Community Health Needs Assessment
Friends of Newtown Seniors (FONS) Discussion

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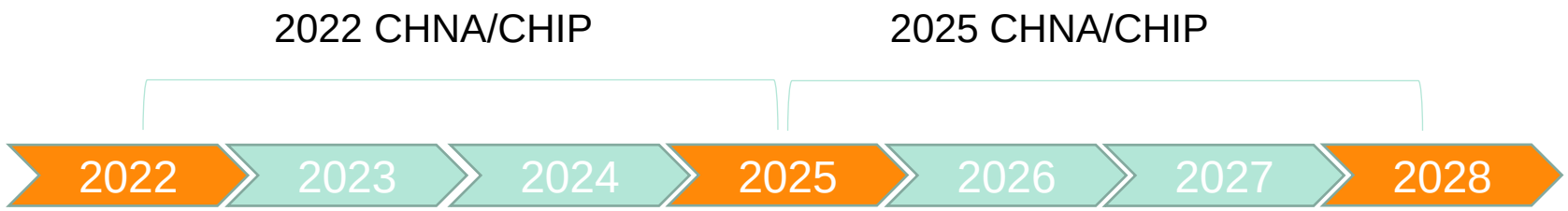
About Community Health Needs Assessments

- Community Health Needs Assessments (CHNA) identify key health needs and challenges through systematic, comprehensive data collection and analysis.

- In collaboration with community partners, Nuvance Health is using primary and secondary data insights to develop Community Health Improvement Plans (CHIP) for their 2025 CHNA cycle.

- The CHNA is a federal requirement for non-profit hospitals and must be conducted every 3 years.

2025 CHNA /CHIP Timetable



2022 – 2025 Priority Focus Areas:

- Prevent Chronic Diseases
- Promote Well-Being and Address Mental Health and Substance Use Disorders

CHNAs Completed, New CHIPs Developed, and Previous CHIPs Concluded

New CHIPs Implemented

2025 Nuvance Health CHNA Work To-Date

Summer 2024

- Surveys from over 3,500 community members (paper, web links, QR codes, phone)
- Surveys from ~500 community-based organization representatives
- Key informant interviews with 50 community leaders

Fall 2024

- Preliminary analysis of primary (survey & interview) data for each hospital's primary service area (PSA)
- Preliminary analysis of over 428 secondary data source metrics for each hospital's PSA

Winter 2024/2025

- Review of findings and identification of 2025 CHNA primary focus areas

Spring 2025

- Drafting of 2025 CHNAs and CHIPs

Danbury Hospital Primary Service Area (PSA)

- Defined as a group of zip codes from which a Nuvance Health hospitals draws most of their patients

- **Danbury Hospital PSA**:
  - Bethel, Bridgewater, Danbury, Gaylordsville, New Fairfield, New Milford, New Preston, **Newtown**, Redding, Ridgefield, Roxbury, **Sandy Hook**, Sherman, Southbury, Washington, Washington Depot

Nuvance Health

The Newtown & Sandy Hook Landscape

Secondary Data Sources

428 metrics were reviewed from the below sources:

Data Source	Time Period
American Community Survey 5-Year Estimates	Report Release Year 2024
CDC Places	Report Release Year 2024
County Health Rankings	Report Release Years 2019 - 2024
Medicare Fee-for-Service Standard Analytic File Limited Data Sets	Calendar Years 2020 - 2023
Socially Determined*	Report Release Year 2024

The Socially Determined report release year 2024 measures utilized in this analysis are derived from 17 independent data sources with release dates ranging from 2018 to 2024 used in Socially Determined's analytic models.

Demographics

19.4% of the population in Newtown is **aged 65 or older**. This is a **higher** percentage than both the Sandy Hook (17.3%) and the Danbury Hospital PSA.

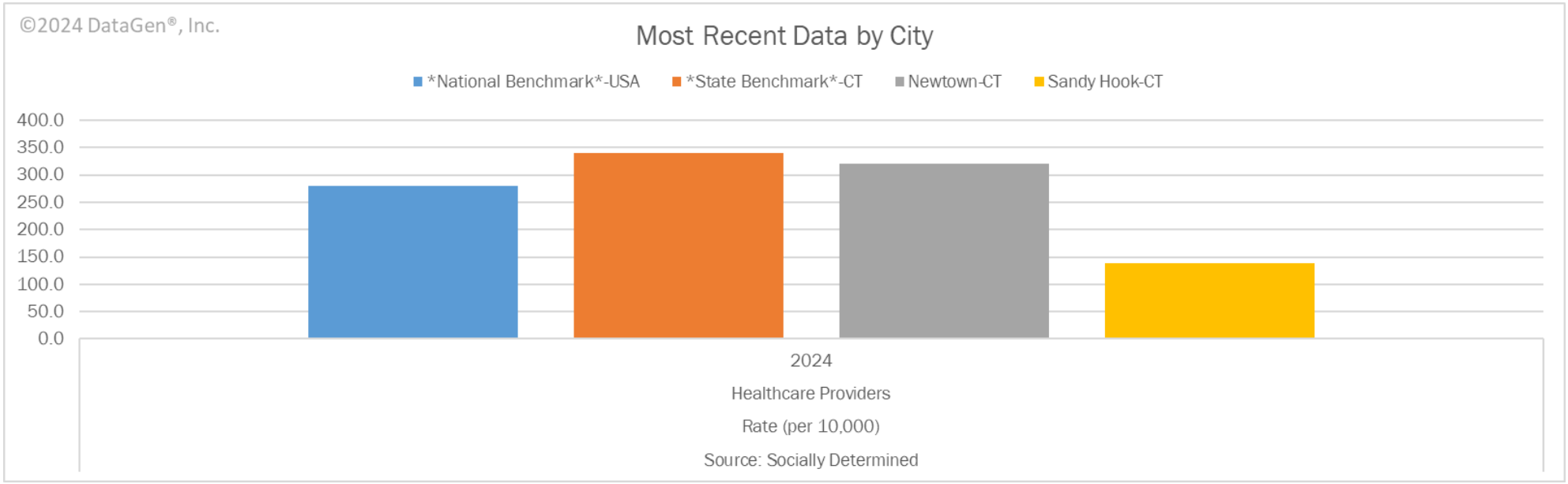
25.4% of the population in Sandy Hook is **under 19 years of age**. This is **slightly higher** than Newtown and the Danbury Hospital PSA.

Source: American Community Survey 5-Year Data (2018-2022)

Measure	Geography	Percent of Population
65 or Older	**Danbury Hospital PSA**	**18.1%**
	Newtown	**19.4%**
	Sandy Hook	**17.3%**
	State Benchmark	17.4%
	National Benchmark	16.6%
19 to 64	**Danbury Hospital PSA**	**57.7%**
	Newtown	**56.6%**
	Sandy Hook	**57.3%**
	State Benchmark	59.1%
	National Benchmark	58.6%
Under 19	**Danbury Hospital PSA**	**24.2%**
	Newtown	**24.0%**
	Sandy Hook	**25.4%**
	State Benchmark	23.5%
	National Benchmark	24.8%

