depression was identified, along with financial and food insecurity's role in increasing mental health rates. Due to this conversation, the coalition updated their health priorities to include oral health, chronic disease, mental health, food insecurity, substance abuse, physical activity, and nutrition (June 2019, Chesprocott Community Conversation).

In 2022, Chesprocott Health District conducted its own comprehensive Community Health assessment, including data and information from various sources: Centers for Disease Control and Prevention, the Census, Connecticut Hospital, local town surveys, and focus groups, among others.

Differences Among Our Towns as of 2021

Cheshire has 28,733 residents, 20% of whom are people of color. The town's population has decreased by 1.8% since 2010. Of the town's 10,169 households, 88% are homeowner households. Nineteen percent of Cheshire's households are cost-burdened, meaning they spend at least 30% of their income on housing costs. Ninety-eight percent of public high school seniors in the Cheshire School District graduated within four years in 2019. Among

the town's adults ages 25 and up, 56% have earned a bachelor's degree or higher. Cheshire is home to 4 jobs, with the largest share in the Health Care and Social Assistance sector. Cheshire's average life expectancy is 81.5 years. Seventy-three percent of adults in Cheshire say they are in excellent or very good health. Ninety percent of adults in Cheshire are satisfied with their area, and 63% say their local government is responsive to residents' needs. In the 2020 presidential election, 86% of registered voters in Cheshire voted. Forty-three percent of adults in Cheshire report having stores, banks, and other locations within walking distance of their home, and 67% say there are safe sidewalks and crosswalks in their neighborhood.

Wolcott is a town of 16,142 residents, 15% of whom are people of color. The town's population has decreased by 3.2% since 2010. Of the town's 6,052 households, 85% are homeowner households. Twenty-four percent of Wolcott's households are cost-burdened, meaning they spend at least 30% of their income on housing costs. Ninety-eight percent of public high school seniors in the Wolcott School District graduated within four years in 2019. Among the town's adults ages 25 and up, 29% have earned a bachelor's degree or higher. Wolcott has 3,022 jobs, with the largest share in the Health Care and Social Assistance sector. Wolcott's average life expectancy is 79.4 years. Sixty-four percent of adults in Wolcott say they are in excellent or very good health. Eighty-eight percent of adults in Wolcott are satisfied with their area, and 55% say their local government is responsive to residents' needs. In the 2020 presidential election, 79% of registered voters in Wolcott voted. Thirty-five percent of adults in Wolcott report having stores, banks, and other locations within walking distance of their home, and 22% say there are safe sidewalks and crosswalks in their neighborhood.

Prospect is a town of 9,401 residents, 11% of whom are people of color. The town's population has decreased by 0.04% since 2010. Of the town's 3,347 households, 89% are homeowner households. Twenty-five percent of Prospect's households are cost-burdened, meaning they spend at least 30% of their income on housing costs. Ninety-three percent of public high school seniors in the Regional School District 16 graduated within four years in 2019. Among the town's adults ages 25 and up, 37% have earned a bachelor's degree or higher. Prospect is home to 2,014 jobs, with the largest share in the Health Care and Social Assistance sector. Prospect's average life expectancy is 81.8 years. Fifty-nine percent of adults in Prospect say they are in excellent or very good health. Eighty-nine percent of adults in Prospect are satisfied with their area, and 65% say their local government is responsive to residents' needs. In the 2020 presidential election, 89% of registered voters in Prospect voted. Twenty-seven percent of adults in Prospect report having stores, banks, and other locations within walking distance of their home, and 15% say there are safe sidewalks and crosswalks in their neighborhood.

Findings

The Chesprocott Healthy Communities Coalition aims to increase dialogue among the communities the Chesprocott Health District serves. For over forty years, Chesprocott has been the government agency that provided public health services to the communities of

Cheshire, Prospect, and Wolcott. The districts covered by this health assessment are located centrally in Connecticut. All three towns share boundaries with the City of Waterbury, one of the seven most significant cities in Connecticut and ranked the eighth poorest city in Connecticut. The communities are only thirty-one miles from other nearby Hartford and New Haven cities. Focus Group members mentioned that they like being outside the city but still have proximity to the hospitals and many entertainment options in nearby cities and towns.

In the past, these areas were central farming and manufacturing communities that have evolved into suburban communities which foster small-town environments and commuting outside the community for employment and entertainment. The communities are affluent in local restaurants, walking trails, community involvement, blue-ribbon school systems, and youth activities that lend themselves to being desirable. Although there are many life-long residents in these communities, proximity to the major cities has increased immigration to our communities. These demographic changes may have implications for the community's health and well-being.

A. Demographics

The health of a community is associated with many factors. The characteristics of a population expressed statistically by age, sex, education level, income level, marital status, occupation, religion, and other factors, help to determine the rates of health behaviors and outcomes in that area.

Population

In 2016, the combined population of our three towns was 55,600. In 2021, the number of people will be around 54,276. Cheshire's population has decreased by 1.8% since 2010; Wolcott's population has decreased by 3.2%; Prospect's population has decreased by 0.04% since 2010. Approximately 53% of our district comprises Cheshire residents, 30% by Wolcott, with Prospect making up only about 17% of the Chesprocott Health District. Population in the health district has fluctuated little since 2010, and of the three towns, only Wolcott will see an influx in population. Wolcott's population will increase by 3.89% by 2030, a significant change compared to the shrinking population trends of Cheshire and Prospect at -9% and -7.5%, respectively (See Figure 1).

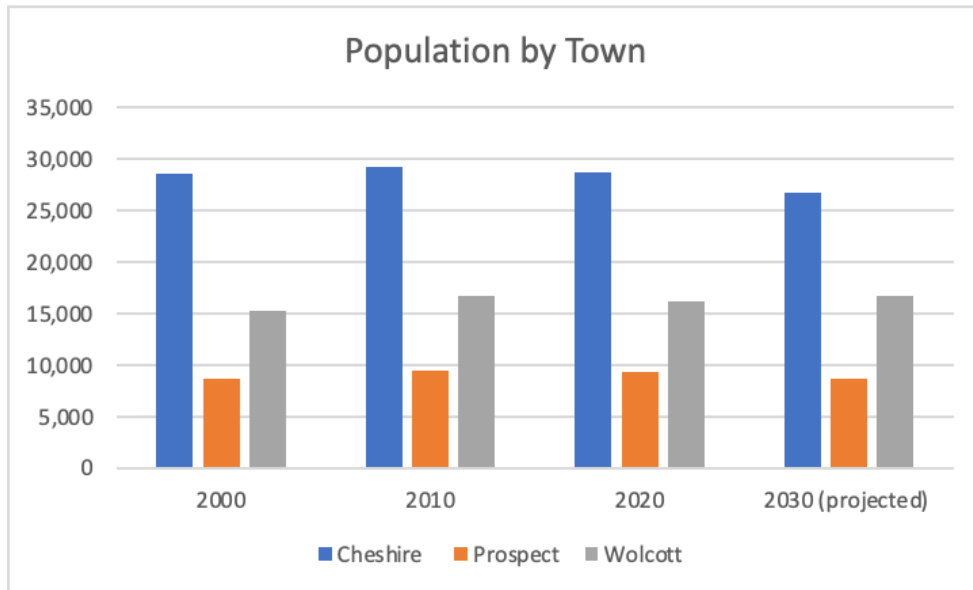


Figure 1. Population by Town 2012-2020
 DATA SOURCE: 2020, US Census Bureau, American Community Survey

Based on the most recent U.S. Census data available by town, the age distribution of our community is generally consistent with that of Connecticut, except for a slightly lower percentage of children under ten years of age and a slightly higher distribution of persons ages 50-69 years of age. See Figure 2 for the age distribution in our communities and our state.

The census data also provide a gender breakdown for females, consistent with the State of Connecticut percentage of 50.9%. Cheshire’s 46.7% of females are slightly lower than the communities of Wolcott (51.2%) and Prospect (49.5%). See Figure 3 for the distribution.

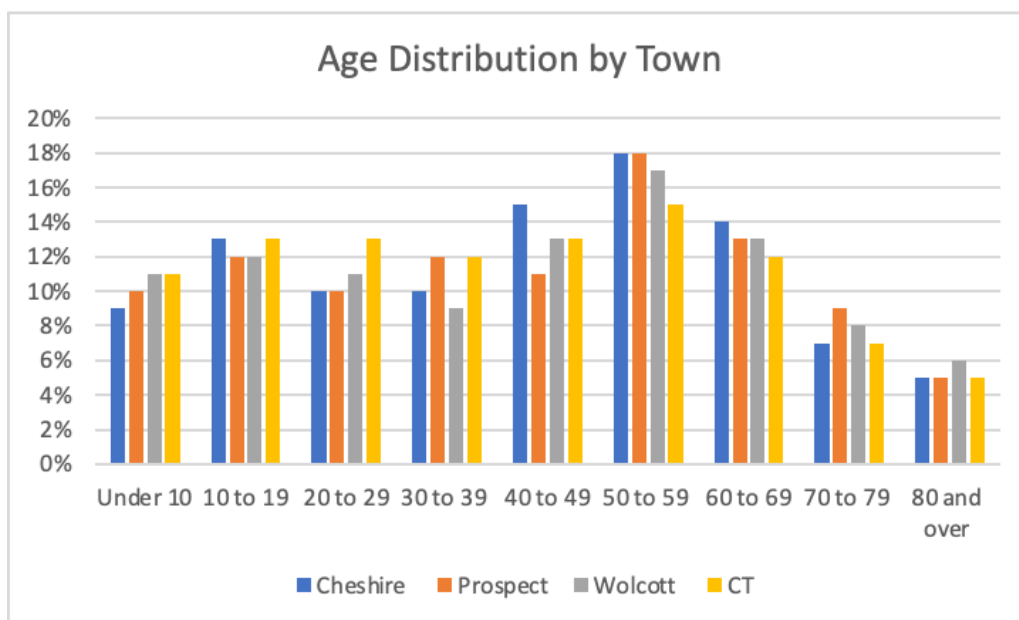


Figure 2. Age Distribution in Connecticut, Cheshire, Prospect, and Wolcott

DATA SOURCE: 2020, US Census Bureau, American Community Survey

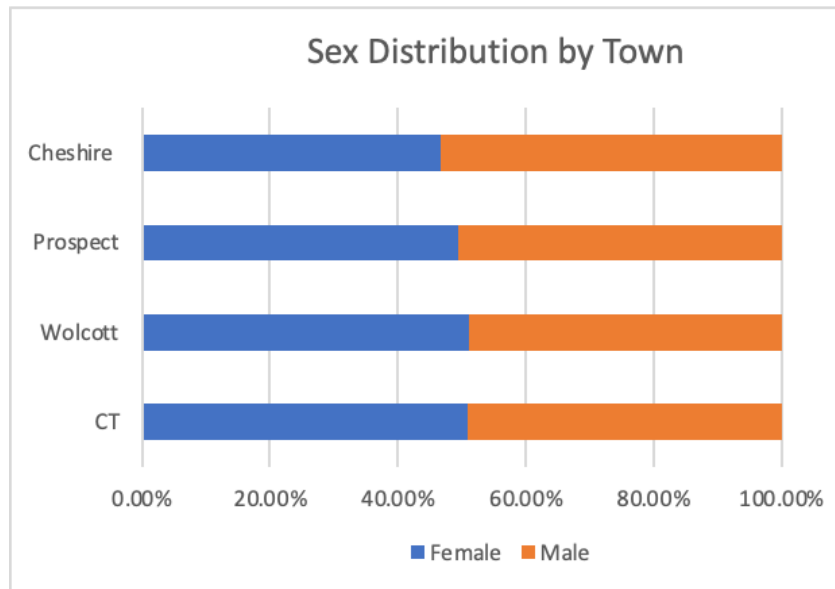


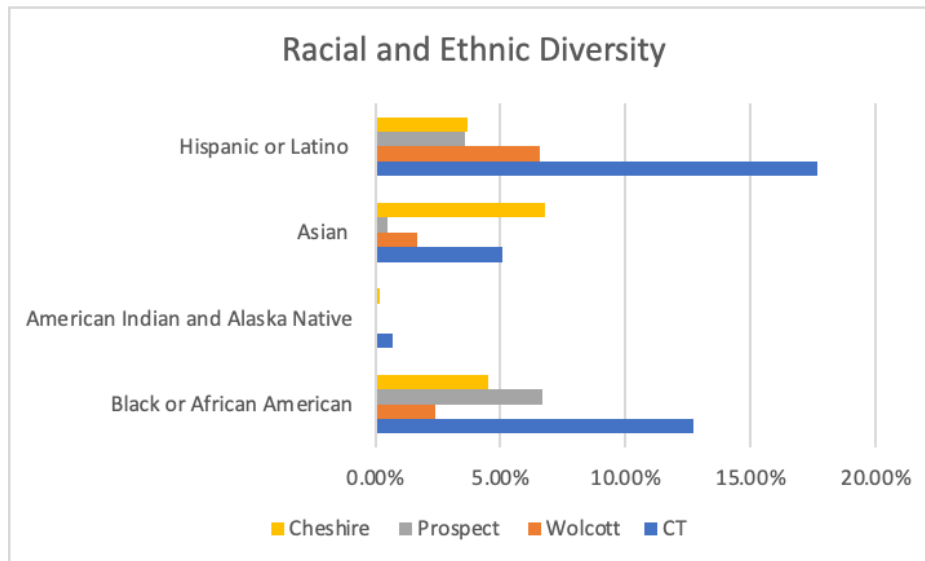
Figure 3. Sex Distribution in Connecticut, Cheshire, Prospect, and Wolcott

DATA SOURCE: 2020, US Census Bureau, American Community Survey

Racial & Ethnic Diversity

Most of our community classify themselves as Caucasian, particularly those residing in Wolcott and Prospect towns. Cheshire has a somewhat more diverse population, with 84.1% of residents identifying themselves as “White, alone,” while Whites in Wolcott represent 92.9% and in Prospect 89.7% of their respective communities. Individuals reporting “Black or African American, alone” differ significantly from Connecticut’s population of 11.5%. Cheshire reports 4.5% Black or African American, Wolcott reports 2.4%, and Prospect reports 6.7%.

In addition to reporting either “White Alone” or “Black and African American, alone,” racial and ethnic identification categories include American Indian and Alaskan Native, Asian, and Hispanic or Latino. The Chesprocott area’s minority populations are consistently lower for these categories than Connecticut’s. For the American Indian and Alaskan Native people, Connecticut reports 0.5%, 0.2% in Cheshire, and 0% in Wolcott and Prospect. The percentage of Hispanic/ Latino individuals in Connecticut remains at 15% compared to our communities, which have a much lower representation: 3.7% in Cheshire, 6.6% in Wolcott, and 3.6% in Prospect. The only race and ethnicity category that surpasses the State of Connecticut in prevalence is those self-identifying as Asian, with 6.8% residing in Cheshire, 1.7% in Wolcott, and 0.5% in Prospect. Approximately 5.1% of Connecticut self-identifies as Asian (See Figure 4).



