Community Health Needs Assessment

SEPTEMBER 2022

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This Community Health Needs Assessment was approved by the authorized body of Trinity Health Of New England on September 26th, 2022

I. Overview and Mission

This document provides details that fulfill Community Health Needs Assessment (CHNA) requirements and is augmented by the DataHaven Equity Report on well-being which is included in the Appendix. It also documents the process that the hospital used to conduct the regional health assessment which guides the health improvement plan.

The Equity Report was produced by DataHaven in partnership with Hartford's Community Foundation and many other regional partners. The report serves as a data resource for the Community Health Needs Assessment for the Greater Hartford Region and the towns within it, from which Johnson's patients come. This report disaggregates data from the 2020 Census, American Community Survey microdata files, DataHaven Community Wellbeing Survey record-level files, and other federal and state sources to create relevant town-level information that is not typically available from standard public databases.

Mission Statement and Core Values for Johnson Memorial Hospital

To serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Guided by our charitable mission and core values, our work extends far beyond hospital or clinic walls. We continually invest resources into our communities to meet the health needs of underserved and vulnerable community members, bringing them healing, comfort, and hope. Through our community benefit initiatives, we help to make our communities healthier places to live.

Our Core Values:

- Reverence - We honor the sacredness and dignity of every person.
- Commitment to Those Who are Poor - We stand with and serve those who are poor, especially those most vulnerable.
- Safety - We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- Justice - We foster right relationships to promote the common good, including sustainability of Earth.
- Stewardship - We honor our heritage and hold ourselves accountable for the human, financial, and natural resources entrusted to our care.
- Integrity - We are faithful to who we say we are.

II. Introduction and Purpose

Understanding the current health status of the community is important in order to identify priorities for future planning and funding, the existing strengths and assets on which to build, and areas for further collaboration and coordination across organizations, institutions, and community groups. The hospital participated in numerous activities to develop a comprehensive CHNA effort. This effort is comprised of two main elements:

• Assessment – identifies the health-related needs in the Greater Hartford Region using primary and secondary data.

• Implementation Plan– determines and prioritizes the significant health needs of the community identified through this CHNA, describes overarching goals, and evaluates and proposes specific strategies being undertaken or to be accomplished in the service area. This ongoing process is known as the hospital Community Health Improvement Plan (CHIP).

This report details the findings of the CHNA conducted from 2021 through mid-2022. During this process, the following steps were taken:

• Examination of data to determine the current health status of the region and its neighborhoods, and compared rates to statewide indicators and goals;

• Exploration of current health priorities among community members; and

• Identification of community strengths, resources, and gaps in to assist the hospital and community partners in establishing implementation strategies, programming, and top health priorities.

The CHNA defines health in the broadest sense and recognizes that numerous factors at multiple levels impact a community's health – from lifestyle behaviors, to clinical care, to social and economic factors, to the physical environment. The social determinants of health framework guided the process.

This Community Health Needs Assessment was conducted to meet several overarching goals:

• To examine the current health status of the region

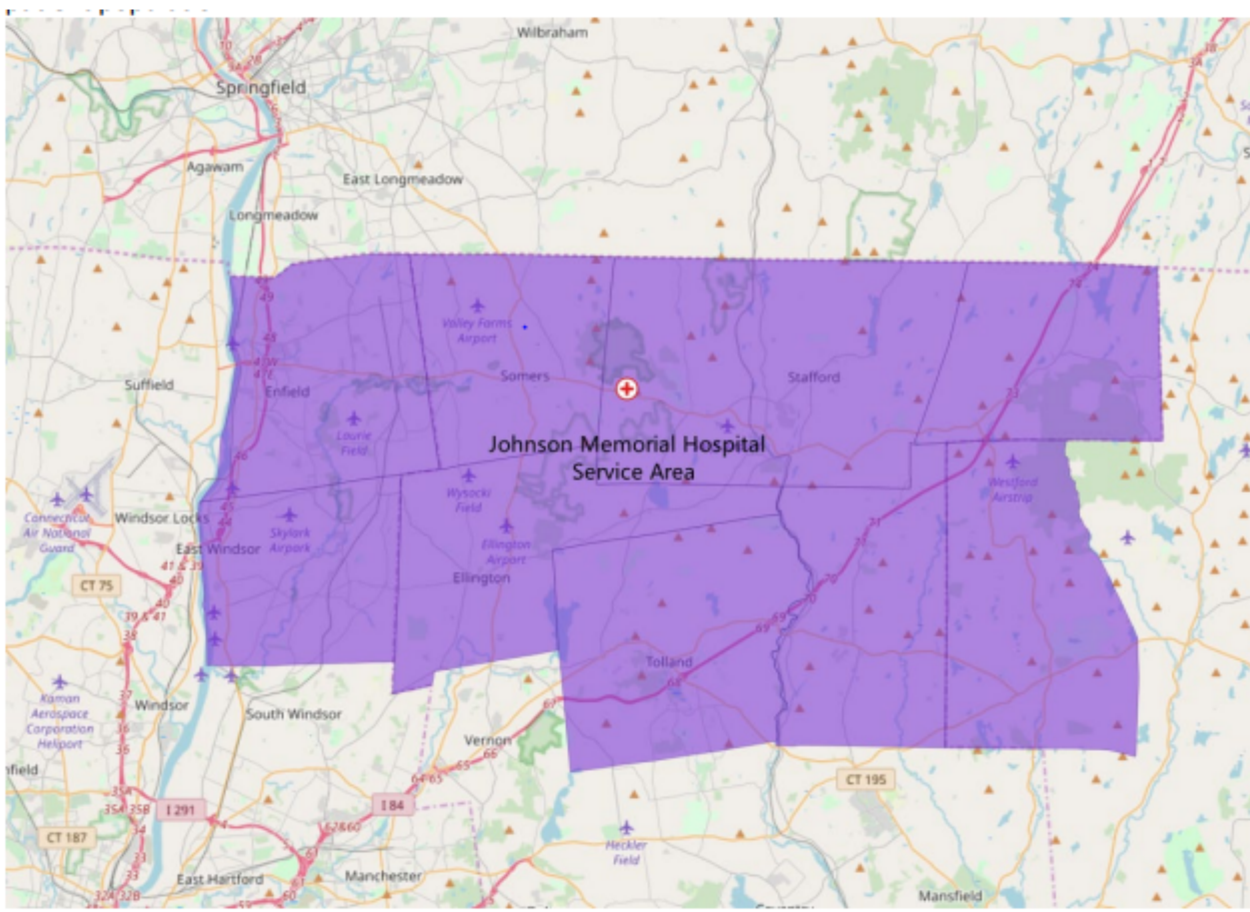
• To explore current health priorities – as well as emerging health concerns – among residents within the social context of their communities; and

• To meet the legal requirement of the hospital to conduct a community health needs assessment at least once every three (3) years and to adopt a written implementation strategy to meet the community health needs identified through the community health needs assessment.

III. Geographic Scope

To define community for CHNA purposes, this Community Health Needs Assessment uses a geographic approach focusing on towns from which most patients come for care. Some of the CHNA areas identified overlap with other hospitals in the Greater Hartford region. Greater Hartford is generally defined as the area served by the Capitol Region Council of Governments, which consists of 38 cities and towns along with the suburbs further out from the Hartford city center. Upon defining the geographic area and population, we were diligent to ensure that no groups, especially minority, low-income, or medically under-served, were excluded from the assessment process or data collection.

Johnson Memorial Service Area Map



IV. Hospital Description

Johnson Memorial Hospital and Home & Community Health Services provide a continuum of health care services to those living and working in north central Connecticut and western Massachusetts. In 2016, Johnson Memorial Hospital and Home & Community Health Services became part of Trinity Health Of New England, an integrated health care delivery system that is a member of Trinity Health, Livonia, Michigan, one of the largest multi-institutional Catholic health care delivery systems in the nation serving communities in 25 states. The 92-bed hospital and home health and hospice agency have been anchor institutions in north central Connecticut for more than 100 years. Services include a medical-surgical unit as well as an ICU, an emergency department, cardiac rehabilitation, physical therapy, wound center, and other outpatient services. Johnson also has a labor and delivery unit and an adult inpatient psychiatric unit.

V. Data Collection Methods

This CHNA focused on the Greater Hartford area-level data and data for select communities as available. Assessment methods included:

- **Literature Review:**
  - Review of existing assessment reports published since 2019 that were completed by community and regional agencies serving the Greater Hartford area.
  - This also included a review of the previous 2019 CHNA which, in summary, showed the following top significant health needs:
    - Substance Abuse/Mental Health
    - Aging Population & Isolation
    - Homelessness
    - Smoking/Vaping
    - Obesity

- **Quantitative data collection and analysis:**
  - Analysis of social, economic, and health data from Trinity Health CARES data hub, DataHaven, CT Department of Public Health, CT Hospital Association, the U.S Census Bureau, the County Health Ranking Reports, and a variety of other data sources.

- **Qualitative data collection and analysis:**
  - Community Conversations and Stakeholder Prioritization Sessions - Of the 9 sessions held, 2 were conducted in Spanish. (Spring/Summer 2022)
  - Hartford Key Informant Prioritization Session which included public health officials. (Spring 2022)

VI. Executive Summary: Key Findings and Prioritized Health Needs

The following section provides a brief overview of the key findings from the community health needs assessment for the region.

Overall data related to the topics included below are covered in the main DataHaven Equity Report on well-being which is included in the Appendix. For a more detailed explanation of data produced through this process, including data for each of the 169 Connecticut cities and towns, please refer to the DataHaven website: https://www.ctdatahaven.org

Key Social Indicators Summary

Numerous factors are associated with the health of a community including what resources and services are available as well as who lives in the community. Individual characteristics such as age, gender, race, and ethnicity have an impact on people's health.

Population

The population for each of Greater Hartford's 38 cities, towns, and suburbs (with 2020 populations):

Andover (3,151), Avon (18,932), Berlin (20,175), Bloomfield (21,535), Bolton (4,858,) Canton (10,124), Columbia (5,272), Coventry (12,235), East Granby (5,214), East Hartford (51,045), East Windsor (11,190), Ellington (16,426), Enfield (42,141), Farmington (26,712), Glastonbury (35,159), Granby (10,903), Hartford (121,054), Hebron (9,098), Manchester (59,713), Mansfield (25,892), Marlborough (6,133), New Britain (74,135), Newington (30,536), Plainville (17,525), Rocky Hill (20,845), Simsbury (24,517), Somers (10,255), South Windsor (26,918), Southington (43,501), Stafford (11,472), Suffield (15,752), Tolland (14,563), Vernon (30,215), West Hartford (64,083), Wethersfield (27,298), Willington (5,566), Windsor (29,492), Windsor Locks (12,613)

- The diversity of Greater Hartford is relatively similar to statewide with 36% of the population being non-white. Both Greater Hartford and Connecticut have experienced an increase in diversity, especially among those under 18.
- Among the region's foreign-born population, the most common countries of origin are Jamaica (in Hartford) and India (in most surrounding suburbs).
- The majority of Greater Hartford's households are family households. However, the household makeup within the city of Hartford is different, with the majority of the households being non-family households.

Family Economic Security

- During the pandemic, 21% of Greater Hartford residents lost their job, 13% used a food bank, and 17% reported being worse off financially. Comparatively, 27% of Hartford residents lost their job, 31% used a food bank, and 31% reported being worse off financially.

Health Care Access and Affordability

Since 2020, the pandemic has impacted how individuals interacted with the healthcare system:

- More than a quarter of adults delayed receiving medical care, and wide disparities were observed between groups who did not get the medical care they needed.

- More than half of adults who delayed medical care did so because of the pandemic. Another third reported that appointments were not available when they needed them. (During a portion of the interview period, some procedures were postponed by hospitals due to the pandemic-related issues.)

- More than half of Greater Hartford adults had a telemedicine appointment, but fewer than a third of Black adults in the region reported using telemedicine.

- Of the Greater Hartford adults who had telemedicine appointments, 69 percent said it was as good as or better than an in-person visit.

- In 2021, 21 percent of adults in Greater Hartford reported going to the emergency department. This rate is down from 27 percent in 2018, likely due to the pandemic.

Health Status and Outcomes

COVID ranks among the leading causes of death, while several health risks remain elevated in Greater Hartford:

- More than a quarter of Greater Hartford adults, and almost a third of Latino adults in Greater Hartford suffer from asthma.
- Diabetes rates are elevated among older adults, Black adults, and low-income adults in the region.
- Obesity affects about a third of Greater Hartford adults, and nearly half of Black adults in the region.
- Smoking rates in the Greater Hartford area are generally higher than the state average and are particularly elevated among low-income adults.
- Cancer, heart disease, and infant mortality were responsible for the most years of life lost in the region from 2015 to 2021.
- COVID-19 is among the leading causes of death since 2020.

Community Trust and Civic Engagement

The Greater Hartford region experiences wide disparities in perceived quality of government services, local resources, and safety.

- Local health officials are generally well-trusted, while trust for state and local government in the region is more mixed.
- Experiences of discrimination disproportionately affect Black, Latino, younger, and low-income adults.
- Advantaged groups (white, high income, those with more formal education, and older adults) have higher approval of local government and resources.
- Perceptions of safety at night and trust for neighbors are also elevated among advantaged groups.

Along with the above findings, the following prioritized list shows the health concerns that will be reviewed during the development of the community health improvement plan in collaboration with our local partners:

- Substance Abuse/Mental Health
- Aging Population & Isolation
- Homelessness
- Smoking/Vaping
- Obesity

VII. Advisory Structure and Prioritization Process for CHNA

The Community Health Needs Assessment was spearheaded, funded, and managed by our CHNA planning group which, besides Trinity Health Of New England, included the following partners:

- Connecticut Children's Medical Center

Connecticut Children's Medical Center is an independent, 187-bed not-for-profit children's hospital located in Hartford. Connecticut Children's serves as the primary pediatric teaching hospital for the UConn School of Medicine, and the Frank Netter MD School of Medicine at Quinnipiac University and is a research partner of The Jackson Laboratory.

- The United Way of Central and Northeastern Connecticut (Partner & Consultant)

The United Way engages local non-profit institutions, government agencies and business to bring together people and resources committed to the well-being of children and families in our community.

- Hartford Healthcare

Hartford HealthCare operates seven acute-care hospitals, air-ambulance services, behavioral health and rehabilitation services, a physician group and clinical integration organization, skilled-nursing and home health services, and a comprehensive range of services for seniors, including senior-living facilities.

- DataHaven (Partner & Consultant)

Connecticut based and nationally recognized non-profit data analysis and consultation agency focused on improving the well-being of Connecticut residents by partnering with local anchor institutions; collaborations and government agencies to make data transparent and available for all who can use it for public good.

Prioritization Process

The 2022 CHNA used the identified 2019 CHNA priorities as a baseline, then reprioritized needs where quantitative and qualitative data, including community feedback, warranted changes. In previous CHNAs, the identified prioritized health needs were those that had the greatest combined magnitude and severity, or that disproportionately affected populations that have been marginalized in the community. Quantitative, qualitative, and community engagement data confirm that many priorities from 2019 continue in 2022.

VIII. Contact Information

To solicit written input on the CHNA and Implementation Strategy, the documents are available on our hospital system's website for easy access:

https://www.trinityhealthofne.org/about-us/community-benefit/community-health-needs-assessments

The links on our website also include our Federal IRS 990 tax returns and an overview of Community Benefit. We have verified and confirmed that we have not received any written comments since posting the last CHNA and Implementation Strategy.

Please think about how you, your community, and your organization can use these reports to support your health equity goals. We want to know how we can partner with you in promoting health and wellness in our service area. We welcome opportunities for discussion and feedback about the CHNA. For questions or comments and printed copies of this report upon request, please contact the Department of Community Health and Well Being at Trinity Health Of New England:

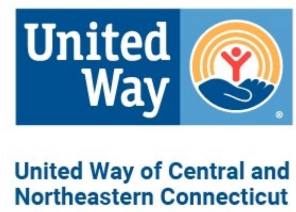
Regional Director of Community Health and Well Being

Trinity Health Of New England

659 Tower Avenue

Hartford, CT 06112

Phone: 860-714-5770



United Way of Central and Northeastern Connecticut

2022 Community Health Needs Assessment
Community Conversations and Stakeholder Prioritization Sessions

REPORT AND SUMMARY

May 2022

- Hartford Sessions: 6 (1 in Spanish), Participants: 82
- Enfield Sessions: 4 (1 in Spanish), Participants: 15
- Total Sessions: 10 (2 in Spanish), Total Participants: 97

Background
The North Hartford Triple Aim Collaborative at the United Way of Central and Northeastern Connecticut convened a workgroup consisting of community health and wellbeing representatives from area health systems and local community data organization DataHaven, to host community conversations in Hartford and Enfield to support the 2022 Community Health Needs Assessment work in greater Hartford and Enfield. In partnership with the workgroup and selected community providers that were part of the United Way network, the United Way hosted and facilitated a series of community health prioritization sessions for residents and stakeholders in Hartford and Enfield. In each conversation, residents and stakeholders were engaged to collect key information on community health needs in relation to data gleaned from the 2021 DataHaven Community Wellbeing Survey and additional public data on key wellbeing metrics. Participants were then also asked to reflect on what they felt was the most pressing need and what community assets were in place to make progress to address the community needs.

NHTAC Community Health Needs Assessment Workgroup Participants:
- Connecticut Children's Medical Center, Luis Rivera
- DataHaven, Mark Abraham
- Hartford Healthcare, Brian Mattiello
- Trinity Health Of New England, Carolyn Alessi, Sean Fallon, Mary Stuart
- United Way of Central and Northeastern CT, Gina Federico, John Prescod

From March 15, 2022, through May 4, 2022, a series of 8 Community Conversations on Health were held with Hartford and Enfield residents, community members and community organizations. Of those conversations, two were in Spanish, one in each geography. In addition, two Key Informant Prioritization Sessions (one Hartford and one Enfield) were held with community organizations, social service providers, city and program administrators, elected officials, and key stakeholders. Most sessions were facilitated through Zoom using PowerPoint slides generated by DataHaven. Three Enfield sessions took place in-person and were also facilitated with DataHaven slides.

Detailed information regarding session dates and times, participating organizations, demographics of participants, conversation themes and resident quotes, rank order of needs, and assets are detailed in the following pages for both Hartford and Enfield sessions.

<u>Hartford Community Health Needs Community Member Conversations:</u>
Host Community Partner Organizations: Catholic Charities Archdiocese of Hartford, The Salvation Army, Harc, Inc. (intellectual and developmental disabilities), YWCA Hartford Region, Hartford Parent University (Latinx, Spanish-speaking residents)

Session Dates:
1. Tuesday March 15, 6 pm – 7:30 pm (Zoom)- Catholic Charities Archdiocese of Hartford
2. Tuesday March 22, 6 pm – 7:30 pm (Zoom)- Salvation Army
3. Tuesday March 29, 12:30 pm – 2 pm (Zoom)- Harc, Inc.
4. Thursday March 31, 6 pm – 7:30 (Zoom)- Greater Hartford YWCA
5. Wednesday May 4, 6 pm – 7:30 pm (Zoom)- Hartford Parent University

Hartford Key Informant Prioritization Session
Participating Organizations: City of Hartford; City of Hartford Department of Families, Children, Youth and Recreation; Community Renewal Team CT; COMPASS Youth Collaborative; CT Office of Health Strategies; DataHaven; Emanuel Lutheran Church; Greater Hartford Legal Aid; Harc, Inc.; Hartford Hospital; The Fund for Greater Hartford; The Village for Families and Children; UConn Health; United Way of Central and Northeastern CT; Wellville; Workforce Solutions Collaborative of Metro Hartford.

Session Date:
1. Thursday, April 27th, 10 am – 12 pm (Zoom)

Demographics of Community Member Conversations:
Conversation participants were overwhelmingly African American or Latinx, with a smaller number of Caucasians.

Content Areas:
- Population
- Family Economic Security
- Neighborhoods and the Environment
- Health Care Access and Affordability
- Health Status and Outcomes
- Community Trust and Civic Engagement

Themes/Findings
Residents felt that racism is a driving factor behind health disparities and that changes and reforms to systems are necessary for conditions to improve. They discussed how the neighborhood you live in should not determine your lifestyle, health, and opportunities. Residents felt that hospitals need to collaborate with residents to help build healthy children and communities. Although some residents felt a sense of community is lacking, they still feel they can come together to improve their health and overall conditions. They expressed a need for more resources for immigrants and foreign-born populations. The conversations generated questions and discussion on the implications of the presented data. Residents and stakeholders questioned how to leverage this data to improve overall community outcomes and wellness.

Economics:
Residents stated that job opportunities that pay enough to "survive" are lacking in the community. They feel that people downplay their health issues or consider them not serious because they must work; a feeling that bills come before health. It was stated that people cannot afford a car and insurance which limits their job opportunities, and that public transportation is not always dependable. There was discussion about how the "benefits cliff" is a big problem and that people sometimes must turn down jobs or promotions to keep their benefits (section 8, income assistance, etc.). Residents were surprised by the data showing the high numbers (45%) of Latinos lacking broadband access. They discussed how it leads to loss of opportunities for adults (jobs) and students (education).

Education:
Residents were not surprised by the low rates of education; the question of why this continues and how it can be fixed was asked. Attendees stated that a lack of education continues the cycle of poverty and that Hartford's school system needs to improve. Students should not have to be sent to other communities -were the often face racism and discrimination - to receive a quality education. Residents expressed concerns about the lack of diversity in school staff and teachers and whether they have students' best interest in mind. Some felt that Latino parents struggle to receive the resources their kids need to be successful students, and that minority students are over diagnosed with disorders and medicated. Without adequate internet and devices, many students did not participate in virtual/distance learning, which contributed to concerns over how far behind students fell/will continue to fall due to the Covid-19 pandemic. Residents believe teachers either do not care or are overwhelmed.

Community: It was noted from the presentation that more people are identifying as multiracial and around a quarter of Latino and Asian residents have limited English proficiency. Residents felt that kids need more programs, resources, and safe places and spaces to play. Residents felt that public spaces are not well kept, garbage is present, and this reflects the state of the community. The community has become desensitized to their conditions and accept them as a part of everyday life. Many residents felt a sense of community is lacking.

Violence, especially gun violence, is a major concern. Residents feel their neighborhoods are unsafe. Opioids are still a problem in the Greater Hartford area. Opioids are getting cheaper, more dangerous, and more available, thus an increase in overdose deaths. There is a sentiment among participants that gun violence is caused by a mix of the narcotics trade and domestic abuse. There is a significant lack of trust in elected officials and the police department. Conversation participants laughed when informed of the high percentage of trust in the police referenced in the presentation, especially in other communities.

In terms of the effect of the pandemic, participants felt that COVID-19 isolated people. Residents also stated that they are finally beginning to feel comfortable enough to come out and socialize again. A comment was made that we need to revisit the environmental effects of health. Attractive community spaces filled with greenery make people feel safe and the shade created by trees decreases surface temperatures. Participants also remarked that there is a need for locations where people can congregate without being harassed by the police. The need for increased healthy food options and vendors (I.e., grocery chains, vendors, etc.) was expressed in several sessions. Individuals felt that the lack of these amenities is what leads to obesity, diabetes, and other health issues. Undocumented residents spoke about their struggles accessing resources for their households and future surveys should address the undocumented population.

Housing: Residents feel that rent is too expensive, housing is often not quality, and that many owners are "slumlords." Residents stated that they believe higher percentages of Black people and Latinos will have to leave their homes in two months if they are behind on rent or mortgage payments. Residents feel that women are often paying more for housing costs than men. They expressed a growing concern about gentrification, redlining and zoning laws/practices that adversely and disproportionately impact poor residents. Participants felt that there are not enough opportunities for minorities to be homeowners and residents want more education around homeownership and how to understand the finances of it. When some Latino and West Indian residents retire, they move back to their native country and either sell their home or switch the title to their children/family members or consolidate household. They also sell their homes to reduce their assets before going into assisted living communities and to qualify for government services.

Health Care:
Residents shared that the cost of health services is a major factor in not having health care coverage or accessing health care services. Participants also cited distrust associated with medical providers. Access, especially during the pandemic, wait times and past experiences of their insurance being denied, are also deterrents. Covid-19 scared residents and many did not want to go outside, even for medical appointments, as there was a lack of knowledge. Additionally, lack of access to broadband and technology created inequity of access to (tele)health care.

It was stated by participants that there needs to be more flexibility in the medical system and offering medical services. Residents expressed the sentiment that fair services need to be provided regardless of color, wealth and where people live. Latinx residents told stories of discrimination and neglect in health care access due to language barriers. A participant told her story of being in excruciating pain, going to two medical facilities, and being turned away due to hours of operation and insurance. Healthcare employers also need to be more sensitive and focused on the needs of their employees. Dental health is equally important, but often overlooked.

The Intellectual or Developmental Disability (IDD) community suffered significantly during Covid due to changes in regulations that only allowed one person in a room with medical staff. It was hard for this community to navigate and get help understanding what they were or were not allowed to do when accessing health care for their children/adult children. Residents commented on their struggles getting medical appointments and the excessive cost of telehealth. Residents commented they often lacked the necessary technology. They felt telehealth was of inadequate quality, sessions were rushed and often did not meet their needs.

Participants in the Harc, Inc./IDD conversation also felt hospitals do not know, are not appropriately trained, or do not have the correct staff and equipment (such as scales) to address the needs of their community. The nursing shortage had severely negative effects on this community. All these challenges were compounded for families that did not speak English. The IDD community needs a platform to effectively communicate and address their special needs. They would like to continue the conversation with medical providers.

Healthcare providers need to work better with the community and meet the community where they are. Ideas included having events (i.e., block parties and cookouts) to better engage the community around free resources and programs, and advertising in areas they frequent, such as bodegas, schools, barber shops/saloons, and local restaurants.

Mental Health:
Residents expressed that constant exposure to violence and death increases stress and mental health issues, and that bilingual therapy is hard to find. Residents feel most therapists are not culturally competent and require diversity training. There is a stigma around therapy in some communities, and it is often viewed as for other/white communities or a sign of weakness. Culturally, minority communities are often taught to not share what goes on in their homes. Latino participants expressed that there are not a lot of mental health services for Latino children.

Quotes

Catholic Charities Archdiocese of Hartford *Tuesday March 15, 6 pm – 7:30 pm (Zoom)*

- “If your zip code is inside that red line, it affects everything. From your finances, to your health, to your everyday living."
- “I have to drive far so that my son can be safe during playtime in the playgrounds.”
- “We don’t have time to be sick."
- “Nearly 15 % have seen death, been near death. That is traumatic in itself. I know we skip over that, but the origin of PTSD is exactly what that is. So, what are we doing about it?
- "How about equality. Is that too much?"
- “I would start with empathy.”

Salvation Army *Tuesday March 22, 6pm – 7:30 pm (Zoom)*

- “Why is it (an abundance of junk food) allowed in our community?”
- “How can you do tele-health without internet?”
- “Can hospitals hold block parties or community cookouts, where they give away free things and connect residents to resources?”
- “Advertise (resources) in grocery stores, bodegas, schools, restaurants, and other businesses the community frequents.”
- “I’m afraid every day that my children would walk by dead bodies on the street”

Harc, Inc. *Tuesday March 29, 12:30 pm – 2 pm (Zoom)*

- "I have staff at a group home that cannot take a full-time position because if they were to take more hours, they are done. I can tell you how many people come to me and say I really want to help the program, but I can't work X amount of hours because I am going to lose benefits."
- "On top of being very busy, you're taking care of a family, you're trying to work from home, or not work at all, and you're afraid you can't even pay the visit. It's $20, $25, $30 even for telehealth easily. That's with good insurance too. Sometimes you just use the excuse of being busy."
- "You're fearful because when you… had to go see a doctor, you had to make a decision. You are afraid to go because you're afraid to get COVID. You were balancing can I take care of this myself or can I not. And then you had to find someone to take care of your child. For me, with a child with a disability, because they were home. Normally they would be working in their facility… It was difficult getting appointments, and it still is. If you sneeze, don't come to my office. A lot of it is the doctors are limiting what you can and cannot do."
- "There was so much complexity with bringing him into the emergency room. The hospital doctors won't even see him at all. I would have to go to urgent care. They don't know him at all. It gets so complicated you almost pray to God that he wouldn't get sick."
- "For the intellectual and developmentally disabled, there's already so many barriers to medical care… things like representation in the ER and physical limitations. No, you can't bring that piece of equipment in here; they can't have that because you might get COVID on it, and you might move it. There were so many things that came up for advocacy."
- "The square peg doesn't squish into the round hole. If a parent, or guardian, or a self-advocate is telling you, "I need an adaptation modification," try to listen and try and do that. I can't fit into that box; I have to have this. We're not joking; we're not making it up, we don't want to be special… We need it in order to go; we need it in order to participate; we need it to order to give you what you want from us. So, if it's a modification, we shouldn't have to go to Connecticut disability rights to get it. We shouldn't have to go to lawyers to get it. We shouldn't have the campaign at the state Capitol to get it."
- "We cannot get nurses, and if we can't get nurses, we are going to end up back in facilities, and that's not what the parents that are trying to keep them home are going to want to do. We need to get nurses in home care, and… we need to find a way to get them educated on how this is a great place to work, a great place to be. Please, it is absolutely critical and at that point where it's going to cause some major changes."
- "In the African culture, you start talking about mental health, and it's like they're looking at you as if you have three heads."
- "I love that you have these meetings with the hospitals… But if we were able to have these types of meetings with them and to be honest with them in a positive way, it would be wonderful if they listened to some of the things our people had to say."
- "Its equity. It's racial equity; it's gender equity; it's disability rights equity. It's all equity. We want everyone to be treated fairly."

YWCA of Greater Hartford *Thursday March 31, 6 pm – 7:30 (Zoom)*

- "The government is supposed to look out for low-income people."
- "If it wasn't for section eight, certain people on a fixed income couldn't really make it because they take their whole check and pay rent."
- "My sister works in the school system and a lot of children just did not have access [to technology]. Unfortunately, they were not being taught."
- "You would think that every child would be able to read by the third grade. We would think that, but I have sixth graders who cannot read right now."
- "Is the service you provide fair to all regardless of color, wealth, where they live, etc."
- "I think there would be a better outcome for psychiatrists or psychologists if different communities report how they are feeling in their minds. If there was a progressive way of a first validating the health under the cloud."

