MIDDLESEX HEALTH

Middlesex Hospital

Community Health Needs Assessment

Reporting for Year Ending September 30, 2025

Middlesex Health

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

Middlesex Health conducts a community health needs assessment (CHNA) every three years in order to provide a comprehensive overview of the health and well-being of the community we serve. While the Internal Revenue Code 501(r), as set forth by the Patient Protection and Affordable Care Act, requires not-for-profit hospitals to perform a CHNA every three taxable years, the intent for our CHNA is to provide a systematic, data-driven approach that serves as a useful tool for prioritizing health and well-being needs not only for Middlesex Health but for our community partners.

Through the collection and analysis of primary and secondary data specific to our geographic service area we are able to learn about our community's health, the contributing factors that lead to health risks or poorer health outcomes, and what the barriers may be for achieving good health, quality of life, and the ability to thrive. We encourage readers to review this report through a health equity lens and to consider what we might do collectively to eliminate health disparities in order to ensure that all community members have the opportunity to attain their highest level of health. To achieve this goal, close examination of the social drivers of health, or, the socio-economic factors and systems that influence a person's health and well-being, is necessary.

The significant health and health-related themes that have been identified through this CHNA include, but are not limited to, **chronic conditions; mental health conditions; substance-related conditions; perinatal health; social drivers of health; priority populations; and health disparities**. Our next steps will be to conduct a prioritization process in collaboration with community partners and community members to develop the CHNA Implementation Strategy, which will provide a goal-oriented roadmap for addressing the most pressing health and health-related needs identified in the CHNA.

Conducting a CHNA is the first step for community health improvement work. Middlesex Health looks forward to building strategies that center community voice and preferences in collaboration with our long-standing and valued community partners who share our same commitment for improving the health and well-being of the communities we serve. We continue to be grateful for our many and varied partners who remain engaged and steadfast in prioritizing long-term health improvement efforts that drive action and advance health equity.

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Part 1

INTRODUCTION, METHODS, AND COMMUNITY CONTEXT

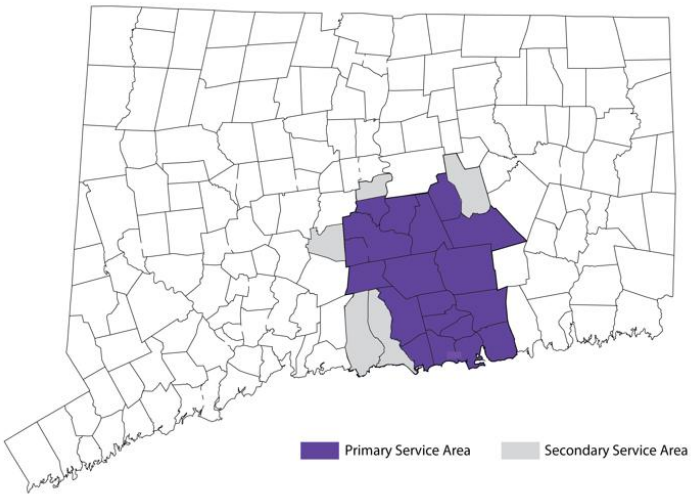
INTRODUCTION

ABOUT MIDDLESEX HEALTH AND MIDDLESEX HOSPITAL

Middlesex Health provides a comprehensive network of services and serves a total population of more than 250,000 people. Middlesex Hospital, founded in 1904, is an independent, not-for-profit, acute-care community hospital that is licensed for 275 beds and is located in Middletown, Connecticut. Middlesex Health services include inpatient care, emergency services, cancer care, care at home, a network of primary care offices, a Family Medicine Residency Program and Radiology School that operate on the hospital campus, and extensive diagnostic and medical outpatient services. In addition to its emergency department located in Middletown, Middlesex Health operates two satellite medical centers in Westbrook and Marlborough that have fully accredited, stand-alone emergency departments. Middlesex Health is a member of the Mayo Clinic Care Network, a relationship that provides access to information, knowledge and expertise from Mayo Clinic's expert specialists.

GEOGRAPHIC REACH

Middlesex Health's service area includes 24 municipalities. There are 19 towns in its primary service area: the 15 towns of Middlesex County (Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Middlefield, Middletown, Old Saybrook, Portland, and Westbrook) and four towns on Middlesex County's periphery (Colchester, Lyme, Marlborough, Old Lyme). There are five towns in Middlesex Health's secondary service area (Guilford, Hebron, Madison, Meriden, Rocky Hill). For the purposes of this report, "service area" represents the towns in Middlesex Health's primary service area.



By land area, Middlesex County (369.3 square miles) is the smallest county of the eight counties in Connecticut and is the sixth in population size (U.S. Census, 2021). Municipality sizes by land mass vary throughout the county, from 10.40 square miles (Essex) to 54.25 square miles (East Haddam) with Middletown having 41.02 square miles of land area.

INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY

A Community Health Needs Assessment Advisory Committee was formed to provide input and guidance on the CHNA process, including review of the study's data components, input on significant health and health-related needs identified through the Community Health Needs Assessment (CHNA), review and input on development of the Middlesex Health Community Survey (to be completed as part of the CHNA Implementation Strategy process), and review of community resources and assets. The advisory committee was composed of stakeholders representing the broad interests of the community, including local health departments, health care organizations, community-based organizations, faith-based organizations, advocacy groups, community members, and support professionals embedded in the community (i.e., community health workers) to ensure community voice was represented.

Middlesex Health gratefully acknowledges and thanks the members of the Middlesex Health Community Health Needs Assessment Advisory Committee for their participation and input:

- Rev. Robyn Anderson, MS, LPC, LMFT, LADC, Executive Director, Ministerial Health Fellowship
- Claire Bellerjeau, Director of Development & Communications, The Shoreline Soup Kitchens & Pantries
- Kevin Elak, MPH, RS/REHS, CP-FS, Director of Health, City of Middletown Department of Health
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- Yvette Highsmith, MM, Vice President, Eastern Region, Community Health Center, Inc.
- Barbara Wade Holloman, MBA, Women in the NAACP Chair, Middlesex County NAACP
- Harmony Jones, Community Health Worker, Ministerial Health Fellowship
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- Veronica Mansfield, DNP, APRN, AE-C, CCM, Medical Director and Manager of Clinical Practice, Middlesex Health Center for Chronic Care Management
- Scott Martinson, MPH, MS, RS, Director of Health, Connecticut River Area Health District
- Russell Melmed, MPH, Director of Health, Chatham Health District
- Emily Moore, MPH, Community Health Improvement Champion
- Catherine Rees, MPH, Director, Community Health Improvement, Middlesex Health
- Weldon Russell, Director, Recovery Employment Program (REP) & Coordinator, Middlesex County Substance Abuse Action Council, Middlesex County Chamber of Commerce
- Tony Sharillo, CEO, Valley Shore YMCA
- Maryellen Shuckerow, MHSA, Executive Director, St. Vincent de Paul Middletown, Inc.
- Middlesex YMCA, Chief Operations Officer
- Shawonda Swain, President and CEO, Middlesex United Way
- Shai Turner, Community Health Worker, Ministerial Health Fellowship

SIGNIFICANT HEALTH & HEALTH-RELATED NEEDS IDENTIFIED THROUGH THE CHNA

The significant health and health-related community-based needs identified through the 2025 CHNA process are indicated below. The method used to identify these key areas was based on frequency and degree of prevalence within the CHNA. Prioritization of significant needs will take place during the CHNA Implementation Strategy phase.

- Arthritis
- Cancer
- Chronic conditions (asthma; chronic obstructive pulmonary disease (COPD); diabetes; heart failure; high blood pressure; high cholesterol, overweight / obesity)
- Health Disparities
- Mental Health Conditions
- Older Adult specialty healthcare services
- Perinatal Health
- Sepsis
- Social Drivers of Health (access to healthcare services; food insecurity; housing insecurity; transportation access; poverty / income constrained / income disparities)
- Stroke
- Substance Related Conditions
- Tobacco Use / E-Cigarettes / Vaping

COMMENTS FROM MOST RECENTLY CONDUCTED CHNA AND CHNA IMPLEMENTATION STRATEGY

Middlesex Health did not receive any written comments for its most recently completed CHNA (2022) and most recently adopted CHNA Implementation Strategy (2023). Any written comments on this CHNA (2025) and the upcoming CHNA Implementation Strategy (2026) may be directed to Catherine Rees, Director, Community Health Improvement, at catherine.rees@midhosp.org.

BOARD APPROVAL

The Middlesex Health CHNA was approved by the Middlesex Health Board of Directors on September 19, 2025, which is in compliance with IRS tax code 501(r), which requires not-for-profit hospitals to complete CHNAs every three taxable years with approval by its governing body. Following approval by the Board of Directors, the CHNA was made publicly available on Middlesex Health's website and widely distributed electronically and by paper copy, when requested.

NEXT STEPS

Section 501(r) of the Internal Revenue Code requires section 501(c)(3) hospitals to adopt an implementation strategy to address the community health needs identified through their CHNAs. To prioritize the significant health and health-related needs and guide Middlesex Health's CHNA Implementation Strategy, priority setting will occur through a facilitated and interactive community conversation composed of multisector organizations and community members. The results of this process will be used to develop goal-oriented strategies that will inform the CHNA Implementation Strategy, which will be reviewed and adopted by Middlesex Health's governing body prior to February 15, 2026.

PROCESS AND METHODS TO CONDUCT CHNA

This report includes primary and secondary quantitative data sources of key health and well-being indicators, benchmarked against the state of Connecticut whenever possible. Primary data were collected and analyzed through the DataHaven 2024 Community Wellbeing Survey and the DataHaven 2024 Community-Based Assets and Needs Survey. Secondary data were collected from a variety of publicly available sources and the Connecticut Hospital Association ChimeData study. To identify existing resources for health-related social needs - a process that also allows any gaps in services to be uncovered - an extensive review of community assets was conducted with the aggregated resources located in **Part 3**.

In this community health needs assessment (CHNA), "Middlesex Health Service Area" includes the 15 towns in Middlesex County (Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Middlefield, Middletown, Old Saybrook, Portland, and Westbrook) and the four towns on the periphery of Middlesex County (Colchester, Lyme, Marlborough, Old Lyme) for the visualizations for the DataHaven Community Wellbeing Survey, DataHaven Community-Based Assets and Needs Survey and the Connecticut Hospital Association ChimeData study.

As Middletown differs demographically when compared to other municipalities in Middlesex Health's primary service area, it is extracted and benchmarked against Middlesex County, Middlesex Health's primary service area, and the state of Connecticut whenever possible. Granular town-level information by the individual towns in Middlesex Health's service area is noted whenever possible.

DATAHAVEN 2024 COMMUNITY WELLBEING SURVEY

DataHaven, located in New Haven, Connecticut, is a non-profit organization with a 30-year history of collecting, interpreting and sharing public data to support local communities. The DataHaven Community Wellbeing Survey (DCWS) collects community-level information on issues that impact the well-being of the community being measured. Indicators include, but are not limited to: economic mobility, macroeconomic trends, employment, transportation, housing quality, housing security, food security, civic satisfaction, civic engagement, community optimism, community vitality, neighborhood environment, education access, health outcomes, health behaviors, and health care access (DataHaven, 2024). DataHaven conducted its sixth state-wide Community Wellbeing Survey through live, randomly selected, in-depth phone interviews. The crosstabs for Middletown, Middlesex County and Connecticut can be found at https://ctdatahaven.org/reports/datahaven-community-wellbeing-survey.

Middlesex Health continued its participation in the 2024 DCWS by providing funding to support survey administration in Middlesex County. In addition to Middlesex Health, 2024 survey funding partners for Middlesex County include the Workforce Alliance, the Connecticut Health Foundation, and the Connecticut Project.

A total of 202 adults ages 18 or older were surveyed in the 15 towns in Middlesex County; 86 of those surveys were conducted in Middletown proper. An additional 50 surveys were administered in the four additional towns in Middlesex Health's primary service area which fall outside of Middlesex County. In total, 252 surveys were conducted in the 19 towns in Middlesex Health's primary service area. The DCWS demographic categories for Middlesex County and Middlesex Health's primary service area are gender, age, education, income, and children in household. Due to the small sample size, disaggregated survey estimates by race, ethnicity, granular income levels and other demographic factors were not published for the 2024 interviews in Middletown and Middlesex County, but they can be obtained from DataHaven within its statewide survey estimates and / or by request.

DATAHAVEN 2024 COMMUNITY-BASED ASSETS AND NEEDS SURVEY

DataHaven collaborated with the Connecticut Hospital Association and several Connecticut hospitals and health systems to conduct a Community-Based Assets and Needs Survey (CBANS). The CBANS was designed to collect data from specific groups of adults ages 18 or older using convenience sampling approaches. The intent was to survey underrepresented populations that may not have been reached during the DataHaven Community Wellbeing Survey (DCWS) effort. The CBANS was fielded primarily using self-administered paper forms and an electronic SurveyMonkey form, with responses collected between June 4 - September 11, 2024.

A total of 413 adults ages 18 or older were surveyed, 296 of which were collected in Middletown. For survey gathering, Middlesex Health collaborated with community partners and staffed survey collection tables. Collection methods included distribution by Ministerial Health Fellowship Community Health Workers; tabling at the St. Vincent de Paul Middletown Amazing Grace Food Pantry; tabling at community events; distribution at The Estuary of Old Saybrook, the Middletown Senior Center, and the Cromwell Senior Center. Middlesex Health was intentional about prioritizing racially and ethnically diverse populations for the CBANS as disaggregation by race and ethnically is often limited by sample size for data in Middlesex County. Older adult populations were also prioritized. DataHaven provided the analysis of the collected surveys.

While many of the CBANS questions are identical to the DCWS in order to aid local partners and users of the CBANS data in interpreting the results for each targeted segment of the population, the CBANS results are not directly comparable to the DCWS results. The DCWS uses a probability sampling approach of all adults in Middlesex Health's service area and statewide, and the CBANS uses a convenience sample to collect responses from a larger number of underrepresented populations within Middlesex Health's service area.

Because of the larger sample size, we used the CBANS data to show more detailed breakdowns by income level and by race and ethnicity. However, results from the two surveys cannot be directly compared, since one is probability-based and the other is not. Convenience sample data should be interpreted with caution: they reflect the perspectives of individuals who were invited to participate by local organizations, rather than a randomly selected cross-section of the entire population. This means the CBANS results may substantially overrepresent individuals with certain types of experiences or characteristics, providing insights into community voices but not a statistically reliable or replicable measure of population-wide trends (DataHaven, 2025).

CONNECTICUT HOSPITAL ASSOCIATION 2024 CHIMEDATA STUDY

The Connecticut Hospital Association (CHA) performed analysis of hospital utilization rates sourced from ChimeData encounter records supplied by CHA acute care member hospitals, incurred by any residents of any town in Connecticut regardless of where the individual received treatment. ChimeData patient encounter records are flagged with “health indicators” based on the presence of ICD-10-CM diagnosis codes associated with key health conditions, aligning those reference code sets wherever possible with evidence-based quality indicators published by the Agency for Healthcare Research and Quality (AHRQ). All rates for each health indicator are based on a count of distinct patients in the 2024 fiscal year (October 1, 2023 – September 30, 2024) who had at least one hospital encounter in either the emergency department, inpatient, or observation service settings with a principal (i.e., primary) diagnosis that matches one of the ICD-10-CM codes associated with the given condition. If a patient had more than one encounter for the same health indicator within the given time period, the patient is only counted once (i.e., the counts are by unique individual per primary health indicator vs. encounters / visits). Age-adjusted rates are presented per 1,000 population. For the purpose of this analysis, a threshold of ± 20% was defined to determine a substantial difference between rates for two different geographies and / or racial / ethnic groups (CHA, 2025).

Fifteen indicators were selected for the ChimeData study and were then ranked. The 15 indicators include acute myocardial infarction (AMI); arthritis; asthma; chronic obstructive pulmonary disease (COPD); community acquired pneumonia; coronary artery disease; diabetes – long term complications; diabetes – uncontrolled / short term complications; heart failure; high blood pressure; mental health composite; overweight / obesity; sepsis; stroke; substance-related disorders. In addition, there are three subconditions for the substance-related disorders indicator: alcohol-related disorders; opioid-related disorders, non-opioids related disorders.

The below points may be helpful when reviewing the ChimeData visualizations:

- Visualizations are presented for the adult population as:
- 1) Age-adjusted rates across the same age categories by geography, patient volume permitting;
- 2) Age-adjusted rates across the same age categories by race / ethnicity (White, Black and Hispanic) and by geography;
- 3) Age-specific rates for ages 65+ by geography, as many conditions are more prevalent in the age 65+ population;
- 4) When available, age-specific rates for ages 65+ by race / ethnicity (White, Black and Hispanic) and by geography.
- Visualizations are presented for the pediatric population (ages 0 – 17) as:
- 1) Age-specific rates for asthma and mental health conditions by geography;
- 2) Age-specific rates by race / ethnicity (Asian, Black, White and Hispanic) and by geography.
- Diagnoses related to dementia, delirium, amnesic disorders, and mental health screening were not included in the ChimeData mental health composite.
- "NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate or age-specific rate for categories in a given location.
- Racial / ethnic categories are not mutually exclusive, but each standalone category represents all individuals who identify with the given race or ethnicity.

It is important to note that the current CHA ChimeData methodology for analysis differs from the DataHaven ChimeData methodology for analysis in past Middlesex Health CHNA reports, so the results are not comparable.

TERMINOLOGY

Rate: A rate is a measurement of an event, disease or condition in relation to a unit of the population (e.g., per 1,000, 10,000 or 100,000 people), which, in a specified time frame, allows for comparison of a particular event in populations of different sizes. A rate enables incidence, prevalence, and health factor risks to be compared among communities with different population size structures.

Age-Adjusted Rate: Data are often presented as “age-adjusted.” Age is a non-modifiable risk factor, and as age increases, poor health outcomes are more likely to increase. Age-adjustment is a statistical process that controls for the effects of age differences on health event rates. By calculating a weighted average, rates of disease, other health outcomes, injuries, and mortality can be compared among groups with different age distributions.

Age-Specific Rate: An age-specific rate is used to better understand the health conditions or determine the relative health burden of a specific age group as a subset of the population. This rate is calculated by dividing the number of health events in a particular age group (the numerator) by the total population within the same age group (the denominator).

Prevalence: Prevalence is defined as the proportion of a population that has a specific characteristic (i.e., health condition, disease, etc.) in a given time period. Prevalence is commonly expressed as a percentage or as a rate of the population (e.g., per 1,000, 10,000 or 100,000 people).

Incidence: Incidence measures the number of new cases of a condition that develop in a population over a specific time period. Incidence is commonly expressed as a percentage or as a rate of the population (e.g., per 1,000, 10,000 or 100,000 people).

ETHNICITY TERMINOLOGY

Throughout this report, in some cases the term “Hispanic” is used and in other cases the term “Latino” is used. These terms represent the Latine population. Hispanic and Latino are used to conform with how the terms were presented in retrieved data sets.

LIMITATIONS

Due to its small size, Middlesex County is not always represented in publicly available data, which can limit the availability of data specific to Middlesex County. Another limitation is the inconsistent availability of meaningful data disaggregated by key population measures, such as race and ethnicity; this may result from inadequate data collection methodologies or insufficient sample sizes. In addition, while hospital emergency department, inpatient and observation encounter data sets are very useful proxies for the health status of a community and are helpful for prioritization, they are measures of those who go to the hospital for serious health issues / complications and are not a measure of prevalence.

POPULATION CHARACTERISTICS

POPULATION

Middlesex County's population is 165,206 (ACS, 2022). Middletown is the largest municipality in Middlesex County and in Middlesex Health's service area **(Table 1)**. The Connecticut Office of Rural Health (CT-ORH) defines rural as all towns with a population census of 10,000 or less and a population density of 500 or fewer people per square mile. Based on this metric, the towns of Chester, Deep River, Durham, East Haddam, Haddam, Killingworth, Lyme, Marlborough, Middlefield, Old Lyme, Portland and Westbrook are considered rural (ACS, 2019–2023). Clinton, Colchester, Cromwell, East Hampton, Essex (due to density) and Old Saybrook are defined as suburban, and Middletown is classified as urban periphery (Levy, et al., 2015), which is characterized as a blend of urban and suburban elements.

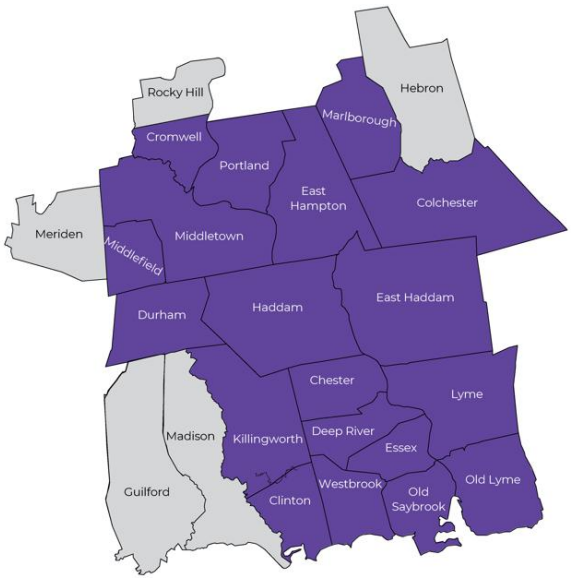


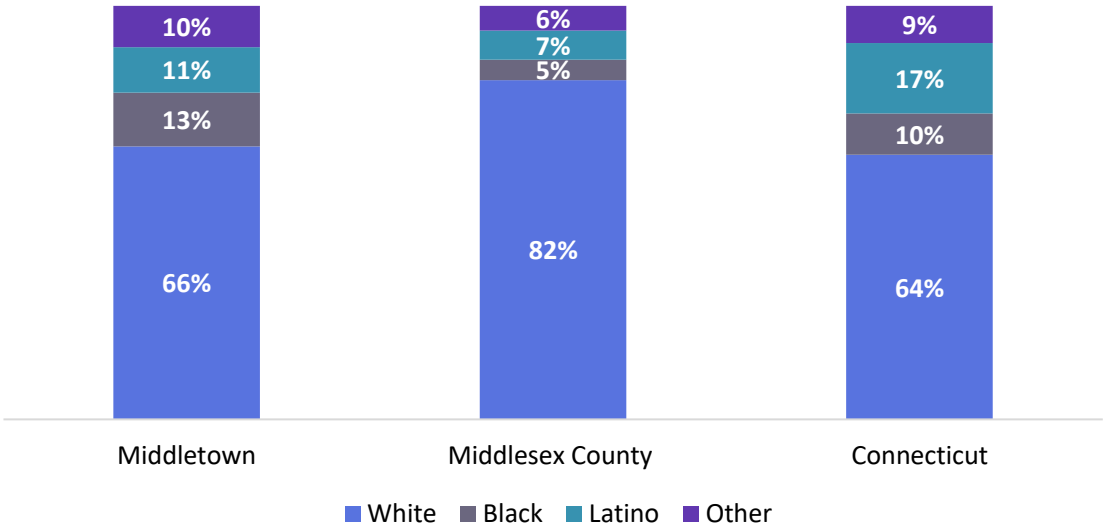
Table 1: Population, Service Area

Location	Total Population
Chester	3,740
Clinton	13,284
Colchester	15,550
Cromwell	14,250
Deep River	4,445
Durham	7,197
East Haddam	8,921
East Hampton	12,798
Essex	6,754
Haddam	8,492
Killingworth	6,216
Lyme	2,390
Marlborough	6,134
Middlefield	4,240
Middletown	48,152
Old Lyme	7,648
Old Saybrook	10,492
Portland	9,409
Westbrook	6,816

POPULATION BY RACE / ETHNICITY

Figure 1 outlines the race / ethnicity of Middletown and Middlesex County as compared to Connecticut. The city of Middletown is more racially / ethnically diverse when compared to Middlesex County and is more closely aligned with the racial / ethnic profile of Connecticut. The race / ethnicity for the towns in Middlesex Health's service area is described in **Appendix Table A1**.

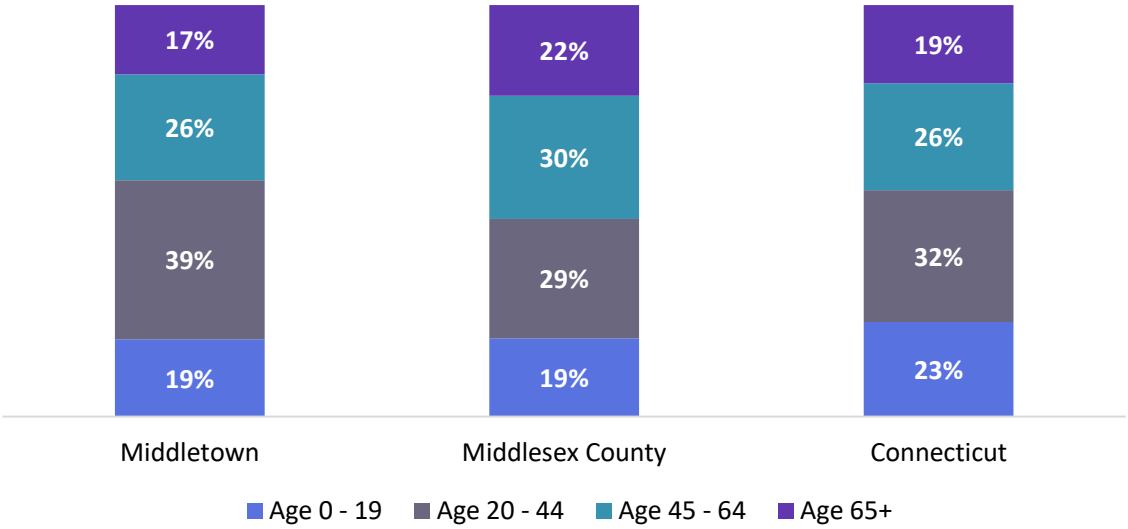
Figure 1: Race / Ethnicity



AGE DISTRIBUTION

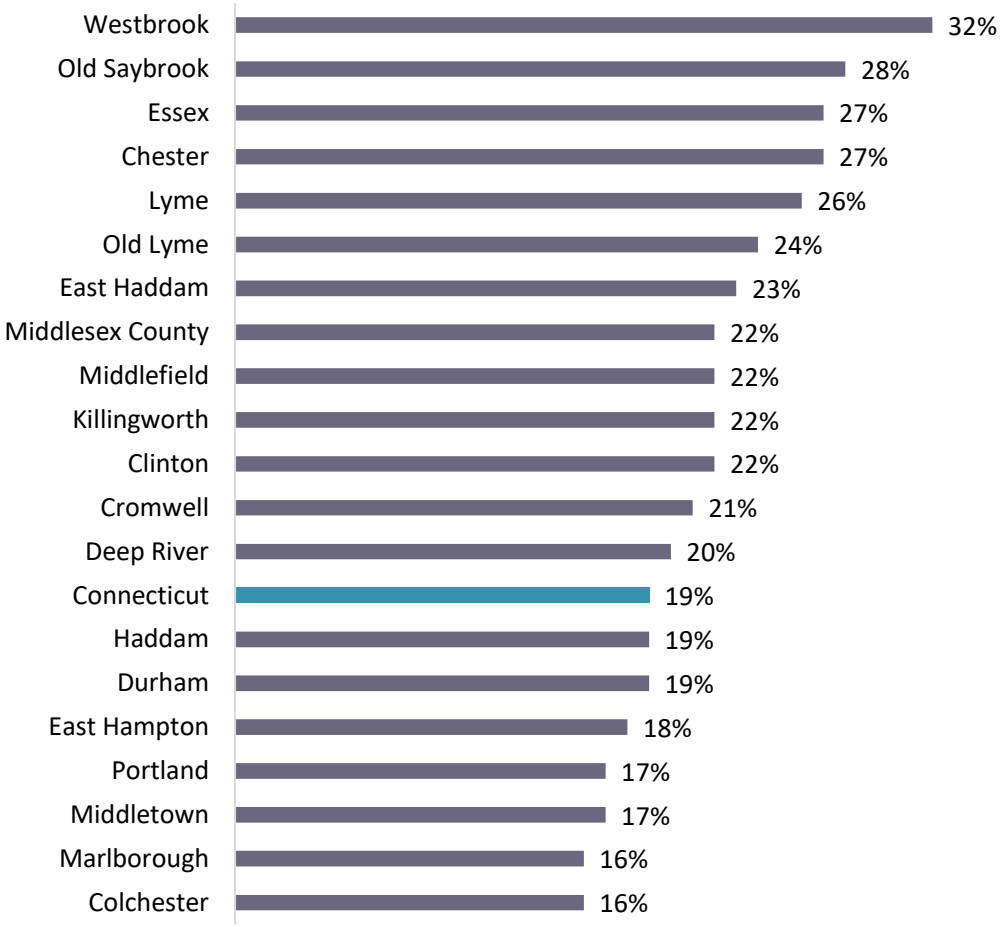
Figure 2 benchmarks the age distribution for Middletown and Middlesex County against Connecticut. Middlesex County exceeds the state average in the 45 - 64 and 65+ age groups. Middletown is significantly higher than the state average in the 20 - 44 age group and is slightly lower than the state average in the 65+ age group, but considerably lower than Middlesex County in the 65+ age group. **Appendix Table A2** outlines the age distribution for the towns in Middlesex Health's service area.

Figure 2: Age Distribution



The age 65+ population for Middlesex County is 22%. When extracting age 65+, **Figure 3** reflects that 13 towns in Middlesex Health's service area exceed / significantly exceed Connecticut's age 65+ population (19%), two towns are on par with Connecticut and five towns have age 65+ populations that are below Connecticut's average.

Figure 3: Age 65+ Distribution

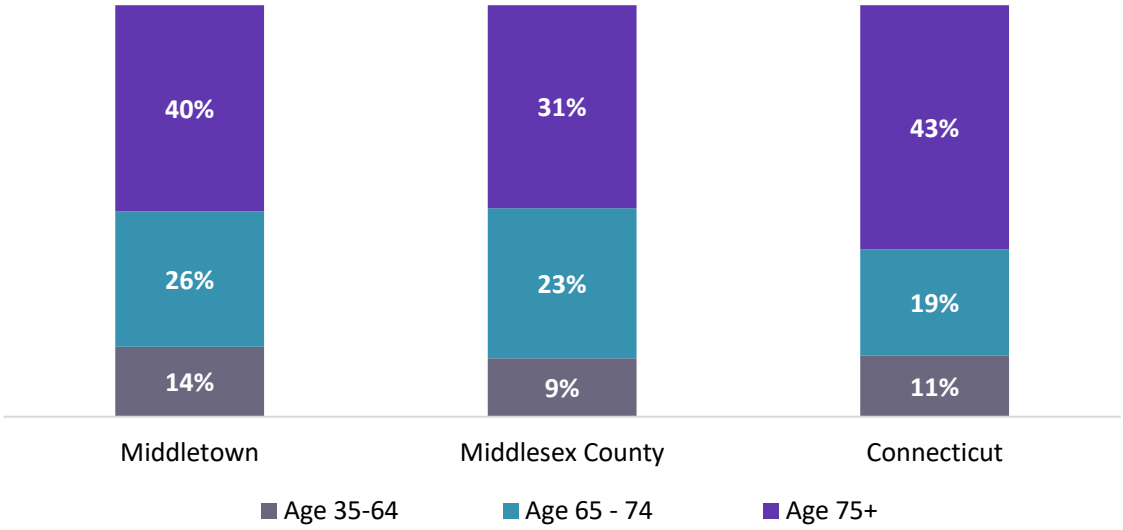


DISABILITY STATUS

The U.S. Census Bureau American Community Survey (ACS) asks respondents about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. An individual who reports any one of the six disability types is considered to have a disability (U.S. Census Bureau, 2025). People experiencing disabilities face a higher risk of developing secondary health conditions and experience accelerated functional decline as they age, which can impact their ability to perform daily tasks and can lead to decreased mobility, increased reliance on others and additional health complications. **Figure 4** outlines the disability status for the various age groups for Middletown, Middlesex County and Connecticut. Disability for total the population is 13% in Middletown, 11% in Middlesex County, and 13% in Connecticut (ACS, 2021, 2023).

For the Age 75+ age group there is a significant increase in the percentage of people experiencing a disability. See **Appendix Table A3** for the disability status for each town in Middlesex Health's service area.

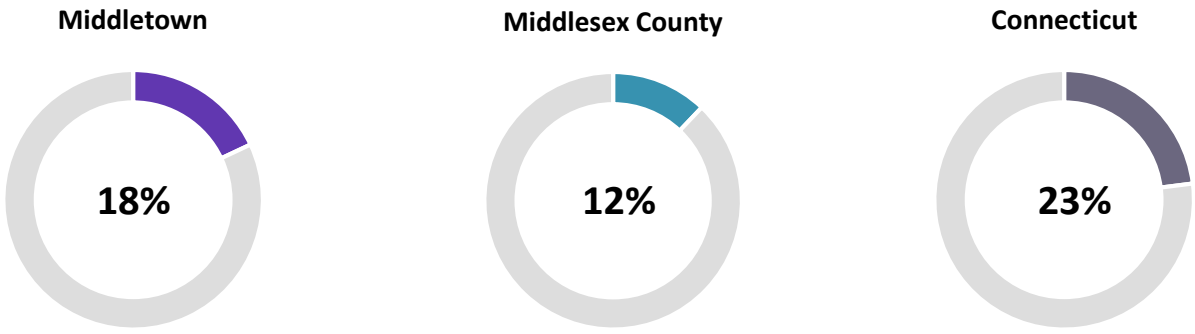
Figure 4: Disability Status



LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Figure 5 depicts the percentage of languages other than English spoken at home for Middletown, Middlesex County, and Connecticut. **Appendix Table A4** outlines the percentage of languages other than English spoken at home for the towns in Middlesex Health's service area.

Figure 5: Language Other than English Spoken at Home, Percent of Persons Age 5+ Years



LIFE EXPECTANCY & MORTALITY

Life expectancy, premature age-adjusted mortality and Years of Potential Life Lost (YPLL) are important population health outcome measures. Life expectancy is the average number of years people are expected to live.

When comparing race and ethnicity categories **(Table 2)**, Black residents experience the lowest average life expectancy in Middlesex County at 75 years of age, and Asian residents experience the highest average life expectancy at 90 years of age.

Premature age-adjusted mortality is presented as a rate and measures the number of deaths among residents under the age of 75 per 100,000 population, which allows for comparisons among different populations. Analyzing deaths among individuals under 75 can help identify geographic areas / populations where specific causes of death are more common among younger residents compared to other regions / populations (County Health Rankings & Roadmaps, 2025).

In Middlesex County, significant disparities exist for the Black population with a premature age-adjusted mortality rate that is 1.9 times higher than the premature age-adjusted mortality rate for the White population **(Table 3)**.

Years of Potential Life Lost (YPLL) is a measure (age-adjusted) of the rate and distribution of premature mortality. Statistics that include all mortality are dominated by deaths in older population groups, but YPLL emphasizes deaths at younger ages (County Health Rankings & Roadmaps, 2025). YPLL is the sum of the years of life lost annually by persons who suffered early deaths and focuses attention on deaths that might have been prevented.

YPLL can also be used to identify disproportionate premature death among populations. In Middlesex County, significant premature death disparities exist for the Black population with a YPLL rate that is 1.9 times higher than the YPLL rate for the White population **(Table 4)**.

Table 2: Life Expectancy by Race / Ethnicity by Average Number of Years

Race / Ethnicity / Geography	Years
White	80
Black	75
Latino	83
Asian	90
Middlesex County	**80**
Connecticut	**79**
United States	**77**

Table 3: Premature Age-Adjusted Mortality Rate by Race / Ethnicity per 100,000 Population Under Age 75

Race / Ethnicity / Geography	Rate
White	280
Black	520
Latino	240
Asian	N/A
Middlesex County	**280**
Connecticut	**320**
United States	**410**

Table 4: Premature Death Years of Potential Life Lost (YPLL) Rate by Race and Ethnicity per 100,000 population Under Age 75

Race / Ethnicity / Geography	Rate
White	5,800
Black	10,900
Latino	4,900
Asian	N/A
Middlesex County	**5,800**
Connecticut	**6,700**
United States	**8,400**

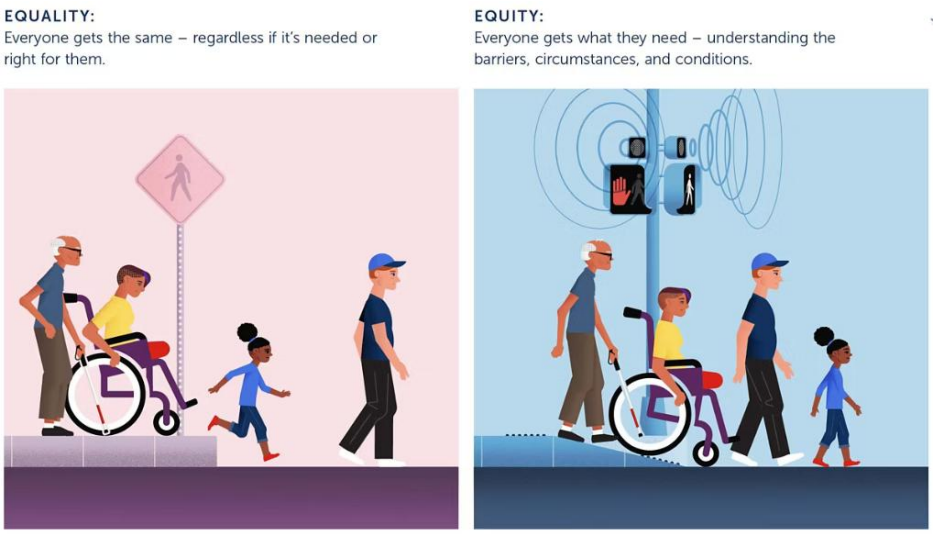
HEALTH EQUITY

Health equity is defined as the state in which everyone has a fair and just opportunity to attain their highest level of health (CDC, 2025). Health equity differs from health equality: health equality means giving everyone the same opportunities, care and services; health equity, however, prioritizes justice, where individuals receive what they need based on individual need and promotes ending the institutional and discriminatory barriers that can lead to health inequities and inequality (Villines, 2021). Equity matters because gaps in health outcomes in the United States are large, persistent, and increasing with many the result of barriers that are set up at all levels of society (RWJF, 2025).

To achieve health equity, health disparities must also be addressed. Health disparities are differences that are unjust and preventable and are usually socially influenced; the presence of disease and health disparities can cause different, but preventable outcomes among populations of people (Villines, 2021). Optimizing the conditions in which people are born, grow, live, work, worship, learn, and age, and addressing factors that influence health (including historical and contemporary injustices and social drivers of health - employment, housing, education, access to quality healthcare services, public safety and access to affordable and nutritious food, etc.) are necessary for achieving health equity (APHA, 2025; CDC, 2025).

In a health equity framework, the impact of social drivers of health and strategies for addressing them should be considered to eliminate preventable health disparities and to ensure that everyone has what they need to thrive and be successful. **Figure 6** provides a visualization that outlines the difference between equality and equity; here, equity is achieved when the necessary adjustments are made so that each person is able to cross the street safely based on their individual needs.

Figure 6: Meeting Needs with Equity



SOCIAL DRIVERS OF HEALTH

Place and community matter: health outcomes are increasingly determined by the zip code where individuals live.

Social drivers of health (SDoH), also known as social determinants of health, are the non-medical factors that influence a person's health and well-being; they are the conditions in which people are born, grow, live, work, worship, learn and age (CDC, 2025). It is estimated that 20% of an individual's health is linked to clinical care, which includes any evidence-based medical treatment provided by health professionals. The remaining 80% of an individual's health and quality of life are influenced by factors that are outside of the healthcare environment (AAFP, 2025; AHA 2019; County Health Rankings & Roadmaps, 2016):

- 40% is attributed to socio-economic factors / the social and economic environment (e.g., non-medical conditions such as access to quality education including early childhood education; nutritious and affordable food; reliable transportation; access to affordable and stable housing; ability to afford utilities; personal safety; livable wages; financial stability; insurance coverage / access to quality healthcare services; social support networks; community engagement; racism; discrimination; and crime rates);
- 30% is linked to health behaviors (e.g., daily habits, actions, and attitudes); and,
- 10% is tied to the physical environment (e.g., external surroundings and the conditions in which individuals live including housing quality, air and water quality and neighborhood safety).

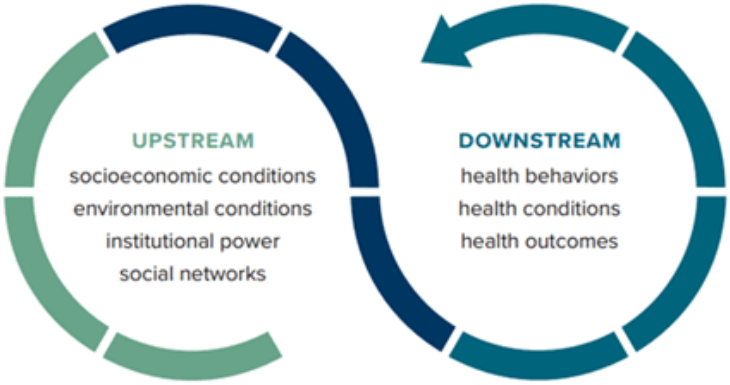
Figure 7 outlines the domains that influence the health and well-being of individuals and communities.

Figure 7: Social Drivers of Health Domains

SDoHs include forces and systems that shape daily life (i.e., social structures / systems, cultural factors and public policy) and are the primary factors that drive downstream patterns and inequities in health (Ray et al., 2023). The result of this complex network of inequities is that SDoHs not only put people at higher risk of poor physical health, but also impact mental health, overall well-being, and life expectancy (Whitman et al., 2022; CDC, 2025).

Addressing the differences in SDoHs advances health equity and can lead to better health and well-being outcomes for individuals and communities. Individual-level interventions (i.e., medical interventions) are beneficial, but they do not address the policies and systems that are in place that perpetuate poor health and well-being at the community level. SDoHs are considered “upstream” factors, which are root cause conditions that impact health before individuals enter the healthcare system. **Figure 8** depicts how upstream and downstream factors differ. Changes to upstream factors (i.e., economic policies and systems, development agendas, social norms, social policies and political systems), eliminating barriers, and improving community conditions are necessary in order to improve community health and well-being.

Figure 8: Social Drivers of Health: Upstream and Downstream Conditions

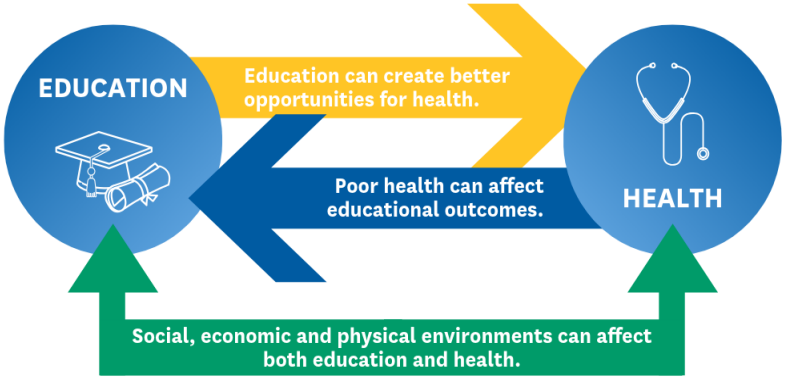


ECONOMIC STABILITY

EDUCATIONAL ATTAINMENT

Educational attainment is strongly linked to health outcomes (NASEM, 2020). Generally, higher education leads to better health outcomes (**Figure 9**). College graduates report reduced rates of chronic illness, better mental health and well-being, and higher rates of health promoting behaviors (APHA, 2025).

Figure 9: Relationship Between Education and Health



The relationship between education and health can be described as a gradient, where each additional level of education is associated with improved health outcomes. Additionally, the higher the degree attainment, the greater the employment options with considerably higher potential earnings (DataHaven, 2023). **Figure 10** describes the educational attainment categories for age 25+ for Middletown, Middlesex County and Connecticut. See **Appendix Table A5** for educational attainment for all the towns in Middlesex Health's service area. **Figure 11** outlines educational attainment categories by race and ethnicity in Middletown, Middlesex County and Connecticut.

Figure 10: Educational Attainment, Age 25+

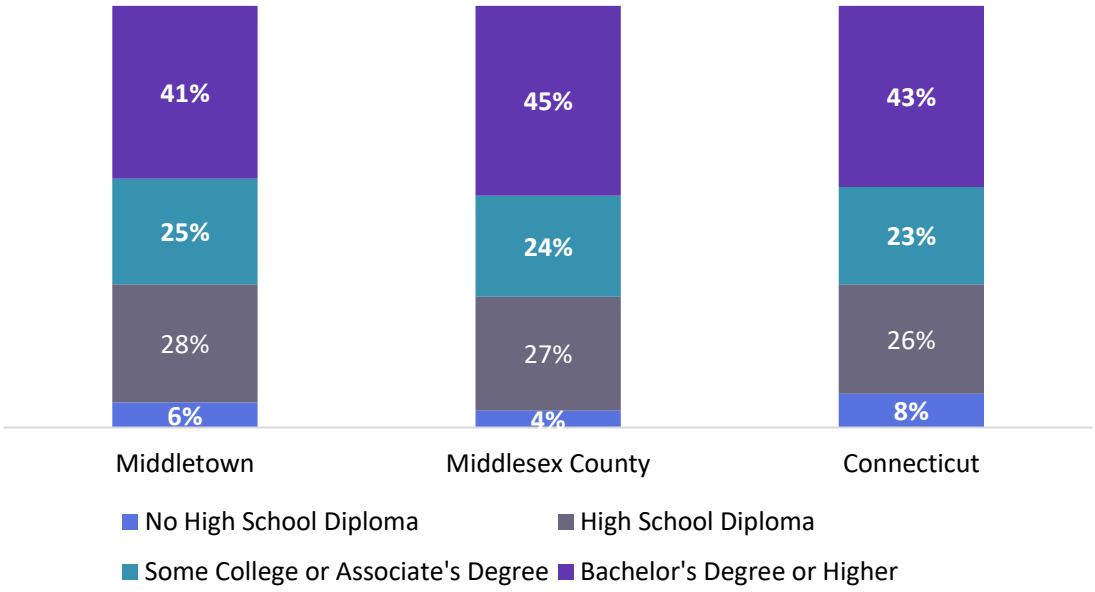
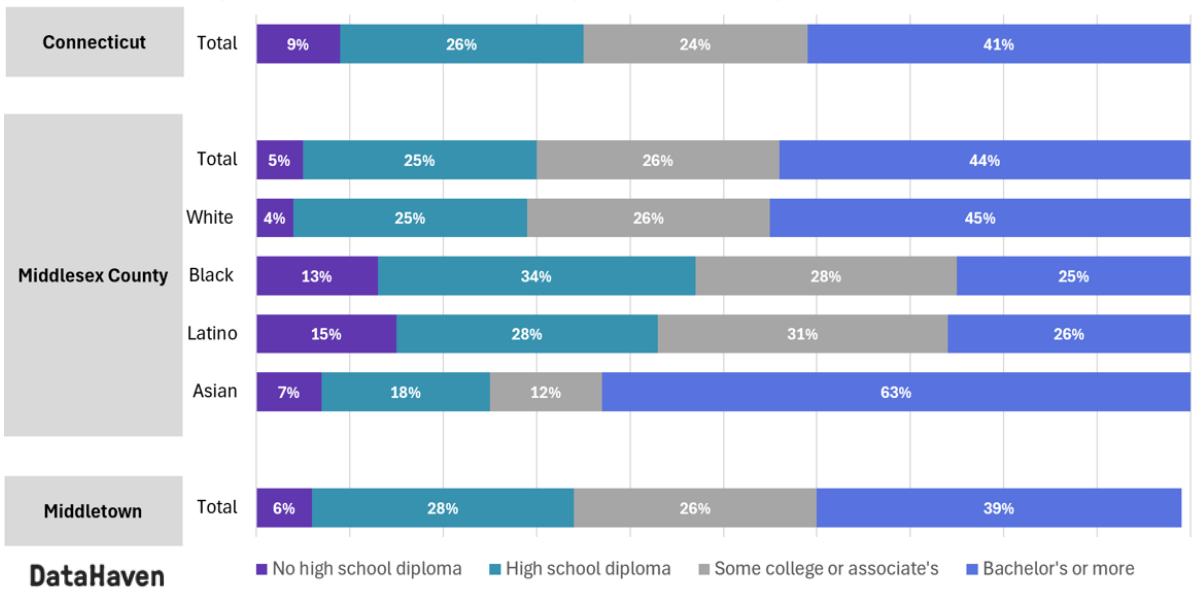


Figure 11: Educational Attainment by Race and Ethnicity, Share of Adults Age 25+



EMPLOYMENT STATUS

Connecticut's post-pandemic job growth lags behind the national average (O'Brien, 2024). **Table 5** depicts the unemployment rates for the population age 16+ in the towns in Middlesex Health's service area as compared to Middlesex County and Connecticut. Three towns have unemployment rates that are higher than Connecticut, with Marlborough's rate considerably higher at 9%.

Table 5: **Unemployment Rates, Population Age 16+**

Location	Unemployment Rate	Location	Unemployment Rate
Chester	4%	Killingworth	4%
Clinton	3%	Lyme	4%
Colchester	4%	Marlborough	9%
Cromwell	4%	Middlefield	2%
Deep River	5%	Middletown	4%
Durham	5%	Old Lyme	4%
East Haddam	5%	Old Saybrook	3%
East Hampton	6%	Portland	6%
Essex	2%	Westbrook	4%
Haddam	5%	**Middlesex County**	**5%**
		Connecticut	**5%**

MEDIAN HOUSEHOLD INCOME

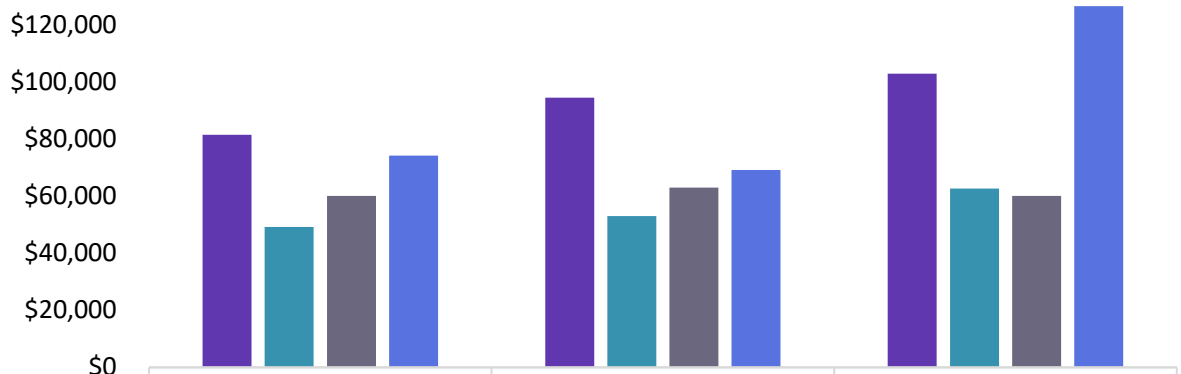
Median household income is an economic indicator that reflects the typical income level in a specific area. The U.S. Census defines median income as the midpoint of all household incomes, meaning that half of the households have incomes above the median and half have incomes below the median. Unlike the mean (average) income, median income is less affected by extremely high or low incomes and provides a more accurate picture of middle income. **Table 6** outlines the median household income per town in Middlesex Health's service area, ranging from $64,695 in Westbrook to $133,652 in Durham compared to $91,665 in Connecticut.

Table 6: Median Household Income

Location	Median Household Income	Location	Median Household Income
Chester	$93,333	Killingworth	$117,900
Clinton	$98,836	Lyme	$111,534
Colchester	$104,527	Marlborough	$126,850
Cromwell	$94,468	Middlefield	$90,125
Deep River	$79,090	Middletown	$73,979
Durham	$133,652	Old Lyme	$113,889
East Haddam	$97,353	Old Say brook	$95,795
East Hampton	$107,869	Portland	$107,034
Essex	$91,618	Westbrook	$64,695
Haddam	$120,247	**Middlesex County**	**$94,887**
Connecticut	**$91,665**		

There are significant median household income disparities when data points are disaggregated by race and ethnicity **(Figure 12)**. In Middletown, White households earn 1.7 times more than Black households and 1.4 times more than Latino households. In Middlesex County, White households earn 1.8 times more than Black households and 1.5 times more than Latino households. While the gap is narrower, White households earn 1.1 times more (Middletown) and 1.4 times more (Middlesex County) than Asian households.