	White	Black or African American	American Indian and Alaska Native	Asian	Hispanic or Latino
Cheshire	84.1%	4.5%	0.2%	6.8%	3.7%
Prospect	89.7%	6.7%	0%	0.5%	3.6%
Wolcott	92.9%	2.4%	0%	1.7%	6.6%
Connecticut	78.8%	12.7%	0.7%	5.1%	17.7%

Figure 4. Racial and Ethnic Diversity in CT and Our Communities

DATA SOURCE: 2020, US Census Bureau, American Community Survey

Some families speak another language at home in our communities: 12% in Cheshire, 8.6% in Wolcott, and 9.7% in Prospect. This data is lower than in Connecticut, where 22% of residents report speaking another language. Based on the categories reported, our communities have considerably less diversity than the State of Connecticut. The census identified Portuguese, Italian, and Spanish as our communities' most common second languages (Figure 5).

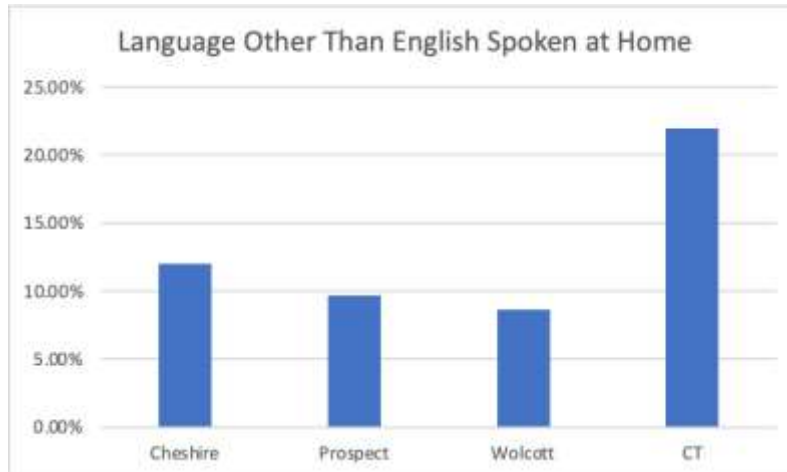


Figure 5. Language Other than English Spoken in Our Communities

DATA SOURCE: 2020, US Census Bureau, American Community Survey

B. Social Environment

"Overall, I would say that many organizations and groups within the town promote a positive spirit. The town can certainly come together on issues when we work together as a community." - Interview participant.

"I see all these kids at my daughter's house; I look at them today, and they have too much freedom. I feel it starts in the home- you can blame the kids, but it's not entirely the kids' fault." - Focus group participant.

"The people in this town are different. It feels very small-town in how we know and helps others." - Focus group participant.

The social and environmental data discussed in this report include education, employment, poverty, and crime. These factors affect the health of individuals and groups living within a community. For example, studies have shown that those who typically have higher education usually have better access to socioeconomic opportunities. On the other hand, those with low income or poverty levels have a lower probability of seeking health services and thus increase their risk for diseases and higher mortality rates. Studies have shown that those with an increased prevalence of medical conditions are at higher rates of suffering from depression and other poor health behaviors.

Educational Attainment

All three towns in the Chesprocott Area have high school graduation rates higher than the state average of 88.0%. Cheshire's and Wolcott's graduation rate (98.0%) leads, followed by Prospect's (93.0%). Of the three towns, Wolcott residents are most likely to conclude their education with a high school diploma or G.E.D. (33.0%). Following graduation, residents of all communities are likely to get at least some college education, although Cheshire residents are most likely to pursue degrees greater than a bachelor's degree (27.0%). For the breakdown, see Figure 6.

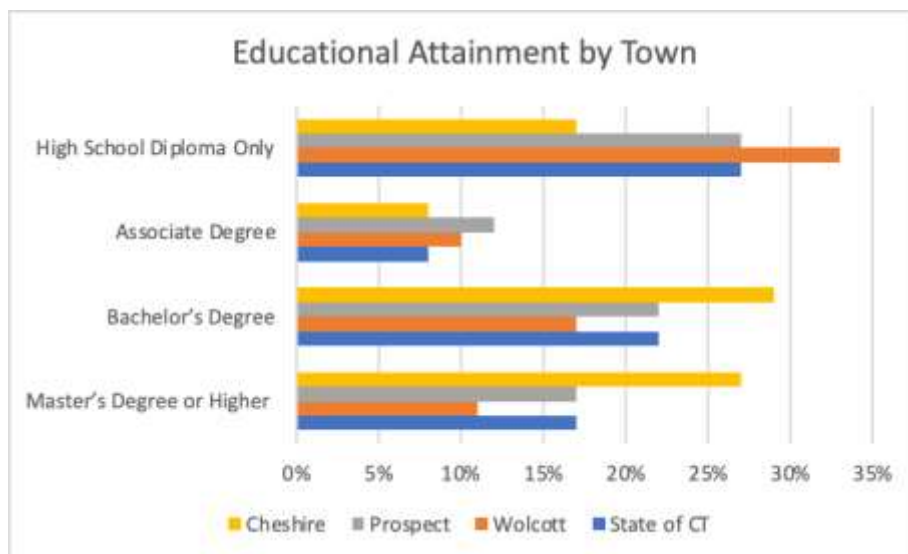


Figure 6. Educational Attainment in CT and Our Communities

DATA SOURCE: 2021 Town Equity Profile for Cheshire, Prospect, and Wolcott

It's no secret that life expectancy in the United States has been rising over the last few decades. However, recent data shows that only some have benefited from this encouraging trend. New findings from Harvard Medical School and Harvard University demonstrate that individuals with more than 12 years of education have significantly longer life expectancies than those who never went beyond high school. Over the years, much attention has been paid to mortality rates based on socioeconomic status. Moreover, it is essential to focus on the recent trends in life expectancy, mortality, and education. Researchers Ellen Meara and David Cutler combined death certificate data with census population estimates and National Longitudinal Mortality Study data to understand current mortality trends. Restricting analyses to whites and non-Hispanic blacks, the team created two separate data sets, one covering 1981-1988 and the other 1990-2000. In both data sets, life expectancy rose for individuals with more than 12 years of education. It plateaued for those with 12 or fewer (The research Cutler conducted and Ellen Meara, health care policy assistant professor at Harvard Medical School). A Yale-led study in 2020 has confirmed these findings most recently.

Income & Poverty

Healthy People 2030 is a science-based document produced by the U.S. Department of Health and Human Services, Office of Disease Prevention & Health Promotion. The office provides 10-year national health objectives for improving the health of all Americans.

Healthy People 2030 emphasizes the inseparable connections between health and the environments in which we are born, live, work, play, and age. The relationship between poverty and health is solid. Low-income people are more likely to be uninsured, have inconsistent health care, and have higher rates of tobacco use, substance abuse, emotional distress, and certain chronic diseases, such as obesity & diabetes. In addition, low-income people are more likely to have lower levels of education, live in

substandard housing and unsafe neighborhoods, be unemployed, and be victims of crime. A substantial variation in household income characterizes our community. The average Cheshire income is more than 25% greater than earned income in Wolcott. Prospect falls somewhere in between but leans closer to Cheshire (Figure 7).

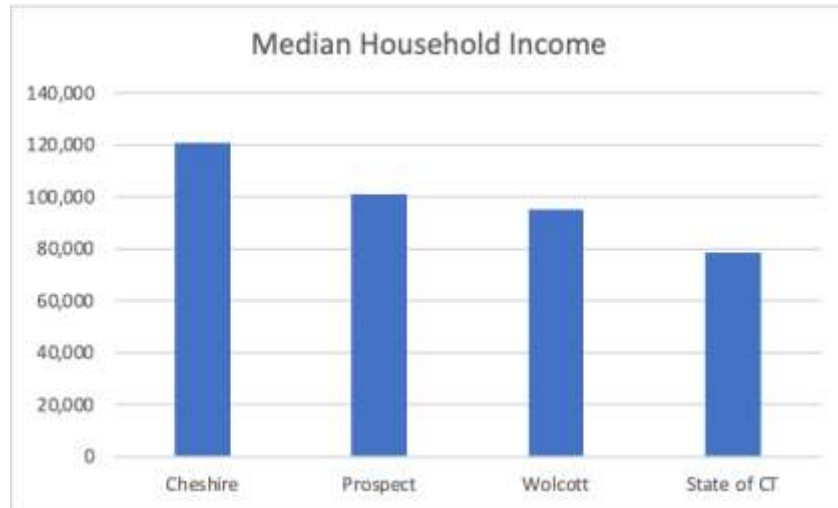


Figure 7. Median Household Income in CT and Chesprocott Area, 2020

DATA SOURCE: 2020, US Census Bureau, American Community Survey

Poverty rates across all our communities are low. The mean poverty rate for the towns was 2.3% in 2020, a fifth of the rate of New Haven County (11.2%) and less than a quarter the rate of Connecticut (10.1%). See Figure 8.

Employment & Unemployment

The Connecticut Department of Labor has indicated a substantial decline in unemployment rates since the pandemic's start (March 2020). Before **March 2020**, unemployment rates were steadily declining before they sharply increased. In 2021, the unemployment rate in Connecticut averaged 6.3 %. All three towns had lower rates than the state average, with Cheshire at 4.1%, Prospect at 4.8%, and the highest rate in Wolcott at 5.3% (Figure 8).

Pre-Covid, the 2020 U.S. Census showed that the average commuting time amongst all the towns was about the same at 26 min, and 93% of Chesprocott's residents commute via driving.

Areas	High School Graduation Rate	Poverty Rate	Unemployment Rate
Cheshire	98.0%	2.0%	4.1%
Prospect	93.0%	1.0%	4.8%
Wolcott	99.0%	3.9%	5.3%
New Haven County	n/a	11.2%	8.6%
Connecticut	88.0%	10.1%	6.3%

Figure 8. Employment/Unemployment & Poverty Rate in Ct and Our Communities

DATA SOURCE: 2020, US Census Bureau, American Community Survey

Housing

As a primarily affluent area, housing in most of our communities is moderately expensive, with median housing costs for mortgages and rents exceeding that of New Haven County and, in many cases, exceeding that of the state. The 2021 median home value within the district is about \$291,000, approximately \$11,000 more than the median Connecticut home value and about \$39,000 greater than the median New Haven County home value. There is an extensive range in median home values between the towns in our community; Cheshire's median home value is \$338,800; Wolcott's is \$248,100, and Prospect's is \$286,000 (Figure 9). Some focus groups and interview respondents expressed concern over high property taxes. The rate of owner-occupied housing far exceeds the county and state averages. In the Connecticut Wellness Study, 50% of the community responded that they felt their community was excellent to live in and raise a family.

Areas	Median Home Value	Owner-Occupied Housing
Cheshire	\$338,800	86.4%
Prospect	\$286,000	91.9%
Wolcott	\$248,100	85.2%
New Haven County	\$252,300	62.1%
Connecticut	\$279,700	66.1%

Figure 9. Housing in CT and Our Communities

Data Source: 2020, US Census Bureau, American Community Survey

Compared to CT at large, all three towns show a higher percentage (between 85 - 92%) of homes owned rather than rented (Figure 10).



Figure 10. Living Arrangements in CT and Our Communities

Access to Recreation & Healthy Foods

"It would be nice to have some businesses support kid-related activities or a place for them to hang out, like a movie theater or some other social location." -Interview participant.

Cheshire is the most populated of all the communities and has the densest commercial districts. Yet, Cheshire residents spoke the loudest in their desire for more recreation, especially for their young people.

One interviewee stated, *"I wish Cheshire had places for teens to hang out and informally interact - such as a theater, a skating rink, or other places that were walkable to each other and schools."*

Our communities have several recreational centers, youth centers, and vital youth programs. The Cheshire Community has the Yellow House for the youth, and Wolcott has the Youth Center where teens can be with their peers. Cheshire is the only community with a full-time staff that serves the Department of Recreation needs for the Town of Cheshire, while the other towns have commissions. Nearly 80% of survey respondents either agree or strongly agree that their community has easy access to recreation.

All three towns have public walking trails, which focus group members stated were an asset to the communities. Some focus group members said they would like more sidewalks in their neighborhoods. The Town of Cheshire has a sidewalk initiative to connect different businesses to promote walking and biking as an alternate method of transportation. Over 86% of those who responded to the CT Wellness study said that they thought the recreational activities in our communities were great, and over 67% felt they were safe accessing those paths and walking areas.

In a food security report compiled by the University of Connecticut, each town has at least one large grocery store that offers healthy food options. All three communities have local farms and orchards that grow fresh fruits and vegetables, and many offer them for sale—these range from blueberry farms in Wolcott to apple orchards in Cheshire. Several communities offer Community Supported Agriculture (CSA), where residents purchase weekly allocations of the local farmers' produce to support local farming.

One of the focus group participants noted that *"not everyone in town knows all the resources available."*

Environmental Quality

The environment we create and surround ourselves with affects the health outcomes of many. The air we breathe, the water we drink, and the land we maintain all impact our physical and mental health. Air pollution affects our physical bodies, such as lung function diseases such as asthma. In the nearby City of Waterbury is an active EPA (Environmental Protection Agency) monitoring site and reports daily air quality pollution to our federal

and state officials. From 1984 to now, most reported pollutants (particle pollution, carbon dioxide, sulfur dioxide, and nitrogen dioxide) have been declining.

In 1997, the State of Connecticut created a law that 21% of Connecticut lands must be preserved by 2015. Each community has active Land Trusts that have maintained these lands for future generations. Currently, the Cheshire Land Trust has over 465 acres of land, the Wolcott Conservation Trust has over 200, and the Prospect Land Trust has over 145 acres. All three of these organizations are overseen by volunteers.

Our communities are rich in water resources and extensive wetland habitats. The Town of Prospect has three different water utilities that utilize its vast watershed and aquifer. The Town of Cheshire has two vast aquifers, including the Quinnipiac and the Mill River, that supply the South-Central Connecticut Regional Water Authority. In contrast, the Town of Wolcott has many reservoirs serving the surrounding municipalities.

Crime & Safety

"I love Cheshire for the sense of safety I feel living in this town. My 14-year-old son rides all over the south end and center of town on his bicycle with his friends, and I don't worry about him being kidnapped."

The reports of crime and violence in our community are comparably low to Connecticut. Cheshire and Prospect have low crime rates compared to Wolcott. In the most recent reported data from 2021, as part of the DataHaven Town Equity Profile, Wolcott's crime rate was about 1,475 per 100,000 residents, followed by Cheshire with 1,016 per 100,000 residents and Prospect with 679 crimes per 100,000 residents. Connecticut's crime rate is about 2,344 per 100,000 residents (Figure 11).

Approximately 68% of residents said they feel safe walking in their neighborhoods alone at night, and 92% agreed they could somewhat or strongly trust their neighbors and community. When asked about the resident's experience within the last twelve months, only about 5% reported an incident of someone trying to steal, vandalize, or break into their property or home. Only about 3% said having been threatened or attacked by force in the same twelve-month period.

In response to questions regarding local law enforcement and their success in the community, 86% of residents say that the police do a good or excellent job of keeping residents safe in our community. Compared to Connecticut, our communities are satisfied with the role of our police and their overall safety.

