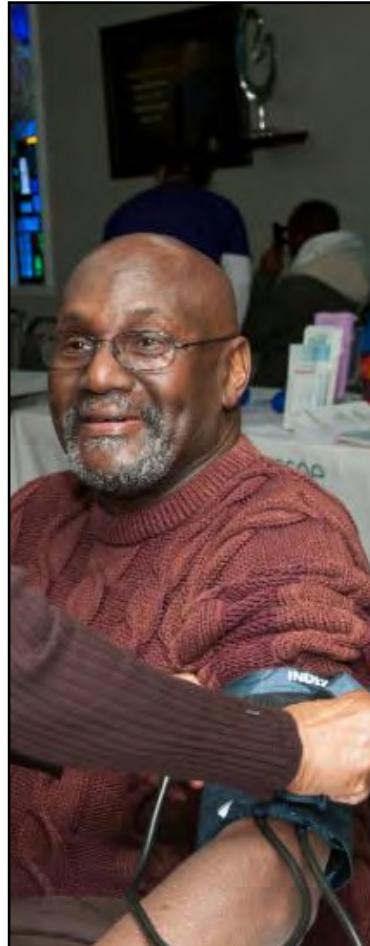


# New London County

## Community Health Needs Assessment

### 2014



## A Letter from the Directors of Health

Chronic disease is the most pressing public health issue in our nation, our state, and our local community. Poor nutrition, a sedentary lifestyle, tobacco use and uncontrolled health conditions, such as high blood pressure, cholesterol and blood sugar, are all risk factors for preventable deaths due to heart attack and stroke. Our community's health is a shared responsibility, not only for health care providers and public health officials, but for residents and key stakeholders who contribute to the well-being of our community. Local public health departments are uniquely positioned to lead these efforts by convening community leaders who represent schools, businesses, government, health care providers, agriculture, transportation and community organizations to initiate change.

Through the Center for Disease Control and Prevention (CDC) Community Transformation Grant Initiative, Ledge Light Health District and Uncas Health District have established the ACHIEVE New London County Coalition, a diverse group of individuals dedicated to improving the health of our community.

This New London County Community Health Needs Assessment will provide leaders in our community with a deeper understanding of cardiovascular and chronic-disease-related health issues, especially among the most vulnerable. Through our ACHIEVE partnership, we will carry out a strategic community-based approach, implementing the policy, system and environmental changes necessary to improve the health of our community.

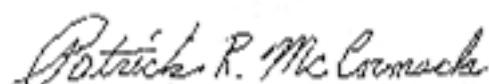
We wish to thank our Coalition members and other community members who participated in the development of this Community Health Needs Assessment. Their time and dedication was instrumental in the collection of health data and input from over 50 key leaders in the community.

Lastly, we would like to thank you, the reader, for your interest in the health of New London County residents. With your help, we can continue to increase awareness of the health issues affecting our community and develop initiatives that foster improved health for all.

Sincerely,



Baker Salsbury  
Director of Health, Ledge Light Health District



Patrick McCormack  
Director of Health, Uncas Health District



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Ledge Light Health District:  
Report prepared by: Cindy Barry, Senior Health Program Coordinator  
Russell Melmed, Epidemiologist  
Chelsea Norton, Communications Project Assistant

## I. Introduction



### Action Communities for Health, Innovation and Environmental Change

Ledge Light Health District has taken a proactive approach in addressing our greatest public health challenge today—premature and preventable death due to cardiovascular disease and related chronic conditions. Residents of New London County, concerned about diabetes, obesity, high cholesterol, high blood pressure, wanted to know why the rates were so high, and getting higher – what's contributing to this rise in heart disease – what can be done to prevent it, not just for some but for all people.

In 2009, ACHIEVE in New London, CT was established to give concerned citizens and leaders in schools, businesses, health care, community organizations and local government a place to find answers and to challenge the status quo by developing an action plan that prevents cardiovascular disease and its corresponding risk factors – tobacco use, poor nutrition, physical inactivity and a lack of preventive clinical services.

With a small amount of funding, the ACHIEVE Coalition started by replicating what was working across the nation – changing policies and conditions in the community that affect the health of all residents. ACHIEVE selected strategies needed in New London, like supporting community gardens, farmers' markets, bike lanes, a nutrition curriculum in schools, tobacco-free parks and a point-of-tobacco-purchase education campaign.

In 2011, Centers for Disease Control (CDC) Community Transformation Grant Initiative (CTG) funding from the Connecticut Department of Public Health allowed ACHIEVE to expand in scope and in reach to a **county-wide** prevention effort. Why? **Some of the highest rates of chronic diseases in Connecticut are found right here in New London County.** Sustainable, cost-effective and broad-sweeping changes are needed to curb the rates of early preventable death. Further, New London County has great variations in socioeconomic status, which creates huge health disparities. It's time to commit to prevention and ensure that resources and opportunities give all residents the chance at optimal health.

The CTG Initiative will be achieved by implementing a comprehensive strategic plan to maximize the public health prevention efforts.

#### These activities will be integrated across five strategic areas:

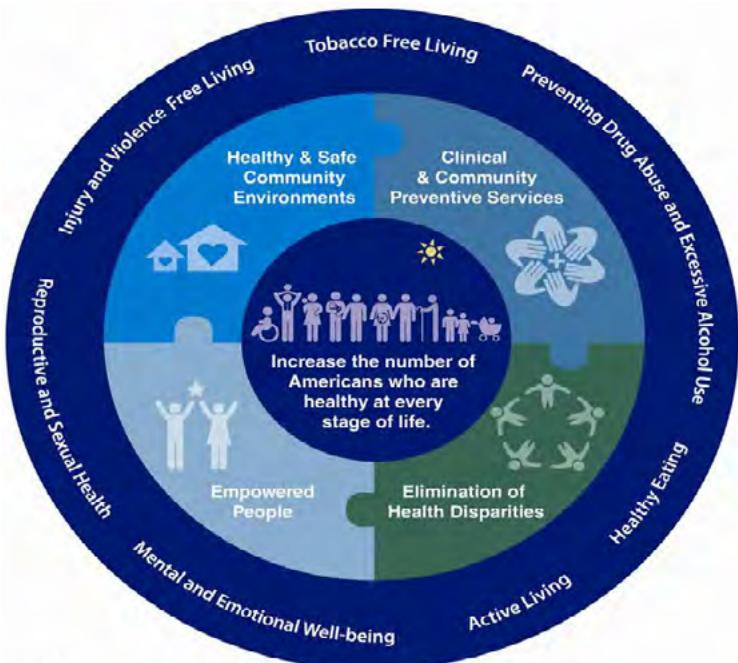
- **Healthy Eating** will increase access to availability of healthful foods through a regional food system.
- **Healthy and Safe Physical Environments** will improve community design for walking and biking.
- **Active Living** will increase physical activity and opportunities to engage in physical activity.
- **Tobacco-Free Living** will protect people from secondhand smoke in diverse settings, such as indoor and outdoor public places, and will prevent and reduce tobacco use.
- **Community and Clinical Preventive Services** will engage health care providers to implement standard clinical care interventions to increase control of high blood pressure and high cholesterol.

## What is the Community Transformation Grant Program?

The Centers for Disease Control and Prevention continues its long-standing dedication to improving the health and wellness of all Americans with the Community Transformation Grant (CTG) program. The CTG program is funded by the Affordable Care Act's Prevention and Public Health Fund and is expected to run for five years and reach more than 120 million Americans. The CTG program awarded \$103 million to 61 state, local, tribal and territorial government agencies, and nonprofit organizations in 36 states.

In 2011, the CT Department of Public Health received CTG funding to support local community efforts to prevent heart attack and stroke and reduce such chronic diseases as heart disease, cancer, stroke and diabetes. The overarching goal of the CTG initiative is to create healthier communities, maximize health impact through prevention, improve health equity, reduce health disparities and use and expand what has been shown to work in other communities across the nation. Examples of community interventions include:

- Increasing access to physical activity through quality physical education instruction in schools
- Increasing access to healthy foods by supporting local farmers and neighborhood grocery store
- Protecting people from secondhand smoke exposure in indoor and outdoor spaces



Having successfully established the ACHIEVE New London Coalition in 2009, Ledge Light Health District (LLHD) was selected as the lead public health and fiduciary agency for the New London County Community Transformation Initiative. With CTG funding, LLHD had the opportunity to expand ACHIEVE into a county-wide initiative. In collaboration with Uncas Health District and the founding ACHIEVE Coalition members, the ACHIEVE New London County Coalition was established in 2012.

### Community Transformation Grant Program Goals:

- Reduce death and disability due to tobacco use by 5%
- Reduce the rate of obesity through nutrition and physical activity interventions by 5%
- Reduce death and disability due to heart disease and stroke by 5%

Five rural counties in the state: New London, Litchfield, Middlesex, Tolland and Windham, were selected to participate in a new five-year \$419,500 Community Transformation Initiative. With leadership from local public health teams, the capacity building phase of the CTG initiative was aimed, initially, at building the capacity of each county by:

- Establishing a local prevention coalition
- Increasing local awareness of national best practices in the field of policy, system and environmental change in schools, municipalities, worksites, health care settings and community organizations
- Conducting a Comprehensive Countywide Community Health Needs Assessment
- Selecting and prioritizing interventions to improve nutrition, increase physical activity, prevent tobacco use and improve clinical preventive services

## Why Policy, Systems and Environmental Change?

People who live in communities that support access to affordable healthy food, provide a network of parks, schools and businesses connected by walking and bike paths, and establish smoke-free public places live healthier and longer lives. Research has shown that, when implemented, these types of changes have the greatest influence and impact in the lives of community residents. While health promotion activities, such as health education classes and healthy cooking demonstrations are excellent opportunities to engage some community members in healthy activities, not all community members will be impacted.

Policies--or absence of policies--often guide important decisions that affect our health. These policies exist in schools, businesses, government, community organizations, and our health care system. For example, by establishing a smoke-free parks ordinance, a policy is implemented to reduce exposure to tobacco smoke and thus will reduce tobacco-related illness and disease. System change interventions can improve the way we "do business," by improving partnerships, access to services, and broadening programs.

Changing conditions in our community that affect health is one of the most cost-effective and sustainable ways to improve health. Environmental changes, such as bike lanes, farmers' markets, and community gardens can have long lasting health benefits, since they increase opportunities for healthy behaviors.



## ACHIEVE New London County Members

- Alliance for Living
- American Ambulance Service, Inc.
- Bike New London
- Child and Family Agency of Southeastern CT
- Children First Norwich and Groton
- City of New London, Recreation Department
- Community Health Center, Inc.
- CT Department of Transportation
- Eastern CT Area Health Education Center
- Eastern CT Chamber of Commerce
- Encuentros de Esperanza
- End Hunger CT
- F.R.E.S.H. New London
- Generations Family Health Center
- Hispanic Health Council, Inc.
- Lawrence and Memorial Hospital
- Ledge Light Health District
- NAACP New London Branch
- New London Consortium on Aging
- New London County Schools
- Noank Group Homes and Support Services
- Ocean Community YMCA
- Partners in Healthy Communities
- Reliance House, Inc.
- Senior Resources Agency on Aging
- Sound Community Services, Inc.
- Southeast Regional Action Council
- Thames Valley Council for Community Action, Inc.
- United Community and Family Services
- Uncas Health District
- United Way of SECT
- University of Connecticut Health Center, Center for Public Health & Health Policy
- Visiting Nurse Association of Southeastern CT
- Civic Leaders: Katie Jeffrey, Lee Vincent and CT State Representative Tim Bowles



***"Being an ACHIEVE Coalition member has been an exciting experience; meeting and sharing ideas and resources to help us all to improve the health of our communities."***

***- Sheila Lake,  
Reliance House***

## Special Thanks:

The following individuals were instrumental in convening key stakeholders in the community for the purpose of completing an inventory of policies affecting the health of the community. These individuals included: business leaders, school administrators, elected officials and municipal leaders, community organizations, and health care providers.

Peter DeRosa, Health Council Chair, Chamber of Commerce Eastern Connecticut  
Tricia Cunningham, Past President of the Greater Mystic Chamber of Commerce  
Mike Graner, Former Chairman of the Southeastern CT Area Superintendents' Association  
Virginia Mason, President & CEO of United Way of SECT  
Members of the New London County Health Collaborative  
Jim Butler, Executive Director, Southeastern Connecticut Council of Governments

## II. Background



The 2014 New London County Community Health Needs Assessment (CHNA) represents the collaborative efforts of the ACHIEVE New London County Coalition to begin assessing and prioritizing health needs in our community and to collectively develop strategies and mobilize resources to improve the health of county residents.

Our CTG initiative consists of two main phases: the initial phase, a holistic assessment of our community, and the second phase of strategic planning and targeted interventions to improve health outcomes where our community's needs are greatest. This second phase is currently being carried out through the ACHIEVE New London County Coalition, a diverse group of partners organized into topic-specific work-groups: Healthy Eating, Active Living, Tobacco-Free Living and Community and Clinical Preventive Services.

### The Purpose of the New London County Community Health Needs Assessment is to:

- Identify baseline cardiovascular disease health outcomes and disparities in New London County
- Assist in defining and prioritizing improvement areas by providing data on current policy, system and environmental conditions
- Engage community organizations, government, schools, health care providers, businesses and other key stakeholders in a decision-making process to prevent cardiovascular disease
- Assist the ACHIEVE Coalition with future strategic planning for addressing healthy eating, active living, tobacco-free living and quality community and clinical preventive services.

The initial assessment phase was completed by ACHIEVE New London County Coalition members in June 2013. The year-long process included administering the CDC-recommended **Community Health Needs and Group Evaluation (CHANGE) Tool**, a community-wide strategic planning tool for evaluating and improving community health. The assessment phase also included collecting demographic information; morbidity, mortality and behavioral risk factor data; health disparity and geographic health equity data; an inventory of current public health programs and services and an inventory of community coalitions whose missions include improving health outcomes.

In collaboration with our many partners, this report is focused on framing community assets and needs specifically as they relate to physical activity, nutrition, tobacco use, chronic disease management and leadership. Using nationally-recognized survey tools, existing data, and local community feedback, our partners—both public and private—can continue to plan for community-level changes that are sustainable, impact infrastructure and aid in shifting social norms.

## III. A Note About the Data in this Report

This report involved the collection and evaluation of vast amounts of health-related and demographic data in order to illuminate the determinants of, and opportunities to prevent adverse cardiovascular disease outcomes.

In most cases, publicly available sources of secondary data were used. These include but are not limited to data from the Decennial US Census, American Community Survey, CDC's Behavioral Risk Factor Surveillance (BRFSS) System, and the Connecticut Health Equity Index.

A number of partners of the ACHIEVE New London County Coalition also provided data for this report. County-level analyses of primary data, including hospitalization discharges, mortality records, and data from the CT BRFSS, was generously provided by the Connecticut Department of Public Health (DPH). Where secondary data or DPH analyses are displayed in tables, graphs, or maps, the specific source is cited for reference.

ACHIEVE New London County also gathered primary data using the CDC's Community Health Assessment and Group Evaluation (CHANGE) tool. These data measure the policy and environmental conditions that support or discourage cardiovascular health across a broad range of stakeholder groups in the community. These data were used to identify gaps and opportunities where the introduction of new policies would support improved cardiovascular health for large groups of county residents.



*"This report is important because it has input from the many organizations that impact the health of the citizens of New London County. You have to know where you're starting from so that you can measure the success at the finish line."*

-JoAnn Eaccarino

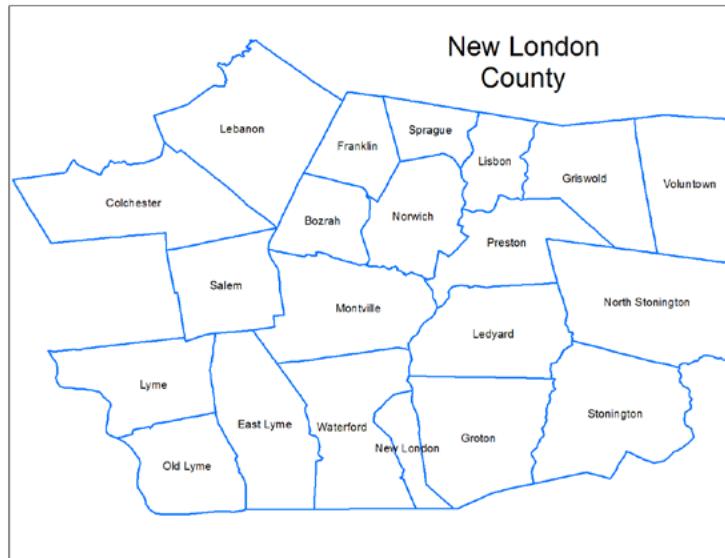
**Child & Family Agency of Southeastern Connecticut**

## IV. Community Health Needs Assessment--Key Findings

### Section 1. Population and Demographics

#### Overview

Situated in Southeastern Connecticut, New London County spans 771 square miles and consists of 21 municipalities. The municipalities are diverse, with several rural and mill towns lying adjacent to more suburban and manufacturing towns and cities that are designated as urban communities. According to the 2010 Census, the total population of the county was 274,055 (a 5.8% increase since 2000), ranking fourth in population size among the eight counties. In 2010, as reported by the Census, there were 107,057 households in the county, and an average household size of 2.4 persons. 31.3% of households include persons under the age of 18 and 26.2% include persons age 65 and older.



Overall, New London County's population is somewhat diverse; the Census 2010 racial/ethnic composition is 78.3% White, 5.8% Black or African American, 4.2% Asian, 0.9% American Indian, and 8.5% Hispanic or Latino (21.7% non-white). Most of the non-White population in the county, however, is concentrated in three municipalities: Norwich, New London, and Groton (Table 1).

The vast majority of county residents over five years old speak English (86.1%); 13.9% of residents have a primary language other than English, however, only 5.7% speak English less than "very well." The predominant non-English language spoken is Spanish (5.7%). 30.1% of county residents have completed a bachelor's degree or higher, compared to a state rate of 35.5%. Roughly the same proportion of county residents has acquired at least a high school degree compared to the state, 89.7% compared to 88.6%.



The median income per household in the county, as estimated by the 2010 American Community Survey (ACS), was \$62,349, and the median family income was \$77,069. In 2010, 8.8% of the county's population was living in poverty at some point during the year, below the state average of 10.1%. Poverty is most common in female-headed households with children under 18 years of age.

Related to housing characteristics, the 2010 ACS indicates that the majority of occupied housing units in New London County were owner-occupied (68.5%), with the remainder being renter-occupied (31.5%). These rates closely mirror state rates of housing tenure. More than 40% of the housing units in New London County were built in 1950 or earlier. According to the 2011 CERC profile, there are over 12,000 subsidized housing units in the county.

### 2000-2010 Census Comparisons, Ethnic/Racial Composition

As noted in Table 1, the county's three most populated towns are Norwich (2010 population – 40,493), Groton (2010 population – 40,115), and New London (2010 population – 27,620). Ten of the county's 21 municipalities have populations of 10,000 or greater and the least populated town in the county is Franklin, with 1,922 residents.

Table 1: 2010 Census Counts and % Change from 2000

Municipality	Total Population		White		Black		American Indian		Asian		Other		Hispanic or Latino	
	2010	% change from 2000	2010	% change from 2000	2010	% change from 2000	2010	% change from 2000	2010	% change from 2000	2010	% change from 2000	2010	% change from 2000
Bozrah	2,627	11.5	2,445	8.7	29	190.0	9	-43.8	13	8.3	38	40.7	91	116.7
Colchester	16,068	10.4	14,778	7.4	240	21.8	63	6.8	219	151.7	212	22.5	524	87.1
East Lyme	19,159	5.7	15,792	2.6	970	-8.8	44	-21.4	1,029	103.0	292	8.6	1,015	22.0
Franklin	1,922	4.7	1,816	1.9	11	0.0	10	900.0	22	2,100.0	20	11.1	43	95.5
Griswold	11,951	10.6	10,698	6.2	190	30.1	101	-9.0	265	191.2	267	52.6	396	88.6
Groton	40,115	0.5	29,653	-8.6	2,471	-5.3	259	-15.4	2,450	86.3	1,513	23.1	3,575	78.7
Lebanon	7,308	5.8	6,879	3.8	67	26.4	38	52.0	39	116.7	84	18.3	200	75.4
Ledyard	15,051	2.5	12,362	-3.0	456	27.4	335	-32.9	526	67.0	475	28.4	835	108.2
Lisbon	4,338	6.6	4,036	2.9	34	161.5	29	70.6	60	233.3	89	17.1	87	278.3
Lyme	2,406	19.3	2,321	18.5	3	200.0	3	200.0	23	-14.8	15	150.0	41	78.3
Montville	19,571	5.5	14,867	-4.4	1,066	12.3	308	23.2	1,245	256.7	588	32.4	1,440	42.6
New London	27,620	7.6	13,490	-6.3	4,214	-4.1	159	-19.3	695	29.4	1,105	1.5	7,815	54.4
North Stonington	5,297	6.1	4,872	4.7	52	85.7	51	-49.0	75	41.5	114	32.6	128	77.8
Norwich	40,493	12.1	26,179	-9.9	3,862	67.5	390	-4.6	3,087	311.6	1,730	24.5	5,083	130.2
Old Lyme	7,603	2.7	7,142	-0.3	35	84.2	9	-47.1	154	81.2	76	43.4	184	162.9
Preston	4,726	0.8	4,274	-4.0	65	132.1	55	44.7	101	90.6	105	105.9	115	76.9
Salem	4,151	7.6	3,764	3.3	58	81.3	10	-56.5	129	126.3	75	36.4	105	123.4
Sprague	2,984	0.4	2,654	-5.7	54	157.1	23	21.1	33	-17.5	80	86.0	138	318.2
Stonington	18,545	3.6	17,210	1.1	156	45.8	71	7.6	341	52.2	307	17.6		
Voluntown	2,603	3.0	2,461	1.6	12	-7.7	18	-21.7	16	128.6	53	65.6	41	36.7
Waterford	19,517	1.9	16,912	-3.0	443	9.9	92	17.9	726	51.3	383	29.8	922	100.9
New London County	274,055	5.8	214,605	-2.2	14,488	13.5	2,077	-10.1	11,248	123.8	7,621	22.7	23,214	75.4
Connecticut	3,574,097	4.9	2,546,262	-3.5	335,119	13.4	6,885	-5.3	134,091	64.4	72,653	17.2	479,087	49.6

Note: "White," "Black," "American Indian," "Asian," and "Other" population counts exclude those who also identified as "Hispanic or Latino." "Hispanic or Latino" population counts include persons who identified as any race. "Other" population counts include all other races combined and those who identified as two or more races. Source: US 2000 and 2010 Decennial Census

Overall, the county has become more diverse from 2000 - 2010, with a substantial increase in the Hispanic or Latino population (+75.4%), coupled with a small decrease in the White population (-2.2%). Sizeable increases in population were also seen among Asians (+123.8%), and Blacks (+13.5%). By far, the greatest gains in the number of minority residents were experienced in three communities – Norwich, Groton, and New London.

## Age Distribution

Between 2000 and 2010, the median age of New London County residents increased from 37 to 40 (2000 and 2010 Decennial US Census). The upward trend in the age distribution of New London County's population is explained in large part by two factors: the advancing age of the "baby boomer" generation and declining birth rates, both of which are consistent with state and national trends. This shift in population demographics is noteworthy as the need for health care and support services generally increases with advancing age. The Connecticut State Data Center projects the median age in the county will to continue to rise through 2015. Overall, the county has the same percentage of residents age 65 years and older, and a lower percentage of residents under the age of 18 when compared to the state.

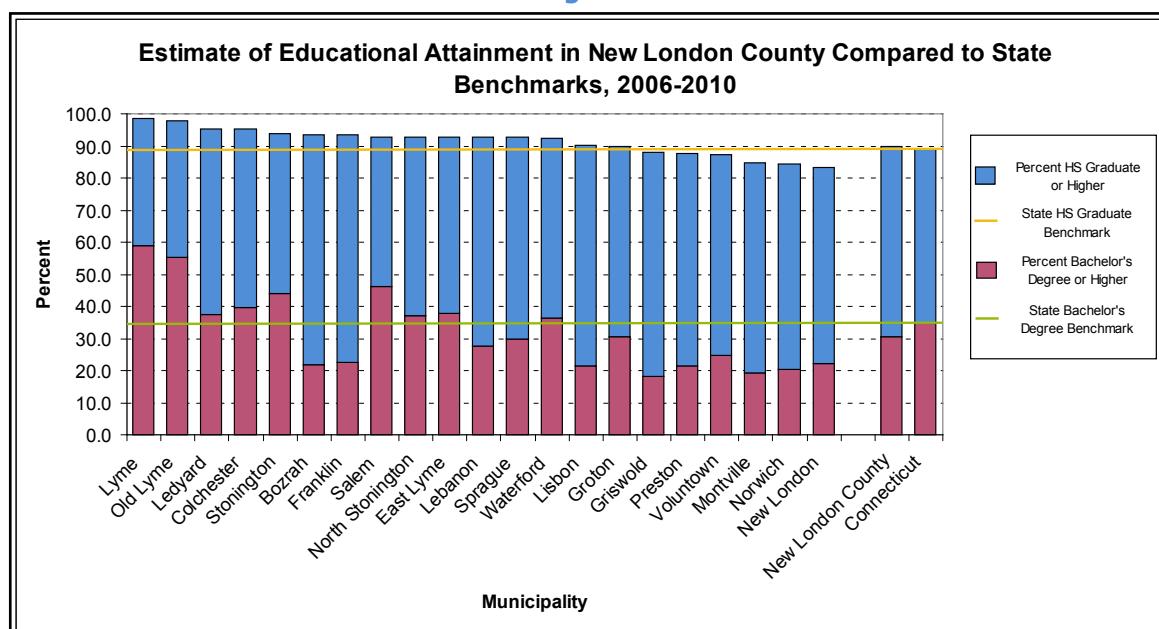
## Socioeconomic Status

Socioeconomic status and health are strongly correlated, with persons of higher socioeconomic status generally experiencing better health status and access to health care. Persons with higher socioeconomic status are also more likely to live in safe neighborhoods, be steadily employed at higher paying jobs with health benefits, and practice healthy lifestyle behaviors.