Figure 12: Median Household Income by Race / Ethnicity



	Middletown	Middlesex County	Connecticut
White	$81,617	$94,661	$103,032
Black	$49,237	$53,076	$62,712
Latino	$60,174	$63,076	$60,136
Asian	$74,331	$69,234	$126,722

POVERTY STATUS & THE ALICE POPULATION

Poverty exists when a person or family lacks sufficient resources, generally income, to meet basic needs (i.e., food, shelter, clothing, access to healthcare, transportation, etc.). The U.S. Census Bureau determines who experiences poverty by using a set of income thresholds that vary by family size and composition. A person is living in poverty when their total household income compared with the size and composition of the household is below the determined federal poverty threshold (U.S. Census Bureau, 2025). Living at or below the Federal Poverty Level has implications: it can make it difficult to afford basic necessities and can have a significant impact on an individual's health, well-being, and quality of life.

The ALICE (Asset Limited, Income Constrained, Employed) population is measured by multiple United Ways of Connecticut. ALICE is defined as residents who are employed with income above the U.S. Federal Poverty Level but do not earn enough to cover the basic cost of living (the ALICE threshold) for the defined geographic area (Middlesex United Way, 2024).

Figure 13a compares the percent of poverty rate and percent of ALICE and **Figure 13b** outlines the percent of combined poverty rate and ALICE for Middletown and Middlesex County compared to Connecticut. When ALICE households are combined with households that are at or below poverty level thresholds, an expansive view is given of local households struggling to afford basic needs. Middletown has the highest combined poverty rate and ALICE percentage at 44% which considerably exceeds Connecticut at 28%.

Appendix Table A6 presents the poverty rate, ALICE rate, and combined poverty and ALICE rate for the towns in Middlesex Health's service area, Middlesex County and Connecticut, and indicates that, in addition to Middletown, the combined poverty and ALICE rates of seven other towns in Middlesex Health's service area exceed Connecticut. **Table A6** reveals that Middletown (12%) has a significantly higher poverty rate when compared to most of the towns in Middlesex Health's service area and exceeds the poverty rate for Connecticut (10%).

Figure 13a: Poverty Rate & ALICE Population

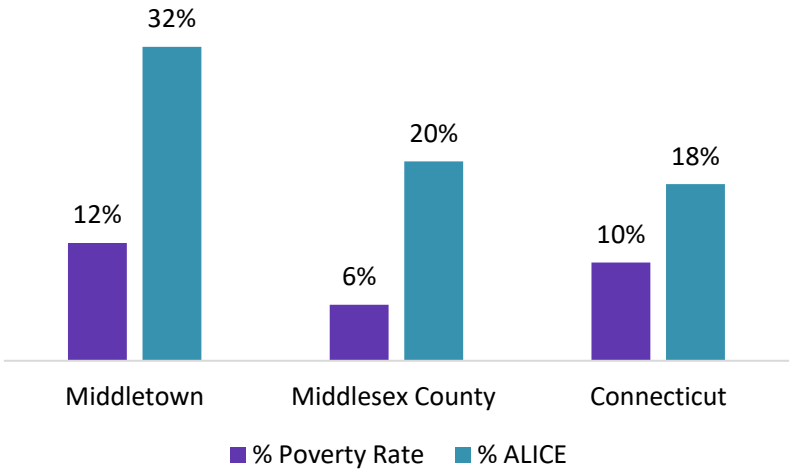
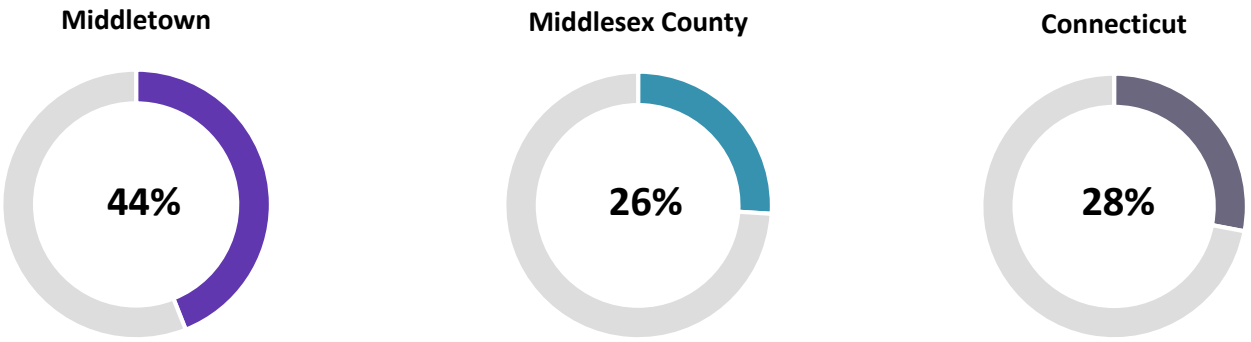


Figure 13b: Poverty Rate & ALICE Population Combined



Poverty rates are significantly more pronounced among Black and Latino populations in Middletown and Middlesex County when compared to White populations (**Figure 14**). Black residents are 1.9 times more likely (Middletown) and 3 times more likely (Middlesex County) to experience poverty when compared to White residents. Latino residents are 2.6 times more likely (Middletown) and 2.8 times more likely (Middlesex County) to experience poverty when compared to White residents.

Figure 14: Poverty Rate by Select Race and Ethnicity

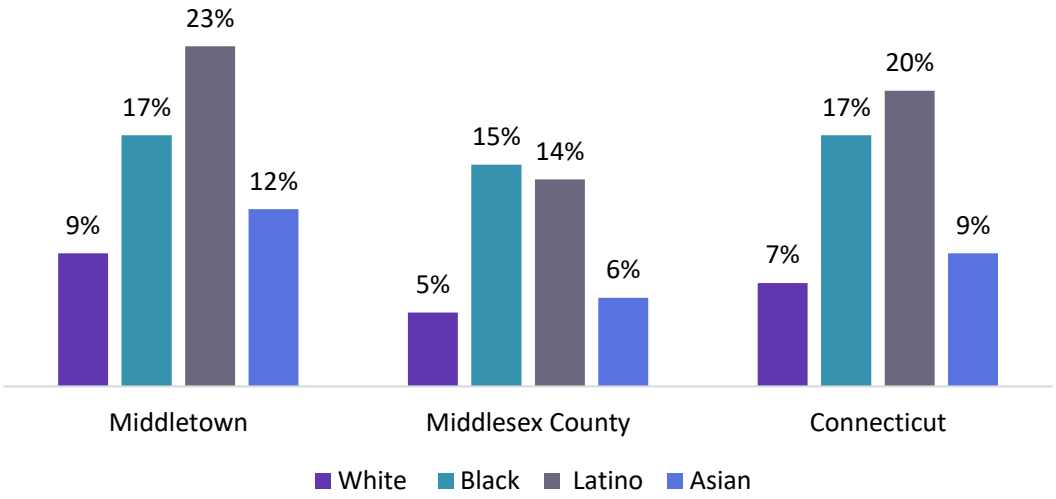


Figure 15 compares the under age 18 poverty rate for Middletown, Middlesex County, and Connecticut. **Appendix Table A7** reviews the under age 18 poverty rate for the towns in Middlesex Health's service area; for this metric, all towns represented except Chester (21%) and Middletown (15%) fall below the under age 18 poverty rate for Connecticut (13%).

Figure 15: Under Age 18 Poverty Rate

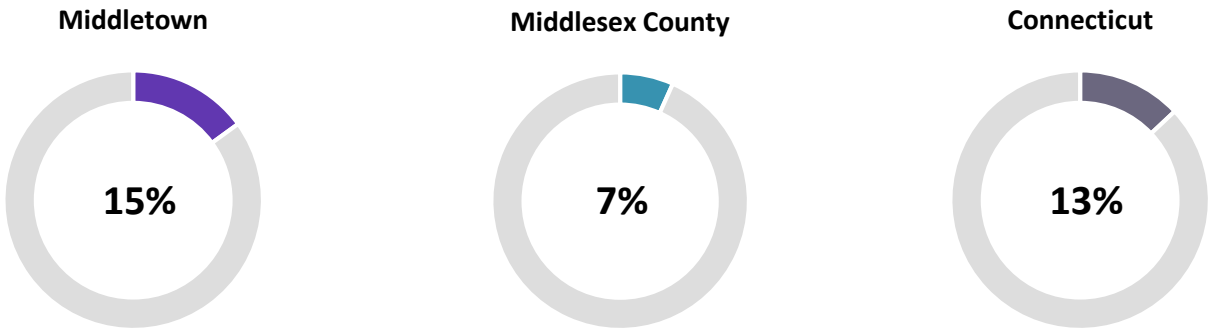
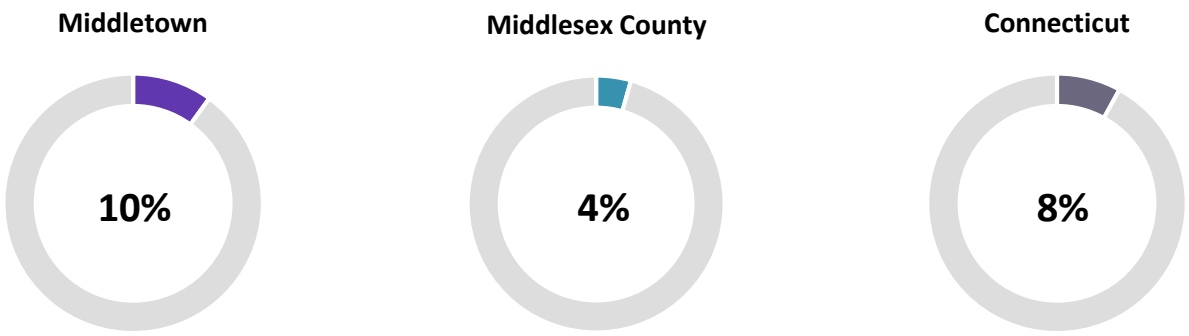


Figure 16 compares the age 65+ poverty rate for Middletown, Middlesex County and Connecticut. **Appendix Table A8** reviews the age 65+ poverty rate for the towns in Middlesex Health's service area; for this metric, all towns represented except Killingworth (12%), Middlefield (17%), and Middletown (10%) fall below the age 65+ poverty rate for Connecticut (8%).

Figure 16: Age 65+ Poverty Rate

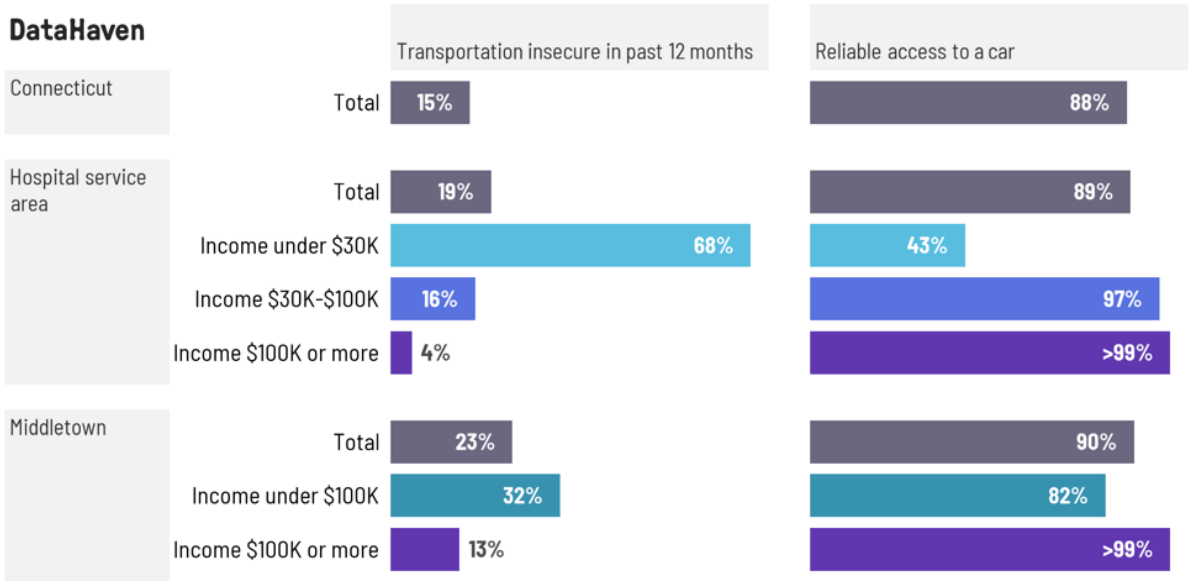


TRANSPORTATION

Lack of access to reliable transportation can significantly impact health outcomes leading to poorer overall health. Individuals who face transportation challenges may delay or miss medical care, including accessing preventive care, managing chronic conditions or obtaining needed medications; additionally, the inability to access stable transportation to work, school and grocery stores is associated with higher rates of unemployment, poverty, and chronic illnesses (CDC PLACES, 2025). Transportation barriers are more likely to be experienced by low income wage earners and uninsured people;

To measure transportation insecurity, the DataHaven 2024 Community Wellbeing Survey (DCWS) asked respondents questions about their ability to access reliable transportation, "*in the past 12 months, did you stay home when you needed or wanted to go someplace because you had no access to reliable transportation?"* and *"do you have access to a car when you need it?"*. **Figure 17** provides the responses to these questions for Middletown, Middlesex Health service area, and Connecticut disaggregated by income level. The sample size was not large enough in Middletown to disaggregate by granular income levels.

Figure 17: Transportation Access, Share of Adults, DCWS Respondents



The results of the DataHaven Community-Based Assets and Needs Survey (CBANS) convenience sample provides a lower income threshold than the DataHaven Community Wellbeing Survey and the increased sample size allows for disaggregation by race and ethnicity. **Figure 18** provides CBANS responses to the following questions about access to reliable transportation, "*in the past 12 months, did you stay home when you needed or wanted to go someplace because you had no access to reliable transportation?"* and *"do you have access to a car when you need it?"* disaggregated by income level. **Figure 19** depicts the responses to the same questions disaggregated by race and ethnicity.

Figure 18: Transportation Access, Share of Adults, CBANS Respondents

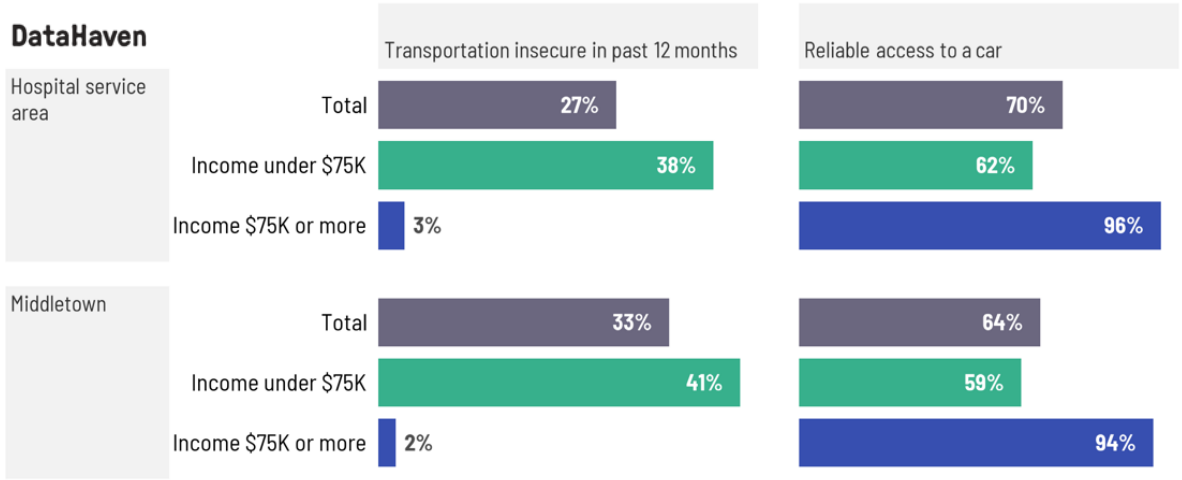
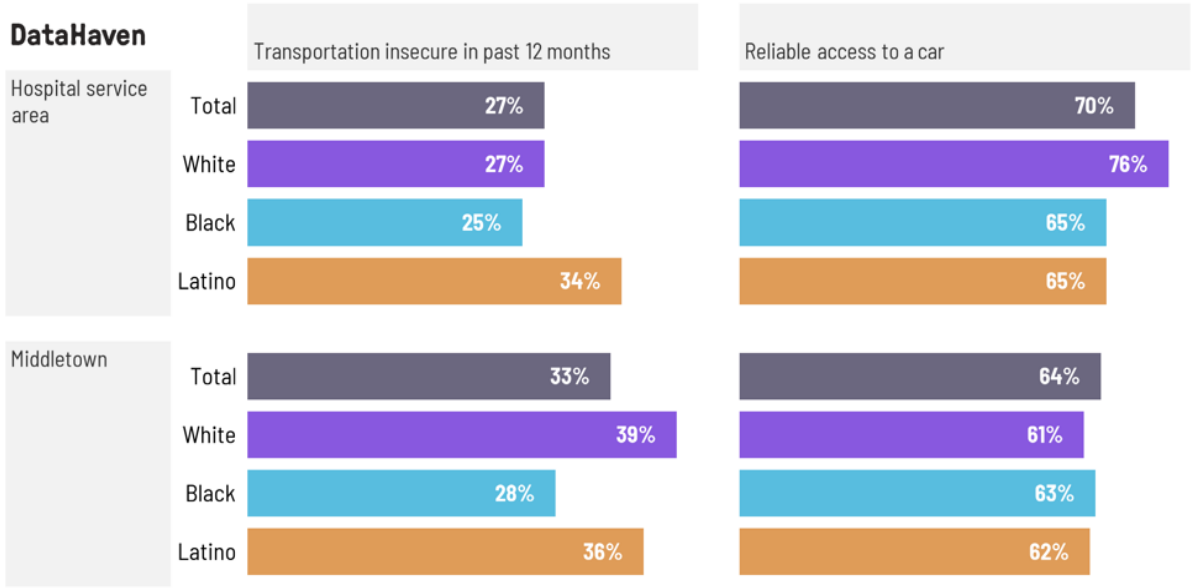


Figure 19: Transportation Access by Race and Ethnicity, Share of Adults, CBANS Respondents



DIGITAL DIVIDE

The “Digital Divide” refers to lack of access to computers and the internet, which can affect health outcomes, especially for those with limited digital literacy skills. While the majority of people living in poverty have some form of internet access, it is most often limited to smartphone-only / mobile-only; this can limit the ability to obtain important information for lower-income adults and impact health management and exacerbate health disparities (Sanders and Scanlon, 2021). The difficulty of accessing and using digital technologies may be more challenging for older adults, which further contributes to disparities. Internet access is now recognized as a “super determinant” of health, one that influences healthcare outcomes and other vital social determinants such as education and employment (Ferrara, 2025).

Table 7 details the percent of households without one or more types of computing devices and percent of households without an internet subscription. While there is no specific percentage that marks when a digital divide is problematic, even a small percentage of residents lacking digital access can create significant issues.

Table 7: Households Without a Computer / Households Without an Internet Subscription

Location	No Computing Devices	No Internet Subscription	Location	No Computing Devices	No Internet Subscription
Chester	5%	8%	Killingworth	6%	10%
Clinton	5%	8%	Lyme	3%	3%
Colchester	6%	7%	Marlborough	4%	5%
Cromwell	8%	14%	Middlefield	2%	13%
Deep River	8%	13%	Middletown	8%	12%
Durham	3%	9%	Old Lyme	4%	5%
East Haddam	5%	8%	Old Saybrook	5%	7%
East Hampton	4%	8%	Portland	6%	9%
Essex	4%	4%	Westbrook	4%	12%
Haddam	4%	5%	**Middlesex County**	4%	6%
Connecticut **No Computing Device: 4%** **No Internet Subscription: 7%**					

HOUSING TENURE

Housing tenure refers to the legal and financial relationship between individuals and the dwelling they occupy, including ownership by a member of the household or rental status. Homeownership is associated with better health outcomes, including fewer illnesses, lower rates of depression and anxiety, and improved overall well-being (County Health Rankings & Roadmaps, 2025). Over time, home ownership can lead to long-term financial security as an asset that builds wealth.

Table 8 outlines the percent of owner occupied and percent of renter occupied households for the towns in Middlesex Health's service area compared to Connecticut. Homeownership in Middletown (54%) is significantly lower than the other towns in Middlesex Health's service area and is lower than the Connecticut average (66%). Conversely, percent of renters in Middletown (46%) is significantly higher than the other towns in Middlesex Health's service area and is higher than the Connecticut average (34%).

Table 8: Percent Owner Occupied and Percent Renter Occupied

Location	% Owner Occupied	% Renter Occupied	Location	% Owner Occupied	% Renter Occupied
Chester	72%	28%	Killingworth	98%	2%
Clinton	86%	14%	Lyme	89%	11%
Colchester	80%	20%	Marlborough	91%	9%
Cromwell	77%	23%	Middlefield	84%	16%
Deep River	66%	34%	Middletown	54%	46%
Durham	93%	7%	Old Lyme	85%	15%
East Haddam	84%	16%	Old Saybrook	84%	16%
East Hampton	88%	12%	Portland	82%	18%
Essex	75%	25%	Westbrook	80%	20%
Haddam	88%	12%	Middlesex County	76%	24%
Connecticut **% Owner Occupied: 66%** **% Renter Occupied: 34%**					

COST BURDENED HOUSEHOLDS

Cost burdened households are those that spend a significant portion of their income on housing costs, as defined by spending more than 30% on housing. Households that spend more than 50% of their income on housing are severely cost burdened (U.S. Census Bureau, 2024). When households are cost burdened, they may experience limited resources for other essential needs, such as food, healthcare, and transportation.

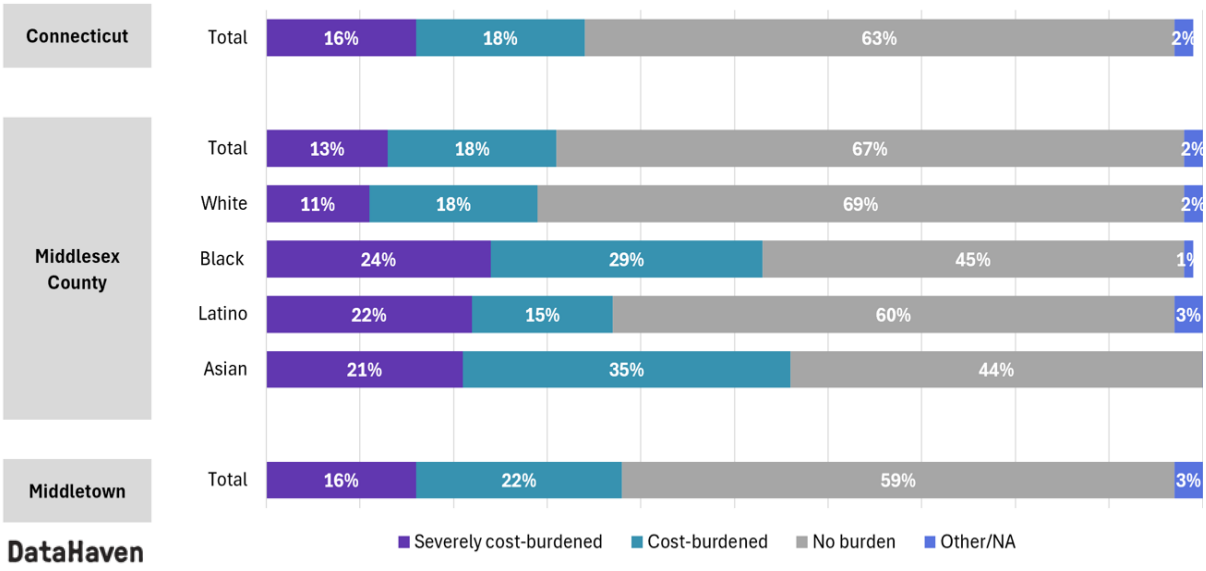
Table 9 details cost burdened households by householder status for the towns in Middlesex County, Middlesex Health's service area and Connecticut. Renters are disproportionately impacted by housing cost-burden. Between 18% - 39% of homeowners in the towns in Middlesex Health's service area experience a housing cost burden compared to 19% - 74% of renters in the towns in Middlesex Health's service area (excluding Killingworth) who experience a housing cost burden.

Table 9: Cost-Burdened Households by Householder Status

Location	% of Cost Burdened Homeowners	% of Cost Burdened Renters	Location	% of Cost Burdened Homeowners	% of Cost Burdened Renters
Chester	39%	54%	Lyme	22%	19%
Clinton	27%	46%	Killingworth	31%	0%
Colchester	19%	46%	Marlborough	27%	36%
Cromwell	27%	59%	Middlefield	24%	74%
Deep River	18%	41%	Old Lyme	23%	58%
Durham	19%	62%	Middletown	34%	50%
East Haddam	21%	30%	Old Saybrook	22%	58%
East Hampton	27%	48%	Portland	25%	52%
Essex	38%	50%	Westbrook	28%	57%
Haddam	30%	56%	**Middlesex County**	28%	51%
Connecticut **% of Cost Burdened Homeowners: 30%** **% of Cost Burdened Renters: 51%**					

Figure 20 presents cost-burden households by race and ethnicity and indicates that in Middlesex County Black, Latino and Asian residents carry a disproportionate housing cost-burden.

Figure 20: Cost Burdened Households by Race and Ethnicity

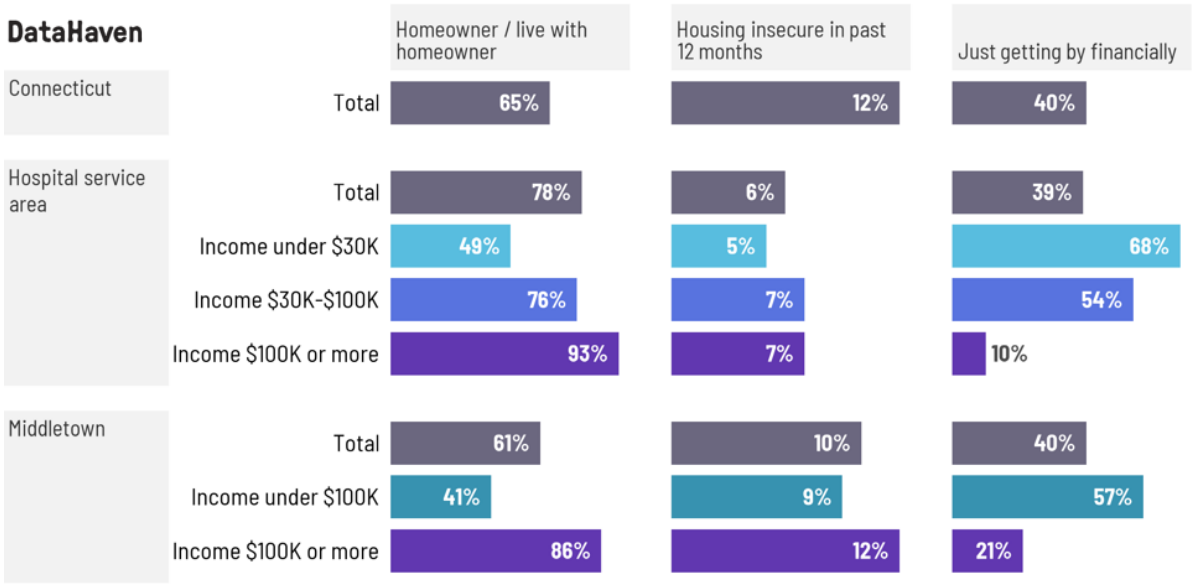


HOUSING & FINANCIAL WELL-BEING

The DataHaven 2024 Community Wellbeing Survey (DCWS) asked respondents questions about housing and financial well-being, as both are strongly correlated. Higher housing costs are often associated with lower financial well-being, while lower housing costs can improve financial well-being. Housing costs strain or instability can negatively impact mental or physical health, while housing wealth influences overall financial security (Grewal et al., 2024).

The DCWS asked respondents *"do you own your own home, rent, or something else?"*; "*in the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family?"*, and *"how well would you say you are managing financially these days?"*. **Figure 21** provides the responses to these questions for Middletown, Middlesex Health service area and Connecticut disaggregated by income level. The sample size was not large enough in Middletown to disaggregate by granular income levels.

Figure 21: Housing & Financial Well-being, Share of Adults, DCWS Respondents



The results of the DataHaven Community-Based Assets and Needs Survey (CBANS) convenience sample provides a lower income threshold than the DataHaven Community Wellbeing Survey and the increased sample size allows for disaggregation by race and ethnicity. **Figure 22** provides CBANS responses to the following questions about housing and financial well-being: *"do you own your own home, rent, or something else?"*; "*in the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family?"*, and *"how well would you say you are managing financially these days?"* disaggregated by income level. **Figure 23** depicts the responses to the same question disaggregated by race and ethnicity.

Figure 22: Housing & Financial Well-being, Share of Adults, CBANS Respondents

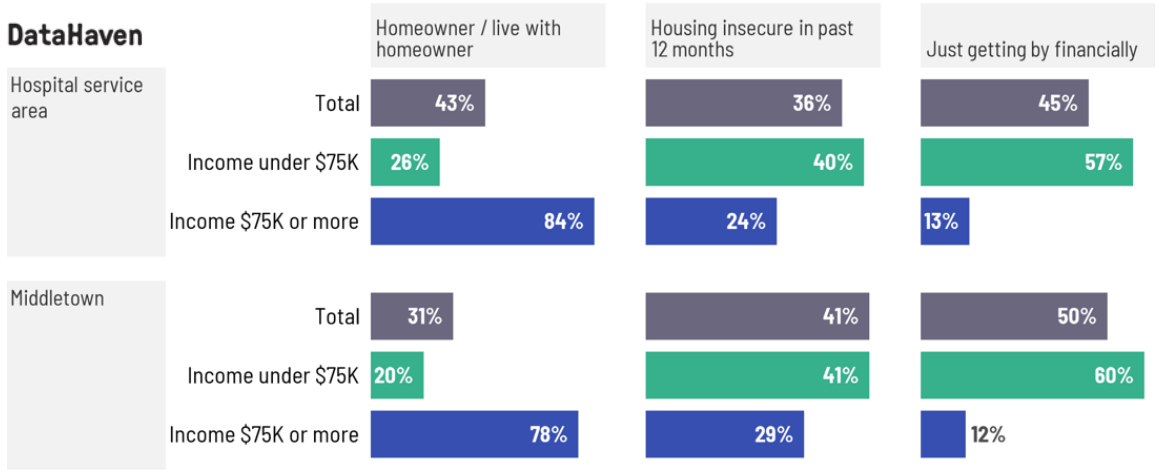
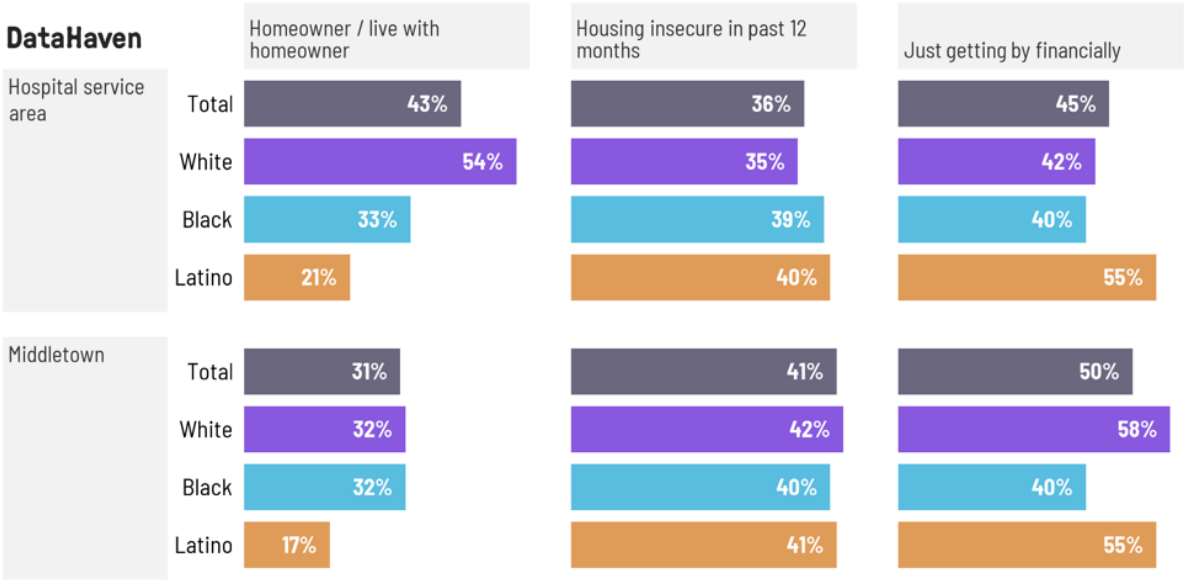


Figure 23: Housing & Financial Well-being by Race and Ethnicity, Share of Adults, CBANS Respondents



HOUSING INSECURITY

2-1-1 Connecticut is a confidential information and referral service that connects people in Connecticut to a wide range of essential health and human services by dialing 2-1-1 or conducting an online database search on https://www.211ct.org/.

The Housing & Shelter 2-1-1 request category was the 2nd highest request category in 2024 for Middletown and Middlesex County, with shelter requests at over 50% of the housing requests, followed by rental assistance at 14%. **Figure 24** outlines the percentages of 2-1-1 requests that are attributed to housing and shelter for 2024 for Middletown and Middlesex County, compared to Connecticut. 2-1-1 defines Contacts as "providing requested contact information for housing and shelter organizations."

Figure 24: 2-1-1 Requests for Housing & Shelter

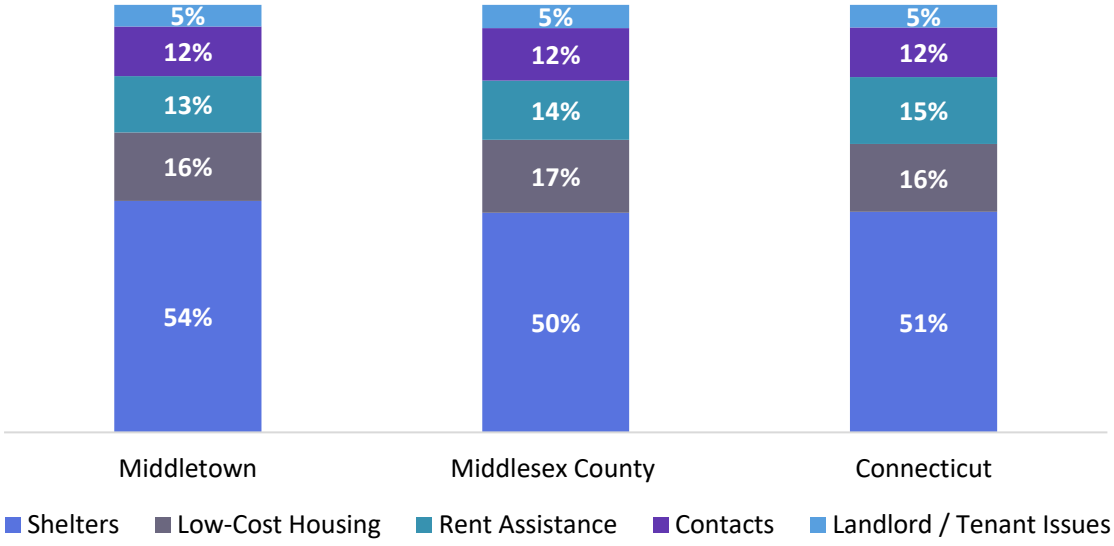
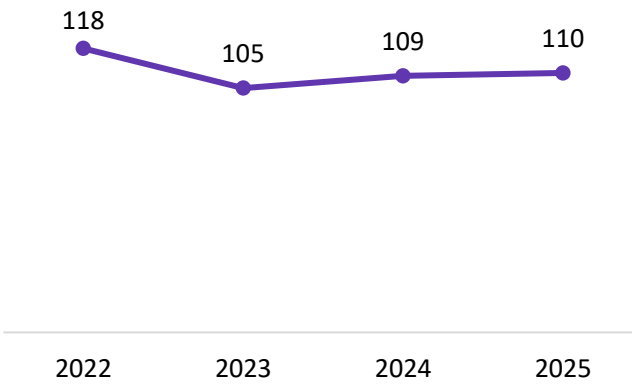


Figure 25 does not include "other" housing requests which are less than / equal to 1%.

The Connecticut Unhoused Point-in-Time Count is a count of sheltered and unsheltered people experiencing homelessness in local areas on a single night in January. The count includes sheltered in emergency shelter, transitional housing and safe havens. **Figure 25** gives the total Unhoused Point-in-Time Count for Middletown for 2022 - 2025.

Figure 25 - Unhoused Point-in-Time Count, Middletown



FOOD SECURITY

Food insecurity is defined as having limited access to adequate food and can greatly influence health outcomes. The risk for food insecurity increases when money to purchase food is limited or not available (Healthy People 2030). The factors that contribute to residents who are at risk for food insecurity and / or limit access to food include limited transportation options / lack of access to public transportation or a personal vehicle, needing to travel a distance to a supermarket / limited available supermarkets, and limited / lack of access to healthy food sources (Healthy People 2030).

The Food Support 2-1-1 request category was the 3rd highest request category in 2024 for Middletown, Middlesex County, and Connecticut. **Figure 26** outlines the percentages of 2-1-1 requests that are attributed to Food Support for 2024 for Middletown and Middlesex County, compared to Connecticut. There is consistency among the three geographic areas for high percentages of food support information requested for soup kitchens, food pantries, and assistance purchasing food.

Figure 26: 2-1-1 Requests for Food Support

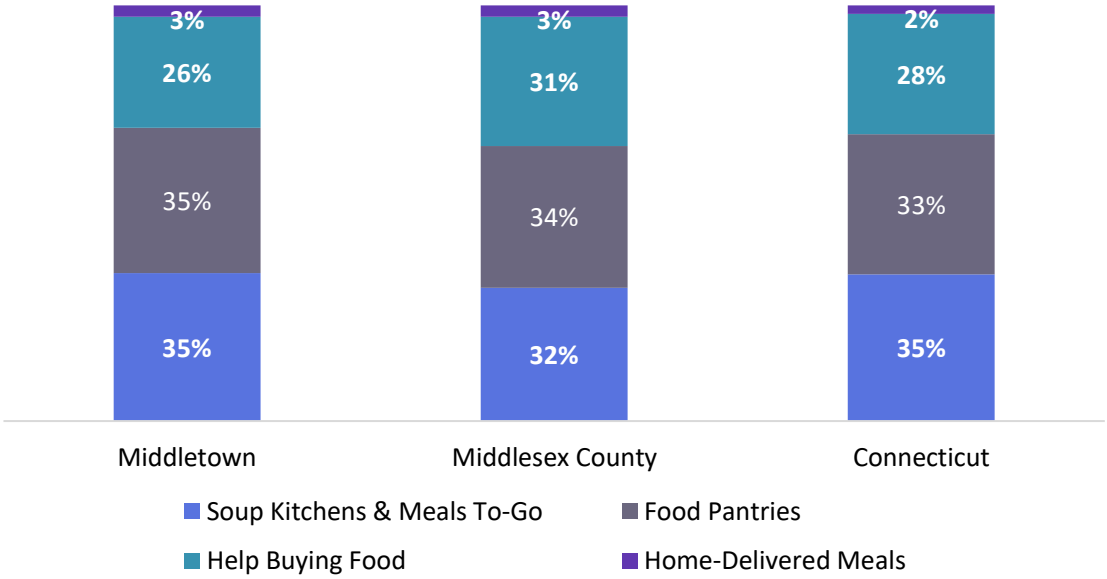
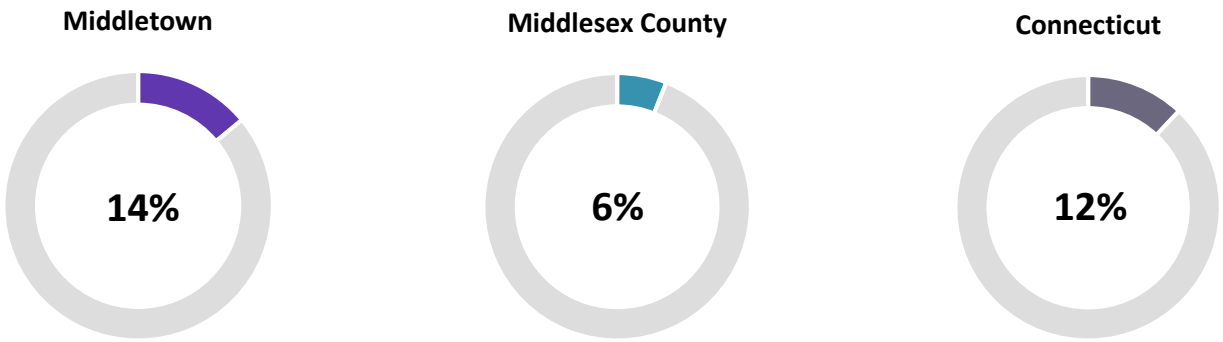


Figure 26 does not include "other" food requests which are less than / equal to 1%.

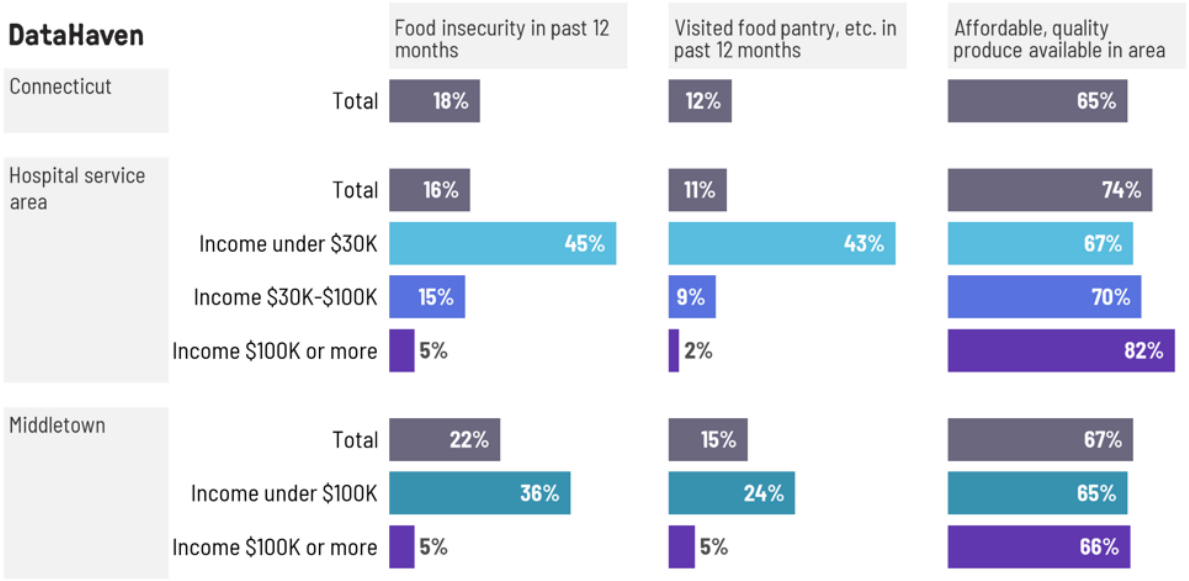
The Supplemental Nutrition Assistance Program (SNAP) is a food-purchasing assistance program administered by the U.S. Department of Agriculture (USDA) under the USDA's Food and Nutrition Service, with benefits distributed locally in each state. SNAP is an indicator of food insecurity and provides a hunger safety net for low- and no-income individuals and families. **Figure 27** depicts the households receiving SNAP rate for Middletown, Middlesex County, and Connecticut. **Appendix Table A9** reviews the SNAP levels for the towns in Middlesex Health's service area and reveals that all towns are below Connecticut's SNAP average (12%) except for Middletown (14%).

Figure 27: Percent of Households Receiving SNAP



To measure nutritional security, the DataHaven 2024 Community Wellbeing Survey (DCWS) asked respondents questions about their ability to purchase food, *"have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?"* and *"in the last 12 months, have you received groceries or meals from a food pantry, food bank, soup kitchen, or other emergency food service?"* Respondents were also asked to rank the availability of affordable, high-quality fruits and vegetables in the areas in which they live. **Figure 28** provides the responses to these questions for Middletown, Middlesex Health service area, and Connecticut disaggregated by income level. The sample size was not large enough in Middletown to disaggregate by granular income levels.

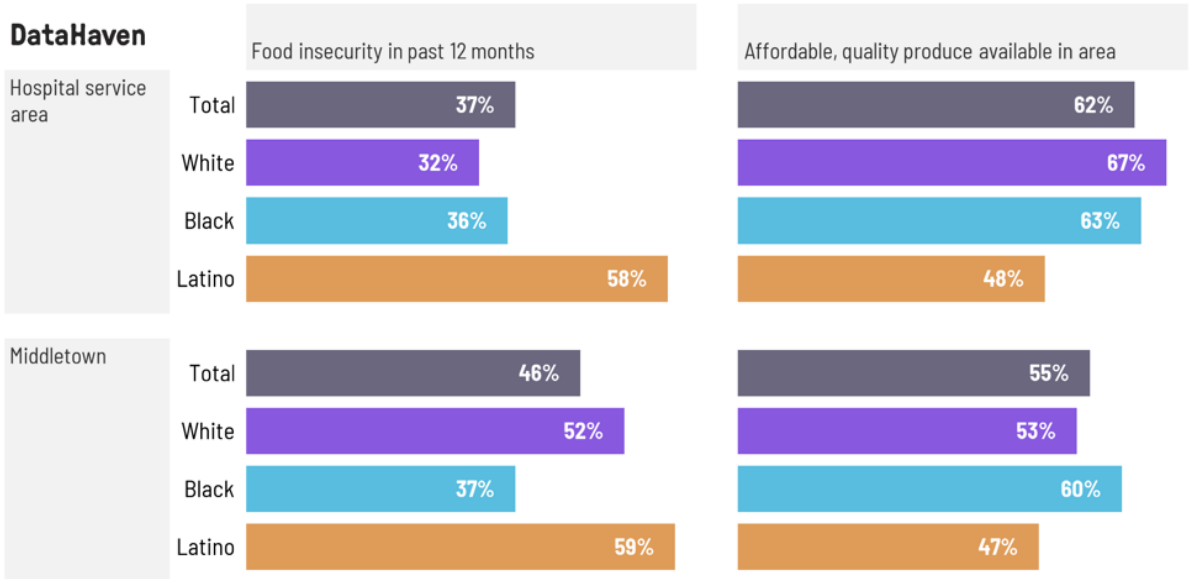
Figure 28: Nutritional Security, Share of Adults, DCWS Respondents



The results of the DataHaven Community-Based Assets and Needs Survey (CBANS) convenience sample provides a lower income threshold than the DataHaven Community Wellbeing Survey and the increased sample size allows for disaggregation by race and ethnicity. **Figure 29** provides CBANS responses to the following question about ability to purchase food: *"have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?"* and responses to ranking the availability of affordable, high-quality fruits and vegetables in the areas in which respondents live, disaggregated by income level. **Figure 30** depicts the responses to the same question disaggregated by race and ethnicity.

Figure 29: Nutritional Security, Share of Adults, CBANS Respondents

Figure 30: Nutritional Security by Race and Ethnicity, Share of Adults, CBANS Respondents



HEALTHCARE ACCESS

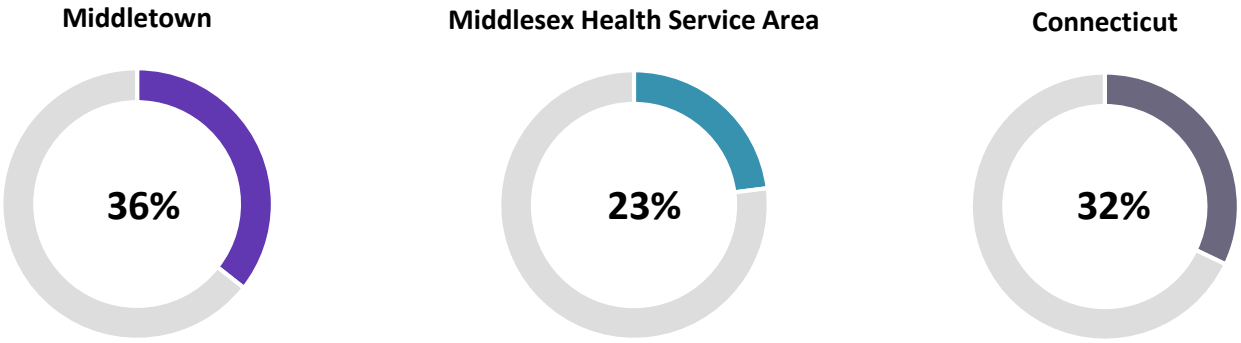
Healthcare access can have a profound impact on health outcomes. Limited / no access to healthcare services can result in delayed or missed medical care, which can contribute to the worsening of chronic conditions, the increased risk of preventable illnesses, and higher rates of disability and premature death; in contrast, those with access to healthcare, particularly through the presence of health insurance, have improved health outcomes including better management of chronic diseases and increased utilization of preventive services (Healthy People 2030). **Table 10** outlines the share of uninsured adults ages 18 – 64 for Middlesex County and the towns in Middlesex Health's service area benchmarked against Connecticut.

Table 10: Percent of Uninsured Adults Ages 18 - 64

Location	Uninsured Rate Among Adults Ages 18 - 64	Location	Uninsured Rate Among Adults Ages 18 - 64
Chester	5%	Killingworth	4%
Clinton	5%	Lyme	4%
Colchester	5%	Marlborough	4%
Cromwell	5%	Middlefield	5%
Deep River	5%	Middletown	7%
Durham	4%	Old Lyme	4%
East Haddam	5%	Old Saybrook	4%
East Hampton	5%	Portland	5%
Essex	4%	Westbrook	5%
Haddam	5%	**Middlesex County**	**5%**
Connecticut 8%			

Figure 31 depicts the percent of population enrolled in Medicaid for Middletown, Middlesex Health's service area, and Connecticut. **Appendix Table A10** indicates the share of the total population enrolled in Medicaid by each town in Middlesex Health's service area compared to Connecticut and reveals that Middletown (36%) far exceeds the Medicaid enrollment when compared to most of towns in Middlesex Health's service and exceeds Connecticut (32%).

Figure 31: Population Enrolled in Medicaid



Access to preventive primary care and dental care is important for maintaining overall health and well-being. Preventive care through regular check-ups and screenings reduces the risk for diseases, disabilities, and death (Healthy People 2030) through early detection and referral to treatment. **Table 11** reviews the adult annual checkup rate and adult annual dental visit rate for each town in Middlesex Health's service area compared to Connecticut.

Table 11: Adult Annual Checkup Rate and Adult Annual Dental Visit Rate

Location	Annual Checkup Rate	Annual Dental Visit Rate	Location	Annual Checkup Rate	Annual Dental Visit Rate
Chester	80%	76%	Killingworth	80%	78%
Clinton	78%	74%	Lyme	81%	81%
Colchester	77%	76%	Marlborough	78%	76%
Cromwell	78%	74%	Middlefield	78%	74%
Deep River	78%	77%	Middletown	77%	70%
Durham	78%	78%	Old Lyme	80%	79%
East Haddam	78%	74%	Old Saybrook	81%	77%
East Hampton	77%	74%	Portland	78%	74%
Essex	81%	77%	Westbrook	79%	76%
Haddam	78%	76%	**Connecticut**	**75%**	**70%**

Middlesex County data not available

To measure access to healthcare services, the DataHaven 2024 Community Wellbeing Survey (DCWS) asked respondents about their experiences accessing the healthcare system, *"do you have health insurance?"*; *"do you have one person or place you think of as your personal doctor or health care provider?"*, and *"during the past 12 months, was there any time when you didn't get the medical care you needed?".* Respondents were also asked to describe their experience within the healthcare system through the question, *"when seeking health care, have you ever been treated with less respect or received services that were not as good as what other people get?"* **Figure 32** provides the responses to these questions for Middletown, Middlesex Health's service area, and Connecticut disaggregated by income level. The sample size was not large enough in Middletown to disaggregate by granular income levels.