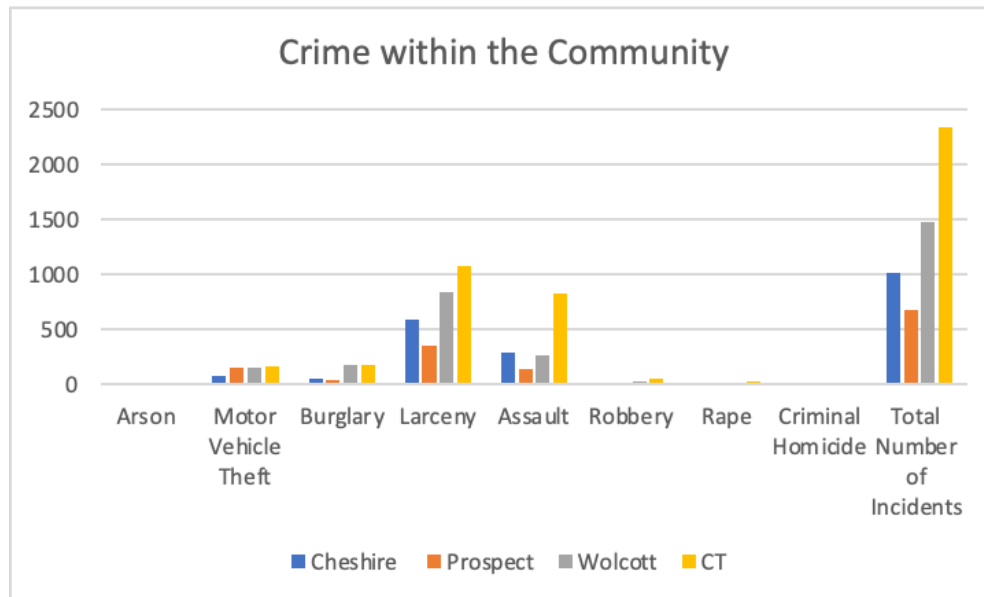


Figure 11. Crime Data in our Communities, 2021

DATA SOURCE: 2021, DataHaven Town Equity Profile

In the 2019 crime reports per town in Connecticut, the most common criminal offenses in our communities were larceny and assault (this includes both simple and aggravated assault). Most of the illegal activity reported is classified as nonviolent in nature. The quantitative data collected, in part, resembles the thoughts and responses of residents in local focus groups. The participants and their families perceived the surroundings and communities as safe. However, there were concerns raised regarding drugs, including marijuana and heroin, in both the community and the school system. Residents cited concerns over the ability of police officers to handle situations involving mentally ill and troubled youth appropriately. Some residents felt the police do not have the appropriate training to control these situations should they arise. There is a perception that police responding to these calls can make the conditions more hostile. Additional research would need to be conducted with the local first responders to obtain more information on whether this is an area of concern and possible improvement.

In 2021, a record 48,000 Americans were killed by firearms, including suicides, homicides, and accidents. Still, one lesson learned is that if we can't eliminate a dangerous product, we can reduce the toll by regulating who gets access to it.

C. Health Behaviors

Several aspects of individual health behaviors (including physical activity, nutrition, and alcohol and substance use) result in the leading causes of morbidity and mortality. This section examines lifestyle behaviors among the community residents that support or hinder health. This analysis includes measures tracked as part of the Healthy People 2030 Initiative, a 10-year action plan focused on improving the Nation's Health.

Healthy Eating, Physical Activity & Obesity

"We're fortunate to live on the rail trail. I enjoy walking from one end to the other, my kids

love to ride their bikes on it, and I know they're safe there, rather than riding on the busy streets. The bike trail is an asset to this town". -Focus group participant

"It doesn't seem like kids get as much recess or time to play outside these days. My son has told me that they take their active outside time away when his class has privileges taken away for bad behavior. There's something wrong with that picture." -Interview participant.

2016-Respondents speculated that the rise in obesity rates for young people included a busy and fast-paced lifestyle that relied on fast food; the trend toward greater use of cell phones and computers, resulting in less time spent being physically active. Among less affluent parents, barriers to healthy eating and physical activity may include the expense of healthy foods, gym memberships, and the cost of joining organized sports leagues.

Obesity in children and teens is still a frequent topic raised in 2022. The pandemic kept many young people home with the unintended consequence of missing gym class or extra movement outside the home. In all three towns, many environmental factors contribute to children having unhealthy weight, such as the number of fast food and convenience establishments. Each school is within one mile of a convenience store or fast-food establishment. Many of the community's streets need sidewalks or highly used roads, making outdoor exercise unsafe. The town does have many fitness centers, but they are not free. However, Cheshire does offer free outside yoga programs in the summer. Cheshire Bike has created a biking initiative that provides bikes for residents.

The World Health Organization (WHO) states, "Many Kids Are Too Heavy, and Childhood obesity is a severe public health challenge. While little data was available about obesity rates among our youth, rates of obesity among Connecticut high school students were 15.3% in 2020, a rate that has changed little or has slightly fluctuated since 2005. Community residents were also concerned about young people's food choices and physical activity- which emerged as a concern among focus group and interview participants.

Child & Youth Obesity

Connecticut youth's obesity rate continues to mimic the national trend of obesity among our younger population. While Healthy People 2030 targets an overweight/obesity rate of 15.5%, The Robert Wood Johnson Foundation data in 2020 reported that about 17% of Connecticut's youth (ages 5-17) were overweight or obese (Figure 12). Our survey data shows that 7% of respondents reported that a health professional told their child their BMI classified them as "obese," as CDC data shows that the likelihood of obesity increases significantly with age. Children 4 years old or younger were half as likely to be obese compared to youth ages 12-19 of all genders. Children living in the highest-earning households were significantly less likely to be obese (11.5%) than those with middle-earning incomes of (21.2%) or low-earning families (25.8%). Along with age, sex, and household income, it is essential to note that the Covid-19 Pandemic could also contribute. A study conducted by the CDC showed that during the pandemic, the rate of BMI increased nearly doubled for ages 2-19 compared to the pre-pandemic period.

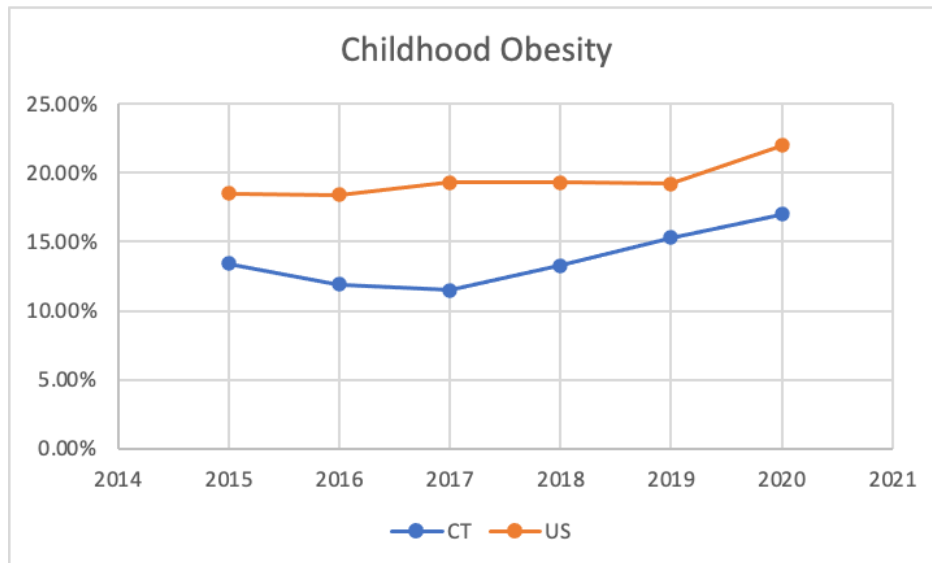


Figure 12. Percent of Obese Youth in CT and US, 2005-2011

Data Source: Robert Wood Johnson Foundation, CDC

Adult Obesity

The CDC Behavioral Risk Factor Surveillance System reports that in 2020, 29.2% of adults were considered obese, with the majority having lower educational experience and identified as African American. When broken down into the gender categories of men and women, 28% of men and 30% of females are considered obese. More men felt overweight compared to females. When residents in our community were asked in the 2015 Wellness study whether they felt heavy, 45% thought they were, while 20% felt obese. In our survey, 43% of adults say that a health professional has told them their BMI classifies them as “obese” within the last 12 months.

The CDC’s data supports that a study by the UCONN Zwick Center for Food and Resource Policy showed the obesity rates for Cheshire at 17.1% and Prospect and Wolcott at 24% (Figure 13). According to the CDC, in 2021, 29.2% of Connecticut adults were obese. Adults aged 18-34 were significantly less likely to be overweight or obese than adults in older age groups. A higher proportion of adult females were obese (30%) than males (28.4%) in Connecticut. The rate of obesity decreased as household income rose, and the relationship between obesity and income categories was significant. Adults with a high school degree or less (41.3%) were significantly more likely to be obese than adults with a college education (23.4%).

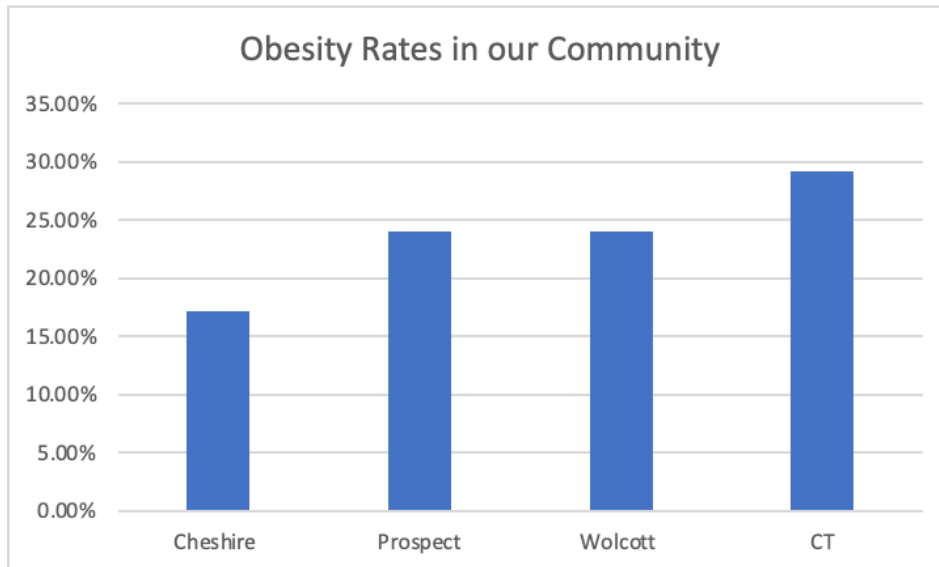


Figure 13. Adult Obesity in CT and Our Communities

DATA SOURCE: 2019 ZWICK CENTER FOR FOOD AND RESOURCE POLICY

Food Insecurity

Cheshire is the only town in our District with active community farming gardens, markets, and one main-chain grocery store. Prospect and Wolcott rely on small IGA's and convenience stores such as the dollar store for food. In these towns, these stores are on main roads close to public transportation; however, they are unsafe to walk.

In a food security report compiled by the Zwick Center and the University of Connecticut, most residents of Connecticut do have readily accessible and consistent access to enough healthy food. Residents in our District reported a need for more access to food. Each town in Connecticut received three rankings determining overall community food security, including population at-risk, food retail, and food assistance rankings. The population at-risk order refers to the population mix of income and socio-economic characteristics that determine the likelihood that a resident may be food insecure. Food retail ranking looks at a town and its geographic layout between population centers, food retail, and food options. Food assistance programs rank towns based on their participation in public food assistance programs and the availability of public transportation for town residents to access food.

Connecticut's 169 towns were ranked (see Figure 14). Cheshire is at the lowest risk for food insecurity, while Prospect and Wolcott are higher but still sit below the average of 12.4%.

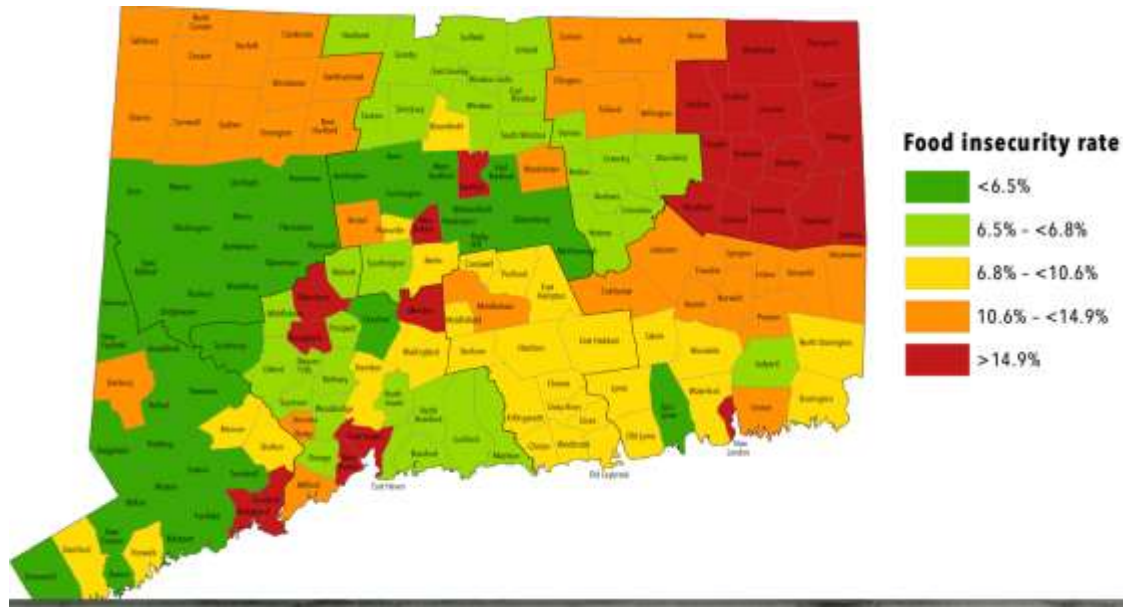


Figure 14. Connecticut Food Insecurity Map

DATA SOURCE: University of Connecticut, 2019

Substance Use & Abuse (Alcohol, Tobacco & Other Drugs)

"Something that could change is for Cheshire to be more proactive in curbing or stopping addiction, whether video games or substances. There has to be a better way to reach troubled kids and families." - Interview participant.

"I know my daughters declined to attend parties because alcohol was at the party. She went to one where the kids were drinking and called and said, 'Get me.' I think in that instance, the parents knew." - Focus group participant

Tobacco use is the single most avoidable cause of death and the most critical public health issue of our time. It increases the risk of cancer, heart disease, stroke, and chronic lung diseases. Maternal smoking contributes to premature and low-birthweight births. More than 4,900 Connecticut adults die each year from tobacco; 440 more die from exposure to secondhand smoke, according to the CDC.

According to the Truth Initiative:

- In 2018, 5.6% of adults in Connecticut used e-cigarettes.
- In 2020, 1.7% of adults in Connecticut used smokeless tobacco.
- In 2019, 27.0% of high school students in Connecticut used electronic vapor products on at least one day in the past 30 days. Nationally, the rate was 32.7%.
- In 2019, 2.6% of high school students in Connecticut used chewing tobacco, snuff, or dip on at least one day in the past 30 days. Nationally, the rate was 3.8%.
- In 2019, 3.9% of high school students in Connecticut smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days. Nationally, the rate was 5.7%.
- In 2020, 11.8% of adults smoked. Nationally, the rate was 15.5%.