Hartford Parent University (Latinx/Spanish speaking) *Wednesday May 4, 6 pm – 7:30 pm (Zoom)*

- "I fear getting sick because of the high cost of health care."
- "I have Requested help from school and the hospital denied help. I asked several times to get my child that has mental health needs evaluated and it was denied. Psychiatrists don't listen to me. She just kept prescribing medication to the point that my child ended up institutionalized. My child ended up having a bad reaction to medication because the school didn't listen to me, and the hospital didn't listen to me. They don't listen because I only speak Spanish. No one helped!"
- "If you don't have the support, you don't know where the services are. You don't know where to go find the help that you need. We need to support one another."
- "The statistics may show that more jobs are available in Hartford and in Connecticut but that doesn't matter if our people -Latinos- are not set up to have success in them. Or if we are denied those jobs in the first place."
- "When I go to stores outside of Hartford, I see white people working that have special needs. Why can't Latinos with special needs have the same job opportunities as white people with special needs?"
- "We need more online job training courses. We need more GED online training classes. We need more learn how to speak English classes online. These classes can help the Latinos get the training and education needed to get good quality work."
- "At the hospital, a Spanish person gets helped last and gets no interpreters."
- "I went to my daughter's medical appointment, since I don't speak English, I was placed in a room by myself, and nobody spoke to me. I waited there for a long time. The nurses were making fun of and laughing at my daughter. I felt so embarrassed I just wanted to run. Why do they have to treat us like that? I felt so bad I left that appointment."
- "I have worked, and my family has worked in places where we are treated poorly. Treated like we don't matter. Treated badly because of the color of our skin and because we speak a different language. This awful way of treating our people needs to stop. Our people are leaving their jobs because of how badly we are treated."
- "CNA from Hartford Hospital are not helpful. They leave their patients without cleaning them after soiling themselves. The CNA gets requests from the patients to go outside, and they don't help them, they don't take them out. There needs to be a way to report these awful CNAs that don't care for their patients."
- "I'm very happy with CT Children's Medical Center. CT Children's connects me with services."
- "We need More information listing services at the hospital …. I like telemedicine. My son has a Nutrition specialist from telemedicine. He was able to express themselves more freely through the video visit. It really works."
- "Internet helps with My Chart, Video medical visits, it helps me because my son can see his specialist that's not near us from the comfort of our home."

Hartford Key Informant Prioritization Session *Thursday April 27th, 10 am – 12 pm (Zoom)*

- "89% of the youth we work with have reported losing a family member or close friend to gun violence. Violence does have a ripple effect in the community."
- "Violence is both an issue of physical health and mental health. Addressing the former partially addresses the latter."
- "Not only the broadband but also with telehealth, you have to be alone in a quiet space with no one else around. That is difficult for individuals with families, especially young children. That is something I heard from families in the last year."
- "Make information like Legislative briefs, grant narratives, etc., as accessible as possible to inform policy."
- "We met with one of our parents living in the North End who has been living there for 30 years. Her rent went from $950 to $1,550."

Rank Order of Needs
This list of community needs was determined by reviewing the totality of sessions, along with recurring themes and comments from residents.

1. Affordable, quality Housing.
2. Jobs that pay a living and sustained wage.
3. Lack of money for food.
4. Affordable, quality childcare.
5. Safe and clean communities. Reduction in community and gun violence.
6. Affordable and quality Health Insurance that is universally accepted.
7. Empathy and respect from Hospitals and Healthcare providers.
8. Increased and effective advertisement – in places that the community frequents - of available services and programs.

Assets

1. There are lots of programs and non-profits to help with needs.
2. Social Service supports such as Section 8 housing vouchers, WIC, SNAP, Care4Kids childcare subsidies.
3. The community is resilient and unifies around serious issues.
4. There are several healthcare providers in Hartford.
5. There are lots of parks for individuals and families to go to.
6. Public Transportation

Enfield

Community Conversations on Health
Participating Organizations: Town of Enfield Social Services; Town of Enfield Family Resource Center; Town of Enfield Senior Services/Center.

Session dates:

1. Wednesday March 30th, 6-7:30 pm: Parents of young children (via Zoom)
2. Friday April 8th, 1-2:30 pm: Seniors - Senior Center, 299 Elm Street, Enfield (in person)
3. Tuesday April 19, 6-7:30 pm: Spanish speaking residents - Social Services, 1010 Enfield St., Enfield (in person)

Enfield Key Informant Prioritization Session
Participating Organizations: North Central District Health Department; CT Office of Health Strategies; The Network Against Domestic Abuse; Educational Resources for Children, Inc.; Enfield Public Schools; Key Initiatives to Early Education (KITE); DataHaven.

Session date:

1. Wednesday April 28, 10 am–12 pm (via Zoom)

Demographics of Community Member Conversations:
Conversation participants were Caucasian with a mix of Latinx.
Participant ages ranged from late twenties/early thirties to over seventy, with the majority between the ages of 30 to 40.

Content Areas

- Population
- Family Economic Security
- Neighborhoods and the Environment
- Health Care Access and Affordability
- Health Status and Outcomes
- Community Trust and Civic Engagement

Themes/Findings:

Residents felt Enfield was a good community to live in. They feel safe enough to walk at night, sometimes alone or in groups. They expressed confidence in their schools, elected officials, and law enforcement. They expressed that Enfield is a community that supports one another and acknowledged their community is becoming more diverse. Distribution of race and ethnicity has changed over time with more residents identifying as multi-racial, Asian American population has been growing significantly since 2010.

Residents are concerned about the rising cost of living and housing. Residents expressed a need for increased resources due to lost wages and jobs resulting from the Covid-19 Pandemic. Several agencies meet over the fall and winter to try to get the homeless population shelter over the winter. There are no homeless shelters, and extremely limited accommodation for twenty people, in the warming station. Enfield's homeless population is estimated to be around 60-75 people. Fentanyl abuse is a huge issue. Mental health needs – especially from Covid – must be addressed in their schools and community.

Economics: Residents disagreed that only 17% of people were affected by the pandemic. They felt this was too low. There was also debate over the median household income data in Enfield. The consensus of this conversation was that the income data was too high and not representative of their experiences. They do not feel there are a lot of jobs available. A lot of families have been accessing food through the CT Foodshare/Foodbank in East Hartford at Rentschler Field, and locally in Enfield at Loaves and Fishes. Enfield Schools also provided free lunch to everyone. Parents could pick up food at the schools, which was helpful. Although broadband is important and necessary, it is one of the first expenses low-income families typically must cut.

Education: Many foreign families come/send their kids to America for a better education. In Enfield they see a lot of Asian and Indian students. They have good schools and programs like KITE. Residents were amazed by the educational data showing how educated Asians are and felt there is something to be learned from this group. They were equally surprised by the percentage of Latinos that do not have a high school diploma. There is significant concern for the mental health and behavioral needs of the schools. The lack of recreational opportunities and students not being able to play intramural sports contributed to significant mental health issues.

Community: Residents expressed concern that some areas in and around Enfield were (in some places still are) tobacco fields which impacts the quality of ground water when you consider pesticides and other harmful chemicals being used. Longstanding residents have noticed an increase in Hispanic and Asian populations, along with a decrease in white population – which bears out in the data. Some residents found the high Indian population interesting. 3 years ago, they noticed an increase, but do not now. Residents (especially Seniors) have a good relationship with and trust their local elected officials and the Police Department. Some residents did discuss incidents of discrimination.

Residents expressed there are only a few parks for kids to play in and there needs to be more built. There is concern over the recent increased thefts of catalytic converters in the area. Enfield is having discussions on the impact on large distribution warehouses. Lawsuits, being fought. Impacts people near, increase traffic, trucks on the road, the pollution they cause, the damage to the wetlands. How land is zoned, farmland zoned too industrial. Discussions on how to stop it.

Housing: Housing costs are expensive and make it hard for people to survive. There have been talks about revitalizing the Thompsonville section of Enfield which is low income. Presentations have talked about mixed-use types of development which would include housing, but the affordability aspect is unknown. Residents discussed issues around flood insurance, how it is not offered and how they have experienced excess out of pocket cost due to water damage.

Health Care: The technological barriers for seniors may be reducing access and quality of care. The ability to attend medical appointments can be incredibly challenging, especially during the pandemic. Residents expressed concerns about not having direct access to their Primary Care Physicians (PCP). One resident was misdiagnosed by two Physicians Assistants before seeing your PCP, which created great cause concern. Undocumented residents suffer because it is hard to get health care and resources.

Mental Health: Lack of access to internet/technology has also caused seniors to feel even more isolated. There is a need for increased resources for all residents, but specifically children and Seniors. Suicide rates data presented by age group; this is becoming more of an issue and is seriously concerning and directly tied to the range of mental health issues. Residents commented on the damage missing key “rites of passage” such as Prom, graduation, sporting events, birthday parties, weddings, baby showers, etc. caused youth, the community and country.

A committee is being formed to address this issue. The Enfield Mental Health and Wellness workgroup had one session last week to talk about all these issues. The goal of the Social Services Department is to build a continuum of mental health services from birth through seniors. There is significant disparity with how the health care system views physical vs mental health.

Quotes

Enfield

Family Resource Center (Parents of young children) *Wednesday March 30th, 6-7:30 pm (Zoom)*

- “The landlords, for example, even if you're on section eight, they’re still getting a big number on top … They're making an awful lot and putting it right back on to the people that are living there, who are struggling to try to make ends meet.”
- “You're going to find that a lot of people are leaving this state because it is getting astronomically high to live here. And what you're finding is once people get to a certain age, they're like no, I’m out of here. I’ve paid my dues, and I’m going to go live somewhere cheaper.”
- “A lot of seniors don't know how to do telehealth. They don't have computers that are capable of it. That's something that they never ever learned.”
- “I have two kids and another one on the way. I definitely prioritize my husband's job first. That's what we're surviving on. He's working long hours, so I'm not going to make a dentist appointment with two kids in tow. I'm not going to make another physical. I definitely put off a lot of medical concerns, even outside of the pandemic, but especially during the pandemic.”
- “Why do they (healthcare providers/hospitals) not accept all insurances? You're paying an astronomical amount of money for health insurance, and that should not matter. That's why you actually have to call, and some of the first words out of their mouth are not “how are you feeling” but who is your insurance provider.”
- “Why is the cost of basic medications astronomical? Like diabetes medications, things that people with chronic conditions need. People are suffering every day just and aren't getting the care that they.”
- “Treat patients like human beings, not by who can pay more.”

Seniors *Friday April 8th, 1-2:30 pm (In-person)*

- “A friend is paying $1,800 a month for a two-bedroom apartment and is looking for more affordable housing because of the rise in rent”.
- “Some Seniors at the Senior Center used Zoom to stay connected with each other during the pandemic for over a year and a half; now instead of calling my sister every day (who lives in Ohio) I use Zoom because it makes me feel more connected to see and hear her than just talking on the phone.”

- "A former nurse said it's hard for private care physicians to afford to maintain their practice and not to become part of a larger conglomerate; health insurance has taken over healthcare to its detriment. People are not getting enough time, attention and quality of care is suffering. Healthcare portals and online systems are intimidating for seniors too. People put off going to see their doctor about pain that starts as something small or not serious and later it turns into a big problem."
- "Poor mental health is a big problem right now because of the pandemic. Seniors feel very anxious and depressed some of the time, feeling isolated in their home and needing connection with others and the autonomy to get out of the house. There is a fear admitting you have a problem and need someone to talk to. It affects people of all ages and I especially worry about young children right now."
- "I go to Town Council meetings and feel that the Town Manager listens to my concerns. The Senior Center has a great relationship with the Police Department being next door; they come over and talk with Seniors and give demonstrations."
- "Health care professionals need to treat and care for each patient as if they were your own family."

Latino/Spanish speaking residents *Tuesday April 19, 6-7:30 pm (In-person)*

- **"No apoyo de los padres a continuar los estudios."** Sometimes parents are not supporting their kids to continue their education. This is because parents need their young adults to begin contributing to the household income. You might need immigration support. Status of country is a barrier for good education."
- "Internet is very needed. Grandparents are taking care of their grand kids and internet is needed to help their grand kids with school."
- "$95 for internet that's too expensive… even though we need it to survive, people opt not to pay in order to pay for food".
- "It so sad that Latinos were the most affected by the pandemic."
- "It's too much it's unbelievable." (Surprised by high number of unemployed Latinos).
- "It's difficult for woman to get their health care. The working parent is the one that gets insurance, and it doesn't cover the wife." (Undocumented couples)
- "During the Pandemic doctors would turn you away. Heart doctors would turn people away... instead of seeing them because they were more concern of getting covid than taking care of their patients."
- "With Telemedicine, you don't get the care you need, and hospital makes the money lots of money. Do not trust telemedicine, it is just of benefit for the providers to be able to see more patients but not really providing the attention needed to their Latinos patients."
- "We are not happy with our health care. Don't stay quiet, say when you not happy with your health care."
- "We are thankful to Enfield Public Schools."

Enfield Key Informant Prioritization Session *Wednesday April 28, 10 am–12 pm (Zoom)*

- "In Enfield, a lot of different sectors of the community came together around food insecurity. KITE (Key Initiatives to Early) sold lawn signs and donated the money to the Food Shelf; Eppendorf matched the money raised. $30K was raised. There were a lot of grassroots types of efforts."
- "Non evictions for tenants with no payments created a domino effect of situations. Once it was lifted, a lot more housing complaints were received."
- "What services are available for families? Where do you get them and how do you train staff to assist children?"
- "I know people who were more concerned about their kid's level of depression compared to getting Covid and reached out to a couple of families that were generally careful to have the kids get to get together in a limited way because they were getting scared."
- "We had a kindergarten camp for kids with no school experience. Children were having reactions to the amount of noise in the room, some going into the corner and covering their ears."
- "Graduations, weddings, not participating in these, how does it frame your future expectations for life events? We expect that burden to reveal itself in different ways for many generations."

- “A committee is being formed.; they just started. The Enfield Mental Health and Wellness workgroup had one session last week to talk about all these issues. The goal of social services is to build a continuum of mental health services from birth through seniors.”
- “In the last few years Fentanyl has become a serious issue. Police came to an apartment where the inhabitant threw Fentanyl at the officers. It’s not an issue in the schools.”
- “There is potential among Enfield leadership (to help each other and address community needs), and we have strong human resources.
- “Treat every person as if they are the most important person in your personal life. Make sure it is an open, safe space to come to.”

Rank Order of Needs

This list of community needs was determined by reviewing the totality of sessions, along with recurring themes and comments from residents.

1. Help with excessive housing cost.
2. Access to quality, affordable Healthcare, and medications.
3. Increased Mental Health supports for the community, especially children and Seniors.
4. There is a need for Spanish Doctors in Enfield including Pediatricians.
5. Understanding and consideration from Hospitals/Healthcare providers.
6. The quality of ground water, which has been contaminated by pesticides and other harmful chemicals.

Assets

1. Responsive elected officials and Police Department.
2. Social Services and the Senior Center.
3. Good schools and education.
4. Asnuntuck Community College is a community partner.
5. Key Initiatives to Early Education (KITE).
6. A community that works together and is supportive.

Appendix B - Actions Taken since the previous Community Health Improvement Plan

Within a month of incorporating our CHIP for the triennial period, the global COVID-19 pandemic hit, and we quickly pivoted all of our efforts and resources to help the community to combat the epidemic.

Johnson, as part of the Trinity Health Of New England health system, was involved in a multifaceted public health awareness media campaign regarding COVID-19 prevention, testing and treatment which intentionally included specific messaging for children and diverse communities.

As part of a broad emergency health response to the coronavirus, the health system set up a FURI (Fever Upper Respiratory Infection) Clinic. This dedicated facility’s purpose is to keep people who are experiencing symptoms of an upper respiratory tract illness out of the Emergency Department and physician offices. This helps to limit the spread of disease among vulnerable populations, such as the elderly. The FURI Clinic can assess and treat potentially large numbers of people with appropriate levels of infection control. Its staff are dedicated to this one task, so expertise is concentrated in one location.

Trinity Health Of New England offered drive-through COVID-19 testing sites. COVID-19 testing was available to all members of the community who were 6 months and older, regardless if the individual had been a patient within the hospital system or not. No appointment was necessary as testing was performed on a first come, first serve basis. If an individual wanted to schedule an appointment, a COVID-19 testing call center was activated that assisted community members who wanted to make an appointment for the drive-through testing site.

Trinity Health Of New England was also one of just four health systems in the United States to gain initial approval from the U.S. Food and Drug Administration (FDA) to run a COVID-19 convalescent plasma phase two clinical trial in April 2019. The prospective, interventional study evaluated the safety and efficacy of convalescent plasma transfusion in critically ill COVID-19 patients. Convalescent plasma was obtained from recovered donors and administered to adult patients with either severe or critical COVID-19 illness. The results were published for all medical professionals to see in the Infectious Diseases and Therapy Journal. The study found that convalescent plasma is safe and has the potential for positive impact on clinical outcomes including recovery and survival if given to patients early in the course of COVID-19.

Appendix C - Resource to address Significant Health Needs

Findhelp.org

Findhelp (formerly known as Aunt Bertha), is a free service to search and connect to support and for finding and applying for social services in the United States. Financial assistance, food pantries, medical care, and a multitude of other free or reduced-cost help can be found. People in need, case managers, and social workers can find and apply for government and charitable services in seconds. It is the largest online platform used to identify local resources, support staff and community partners when searching for local services. Findhelp's network connects people seeking help to verified social services organizations that serve them. The platform, which supports people with Social Determinants of Health (SDOH) needs, provides an efficient way to search for help. It also makes it easy to use for providers and community partners when they are making referrals to community resources, and it increases the visibility of community programs and services. Lastly, the platform meets regulatory requirements to provide culturally appropriate competent resources to better address SDOH needs. Website: https://www.findhelp.org/

Trinity Health System - Vital Signs Report

Location

Johnson Memorial Medical Center - Stafford Springs

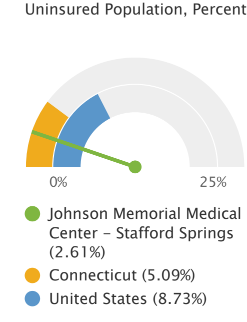
Healthcare Access

Insurance - Uninsured Population

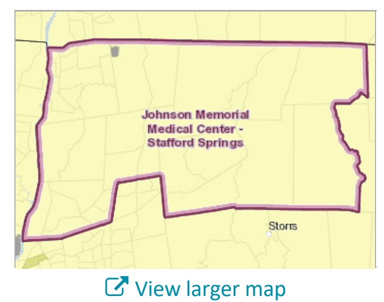
The lack of health insurance is considered a *key driver* of health status.

In the report area 2.61% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 5.09%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Johnson Memorial Medical Center - Stafford Springs	141,204	3,680	2.61%
CT 06016	6,764	257	3.80%
CT 06029	16,337	210	1.29%
CT 06071	9,265	134	1.45%
CT 06074	25,957	360	1.39%
CT 06076	12,523	541	4.32%
CT 06082	41,094	1,348	3.28%
CT 06084	14,498	228	1.57%
CT 06088	4,510	340	7.54%
CT 06278	4,380	218	4.98%
CT 06279	5,876	44	0.75%
Hartford County, CT	879,378	35,013	3.98%
Tolland County, CT	148,466	3,996	2.69%
Windham County, CT	114,964	4,555	3.96%
Connecticut	3,520,172	179,066	5.09%
United States	321,525,041	28,058,903	8.73%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



View larger map

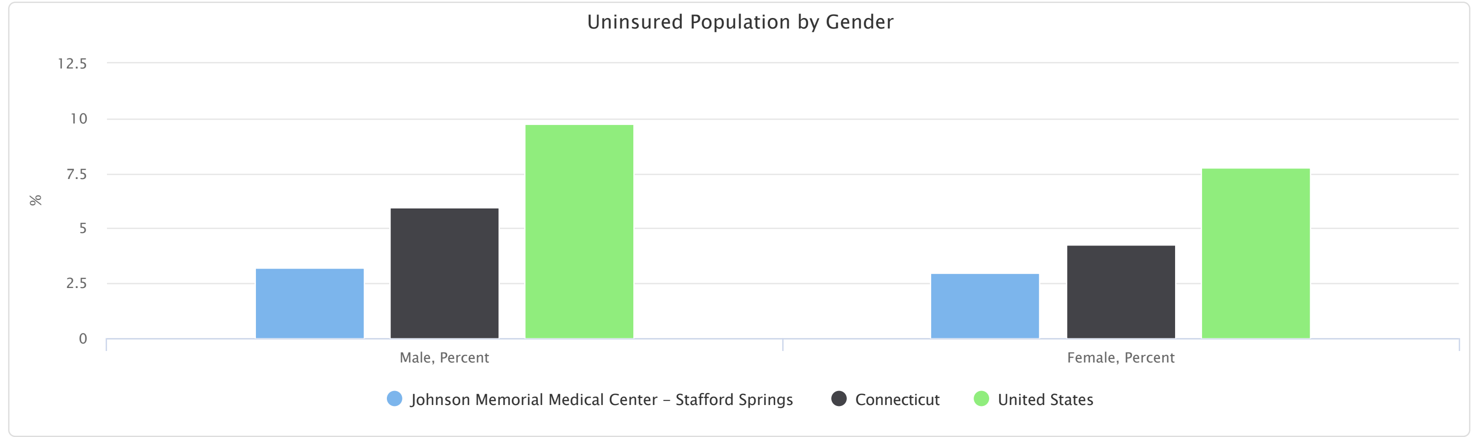
Uninsured Population, Percent by Tract, ACS 2016-20

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

Uninsured Population by Gender

This indicator reports the uninsured population by gender.

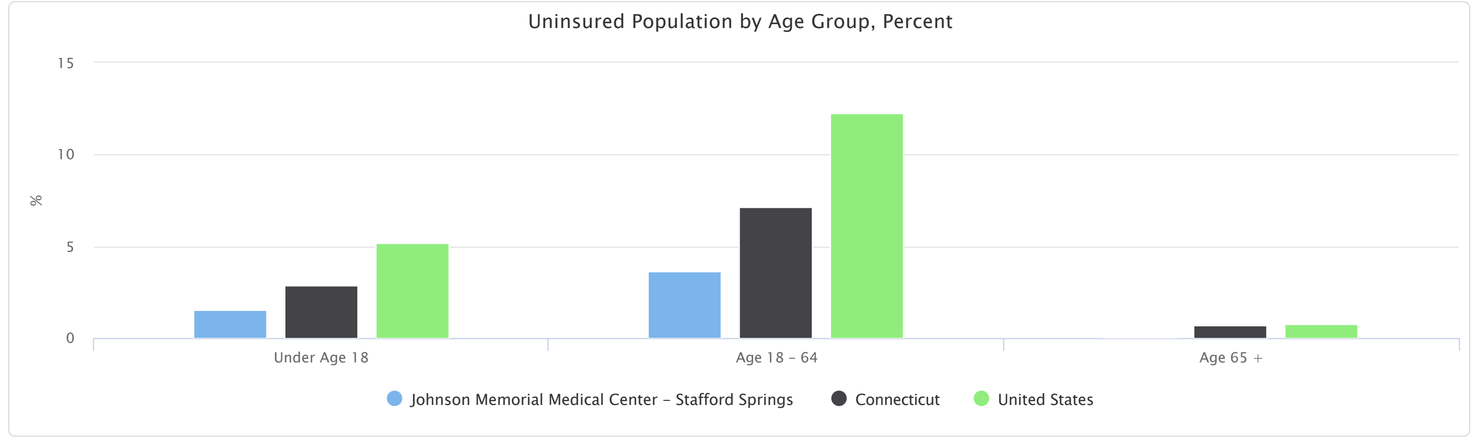
Report Area	Male	Female	Male, Percent	Female, Percent
Johnson Memorial Medical Center - Stafford Springs	1,140	1,038	3.22%	2.97%
CT 06082	707	641	3.43%	3.13%
CT 06084	100	128	1.40%	1.74%
CT 06088	135	205	6.36%	8.58%
CT 06278	167	51	7.81%	2.27%
CT 06279	31	13	0.91%	0.52%
Hartford County, CT	19,714	15,299	4.65%	3.36%
Tolland County, CT	2,300	1,696	3.12%	2.27%
Windham County, CT	2,445	2,110	4.31%	3.62%
Connecticut	101,952	77,114	5.97%	4.26%
United States	15,300,004	12,758,899	9.74%	7.76%



Uninsured Population by Age Group, Percent

This indicator reports the percentage of uninsured population by age group.

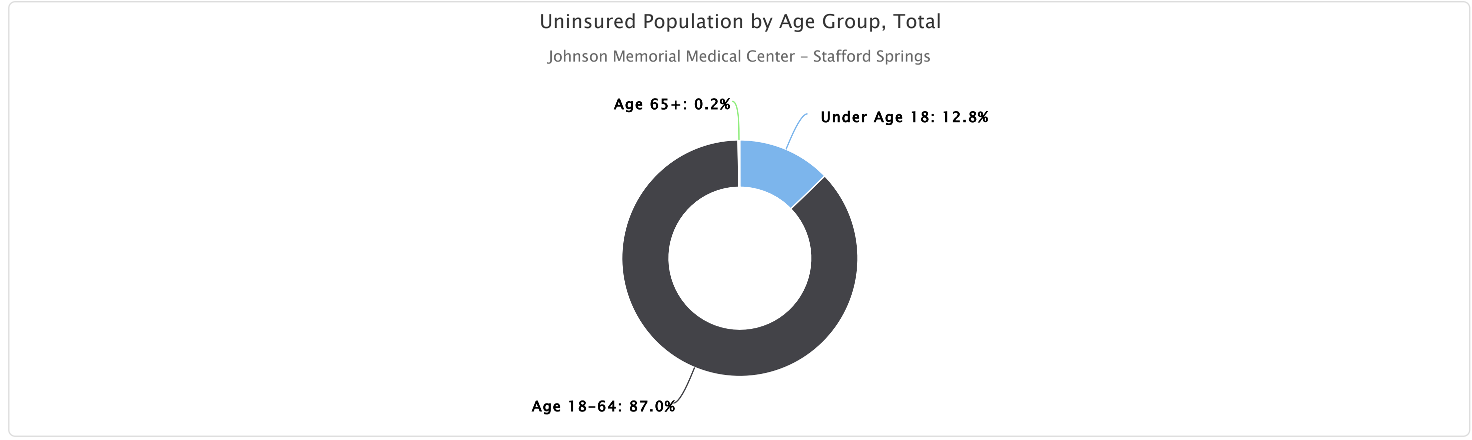
Report Area	Under Age 18	Age 18 - 64	Age 65 +
Johnson Memorial Medical Center - Stafford Springs	1.56%	3.67%	0.04%
CT 06016	0.57%	5.82%	0.00%
CT 06029	0.00%	2.14%	0.00%
CT 06071	2.72%	1.45%	0.00%
CT 06074	0.80%	1.99%	0.00%
CT 06076	4.69%	5.43%	0.00%
CT 06082	1.24%	4.86%	0.00%
CT 06084	0.00%	2.49%	0.00%
CT 06088	16.91%	8.26%	0.00%
CT 06278	3.80%	6.03%	1.54%
CT 06279	0.00%	1.10%	0.00%
Hartford County, CT	1.88%	5.68%	0.71%
Tolland County, CT	2.79%	3.32%	0.00%
Windham County, CT	2.01%	5.56%	0.35%
Connecticut	2.86%	7.14%	0.67%
United States	5.18%	12.26%	0.79%



Uninsured Population by Age Group, Total

This indicator reports the total uninsured population by age group.

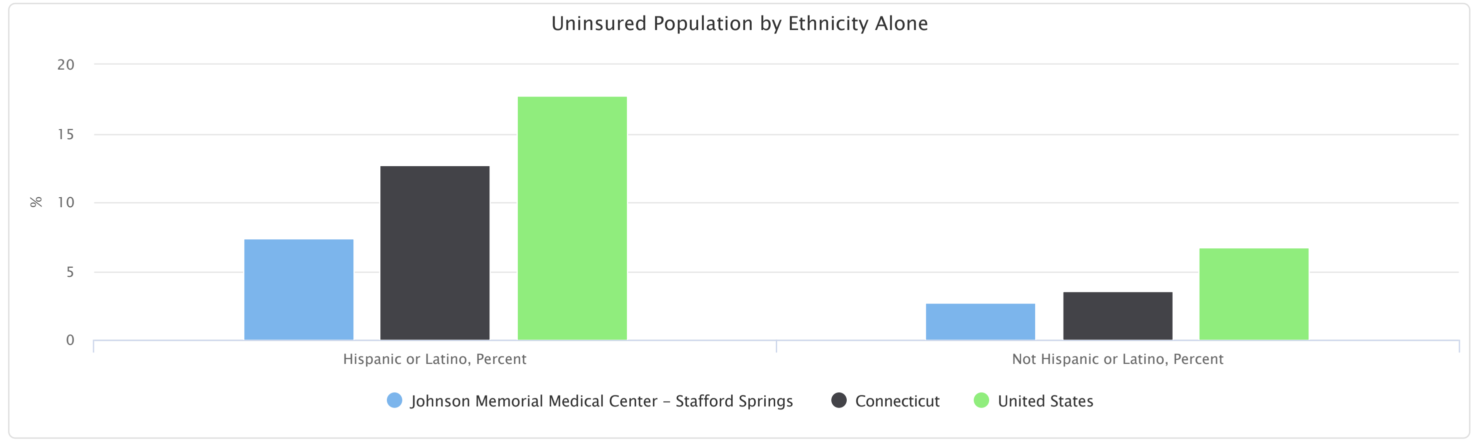
Report Area	Under Age 18	Age 18-64	Age 65+
Johnson Memorial Medical Center - Stafford Springs	470	3,201	9
CT 06016	8	249	0
CT 06029	0	210	0
CT 06071	60	74	0
CT 06074	49	311	0
CT 06076	122	419	0
CT 06082	106	1,242	0
CT 06084	0	228	0
CT 06088	91	249	0
CT 06278	34	175	9
CT 06279	0	44	0
Hartford County, CT	3,753	30,204	1,056
Tolland County, CT	847	3,149	0
Windham County, CT	494	3,996	65
Connecticut	22,469	152,620	3,977
United States	4,016,835	23,640,483	401,585



Uninsured Population by Ethnicity Alone

This indicator reports the uninsured population by ethnicity alone.

