



FOUNDATION  
for  
COMMUNITY  
HEALTH

# Community HEALTH NEEDS Assessment

October 2014

## EXECUTIVE SUMMARY

### INTRODUCTION

This community health needs assessment was commissioned by the Foundation for Community Health (FCH) to document the health and health care needs in the region served by FCH in order to guide its strategic planning process. The assessment examines health conditions and health status as well as perceived needs and possible services to address health concerns.

### METHODOLOGY

The needs assessment draws on quantitative and qualitative data from three sources:

**Secondary data** about community and health status and conditions come from the U.S. Census, national surveys, and state agencies (labor, education and public health) as well as data collected by community-based agencies and researchers.

A web-based **Community Stakeholder Survey**, sent to approximately 450 stakeholders in or serving the 17 communities, was used to gather information about perceived health concerns and needed services in the region (43% response rate).

**Ten focus groups** with 82 community stakeholders representing a variety of sectors and interests were conducted to gather a more in-depth perspective on health status and needs in the communities served by FCH.

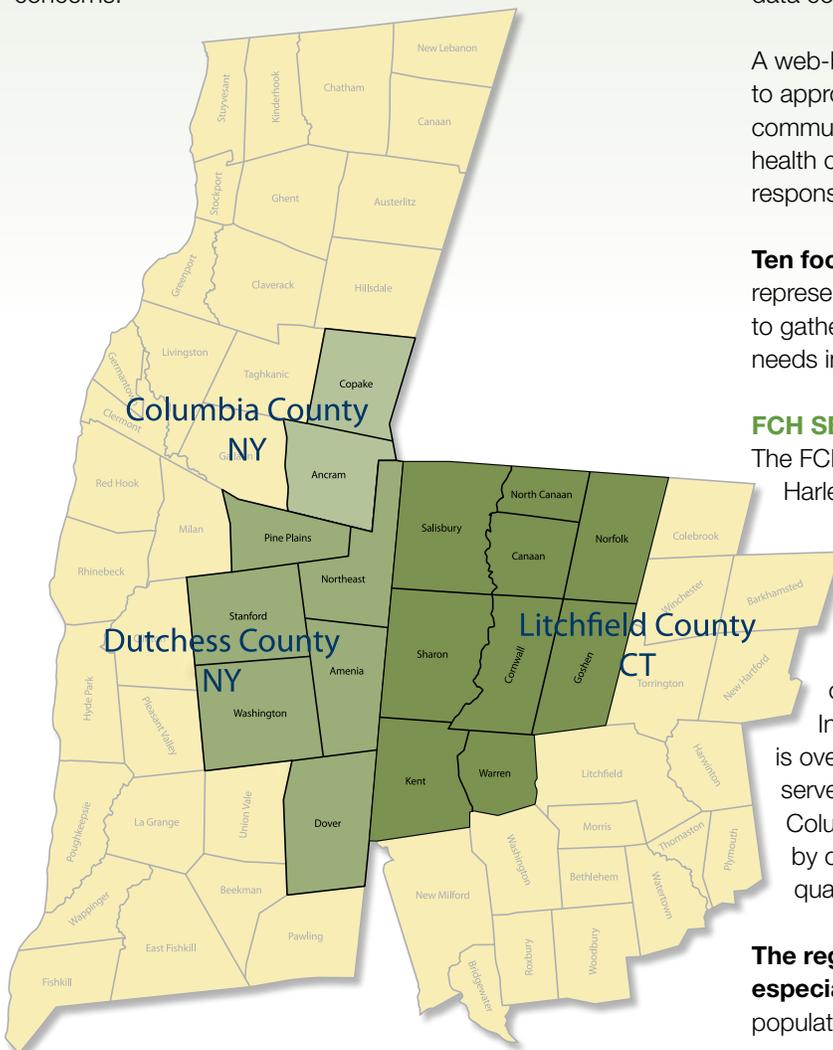
### FCH SERVICE AREA

The FCH service area comprises 17 towns in the greater Harlem Valley in New York and the northern Litchfield Hills of Connecticut, a region of about 51,400 residents. The region is notable in a variety of ways:

#### **The region has an older and aging population.**

About 19% of the region's population is over age 65, compared to 14% for both Connecticut and New York. In Kent and Salisbury, over one quarter of the population is over age 65. Overall, the communities in Litchfield County served by FCH are older than those served in Dutchess and Columbia counties. FCH communities in Dutchess County, by contrast, have a comparatively younger population. One quarter of Amenia's population is under age 18.