- In 2019, 3.7% of high school students in Connecticut smoked cigarettes on at least one day in the past 30 days. Nationally, the rate was 6.0%.

Smoking is the single most avoidable cause of chronic illness and death. Although the effects of smoking on health are well documented and publicized, more than 4,000 Connecticut children still become regular smokers yearly. Tobacco users also have enormous economic costs, with estimated expenditures attributable to the consequences of tobacco use in Connecticut totaling \$2.63 billion annually. For nonsmokers, exposure to "secondhand" or environmental tobacco smoke (ETS) is especially harmful to the unborn fetus, infants, young children, and those with preexisting heart or lung disease. Across our district, our survey results show that 96% of respondents say they do not smoke cigarettes.

Smoking increases the risk of lung, bronchus, trachea, esophageal cancer, and many other cancers, including heart disease, stroke, and chronic lung diseases. As reported by Husky Health, over 4,900 CT adults die each year from smoking and another 440 from exposure to secondhand smoke. (CDC). Even as cigarette smoking in the United States has steadily declined, tobacco products have become more prevalent over the past several decades.

The health effects of non-cigarette tobacco are believed to be less harmful than traditional cigarettes, particularly in younger age groups. As reported in the 2020 CDC Behavioral Risk Factor Surveillance Report, Connecticut has one of the lowest rates of current smoking in adults and ranked 8th among US states (11.8% compared to 15.5% nationally). Smoking among Connecticut adults has declined by 46% over the past 30 years, with the most significant decrease occurring during the last decade.

Despite these positive trends, continued efforts to avoid tobacco use are imperative to future reductions in morbidity and mortality from cancer, respiratory, and cardiovascular diseases. CDC reports that Cigarette smoking remains the leading cause of preventable disease, disability, and death in the United States, accounting for more than 480,000 deaths every year, or about 1 in 5 deaths. More than 16 million Americans live with a smoking-related disease. In 2020 an estimated 30.8 million adults in the United States will smoke cigarettes.

In CT adults, smoking prevalence is highest in males (13.3%), people ages 18-24 (13.8%), those with less than a high school education (23.1%), and those with incomes below \$25,000 (25%).

The 2017 National Youth Tobacco Survey shows a 73% decrease in adolescent smoking. The national average now sits at 7.6% of youth smoking compared to 28% in 2000. Connecticut has mirrored this change. This report estimates that about 3.7% of adolescents smoke tobacco in CT, much lower than the national average.

While the cigarette smoking rate is declining, we are now seeing an increase in vaping. An estimated 27% of Connecticut high schoolers smoked some electronic cigarette or vape in 2019. E-cigarettes and other vaping devices are popular smoking devices among youths.

While 98% of our survey respondents reported no e-cigarette use, they also said 20% of their kids use e-cigarettes or are not sure they do. In E-cigarettes, the nicotine (or, in some instances, cannabis) is vaporized and inhaled through a battery-powered device that resembles a traditional cigarette.

In 2018, the surgeon general declared teen vaping an epidemic. We now know they pose just as many health risks as regular cigarettes. Emerging data shows a possible link between vaping and chronic lung disease and heart disease. Interestingly, many adults have started using E-cigs to reduce or stop smoking traditional cigarettes. Still, reports have shown that about 2% will become "dual" users, meaning smoking both conventional and electronic cigarettes, thus increasing the likelihood of complications.

Regulated US Food and Drug Administration (FDA) nicotine replacement products are safer than e-cigarettes, but e-cigarettes appear safer than smoking. Although the percentage of our community residents using or trying these alternative nicotine delivery methods is relatively low, a clear difference is seen by age and gender in CT. 3.6% of females reported vaping or e-cigarette use, compared with 5.4% of males reporting use. Residents over 45 were far less likely to use these products, with 2.4% reporting use compared to 8.4% of 18-44-year-olds. 4.7% of CT residents with less than \$25,000 reported vaping or e-cigarette use, while only 2.5% of residents with income over \$75,000 reported help.

In the US, 18-25-year-olds have the highest rates of opioid misuse, and young Americans are especially vulnerable to misunderstanding the risks associated with addiction and the dangerous spiral down from prescription to illicit abuse. Opioids are involved in nearly 3 in 4 drug overdose deaths, and dependence can happen in five days. The data from CT hospitals show that the area with the most unintentional and undetermined overdose deaths was Wolcott in 2021 (37.1 per 100,000). Cheshire was second with a rate of 14 per 100,000, while Prospect decreased to 0.0. Combined overdose deaths for Chesprocott was also tabulated (See Figure 15 and 16).

While Wolcott CASA boasts robust data about substance use in their schools, Prospect and Cheshire schools could benefit from more extensive data collection about youth substance trends.

Youth Substance Abuse

The epidemic of substance abuse and addiction throughout the United States has not spared our communities. During all focus groups and workgroups, substance abuse was a top priority. Youths are getting mixed messages with the recent approval of marijuana for medical use and fewer police penalties for possession. Our communities have reacted to this epidemic by seeking and receiving federal grants to combat drug abuse and create drug-free communities. This initiative has increased our interaction with the Regional Action Councils (RACs), Connecticut's drug-prevention councils.

In Connecticut, our Regional Substance Abuse Action Council's purpose is to establish and implement strategic plans to develop and coordinate needed substance abuse prevention and mental health promotion services in the sub-regions of the state. Our community is

part of the Central Naugatuck Valley Regional Action Council. Members of the Regional Action Councils serve as volunteers assisted by professional staff. Members include representatives of significant community leadership constituencies: chief elected officials, chiefs of police, superintendents of schools, business and professional persons, legislators, primary substance abuse service providers, funders, minority communities, religious organizations, and the media.

The study's results showed that younger students had high protective factors. As young people progress into older grades, they report having fewer developmental assets. This decline occurs in Positive Family Communication, Caring School Climate, and Youth as Resources. This may be an opportunity to catch students in their eleventh-grade year who may feel like they are not cared for or valued within the community. In addition, the youth programs available and reports of constructive use of time are relatively consistent across Cheshire and Wolcott high schools. This is a strong indicator that they realize the programs are available, and they may participate. Comparing rates of external assets to internal assets would be significant in determining if the youth programs available are enough to deter students from engaging in risky behaviors.

A positive role model influences many youth behaviors that can lead to experimenting with alcohol and drug use. The study found that 72% of male youth in Cheshire reported having adult role models compared to only 44% of Cheshire females who reported having adult role models. Wolcott youth females reported a higher percentage of adult role models than Wolcott males (28%). Prospect results are limited because of a need for more data.

Drinking parties are linked to underage drinking results, and substance use and abuse are significant focus areas within our communities. The youth study asked how many times the student attended one or more parties in the last year where other kids their age was drinking. The rates are staggeringly higher in the senior year of school in Cheshire and Wolcott. Cheshire youth report a 38% increase by senior year, while Wolcott youth report a 43% increase. Over half of Prospect youth in grade ten (63%) said attending parties where youth their age was drinking data for children consuming alcohol is higher in Prospect than in Cheshire and Wolcott.

As students age, risk-taking behavior is reported to rise considerably across each category in each town. As youth age, they are more likely to experiment with new social groups and have more freedom. This may explain the increased risk-taking rates, but some are alarmingly high and should be a focal point for public health intervention in the district.

There is considerable use and abuse in every grade. By senior year, Cheshire youth are reporting alcohol use once or more in the last 30 days at 44% and 41% in Wolcott, and at grade ten in Prospect, 42% of youth report this. The second highest-risk behavior is the use of marijuana by youth once or more in the last year: Cheshire youth report 32% use and 47% in Wolcott seniors. About 28% of Prospect sophomores report this behavior as well. None of these categories across first-year report zero, which means there is a concern across all high school-aged students. There are much smaller numbers across the youth with minimal words of inhalant usage and other illicit drugs. A concerning

behavior reported by surveyed youth is driving after drinking and riding with someone who had been drinking. Even 9th and 10th-grade students report this behavior, and most do not legally possess a license. In large numbers in the survey, and cause for public health intervention, are the reports of driving with someone drinking in the last year. By their senior year, 22% of Cheshire's and 42% of Wolcott's youth reported this behavior, while 37% of Prospect youth reported this in tenth grade. These statistics are cause for concern.

Town	Population	2016		2017		2018		2019		2020		2021	
Cheshire	28,628	0	0.0	9	30.7	6	20.6	2	6.9	7	24.4	4	14
Prospect	9,344	2	20.5	1	10.2	1	10.2	2	20.6	3	31.9	0	0.0
Wolcott	16,160	1	6	2	12	1	6	4	24.1	9	55.8	6	37.1

Figure 15. Number and Rate per 100,000 Population of Unintentional and Undetermined Overdose Deaths, by Resident Town, Connecticut, 2016-2021

Town	Population *	2016		2017		2018		2019		2020		2021	
Chesprocott	54,132	3	5.4	12	21.5	8	14.4	8	14.4	19	35	10	18.5

Figure 16. Chesprocott Health District Combined Overdose Deaths, by Resident Local Health Department/District (LHD), Connecticut, 2016-2021

Adult Substance Use

Binge drinking is the most common pattern of excessive alcohol use in the United States. Binge drinking is a pattern that brings a person's blood alcohol concentration (BAC) to 0.08% or above—for example, consuming four or more drinks in about 2 hours. According to the CDC, 16% of adults binge drink nationally, and Connecticut residents follow the trend at 15.9%. Our survey showed that 10% of respondents met these criteria and would binge drink anywhere from 1 to 2 times per week to as much as 5 to 6 times per week. The CT Wellness study indicated that 9% of our community's adults (over 18 years of age) believe they should reduce the amount of alcohol or drugs they use, which was a similarity found among 8% of CT adults.

D. Health Outcomes

This section of the report provides an overview of leading health conditions in the communities from an epidemiological perspective of examining incidence, hospitalization, and mortality data and discussing the pressing concerns that residents and stakeholders have identified.

Perceived Health Status & Life Satisfaction

The CT Wellness Study specifically asked residents in our communities to rate how they perceived their health. Over 90% of the residents in our community thought their overall health was good to excellent. CHD’s survey followed this trend; 92% of respondents rated their overall health as good to extraordinary. Recent studies continue to support previous data on how one reports their health status correlates to health outcomes. Studies have shown that those who say one’s health is fair/poor have a higher incidence of disease and other health implications than those who self-report more optimistically.

Leading Causes of Hospitalization

All three of our communities border the City of Waterbury, where two or three hospitals are in our catchment area. St. Mary’s Hospital and Waterbury Hospital are within minutes of our residents. The leading causes of hospitalization among citizens aged 5-44 years are related to mental health conditions. During the first workgroup meeting, many of our community partners identified mental health conditions as a top priority of concern for our community. The Greater Waterbury Health Improvement Partnership publication in 2019 of their Community Health Needs Assessment which identified mental health as a priority area. Likewise, the 2021 Community Health Needs Assessment, prepared for the MidState Medical Center Service Area, identified mental health as the top-ranking issue in their community. See Figure 17 for the top leading causes of hospitalization in 2020 and Figure 18 for the results of the Community Health Needs Assessment reports from our partnering hospitals.

	0 - 4 yrs. old	5 - 14 yrs. old	15- 24 yrs. old	25- 44 yrs. old	45 - 64 yrs. old	65+ yrs. old
#1	Perinatal	Mental	Mental	Mental	Digestive	Heart
#2	Injury/ poisoning	Digestive	Injury/ poisoning	Digestive	Mental	Infectious
#3	Respiratory	Injury/ poisoning	Digestive	Injury/ poisoning	Infectious	Respiratory
#4	Congenital	Respiratory	Endocrine	Endocrine	Respiratory	Injury/ poisoning
#5	Endocrine	Nervous	Respiratory	Respiratory	Heart	Digestive

Figure 17. Leading Causes of Hospitalization by Age, 2020

DATA SOURCE: Connecticut DPH, Office of Vital Statistics, 2020

Top-Ranked Issues	Greater Waterbury Health Improvement Partnership	Midstate Medical Center Service Area
#1	Dental Care for Vulnerable Children	Access to Healthcare Services
#2	Suicide Prevention	Mental Health
#3	Mental Health Services	Racial and Ethnic Health Disparities
#4	Access to Healthcare for Children with Special Needs	Smoking

Figure 18. Community Health Needs Assessment Top Priorities

DATA SOURCE: 2019 GWHP Community Health Needs Assessment and 2021 HHC MSMC Community Health Needs Assessment

Mortality Rates

Mortality statistics are used in formulating health plans and policies to prevent or reduce premature mortality and improve our quality of life. Mortality statistics provide a useful measure for assessing community health status. The importance of mortality statistics derives from the significance of death in an individual's life and its potential to improve the public's health when used to systematically assess and monitor the health status of a whole community. The community of Wolcott experienced the most significant decline from 772.9 deaths per 100,000 populations on average for 2003-2007 to 680.1 deaths per 100,000 populations in 2008-2012. Cheshire followed with a decrease from 610.4 to 566.5 deaths per 100,000 population. The community of Prospect increased slightly from 711.2 to 717.9 deaths per 100,000 population.

E. Health Areas

Cardiovascular Disease

Heart disease and stroke are the first and third leading causes of death in Connecticut. 75% of all heart disease deaths in Connecticut are residents aged 65 years and older, and almost half of the ends of residents aged 85 years or older are due to heart disease. The vital records in Connecticut show a trend of heart disease decreasing over the past two decades. Between 2020 and 2021, our state lost more than 8,676 residents due to heart disease.

Diabetes

Diabetes is a disease characterized by high levels of blood sugar. It can lead to serious health problems like heart disease, stroke, blindness, and lower-extremity amputation. Diabetes affects over 29 million people in the U.S. According to the 2014 BRFSS, the risk of diabetes among adults in Connecticut was significantly greater for adults aged 65 and older (20.1%) and residents of households earning less than \$25,000 (21.4%). From 2020 to 2021, our state had 764 deaths related to diabetes. From 2020 to 2021, the age-adjusted mortality rate decreased from 17.28 to 15.41.

Asthma

Asthma prevalence in Connecticut adults and children has been higher than national prevalence rates since 2000. In 2020, 21 million adults and 4.2 million children in the United States had asthma. In Connecticut, the populations disproportionately affected by asthma are children, females, Hispanics, non-Hispanic Blacks, and residents of CT's five largest cities. According to the most recent surveillance data released by the CT Department of Public Health, all three of our towns have low rates of Emergency Department visits due to asthma (Figure 19). In addition, 23% of CHD-surveyed individuals said they had been told by a health professional that they had asthma. Newly released data for 2015-2019 needs to show more data regarding the asthma hospitalization rate in Cheshire, Prospect, and Wolcott.