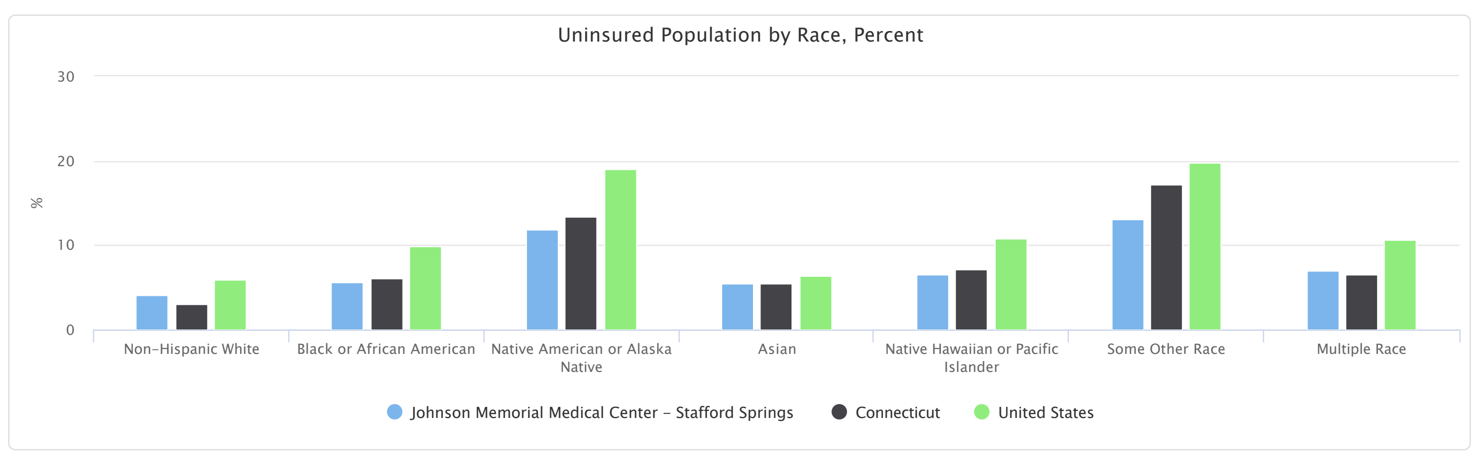
Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Johnson Memorial Medical Center - Stafford Springs	389	1,789	7.37%	2.75%
CT 06082	183	1,165	4.58%	3.14%
CT 06084	182	46	35.20%	0.33%
CT 06088	24	316	15.48%	7.26%
CT 06278	0	218	0.00%	5.28%
CT 06279	0	44	0.00%	0.80%
Hartford County, CT	12,226	22,787	7.57%	3.17%
Tolland County, CT	498	3,498	6.04%	2.49%
Windham County, CT	1,129	3,426	8.06%	3.39%
Connecticut	73,438	105,628	12.68%	3.59%
United States	10,382,464	17,676,439	17.72%	6.72%



Uninsured Population by Race, Percent

This indicator reports the percentage of uninsured population by race alone.

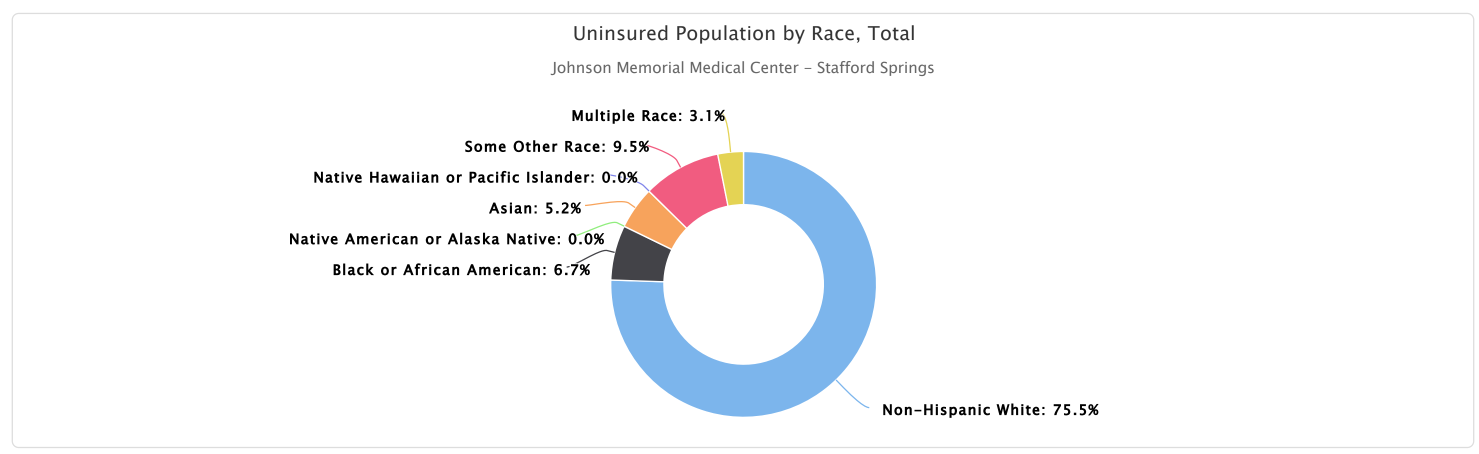
Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Johnson Memorial Medical Center - Stafford Springs	4.10%	5.58%	11.86%	5.52%	6.62%	13.13%	6.93%
CT 06082	3.09%	6.47%	0.00%	3.99%	0.00%	0.14%	1.91%
CT 06084	0.35%	0.00%	No data	0.00%	No data	91.46%	0.00%
CT 06088	7.63%	0.00%	0.00%	7.49%	No data	27.50%	0.00%
CT 06278	5.27%	0.00%	No data	0.00%	No data	0.00%	6.54%
CT 06279	0.96%	0.00%	No data	0.00%	No data	0.00%	0.00%
Hartford County, CT	2.67%	5.05%	8.17%	3.48%	0.00%	8.78%	4.59%
Tolland County, CT	2.31%	2.99%	9.62%	2.55%	0.00%	13.22%	6.08%
Windham County, CT	3.34%	6.17%	3.93%	7.01%	0.00%	18.89%	3.83%
Connecticut	2.99%	6.05%	13.36%	5.41%	7.23%	17.25%	6.54%
United States	5.93%	9.94%	18.99%	6.44%	10.79%	19.79%	10.67%



Uninsured Population by Race, Total

This indicator reports the total uninsured population by race alone.

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Johnson Memorial Medical Center - Stafford Springs	1,546	137	0	106	0	194	64
CT 06082	982	137	0	53	0	1	57
CT 06084	46	0	0	0	0	182	0
CT 06088	263	0	0	53	0	11	0
CT 06278	211	0	0	0	0	0	7
CT 06279	44	0	0	0	0	0	0
Hartford County, CT	14,155	6,057	202	1,715	0	4,668	2,199
Tolland County, CT	2,886	118	10	182	0	377	264
Windham County, CT	3,152	172	19	112	0	605	199
Connecticut	69,633	22,516	1,180	8,804	86	32,384	11,172
United States	11,475,294	3,972,510	497,979	1,179,390	64,404	3,281,019	1,776,683



Recent Primary Care Visit

This indicator reports the percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year.

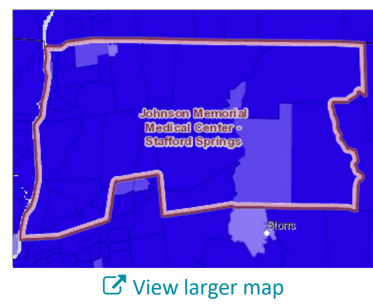
Report Area	Total Population (2019)	Percentage of Adults with Routine Checkup in Past 1 Year
Johnson Memorial Medical Center - Stafford Springs	146,934	78.23%
CT 06016	6,226	79.40%
CT 06029	15,547	76.90%
CT 06071	11,645	76.40%
CT 06074	25,705	80.90%
CT 06076	12,659	76.40%
CT 06082	44,654	78.50%
CT 06084	15,067	77.60%
CT 06088	4,936	80.30%
CT 06278	4,454	76.60%
CT 06279	6,041	75.50%
Hartford County, CT	891,720	79.70%
Tolland County, CT	150,721	76.70%
Windham County, CT	116,782	76.40%
Connecticut	3,565,287	77.95%
United States	328,239,523	76.60%

Percentage of Adults with Routine Checkup in Past 1 Year

0% 80%

- Johnson Memorial Medical Center – Stafford Springs (78.23%)
- Connecticut (77.95%)
- United States (76.60%)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract



View larger map

Primary Care Physician Visit, Percentage of Adults Seen in Past 1 Year by Tract, CDC BRFSS PLACES Project 2019

- Over 76%
- 72.1 - 76.0%
- 68.1 - 72.0%
- Under 68.1%
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

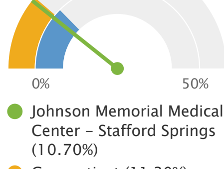
Economic Stability

Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

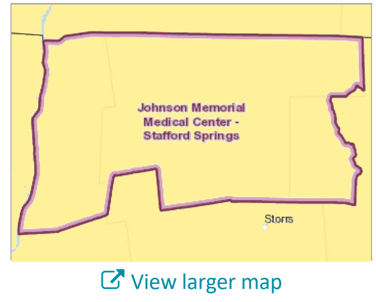
Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Johnson Memorial Medical Center - Stafford Springs	143,813.00	15,389.00	10.70%
CT 06016	6,266	720	11.50%
CT 06029	16,481	1,582	9.60%
CT 06071	10,527	1,010	9.60%
CT 06074	26,884	3,091	11.50%
CT 06076	12,084	1,160	9.60%
CT 06082	42,098	4,841	11.50%
CT 06084	14,680	1,409	9.60%
CT 06088	4,911	564	11.50%
CT 06278	4,270	469	11.00%
CT 06279	5,604	538	9.60%
Hartford County, CT	898,609	103,340	11.50%
Tolland County, CT	150,833	14,480	9.60%
Windham County, CT	116,545	12,820	11.00%
Connecticut	3,600,088	406,810	11.30%
United States	325,717,422	41,133,950	12.63%

Percentage of Total Population with Food Insecurity



- Johnson Memorial Medical Center – Stafford Springs (10.70%)
- Connecticut (11.30%)
- United States (12.63%)

Note: This indicator is compared to the state average.
Data Source: Feeding America. 2017. Source geography: County



View larger map

Food Insecure Population, Percent by County, Feeding America 2017

- Over 18.0%
- 15.1 - 18.0%
- 12.1 - 15.0%
- Under 12.1%
- Johnson Memorial Medical Center - Stafford Springs

Food Insecurity - Food Insecure Children

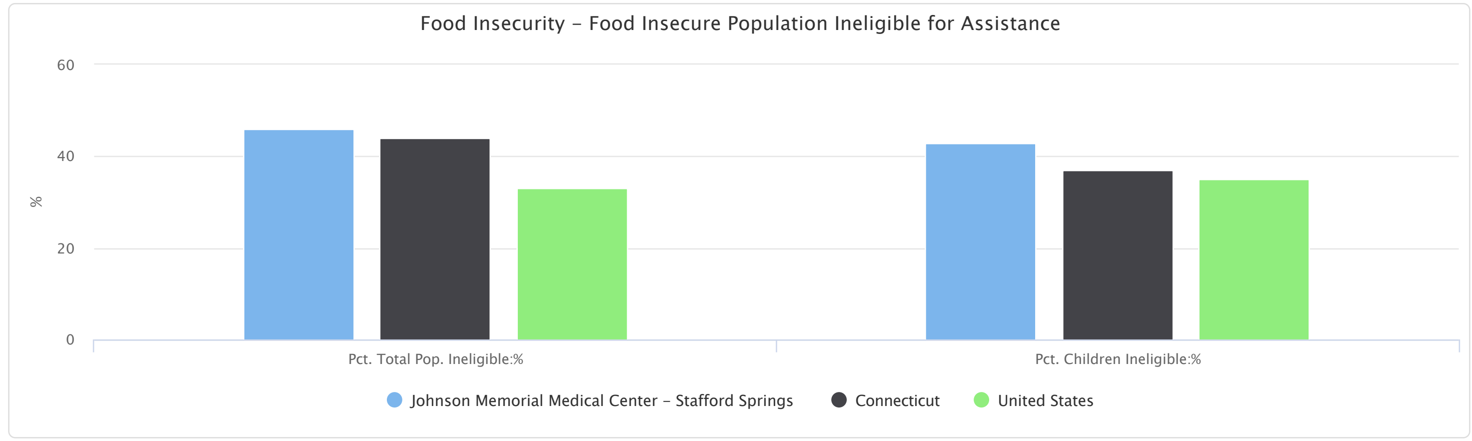
This indicator reports the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Population Under Age 18	Food Insecure Children, Total	Child Food Insecurity Rate
Johnson Memorial Medical Center - Stafford Springs	28,916	4,117	14.20%
Hartford County, CT	192,781	29,110	15.10%
Tolland County, CT	27,559	3,500	12.70%
Windham County, CT	23,720	3,890	16.40%
Connecticut	743,484	115,240	15.50%
United States	73,641,039	13,411,620	18.21%

Food Insecurity - Food Insecure Population Ineligible for Assistance

This indicator reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for State or Federal nutrition assistance. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for assistance programs (SNAP, WIC, school meals, CSFP and TEFAP).

Report Area	Food Insecure Population	Food Insecure Population Ineligible for Assistance, Percent	Food Insecure Children	Food Insecure Children Ineligible for Assistance, Percent
Johnson Memorial Medical Center - Stafford Springs	15,389	46.00%	4,117	43.00%
Hartford County, CT	103,340	40.00%	29,110	36.00%
Tolland County, CT	14,480	57.00%	3,500	58.00%
Windham County, CT	12,820	39.00%	3,890	32.00%
Connecticut	406,810	44.00%	115,240	37.00%
United States	41,133,950	33.00%	13,411,620	35.00%



Income - Income Inequality (GINI Index)

This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one house-hold has any income. A value of zero indicates perfect equality, where all households have equal income.
Index values are acquired from the 2016-20 American Community Survey and are not available for custom report areas or multi-county areas.

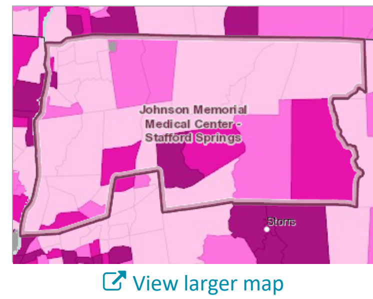
Report Area	Total Households	Gini Index Value
Johnson Memorial Medical Center - Stafford Springs	2,491,716	0.45
CT 06016	2,581	0.38
CT 06029	6,844	0.42
CT 06071	3,436	0.41
CT 06074	9,753	0.41
CT 06076	5,103	0.38
CT 06082	16,897	0.39
CT 06084	5,460	0.44
CT 06088	2,407	0.36
CT 06278	1,865	0.43
CT 06279	2,692	0.42
Hartford County, CT	353,653	0.47
Tolland County, CT	56,077	0.44
Windham County, CT	45,589	0.43
Connecticut	1,385,437	0.50
United States	122,354,219	0.48

Gini Index Value

0 1

Johnson Memorial Medical Center – Stafford Springs (0.45)
Connecticut (0.50)
United States (0.48)

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



View larger map

Income Inequality (GINI), Index Value by Tract, ACS 2016-20

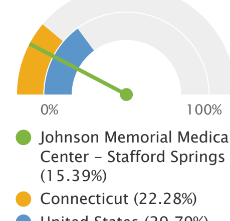
- Over 0.460
- 0.431 - 0.460
- 0.401 - 0.430
- Under 0.401
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

Poverty - Population Below 200% FPL

In the report area 15.39% or 21,711.00 individuals for whom poverty status is determined are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
Note: The total population measurements for poverty reports are lower, as poverty data collection does not include people in group quarters. See Methodology for more details.

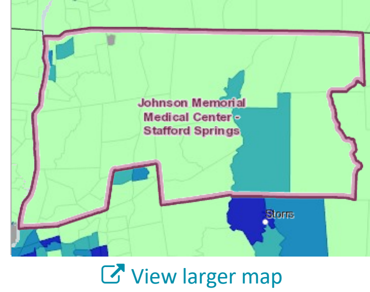
Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Johnson Memorial Medical Center - Stafford Springs	141,090.00	21,711.00	15.39%
CT 06016	6,764	1,563	23.11%
CT 06029	16,202	1,999	12.34%
CT 06071	9,275	696	7.50%
CT 06074	25,942	2,637	10.16%
CT 06076	12,438	2,063	16.59%
CT 06082	41,211	8,076	19.60%
CT 06084	14,548	1,485	10.21%
CT 06088	4,510	653	14.48%
CT 06278	4,396	772	17.56%
CT 06279	5,804	1,767	30.44%
Hartford County, CT	871,495	205,980	23.64%
Tolland County, CT	136,016	24,409	17.95%
Windham County, CT	111,547	28,039	25.14%
Connecticut	3,466,935	772,414	22.28%
United States	318,564,128	94,899,936	29.79%

Percent Population with Income at or Below 200% FPL



- Johnson Memorial Medical Center – Stafford Springs (15.39%)
- Connecticut (22.28%)
- United States (29.79%)

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



View larger map

Population Below 200% Poverty Level, Percent by Tract, ACS 2016-20

- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

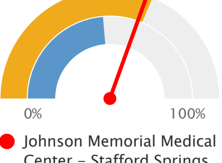
Education

Access - Preschool Enrollment (Children Age 3-4)

This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where preschool opportunities are either abundant or lacking in the educational system.

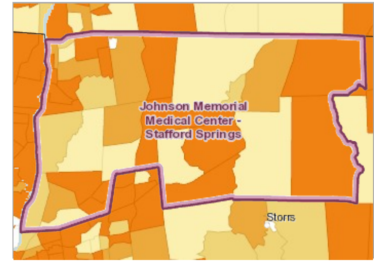
Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent
Johnson Memorial Medical Center - Stafford Springs	2,773	1,691	**60.98%**
CT 06016	117	0	0.00%
CT 06029	451	250	55.43%
CT 06071	120	92	76.67%
CT 06074	549	385	70.13%
CT 06076	150	63	42.00%
CT 06082	772	504	65.28%
CT 06084	350	278	79.43%
CT 06088	67	29	43.28%
CT 06278	137	90	65.69%
CT 06279	60	0	0.00%
Hartford County, CT	20,561	12,249	59.57%
Tolland County, CT	2,544	1,429	56.17%
Windham County, CT	2,606	1,414	54.26%
Connecticut	77,312	48,530	62.77%
United States	8,156,714	3,861,717	47.34%

Percentage of Population Age 3-4 Enrolled in School



- Johnson Memorial Medical Center – Stafford Springs (60.98%)
- Connecticut (62.77%)
- United States (47.34%)

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



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Enrollment in School, Children (Age 3-4), Percent by Tract, ACS 2016-20

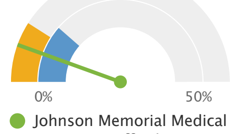
- Over 55.0%
- 45.1 - 55.0%
- 35.1 - 45.0%
- Under 35.1%
- No Population Age 3-4 Reported
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

Attainment - No High School Diploma

Within the report area there are 5,786 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 5.53% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg & Ruglis, 2007).

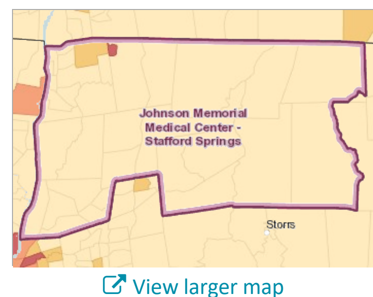
Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Population Age 25+ with No High School Diploma, Percent
Johnson Memorial Medical Center - Stafford Springs	104,573	5,786	5.53%
CT 06016	4,846	328	6.77%
CT 06029	11,392	567	4.98%
CT 06071	8,052	849	10.54%
CT 06074	17,989	593	3.30%
CT 06076	8,831	441	4.99%
CT 06082	32,028	2,300	7.18%
CT 06084	10,371	179	1.73%
CT 06088	3,993	201	5.03%
CT 06278	3,261	205	6.29%
CT 06279	3,810	123	3.23%
Hartford County, CT	624,179	62,425	10.00%
Tolland County, CT	96,523	5,063	5.25%
Windham County, CT	81,868	8,891	10.86%
Connecticut	2,489,205	225,550	9.06%
United States	222,836,834	25,562,680	11.47%

Population Age 25+ with No High School Diploma, Percent



- Johnson Memorial Medical Center - Stafford Springs (5.53%)
- Connecticut (9.06%)
- United States (11.47%)

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



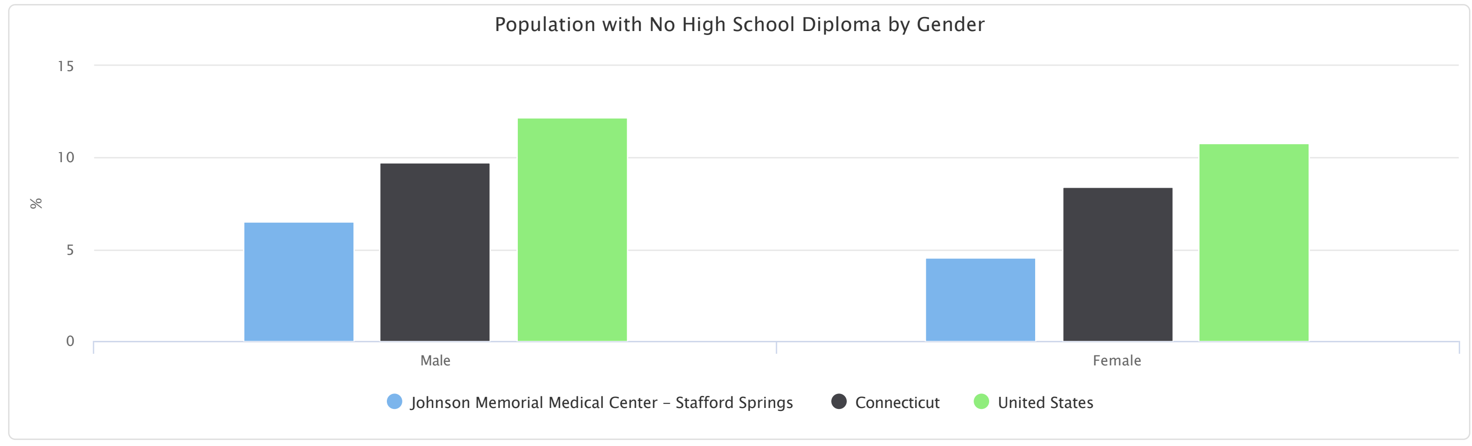
View larger map

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2016-20

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

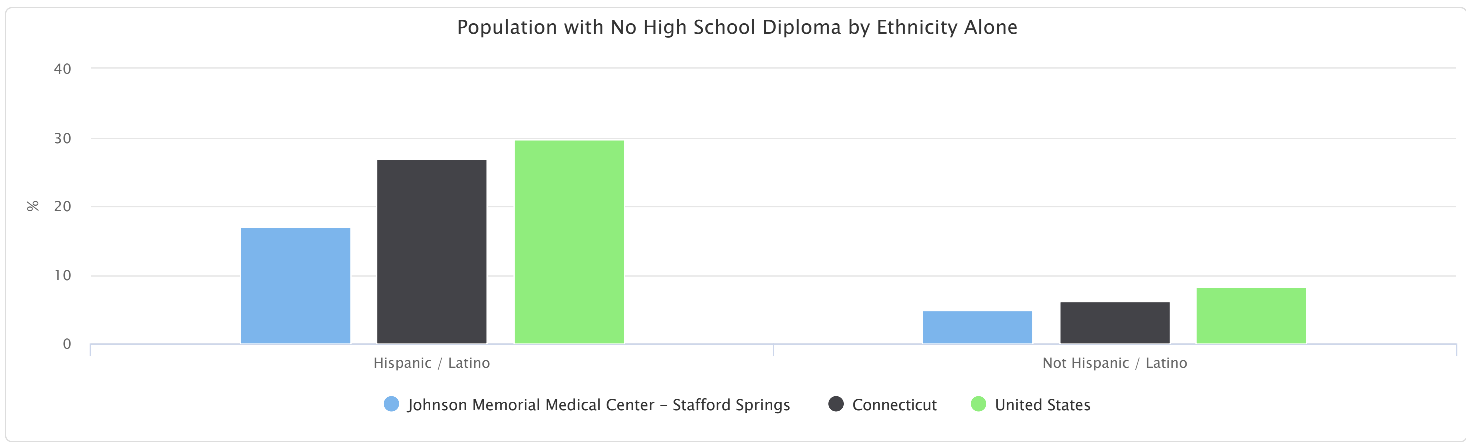
Population with No High School Diploma by Gender

Report Area	Male	Female	Male, Percent	Female, Percent
Johnson Memorial Medical Center - Stafford Springs	3,370	2,416	6.49%	4.59%
CT 06016	186	142	8.24%	5.49%
CT 06029	313	254	5.78%	4.25%
CT 06071	639	210	13.94%	6.05%
CT 06074	270	323	3.19%	3.39%
CT 06076	173	268	4.12%	5.79%
CT 06082	1,493	807	9.11%	5.16%
CT 06084	35	144	0.69%	2.73%
CT 06088	81	120	4.36%	5.62%
CT 06278	102	103	6.33%	6.25%
CT 06279	78	45	3.80%	2.56%
Hartford County, CT	31,539	30,886	10.63%	9.43%
Tolland County, CT	2,932	2,131	6.13%	4.38%
Windham County, CT	5,034	3,857	12.62%	9.19%
Connecticut	115,955	109,595	9.76%	8.43%
United States	13,141,042	12,421,638	12.19%	10.80%



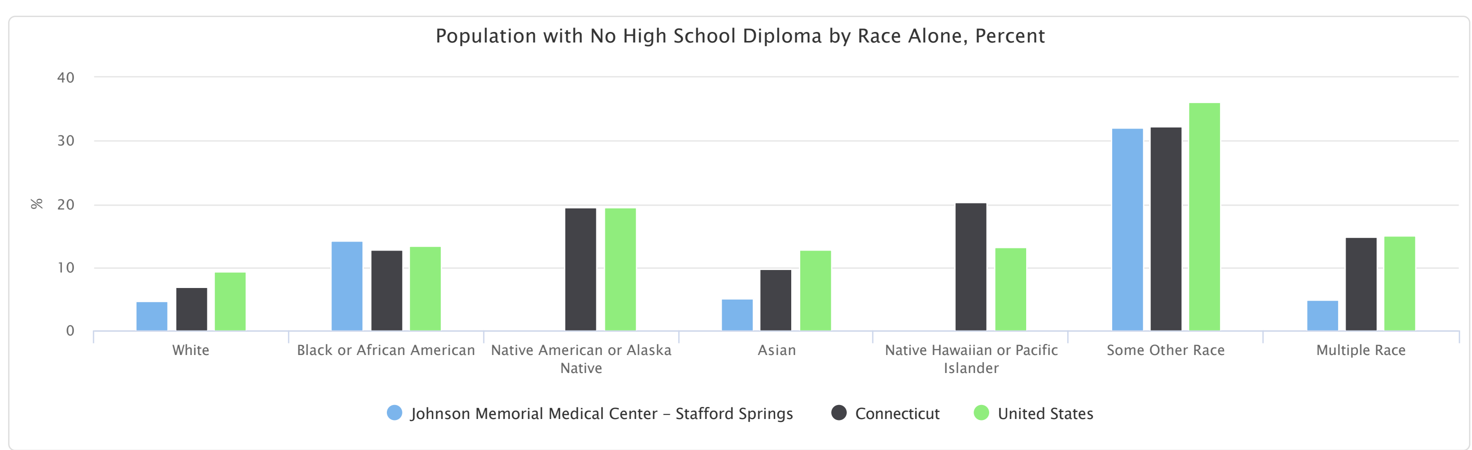
Population with No High School Diploma by Ethnicity Alone

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Johnson Memorial Medical Center - Stafford Springs	950	4,836	16.92%	4.89%
CT 06016	0	328	0.00%	7.48%
CT 06029	180	387	36.89%	3.55%
CT 06071	186	663	33.88%	8.84%
CT 06074	42	551	5.59%	3.20%
CT 06076	11	430	4.01%	5.03%
CT 06082	487	1,813	20.09%	6.12%
CT 06084	9	170	2.57%	1.70%
CT 06088	0	201	0.00%	5.19%
CT 06278	35	170	26.52%	5.43%
CT 06279	0	123	0.00%	3.28%
Hartford County, CT	26,828	35,597	28.55%	6.71%
Tolland County, CT	789	4,274	17.86%	4.64%
Windham County, CT	2,034	6,857	27.21%	9.22%
Connecticut	90,816	134,734	26.93%	6.26%
United States	10,134,213	15,428,467	29.74%	8.17%



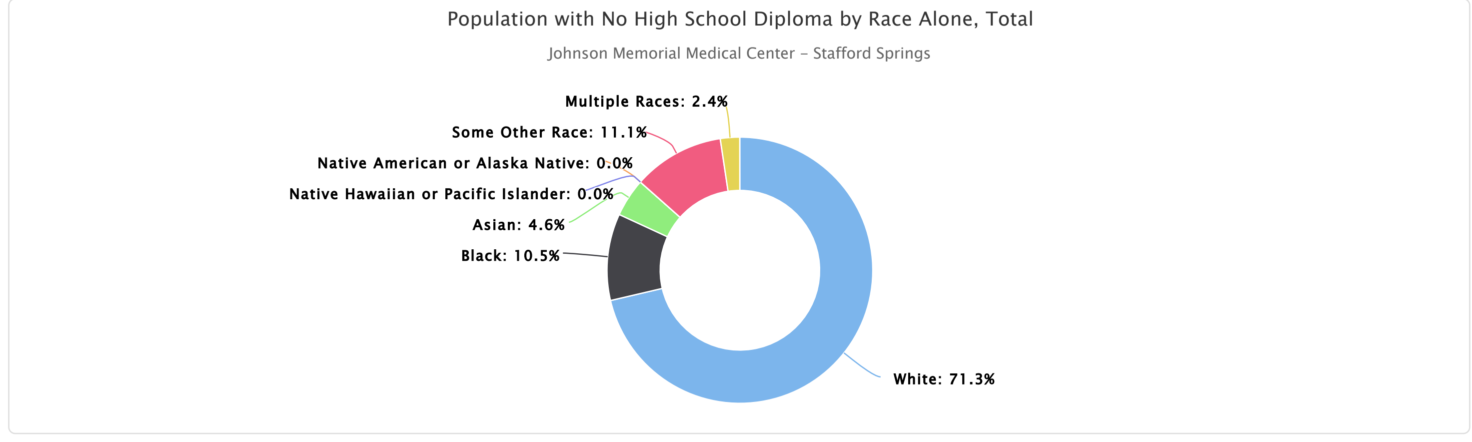
Population with No High School Diploma by Race Alone, Percent

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Johnson Memorial Medical Center - Stafford Springs	4.59%	14.25%	0.00%	4.98%	0.00%	32.07%	4.89%
CT 06016	7.25%	10.33%	No data	0.00%	No data	0.00%	5.32%
CT 06029	3.35%	0.00%	No data	8.44%	No data	80.36%	0.95%
CT 06071	7.30%	28.67%	0.00%	56.25%	No data	39.67%	21.30%
CT 06074	2.95%	4.87%	0.00%	3.86%	No data	17.77%	2.34%
CT 06076	4.92%	0.00%	0.00%	16.98%	0.00%	14.29%	5.13%
CT 06082	5.66%	16.96%	0.00%	4.53%	0.00%	33.81%	5.71%
CT 06084	1.83%	2.48%	No data	0.00%	No data	0.00%	0.00%
CT 06088	4.97%	2.53%	0.00%	6.54%	No data	0.00%	0.00%
CT 06278	5.73%	100.00%	No data	No data	No data	45.28%	0.00%
CT 06279	3.49%	100.00%	No data	0.00%	No data	0.00%	0.00%
Hartford County, CT	7.38%	12.68%	19.42%	9.72%	6.99%	31.77%	19.30%
Tolland County, CT	4.50%	9.58%	14.29%	6.99%	0.00%	32.72%	5.09%
Windham County, CT	9.79%	21.05%	32.16%	15.77%	100.00%	37.49%	10.80%
Connecticut	6.83%	12.89%	19.41%	9.84%	20.38%	32.26%	14.86%
United States	9.28%	13.33%	19.41%	12.71%	13.15%	36.14%	15.01%



Population with No High School Diploma by Race Alone, Total

Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Johnson Memorial Medical Center - Stafford Springs	4,128	610	269	0	0	642	137
CT 06016	283	31	0	0	0	0	14
CT 06029	337	0	48	0	0	180	2
CT 06071	507	164	36	0	0	96	46
CT 06074	423	34	92	0	0	35	9
CT 06076	421	0	9	0	0	1	10
CT 06082	1,531	367	40	0	0	306	56
CT 06084	176	3	0	0	0	0	0
CT 06088	155	2	44	0	0	0	0
CT 06278	180	1	0	0	0	24	0
CT 06279	115	8	0	0	0	0	0
Hartford County, CT	33,329	10,208	3,273	256	10	11,079	4,270
Tolland County, CT	3,886	271	266	12	0	534	94
Windham County, CT	7,288	358	168	73	15	722	267
Connecticut	131,587	32,070	10,968	1,059	149	37,844	11,873
United States	15,123,109	3,547,596	1,655,662	327,426	51,083	3,624,534	1,233,270



Social Support & Community Context

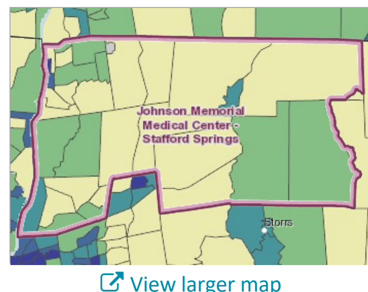
Social Vulnerability Index

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The report area has a social vulnerability index score of 0.20, which is which is less than the state average of 0.43.