Utilization: Healthcare Provider Density

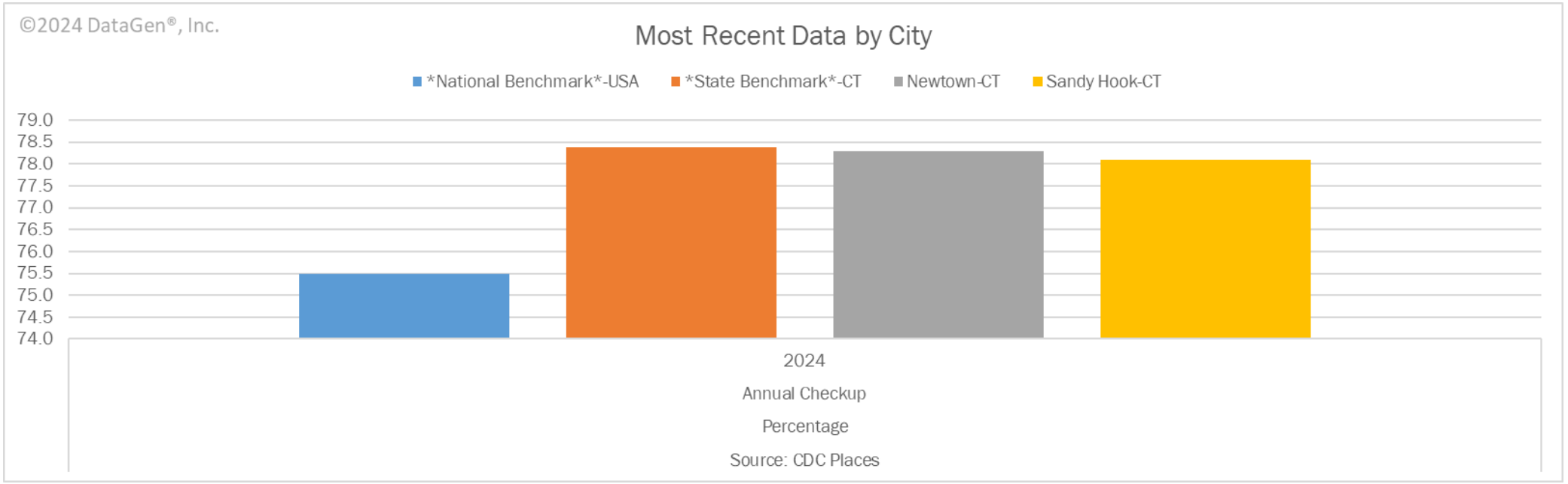
The number of Healthcare Providers (per 10,000 people) in Newtown **exceeds** the National benchmark but **falls short of** the State benchmark. For the zip code of Sandy Hook, the number of Healthcare Providers per 10,000 people is **below** both the National and State benchmarks. *It's important to note that these benchmarks do not account for geographical spread. With Newtown covering 60.38 square miles, the benchmarks may overestimate the accessibility of healthcare providers within the town.*



Source: CDC Places; 2022 Behavioral Risk Factor Surveillance System (BRFSS)

Utilization: Annual Check-ups

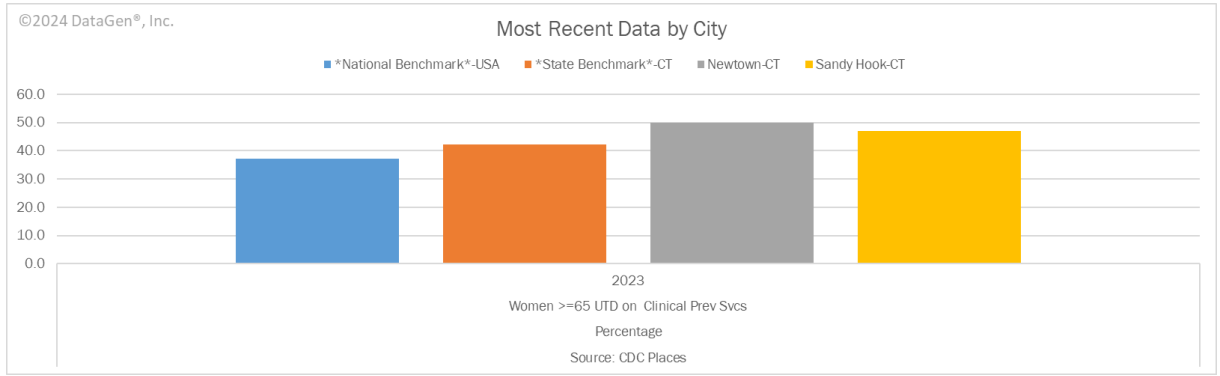
Annual checkups for Newtown and Sandy Hook are **above** the Nation but **below** the State benchmarks.

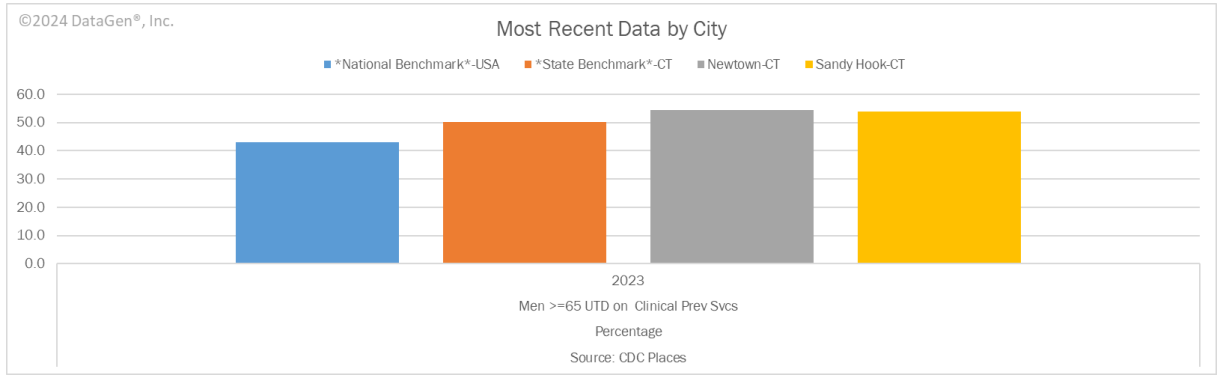


Source: CDC Places; 2022 Behavioral Risk Factor Surveillance System (BRFSS)

Utilization: Clinical Preventive Services

Clinical Preventive Services for both Women and Men 65 and older for Newtown and Sandy Hook are **above** the Nation and the State benchmark.

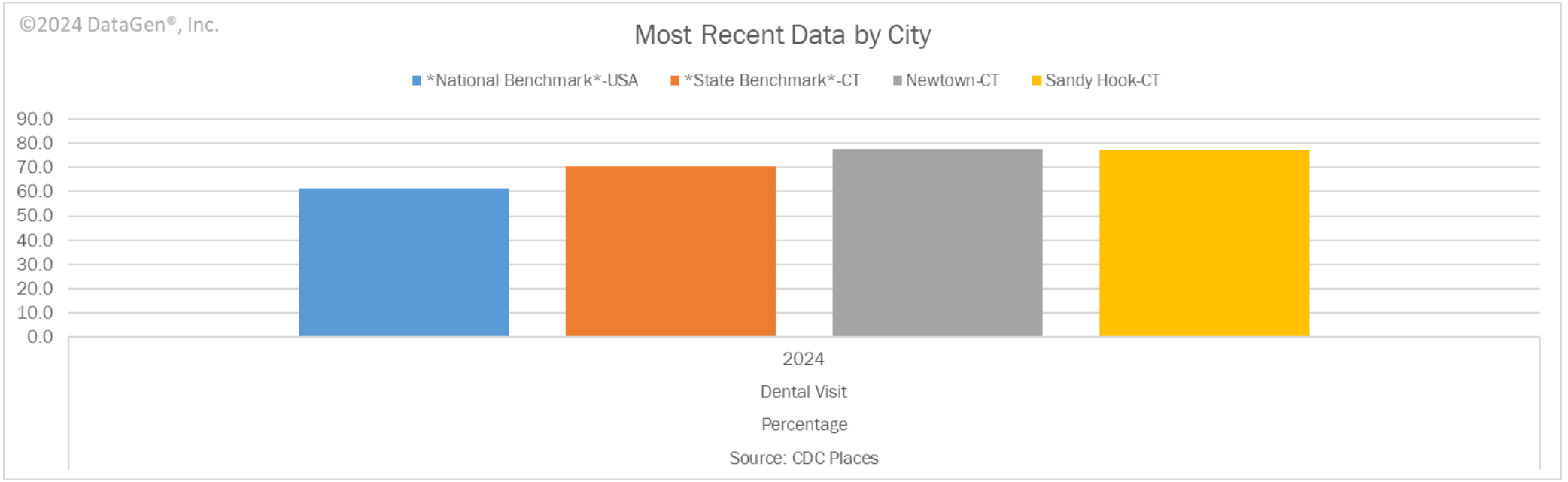




Source: CDC Places; 2022 Behavioral Risk Factor Surveillance System (BRFSS)

