Connecticut's Rural Communities: A Community-type Profile of Capacity and Readiness for Substance Misuse Prevention, based on Connecticut's Community Readiness Survey

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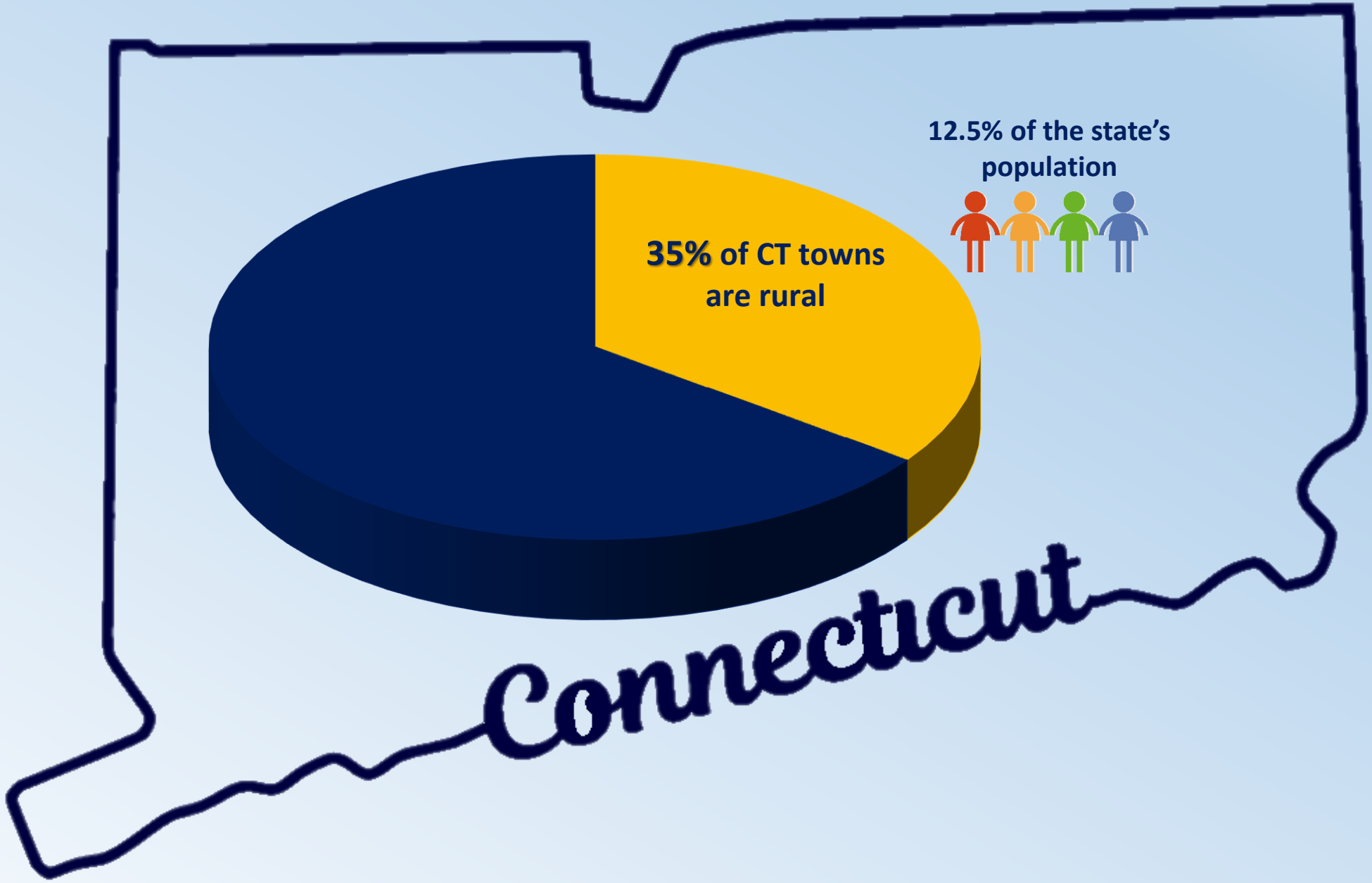
Session Objectives

- Describe attitudes, perceptions and concerns that contribute to community readiness to undertake substance use/misuse prevention activities.
- Compare rural communities to the rest of the state with regard to substances of concern, awareness of, barriers to, and readiness for substance misuse prevention activities.
- Identify community factors and social determinants of health that may contribute to lower readiness and capacity to implement substance use/misuse prevention in rural communities.