**The region is predominantly White but diversifying, especially in Dutchess County.** About 94% of the region's population is White, compared to 81% for the state of



Connecticut and 68% for New York. The region is diversifying: both Dutchess and Litchfield counties experienced a substantial increase in Hispanic residents between 2000 and 2010; today, Hispanics of any race comprise 6% of the region's population. Towns served by FCH in Dutchess County, in particular Amenia and Dover, have higher rates of diversity than those in Litchfield or Columbia counties.

**The region is rather affluent, although there are pockets of poverty.** Most FCH towns had a median household income higher than their respective states; however, North Canaan had a median household income substantially lower than other FCH towns. While overall, a smaller proportion of families in FCH towns are in poverty compared to Connecticut and New York, the proportion of children eligible for free and reduced lunch in schools increased in all three counties between the 2006-2007 and 2010-2011 school years.

**Education status varies substantially across FCH towns.** About 89% of the region's residents over the age of 25 have a high school degree or higher, a rate similar to the state of Connecticut and higher than the state of New York. However, 42% of residents in Litchfield towns have a Bachelor's degree or higher compared to about 30% of those in Columbia County and 22% of those in Dutchess County. In many FCH communities in Dutchess County over 10% of residents over age 25 have not completed high school or high school equivalency.

## HEALTH AND HEALTH CARE NEEDS IDENTIFIED BY SECONDARY DATA

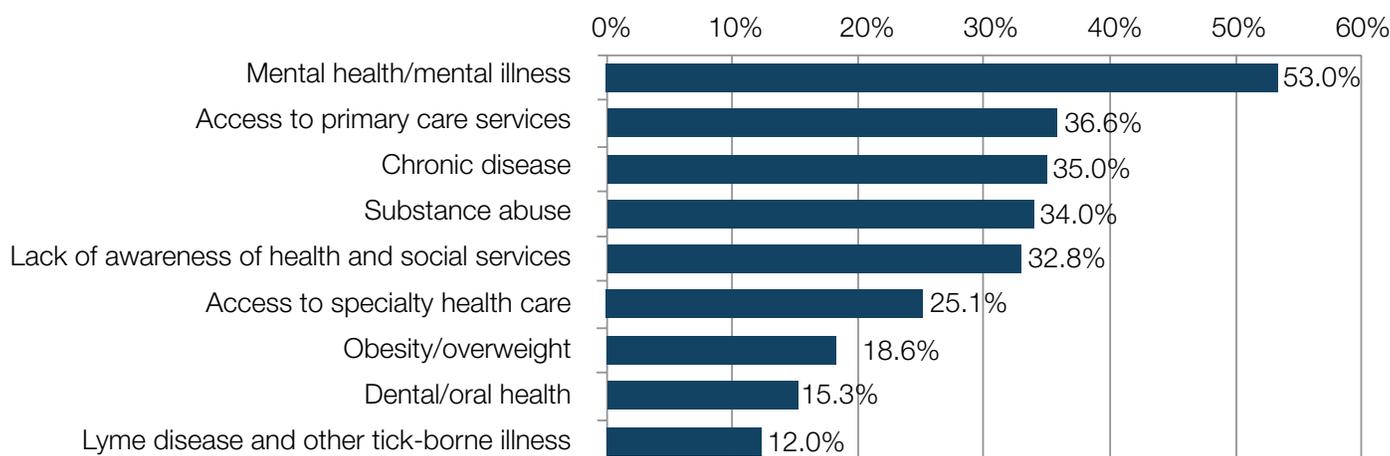
### Secondary data indicate varying health status in the region.

The number of poor or fair physical health days reported by residents of FCH counties was similar to Connecticut and New York.<sup>1</sup> Rates of mortality due to many causes are higher for residents of Columbia County than for Dutchess County and for the rest of New York, however hospitalization rates are lower. Dutchess County hospitalization rates were lower than the state for many causes with the exception of unintentional injuries and drug-related causes.<sup>2</sup> Deaths due to all causes are similar between Litchfield County and Connecticut while hospitalizations are lower for Litchfield County for all causes except alcohol and drug abuse.<sup>3</sup> Rates of death due to diabetes were lower in all three FCH counties compared to their states.