Utilization: Dental Visits

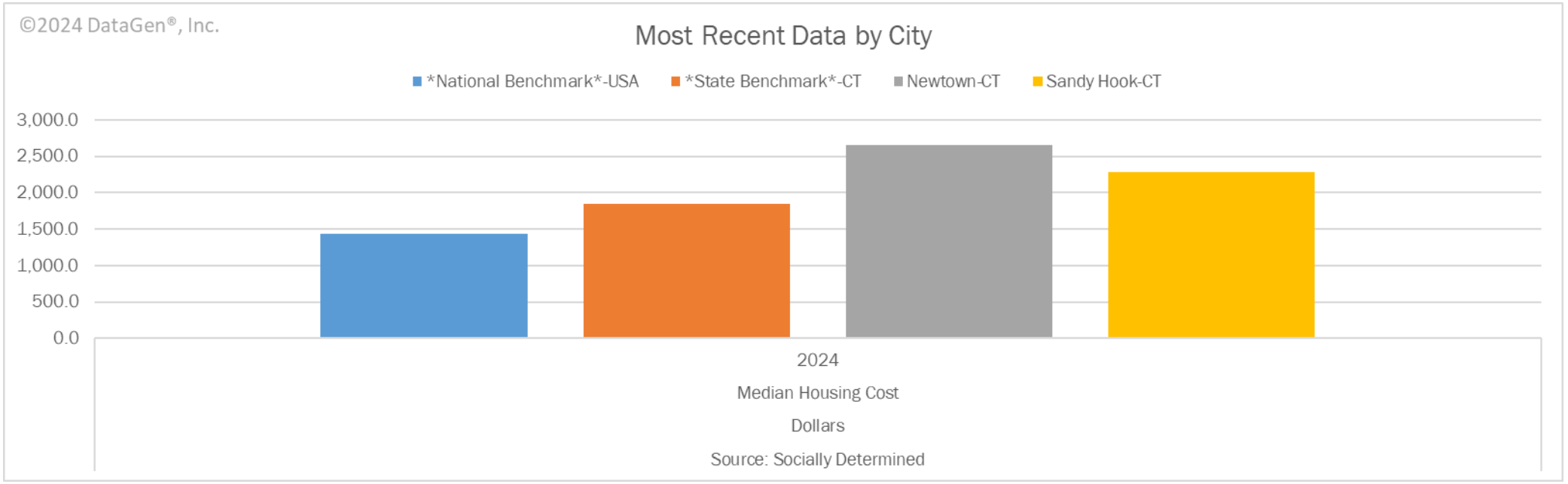
Dental visits for Newtown and Sandy Hook are **above** the Nation and State.



Source: CDC Places; 2022 Behavioral Risk Factor Surveillance System (BRFSS)

Social Drivers of Health: Housing Affordability

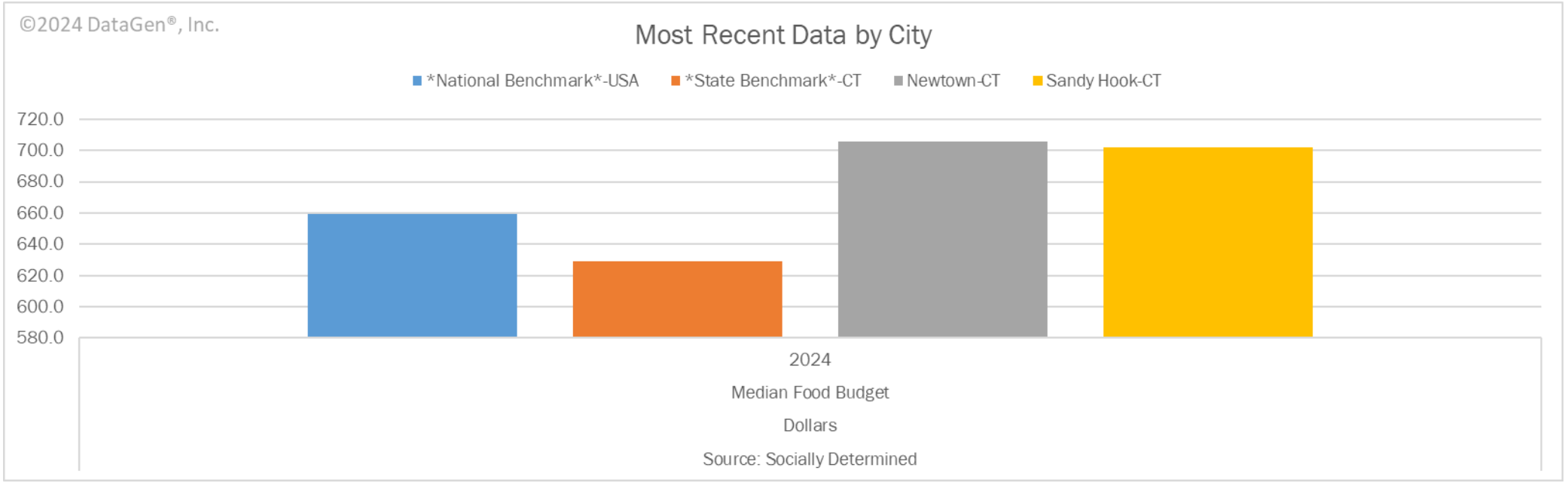
Both Newtown and Sandy Hook have **higher** median housing costs (owner/renter) than the Nation and State.



Source: Socially Determined, RY 2024

Social Drivers of Health: Affordability of Food

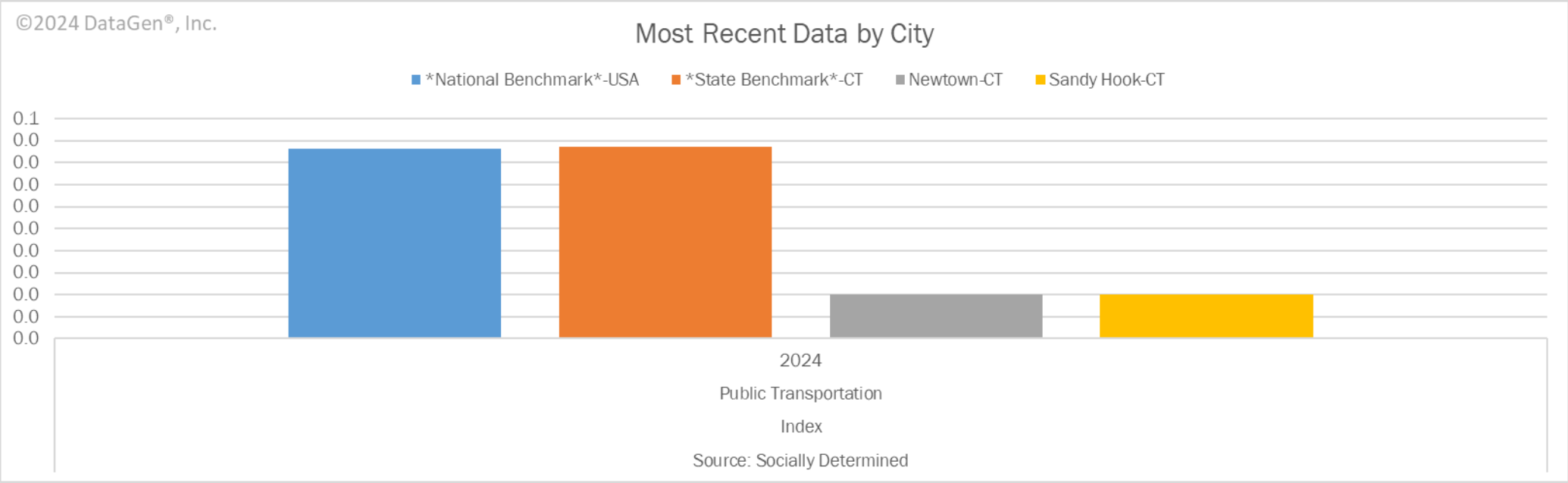
Both Newtown and Sandy Hook report a **higher rate** of income going towards food than the Nation and State.



Source: Socially Determined, RY 2024

Social Drivers of Health: Access to Transportation

Both Newtown and Sandy Hook report a **lower** public transportation index compared to Nation and State. This measure determines how accessible public transportation is to a destination.



