2012 Community Health Needs Assessment
Executive Summary
Litchfield County Community Transformation Grant Coalition
Fit Together – Litchfield County

Making the Healthy Choice the Easy Choice through:

❖ Tobacco Free Living
❖ Active Living & Healthy Eating
❖ Quality Clinical and Other Preventive Services
❖ Social & Emotional Wellness
❖ Healthy & Safe Physical Environments

Funded by:
Connecticut Department of Public Health – CDC Community Transformation Grant
Torrington Area Health District
Charlotte Hungerford Hospital
United Way of Northwest Connecticut
Northwest Connecticut YMCA

Prepared by: The Center for Healthy Schools & Communities at EDUCATION CONNECTION
Introduction

The 2012 Litchfield County Community Health Needs Assessment (CHNA) reflects the collaborative work of the Litchfield County Community Transformation Grant (CTG) Coalition, Fit Together- Litchfield County, to begin to assess and prioritize health needs within the county and collectively develop strategies and mobilize resources to improve the health of county residents.

The CTG Program is funded by the Centers for Disease Control and Prevention (CDC). The CTG Program’s overarching goal is to create healthier communities by making healthy living easier and more affordable. Litchfield County is one of five counties in the state awarded CTG funding in partnership with the Connecticut Department of Public Health to build capacity to support healthy lifestyles. Connecticut’s CTG Program targets evidence-based strategies to promote tobacco-free living, active living and healthy eating, quality clinical and other preventive services, healthy and safe physical environments, and social and emotional wellness.

Torrington Area Health District is the CTG grant lead and fiduciary agent for Litchfield County. In addition to CDC, funding support for CTG community health needs assessment activities has been provided by Charlotte Hungerford Hospital, United Way of Northwest Connecticut, and the Northwest Connecticut YMCA.

Conducting a community health needs assessment is the first step to developing a community health improvement plan. The CHNA describes the health of the community, by presenting relevant information on socioeconomic and demographic factors affecting health, personal health-related lifestyle practices, health status indicators, community health resources, and studies of current local health issues. The CHNA identifies population groups that may be at increased risk for poor health outcomes, assesses the larger community social, political, and physical environment and how it impacts health, and identifies areas where additional or better information is needed. The assessment and improvement planning processes are highly collaborative, involving a broad spectrum of community stakeholders.

The intent is for the 2012 Litchfield County Community Health Needs Assessment to be widely used to advance community health improvement planning by a diverse constituency of private and public stakeholders. We welcome your comments, and invite you to join in the assessment process going forward.

The Litchfield County CTG Coalition Steering Committee

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Key Findings

A summary of key findings from the 2012 Litchfield County Community Health Needs Assessment follows. Data sources are noted in the complete Community Health Needs Assessment Report.

Demographics

✓ The county has the highest proportion of residents ages 50+ in the state and the median age of county residents is projected to rise through 2015. This is due in large part to advancing age in “baby boomers” and declining birth rates.
✓ The overall population growth rate in the county increased from 2000-2010 at a rate similar to the state as a whole; Warren, New Hartford, Canaan, Goshen, and Woodbury had growth rates well above average.
✓ In general, county residents have higher education and income levels and lower poverty rates than the state average; however median household income levels have recently declined in over two-thirds of the county’s municipalities, likely due to the economic recession and unemployment. Disparities in income and poverty are evident by municipality and household type; two municipalities (North Canaan and Torrington) have poverty rates that exceed the state average.
✓ Most school districts in the county have experienced an increase in minority student enrollment and in students eligible for free or reduced price meals; rates for both are highest in Torrington and Winchester (42-45% of students qualified for free or reduced price lunch in 2010-2011).
✓ The high school drop-out rates in school districts serving Torrington and Winchester are well above the state average.
✓ The county has become more racially and ethnically diverse, and the growth in the Hispanic or Latino population from 2000-2010 was twice the state rate. Torrington, New Milford, and Watertown show the greatest gains in diversity.
✓ Overall community safety data compare favorably to the state; within the county, Plymouth, Thomaston, Torrington, and Winchester have higher crime rates.