Figure 32: Healthcare Access, Share of Adults, DCWS Respondents

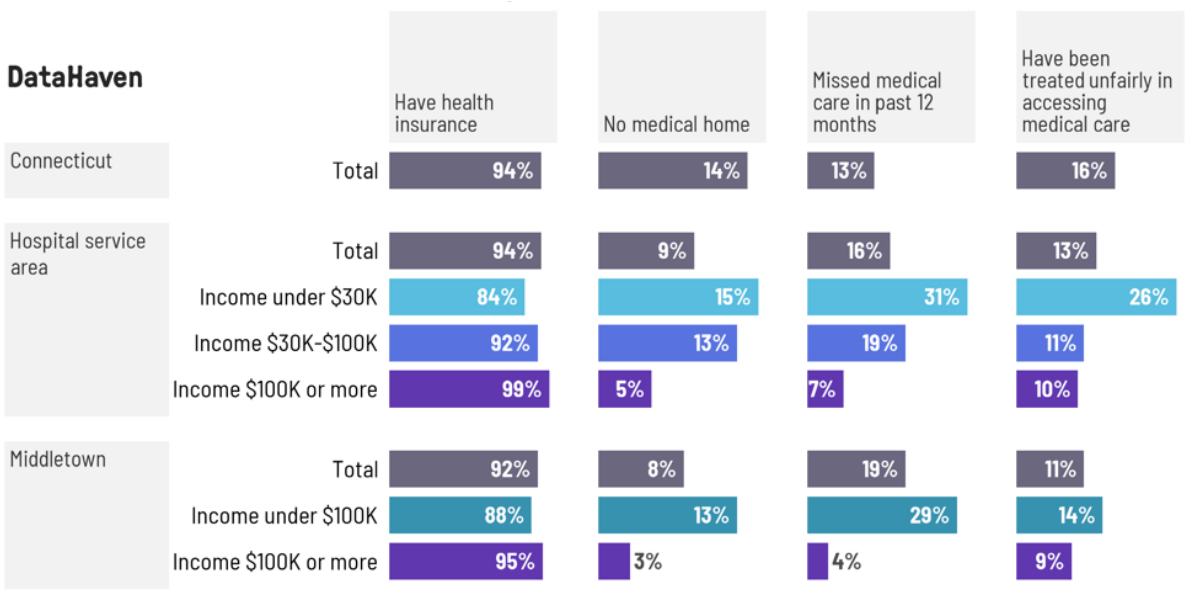
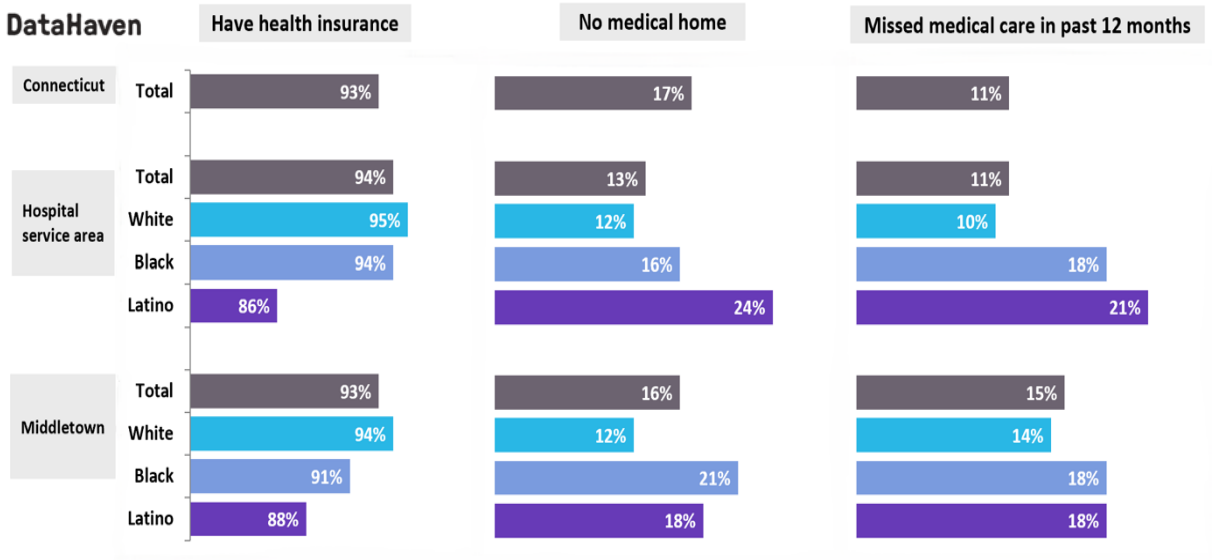


Figure 33 depicts pooled data estimates for the DataHaven Community Wellbeing Survey 2015 – 2024 time period for the questions, *"do you have health insurance?"*; *"do you have one person or place you think of as your personal doctor or health care provider?"*, and *"during the past 12 months, was there any time when you didn't get the medical care you needed?".* By pooling the data, the sample size is increased which provides the ability to disaggregate by race and ethnicity.

Figure 33: Healthcare Access by Race and Ethnicity, Share of Adults, DCWS Respondents



The results of the DataHaven Community-Based Assets and Needs Survey (CBANS) convenience sample provides a lower income threshold than the DataHaven Community Wellbeing Survey and the increased sample size allows for disaggregation by race and ethnicity. **Figure 34** provides CBANS responses to the following questions about healthcare access: *"do you have health insurance?"*; *"do you have one person or place you think of as your personal doctor or health care provider?"*, and *"during the past 12 months, was there any time when you didn't get the medical care you needed?"* disaggregated by income level. **Figure 35** depicts the responses to the same question disaggregated by race and ethnicity.

Figure 34: Healthcare Access, Share of Adults, CBANS Respondents

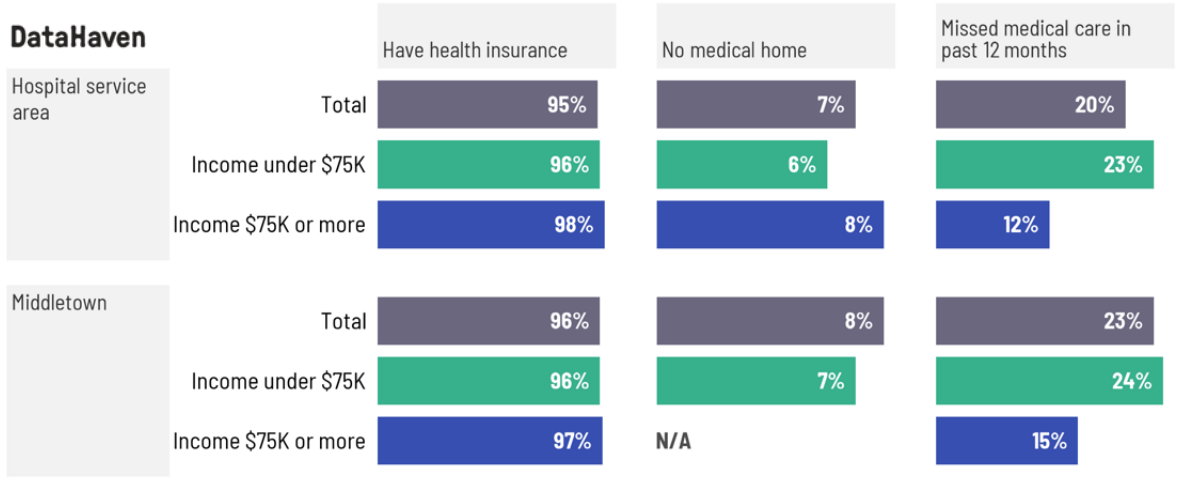
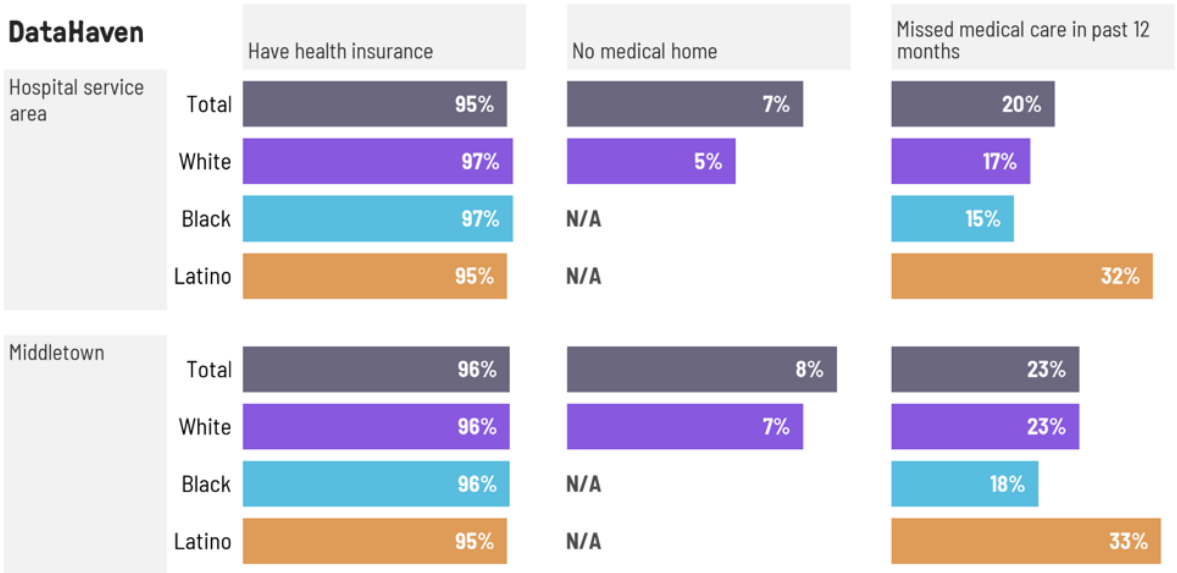


Figure 35: Healthcare Access by Race and Ethnicity, Share of Adults, CBANS Respondents

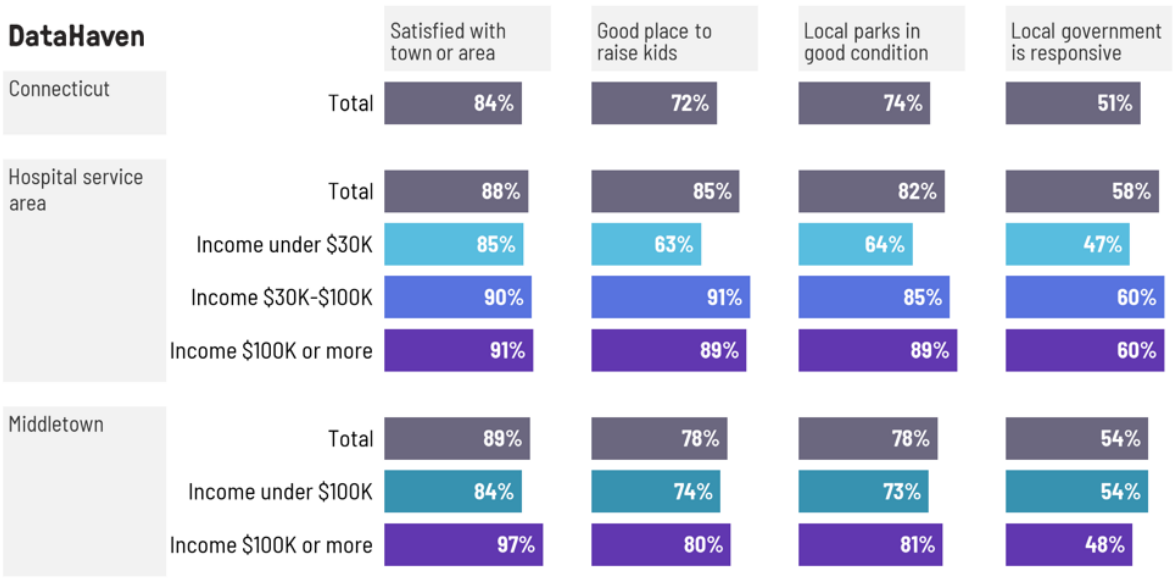


NEIGHBORHOOD CONDITIONS

Individuals are strongly influenced by their environments and an individual's perception of neighborhood cohesion can impact mental and physical health outcomes (Robinette et al., 2013). Neighborhood cohesion is characterized by strong connections, trust, and a sense of belonging. While a cohesive neighborhood can reduce stress, increase access to resources, improve health behaviors and promote physical and mental well-being, neighborhood disorder (i.e., crime, vacant buildings, trash, blight) can negatively impact quality of life and health (Robinette et al., 2018).

The DataHaven 2024 Community Wellbeing Survey (DCWS) asked respondents about community satisfaction through the following questions: *"are you satisfied with the city or area where you live?"*; *"think about some aspects of life in your city or area…as a place to raise children"*; *"the condition of public parks and other public recreational facilities"*; and, *"how responsive local government is to the needs of residents?"*. **Figure 36** provides the responses to these questions for Middletown, Middlesex Health service area, and Connecticut disaggregated by income level. The sample size was not large enough in Middletown to disaggregate by granular income levels.

Figure 36: Community Satisfaction, Share of Adults, DCWS Respondents



The results of the DataHaven Community-Based Assets and Needs Survey (CBANS) convenience sample provides a lower income threshold than the DataHaven Community Wellbeing Survey and the increased sample size allows for disaggregation by race and ethnicity. **Figure 37** provides CBANS responses to the following questions about community satisfaction: *"are you satisfied with the city or area where you live?"*; *"think about some aspects of life in your city or area…as a place to raise children"*; and *"the condition of public parks and other public recreational facilities"* disaggregated by income level. **Figure 38** depicts the responses to the same question disaggregated by race and ethnicity.

Figure 37: Community Satisfaction, Share of Adults, CBANS Respondents

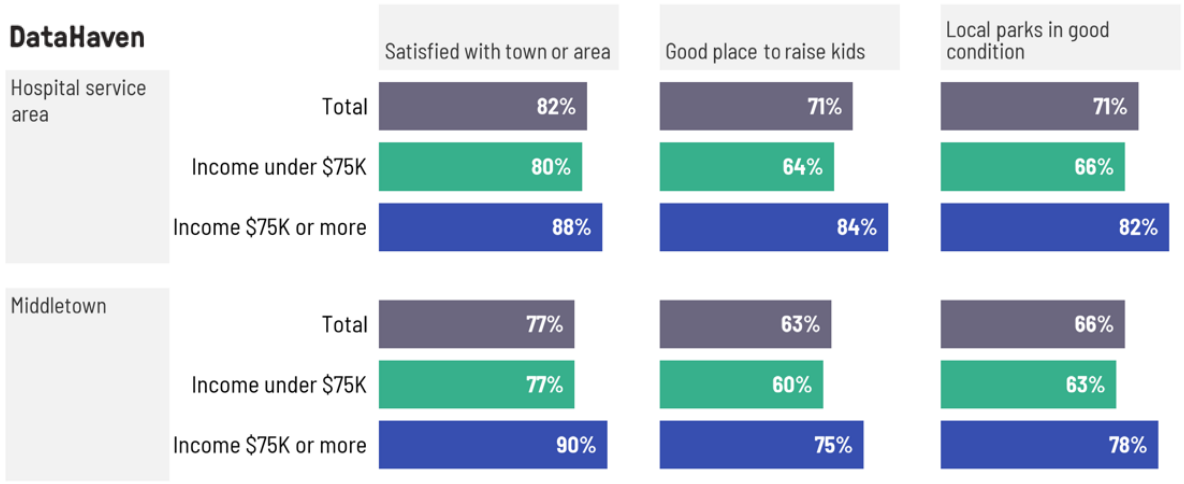
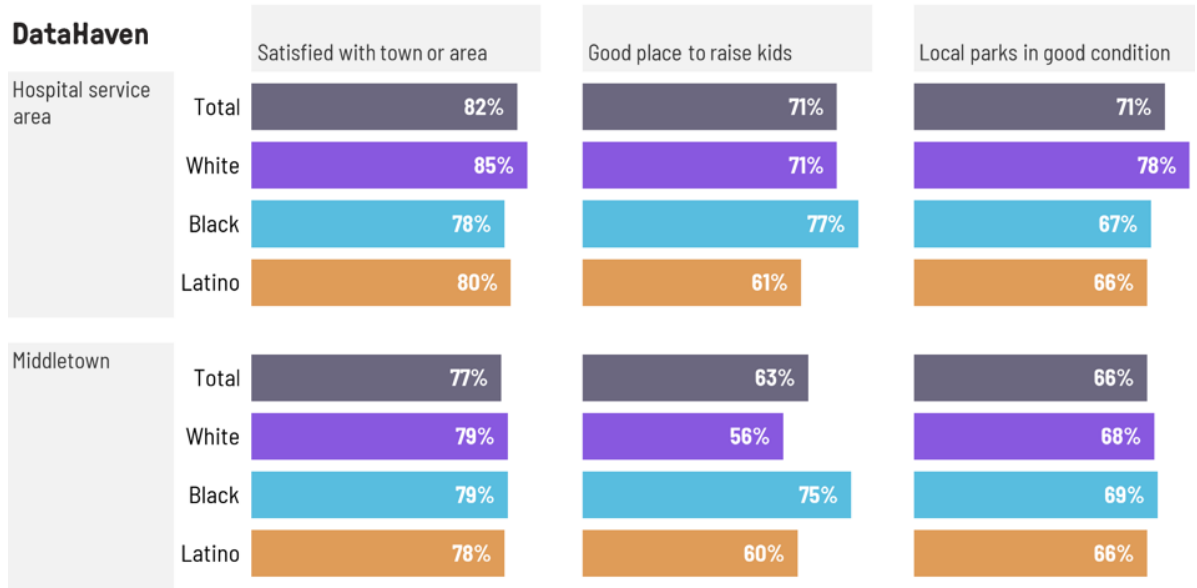


Figure 38: Community Satisfaction by Race and Ethnicity, Share of Adults, CBANS Respondents



For neighborhood perception, the DCWS asked respondents to measure their agreement with the following statements, *"my neighborhood has several free or low-cost recreation facilities such as parks, playgrounds, public swimming pools, etc."* and *"I do not feel safe to go on walks in my neighborhood at night"*. **Figure 39** outlines the responses to these questions for Middletown, Middlesex Health service area. and Connecticut disaggregated by income level. The sample size was not large enough in Middletown to disaggregate by granular income levels.

Figure 39: Neighborhood Perception, Share of Adults, DCWS Respondents

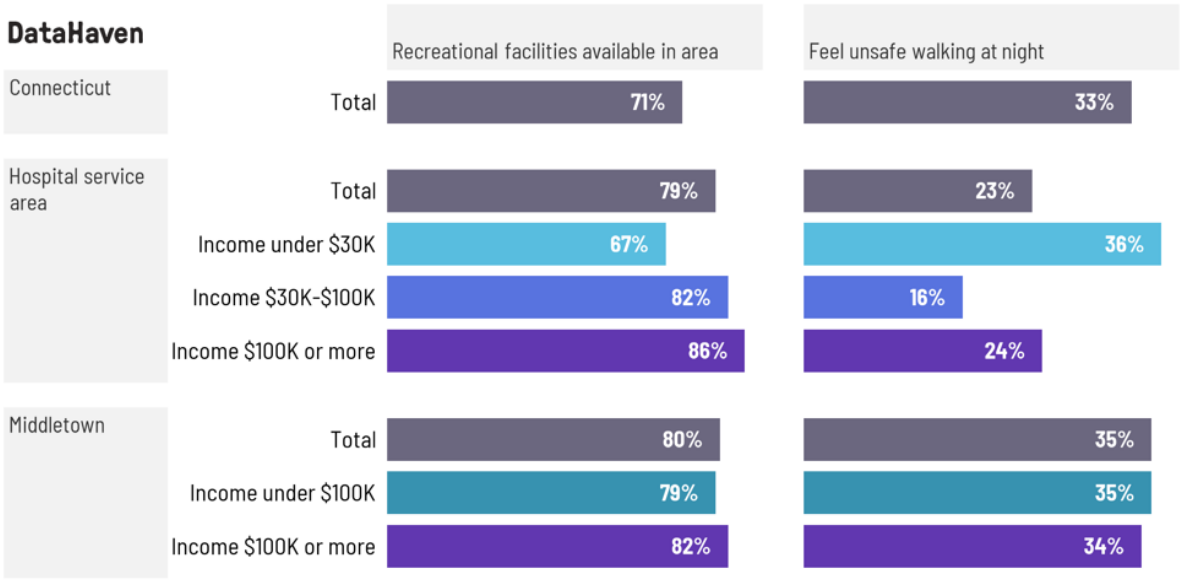


Figure 40 provides CBANS responses to the following questions about neighborhood perception: *"my neighborhood has several free or low-cost recreation facilities such as parks, playgrounds, public swimming pools, etc."* and *"I do not feel safe to go on walks in my neighborhood at night"* disaggregated by income level and **Figure 41** depicts the responses to the same questions disaggregated by race and ethnicity.

Figure 40: Neighborhood Perception, Share of Adults, CBANS Respondents

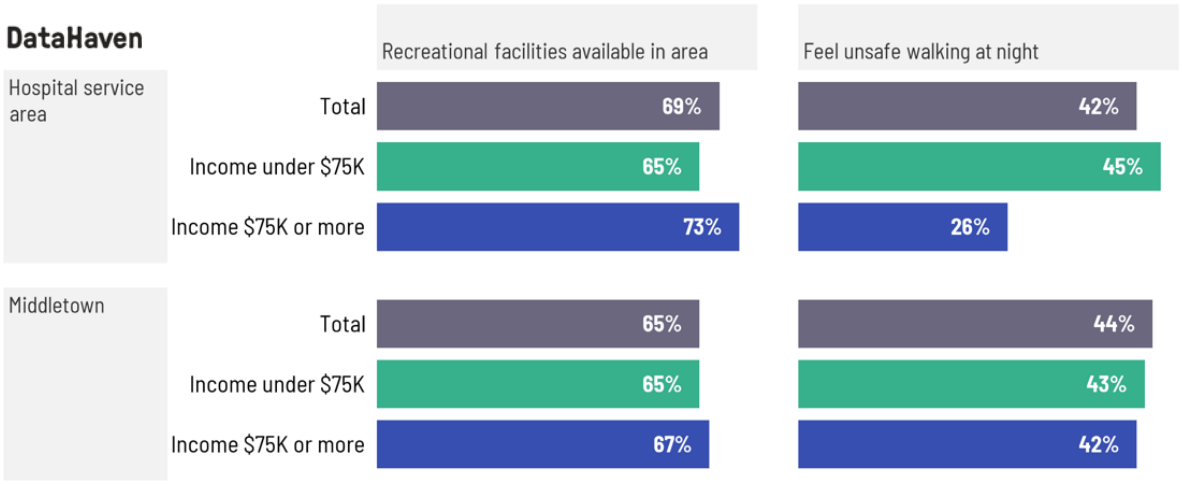
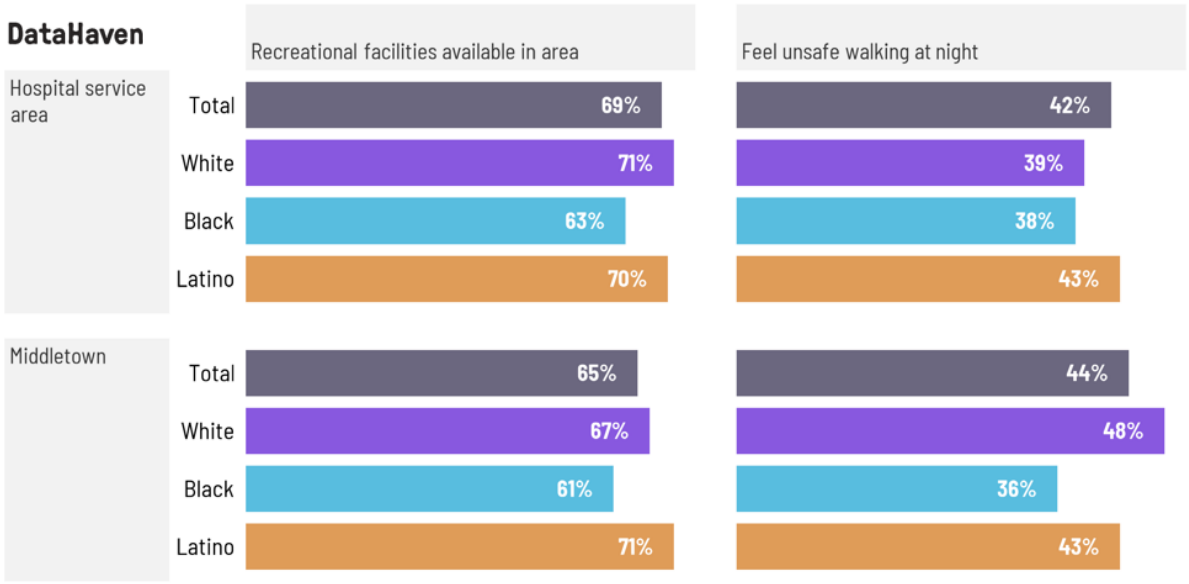


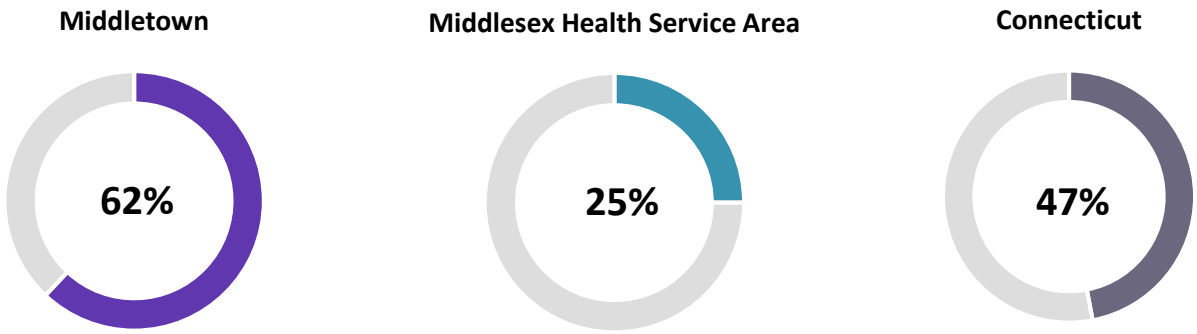
Figure 41: Neighborhood Perception by Race and Ethnicity, Share of Adults, CBANS Respondents



SUMMARY MEASURES

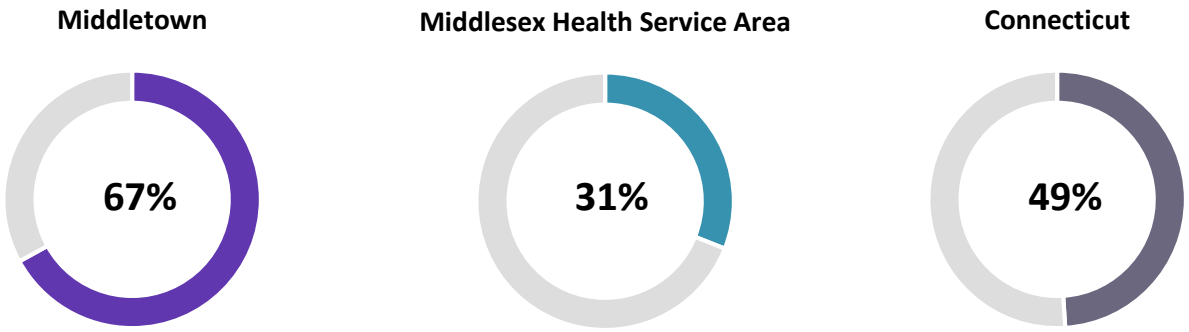
The Area Deprivation Index (ADI) ranks neighborhoods by socioeconomic disadvantage at the census block group level. The metric considers combined indicators like income, education, employment, and housing quality and suggests areas that have a higher degree of social and economic disadvantage (Neighborhood Atlas, 2025). The median level of deprivation is calculated by finding the middle value of all the deprivation scores within a specific geographic area and is used as a benchmark to understand the relative socioeconomic status of a given area in comparison to others. **Figure 42** outlines the percentage by geographic population of those living in areas considered to have higher than median levels of area deprivation. 62% of Middletown residents are living in areas with higher than median levels of deprivation.

Figure 42: Population Living in Areas with Above Median Levels of Area Deprivation Index



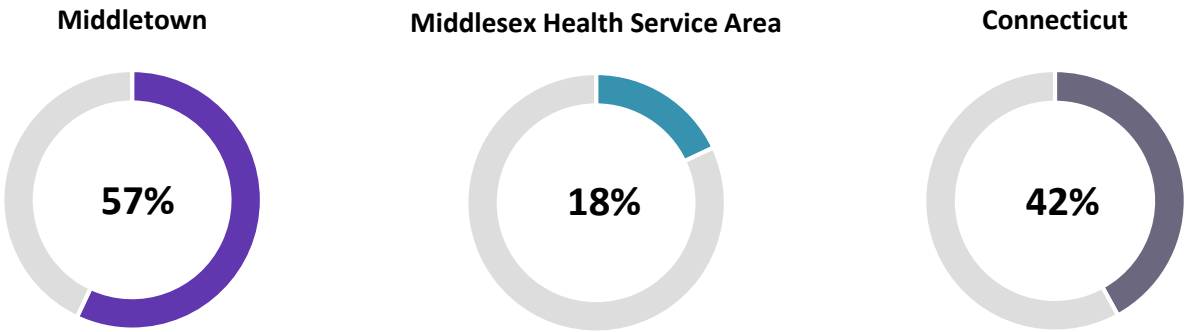
Social vulnerability is a classification that refers to demographic and socioeconomic factors (i.e., poverty, lack of access to transportation, crowded housing, other community-level stressors, etc.) that adversely affect communities (ATSDR, 2025) and is measured by the Social Vulnerability Index (SVI). **Figure 43** depicts the percentage by geographic population of those estimated to live in areas considered to have a higher than median level of social vulnerability. 67% of Middletown residents are living in areas with higher than median levels of social vulnerability.

Figure 43: Population Living in Areas with Above Median Levels of Social Vulnerability Index



The Environmental Justice Index (EJI) measures the cumulative impacts of environmental burden through the lens of human health and health equity in order to identify, characterize and prioritize communities experiencing significant environmental and health disparities (ATSDR, 2025). The EJI rank can indicate greater environmental injustice and vulnerability and points to areas that are more likely to experience negative health consequences from environmental injustice combined with social and health disparities (NACCHO, 2025). **Figure 44** presents the percentage by geographic area of those estimated to live in areas ranking below the national EJI median. 57% of Middletown residents live in areas ranked below the national median on the EJI, indicating higher levels of environmental injustice.

Figure 44: Population Living in Areas with Below Median Rankings of Environmental Justice Index

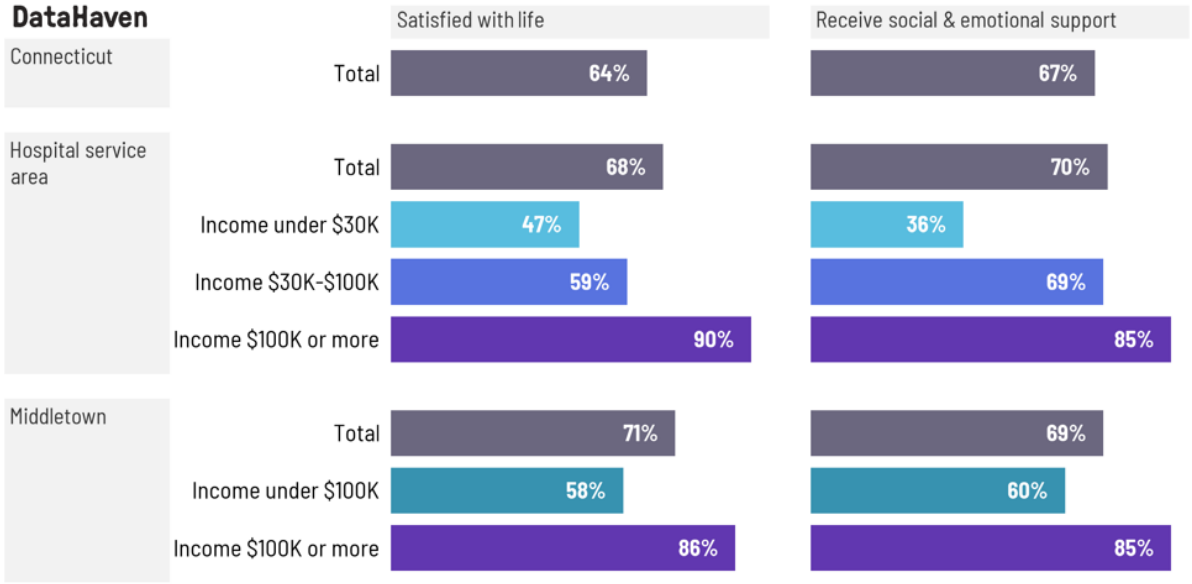


WELL-BEING

Well-being is more than the absence of illness, it refers to a state of thriving and encompasses physical, mental, and social well-being. Well-being is influenced by many factors including social connections, financial security, environmental factors, sense of belonging and personal experiences. Positive mental and social well-being can have beneficial effects on physical health, including reducing the risk of disease and promoting faster recovery (CDC, 2025).

The DataHaven 2024 Community Wellbeing Survey (DCWS) asked respondents questions relative to well-being, as measured by satisfaction with life and social and emotional support. Respondents answered the questions, *"overall, how satisfied are you with your life nowadays?"* and *"how often do you get the social and emotional support you need?"*. **Figure 45** depicts the responses to these questions for Middletown, Middlesex Health service area, and Connecticut disaggregated by income level. The sample size was not large enough in Middletown to disaggregate by granular income levels.

Figure 45: Well-Being and Support, Share of Adults, DCWS Respondents



The results of the DataHaven Community-Based Assets and Needs Survey (CBANS) convenience sample provides a lower income threshold than the DataHaven Community Wellbeing Survey and the increased sample size allows for disaggregation by race and ethnicity. **Figure 46** provides CBANS responses to the following questions about well-being: *"overall, how satisfied are you with your life nowadays?"* and *"how often do you get the social and emotional support you need?"* disaggregated by income level. **Figure 47** depicts the responses to the same question disaggregated by race and ethnicity.

Figure 46: Well-Being and Support, Share of Adults, CBANS Respondents

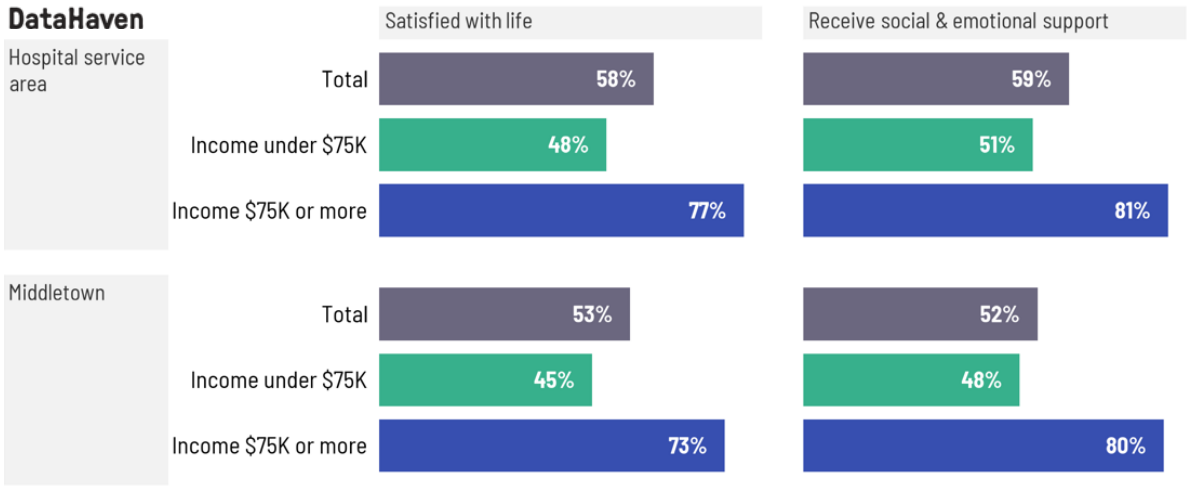
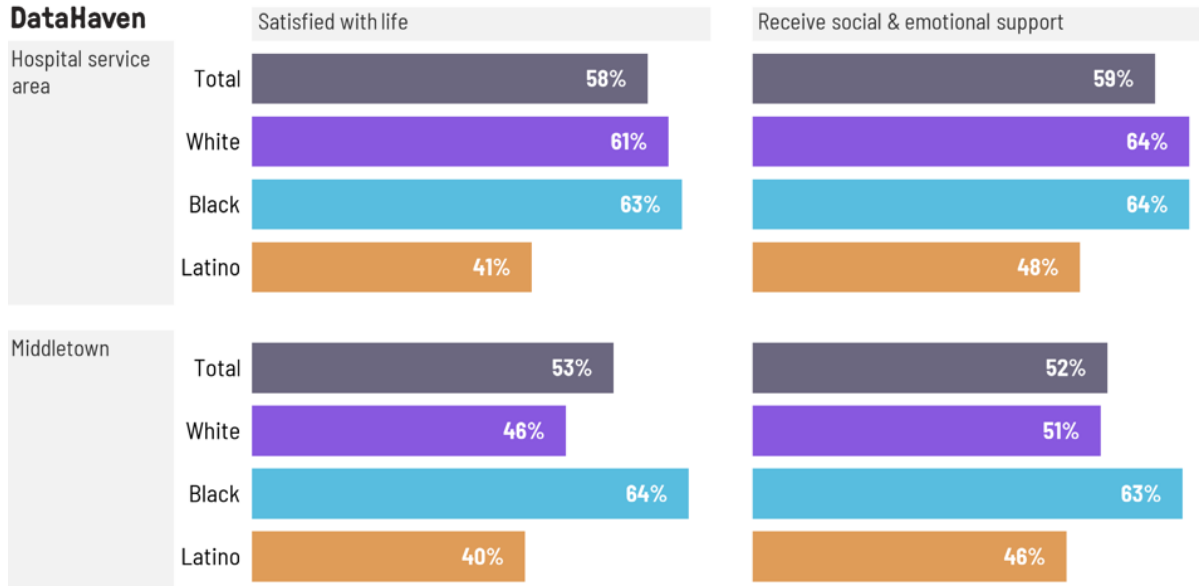
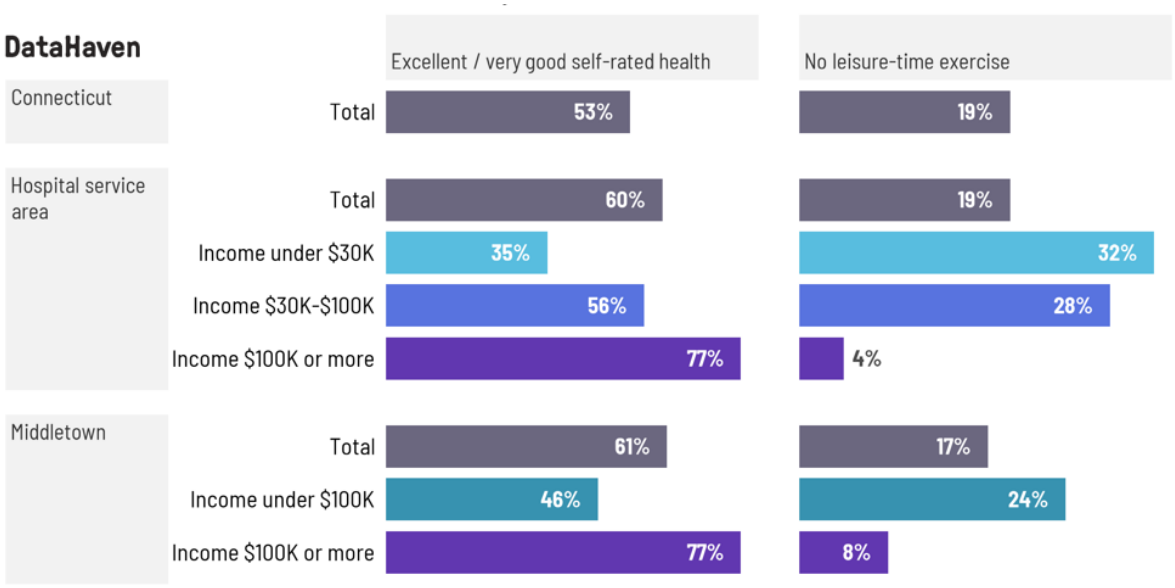


Figure 47: Well-Being and Support by Race and Ethnicity, Share of Adults, CBANS Respondents



Health status measures how people perceive their health; it is considered a good assessment of a person's overall well-being and is a predictor of health outcomes, including mortality, morbidity and functional status (CDC PLACES, 2025). Additional 2024 DCWS well-being questions included, *"how would you rate your overall health?"*, and *"in an average week, how many days per week do you exercise?"* **Figure 48** depicts the responses to these questions for Middletown, Middlesex Health service area, and Connecticut disaggregated by income level. The sample size was not large enough in Middletown to disaggregate by granular income levels.

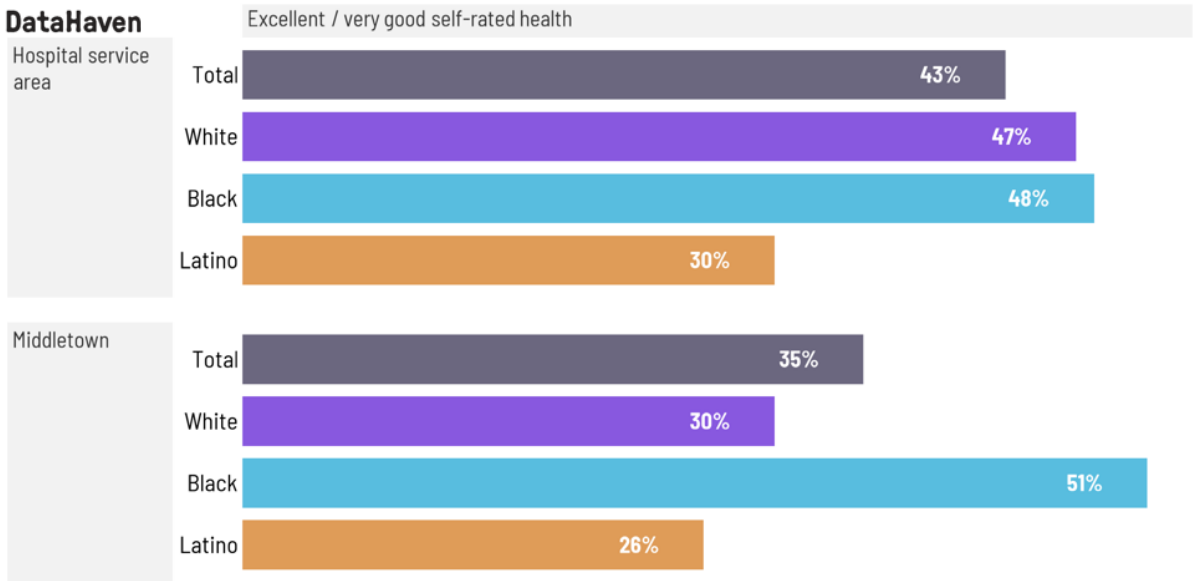
Figure 48: Self-Reported Health and Exercise, Share of Adults, DCWS Respondents



The results of the DataHaven Community-Based Assets and Needs Survey (CBANS) convenience sample provides a lower income threshold than the DataHaven Community Wellbeing Survey and the increased sample size allows for disaggregation by race and ethnicity. **Figure 49** provides CBANS responses to the following question about self-reported health *"how would you rate your overall health?"* disaggregated by income level and **Figure 50** depicts the responses to the same question disaggregated by race and ethnicity.

Figure 49: Self-Reported Health, Share of Adults, CBANS Respondents

Figure 50: Self-Reported Health by Race and Ethnicity, Share of Adults, CBANS Respondents



SUMMARY MEASURES

Figure 51 outlines the prevalence of self-rated health status among adults as measured by “fair” or “poor” responses.

Figure 51: Fair or Poor Self-Rated Health Status, Share of Adults

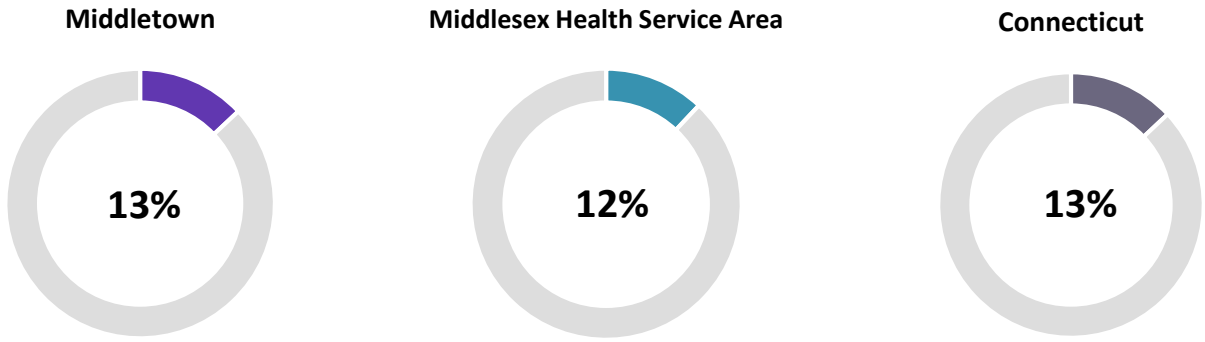
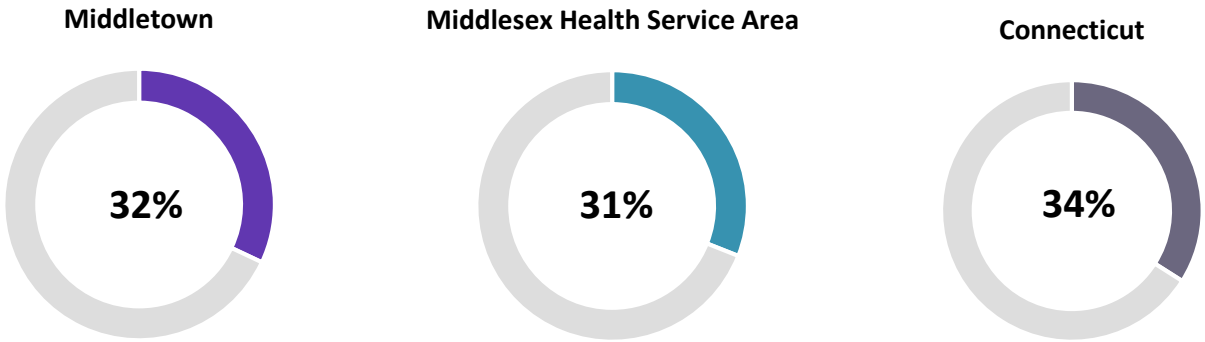


Figure 52 reviews the percent of adults who reported on average getting less than the recommended seven hours of sleep per day. The cumulative effects of insufficient sleep have been associated with harmful health consequences including an increased risk of hypertension, diabetes, obesity, depression, heart attack, and stroke (IOM, 2006).

Figure 52: Fewer than Seven Hours of Sleep on Average, Share of Adults

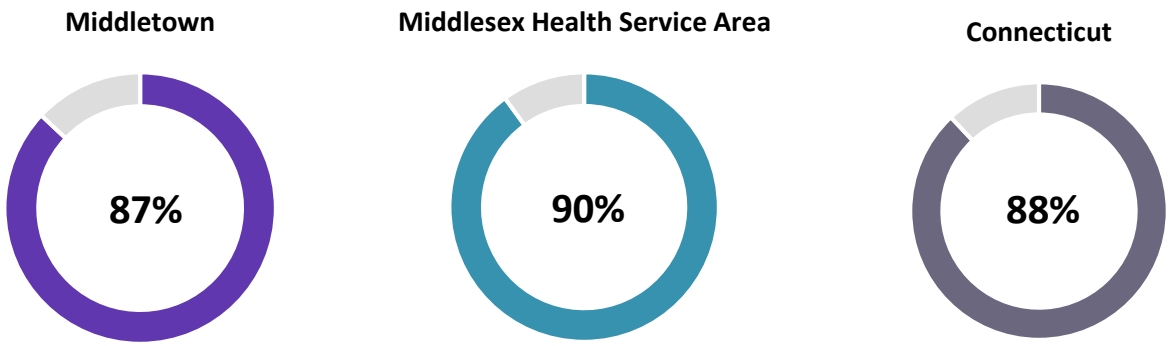


PREVENTATIVE CARE: SCREENING & VACCINATION

Routine health screenings are vital for risk factors and early disease detection and diagnosis, better management of chronic diseases, linkage to potentially life-saving treatment, and improved health outcomes and quality of life.

As high cholesterol often has no symptoms and can significantly increase the risk of heart disease and stroke, regular cholesterol screening is important for early detection and management of high cholesterol, potentially preventing serious health consequences (CDC, 2025). **Figure 53** depicts the share of adults who received cholesterol screening.

Figure 53: Cholesterol Screening Among Adults, Share of Adults



Cancer screening is critical for early detection, which can significantly increase the chance of successful treatment and survival. When cancers are identified in their early stages, often when they are smaller and haven't spread, they may be easier to treat or cure (NCI, 2025). **Figure 54** reviews the share of adult women ages 21 – 64 years who received cervical cancer screening.

Figure 54: Cervical Cancer Screening Among Women Ages 21 – 65 Years

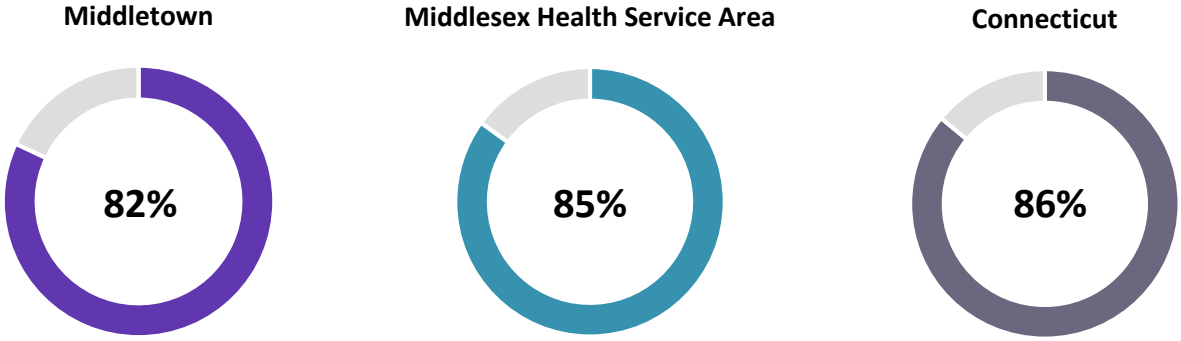
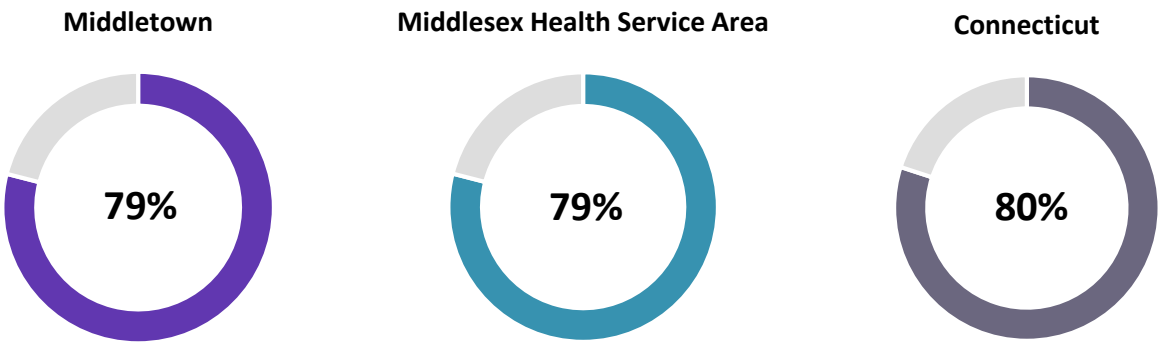


Figure 55 outlines the share of adult women ages 50 - 74 years who received a mammogram.

Figure 55: Mammogram Screening Among Women Ages 50 – 74 Years



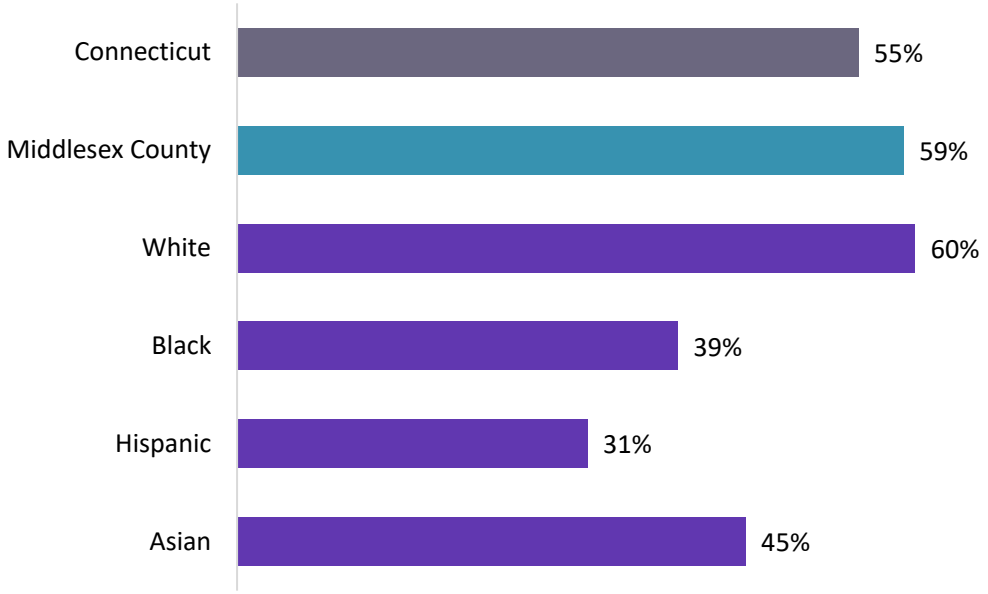
As local data is not available, **Table 12** uses the state of Connecticut as proxy data and details colorectal cancer screening - defined as at least one recommended colorectal cancer (CRC) test - by race and ethnicity.