## TOP HEALTH CONCERNS IDENTIFIED BY FCH SURVEY

**Top health concerns for the region identified by residents are mental health, access to care, chronic disease, and substance use. (Figure 1)** These concerns were consistent across survey respondents and focus groups. There was some variation across counties however. In Columbia County, access to primary care was identified as a top concern by a higher proportion of survey respondents than in either Litchfield or Dutchess counties. A higher proportion of respondents in Litchfield County than in the other two areas identified mental health as a top issue.

**Figure 1: Top health concerns identified by FCH community stakeholders**



**SOURCE:** FCH Community Stakeholder Survey, 2014. Respondents were asked to identify the top three health concerns in the region.

<sup>1</sup>**SOURCE:** Behavioral Risk Factor Surveillance Survey (BRFSS), 2008-2012.

<sup>2</sup>**SOURCE:** New York State Department of Health, Health Indicators, 2009-2011.

<sup>3</sup>**SOURCE:** Connecticut Department of Public Health Vital Resources, Mortality Files, 2005-2009 and Connecticut Department of Public Health Hospital Discharge Data Set, 2005-2009.

## TOP HEALTH CONCERNS IN THE FCH REGION

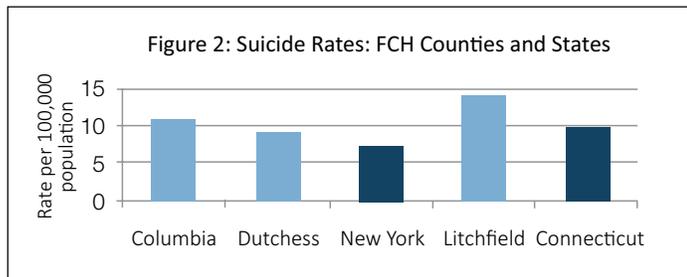
### Mental Health

#### What Residents Say:

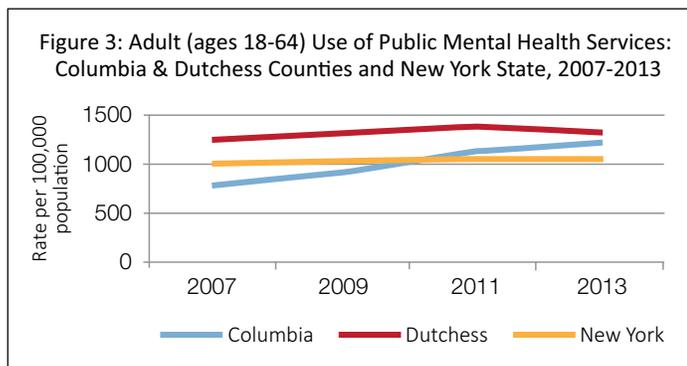
- Undiagnosed and untreated mental illness is prevalent.
- Children and youth, Hispanics, and seniors are seen as particularly vulnerable.
- Co-occurring disorders (mental health and substance use) are a concern.
- Stigma prevents people from seeking help.
- Residents lack access to care: few mental health providers; cost barriers; long waits and distances for appointments; and for some, no emergency mental health services locally.
- The Affordable Care Act addresses some barriers but there are concerns about the availability of providers.

#### What the Data Show:

- Suicide rates are higher in FCH counties than in New York or Connecticut. (Figure 2)
- Adult use of public mental health services is higher in Dutchess County than in Columbia County and New York State. Rates of use have risen substantially in Columbia County between 2007 and 2013. (Figure 3)
- Over 10% of surveyed students in Litchfield County's Region One School District and Dutchess County school's report mental health issues. (Figures 4 and 5)



SOURCE: Connecticut Office of the Chief State Medical Examiner, 2012. New York State Department of Health, 2009-2011.