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Johnson Memorial Medical Center - Stafford Springs	144,569	0.22	0.33	0.31	0.27	0.20
CT 06016	6,862	0.29	0.60	0.21	0.48	0.34
CT 06029	15,983	0.11	0.15	0.12	0.27	0.08
CT 06071	11,350	0.11	0.29	0.31	0.05	0.06
CT 06074	25,816	0.11	0.40	0.45	0.29	0.21
CT 06076	12,494	0.28	0.46	0.17	0.31	0.24
CT 06082	44,455	0.34	0.40	0.38	0.25	0.27
CT 06084	14,782	0.04	0.16	0.24	0.07	0.03
CT 06088	4,517	0.15	0.13	0.34	0.74	0.28
CT 06278	4,312	0.45	0.26	0.23	0.29	0.27
CT 06279	5,912	0.27	0.04	0.54	0.51	0.24
Hartford County, CT	894,730	0.31	0.19	0.89	0.74	0.52
Tolland County, CT	151,269	0.08	0.01	0.50	0.35	0.07
Windham County, CT	116,538	0.35	0.21	0.70	0.54	0.42
Connecticut	3,581,504	0.27	0.13	0.82	0.66	0.43
United States	322,903,030	0.30	0.32	0.76	0.62	0.40

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2018. Source geography: Tract



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Social Vulnerability Index by Tract, CDC 2018

- 0.81 - 1.00 (Highest Vulnerability)
- 0.61 - 0.80
- 0.41 - 0.60
- 0.21 - 0.40
- 0.00 - 0.20 (Lowest Vulnerability)
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

Neighborhood & Physical Environment

Air Quality - Particulate Matter 2.5

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

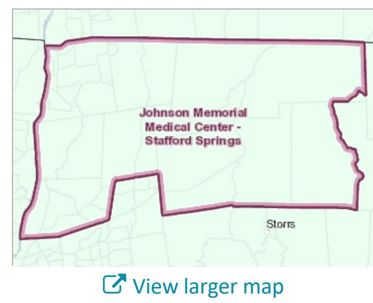
Report Area	Total Population (2020)	Average Daily Ambient Particulate Matter 2.5	Days Exceeding Emissions Standards	Days Exceeding Standards, Percent (Crude)	Days Exceeding Standards, Percent (Weighted)
Johnson Memorial Medical Center - Stafford Springs	144,477	6.54	0	0.00	0.00%
CT 06016	6,273	7.62	0	0.00	0.00%
CT 06029	16,367	13.16	0	0.00	0.00%
CT 06071	10,455	19.79	0	0.00	0.00%
CT 06074	26,911	41.18	0	0.00	0.00%
CT 06076	12,001	18.22	0	0.00	0.00%
CT 06082	42,141	80.26	0	0.00	0.00%
CT 06084	14,579	12.88	0	0.00	0.00%
CT 06088	4,917	5.84	0	0.00	0.00%
CT 06278	4,266	6.27	0	0.00	0.00%
CT 06279	5,566	6.13	0	0.00	0.00%
Hartford County, CT	899,498	6.93	0	0.00	0.00%
Tolland County, CT	149,788	6.40	0	0.00	0.00%
Windham County, CT	116,418	5.99	0	0.00	0.00%
Connecticut	3,605,944	7.17	0	0.00	0.00%
United States	329,148,493	8.26	0	0.00	0.11%

Days Exceeding Standards, Percent (Weighted)

0% 10%

- Johnson Memorial Medical Center – Stafford Springs (0.00%)
- Connecticut (0.00%)
- United States (0.11%)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2016. Source geography: Tract



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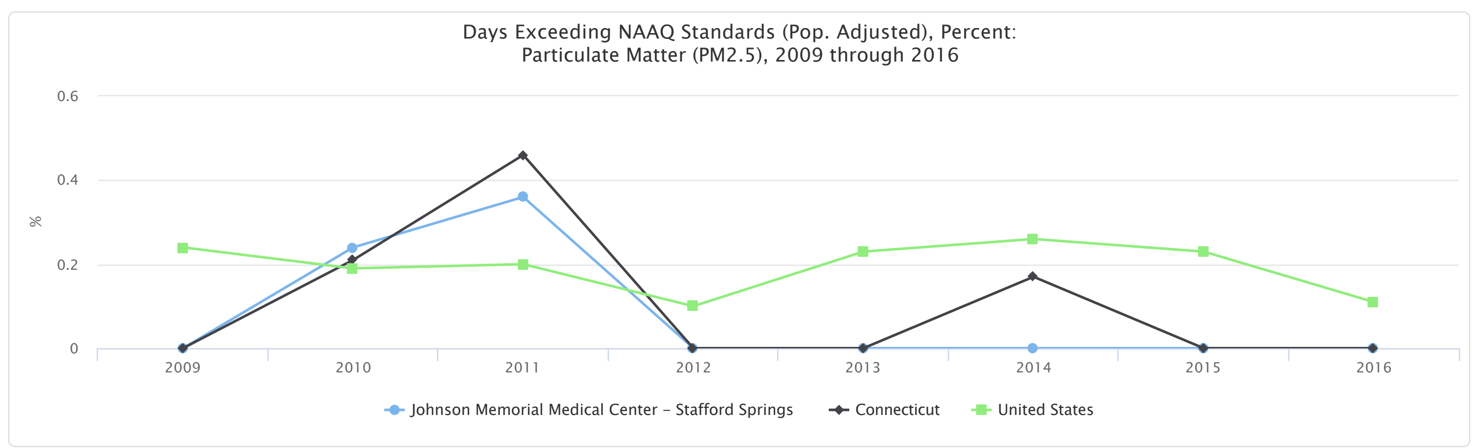
Fine Particulate Matter Levels (PM 2.5), Percentage of Days Above NAAQ Standards by Tract, NEPHTN 2016

- Over 5.0%
- 1.1 - 5.0%
- 0.51 - 1.0%
- Under 0.51%
- No Days Above NAAQS Standards
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

Days Exceeding NAAQ Standards (Pop. Adjusted), Percent: Particulate Matter (PM2.5), 2009 through 2016

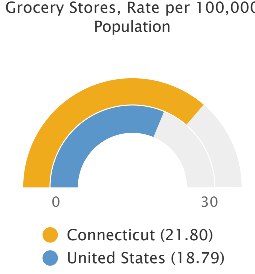
Report Area	2009	2010	2011	2012	2013	2014	2015	2016
Johnson Memorial Medical Center - Stafford Springs	0.00%	0.24%	0.36%	0.00%	0.00%	0.00%	0.00%	0.00%
Hartford County, CT	0.00%	0.22%	0.60%	0.00%	0.00%	0.19%	0.00%	0.00%
Tolland County, CT	0.00%	0.17%	0.12%	0.00%	0.00%	0.00%	0.00%	0.00%
Windham County, CT	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%
Connecticut	0.00%	0.21%	0.46%	0.00%	0.00%	0.17%	0.00%	0.00%
United States	0.24%	0.19%	0.20%	0.10%	0.23%	0.26%	0.23%	0.11%



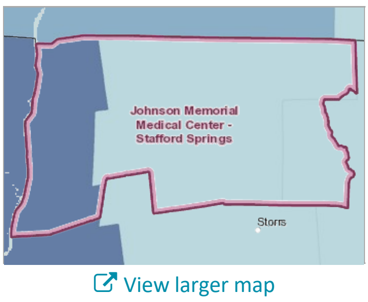
Food Environment - Grocery Stores and Supermarkets

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator describes the number of grocery stores and the number of grocery stores per 100,000 in the report area

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Johnson Memorial Medical Center - Stafford Springs	No data	No data	No data
CT 06016	6,273	2	26.01
CT 06029	16,367	2	12.02
CT 06071	10,455	1	12.02
CT 06074	26,911	7	26.01
CT 06076	12,001	1	12.02
CT 06082	42,141	11	26.01
CT 06084	14,579	2	12.02
CT 06088	4,917	1	26.01
CT 06278	4,266	1	13.74
CT 06279	5,566	1	12.02
Hartford County, CT	899,498	234	26.01
Tolland County, CT	149,788	18	12.02
Windham County, CT	116,418	16	13.74
Connecticut	3,605,944	786	21.80
United States	331,449,275	62,268	18.79



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County



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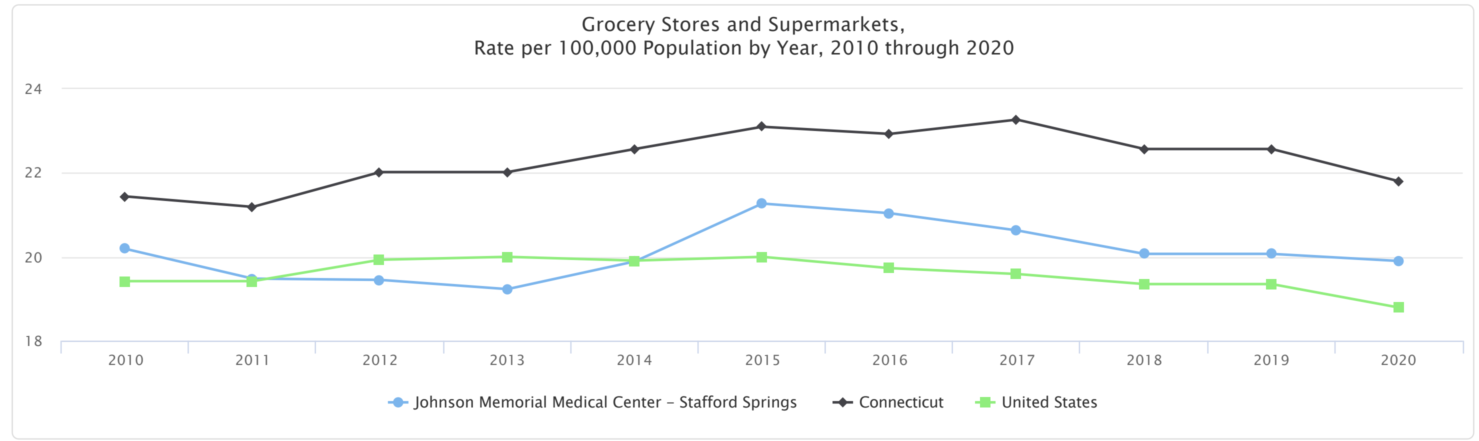
Grocery Stores and Supermarkets, Rate (Per 100,000 Pop.) by County, CBP 2020

- Over 35.0
- 25.1 - 35.0
- 15.1 - 25.0
- Under 15.1
- <3 Grocery Stores (Suppressed)
- Johnson Memorial Medical Center - Stafford Springs

Grocery Stores and Supermarkets,
Rate per 100,000 Population by Year, 2010 through 2020

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Johnson Memorial Medical Center - Stafford Springs	20.19	19.48	19.45	19.23	19.89	21.27	21.04	20.63	20.07	20.07	19.9
Hartford County, CT	23.46	23.79	24.46	25.13	27.24	29.13	28.68	28.57	27.57	27.57	26.01
Tolland County, CT	16.02	14.02	12.68	11.35	10.01	10.68	10.68	10.01	10.01	10.01	12.02
Windham County, CT	16.32	13.74	18.9	17.18	18.04	19.76	20.62	18.04	18.04	18.04	13.74
Connecticut	21.44	21.19	22.02	22.02	22.57	23.1	22.93	23.27	22.57	22.57	21.8
United States	19.42	19.42	19.93	20	19.91	20	19.73	19.59	19.35	19.35	18.79



Housing Costs - Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 2,491,716 total households in the report area, 954,731 or 38.32% of the population live in cost burdened households.

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Cost Burdened Households, Percent
Johnson Memorial Medical Center - Stafford Springs	2,491,716	954,731	**38.32%**
CT 06016	2,581	594	23.01%
CT 06029	6,844	1,875	27.40%
CT 06071	3,436	830	24.16%
CT 06074	9,753	2,311	23.70%
CT 06076	5,103	1,324	25.95%
CT 06082	16,897	4,332	25.64%
CT 06084	5,460	941	17.23%
CT 06088	2,407	821	34.11%
CT 06278	1,865	351	18.82%
CT 06279	2,692	877	32.58%
Hartford County, CT	353,653	115,205	32.58%
Tolland County, CT	56,077	15,864	28.29%
Windham County, CT	45,589	14,200	31.15%
Connecticut	1,385,437	475,395	34.31%
United States	122,354,219	37,128,748	30.35%

Percentage of Households where Housing Costs Exceed 30% of Income

0% 50%

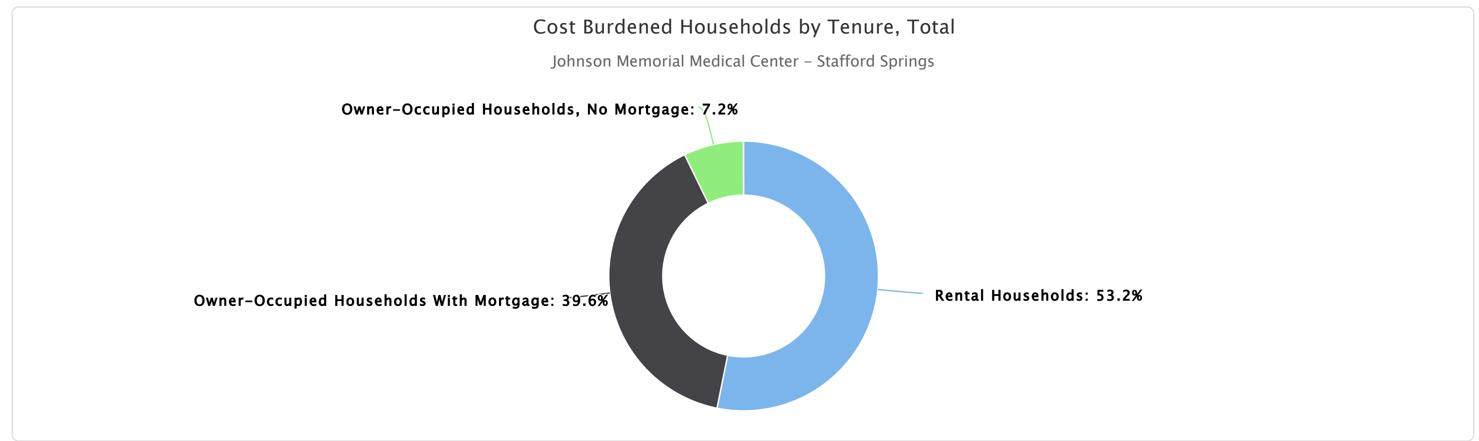
- Johnson Memorial Medical Center - Stafford Springs (38.32%)
- Connecticut (34.31%)
- United States (30.35%)

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

Cost Burdened Households by Tenure, Total

These data show the number of households that spend more than 30% of the household income on housing costs. In the report area, there were 954,731 cost burdened households according to the U.S. Census Bureau American Community Survey (ACS) 2016-2020 5-year estimates. The data for this indicator is only reported for households where household housing costs and income earned was identified in the American Community Survey.

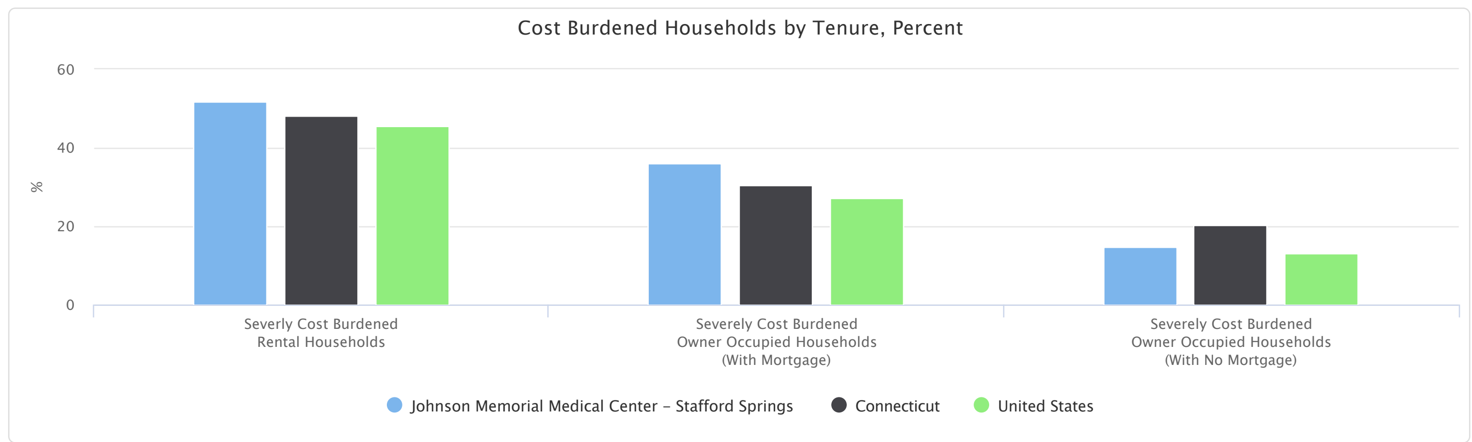
Report Area	Cost Burdened Households	Cost Burdened Rental Households	Cost Burdened Owner Occupied Households (With Mortgage)	Cost Burdened Owner Occupied Households (With No Mortgage)
Johnson Memorial Medical Center - Stafford Springs	954,731	507,674	378,327	68,730
CT 06016	594	250	279	65
CT 06029	1,875	976	763	136
CT 06071	830	162	568	100
CT 06074	2,311	653	1,205	453
CT 06076	1,324	363	668	293
CT 06082	4,332	1,570	1,959	803
CT 06084	941	240	553	148
CT 06088	821	236	450	135
CT 06278	351	84	214	53
CT 06279	877	669	182	26
Hartford County, CT	115,205	59,936	41,614	13,655
Tolland County, CT	15,864	7,543	6,452	1,869
Windham County, CT	14,200	6,725	6,060	1,415
Connecticut	475,395	227,153	187,671	60,571
United States	37,128,748	19,886,052	13,344,089	3,898,607



Cost Burdened Households by Tenure, Percent

These data show the percentage of households by tenure that are cost burdened. Cost burdened rental households (those that spent more than 30% of the household income on rental costs) represented 51.79% of all of the rental households in the report area, according to the U.S. Census Bureau American Community Survey (ACS) 2016-2020 5-year estimates. The data for this indicator is only reported for households where tenure, household housing costs, and income earned was identified in the American Community Survey.

Report Area	Rental Households	Percentage of Rental Households that are Cost Burdened	Owner Occupied Households (With Mortgage)	Percentage of Owner Occupied Households w/ Mortgages that are Cost Burdened	Owner Occupied Households (No Mortgage)	Percentage of Owner Occupied Households w/o Mortgages that are Cost Burdened
Johnson Memorial Medical Center - Stafford Springs	980,173	51.79%	1,050,128	36.03%	461,415	14.90%
CT 06016	699	35.77%	1,388	20.10%	494	13.16%
CT 06029	2,289	42.64%	3,133	24.35%	1,422	9.56%
CT 06071	420	38.57%	2,117	26.83%	899	11.12%
CT 06074	1,363	47.91%	5,930	20.32%	2,460	18.41%
CT 06076	1,152	31.51%	2,602	25.67%	1,349	21.72%
CT 06082	3,957	39.68%	8,516	23.00%	4,424	18.15%
CT 06084	398	60.30%	3,633	15.22%	1,429	10.36%
CT 06088	731	32.28%	950	47.37%	726	18.60%
CT 06278	426	19.72%	1,015	21.08%	424	12.50%
CT 06279	1,028	65.08%	983	18.51%	681	3.82%
Hartford County, CT	126,790	47.27%	153,276	27.15%	73,587	18.56%
Tolland County, CT	15,896	47.45%	26,768	24.10%	13,413	13.93%
Windham County, CT	14,551	46.22%	20,740	29.22%	10,298	13.74%
Connecticut	470,029	48.33%	616,667	30.43%	298,741	20.28%
United States	43,552,843	45.66%	48,974,364	27.25%	29,827,012	13.07%



Health Outcomes & Behaviors

Chronic Conditions - Diabetes (Adult)

This indicator reports the number and percentage of adults age 18 and older who report ever been told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy.

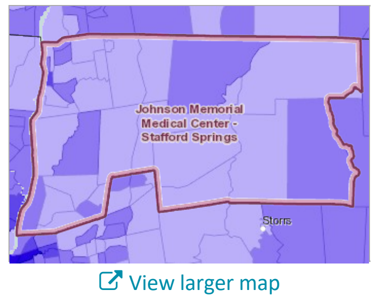
Report Area	Total Population (2019)	Adults Ever Diagnosed with Diabetes (Crude)	Adults Ever Diagnosed with Diabetes (Age-Adjusted)
Johnson Memorial Medical Center - Stafford Springs	146,934	7.69%	No data
CT 06016	6,226	8.10%	No data
CT 06029	15,547	7.20%	No data
CT 06071	11,645	7.70%	No data
CT 06074	25,705	7.80%	No data
CT 06076	12,659	7.90%	No data
CT 06082	44,654	7.90%	No data
CT 06084	15,067	7.00%	No data
CT 06088	4,936	7.80%	No data
CT 06278	4,454	8.20%	No data
CT 06279	6,041	7.20%	No data
Hartford County, CT	891,720	9.60%	8.70%
Tolland County, CT	150,721	7.50%	7.20%
Windham County, CT	116,782	10.10%	9.00%
Connecticut	3,565,287	9.50%	8.47%
United States	328,239,523	11.00%	9.70%

Percentage of Adults Ever Diagnosed with Diabetes

0% 20%

Johnson Memorial Medical Center – Stafford Springs (7.69%)
Connecticut (9.50%)
United States (11.00%)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract



View larger map

Diabetes, Prevalence Among Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

- Over 13.0%
- 10.1% - 13.0%
- 8.1% - 10.0%
- Under 8.1%
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

Chronic Conditions - Obesity (Adult)

This indicator reports the number and percentage of adults age 18 and older who are obese, defined as having a body mass index (BMI) ≥30.0 kg/m², calculated from self-reported weight and height.

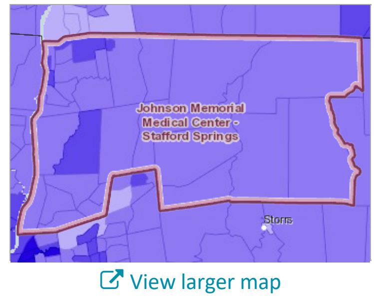
Report Area	Total Population (2019)	Adult Obesity (BMI ≥30.0 kg/m²) (Crude)	Adult Obesity (BMI ≥30.0 kg/m²) (Age-Adjusted)
Johnson Memorial Medical Center - Stafford Springs	146,934	27.93%	No data
CT 06016	6,226	29.90%	No data
CT 06029	15,547	26.60%	No data
CT 06071	11,645	27.70%	No data
CT 06074	25,705	26.90%	No data
CT 06076	12,659	28.20%	No data
CT 06082	44,654	29.40%	No data
CT 06084	15,067	26.30%	No data
CT 06088	4,936	26.90%	No data
CT 06278	4,454	29.20%	No data
CT 06279	6,041	26.60%	No data
Hartford County, CT	891,720	30.10%	30.30%
Tolland County, CT	150,721	25.40%	26.80%
Windham County, CT	116,782	30.80%	30.90%
Connecticut	3,565,287	28.73%	28.90%
United States	328,239,523	31.30%	31.30%

Percentage of Adults Obese (BMI ≥30.0 kg/m²)

0% 40%

- Johnson Memorial Medical Center – Stafford Springs (27.93%)
- Connecticut (28.73%)
- United States (31.30%)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract



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Obese (BMI >= 30), Prevalence Among Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

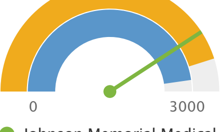
- Over 37.0%
- 30.1% - 37.0%
- 25.1% - 30.0%
- Under 25.1%
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

Hospitalizations - Preventable Conditions

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In the latest reporting period there were 25,011 Medicare beneficiaries in the report area. The preventable hospitalization rate was 2,447. The rate in the report area was lower than the state rate of 2,707 during the same time period.

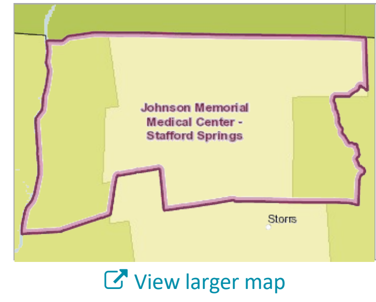
Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Johnson Memorial Medical Center - Stafford Springs	25,011	2,447
CT 06016	1,118	2,726
CT 06029	2,748	2,018
CT 06071	1,755	2,018
CT 06074	4,800	2,726
CT 06076	2,015	2,018
CT 06082	7,517	2,726
CT 06084	2,448	2,018
CT 06088	877	2,726
CT 06278	795	2,759
CT 06279	934	2,018
Hartford County, CT	160,453	2,726
Tolland County, CT	25,153	2,018
Windham County, CT	21,702	2,759
Connecticut	627,485	2,707
United States	57,235,207	2,865

Preventable Hospital Events, Rate per 100,000 Beneficiaries



- Johnson Memorial Medical Center – Stafford Springs (2,447)
- Connecticut (2,707)
- United States (2,865)

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County



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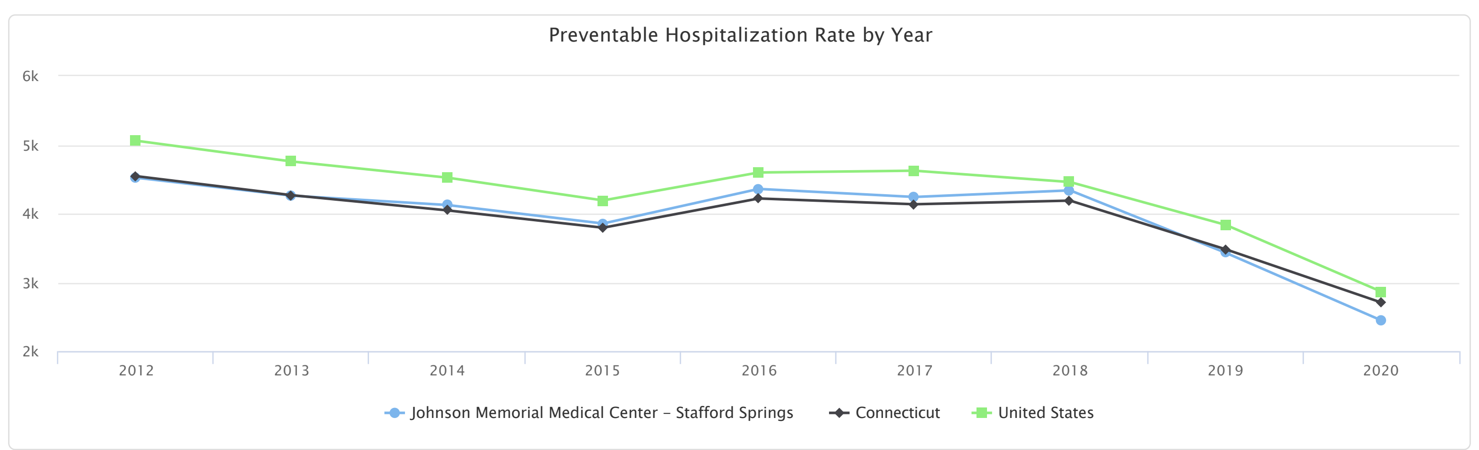
- Over 3600
- 3101 - 3600
- 2500 - 3100
- Under 2500
- No data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

Preventable Hospitalization Rate by Year

The table and chart below display local, state, and national trends in preventable hospitalization rates among Medicare beneficiaries.