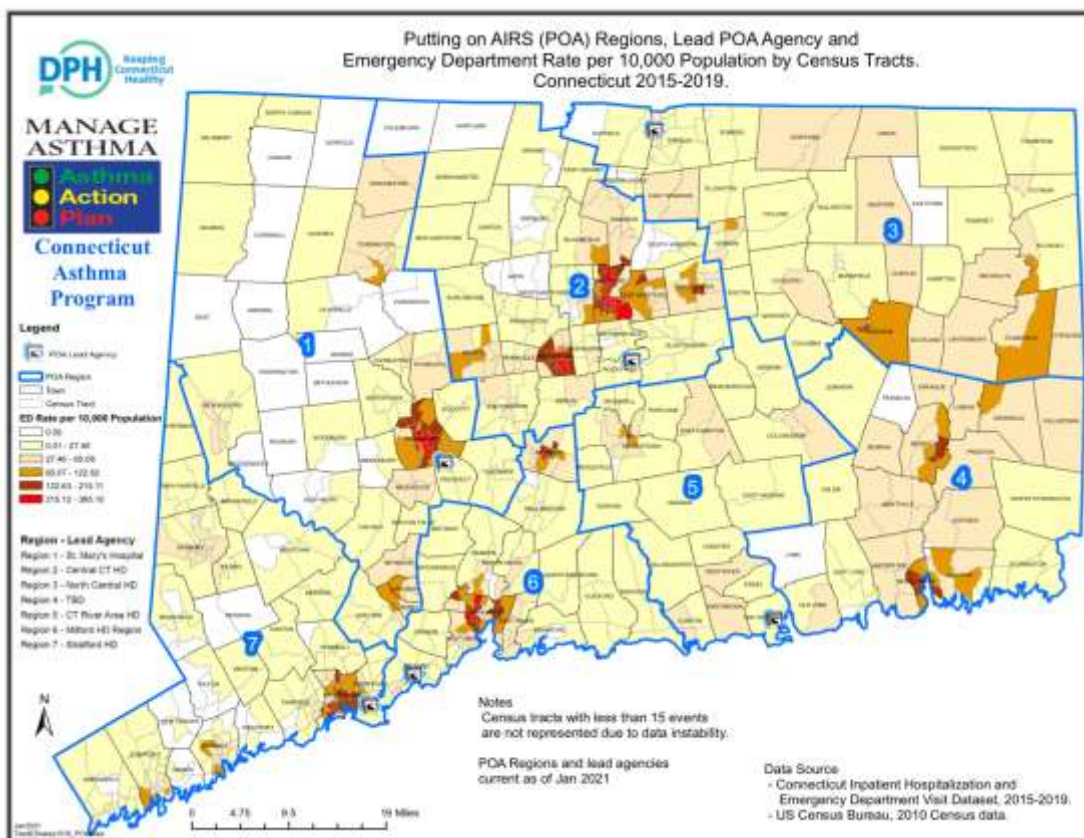


Figure 19. Asthma Emergency Room Visits in our community per 10,000 population, 2015-2019

Data Source: CT DPH

Cancer

After heart disease, cancer is the second leading cause of death among Americans. More than 500,000 Americans die every year from cancer. Skin cancer is the most common cancer in the U.S. Its deadliest form, melanoma, can be caused by exposure to ultraviolet light. In 2022, 22,810 Connecticut adults were diagnosed with a form of cancer. Connecticut's cancer risk was significantly greater for adults 65 and older and those who

identified as white.

Interestingly, no trend exists for household income. Figure 20. shows each community's cancer incidence rate, with age-adjusted rates. The cancers with the highest incidence in our community are breast and prostate, followed by lung cancer. Of the three towns in our Health District, Wolcott has the highest incidence of breast cancer in women and prostate cancer in men. Chesprocott Health District provides preventative health programs to mitigate the chances of being diagnosed with cancer, such as promoting sunscreen, annual doctor appointments, increasing exercise, and healthy eating.

Town	Breast (F)	Lung	Colorectal	Melanom a	Prostate (M)	Thyroid	Bladder
Cheshire	140.0	48.1	33.7	30.4	132.5	28.7	28
Prospect	155.2	82.0	35.7	21.2	133.1	28.6	33.1
Wolcott	157.4	74.4	57.2	23.3	166.6	29.4	24.4

Figure 20. Cancer Incidence Rates

DATA SOURCE: CT Tumor Registry, Health Statistics & Surveillance Section, CT DPH

Mental and Behavioral Health

Much media coverage of the mental health crisis has occurred in our nation, state, and local communities. Focus group members mentioned their concerns numerous times. Research on mental health epidemiology shows that mental disorders are common throughout the United States, affecting tens of millions yearly. Overall, only about half of those affected receive treatment. In CHD's survey, 30% of people reported symptoms of depression, 35% reported symptoms of anxiety, and 2.5% of people reported suicidal thoughts, yet only 22% of all individuals surveyed sought out mental health services.

Mental health is a top concern of the Greater Waterbury Health Initiative, and the Mid State Medical Centers Health needs assessments for 2019 and 2021. Mental health issues are the number one reason people aged 5-45 years seek medical attention in hospitals such as anxiety, schizophrenia, bipolar mood disorder, personality disorders, eating disorders, and depression. It is not uncommon for patients to self-medicate using alcohol and drugs. Per the CT Department of Mental Health and Addiction Services 2015 Annual Report, they have served over 109,444 people for mental health and substance abuse by providing them health services over the past year. During that year, 59,203 clients attended substance abuse programs, and 57,451 were admitted to mental health programs. More men (68.8%) attended substance abuse programs than women (30.2%), while it was almost equal for men (47.6%) and women (52.4%) to seek mental health services. The largest age group seeking mental health services was between 45 and 64. The largest age group seeking substance abuse services was between the ages of 18 to 54 years of age.

Many levels of care/services range from inpatient, residential, outpatient, detox, and rehab. During the reported period of 2014 to 2015, there were 33 inpatient beds which were full

97% of the time, while residential services were at 90% capacity. The most common diagnosis from these services is Opioid use disorder (23%), Unspecified alcohol disorder (9%), schizoaffective disorder (5%), Depressive disorder (4%), and post-traumatic stress disorder (3%). Upon admission to both services, alcohol was identified as the primary reported drug use (36%), followed by heroin use (33%) and then marijuana (13%).

Because of the lacking availability of treatment beds and placements for those seeking services, our communities have begun looking inward to develop programs to help their community members. The community of Wolcott has the most significant numbers seeking help and assistance. Fortunately, Wolcott has two stunning assets in their community, Wolcott Crossroads and the Wolcott Citizens Against Substance Abuse. Both organizations' missions are to help the community reduce and, ultimately, prevent substance abuse, provide individual and group support and drug-free alternatives, and assist families in need. Cheshire Human Services has a list of local providers in the area; however, all providers have a waiting list.

In 2022 a new mental health initiative became available to the public. Texting or calling "988," the three-digit, nationwide phone number, to connect directly to the 988 Suicide and Crisis Lifeline. By calling or texting 988, you'll connect with mental health professionals with the 988 Suicide and Crisis Lifeline, formerly the National Suicide Prevention Lifeline. Too many people experience a suicidal crisis or mental health-related distress without the support and care they need. Urgent mental health realities drive the need for crisis service transformation nationwide. In 2020 alone, the U.S. had one death by suicide about every 11 minutes—and for people aged 10-34 years, suicide is a leading cause of death.

Depression

Depression is a common and serious illness that can take several forms. Symptoms include persistent sadness, anxiety, "emptiness," hopelessness, fatigue, irritability, and restlessness. Depressive disorders may interfere with a person's work and daily activities and prevent them from functioning normally. Some acute forms of depression develop under unique circumstances; others occur in episodes or may be chronic. If left untreated, depression can have tragic consequences. Suicide was the second leading cause of death among individuals between 10 and 34. One in six Connecticut adults reports having a depressive disorder. The 2015 CT Wellness Study asked a series of questions attempting to gauge the mental health status of our community members. In our focus groups, Chesprocott residents were asked about experiencing feelings of anxiety. Parents and young people are feeling isolated and sad more than ever. The COVID-19 pandemic is suspected as being the cause of many of these issues, but more research is needed to determine other specific causes of mental health strain.

Maternal & Child Health

Low birthweight and preterm births are essential predictors of infant survival, child development, and physical well-being and can serve as proxy indicators for community health. In 2012, our community had 364 new babies born. Of those, 41 (11%) were recorded as being low-birthweight babies; 15 (37%) were from Cheshire, 13 (32%) from Prospect, and 13 (32%) from Wolcott.

There is an increase in health risks for teenage mothers and their children. Studies have reported that adolescent mothers are likelier not to complete high school. Children born from adolescent mothers are more feasible to have low birth rates, future health problems, and not graduate high school. During the period from 2009 to 2013, there were over 10,395 babies born in Connecticut to teen mothers (age 15 to 19), 14 (3.3%) of the 4,305 female teens in Cheshire gave birth, 8 (5.2%) of the 1,530 teens in Prospect gave birth, and 24 (7.8%) of the 3,065 female teens in Wolcott gave birth. Compared to the state birth rate of 16.9%, of the 616,712 female teens giving birth, our female teens are not getting pregnant at the same rate as other parts of our state.

Oral Health

“The elderly have so many dental and oral hygiene issues that they don't get taken care of” – Focus group participant (2022).

Good oral health is associated mainly with preventative screenings and regular care to prevent cavities and other oral maladies. Respondents to the Data Haven Survey were asked when they last visited the dentist. Most of our community members had their every six-month visit over the average Connecticut resident. CHD survey results showed that 87% of individuals that responded had last seen their dentist for a regular cleaning within the last calendar year. Oral health data in children is not available.

In 2022, it was found that Connecticut has not met the objectives for either national or state improvement plans for third-grade children’s dental decay experience, untreated dental decay, or dental sealants (See Figure 21).

Data from Every Smile Counts 2022 Final Report showed:

Dental Decay Experience - 27% of Connecticut children have experienced dental decay, compared to 32% reported in 2017, 29% reported in 2012, and 27% reported in 2007.

Untreated Tooth Decay - 15% have untreated dental decay, compared to 17% reported in 2017, 13% reported in 2012, and 16% reported in 2007.

Rampant Tooth Decay - 9% have rampant dental decay, compared to 7% reported in 2017 and 9% reported in 2012 and 2007.

Need Early or Urgent Care - 14% need early or urgent care, compared to 17% reported in 2017 and 12% in 2012 and 2007.

There is increasing awareness that oral disease such as dental caries is a multifactorial process, where socioeconomic, behavioral, and psychosocial factors (the social determinants of health) ultimately affect diet and oral health habits, resulting in dental decay. Dental Care is not only essential for oral hygiene, but it also **helps in overall body health**. The mouth houses many bacteria, which are suitable for the body when kept in control with regular brushing and flossing. If daily dental care is addressed or done correctly, it may lead to gum disease and tooth decay.

To improve children’s oral health in Connecticut and CHD, there must be robust private and public-sector participation to develop policies that will facilitate the following:

- Educating policymakers, providers, and consumers about the importance of oral health and its contribution to overall health and well-being.
- Promoting culturally and linguistically appropriate dental care for all children.
- Developing and implementing public policies and programs to reduce racial, ethnic, and socioeconomic disparities in oral health.
- Instilling the concept of a Dental Home⁷ for comprehensive, accessible, and coordinated care starting before age one.
- Integrating medical and dental health care.
- Increasing access to and utilization of dental services in school-based, public health, and private settings.
- Increasing consumption of fluoridated water to prevent dental decay.
- Increasing access to and utilization of dental insurance.

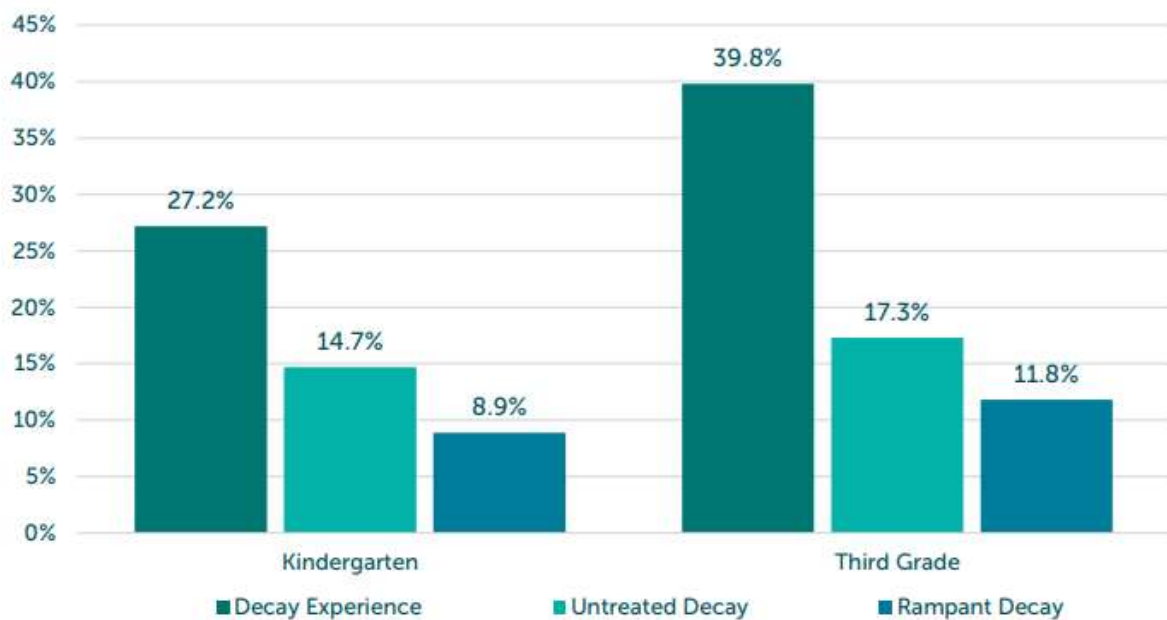


Figure 21. Percent of Connecticut Children with Dental Decay Experience, Untreated Dental Decay and Rampant Dental Decay by Grade, 2022

DATA SOURCE: Every Smile Counts 2022 Final Report

Communicable Diseases

As a health district, Chesprocott Health District is responsible for surveilling communicable diseases in our communities. Figure 22 represents the infectious diseases that our community members reported. These 13 communicable diseases are only a few of the over 200 reportable diseases that are actively monitored each year for each community in Connecticut.

Infectious Disease	19-20	20-21	Total
Babesia	12	5	17
Anaplasmosis	0	0	0
Chlamydia	104	79	183
Ehrlichiosis	0	1	1
Giardiasis	2	1	3
Gonorrhea	11	9	20
Hepatitis B	10	10	20
Hepatitis C	51	49	100
Lyme Disease	62	52	114
Staph aureus	33	27	60
Syphilis	6	7	13
TB (Latent + Active)	1	1	2
Influenza	110	1	111
TOTAL	402	242	644

Figure 22. Reported Communicable Disease List, Chesprocott

DATA SOURCE: Chesprocott Health District 2019-2021

For 2019-2021, the highest infectious disease cases were influenza, with 110, followed by chlamydia, with 104. The third highest was Lyme disease, with 63 cases. For 2020-2021, there was only one reported influenza case in our community, likely due to social distancing, quarantine, and isolation procedures during the height of the COVID-19 pandemic. In this time frame, the most infectious cases were chlamydia, with 79, followed by Lyme disease (52) and hepatitis C (49). In 2022-2023, influenza again became the predominant infectious disease concern, with 126 cases by the end of 2022, followed by 54 hepatitis C cases and 31 Lyme disease cases (Figure 23).