Table 12: Colorectal Screening, Ages 45 - 75

Connecticut	
Male and Female	
All Races (including Hispanic)	75%
White Non-Hispanic	77%
Black (including Hispanic)	76%
Hispanic (any race)	68%
Male	
All Races (including Hispanic)	74%
White Non-Hispanic	77%
Black (including Hispanic)	76%
Hispanic (any race)	69%
Female	
All Races (including Hispanic)	76%
White Non-Hispanic	78%
Black (including Hispanic)	76%
Hispanic (any race)	67%

The annual seasonal influenza (flu) vaccine offers protection against influenza and its potential complications and is an important tool for maintaining individual and public health. In addition to protecting others, getting the influenza vaccine can significantly reduce the risk of infection and the severity of illness if the infection does occur. Vaccination is especially important for certain populations including young children (age 6 months and older), individuals with chronic health conditions, pregnant people, and older adults who are at higher risk for flu complications (CDC, 2025). **Figure 56** outlines the percentage of fee-for-service Medicare enrollees who had an annual influenza vaccination for Middlesex County, disaggregated by race and ethnicity.

Figure 56: Percent of Medicare Enrollees Who Received Influenza Vaccination, Middlesex County



Part 2

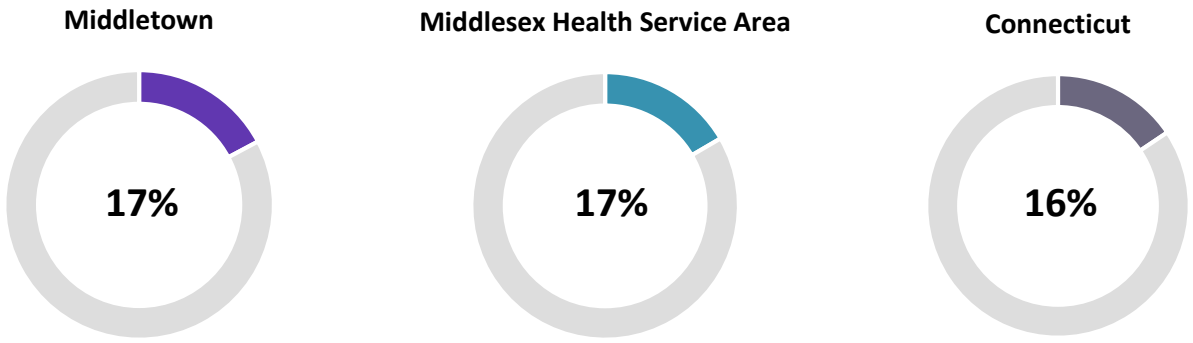
HEALTH INDICATORS

ALCOHOL USE

Excessive alcohol consumption can have a significant impact on physical health, mental health, and well-being. Long-term alcohol use can lead to many adverse health outcomes, including liver disease, heart disease, high blood pressure, stroke, digestive issues, neurological complications, a weakened immune system, an increased risk of certain cancers, and mental health conditions including depression and anxiety (CDC, 2025). Binge drinking is the consumption of an excessive amount of alcohol in a short period of time, and is defined as four or more drinks for women during an occasion and five or more drinks for men during an occasion (CDC, 2025). Heavy drinking is defined as eight or more drinks for women during a week and 15 or more drinks for men during a week (CDC, 2025).

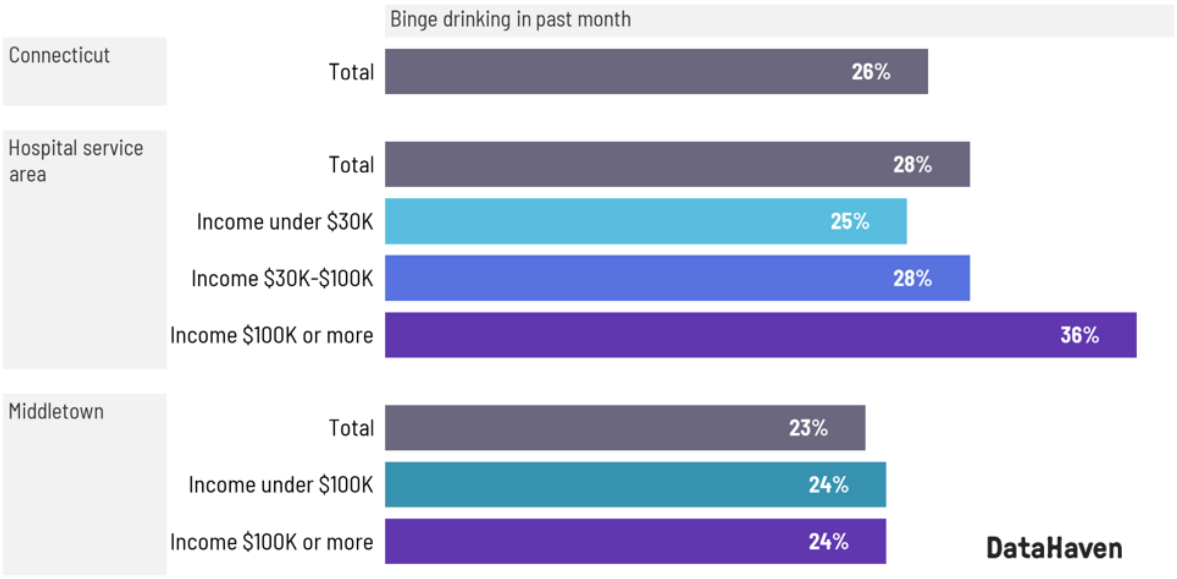
Figure 57 compares the percentage of adults reporting binge or heavy drinking for the three geographic areas.

Figure 57: Percent of Adults Binge or Heavy Drinking



To measure binge drinking, the DataHaven 2024 Community Wellbeing Survey (DCWS) asked respondents *"considering all types of alcoholic beverages, how many times during the past 30 days did you have (none; one to five; six to ten; more than ten; don't know) or more drinks on an occasion?"*. **Figure 58** provides the responses for binge drinking in the past month for Middletown, Middlesex Health service area, and Connecticut disaggregated by income level. The sample size was not large enough in Middletown to disaggregate by granular income levels.

Figure 58: Binge Drinking in Past Month, Share of Adults, DCWS Respondents



OPIOID USE AND OPIOID RELATED DEATHS

Data for local current opioid use (prevalence) was not available for this report, but the DataHaven 2024 Community Wellbeing Survey asked respondents about their relationship to person(s) struggling with opioid use, *"do you personally know anyone who has struggled with an addiction to heroin or other opiates such as prescription painkillers (like Percocet or OxyContin) at any point during the last 3 years?"*, with the follow-up question for yes responses, *"who do you know that has struggled with this at any point during the past 3 years? Is it a close friend; a family member; an acquaintance; yourself?"* **Figure 59** provides the responses for Middletown, Middlesex Health service area and Connecticut disaggregated by income level. The sample size was not large enough in Middletown to disaggregate by granular income levels.

Figure 59: Relationship to Persons Struggling with Opioid Use, Share of Adults, DCWS Respondents

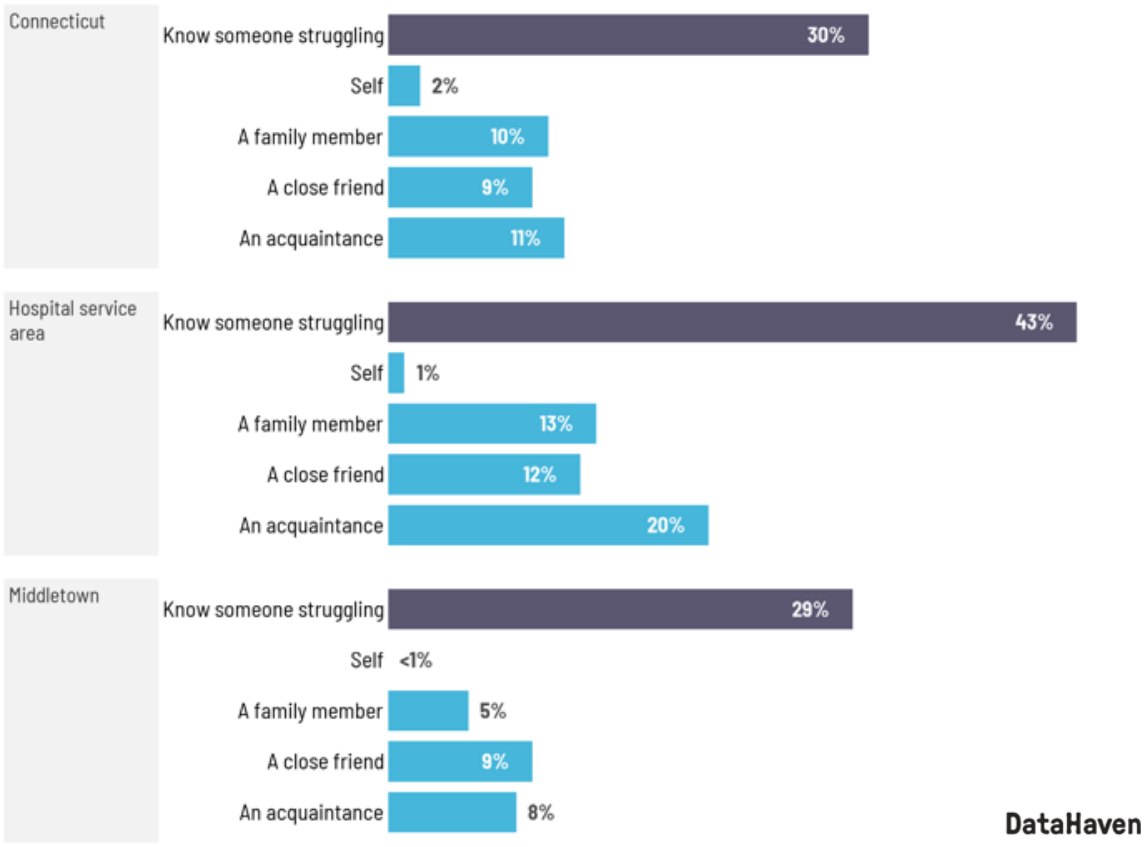


Figure 60 gives the total aggregate accidental overdose deaths related to any opioids for the towns in Middlesex Health's service area. **Appendix Tables A11 – A13** provide the total accidental drug-related deaths for 2022, 2023 and 2024 for all the towns in Middlesex Health's service area and notes when deaths are due to "any opioid", and describes if there was Fentanyl involvement for "any opioid" related deaths.

Figure 61 depicts the accidental drug-related deaths in Middlesex Health's service area that were due to "any opioid", which accounts for the majority of accidental drug-related deaths. **Figure 62** outlines the accidental drug-related deaths in Middlesex Health's service area that were due to "any opioid" and had Fentanyl involvement. **Figure 63** extracts Middletown from the remaining towns in Middlesex Health's service area and compares the total percentages of accidental drug-related deaths due to "any opioid" between the two geographic areas.

Figure 60: Total Number of Opioid Related Overdose Deaths, All Towns in Middlesex Health Service Area

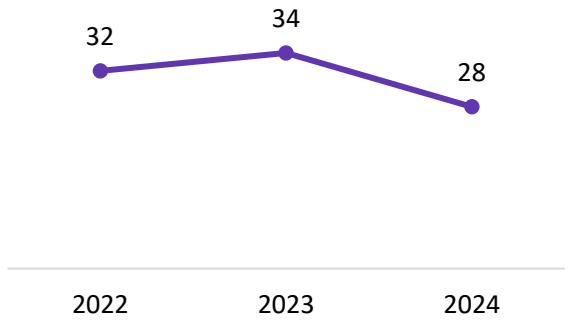


Figure 61: Percent of Accidental Drug-Related Death Due to "Any Opioid", All Towns in Middlesex Health Service Area

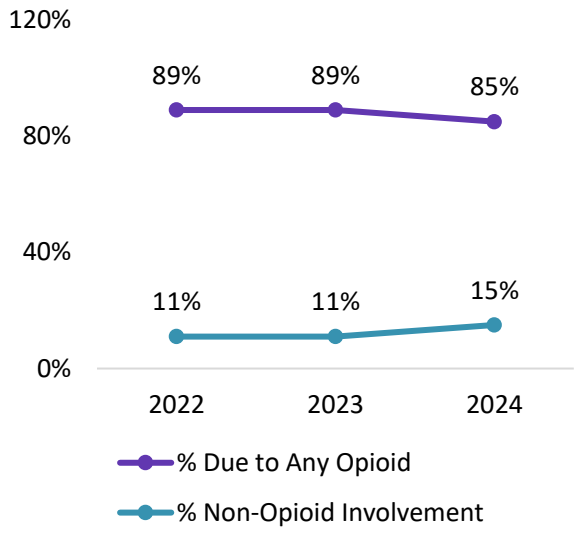


Figure 62: Percent of Accidental Drug-Related Death Due to "Any Opioid" with Fentanyl Involvement, All Towns in Middlesex Health Service Area

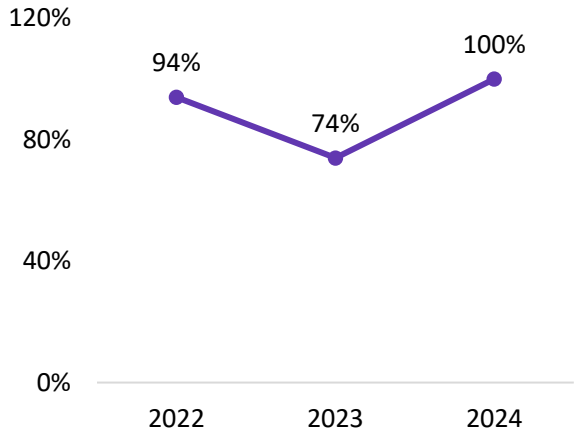
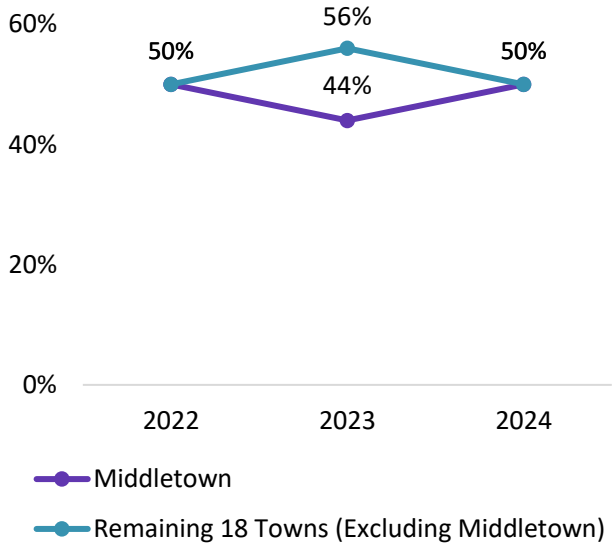


Figure 63: Percent of Accidental Drug-Related Death Due to "Any Opioid", Middletown Compared to Remaining Towns in Service Area

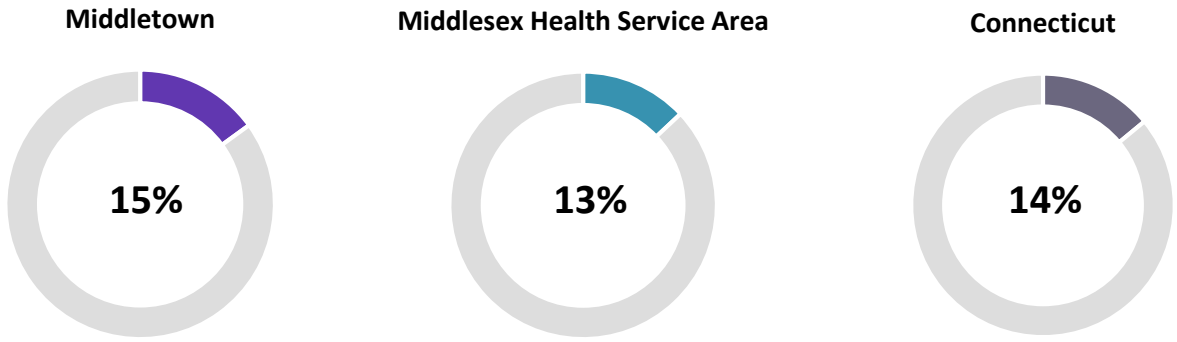


TOBACCO USE & USE OF E-CIGARETTES / VAPING

Smoking tobacco is the leading cause of preventable disease and death in the United States (American Cancer Society, 2025). The chemical and carcinogens that are inhaled through cigarette, cigar, and pipe smoke get into the bloodstream and carry the chemicals to all parts of the body; this process can damage DNA and promote the growth of unusual cells that can turn into cancer (CDC, 2025). Using tobacco products can also cause other significant diseases and conditions including respiratory diseases (e.g., chronic obstructive pulmonary disease; emphysema, chronic bronchitis, asthma); cardiovascular disease; oral health issues; diabetes and premature aging (American Cancer Society, 2025).

Figure 64 compares the percentage of current adult smokers (prevalence) for the three geographic areas. **Appendix Table A14** reviews current adult smoker rates for the towns in Middlesex Health's service area and Connecticut.

Figure 64: Percent of Adult Current Smokers



E-cigarettes can be highly addictive. Most e-cigarettes, or vapes, contain nicotine, the addictive substance in cigarettes, cigars, and other tobacco products. Vaping is the process of inhaling the aerosol (mist) that is produced by a battery-powered device, such as an e-cigarette. The aerosol from e-cigarettes can contain harmful substances such as cancer-causing chemicals that can be inhaled deep into the lungs as tiny particles (CDC, 2025). E-cigarette use has also been linked to cardiovascular issues, including cardiovascular disease and increased risk of heart attack (NIH, 2025). E-cigarette and vaping among youth can lead to addiction and cause long-term harm to brain development (NIH, 2025).

The DataHaven 2024 Community Wellbeing Survey (DCWS) asked respondents questions about use of e-cigarettes / vaping, specifically, *"do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?"* and provided various frequency response options. **Figure 65** compares the total responses for "every day" for Middletown, Middlesex Health service area and Connecticut.

Figure 65: Percent of Adult Using E-Cigarettes or Other Electronic Vaping Products Every Day

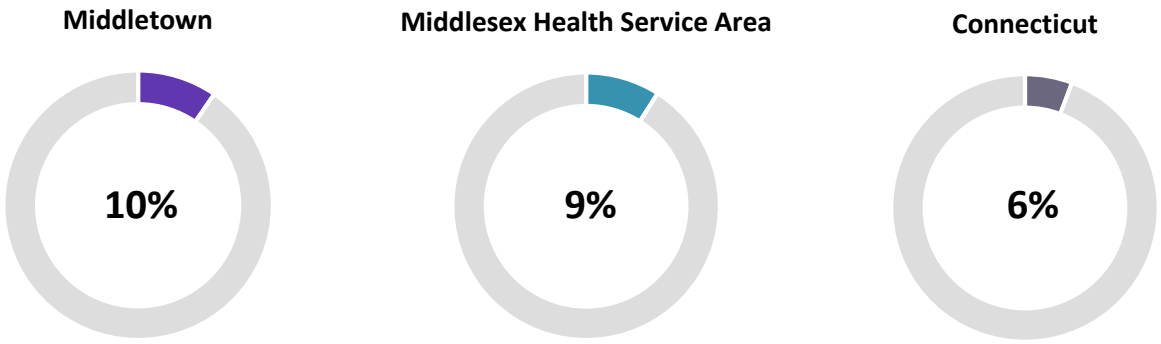
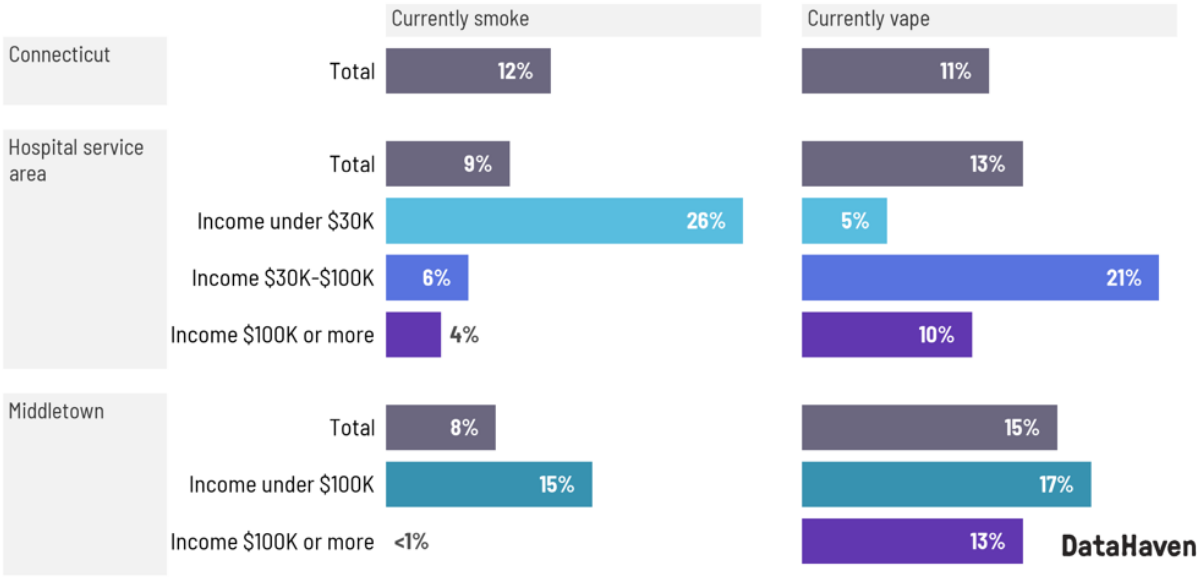


Figure 66 displays responses to the DataHaven 2024 Community Wellbeing Survey questions that estimate smoking and vaping patterns for Middletown, Middlesex Health service area, and Connecticut disaggregated by income level. Here, "currently smoke" is measured by those who responded "yes" to *"has smoked at least 100 cigarettes and currently smokes every day or some days"* and "currently vape" is measured by those who responded "yes" to the question *"do you now use e-cigarettes or other electronic vaping products every day or some days?"* The sample size was not large enough in Middletown to disaggregate by granular income levels.

Figure 66: Currently Smoke; Currently Vape, Share of Adults, DCWS Respondents

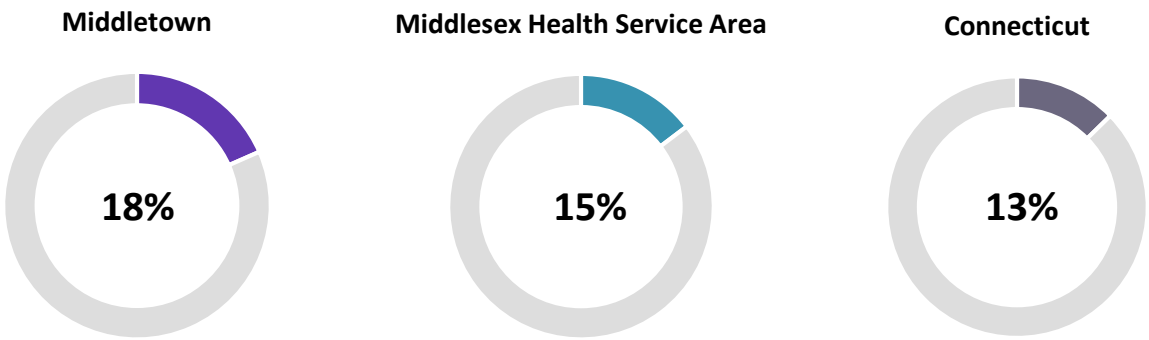


MARIJUANA / CANNABIS USE

There are several negative health outcomes that are associated with cannabis use, which can have a wide range of negative health effects on the body and brain including affecting brain function, increased risk of heart disease, cancer, lung damage, and mental health issues (CDC, 2025; NIH, 2025). Adolescence is an important period of brain development and cannabis use may impact the developing brain in ways that can lead to long-term harmful outcomes, such as negative effects on working memory, processing speed, verbal memory, and academic functioning (NIH, 2025). Cannabis use during pregnancy may cause lower birth weight, preterm birth, and other negative health consequences including harmful effects on a baby's health after birth (NIH, 2025).

The DataHaven 2024 Community Wellbeing Survey (DCWS) asked respondents questions about marijuana / cannabis use, specifically, *"during the past 30 days, on how many days did you use marijuana or cannabis?"* and provided various frequency response options. **Figure 67** compares the total responses for "more than 10 days" for Middletown, Middlesex Health service area, and Connecticut.

Figure 67: Percent of Adults Using Marijuana or Cannabis More than 10 Days During the Past 30 Days



HEALTH INDICATORS - CHIMEDATA STUDY

For the Connecticut Hospital Association (CHA) ChimeData study for Middletown, Middlesex Health Service Area and Connecticut, all rates for each health indicator are based on a count of distinct patients in the 2024 fiscal year (October 1, 2023 – September 30, 2024) who had at least one hospital encounter in either the emergency department, inpatient, or observation service settings with a principal diagnosis that matches one of the ICD-10-CM codes associated with the given condition (CHA, 2025). See the Process and Methods Used to Conduct CHNA section for additional information on the ChimeData methodology. **Table 13** depicts the ranked list of the 15 selected health indicators for the hospital primary diagnosis utilization rates (age-adjusted per 1,000 population) for adults in the three geographic areas.

Table 13: Ranked Health Indicators for Adult Age-Adjusted Primary Diagnosis Rates per 1,000 Population

Rank	Health Indicator	Middletown	Middlesex Health Service Area	Connecticut
1	Mental Health	11.8	9.0	10.4
2	Sepsis	8.9	7.1	8.4
3	Substance-Related Disorders	8.8	6.4	8.1
4	Heart Failure	7.8	6.3	4.3
5	Community Acquired Pneumonia	5.3	4.8	4.3
6	Arthritis	5.4	4.8	1.8
7	Chronic Obstructive Pulmonary Disease	6.0	4.2	2.2
8	High Blood Pressure	4.2	3.4	4.5
9	Acute Myocardial Infarction	4.6	2.6	1.8
10	Stroke	5.0	2.3	2.5
11	Asthma	2.7	2.0	2.8
12	Coronary Artery Disease	1.8	1.7	1.0
13	Diabetes - Uncontrolled / Short Term Complications	2.5	1.7	2.7
14	Diabetes - Long Term Complications	2.8	1.7	1.3
15	Overweight / Obesity	*	0.9	1.0

- The mental health indicator is a composite of mental health diagnoses and excludes dementia diagnoses.
- " * " indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for a given location.
- The age-adjusted rates provided are for adults ages 18+; however, for conditions / geographies that did not have sufficient volume in one or more age bands, only the age groups with enough volume contribute to the adjusted rate (e.g., ages 45+). The Adult Age-Adjusted label covers all scenarios in the overall ranking list.

Table 14 reviews the rank of three substance-related disorders (SRD) subconditions relative to each other. These three SRD subconditions are mutually exclusive at the diagnosis code level and fully encapsulate the broader category of SRD included in the overall ChimeData ranking table. Disaggregating SRD subconditions provides an understanding of which SRD subconditions are driving the overall SRD ranking (CHA, 2025).

Table 14: Ranked Substance-Related Disorders Subconditions for Adults, Age-Adjusted Primary Diagnosis Rates per 1,000 Population

Rank	Substance-Related Disorder Subconditions	Middletown	Middlesex Health Service Area	Connecticut
1	Alcohol-Related Disorders	5.4	4.0	4.6
2	Non-Opioid-Related Disorders	2.8	1.8	2.6
3	Opioid-Related Disorders	1.7	1.2	1.6

Note: the aggregate rates for the subconditions noted in Table 14 do not total the substance-related disorders rate for the respective three geographic areas in Table 13 due to different age-adjusted denominators based on patient volume. Additionally, if an individual had visits for the primary diagnosis for multiple subconditions, the individual would be counted once per respective subcondition, but would only be counted once for the overall substance-related disorders

ADULT CHIMEDATA OVERVIEW

When interpreting ChimeData, the following may be useful: 1) a threshold of ± 20% was applied to determine a substantial difference between rates for two different geographies and / or racial-ethnic groups; and, 2) ChimeData is not a measure of prevalence (i.e., the proportion of a population that has a specific characteristic in a given time period), it is an analysis of hospital utilization rates for encounters in the emergency department, inpatient, or observation service settings for primary diagnoses. The following reviews notable differences in rates (note: age ranges are only specified when they diverge from all adults 18+) (CHA, 2025):

- Behavioral health conditions, specifically mental health conditions and substance-related disorders, were among the top health conditions (out of the selected 15) driving hospital utilization across the state of Connecticut in the selected time period.
    - The age-adjusted patient rate per 1,000 adults for both conditions was lower in the Middlesex Health Service Area (9.0 mental health, 6.4 substance-related disorders) as compared to Connecticut statewide (10.4 mental health, 8.1 substance-related disorders). However, Middletown (11.8 mental health, 8.8 substance-related disorders) had higher age-adjusted rates for both conditions as compared to statewide figures.

- Within the substance-related disorders category, alcohol drives most of the hospital utilization patient volume as compared to opioid and other non-opioid substances, both regionally and statewide.

- Conditions where Middlesex Health Service Area age-adjusted rates per 1,000 adults differ substantially as compared to Connecticut statewide include:

  - Arthritis: 60.0% higher among 45+ year-olds (**Figure 77**) in the Middlesex Health service area when compared to Connecticut.
  - Acute Myocardial Infarction: 43.3% higher among 45+ year-olds (**Figure 74**) in the Middlesex Health service area when compared to Connecticut.
  - Diabetes - Uncontrolled / Short-Term Complications: 37.0% lower among 18+ year-olds, (**Figure 92**) in the Middlesex Health service area when compared to Connecticut.
  - Asthma: 26.7% lower among 18 - 64 year-olds (**Figure 80**) in the Middlesex Health service area when compared to Connecticut.
  - Substance-Related Disorders: 21.0% lower among 18+ year-olds (**Figure 132**) in the Middlesex Health service area when compared to Connecticut.

- Conditions where Middletown age-adjusted rates per 1,000 adults differ substantially as compared to Connecticut statewide include:

  - Arthritis: 80.0% higher among 45+ year-olds (**Figure 77**) in Middletown when compared to Connecticut.
  - Chronic Obstructive Pulmonary Disease: 57.9% higher among 45+ year-olds (**Figure 83**) in Middletown when compared to Connecticut.
  - Acute Myocardial Infarction: 53.3% higher among 45+ year-olds (**Figure 74**) in Middletown when compared to Connecticut.
  - Diabetes - Long-Term Complications: 40.0% higher among 45+ year-olds (**Figure 89**) in Middletown when compared to Connecticut.

- Conditions where Middlesex Health Service Area and / or Middletown have substantially higher rates as compared to Connecticut statewide among older adults (65+) include:
  - Acute Myocardial Infarction (**Figure 76**).
  - Arthritis (**Figure 79**).
  - Chronic Obstructive Pulmonary Disease (**Figure 85**).

- Conditions with substantial racial disparities regionally and / or statewide include:
  - Asthma
  - Diabetes
  - Heart Failure
  - High Blood Pressure
  - Mental Health
  - Sepsis
  - Stroke
  - Substance-Related Disorders

CHRONIC CONDITIONS HEALTH INDICATORS

The Centers for Disease Control and Prevention (CDC) defines chronic diseases as conditions that last for one year or more and require medical attention or limit activities of daily living or both (CDC, 2025). Six in ten Americans have at least one chronic disease and four in ten have two or more chronic diseases; further, chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States (CDC, 2025). Good nutrition, physical activity and healthy behaviors can prevent many chronic diseases.

Table 15 reviews self-reported cardiovascular, metabolic and respiratory chronic conditions among adults in Middletown, Middlesex Health's service area and Connecticut. The data is from CDC PLACES, which provides health and health-related data using small-area estimations and gives an estimate of disease prevalence (i.e., the proportion of a population who has a specific characteristic in a given time period). **Appendix Tables A15 – A18** outline the rates for adults with current asthma, diabetes, coronary heart disease and high blood pressure by towns in Middlesex Health's service area and Connecticut.

Table 15: Percent of Adults with Chronic Conditions

Measure	Middletown	Middlesex Health Service Area	Connecticut
Current Asthma	12%	11%	11%
Chronic Kidney Disease	3%	3%	3%
Chronic Obstructive Pulmonary Disease	5%	6%	6%
Coronary Heart Disease	5%	5%	5%
Diagnosed Diabetes	8%	9%	9%
High Blood Pressure	28%	30%	30%
High Cholesterol	32%	35%	33%
Obesity	33%	32%	30%
Stroke	3%	3%	3%

To measure chronic disease, the DataHaven 2024 Community Wellbeing Survey (DCWS) asked respondents *"have you ever been told by a doctor or health professional that you have any of the following? High blood pressure or hypertension, diabetes, angina or coronary heart disease"* and *"do you currently have asthma?".* **Figures 68** and **69** provide the responses to these questions for Middletown, Middlesex Health service area, and Connecticut disaggregated by income level. The sample size was not large enough in Middletown to disaggregate by granular income levels.

Figure 68: Hypertension and Heart Disease, Share of Adults, DCWS Respondents

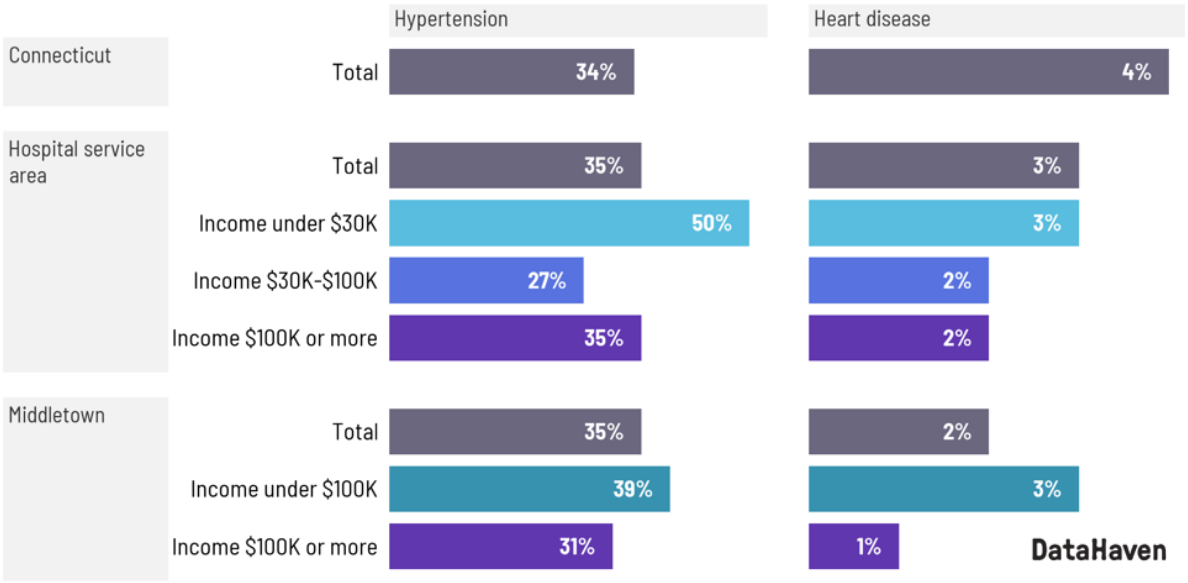
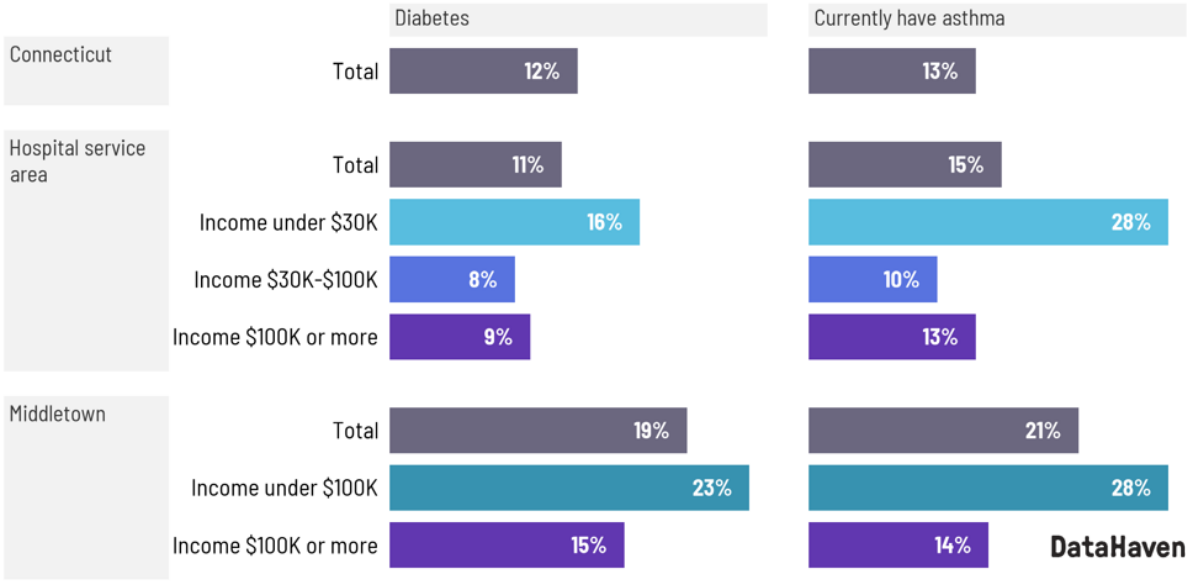


Figure 69: Diabetes and Currently have Asthma, Share of Adults, DCWS Respondents



The results of the DataHaven Community-Based Assets and Needs Survey (CBANS) convenience sample provides a lower income threshold than the DataHaven Community Wellbeing Survey and the increased sample size allows for disaggregation by race and ethnicity. **Figures 70** and **71** provides CBANS responses to the questions *"have you ever been told by a doctor or health professional that you have any of the following? High blood pressure or hypertension, diabetes, angina or coronary heart disease"* and *"do you currently have asthma?"* disaggregated by income level. **Figures 72** and **73** depicts the responses to the same questions disaggregated by race and ethnicity.

Figure 70: Hypertension and Heart Disease, Share of Adults, CBANS Respondents

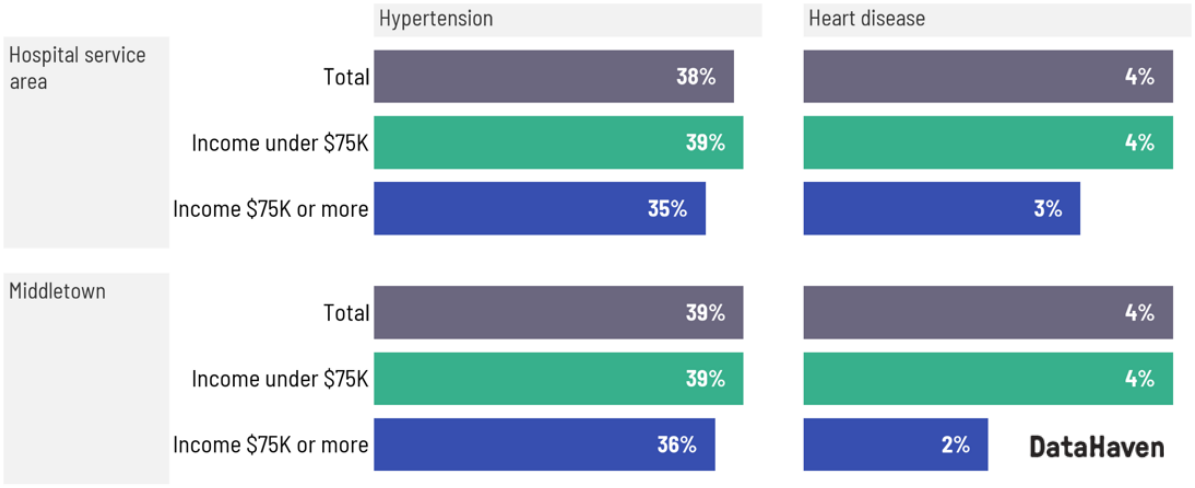


Figure 71: Diabetes and Currently have Asthma, Share of Adults, CBANS Respondents

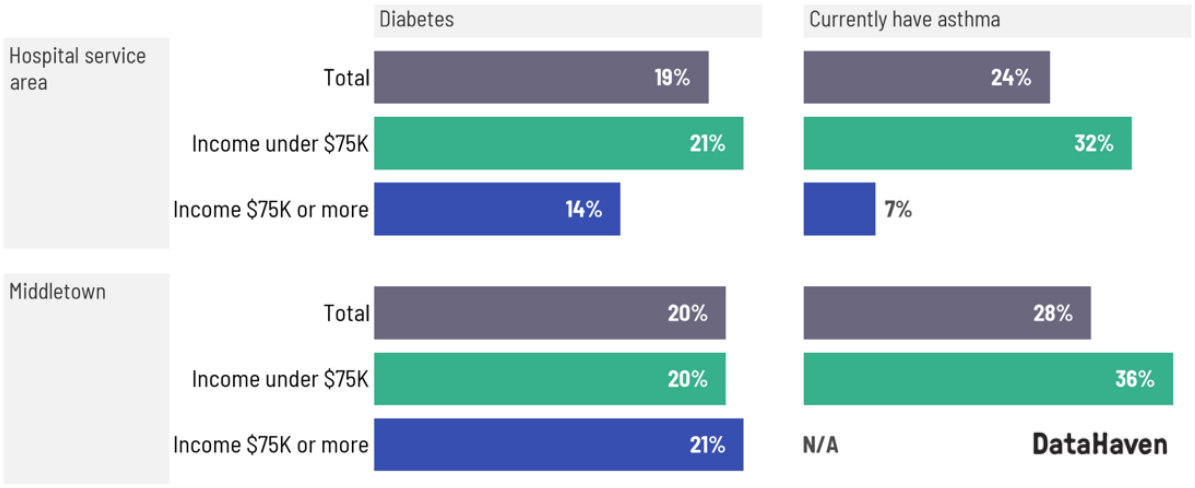


Figure 72: Hypertension and Heart Disease by Race and Ethnicity, Share of Adults, CBANS Respondents

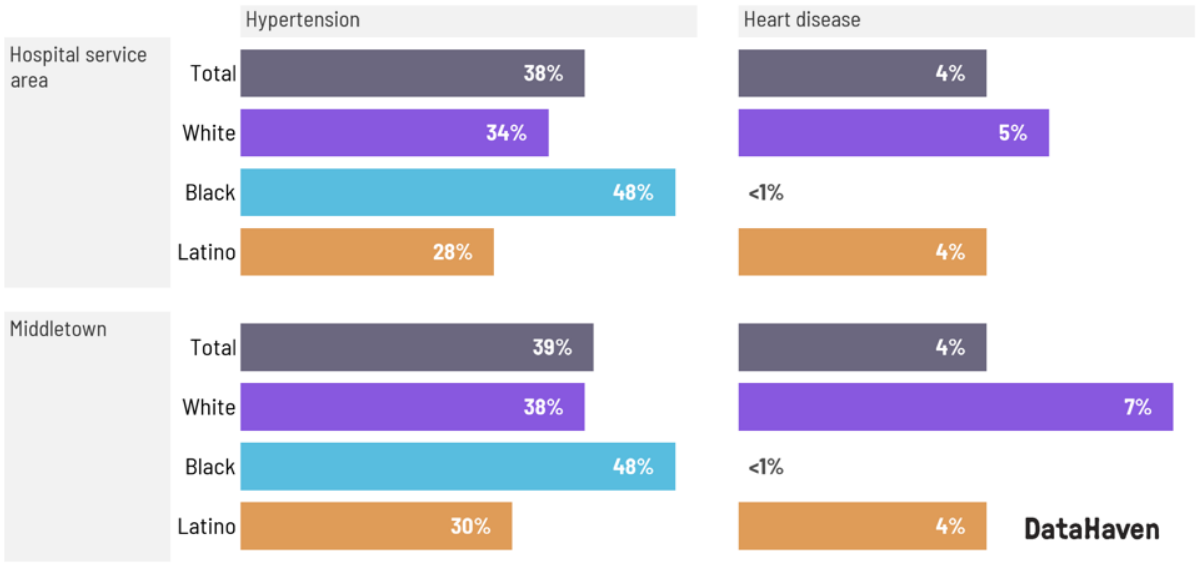
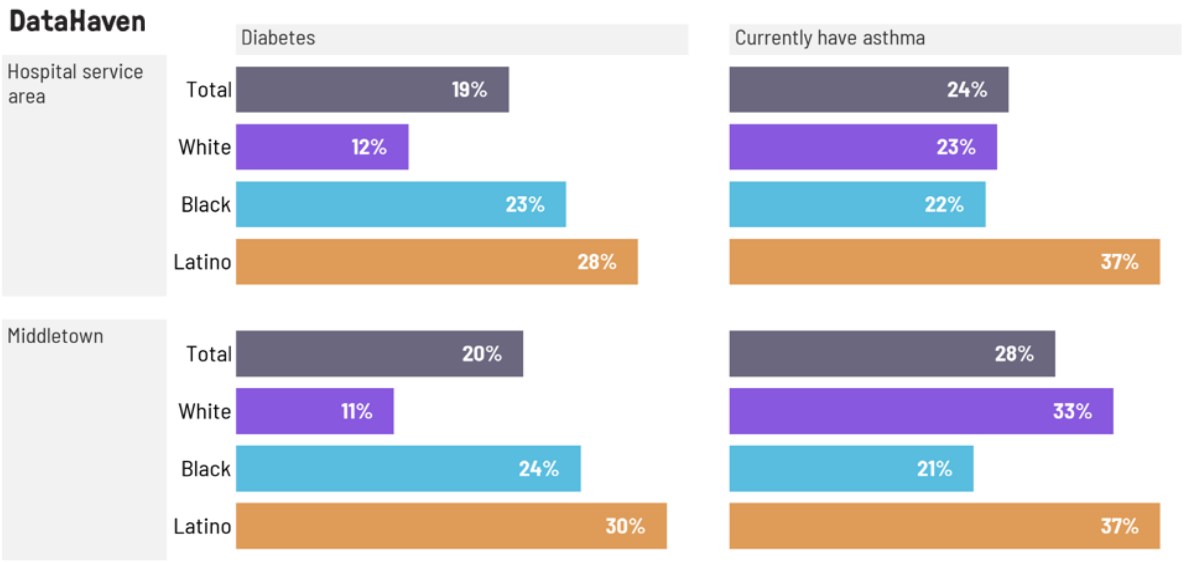


Figure 73: Diabetes and Currently have Asthma by Race and Ethnicity, Share of Adults, CBANS Respondents



Figures 74 - **107** depict ChimeData age-adjusted hospital encounter rates and ages 65+ age-specific hospital encounter rates for acute myocardial infarction (AMI), arthritis, asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease, diabetes - long term complications, diabetes - uncontrolled / short term complications, heart failure, high blood pressure, overweight / obesity, and stroke by geographic area and disaggregated by race / ethnicity.

When interpreting ChimeData, the following may be useful: 1) a threshold of ± 20% was applied to determine a substantial difference between rates for two different geographies and / or racial-ethnic groups; and, 2) ChimeData is not a measure of prevalence (i.e., the proportion of a population that has a specific characteristic in a given time period), it is an analysis of hospital utilization rates for encounters in the emergency department, inpatient, or observation service settings for primary diagnoses. See the Process and Methods Used to Conduct CHNA section for additional information on the ChimeData methodology.