## Educational Attainment

**Advancing levels of education are strongly associated with increased income and the related benefits of improved socioeconomic status.** According to the National Center for Educational Statistics, young adults with a bachelor's degree earned more than twice as much as those without a high school diploma or its equivalent in 2009, 50 percent more than young adult high school graduates, and 25 percent more than young adults with an associate's degree. In 2009, the median earnings of young adults with a master's degree or higher was \$60,000, one-third more than the median for young adults with a bachelor's degree.

Figure 1



Source: U.S. Census Bureau 2006-2010 ACS

As indicated in Figure 1, the overall county rate for high school completion is approximately the same as the state rate, while the rate of attaining a bachelor's degree or higher falls below the state rate. Not surprisingly, lower levels of educational attainment are found in the municipalities with the highest poverty rates and lowest median household incomes – Norwich and New London. While the towns of Montville and Voluntown maintain low poverty rates, they rank similarly low in educational attainment.

## Income and Poverty

The relationship between poverty and health is particularly strong. It is well documented that low-income persons are more likely to be uninsured, have fragmented health care and have higher rates of tobacco use, chemical addiction or substance-related disorders, mental illness and certain chronic diseases such as obesity and diabetes. In addition, poor persons are more likely to have low levels of education, live in substandard housing and unsafe neighborhoods, be unemployed and be victims of crime.

Table 2: New London County Median Household Income and Poverty

Municipality	Median Household Income (\$) in 2009	Median Household Income (\$) in 2010	Poverty Rate (%) in 2009
Voluntown	72,322	69,887	1.1
Lyme	91,672	107,483	1.4
Ledyard	78,488	77,903	1.8
Franklin	77,601	76,511	2.3
East Lyme	84,606	83,271	2.8
Colchester	83,643	81,288	2.9
Lebanon	77,110	71,713	2.9
Waterford	69,463	71,575	3.0
Salem	85,414	88,375	3.2
Old Lyme	86,765	93,064	3.9
Montville	68,362	65,852	4.0
North Stonington	72,936	75,162	4.0
Griswold	62,921	58,720	4.4
Stonington	66,447	69,144	4.8
Bozrah	70,000	70,000	5.2
Lisbon	68,249	64,754	5.6
Groton	57,237	55,874	6.8
Preston	69,475	68,965	8.5
Sprague	53,784	64,361	8.8
Norwich	48,505	47,851	14.2
New London	42,688	40,624	15.9
New London County	63,239	62,230	6.7
Connecticut	67,034	64,321	8.7
U.S.	50,221	50,046	14.3

Source: 2009/10 American Community Survey three-year estimates

As shown in Table 2, the median income for New London County residents falls below the state median, but above the national median, though the poverty rate is lower than both the state and national rates. Income by municipality varies considerably, and in 2010, ranged from a low of \$40,624 in New London to a high of \$107,483 in Lyme. Four municipalities have median household incomes below the state median – New London, Norwich, Groton, and Griswold, though only New London and Norwich fall below the national median. Five municipalities – New London, Norwich, Sprague, Preston, and Groton – have poverty rates that exceed the state rate. Almost two-thirds of the county's municipalities experienced a decline in the household income from 2009-2010, likely related to the economic recession and rise in unemployment.

It is important to note that significant inequalities in income and poverty rates exist statewide and within New London County by ethnicity, race, gender, and household composition. The Partnership for Strong Communities report, 2010 Housing in Connecticut: The Latest Measures of Affordability, indicates that the income disparity in Connecticut ranks second in the nation and has grown faster than any state in the nation, according to the CT Department of Economic and Community Development (DECD).

The Connecticut Department of Public Health's 2009 Connecticut Health Disparities Report showed that Hispanic or Latino and Black or African American CT residents were 2 to 3 times more likely to live in poverty than White residents.

In terms of household composition, according to U.S. Census American Community Survey estimates, 15.3% of female-headed households (no husband present) in the county with children under the age of 18 live in poverty; for female-headed households with children under the age of five, this figure jumps to 36.9%.

In May 2012, the unemployment rate in New London County was at 8.2%--slightly below the national rate of 8.4%. Unemployment rates within the county's municipalities ranged from a low of 5.1% in Lyme to a high of 11.5% in Sprague.

## Health Insurance Coverage

**Table 3: New London County  
Uninsured by Socioeconomic Strata**

Age	% Uninsured
Under 18 years	2.2%
18 to 64 years	11.7%
65 years and older	1.5%
Sex	
Male	9.7%
Female	6.5%
Race and Hispanic or Latino Origin	
White	6.3%
Asian	10.1%
Black or African American	17.5%
Hispanic or Latino (of any race)	19.1%
Some other race	30.8%
Place of Birth and U.S. Citizenship Status	
Native born	6.9%
Foreign born	18.6%
Naturalized	6.0%
Not a citizen	28.9%
Educational Attainment	
Less than high school graduate	18.7%
High school graduate, GED, or alternative	11.7%
Some college or associate's degree	8.8%
Bachelor's degree or higher	3.8%
Employment Status	
In labor force	11.2%
Employed	9.8%
Unemployed	26.9%
Not in labor force	6.3%
Work Experience	
Worked full-time, year round in the past 12 months	7.6%
Worked less than full-time, year round in the past 12 months	14.9%
Did not work	8.3%
Household Income	
Under \$25,000	9.9%
\$25,000-\$49,999	13.4%
\$50,000-\$74,999	8.2%
\$75,000-\$99,999	6.2%
\$100,000 and over	4.8%
Ratio of Income to Poverty Level in the Past 12 Months	
Under 1.00 of poverty threshold	18.4%
1.00-1.99 of poverty threshold	11.2%
2.00 of poverty threshold and over	6.4%

Source: 2009/10 American Community Survey one-year estimates

The 2010 U.S. Census ACS indicates that the likelihood of being insured in New London County varies considerably by socioeconomic subgroup.

As shown in Table 3, children are more likely than adults to have health insurance, females are more likely than males, and White non-Hispanic residents are significantly more likely than residents of other races to have coverage. Being foreign-born, unemployed, low income or living in poverty, and having less than a high school education are also associated with being uninsured.

According to 2010 Census data, 8.1% of all New London County residents were uninsured, and 2.2% of children under the age of 18 in New London County were uninsured. These percentages compare favorably with the 2010 Connecticut rate of 9.1% overall and 3.0% for children, and are likely a result of the coverage that HUSKY provides. (The HUSKY Program is the State of Connecticut's public health coverage program for eligible children, parents, relative caregivers, senior citizens, individuals with disabilities, adults without children, and pregnant women within the income guidelines.)

## Housing and Homelessness

The U.S. Department of Housing and Urban Development defines cost-burdened renters or homeowners as those who pay more than 30% of their income for rent or mortgage payments.

According to 2010 Census data, 48.5% of renter households in New London County are cost-burdened and 38.6% of households who are paying a home mortgage are cost-burdened. 68.5% of occupied housing units in New London County are owner-occupied, with the remaining 31.5% renter-occupied.

There is considerable variation by municipality, with the proportion of owner-occupied housing as low as 38% in New London and as high as 94.2% in North Stonington. The number of subsidized housing units is highest in Groton (3,625), and Norwich (3,299).

Since 2007, Connecticut has conducted a statewide standardized "census" of homelessness, to enumerate homelessness both in shelters and on the street. Every year, the Connecticut Coalition to End Homelessness coordinates a Point-In-Time Count, to collect data on the exact number of persons experiencing homelessness on a single night in defined geographic areas in the state. The most recent data specific to the Norwich-New London area are from 2011, when a total of 289 persons were counted as homeless, 89 of whom were children. The number of homeless individuals in Connecticut was 4,451, an 8% increase since 2009.

The Connecticut Coalition to End Homelessness reports that emergency shelters have been at capacity for over two years, and as a result, there has been a 37% increase in the number of unsheltered homeless persons statewide.

## Community Safety



As shown in Table 4, New London County's overall 2010 crime index compares favorably with the state rate. However, the county's index offense rates for rape, burglary, and arson are higher than the state rates. Most crimes in the county are committed by Whites, males, and young people (between the ages of 18 and 24).

In examining 2010 crime index rates (per 100,000) by municipality, the town with the lowest crime rate was Montville (662.8), while the town with the highest crime rate was New London (4,435.6). Towns with rates above the county average included Waterford, Norwich, Lisbon, and Franklin. It should be noted that due to the small population size of many New London County municipalities, rates may vary considerably from one year to the next.

Indicators of community safety from the CT Health Equity Index (a composite score based on crimes against persons and crimes against property) show considerable variation by community, ranging from a low score of 1 in New London to a high score of 9 in Lebanon. Low levels of community safety are also correlated with certain undesirable health outcomes such as lower life expectancy, higher rates of accidents, and mental illness. Socio-economic factors such as unemployment rates, educational attainment, and income levels are strongly associated with both the prevalence and types of crime in communities.

**Table 4: 2010 New London County and CT Crime Rates per 100,000**

Index Offense	New London County		Connecticut Non-Urban		Connecticut Total	
	#	Rate	#	Rate	#	Rate
Murder	6	2.2	54	1.8	132	3.7
Rape	62	22.8	401	13.7	599	16.8
Robbery	144	53.0	1,308	44.6	3,554	99.4
Aggravated Assault	419	154.1	2,564	87.4	5,792	162.1
Burglary	1,173	431.4	10,161	346.2	15,158	424.1
Larceny	3,428	1,260.7	40,903	1,393.7	56,705	1,586.6
Motor Vehicle Theft	203	74.7	3,371	114.9	6,656	186.2
Arson	41	15.1	281	9.6	424	11.9
Crime Index Total	5,435	1,998.8	58,762	2,002.2	88,596	2,478.8

Source: CT Department of Public Safety

## Section 2. Health Status of New London County Residents

A number of indicators are used to describe the health status of residents in a specific geographic area. These include the presence or absence of health promoting behaviors; access to and utilization of health screenings, primary care and specialized health care services; the incidence and prevalence of chronic and communicable diseases; and the leading causes of premature death and disability.

### State and County Health Rankings

**Connecticut ranked highest in health status in the nation in 2011, yet, according to the 2012 National Health County rankings, New London County meets few national benchmarks.**

of air pollution. The report indicates that Connecticut has demonstrated success in reducing deaths from cardiovascular disease and cancer and, in the past ten years, smoking prevalence has decreased dramatically.

The 2012 County Health Rankings, a collaboration of the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation, ranks Connecticut counties based on health outcomes and health factors. Selected findings specific to New London County, with Connecticut and U.S. comparisons are found in Table 5. New London County compares poorly to the state on a number of indicators including: premature death, poor physical health days, adult smoking, adult obesity, preventable hospital stays, access to recreational facilities, and limited access to healthy foods.

**Table 5: Community Transformation Grant Related Indicator**

Indicator	New London County	Error Margin	National Benchmark	CT
Premature death (years of life lost)	5,992	5,663-6,320	5,466	5,641
Poor or fair health	11%	10-12%	10%	11%
Poor physical health days	3.0	2.7-3.3	2.6	2.9
Poor mental health days	3.0	2.7-3.3	2.3	3.1
Adult smoking	19%	17-21%	14%	16%
Adult obesity	24%	21-26%	25%	23%
Physical inactivity	23%	20-25%	21%	23%
Excessive drinking	18%	16-20%	8%	18%
Preventable hospital stays	70	67-73	49	63
Diabetic screening	84%	81-87%	89%	83%
Mammography screening	75.6%	72-79%	74%	71.4%
Access to recreational facilities	11.2%		16%	14.3%
Limited access to healthy foods	9%		0%	5%
Fast food restaurants	35%		25%	38%

Source: 2012 County Health Ranking

## The Burden of Chronic Disease



According to the Centers for Disease Control and Prevention (CDC), 7 out of 10 deaths among Americans each year are the result of chronic diseases, and almost half of all adults have at least one chronic illness. Chronic diseases are also estimated to be responsible for 75% of health care costs in the U.S.

The burden of chronic disease among county residents is assessed in several ways – through examination of disease surveillance data, health care utilization data (such as emergency department visits and hospitalization rates by type of diagnosis), and mortality data.

The most prevalent chronic diseases in the U.S. are cardiovascular diseases (CVD). Major cardiovascular diseases include: coronary heart disease (CHD), cerebrovascular disease, stroke and heart failure. CVD is the leading cause of death in Connecticut, accounting for about one-third of all resident deaths. More than half (55%) of these deaths are among females. Risk factors for CVD may be modifiable or non-modifiable. Modifiable risk factors include high blood pressure, high blood cholesterol, smoking, diabetes, obesity, and physical inactivity. Non-modifiable risk factors include aging and family history of heart disease and stroke. The age-adjusted mortality rates for CVD have declined significantly for CT residents over the past decade. However, there are considerable disparities in mortality rates from CVD, with Black or African American residents having the highest mortality rates.

High blood pressure and elevated cholesterol levels are both major risk factors for CVD. Data from the 2007-2009 Behavioral Risk Factor Surveillance System (BRFSS) show that more than one in four (27%) Connecticut adults have been told they have high blood pressure by a health professional. High blood pressure is more common in males, Black non-Hispanic adults, persons ages 65 and over, and in persons with lower education and income levels.

**Based on age-adjusted rates, New London County ranks worst among Connecticut counties in the prevalence of high blood pressure in adult residents at 27.6%.**

The majority of Connecticut adults (83.3%) have had their cholesterol checked. New London County tied for having the second highest percentage of adults having had their cholesterol checked (84.4%). Adults most likely to have had their cholesterol checked were female, white non-Hispanic, ages 65 and over, (96.4% vs. 49.3% in persons ages 18-24), and adults with higher education and income levels. Adults most frequently reporting they had never had their cholesterol checked were Hispanic or Latino (31%), and persons with less than a high school education and annual incomes below \$25,000. (2007-2009 BRFSS).



***"I am committed to ACHIEVE because everyone deserves the knowledge and resources needed to be healthy. Together we can help people in New London County to live healthier, happier lives."***

***- Zoë Madden***  
***CT Food System Alliance Coordinator***

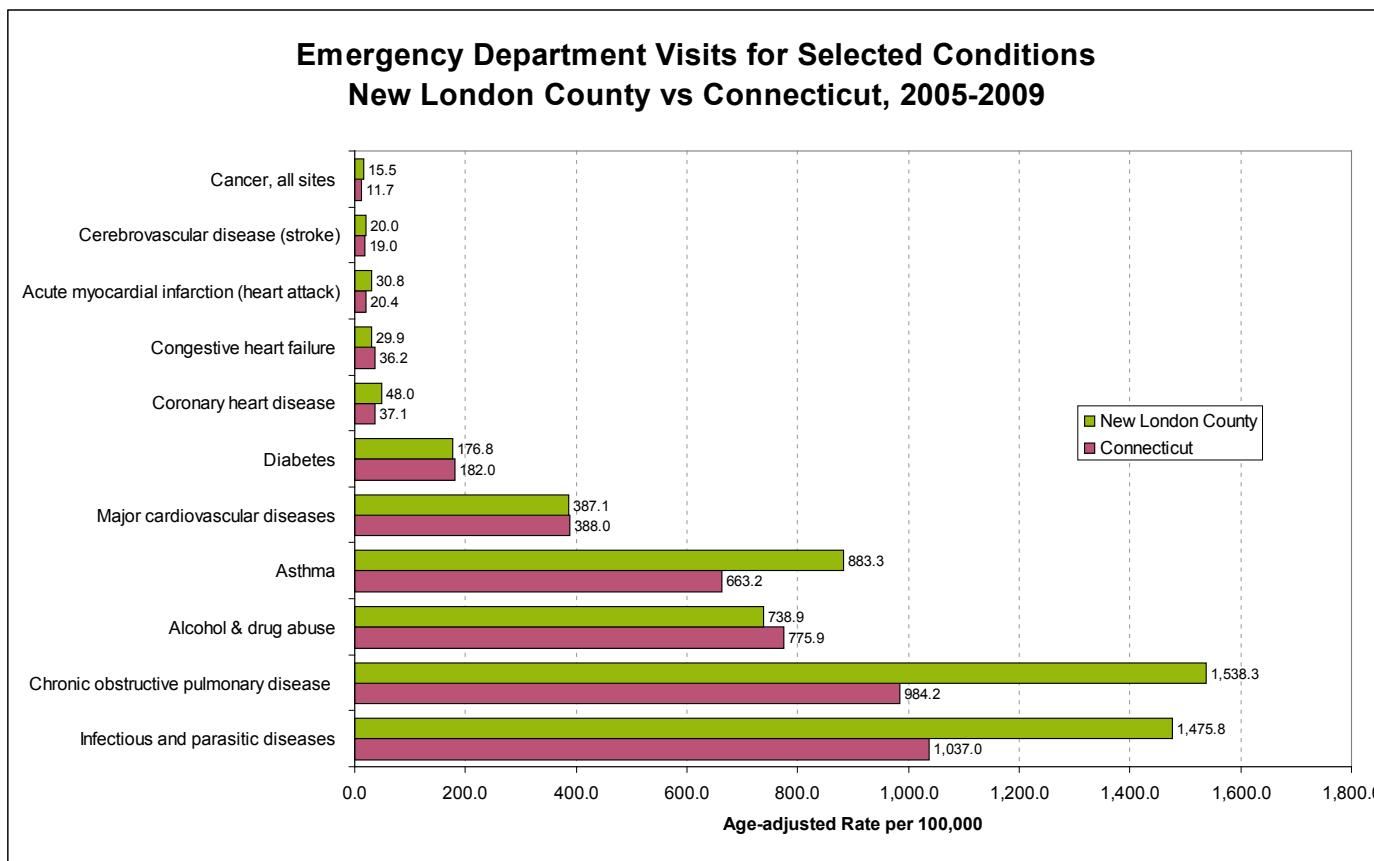
37.8% of Connecticut adults have been told by a health professional that their blood cholesterol is high (BRFSS). High blood cholesterol is more common in males, White non-Hispanic residents, persons ages 65 and over, and persons with less education and income. Based on age-adjusted rates, New London County residents have the third lowest prevalence of high cholesterol among Connecticut counties (31.2%).

In Connecticut, an estimated 6.9% or approximately 186,000 adults aged 18 and older reported being diagnosed with diabetes. An additional 93,000 adults are estimated to have undiagnosed diabetes (BRFSS). The prevalence of type 2 diabetes in Connecticut and in the nation has increased significantly. Type 2 diabetes typically develops later in life and is strongly associated with overweight and obesity.

Diabetes is twice as prevalent in Black non-Hispanic adults as in White non-Hispanic adults, and prevalence increases with age (BRFSS). Diabetes also occurs most frequently in adults with less education and lower incomes, who also experience disproportionately higher rates of obesity. The age-adjusted prevalence of diabetes in county adults is one of the worst among Connecticut counties (7.0%).

Utilization of health care services, including emergency department (ED) visits and hospitalization rates are important measures of the burden of chronic disease. Frequent use of ED services for primary care conditions also indicates that a community may have an insufficient quantity of primary care providers or health providers serving the uninsured.

**Figure 2**

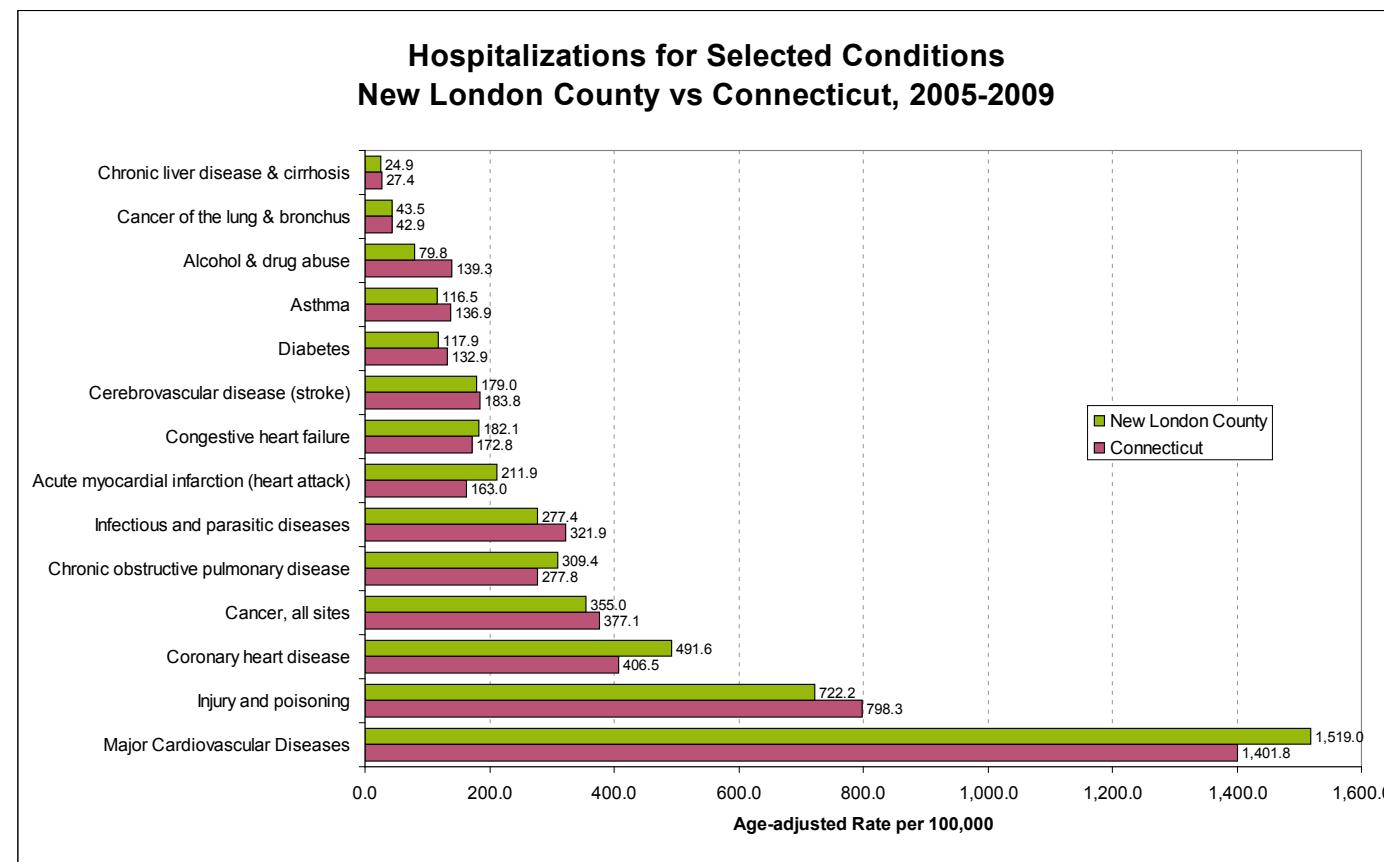


Source: CT Department of Public Health

Non-Hispanic Blacks were the most frequent ED visitors for nearly all conditions shown, followed by Hispanics, and non-Hispanic Whites. For diabetes and major CVD, both non-Hispanic Blacks and Hispanics had higher rates of ED visits than the state as a whole. Non-Hispanic Whites also had higher rates than the state for asthma and COPD, suggesting that even the most privileged racial group in the county is disproportionately affected by these two conditions compared to the state. It is possible that the high rates of smoking in New London County contribute to the high ED visit rates for asthma and COPD.

Generally, ED visits for most chronic conditions increased with advancing age (data not shown), with the exception of asthma which is highest in children four years of age and under. Additionally, rates of ED visits for major CVD are higher among children under 5 than those 5-14 years old, likely the result of congenital heart defects among the youngest group.