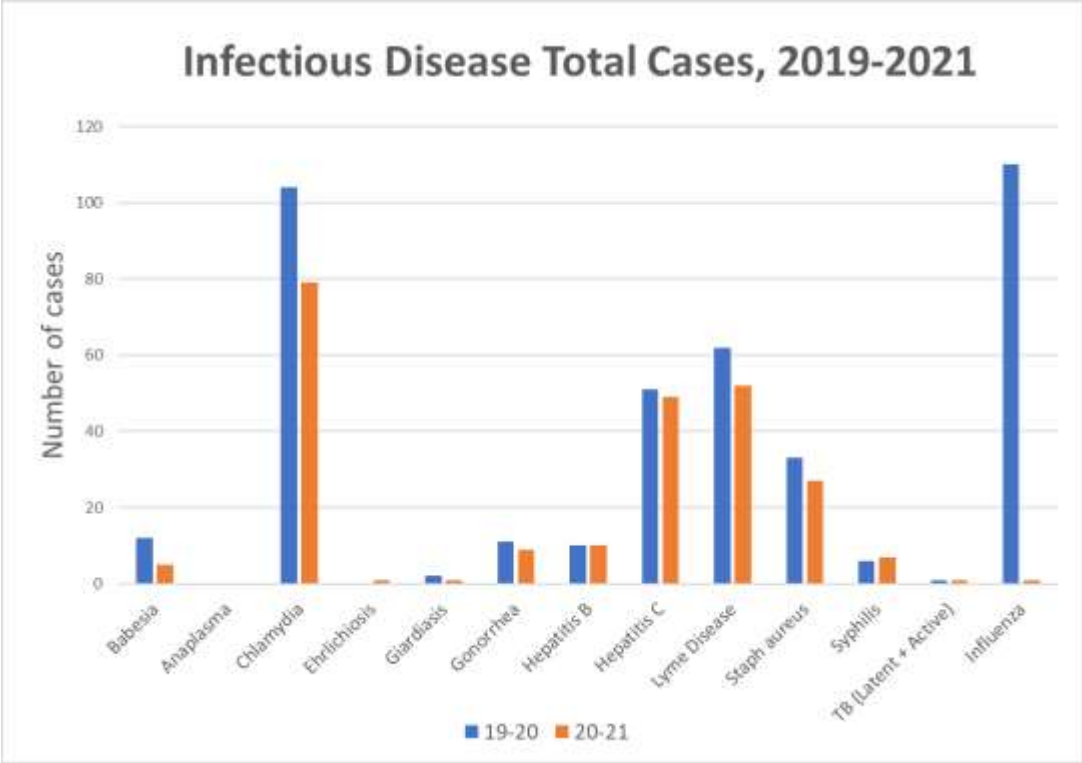


Figure 23. Infectious Disease Cases 2019 - 2021

DATA SOURCE: Chesprocott Health District 2019-2021

For 2022-2023, the contagious disease tracking broke down total cases by town. Cheshire had the highest disease burden with 160 points, followed by Wolcott with 131, and Prospect with 49 cases (See Figure 24 and 25).

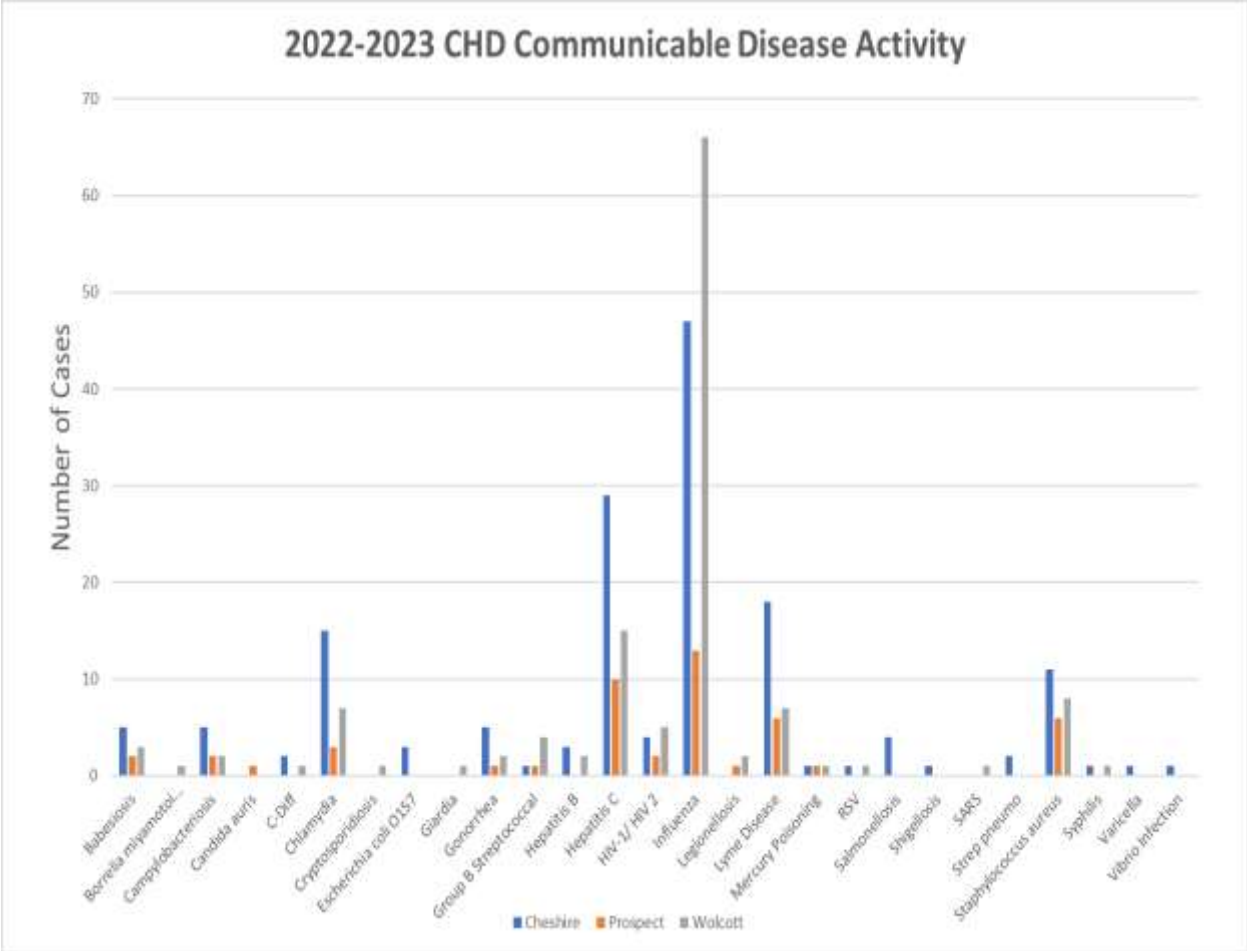


Figure 24. Infectious Disease Cases 2022 - 2023
 DATA SOURCE: Chesprocott Health District 2019-2021

Disease	Cheshire	Prospect	Wolcott	Total
Babesiosis	5	2	3	10
Borrelia miyamotoi disease	0	0	1	1
Campylobacteriosis	5	2	2	9
Candida auris	0	1	0	1
C-Diff	2	0	1	3
Chlamydia	15	3	7	25
Cryptosporidiosis	0	0	1	1
Escherichia coli O157	3	0	0	3
Giardia	0	0	1	1
Gonorrhea	5	1	2	8
Group B Streptococcal	1	1	4	6
Hepatitis B	3	0	2	5
Hepatitis C	29	10	15	54
HIV-1/ HIV 2	4	2	5	11
Influenza	47	13	66	126
Legionellosis	0	1	2	3
Lyme Disease	18	6	7	31
Mercury Poisoning	1	1	1	3
RSV	1	0	1	2
Salmonellosis	4	0	0	4
Shigellosis	1	0	0	1
SARS	0	0	1	1
Strep pneumo	2	0	0	2
Staphylococcus aureus	11	6	8	25
Syphilis	1	0	1	2
Varicella	1	0	0	1
Vibrio Infection	1	0	0	1
Total Disease	160	49	131	340

Figure 25. 2022-2023 Communicable disease tracking activity

After reviewing the communicable disease counts for the past three years, it's clear that the health district has mainly focused on reducing the incidence of sexually transmitted diseases, the number of tick-borne conditions, and the number of needle-borne illnesses associated with drug use. Meeting these challenges with health education has been a priority for the health district. Cases of Lyme disease have fluctuated during the past two decades but continue to be a trend. Cheshire had the most significant increase in cases, followed by Prospect and Wolcott.

The sexually transmitted disease, Chlamydia, has steadily risen in our community. Syphilis cases have also been reported in our community and seem to be increasing, following U.S. trends. It is important to note that the Cheshire Jail's sexually transmitted diseases are included in our rates. Starting in 2020, the focus of preventing illness was focused on COVID-19. In 2022, CHD added MPOX (formerly known as monkeypox), RSV and Influenza to their priority areas.

F. Health Care Access & Utilization

Resources & Use of Health Care Services

"I'm amazed to see how strongly our youth join the police and fire explorers. What great role models we have" – Focus group participants.

"We're lucky we live where we do. We have a choice of what hospital we want to go to" – Focus group participant.

Workgroup and focus group participants noted that we have rich resources and dedicated community partners who want to provide the best resources to our community members.

Focus group members from Cheshire repeatedly mentioned the public library's "wealth of information" and the constant use of community venues to provide information and seminars on health topics. The community utilizes all three public libraries.

Unfortunately, we do not have a hospital within our health district. Still, community members have been very complimentary of how the Chesprocott Health District has served the communities and consider it an asset to the community. Although our other communities are less populated than the Cheshire Community, they also have medical physicians in their communities. The Cheshire community has multiple doctor offices offering general practice and specialty care. St. Mary's and Midstate Medical Center have two urgent care centers within the Chesprocott Area, and recently Rushford Center has opened a drug treatment center in Cheshire. Chesprocott Health District now offers preventable services such as vaccination and operates a clinic in the office to serve those in need.

The workgroup members noted that our communities have many volunteer services supporting volunteer fire departments and are critical first responders. Many members of these fire departments are emergency medical technicians. The Campion Ambulance Service services all three towns in the Chesprocott community, and the Wolcott community also provides a volunteer ambulance service, which is an asset to our community.

The CDC recommends regular doctor visits to assess your health status. Data from our focus group show that in the past year, a great majority of respondents (>83%) have gone to their primary care providers for an annual physical examination (Figure 26). Findings also show that while over 60% of participants have seen a dentist for routine cleaning within the past six months, over 20% haven't seen a dentist for at least six months to a year, and close to 20% haven't seen a dentist for one or longer (Figure 27).

In the past 12 months, have you gone to the doctor for an annual physical exam?

Answered: 194 Skipped: 0

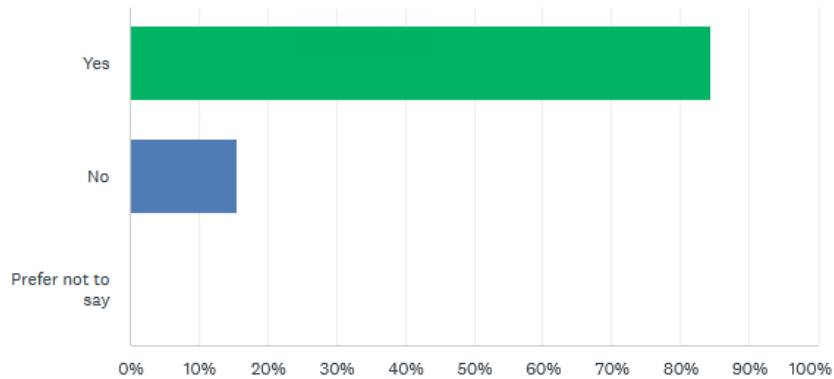


Figure 26. Past 12-Month Physical Exam

When was the last time you were at the dentist for a routine teeth cleaning/exam?

Answered: 194 Skipped: 0

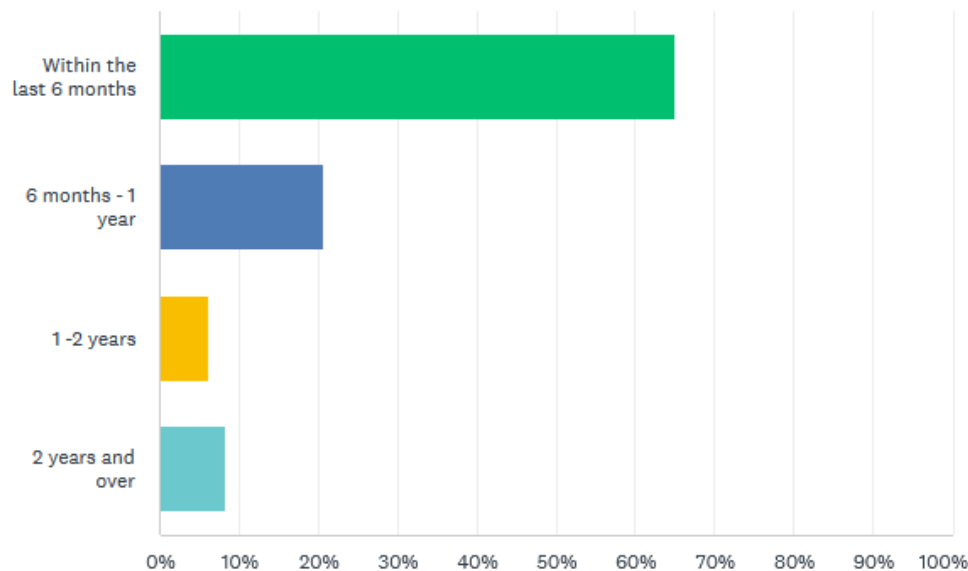


Figure 27. Routine Dental Cleaning Last Visit

When it comes to health conditions in our community, there are a few chronic diseases that seem more prevalent among our survey respondents. For example, when asked about hypertension or high blood pressure, close to 40% of respondents stated that they were

classified as having a blood pressure higher than the standard baseline of 120/80. Close to 20% of participants reported being told they were asthmatic. (See Figures 28 and 29).

Have you ever been told by a health professional that you have high blood pressure (hypertension)?

Answered: 193 Skipped: 1

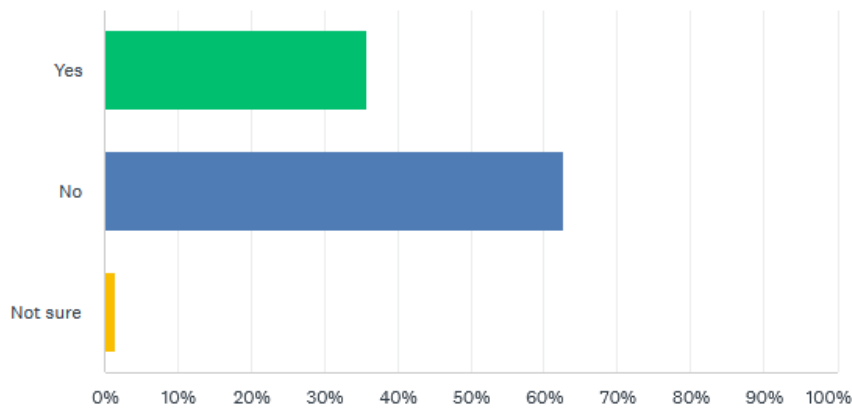


Figure 28. Diagnosed High Blood Pressure (Hypertension)

Has a health professional ever told you that you have asthma?