ACUTE MYOCARDIAL INFARCTION (AMI)

Figure 74: Ages 45+ Adult Patients with a Hospital Encounter for Acute Myocardial Infarction, Age-Adjusted Rate per 1,000 Population

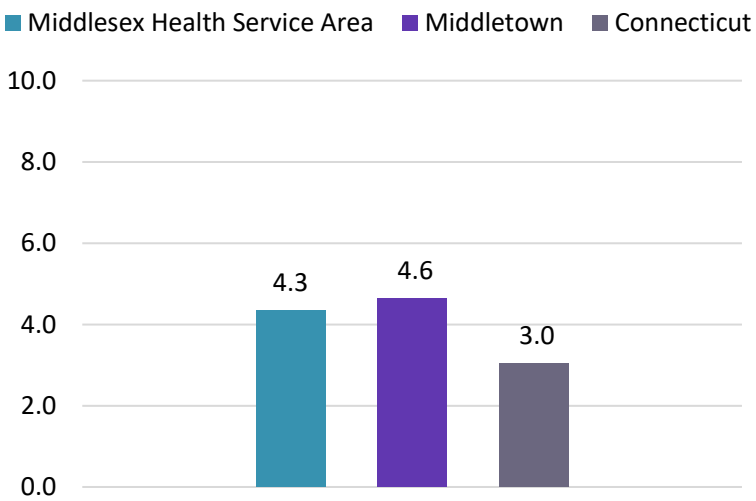
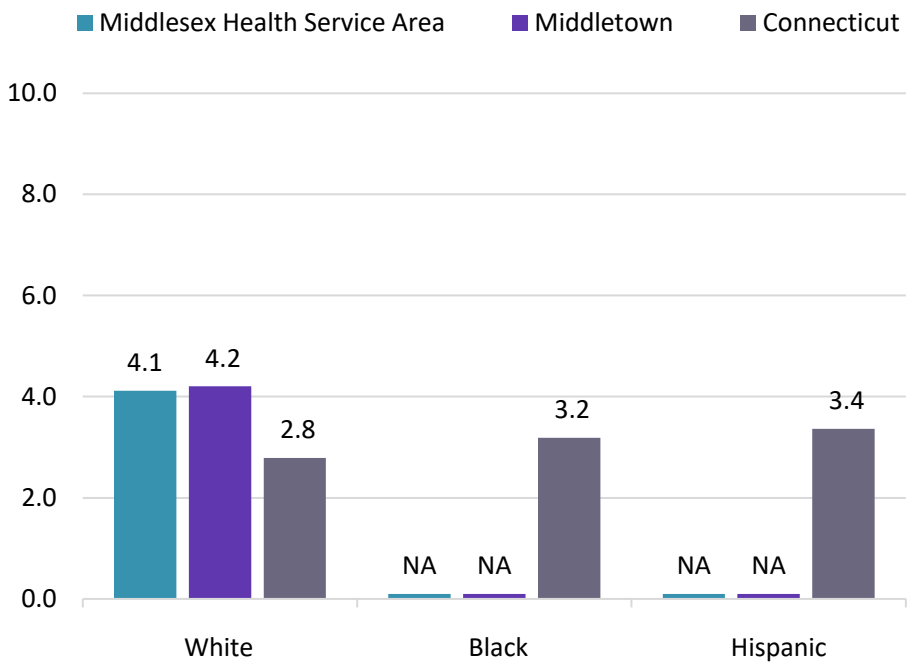
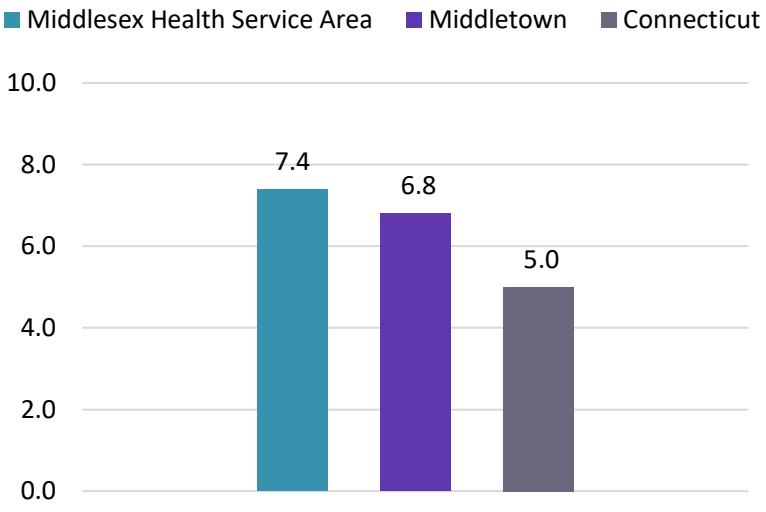


Figure 75: Ages 45+ Adult Patients with a Hospital Encounter for Acute Myocardial Infarction by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 76: Ages 65+ Adult Patients with a Hospital Encounter for Acute Myocardial Infarction, Age-Specific Rate per 1,000 Population



ARTHRITIS

Figure 77: Ages 45+ Adult Patients with a Hospital Encounter for Arthritis, Age-Adjusted Rate per 1,000 Population

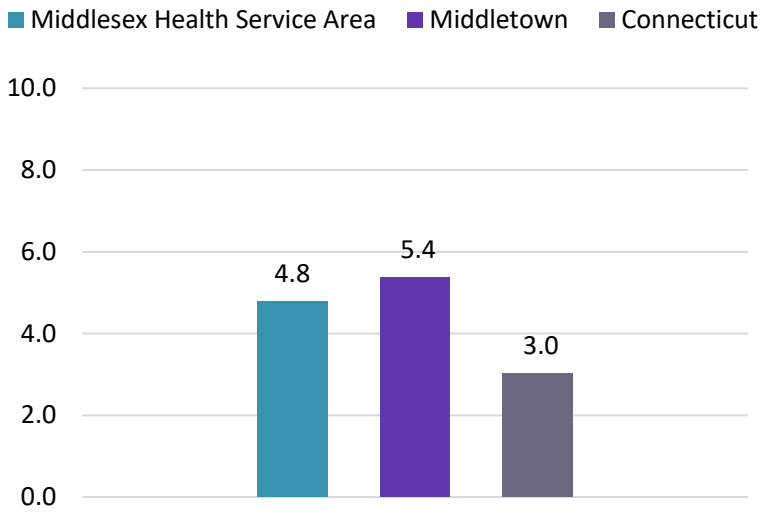
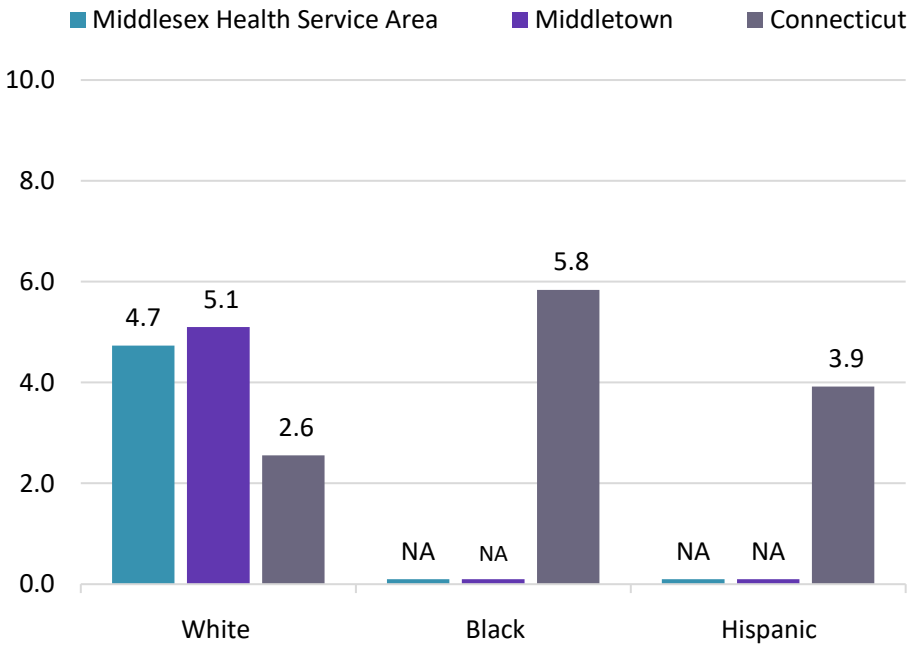
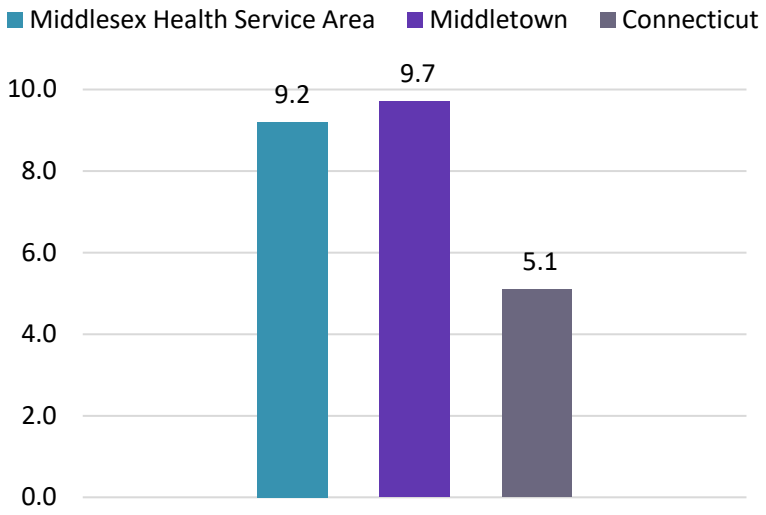


Figure 78: Ages 45+ Adult Patients with a Hospital Encounter for Arthritis by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 79: Ages 65+ Adult Patients with a Hospital Encounter for Arthritis, Age-Specific Rate per 1,000 Population



ASTHMA

Figure 80: Ages 18-64 Adult Patients with a Hospital Encounter for Asthma, Age-Adjusted Rate per 1,000 Population

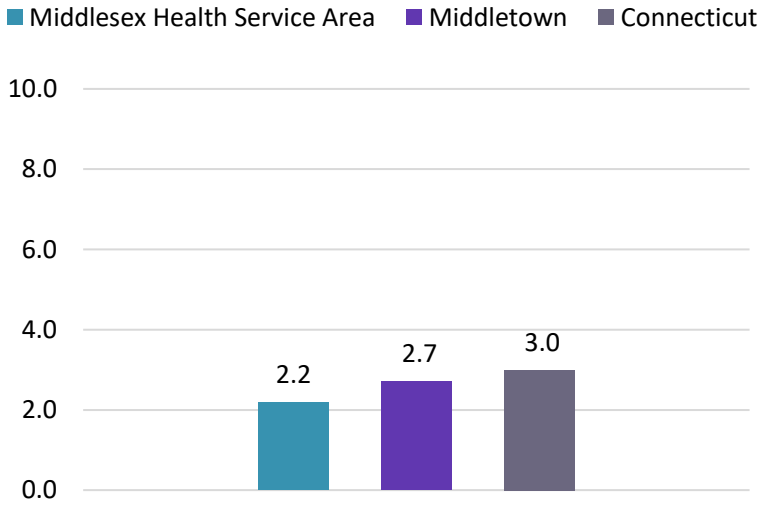
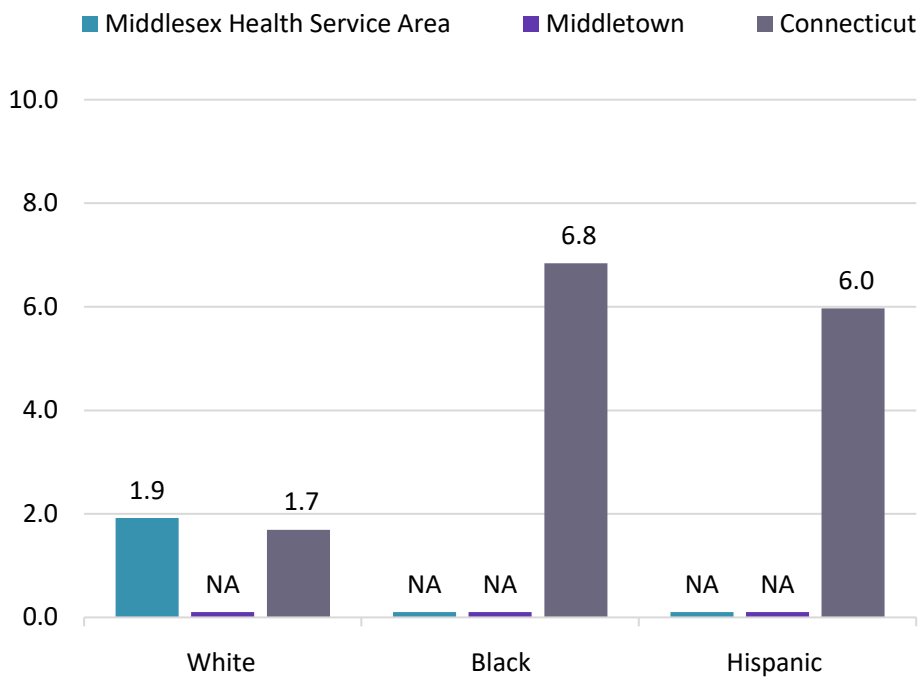
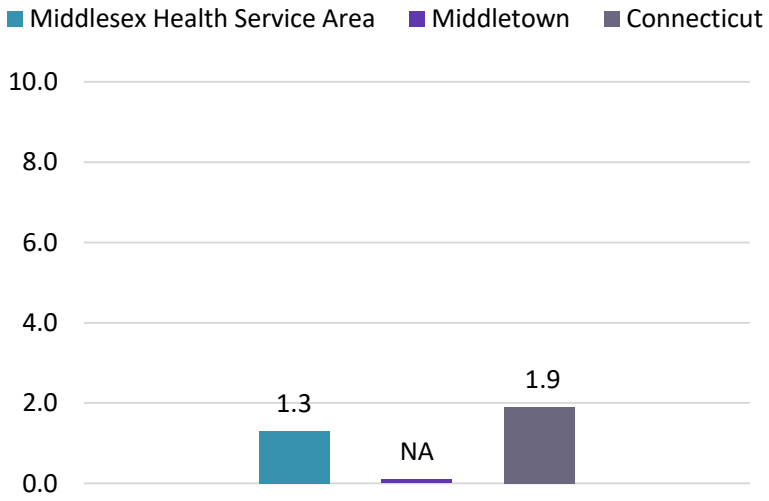


Figure 81: Ages 18-64 Adult Patients with a Hospital Encounter for Asthma by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 82: Ages 65+ Adult Patients with a Hospital Encounter for Asthma, Age-Specific Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-specific rate in a given location.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Figure 83: Ages 45+ Adult Patients with a Hospital Encounter for COPD, Age-Adjusted Rate per 1,000 Population

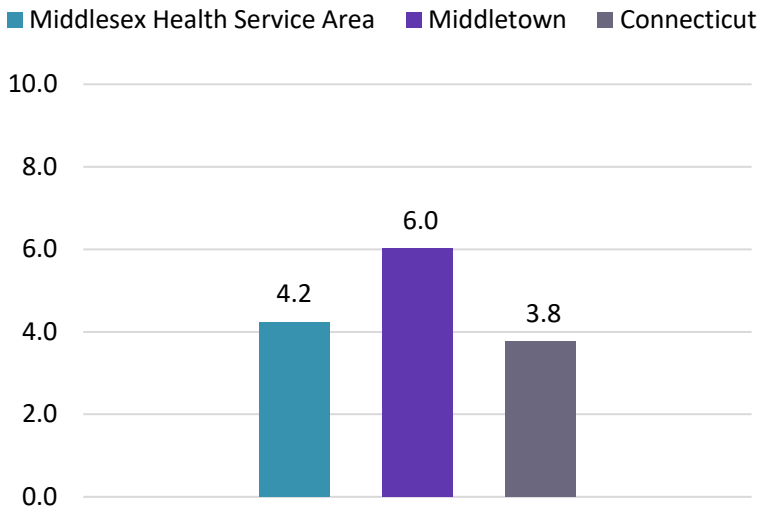
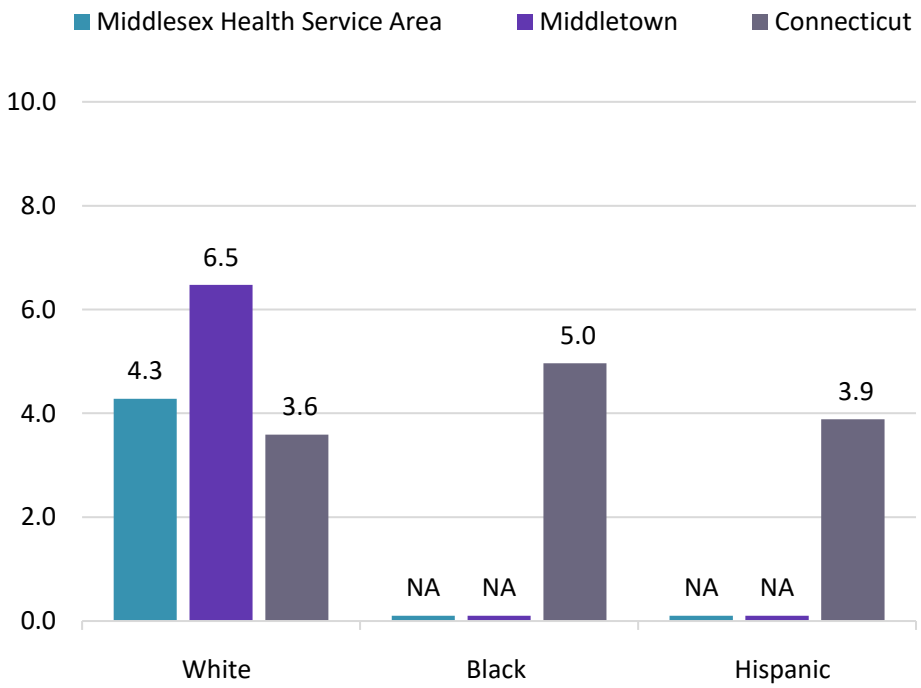
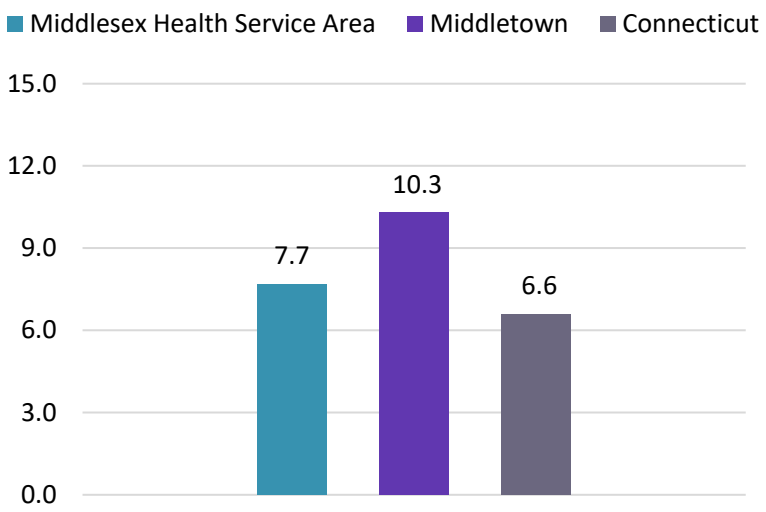


Figure 84: Ages 45+ Adult Patients with a Hospital Encounter for COPD by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 85: Ages 65+ Adult Patients with a Hospital Encounter for COPD, Age-Specific Rate per 1,000 Population



CORONARY ARTERY DISEASE

Figure 86: Ages 45+ Adult Patients with a Hospital Encounter for Coronary Artery Disease, Age-Adjusted Rate per 1,000 Population

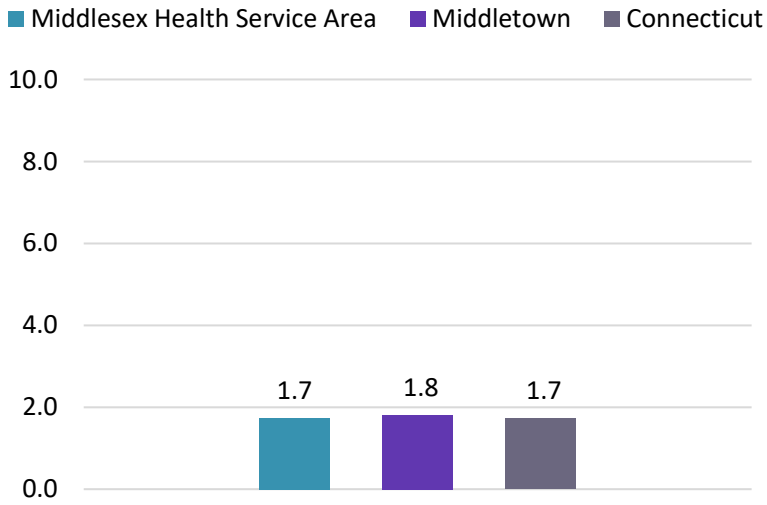
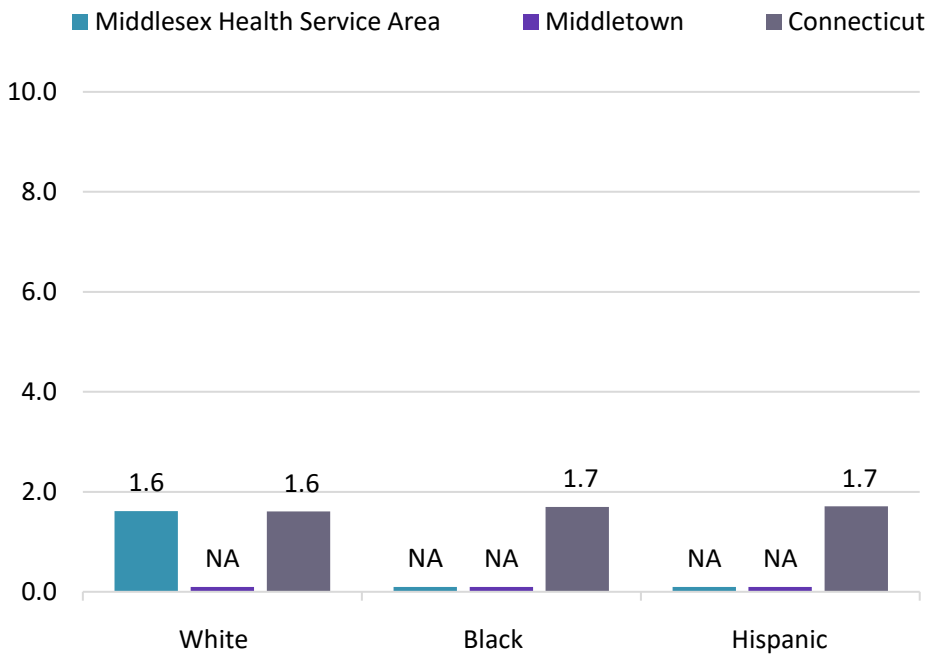
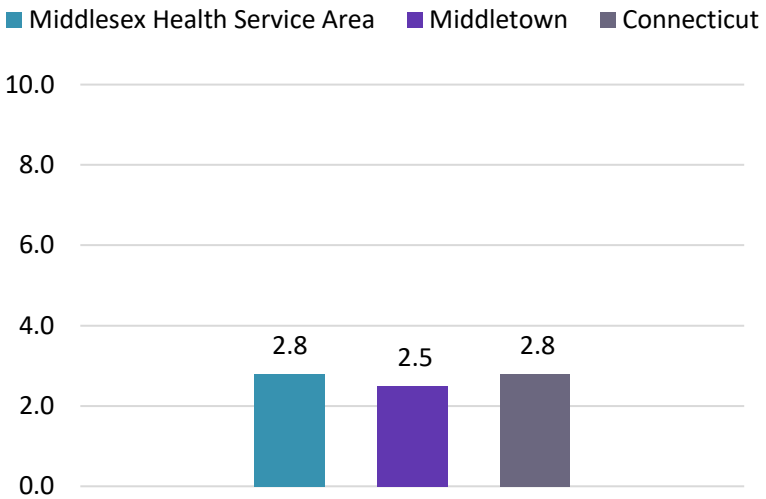


Figure 87: Ages 45+ Adult Patients with a Hospital Encounter for Coronary Artery Disease by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 88: Ages 65+ Adult Patients with a Hospital Encounter for Coronary Artery Disease, Age-Specific Rate per 1,000 Population



DIABETES – LONG TERM COMPLICATIONS

Figure 89: Ages 45+ Adult Patients with a Hospital Encounter for Diabetes – Long Term Complications, Age-Adjusted Rate per 1,000 Population

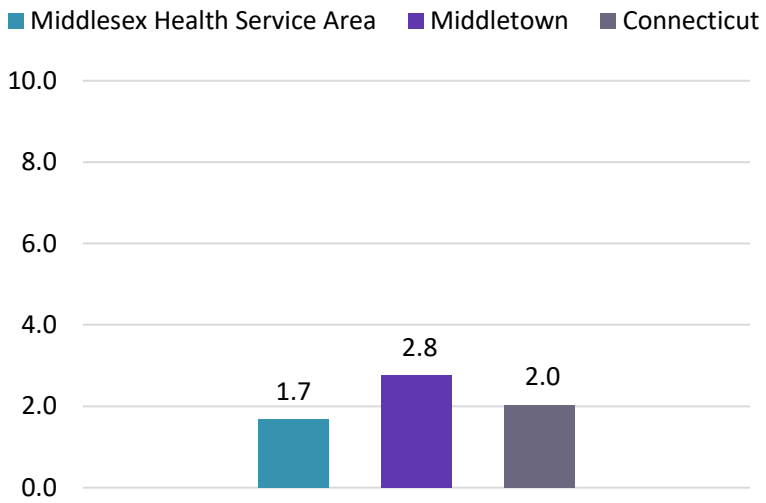
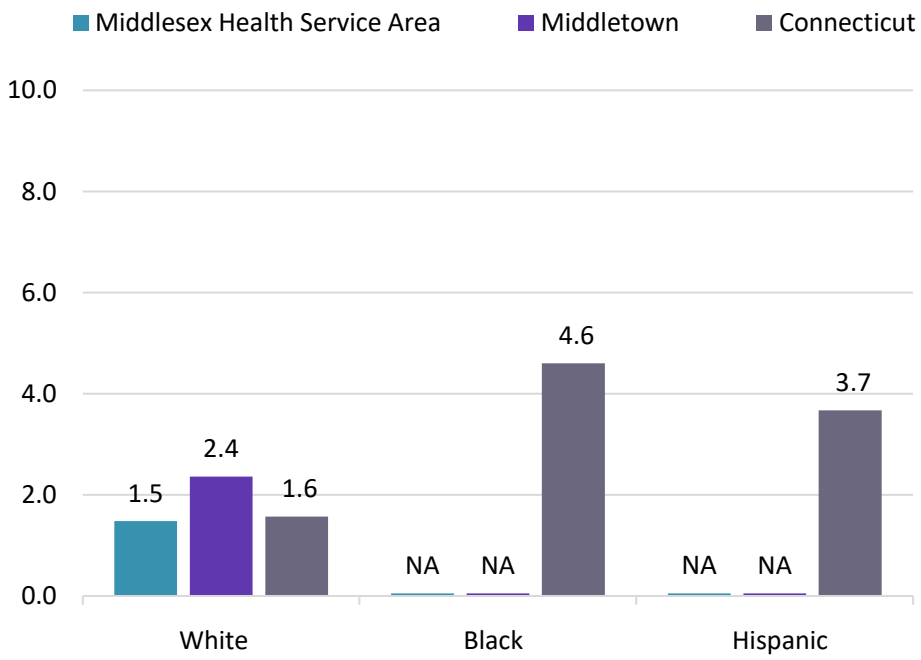
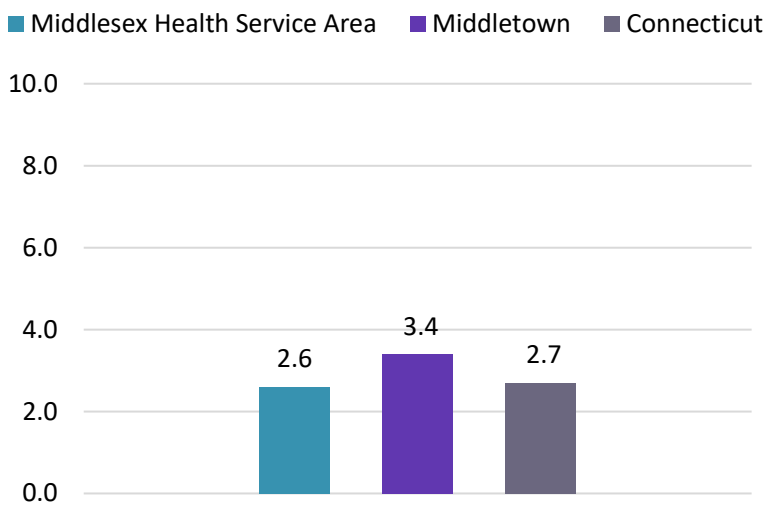


Figure 90: Ages 45+ Adult Patients with a Hospital Encounter for Diabetes – Long Term Complications by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 91: Ages 65+ Adult Patients with a Hospital Encounter for Diabetes – Long Term Complications, Age-Specific Rate per 1,000 Population



DIABETES – UNCONTROLLED / SHORT TERM COMPLICATIONS

Figure 92: Ages 18+ Adult Patients with a Hospital Encounter for Diabetes – Uncontrolled / Short Term Complications, Age-Adjusted Rate per 1,000 Population

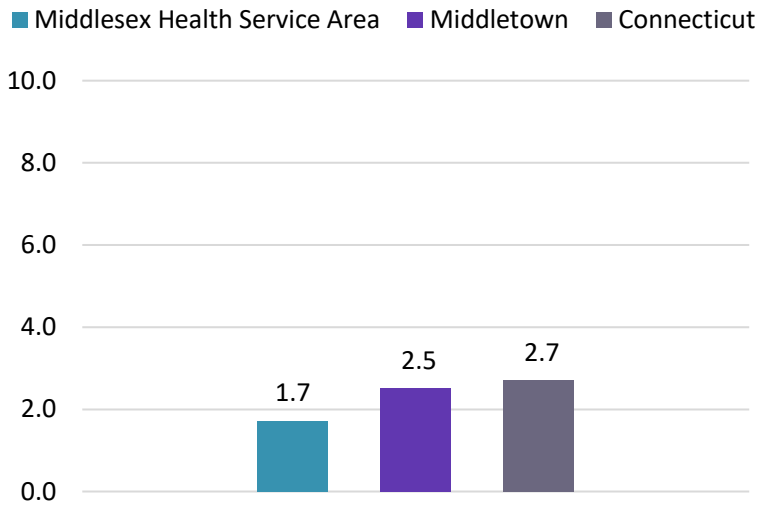
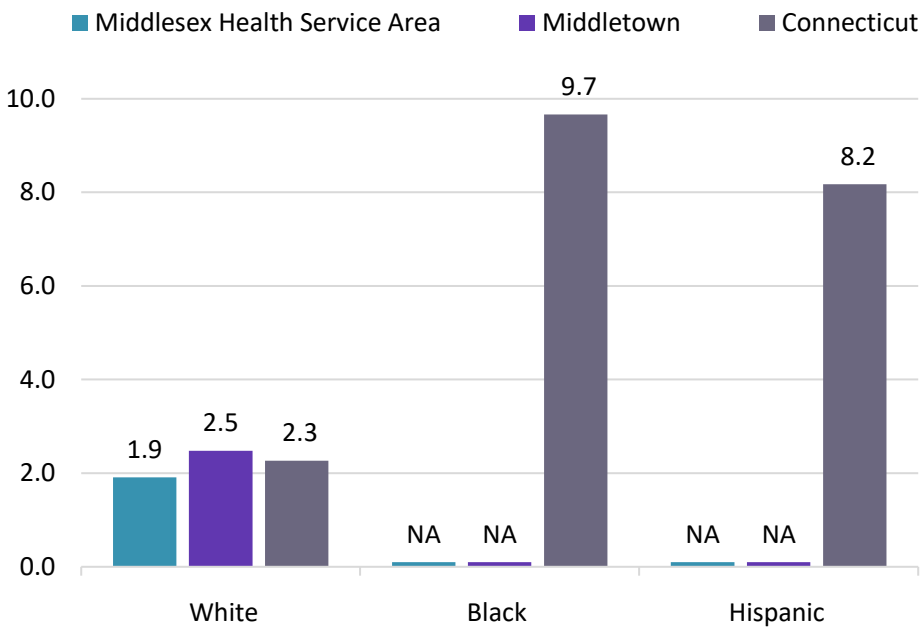
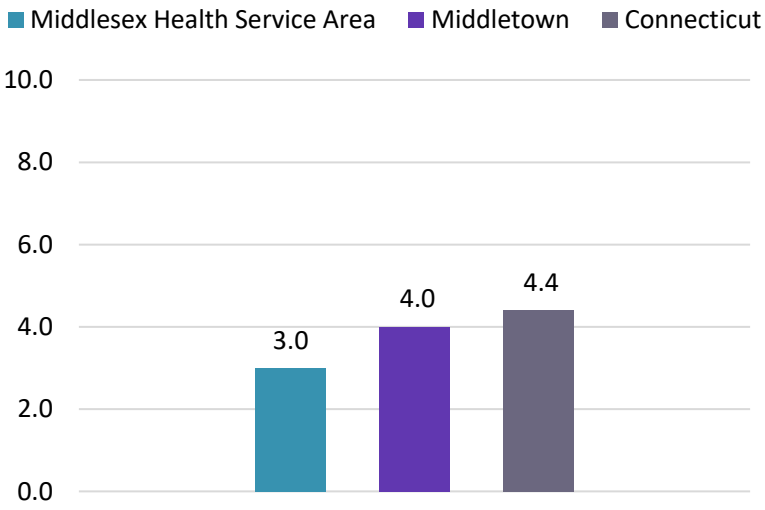


Figure 93: Ages 45+ Adult Patients with a Hospital Encounter for Diabetes – Uncontrolled / Short Term Complications by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 94: Ages 65+ Adult Patients with a Hospital Encounter for Diabetes – Uncontrolled / Short Term Complications, Age-Specific Rate per 1,000 Population



HEART FAILURE

Figure 95: Ages 45+ Adult Patients with a Hospital Encounter for Heart Failure, Age-Adjusted Rate per 1,000 Population

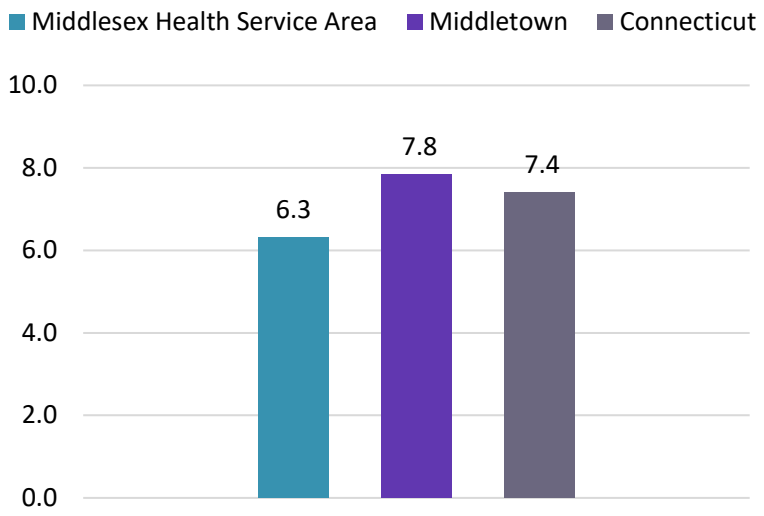
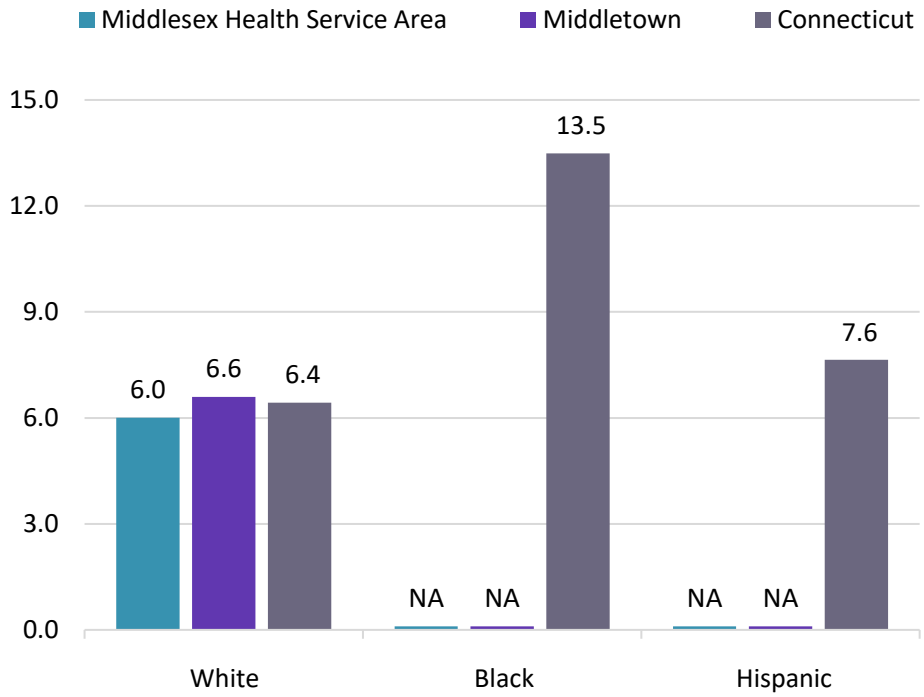


Figure 96: Ages 45+ Adult Patients with a Hospital Encounter for Heart Failure by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 97: Ages 65+ Adult Patients with a Hospital Encounter for Heart Failure, Age-Specific Rate per 1,000 Population

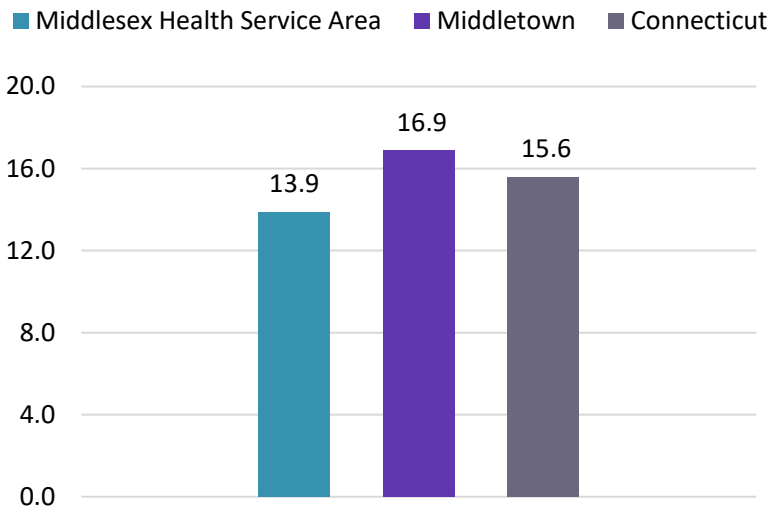
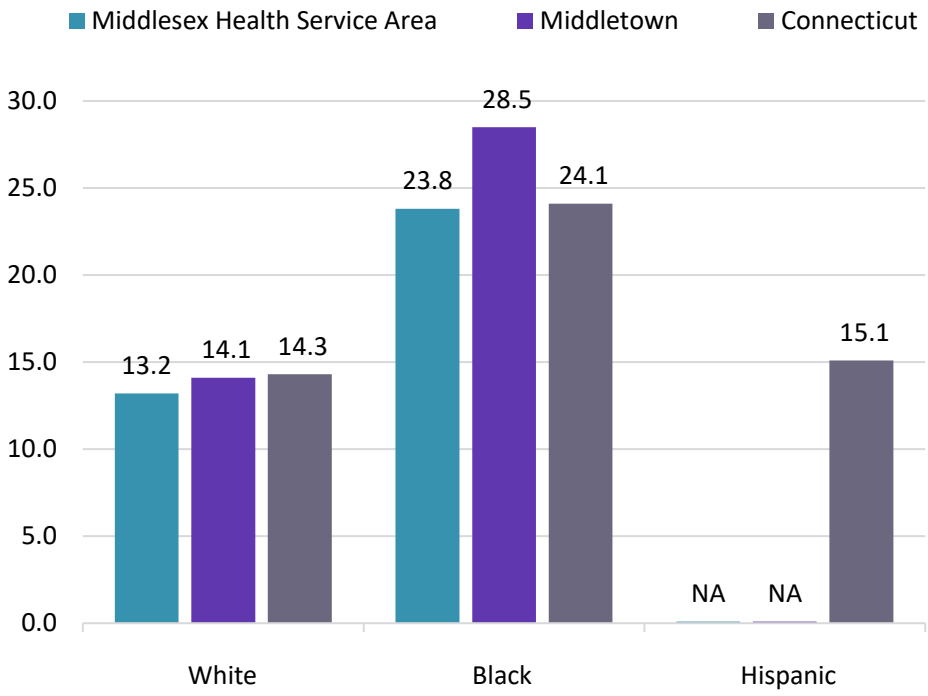


Figure 98: Ages 65+ Adult Patients with a Hospital Encounter for Heart Failure by Race / Ethnicity, Age-Specific Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

HIGH BLOOD PRESSURE

Figure 99: Ages 18+ Adult Patients with a Hospital Encounter for High Blood Pressure, Age-Adjusted Rate per 1,000 Population

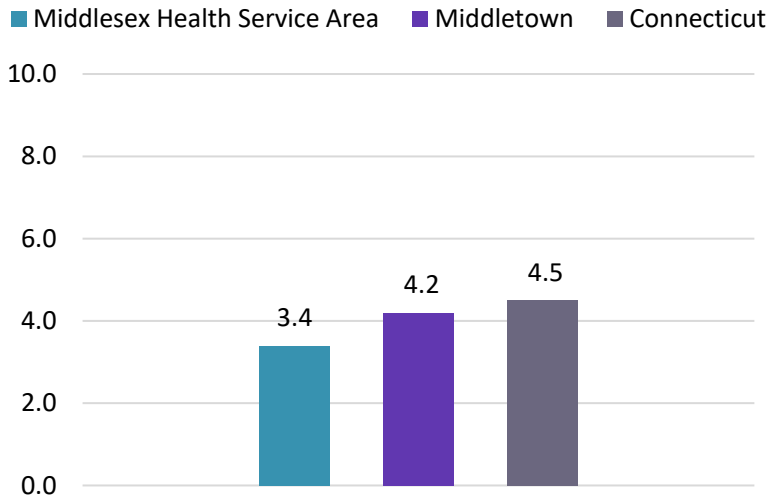
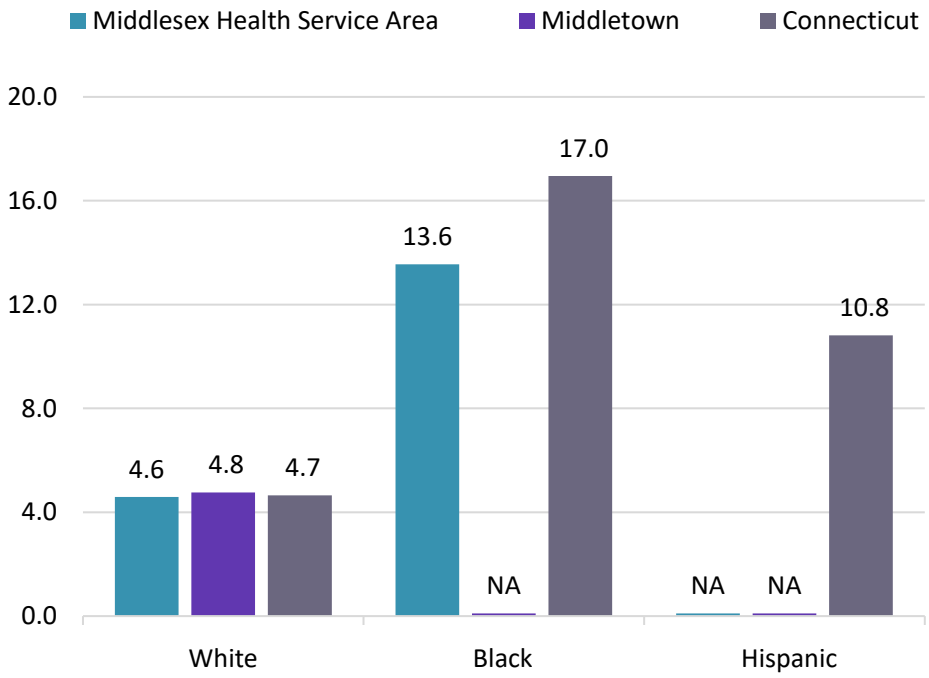
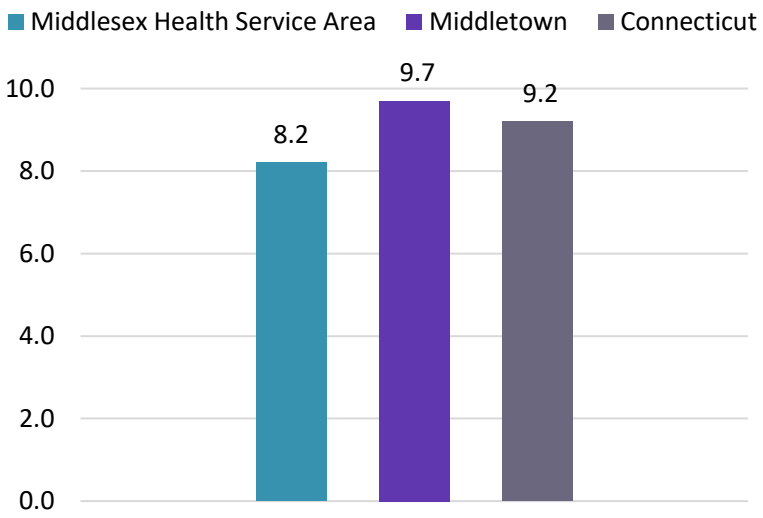


Figure 100: Ages 45+ Adult Patients with a Hospital Encounter for High Blood Pressure by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



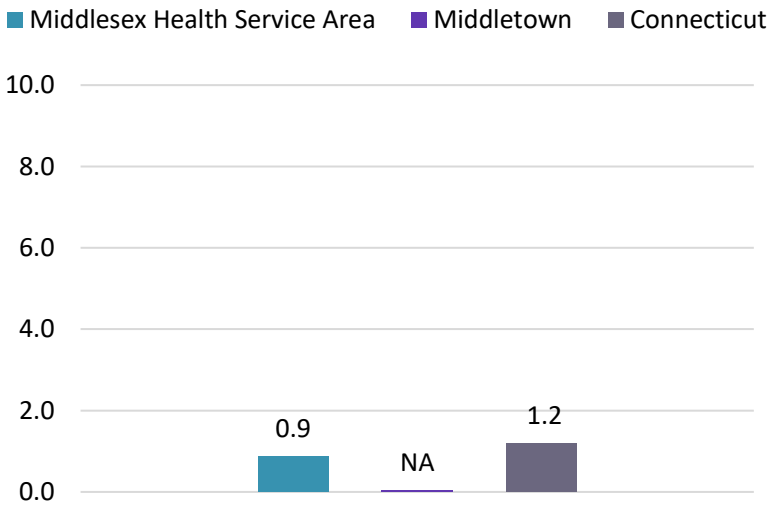
"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 101: Ages 65+ Adult Patients with a Hospital Encounter for High Blood Pressure, Age-Specific Rate per 1,000 Population



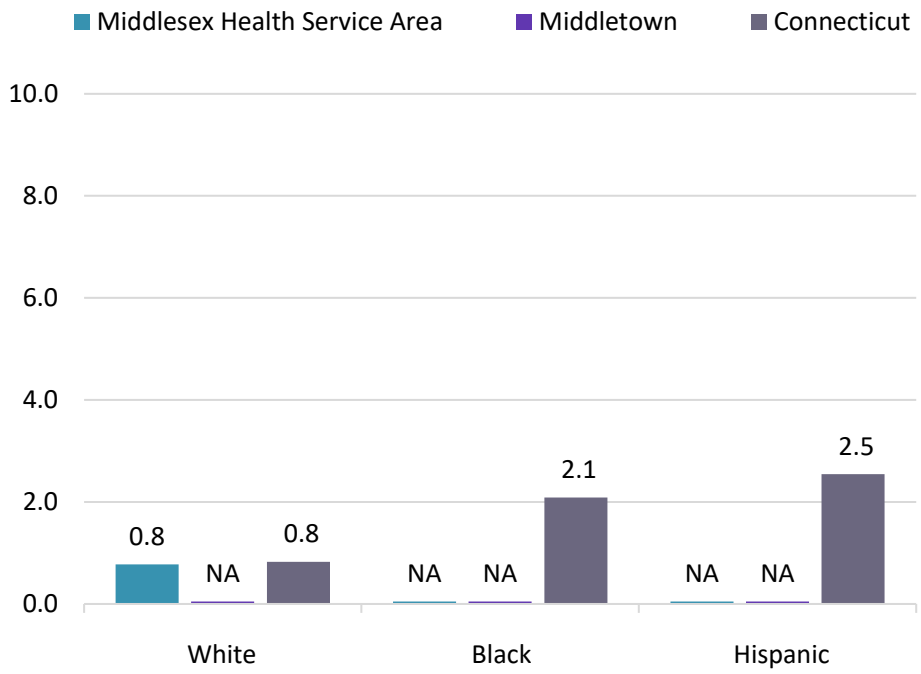
OVERWEIGHT / OBESITY

Figure 102: Ages 18-64 Adult Patients with a Hospital Encounter for Overweight / Obesity, Age-Adjusted Rate per 1,000 Population



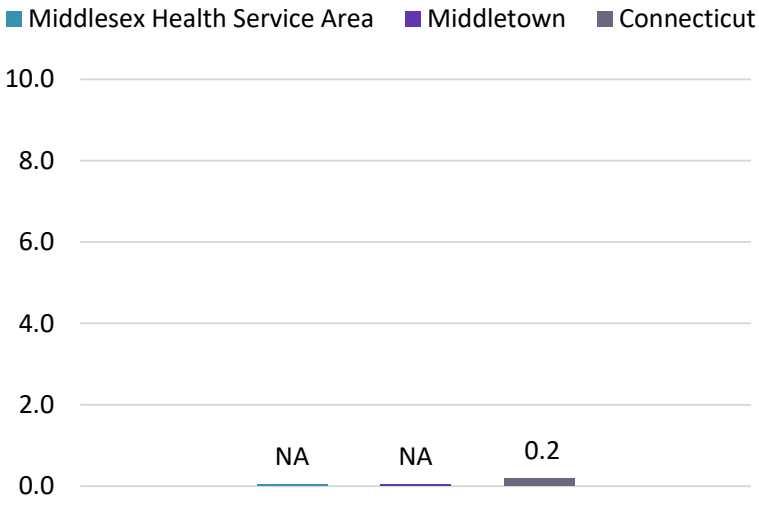
"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate in a given location.

Figure 103: Ages 18-64 Adult Patients with a Hospital Encounter for Overweight / Obesity by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 104: Ages 65+ Adult Patients with a Hospital Encounter for Overweight / Obesity, Age-Specific Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-specific rate in a given location.

STROKE

Figure 105: Ages 45+ Adult Patients with a Hospital Encounter for Stroke, Age-Adjusted Rate per 1,000 Population

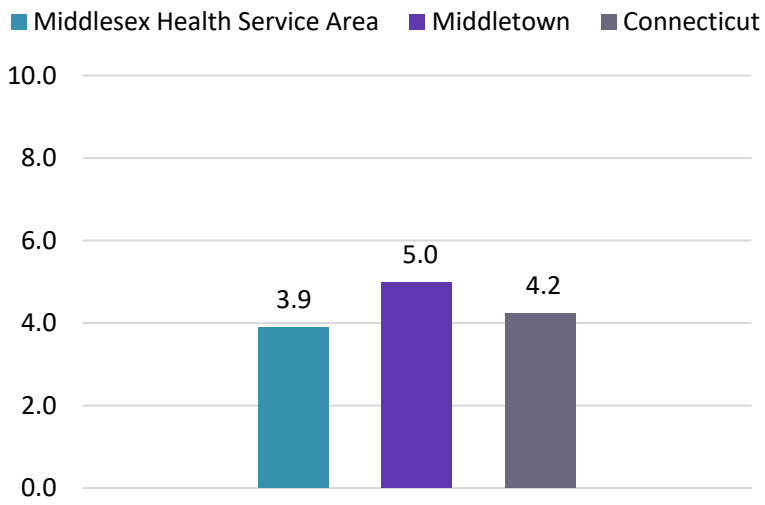
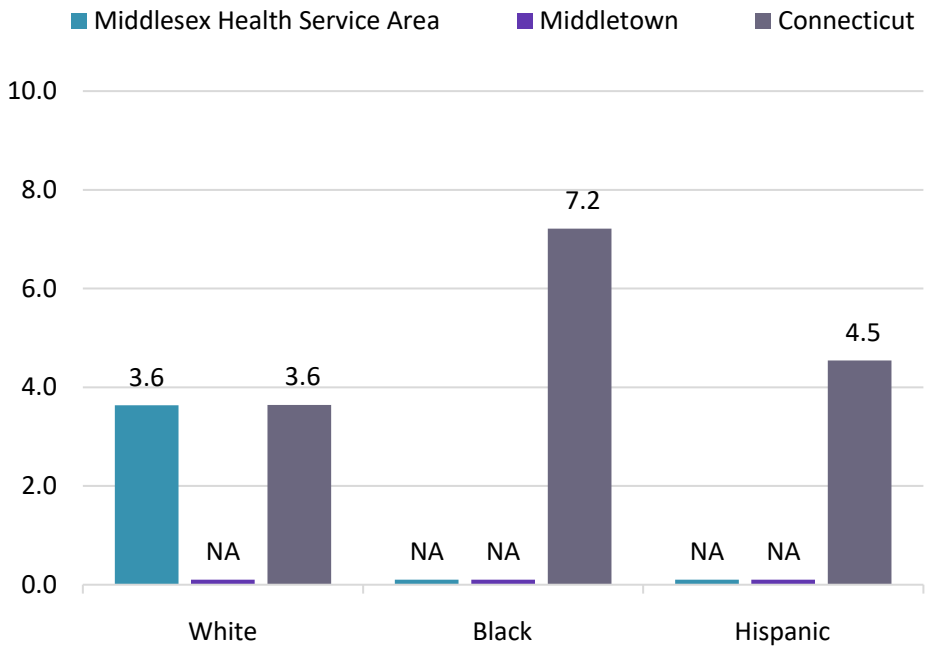
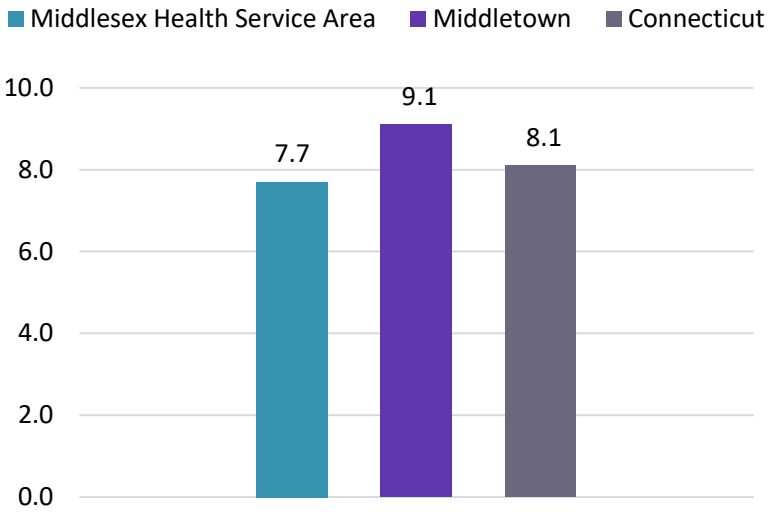


Figure 106: Ages 45+ Adult Patients with a Hospital Encounter for Stroke by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 107: Ages 65+ Adult Patients with a Hospital Encounter for Stroke, Age-Specific Rate per 1,000 Population



PEDIATRIC HEALTH INDICATORS

The Connecticut Hospital Association (CHA) also performed analyses of hospital utilization rates sourced from ChimeData encounter records for pediatric patients, ages 0 – 17. **Figures 108** - **111** depict ChimeData age specific encounter rates for asthma and mental health conditions for pediatric patients ages 0 – 17 by geographic area and disaggregated by race / ethnicity.

When interpreting ChimeData, the following may be useful: 1) a threshold of ± 20% was applied to determine a substantial difference between rates for two different geographies and / or racial-ethnic groups; and, 2) ChimeData is not a measure of prevalence (i.e., the proportion of a population that has a specific characteristic in a given time period), it is an analysis of hospital utilization rates for encounters in the emergency department, inpatient, or observation service settings for primary diagnoses. See the Process and Methods Used to Conduct CHNA section for additional information on the ChimeData methodology.

PEDIATRIC CHMEDATA OVERVIEW

Asthma and mental health are two conditions that presented notable rates of hospital utilization in the pediatric population (ages 0 - 17) (CHA, 2025):

- For asthma, pediatric rates were more than 50% higher than those observed for adults across all geographies, both regionally and statewide.
- Mental health rates in the pediatric population, however, were slightly lower across all geographies relative to the adult age-adjusted rates but were more than 25% higher than the hospital utilization rates attributable to mental health among the age-specific older adult population (65+) across all geographies.