Source: Socially Determined, RY 2024

Nuvance Health

Fairfield County Data

Behaviors

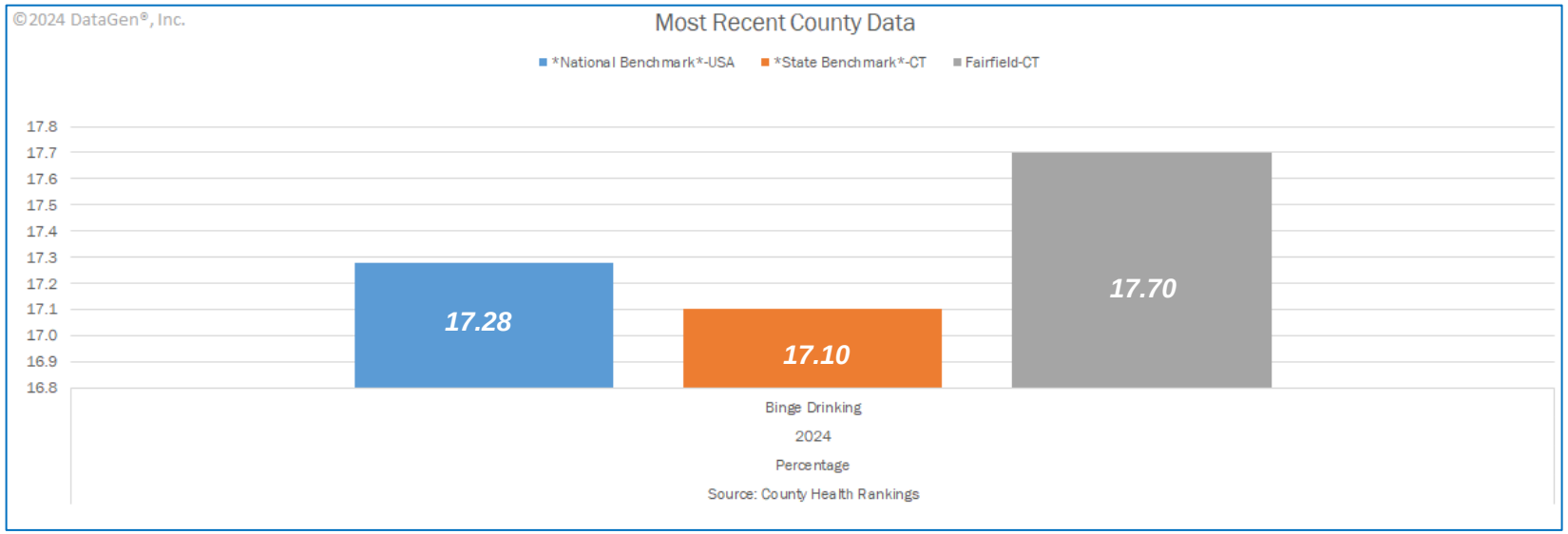
Drug overdose death rates in Fairfield County are **increasing** but are below the National and State benchmarks.

Measure Name	Geography	2020	2021	2022	2023	2024
Drug Overdose Death (Black)-Rate (per 100,000)	**Fairfield County**	**17.6**	**22.3**	**26.1**	**26.1**	**35.6**
	State Benchmark	22.8	29.2	35.2	35.2	50.1
	National Benchmark	26.2	24.6	30.4	30.4	40.7
Drug Overdose Death (Hispanic)-Rate (per 100,000)	**Fairfield County**	**14.9**	**16.0**	**19.6**	**19.6**	**22.3**
	State Benchmark	22.1	25.7	30.8	30.7	36.6
	National Benchmark	13.3	12.4	14.8	14.8	18.2
Drug Overdose Death (White)-Rate (per 100,000)	**Fairfield County**	**21.7**	**21.5**	**23.1**	**23.1**	**24.7**
	State Benchmark	34.1	35.5	37.4	37.4	39.8
	National Benchmark	25.7	25.5	27.7	27.7	31.9

Source: County Health Rankings; National Center for Health Statistics - Mortality Files: RY 2020 (2016-2018); RY 2021 (2017 – 2019); RY 2022 (2018 - 2020); RY 2023 (2018-2020); RY 2024 (2019 – 2021).

Behaviors

Binge drinking percentages in Fairfield County are **comparable** to both the State and National benchmarks.



Source: County Health Rankings; 2021 Behavioral Risk Factor Surveillance System (BRFSS)

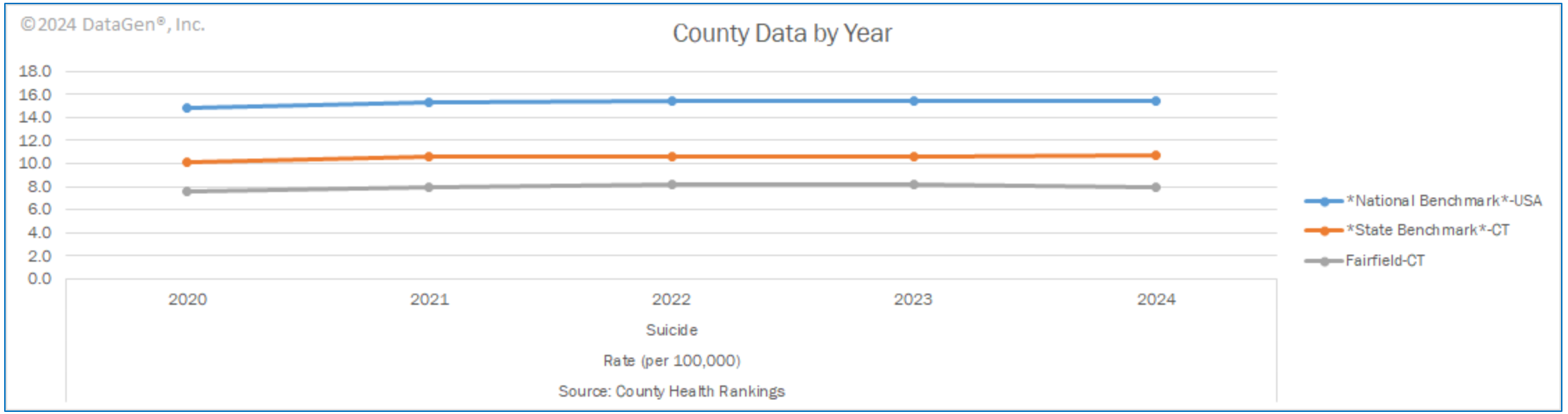
Alcohol driving deaths in Fairfield County are **above** both the State and National benchmarks.

Measure	Geography	2019	2020	2021	2022	2023	2024
Alcohol Driving Deaths	**Fairfield County**	**32.6%**	**29.3%**	**31.7%**	**29.1%**	**29.1%**	**32.6%**
	State Benchmark	32.2%	31.1%	31.3%	30.6%	30.6%	31.2%
	National Benchmark	27.9%	27.1%	26.2%	26.2%	26.2%	26.1%

Source: County Health Rankings; Fatality Analysis Reporting System RY 2019 (2013-2017); RY 2020 (2014-2018); RY 2021 (2015 – 2019); RY 2022 (2016 – 2020); RY 2023 (2016 – 2020); RY 2024 (2017 – 2021)

Outcomes

Suicide rates in Fairfield County are **below** both the National and State benchmarks.



Source: County Health Rankings; National Center for Health Statistics - Mortality Files: RY 2020 (2014-2018); RY 2021 (2015-2019); RY 2022 (2016-2020); RY 2023 (2016-2020); RY 2024 (2017-2021)

Medicare Chronic Conditions

Chronic Conditions	Geography	2020	2021	2022	2023
Acute Myocardial Infarction	**Fairfield County**	**1.4%**	**1.2%**	**1.2%**	**1.2%**
	CT-State Benchmark	1.4%	1.4%	1.3%	1.4%
	USA-National Benchmark	1.4%	1.4%	1.4%	1.5%
Chronic Kidney Disease	**Fairfield County**	**6.5%**	**6.6%**	**6.2%**	**6.4%**
	CT-State Benchmark	8.1%	8.1%	8.0%	8.2%
	USA-National Benchmark	7.9%	7.6%	7.6%	7.7%
Chronic Obstructive Pulmonary Disease	**Fairfield County**	**5.4%**	**5.0%**	**4.9%**	**5.1%**
	CT-State Benchmark	6.9%	6.5%	6.4%	6.3%
	USA-National Benchmark	6.6%	6.0%	5.9%	5.8%
Diabetes	**Fairfield County**	**8.3%**	**8.1%**	**7.6%**	**7.3%**
	CT-State Benchmark	9.5%	9.3%	8.9%	8.6%
	USA-National Benchmark	9.6%	9.2%	9.0%	8.9%
Heart Failure and Non-Ischemic Heart Disease	**Fairfield County**	**7.8%**	**6.8%**	**7.2%**	**8.1%**
	CT-State Benchmark	8.4%	8.2%	8.2%	8.4%
	USA-National Benchmark	7.5%	7.2%	7.3%	7.4%
Stroke/Transient Ischemic Attack	**Fairfield County**	**1.5%**	**1.7%**	**1.7%**	**1.4%**
	CT-State Benchmark	1.7%	1.6%	1.6%	1.4%
	USA-National Benchmark	1.5%	1.5%	1.5%	1.4%

Source: Medicare Fee-for-Service Limited Data Sets, CY 2020-2023. CMS Chronic Conditions Data Warehouse methodology applied. Color-coding is based on comparison to the State.