CPES
Center for Prevention Evaluation and Statistics



Who lives in Connecticut's Rural Communities?

- 91% White, 5% Hispanic
- 17% 65 or older
- 14% have served in the United States Armed Forces

Age Groupings by Community Type (%)

	Rural	Suburban	Urban Core	Urban Periphery	Wealthy	Connecticut
10 to 19	**13.02**	12.00	17.43	13.36	11.73	13.23
20 to 29	**12.74**	8.82	16.62	14.42	5.90	12.97
30 to 64	**47.77**	49.41	41.85	45.30	51.92	46.85
65+	**17.19**	18.41	11.27	16.00	16.03	16.02

Race/Ethnicity in Rural Communities in CT

	Rural	Urban Core	Connecticut
Black or African American	**2.21%**	29.17%	10.52%
Asian	**2.66%**	3.32%	4.37%
Hispanic or Latino	**5.09%**	38.27%	15.43%
White	**91.18%**	48.52%	77.09%

Note: Estimates based on 2016 population estimates
(Two or more races, and Other* excluded. Two or more races = 2.89%, Other = 1.54%)

Connecticut's rural communities are good places to live and raise families.

Are you satisfied with the city or area where you live?
Rural: 88% vs. CT: 81%. Urban Core: 68%
People in this neighborhood can be trusted.
Rural: 88% strongly/somewhat agree vs. CT 83%
Children and youth in my town generally have the positive role models they need around here.
Rural: 79% strongly/somewhat agree vs. CT: 73%
How likely do you think it is that a typical young person in your neighborhood will graduate from high school?
Rural: 90% almost certain/very likely vs. CT: 86%
How would you rate your overall health? Rural: 59% excellent/very good (same as CT total)