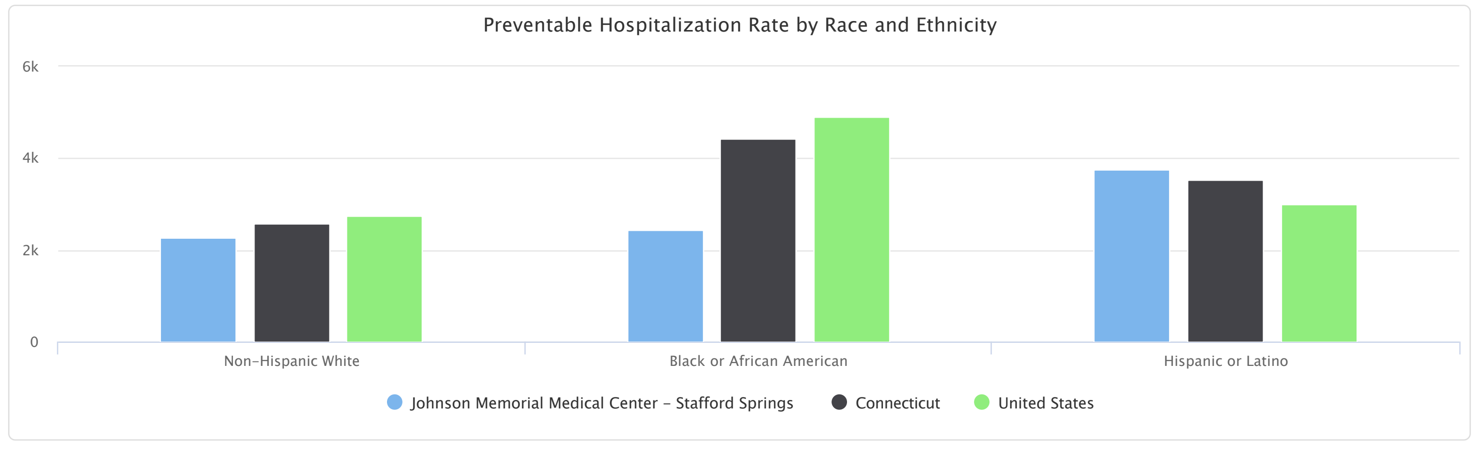
Report Area	2012	2013	2014	2015	2016	2017	2018	2019	2020
Johnson Memorial Medical Center - Stafford Springs	4,522	4,261	4,125	3,856	4,359	4,242	4,338	3,430	2,447
Hartford County, CT	4,709	4,404	4,298	3,898	4,466	4,250	4,374	3,434	2,726
Tolland County, CT	4,230	4,046	3,854	3,762	4,199	4,184	4,383	3,494	2,018
Windham County, CT	4,590	4,293	4,331	4,228	4,452	4,763	5,208	3,534	2,759
Connecticut	4,545	4,268	4,047	3,795	4,220	4,136	4,189	3,481	2,707
United States	5,060	4,758	4,523	4,192	4,598	4,624	4,459	3,836	2,865



Preventable Hospitalization Rate by Race and Ethnicity

The table and chart below display local, state, and national trends in preventable hospitalization rates among Medicare beneficiaries for the latest report year by patient race and ethnicity.

Report Area	Non-Hispanic White	Black or African American	Hispanic or Latino
Johnson Memorial Medical Center - Stafford Springs	2,266	2,444	3,749
Hartford County, CT	2,462	2,668	3,879
Tolland County, CT	1,992	627	3,282
Windham County, CT	2,669	1,887	2,371
Connecticut	2,570	4,437	3,523
United States	2,754	4,914	3,014

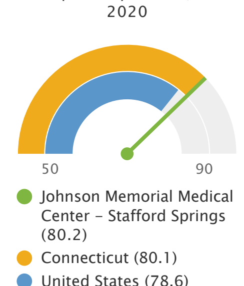


Life Expectancy (County)

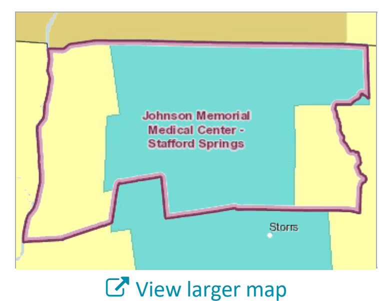
This indicator reports the average life expectancy at birth (age-adjusted to 2000 standard). Data were from the National Center for Health Statistics - Mortality Files (2018-2020) and are used for the 2022 County Health Rankings.

Of the total 132,506 population in the report area, the average life expectancy during the 2018-20 three-year period is 80.2, which is higher than the statewide rate of 80.1.
Note: Data are suppressed for counties with fewer than 5,000 population-years-at-risk in the time frame.

Report Area	Total Population	Life Expectancy at Birth (2018-20)
Johnson Memorial Medical Center - Stafford Springs	132,506	80.2
Hartford County, CT	821,691	79.4
Tolland County, CT	140,281	81.3
Windham County, CT	108,584	78.0
Connecticut	3,287,916	80.1
United States	305,755,802	78.6



Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018-2020. Source geography: County



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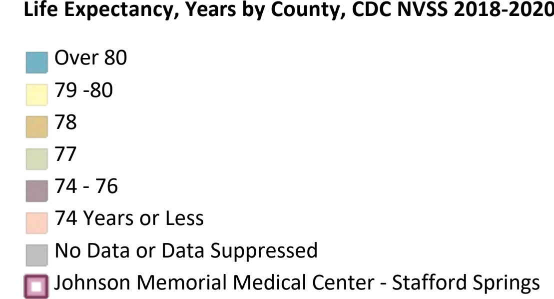
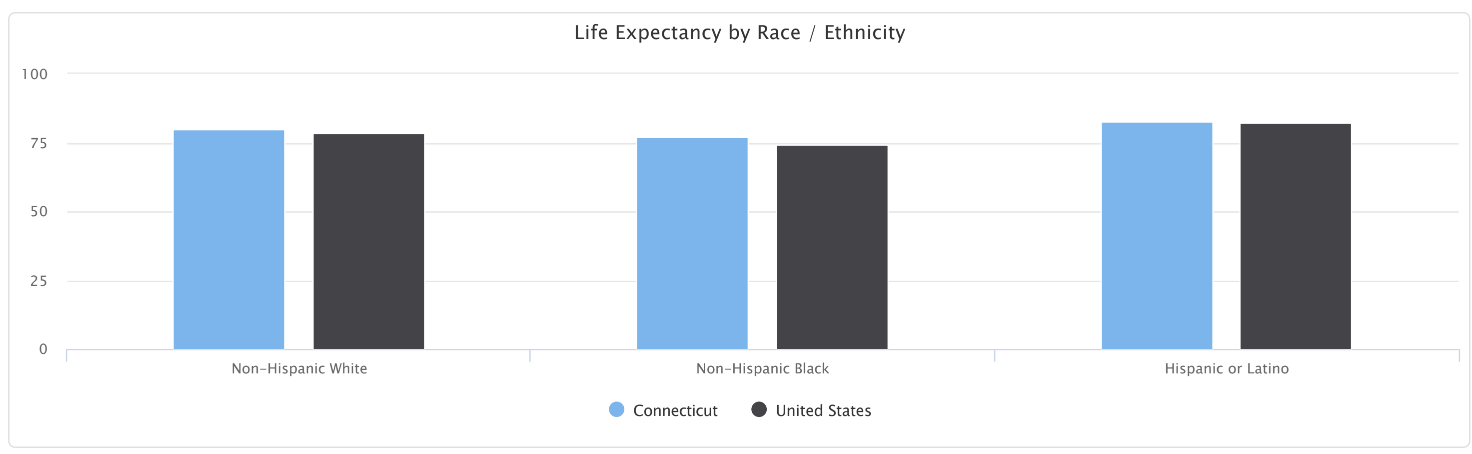


Life Expectancy by Race / Ethnicity

This indicator reports the 2018-2020 three-year average number of years a person can expect to live by race / ethnicity.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Hartford County, CT	79.7	77.2	80.2
Tolland County, CT	80.9	82.2	88.3
Windham County, CT	77.7	74.8	80.7
Connecticut	80.1	77.1	82.6
United States	78.5	74.4	82.4

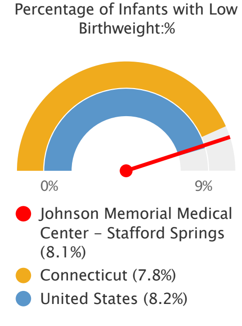


Low Birth Weight

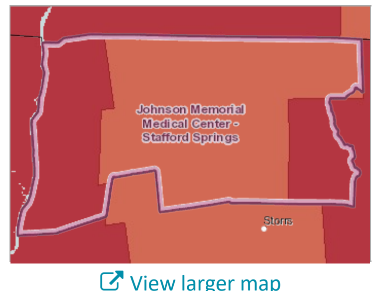
This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2014-2020) and are used for the 2022 County Health Rankings.

Within the report area, there were 744 infants born with low birth weight. This represents 8.1% of the total live births.
Note: Data are suppressed for counties with fewer than 10 low birthweight births in the reporting period.

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Johnson Memorial Medical Center - Stafford Springs	9,181	744	8.1%
CT 06016	448.53	38.37	8.6%
CT 06029	880.15	64.25	7.3%
CT 06071	562.23	41.04	7.3%
CT 06074	1,924.18	164.61	8.6%
CT 06076	645.37	47.11	7.3%
CT 06082	3,013.09	257.76	8.6%
CT 06084	784.00	57.23	7.3%
CT 06088	351.55	30.07	8.6%
CT 06278	273.22	22.43	8.2%
CT 06279	299.32	21.85	7.3%
Hartford County, CT	64,315	5,502	8.6%
Tolland County, CT	8,055	588	7.3%
Windham County, CT	7,456	612	8.2%
Connecticut	245,629	19,178	7.8%
United States	26,896,859	2,203,029	8.2%



Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014-2020. Source geography: County



View larger map

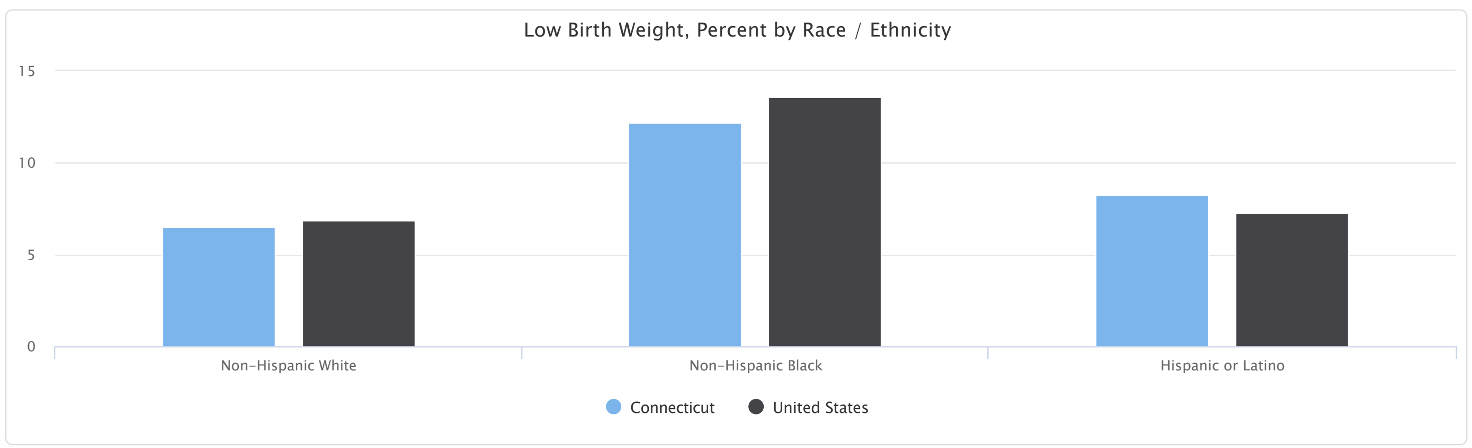
Low Birthweight, Percentage of Live Births by County, CDC NVSS 2014-2020

- Over 10.0%
- 8.1 - 10.0%
- 7.1 - 8.0%
- Under 7.1%
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

Low Birth Weight, Percent by Race / Ethnicity

This indicator reports the 2014-2020 seven-year average percentage of live births with low birthweight (< 2,500 grams) by race and by Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Hartford County, CT	6.6	12.6	9.2
Tolland County, CT	6.7	11.8	9.4
Windham County, CT	8.1	14.7	8.0
Connecticut	6.5	12.2	8.3
United States	6.9	13.6	7.3

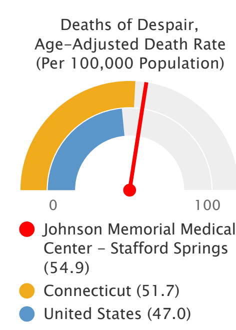


Mortality - Deaths of Despair

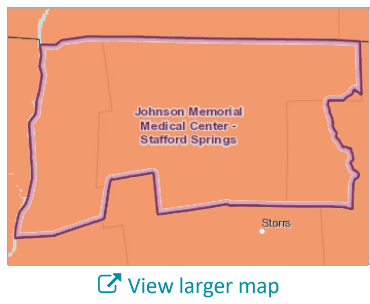
This indicator reports average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as "deaths of despair", per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because death of despair is an indicator of poor mental health.

Within the report area, there were 405 deaths of despair. This represents an age-adjusted death rate of 54.9 per every 100,000 total population.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Johnson Memorial Medical Center - Stafford Springs	143,302	405	56.5	54.9
CT 06016	6,218	18	58.1	55.1
CT 06029	16,496	44	53.5	53.8
CT 06071	10,537	28	53.5	53.8
CT 06074	26,678	77	58.1	55.1
CT 06076	12,094	32	53.5	53.8
CT 06082	41,790	121	58.1	55.1
CT 06084	14,694	39	53.5	53.8
CT 06088	4,879	14	58.1	55.1
CT 06278	4,271	15	68.8	66.9
CT 06279	5,610	15	53.5	53.8
Hartford County, CT	892,284	2,590	58.0	55.1
Tolland County, CT	150,964	404	53.5	53.8
Windham County, CT	116,580	401	68.8	66.9
Connecticut	3,571,919	9,717	54.4	51.7
United States	326,747,554	806,246	49.4	47.0



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County



View larger map

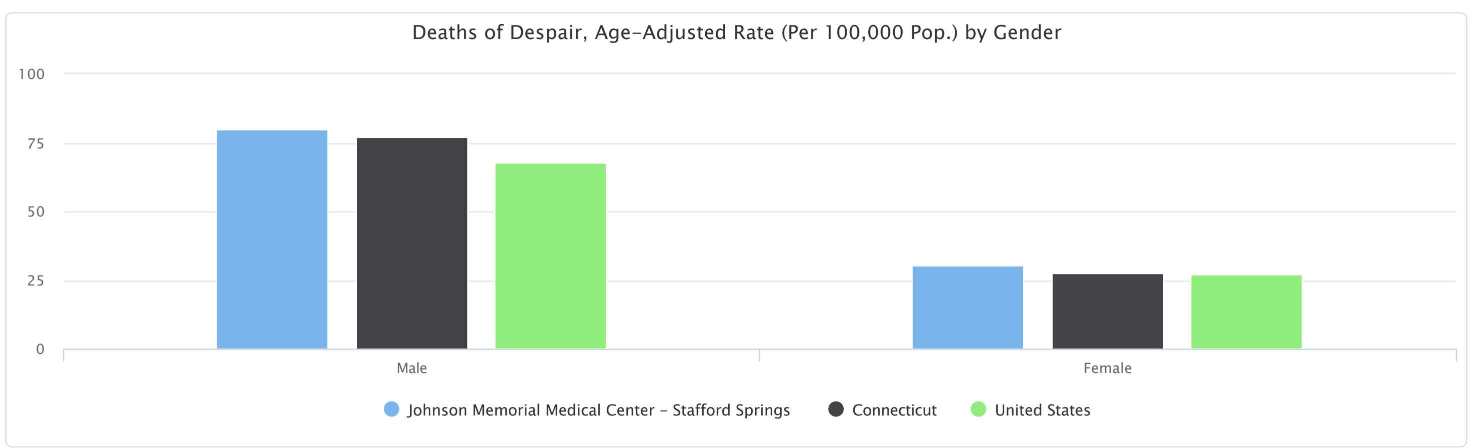
Deaths of Despair, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2016-20

- Over 70.0
- 50.1 - 70.0
- 40.1 - 50.0
- Under 40.1
- Data Suppressed (<20 Deaths)
- Johnson Memorial Medical Center - Stafford Springs

Deaths of Despair, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 people for the 5-year period 2016-2020 by gender.

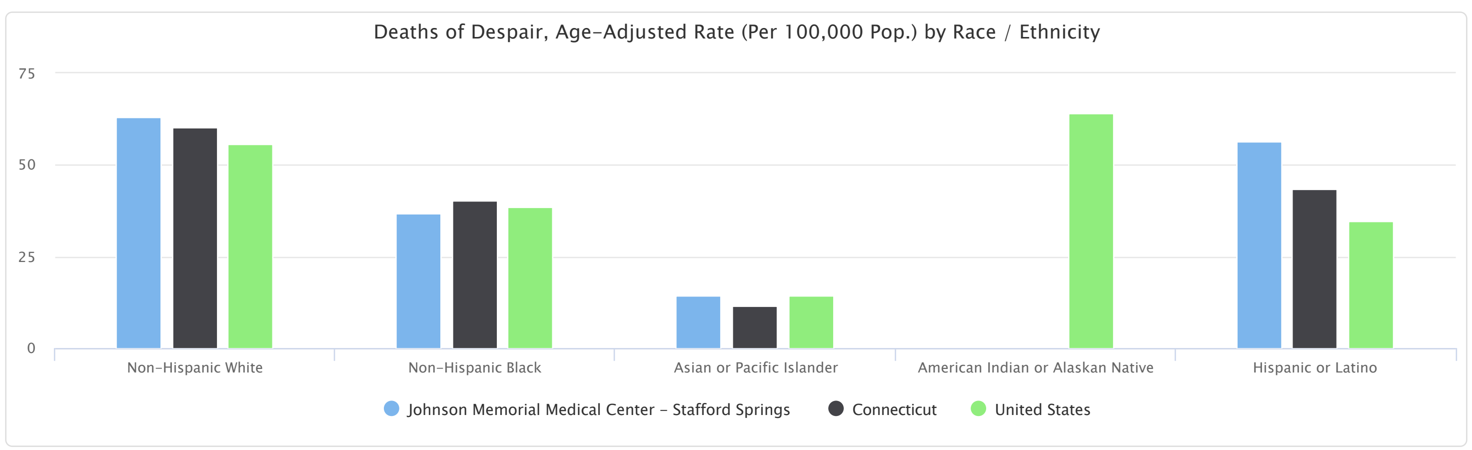
Report Area	Male	Female
Johnson Memorial Medical Center - Stafford Springs	80.0	30.4
Hartford County, CT	84.1	27.6
Tolland County, CT	73.6	33.6
Windham County, CT	94.0	40.1
Connecticut	77.2	27.5
United States	67.7	27.3



Deaths of Despair, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This table reports the age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 people for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Johnson Memorial Medical Center - Stafford Springs	63.1	36.7	14.4	No data	56.4
Hartford County, CT	65.2	36.7	14.4	No data	56.5
Tolland County, CT	60.7	No data	No data	No data	No data
Windham County, CT	70.8	No data	No data	No data	53.0
Connecticut	60.4	40.2	11.7	No data	43.3
United States	55.6	38.6	14.3	64.3	34.6

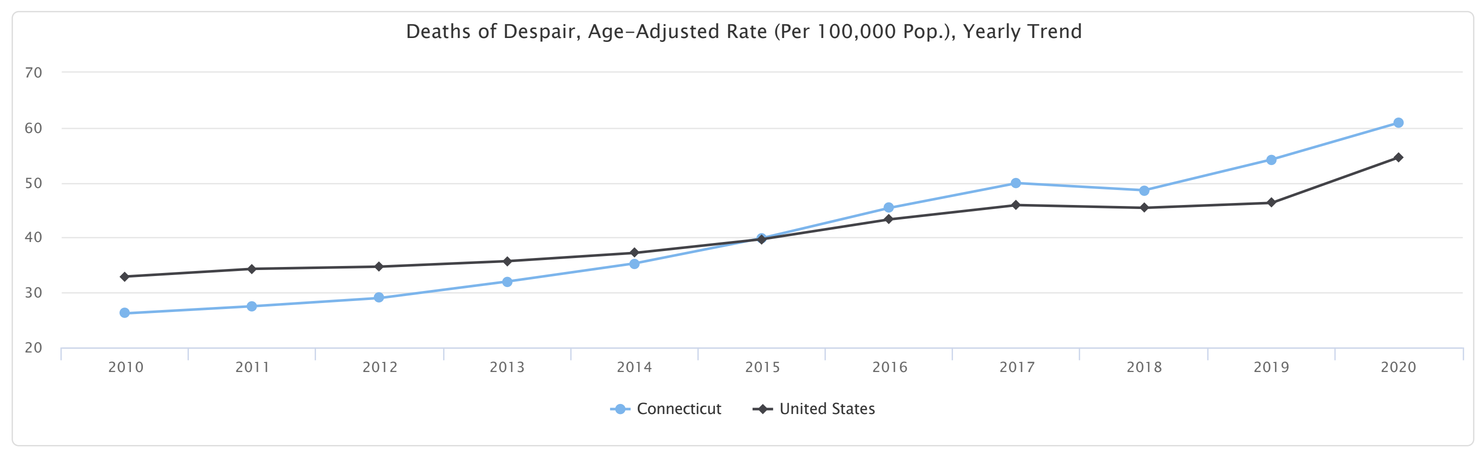


Deaths of Despair, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

The table below shows age-adjusted death rates due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 population over time.

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Connecticut	26.2	27.5	29.0	32.0	35.3	39.9	45.4	49.9	48.6	54.2	60.9
United States	32.9	34.3	34.7	35.7	37.2	39.7	43.3	45.9	45.4	46.3	54.6

Note: No county data available. See data source and methodology for more details.



Mortality - Premature Death

This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. YPLL measures premature death and is

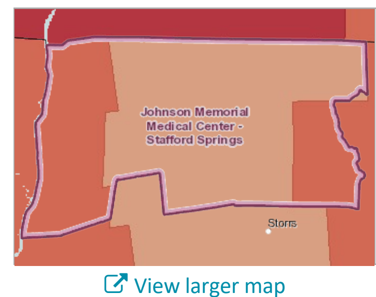
calculated by subtracting the age of death from the 75 year benchmark. Data were from the National Center for Health Statistics - Mortality Files (2018-2020) and are used for the 2022 County Health Rankings. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Within the report area, there are a total of 1,496 premature deaths from 2018 to 2020. This represents an age-adjusted rate of 6,072 years potential life lost before age 75 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the three-year time frame.

Report Area	Premature Deaths, 2018-2020	Years of Potential Life Lost, 2018-2020	Years of Potential Life Lost, Rate per 100,000 Population
Johnson Memorial Medical Center - Stafford Springs	1,496	24,138	6,072
CT 06016	70	1,115	6,486
CT 06029	149	2,493	5,421
CT 06071	95	1,593	5,423
CT 06074	302	4,782	6,484
CT 06076	109	1,828	5,421
CT 06082	473	7,488	6,484
CT 06084	133	2,221	5,422
CT 06088	55	874	6,487
CT 06278	58	898	7,523
CT 06279	51	848	5,423
Hartford County, CT	10,100	159,824	6,484
Tolland County, CT	1,364	22,818	5,422
Windham County, CT	1,587	24,502	7,522
Connecticut	38,493	602,330	6,107
United States	4,125,218	66,924,984	7,296

Years of Potential Life Lost, Rate per 100,000 Population
5000
10000
Johnson Memorial Medical Center – Stafford Springs (6,072)
Connecticut (6,107)
United States (7,296)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2018-2020. Source geography: County



View larger map

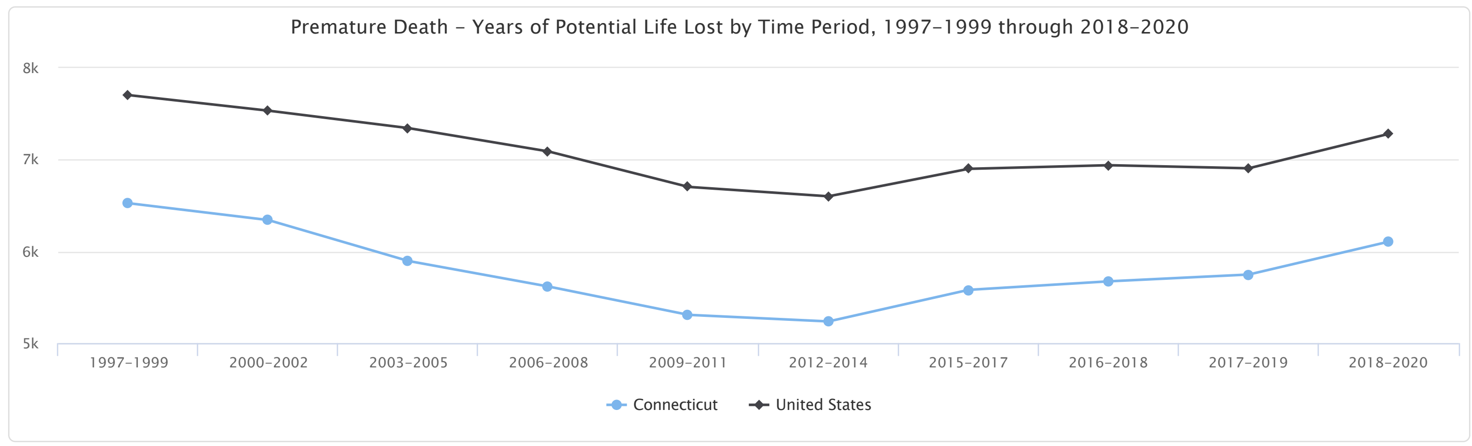
Premature Death (YPLL), Years Lost Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-2020

- Over 10,000
- 8,001 - 10,000
- 6,001 - 8,000
- Under 6,001
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

Premature Death - Years of Potential Life Lost by Time Period, 1997-1999 through 2018-2020

The table below shows age-adjusted death rates due to Years of Potential Life Lost (YPLL) before age 75 per 100,000 people over time.

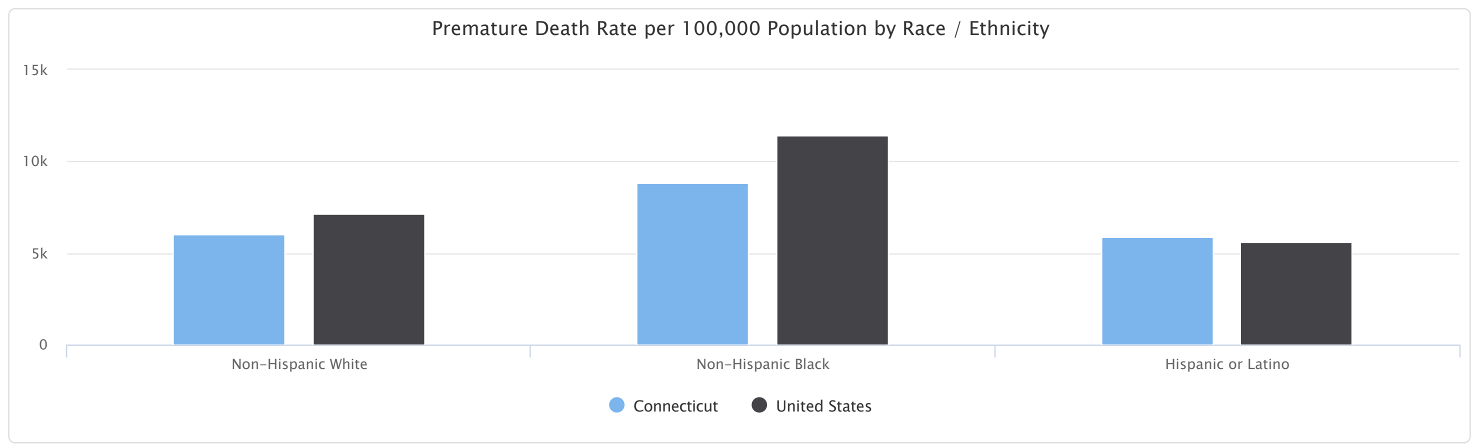
Report Area	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014	2015-2017	2016-2018	2017-2019	2018-2020
Hartford County, CT	7,268.2	6,938.5	6,395.6	6,080.9	5,868.6	5,589.2	6,001.9	6,084.3	6,153.8	6,483.5
Tolland County, CT	6,027.3	5,328.6	4,440.4	4,493.2	4,201.1	4,454.2	4,664.4	5,008.4	5,067.8	5,421.9
Windham County, CT	7,315.3	7,944.6	7,047.6	6,242.9	6,153.4	6,000.6	6,923.6	7,089.7	7,206.4	7,521.6
Connecticut	6,526.3	6,342.3	5,896.0	5,617.6	5,308.6	5,236.7	5,581.0	5,673.9	5,748.1	6,106.5
United States	7,705.2	7,535.0	7,345.0	7,090.5	6,703.7	6,601.2	6,900.6	6,940.1	6,906.6	7,281.9



Premature Death Rate per 100,000 Population by Race / Ethnicity

This indicator reports age-adjusted rate of death due to Years of Potential Life Lost (YPLL) before age 75 per 100,000 people by race and Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Hartford County, CT	6,232.5	8,603.2	7,072.9
Tolland County, CT	5,905.2	4,844.0	No data
Windham County, CT	7,801.6	No data	6,092.4
Connecticut	6,003.7	8,803.0	5,889.8
United States	7,171.0	11,451.2	5,628.1



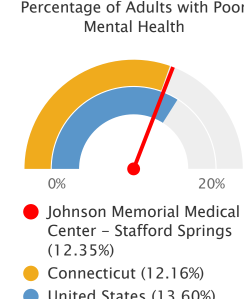
Poor Mental Health

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good. Data were from the 2019 Behavioral Risk Factor Surveillance System (BRFSS) annual

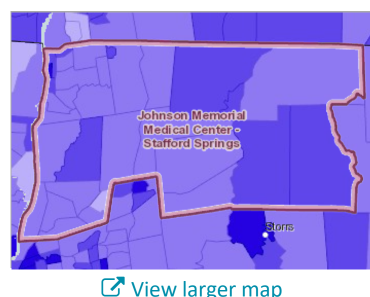
survey.

Within the report area, there were 12.35% of adults 18 and older who reported poor mental health in the past month of the total population.

Report Area	Total Population (2019)	Adults with Poor Mental Health (Crude)	Adults with Poor Mental Health (Age-Adjusted)
Johnson Memorial Medical Center - Stafford Springs	146,934	12.35%	No data
CT 06016	6,226	13.00%	No data
CT 06029	15,547	12.10%	No data
CT 06071	11,645	11.70%	No data
CT 06074	25,705	10.80%	No data
CT 06076	12,659	13.80%	No data
CT 06082	44,654	13.10%	No data
CT 06084	15,067	11.40%	No data
CT 06088	4,936	11.10%	No data
CT 06278	4,454	13.30%	No data
CT 06279	6,041	14.20%	No data
Hartford County, CT	891,720	11.90%	12.20%
Tolland County, CT	150,721	12.80%	12.70%
Windham County, CT	116,782	14.00%	14.30%
Connecticut	3,565,287	12.16%	12.52%
United States	328,239,523	13.60%	13.90%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract



View larger map

Poor Mental Health, Prevalence Among Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

- Over 16.0%
- 13.1% - 16.0%
- 10.1% - 13.0%
- Under 10.1%
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

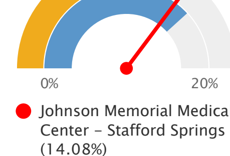
Tobacco - Current Smokers

This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Within the report area there are 14.08% adults who have smoked or currently smoke of the total population.