Answered: 194 Skipped: 0

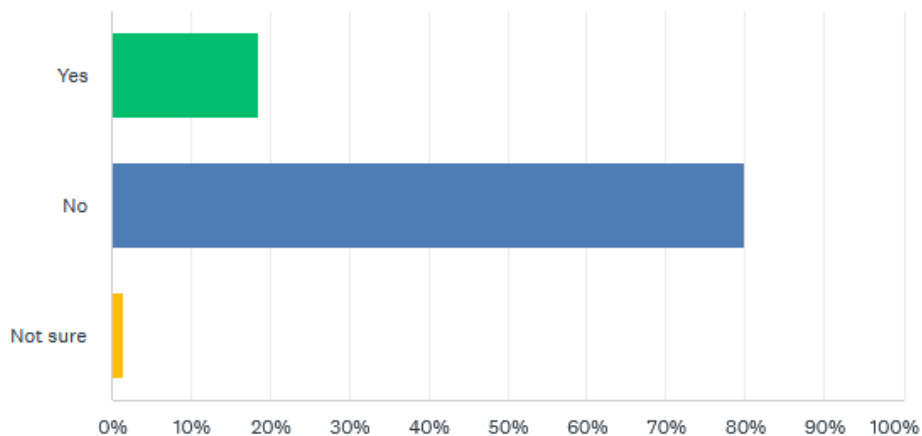


Figure 29. Diagnosed Asthma

Regarding food insecurity, members of our community overwhelmingly expressed the availability of food in these towns (79%). However, we must remember this is not an indication that there is no food insecurity because one of the modalities includes the

quality of the consumed nutrition items, which is difficult to gauge. As shown in Figure 30, over 42% of the focus group respondents were told they qualify as overweight or obese according to their body mass index (BMI), which can be related to dieting efforts and low physical activity. Food insecurity is a topic that many residents do not speak about due to embarrassment and stigmatization. However, town agencies have reported it there has been an increase in referrals for food (2022).

In the past 12 months, has a health professional ever told you that your BMI classified you as overweight or obese?

Answered: 194 Skipped: 0

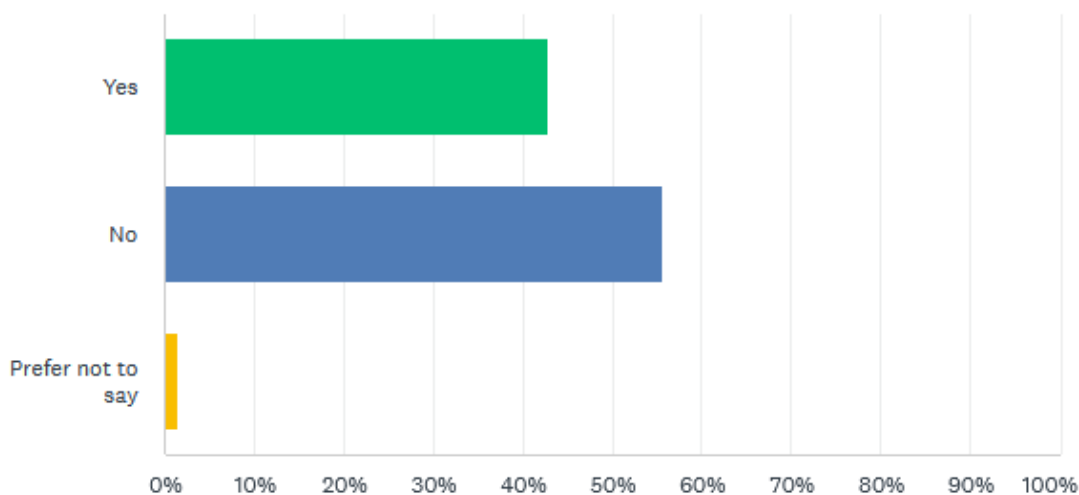


Figure 30. BMI - Overweight or Obese Status

Challenges to Accessing Health Care Service 2022

"There are still people out there that have no health insurance or can't afford the high deductibles" – Focus group participant.

"Getting an appointment for a youth with mental illness sometimes involves months on a waiting list" – Focus group participant.

Focus group participants noted a lack of insurance and high deductibles as barriers to accessing health care. These barriers can cause community members to delay or not seek the necessary medical services, worsening the health issue.

Although we have many doctors in our communities, not all communities have specialty doctors such as pediatricians such as Wolcott. The community must seek these services in adjacent towns with large practices. They may need to be more familiar with rural health issues, such as knowledge of well-water quality and how it may impact one's health.

The most vigorous discussion among focus group participants was around the lack of

resources for mental health services and substance abuse treatment for our youth. Participants noted that getting their child help for their mental health and addiction problems was difficult and stressful for the whole family. One participant stated that they had heard through community forums that many parents try to get their child services, but if they are not "bad enough," they are sent home.

G. 2022 Community Members' Perception of What is Needed:

"Parents need to be better informed of the signs of substance abuse." – Focus group participant.

"We need to obtain mental health services for our teens without going broke"– Focus group participant.

"Parents need to be better role models. Too many parents allow their teens to drink at home, and it's not ok"– Focus group participant.

"Our kids are isolating themselves. They sit at computers all day and then at night" – Focus group participant.

Throughout the community health assessment, from work groups and focus groups to interviews, participants were asked what they perceived as the most pressing health challenge, the community's concerns, and their perceived solutions to these issues. Many participants felt that the current economy and reduced financial support from the state had burdened our society. *"We are doing more with less; eventually, we will break."* Stated a workgroup participant. The workgroups felt that increasing funding would allow public services and the healthcare industry to hire more people to provide the needed services.

Food Resources & Recreation

Most participants felt that our community had access to healthy food (almost 80%), but nearly 20% seemed ambivalent or disagreed with this statement (Figure 31). Specifically, when it came to eating fruit in the past month, less than 5% of participants reported not eating fruits (Figure 32). Easy access to recreation opportunities was noted by respondents, with only 10% disagreeing and 5% strongly disagreeing that recreation in our community was easy to access (Figure 33). Another question we asked was about intentional physical activity; over 70% reported participating in some physical activity/exercise in the past month (Figure 34).

There is easy access to healthy foods within my community.

Answered: 194 Skipped: 0

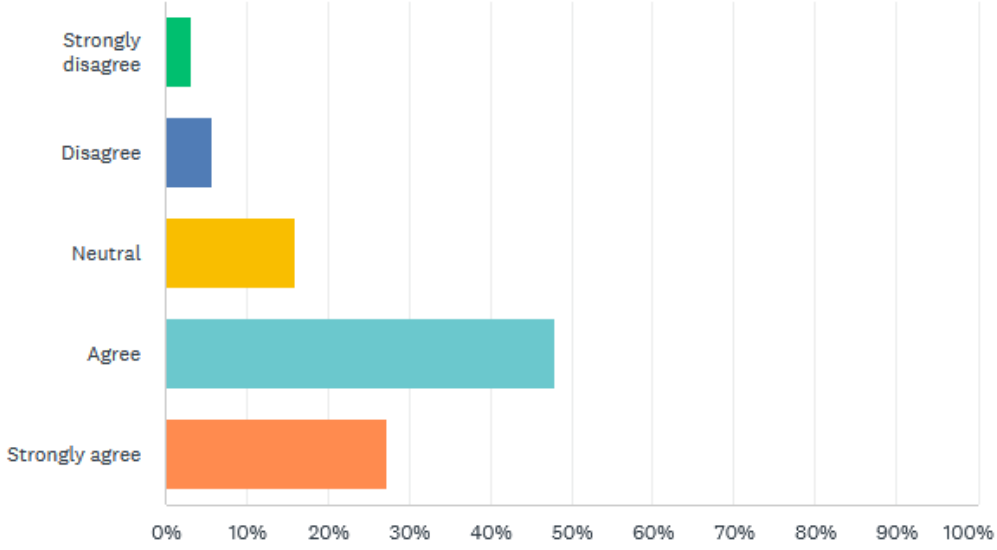


Figure 31. Easy Access to Healthy Food

In the past 30 days, did you eat fresh (fresh, frozen, canned) fruit:

Answered: 193 Skipped: 1

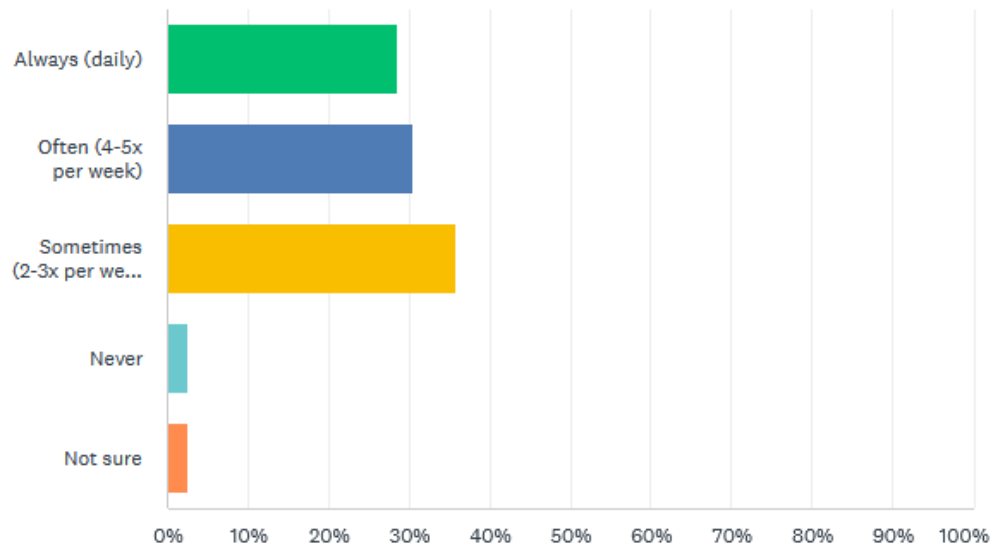


Figure 32. Past Month Fruit Consumption

There is easy access to recreation within my community.

Answered: 194 Skipped: 0

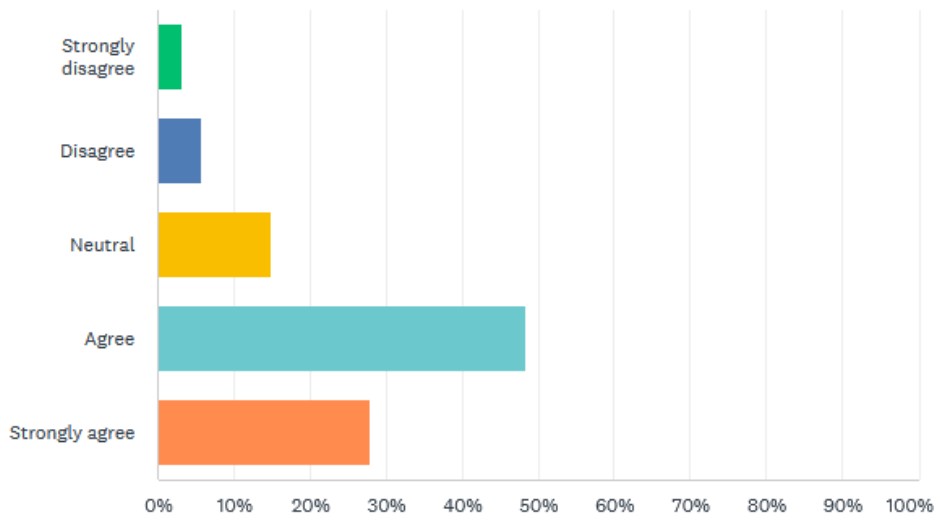


Figure 33. Easy Access to Recreation

In the past 30 days, did you participate in any intentional physical activity outside of your professional life (walk, golf, run, etc.)?

Answered: 194 Skipped: 0

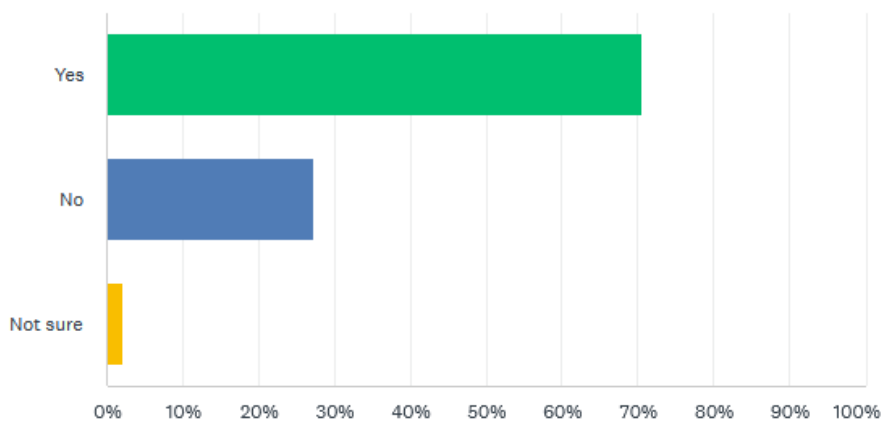


Figure 34. Past Month Intentional Physical Activity

Focus on Prevention

Several conversations centered on how to stop the need for substance-abuse treatment. The only way to prevent the disease is to teach the community how to avoid it, making it less likely to happen. Several focus group members mentioned that their health insurance

requires necessary screening and provides funding for physical activity to keep them healthy. While discussing substance abuse, educating teens in younger years, such as 5th/6th grade, kept repeating as parents felt they were getting educated when "it was too late."

Like the United States, over 40% of the people in our community have expressed knowing someone having difficulty with substance use (Figure 35). Although our opioid deaths are low, there is a possibility that non-fatal overdoses are underreported for fear of criminality or social ostracism.

Has someone you know ever struggled with illicit drug use?

Answered: 194 Skipped: 0

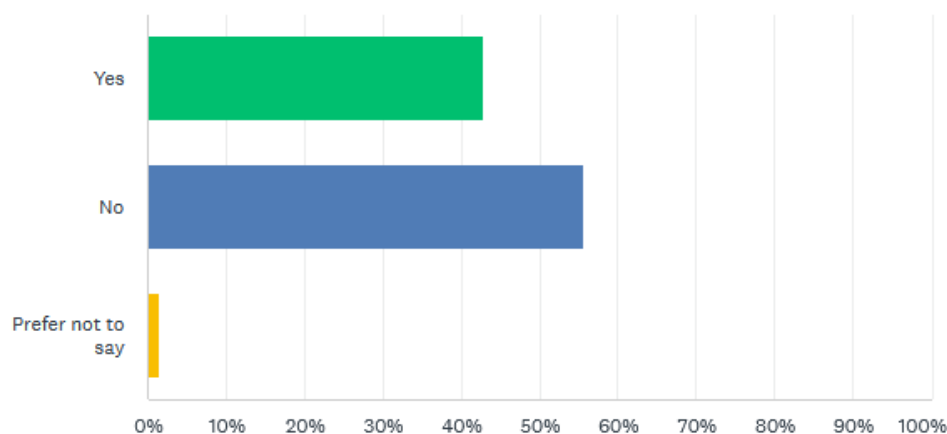


Figure 35. Substance Use Struggle in Someone You Know

Mental Health

The availability and use of mental health services was an important topic throughout our focus group meetings. In our survey, over 20% of respondents reported at least one use of mental health services (online, clinics, or hospitals) in the past year (Figure 36). A follow-up question was asked about the ease of access to these services. There were mixed responses; some felt finding services difficult, while others found it easy. (Figure 37). This is an important area that could benefit from conversations about costs and access to mental health services. In addition, when asked about depression symptoms like loss of interest in activities (anhedonia), close to 30% of respondents mentioned experiencing this for a week or longer (Figure 38). This result concerns Chesprocott because two or more weeks of depressive symptoms put individuals at risk for major depressive disorder (otherwise known as clinical depression) and other potential psychiatric conditions. Similarly, around 35% of participants noted feeling anxiety, characterized by either a panic attack or feeling anxious (Figure 39).