Source: Connecticut Community Wellbeing Survey, 2018: DataHaven

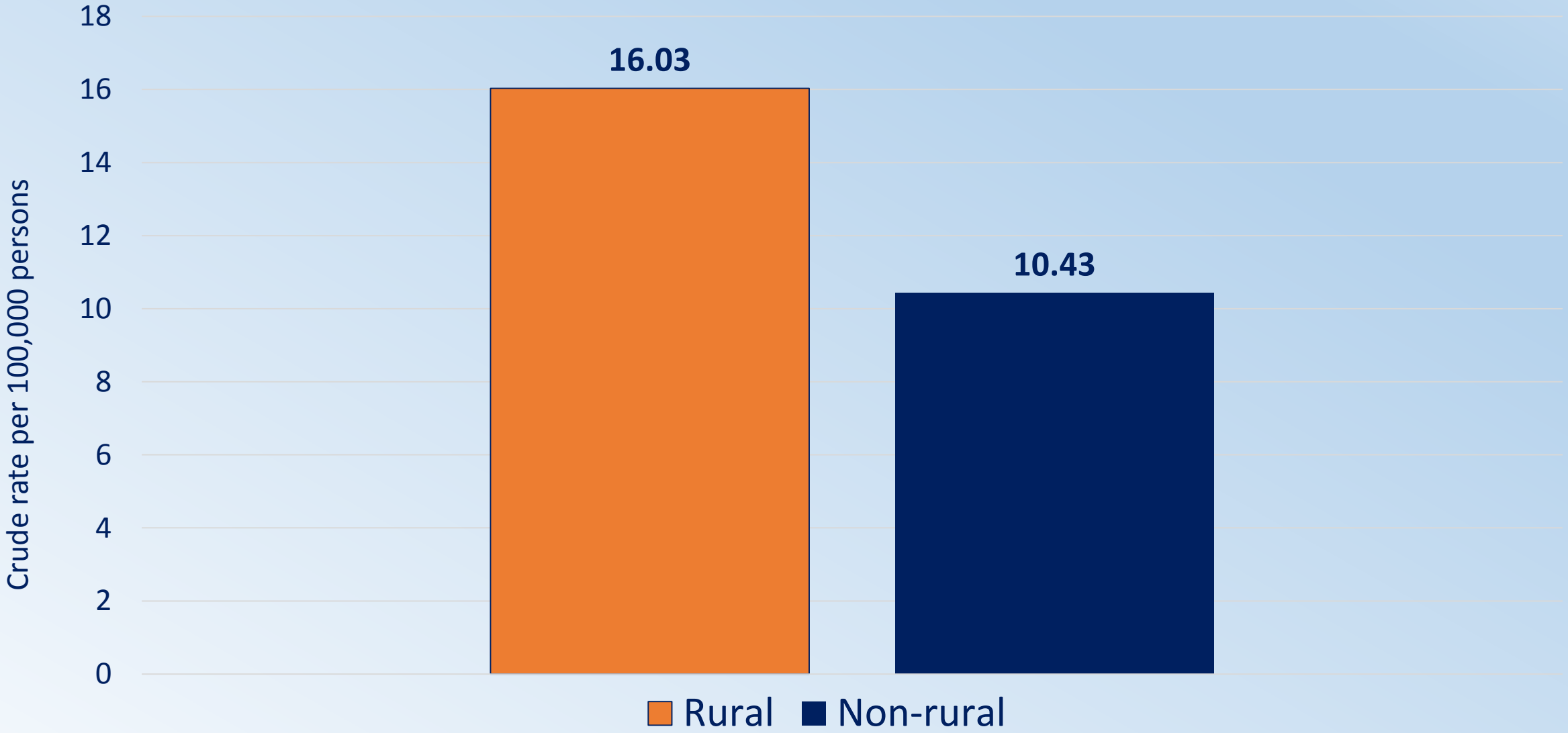
Behavioral Health in Region 3

Region 3 has greater prevalence of reported:

- Marijuana Use (Past Year, past month) among individuals 12 or older;
- Heroin Use (past year) among individuals 12 or older;
- Alcohol Use (past month) among youth and young adults (12 to 20);
- Cigarette and tobacco product use (past month) among individuals 12 or older;
- Mental illness and serious mental illness (past year) among adults 18 or older;
- Major Depressive Episode (past year) among adults 18 or Older;
- Serious thoughts of suicide (past year) among adults 18 or older