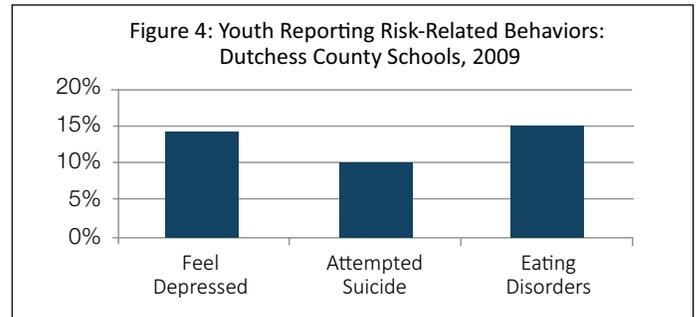
SOURCE: New York State Office of Mental Health, PCS Survey, 2007-2013.

#### What is Needed:

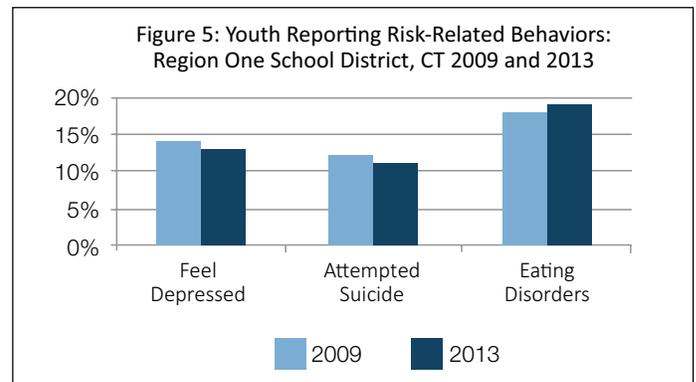
**More providers and out-patient treatment services to meet current needs:** Support mobile approaches to delivering care including traveling counselors who could visit community organizations such as community centers, schools or senior programs.

**Expanded screening, especially for those most at risk:** Establish a community prevention-based approach that includes more screenings in schools and physicians' offices, including for very young children with follow-up to ensure that they are connected to services.

**Greater outreach to Hispanic residents and more culturally appropriate services:** Support bi-lingual mental health providers and support groups, translated materials, and access to interpretation services during mental health visits. Outreach and education in the Hispanic community, in partnership with trusted faith and community leaders, is needed to overcome stigma associated with mental illness.



SOURCE: Search Institute, Developmental Assets Survey, 2009. Sampled students grades 8, 10, and 12.



SOURCE: Search Institute, Developmental Assets Survey, 2009 and 2013. Sampled students grades 7, 9, and 11.

## Health Care Access

### What Residents Say:

- Lack of transportation is a substantial concern. Services exist but there are gaps and lack of awareness of them.
- Cost of healthcare is a barrier. Co-pays, deductibles, and other health costs are an issue, especially for lower income individuals.
- There are fewer providers than needed in all areas of care including primary care, mental health, dental and substance use.
- Lack of awareness of services is a substantial barrier to access meaning some who could benefit from them do not.
- Barriers to accessing care leads to delayed or foregone health care.
- The Affordable Care Act and Medicaid expansion will have substantial impact on access, cost and quality—but how is not yet clear.

### What the Data Show:

- With the exception of mental health providers in Dutchess County, there are more residents per provider in FCH counties compared to the states. (Figure 6)
- Affordable health care ranked third among 17 community priorities identified by Dutchess and Columbia County residents in 2012. About 10% of Columbia County residents and 15% of Dutchess County residents reported that they had skipped a doctor's appointment because they could not afford it.<sup>4</sup>
- Survey respondents report that transportation and costs are the greatest barriers to accessing health care. (Figure 7)

Figure 6: Ratio of Population to Providers: FCH Counties and States

County/State	Primary Care Physicians	Dentists	Mental Health Providers
Dutchess	1,406:1	1,652:1	519:1
Litchfield	1,600:1	1,795:1	806:1
Columbia	2,018:1	2,587:1	840:1
New York	1,216:1	1,361:1	525:1
Connecticut	1,215:1	1,368:1	470:1

SOURCE: Primary Care & Dentists: HRSA Area Resource File, 2011-2012, Mental Health Providers: CMS National Provider Identification, 2013.