Behavioral and Lifestyle Factors

✓ Rates of obesity and current smoking in county residents exceed the state average.
✓ County residents have more frequent smoking cessation attempts (with higher smoking rates), and are more likely to participate in routine dental care, and cervical and colon cancer screening. County residents are less likely to participate in routine eye exams, influenza vaccination, and PSA screening.
✓ County rates are similar to the state for: social support, activity, fruit & vegetable intake, prevalence of hypertension (high blood pressure) and diabetes, routine medical check-ups, cholesterol testing & mammography.
✓ Disparities in personal lifestyle behaviors are apparent across the state. Residents with lower education and income levels are less likely to access health screenings and practice healthy lifestyle choices.
✓ Overweight and obesity are most common in Hispanic or Latino, followed by Black or African American children and adults.
Smoking prevalence in CT adults has declined 40% over the past 20 years, across all groups except Black non-Hispanics. Prevalence is higher in males and persons with lower education and income levels.

- In CT adolescents, smoking has declined 66% among middle school students and 40% among high school students.
- Students in nearly half of the school districts serving the county scored below the state average in standardized physical fitness tests; scores were lowest for students in Winchester, Norfolk, Torrington, and North Canaan (less than 35% of students passed all four tests).
- Litchfield County residents did not meet national benchmarks for poor physical and mental health days, adult smoking, excessive drinking, and preventable hospital stays.

**Burden of Chronic Disease**

- Cardiovascular disease (CVD) accounts for one-third of CT resident deaths; over 50% of these are in women. Hypertension and elevated cholesterol are major risk factors for CVD.
- Nearly one in four county residents has hypertension. This condition is more common in males, Black non-Hispanic adults, persons ages 65 and over and those with lower socioeconomic status (SES).
- Nearly 40% of county residents have been told by a health professional that their cholesterol is high. Elevated cholesterol is more common in males, white non-Hispanic adults, persons ages 65+ and those with lower SES. Blood pressure screening is least common in Hispanic/Latinos (nearly one-third have never been screened), and in persons with low SES.
- Diabetes is twice as prevalent in Black non-Hispanics than in whites, and in persons with low SES. Obesity is a major risk factor for Type II Diabetes.

**Health Care Access – Primary Care, Emergency Department (ED) Visits, and Hospitalizations**

- The county has a ratio of 1 primary care physician to every 1,123 residents, which is well below both state and national benchmarks.
- Overall, county residents had higher ED visit rates than the CT average for major CVD, coronary heart disease, myocardial infarction (heart attack), congestive heart failure, and stroke.
- County residents had lower ED visit rates for diabetes, alcohol & drug abuse, chronic obstructive pulmonary disease, and asthma.
- ED visit rates for Black non-Hispanic residents were well above the state and county averages across most diagnostic categories.
- Hospitalization rates for county residents were below the state average for the majority of diagnostic categories, but above the state average for oral cavity/pharynx cancers and for alcohol and drug abuse.

**Mortality**

- Age-adjusted all-cause mortality rates for the county and state are comparable. County all-cause mortality rates for White non-Hispanics (both genders) are higher, and rates for Black non-Hispanics and Hispanics are considerably lower than the state rates.
✓ County age-adjusted mortality rates are lower than state rates for many causes of death including malignant neoplasms, diabetes mellitus, Alzheimer’s disease and kidney diseases. County mortality rates are above the state for major CVD, pneumonia and influenza, chronic lower respiratory disease, accidents, and alcohol & drug-induced deaths.

✓ The largest contributor to premature death in the state and county is malignant neoplasms (cancer), followed by accidents, major CVD, and drug-induced deaths. Males and Hispanic or Latino residents have the highest rate of premature death in the county overall.

Health Disparities & Inequities

✓ Compared with the state, municipalities in the county rank favorably overall for social determinants of health and are comparable for health outcomes.

✓ Overall, municipalities in the county rank most favorably for health care access and life expectancy health outcomes.

✓ Health outcomes with more frequent low scores were diabetes, liver disease, mental health & respiratory illness.

✓ There is a wide variation in health outcome scores among municipalities. Those most frequently scoring low for health outcomes are: Plymouth, Torrington, Colebrook, and Winchester.

✓ The most consistent correlations between health outcomes and social determinants are found for: education, economic security, community safety, and civic involvement.