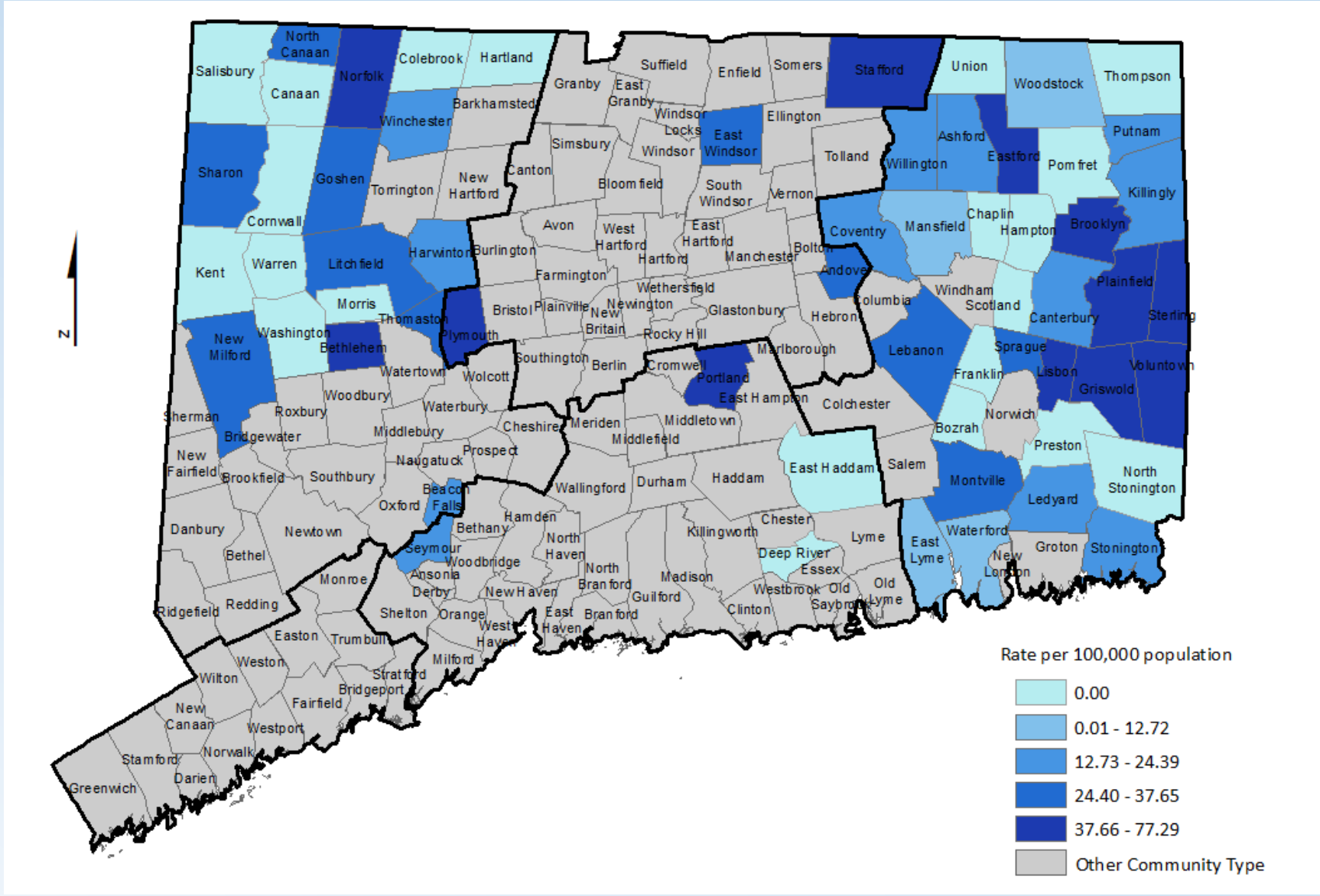
Source: NSDUH, 2014-2016: SAMHSA

Suicide Rates: Rural vs. Other Community Types



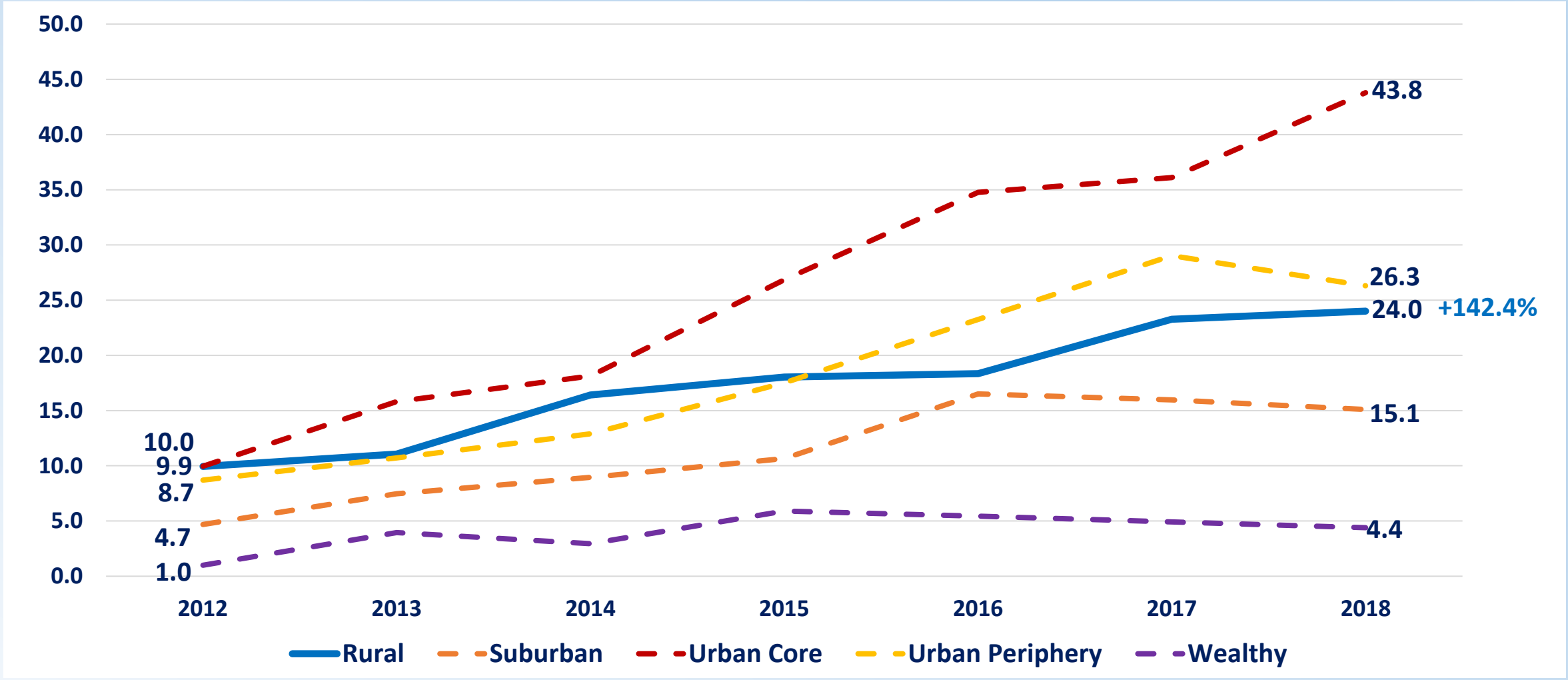
Source: Connecticut Department of Public Health, 2010-2014