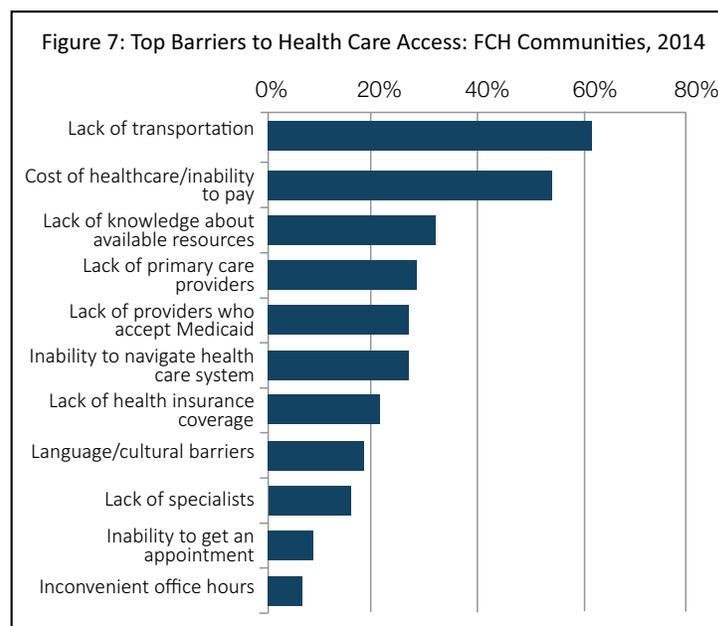
### What is Needed:

**More providers, especially primary, mental health, substance use, and dental:** The Affordable Care Act has already had an impact on access to health insurance and some essential health services. New legislation allowing nurse practitioners to practice independent of physicians may also help to increase access to primary care in the region. Implementing new provider models, such as Community Paramedicine, was also suggested.

**Support for transportation:** While extensive public transportation systems are unrealistic in the region, continued support is needed for low-cost services such as Dial-A-Ride to assist residents who do not have private transportation.

**Resources to pay for health-related costs:** Provide financial support to cover costs such as health visit co-pays, deductibles, and uncovered services such as eyeglasses and hearing aids.

**More outreach and information about existing services:** Develop a local and regularly-updated set of information/directory about health and other services available. Information should be provided in multiple formats to reach different audiences.



SOURCE: Community Stakeholder Survey, 2014.

<sup>4</sup> SOURCE: Marist College Institute for Public Opinion. *Many Voices One Valley 2012. Health Matters. A survey of Mid-Hudson Valley residents.*

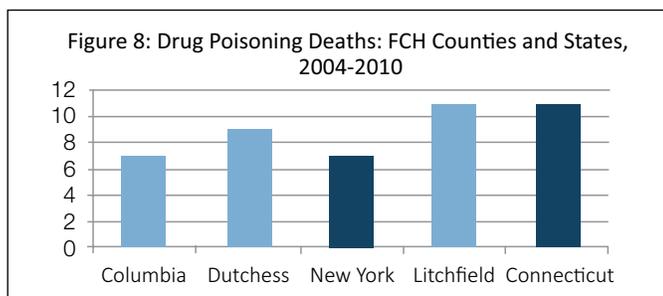
## Substance Use

### What Residents Say:

- Opiate use, legal and illegal, is a growing concern and affects all age groups.
- Marijuana and drinking among youth is also a concern.
- Tobacco is less of a concern across all age groups.
- Stigma of addiction prevents people from seeking help.
- Rise in substance use is attributed to over-prescribing, mental health issues, availability of drugs, lack of continuity of care, and for youth, peer pressure and lack of things to do.
- Co-occurring disorders (mental health and substance use) are a concern.
- Residents lack access to care; there are few affordable substance use providers and cost barriers, long waits and distances for appointments exist.

### What the Data Show:

- Litchfield County has the highest rate of drug poisoning deaths among FCH counties. Rates are higher in Dutchess County than the state of New York. (Figure 8)
- Dutchess County has the third highest rate of adult (ages 18-64) admissions to certified rehabilitation programs for primary substance of heroin and/or other opiates of the seven counties comprising the Hudson Valley Region, 161.0 per 10,000 population. This is substantially higher than the state rate (excluding NYC) of 96.9 per 10,000 population.<sup>5</sup>
- Between 2002 and 2011, the proportion of admissions for treatment in Columbia and Greene counties doubled for heroin use and increased from 2% to 12% for other opiate use.<sup>6</sup>
- Over 20% of surveyed students in Litchfield County's Region One and Dutchess County schools report recent use of alcohol. (Figures 9 and 10)



SOURCE: CDC WONDER Mortality Data, 2004-2010.