PEDIATRIC ASTHMA

Figure 108: Ages 0–17 Pediatric Patients with a Hospital Encounter for Asthma, Age-Specific Rate per 1,000 Population

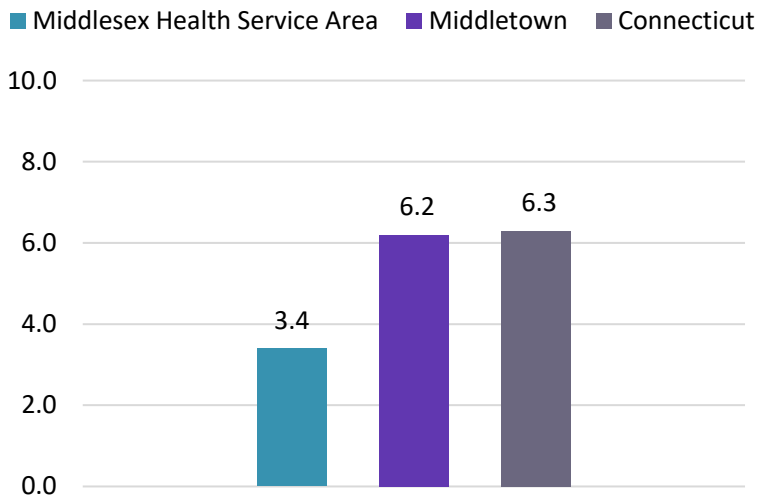
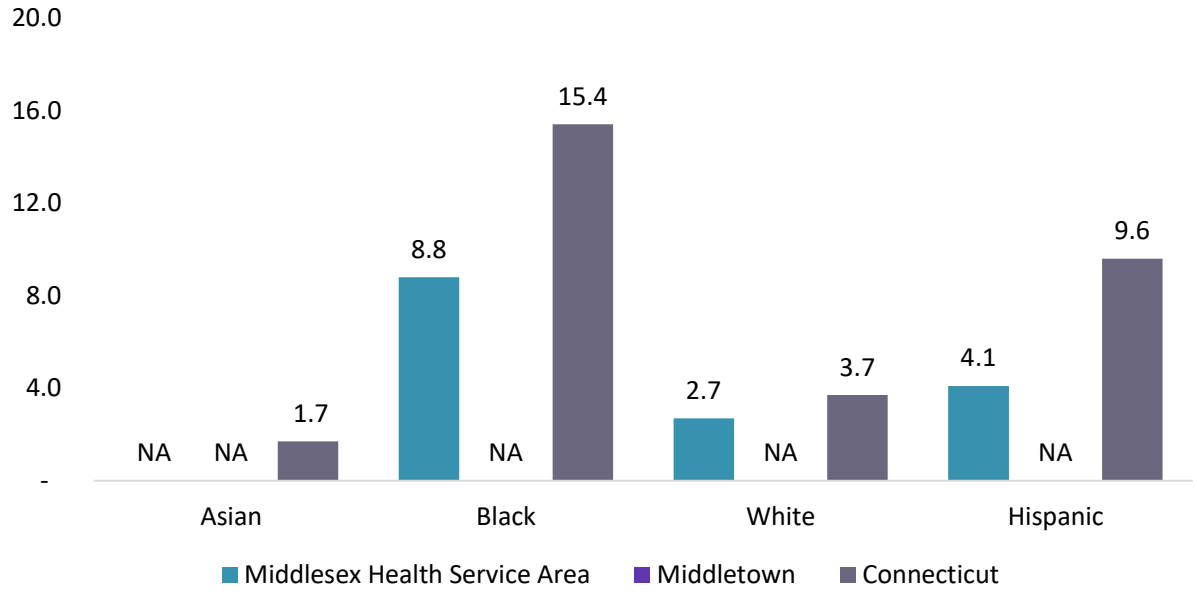


Figure 109: Ages 0–17 Pediatric Patients with a Hospital Encounter for Asthma by Race / Ethnicity, Age-Specific Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-specific rate for that racial-ethnic group in a given location.

PEDIATRIC MENTAL HEALTH CONDITIONS

Figure 110: Ages 0–17 Pediatric Patients with a Hospital Encounter for Mental Health Conditions, Age-Specific Rate per 1,000 Population

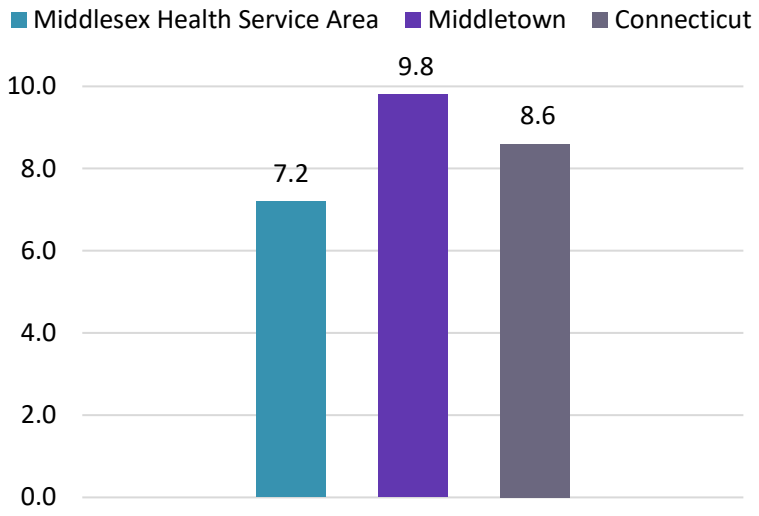
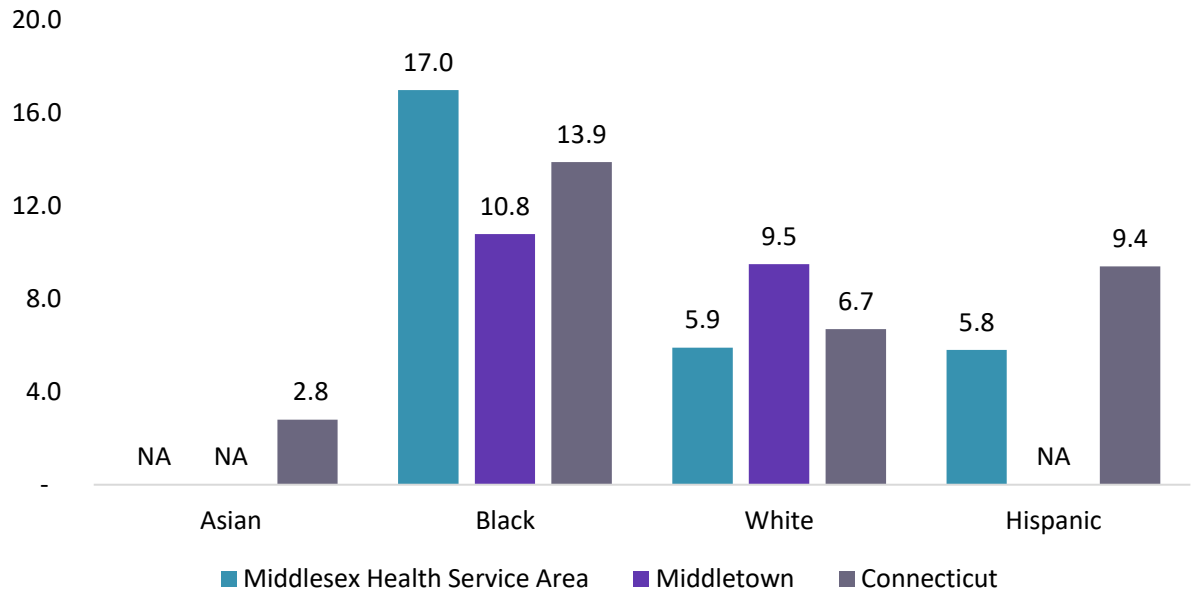


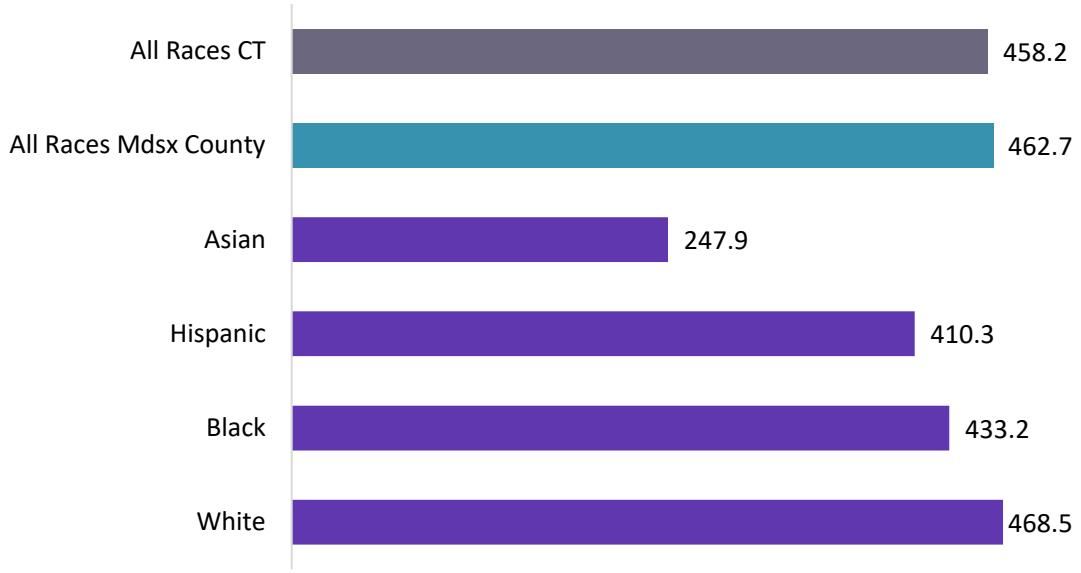
Figure 111: Ages 0–17 Pediatric Patients with a Hospital Encounter for Mental Health Conditions by Race / Ethnicity, Age-Specific Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-specific rate for that racial-ethnic group in a given location.

Figure 112 outlines the age-adjusted incidence (i.e., new cases) rate per 100,000 population by race / ethnicity for all cancer sites for Middlesex County compared to All Races Connecticut.

Figure 112: All Cancer Sites Age-Adjusted Incidence Rate per 100,000 Population by Race / Ethnicity, Middlesex County



The National Cancer Institute and the Centers for Disease Control and Prevention (CDC) provides cancer data across the cancer control continuum. These profiles depict the cancer burden and can reveal disparities in cancer incidence, mortality, risk factors, and screening across various population subgroups.

Tables 16 – 20 present the age-adjusted incidence (i.e., new cases) and mortality rates per 100,000 population by race / ethnicity for breast cancer (female), colon and rectum cancers, lung and bronchus cancers, melanoma of the skin cancers, and prostate cancer.

Breast Cancer Tables 16a & b describe female all stages age-adjusted breast cancer incidence rate and mortality rate, respectively.

Table 16a: Breast Cancer (Female) Age-Adjusted Incidence Rate per 100,000 Population

All Stages, Female	Mdsx County	CT	U.S.
All Ages			
All Races (includes Hispanic)	148.0	143.1	129.8
White Non-Hispanic	151.0	148.1	135.7
Black (includes Hispanic)	89.4	135.4	128.8
Hispanic (any race)	162.4	122.8	101.0
By Age <50			
All Races (includes Hispanic)	56.6	53.1	47.3
White Non-Hispanic	58.1	56.3	49.6
Black (includes Hispanic)	*	50.8	48.0
Hispanic (any race)	*	45.1	37.6
By Age 50+			
All Races (includes Hispanic)	387.3	378.7	348.1
White Non-Hispanic	394.3	388.4	363.7
Black (includes Hispanic)	265.0	356.9	342.9
Hispanic (any race)	449.6	326.4	268.9
By Age <65			
All Races (includes Hispanic)	98.2	94.9	85.5
White Non-Hispanic	100.2	98.4	89.2
Black (includes Hispanic)	*	92.4	87.0
Hispanic (any race)	99.7	83.7	68.4
By Age 65+			
All Races (includes Hispanic)	492.0	476.0	435.5
White Non-Hispanic	502.3	491.7	457.5
Black (includes Hispanic)	*	432.4	418.1
Hispanic (any race)	*	393.0	326.5

Table 16b: Breast Cancer (Female) Age-Adjusted Mortality Rate per 100,000 Population

All Stages, Female	Mdsx County	CT	U.S.
All Ages			
All Races (includes Hispanic)	14.6	16.8	19.3
White Non-Hispanic	14.4	17.2	19.4
Black (includes Hispanic)	*	23.8	26.8
Hispanic (any race)	*	9.2	13.7
By Age <50			
All Races (includes Hispanic)	*	3.2	4.0
White Non-Hispanic	*	3.3	3.8
Black (includes Hispanic)	*	5.3	6.9
Hispanic (any race)	*	1.8	3.1
By Age 50+			
All Races (includes Hispanic)	49.8	52.5	59.4
White Non-Hispanic	49.5	53.4	60.3
Black (includes Hispanic)	*	72.0	78.8
Hispanic (any race)	*	28.5	41.3
By Age <65			
All Races (includes Hispanic)	5.9	7.5	9.1
White Non-Hispanic	5.6	7.4	8.7
Black (includes Hispanic)	*	12.3	14.4
Hispanic (any race)	*	4.8	6.9
By Age 65+			
All Races (includes Hispanic)	74.8	81.5	90.2
White Non-Hispanic	75.0	84.8	93.4
Black (includes Hispanic)	*	102.9	111.9
Hispanic (any race)	*	39.8	60.3

" * " indicates where data has been suppressed to ensure confidentiality and stability of rate estimates; counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category.

Colon and Rectum Cancers Tables 17a & b describe male and female all stages age-adjusted colon and rectum cancers incidence rate and mortality rate, respectively.

Table 17a: Colon and Rectum Cancers Age-Adjusted Incidence Rate per 100,000 Population

All Stages, Male and Female	Mdsx County	CT	U.S.
All Ages			
All Races (includes Hispanic)	31.6	33.9	36.4
White Non-Hispanic	31.6	33.3	36.5
Black (includes Hispanic)	*	39.8	41.0
Hispanic (any race)	*	35.4	32.8
By Age <50			
All Races (includes Hispanic)	7.9	8.8	8.8
White Non-Hispanic	8.2	8.8	9.3
Black (includes Hispanic)	*	10.2	9.2
Hispanic (any race)	*	9.3	7.3
By Age 50+			
All Races (includes Hispanic)	93.6	99.5	108.9
White Non-Hispanic	93.1	97.3	108.1
Black (includes Hispanic)	*	117.2	124.6
Hispanic (any race)	*	103.8	100.0
By Age <65			
All Races (includes Hispanic)	17.9	17.9	19.1
White Non-Hispanic	17.7	17.5	19.3
Black (includes Hispanic)	*	22.3	22.0
Hispanic (any race)	*	18.7	16.7
By Age 65+			
All Races (includes Hispanic)	126.2	144.1	155.6
White Non-Hispanic	127.9	142.4	155.6
Black (includes Hispanic)	*	160.5	172.1

Table 17b: Colon and Rectum Cancers Age-Adjusted Mortality Rate per 100,000 Population

All Stages, Male and Female	Mdsx County	CT	U.S.
All Ages			
All Races (includes Hispanic)	7.9	10.4	12.9
White Non-Hispanic	8.0	10.4	12.9
Black (includes Hispanic)	*	13.2	16.7
Hispanic (any race)	*	9.0	10.7
By Age <50			
All Races (includes Hispanic)	*	1.4	1.8
White Non-Hispanic	*	1.4	1.9
Black (includes Hispanic)	*	2.4	2.4
Hispanic (any race)	*	1.0	1.5
By Age 50+			
All Races (includes Hispanic)	26.2	34.0	41.7
White Non-Hispanic	26.1	34.0	41.6
Black (includes Hispanic)	*	41.4	54.3
Hispanic (any race)	*	29.9	34.8
By Age <65			
All Races (includes Hispanic)	2.4	3.6	4.9
White Non-Hispanic	2.5	3.6	4.9
Black (includes Hispanic)	*	5.1	6.7
Hispanic (any race)	*	2.9	3.9
By Age 65+			
All Races (includes Hispanic)	45.7	57.7	67.9
White Non-Hispanic	46.4	57.5	67.9
Black (includes Hispanic)	*	68.9	86.1

" * " indicates where data has been suppressed to ensure confidentiality and stability of rate estimates; counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category.

Lung and Bronchus Cancers Tables 18a & b describe male and female all stages age-adjusted lung and bronchus cancers incidence rate and mortality rate, respectively.

Table 18a: Lung and Bronchus Cancers Age-Adjusted Incidence Rate per 100,000 Population

All Stages, Male and Female	Mdsx County	CT	U.S.
All Ages			
All Races (includes Hispanic)	55.0	55.3	53.1
White Non-Hispanic	56.7	57.5	57.5
Black (includes Hispanic)	56.4	55.4	54.7
Hispanic (any race)	*	39.7	27.9
By Age <50			
All Races (includes Hispanic)	4.1	2.7	2.8
White Non-Hispanic	*	2.8	3.1
Black (includes Hispanic)	*	3.3	3.2
Hispanic (any race)	*	2.2	1.4
By Age 50+			
All Races (includes Hispanic)	188.3	192.9	184.9
White Non-Hispanic	192.6	200.8	199.9
Black (includes Hispanic)	194.1	191.8	189.5
Hispanic (any race)	*	137.6	97.1
By Age <65			
All Races (includes Hispanic)	16.8	15.4	16.5
White Non-Hispanic	17.4	16.0	18.4
Black (includes Hispanic)	*	16.7	18.8
Hispanic (any race)	*	12.2	6.9
By Age 65+			
All Races (includes Hispanic)	319.6	330.8	305.9
White Non-Hispanic	328.0	344.3	327.2
Black (includes Hispanic)	324.6	322.7	302.5

Table 18b: Lung and Bronchus Cancers Age-Adjusted Mortality Rate per 100,000 Population

All Stages, Male and Female	Mdsx County	CT	U.S.
All Ages			
All Races (includes Hispanic)	25.5	28.3	32.4
White Non-Hispanic	26.0	29.9	35.4
Black (includes Hispanic)	37.0	28.9	34.3
Hispanic (any race)	*	14.1	14.6
By Age <50			
All Races (includes Hispanic)	*	0.9	1.2
White Non-Hispanic	*	0.9	1.4
Black (includes Hispanic)	*	1.7	1.5
Hispanic (any race)	*	*	0.5
By Age 50+			
All Races (includes Hispanic)	87.9	100.0	114.2
White Non-Hispanic	89.5	105.8	124.7
Black (includes Hispanic)	*	100.2	120.1
Hispanic (any race)	*	49.6	51.5
By Age <65			
All Races (includes Hispanic)	7.5	6.2	8.4
White Non-Hispanic	7.7	6.7	9.6
Black (includes Hispanic)	*	7.3	9.7
Hispanic (any race)	*	3.4	2.8
By Age 65+			
All Races (includes Hispanic)	149.8	180.7	198.6
White Non-Hispanic	152.9	190.2	214.0
Black (includes Hispanic)	*	178.6	204.3

" * " indicates where data has been suppressed to ensure confidentiality and stability of rate estimates; counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category.

Melanoma of the Skin Cancers Tables 19a & b describe male and female all stages age-adjusted melanoma of the skin incidence rate and mortality rate, respectively.

Table 19a: Melanoma of the Skin Cancers Age-Adjusted Incidence Rate per 100,000 Population

All Stages, Male and Female	Mdsx County	CT	U.S.
All Ages			
All Races (includes Hispanic)	23.0	18.5	22.7
White Non-Hispanic	24.7	22.4	30.0
Black (includes Hispanic)	*	0.9	0.9
Hispanic (any race)	*	4.1	4.7
By Age <50			
All Races (includes Hispanic)	7.9	4.7	7.2
White Non-Hispanic	9.1	6.8	11.0
Black (includes Hispanic)	*	*	0.2
Hispanic (any race)	*	1.0	1.5
By Age 50+			
All Races (includes Hispanic)	62.6	54.6	63.7
White Non-Hispanic	65.5	63.3	80.2
Black (includes Hispanic)	*	*	2.7
Hispanic (any race)	*	12.2	13.1
By Age <65			
All Races (includes Hispanic)	12.3	9.2	12.4
White Non-Hispanic	13.7	12.1	17.7
Black (includes Hispanic)	*	*	0.4
Hispanic (any race)	*	2.0	2.5
By Age 65+			
All Races (includes Hispanic)	97.1	83.0	94.0
White Non-Hispanic	100.6	94.0	114.7
Black (includes Hispanic)	*	*	4.3

Table 19b: Melanoma of the Skin Cancers Age-Adjusted Mortality Rate per 100,000 Population

All Stages, Male and Female	Mdsx County	CT	U.S.
All Ages			
All Races (includes Hispanic)	2.0	1.9	2.0
White Non-Hispanic	2.2	2.2	2.6
Black (includes Hispanic)	*	*	0.3
Hispanic (any race)	*	*	0.6
By Age <50			
All Races (includes Hispanic)	*	0.3	0.3
White Non-Hispanic	*	0.4	0.5
Black (includes Hispanic)	*	*	0.0
Hispanic (any race)	*	*	0.1
By Age 50+			
All Races (includes Hispanic)	6.0	6.0	6.5
White Non-Hispanic	6.3	6.9	8.2
Black (includes Hispanic)	*	*	1.0
Hispanic (any race)	*	*	2.0
By Age <65			
All Races (includes Hispanic)	*	0.6	0.7
White Non-Hispanic	*	0.8	1.0
Black (includes Hispanic)	*	*	0.1
Hispanic (any race)	*	*	0.3
By Age 65+			
All Races (includes Hispanic)	10.1	10.9	11.0
White Non-Hispanic	*	12.2	13.5
Black (includes Hispanic)	*	*	1.7

" * " indicates where data has been suppressed to ensure confidentiality and stability of rate estimates; counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category.

Prostate Cancer Tables 20a & b describe male all stages age-adjusted prostate cancer incidence rate and mortality rate, respectively.

Table 20a: Prostate Cancer Age-Adjusted Incidence Rate per 100,000 Population

All Stages, Male	Mdsx County	CT	U.S.
All Ages			
All Races (includes Hispanic)	138.1	130.0	113.2
White Non-Hispanic	136.7	125.4	107.9
Black (includes Hispanic)	191.5	204.8	179.7
Hispanic (any race)	139.8	116.2	86.9
By Age <50			
All Races (includes Hispanic)	*	3.9	3.6
White Non-Hispanic	*	3.4	3.2
Black (includes Hispanic)	*	9.8	9.6
Hispanic (any race)	*	2.9	1.9
By Age 50+			
All Races (includes Hispanic)	491.6	460.2	400.3
White Non-Hispanic	488.7	444.8	382.3
Black (includes Hispanic)	639.2	715.3	625.7
Hispanic (any race)	505.8	412.8	309.6
By Age <65			
All Races (includes Hispanic)	43.5	48.7	43.0
White Non-Hispanic	42.3	45.4	39.9
Black (includes Hispanic)	94.6	92.1	83.1
Hispanic (any race)	*	40.0	27.5
By Age 65+			
All Races (includes Hispanic)	792.0	691.7	598.1
White Non-Hispanic	789.1	678.4	577.9
Black (includes Hispanic)	860.8	983.6	847.2

Table 20b: Prostate Cancer Age-Adjusted Mortality Rate per 100,000 Population

All Stages, Male	Mdsx County	CT	U.S.
All Ages			
All Races (includes Hispanic)	17.9	19.0	19.0
White Non-Hispanic	18.0	18.8	18.1
Black (includes Hispanic)	*	34.8	37.2
Hispanic (any race)	*	11.4	15.4
By Age <50			
All Races (includes Hispanic)	*	*	0.1
White Non-Hispanic	*	*	0.1
Black (includes Hispanic)	*	*	0.2
Hispanic (any race)	*	*	0.1
By Age 50+			
All Races (includes Hispanic)	64.7	68.7	68.6
White Non-Hispanic	65.2	67.7	65.4
Black (includes Hispanic)	*	125.8	133.8
Hispanic (any race)	*	41.2	55.7
By Age <65			
All Races (includes Hispanic)	*	1.2	1.6
White Non-Hispanic	*	1.2	1.4
Black (includes Hispanic)	*	3.0	4.0
Hispanic (any race)	*	*	1.1
By Age 65+			
All Races (includes Hispanic)	134.3	142.0	139.4
White Non-Hispanic	135.8	140.5	134.0
Black (includes Hispanic)	*	254.2	266.2

" * " indicates where data has been suppressed to ensure confidentiality and stability of rate estimates; counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category.

BIRTH WEIGHT & PRETERM BIRTH

Low birth weight is defined as a baby weighing less than 5.5 pounds (< 2500 grams) at birth and is associated with higher risk for short- and long-term health concerns. Immediate concerns can include breathing problems, the inability to maintain body temperature, an underdeveloped immune system that can be susceptible to infections, difficulty feeding and gaining weight, and developmental delays (March of Dimes, 2025; County Health Ranking and Roadmaps, 2025). Long-term challenges can include the development of chronic conditions (e.g., obesity, diabetes, cardiovascular disease) during adulthood (County Health Ranking and Roadmaps, 2025). While **Figure 113** outlines a low birth weight prevalence (i.e., the proportion of a population who has a specific characteristic in a given time period) in Middlesex County that is aligned with Connecticut and the United States, when disaggregating by race / ethnicity, **Figure 114** reveals a significant disparities in low birth weight for Black babies and Hispanic babies when compared to White babies for Middlesex County: when compared to White babies, Black babies are 1.7 times more likely to experience low birth weight and Hispanic babies are 1.5 times more likely to experience low birth weight.

Figure 113: Percent of Live Births with Low Birth Weight (< 2500 grams)

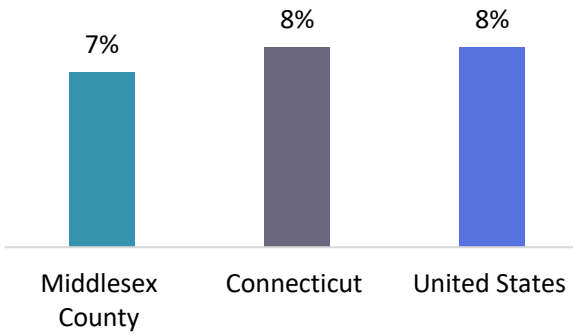
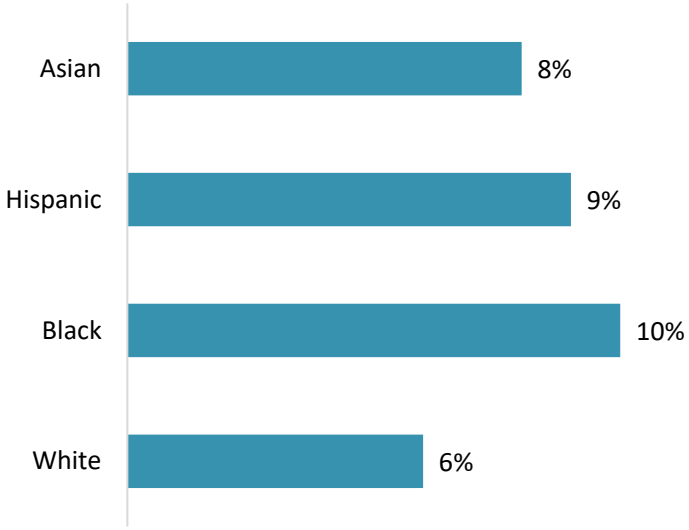
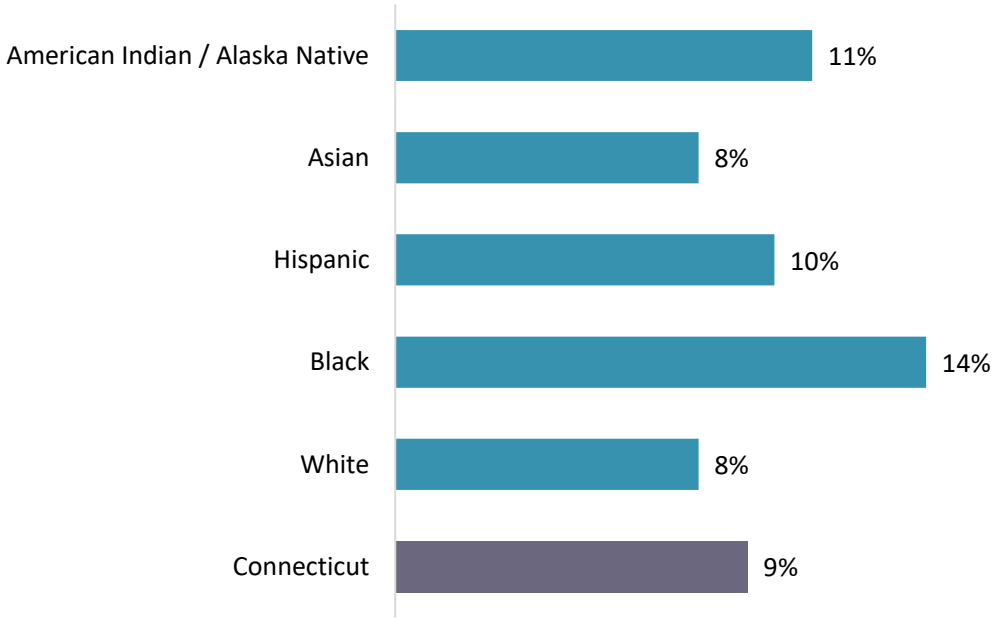


Figure 114: Percent of Live Births with Low Birth Weight (< 2500 grams), by Race / Ethnicity, Middlesex County



Preterm birth (i.e., premature birth) is defined as birth before 37 weeks of gestation and is associated with higher risk for short- and long-term health concerns. Immediate problems can include immaturity of the respiratory, cardiovascular, and cerebrovascular systems (Zivaljevic et al., 2024), which can cause breathing issues, difficulty feeding, developmental delays, and hearing issues (CDC, 2025). Preterm birth can also result in risk of long-term neurological disability, impaired language development, reduced cognitive abilities, and greater risk of cardiovascular disease and diabetes (Zivaljevic et al., 2024). As local data are not available, **Figure 115** uses the state of Connecticut as proxy data and reveals that there are disparities in outcomes related to race / ethnicity: the preterm birth rate for Black babies is 1.6 times higher than the rate among all other babies and 1.8 times higher when compared to White babies.

Figure 115: Percent of Preterm Birth Rate by Race / Ethnicity, Connecticut



MATERNAL MORTALITY

Maternal Health refers to a birthing person's health and well-being during pregnancy, childbirth. and the postpartum (after childbirth) period. Maternal health morbidity (i.e., rate of disease or medical condition in a population) and mortality indicators are statistics that can provide insights into the effectiveness and quality of healthcare services and identify opportunities to reduce complications and improve outcomes in the peripartum (childbirth) period (AHRQ, 2025).

National data indicate that Black birthing people are three times more likely to die from a pregnancy-related cause when compared to White birthing people (CDC, 2025) and are twice as likely to be impacted by potentially life-threatening conditions (i.e., severe maternal morbidity) (Hirai et al., 2022; Connecticut Health Foundation, 2024).

As local data are not available, state of Connecticut proxy data are used to highlight birthing disparities: in Connecticut, an analysis of 2015 – 2020 data found that while Black birthing people comprised 13% of live births, they represented 27% of all pregnancy-associated deaths (CT DPH, 2023; Connecticut Health Foundation, 2024).

PERINATAL MENTAL HEALTH

Perinatal mental health (PMH) disorders are defined as perinatal depression, perinatal anxiety, perinatal obsessive-compulsive disorder, postpartum post-traumatic stress disorder, bipolar mood disorders, and perinatal psychosis (PSI, April 2023). Mental health conditions are a leading cause of pregnancy-related death in the United States: from 2017-2019, 23% of pregnancy related deaths were due to mental health and substance use disorder, followed by hemorrhage (14%), cardiac and coronary conditions (13%), and infection (9%) (CDC, 2022).

PMH disorders are also the most common complications of childbirth in the United States affecting one in five pregnant and postpartum people (Task Force on Maternal Mental Health, 2024). Of those who experience PMH conditions, 75% are untreated or undiagnosed (AAMC, 2025).

A Connecticut Department of Public Health study of the leading underlying cause of pregnancy-related deaths in Connecticut between 2015 – 2020 found that mental health conditions including substance use disorder were the leading underling cause of pregnancy-related death (42%), followed by coronary conditions (13%), hemorrhage (10%), infection (7%), venous thrombotic embolism (3%) and various other medical diseases (in total 55% of pregnancy-related deaths were due to medical diseases) (CT DPH, 2022). In the absence of local available data, **Table 21** uses state of Connecticut as proxy data and indicates the cause of pregnancy-related death categories and the time frames in which the deaths occurred.

Table 21: Pregnancy-Related Death Categories and Time Frames of Death, Connecticut

Time Frame of Death Occurring	Value
Mental Health Conditions Including Substance Use Disorder	
During pregnancy or on day of delivery	31%
In late postpartum period (43 - 365 days) after childbirth	69%
Medical Diseases	
During pregnancy or on day of delivery	18%
In 6-week period after childbirth	53%
In late postpartum period (43 - 365 days) after childbirth	29%

INFECTIONS

When interpreting ChimeData, the following may be useful: 1) a threshold of ± 20% was applied to determine a substantial difference between rates for two different geographies and / or racial-ethnic groups; and, 2) ChimeData is not a measure of prevalence (i.e., the proportion of a population that has a specific characteristic in a given time period), it is an analysis of hospital utilization rates for encounters in the emergency department, inpatient, or observation service settings for primary diagnoses. See the Process and Methods Used to Conduct CHNA section for additional information on the ChimeData methodology.

COMMUNITY ACQUIRED PNEUMONIA

Community acquired pneumonia is a lung infection that is contracted in the community setting; it is a common illness caused by bacteria, virus or fungi that can range in severity. Community acquired pneumonia can pose serious dangers leading to severe complications particularly in vulnerable populations like older adults, those who are immunocompromised, and those with underlying health conditions (Mount Sinai, 2025).

Figures 116, **117** and **118** depict the ChimeData age-adjusted hospital encounter rates and ages 65+ age-specific hospital encounter rates for community acquired pneumonia by geographic area and disaggregated by race / ethnicity. There is a significant increase in community acquired pneumonia encounter rates when isolating the ages 65+ population.

Figure 116: Ages 18+ Adult Patients with a Hospital Encounter for Community Acquired Pneumonia, Age-Adjusted Rate per 1,000 Population

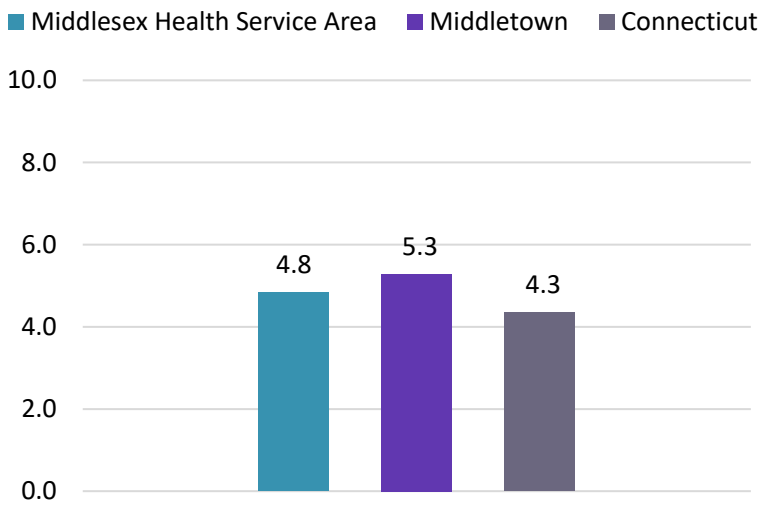
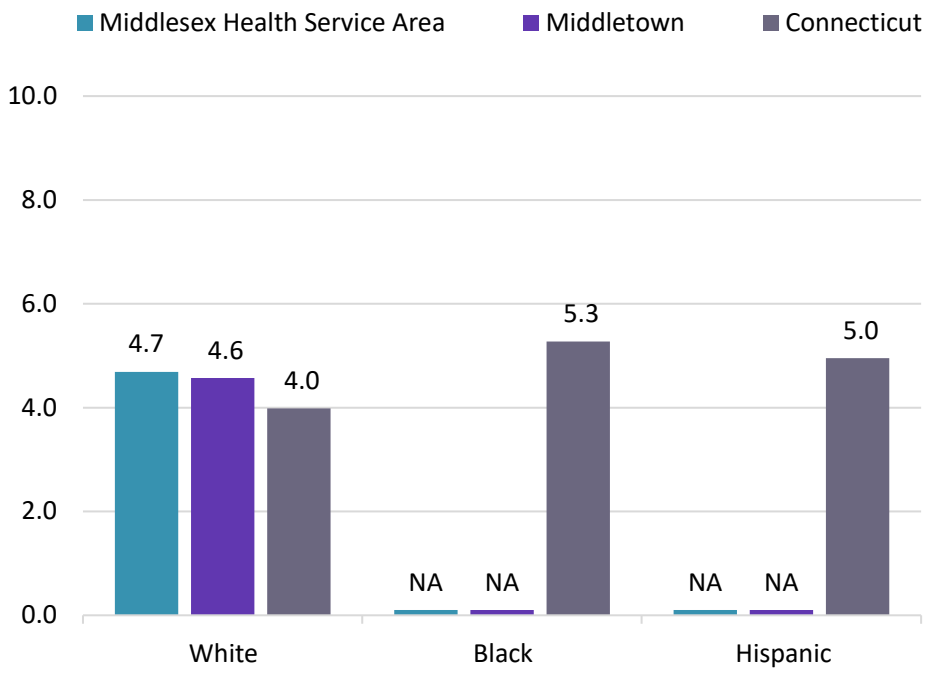
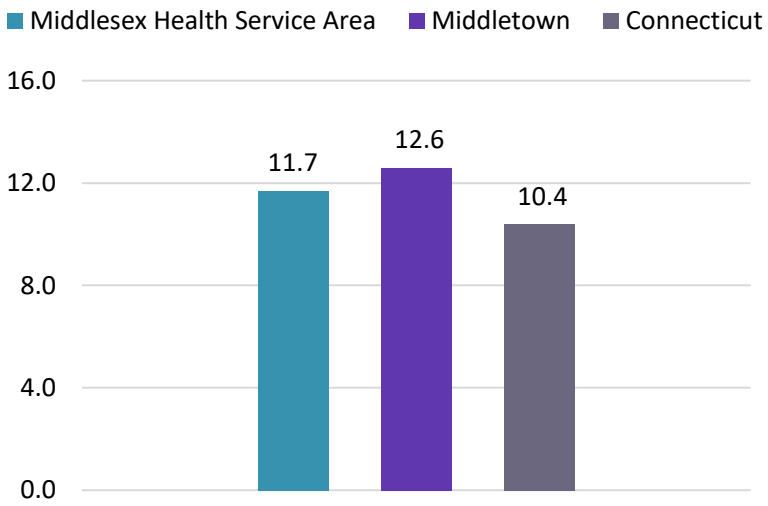


Figure 117: Ages 18+ Adult Patients with a Hospital Encounter for Community Acquired Pneumonia by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 118: Ages 65+ Adult Patients with a Hospital Encounter for Community Acquired Pneumonia, Age-Specific Rate per 1,000 Population



SEPSIS

Sepsis occurs when an individual's immune system has a dangerous reaction to an infection and causes widespread inflammation throughout the body that can lead to organ damage and can be a life-threatening condition. While sepsis can affect anyone, high-risk populations include older adults, pregnant people, those who are immunocompromised, those who have underlying health conditions, and those who have catheters or wounds (Cleveland Clinic, 2025).

Of the ranked ChimeData list of 15 selected health indicators, utilization due to sepsis ranked 2nd for Middletown and Middlesex Health's service area. **Figures 119 - 122** outline the ChimeData age-adjusted hospital encounter rates and ages 65+ age-specific hospital encounter rates for sepsis by geographic area and disaggregated by race / ethnicity.

Findings include:

- When disaggregating by race / ethnicity for the age 45+ age-adjusted rate, there is a substantial increase for sepsis encounter rate for Black individuals when compared to White individuals for the Middlesex Health service area geography **(Figure 120)**.
- There is a significant increase in sepsis encounter rates for the 65+ specific age population for the three geographies **(Figure 121)**.
- When disaggregating by race / ethnicity for the 65+ specific age rate (**Figure 122**), there is a considerably higher sepsis encounter rate for Black individuals when compared to White individuals for the Middletown and Middlesex Health service area geographies.

Figure 119: Ages 18+ Adult Patients with a Hospital Encounter for Sepsis, Age-Adjusted Rate per 1,000 Population

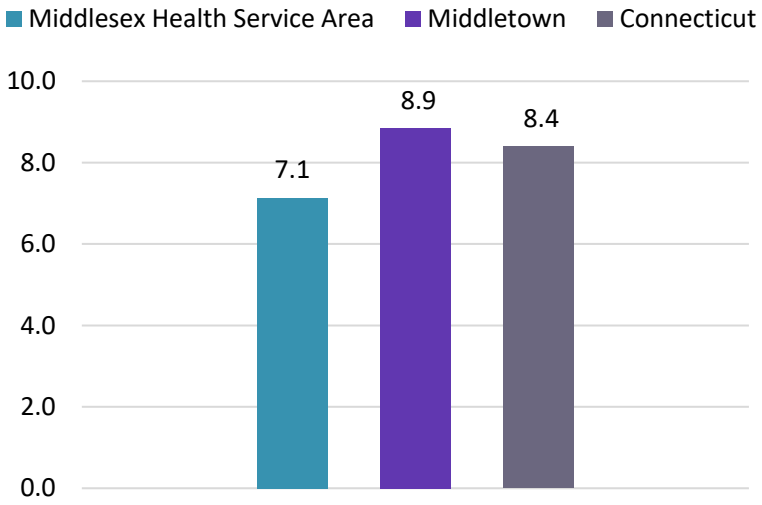
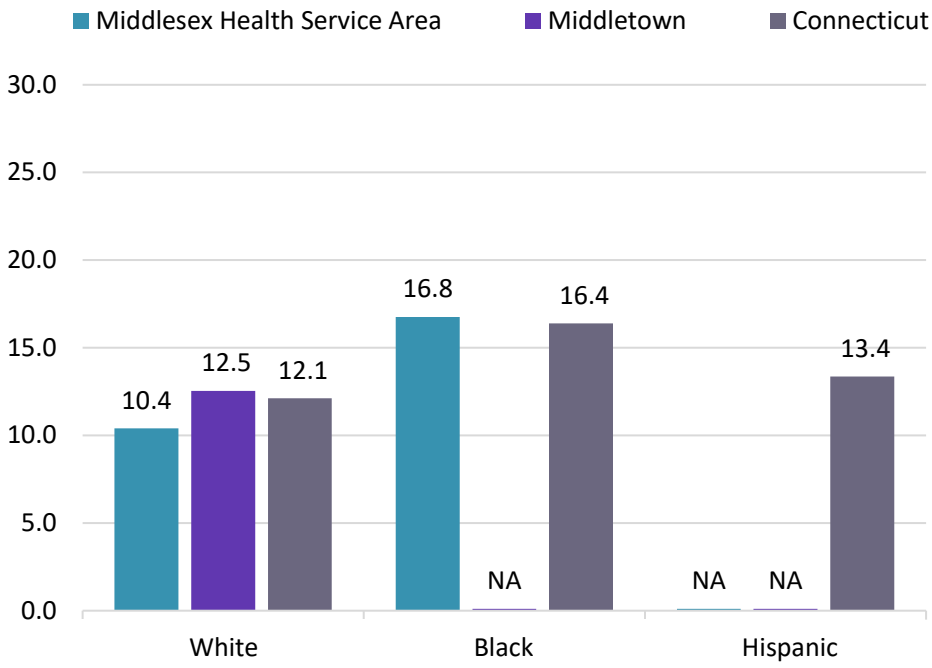


Figure 120: Ages 45+ Adult Patients with a Hospital Encounter for Sepsis by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 121: Ages 65+ Adult Patients with a Hospital Encounter for Sepsis, Age-Specific Rate per 1,000 Population

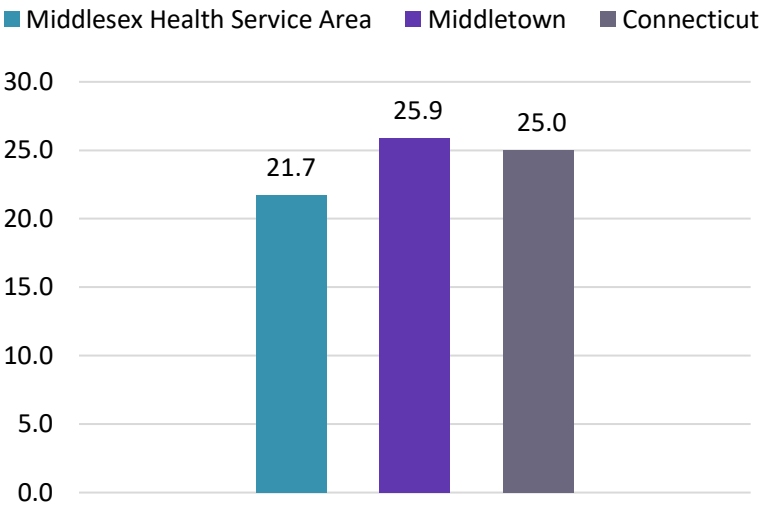
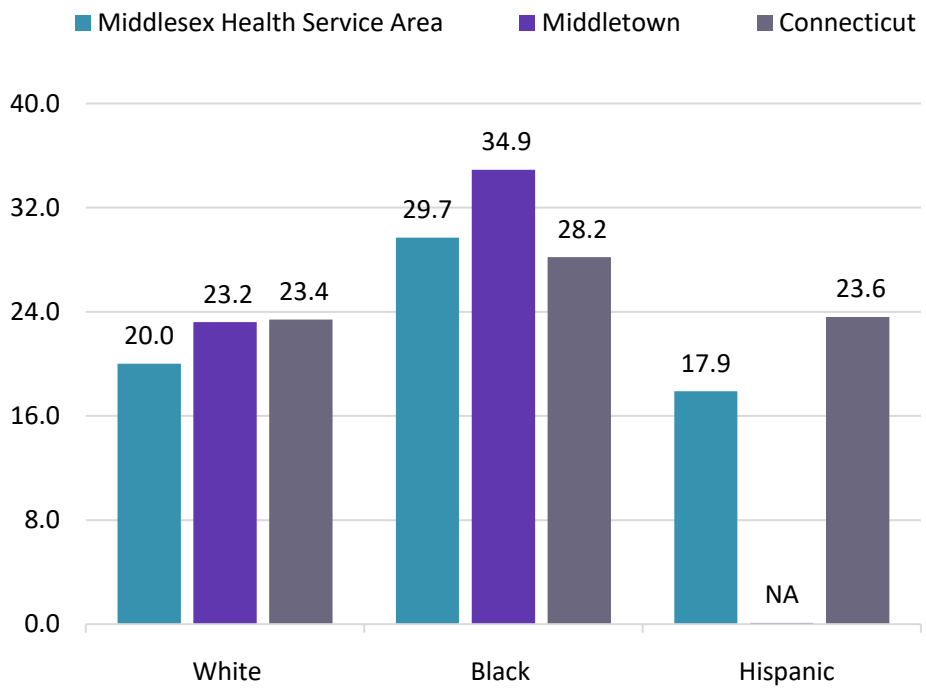


Figure 122: Ages 65+ Adult Patients with a Hospital Encounter for Sepsis by Race / Ethnicity, Age Specific Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-specific rate for that racial-ethnic group in a given location.

MENTAL HEALTH INDICATORS

Mental health is not only a key component to overall health but is also closely linked to physical health; for example, depression can increase the risk for many types of physical conditions such as diabetes, heart disease and stroke (CDC, 2025). Factors at the individual, family, community, and society levels can influence mental health and can impact an individual's ability to thrive and experience optimal well-being (CDC, 2025). **Figures 123** and **124** review self-reported "mental health not good for two weeks or more" and depression among adults in the geographic areas of Middletown, Middlesex Health's service area and Connecticut.

Figure 123: Percent of Adults Reporting Mental Health Not Good for Two Weeks or More

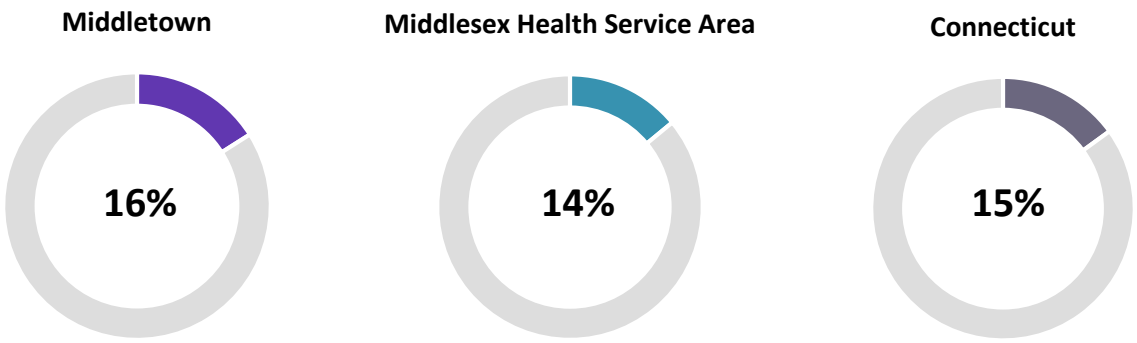
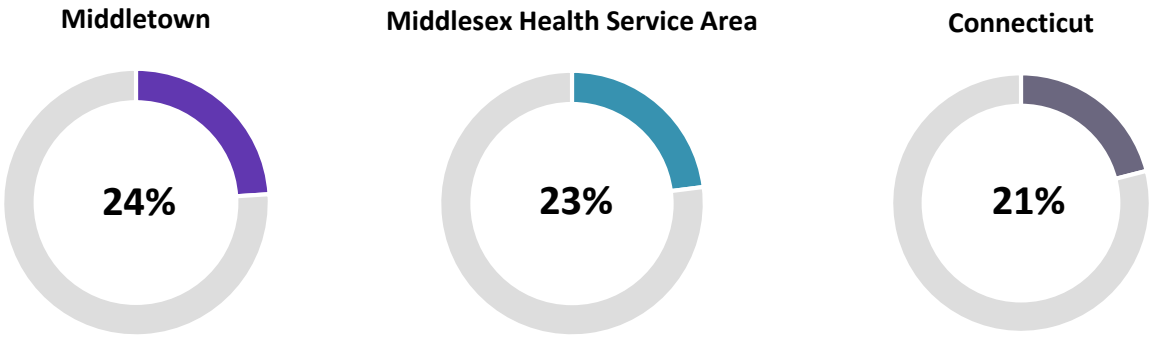
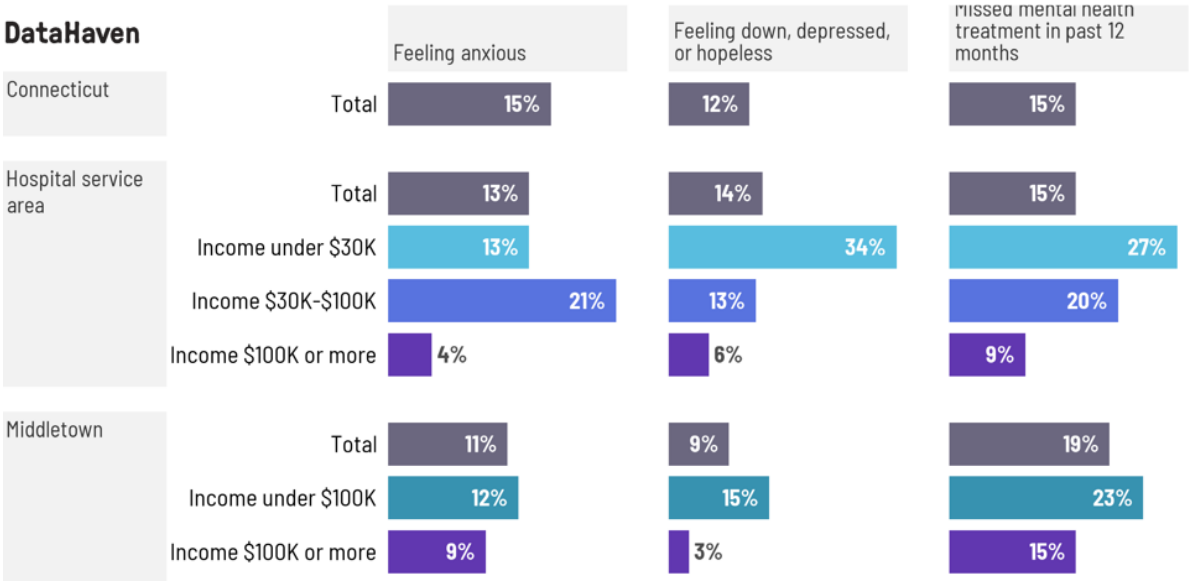


Figure 124: Percent of Adults Reporting Depression



The DataHaven 2024 Community Wellbeing Survey (DCWS) asked respondents questions about mental health status, *"overall, how anxious did you feel yesterday?"*; *"over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?"* and *"during the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?"*. **Figure 125** provides the responses to these questions for Middletown, Middlesex Health service area, and Connecticut disaggregated by income level. The sample size was not large enough in Middletown to disaggregate by granular income levels.