Rate of Opioid-involved Fatal Overdose by Community Type



Source: Office of the Chief Medical Examiner

Opioid-involved Overdose Death Rate (per 100,000) by Community Type, 2012-2018



Note: Death rate by town of residence
Source: Office of the Chief Medical Examiner

Connecticut's Rural Communities Face Challenges

- How likely do you think it is that a typical young person in your neighborhood will get a job with opportunities for advancement? **Rural (53% very likely or certain) vs. CT total (58%) and second only to urban core**

- How likely do you think it is that a typical young person in your neighborhood will abuse drugs or alcohol?
- **Rural (29% very likely or certain) slightly above the state (27%) and second only to urban core**

- There are safe sidewalks and crosswalks on most of the streets in my neighborhood. **Rural (37% Strongly/Somewhat agree) vs. CT total (60%) and lowest community type.**

- My neighborhood has several free or low cost recreation facilities such as parks, playgrounds, public swimming pools, etc. **Rural 57% vs. CT total 69% and lowest community type.**

The Five Connecticuts

The Five Connecticuts are a system developed in 2004 by the Connecticut State Data Center as a means of disaggregating Connecticut's 2000 census data in a meaningful way.

Five Connecticuts designations are based on criteria of each town :

- **median household income;**
- **population density; and**
- **poverty rate**

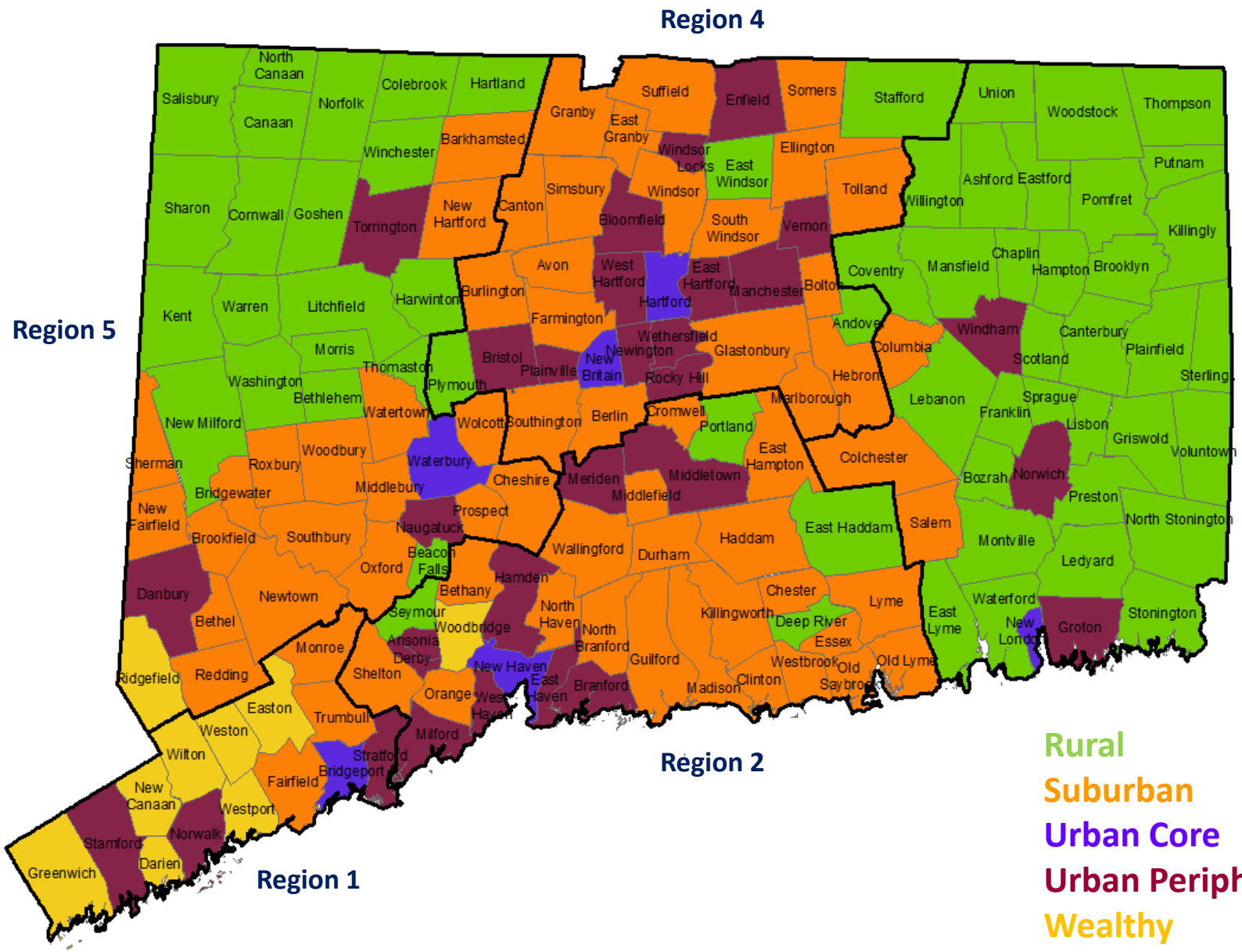
Five Connecticut community types:

- **Wealthy**
- **Suburban**
- **Rural**
- **Urban Periphery**
- **Urban Core**

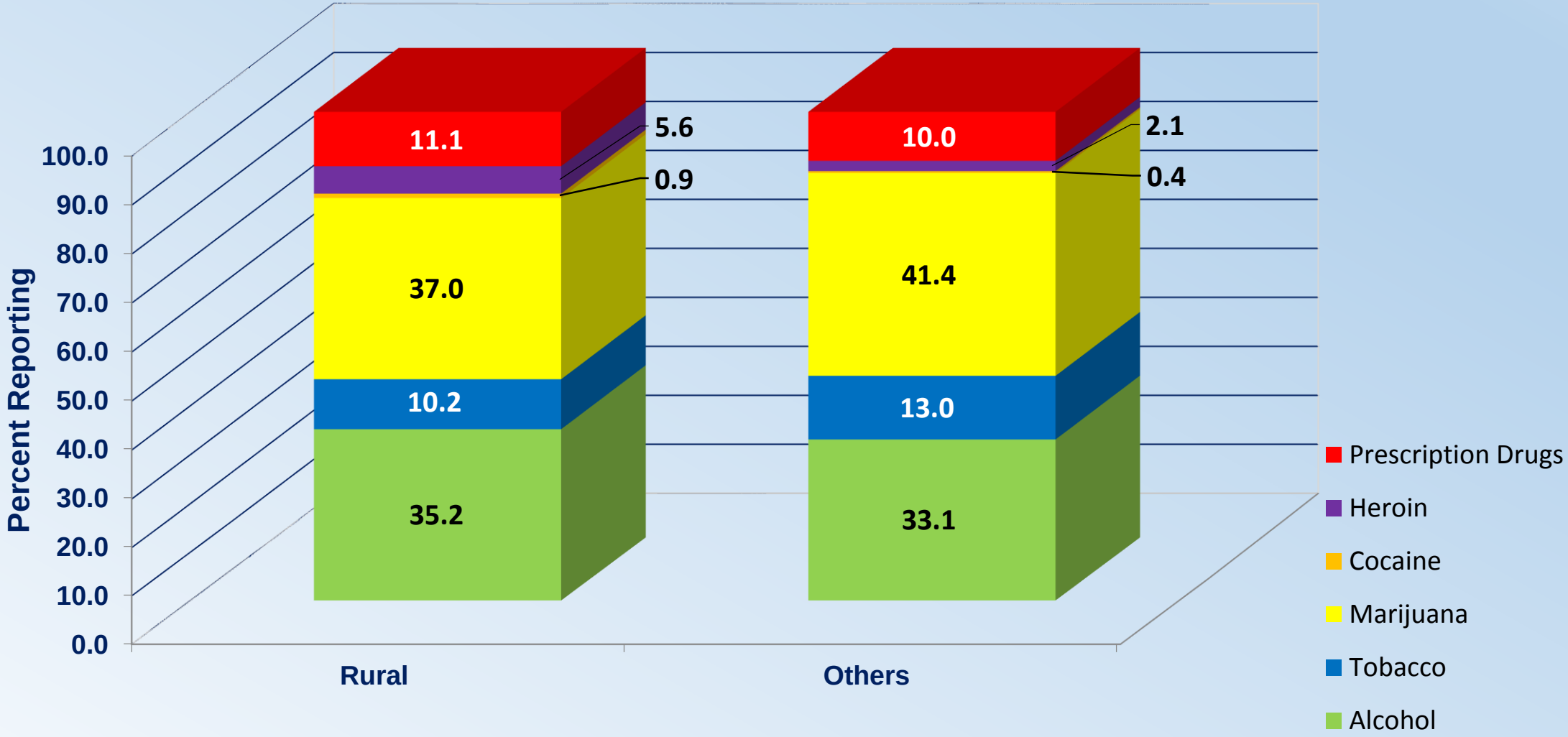
These categories were updated, using the 2010 census data, in 2014, by the original developer of the designation. The updated categories have been used to categorize data for the 2015 Community Wellbeing Survey and the 2018 Community Readiness Survey, and are used by others as well.