**Figure 3**

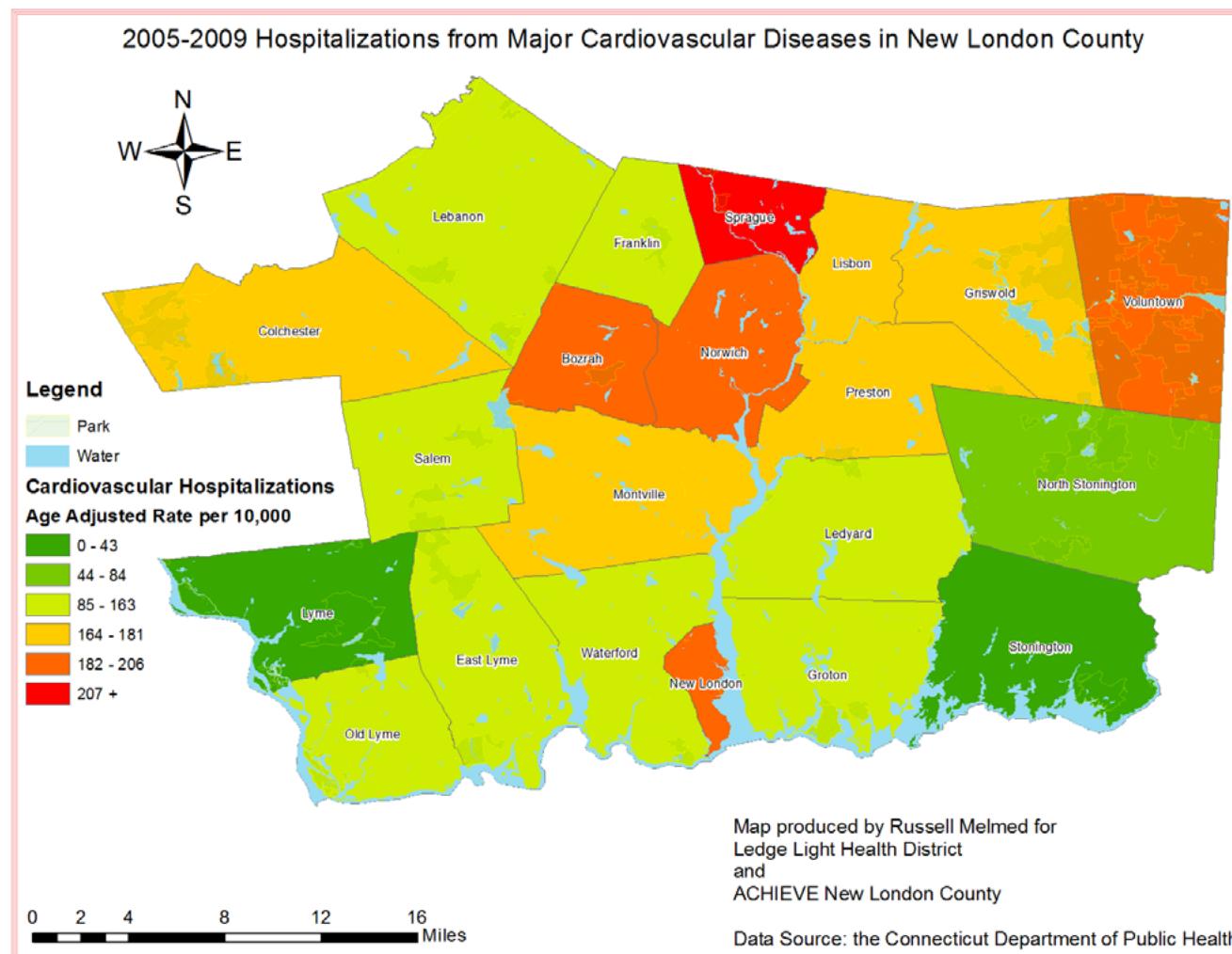


Source: CT Department of Public Health

County hospitalization rates are higher for males and blacks for most diagnoses. Black residents have higher rates of hospitalizations compared to the state rates for blacks, with the burden of diabetes and major cardiovascular diseases being the most striking. In general, Hispanic residents in New London County tend to have the lowest rates of hospitalizations for most conditions. The low hospitalization rates for Hispanic county residents may reflect underreporting of Hispanic ethnicity on hospital records, the health immigrant effect, or a failure of age-adjustment to fully account for the relative youth of that population. As expected, hospitalization rates for chronic diseases generally rise with advancing age and are highest in persons ages 65 and over (data not shown). The notable exception is again asthma, with the highest rates in children ages birth to four.

Map 1 illustrates the hospitalization rates for major CVD by town in New London County. Hospitalization rates were highest in Sprague by a substantial margin, followed by Norwich, Bozrah, New London, and Voluntown. Rates were lowest in Lyme by a wide margin, followed by Stonington. With the exception of Voluntown, the towns with the highest rates of major CVD hospitalizations also suffer from higher rates of poverty compared with much of the county.

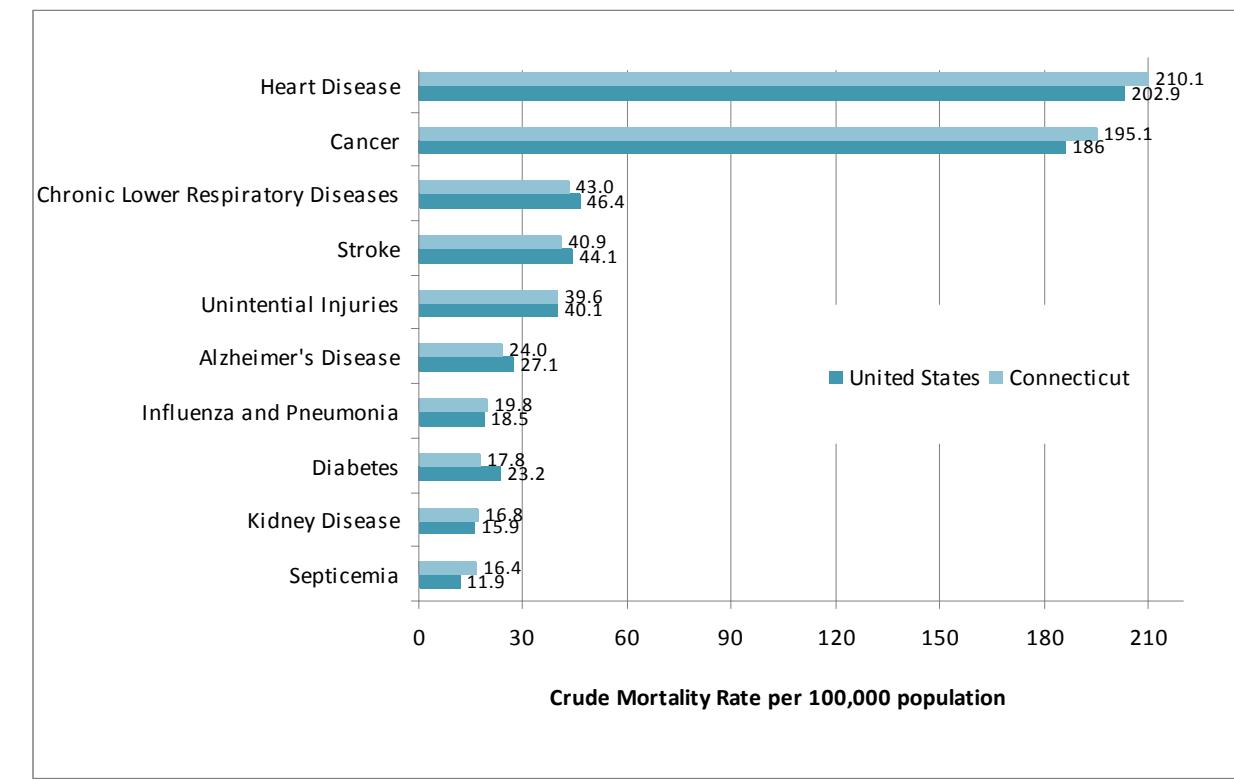
**Map 1**



## Mortality and the Leading Causes of Death

Mortality data is highly useful in providing insight about priority health issues in a community by identifying the underlying causes of disease and monitoring changes in the leading causes of death over time. The leading causes of death in the county, state, and nation are closely linked to personal health behaviors, environmental and social factors, and the availability, accessibility, and utilization of quality preventive, primary, and specialty health care services. Figure 4 presents the leading causes of death in the United States and Connecticut for 2008, based on crude rates. Although the ten causes of death are not in the same exact rank order, the underlying causes remain chronic conditions which are related to behavioral risk factors. This is especially true of physical activity; healthy eating; avoiding tobacco use, alcohol abuse, and drugs; managing stress; and other preventive lifestyle behaviors. It is noteworthy that there are differences in the rank order of the leading causes of death in CT by gender and race/ethnicity. For example, in 2009 the leading cause of death for males of all races/ethnicities was cancer and for females it was heart disease. For both White males and females, the leading cause of death was heart disease, followed by cancer. For Black or African American and Hispanic or Latino residents, the leading cause of death was cancer for both genders, followed by heart disease.

**Figure 4: Leading Causes of Death in Connecticut and the U.S., 2008**



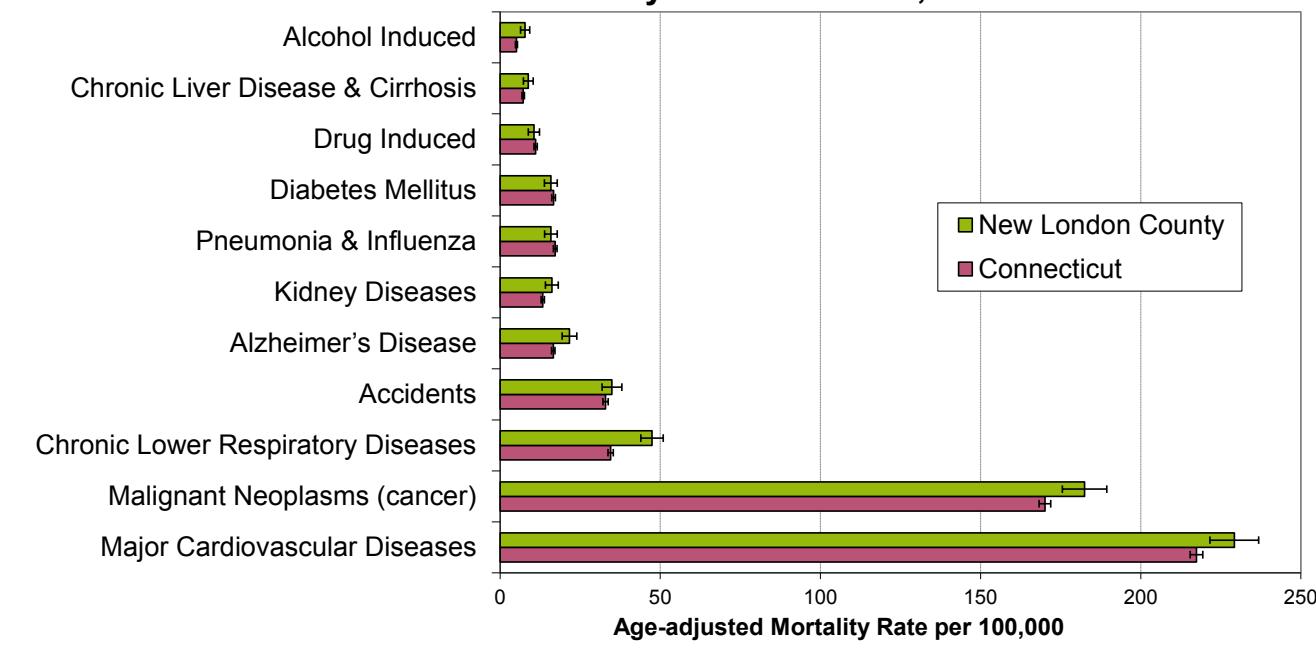
Source: CT Department of Public Health

Figure 4 reflects crude mortality rates, which have not been age-adjusted. Crude mortality rates are useful in assessing the magnitude of the absolute number of deaths in a population, however they do not account for differences in rates that are attributable to differences in the age composition of the resident population. Municipalities in New London County with a higher proportion of older residents, such as Lyme, would be expected to have higher crude mortality rates from chronic diseases, as the incidence and prevalence of these diseases increase with age.

Age-adjusted mortality rates (AAMR) attempt to correct for differences in age distribution of communities, and therefore generally give a more accurate representation of excess disease mortality across different groups. Significant disparities in health status, including mortality rates from the leading causes of death exist in the U.S., Connecticut, and the county. A major goal of Healthy People 2020 is to achieve health equity, eliminate disparities, and improve the health of all population groups.

County mortality rates are higher than state rates (Figure 5) for many causes of death, including the 3 leading causes of death.

**Figure 5: Selected Leading Causes of Death  
New London County vs Connecticut, 2005-2009**



Source: CT Department of Public Health

Within county AAMR comparisons by gender and race/ethnicity (Table 6) indicate higher mortality rates for males overall, and for all individual causes of death except for Alzheimer's disease, which has higher rates among females.

In general, Black non-Hispanics have the highest rates of mortality overall and for most individual causes of death.

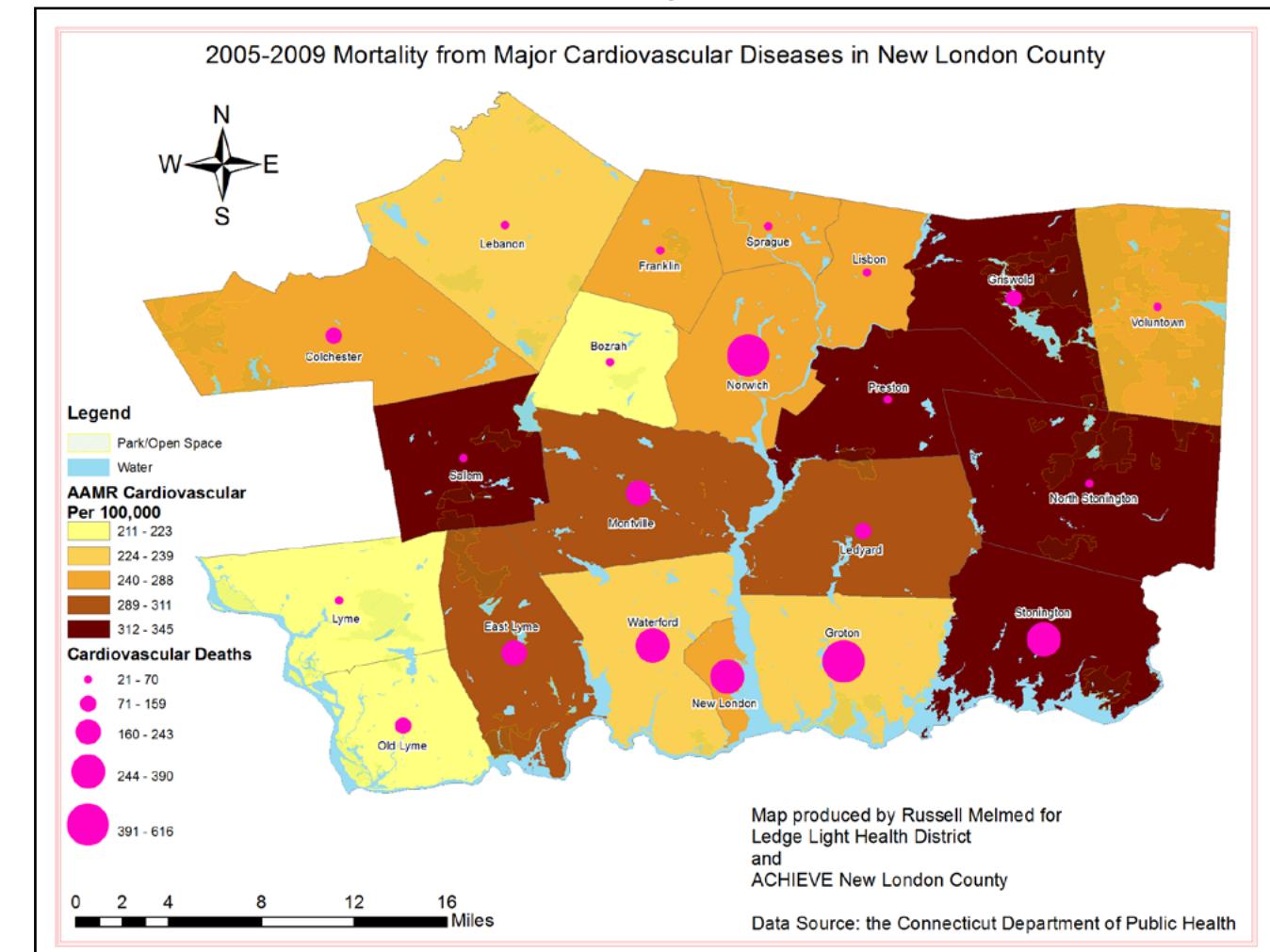
Hispanics in New London County have the lowest rates for nearly all individual causes of death, with the exception of accidents, where the rate of death among Hispanics is comparable to that of Whites.

The breakdown of mortality across gender and race/ethnicity is similar at the state level (data not shown).

Source: CT Department of Public Health 2005-2009

Map 2 illustrates both the crude number of deaths and the age-adjusted mortality rate from major CVD by town in New London County. By showing both crude numbers and mortality rates, a more complete profile of the burden of major CVD emerges, along with the town-by-town disparities across the county. While rates appear highest in some of the towns with the smallest populations, like Salem, Preston, Griswold, and North Stonington, the towns with the highest crude numbers are not surprisingly the towns with the highest populations, like Norwich and Groton. Stonington, a town with a mid-size population in the county, appears to have a troubling mortality profile from major CVD. Stonington has a mortality rate among the highest in the county, coupled with a relatively high burden of crude numbers of deaths.

**Map 2**

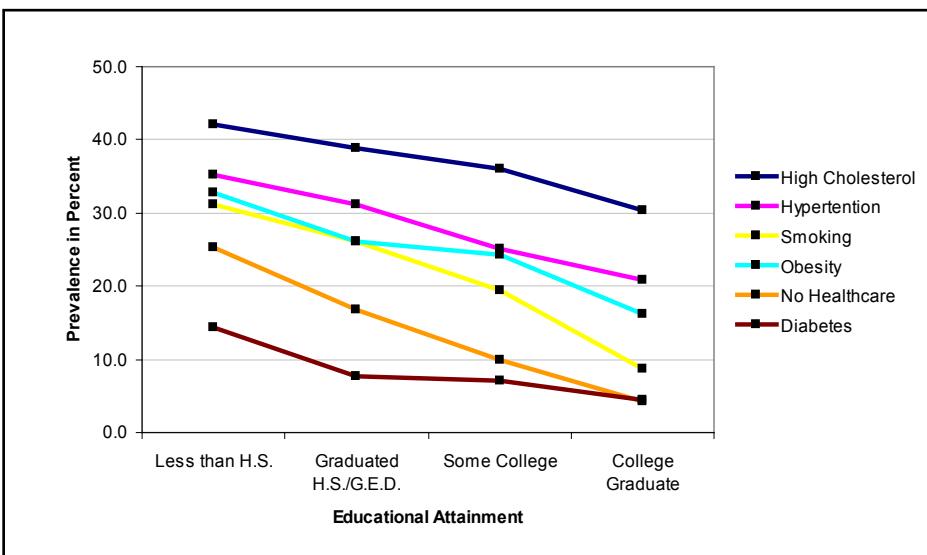


### Section 3. Summary of Health Disparities

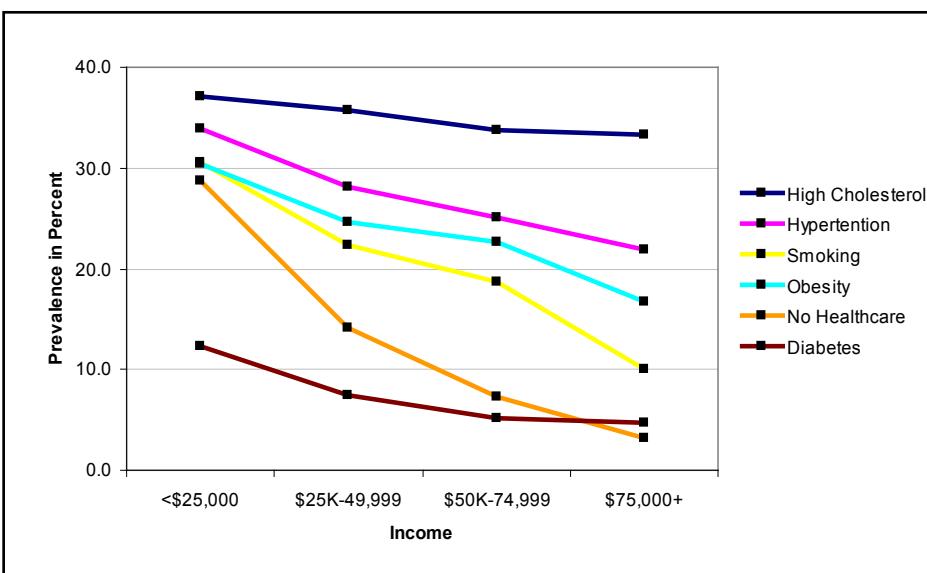
#### Overview

The historically inequitable distribution of housing and infrastructure improvement, economic opportunity and educational investment across the United States has resulted in health disparities that persist today. Decisions that impact these determinants of health often continue to make the healthy choice the difficult choice for many, preventing significant reductions in these disparities. The following data from the 2007-2009 Connecticut Behavior Risk Factor Surveillance System reflect the downstream realities that disparities in the social determinants of health have on risk factors for disease. Though county-specific data is not presented, it is reasonable to assume that the epidemiology outlined here at the state level is similar in New London County.

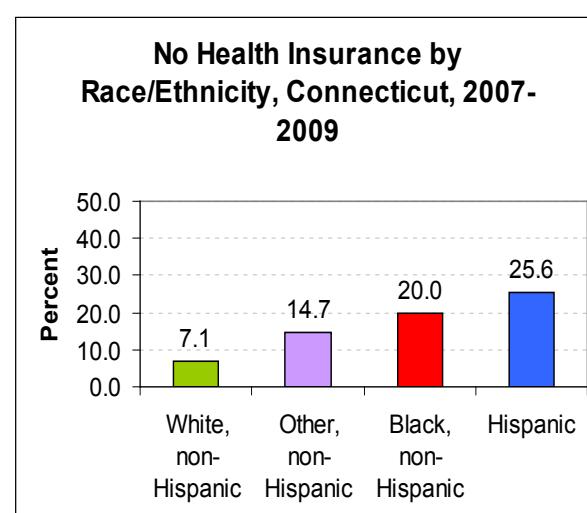
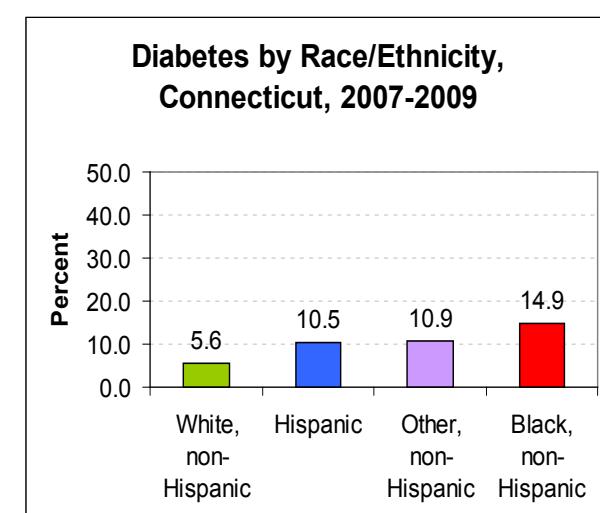
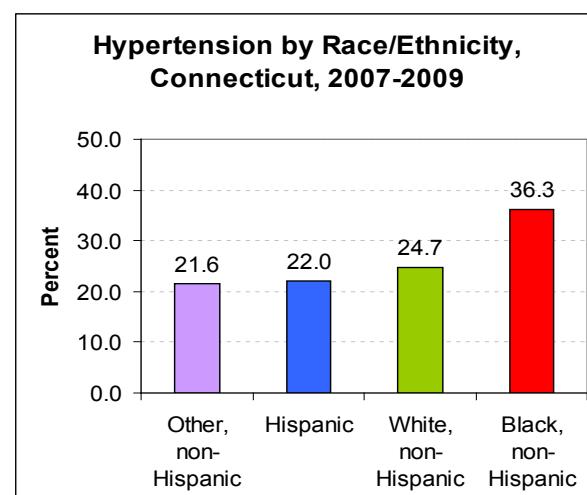
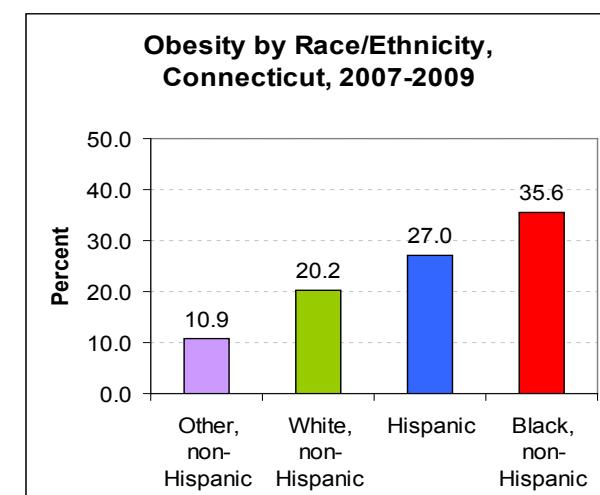
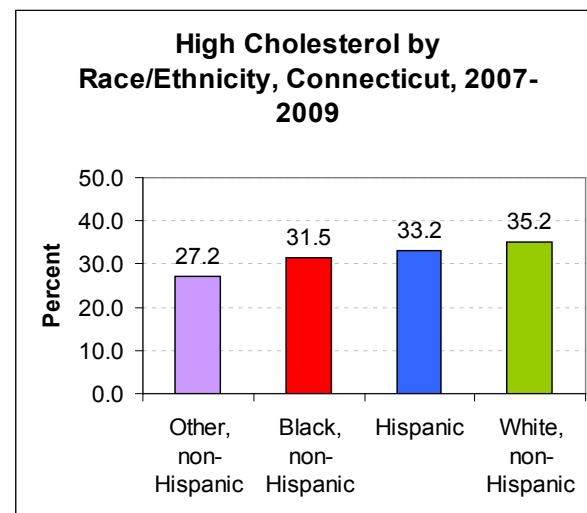
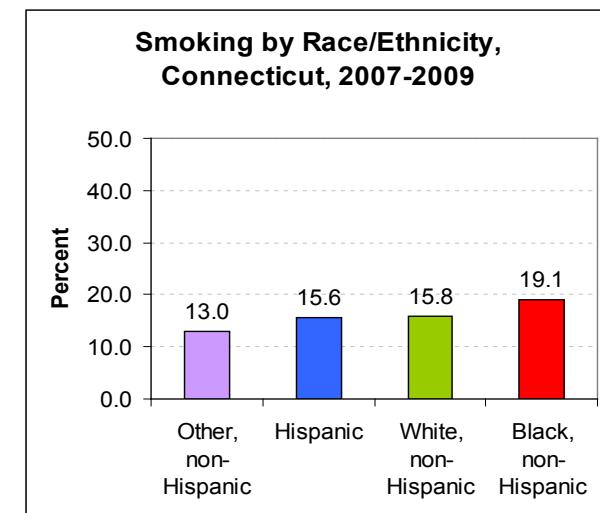
The prevalence of all risk factors in Connecticut demonstrated in this report follow a linear trend across the spectrum of educational attainment. High cholesterol, hypertension, smoking, obesity, lack of health insurance and diabetes all decrease in prevalence with increasing educational attainment.