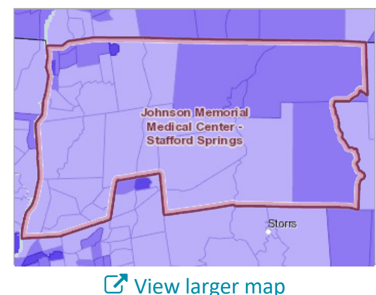
Report Area	Total Population (2019)	Adult Current Smokers (Crude)	Adult Current Smokers (Age-Adjusted)
Johnson Memorial Medical Center - Stafford Springs	146,934	14.08%	No data
CT 06016	6,226	14.70%	No data
CT 06029	15,547	13.40%	No data
CT 06071	11,645	14.20%	No data
CT 06074	25,705	11.70%	No data
CT 06076	12,659	16.40%	No data
CT 06082	44,654	15.50%	No data
CT 06084	15,067	12.20%	No data
CT 06088	4,936	12.60%	No data
CT 06278	4,454	15.80%	No data
CT 06279	6,041	14.30%	No data
Hartford County, CT	891,720	12.90%	13.20%
Tolland County, CT	150,721	12.40%	13.60%
Windham County, CT	116,782	16.90%	17.30%
Connecticut	3,565,287	12.82%	13.24%
United States	328,239,523	15.30%	15.70%

Percentage of Adults who are Current Smokers



- Johnson Memorial Medical Center – Stafford Springs (14.08%)
- Connecticut (12.82%)
- United States (15.30%)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract



View larger map

Current Smokers, Adult, Percentage of Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

- Over 25.0%
- 20.1% - 25.0%
- 15.1% - 20.0%
- Under 15.1%
- No Data or Data Suppressed
- Johnson Memorial Medical Center - Stafford Springs

STAFFORD
2021 EQUITY PROFILE

DataHaven

STAFFORD 2021 EQUITY PROFILE

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Compiled by DataHaven in August 2021.

This report is designed to inform local-level efforts to improve community well-being and racial equity. This represents version 1.0 of the DataHaven town equity profile, which DataHaven has published for all 169 towns and several regions of Connecticut. Please contact DataHaven with suggestions for version 2.0 of this report.

ctdatahaven.org

EXECUTIVE SUMMARY

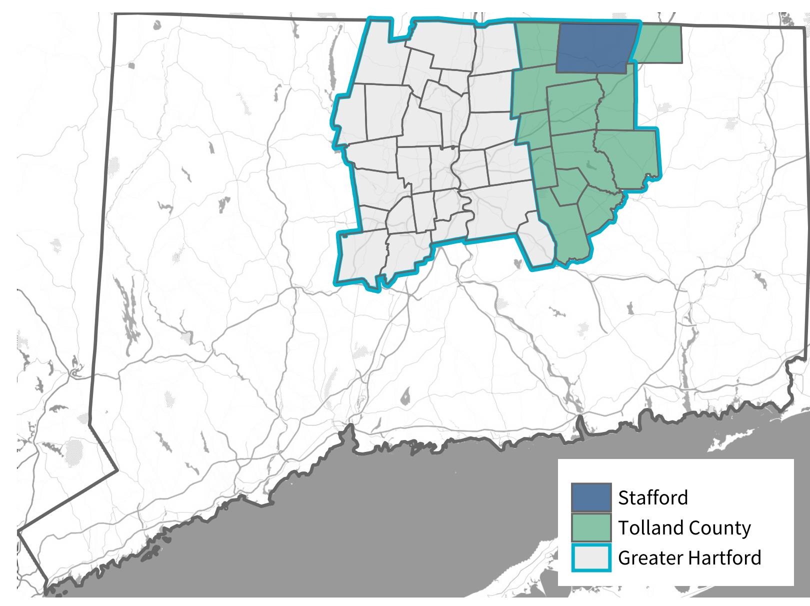
Throughout most of the measures in this report, there are important differences by race/ethnicity and neighborhood that reflect differences in access to resources and other health-related social needs. Wherever possible, data will be presented with racial/ethnic breakdowns. Data for white, Black, Asian, and other populations represent non-Hispanic members of each racial group.

- Stafford is a town of **11,472 residents**, **12 percent** of whom are people of color. The town's population has decreased by **5.1 percent** since 2010.
- Of the town's **4,707 households**, **73 percent** are homeowner households.
- **Twenty-eight percent** of Stafford's households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- **Ninety-seven percent** of public high school seniors in the Stafford School District graduated within four years in 2019.
- Among the town's adults ages 25 and up, **22 percent** have earned a bachelor's degree or higher.
- Stafford is home to **3,284 jobs**, with the largest share in the Manufacturing sector.
- Stafford's average life expectancy is **78 years**.
- **Sixty percent** of adults in Greater Hartford say they are in excellent or very good health.
- **Eighty-two percent** of adults in Greater Hartford are satisfied with their area, and **52 percent** say their local government is responsive to residents' needs.
- In the 2020 presidential election, **86 percent** of registered voters in Stafford voted.
- **Fifty-eight percent** of adults in Greater Hartford report having stores, banks, and other locations in walking distance of their home, and **69 percent** say there are safe sidewalks and crosswalks in their neighborhood.

OVERVIEW

For the purposes of this report, Stafford will be compared to Connecticut as a whole, as well as to the towns in Tolland County. In addition, data are presented for Greater Hartford where sample sizes are otherwise small.

FIGURE 1: STUDY AREA



Tolland County is made up of the following towns:
Andover, Bolton, Columbia, Coventry, Ellington, Hebron, Mansfield, Somers, Stafford, Tolland, Union, Vernon, and Willington

Greater Hartford is made up of the following towns:
Andover, Avon, Berlin, Bloomfield, Bolton, Canton, Columbia, Coventry, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hartford, Hebron, Manchester, Mansfield, Marlborough, New Britain, Newington, Plainville, Rocky Hill, Simsbury, Somers, South Windsor, Southington, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Willington, Windsor, and Windsor Locks

TABLE 1: ABOUT THE AREA

Indicator	Connecticut	Tolland County	Stafford
Total population	3,605,944	149,788	11,472
Total households	1,370,746	55,683	4,707
Homeownership rate	66%	72%	73%
Housing cost burden rate	36%	29%	28%
Adults with less than a high school diploma	9%	5%	8%
Median household income	$78,444	$87,069	$74,386
Poverty rate	10%	7%	6%
Life expectancy (years)	80.3	81.1	78.0
Adults w/o health insurance	10%	8%	8%

DEMOGRAPHICS

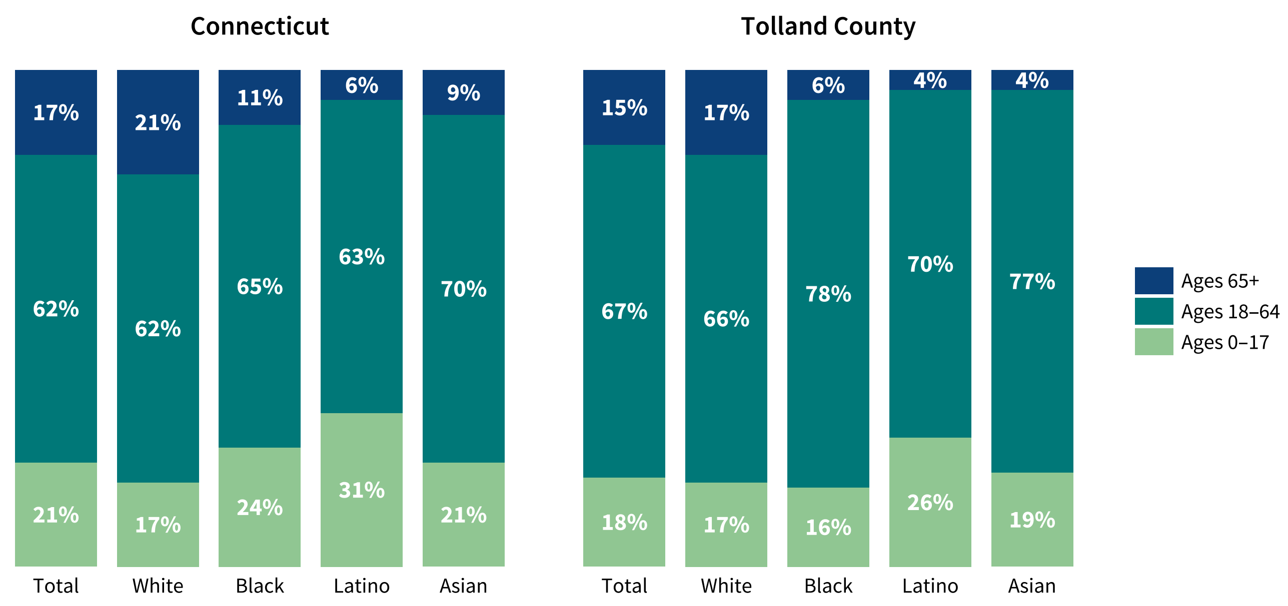
As of 2020, the population of Stafford is 11,472, including 2,180 children and 9,292 adults. Twelve percent of Stafford's residents are people of color, compared to 37 percent of the residents statewide.

TABLE 2: POPULATION BY RACE/ETHNICITY, 2020

	White		Black		Latino		Asian		Native American		Other race/ethnicity	
Area	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	2,279,232	63%	360,937	10%	623,293	17%	170,459	5%	6,404	<1%	165,619	5%
Tolland County	120,021	80%	5,074	3%	9,699	6%	8,438	6%	182	<1%	6,374	4%
Stafford	10,143	88%	98	1%	500	4%	117	1%	<50	N/A	599	5%

As Connecticut's predominantly white Baby Boomers age, younger generations are driving the state's increased racial and ethnic diversity. Black and Latino populations in particular skew much younger than white populations.

FIGURE 2: POPULATION BY RACE/ETHNICITY AND AGE GROUP, 2019

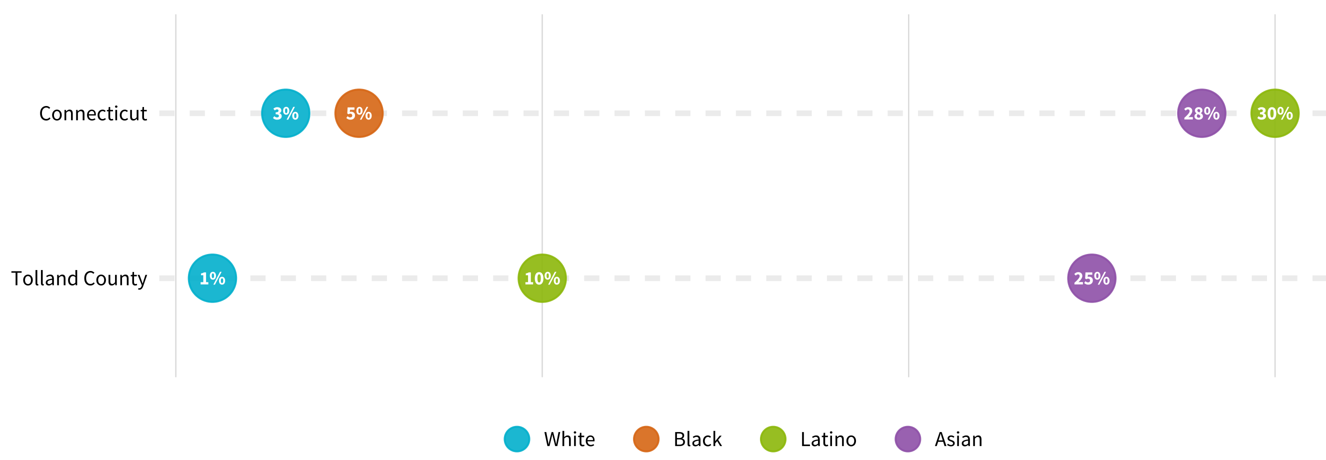


Note: Only groups with at least 50 residents shown.

About 267 residents of Stafford, or 2 percent of the population, are foreign-born. The largest number of immigrants living in Tolland County were born in China, followed by India and United Kingdom.

Linguistic isolation is characterized as speaking English less than “very well.” People who struggle with English proficiency may have difficulty in school, seeking health care, accessing social services, or finding work in a largely English-speaking community. As of 2019, 104 Stafford residents, or 1 percent of the population age 5 and older, were linguistically isolated. Latinos and Asian Americans are more likely to be linguistically isolated than other racial/ethnic groups.

FIGURE 3: LINGUISTIC ISOLATION BY RACE/ETHNICITY, 2019



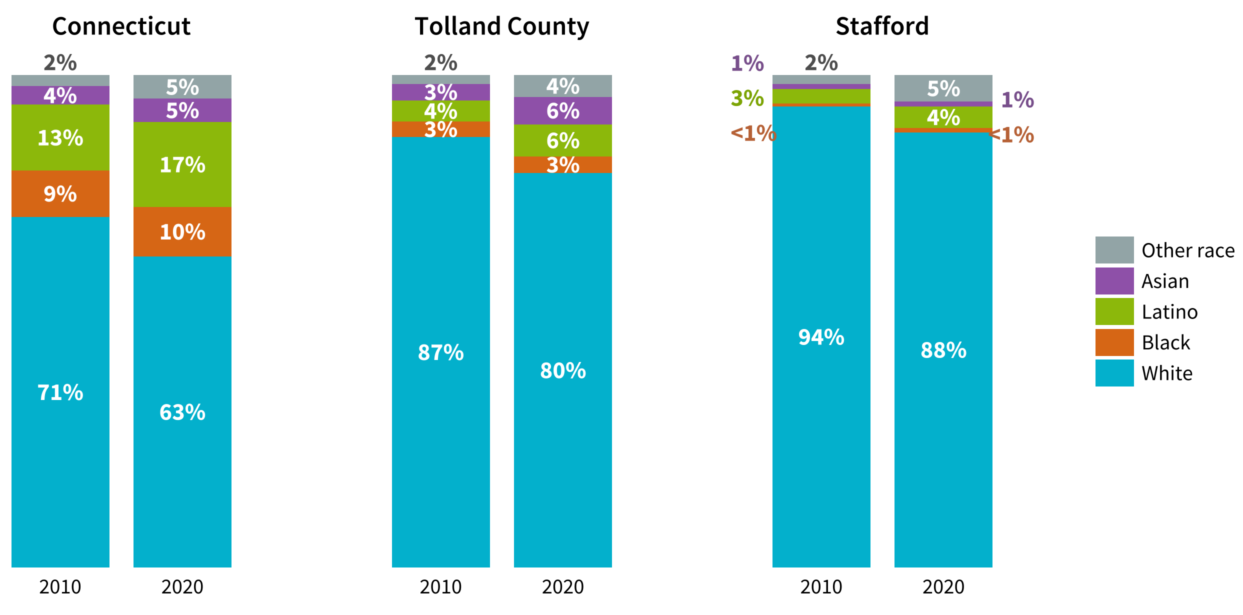
POPULATION CHANGE: 2020 CENSUS

The first set of data from the 2020 Census was released in August 2021, containing basic population counts by age and race/ethnicity. Between 2010 and 2020, Connecticut's population was nearly stagnant. During the same period, Stafford shrank by 615 people, a 5.1 percent decrease. The number of white residents in Stafford shrank by 10 percent, while the non-white population grew by 74 percent.

TABLE 3: POPULATION AND POPULATION CHANGE BY AGE GROUP, 2010–2020

Area	Age	Population, 2010	Population, 2020	Change	Percent change
Connecticut	All ages	3,574,097	3,605,944	+31,847	+0.9%
	Children	817,015	736,717	−80,298	−9.8%
	Adults	2,757,082	2,869,227	+112,145	+4.1%
Tolland County	All ages	152,691	149,788	−2,903	−1.9%
	Children	30,884	26,204	−4,680	−15.2%
	Adults	121,807	123,584	+1,777	+1.5%
Stafford	All ages	12,087	11,472	−615	−5.1%
	Children	2,693	2,180	−513	−19.0%
	Adults	9,394	9,292	−102	−1.1%

FIGURE 4: SHARE OF POPULATION BY RACE/ETHNICITY, 2010–2020



HOUSING

Stafford has 4,707 households, of which 73 percent are homeowner households. Of Stafford's 5,113 housing units, 75 percent are single-family and 24 percent are multifamily, compared to Tolland County, where 73 percent are single-family and 26 percent are multifamily.

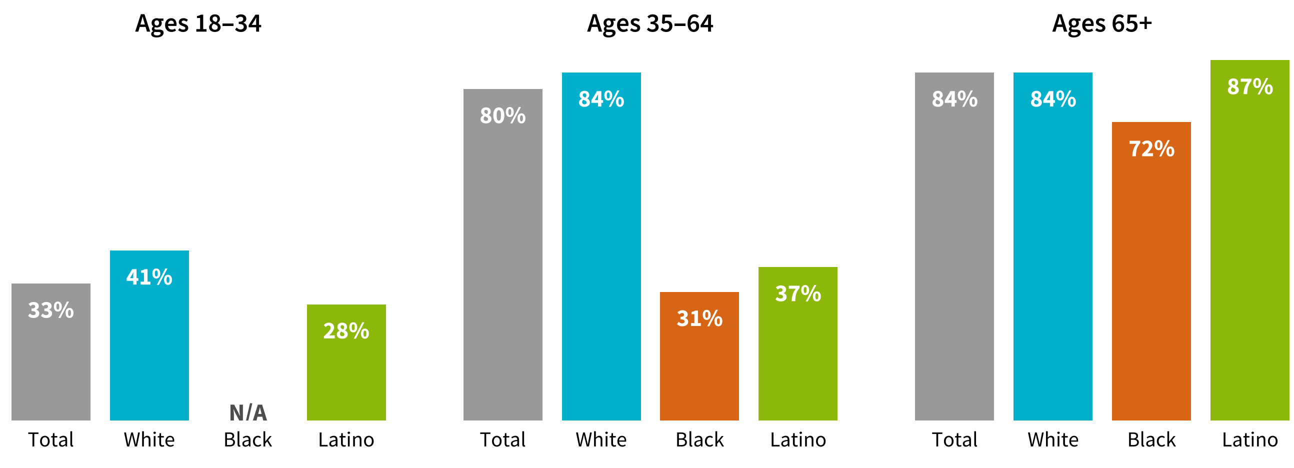
Homeownership rates vary by race/ethnicity. Purchasing a home is more attainable for advantaged groups because the process of purchasing a home has a long history of racially discriminatory practices that continue to restrict access to homeownership today. This challenge, coupled with municipal zoning dominated by single-family housing, results in de facto racial and economic segregation seen throughout Connecticut.

TABLE 4: HOMEOWNERSHIP RATE BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2019

Area	Total	White	Black	Latino	Asian	Native American
Connecticut	66%	76%	39%	34%	58%	40%
Tolland County	72%	77%	20%	34%	43%	N/A
Stafford	73%	74%	N/A	N/A	N/A	N/A

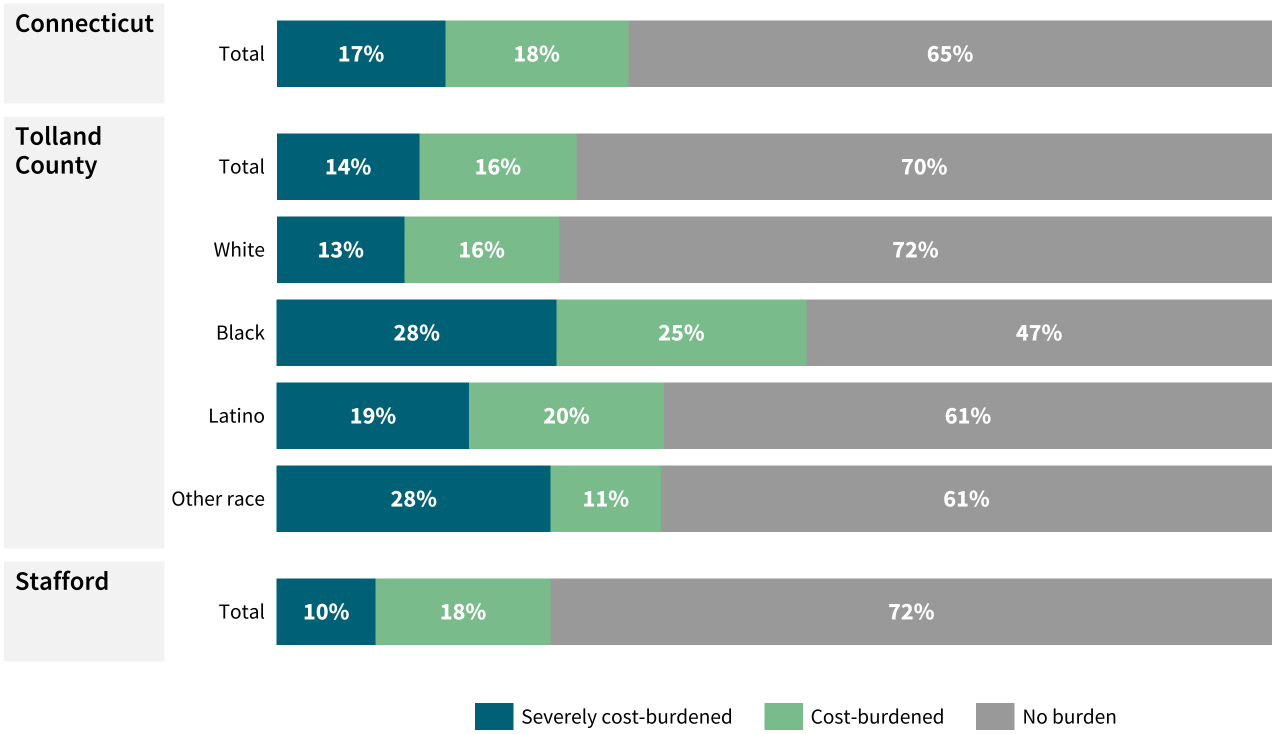
Younger adults are less likely than older adults to own their homes across several race/ethnicity groups. However, in most towns, younger white adults own their homes at rates comparable to or higher than older Black and Latino adults.

FIGURE 5: HOMEOWNERSHIP RATES BY AGE AND RACE/ETHNICITY OF HEAD OF HOUSEHOLD, TOLLAND COUNTY, 2019



A household is cost-burdened when they spend 30 percent or more of their income on housing costs, and severely cost-burdened when they spend half or more of their income on housing costs. Housing costs continue to rise, due in part to municipal zoning measures that limit new construction to very few towns statewide. Meanwhile, wages have largely stagnated, especially among lower-income workers who are more likely to rent. As a result, cost-burden generally affects renters more than homeowners, and has greater impact on Black and Latino householders. Among renter households in Stafford, 35 percent are cost-burdened, compared to 25 percent of owner households.

FIGURE 6: HOUSING COST-BURDEN RATES BY RACE/ETHNICITY, TOLLAND COUNTY, 2019



Household overcrowding is defined as having more than one occupant per room. Overcrowding may increase the spread of illnesses among the household and can be associated with higher levels of stress. Increasing the availability of appropriately-sized affordable units helps to alleviate overcrowding.

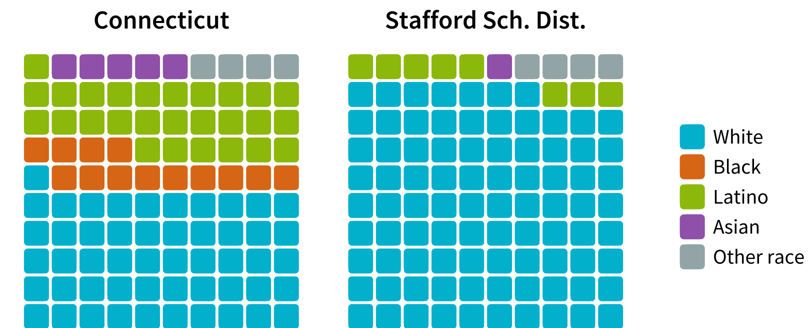
TABLE 5: OVERCROWDED HOUSEHOLDS BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2019

	Total		White		Black		Latino		Asian		Native American	
Area	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	25,541	2%	7,252	<1%	4,437	3%	10,771	6%	2,954	6%	158	4%
Tolland County	658	1%	513	1%	<50	N/A	<50	N/A	77	4%	<50	N/A
Stafford	72	2%	72	2%	<50	N/A	<50	N/A	<50	N/A	<50	N/A

EDUCATION

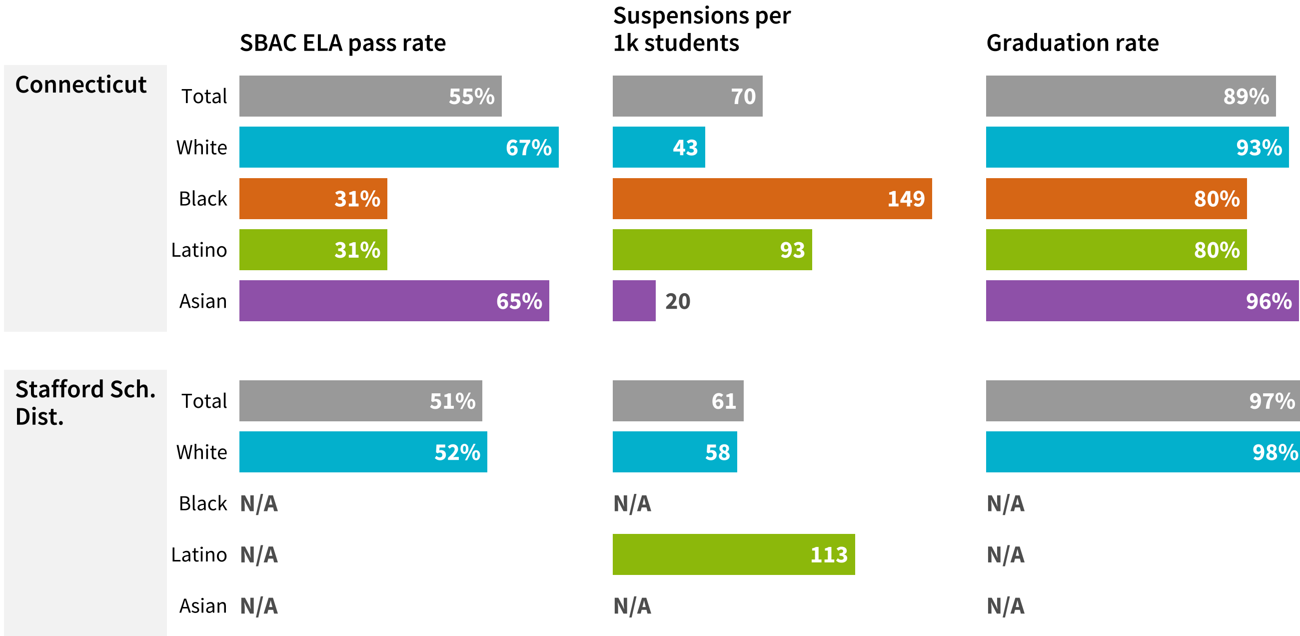
Public school students in Stafford are served by the Stafford School District for pre-kindergarten through grade 12. During the 2019–2020 school year, there were 1,459 students enrolled in the Stafford School District. Tracking student success measures is important since disparate academic and disciplinary outcomes are observed as early as preschool and can ultimately affect a person's long-term educational attainment and economic potential.

FIGURE 7: PUBLIC K–12 STUDENT ENROLLMENT BY RACE/ETHNICITY PER 100 STUDENTS, 2019–2020



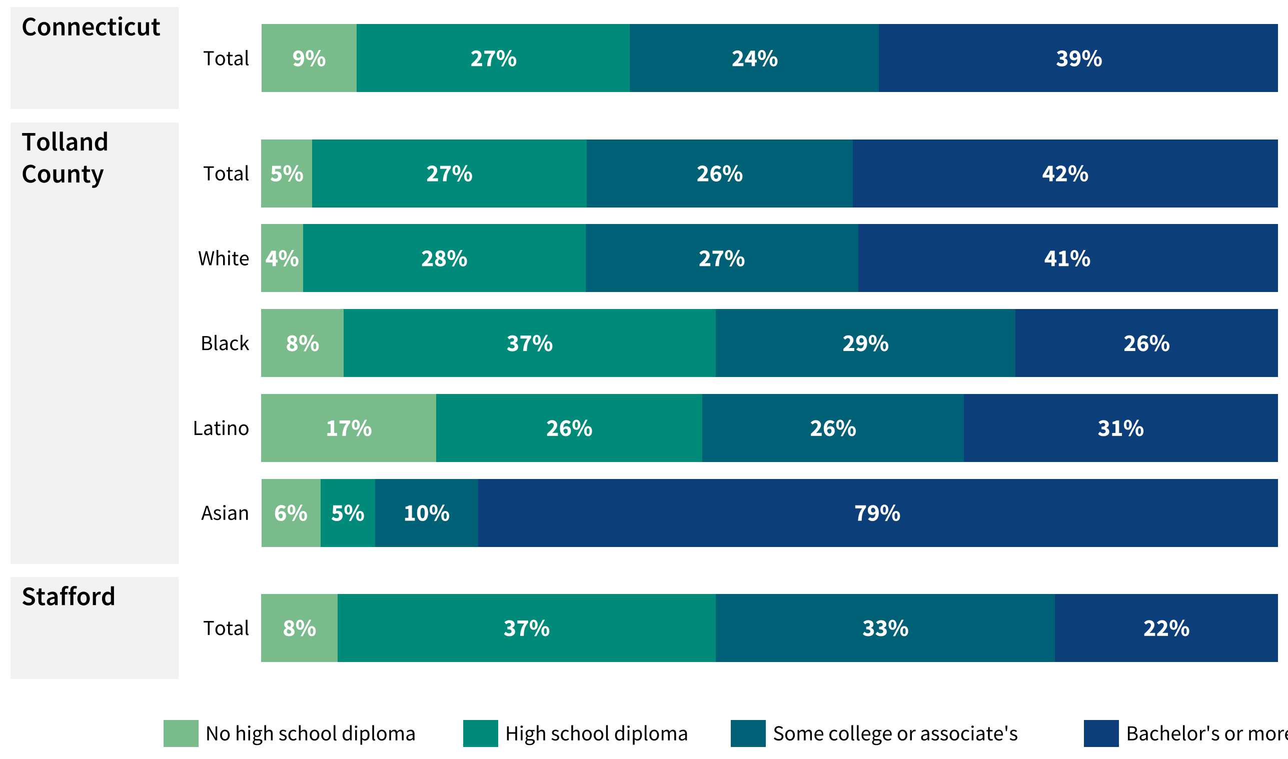
Note: Counts of small groups are suppressed by the Dept. of Education and may be missing from this chart.