Levy, Don, Orlando Rodriguez, and Wayne Villemez. 2004. The Changing Demographics of Connecticut - 1990 to 2000. Part 2: The Five Connecticuts. Storrs, Connecticut: University of Connecticut, The Connecticut State Data Center, Series, no. OP 2004-01.

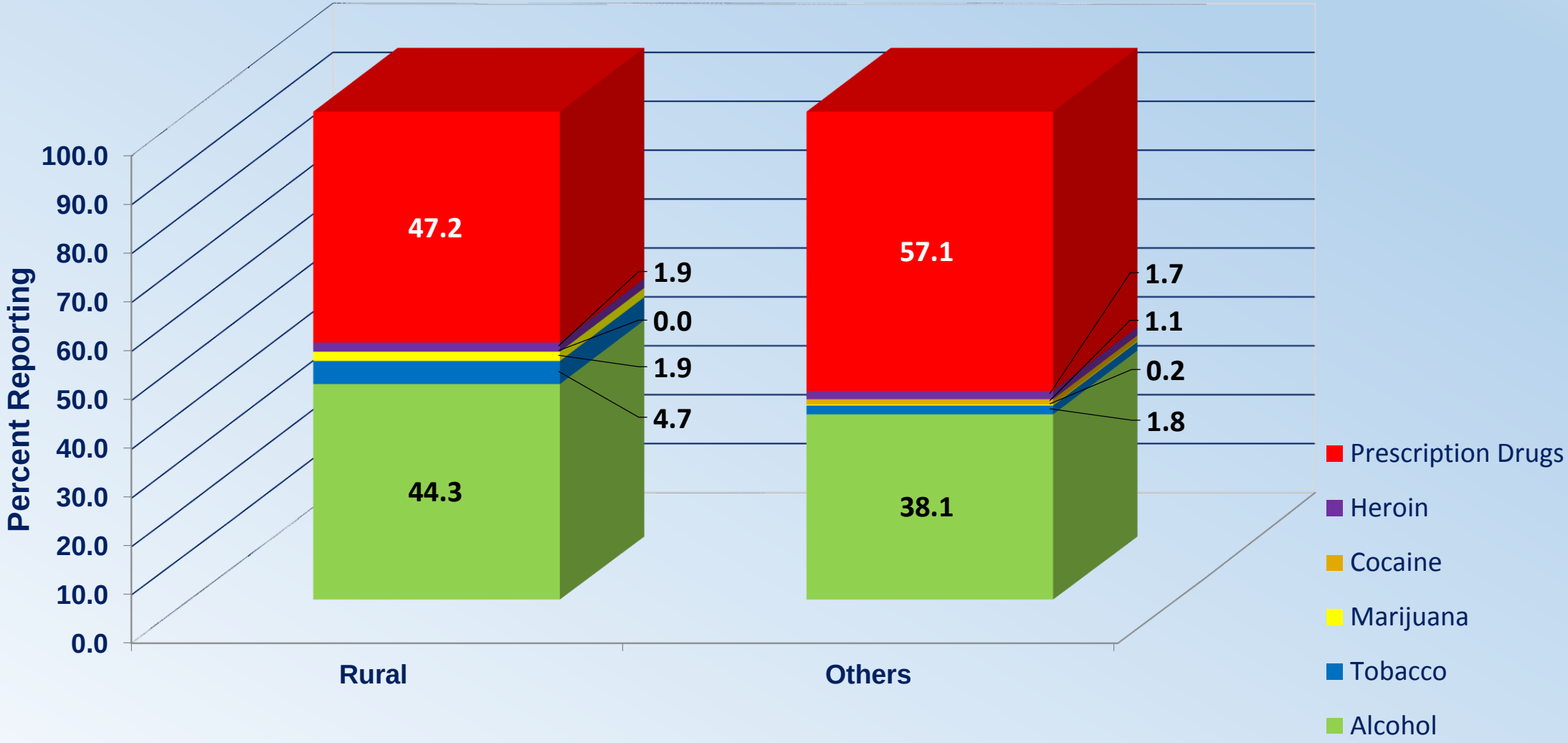
The Five Connecticuts and DMHAS Regions



Problem Substances of Greatest Concern According to Key Informants in Each Community Type for 12-17 Year-olds: 2018 Connecticut CRS