A linear trend is seen across the spectrum of income in Connecticut, noting a decrease in prevalence of all risk factors as income increases. These trends are similar to what is seen nationally, and county-level trends are likely similar, though that data was unavailable.



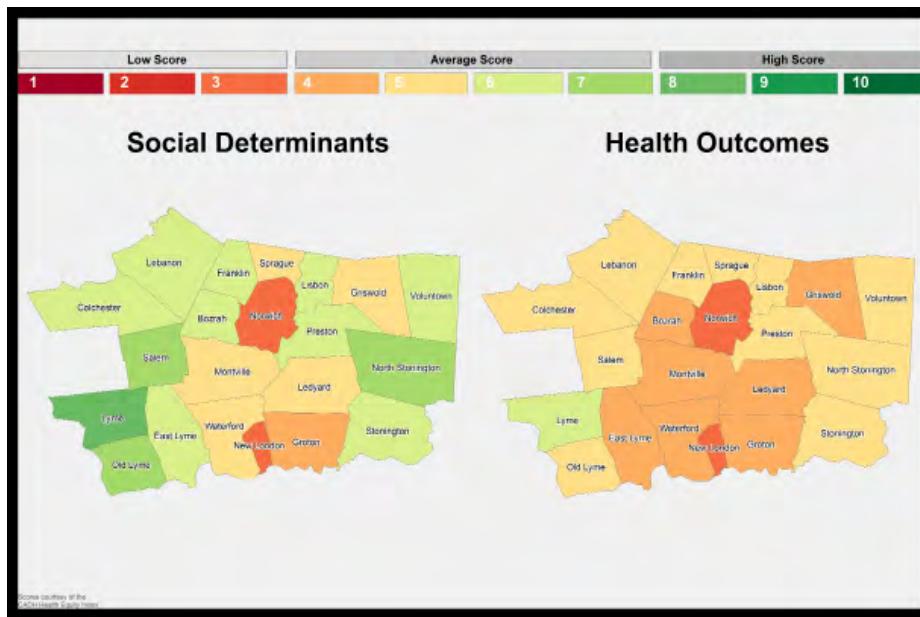
Looking at racial/ethnic disparities reveals that blacks suffer from most risk factors more frequently than other races/ethnicities. Blacks have the highest prevalence of smoking, obesity, hypertension and diabetes, and the second highest prevalence of lacking health insurance. Again this follows national trends and is likely similar at the county-level.



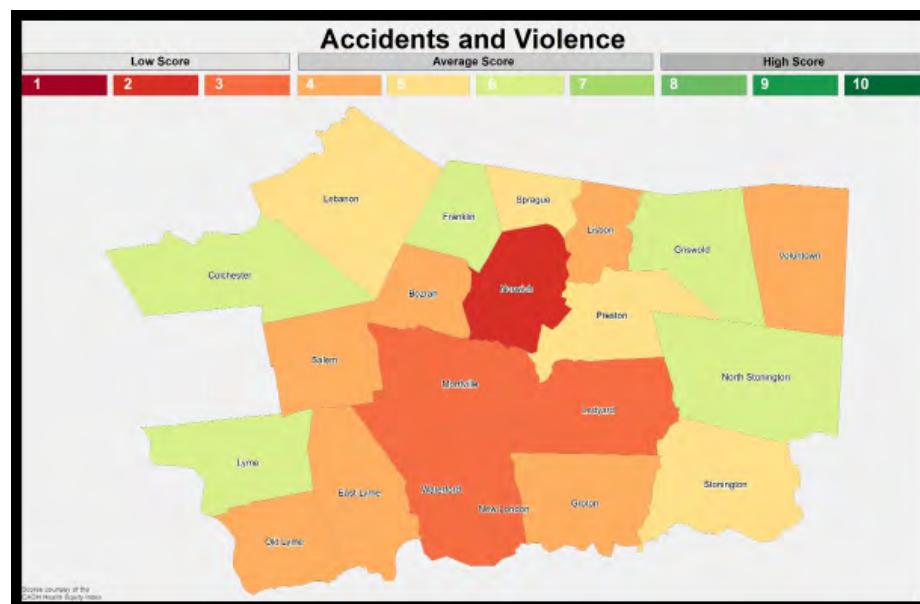
## Geographic Health Disparities and the Health Equity Index

The CT Association of Directors of Health (CADH) Health Equity Index (Index) an analytical tool that provides measures representing a variety of public health outcomes on a community level, was used to showcase the various health disparities in New London County on a town-by-town basis. The Index is used for all 169 municipalities in the state of Connecticut and provides useful data, scoring, correlations and GIS mapping for various health outcomes. The scoring is calculated on a 10 point scale with the lowest desirable score of 1 in red and the highest desirable score of 10 in green. A score of 5 is considered average and approaches the median value for the state. The relationship between health outcomes and social determinants are measured using Spearman's Rank Correlation Coefficients (indicated in the tables below by an Rs). The data in this section illuminates these relationships, with correlation coefficients closer to 1 being stronger, and correlation coefficients closer to 0 being weaker. Most of the health outcome data are from 2005-2008, with a few measures using more recent data.

The Index scored the municipalities in New London County based on social determinants of health and health outcomes. For health outcomes, eleven towns scored 5, seven towns scored 4, two scored at 3 (the larger cities of Norwich and New London where disparities are highest) and only one town (Lyme, one of the wealthiest) scored a 6. The map below illustrates the scores for each individual town in New London County.



Section 1 of the CTG Community Health Needs Assessment provides information on education, economic stability, employment, housing, demographic trends, health insurance coverage and community safety. For a detailed description of the methodology and data sources, visit [www.sdoh.org](http://www.sdoh.org).

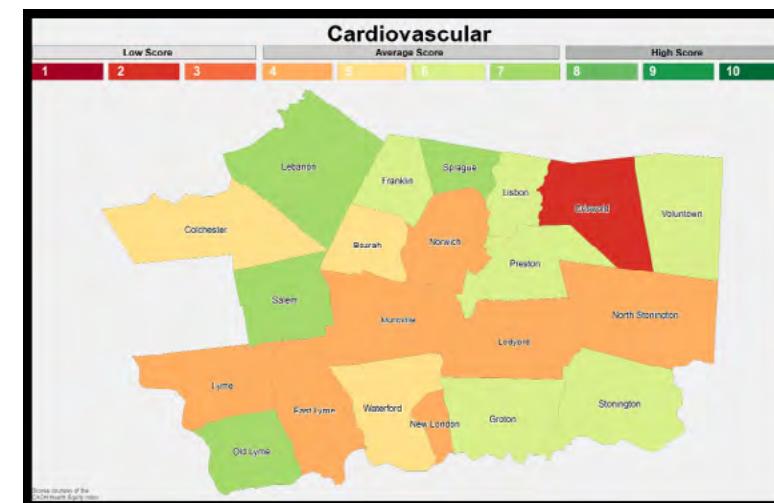


## Accidents and Violence

The indicators used to calculate the scores for accidents/violence are: total accidents, injuries, homicides and legal interventions. Many of the towns in New London County had scores below the state median. It is important to note that the major highways I-95 and I-395 run along the coast and through the center of the county respectively, which could explain why some of the towns in these regions (such as Waterford, Montville, Norwich, Ledyard) have poorer scores. New London County includes numerous municipal and state parks, beaches and tourist spots as well as the two large casinos, which increases the volume of traffic to the region and the likelihood of legal interventions at such locations.

## Cardiovascular Disease

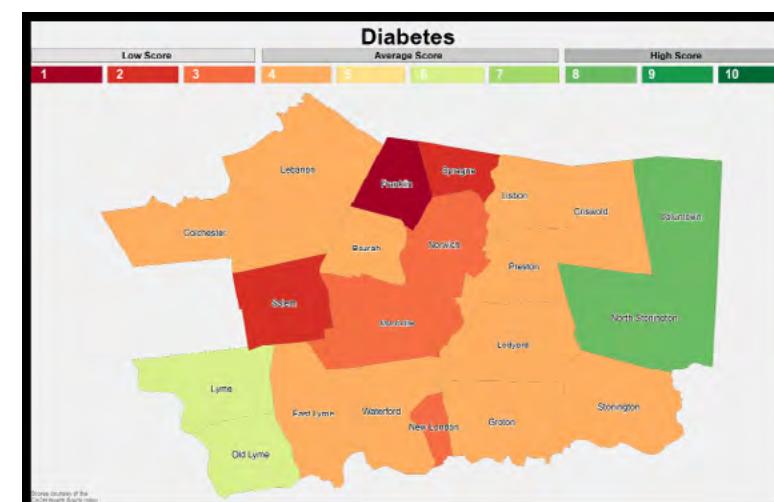
Scores for cardiovascular disease are calculated based on mortality rates attributed to the disease. As shown with the GIS map of cardiovascular disease among New London County municipalities, almost all towns fall within average scores from 4-7. One town though, Griswold, stands out with a very low score of 2. There are strong correlations between cardiovascular disease and community conditions, with the correlations between cardiovascular disease and education/economic security being the most notable.



Community Conditions Related to Cardiovascular Disease in CT	
Condition	Rs
Education	0.51
Economic Security	0.47
Civic Involvement	0.42
Environmental Quality	0.36
Community Safety	0.33

## Diabetes

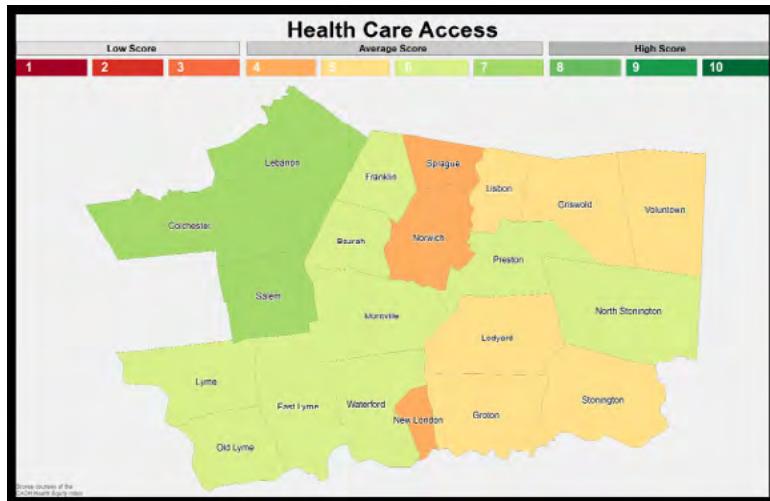
Diabetes scoring is based on mortality rates attributed to the disease. Sprague, Franklin and Salem have the worst scores in the county, with Salem and Sprague scoring 2 and Franklin 1. Diabetes has moderate correlations with community conditions, with education being the strongest.



Community Conditions Related to Diabetes	
Condition	Rs
Education	0.38
Economic Security	0.33
Environmental Quality	0.31

## Health Care Access

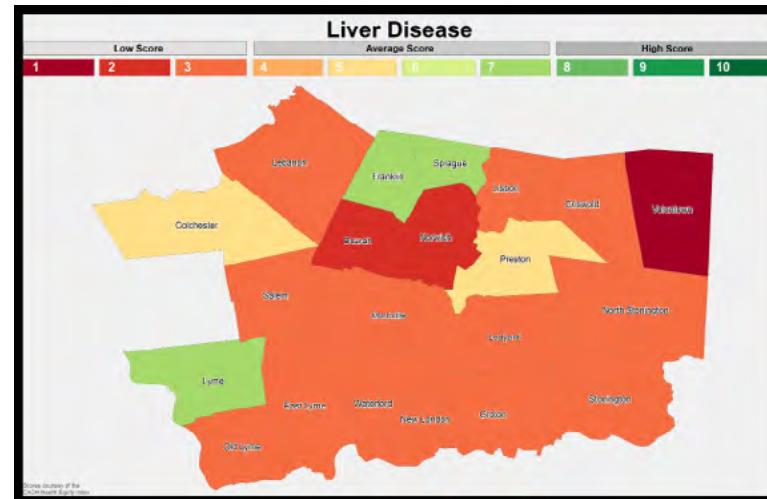
Health care access is calculated using several measures of health care utilization and insurance. Most towns in New London County scored at or above the state median of 5. Only Norwich, New London and Sprague scored lower, at 4. Not surprisingly, healthcare access is strongly correlated to several community conditions, with economic security and education being the strongest.



Community Conditions Related to Health Care Access	
Condition	Rs
Economic Security	0.6
Education	0.52
Housing	0.51
Community Safety	0.5
Civic Involvement	0.49
Employment	0.47

## Liver Disease

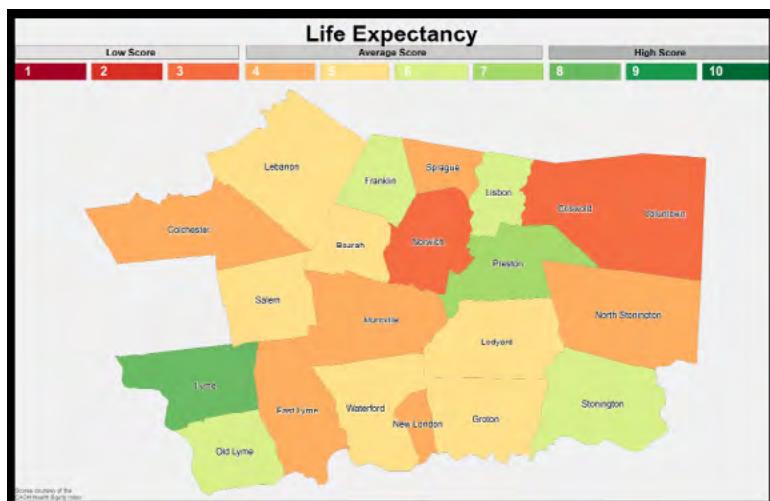
The scores for liver disease are calculated using mortality rates from chronic liver disease and cirrhosis of the liver. Strikingly, the majority of New London County scores well below the state median with only four towns having scores at or above that level. The towns where liver disease is very problematic are Bozrah and Norwich with scores of 2 and Voluntown with a score of 1. Liver disease is moderately correlated to only a few community conditions.



Community Conditions Related to Liver Disease in Voluntown	
Condition	Rs
Civic Involvement	0.33
Environmental Quality	0.32
Community Safety	0.31

## Life Expectancy

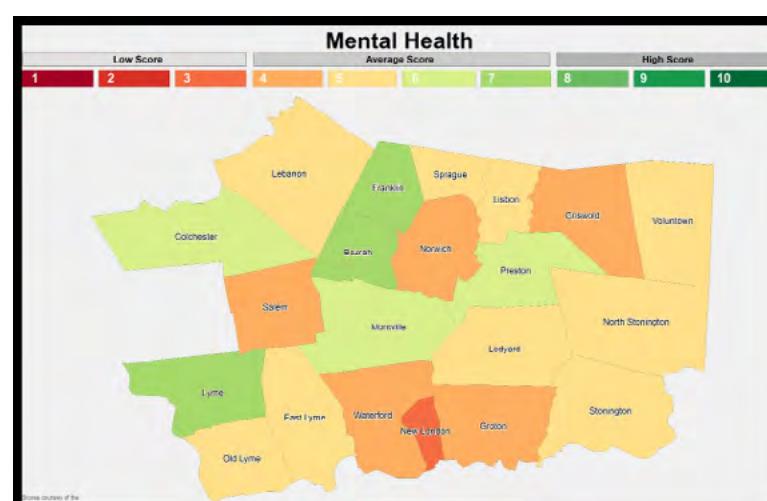
Life expectancy is calculated using all-cause mortality rates. The scores for life expectancy varied considerably across the towns and cities in New London County. While some towns (such as Lyme) had scores above average, three towns (Norwich, Griswold and Voluntown) had scores well below the state median. Life expectancy is most strongly correlated to education and economic security.



Community Conditions Related to Life Expectancy in Norwich	
Condition	Rs
Education	0.64
Economic Security	0.6
Civic Involvement	0.5
Community Safety	0.41
Employment	0.35
Environmental Quality	0.34
Housing	0.31

## Mental Health

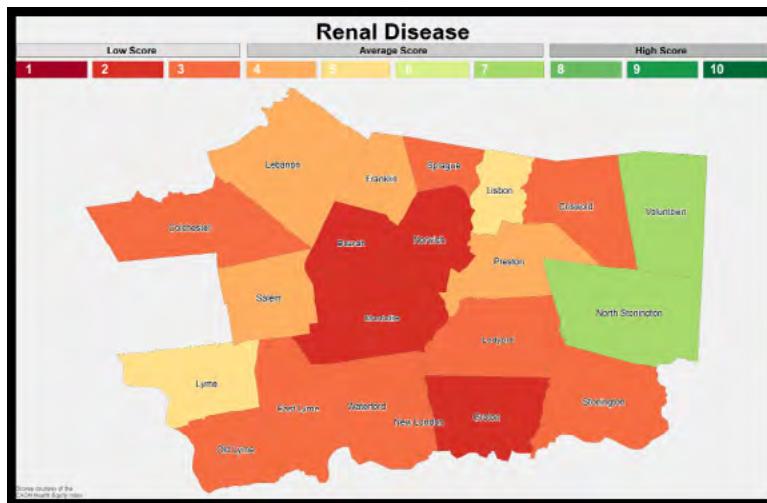
Scores for mental health were calculated using rates for alcohol and drug-related mortality, and mental-health-related hospital utilization. Throughout New London County, most towns scored at or above the state median. New London had the lowest score of 3. Mental health is most strongly correlated to community safety, but is also moderately correlated to several other community conditions.



Community Conditions Related to Mental Health in Norwich	
Condition	Rs
Community Safety	0.55
Economic Security	0.49
Environmental Quality	0.45
Civic Involvement	0.45
Education	0.42
Housing	0.37

## Renal Disease

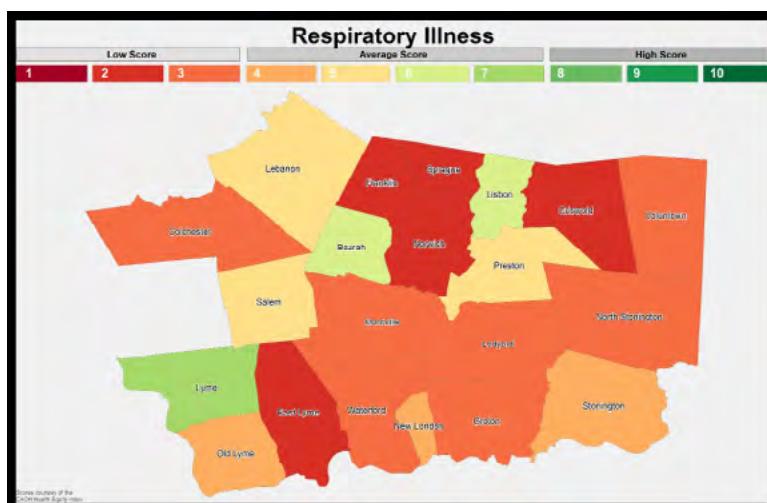
The calculation for renal disease scores are based on mortality rates from nephritis, nephrotic syndrome and nephrosis. The county overall had very low scores with only four towns that have scores at or above the state median. The worst towns were Norwich, Groton, Montville and Bozrah, all receiving a score of 2. The strongest correlations between renal disease and community conditions are to community safety and environmental quality.



Community Conditions Related to Renal Disease in Groton	
Condition	Rs
Community Safety	0.47
Environmental Quality	0.45
Education	0.39
Housing	0.33
Civic Involvement	0.32
Economic Security	0.3

## Respiratory Illness

The scores for respiratory illness are calculated using mortality rates from chronic lower respiratory diseases. Many of the towns and cities in New London County fell below the state median. Only a few community conditions are moderately correlated to respiratory illness, with the strongest being to economic security.



Community Conditions Related to Respiratory Illness in Griswold	
Condition	Rs
Economic Security	0.42
Education	0.41
Civic Involvement	0.31

## Section 4. Existing Coalitions

### African American Health Council

The African American Health Council of Southeastern Connecticut (AAHC) was established in 2007, with the identification of strong community leaders who came together to address health disparities for African Americans related to cardiovascular disease (heart attack and stroke). Within one year, the AAHC's focus grew to include other chronic diseases: asthma, diabetes, cancer, kidney disease and HIV/AIDS.



Mission: To eliminate racial and ethnic disparities through the lens of equity and the social determinants of health by implementing culturally adaptive strategies that educate and empower; thereby, reducing the prevalence of diseases that disproportionately impact Black and underserved communities.

### Backus Infant and Family Resource Team

The Team meets monthly and includes representation from various providers of services to prenatal women and families with newborns or young children such as WIC, Madonna Place, Healthy Start, CT Medical Home Initiative, Backus Hospital Labor and Delivery, a lactation consultant, and Nurturing Families.

### Chamber of Commerce of Eastern Connecticut - Health Care Council

Mission: To promote the business of health care and work towards health care access to all. Providers of health care, hospitals, physicians, VNA's, assisted living facilitates and others will share resources and expertise to develop a more comprehensive workforce, encourage new technology, provide education, and work towards a seamless delivery system.

### Children First Southeastern Connecticut

Children First is composed of a diverse group of parents, educators, business leaders, government officials, and other community members who believe it is our job as a whole community to ensure all young children, from birth to age eight, reach their full potential for success. There are four Children First coalitions in New London County – New London, Norwich, Griswold, and Groton.



Mission: To engage our families, schools, and community to improve life outcomes for young children. Children First provides well-established events, parent education programs and partnership initiatives that engage families and the community in all levels. Priorities are defined annually and currently include:

- Access to quality child care and the development of childcare providers;
- Affordable health care and health care insurance;
- The importance of nutrition, balanced diet and good food choices for children of all ages; and
- Preparing a child to learn, by supporting the home as the first learning environment.

## Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs



United Community and Family Services (UCFS) provides pediatric care coordination for the Eastern Region (most of New London and Windham Counties). As part of a Connecticut Department of Public Health (DPH) grant, UCFS convenes the Eastern CT Region CMHI Partnership which includes the regional care coordinators from UCFS and Generations (two area federally-qualified health centers), Child Development Infoline, Community Health Network, Connecticut Lifespan Respite Coalition, Child Health & Development Institute of Connecticut (CHDI) and DPH. The group discusses coordination of resources for children and youth with special health care needs and their families, with a special focus on transition planning and developmental screening. UCFS provides representation for the Eastern

Region on the Medical Home Advisory Council which is a state level group that advises DPH in its execution of the Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs.

## Greater Norwich Area Chamber of Commerce Health Committee

Members: Nancy Cowser, UCFS; Ginger Morse, Greater Norwich Area Chamber of Commerce; Alice Facente, William W. Backus Hospital; Gregory B. Allard, American Ambulance; Patrick McCormack, Uncas Health District; Faith Paddon, William W. Backus Home Health Care; Pamela Kinder, UCFS; Janette Polaski, William W. Backus Hospital; Scott Sjoquist, Mohegan Tribal Health Department; and Sherry Bryant, Norwich Youth and Family Services.

## New London County Food Policy Council

The New London County Food Policy Council (NLCFPC) is a shared leadership initiative created for food, nutrition, and well-being in the New London County community. The NLCFPC consists of representatives from all sectors of the community and food system who collaborate on mutually beneficial solutions to food system problems. These problems have typically been addressed in a piecemeal fashion, with each of the food sectors working independently. The NLCFPC comprehensively evaluates existing conditions of the community's food system, and aims to address gaps and support promising programs and practices in order to help the various sectors reinforce one another. In all, the goal of the NLCFPC is to improve access and education for individuals to have practical, healthful and sustainable solutions to their nutrition needs regardless of their income or social status.



**New London County Food Policy Council**  
A PARTNERSHIP FOR FOOD, NUTRITION AND WELLBEING

Mission: The NLCFPC will raise the community awareness of all aspects of the food system. The mission of the NLCFPC seeks to bring farms, organizations, organized labor, consumers, businesses, and New London County communities together to enhance the environment, improve economic conditions, and enhance the physical and social health of the region.