Medicare Chronic Conditions

Cancer Type	Geography	2020	2021	2022	2023
Breast	**Fairfield County**	**1.8%**	**1.6%**	**1.6%**	**2.0%**
	CT-State Benchmark	1.9%	1.8%	1.9%	1.9%
	USA-National Benchmark	1.5%	1.5%	1.5%	1.5%
Colorectal	**Fairfield County**	**0.8%**	**0.7%**	**0.8%**	**1.0%**
	CT-State Benchmark	0.8%	0.8%	0.8%	0.8%
	USA-National Benchmark	0.9%	0.9%	0.8%	0.8%
Endometrial	Fairfield County	0.3%	0.3%	0.2%	**0.2%**
	CT-State Benchmark	0.2%	0.2%	0.2%	0.3%
	USA-National Benchmark	0.3%	0.3%	0.3%	0.3%
Lung	**Fairfield County**	**1.4%**	**1.3%**	**1.2%**	**1.0%**
	CT-State Benchmark	1.1%	1.2%	1.2%	1.1%
	USA-National Benchmark	0.8%	0.8%	0.8%	0.8%
Prostate	**Fairfield County**	**1.8%**	**1.8%**	**1.9%**	**1.8%**
	CT-State Benchmark	1.6%	1.5%	1.6%	1.6%
	USA-National Benchmark	1.3%	1.3%	1.3%	1.4%
Urologic (Kidney, Renal Pelvis, and Ureter)	**Fairfield County**	**0.4%**	**0.3%**	**0.3%**	**0.4%**
	CT-State Benchmark	0.4%	0.4%	0.4%	0.5%
	USA-National Benchmark	0.4%	0.4%	0.4%	0.4%

Source: Medicare Fee-for-Service Limited Data Sets, CY 2020-2023. CMS Chronic Conditions Data Warehouse methodology applied. Color-coding is based on comparison to the State.

Median Annual Income

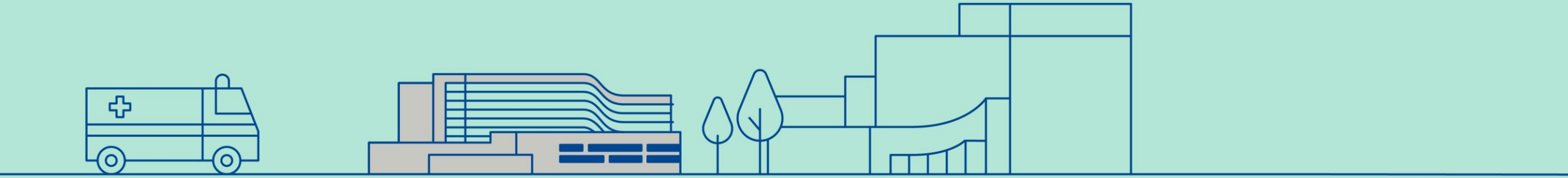
The **median annual income** shows **disparities** between White, Black, and Hispanic households in Fairfield County.

Measure Name	Geography	2019	2020	2021	2022	2023	2024
Median Income (Black)	**Fairfield County**	**$49,315**	**$51,584**	**$53,679**	**$57,597**	**$62,128**	**$62,128**
	CT – State Benchmark	$47,031	$49,362	$49,016	$51,175	$54,698	$54,696
	USA – National Benchmark	$40,518	$40,517	$42,398	$44,106	$46,719	$51,811
Median Income (Hispanic)	**Fairfield County**	**$51,265**	**$52,411**	**$53,413**	**$55,450**	**$56,937**	**$56,937**
	CT – State Benchmark	$53,571	$53,975	$49,873	$51,487	$53,466	$53,462
	USA – National Benchmark	$45,698	$48,760	$51,005	$54,171	$58,851	$63,882
Median Income (White)	**Fairfield County**	**$107,804**	**$112,766**	**$116,337**	**$118,549**	**$124,242**	**$124,242**
	CT – State Benchmark	$85,837	$89,151	$90,908	$92,023	$96,800	$96,796
	USA – National Benchmark	$59,695	$60,074	$65,212	$67,023	$71,039	$76,961

Source: County Health Rankings; Small Area Income and Poverty Estimates: RY 2019 (2017); RY 2020 (2018); RY 2021 (2019); RY 2022 (2020); RY 2023 (2021); RY 2024 (2022)

Color-coding is based on disparities between White, Black, and Hispanic households in the County.

Health-Related Social Needs Screening



Health-Related Social Need (HRSN) Screening

Methodology

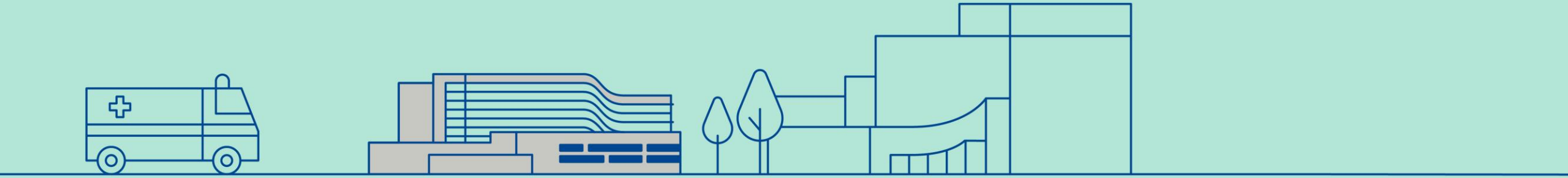
- These data represent the results of HRSN screenings done from 6/3/2024-12/15/2024 using the Accountable Health Communities HRSN Screening Tool in Nuvance Health Primary Care.

- These screens resulted from:
  - Cold calls from Primary Care generated lists;
  - Internal message center referrals throughout the Health System;
  - Annual wellness pre-screen referrals;
  - Patient portal responses; and
  - Self-generated responses through e-mailings or QR code self-screen submissions.

Health-Related Social Needs (HRSN) Screening

Measure Name	Answer	All Nuvance PSA	Danbury Hospital PSA	Newtown (n=353)	Sandy Hook (n=196)
Food did not last	Often True	1.0%	**0.9%**	**1.7%**	**4.7%**
	Sometimes True	3.5%	**2.9%**	**1.4%**	**0.0%**
	Never True	95.6%	**96.2%**	**96.8%**	**95.3%**
Worry food will run out	Often True	1.1%	**1.0%**	**1.8%**	**0.0%**
	Sometimes True	4.1%	**3.5%**	**2.1%**	**3.0%**
	Never True	94.8%	**95.5%**	**96.2%**	**95.3%**
Steady place to live	No	0.5%	**0.3%**	**0.3%**	**0.5%**
	Yes, but worried about losing it in the future	1.4%	**1.4%**	**1.5%**	**0.5%**
	Yes	98.1%	**98.3%**	**97.4%**	**99.0%**
Threat of utility shut off	Already shut off	0.0%	**0.1%**	**0.0%**	**0.0%**
	Yes	2.5%	**2.4%**	**2.3%**	**3.0%**
	No	97.5%	**97.5%**	**97.7%**	**97.0%**
Physical injury by another	Frequently	0.0%	**0.0%**	**0.6%**	**0.4%**
	Fairly Often	0.0%	**0.0%**	**0.3%**	**0.2%**
	Sometimes	0.1%	**0.1%**	**0.0%**	**0.0%**
	Rarely	0.2%	**0.2%**	**0.6%**	**0.6%**
	Never	99.6%	**99.6%**	**98.4%**	**99.4%**
Transportation barrier	Yes	2.3%	**2.3%**	**3.2%**	**2.6%**
	No	97.7%	**97.7%**	**96.8%**	**97.4%**