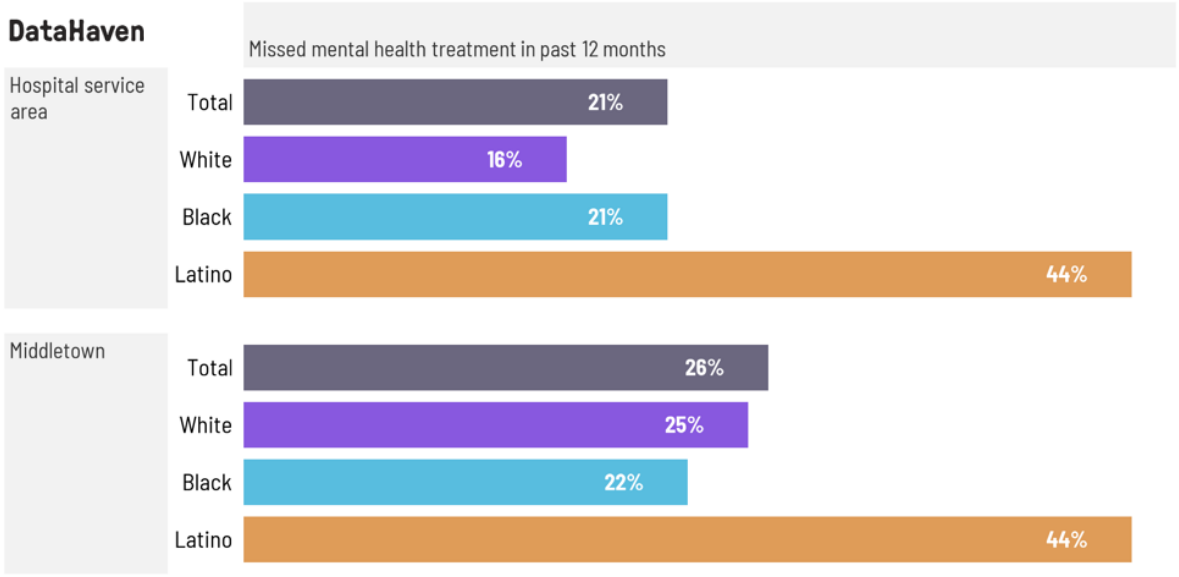
Figure 125: Mental Health Status, Share of Adults, DCWS Respondents



The results of the DataHaven Community-Based Assets and Needs Survey (CBANS) convenience sample provides a lower income threshold than the DataHaven Community Wellbeing Survey and the increased sample size allows for disaggregation by race and ethnicity. **Figure 126** provides CBANS responses to the following question about mental health access: *"during the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?"* disaggregated by income level. **Figure 127** depicts the responses to the same question disaggregated by race and ethnicity.

Figure 126: Mental Health Access, Share of Adults, CBANS Respondents

Figure 127: Mental Health Access by Race and Ethnicity, Share of Adults, CBANS Respondents



Of the ranked ChimeData list of 15 selected health indicators, utilization due to mental health conditions ranked 1st for Middletown and Middlesex Health's service area. **Figures 128**, **129**, and **130** depict the ChimeData age-adjusted hospital encounter rates and ages 65+ age-specific hospital encounter rates for mental health conditions by geographic area and disaggregated by race / ethnicity. Diagnoses related to dementia, delirium, amnesic disorders, and mental health screening were not included in the ChimeData mental health composite.

When interpreting ChimeData, the following may be useful: 1) a threshold of ± 20% was applied to determine a substantial difference between rates for two different geographies and / or racial-ethnic groups; and, 2) ChimeData is not a measure of prevalence (i.e., the proportion of a population that has a specific characteristic in a given time period), it is an analysis of hospital utilization rates for encounters in the emergency department, inpatient, or observation service settings for primary diagnoses. See the Process and Methods Used to Conduct CHNA section for additional information on the ChimeData methodology.

Findings include:

- Mental health encounter rates are higher for Middletown alone when compared to Middlesex Health's service area and Connecticut for the ages 18+ age-adjusted rate **(Figure 128)**.
- When disaggregating by race / ethnicity for the ages 18 – 64 age-adjusted mental health encounter rates, there is a substantial increase for Black individuals when compared to White individuals for Middletown and the Middlesex Health service area geographies **(Figure 129)**.
- There is a higher ages 65+ age-specific mental health encounter rate for Middletown when compared to the other two geographic areas **(Figure 130)**.

Figure 128: Ages 18+ Adult Patients with a Hospital Encounter for Mental Health, Age-Adjusted Rate per 1,000 Population

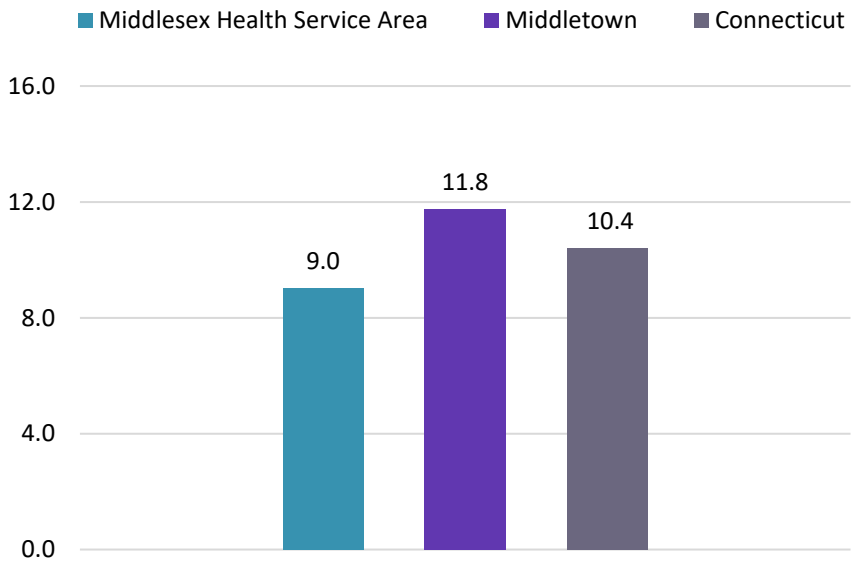
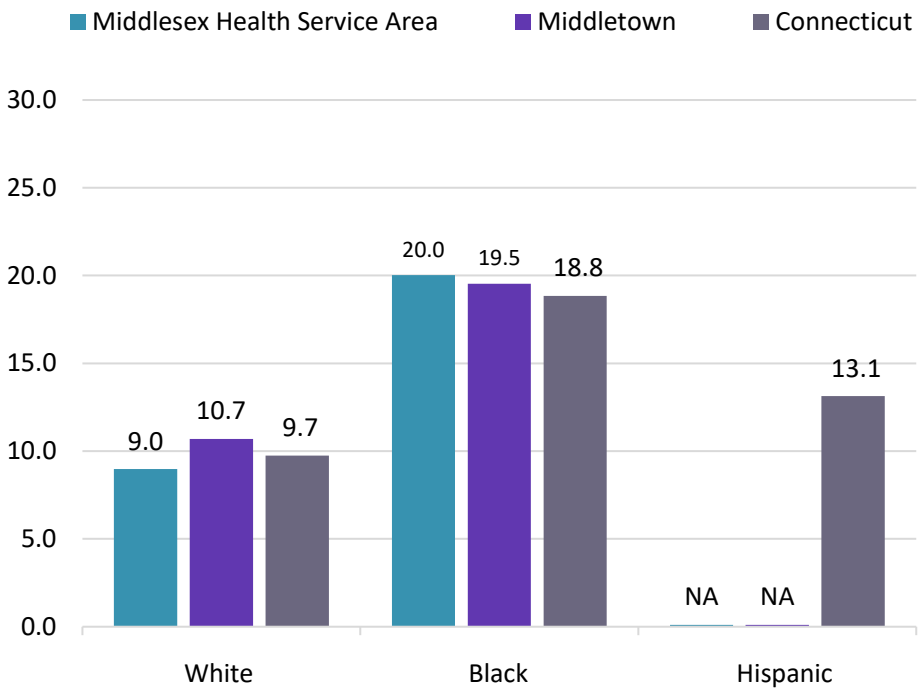
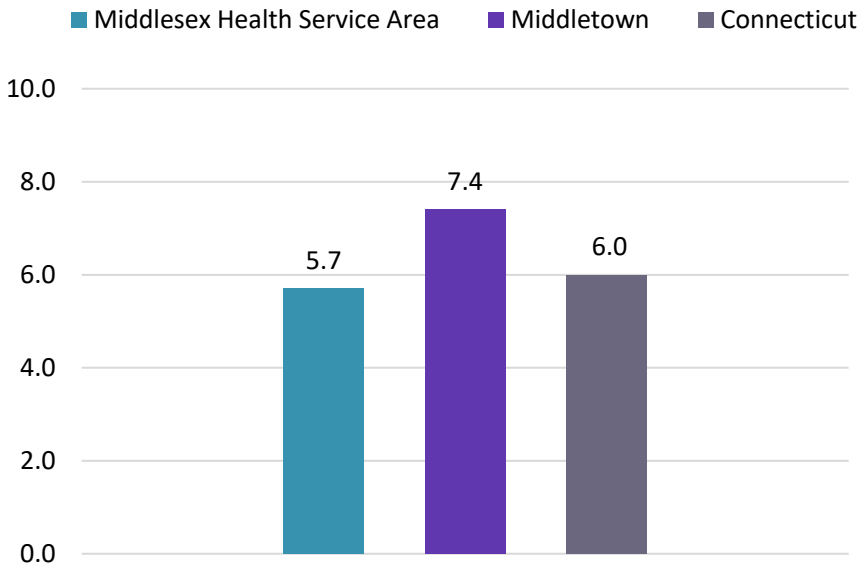


Figure 129: Ages 18-64 Adult Patients with a Hospital Encounter for Mental Health by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



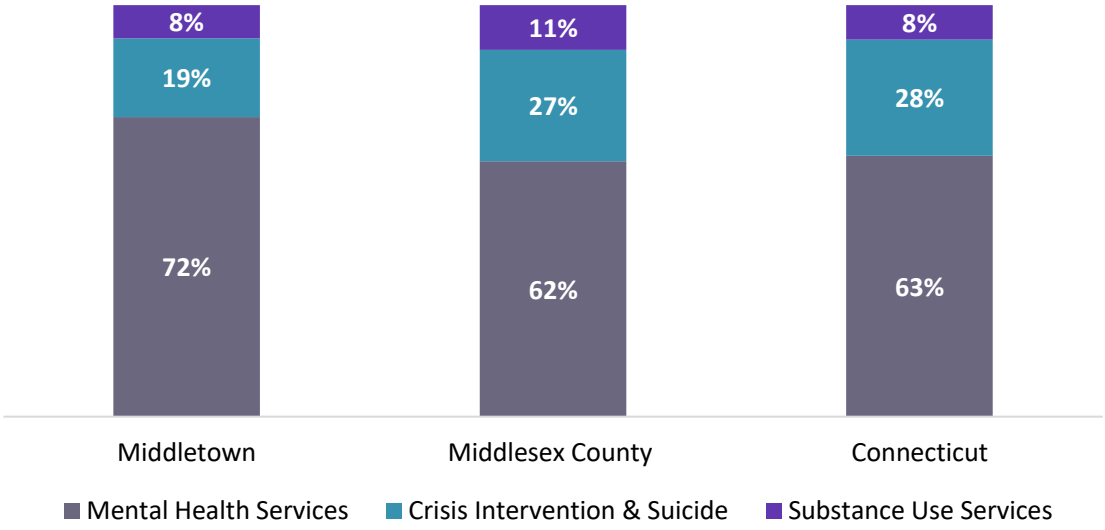
"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 130: Ages 65+ Adult Patients with a Hospital Encounter for Mental Health, Age-Specific Rate per 1,000 Population



The Mental Health and Substance Use 2-1-1 request category was the highest request category in 2024 for Middletown and Middlesex County, and 2nd highest for Connecticut, with requests for direct mental health services significantly higher than the other sub-categories. **Figure 131** outlines the percentages of 2-1-1 requests that are attributed to Mental Health and Substance Use for 2024 for Middletown and Middlesex County, compared to Connecticut.

Figure 131: 2-1-1 Requests for Mental Health and Substance Use



SUBSTANCE-RELATED DISORDERS

Of the ranked ChimeData list of 15 selected health indicators, utilization due to substance-related disorders (SRD) ranked 3rd for Middletown and Middlesex Health's service area. **Figures 132, 133**, **and 134** depict the ChimeData age-adjusted hospital encounter rates and ages 65+ age-specific hospital encounter rates for substance-related disorders by geographic area and disaggregated by race / ethnicity.

When interpreting ChimeData, the following may be useful: 1) a threshold of ± 20% was applied to determine a substantial difference between rates for two different geographies and / or racial-ethnic groups; and, 2) ChimeData is not a measure of prevalence (i.e., the proportion of a population that has a specific characteristic in a given time period), it is an analysis of hospital utilization rates for encounters in the emergency department, inpatient, or observation service settings for primary diagnoses. See the Process and Methods Used to Conduct CHNA section for additional information on the ChimeData methodology.

Findings include:

- Substance-related disorder encounter rates are higher for Middletown alone when compared to Connecticut and considerably higher than Middlesex Health's service area for the ages 18+ age-adjusted rate **(Figure 132)**.
- When disaggregating by race / ethnicity for the ages 18 – 64 age-adjusted substance-related disorder encounter rates, there is a substantial increase for Black individuals when compared to White individuals for Middletown and the Middlesex Health service area geographies **(Figure 133)**.
- There is a considerably higher ages 65+ age-specific substance-related disorder encounter rate for Middletown when compared to the other two geographic areas **(Figure 134)**.

Figure 132: Ages 18+ Adult Patients with a Hospital Encounter for Substance-Related Disorders, Age-Adjusted Rate per 1,000 Population

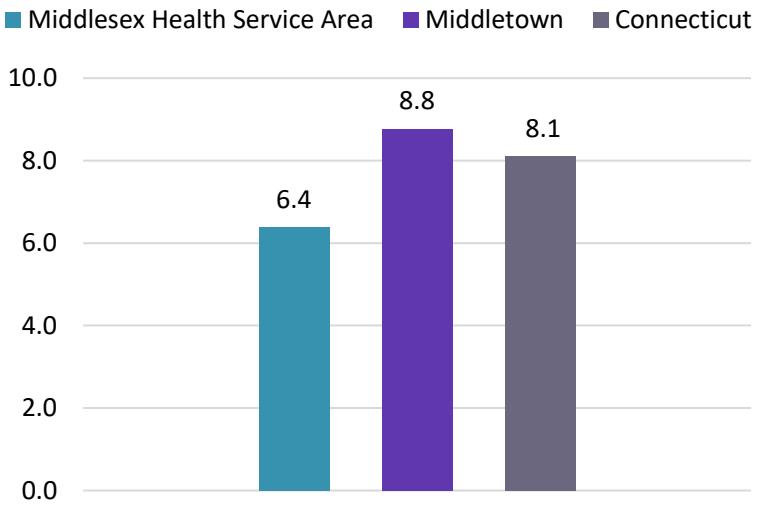
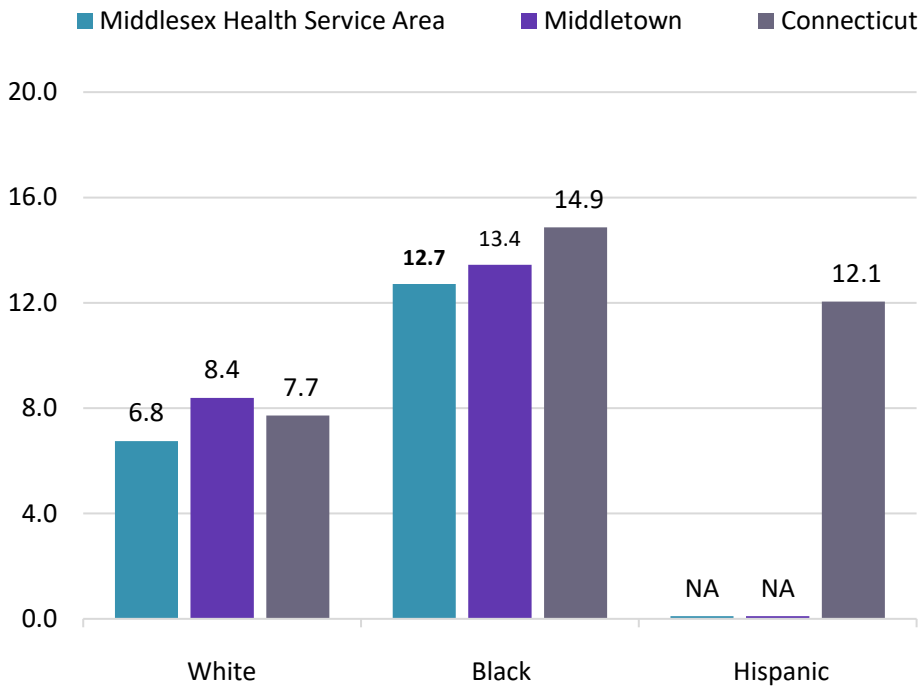
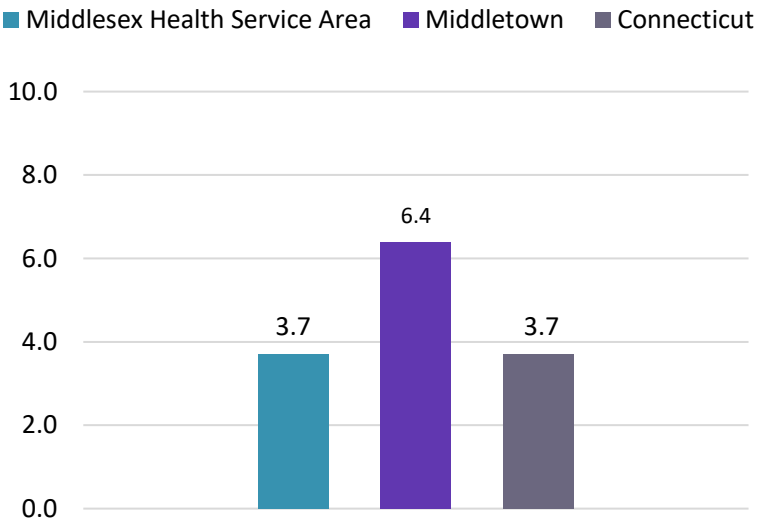


Figure 133: Ages 18-64 Adult Patients with a Hospital Encounter for Substance-Related Disorders by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 134: Ages 65+ Adult Patients with a Hospital Encounter for Substance-Related Disorders, Age-Specific Rate per 1,000 Population



There are three subconditions (alcohol-related disorders, non-opioid-related disorders, and opioid-related disorders) for the ChimeData substance-related disorders (SRD) indicator. These three SRD subconditions are mutually exclusive at the diagnosis code level and fully encapsulate the broader SRD category (CHA, 2025). Disaggregating SRD subconditions provides an understanding of which SRDs are driving the overall SRD ranking. **Figures 135** – **143** depict ChimeData encounter rates for the substance-related disorders subconditions by geographic area, age and race / ethnicity.

SUBSTANCE-RELATED DISORDERS INVOLVING ALCOHOL

Figure 135: Ages 18+ Adult Patients with a Hospital Encounter for Substance-Related Disorders Involving Alcohol, Age-Adjusted Rate per 1,000 Population

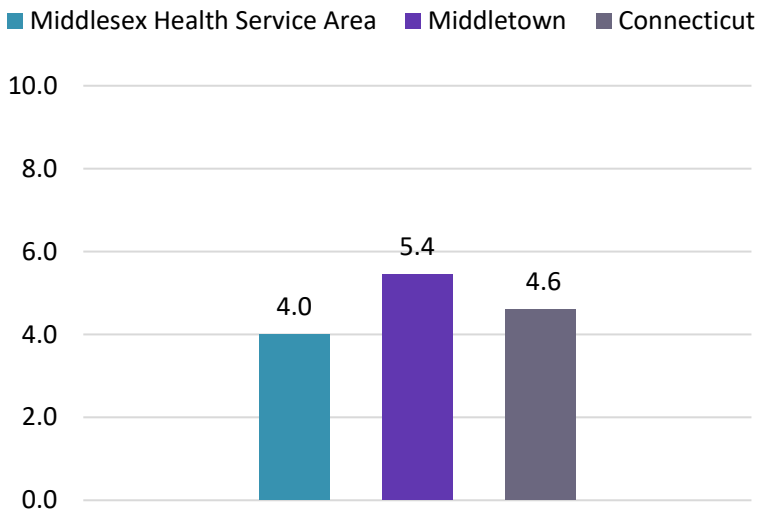
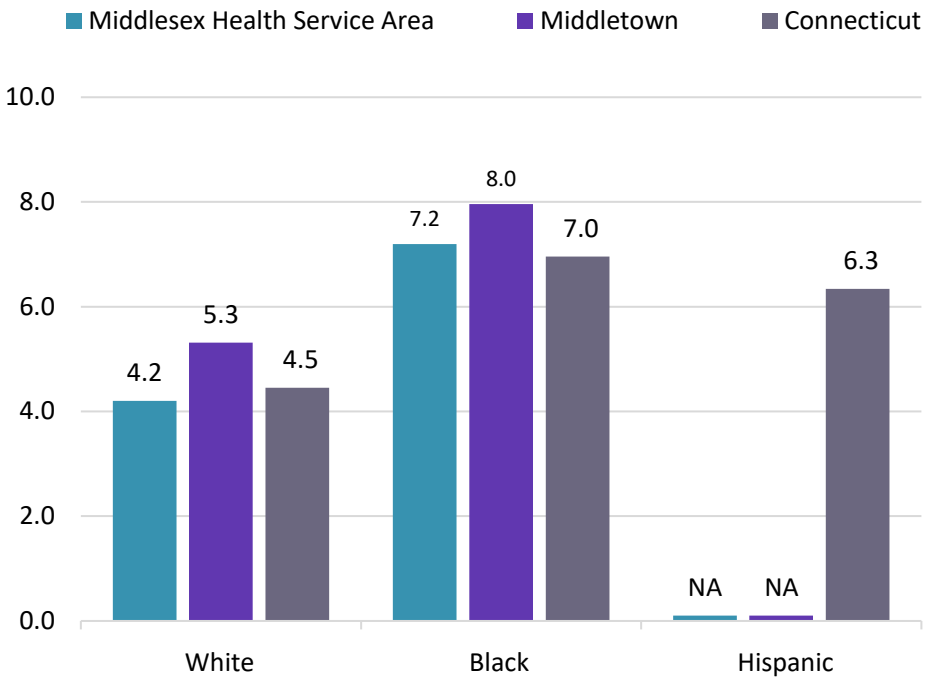
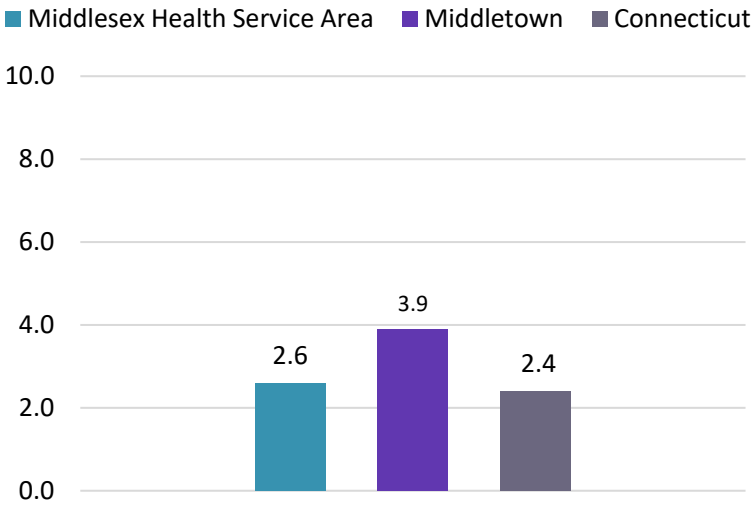


Figure 136: Ages 18-64 Adult Patients with a Hospital Encounter for Substance-Related Disorders Involving Alcohol by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 137: Ages 65+ Adult Patients with a Hospital Encounter for Substance-Related Disorders Involving Alcohol, Age-Specific Rate per 1,000 Population



SUBSTANCE-RELATED DISORDERS NOT INVOLVING ALCOHOL OR OPIOIDS

Figure 138: Ages 18-64 Adult Patients with a Hospital Encounter for Substance-Related Disorders Not Involving Alcohol or Opioids, Age-Adjusted Rate per 1,000 Population

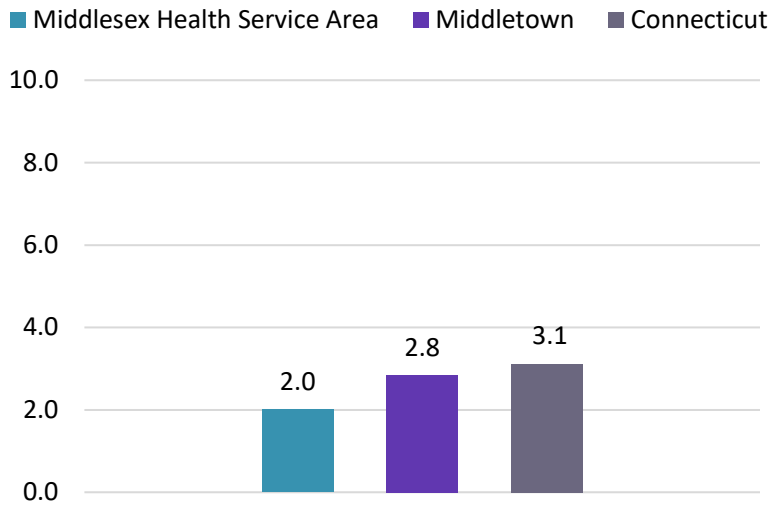
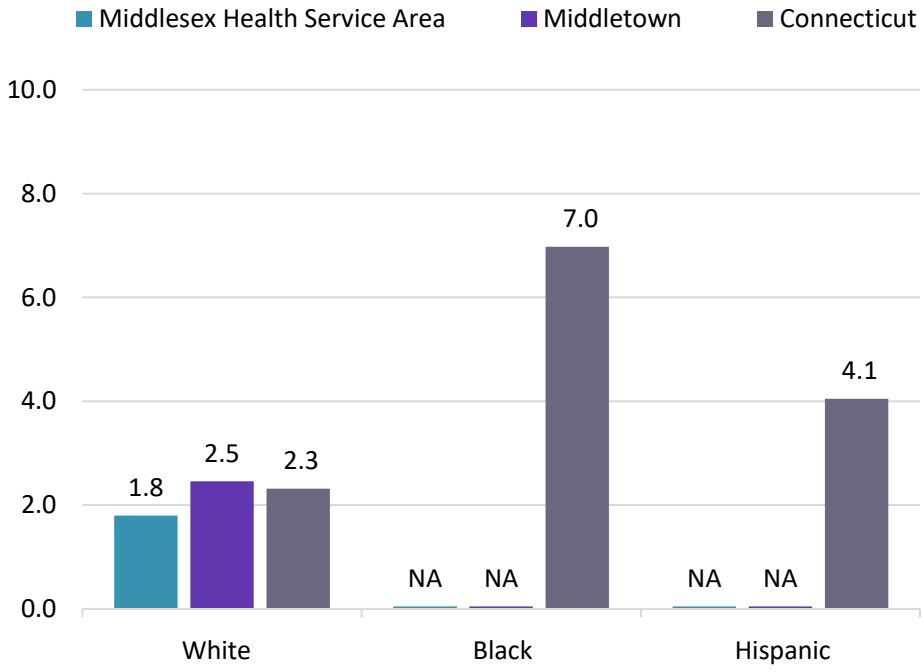
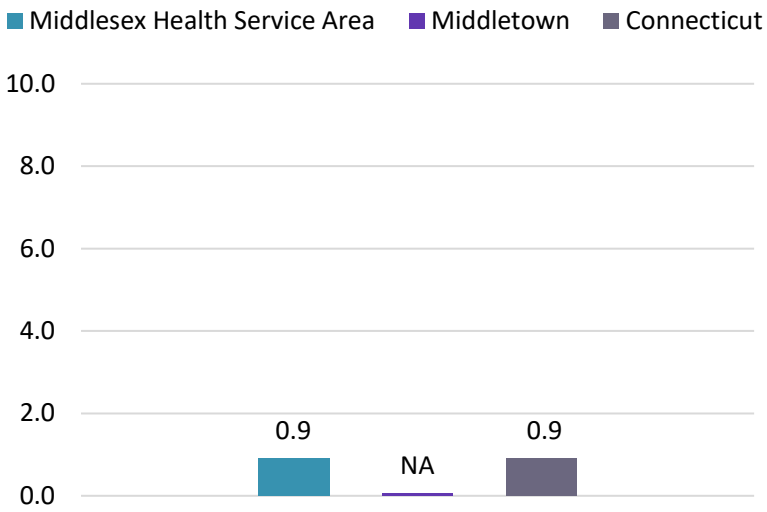


Figure 139: Ages 18-64 Adult Patients with a Hospital Encounter for Substance-Related Disorders Not Involving Alcohol or Opioids by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-specific rate for that racial-ethnic group in a given location.

Figure 140: Ages 65+ Adult Patients with a Hospital Encounter for Substance-Related Disorders Not Involving Alcohol or Opioids, Age-Specific Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-specific rate in a given location.

SUBSTANCE-RELATED DISORDERS INVOLVING OPIOIDS

Figure 141: Ages 18-64 Adult Patients with a Hospital Encounter for Substance-Related Disorders Involving Opioids, Age-Adjusted Rate per 1,000 Population

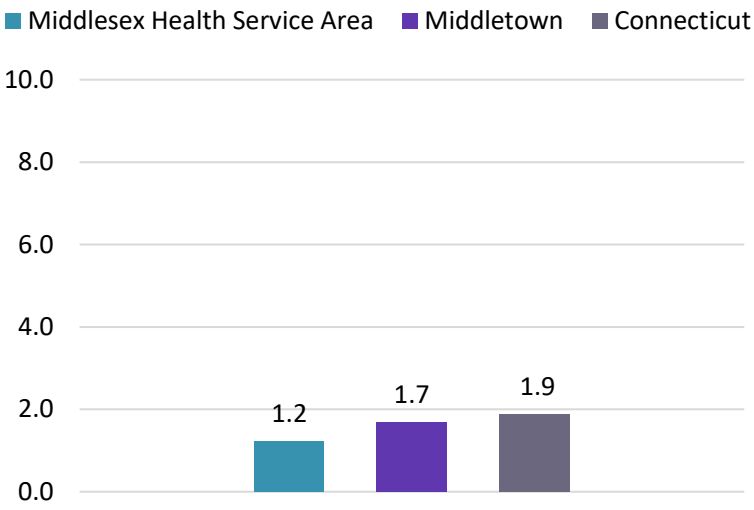
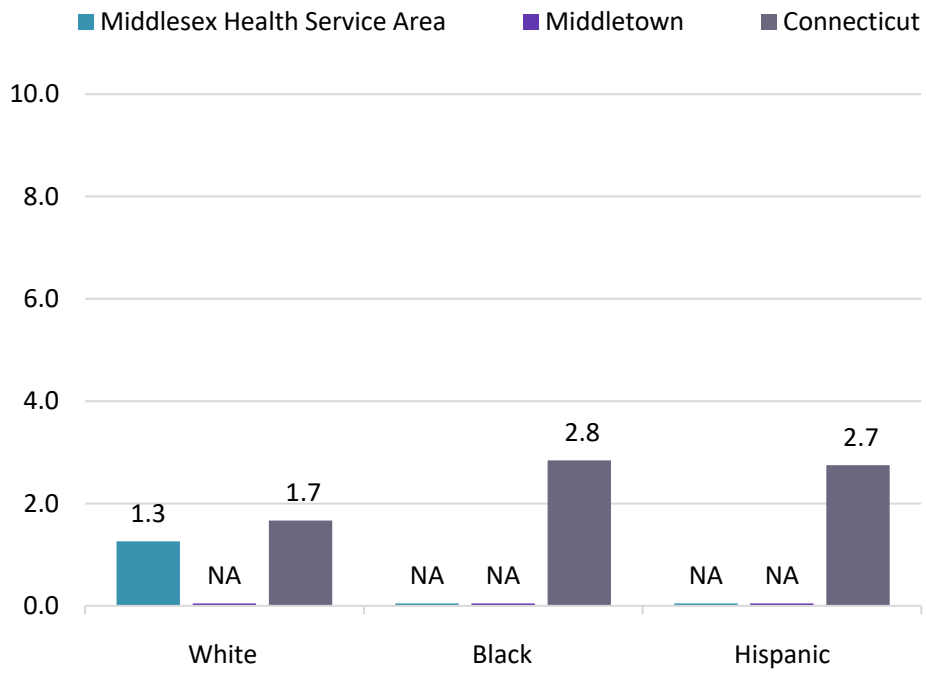
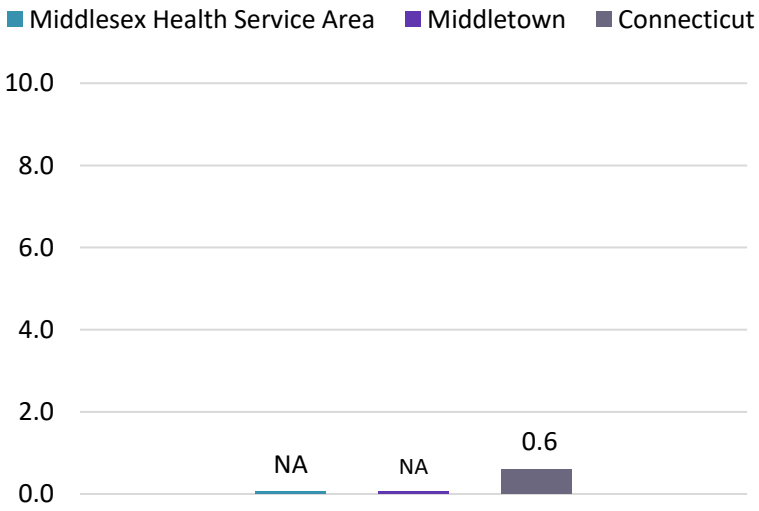


Figure 142: Ages 18-64 Adult Patients with a Hospital Encounter for Substance-Related Disorders Involving Opioids by Race / Ethnicity, Age-Adjusted Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-adjusted rate for that racial-ethnic group in a given location.

Figure 143: Ages 65+ Adult Patients with a Hospital Encounter for Substance-Related Disorders Involving Opioids, Age-Specific Rate per 1,000 Population



"NA" appearing above a histogram bar indicates an insufficient patient count (N < 16) in one or more of the age group categories used to calculate an age-specific rate in a given location.

Part 3

ACTIONS SINCE LAST CHNA, APPENDIX, CITATIONS & SOURCES, COMMUNITY RESOURCES

ACTIONS SINCE LAST CHNA

This section reviews the steps Middlesex Health took to address its 2022 CHNA Implementation Strategy priority areas. In many cases, actions were taken through a collaborative and participatory community-based approach.

BEHAVIORAL HEALTH

Greater Middletown Opioids Task Force: The Greater Middletown Opioids Task Force (GMOTF) was developed to address the opioid epidemic. It is a multi-sector collaborative, of which Middlesex Health is a partner, that meets monthly and works together to develop strategies to reduce opioid overdoses and overdoses resulting in fatalities. GMOTF priority areas include education, prevention, resource awareness, intervention, harm reduction, and increasing access to substance use treatment. Accomplishments from 2023 – 2025 include, but are not limited to:

- Development of active workgroups and committees (Harm Reduction / Intervention Workgroup; Recovery Coach / Peer Support Workgroup; Middletown Opioids Settlement Funds Grant Advisory Committee; Middletown Opioids Settlement Funds Ad Hoc Committee).
- Ongoing distribution of GMOTF-branded Narcan Leave Behind Kits which include a GMOTF-developed and branded Narcan how to use educational piece in English and Spanish.
- Development and distribution of a 40+ page resource guide that includes information on inpatient / residential treatment, outpatient treatment, medication assisted treatment (MAT), recovery coach / peer support; support groups; harm reduction; locations for Naloxone / Narcan availability and training; housing resources; transportation resources.
- Development and distribution of Xylazine educational piece.
- Partnership with The Village for Families and Children that brought a harm reduction RV to Middletown once / week.
- Ongoing distribution of Fentanyl test strip bags which include a GMOTF-developed and branded Fentanyl test strip usage educational piece.
- Development and distribution of the Middletown Opioids Settlement Needs Survey in English and Spanish, which centered voices with lived experience, to identify needs to guide distribution of Middletown opioids settlement funds; the survey was shared with other Connecticut opioids task forces for use.
- Development of a grant application and award process for City of Middletown opioids settlement funds.

Middlesex Health Beit Paley Center for Mental Health Additional Programming:

- **LGBTQIA+ Inclusive Focused Treatment Intensive Outpatient Program (L.I.F.T):** L.I.F.T is a program that was developed to meet an identified need and offers an affirming, healing space where members of the LGBTQIA+ community can address mental health challenges through the lens of their intersecting identities. Middlesex Health's L.I.F.T. IOP provides a supportive and affirming option for those who need more support than traditional outpatient therapy but do not require inpatient or residential care. The program's goal is to help participants build resilience, strengthen coping skills, and foster meaningful connections in a safe, affirming, and inclusive environment that supports overall well-being.
- **Enhanced Trauma-Informed Care:** To augment services to those experiencing trauma / Post-Traumatic Stress Disorder (PTSD), Middlesex Health's Beit Paley Center for Mental Health trained all outpatient therapists in Cognitive Processing Therapy (CPT), an evidenced-based trauma therapy.
- **Extended Outpatient Program (EOP):** EOP is a program designed by Middlesex Health due to identified need for individuals needing additional mental health support. EOP complements usual outpatient mental health care and provides eight weeks of one individual session and one group session a week, focusing on trauma and skill-building.
- **Senior Group:** Middlesex Health's Beit Paley for Mental Health recognized that its senior patients needed additional support, so it developed a non-billable group that meets every two weeks and provides socialization and connection for older adults.

PERINATAL HEALTH

Pregnant with Possibilities (PWP): PWP is a program under the Greater Middletown Area Health Enhancement Community Coalition and is overseen by the Ministerial Health Fellowship with Middlesex Health and the Community Health Center as collaborative partners. PWP was developed to address the significant disparities in pregnancy and birth outcomes among Black and Latina persons and their babies by providing no-cost, wrap-around doula services. PWP doulas provide support before, during and up to one year after delivery. Ministerial Health Fellowship program metrics include: 100% of participants enrolled in PWP program attended prenatal appointments; 100% of families were referred to resources to meet identified basic needs; 100% of participants had a birthing plan generated; 90.3% of babies were born over 5 lbs. PWP went on hiatus in 2025 due to funding constraints while continuation funding is pursued.

Middlesex County Perinatal Health Collaborative (PHC): PHC is a multi-sector collaborative of health / mental health providers and community agencies that regularly meet to develop and implement care plans for coordinated wrap-around services for vulnerable expectant birthing people who are experiencing complex issues including domestic violence, treated or untreated mental health issues, previous significant perinatal mood and anxiety disorders, substance use, and / or homelessness. PHC's goal is for

providers and agencies across the community to work together to support pregnant people with high needs in order to improve health and birthing outcomes.

Diaper Connections: The Diaper Connections program is through the Connecticut Hospital Association, the Diaper Bank of Connecticut, and Connecticut's 27 acute care hospitals. Diaper Connections recognizes that diapers are a basic need for infants, babies, and toddlers; that diaper need is linked to maternal and child health outcomes; that nearly one in three families struggle to afford diapers to keep their babies clean, dry, and healthy; that diaper need has been documented to be the number one predictor of postpartum depression in a large sample of low-income mothers; and that some parents have no choice but to leave their baby in a soiled diaper for extended periods or to reuse previously soiled diapers, which increases the risk of urinary tract infections, hepatitis, eczema, and severe diaper rash (diaper dermatitis) (National Diaper Bank Network, 2023; Carstensen and Gunther, 2018). To meet this need, Diaper Connections provides diapers free-of-charge to families with children aged 3 and under who screen positive for a diaper need. Middlesex Health expanded its local Diaper Connections program to include the Ministerial Health Fellowship as a sub-account and distribution site. Diaper Connections went on hiatus in mid-2024 due to funding constraints while continuation funding is pursued.

Community Conversations to Address Black Maternal Health: Middlesex Health collaborated with community partners, including the Ministerial Health Fellowship and the Middlesex County NAACP, to raise awareness about the Black maternal mortality rate crisis among Black birthing people and to discuss local solutions to ensure equitable care for pregnant and postpartum individuals. Initiatives included 1) community-based viewings of the Aftershock Documentary film, which follows the death of two young Black women due to childbirth complications, bereaved fathers and families, and healthcare workers to highlight needed changes for institutional reforms to address the Black maternal mortality rate crisis in the United States. Discussions followed each viewing; and 2) two panel discussions (one virtual and one in-person) to continue to raise awareness, discuss drivers, and brainstorm solutions.

Perinatal Mental Health Disorders Interprofessional Case Conferences: Through Middlesex Health's Beit Paley Center for Mental Health and its Community Health Improvement department, a proposal to establish interprofessional case conferences for birthing persons experiencing perinatal mental health issues was developed and approved. The goal is to formalize a whole person interprofessional approach that seamlessly connects all services throughout the continuum of the perinatal journey, reduces silos and prevents patients who experience perinatal mental health disorders from falling through the cracks. The interprofessional perinatal mental health case conference pilot is expected to launch in 2025.

OLDER ADULTS

The National Home-Based Primary Care Learning Network: Middlesex Health applied to and was accepted for participation in the Learning Network, an organization dedicated to ensuring that homebound persons receive high-quality, evidence-based medical care in their homes and led by nationally known experts in quality improvement, data analysis, public health, geriatric research, education, and practice

from Harvard University, Massachusetts General Hospital, and Johns Hopkins University. Quality improvement PDSA (Plan-Do-Study-Act) activities completed by Middlesex Health team members included a comprehensive review of electronic assessments that generate risk scores, data analysis for utilization patterns for older adults, and a proposal for an enhanced in-home assessment and care service for vulnerable community dwelling older adults.

Interprofessional Patient Centered In-Home Geriatric Collaborative Service Pilot: Middlesex Health piloted an interprofessional patient centered in-home collaborative service including clinical staff from Middlesex Health Primary Care, Care at Home and Pharmacy. Weekly case conferences were held for intentional communication to identify and fill gaps, predict and mitigate potential problems, and clarify plans of care. Program benefits included the ability to escalate high risk patients to appropriate specialists sooner due to direct communication between team members; a reduction in emergency department and inpatient utilization; medication reconciliation and improved patient outcomes.

HEALTHY LIVING

Putting on AIRS (Asthma Indoors Risk Strategy): Through a partnership with the Connecticut Department of Public Health Asthma program, Middlesex Health delivers the state's Putting on AIRS asthma home visiting program in its service area for those age 17 years and under with asthma that is poorly controlled. The program is designed to help families identify and reduce in-home factors that can make asthma worse and provides an evaluation of participants' asthma symptoms, individualized asthma education, asthma symptom management, and an environmental asthma assessment to identify and eliminate / reduce triggers and develop trigger reduction strategies.

Greater Middletown Area Health Enhancement Community Coalition (GMAHEC): The Greater Middletown Area Health Enhancement Community Coalition is a multi-sector, place-based collaborative that supports long-term efforts to improve community health and well-being through broad, systemic change. GMAHEC's purpose is to 1) build healthy and equitable communities that actively work together to prevent the development of disease; and 2) improve the social, economic, and physical conditions within communities to enable individuals and families to meet basic needs, achieve health and well-being goals, and thrive throughout their lives. Middlesex Health staff are members of the GMAHEC leadership team and provide in-kind time to the collaborative and its initiatives.

Prescription for Healthy Eating Program: To increase access to nutritious fruits and vegetables, each growing season Middlesex Health offers Prescription for Healthy Eating coupons for community members who screen positive for food security issues at the Middlesex Health Family Medicine Middletown and Portland practice sites, Middlesex Health Center for Chronic Care Management, and Middlesex Health Beit Paley Center for Mental Health Child and Family Services. Coupons are issued based on family size and are intended to supplement household food intake of nutritious foods by increasing access to fresh fruits and vegetables. The coupons can be redeemed at the Middletown Farmers Market throughout the growing season.

United Fathers Community Farm: Middlesex Health collaborates with the United Fathers Community Farm by sponsoring a plot during the growing season. To increase access to nutritious vegetables, the vegetables that are harvested from the sponsored plot are distributed to Middlesex Health Beit Paley Center for Mental Health families enrolled in its home visiting program.

Greater Middletown Health Enhancement Community Coalition Nutritious Foods Subcommittee: The Nutritious Foods Subcommittee ("Subcommittee") was formed by community partners to fulfill a community need for more equitable and sustainable access to fresh, nutritious foods. The Subcommittee recognizes that food insecurity is an issue in our community; the benefits of nutritious foods to address chronic disease prevention and management; the potential to leverage multiple community assets to create sustainable, equitable access to nutritious, high-quality, and affordable food; and that food (growing, preparing, eating) is a powerful vehicle for community connection and well-being. Accomplishments for increasing access to nutritious vegetables include 1) extensive starter plant distribution during the growing season to promote local growing of vegetables; 2) completion of a hydroponic growing pilot program where harvested vegetables were distributed to community members experiencing food insecurity and / or barriers to accessing fresh vegetables; and 3) development and dissemination of tailored education information on healthy eating and nutritious foods.

APPENDIX

Table A1: Race / Ethnicity by Town in Middlesex Health Service Area

Location	White	Black	Latino	Other
Chester	88%	1%	5%	5%
Clinton	88%	0%	5%	6%
Colchester	91%	2%	3%	4%
Cromwell	76%	5%	9%	11%
Deep River	91%	2%	5%	3%
Durham	89%	0%	3%	8%
East Haddam	94%	0%	3%	3%
East Hampton	87%	0%	7%	5%
Essex	90%	2%	2%	6%
Haddam	87%	1%	4%	8%
Killingworth	90%	0%	2%	7%
Lyme	90%	3%	1%	6%
Marlborough	80%	2%	12%	5%
Middlefield	90%	1%	2%	7%
Middletown	66%	13%	11%	10%
Old Lyme	86%	0%	8%	6%
Old Saybrook	92%	0%	6%	2%
Portland	89%	1%	4%	6%
Westbrook	76%	1%	13%	9%
Middlesex County	**82%**	**5%**	**7%**	**6%**
Connecticut	**64%**	**10%**	**17%**	**9%**

Table A2: Age Distribution by Town in Middlesex Health Service Area

Location	% Under 5	% Age 5 - 19	% Age 20 - 44	% Age 45 - 64	% Age 65+
Chester	4%	16%	24%	30%	27%
Clinton	2%	17%	26%	32%	22%
Colchester	8%	17%	27%	32%	16%
Cromwell	5%	16%	31%	27%	21%
Deep River	3%	19%	23%	35%	20%
Durham	6%	15%	27%	33%	19%
East Haddam	4%	15%	24%	33%	23%
East Hampton	6%	17%	28%	30%	18%
Essex	2%	16%	20%	34%	27%
Haddam	3%	21%	28%	30%	19%
Killingworth	5%	16%	21%	36%	22%
Lyme	3%	12%	29%	30%	26%
Marlborough	4%	20%	28%	32%	16%
Middlefield	4%	16%	22%	35%	22%
Middletown	4%	15%	39%	26%	17%
Old Lyme	4%	17%	21%	34%	24%
Old Saybrook	3%	15%	18%	36%	28%
Portland	6%	20%	29%	29%	17%
Westbrook	1%	7%	29%	30%	32%
Middlesex County	4%	15%	29%	30%	22%
Connecticut	5%	18%	32%	26%	19%

Table A3: Disability Status by Town in Middlesex Health Service Area

Location	Total Population	Age 35-64	Age 65 - 74	Age 75+
Chester	16%	11%	20%	46%
Clinton	10%	6%	20%	42%
Colchester	11%	9%	24%	46%
Cromwell	12%	12%	16%	42%
Deep River	11%	15%	11%	44%
Durham	7%	5%	10%	49%
East Haddam	9%	8%	14%	35%
East Hampton	9%	8%	15%	38%
Essex	10%	10%	5%	33%
Haddam	11%	9%	27%	49%
Killingworth	10%	9%	13%	36%
Lyme	9%	4%	13%	46%
Marlborough	9%	9%	19%	30%
Middlefield	9%	10%	9%	26%
Middletown	13%	14%	26%	40%
Old Lyme	8%	5%	12%	32%
Old Saybrook	14%	8%	14%	35%
Portland	11%	6%	22%	47%
Westbrook	14%	14%	18%	24%
Middlesex County	**11%**	**9%**	**23%**	**31%**
Connecticut	**13%**	**11%**	**19%**	**43%**

Table A4: Language Other than English Spoken at Home, Percent of Persons Age 5+ Years by Town in Middlesex Health Service Area

Location	% Other Languages	Location	% Other Languages
Chester	6%	Killingworth	2%
Clinton	9%	Lyme	3%
Colchester	6%	Marlborough	5%
Cromwell	13%	Middlefield	3%
Deep River	7%	Middletown	18%
Durham	5%	Old Lyme	9%
East Haddam	3%	Old Saybrook	11%
East Hampton	8%	Portland	9%
Essex	5%	Westbrook	21%
Haddam	7%	**Middlesex County**	**12%**
Connecticut	**23%**		

Table A5: Educational Attainment, Age 25+ by Town in Middlesex Health Service Area

Location	No High School Diploma	High School Diploma	Some College or Associate's Degree	Bachelor's Degree or Higher	High School Graduate or Higher
Chester	2%	23%	37%	38%	98%
Clinton	4%	34%	22%	40%	96%
Cromwell	6%	27%	27%	40%	94%
Deep River	5%	27%	24%	44%	95%
Durham	6%	29%	20%	45%	94%
East Haddam	4%	26%	30%	40%	96%
East Hampton	6%	21%	36%	36%	94%
Essex	1%	22%	18%	59%	99%
Haddam	5%	19%	24%	52%	95%
Killingworth	2%	25%	25%	49%	99%
Middlefield	3%	35%	28%	34%	97%
Middletown	6%	28%	25%	41%	94%
Old Saybrook	5%	20%	24%	51%	95%
Portland	11%	19%	28%	41%	89%
Westbrook	8%	23%	21%	48%	92%
Middlesex County	**4%**	**27%**	**24%**	**45%**	**96%**
Connecticut	**8%**	**26%**	**23%**	**43%**	**92%**

Table A6: Poverty Rate & ALICE Population by Town in Middlesex Health Service Area

Location	% Poverty Rate	% ALICE	% ALICE & Poverty Rate
Chester	10%	26%	36%
Clinton	5%	23%	28%
Colchester	5%	21%	26%
Cromwell	6%	30%	36%
Deep River	5%	31%	36%
Durham	4%	14%	18%
East Haddam	5%	19%	24%
East Hampton	4%	21%	25%
Essex	5%	26%	31%
Haddam	3%	18%	21%
Killingworth	3%	19%	22%
Lyme	2%	19%	21%
Marlborough	9%	8%	17%
Middlefield	6%	23%	29%
Middletown	12%	32%	44%
Old Lyme	4%	19%	23%
Old Saybrook	4%	23%	27%
Portland	4%	25%	29%
Westbrook	4%	36%	40%
Middlesex County	**6%**	**20%**	**26%**
Connecticut	**10%**	**18%**	**28%**

Table A7: Under Age 18 Poverty Rate by Town in Middlesex Health Service Area

Location	Under Age 18 Poverty Rate	Location	Under Age 18 Poverty Rate
Chester	21%	Killingworth	0%
Clinton	5%	Lyme	4%
Colchester	4%	Marlborough	8%
Cromwell	3%	Middlefield	3%
Deep River	1%	Middletown	15%
Durham	2%	Old Lyme	2%
East Haddam	6%	Old Saybrook	2%
East Hampton	5%	Portland	4%
Essex	7%	Westbrook	0%
Haddam	5%	**Middlesex County**	**7%**
Connecticut 13%			

Table A8: Age 65+ Poverty Rate by Town in Middlesex Health Service Area

Location	Age 65+ Poverty Rate	Location	Age 65+ Poverty Rate
Chester	5%	Killingworth	12%
Clinton	4%	Lyme	1%
Colchester	6%	Marlborough	5%
Cromwell	5%	Middlefield	17%
Deep River	4%	Middletown	10%
Durham	5%	Old Lyme	5%
East Haddam	6%	Old Saybrook	7%
East Hampton	5%	Portland	2%
Essex	6%	Westbrook	3%
Haddam	6%	**Middlesex County**	**4%**
Connecticut 8%			

Table A9: Percent of Households Receiving SNAP by Towns in Middlesex Health Service Area

Location	Households Receiving SNAP	Location	Households Receiving SNAP
Chester	5%	Killingworth	0.6%
Clinton	4%	Lyme	2%
Colchester	6%	Marlborough	4%
Cromwell	6%	Middlefield	11%
Deep River	7%	Middletown	14%
Durham	3%	Old Lyme	3%
East Haddam	3%	Old Saybrook	7%
East Hampton	5%	Portland	8%
Essex	2%	Westbrook	5%
Haddam	3%	**Middlesex County**	6%
Connecticut 12%			

Table A10: Percent of Population Enrolled in Medicaid by Towns in Middlesex Health Service Area

Location	% of Population Enrolled in Medicaid	Location	% of Population Enrolled in Medicaid
Chester	20%	Killingworth	11%
Clinton	23%	Lyme	13%
Colchester	24%	Marlborough	16%
Cromwell	22%	Middlefield	17%
Deep River	23%	Middletown	36%
Durham	13%	Old Lyme	15%
East Haddam	19%	Old Saybrook	19%
East Hampton	18%	Portland	24%
Essex	14%	Westbrook	22%
Haddam	16%	**Connecticut**	**32%**

Middlesex County data not available

Table A11: Accidental Drug Related Deaths by Towns in Middlesex Health Service Area, 2022

Location	Any Opioid	Presence of Fentanyl	No Opioid Involvement	Total Overdose Deaths
Chester	0	0	1	1
Clinton	2	2	0	2
Colchester	0	0	0	0
Cromwell	0	0	0	0
Deep River	1	1	0	1
Durham	0	0	0	0
East Haddam	1	1	0	1
East Hampton	0	0	0	0
Essex	0	0	1	1
Haddam	0	0	0	0
Killingworth	3	3	0	3
Lyme	0	0	0	0
Marlborough	0	0	0	0
Middlefield	1	0	0	1
Middletown	16	16	1	17
Old Lyme	0	0	0	0
Old Saybrook	1	1	0	1
Portland	5	4	1	6
Westbrook	2	2	0	2
Total	**32**	**30**	**4**	**36**

Table A12: Accidental Drug Related Deaths by Towns in Middlesex Health Service Area, 2023

Location	Any Opioid	Presence of Fentanyl	No Opioid Involvement	Total Overdose Deaths
Chester	2	2	0	2
Clinton	5	2	0	5
Colchester	0	0	0	0
Cromwell	1	1	0	1
Deep River	0	0	0	0
Durham	0	0	0	0
East Haddam	1	1	0	1
East Hampton	3	3	0	3
Essex	1	1	0	1
Haddam	1	1	0	1
Killingworth	1	0	0	1
Lyme	0	0	0	0
Marlborough	0	0	0	0
Middlefield	1	0	0	1
Middletown	15	12	3	18
Old Lyme	0	0	0	0
Old Saybrook	1	0	0	1
Portland	2	2	1	3
Westbrook	0	0	0	0
Total	**34**	**25**	**4**	**38**

Table A13: Accidental Drug Related Deaths by Towns in Middlesex Health Service Area, 2024

Location	Any Opioid	Presence of Fentanyl	No Opioid Involvement	Total Overdose Deaths
Chester	0	0	0	0
Clinton	3	3	0	3
Colchester	0	0	0	0
Cromwell	1	1	1	2
Deep River	0	0	0	0
Durham	2	2	0	2
East Haddam	1	1	0	1
East Hampton	1	1	0	1
Essex	0	0	0	0
Haddam	1	1	0	1
Killingworth	0	0	1	1
Lyme	0	0	0	0
Marlborough	0	0	0	0
Middlefield	2	2	0	2
Middletown	14	14	3	17
Old Lyme	0	0	0	0
Old Saybrook	3	3	0	3
Portland	0	0	0	0
Westbrook	0	0	0	0
Total	**28**	**28**	**5**	**33**

Table A14: Current Adult Smoker Rates by Towns in Middlesex Health Service Area

Location	Current Smoking Rate, Adults	Location	Current Smoking Rate, Adults
Chester	12%	Killingworth	11%
Clinton	13%	Lyme	10%
Colchester	14%	Marlborough	12%
Cromwell	12%	Middlefield	14%
Deep River	12%	Middletown	14%
Durham	12%	Old Lyme	11%
East Haddam	14%	Old Saybrook	11%
East Hampton	14%	Portland	14%
Essex	11%	Westbrook	12%
Haddam	13%	**Connecticut**	14%

Middlesex County data not available

Table A15: Current Adult Asthma Rates by Towns in Middlesex Health Service Area

Location	Current Asthma Rate, Adults	Location	Current Asthma Rate, Adults
Chester	11%	Killingworth	10%
Clinton	11%	Lyme	10%
Colchester	11%	Marlborough	11%
Cromwell	11%	Middlefield	11%
Deep River	10%	Middletown	12%
Durham	11%	Old Lyme	10%
East Haddam	11%	Old Saybrook	10%
East Hampton	11%	Portland	11%
Essex	10%	Westbrook	11%
Haddam	11%	**Connecticut**	**11%**

Middlesex County data not available

Table A16: Adult Diabetes Rates by Towns in Middlesex Health Service Area

Location	Diabetes Rate, Adults	Location	Diabetes Rate, Adults
Chester	10%	Killingworth	9%
Clinton	9%	Lyme	10%
Colchester	8%	Marlborough	9%
Cromwell	9%	Middlefield	9%
Deep River	8%	Middletown	9%
Durham	8%	Old Lyme	10%
East Haddam	9%	Old Saybrook	10%
East Hampton	8%	Portland	9%
Essex	10%	Westbrook	9%
Haddam	9%	**Connecticut**	**9%**

Middlesex County data not available

Table A17: Adult Coronary Heart Disease Rates by Towns in Middlesex Health Service Area

Location	% Adults with Coronary Heart Disease	Location	% Adults with Coronary Heart Disease
Chester	7%	Killingworth	5%
Clinton	5%	Lyme	6%
Colchester	5%	Marlborough	5%
Cromwell	6%	Middlefield	6%
Deep River	5%	Middletown	5%
Durham	5%	Old Lyme	6%
East Haddam	5%	Old Saybrook	7%
East Hampton	5%	Portland	6%
Essex	6%	Westbrook	6%
Haddam	5%	**Connecticut**	**5%**

Middlesex County data not available

Table A18: Adult High Blood Pressure Rates by Towns in Middlesex Health Service Area

Location	% Adults with High Blood Pressure	Location	% Adults with High Blood Pressure
Chester	33%	Killingworth	30%
Clinton	29%	Lyme	32%
Colchester	27%	Marlborough	31%
Cromwell	30%	Middlefield	31%
Deep River	28%	Middletown	28%
Durham	28%	Old Lyme	32%
East Haddam	29%	Old Saybrook	34%
East Hampton	28%	Portland	30%
Essex	33%	Westbrook	31%
Haddam	29%	**Connecticut**	**30%**

Middlesex County data not available

FIGURE AND TABLE CITATIONS

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Figure 1: Race / Ethnicity. Middletown and Connecticut: DataHaven Connecticut Town Data Viewer, American Community Survey 2022, accessed 7.18.2025. Middlesex County: CT Data Collaborative, U.S. Census American Community Survey 2021 5-Year Estimates.