## Hispanic Alliance

The vision of the Hispanic Alliance is of an active, involved, and generous Hispanic community, one that plays a crucial role in the economic, cultural, social, educational and civic advancements of the entire community. The Alliance is committed to creating healthy collaborations with other organizations in the public and private sector alike. Additionally, a priority is to raise awareness about the importance of the Hispanic contribution to Southeastern Connecticut. Current key initiatives of the Alliance include a focus on education, increasing individuals' self-sufficiency, art and health. In 2014, the Alliance formed a sub-committee to focus on health; the new Hispanic Health Council of the Hispanic Alliance of Southeastern Connecticut (Consejo Hispano Para La Salud). The committee collaborates with a variety of stakeholders working to create the cultural and system changes necessary to create a community where everyone has equal opportunity for health.

## New London County Health Collaborative

The New London County Health Collaborative (NLCHC) was formed in 2007. Recognizing that complex health-related issues cannot be addressed by any one agency, the NLCHC unites the medical, social service, and public health communities to jointly examine health status concerns in New London County.

Mission: To improve the health status of the community through collaborative means.

## Local Youth Substance Abuse Coalitions

Throughout Southeastern CT, groups of concerned residents and professionals work together to make Southeastern CT a healthy, safe and drug-free place for young people to grow up in. Each work within their local communities and, often, together across the region to reduce and prevent the use of alcohol, drugs and other substances. Each coalition includes representatives from various sectors of the community including education, business, faith organizations, parents, teens and public health. These Coalitions include:

Colchester Youth FIRST!  
East Lyme Alcohol and Substance Abuse Prevention Coalition  
Groton Adolescent Substance Use Prevention Coalition  
Ledyard Safe Teens Coalition  
Lyme Community Action for Substance Free Youth  
New London Community and Campus Coalition  
Norwich Prevention Council  
Preston Prevention Council  
Stonington Prevention Council  
Waterford Alcohol and Drug Education Coalition  
Voluntown Prevention Council

## Southeastern Connecticut Council of Governments-Regional Human Services Coordinating Council

Southeastern Connecticut Council of Governments (SCCOG) has established the Regional Human Services Coordinating Council, co-chaired by Deb Monahan, Executive Director of TVCCA and Chuck Seeman, CEO of United Family and Community Services.

Mission: To bring together health and human services leaders and foster communication and relationships with the towns we serve in Southeastern Connecticut.

## Southeastern Regional Action Council

The Southeastern Regional Action Council (SERAC) is a non-profit organization dedicated to substance abuse prevention in Southeastern Connecticut.

Mission: To unite the communities of Southeastern Connecticut in order to reduce the impact of substance abuse and other addictive behaviors. SERAC works closely with local prevention coalitions, youth service bureaus, police departments and schools in order to educate about the harms associated with drug and alcohol use and abuse. In addition to providing community wide education, SERAC also collects and analyzes social indicator data, creates prevention campaigns, and provides community assessment and support.



Gemma Moran, Founder of the Gemma E. Moran United Way/ Labor Food Center pictured with Virginia Mason, CEO of United Way of Southeastern Connecticut

*"This report can support our taking decisive action to improve the health of our region. It can be used by the United Way of Southeastern Connecticut, the New London County Food Policy Council, and partner agencies as a support for elevating the conversation about health. Ultimately, the conversation must become policy and action."*

*- Virginia Mason  
United Way of  
Southeastern CT*

## Section 5. Indicator-Driven Policy Scan

### Overview CHANGE Tool

The Community Health Assessment and Group Evaluation (CHANGE) Tool was developed by the Center for Disease Control and Prevention to help local communities effectively identify, plan, and implement needed policy, system and environmental change. To undertake this work, local coalitions need to be able to assess the current policy landscape and monitor changes over time. The CHANGE Tool is being used across the nation as part of the Community Transformation and ACHIEVE Health Communities initiatives. It has become the standard policy scan survey tool and action guide for communities working with local municipal leaders, community organizations, health care providers, schools and worksites. The objectives are to improve access to good nutrition, increase opportunities for physical activity, improve chronic disease management and quality clinical preventive care, and reduce tobacco use. Administered annually, prevention coalitions can measure incremental improvements in multiple sectors of the community.



In 2012 and 2013, members of the ACHIEVE New London County Coalition administered the CHANGE Tool to:

CHANGE Tool Administrators	
10 Communities	Towns of Montville, East Lyme, Ledyard, Preston, Sprague, Lisbon, Franklin, and the cities of Norwich, Groton and New London
6 Health Care Providers	Lawrence and Memorial Hospital, Community Health Center, Child & Family Agency, Generations Family Health Center, United Community and Family Services and Dr. Peter Gates
3 Worksites	Bean & Leaf (restaurant), Town of East Lyme and Mystic Seaport (schools, health care institutions and community organizations also participated as "worksites")
6 Public School Districts	Ledyard, Montville, Sprague, New London, Preston and Groton
14 Community Organizations	Senior Resources, Alliance For Living, FRESH New London, Southeast Mental Health Authority, United Community and Family Services, United Way of Southeastern CT, Sound Community Services, Ocean Community YMCA, The Arc New London County, The Connection, Reliance House, Sprague Community Center, Sprague Senior Center and Thames Valley Council for Community Action, Inc. (TVCCA)

To reach these various sectors in the community, coalition members partnered with the Southeastern Connecticut Council of Governments (SCCOG) to convene elected officials and municipal administrators, the New London County Health Collaborative convened health care providers, the Greater Mystic Chamber of Commerce and Eastern Connecticut Chamber of Commerce acted as liaisons to the business community, LEARN convened school superintendents, and the United Way of SECT co-sponsored a workshop called, "Making the Healthy Choice the Easy Choice" at which the CHANGE Tool was administered to community institutions. These organizations continue to assist with data collection, strategic planning and facilitating meetings with their member towns, schools, organizations, municipalities and health care providers.

### CHANGE Tool Scoring

The CHANGE Tool provides an incremental five-point scale (1-5), which scores each CDC best-practice policy or environmental condition that is either in place or missing for each site across the five sectors listed above. A score of 1 means that there is no policy and it is not on the radar. A score of 2 means that there is no policy, but community leaders are interested in adopting such a policy. A score of 3 means that there are some elements of a policy in place. A score of 4 means there is a fully adopted policy, and a score of 5 means the policy has been adopted, communicated to the community, etc., and is evaluated. A score of 99 is entered for questions that are not applicable to that site. For example, a building has no stairs, therefore they cannot promote using them to increase physical activity.

Each module of the CHANGE Tool included different questions that relate to the community setting, i.e., health care providers, schools, worksites, community institutions and community-at-large. For each question, there is a policy response and an environmental response. The policy response relates to an actual adopted policy, ordinance, rule, or protocol. The environmental response refers to the culture or conditions in the community. For example, there may be a policy that prohibits smoking in municipal parks; this would result in a score of 5. However, if the policy has been adopted but there are no signs and people continue to smoke, the environmental response would be a 1. Often schools and worksites have a culture of good health practices. Unfortunately, these health practices are not always reinforced with formal policies that ensure sustainability. The CHANGE Tool includes questions for each sector about the leadership of cardiovascular disease interventions in the community. Leadership questions are designed to measure the level of involvement in prevention coalitions, commitment to funding policy, system or environmental interventions, and participation in the public policy process.

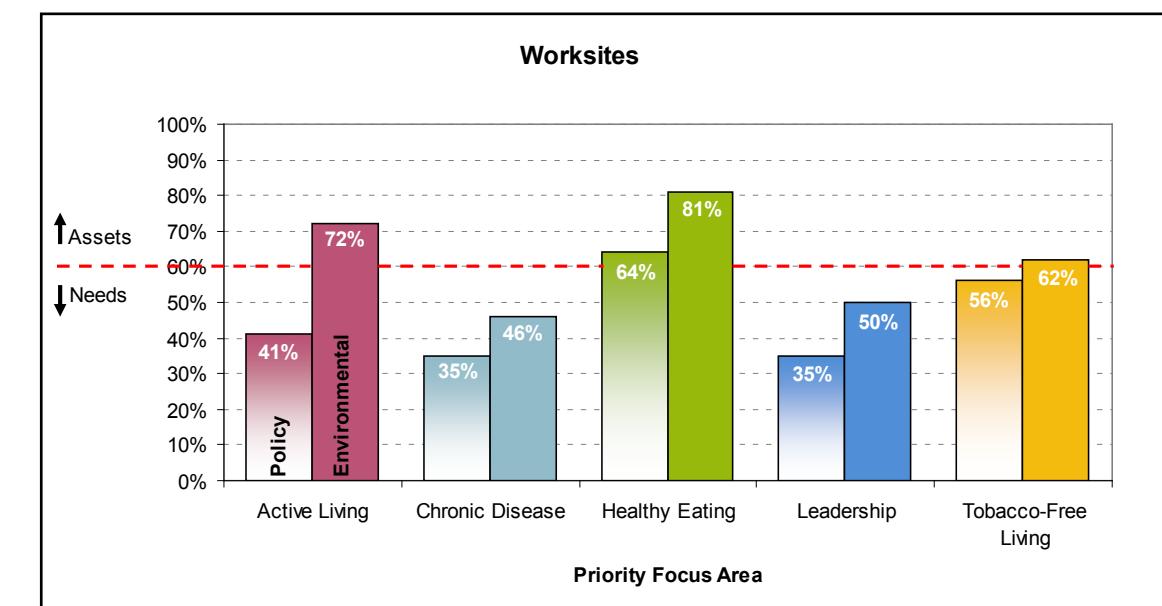
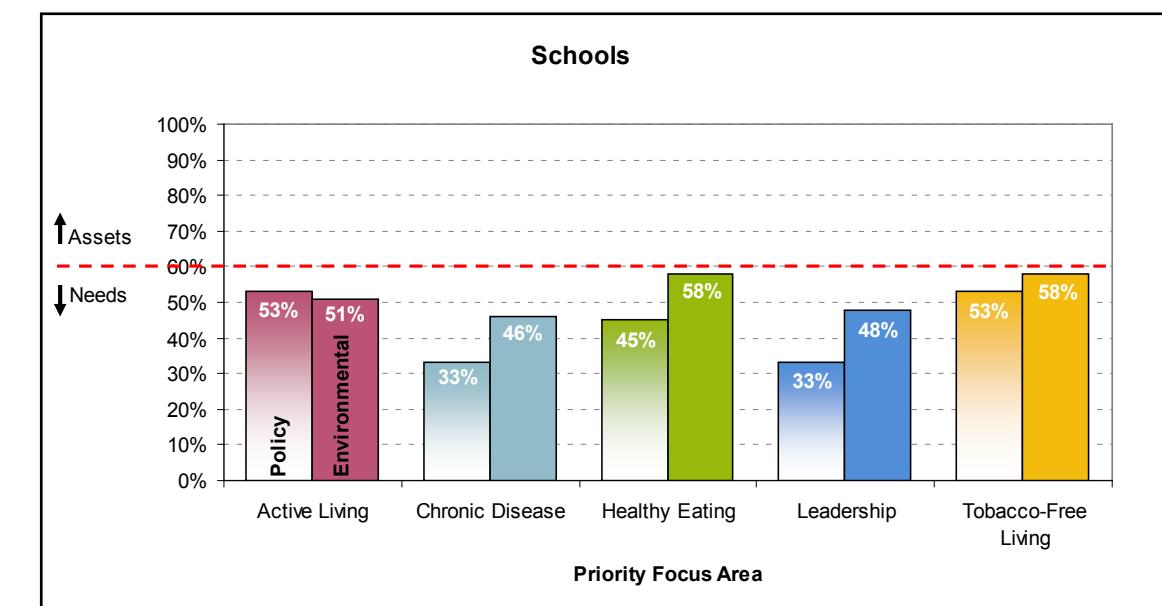
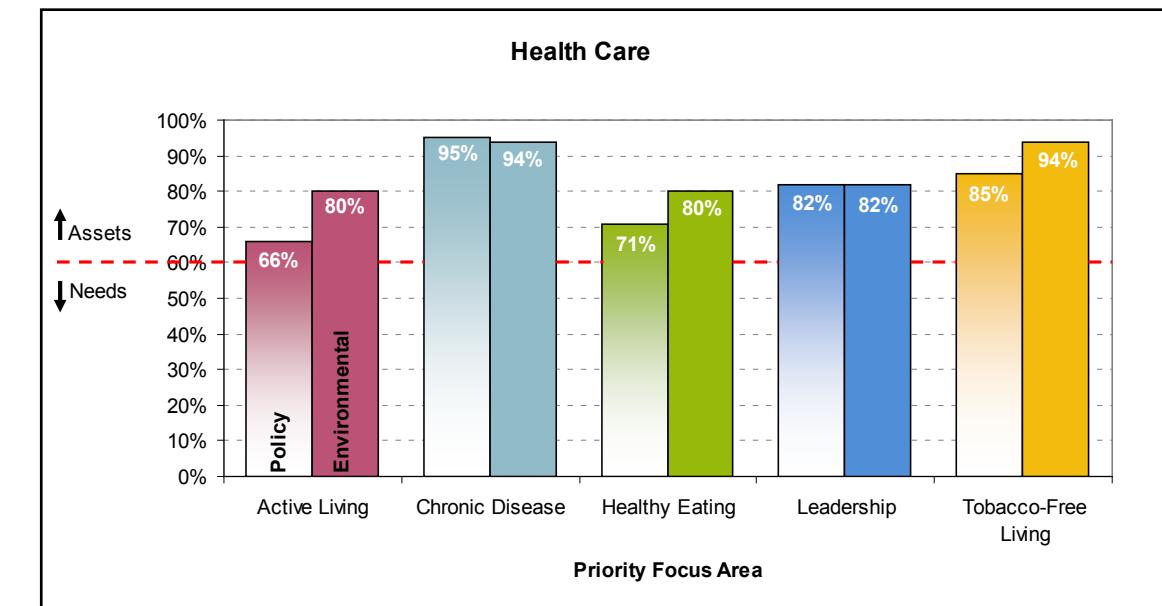
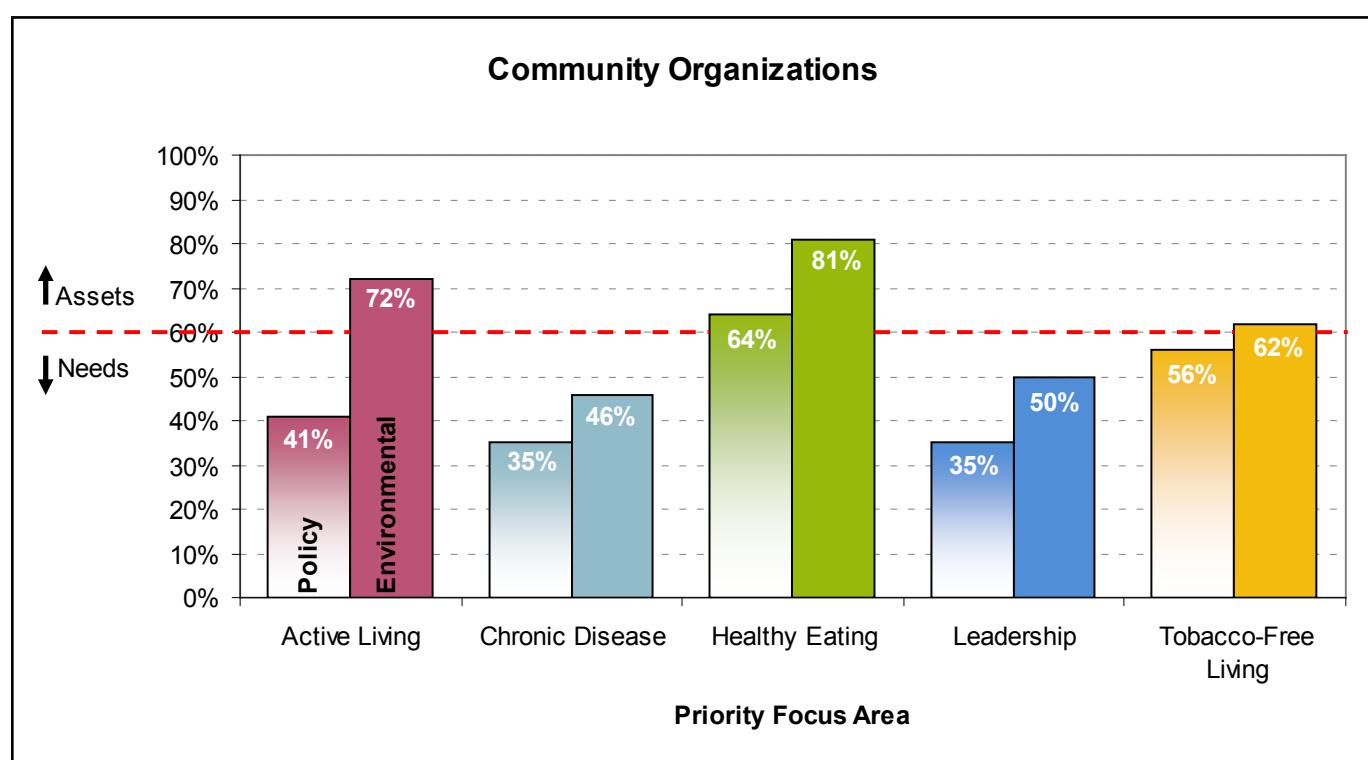
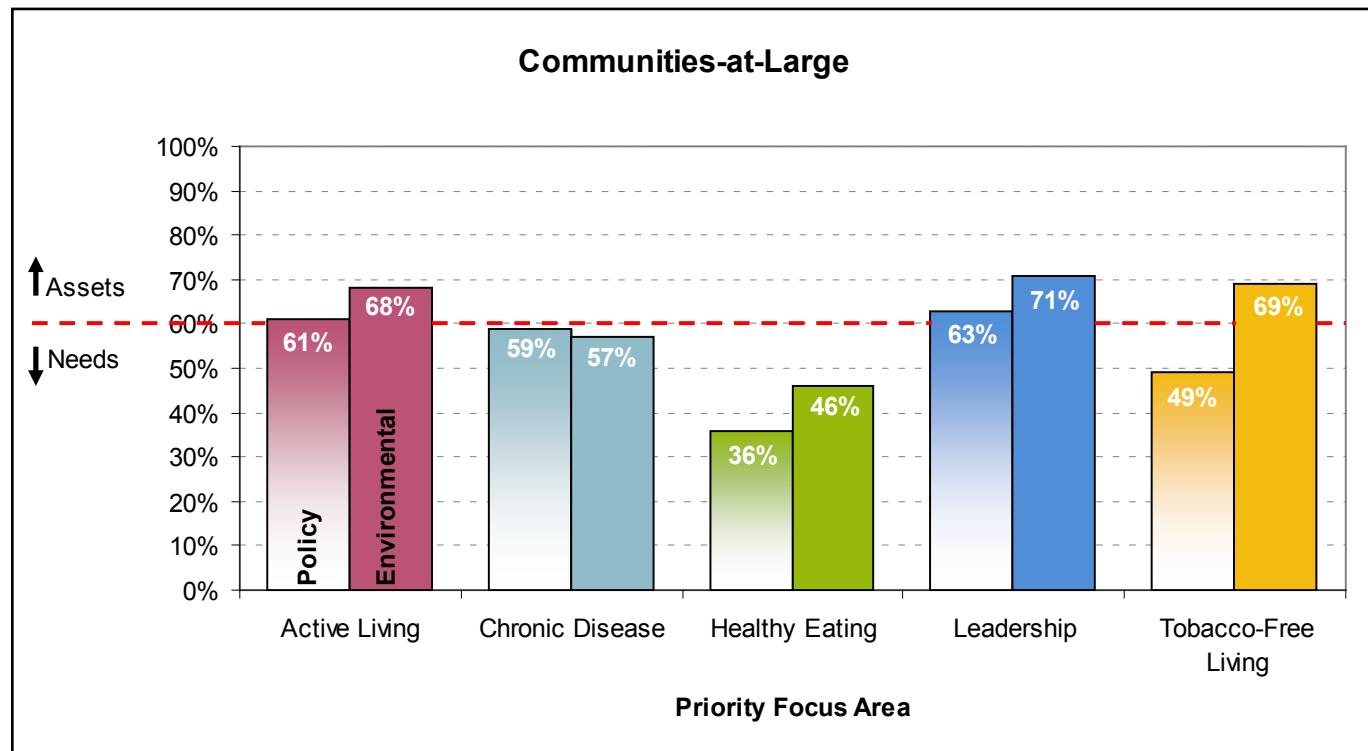
#### Scale

Response #	Policy	Environmental Change
1	Not identified as a problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place and/or well-developed
3	Policy formulation and adoption	Some elements are in place and/or well-developed
4	Policy implementation	Most elements are in place and/or well-developed
5	Policy evaluation, adjustment, and/or termination	All elements in place and well-developed
99	Not applicable	Not applicable

An Excel file calculates the scores (1-5) based on the response to each question, then aggregates the scores from each section, i.e., healthy eating, active living, tobacco-free living, chronic disease management, and leadership. Score percentages range from 0-100%, 0% being the lowest score and 100% the highest.

The CDC-created CHANGE Tool Excel files with embedded formulas were then used to calculate a score for each module, derived from the numeric responses to each question, to quantify the extent to which policies and/or environment supports are in place. In general, scores of 60% or below were considered to represent community needs and those above 60% were perceived as assets. The aggregated results for the 39 surveys analyzed in New London County are presented on the next page.

## Aggregate Scores by Sector



## Section 6. Healthy Eating

### Introduction

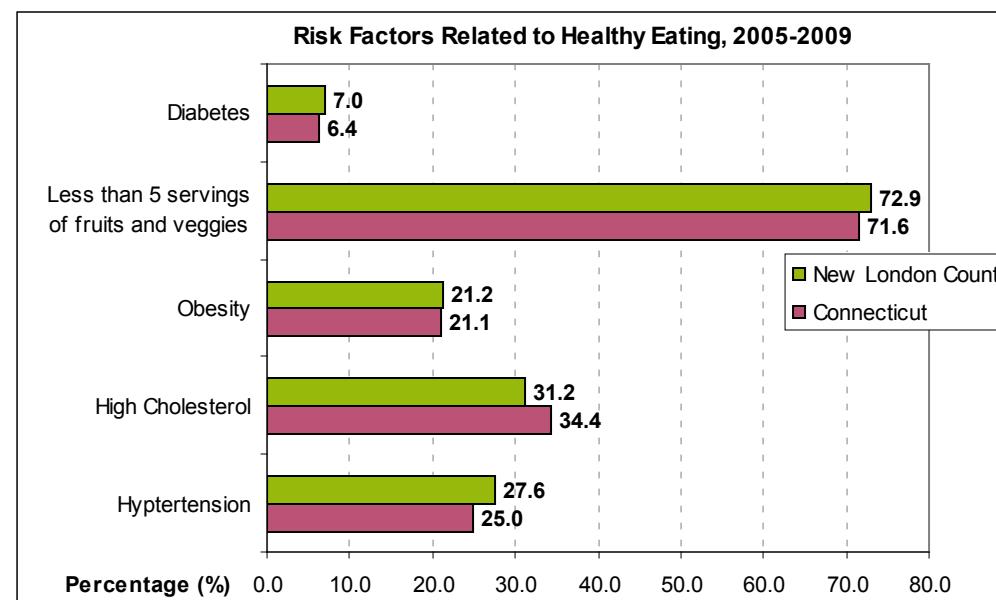
Ensuring that residents have appealing, healthy food and beverage choices in schools, worksites and neighborhoods is an important step toward preventing diet-related illness and disease. Eating a healthier diet that includes more fresh fruits and vegetables helps reduce the risk of obesity and chronic disease. Diets lower in added salt, sugar and fats can significantly prevent and reduce high cholesterol, high blood pressure and high blood sugar – known risk factors for heart attack and stroke. Unfortunately, far too many New London County residents lack access to healthy food options.



Experience has shown that even simple changes in policy, such as eliminating sugar-sweetened beverages in schools, and programs such as school gardens, farmers' markets, mobile food pantries and community supported agriculture (CSA) may significantly reduce obesity and ensure healthy eating.

### Key Findings

According to the CDC, 23.3% of adults in New London County were obese in 2009, compared to 20.6% in 2004. Additionally, rates of childhood obesity have more than tripled in the past 30 years. Child and Family Agency of SECT's School Based Health Centers report that in 2013, 33% of children in at least one of their pre-school were overweight (at or above the 85th percentile for weight) or obese (at or above 95th percentile) and 18% of these were at 95% or above. The largest incremental leap in weight was seen during 6th grade, where 48% of students in at least one middle school were overweight (at or above the 85th percentile for weight) or obese (at or above 95th percentile) and of those students, 27% were considered obese. The 2005-09, Connecticut Behavioral Risk Factor Surveillance System data underscores the need to address obesity and implement activities that will increase consumption of fruits and vegetables, and control hypertension and high blood sugar.