In the past year, have you ever sought out services for your mental health?

Answered: 194 Skipped: 0

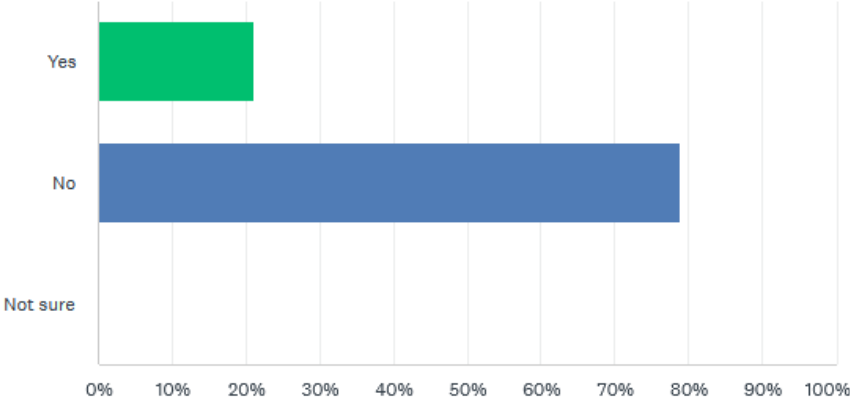


Figure 36. Past Year Use of Mental Health Services

If yes to above, was it hard to find mental health services?

Answered: 193 Skipped: 1

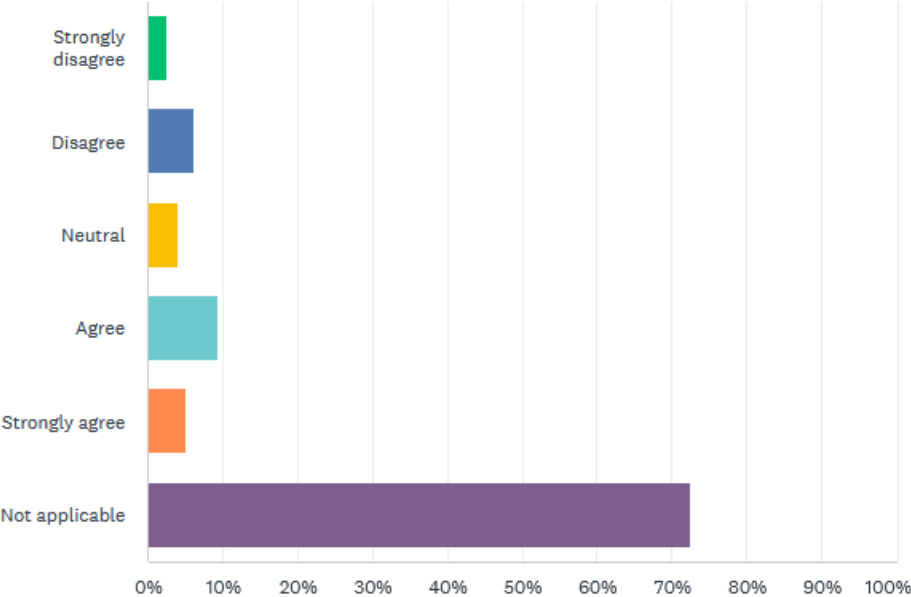


Figure 37. Ease of Access to Mental Health Services

In the past year, have you experienced a week or longer of lower-than-normal interest in activities that you usually enjoy?

Answered: 194 Skipped: 0

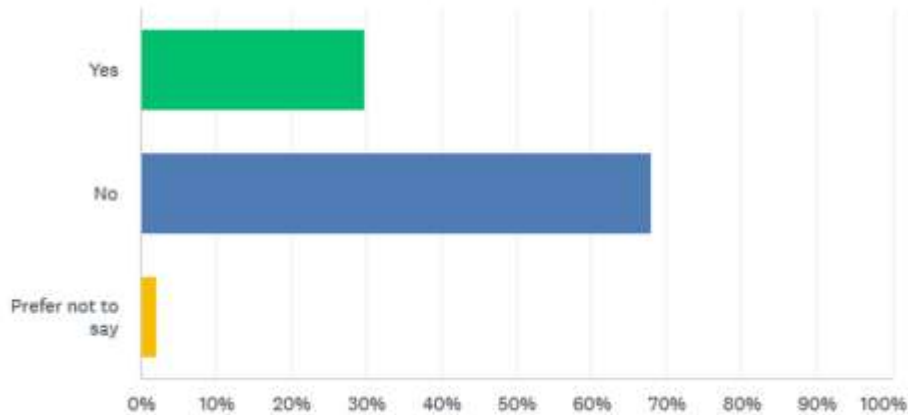


Figure 38. Loss of Interest in Normal Activities

In the past year, have you experienced an “attack” of fear, panic or anxiety?

Answered: 194 Skipped: 0

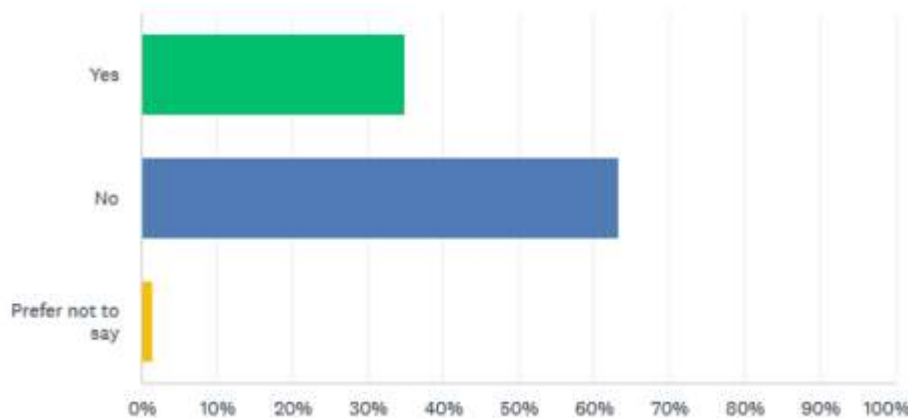


Figure 39. Past Year Panic Attack or Anxiety

Health Literacy

Many workgroup participants felt that community members needed to gain awareness of the community’s many health resources. Workgroup participants also stated that they develop excellent programs, and only a few from the community attend. Many expressed frustrations that those who show up for the programs are those not in need of services but are interested in the subject matter. So, the question of how to reach those in need was a recurring theme.

Centralized Resource Information

Connecting resources to those who need the services is essential.

They noted that when they had discussions with their physicians, they needed more knowledge of the multitude of services in the community. A 2022 Focus group participants were asked if they knew of a list of community services.

Activities for Youth

All participants in this health assessment agreed that there are numerous community events and activities, such as Prospects Back to School Week and Wolcott's Crossroads One Clean Day of Fun. All our communities have vital athletic programs for our youth, and two towns have designated youth centers. Each of our communities has large parks offering many youth activities. How do we keep our teens engaged in activities not involving drugs or alcohol? Our focus group participants identified the overarching question of how to prevent our teens from experimenting with substances.

Greater Collaboration Across Agencies

Collaboration among partners and learning to assist each other was a priority of many workgroup participants. "We have a lot of good people doing good work, but if we can establish solid partnerships, then we can do phenomenal things together," was noted by a workgroup participant (2022). It is essential to work together rather than duplicate services.

Findings

Health is affected by your physical environment, income, and poverty. Household income medians vary throughout our three towns. Income and poverty are linked to health outcomes. The Chesprocott Healthy Communities Coalition from the CHA will aim to increase dialogue among the communities served. For over forty years, Chesprocott has been the government agency that provided public health services to the communities of Cheshire, Prospect, and Wolcott. The districts covered by this health assessment are located centrally in Connecticut. All three towns share boundaries with the City of Waterbury, one of the seven most significant cities in Connecticut and ranked the eighth poorest city in Connecticut. The communities are only thirty-one miles from other nearby Hartford and New Haven cities.

The communities are affluent in local restaurants, walking trails, community involvement, blue-ribbon school systems, and youth activities that lend themselves to being desirable. Although there are many life-long residents in these communities, proximity to the major cities has increased immigration to our communities. These demographic changes may affect the community's health and well-being, leading to a higher need for prevention services and education. **A higher income makes living in a safe neighborhood with good schools and many recreational opportunities easier. Higher wage earnings can better buy medical insurance and obtain quality childcare. Therefore, we must focus on the external parts of individuals' health status.**

The Chesprocott Healthy Communities Coalition from the CHA will aim to increase dialogue among the communities served. For over forty years, Chesprocott has been the government agency that provided public health services to the communities of Cheshire, Prospect, and Wolcott. The districts covered by this health assessment are located centrally in Connecticut.

Conclusion

Through a review of the secondary social, economic, and epidemiological data plus qualitative data for the towns of Cheshire, Prospect, and Wolcott, this assessment report provides an overview of health conditions and behaviors that affect our communities.

Mental health and substance abuse are growing pressing concerns, according to a focus group interview with respondents and community partners- and one in which the current services were not necessarily addressing community needs. The majority of our local health providers have a waitlist.

Contributing factors to the Focus Groups and interview participants were cited as increased accessibility to substances and pressures of adults and youth to succeed as significant reasons for an increased need for mental health and substance abuse services. A lack of accessible providers; a lack of needed services, such as inpatient and educational programs; and stigma around receiving services were expressed as barriers to care. Parents expressed their concerns about the use of alcohol, marijuana, and prescription drugs among teens. The overriding concern was that substances of all kinds are easily accessible.

Like the rest of the country, healthy eating, physical activity, and obesity are issues for the residents of Cheshire, Prospect & Wolcott, CT, especially as chronic conditions are the leading causes of morbidity & mortality.

The Chesprocott area rates related to physical activity, nutrition, and obesity are better or equal to state and national rates. However, with heart disease, cancer, and diabetes as top morbidity and mortality issues, these issues are considered critical to address. Of concern was the evidence related to childhood obesity. This issue will have even more severe health and cost repercussions in the future as the younger generation transitions to adulthood.

Although Chesprocott Area residents have access to several grocery stores, parks, and recreational facilities, concerns were related to the accessibility and affordability of these outlets and how to motivate residents to increase physical activity.

There is a notable difference in Wolcott compared to our other towns in terms of access to care, food insecurity, and access to healthcare. Wolcott has minor healthcare providers and a minimum number of providers for ages 18 and younger.

APPENDICES

Appendix A: Coalition Members

Yetta Augur	Cheshire Chamber of Commerce
Michelle Piccerillo	Director, Cheshire Social Services
Chrissie Cassesse	Branch Manager, Cheshire YMCA
Stephanie Therox	Director, Cheshire Senior Services
Beth Crowley	Director, Cheshire Public Library
Sean Kimball	Manager, Town of Cheshire
Arnett Talbot	Public Information Manager, Town of Cheshire
Jeffrey Solan	Superintendent, Cheshire Public Schools
Ann Belcher	Cheshire Housing Authority
Susan Pappas	Cheshire Housing Authority
Meagen Yacobino	Adult Services Director, Rushford Cheshire
Yetta Augur	Cheshire Chamber of Commerce
Debra Carlson Bond	Health Center Director, Cheshire Academy
Fellis Jordan	Friends of Boulder Knoll, CSA
Mayur Desai	Cheshire Resident & Epidemiologist, Yale University Bob
Mayor Chatfield	Mayor, Town of Prospect
Betty Bejak	Prospect Business Association
Tom Dunn	Mayor, Town of Wolcott
Ed Stephens	Police Chief, Town of Wolcott
Allison Fulto	Director of CT Western Coalition
Renee Young	United Way of Greater Waterbury
Rhea Highland	Director, Community Relations, Mid State Medical Center

Appendix B: Activities of Healthy Communities Coalition

In 2017, Key Community Members were invited to a follow-up meeting to discuss the current programs and initiatives the coalition had completed, recruit new members, and plan new initiatives for the community. Due to this meeting, three sub-committees were created: mental health awareness, physical activity, nutrition, and substance abuse. These groups consisted of coalition members meeting monthly to plan and implement programs, such as substance abuse and mental health prevention and awareness, community exercise, and wellness speakers.

In 2019, Greater Waterbury Health Improvement Partnership presented the “DataHaven Community Wellbeing Survey” to the coalition. The survey indicated the need for the alliance to continue focusing on mental health awareness, physical activity, nutrition, and substance abuse. The survey data showed that we must address oral health care and access to health care. This is due to low rates of preventative health care and access to food and care.

Since the inception of the 2016 Coalition CHIP, below are some noteworthy:

Coalition Activities 2017-2022

- Environmental tobacco scans of gas stations and convenience stores in Cheshire, Prospect, and Wolcott.
- Tobacco product regulations letter on product placement and age restrictions distributed in partnership with Prospect PD and Wolcott PD. 15 establishments visited.
- Electronic Cigarettes and Vaping presentations and take-back boxes.
- SAMHSA’s “Talk. They Hear You” campaign was highlighted in the community.
- Drug Take Back Safe Disposal Bags distributed.
- Drug Take-Back Days.
- Highlighting DMHAS Prescription Drug and Mental Health Campaigns and Toolkits.
- Health Awareness Wellness Lectures yearly with Gaylord Specialty Care.
- Fentanyl and Prescription Drug Education distributed to the community.
- Narcan Training.
- QPR Training.
- Mental Health Awareness Presentations.
- Mindfulness Presentations.
- Youth Mental Health First Aid.
- Town Forums on vaping and opioids.
- Drug Paraphernalia presentations to adults and parents.
- Community food donation initiatives.
- Yearly awareness events for nutrition month.
- Blood Pressure Screenings.
- Healthy Heart Nutrition Promotion.
- Matter of Balance Programs.
- Health Awareness Wellness Lectures yearly with Gaylord Specialty Care and Hartford Hospital.

- Diabetes Prevention Initiatives.
- Physical Activity Events.
- Stroke Prevention Presentations.
- Food Label Education.
- DataHaven Community Wellbeing Survey
- CHIME Data-Connecticut Hospital Association
- Connecticut Department of Public Health
- State Epidemiological and Outcomes Workgroup (SEOW) Prevention Data Portal
- Waterbury Health Department
- Equity Profile 2021- Cheshire, Prospect, Wolcott

A thank you to the Greater Waterbury Health Improvement Partnership and our three partnering hospitals, Mid State Medical Center in Meriden, CT- and Waterbury and St. Mary's Hospitals in Waterbury, CT, and Data Haven, for collecting and analyzing data.