FIGURE 8: SELECTED ACADEMIC AND DISCIPLINARY OUTCOMES BY STUDENT RACE/ETHNICITY, 2018–2019



Adults with high school diplomas or college degrees have more employment options and considerably higher potential earnings, on average, than those who do not finish high school. In Stafford, 8 percent of adults ages 25 and over, or 618 people, lack a high school diploma; statewide, this value is 9 percent.

FIGURE 9: EDUCATIONAL ATTAINMENT BY RACE/ETHNICITY, SHARE OF ADULTS AGES 25 AND UP, 2019



ECONOMY

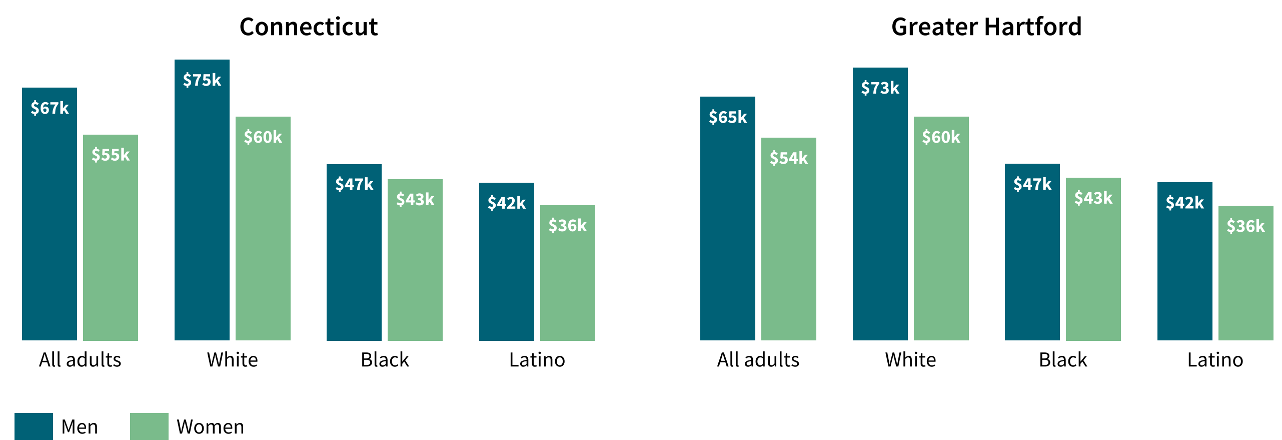
There are 3,284 total jobs in Stafford, with the largest share in the Manufacturing sector. While these numbers are from 2019 and do not include economic outcomes related to the COVID-19 pandemic, they describe general labor market strengths and average wages for the area.

TABLE 6: JOBS AND WAGES IN CONNECTICUT'S 5 LARGEST SECTORS, 2019

	Connecticut		Stafford	
Sector	Total jobs	Avg annual pay	Total jobs	Avg annual pay
All Sectors	1,670,354	$69,806	3,284	$47,993
Manufacturing	161,893	$85,031	1,075	$54,528
Health Care and Social Assistance	271,014	$54,858	664	$48,392
Retail Trade	175,532	$35,833	375	$33,155
Accommodation and Food Services	129,012	$23,183	129	$18,755
Finance and Insurance	101,760	$174,420	81	$55,181

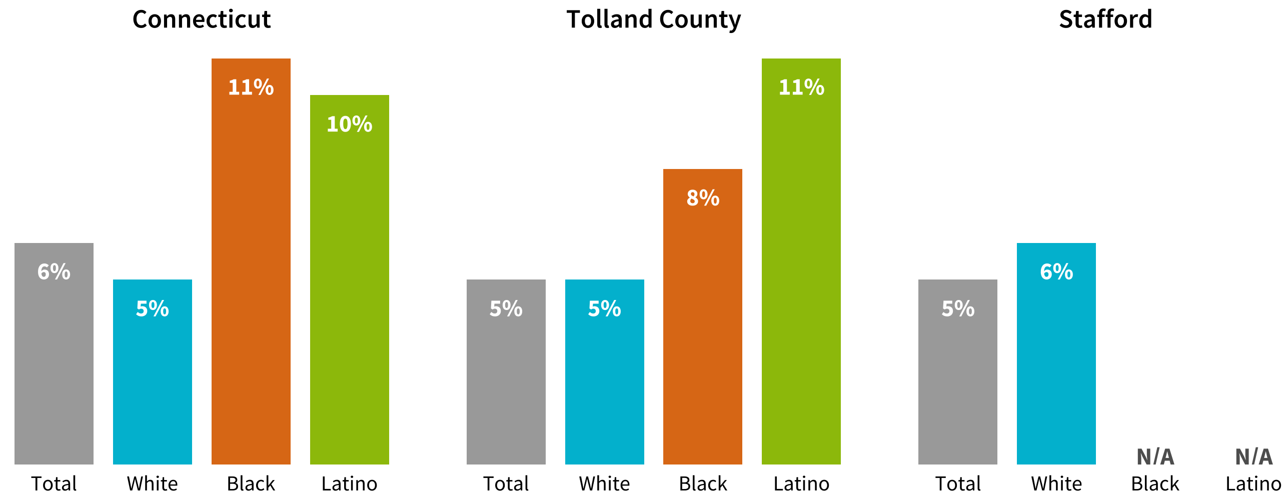
Individual earnings vary by race/ethnicity, sex, and other characteristics. These can be measured comparing the differences in average earnings between groups. White workers and men often out-earn workers of color and women. These trends hold even when controlling for educational attainment.

FIGURE 10: MEDIAN INCOME BY RACE/ETHNICITY AND SEX FOR FULL-TIME WORKERS AGES 25 AND OVER WITH POSITIVE INCOME, 2019



Rates of unemployment also vary by race and ethnicity. Generally, workers of color are more likely to be unemployed due to factors ranging from hiring practices to proximity to available jobs. Overall unemployment in Stafford averaged 5 percent in 2019.

FIGURE 11: UNEMPLOYMENT RATE BY RACE/ETHNICITY, 2019



INCOME & WEALTH

The median household income in Stafford is $74,386, compared to $78,444 statewide. Racial disparities in outcomes related to education, housing, and wages result in disparate household-level incomes and overall wealth. Racial disparities in outcomes related to education, employment, and wages result in disparate household-level incomes and overall wealth. Households led by Black or Latino adults generally average lower incomes than white households.

FIGURE 12: MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2019

	Total	White	Black	Latino
Connecticut	$78k	$90k	$49k	$48k
Tolland County	$87k	$91k	N/A	$73k
Stafford	$74k	$77k	N/A	N/A

The Supplemental Nutritional Assistance Program (SNAP, or food stamps) is a program available to very low-income households earning less than 130 percent of the federal poverty guideline ($25,750 for a family of four in 2019). Throughout the state, poverty and SNAP utilization rates are higher among Black and Latino households than white households.

TABLE 7: SELECTED HOUSEHOLD ECONOMIC INDICATORS BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2019

	Total		White		Black		Latino		Asian		Native American	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Population living below poverty level												
Connecticut	344,146	10%	137,123	6%	65,664	18%	123,431	22%	12,398	8%	1,629	17%
Tolland County	9,996	7%	6,902	6%	898	25%	1,491	20%	586	10%	<50	N/A
Stafford	715	6%	535	5%	<50	N/A	124	30%	<50	N/A	<50	N/A
Households receiving food stamps/SNAP												
Connecticut	162,967	12%	67,339	7%	34,650	26%	56,091	32%	3,145	6%	958	26%
Tolland County	3,475	6%	2,638	5%	336	19%	343	14%	111	5%	<50	N/A
Stafford	327	7%	327	7%	<50	N/A	<50	N/A	<50	N/A	<50	N/A

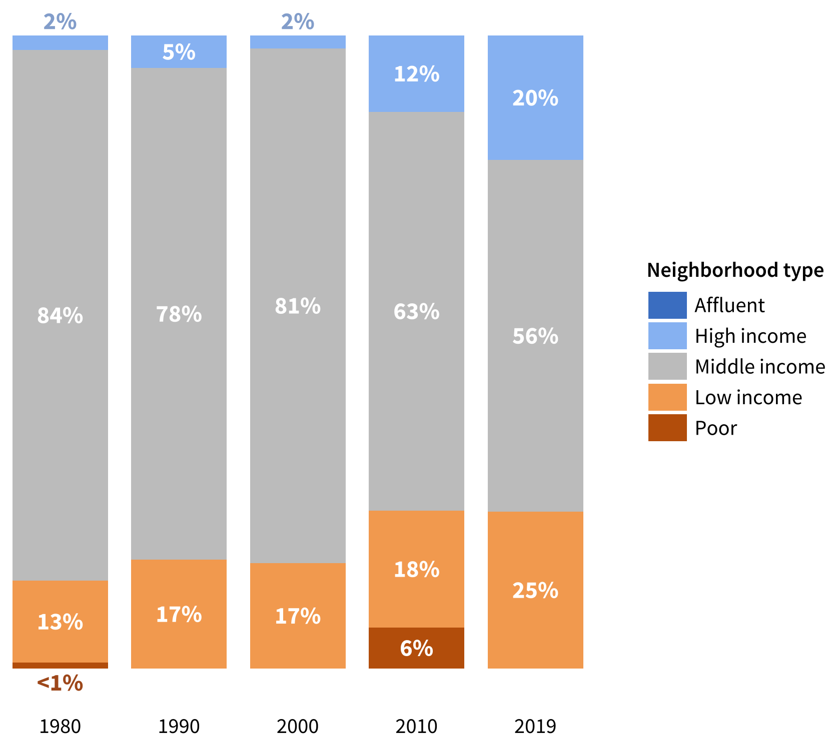
Access to a personal vehicle may also be considered a measure of wealth since reliable transportation plays a significant role in job access and quality of life. Vehicle access reduces the time a family may spend running errands or traveling to appointments, school, or work.

TABLE 8: HOUSEHOLDS WITH NO VEHICLE AT HOME BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2019

	Total		White		Black		Latino		Other race	
Area	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	121,434	9%	55,942	6%	27,048	21%	30,496	17%	7,948	10%
Tolland County	2,539	5%	1,964	4%	314	17%	69	3%	192	7%
Stafford	263	6%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Over the past 40 years, neighborhood income inequality has grown statewide as the share of the population living in wealthy or poor neighborhoods has increased and the population in middle income areas declined in a process known as “economic sorting,” which often leads to further disparities in access to economic opportunity, healthy environments, and municipal resources.

FIGURE 13: DISTRIBUTION OF POPULATION BY NEIGHBORHOOD INCOME LEVEL, TOLLAND COUNTY, 1980–2019

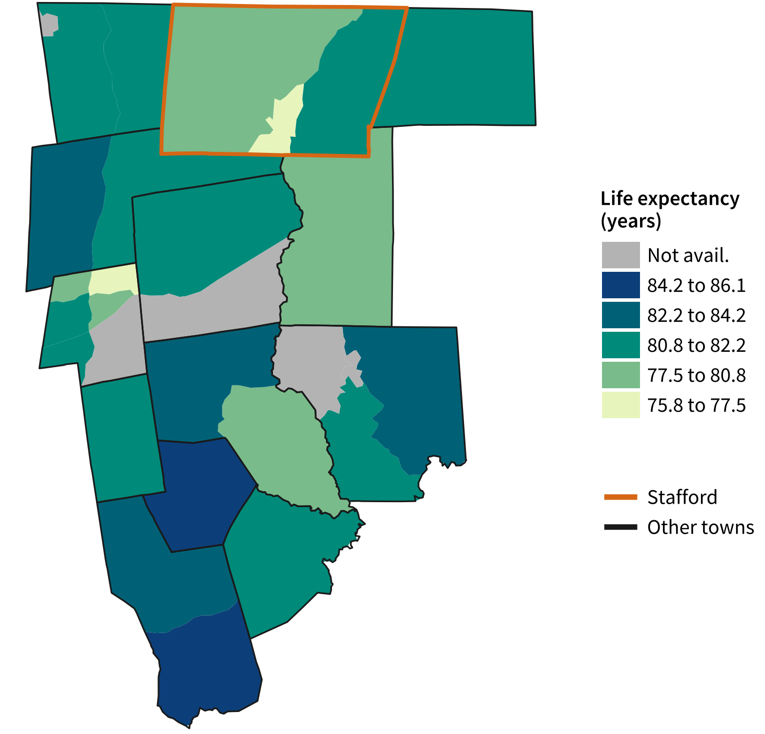


HEALTH

The socioeconomic disparities described above tend to correlate with health outcomes. Factors such as stable housing, employment, literacy and linguistic fluency, environmental hazards, and transportation all impact access to care, physical and mental health outcomes, and overall quality of life. Income and employment status often drive differences in access to healthcare, the likelihood of getting preventive screenings as recommended, the affordability of life-saving medicines, and the ability to purchase other goods and services, including high-quality housing and nutritious food.

Life expectancy is a good proxy for overall health and well-being since it is the culmination of so many other social and health factors. The average life expectancy in Stafford is 78 years, compared to 81.1 years across Tolland County, and 80.3 years statewide.

FIGURE 14: LIFE EXPECTANCY, TOLLAND COUNTY BY CENSUS TRACT, 2015



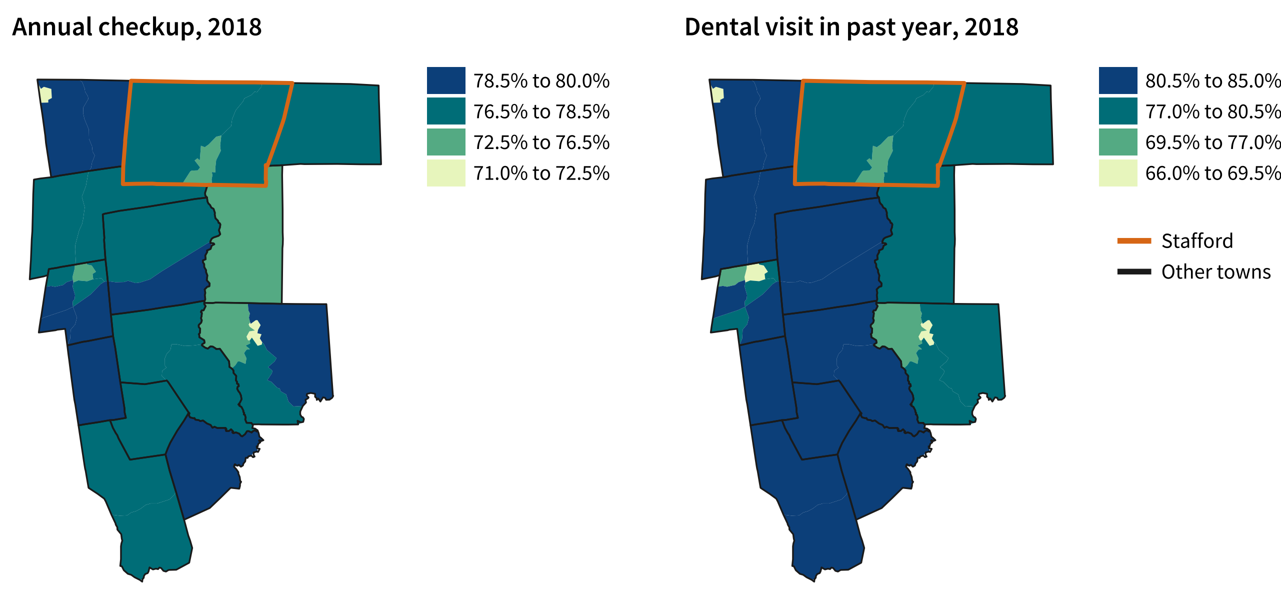
Health-related challenges begin with access to care. Due to differences in workplace benefits, income, and eligibility factors, Black and especially Latino people are less likely to have health insurance than white people.

FIGURE 15: UNINSURED RATE AMONG ADULTS AGES 19–64 BY RACE/ETHNICITY, 2019

	Total	White	Black	Latino	Asian
Connecticut	8%	4%	9%	19%	7%
Greater Hartford	6%	4%	8%	11%	5%

Preventive care can help counteract economic disadvantages, as a person's health can be improved by addressing risk factors like hypertension and chronic stress early. Lack of affordable, accessible, and consistent medical care can lead to residents relying on expensive emergency room visits later on. Overall, 77 percent of the adults in Stafford had an annual checkup as of 2018, and 78 percent had a dental visit in the past year.

FIGURE 16: PREVENTIVE CARE MEASURES, SHARE OF ADULTS BY CENSUS TRACT, TOLLAND COUNTY



Throughout the state, people of color face greater rates and earlier onset of many chronic diseases and risk factors, particularly those that are linked to socioeconomic status and access to resources. For example, diabetes is much more common among older adults than younger ones, yet middle-aged Black adults in Connecticut have higher diabetes rates than white seniors.

FIGURE 17: SELECTED HEALTH RISK FACTORS, SHARE OF ADULTS, 2015–2018

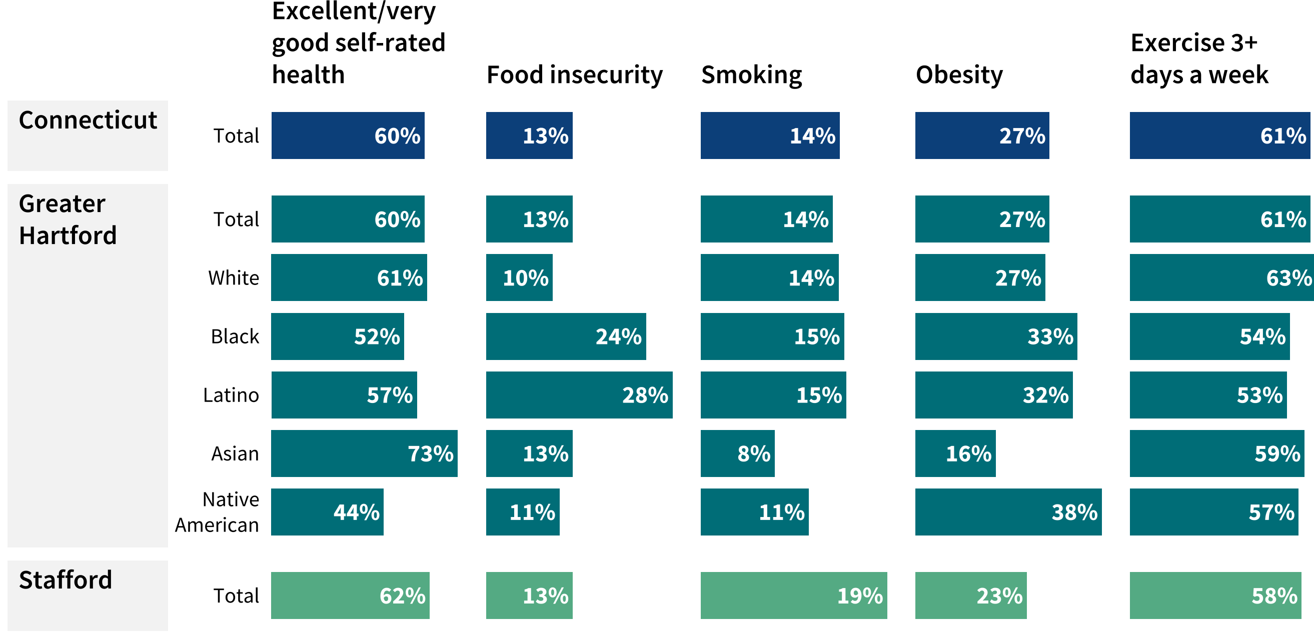
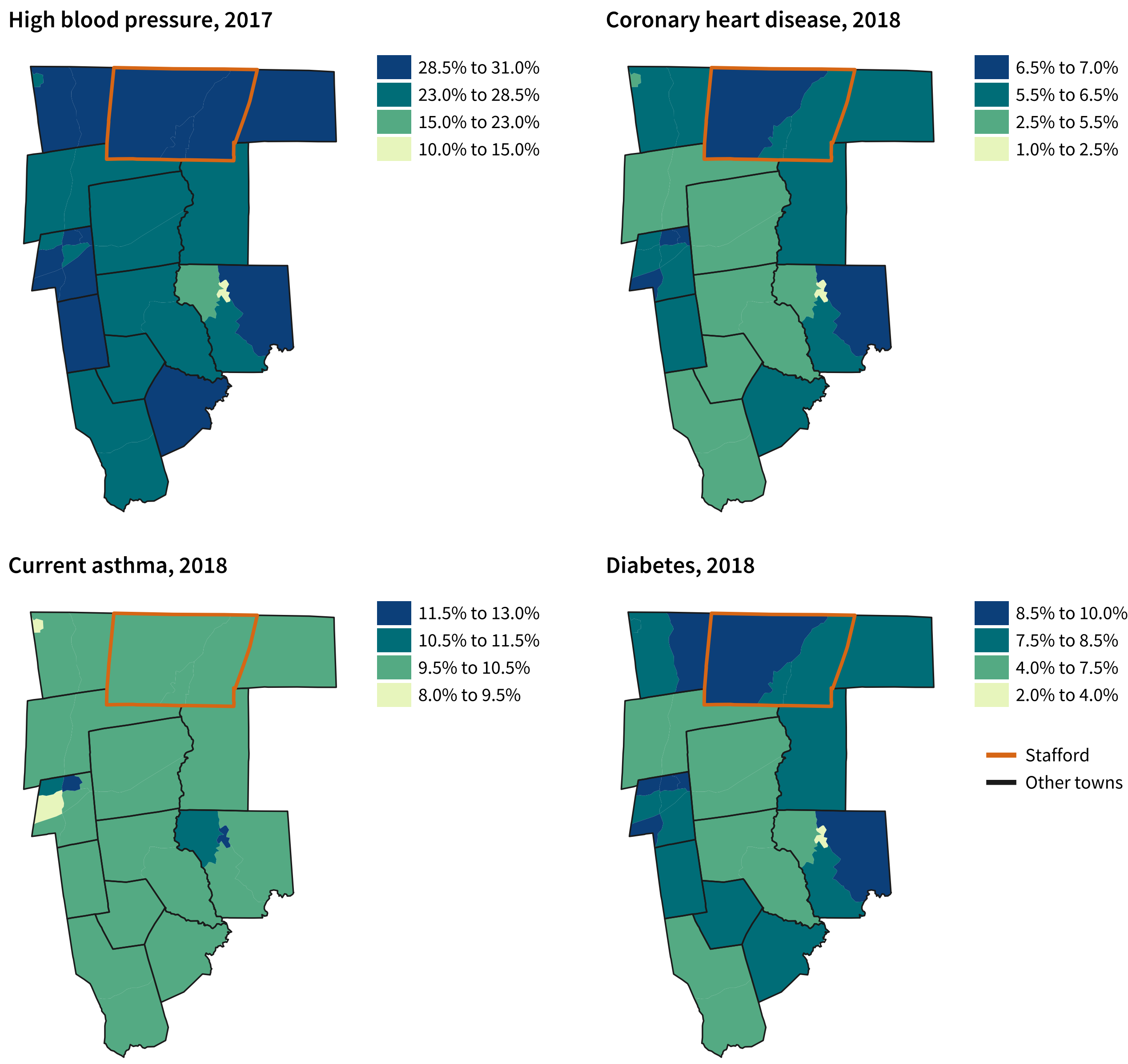


FIGURE 18: SELECTED HEALTH INDICATORS BY AGE AND RACE/ETHNICITY, SHARE OF ADULTS, GREATER HARTFORD, 2015–2018

	Asthma					Diabetes					Hypertension				
	Total	White	Black	Latino	Asian	Total	White	Black	Latino	Asian	Total	White	Black	Latino	Asian
Ages 18 to 34	20%	20%	18%	28%	12%	3%	2%	1%	4%	7%	9%	7%	9%	12%	10%
Ages 35 to 49	18%	17%	13%	28%	7%	6%	5%	11%	10%	2%	23%	20%	34%	24%	24%
Ages 50 to 64	12%	12%	16%	19%	N/A	15%	12%	27%	30%	N/A	40%	36%	57%	53%	N/A
Ages 65 and older	11%	10%	14%	17%	N/A	22%	20%	37%	33%	N/A	58%	57%	76%	51%	N/A

FIGURE 19: CHRONIC DISEASE PREVALENCE, SHARE OF ADULTS BY CENSUS TRACT, TOLLAND COUNTY



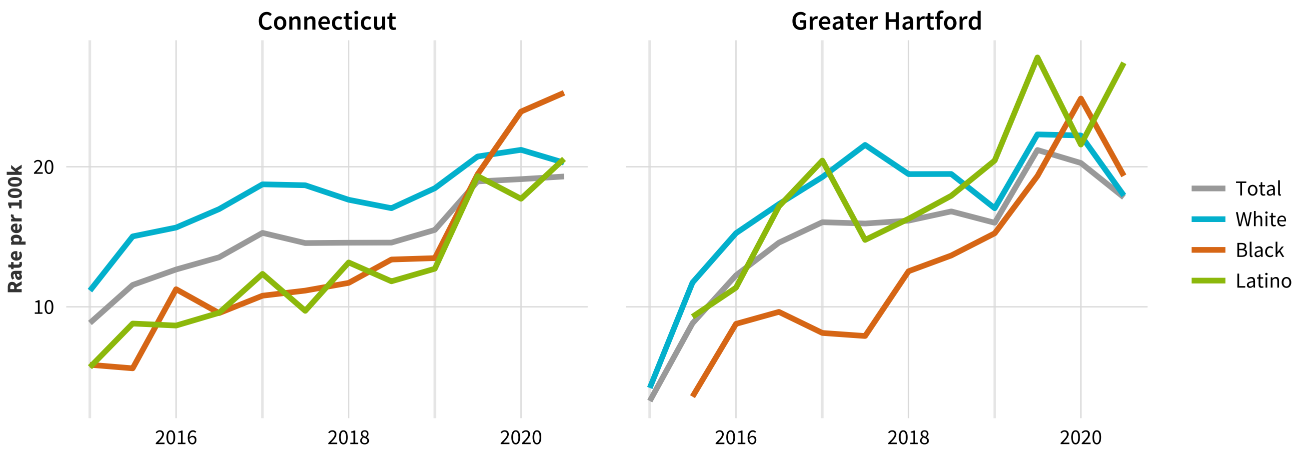
Mental health issues like depression and anxiety can be linked to social determinants like income, employment, and environment, and can pose risks of physical health problems as well, including by complicating a person's ability to keep up other aspects of their health care. People of color are slightly more likely to report feeling mostly or completely anxious and being bothered by feeling depressed or hopeless. Overall, 11 percent of Stafford adults report experiencing anxiety regularly and 15 percent report being bothered by depression.

TABLE 9: SELECTED MENTAL HEALTH INDICATORS, SHARE OF ADULTS, 2015–2018

	Total	White	Black	Latino	Asian	Native American
Experiencing anxiety						
Connecticut	12%	11%	15%	19%	14%	15%
Greater Hartford	12%	10%	15%	20%	15%	14%
Stafford	11%	12%	N/A	N/A	N/A	N/A
Bothered by depression						
Connecticut	9%	8%	10%	14%	8%	12%
Greater Hartford	9%	8%	10%	15%	6%	15%
Stafford	15%	17%	N/A	N/A	N/A	N/A

Like other states, Connecticut has seen a rise in drug overdose deaths in the last several years. In 2020, Connecticut saw an average of 113 overdose deaths per month, up from 60 in 2015. White residents long comprised the bulk of these deaths, but as overall overdose death rates have increased, an increasing share of those deaths have been people of color.

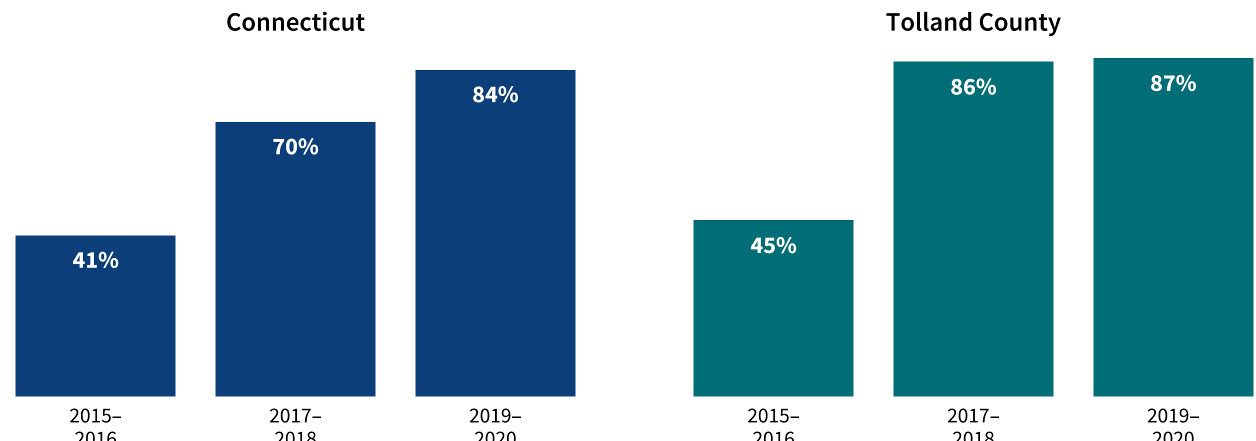
FIGURE 20: AGE-ADJUSTED SEMI-ANNUAL RATES OF DRUG OVERDOSE DEATHS PER 100,000 RESIDENTS BY RACE/ETHNICITY, 2015–2020



Note: Values suppressed for small populations or few overdose incidents.

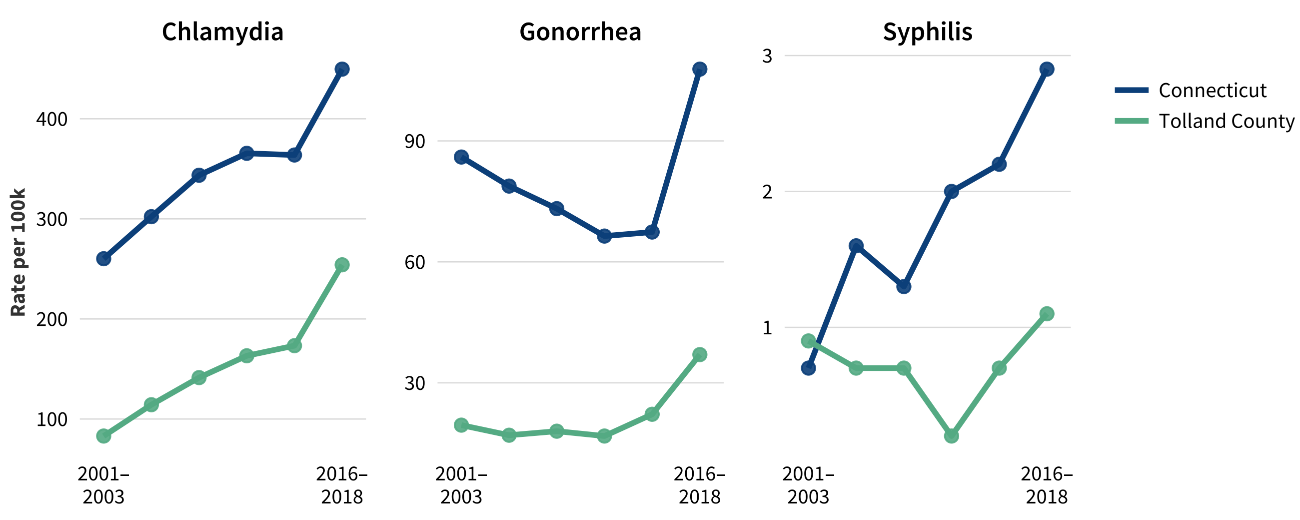
The introduction and spread of fentanyl in drugs—both with and without users' knowledge—is thought to have contributed to this steep rise in overdoses. In 2015 and 2016, 45 percent of the drug overdose deaths in Tolland County involved fentanyl; in 2019 and 2020, this share was 87 percent.