Source: 2005-2009 BRFSS

### Food Security

The 2013 New London County Food Policy Council Baseline Report proposes making comprehensive changes to the food system in light of the growing number of residents with issues related to food security. More than 31,000 people in New London are considered "food insecure" according to Feeding America. The report details:

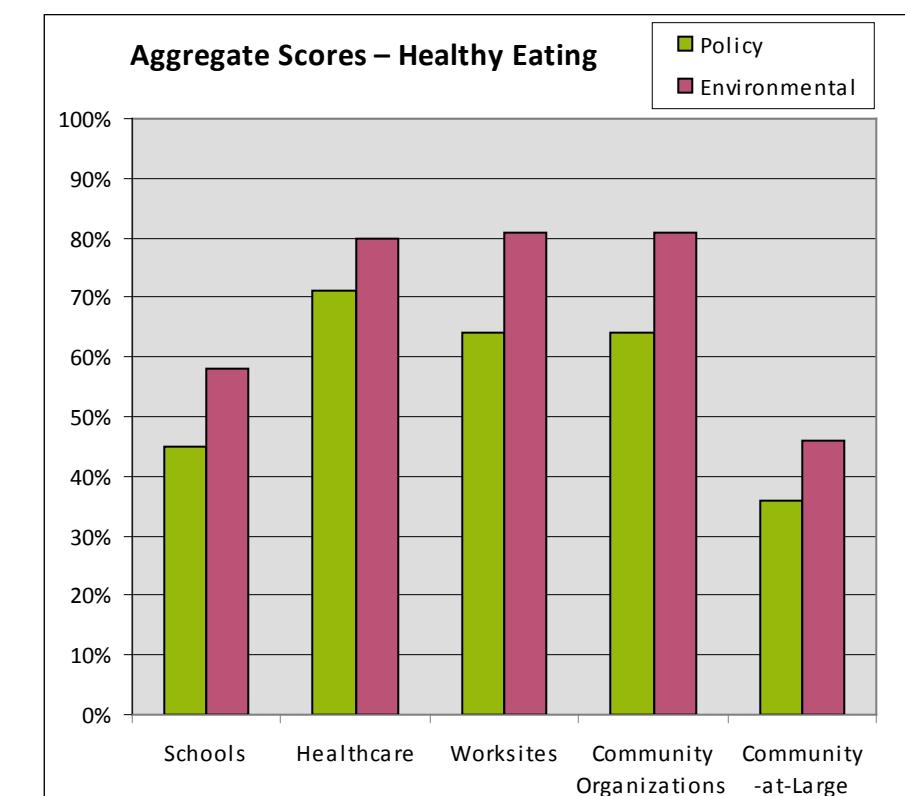
- Food Insecurity rate for 2010 is 11.7%, up from 8.9% in 2005/07 (though lower than Connecticut and U.S.)
- Most at-risk are residents live in New London, Norwich, Groton, Griswold and Sprague
- The number of SNAP recipients is 10.6% in 2011, up from 7.3% in 2009 (75% of those who are eligible receive benefits)
- 54% of food insecure people are ineligible for SNAP benefits

The full New London County Food Policy Council report, "Nourishing Change: New London County Food System Baseline Report" can be downloaded from the United Way of Southeastern Connecticut at [uwsect.org](http://uwsect.org).

### 2013 CHANGE Tool Results

Combined CHANGE Tool scores indicate that many schools, health care providers, worksites, community organizations and communities-at-large have developed a culture that promotes healthy eating. However, policies are needed to ensure consistency, sustainability, and a long-term commitment to improving nutrition and access to healthful foods and beverages.

Communities-at-large scored lowest for policies that support healthy eating, demonstrated by a lack of policies that guide restaurants toward heart-healthy menu items or labeling menu items. Though many towns and cities now support community gardens and farmers markets, none have a policy or ordinances to protect the land for the purpose of a community garden. Rural towns in New London County are more likely to have agricultural subcommittees within their town councils or town zoning committee. These subcommittees, where established, offer a forum for new agricultural zoning, regulation discussion, support of local agriculture and positive change.



Source: 2013 New London County CHANGE Tool Survey

## Community Needs



- A county or community-wide campaign to increase access to healthy foods and beverages
- Policies ensuring that healthful food and beverage menu options are offered at local restaurants
- Improved county-wide coordination and support for Farm-to-School programs
- Improved linkages between locally grown foods and local restaurants, institutions and food venues
- Resources and training based on CDC best-practices are needed by human services providers to support policies that promote healthy eating
- A systematic referral mechanism for patients who need weight management or nutrition counseling, especially for smaller clinics or private providers, which may have limited staff and infrastructure
- Affordable and accessible clinical weight management programs for children and adults
- A county-wide school garden network to support and increase the number of school gardens
- Healthy eating policies at pre-school and child-care centers
- Improved capacity and increased level of support for policy change by school wellness committees
- Standardized method for schools to measure, record, and report BMI data
- Policies or guidelines for food and beverages provided by employers or served by human service agencies at meetings, events and programs

## Community Assets

### a) Existing Policies:

- Agriculture Subcommittee of their Planning and Zoning Committees
- National School Lunch Program
- 2012 USDA Meal Pattern for Schools
- Healthier US School Challenge (New London and Stonington)
- CT Department of Education Policies for Foods and Beverages for Federally-Funded Early Childhood Centers
- Schools with clean, potable water
- Policies to eliminate vending machines at local schools
- Policies to eliminate the practice of using food as a reward in local schools

### b) Existing Systems:

- SECT Children First initiatives focus on nutrition
- The New London County Food Policy Council is aimed at improving the food system through policy advocacy and program innovation, alignment and support
- United Community and Family Services meets Uniform Data System (UDS) reporting requirements for body mass index, activity and nutrition counseling
- UConn Cooperative Extension provides nutrition education to low-income families
- TVCCA provides meals for vulnerable populations
- SNAP and WIC provides education and outreach initiatives
- There are multiple access points for vulnerable populations to enter social and health care services
- Training programs exist for youth to become advocates of healthy eating



*"The ACHIEVE Coalition makes it possible to collaborate with community partners and reach more SNAP recipients with nutrition education programs."*

*-Susan Beeman,  
Center for Public Health  
and Health Policy,  
University of Connecticut*

### c) Existing Environmental Conditions

- 19 Farmers Markets
- 8 Community Supported Agriculture (CSA) programs
- 75-100 produce farms, "pick your own" and farm stands
- Growing number of community gardens
- FRESH New London supports and promotes community gardens and sustainable agriculture
- An increase in the number of farmers markets that accept WIC, SNAP benefits
- Farm to School initiatives: New London, Montville, Norwich, Stonington, Waterford, Lebanon, Griswold
- 48 food pantries, 18 community meal sites, 5 shelters

## Existing Healthy Eating Programs

### A. Quick View

#### 1. Access to Healthy Foods

- United Way Food Pantries and Mobile Food Pantries
- Infoline 2-1-1 – Emergency Shelters, Referral and Resources
- Community Meal Sites
- TVCCA Meals for Vulnerable Populations - Meals on Wheels Program, Senior Housing Outreach in New London
- Farmers' Market Coupons, RX For Health and Electronic Benefits Transfer (EBT)
- TVCCA – Women Infant and Childrens Supplemental Nutrition, and Child and Adult Care Food Program in day care facilities
- FRESH - Mobile Market, Pre-order Bags and Community Supported Agriculture Program
- Supplemental Nutrition Assistance Program (SNAP)
- Municipal Senior Centers
- Alliance for Living – Community Meals
- TVCCA Head Start and Little Learners Child Development Program
- UCFS - SNAP Outreach and enrollment contract
- Healthy Start Risk Assessment, education and referral to WIC

#### 2. Nutrition Education and Obesity Prevention

- TVCCA Peer Counseling Lactation Support Program
- Hispanic Health Council - Elementary School Education
- African American Health Council
- L+M Hospital – Health Education Programs
- University of Connecticut - Extension Program
- University of Connecticut Health Center: Center for Public Health & Health Policy- HUSKY programs
- Share our Strengths- Cooking Matters
- School-Based Programs - Healthier Happier You, Hispanic Health Council
- CT Expanded Food Nutrition Education Program (EFNEP)
- School Home Economics Curriculum - Montville and Groton
- TVCCA WIC – Individual and Group Nutrition Counseling
- DPH SNAP Education Program

#### 3. Weight Loss and Clinical Nutrition Programs

- Enjoy LIFE (Lifelong Investment in Fitness and Exercise)
- William W. Backus Hospital Weight Loss Center, "Rx for Health" Program and Mobile Health Van
- Lawrence and Memorial Hospital - Weight Loss Program, Dietician Services
- Community Health Center – Clinical Nutritionist
- Thin's In- Weight Loss Program
- Weight Watchers
- Community Health Center
- Alliance for Living



#### 4. Community Gardens

- FRESH New London – New London Community Garden Association
- Municipal Sponsored Gardens – Parks and Recreation Departments
- Eastern CT Community Garden Association
- TVCCA Sponsored Gardens

#### 5. Agricultural Education and Farm Initiatives

- FRESH New London
- Groton Family Farm
- Farmers' Markets, Pick Your Own and Farm Stands
- Grow Your Own Lunch- classroom program Stonington High School

#### 6. Social Marketing Programs

- NuVal Ranking - Big Y
- Healthy Ideas labeling - Stop & Shop
- Great for You labeling - Walmart Supercenter

#### 7. Policy Initiatives and Public Health Services

- 2012 USDA Meal Pattern – Schools
- New London County Food Policy Council
- Yale University Rudd Center for Food Policy and Obesity Prevention
- United Way Healthier US School Challenge - New London and Stonington
- CT Department of Education Policies for Foods and Beverages for Early Childhood Centers
- SECT Children First Initiative
- Federal Initiatives, MyPlate.gov
- United Community and Family Services meets UDS reporting requirement on body mass index, activity and nutrition counseling; meaningful use measures on BMI activity and nutrition counseling

#### 8. School Initiatives

- Healthier US School Challenge - New London and Stonington
- FoodCorps - Norwich and New London Public Schools
- Culinary staff education - East Lyme and North Stonington
- Fresh Fruit and Vegetable Snack program - Colchester, Groton, Lebanon, Montville, New London, Norwich
- Farm to School initiatives in the following school districts: New London Public Schools, Montville Public Schools, Norwich Public Schools, Stonington Public Schools, Waterford Public Schools, Lebanon Public Schools and Griswold Public Schools

## B. Farmers' Markets

- Bozrah Farmers' Market  
[www.bozrahfarmersmarket.org](http://www.bozrahfarmersmarket.org)
- Colchester Farmers' Market  
[www.colchesterfarmersmarket.com](http://www.colchesterfarmersmarket.com)
- Franklin Farmers' Market
- Griswold - Pachaug Village Farmers' Market
- Groton Farmers' Market  
FMNP Authorized  
WF&V Accepted SNAP
- Lebanon Farmers' Market  
FMNP Authorized  
WF&V Accepted  
[www.lebanontownhall.org](http://www.lebanontownhall.org)
- Ledyard Farmers' Market  
FMNP Authorized  
[www.ledyardfresh.com](http://www.ledyardfresh.com)
- Lisbon Farmers' Market  
FMNP Authorized
- Mystic Farmers' Market  
FMNP Authorized,  
SNAP, WF&V Accepted
- Mystic - Denison Farmers' Market  
FMNP Authorized WF&V Accepted
- New London Field of Greens Farmers' Market
  - Parade Plaza  
FMNP Authorized  
WF&V, SNAP Accepted
  - L+M Hospital  
FMNP Authorized  
WF&V, SNAP Accepted
  - Hodges Square  
FMNP Authorized  
WF&V, SNAP Accepted
- Niantic Farmers' Market  
FMNP Authorized  
WF&V Accepted
- Norwich Farmers' Market
  - Downtown  
FMNP Authorized
  - Greenville Section  
FMNP Authorized
  - Uncas on Thames,  
FMNP Authorized  
WF&V Accepted
- Salem Farmers' Market
- Stonington Farmers' Market  
FMNP Authorized
- Waterford Farmers' Market  
FMNP Authorized  
WF&V Accepted



## C. Integrated Food Projects



### 1. FRESH New London County

- **Community Gardens**- FRESH manages the New London County Community Gardeners, a resource for new and existing gardens, promoting community gardens, urban gardening and school-based gardens. Seasonal workshops and celebrations are held, mainly at FRESH's "Community Garden Center" in New London. Interested prospective gardeners are welcome to call on FRESH at any time for free consultation and technical assistance.

- **Access to healthy food**- FRESH Market is focused on being a conduit between local agriculture and underserved urban eaters. The FRESH Shares CSA program delivers weekly boxes of seasonal produce to New London places of work and commerce and the Mobile Market makes weekly stops at low to moderate income neighborhoods to increase access there. The FRESH market is subsidized in part by sliding scale fees and grant funding, in order to make the produce more accessible

- **Youth leadership development**- FRESH trains and employs teenagers every year to work in the community as producers and advocates for better community nutrition and health. Basic training includes food system literacy and engagement in service learning projects. More advanced training and employment in-

volves running FRESH Farm and Market programs, giving public presentations, advocating to increase support for local agriculture, increasing access to healthy food, and sharing skills and perspectives geared towards building capacity for a just, sustainable and healthy food system in New London County.

### 2. The New London County Extension Center

- **Expanded Food and Nutrition Education Program (EFNEP)**: Since 1968, EFNEP has been funded by the United States Department of Agriculture and is an integral part of the University of Connecticut Cooperative Extension System. Currently, it is one of the federal government's longest running educational outreach programs that targets low-income families. The program provides nutrition education to families and children through group programs and individual home visits.

- **Supplemental Nutrition Assistance Program - Education (SNAP-Ed)**: The United States Department of Agriculture (USDA), through the Food Stamp Act of 1977, as amended, provides for the operation of the Food Stamp Program in the State of Connecticut. The State of Connecticut Department of Social Services (DSS) has been designated by the USDA to administer the State's Supplemental Nutrition Assistance Program - Education (SNAP-Ed) activities and CTDSS in turn has contracted with the University of Connecticut, School of Allied Health, Department of Nutritional Sciences, Neag School of Education, the UConn Health Center, Center for Public Health & Health Policy, Hispanic Health Council and the Conn Department of Public Health to design and implement the SNAP Ed projects.

- 4-H Youth Development
- 4-H LIFT Program (Learning, Interaction, Friends and Talents)
- Master Gardener/Home Horticulture Program
- Senior Nutrition/Healthy Aging
- Operation Military Kids
- House Smart: Solutions for Managing Clutter
- Sustainable Landscape

## Recommendations



### What Schools Can Do:

- Child care centers can adopt food and beverage policies that align with the CT Department of Education's Best Practices for Creating a Healthy Child Care Environment
- Prohibit using food as a reward or punishment for academic performance or behavior
- Establish clear guidelines for the sale of competitive foods (any food or beverage sold to students outside of a federally reimbursable meal program is considered to compete with those meals)

- Develop policies regarding foods and beverages brought from home that encourage healthy alternatives to sugar-sweetened foods and beverages
- Establish a school garden program tied to Common Core State Standards
- Increase the number of Farm-to-School Programs

### What Community Organizations Can Do:

- Adopt policies for foods and beverages provided at meetings, meals and events that follow the 2010 USDA Nutrition Guidelines
- Establish programs that support local agriculture and increase access to locally grown, farm fresh produce
- Establish a nutrition certification program for human service providers who cook, shop, procure or grow food
- Eliminate vending and fundraising activities of unhealthy foods and beverages
- Campaign to counter the "healthy food is expensive food" myth

### What Worksites Can Do:

- Adopt policies for foods and beverages provided at meetings and events that follow the 2010 USDA Nutrition Guidelines
- Offer a local Community Supported Agriculture Program for employees
- Establish a nutrition certification program for human service providers
- Eliminate vending and fundraising activities of unhealthy foods and beverages
- Offer reimbursement to employees who attend Weight Watchers or similar program
- Promote policies that encourage breastfeeding



### What Health Care Providers Can Do:

- Adopt the CDC Treatment Guidelines using the ABCS for Heart Disease Patients (Aspirin, Blood Pressure Control, Cholesterol Reduction, and Smoking Cessation)
- Establish an Rx for Health program that gives coupons for fresh produce to patients with identified risk factors for cardiovascular disease
- Utilize registered dieticians to provide nutrition counseling for patients



### What Communities Can Do:

- Increase accessibility, availability, affordability and identification of healthful foods in communities:
- Encourage Farmers Markets to take EBT, WIC and other supplemental nutrition coupons
  - Eliminate the food deserts in Groton City, Taftville, Norwich and Jewett City, increasing access to 10,362 people
  - Support community gardens
  - Launch campaigns to increase awareness of access points to fresh produce
  - Campaign to counter the "healthy food is expensive food" myth
  - Support policies that require restaurants to label foods and beverages sold
  - Improve concession stand menu items to align with 2010 USDA Dietary Guidelines for Americans – reducing high fat, sugar and sodium items and eliminating sugar sweetened beverages
  - Support restaurants that provide heart-healthy menus, smaller portions and purchase locally grown produce
  - Increase accessibility, availability, affordability and identification of healthful foods in communities
  - Promote policies that support breastfeeding

## Section 7. Active Living

### Introduction

Being physically active is one of the most important steps that New London County residents of all ages can take to improve their health. Providing plenty of opportunities for safe and enjoyable physical activity in neighborhoods, schools and worksites is key to a healthy community.

Regular physical activity has many benefits; it can improve overall health and fitness, improve the ability to learn, and reduce the risks for many chronic diseases.

A comprehensive approach to helping all county residents achieve the health benefits of regular physical activity involves action at all levels: individual, organizational, community, and public policy.

Even with the best of intentions and increased awareness about the benefits of physical activity, individual behavior must be supported from the surrounding environment. Thus, our municipalities, schools, community organizations, health care providers and businesses all play a critical role.



#### What are the Recommendations for Physical Activity?

According to the U.S. Department of Health and Human Services, children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

Adults, age 18-64 should exercise 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity (i.e., brisk walking) every week. Exercise should include aerobic activity, bone strengthening and muscle strengthening activities. Modifications must be considered for those with physical challenges or chronic conditions.

Municipalities that adopt infrastructure changes and policies that support pedestrian walkways, provide a network of tobacco-free parks and nature trails and offer bike lanes to destinations such as farmers' markets and grocery stores are now considered mainstream. "Complete Streets" programs are the gold standard, providing safe, comfortable and convenient transportation systems that serve everyone, regardless of how they choose to travel, whether by walking, bicycling, or driving.

State parks, municipal recreation departments and organizations, such as the Ocean Community YMCA play a lead role in providing access to places for active recreation, such as playgrounds, hiking and biking trails, basketball courts, sports fields, and swimming pools.

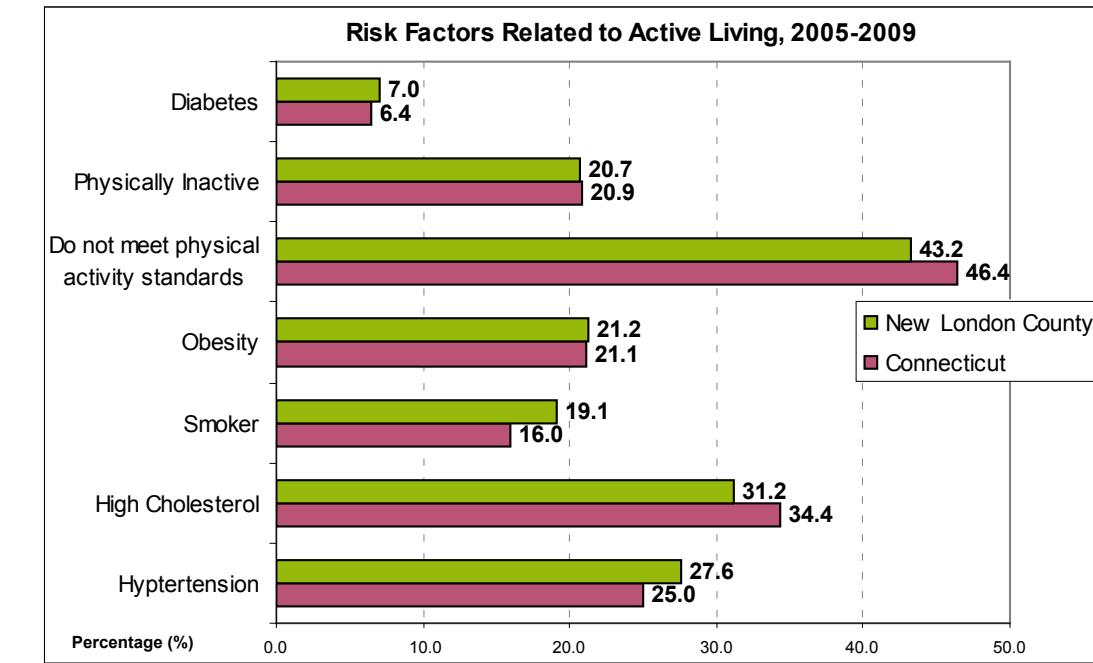
The education sector plays an important role in providing physical education, after-school sports, and public access to school facilities during after-school hours. By adopting standardized practices of engaging children in active play during recess and providing alternative fitness programs to children who don't otherwise participate (on athletic teams), schools can ensure that all children stay active.

Worksites and community organizations have demonstrated that enhancing opportunities for physical activity increases productivity among workers, improves the ability to learn new tasks and contributes to emotional health and well-being. Employers can encourage workers to be physically active, facilitate active transportation and provide other incentives to be active. Private and faith-based organizations can support community physical activity initiatives financially or by providing space for programs.

Health care providers can assess, counsel, and advise patients on physical activity and how to do it safely. Health care providers can also model healthy behaviors by being physically active themselves.

### Key Findings

According to the 2005-2009 CT Behavioral Risk Factor Surveillance System, 20.7% of New London County residents are inactive, with less than 57% meeting national physical activity standards. While this may not be surprising, it is a clear indication that opportunities exist to improve levels of physical activity.



Source: 2005-2009 BRFSS

In 2010, the ACHIEVE New London Coalition reported findings from the New London Healthy Resident Survey (n=553). New London adults reported high rates of inactivity, where 49.4% females and 66.8% of males reported not getting the recommended amount of physical activity. Residents reported the following barriers to being active: unsafe neighborhoods, no bike lanes, poor gym access, no parks accessible in their neighborhood, poorly maintained sidewalks, and not enough opportunities.



*"I've had a wonderful opportunity to learn about healthy habits, healthy lifestyles, living in a healthy environment and growing and eating healthy foods as a member of ACHIEVE. It has been a pleasure to work with so many groups as we've developed this program."*

*-Shirley J. Gillis  
Civic Leader and Retired Teacher*

## Physical Fitness in Schools

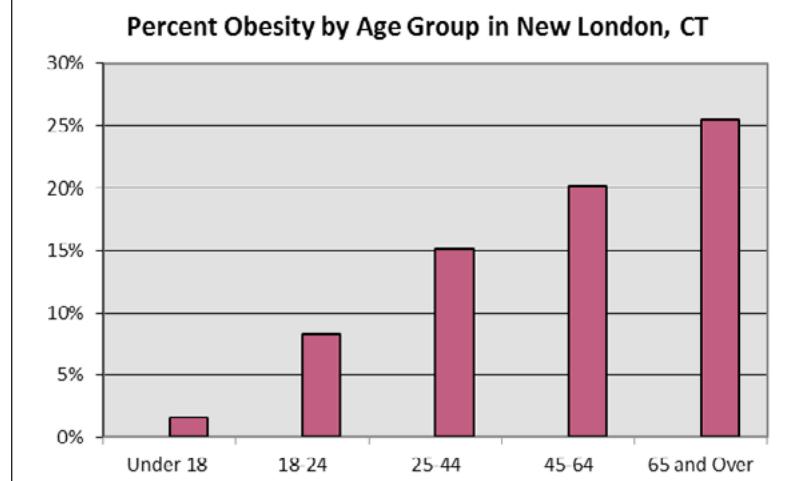
The Connecticut Physical Fitness Assessment is given annually to all students in grades 4, 6, 8, and 10, consisting of a body composition assessment and four fitness component tests. Schools vary in the number of children passing all four components of this assessment, from a low of 31.2% of children in Norwich Public Schools to a high of 74% in Bozrah Public Schools.

### Percentage of Students Passing All Four Physical Fitness Test Components, 2010-2011

District Name	%Passing
Bozrah School District	74.0
Stonington School District	71.4
East Lyme School District	68.1
Sprague School District	65.3
Voluntown School District	57.6
Franklin School District	56.5
Regional School District 18 (Lyme-Old Lyme)	54.6
Lebanon School District	54.1
Ledyard School District	53.6
North Stonington School District	50.6
Griswold School District	50.5
Waterford School District	50.5
Norwich Free Academy	47.2
Groton School District	46.6
Salem School District	45.5
Colchester School District	44.8
Preston School District	44.4
Lisbon School District	44.1
Montville School District	39.1
New London School District	35.1
Norwich School District	31.2



**Adult Obesity:** The percent of adults who reported a Body Mass Index (BMI) of 30 or greater in New London County (21.2) was lower than the Healthy People 2020 goal of 30.6. However, it was still higher than that reported for the State (21.1). In the U.S. physical activity levels decrease with age, while obesity levels tend to rise. Thus, opportunities to prevent obesity for all age groups must be considered as part of a comprehensive plan.



Source: 2010 ACHIEVE Healthy New London Resident Survey

**Childhood Obesity:** Standardized childhood obesity data is unavailable, as reporting mechanisms vary by school. According to the 2013 Lawrence and Memorial Hospital Community Health Needs Assessment, 58.8% of Grade 4 girls in New London Public Schools are overweight or obese.

Equally revealing, the 2013 Children First Norwich Annual Report, states clearly that 38% of 2-5 year olds, 29% of kindergarteners and 41% of sixth grade children were considered overweight or obese. In 2011, Children First Groton reported 37% of fourth graders in 2010-11 school year were found to have an unhealthy BMI (the H.P. 2020 goal is 15.7%).