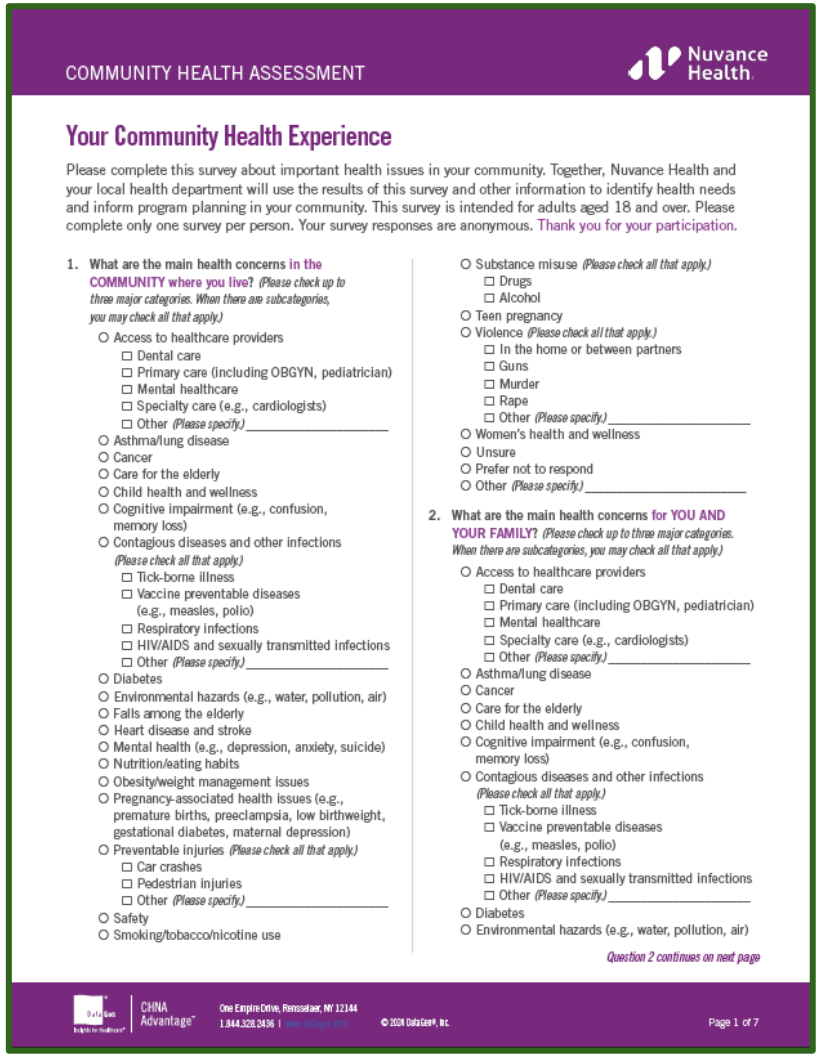
Community Health Experience Survey



Community Health Experience Survey

These surveys were developed in collaboration with Nuvance and administered **to the public** to gather insights about important community health issues:

- The survey was open from August 1 – October 12, 2024.
- Data was downloaded on October 14, 2024.
- There are 28 main questions, including open ended questions and a demographics section.
- Offered in English, Spanish, Portuguese, and Haitian Creole.
- Online and paper versions of the survey were made available to survey takers.



COMMUNITY HEALTH ASSESSMENT

Nuvance Health

Your Community Health Experience

Please complete this survey about important health issues in your community. Together, Nuvance Health and your local health department will use the results of this survey and other information to identify health needs and inform program planning in your community. This survey is intended for adults aged 18 and over. Please complete only one survey per person. Your survey responses are anonymous. Thank you for your participation.

1. **What are the main health concerns in the COMMUNITY where you live?** *(Please check up to three major categories. When there are subcategories, you may check all that apply.)*

- ○ Access to healthcare providers
  - ☐ Dental care
  - ☐ Primary care (including OBGYN, pediatrician)
  - ☐ Mental healthcare
  - ☐ Specialty care (e.g., cardiologists)
  - ☐ Other *(Please specify.)*_____
- ○ Asthma/lung disease
- ○ Cancer
- ○ Care for the elderly
- ○ Child health and wellness
- ○ Cognitive impairment (e.g., confusion, memory loss)
- ○ Contagious diseases and other infections *(Please check all that apply.)*
  - ☐ Tick-borne illness
  - ☐ Vaccine preventable diseases (e.g., measles, polio)
  - ☐ Respiratory infections
  - ☐ HIV/AIDS and sexually transmitted infections
  - ☐ Other *(Please specify.)*_____
- ○ Diabetes
- ○ Environmental hazards (e.g., water, pollution, air)
- ○ Falls among the elderly
- ○ Heart disease and stroke
- ○ Mental health (e.g., depression, anxiety, suicide)
- ○ Nutrition/eating habits
- ○ Obesity/weight management issues
- ○ Pregnancy-associated health issues (e.g., premature births, preeclampsia, low birthweight, gestational diabetes, maternal depression)
- ○ Preventable injuries *(Please check all that apply.)*
  - ☐ Car crashes
  - ☐ Pedestrian injuries
  - ☐ Other *(Please specify.)*_____
- ○ Safety
- ○ Smoking/tobacco/nicotine use
- ○ Substance misuse *(Please check all that apply.)*
  - ☐ Drugs
  - ☐ Alcohol
- ○ Teen pregnancy
- ○ Violence *(Please check all that apply.)*
  - ☐ In the home or between partners
  - ☐ Guns
  - ☐ Murder
  - ☐ Rape
  - ☐ Other *(Please specify.)*_____
- ○ Women's health and wellness
- ○ Unsure
- ○ Prefer not to respond
- ○ Other *(Please specify.)*_____

2. **What are the main health concerns for YOU AND YOUR FAMILY?** *(Please check up to three major categories. When there are subcategories, you may check all that apply.)*

- ○ Access to healthcare providers
  - ☐ Dental care
  - ☐ Primary care (including OBGYN, pediatrician)
  - ☐ Mental healthcare
  - ☐ Specialty care (e.g., cardiologists)
  - ☐ Other *(Please specify.)*_____
- ○ Asthma/lung disease
- ○ Cancer
- ○ Care for the elderly
- ○ Child health and wellness
- ○ Cognitive impairment (e.g., confusion, memory loss)
- ○ Contagious diseases and other infections *(Please check all that apply.)*
  - ☐ Tick-borne illness
  - ☐ Vaccine preventable diseases (e.g., measles, polio)
  - ☐ Respiratory infections
  - ☐ HIV/AIDS and sexually transmitted infections
  - ☐ Other *(Please specify.)*_____
- ○ Diabetes
- ○ Environmental hazards (e.g., water, pollution, air)