<sup>5</sup> SOURCE: New York State Office of Alcoholism and Substance Abuse Services 2009-2011, from the Statewide Planning and Research Cooperative System Inpatient Database as cited in Dutchess County Department of Health. *Community Health Status Report. Community Health Indicators*, April 2013.

<sup>6</sup> SOURCE: New York State Office of Alcoholism and Substance Abuse Services Data Warehouse 2002-2011 as cited in *Columbia County Community Health Needs Assessment, 2014*. Data were combined for Columbia and Greene counties.

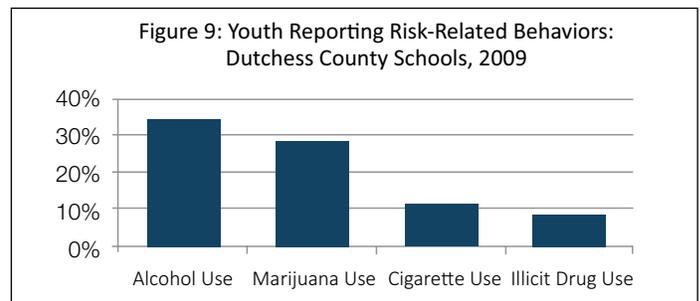
### What is Needed:

**More Substance Use Services/Providers:** Advocate for increasing the availability of affordable local substance abuse treatment services. These services should address the full spectrum of the disease from prevention to early intervention to treatment and include both in- and out-patient services and programs.

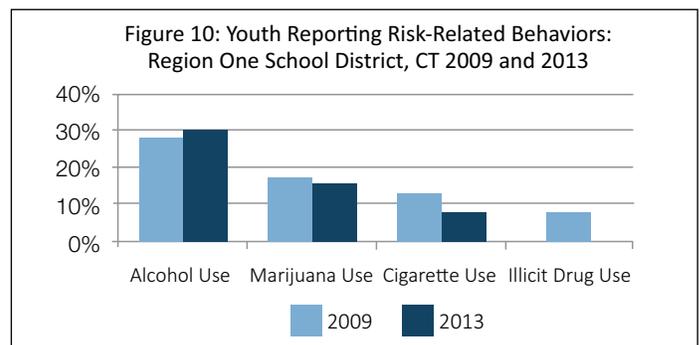
**More School-Based Substance Use Treatment and Prevention Services:** Increase number of school-based counselors, the use of evidence-based prevention education in the schools, and teacher training to help educators identify youth at risk. Enhance focus on youth most at risk for substance use through intensive programs such as mentoring and activities to keep youth engaged such as community-based recreation programs and internships and community service projects.

**Enhanced Outreach and Education:** Educate all community members about the dangers of substance use especially the epidemic of opiate use through community education and media campaigns.

**Improved Provider Prescribing Practices:** Training to ensure that providers are educated about abuse of pain medication and are able to better monitor prescribing as well as follow-up to help ensure patients do not become addicted.



SOURCE: Search Institute, Developmental Assets Survey, 2009. Sampled students grades 8, 10, and 12. Students reporting use of alcohol and tobacco in past 30 days, marijuana and illicit drugs in past 12 months.



SOURCE: Search Institute, Developmental Assets Survey, 2009 and 2013. Sampled students grades 7, 9, and 11. Students reporting use of alcohol and tobacco in past 30 days, marijuana and illicit drugs in past 12 months.