## CHANGE Tool Results

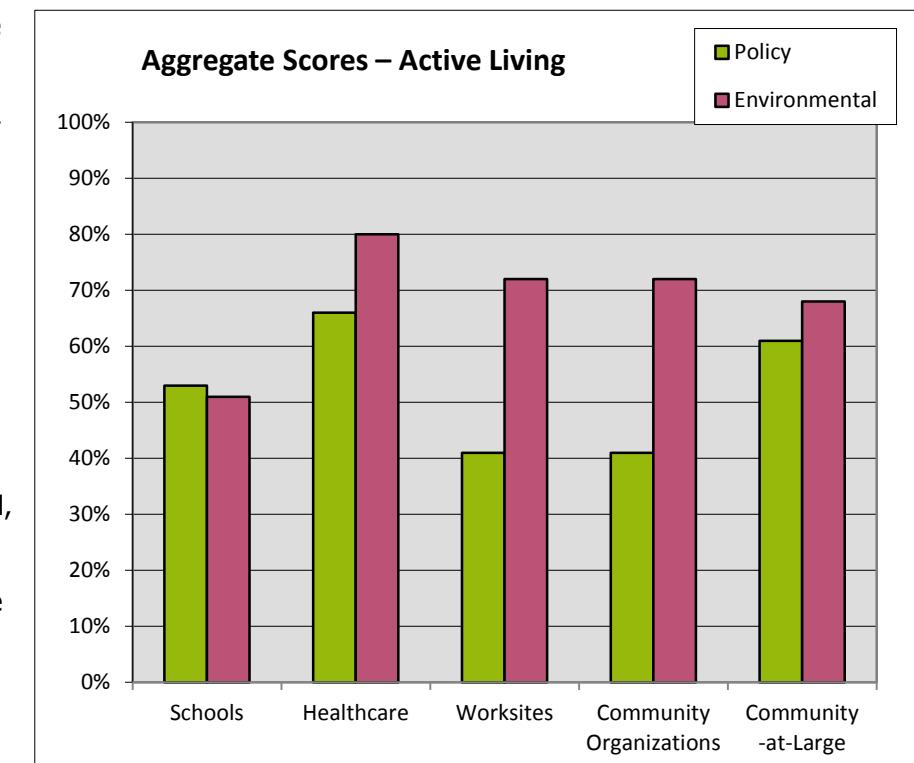
Combined CHANGE Tool scores indicate that while a culture of physical activity exists within health care providers, worksites, community organization, schools and the community at large, supportive policies and/or environmental conditions are often not in place.

Health care providers in New London County scored relatively high, since most are well on their way toward operationalizing electronic health records (EHR). With "meaningful use" requirements as part of the EHR system for reimbursement, most health care providers are now screening all patients at every visits for BMI, assessing levels of diet and exercise, and reviewing self-management of any existing chronic disease. Scores were negatively affected by the absence of a systematic referral mechanisms for patients in need of intervention, i.e., smoking cessation programs, weight management, or nutrition counseling, especially for smaller clinics or private providers that have limited staff or infrastructure.

Worksites, community organizations and municipalities are increasingly offering maps of walking and bike routes, and supporting bicycling to work by providing bike racks to employees and customers. CHANGE Tool scores for worksites in New London County vary dramatically, depending on the kind of business, number of employees, union vs. non-union, location, etc. Larger employers, such as hospitals, corporations, and municipalities are more likely to offer incentives to employees for participation in health education programs, etc. By contrast, smaller employers, such as restaurants and retail stores, are more likely to have part-time workers and offer no health insurance. Community organizations by-and-large do not offer fitness or exercise programs. However, many provide resources such as maps of walking and biking routes and coupons for fitness or gym memberships. Most community organizations rely on and promote mass transit opportunities for their clients, many of whom do not have personal transportation. Many community organizations have improved outdoor lighting and added bike racks and fitness areas to support physical activity by clients and staff.

Public school CHANGE Tool scores for New London County vary by district, each with a unique set of assets and challenges. By-and-large, school administrators suggest there have been many changes in the culture of their school system, favoring healthier decisions. In many instances, environmental conditions scored high, though policies were not in place. It is recognized that policies ensure greater sustainability of these positive changes, however, there is some resistance to having too many policies. Instead, most schools opt for a list of rules or guidelines that change cultural norms over time. Many policies are regulated by the State of Connecticut, such as the number of hours per week for physical education classes. Connecticut falls well behind national physical activity standards, which recommend 150 minutes per week of physical education for all elementary students and 225 minutes for all middle and high school students.

Schools in rural areas (e.g., Sprague, Lisbon, etc.) were less likely to encourage their students to walk or ride their bikes to school, which reduced their CHANGE Tool score. "Long winding roads and fast moving traffic make rural state roads too dangerous for young children," reported one school administrator. Most schools in rural New London County have removed bike racks to discourage bicycle riding to school and make room for additional parking spaces.



Source: 2013 New London County CHANGE Tool Survey

## Community Needs



- Affordable indoor recreational facilities, especially in the northern tier
- Complete Streets Program and Policies
- A fully operationalized regional bicycle plan and greater bicycle infrastructure
- Updated playgrounds at many parks and schools, inclusive of children of all abilities
- Resources and training about best-practices for human service providers, from which to establish policies related to physical activity, nutrition, tobacco and chronic disease management
- An electronic referral system for health care providers to opportunities for physical activity
- Healthy Eating/Active Living policies at all child care centers
- After-school physical activity, fitness and weight management programs for children and families
- Traffic calming measures and improved lighting in many neighborhoods
- Park signage in multiple languages
- Public awareness campaigns about local physical activity opportunities
- Capacity building and standardization for school district health/wellness committees

## Community Assets

### a) Existing Policies:

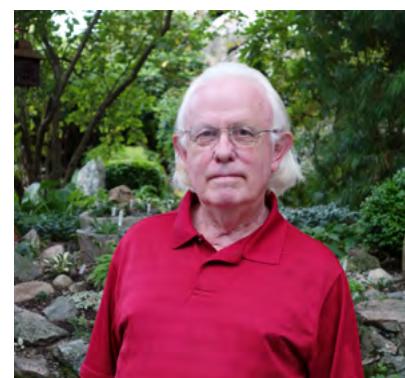
- Mandatory recess for Connecticut schools
- Physical education classes required by all Connecticut elementary schools
- Screening all patients (at every visits) for BMI, level of physical activity, nutrition, and management of chronic disease becoming common practice among health care providers
- Trained health and physical education teachers in local schools
- Group rates at local gyms and payroll deduction programs offered by many employers
- Tri-Town Trail Plan completed by study group and presented to town and city councils

### b) Existing Systems:

- Three Chambers of Commerce exist in New London County - two with health committees
- A Long Range Regional Transportation Plan 2001-2040, developed by the Southeastern Connecticut Council of Governments (SCCOG), which includes a regional bike plan. SCCOG is currently preparing a more comprehensive bike/pedestrian plan for the region.
- The CT Department of Transportation has created the Connecticut Bicycle and Pedestrian Advisory Board and 2009 Connecticut Statewide Bicycle and Pedestrian Transportation Plan
- Full-time Recreation Departments offered by most municipal governments
- The New London Community Center Consortium plans for the development of a new community center in New London, CT
- A New London County Recreation and Parks Network exists
- A high degree of readiness, as demonstrated by meeting attendance and the willingness to either adopt best-practices and/or join the ACHIEVE Coalition.
- Hospitals and clinics participate on a variety of coalitions to improve health in various sectors: schools, work sites, communities, etc. One notable partnership is aimed at building a community center in the City of New London
- The Connecticut Association of Boards of Education (CABE) provides support and model policies for CT schools

### c) Existing Environmental Conditions:

- State required sidewalks to be included in all new developments
- There are plenty of hiking trails, beaches, rivers, lakes and parks. Municipal and state parks are maintained despite budget shortfalls
- Many athletic or recreational facilities exist, i.e., YMCA, WOW, Planet Fitness
- Connecticut Hiking Guides, park signage and websites exist to encourage visits
- Specific waterfront activities exist in shoreline communities



*"The ACHIEVE Coalition has enough mass and momentum that the needs assessment information now has places to go. We have seen how ACHIEVE members are already engaged in transformation."*

*-Lee Vincent,  
Civic Leader*

## Existing Active Living Programs

In general, New London County has abundant opportunity for active living, from trails and state parks to municipal recreation programs. It is well recognized that physical activity can be found in non-traditional exercise routines, i.e. gardening, walking, yoga, martial arts, etc. The following is an inventory of current opportunities for more traditional exercise programs.

### 1. New London County – Local Recreation and Parks Department Contacts



City of New London, Tommie Major  
Town of Groton, Mark Berry  
Town of Ledyard, Don Grise  
Town of Waterford, Brian Flaherty  
Town of Preston, Amy Brosnan  
Town of Griswold, Ryan Aubin  
City of Norwich, Vicki Abele  
Town of Montville, Peter Bushway  
Town of Bozrah, Recreation Commission  
Town of Stonington, Joseph Mendonca  
Town of Lebanon, Sandy Tremblay  
Town of Lisbon, Kenneth Washburn  
Town of Lyme, Jason Thorton  
Town of East Lyme, Dave Putnam  
Town of North Stonington, John Hines  
Town of Salem, Diane Weston  
Town of Old Lyme, Ron Bugbee  
City of Groton, Mary Hill  
Town of Colchester, Cheryl Hancin  
Town of Voluntown, Michael Magario  
Town of Franklin – Recreation Commission  
Town of Sprague, Craig Staggs, Chair of Commission

### 2. Bicycling

The State of Connecticut operates a number of websites and programs dedicated to increasing safe bicycling for commuters, recreational riders and school children. There are also a growing number of agencies and advocacy groups dedicated to improving the infrastructure of towns and cities to improve opportunities for non-motorized transportation.

Website: [ctbikemap.org/bikemap.html](http://ctbikemap.org/bikemap.html)

Southeastern CT Council of Governments (SCCOG) is the state designated Metropolitan Planning Organization for the purposes of carrying out the regional transportation system planning and programming. SCCOG adopted a Regional Transportation Plan in April 2011, which includes transit improvements, transportation infrastructure and the development of a bike-pedestrian green-way, as part of the Route 11 project. SCCOG also supports the efforts of the towns of Preston, Ledyard, Groton and the City of Groton in creating a multi-purpose trail connecting Bluff Point State Park in Groton with the Green Memorial Park in Preston. These efforts have been advanced by the completion of a comprehensive transportation plan for New London County.

New London and Mystic offer a “bike share” program, which allows residents to borrow a bike, lock and helmet for the day, free of charge.

Website: [bikenewlondon.org](http://bikenewlondon.org), [mysticcommunitybikes.org](http://mysticcommunitybikes.org)

### 3. Public and Private Charter Schools

Schools routinely partner with the YMCA, local recreation and parks departments and private organizations to provide activity-based after-school programs and sports leagues.

### 4. Ocean Community YMCA



The mission of the Ocean Community YMCA is to put Christian principles into practice through programs that build a healthy spirit, mind and body for all. The Mystic branch of the YMCA serves approximately 8,000 members and program participants in multiple locations and program sites. Youth programs to help fight the growing epidemic of childhood obesity are conducted at the branch, local middle schools in Groton and Norwich, and at day-long special events throughout New London County. Teen and adult programs such as land-based and water-based fitness classes are held at the branch, Stone Ridge Retirement Center and the Pawcatuck Neighborhood Center. They have recently partnered with Norwich Public

Schools to provide Summer Day Camp opportunities and after-school activities. The YMCA is an inclusive organization serving all, regardless of their race, religion or need for financial assistance. All YMCA programs implement the four core values of Caring, Honesty, Respect and Responsibility.

The Ocean Community YMCA, Mystic branch, has been serving residents of Southeastern Connecticut for over 9 years, since its merger with the Mystic Community Center in 2003. During this time, the population has grown, as have the social needs, like quality child care, health and wellness, safe youth and teen programs and senior activities. To that end, the YMCA's programs continue to expand and evolve to meet the needs of the area served.

Website: [oceancommunityymca.org](http://oceancommunityymca.org)

### 5. State and Local Plans

- a. SCCOG: 2007 Regional Transportation Plan
- b. The State Department of Transportation: 2009 Connecticut Statewide Bicycle and Pedestrian Transportation Plan ([www.ct.gov/dot/cwp](http://www.ct.gov/dot/cwp)). The following funding programs are available:

- Safe Routes to School: Communities are directly eligible ([www.ctsaferoutes.org](http://www.ctsaferoutes.org))
- Congestion Mitigation/Air Quality: Communities submit applications to the regions. Contact the region for information regarding solicitation
- Recreational Trails Program: Towns, regions and other entities are eligible
- Transportation Alternatives (formerly transportation enhancement): Communities are eligible through a competitive selection process. This program is in a state of flux until there is more guidance from Federal Highway Administration regarding the changes associated with the new transportation funding bill.
- Highway Safety Improvement Plan: A group of programs, some of which have funding that is solicitable by local governments.
- A variety of walking trails, paths, and walking routes through many Connecticut cities and towns are highlighted at [WalkCT.org](http://WalkCT.org). Also available is a toolkit that can be used by municipalities interested in creating new walking routes and trails.

- c. Department of Energy and Environmental Protection: [www.ct.gov/dep](http://www.ct.gov/dep)

## Recommendations

### What Schools Can Do:

- Adopt policies guiding screen time or physical activity in (non-federal) day care facilities
- Adopt policies that require 150 minutes per week of physical education for grades K-5 and 225 minutes per week of physical education for grades 6-12
- Adopt policies that require 20 minutes of recess daily for grades K-5
- Adopt policies prohibiting using or withholding physical activity as a punishment for academic performance or behavior
- Improve school playgrounds, especially those that serve as municipal parks
- Support indoor, noncompetitive, after-school recreation programs for children during winter months

### What Community Organizations Can Do:

- Adopt the 5-2-1-0 campaign or other public awareness campaign
- Encourage non-motorized commutes for clients and staff
- Promote stairwell use
- Incorporate a physical activity assessment, as part of intake or other case management

### What Worksites Can Do:

- Promote stairwell use
- Offer payroll deduction plans for discounted gym membership
- Offer time off or other incentives to increase physical activity

### What Health Care Providers Can Do:

- Assess physical activity levels at every office visit
- Assess BMI at every office visit
- Develop electronic or other referral resource lists for health care providers
- Encourage non-motorized commutes for clients to community organizations
- Promote stairwell use

### What Communities Can Do:

- Create “shared-use” paths that connect to destinations are needed
- Establish designated bike lanes with signage and pavement marking
- Create park signage and program guides for non-English readers
- Adopt Complete Streets plans

## Section 8. Tobacco-Free Living

### Introduction



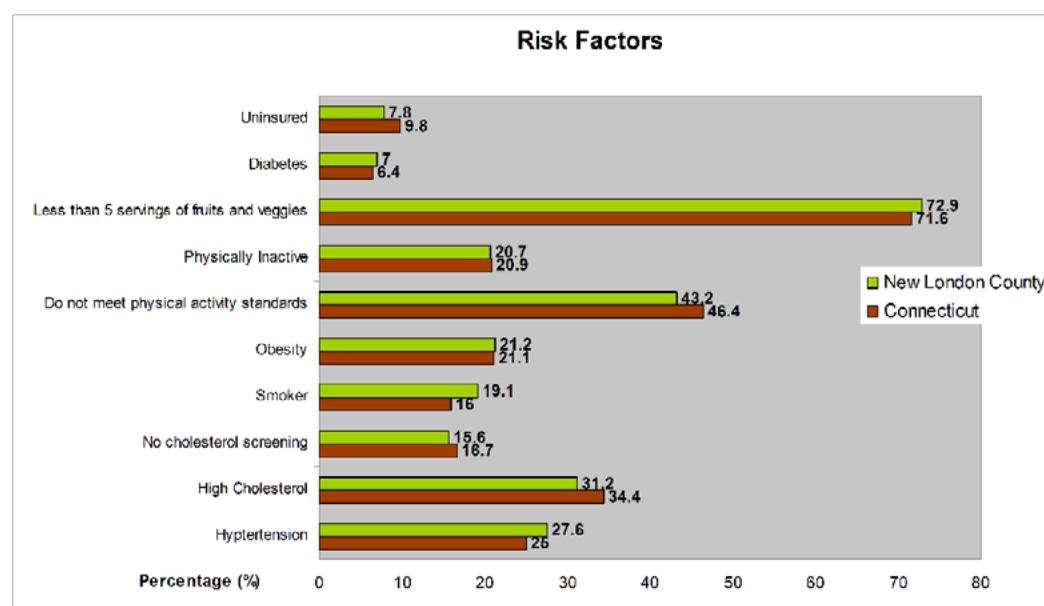
Tobacco use is the single most preventable cause of death in the United States. Each year, cigarette smoking and exposure to secondhand smoke causes 443,000—or 1 in 5 deaths. Economic losses are also staggering. Smoking-caused diseases result in \$96 billion in health care costs annually. The impact of cardiovascular disease can be greatly reduced by preventing tobacco use and reducing the number of individuals that use tobacco, especially those that smoke. Rates of lung cancer and other pulmonary diseases can be drastically reduced by initiating strategies designed to increase the price of tobacco products, prohibit their use in public spaces, provide support for those wanting to quit smoking and improving clinical protocols that counsel patients on their tobacco use.

Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control. In fact, almost 60 percent of U.S. children aged 3-11 years—or almost 22 million children—are exposed to secondhand smoke. Secondhand smoke is a cancer-causing agent, containing hundreds of chemicals known to be toxic.

Secondhand smoke causes premature death and disease in children and in adults who do not smoke, and children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Secondhand smoke exposure can cause children who already have asthma to experience more frequent and severe attacks. Babies whose mothers smoke while pregnant or who are exposed to secondhand smoke after birth develop lung dysfunction, which increases the risk for many lifelong health problems. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and may cause heart disease and lung cancer. According to the CDC, there is no risk-free level of exposure to secondhand smoke.

### Key Findings

According to the 2005-2009 CT Behavioral Risk Factor Surveillance System (BRFSS), 19% of New London County residents identified themselves as smokers--higher than state rate of 16%. In reality, the number of tobacco users are much higher, since the BRFSS neither includes teens nor includes other forms of tobacco.

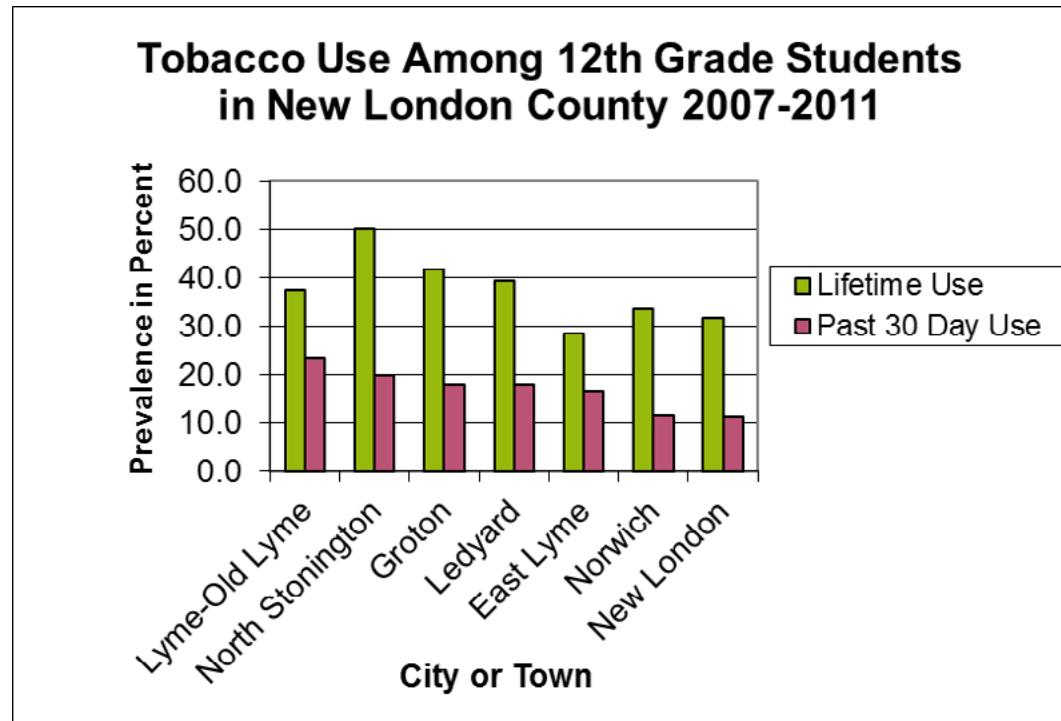


Source: 2005-2009 CT  
Behavior Risk Factor  
Surveillance System Risk  
Factors for Cardiovascular  
Disease



In addition, the 2006-2009 Southeastern Regional Action Council (SERAC) Youth Survey shows 18% of 12th grade students in New London County reported smoking in the past 30 days. Rates for girls were slightly higher (21%) than boys (18%). Geographic disparity exists, as tobacco use among 12th grade students is highest in rural areas of the county. In the American Lung Association's "Cutting Tobacco's Rural Roots" report, America's rural population is a group that is more heavily impacted by tobacco use. People living in rural communities are more likely to use tobacco and they have especially high rates of smokeless tobacco use. Rural Americans are also more likely to be exposed to secondhand smoke and less likely to have access to programs that help them quit smoking.

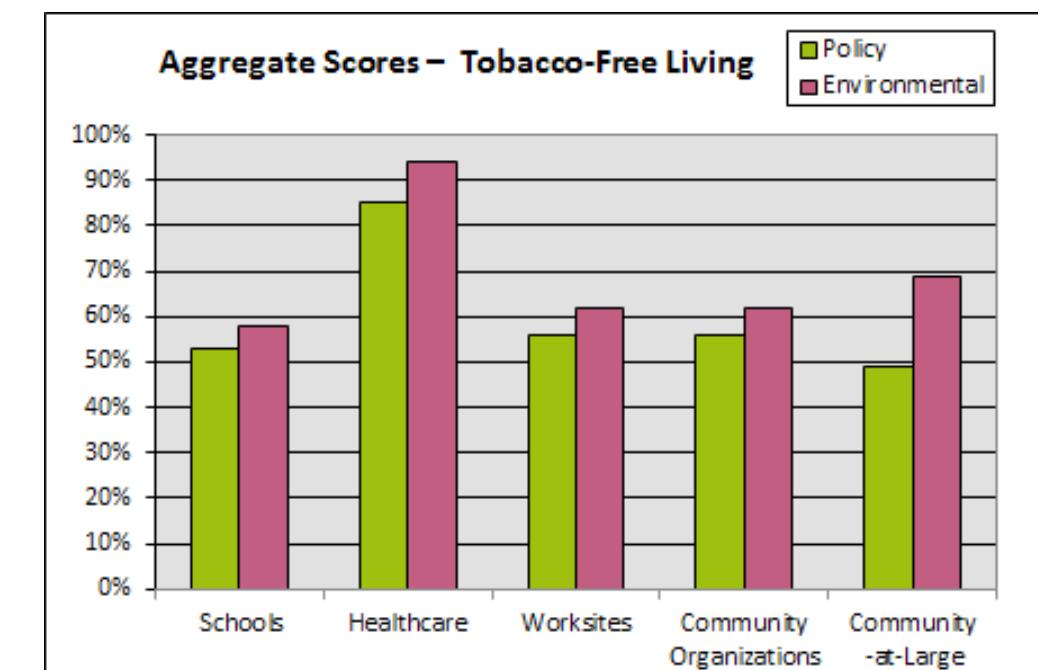
Many schools in New London County benefit from participation in a substance abuse prevention coalition. Coalitions routinely survey students about their knowledge, attitudes, and behavior related to tobacco and other drugs. This includes core measures, e.g., lifetime use and past 30-day use. Schools and substance abuse prevention coalitions most often use these data to engage the community, target their interventions and educate students.



## CHANGE Tool Results

Combined CHANGE Tool scores indicate that health care providers have adopted strong anti-tobacco policies and that an outstanding culture of non-tobacco use supports these policies. While the communities-at-large, community organizations, schools and worksites scores were relatively high on social norms or conditions that support non-tobacco use, tobacco-related policies lag far behind those of health care providers.

Note: The community organizations that completed the CHANGE Tool shared that among clients, tobacco use is very common and that clients were very resistant to change.