Question 2 continues on next page

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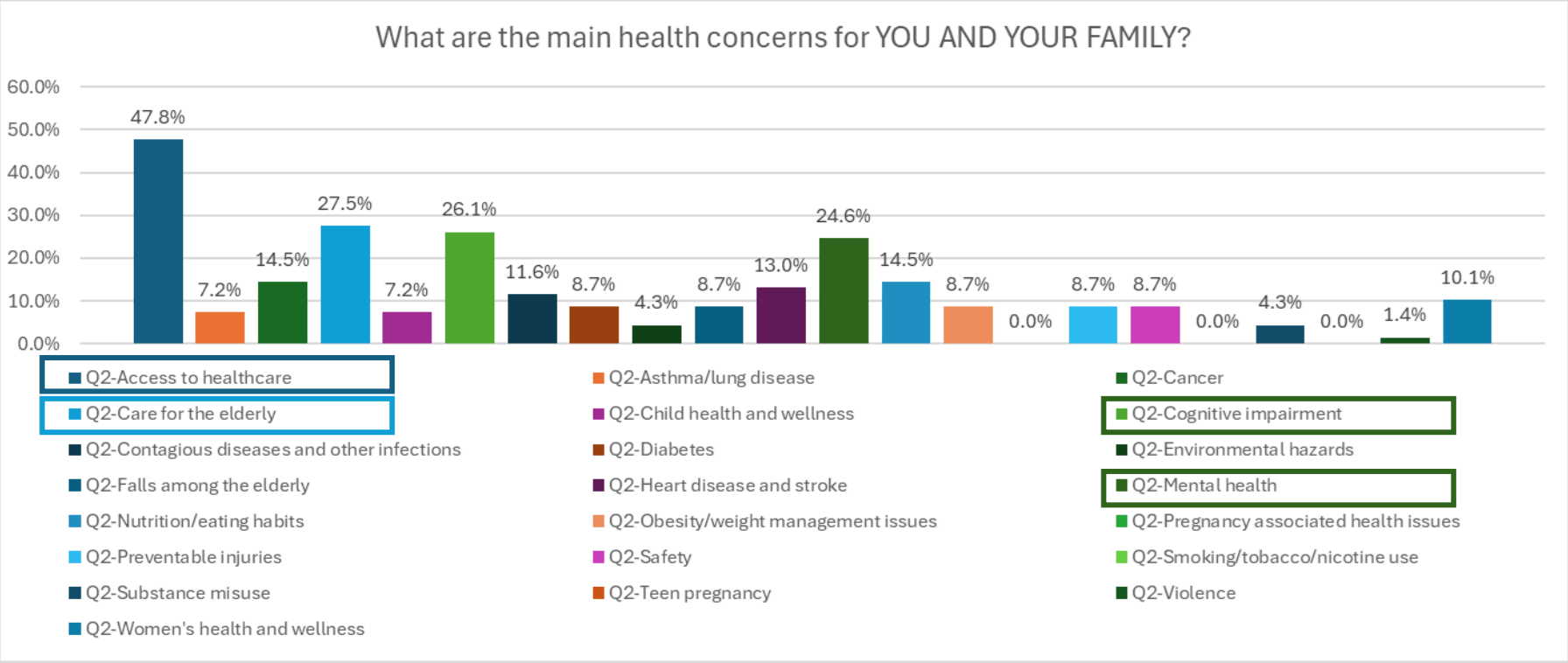
Top Health Concerns: Survey Insights

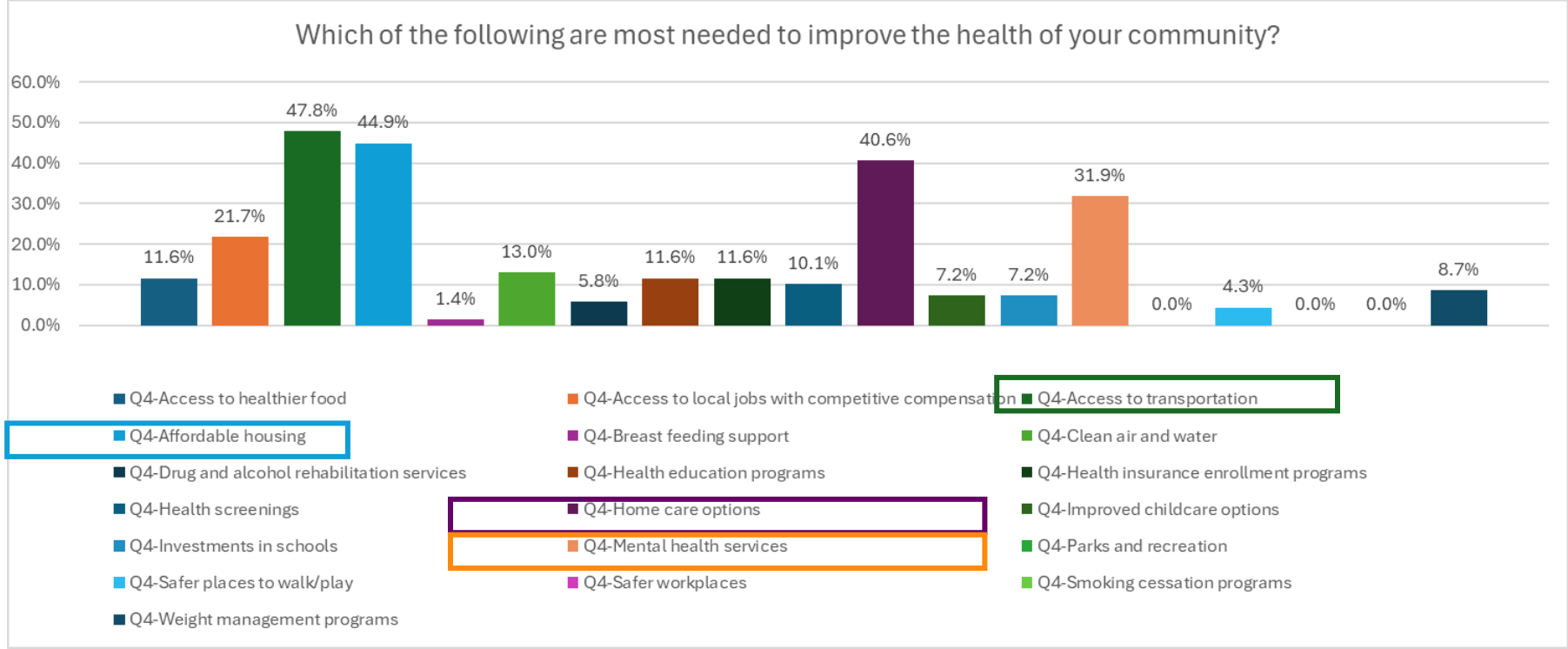
The **top** health concerns for **respondents and their families** are access to healthcare (**47.8%**), care for the elderly (**27.5%**), cognitive impairment(**26.1%**), and mental health (**24.6%**).



Based on 69 responses from zip codes 06470 and 06482

Top Areas for Improvement: Survey Insights

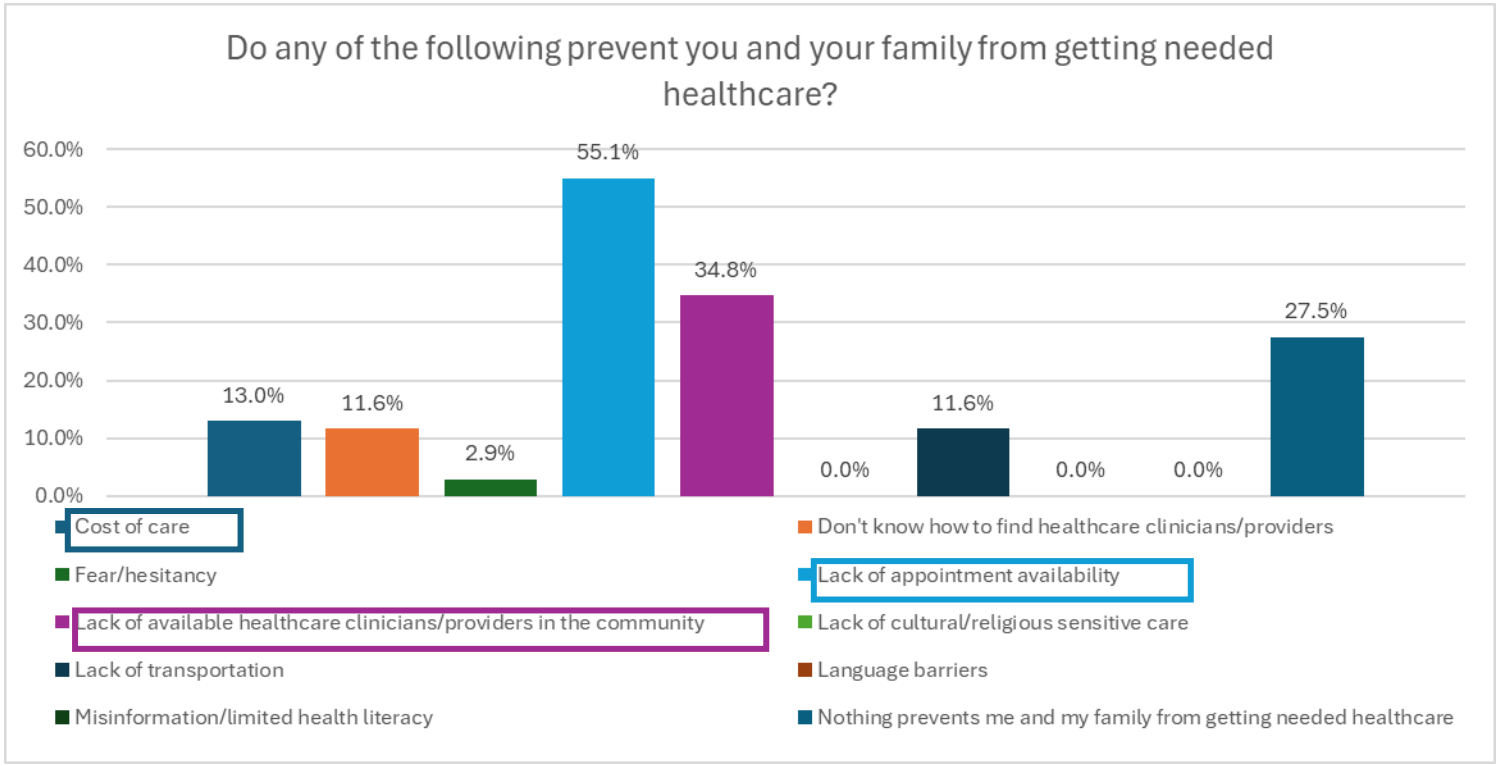
The **top needs to improve the health of the community according to respondents** are access to transportation (**47.8%**), affordable housing (**44.9%**), home care options (**40.6%**), and mental health services (**31.9%**).