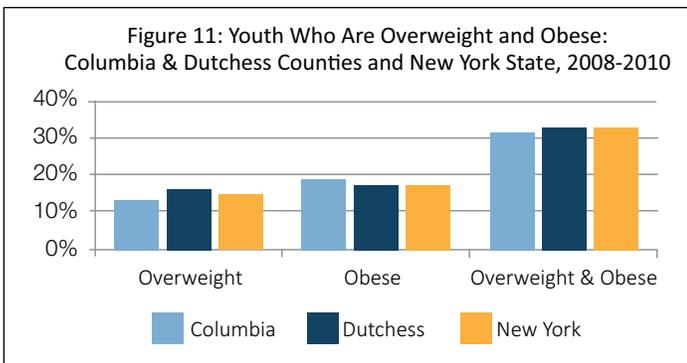
## Obesity and Chronic Disease

### What Residents Say:

- Chronic disease is a concern for the region.
- Rates of obesity and diabetes are rising, especially among some subgroups, such as Hispanics and children.
- Obesity and chronic disease are linked to lack of access to healthy foods and physical activity opportunities, a more sedentary lifestyle, general societal trends, and lack of awareness about healthy behaviors and how to manage chronic disease.

### What the Data Show:

- The proportion of youth who are overweight and obese in Dutchess and Columbia counties is similar to New York, but there are towns in which rates are much higher. (Figure 11)
- Dutchess County has the highest rate of adult obesity among the FCH counties and the states. Litchfield County has the lowest. (Figure 12)
- Although adult diabetes rates are lower for FCH counties than the states, they are rising. (Figure 13)
- About 6% of adults in Dutchess County and 5% in Columbia County have limited access to health food, a higher rate than for New York (2%), Connecticut (4%), and Litchfield County (2%).<sup>7</sup>



**SOURCE:** New York State Department of Health, Student Weight Status Reporting System, 2008-2010.

<sup>7</sup> **SOURCE:** USDA Food Environment Atlas, 2010, as reported in 2014 County Health Rankings.

### What is Needed:

#### Promotion of Chronic Disease Self-Management Programs:

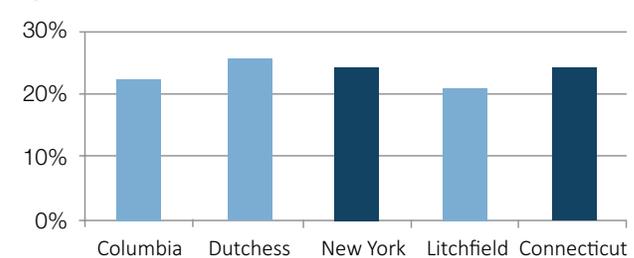
Advocate and promote the implementation of programs, based on evidence of success, to help those with chronic disease.

**More Education on Healthy Lifestyles:** Create opportunities for in-person education/training on topics related to nutrition targeting classes, food pantries, food programs, and ESL classes to reach non-English speakers.

**Greater Access to Affordable and Healthy Food:** Promote supplemental programs such as Health Bucks at local farmer's markets, create more community gardens and promote farmer's markets to lower income residents of the region.

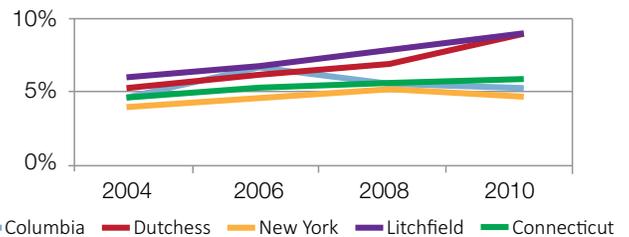
**Enhanced Access to Physical Activity Classes:** Provide more opportunities for physical activity including community-wide events and raise awareness of on-going opportunities, including support for summer camps and youth sports programs.

**Figure 12: Adults Who are Obese: FCH Counties and States, 2010**



**SOURCE:** National Center for Chronic Disease Prevention and Health Promotion, 2010.

**Figure 13: Adults Who Have Diabetes, FCH Counties and States, 2004-2010**



**SOURCE:** CDC using data from BRFSS and U.S. Census Bureau's Population Estimates Program, 2004-2010.



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The Foundation for Community Health (FCH), founded in 2003, is a private, not-for-profit foundation dedicated to maintaining and improving the physical and mental health of the residents of the greater Harlem Valley in New York and the northern Litchfield Hills of Connecticut, with an emphasis on serving those most vulnerable. Since its inception, FCH has awarded nearly \$8 million in grants to a variety of nonprofit organizations in the region focused on three priority areas: oral health, mental health, and access to healthcare.

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