Problem Substances of Greatest Concern According to Key Informants in Each Community Type for 66+ Year-olds: 2018 Connecticut CRS



Community Readiness Survey

- A web-based key informant survey to measure state and community readiness and capacity for implementing effective evidence-based substance abuse prevention programs, policies and practices;
- Conducted biennially by DMHAS since 2006, in collaboration with the CT Clearinghouse and UConn Health;
- Driven by key informant identification and outreach by RACs (now RBHAOs);
- The results of the CRS have contributed to state, subregional and community strategic prevention planning and evaluation;
- Revised in 2014 and 2016 to expand content on mental health, suicide and problem gambling and shorten the survey;
- Overall response rate 2018: 53%; 164 of 169 towns represented.

Key Informant Ratings of the Community Stage of Readiness for Substance Abuse Prevention: CRS, 2018

	Rural (n=84)	Others (n=659)
1 - This town/city tolerates or encourages substance abuse.	0.3	0.1
2 - This town/city has little or no recognition of the substance abuse problem.	11.0	4.2
3 - This town/city believes that there is a substance abuse problem, but awareness of the issue is only linked to one or two incidents involving substance abuse.	27.6	7.8
4 - This town/city recognizes the substance abuse problem and leaders on the issue are identifiable, but little planning has been done to address problems and risk factors.	28.5	23.9
5 - This town/city is planning for substance abuse prevention and focuses on practical details, including seeking funds for prevention efforts.	17.6	23.6
6 - This town/city has enough information to justify a substance abuse prevention program and there is great enthusiasm for the initiative as it begins.	3.3	9.8
7 - This town/city has created policies and/or more than one substance abuse prevention program is running with financial support and trained staff.	6.8	14.1
8 - This town/city views standard SA programs as valuable, new programs are being developed to reach out to at-risk populations and there is ongoing sophisticated evaluation of current efforts.	3.6	11.5
9 - This town/city has detailed and sophisticated knowledge of prevalence, risk factors, and SA program effectiveness and the programming is tailored by trained staff to address risk factors within the community.	1.3	5.1
Mean Stage of Readiness	4.15	5.40
Mean Stage of Readiness for Connecticut (n=744)	5.26	

Perceived Barriers to Substance Abuse Prevention Activities in the Community by Community Type, CRS, 2018

Leadership/Organization
Lack of leadership
Lack of coordination among organizations and groups
Too few community members with time or willingness to volunteer
Lack of consensus on how to address substance abuse issues
Lack of political support for substance abuse prevention
Lack of a strategic plan to address substance abuse prevention needs
Insufficient awareness of current efforts among community members

Perceived Barriers to Substance Abuse Prevention Activities in the Community by Community Type, CRS, 2018

Community Buy-in
Substance abuse is not considered a priority problem in our community
Lack of community buy-in that substance abuse is an important issue
Perception that substance abuse is a personal problem, not a community problem

Perceived Barriers to Substance Abuse Prevention Activities in the Community by Community Type, CRS, 2018

Financial Resources
Limited financial resources to address substance abuse in the community
Lack of knowledge of effective strategies to address substance abuse problems
Lack of trained staff
Lack of programs with culturally competent staff

Summary

In addition to the challenges Connecticut's rural communities face related to **healthcare access**, **transportation**, and **physical and other health disparities**, Connecticut's rural communities:

- Have **higher** rates of **substance use/misuse**, **mental health issues**, and **suicide** than the state;
- Perceive **lower readiness** and **capacity** to address substance misuse prevention and health promotion in their communities;
- Perceive that lack of **leadership/organization**, **community buy-in**, and **financial resources** are greater barriers to prevention readiness in their communities.

These findings highlight the need to consider and address **community-type differences** and **readiness elements** as important intervening factors in the success of community-level prevention and health promotion efforts.