FIGURE 21: SHARE OF DRUG OVERDOSE DEATHS INVOLVING FENTANYL, 2015–2020



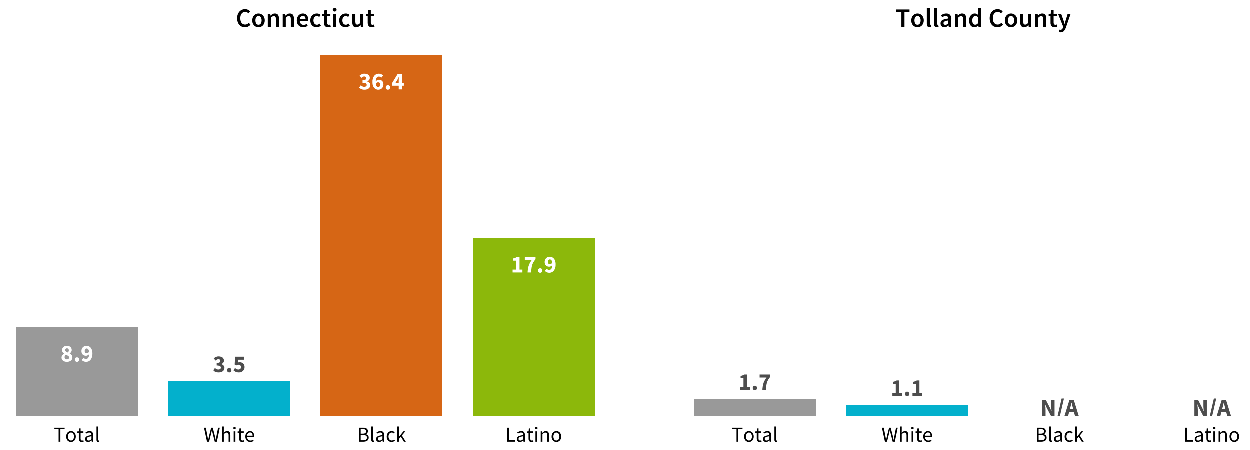
Sexually transmitted infections (STIs) can have long-term implications for health, including reproductive health problems and certain cancers, and can increase the risk of acquiring and transmitting diseases such as HIV and hepatitis C. Following nationwide trends, Connecticut has seen increases in the rates of STIs like chlamydia and gonorrhea over the past two decades. Between 2016 and 2018, Tolland County had annual average case rates of 254 new cases of chlamydia per 100,000 residents, 37 cases of gonorrhea per 100,000, and 1.1 cases of syphilis per 100,000.

FIGURE 22: ANNUALIZED AVERAGE RATES OF NEW CASES OF SELECTED SEXUALLY TRANSMITTED INFECTIONS PER 100,000 RESIDENTS, 2001–2003 THROUGH 2016–2018



Like many other diseases, Connecticut's Black and Latino residents face a higher burden of HIV rates. Statewide between 2016 and 2018, Black residents ages 13 and up were more than 10 times more likely to be diagnosed with HIV than white residents.

FIGURE 23: ANNUALIZED AVERAGE RATE OF NEW HIV DIAGNOSES PER 100,000 RESIDENTS AGES 13 AND OVER, 2016–2018

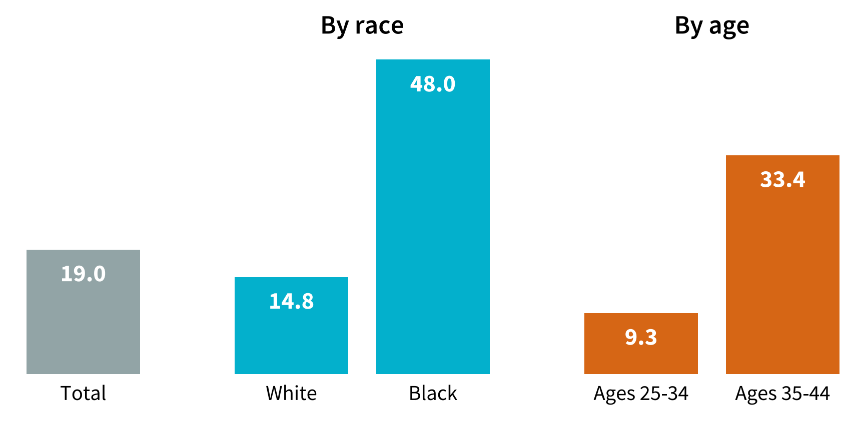


Birth outcomes often reflect health inequities for parents giving birth, and those outcomes can affect a child throughout their life. Often, parents of color have more complications related to birth and pregnancy than white parents. Complications during pregnancy or childbirth also contribute to elevated mortality among parents giving birth.

TABLE 10: SELECTED BIRTH OUTCOMES BY RACE/ETHNICITY OF PARENT GIVING BIRTH, 2016–2018

				Latina			
Area	Total	White	Black	Latina (overall)	Puerto Rican	Other Latina	Asian
Late or no prenatal care							
Connecticut	3.4%	2.5%	5.7%	4.0%	2.9%	5.1%	3.5%
Tolland County	2.4%	2.0%	5.2%	3.0%	N/A	5.6%	4.0%
Stafford	3.8%	4.1%	N/A	0.0%	N/A	N/A	N/A
Low birthweight							
Connecticut	7.8%	6.4%	12.1%	8.3%	10.2%	6.6%	8.7%
Tolland County	7.1%	6.5%	11.7%	9.7%	8.8%	11.2%	8.1%
Stafford	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Infant mortality (per 1k live births)							
Connecticut	4.6	3.1	9.5	5.0	N/A	N/A	N/A
Tolland County	3.2	4.0	0.0	0.0	N/A	N/A	N/A
Stafford	N/A	N/A	N/A	0.0	N/A	N/A	N/A

FIGURE 24: MATERNAL MORTALITY RATE PER 100K BIRTHS, CONNECTICUT, 2013–2017



Children under 7 years old are monitored annually for potential lead poisoning, based on having blood-lead levels in excess of the state's accepted threshold. Between 2013 and 2017, 4.9 percent of children tested in Stafford were found to have elevated lead levels. Children living in homes built before 1960 are at a higher risk of potential lead poisoning due to the more widespread use of lead-based paints in older homes. Black and Latino households are slightly more likely to live in structures built before 1960.

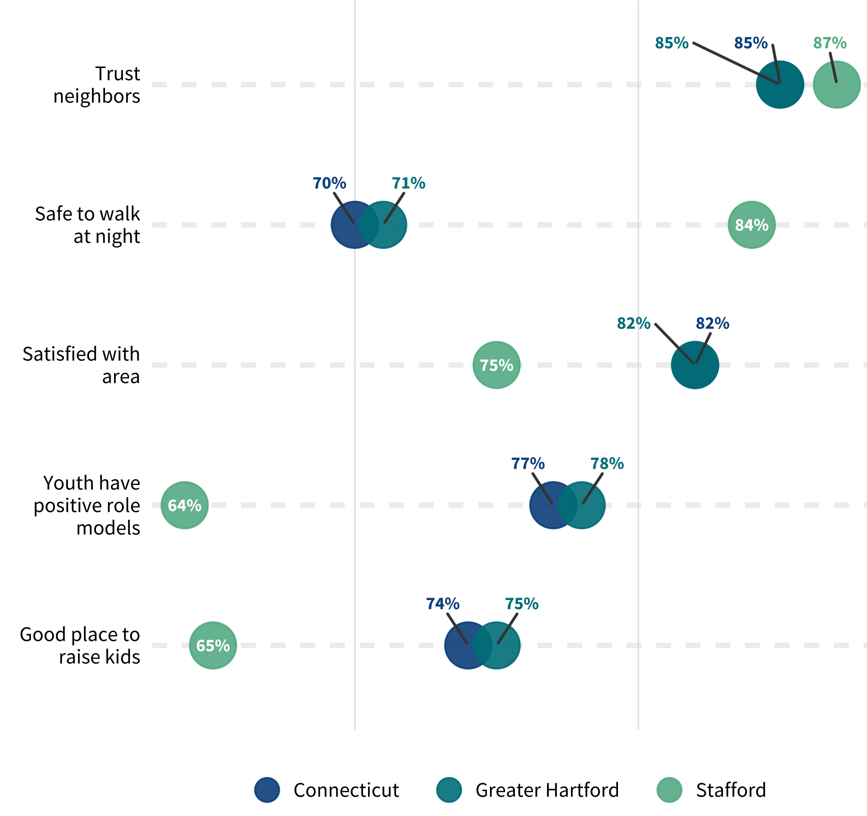
TABLE 11: HOUSEHOLDS LIVING IN STRUCTURES BUILT BEFORE 1960 BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2019

	Total		White		Black		Latino		Other race	
Area	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	580,941	42%	399,512	40%	63,552	49%	93,011	53%	24,866	32%
Tolland County	15,328	28%	13,913	28%	371	20%	581	26%	463	17%
Stafford	2,317	49%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

CIVIC LIFE & COMMUNITY COHESION

Beyond individual health, several measures from the DataHaven Community Wellbeing Survey show how local adults feel about the health of their neighborhoods. High quality of life and community cohesion can positively impact resident well-being through the availability of resources, sense of safety, and participation in civic life. For example, adults who see the availability of role models in their community may enroll their children in extracurricular activities that benefit them educationally and socially; residents who know and trust their neighbors may find greater social support. Overall, 75 percent of Stafford adults reported being satisfied with the area where they live.

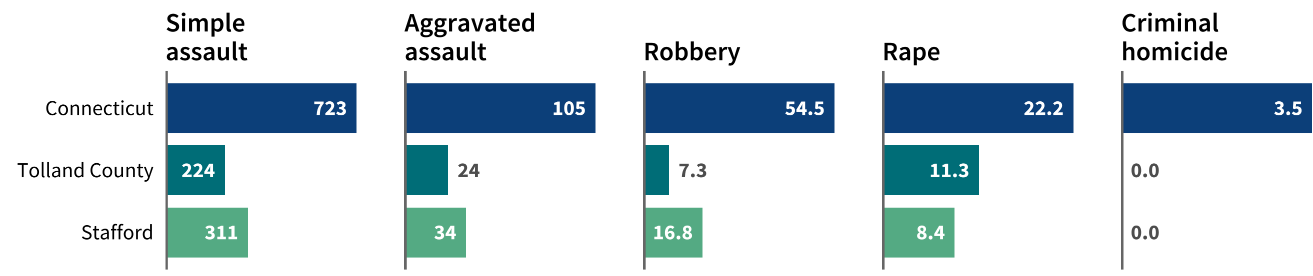
FIGURE 25: RESIDENTS' RATINGS OF COMMUNITY COHESION MEASURES, SHARE OF ADULTS, 2015–2018



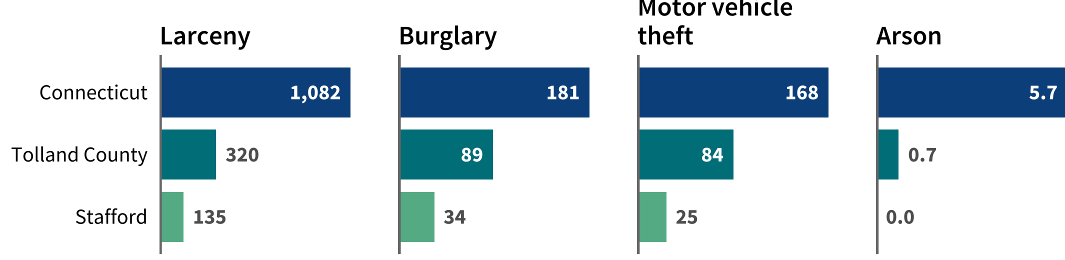
Crime rates per 100,000 residents are based on reports to law enforcement of violent force against persons, as well as offenses involving property. Not all crimes involve residents of the areas where the crimes occur, which is important to consider when evaluating crime rates in areas or towns with more commercial activity. Crime patterns can also vary dramatically by neighborhood. Crime can impact the social and economic well-being of communities, including through negative health effects.

FIGURE 26: PART I CRIME RATES PER 100,000 RESIDENTS BY TOWN / JURISDICTION, 2019

Crimes against persons



Crimes against property



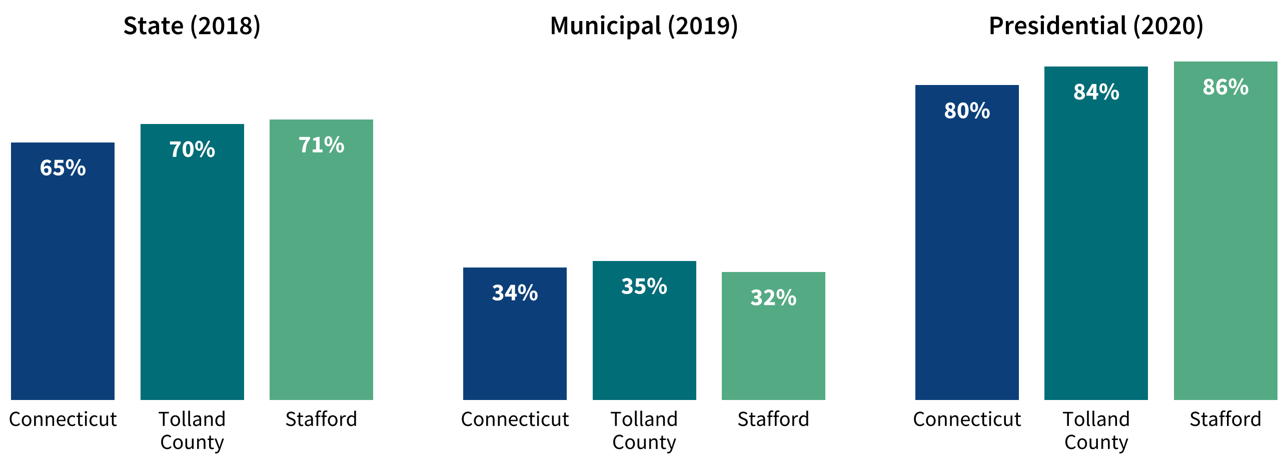
A lack of trust in and engagement with local government and experiences of unfair treatment by authorities can impair community well-being and cohesion. Thirty-five percent of Stafford adults feel their local government is responsive to residents' needs, compared to 51 percent statewide.

TABLE 12: RESIDENTS' RATINGS OF LOCAL GOVERNMENT, SHARE OF ADULTS, 2015–2018

Area	Unfairly stopped by police	Local govt is responsive	Have some influence over local govt
Connecticut	11%	51%	67%
Greater Hartford	13%	52%	67%
Stafford	0%	35%	70%

During the 2020 presidential election, 86 percent of Stafford registered voters cast ballots, compared to 80 percent statewide, and to 77 percent in the 2016 presidential election.

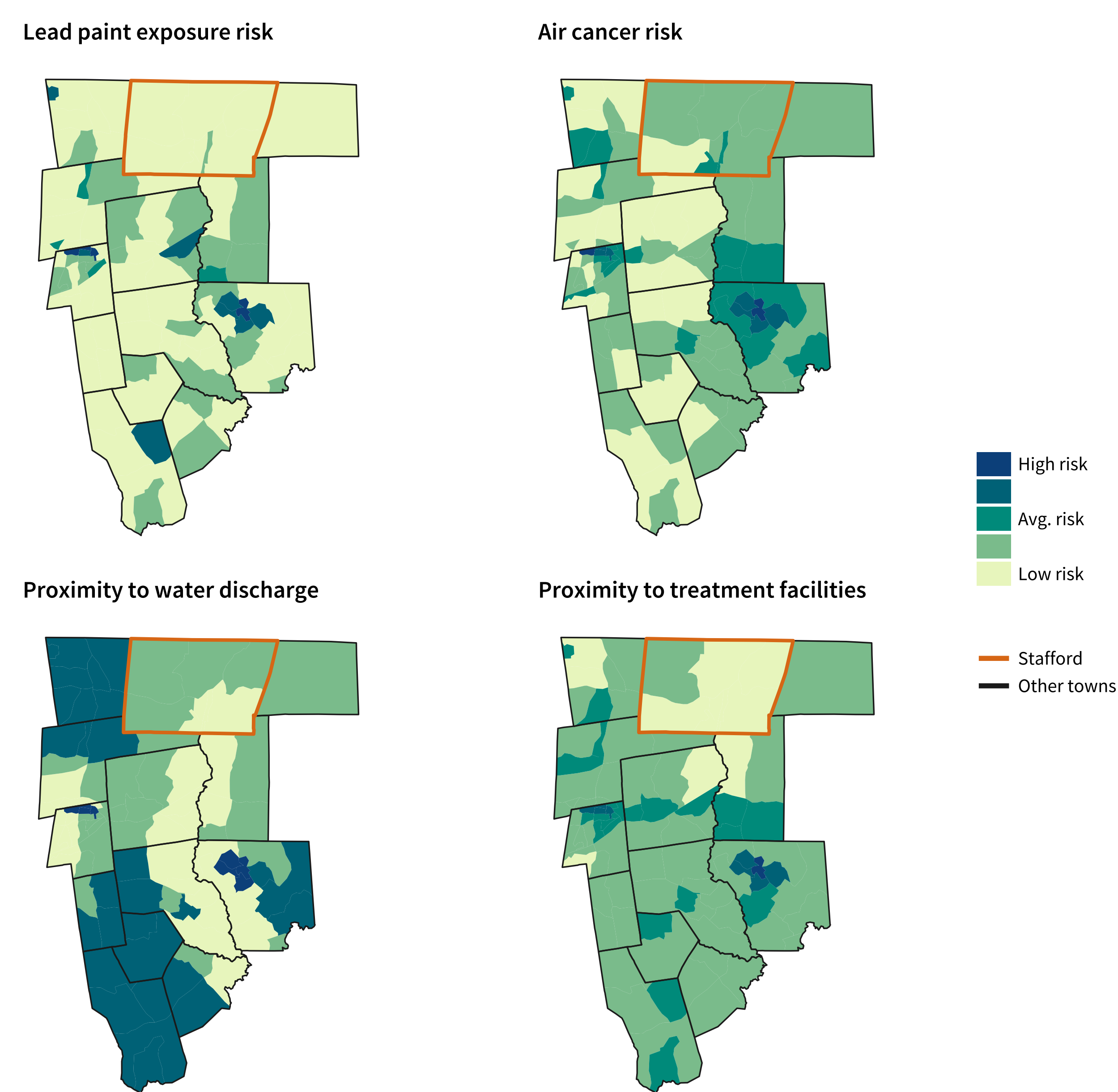
FIGURE 27: REGISTERED VOTER TURNOUT, 2018–2020



ENVIRONMENT & SUSTAINABILITY

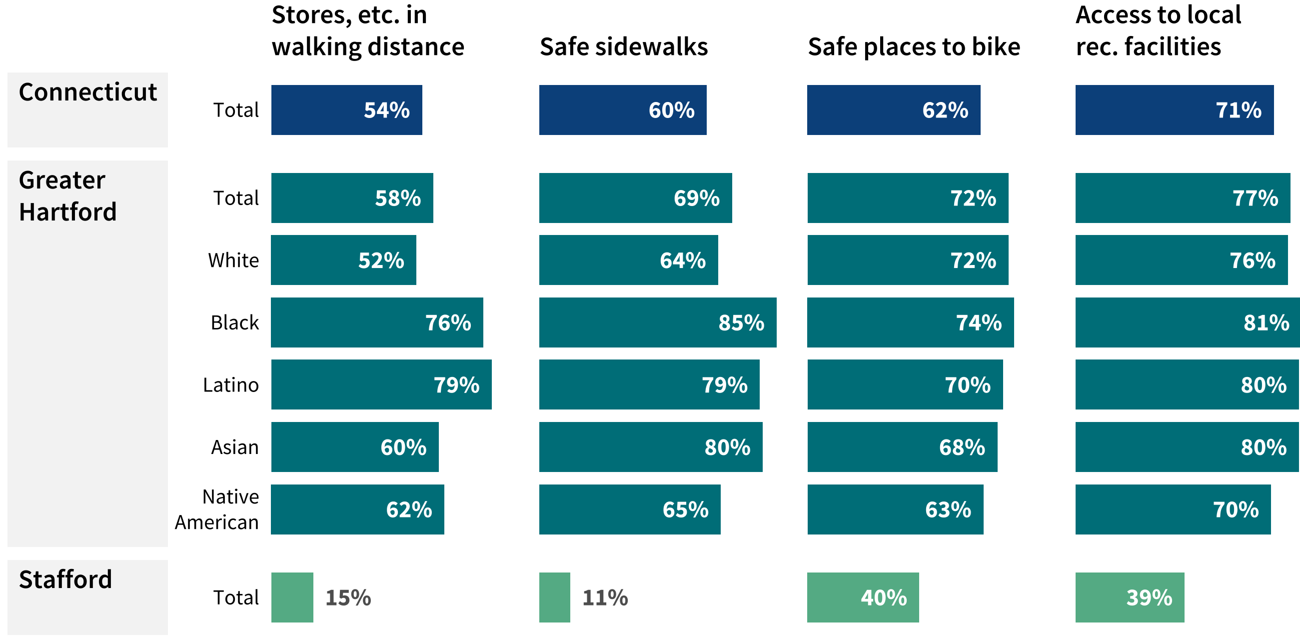
Many environmental factors—from access to outdoor resources to tree canopy to exposure to pollutants—can have direct impacts on residents' health and quality of life. Environmental justice is the idea that these factors of built and natural environments follow familiar patterns of socioeconomic disparities and segregation. The federal Environmental Protection Agency (EPA) ranks small areas throughout the US on their risks of exposure to a variety of pollutants and hazards, scaled to account for the historically disparate impact of these hazards on people of color and lower-income people.

FIGURE 28: EPA ENVIRONMENTAL JUSTICE INDEX BY BLOCK GROUP, TOLLAND COUNTY



High-quality built environment resources, such as recreational facilities and safe sidewalks, help keep residents active and bring communities together. Walkable neighborhoods may also encourage decreased reliance on cars. Throughout Connecticut, Black and Latino residents are largely concentrated in denser urban areas which tend to offer greater walkability. Of adults in Stafford, 15 percent report having stores, banks, and other locations they need in walking distance, lower than the share of adults statewide.

FIGURE 29: RESIDENTS' RATINGS OF LOCAL WALKABILITY MEASURES BY RACE/ETHNICITY, SHARE OF ADULTS, 2015–2018



NOTES

Figure 1. Study area. Map tiles by Stamen Design, under CC BY 3.0. Data by OpenStreetMap, under ODbL.

Table 1. About the area. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates. Available at https://data.census.gov; US Census Bureau 2020 Decennial Census P.L. 94-171 Redistricting Data. Available at https://www.census.gov/programs-surveys/decennial-census/about/rdo.html; PLACES Project. Centers for Disease Control and Prevention. Available at https://www.cdc.gov/places; and National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. National Center for Health Statistics. 2018. Available at https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html

Table 2. Population by race/ethnicity, 2020. US Census Bureau 2020 Decennial Census P.L. 94-171 Redistricting Data.

Figure 2. Population by race/ethnicity and age group, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 3. Linguistic isolation by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 3. Population and population change by age group, 2010–2020. US Census Bureau 2010 & 2020 Decennial Census P.L. 94-171 Redistricting Data.

Figure 4. Share of population by race/ethnicity, 2010–2020. US Census Bureau 2010 & 2020 Decennial Census P.L. 94-171 Redistricting Data.

Table 4. Homeownership rate by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 5. Homeownership rates by age and race/ethnicity of head of household, Tolland County, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year public use microdata sample (PUMS) data, accessed via IPUMS. Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek. IPUMS USA: Version 11.0 [dataset]. Minneapolis, MN: IPUMS, 2021. https://doi.org/10.18128/D010.V11.0

Figure 6. Housing cost-burden rates by race/ethnicity, Tolland County, 2019. DataHaven analysis (2021) of Ruggles, et al. (2019).

Table 5. Overcrowded households by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 7. Public K–12 student enrollment by race/ethnicity per 100 students, 2019–2020. DataHaven analysis (2021) of 2019–2020 school year enrollment data from the Connecticut State Department of Education, accessed via EdSight at http://edsight.ct.gov At the school district level, not all groups may be shown due to CTSDE data suppression rules for small enrollment counts, even though they may represent more than 1% of the school district population.

Figure 8. Selected academic and disciplinary outcomes by student race/ethnicity, 2018–2019. DataHaven analysis (2021) of 2018–2019 school year testing (8th grade English/language arts), discipline, and four-year graduation data from the Connecticut State Department of Education, accessed via EdSight. Because students can be suspended more than once in a school year, the suspension rate is given as the number of reported suspensions per 1,000 enrolled students rather than a percentage.

Figure 9. Educational attainment by race/ethnicity, share of adults ages 25 and up, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 6. Jobs and wages in Stafford's 5 largest sectors, 2019. DataHaven analysis (2021) of annual employment data from the Connecticut Department of Labor. Note that in some cases, especially for smaller towns, data have been suppressed. Available at https://www1.ctdol.state.ct.us/lmi/202/202_annualaverage.asp

Figure 10. Median income by race/ethnicity and sex for full-time workers ages 25 and over with positive income, 2019. DataHaven analysis (2021) of Ruggles, et al. (2019).

Figure 11. Unemployment rate by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 12. Median household income by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 7. Selected household economic indicators by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Table 8. Households with no vehicle at home by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 13. Distribution of population by neighborhood income level, Tolland County, 1980–2019. DataHaven analysis (2021) of household income and population by Census tract. Values for 1980–2000 are from the US Census Bureau Decennial Census, provided by the Neighborhood Change Database (NCDB) created by GeoLytics and the Urban Institute with support from the Rockefeller Foundation (2012). 2019 values are calculated from US Census Bureau American Community Survey 2019 5-year estimates.

Figure 14. Life expectancy, Tolland County by Census tract, 2015. Data from National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. National Center for Health Statistics. 2018. Available at https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html

Figure 15. Uninsured rate among adults ages 19–64 by race/ethnicity, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 16. Preventive care measures, share of adults by Census tract, Tolland County. Data from PLACES Project. Centers for Disease Control and Prevention.

Figure 17. Selected health risk factors, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey. Available at https://ctdatahaven.org/reports/datahaven-community-wellbeing-survey

Figure 18. Selected health indicators by age and race/ethnicity, share of adults, Greater Hartford, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 19. Chronic disease prevalence, share of adults by Census tract, Tolland County. Data from PLACES Project. Centers for Disease Control and Prevention.

Table 9. Selected mental health indicators, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 20. Age-adjusted semi-annual rates of drug overdose deaths per 100,000 residents by race/ethnicity, 2015–2020. DataHaven analysis (2021) of Accidental Drug Related Deaths 2012–2018. Connecticut Office of the Chief Medical Examiner. Available at https://data.ct.gov/resource/rybz-nyjw. Rates are weighted with the U.S. Centers for Disease Control and Prevention (CDC) 2000 U.S. Standard Population 18 age group weights available at https://seer.cancer.gov/stdpopulations

Figure 21. Share of drug overdose deaths involving fentanyl, 2015–2020. DataHaven analysis (2021) of Accidental Drug Related Deaths 2012–2018. Connecticut Office of the Chief Medical Examiner.

Figure 22. Annualized average rates of new cases of selected sexually transmitted infections per 100,000 residents, 2001–2003 through 2016–2018. DataHaven analysis (2021) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2019. https://www.cdc.gov/nchhstp/atlas/index.htm

Figure 23. Annualized average rate of new HIV diagnoses per 100,000 residents ages 13 and over, 2016–2018. DataHaven analysis (2021) of data from Centers for Disease Control and Prevention. NCHHSTP AtlasPlus.

Table 10. Selected birth outcomes by race/ethnicity of parent giving birth, 2016–2018. DataHaven analysis (2021) of data from the Connecticut Department of Public Health Vital Statistics. Retrieved from https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/Vital-Statistics-Registration-Reports

Figure 24. Maternal mortality rate per 100k births, Connecticut, 2013–2017. America's Health Rankings analysis of CDC WONDER Online Database, Mortality files, United Health Foundation. Retrieved from https://www.americashealthrankings.org

Table 11. Households living in structures built before 1960 by race/ethnicity of head of household, 2019. DataHaven analysis (2021) of US Census Bureau American Community Survey 2019 5-year estimates.

Figure 25. Residents' ratings of community cohesion measures, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 26. Part I crime rates per 100,000 residents by town / jurisdiction, 2019. DataHaven analysis (2021) of 2019 Crimes Analysis Offenses. Connecticut Department of Emergency Services and Public Protection. Available at https://portal.ct.gov/DESPP/Division-of-State-Police/Crimes-Analysis-Unit/Crimes-Analysis-Unit

Table 12. Residents' ratings of local government, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

Figure 27. Registered voter turnout, 2018–2020. DataHaven analysis (2021) of data from the Connecticut Office of the Secretary of the State Elections Management System. Available at https://ctemspublic.pcctg.net

Figure 28. EPA Environmental Justice Index by block group, Tolland County. United States Environmental Protection Agency. 2019 version. EJSCREEN. Retrieved from https://www.epa.gov/ejscreen

Figure 29. Residents' ratings of local walkability measures by race/ethnicity, share of adults, 2015–2018. DataHaven analysis (2021) of 2015 & 2018 DataHaven Community Wellbeing Survey.

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Visit DataHaven (ctdatahaven.org) for more information. This report was authored by Camille Seaberry, Kelly Davila, and Mark Abraham of DataHaven.

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ABOUT DATAHAVEN

DataHaven is a non-profit organization with a 25-year history of public service to Connecticut. Our mission is to empower people to create thriving communities by collecting and ensuring access to data on well-being, equity, and quality of life. DataHaven is a formal partner of the National Neighborhood Indicators Partnership of the Urban Institute in Washington, D.C.

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