Based on 69 responses from zip codes 06470 and 06482

Top Barriers to Healthcare Access: Survey Insights

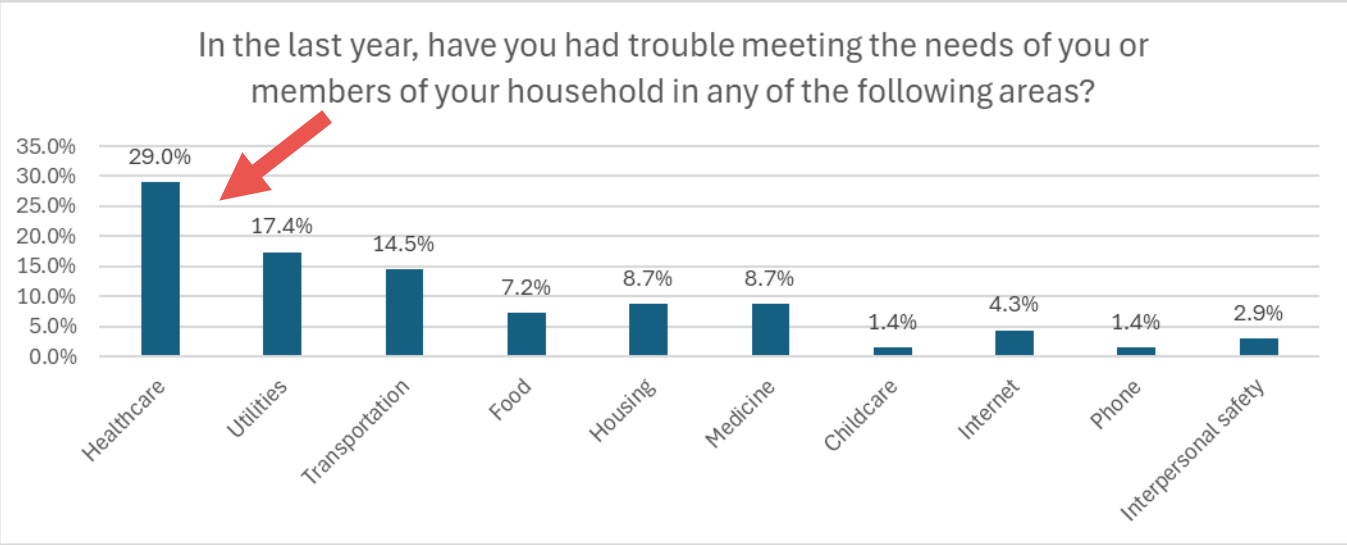
The **top barriers identified by survey respondents that prevent them from obtaining needed healthcare** are: lack of appointment availability (**55.1%**), lack of available healthcare clinicians/providers in the community (**34.8%**), and cost of care (**13.0%**).



Based on 69 responses from zip codes 06470 and 06482

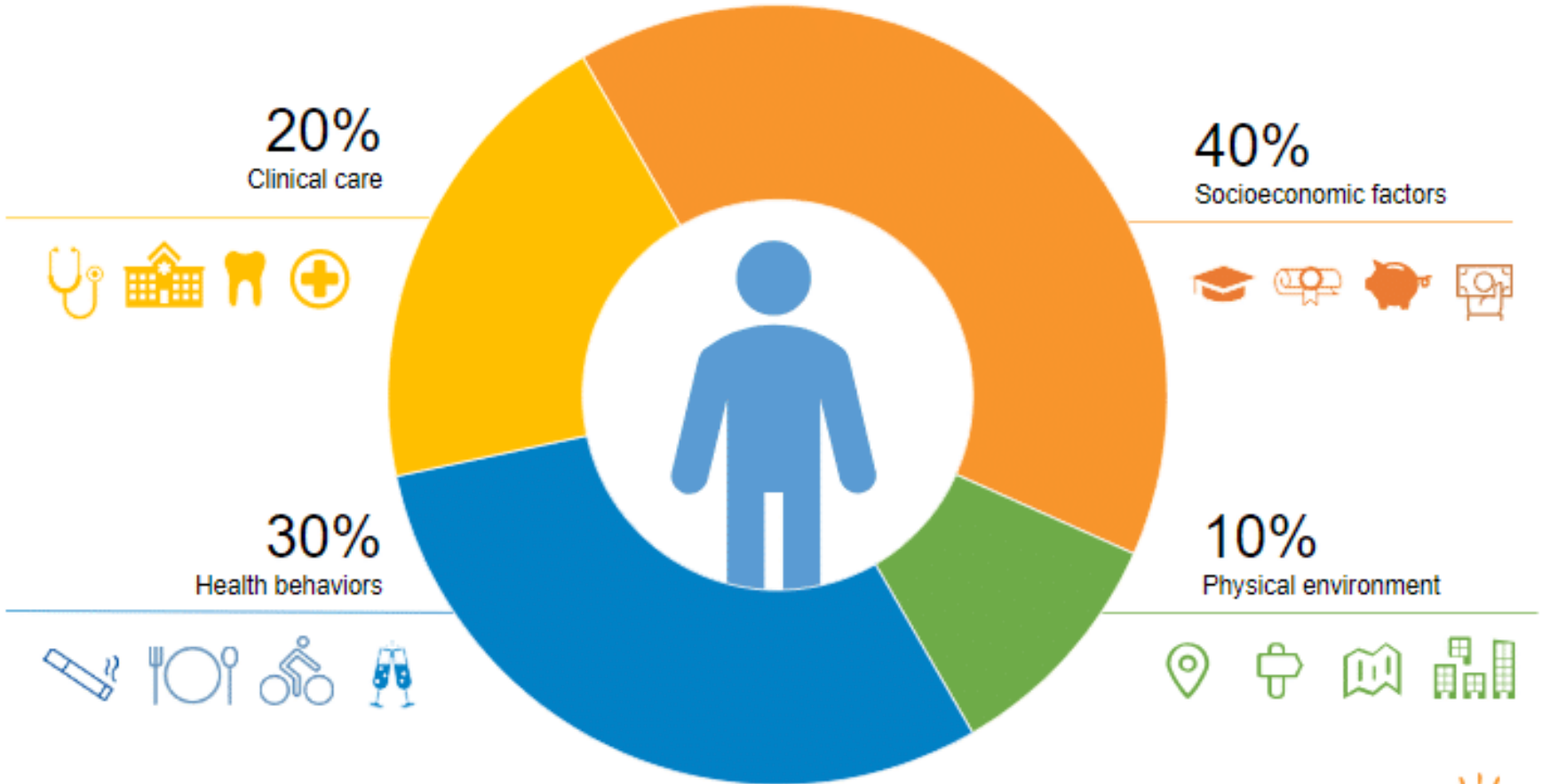
Household Needs: Survey Insight

In addition to healthcare access, residents reported issues in areas such as utilities, transportation, housing, medicine, food, etc.



Based on 69 responses from zip codes 06470 and 06482

WHAT MAKES US HEALTHY?



Source: Centers for Disease Control

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Thank You