Health-Related Programs & Services

✓ Tobacco cessation programs in the county are extremely limited; the Infoline 2-1-1 database lists no currently available tobacco use prevention programs.

✓ Opportunities for physical activity appear to be available in most communities; however limited accessibility due to transportation may be a factor for many residents.

✓ According to Infoline 2-1-1 data, there are no healthy eating or nutrition education programs presently available in the county.

✓ Clinical and preventive health services are concentrated in the three communities with acute care hospitals (New Milford, Torrington & Sharon); access to these services may be a factor for many residents.

✓ The geographic availability of health screening services in the county is limited as is the type.

✓ Health and mental health-related support groups are again concentrated in the three communities with acute care hospitals.

✓ The availability of mass transportation services in general, as well as medical transportation services and services for disabled persons is limited in many communities.

✓ Housing for vulnerable population groups, including the elderly, disabled, and residents in need of emergency or supportive housing is limited and non-existent in many communities.
Conclusions & Recommendations

The leading health issues in Litchfield County, as in the state and the nation, result from many underlying factors which can be controlled or modified. Achieving major improvement in the health of county residents must focus on reducing the incidence and prevalence of chronic diseases, which account for 7 of the 10 leading causes of death. CDC estimates that nearly 50% of Americans are living with at least one chronic disease.

The solution to this challenge is multi-dimensional, as chronic diseases result from a number of interconnected factors. Harmful individual lifestyle behaviors such as smoking, overeating, poor nutrition, lack of physical activity, tobacco use, and alcohol abuse greatly increase risk for developing chronic disease. Lack of health insurance, limited English proficiency, transportation and cultural factors present barriers to access and utilization of quality preventive health and screening services which delay or prevent the onset of disease. Social determinants of health such as income, employment status, educational attainment, housing, environmental quality, civic involvement, and community safety strongly impact access to care and health outcomes.

Recent trends in health indicators for county residents show improvement in overall mortality rates for many leading causes of death. There are indications of improvement in personal health habits such as smoking and activity rates and accessing screening services for early detection of certain diseases.

In spite of the favorable health status enjoyed by most Litchfield County residents, health disparities exist and are concentrated in the uninsured and low income population groups. Families and individuals who live in poverty or are uninsured are more likely to have poor health status. Poverty underlies many of the social factors that contribute to poor health. Differences for many health status indicators are also apparent by gender, race/ethnicity, age, and place of residence. This information should be used to determine subgroups in the community in need of further assessment, as well as to guide the development of programs and services to meet identified health needs.

Developing a community action plan for improving health requires coordinated and systemic efforts among all stakeholders: health care providers; state, regional, and local health and human service agencies; community and faith-based organizations and groups; policy makers; schools; businesses and the residents they serve. Stakeholders need to consider policy, environmental, and systems changes to make the healthy choice the easy choice in their communities. As noted in the 2012 County Health Rankings report, social and economic factors and the physical environment are estimated to account for 50% of health status.
With this in mind, in Year 2 of the Community Transformation Grant (October 2012 - September 2013), the Litchfield County CTG Steering Committee will coordinate a strategic health planning process to guide the development of a Community Health Improvement Plan. This process will include environmental, systems, and policy scans to better define priority health needs, and opportunities for action for health improvement.

The CDC’s Community Health Assessment aNd Group Evaluation (CHANGE) tool will be used to facilitate this process. CHANGE is a data collection tool and strategic planning resource which enables local stakeholders and community team members to survey and identify community strengths and areas for improvement regarding current policy, systems, and environmental change strategies. **Five different community sectors will be assessed: Community-At-Large, Community Institutions/Organizations, Health Care, Schools, and Work Sites.**

The CHANGE tool assists communities to: 1) define improvement areas to guide the community toward implementing and sustaining policy, systems, and environmental changes around healthy living strategies (e.g., increased physical activity, improved nutrition, reduced tobacco use and exposure, and chronic disease management); 2) prioritize community needs and consider appropriate allocation of available resources; and 3) focus and mobilize cohesive action in the health priority areas selected to improve health and reduce health disparities.

CHANGE will be used to facilitate community health planning by all five sectors. Findings from the CHANGE Strategic Planning process will be integrated into future supplements to the Litchfield County Community Health Needs Assessment.