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Figure 7: Social Drivers of Health Domains. CDC, Public Health Professionals Gateway. Social Determinants of Health, infographic. May 15, 2024.

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Figure 11: Educational Attainment by Race and Ethnicity, Share of Adults Age 25+. DataHaven Middletown 2023 Equity Profile - DataHaven analysis of US Census Bureau American Community Survey 2021 5-year estimates. Seaberry, C., Davila, K., Abraham, M. (2023). Middletown Equity Profile. New Haven, CT: DataHaven. Published August 2023.

Table 5: **Unemployment Rates, Population Age 16+.** Middletown and Connecticut: U.S. Census American Community Survey 2023 5-Year Estimates; Other Towns and Middlesex County: U.S. Census American Community Survey 2021 5-Year Estimates.

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Figure 76: Ages 65+ Adult Patients with a Hospital Encounter for Acute Myocardial Infarction, Age-Specific Rate per 1,000 Population. Connecticut Hospital Association, ChimeData Analytics (FY 2024). Community Health Profiles: Hospital Utilization Rates for Key Health Indicators (v2), published April 2, 2025.

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Table A8: Age 65+ Poverty Rate by Town in Middlesex Health Service Area. DataHaven Connecticut Town Data Viewer, American Community Survey 2022, accessed 7.18.2025 (All Towns and Connecticut); U.S. Census, 2021 American Community Survey 1-Year Estimates (Middlesex County).

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Table A16: Adult Diabetes Rates by Towns in Middlesex Health Service Area. DataHaven Connecticut Town Data Viewer, American Community Survey 2022, accessed 7.18.2025.

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Table A18: Adult High Blood Pressure Rates by Towns in Middlesex Health Service Area. DataHaven Connecticut Town Data Viewer, American Community Survey 2022, accessed 7.18.2025.

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- March of Dimes. *Low Birthweight*, https://www.marchofdimes.org/find-support/topics/birth/low-birthweight. Last accessed 8.18.25.
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COMMUNITY RESOURCES

These community resources represent assets for broad health-related needs, including resources for the significant health-related needs identified in this community health needs assessment. Please note that this list is not exhaustive and additional resources may be available.

CLOTHING ASSISTANCE
• **Middletown Community Clothing Program (MCCP), St. Vincent de Paul Middletown:** (860) 344-0097; https://svdmiddletown.org/middletowns-community-clothing-program-mccp/. • **Warm the Children (Middletown; CT River Valley & Shoreline Towns; Guilford/Madison):** https://warmthechildren.org/.

COMMUNITY RESOURCES
• **Free Center (Middletown):** (860) 951-7782; https://www.facebook.com/freecentercommunity/. • **Middlesex County Chamber of Commerce (Middletown):** (860) 347-6924; https://www.middlesexchamber.com/. • **Middlesex United Way (Middletown):** (860) 346-8695; http://www.middlesexunitedway.org/. • **Middletown Lions Club:** https://www.middletownctlions.org/. • **Rotary Club of Middletown Connecticut:** http://www.middletownrotary.org/. • **Salvation Army Middletown Corps,** (860) 347-7493, https://easternusa.salvationarmy.org/southern-new-england/middletown/. • **St. Vincent de Paul Middletown:** (860) 344-0097; http://www.svdmiddletown.org/.**United Way Connecticut 2-1-1:** Dial 2-1-1 or dial (800) 203-1234; Search online: https://www.211ct.org/.

COMMUNITY COALITIONS / ADVOCACY GROUPS
• **Durham Middlefield Local Wellness Coalition, A Program of DMYFS**: serves Durham & Middlefield; provides Community Action, Education, resources; http://www.dmlwc.org/. • **Greater Middletown Area Health Enhancement Community Coalition:** contact revrmanderson@gmail.com or (860)814-3330; or catherine.rees@midhosp.org or (860) 358-3034. • **Greater Middletown Area Opioids Task Force:** contact kevin.elak@middletownct.gov or (860) 638-4972; or revrmanderson@gmail.com or (860)814-3330. https://www.middletownct.gov/1336/Greater-Middletown-Opioids-Task-Force. • **Middlesex County NAACP Branch, Unit 2018-B (Middletown):** (860) 343-9497; https://www.middlesexctnaacp.org/. • **Middlesex County (CCT) Community Care Team (Middletown):** (860) 358-8825; https://middlesexhealth.org/center-for-behavioral-health. • **Middlesex County Substance Abuse Action Council (MCSAAC):** https://mcsaac.org/. • **Middletown Ministerial Alliance - New Jerusalem Christian Center Church (Middletown):** (860) 343-0115; https://www.njccchurch.com/. • **Middletown Prevention Council (MPC): (860) 343-0302** https://middletownprevention.org/. • **Ministerial Health Fellowship:** (860) 344-9527; http://www.mhfct.org/. • **Valley Shore Community Collaborative:** family and youth supports and services; valleyshorecollaborative@gmail.com; https://www.connectingtocarect.org/collaborative/valley-shore-community-collaborative/. • **Westbrook Economic Action Initiative "WEAI" (Westbrook):** (860) 399-3040; https://westbrookct.us/422/Westbrook-Economic-Action-Initiative.

CHILD, YOUTH, PARENTING AND FAMILY RESOURCES

- **Early Head Start:**
  - **ACES Middletown Community Education Center:** Register at Area Cooperative Educational Services (860) 704-0725.
  - **Colchester Head Start/Early Head Start:** Register at Thames Valley Council for Community Action, Inc. (860) 425-6534.
- **Greater Middletown Community Collaborative (Middletown):** focused on creating a better network of care for youth in the Middletown area's juvenile justice and behavioral health systems; https://www.middletownct.gov/990/What-Were-Up-To.
- **Middlesex Coalition for Children (Middletown):** https://www.middlesexchildren.org/.
- **Women, Infants, and Children (WIC) Program:** (860) 358-4070; https://middlesexhealth.org/wic-program.

DISABILITY SERVICES

- **Kuhn Employment Opportunities (Middletown):** (860) 347-8923; http://www.kuhngroup.org/
- **MARC Community Services (Middletown):** (860) 342-0700; https://www.marccommunityresources.org/.
- **Lumibility (formerly Sarah, Inc) (Westbrook):** (860) 399-1888; https://lumibility.org/.
- **State of Connecticut Disability Services (Social Security Office):** (800) 772-1213; https://portal.ct.gov/DSS/Health-And-Home-Care/Disability-Services/Disability-Services.
- **Vista Life Innovations (Shoreline):** (860) 399-8080; https://www.vistalifeinnovations.org/.

EDUCATIONAL SUPPORT & TRAINING

- **CCALC - Castle Craig Adult Learning Center, CT State Community College, Middlesex (Meriden):** (860) 343-5800 ext. 46398; https://mxcc.edu/ce/lifelong-learning/.
- **CT Pathways - Connecticut's SNAP Employment & Training Program, CT State Community College, Middlesex (Middletown):** (860) 343-5782; https://mxcc.edu/ce/snap/.
- **Holy Apostles College & Seminary (Cromwell):** (860) 632-3010; https://holyapostles.edu/.
- **Middletown Adult Education (Middletown):** (860) 343-6044; https://www.maect.org/.
- **Side Street to Main Street Business & Leadership Development Program - Middlesex County Chamber of Commerce (Middletown):** (860) 347-6924; https://www.middlesexchamber.com/pages/SideStreettoMainStreetProgram.

EMPLOYMENT SUPPORT SERVICES

- **Kuhn Middletown Employment Opportunities (Middletown):** (860) 347-8923; http://www.kuhngroup.org/.
- **MARC (Middletown):** (860) 342-0700; https://www.marccommunityresources.org/.
- **Middletown WORKS! (Middletown):** (860) 975-5405; https://middletownworks.org/.
- **Recovery Employment Program (REP) Middlesex County Chamber of Commerce (Middletown):** 860-347-6924; https://www.middlesexchamber.com/recovery-employment-program/.
- **Lumibility (formerly Sarah, Inc) (Westbrook):** (860) 399-1888; https://lumibility.org/.
- **STEAM Train (Middletown):** (860) 398-9061; https://www.steamtraininc.org/.
- **Workforce Alliance:** https://www.workforcealliance.biz/; **American Job Center (Middletown):** (860) 347-7691.
  - **Young Adults 16-24:** https://www.workforcealliance.biz/youth-and-young-adults/young-adults-16-24/.
  - **Tri-Town Collaborative (Wallingford-Meriden-Middletown):** (860) 266-6113.

- **Community Renewal Team (CRT) - Skills Training at Middlesex Chamber of Commerce:** (860) 347-6924 ext. 248.
- **Women & Families Center (Meriden):** (475) 775-4899.

FOOD – COMMUNITY COALITIONS / COLLABORATIVES

- **City of Middletown Mayor's Hunger Task Force / Middlesex Coalition for Children (Middletown):** https://www.middlesexchildren.org/.
- **Greater Middletown Area Health Enhancement Community Coalition – Nutritious Foods Committee:** contact revrmanderson@gmail.com or (860)814-3330; or catherine.rees@midhosp.org or (860) 358-3034.

FOOD – COMMUNITY GARDENS

- **Colchester Community Garden:** contact info: colchestergivinggarden@gmail.com; https://www.facebook.com/ColchesterGivingGarden/.
- **Cromwell Community Garden:** (860) 632-3422; https://www.cromwellct.com/planning-development/pages/community-garden.
- **FOOD For ALL GARDEN (Clinton):** (860) 304-5705; https://www.facebook.com/people/Food-for-All-Garden/100064721377602/.
- **The Giving Garden of Durham / Middlefield:** https://www.facebook.com/people/The-Giving-Garden-of-DurhamMiddlefield/100042951686273/.
- **East Haddam Center for Community Agriculture:** https://www.easthaddam.org/center-for-community-agriculture.
- **East Hampton Community Garden:** email inquiries and registration requests to https://www.facebook.com/groups/513284626746664/.
- **Killingworth - Parmelee Farm Community Gardens:** https://parmeleefarm.org/community-gardens/; **Shared Harvest Garden:** https://parmeleefarm.org/shared-harvest-garden/
- **Middletown Community Garden (North End Action Team):** (860) 346 4845; **Ferry Street** - https://www.facebook.com/ferrystreetgarden/.
- **Lyme Old Lyme Food Share Garden:** https://www.lolfoodsharegarden.org/home-1.
- **Portland Community Garden at Bransfield Park:** https://portland.recdesk.com/Community/Page?pageId=15691.
- **United Fathers Farm and Community Garden (Middletown):** corner of Long Lane and Long Hill Road.
- **YMCA Community Garden (Westbrook):** https://vsymca.org/community-garden/.

FOOD – COMMUNITY GARDENS SUPPORT

- **Community Garden Ministry Network:** https://www.episcopalct.org/community-garden-ministry-network/: **Holy Advent (Clinton)** - FOOD for All Garden and **Grace (Old Saybrook)** - Common Good Gardens.

FOOD – FARMERS MARKETS

- **Colchester Farmers Market:** SFMNP, SNAP/EBT; https://www.communitypollinator.com/.
- **Cromwell Farmers Market:** SFMNP; https://www.facebook.com/townofcromwellfarmersmarket/.
- **Cromwell Farmers Market - Phoenix Farm:** SFMNP; facebook.com/phoenixfarmorganic/.
- **Durham Farmers Market:** SFMNP, SNAP/EBT; https://www.townofdurhamct.org/entities/farmers-market.
- **East Haddam Farmers Market:** https://www.communitypollinator.com/.

- **Higganum Farmers Market:** https://www.facebook.com/HigganumFarmersMarket.
- **Madison Farmers Market:** SFMNP; https://www.madisonctfarmersmarket.com/.
- **Middletown Farmers Market (Bogue Farms):** SFMNP; guide.ctnofa.org/g/middletown-ct/n/824/bogue-farms.
- **Middletown's Farmers Market:** SFMNP, SNAP/EBT, Benefit Doubling; https://www.middletownct.gov/1198/Middletown-Farmers-Market.
- **Old Saybrook Farmers Market:** SFMNP; http://oldsaybrookfarmersmarket.com/.
- **Westbrook Farmers Market:** SFMNP, SNAP/EBT; facebook.com/westbrookfarmersmarket/.

FOOD – FARMERS MARKETS SUPPORT

- **CT Department of Agriculture Farmers Market Program - Senior Farmers Market Nutrition Program (SFMNP):** https://portal.ct.gov/DOAG/ADaRC/ADaRC/WIC-and-Senior-Farmers-Market-Nutrition-Program**.**
- **CT Department of Agriculture Farmers Market Program - WIC Farmers Market Nutrition Program (FMNP):** WIC and Senior Farmers Market Nutrition Program; https://portal.ct.gov/doag/adarc/adarc/farmers-market-nutrition-program.

FOOD ASSISTANCE – FOOD PANTRIES & FOOD DISTRIBUTION

- **All People Community Outreach Ministry:** (860) 301-0299.
- **Amazing Grace Food Pantry - St. Vincent de Paul Middletown:** (860) 344-0097 ext. 118; http://www.svdmiddletown.org/food-pantry/.
- **Chester, Town of - Social Services:** (860) 526-0013 ext. 213.
- **Colchester, Town of - Food Pantry:** (860) 537-7255; https://www.colchesterct.gov/colchester-youth-social-services/social-services/pages/food-bank.
- **CT Food Bank - Mobile Pantry:**
- **Portland Senior Center:** https://mobilefoodpantry.ctfoodshare.org/.
- https://www.ctfoodbank.org/get-help/connecticut-food-banks-mobile-pantry-schedule/.
- **Cromwell, Town of - Food Pantry:** (860) 632-3449; https://www.cromwellct.com/sites/g/files/vyhlif2976/f/uploads/food_pantry_policies_2023.png; https://www.cromwellct.com/sites/g/files/vyhlif2976/f/uploads/food_pantry_list_of_goods_3.png.
- **Deep River, Town of - Food Bank:** 860-526-6033; https://www.deepriverct.us/social-services.
- **Durham, Town of - Food Pantry:** (860)-349-3153; Human Services, Durham Town Hall; mperry@townofdurhamct.org.
- **East Haddam Youth and Family Services Food Bank:** (860) 891-8100; https://www.easthaddam.org/food-bank-fuel-bank-clothing-bank.
- **East Hampton, Town of - Food Bank:** (860) 365-5978; https://www.easthamptonct.gov/social-services/food-bank.
- **Heaven's Storehouse Food Pantry - Middletown/Portland Seventh-Day Adventist Church:** (860) 342-0141; https://middletownportlandsda.org/ministries/food-pantry/.
- **Hebron Interfaith Human Services Food Pantry:** (860) 228-1681
- **Hinka's Cupboard - Saint Francis of Assisi Parish:** (860) 301-5035; https://www.facebook.com/Hinkascupboard/.
- **Magic Food Bus Food Pantry (Middlesex Community College):** for students and staff; (860) 343-5708; https://ctstate.edu/food-pantries?highlight=WyJmb29kIiwiZm9vZHNlcnZpY2UiLCJmb29kcyIsImZvb2RwYW50cnkiLCJmb29kaWUiLCJmb29kLWluc2VjdXJlIiwiZm9vZHNoYXJlIiwiZm9vZC1wYW50cnkiLCJmb29kbmV0d29yayIsImZvb2RieWNvdW50cnkiXQ==#middlesex.
- **Marlborough, Town of – Foodbank:** (860) 295-6008; http://www.foodbankofmarlborough.org/
- **Portland Food Pantry:** (860) 342-6795 https://stmaryportlandct.org/portland-food-bank.

- **Saint Francis of Assisi Church, Middletown - Food Pantry (**860) 347-4684.
- **Shiloh Baptist Church Food Pantry (Middletown):** (860) 346-8295 https://www.shiloh346.org/food-pantry.
- **Shoreline Soup Kitchens & Pantries (SSKP) - SSKP Pantries (Clinton; East Lyme; Old Lyme; Old Saybrook; Westbrook):** (860) 388-1988; https://shorelinesoupkitchens.org/.
- **The Salvation Army, Middletown Corps Community Center (Middletown):** (860) 347-7493 https://easternusa.salvationarmy.org/eastern-territory/alleviate-hunger/.
- **Zion First Baptist Church Food Pantry:** (860) 347-5074.

FOOD ASSISTANCE – SOUP KITCHENS / COMMUNITY MEALS

- **Shoreline Soup Kitchens & Pantries (SSKP) – SSKP Community Meals (Centerbrook; Chester; Clinton; Deep River; Essex; Madison, Old Saybrook; Westbrook):** (860) 388-1988; https://shorelinesoupkitchens.org/index.php.
- **St. Andrew Church (Colchester): Community Lunch Program:** (860) 537-5742; https://www.guardianangelsct.org/social-outreach.
- **St. Vincent de Paul Middletown Soup Kitchen:** (860) 344-0097 ext. 118; http://www.svdmiddletown.org/meals/.
- **The Shoreline Soup Kitchens & Pantries:** https://www.shorelinesoupkitchens.org/.

FOOD ASSISTANCE – HOME DELIVERED MEALS

- **Cromwell Senior Services:** https://www.cromwellct.com/senior-services/pages/congregate-home-bound-meals.
- **East Hampton:** https://www.easthamptonct.gov/east-hampton-senior-center/pages/elderly-nutrition-programs.
- **Estuary Council of Seniors - Meals on Wheels (Old Saybrook):** serves Homebound individuals; Age 60+; Resident of Chester, Clinton, Deep River, Essex, Killingworth, Lyme, Old Lyme, Old Saybrook, Westbrook; (860) 388-1611; https://yourestuary.org/nutrition.
- **Haddam Senior Center Meals on Wheels:** https://www.haddam.org/haddam-seniors/pages/haddam-senior-center.
- **Healing Meals Community Project (Weatogue):** serves Middlesex County; (860) 264-5864; https://healingmealsproject.org/.
- **Middlefield - Meals on Wheels** https://www.middlefieldct.org/228/Senior-Lunch-Programs-Meals-on-Wheels.
- **Middletown - Meals on Wheels** https://www.middletownct.gov/1454/Nutrition---Congregate-Meals-Meals-on-Wh.

FOOD ASSISTANCE – ADDITIONAL RESOURCES

- **Community Renewal Team (CRT) - Food Assistance Programs:** (860) 347-4465 https://www.crtct.org/programs/basic-needs/.
- **Cromwell Senior Services Congregate Meals:** https://www.cromwellct.com/senior-services/pages/congregate-home-bound-meals.
- **Durham Senior Café Durham Activity Center:** (860)349-3153; https://www.townofdurhamct.org/entities/social-services.
- **East Hampton Congregate Meals:** https://www.easthamptonct.gov/east-hampton-senior-center/pages/elderly-nutrition-programs.
- **Haddam Senior Center Congregate Meals:** https://www.haddam.org/haddam-seniors/pages/haddam-senior-center.

- **Middlefield Senior Services:** https://www.middlefieldct.org/228/Senior-Lunch-Programs-Meals-on-Wheels.
- **Middletown Community Thanksgiving Project (Middletown):** mctp2013@yahoo.com or visit https://www.facebook.com/thanksgivingproject/.
- **Middletown - Congregate Meals** https://www.middletownct.gov/1454/Nutrition---Congregate-Meals-Meals-on-Wh.
- **Portland - Senior Services Congregate Meals:** https://www.portlandct.org/senior-services.
- **Senior Cafes (Shoreline)**: Clinton, Killingworth, Old Lyme and Old Saybrook; https://yourestuary.org/nutrition#section-ZD2Qsav2Um.
- **Supplemental Nutrition Assistance Program (SNAP):** Call 211 for more information or https://portal.ct.gov/DSS/SNAP/Supplemental-Nutrition-Assistance-Program---SNAP.
- **Women, Infants, and Children (WIC):** (860) 358-4070; http://www.fns.usda.gov/wic/women-infants-and-children-wic.

HEALTH DEPARTMENTS

- **Chatham Health District:** Serves the towns of: Colchester, East Haddam, East Hampton, Hebron, Marlborough, and Portland; (860) 365-0884; http://chathamhealth.org/.
- **Connecticut River Area Health District:** Serves the towns of: Chester, Clinton, Deep River, Durham, Haddam, Killingworth and Old Saybrook; (860) 661-3300; https://www.crahd.info/.
- **Cromwell Health Department:** (860) 632-3426; http://www.cromwellct.com/health-department
- **Essex Health Department (Essex):** (860) 767-4340; http://www.essexct.gov/health-department
- **Ledge Light Health District (New London):** also serves the towns of Lyme and Old Lyme; (860) 445-2000 https://llhd.org/.
- **Middletown Health Department:** (860) 638-4960; http://www.cityofmiddletown.com/167/Health-Department.
- **South Central Health District** *(previously known as the Plainville-Southington Regional Health District)***:** Also serves the town of Middlefield; (860) 276-6275; https://schd-ct.org/.
- **Westbrook Health Department:** (860) 399-9869; https://westbrookct.us/152/Public-Health.

HOUSING – SUPPORTS FOR THE HOUSING INSECURE

- **Community Assistance Program at St. Vincent de Paul Middletown:** (860) 344-0097 Ext 110; https://svdmiddletown.org/community-assistance-program/.
- **Housing Authority:**
  - **Clinton:** (860) 669-6383.
  - **Colchester:** (860) 537-5251.
  - **Deep River:** (860) 526-5119; https://deepriverha.org/.
  - **East Hampton:** (860) 267-8498; https://www.easthamptonct.gov/housing-authority.
  - **Essex:** (860) 767-1250; https://www.essexct.gov/essex-housing-authority.
  - **Middlefield:** (860) 344-9933; https://middlefieldct.org/housing-authority/.
  - **Middletown:** (860) 346-8671; http://middletownha.org/.
  - **Portland:** (860) 342-1688; https://portlandha.org/.
- **Middlesex YMCA - Men's Residence - Schwarz Residence:** (860) 343-6204; https://www.midymca.org/men-s-residence.
- **Old Middletown High School Elderly Housing:** (860) 638-3602; https://www.oldmiddletown-apts.com/.
- **Shelters:** Callers in need of shelter must call 2-1-1 for a referral from the Coordinated Access Network (CAN).

- **Shelter - Warming Center (Middletown):** For dates of operation, locations, or for more information, call (860) 344-0097 Ext. 11 (Middletown Health Department).
- **Shelter - Project REACH Youth:** (203) 235-9297 https://womenfamilies.org/transitional-living-program/.
- **Supportive House (Access through the Coordinated Access Network - CAN):** Call 2-1-1.
- **Columbus House:** Access through the CAN.
- **Shepherd Home:** Access through the CAN.
- **St. Vincent de Paul, Middletown:** Access through the CAN.

HOUSING - ADDITIONAL SUPPORTS

- **Community Housing Assistance Program (CHAP):** (860) 951-8770 ext. 228; https://www.crtct.org/programs/housing-shelters/chap-cheer/.
- **Connecticut Renters' Rebate for Elderly/Disabled Renters Program:** (860) 418-6377; https://portal.ct.gov/OPM/IGPP/Grants/Tax-Relief-Grants/Renters--Rebate-For-ElderlyDisabled-Renters-Tax-Relief-Program.
- **Connecticut Homeowners' Tax Relief Program for Elderly/Disabled (Circuit Breaker):** (860) 418-6290; https://portal.ct.gov/OPM/IGPP/Grants/Tax-Relief-Grants/Homeowners--ElderlyDisabled-Circuit-Breaker-Tax-Relief-Program.

INTERPERSONAL VIOLENCE

- **CCADV - Connecticut Coalition Against Domestic Violence**: (888) 774-2900; Para hablar o recibir ayuda, llama al (844) 831-9200; http://www.ctcadv.org/.
- **Intimate Partner Violence (IPV) (Connecticut):** Region 3 Phone Number Middletown Office: (860) 638-2189; https://portal.ct.gov/DCF/Intimate-Partner-Violence/Home#AboutUs.
- **New Horizons (Middlesex County):** http://www.newhorizonsdv.com; Phone Numbers: (888) 774-2900 (hotline); (860) 347-3044 (voice); (860) 344-9599 (voice); (860) 343-6470 (Victim Advocate); (844) 831-9200 (Spanish Hotline)
- **Project REACH Women and Families Center -Sexual Assault Crisis Service (Middletown):** (203) 235-9297; https://womenfamilies.org/transitional-living-program/.

LGBTQIA+ RESOURCES

- **City of Middletown LGBTQIA+ Commission:** https://www.middletownct.gov/529/LGBTQIA-Commission.
- **Community Events: Middletown Pride Festival:** https://www.middletownct.gov/1032/Middletown-Pride-Festival.
- **Middlesex Health Support Groups:**
- **Family / Friends/Support Group:** https://middlesexhealth.org/news/classes-and-events/transgender-family/friends/supports-group-20200727.
- **Female / Feminine Gender Discussion Group:** https://middlesexhealth.org/news/classes-and-events/gender-discussion-group-female-20210817.
- **Male / Masculine Gender Discussion Group:** https://middlesexhealth.org/news/classes-and-events/gender-discussion-group-male-20200805.
- **Non-Binary Gender Discussion Group:** https://middlesexhealth.org/news/classes-and-events/gender-discussion-group-non-binary-20211013.
- **Trevor Project, The (National):** 1.866.488.7386 or Text: Start to 678678; https://www.thetrevorproject.org/resources/.

OLDER ADULT SERVICES – SENIOR CENTERS

- **Colchester Senior Center:** (860) 537-3911; https://www.colchesterct.gov/senior-center.
- **Cromwell Senior Center:** (860) 632-3447; https://www.cromwellct.com/senior-services.
- **Durham Activity Center:** (860) 788-3337; https://www.townofdurhamct.org/entities/community-center-2c564.
- **East Haddam Senior Center:** (860) 873-5034; https://www.easthaddam.org/departments/seniors
- **East Hampton Senior Center:** (860) 267-4426; https://www.easthamptonct.gov/east-hampton-senior-center.
- **Estuary Council of Seniors (Old Saybrook):** (860) 388-1611; https://yourestuary.org/.
- **Haddam Senior Center:** (860) 554-5246; https://www.haddam.org/haddam-seniors.
- **Marlborough Senior Center:** (860) 295-6200; https://www.marlboroughct.net/government/senior_center.php.
- **Middlefield Senior Center:** (860) 349-7121; https://www.middlefieldct.org/227/Senior-Programs-Services.
- **Middletown Senior Center:** (860) 638-4540; http://www.middletownct.gov/seniors.
- **Old Lyme Senior Center:** 860-434-1605 ext. 240; https://www.oldlyme-ct.gov/398/Lymes-Senior-Center.
- **The Waverly Center (Portland):** (860) 342-6760; https://www.portlandct.org/senior-services/.
- **Westbrook Senior Center:** (860) 399-2029; https://www.westbrookct.us/207/Senior-Center.

OLDER ADULT SERVICES & RESOURCES

- **Social Services:**
  - **Connecticut State Department of Aging and Disability Services:** (855) 626-6632; https://portal.ct.gov/AgingandDisability.
  - **Senior Resources: Agency on Aging. Eastern Connecticut Area Agency on Aging (Norwich):** Serves Middlesex County; (800) 690-6998, (860) 887-3561; http://www.seniorresourcesec.org/.
- **Housing - Low Income/Subsidized Private Rental Housing for Older or Disabled Adults:**
  - **Elderly Housing Management - Saint Luke's Apartments for Seniors (Middletown):** (860) 347-1168; http://newsam.org/.
  - **Old Middletown High School Elderly Housing (Middletown):** (860) 638-3602; http://www.oldmiddletown-apts.com/.
- **Housing - Non-Portable Public Housing Rent Subsidy Program Middletown Housing Authority for Elderly/Disabled, Sbona Tower, Marino Manor, Monarca Place:** (860) 346-8671; http://www.middletownha.org/.
- **Housing - Connecticut Renters' Rebate for Elderly/Disabled Renters Program:** (860) 418-6377; https://portal.ct.gov/DOH/DOH/Programs/Renters--Rebate-For-ElderlyDisabled-Renters-Tax-Relief-Program.
- **Housing - Connecticut Homeowners' Tax Relief Program for Elderly/Disabled (Circuit Breaker):** (860) 418-6290; https://portal.ct.gov/OPM/IGPP/Grants/Tax-Relief-Grants/Homeowners--ElderlyDisabled-Circuit-Breaker-Tax-Relief-Program.
- **In-Home Services (Non-Medical):**
  - **Home Care for Elders Program:** (860) 346-0771; http://changeinconline.org/index.htm.
  - **Home Instead Senior Care:** (860) 764-2949; https://www.homeinstead.com/location/714/home-care-services/.

- **Middlesex Health Care at Home:** Serves Middlesex County; (860) 358-5600 https://middlesexhealth.org/care-at-home.
- **Visiting Angels-Middlefield:** (860) 349-7016; www.visitingangels.com/middlefield.

OLDER ADULT SERVICES & RESOURCES – OTHER

Note: while the below organizations are outside of the Middlesex Health geographic service area, they are being included as helpful resources

- **Alzheimer's Association (Connecticut Chapter):** (800) 272-3900 (24-hour hotline); https://www.alz.org/ct.
- **Benefits CheckUp (National Council on Aging):** https://www.benefitscheckup.org/
- **Connecticut Home Care Program for Elders:** 800-445-5394; https://portal.ct.gov/DSS/Health-And-Home-Care/Connecticut-Home-Care-Program-for-Elders/Connecticut-Home-Care-Program-for-Elders-CHCPE.
- **Center for Medicare Advocacy (Connecticut Office):** (860) 456-7790; http://www.medicareadvocacy.org/.
- **Medicare.Gov (The Official U.S. Government Site for Medicare):** www.medicare.gov.
- **State Department on Aging (Hartford):** (860) 424-5274, (800) 537-2549; http://www.ct.gov/agingservices/site/default.asp.

SUPPORT GROUPS

- **Al-Anon Family Support:** (888) 825-2666; https://www.ctalanon.org.
- **Alcoholics Anonymous:** (866) 783-7712; https://ct-aa.org/.
- **AYA Cancer Support Group for Young Adults:** Register Online under Groups/Classes/Events at https://middlesexhealth.org.
- **Bereavement Support Group Middlesex Health:** Register Online under Groups/Classes/Events at https://middlesexhealth.org.
- **Better Breathers Club, Water's Edge at Middletown Senior Center**: (860) 335-7526; https://action.lung.org/site/TR?fr_id=18732&pg=entry.
- **Breastfeeding Support Group Middlesex Health:** Register Online under Groups/Classes/Events at https://middlesexhealth.org.
- **Cancer Support Group:** Register Online under Groups/Classes/Events at https://middlesexhealth.org.
- **Cancer Caregiver Support Group Middlesex Health:** Register Online under Groups/Classes/Events at https://middlesexhealth.org.
- **Epilepsy Support Groups - Epilepsy Foundation of Connecticut:** Middletown chapter, (860) 346-1924; https://www.epilepsyct.com/programs/support-group-network.
- **Gender Discussion/Support Groups - Middlesex Health:** Register Online under Groups/Classes/Events at https://middlesexhealth.org.
- **Family/Friends/Support Group:** https://middlesexhealth.org/news/classes-and-events/transgender-family/friends/supports-group-20200727.
- **Female/Feminine Gender Discussion Group:** https://middlesexhealth.org/news/classes-and-events/gender-discussion-group-female-20210817.
- **Male/Masculine Gender Discussion Group:** https://middlesexhealth.org/news/classes-and-events/gender-discussion-group-male-20200805.
- **Non-Binary Gender Discussion Group:** https://middlesexhealth.org/news/classes-and-events/gender-discussion-group-non-binary-20211013.
- **Grieving is Believing Support Group:** Register Online under Groups/Classes/Events at https://middlesexhealth.org.

- **Hope and Support Groups (Tricircle, Inc.):** Support for those concerned about a loved one with a substance use disorder. Facilitated by two professionals, one with lived expertise. https://tricircle.org/hope-support-groups/.
- **Hope After Loss Groups (Tricare Inc.):** Support for anyone who has lost a loved one to a substance related death, https://tricircle.org/hope-after-loss-groups/.
- **How Can We Help Recovery Support Group - Ministerial Health Fellowship:** 203-443-9959; http://www.mhfct.org/.
- **How Can We Help Women's Recovery Support Group - Ministerial Health Fellowship:** 203-443-9959; http://www.mhfct.org/.
- **Leukemia, Lymphoma and Multiple Myeloma Support Group - Middlesex Health:** (860) 358-2053; https://middlesexhealth.org.
- **New Horizon's Women Support Group (Intimate Partner Violence) Call 860-344-9599 to** register https://www.newhorizonsdv.com/get-help/support-groups/.
- **Narcotics Anonymous:** (800) 627-3543; Refer to website for locations https://ctna.org/.
- **Postpartum Support Group - Middlesex Health:** https://middlesexhealth.org.
- **Sexual Assault Support Group and Resources:** (203) 235-4444 24/7 Hotline: (888) 999-5545; 1-888-568-8332 (En Espanol); https://womenfamilies.org/sexual-assault-center/.
- **Smoking Cessation Support Group Center for Chronic Care Management - Middlesex Health:** (860) 358-5420 https://middlesexhealth.org/chronic-care-management/smoking-intervention-program.
- **Weight Loss Surgery Support Group - Middlesex Health:** Register Online under Groups/Classes/Events for Weight Loss Surgery at https://middlesexhealth.org.
- **Young Widows and Widowers Support Group - Middlesex Health:** Register Online under Groups/Classes/Events at https://middlesexhealth.org.

TAX ASSISTANCE

- **AARP Foundation Tax-Aide Program:** for age 50+; (888) 227-7669 (888-AARP-NOW); http://www.aarp.org/applications/VMISLocator/searchTaxAideLocations.action.
- **Community Renewal Team (CRT) Free Volunteer Income Tax Assistance (VITA) - Middletown:** (860) 347-4465; https://www.crtct.org/programs/basic-needs/vita-tax-preparation-services/.
- **IRS VITA (Volunteer Income Tax Assistance) Site Locator:** (800) 906-9887; http://irs.treasury.gov/freetaxprep/.

TRANSPORTATION SERVICES

- **American Cancer Society "Road to Recovery" Program:** 1-800-227-2345.
- **Community Assistance Program at St. Vincent de Paul (Middletown):** (860) 344-0097 Ext 110; https://svdmiddletown.org/community-assistance-program/.
- **Connecticut Non-Emergency Medical Transportation (NEMT) previously Veyo:** https://www.mtm-inc.net/connecticut/.
- **Cromwell Senior Center Transportation (Cromwell):** (860) 632-3451 or (860) 632-3447; https://www.cromwellct.com/senior-services/pages/transportationdial-ride.
- **CT Taxi (Middletown):** (860) 343-3337.
- **Dial-A-Ride (MAT and 9 Town Transit - now known as River Valley Transit):** Towns Serviced: Chester, Clinton, Deep River, Durham, Essex, East Haddam, East Hampton, Haddam, Killingworth, Lyme, Middlefield, Middletown, Portland, Old Lyme, Old Saybrook,

Westbrook. 860-510-0429 or go to the website https://rivervalleytransit.com// under services - Dial-a-Ride.

- **Disabled American Veterans - DAV Transportation Network (West Haven):** (203) 932-5711, ext. 3420.
- **Estuary Council of Seniors Medical Outpatient Transportation (Old Saybrook):** For appointments or questions, contact (860) 388-1611, x203.
- **Executive 2000 Taxi Service:** (860) 337-7562; *"to confirm hours call/check Facebook or web page*" http://www.mytaxicoupon.com/home.html.
- **F.I.S.H (Friends in Service Here) (Essex):** (860) 388-3693
- **Middletown Area Transit (M.A.T.) now known as River Valley Transit (Middletown):** 860-346-0212 https://rivervalleytransit.com//.
- **River Valley Transit (9 Town Transit & Middletown):** Public transit for Chester, Clinton, Deep River, Durham, Essex, East Haddam, Haddam, Killingworth, Lyme, Old Lyme, Old Saybrook, and Westbrook, with connections to New Haven, New London and Middletown areas. (860) 510-0429 (Shoreline); (860)-346-0212 (Middletown) https://rivervalleytransit.com//.

UTILITIES ASSISTANCE

- **Community Assistance Program at St. Vincent de Paul (Middletown):** (860) 344-0097 Ext 110; https://svdmiddletown.org/community-assistance-program/.
- **Connecticut Energy Assistance Program (CEAP): Community Renewal Team (CRT) Energy Assistance Program (Middletown):** (860) 347-4465.
- **Eversource Energy:** (800) 286-5844; http://www.eversource.com/ ; Programs:
  - Budget Billing
  - Extended Payment Plan
  - Home Energy Solutions / Home Energy Solutions for Income Eligible Customers
  - Infant Medical Protection Plan
  - Matching Payment Program (MPP)
  - Medical Protection
  - New Start Arrearage Forgiveness Program
  - Winter Protection/Winter Moratorium
- **Middletown, City of - Equal Opportunity & Diversity Management Office - Walter C Jones Fund:** (860) 638-4830; https://www.icarol.info/ResourceView2.aspx?org=2385&agencynum=17298547.

VETERANS SERVICES

- **Benefits:**
  - **Connecticut Department of Veterans' Affairs (Rocky Hill):** (860) 721-5893; https://portal.ct.gov/dva.
  - **Connecticut Department of Veterans Affairs Office of Advocacy and Assistance (Rocky Hill):**
  - **1st District:** Cromwell, Middletown, and Portland - (860) 594-6604 or (860) 594-6606.
  - **2nd District:** Chester, Clinton, Colchester, Deep River, East Haddam, East Hampton, Essex, Killingworth, Lyme, Marlborough, Old Lyme, Old Saybrook and Westbrook - (860) 887-9162.
  - **3rd District:** Durham, Haddam, Middlefield and Middletown - (203) 874-6711.
- **DMHAS Veterans Services:**
  - **The Military Support Program (MSP):** established to address the behavioral health needs of National Guard and Reserve personnel affected by deployment in Operation Enduring Freedom and Operation Iraqi Freedom. It was later expanded to include veterans of active duty service and their families. (860) 251-2913.

- **The DMHAS Recovery Center (VRC) (Rocky Hill):** offers individualized outpatient recovery services; available to veterans with substance use disorders who reside at the Department of Veterans Affairs (DVA) Rocky Hill Campus Residential Services division and to Veterans residing in their own residences off campus. Admissions are voluntary. National Guard and Reserve members are also welcome. (860) 616-3832.
- https://portal.ct.gov/DMHAS/Programs-and-Services/Veterans-Services/Veterans-Services.

- **Hospital and Healthcare:** https://www.va.gov/connecticut-health-care/.
- **Newington VA Medical Center:** (860) 666-6951; Mental Health: (860) 666-6951 ext. 6763.
- **West Haven VA Medical Center (Main Location):** (203) 932-5711 (Main Number); (203) 932-5711 ext. 2570 (Mental Health).

- **Housing:**
- **State of Connecticut Veteran's Home (Rocky Hill):** (860) 529-2571.
- **Military Homeownership Program (Rocky Hill):** (860) 721-9501 or (844) CT1-HOME (toll free).
- **Specially Adapted Housing Grant:** https://www.va.gov/housing-assistance/disability-housing-grants/how-to-apply/.
- **Shepherd Home:** Access through 2-1-1 Coordinated Access Network (CAN).

- **Additional Resources:**
- **Military OneSource:** (800) 342-9647 https://www.militaryonesource.mil/,
- **Hartford Veteran Center (Rocky Hill):** (860) 563-8800,
- **Veterans Application for Tax Exemption, Tax Assessor:** Town specific,
- **Soldiers, Sailors, and Marines' Fund:** (860) 296-0719; http://www.alctssmf.org/,
- **Middletown American Legion Post:** (860) 347-9575,
- **Disabled American Veterans of Connecticut - DAV (Rocky Hill):** (860) 529-1759.

YMCAs

- **Middlesex YMCA (Middletown):** (860) 347-6907; http://www.midymca.org/.
- **Valley Shore YMCA (Westbrook):** (860) 399-9622; http://vsymca.org/.

YOUTH & FAMILY SERVICES

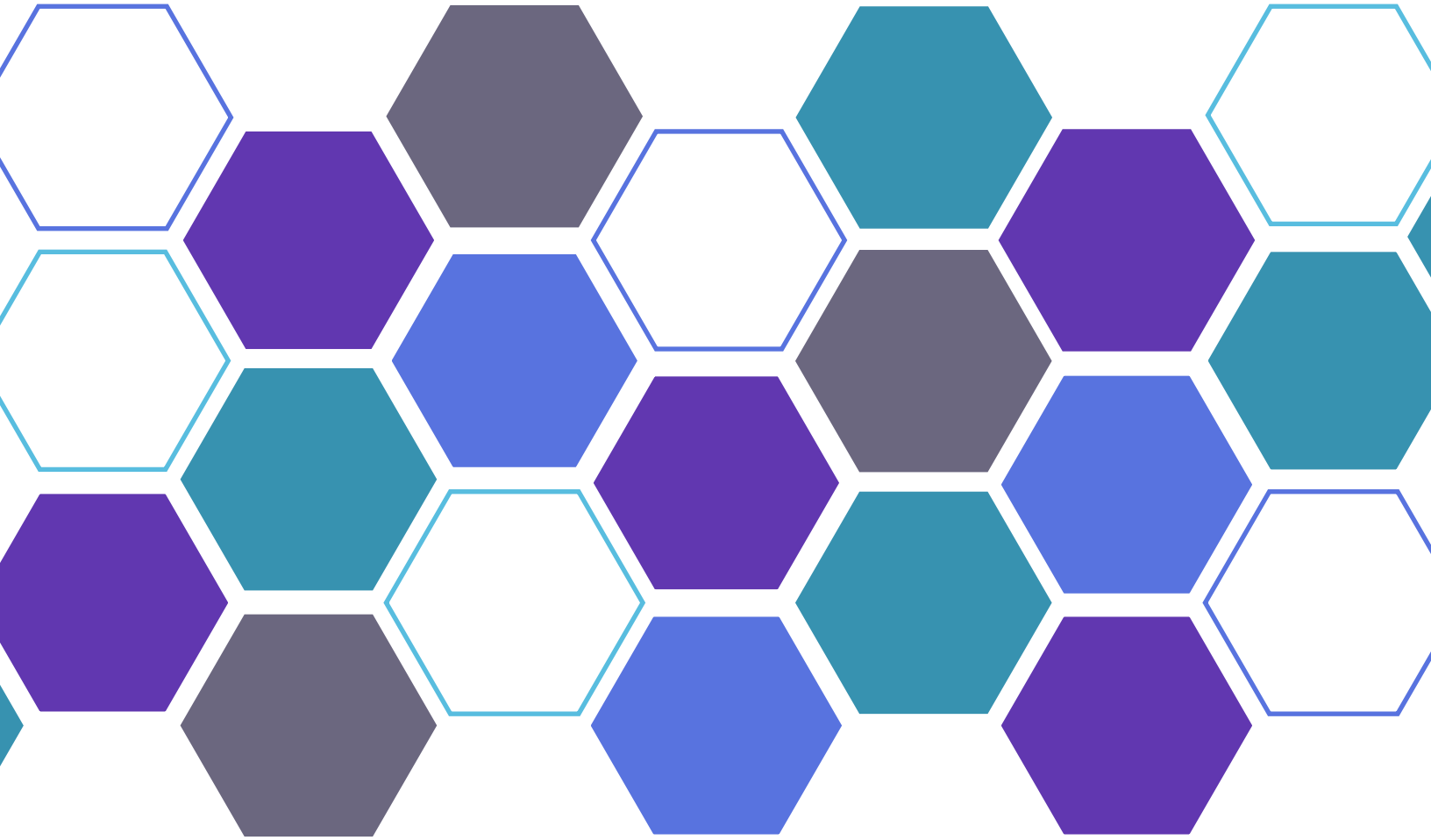
- **Andover Hebron Marlborough (AMH) Youth Services:** (860) 228-9488; http://ahmyouth.org/.
- **Clinton Youth & Family Services:** (860) 669-1103; https://clintonhumanservices.org/.
- **Colchester Youth and Family Services:** (860) 537-7255; http://www.colchesterct.gov/Pages/ColchesterCT_Dept/YSB/index.
- **Cromwell Youth Services:** (860) 632-3448; https://www.cromwellct.com/youth-services.
- **Durham-Middlefield Youth Services:** (860) 349-0258; http://www.dmyfs.org/.
- **East Haddam Youth & Family Services:** (860) 873-3296; https://www.easthaddam.org/departments/youthfamilyservices.
- **East Hampton Youth and Family Services:** (860) 267-9982; https://www.easthamptonct.gov/youth-family-services.
- **Lyme Youth Services Bureau:** (860) 434-7208; http://lysb.org/
- **Middletown Youth Services Bureau:** (860) 854-6030; https://www.middletownct.gov/422/Youth-Services-Bureau.
- **Portland Town Youth Services:** (860) 342-6758; https://www.portlandct.org/youth-services.
- **Town of Old Saybrook Youth and Family Services:** (860) 395-3190; https://www.oldsaybrookct.gov/youth-and-family-services.
- **Tri-Town Youth Services Bureau (serves youth and families in Chester, Deep River and**

Essex): (860) 526-3600; https://ttysb.org/.

- **Youth & Family Services of Haddam-Killingworth, Inc.:** (860) 345-7498; http://www.hkyfs.org/.
- **Westbrook Youth and Family Services:** (860) 399-9239; http://www.wyfs.org/

YOUTH ENRICHMENT PROGRAMS

- **4-H Education Programs University of Connecticut Cooperative Extension - Middlesex County Extension Center (Haddam):** (860) 345-4511; https://4-h.extension.uconn.edu/middlesex-county/.
- **Civil Air Patrol Cadet Program Civil Air Patrol - Connecticut Wing (Middletown):** (860) 262-5847; https://ctwg.cap.gov/.
- **KIDCITY - Middletown:** (860) 347-0495; http://www.kidcitymuseum.com/.
- **Middletown Summer Youth Employment Program Middlesex County Chamber of Commerce:** (860) 347-6924; https://www.middlesexchamber.com/youth-programs/.
- **Oddfellows Playhouse Youth Theater (Middletown):** (860) 347-6143; www.oddfellows.org.
- **STEAM Train (Middletown):** (860) 398-9061; https://www.steamtraininc.org/.
- **YMCA - Middlesex (Middletown):** (860) 347-6907; http://www.midymca.org/.
- **YMCA - Valley Shore:** (860) 399-9622; http://www.vsymca.org/.



Middlesex Health

Middlesex Health
28 Crescent Street
Middletown, CT 06457
MiddlesexHealth.org