Source: 2013 New London County CHANGE Tool Survey

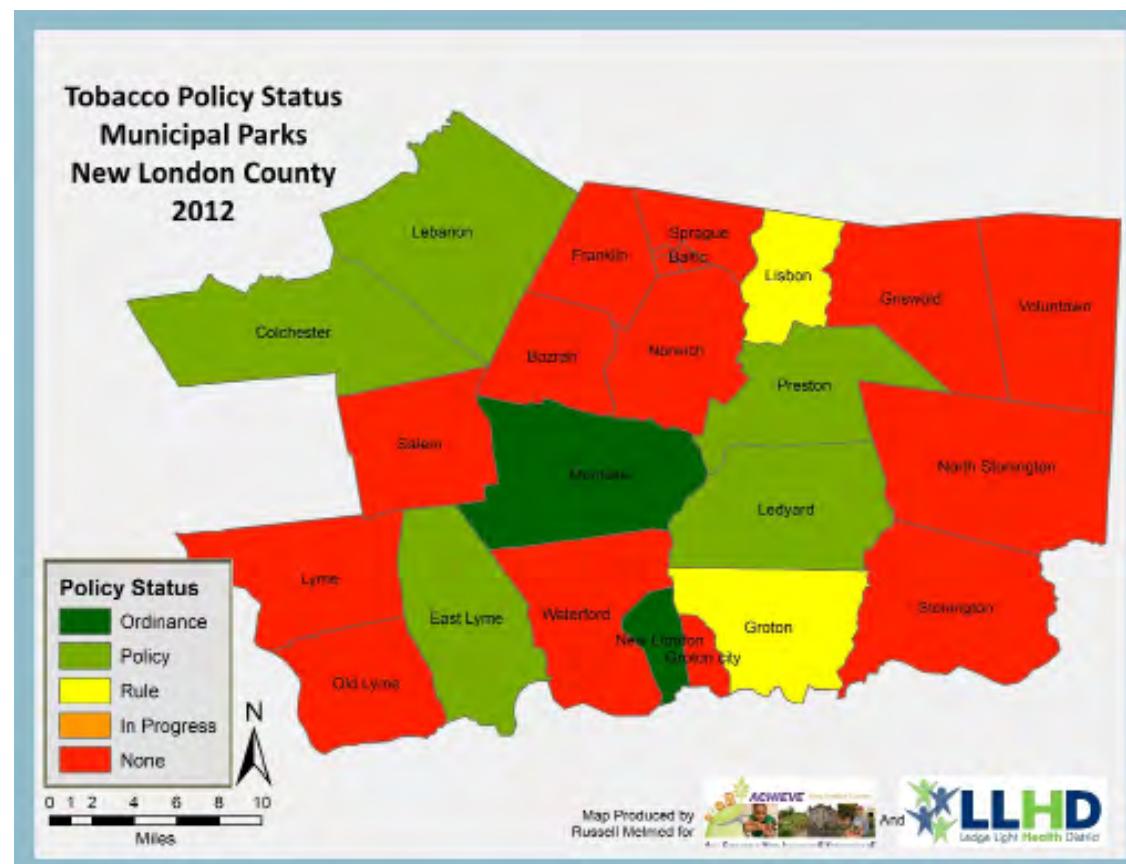
## Community Assets

### a) Existing Policies:

The number of tobacco-related policies continues to increase in New London County through federal, state and local policy initiatives. While policies to limit tobacco advertising remain difficult to legislate, policies requiring health care providers to screen patients for tobacco use are being implemented nationwide. United Community and Family Services (UCFS) has smoke-free policies, and "meaningful use" initiatives that measure tobacco assessment and intervention. UCFS, Community Health Center, L+M Hospital and Generations Family Health Center have adopted smoke-free policies across all service locations.

Policies prohibiting tobacco use in public places is becoming more popular among elected officials and other decision makers as a way of reducing exposure to tobacco smoke and preventing children from becoming smokers. State law prohibits smoking on school property. While a growing number of businesses, including restaurants, have banned smoking indoors, smoking persists at many outdoor venues. Policies that ban tobacco advertisements and promotions are in place at all schools, organizations and most city and town offices.

Municipalities completing the CHANGE Tool identified their level of tobacco-free public spaces policies. A growing number of municipalities have adopted tobacco-free parks by establishing a rule or policy by their recreation commission or council. In addition, many municipalities have passed an ordinance, voted on by their city or town council, which usually carries with it a civil penalty for non-compliance.



### b) Existing Systems

- Uncas and Ledge Light Health Districts, Generations Family Health Center, United Community and Family Services and Community Health Center all offer tobacco cessation programs
- The Tobacco Cessation Alliance for vulnerable populations living with HIV was formed by Gay/Lesbian Alliance.
- The CT AIDS Drug Assistance Program provides nicotine replacement and Chantix®, as part of their Medicaid and Medicare formulary, and prescribed through the Lawrence and Memorial Hospital Infectious Disease Clinic
- CT Quitline (1-800-QUIT-NOW)
- 2-1-1 Infoline

### c) Existing Environmental Changes

- Tobacco or smoke-free parks display signage and policies are communicated to the public
- Hospitals and clinics have smoke-free signs prominently displayed
- All public schools prohibit tobacco use on campus and Tobacco-Free Zone signs are prominently displayed. Tobacco policies are printed in student/parent handbooks

## Tobacco Use Prevention and Smoking Cessation Programs/Policy Initiatives

### A. Quick View:



#### 1. Cessation Support Programs

- Ledge Light Health District (LLHD)
- Uncas Health District (UHD)
- Backus Hospital
- Lawrence and Memorial Hospital (L+M)
- American Cancer Society (ACS)
- CT Quit Line (800-QUIT-Now)
- American Lung Association (800-LUNG-USA)
- Freedom from Smoking Online Education (ffsonline.org)
- Not on Tobacco Program, Groton Public Schools
- United Way 2-1-1 Infoline
- Alliance for Living (for members only)
- Department of Health and Human Services Online (www.Smokefree.gov)
- Employer Health Insurance (A growing number of health insurance programs)
- Groton Public Schools (ALA Not on Tobacco Program)
- United Community and Family Services (UCFS) offers "Rewards to Quit" for Husky A, C, D members

## 2. Relapse Support Programs

- a. L+M Hospital
- b. CT Quit Line (800-QUIT-Now)
- c. American Lung Association (800-LUNG-USA)

## 3. Prevention

- a. UHD – school-based programs
- b. LLHD – Groton Adolescent Substance Abuse Prevention & Ledyard Safe Teens Coalitions
- c. Social Marketing (Signage/ No Smoking)
- d. New London Community and Campus Coalition
- e. Local youth service bureaus – with funding through the Department of Mental Health and Addiction Services
- f. UCFS - Screening Brief Intervention and Referral to Treatment Program (SBIRT) – screens primary care and women's health patients for tobacco, alcohol and drug use/abuse and provides health education, brief intervention and referral to treatment if necessary.

## 4. Policies and Ordinances

- a. Towns of Colchester, East Lyme, Ledyard, Lebanon and Preston have tobacco-free parks policies
- b. Towns of Groton and Lisbon have smoke-free parks rules
- c. Town of Montville, City of Groton and City of New London have tobacco-free parks ordinances
- d. Community health centers, i.e., Community Health Center, UCFS and Generations Family Health Center, and hospitals have smoke-free campus policies in place
- e. United Community and Family Services has a smoke-free policy, and Centers for Medicare Services "Meaningful Use" initiative that measures tobacco assessment and intervention

## B. Tobacco Use Prevention/Cessation Programs

### 1. Uncas Health District Programs

- a. Middle School Program: The UHD's Tobacco Prevention and Cessation programs, in cooperation with the Norwich Public Schools ASPIRE after-school program are providing evidence-based prevention programming to middle school students at Teacher's Memorial Middle School and Kelly Middle School and cessation counseling to high school students at Norwich Free Academy. The Public Health Program Coordinator at the UHD has been trained to facilitate the evidence-based Botvin's Life Skills Training program with middle school students and is certified in the ALA Freedom from Smoking program.
- b. Social Marketing: To guide prevention programs towards best practices and consistent messaging, Yale School of Medicine professor and tobacco use prevention and cessation expert, Dr. Benjamin Toll, is providing training and consultation on positive messaging and research related to prevention and cessation methods that have statistical significance. The prevention program assists students in designing and implementing a service learning project that educates others and promotes prevention principles on a community-wide basis.
- c. Smoking Cessation: The Freedom from Smoking facilitator offers relaps prevention through follow-up care, support and referral to the CT Quit Line.

## 2. Ledge Light Health District Programs



in Groton. In 2011, LLHD partnered with Groton Public Schools and members of its School Wellness Committee to improve tobacco policies, enhance prevention curricula and offer cessation facilitation training to staff and faculty. A tobacco-free parks policy was adopted by Groton Parks and Recreation in 2011 and a smoke-free parks ordinance was adopted by the City of New London in 2012.

- a. Smoking Cessation: LLHD has certified ALA Freedom from Smoking Program facilitators; LLHD holds cessation clinics at locations throughout East Lyme, Ledyard, Groton, New London, and Waterford, in addition to offering individual support for smokers who are attempting to quit. When grant funds are available, LLHD offers free nicotine replacement therapy in addition to cessation counseling and continues to support participants' efforts to obtain free or low-cost NRTs through their insurance provider, the QuitLine and other resources.
- b. Policy Change: LLHD has a long history of advocating for policy and environmental change regarding tobacco, beginning with the successful effort to prohibit tobacco vending machines
- c. Tobacco Law Compliance: LLHD works to educate tobacco merchants about the use of tobacco by minors. This has included hosting tobacco merchant seminars, visiting tobacco outlets that are cited for violations, advocating for merchants to move tobacco advertising away from other products marketed to minors and creating and distributing a statewide campaign to educate merchants, school districts and police departments about CT's new minor tobacco possession law.

### 3. Alliance For Living Programs

- a. Tobacco Cessation: Alliance for Living provides free smoking cessation programs for individuals living with HIV, facilitated by the Gay/Lesbian Alliance. The CT AIDS Drug Assistance Program provides nicotine replacement and Chantix®, as part of the Medicaid and Medicare formulary, and prescribed through the L+M Hospital Infectious Disease Clinic.

### 4. Backus Hospital Programs

- a. Tobacco Cessation: Backus offers the American Lung Association Freedom from Smoking cessation classes every 9 weeks. The cost is \$50 for the course, refunded in total if person attends all 8 sessions.
- b. Policy: Hospitalized inpatients that are identified as smokers receive counseling from respiratory therapists and subsequent recommendation to attend next Freedom from Smoking class.
- c. System Change: Backus has established a "smoking cessation committee" that includes the community education nurse, director and supervisor from Respiratory Therapy Department, community benefits manager, pulmonologist and the clinical research assistant.
- d. Prevention Programs: Community events and a school prevention program entitled, "Smoking Stinks" are promoting tobacco prevention. Backus participates in the Million Hearts Campaign, through the Mohegan Tribal Health Department.

### 5. Lawrence and Memorial Hospital Programs

The Smoke-Free Campus policy was adopted in September 2008. The policy was adopted ahead of the Connecticut Hospital Association campaign to prohibit smoking on the property of all CT hospitals. There are tobacco cessation supports for employees but none at present for the public.

## 6. Generations Family Health Center Programs

- a. Tobacco Cessation: Cessation programs are not currently offered due to end of supporting grand-funds. Cessation referrals are now only done on an individual basis inpatient care setting.
- b. Policy: UCFS has adopted a smoke-free policy across all service locations since January 2011.
- c. Prevention Programs: All patients seen at the health center are assessed for current and previous tobacco use. Any positive findings are addressed through patient education, and an offer of referral for treatment or cessation programs is made as indicated.

## 7. United Community and Family Services Programs

- a. Policy: Health Center has adopted a smoke-free policy across all service locations to be implemented as of January 2013.
- b. Prevention Programs: Screening Brief Interventions and Referral to Treatment Program (SBIRT) – screens primary care and women's health patients for tobacco, alcohol and drug use/abuse and provides health education, brief intervention and referral to treatment if necessary.

## Recommendations

### What Schools Can Do:

- Improve or create a referral system to help students access tobacco cessation resources or services, e.g., American Lung Association Program – "Not on Tobacco"
- Utilize the school health council, or wellness team, to make recommendations on school health policies
- Establish policies that offer incentives for teachers and staff to quit smoking

### What Community Organizations Can Do:

- Create and operationalize a referral system to smoking cessation programs
- Establish tobacco-free places signage
- Adopt policies that promote tobacco-free school campuses
- Provide Freedom from Smoking training to those interested in facilitating the program
- Make all events, programs and meetings tobacco-free
- Participate in statewide and local coalitions

### What Worksites Can Do:

- Institute a smoke-free campus policy 24/7 for outdoor public places
- Refer staff to smoking cessation programs
- Provide time off or other incentives for employees attending smoking cessation programs

## What Health Care Providers Can Do:



**CONNECTICUT**  
**QUITLINE**  
**I-800-QUIT-NOW**

- Provide regular counseling about the harm of tobacco use and exposure during all routine office visits
- Assess patients exposure to tobacco smoke at all office visits
- Participate in local tobacco prevention/reduction coalitions
- Provide smoking cessation programs
- Implement a referral system to help patients access resources, e.g., cessation, Quitline, etc.
- Prohibit smoking within 30 feet of the office entrance and exits

### What Communities Can Do:

- Create a referral system for residents wanting to access tobacco cessation programs
- Regulate the number, location, and density of tobacco retail outlets
- Institute a smoke-free policy 24/7 for outdoor public places
- Adopt a smoke-free housing policy or ordinance for public housing and advance efforts to reduce exposure to environmental tobacco smoke in multi-unit rental properties
- Ban tobacco advertisements (e.g., restrict point-of-purchase advertising or product placement)



## Section 9. Community and Clinical Preventive Services

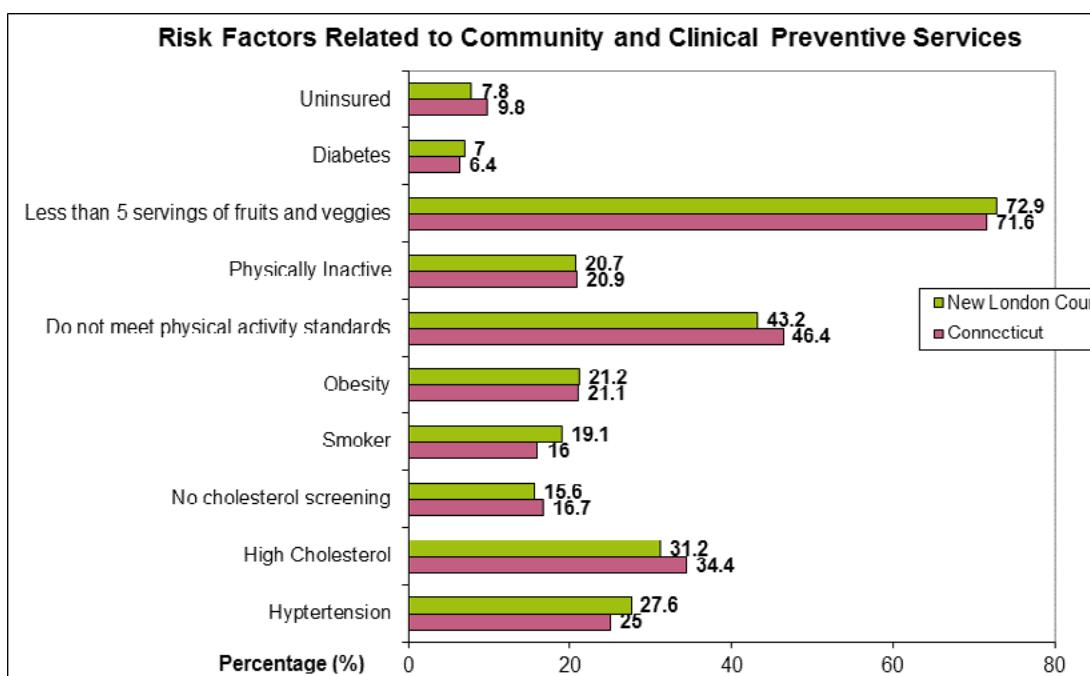
### Introduction

The impact of cardiovascular disease can be greatly reduced by having recommended health screening and other preventive care services. Community and clinical preventive services are at their best when they identify heart disease risk factors early and provide a supportive environment in which a partnership can be formed for the patients' health care. Many cardiovascular disease risk factors such as high blood pressure, high cholesterol, excess weight, poor diet, smoking and diabetes can be prevented or treated through health behavior change and appropriate medication. Some unpreventable risks for cardiovascular disease are related to heredity, medical history, age, gender and race. There are also a number of underlying social, economic and cultural determinants of cardiovascular disease such as stress, education level, income and insurance status.

Evidence-based guidelines for health care providers include screening, diagnosis and treatment of cardiovascular disease risk factors and working with patients to determine the best self-care for these conditions. A comprehensive approach to helping all county residents achieve the health benefits of community and clinical preventive services is not only the responsibility of primary care providers, but also includes hospitals, public health departments, school-based health centers, community health centers and other outpatient clinics. School nurses, employee health programs, municipalities, health teachers and community organizations all play an important role in providing or advocating for health screenings and often clinical care.

### Key Findings

According to the 2005-2009 CT Behavioral Risk Factor Surveillance System, 27.6% of New London County residents report having high blood pressure--higher than the state average. 31.2% of residents report having high cholesterol, while 7% report having diagnosed diabetes. In reality, the numbers are much higher, since a growing number of Americans are affected by these conditions and have no symptoms. This is why heart disease is often referred to as the "silent killer."



### Focus Group Results

#### Community Needs



1. Use of treatment guidelines are sporadic - It is unclear how many primary care providers are using the treatment guidelines or what other preventive services they are providing and to whom (i.e., are all patients provided counseling about tobacco, physical activity and screened for lipid disorders, diabetes, BMI?)
2. Opportunities for patients to be seen "after-hours" are limited, and nearly nonexistent for pediatrics
3. Health care providers most commonly operate in silos, where a lack of awareness and communication exists between many health care practices
4. There is limited access to specialty care providers for Medicaid patients and those with inadequate insurance (i.e., orthopedists and cardiologists)
5. Transportation and public transportation continue to create barriers to accessing preventive health care
6. Fee-for-services and the high volume of patients may compromise quality care
7. Patients' lack of knowledge and commitment to their own health may contribute to poor health outcomes
8. Growing financial burden of health care continues to outweigh available resources
9. A trained and experienced health care workforce of medical professionals that represent the cultures and languages of New London County is a major gap
10. Nurse management resources are needed, to care for patients with chronic disease
11. There is limited access to culturally competent health education opportunities by health educators who represent the cultures and languages of New London County
12. Communication between health facilities is often made difficult by electronic health information systems that are not integrated
13. Improved access to specialty care is needed, both geographically and financially
14. Expansion of best-practice, blood pressure self monitoring is needed as rates of hypertension increase
15. Greater participation in prevention initiatives by employers and community organizations, i.e., the Million Hearts Campaign and the ABCS of Heart Attack and Stroke Awareness Campaign
16. Dieticians and nutritionists are needed as part of a preventive health care practice
17. Adopt a comprehensive approach to obesity prevention – all steps, all partners. To include: patient and community education, screening, referral, nutrition counseling, etc.
18. Opportunities and supportive quit smoking programs are needed (e.g., smoking cessation programs)
19. Increase the number and diversity of health care professionals, e.g., pharmacists, nutritionists, therapists, nurses, etc., by improving recruiting, training and retaining professionals that mirror the culture of the community. Visiting all schools every year to encourage careers in health care and knowledge about public health opportunities

20. Improvements in cardiovascular-related medication use are needed:

- Improve access to medication
- Improve patient education about medication use
- Improve coordination between providers, pharmacists and insurers
- Improve treatment adherence
- Address issues of medication adherence

21. There is a disconnect between the formulary that is used by CHC and hospitals

22. Training is needed for pediatricians on the appropriate use of asthma medication

23. An improved system for transitioning patients from inpatient hospitalization to home health care

24. "Parish nurses" are not usually compensated for their work in faith-based organizations, especially in the minority community

25. A network of community health workers indigenous to the community is needed

**Community Assets**

**a) Existing Policies:**

Electronic Health Records are being used universally and "meaningful use" requirements are being fully implemented, which has resulted in more effective use of screening tools that assess nutrition, physical activity, tobacco use or exposure to tobacco smoke and other behaviors. It also allows for sorting by risk behavior so that interventions can be targeted to patients who need support.

**b) Existing Systems:**

- Two hospitals have cardiac and stroke units, diabetes centers, strong health education and outreach programs and clinical weight management programs for children and adults. Three community health centers operate independently and provide a variety of medical services, primarily to low-income, uninsured and Medicaid patients. These community health centers are important ACHIEVE New London County partners, as they have established relationships with vulnerable populations and those with the poorest health outcomes.
- Hospitals and health centers are also establishing multicultural committees to ensure improved cultural competence through training, recruitment of an ethnically diverse workforce and events that honor various cultures in the community. Generations Family Health Care participates in the HRSA Health Disparities Collaborative, with an emphasis on diabetes care.
- Community Health Centers have 340B pharmacy plans or are coordinating pharmacy services with local pharmacies.

**c) Existing Environmental Changes**

- Many of the health care providers have associations with local farms that have either established farmers markets' at their site, have established Rx for Health Program that give coupons for the farmers' markets, or participate in Community Supported Agriculture (CSA) programs.
- Hospitals and clinics participate on a variety of coalitions to improve health in various sectors: schools, work sites, communities, etc. One notable partnership is aimed at building a community center in the City of New London.

**CHANGE Tool Results**

Combined CHANGE Tool scores indicate that while policies and a culture of supporting community and clinical preventive services and chronic disease management exist in health care settings, there is generally a lack of support for clinical preventive services and chronic disease management in settings where people work and learn. Schools and worksites generally lack policies and an environment where children and adults learn about preventive care, emergency response to someone experiencing heart attack or stroke, and chronic disease management.

Aggregate Scores: Chronic Disease		
	Policy	Environmental
Schools	33%	46%
Health Care	95%	94%
Worksites	35%	46%
Community Organizations	35%	46%
Community-at-Large	59%	57%

**Opportunities for Improving Policies, Systems and Environmental Conditions, as Identified by the 2013 New London County CHANGE Tool Survey**

**1. Policies:**

- Enhance access to childhood overweight prevention and treatment services to reduce health disparities
- Improved use of CDC treatment guidelines for heart disease
- Assess exposure to environmental tobacco smoke
- Assess physical activity levels at every office visit and provide regular counseling about the health value of physical activity during all routine office visits (CHC)
- Standardized BMI measurement in schools with linkage to obesity prevention programs

**2. Systems:**

- Improve the electronic health record systems where interface is limited
- Adopt a plan or process to increase patient adherence to chronic disease treatment. (e.g., Clinical pharmacist as part of a patient care team – UCFS) (Access to endocrinologists and diagnostic testing is not adequate to screen children for high cholesterol – CFA)
- Distribute automated BP Cuffs, pedometers, education materials to patients with elevated blood pressure – self blood pressure monitoring
- Provide providers with linkages to local resources so they can make appropriate referrals for chronic disease management and risk reduction programs.
- Increase opportunities for CPR training in schools

3. Environmental Conditions:

- Adopt strategies to educate residents on the importance of controlling high blood pressure, cholesterol, blood sugar and obesity
- Strategies to educate residents on the importance of preventive care are needed, especially for vulnerable populations
- An education campaign is needed to educate residents on heart attack and stroke symptoms and when to call 9-1-1 (schools, community, worksites)
- Stairwell use should be promoted in buildings where stairs are available
- Breastfeeding initiatives for current and future moms should be more widely adopted

## Existing Community and Clinical Preventive Services and Programs

### Public Health Departments



#### 1. Ledge Light Health District

Ledge Light Health District (LLHD) serves the towns and cities of East Lyme, Groton, Ledyard, New London and Waterford, CT. LLHD participates in community coalitions and partnerships to address chronic disease and associated risk factors (e.g., obesity, diabetes, tobacco use, etc.) LLHD also participates in the public policy process, which highlights the need for community changes to prevent and reduce chronic disease risk factors. The ACHIEVE New London Initiative of 2009 resulted in the following activities, programs and policy initiatives:

1. Live Well Chronic Disease and Diabetes Self-Management Programs: LLHD worked to expand the number of trained facilitators, recruited Spanish speaking facilitators and established the New London County Live Well Facilitators Network to support facilitators in their work, share resources and coordinate the schedule and location of programs.

2. "Know Your Numbers": The ACHIEVE Coalition created a "Know Your Numbers" campaign in Spanish and English aimed at educating the community about hypertension, blood sugar, cholesterol, BMI and waist circumference; serve as a resource list for patients and providers; and provide an opportunity for patients to monitor their own risk factors. The campaign included posters that were hung in waiting areas and exam rooms, brochures that were provided to clinicians and community organizations and wallet sized screening cards for patients.

3. Heart Attack and Stroke Curriculum: New London Public Schools adopted a new curriculum for grades K-5 that teaches the signs and symptoms of heart attack and stroke and the importance of calling 9-1-1. Annually, more than 5,000 children in New London now get this information.

4. Community Transformation Initiative: In partnership with Uncas Health District, LLHD worked with its partners to broaden the reach of ACHIEVE to include all 21 municipalities in New London County. With funding from the Centers for Disease Control and Prevention a strategic plan was adopted to promote policies, systems and environmental conditions that improve cardiovascular health and prevent chronic disease.

In addition, LLHD partners with the Visiting Nurses Association of SECT to provide blood pressure and cholesterol screenings of minority populations through comprehensive prevention programs.

For more information, contact Ledge Light Health District – 216 Broad Street, New London, CT, 06320. Phone: (860)-448-4882. Website: llhd.org



#### 2. Uncas Health District

Uncas Health District (UHD) serves the towns and cities of Bozrah, Griswold, Lisbon, Montville, Norwich, Sprague and Voluntown. UHD provides cardiovascular disease education to various groups, including students at Norwich Free Academy, nursing students and incoming freshmen at Three Rivers Community College, senior citizens and other groups.

The evidence-based American Heart Association "Search Your Heart" Program is used to help participants assess their risk factors for heart disease, stroke and chronic kidney disease. The program prompts participants to explore how to live a heart-healthy lifestyle and make changes that will positively impact their cardiovascular health. This is accomplished through a combination of classroom lectures, hands-on activities to assess diet and physical activity, blood pressure and cholesterol screenings, CPR training, stress reduction training, and a discussion on tobacco cessation techniques.

The program objectives and goals are three-fold: (1) to teach students how to recognize the signs and symptoms of heart disease and stroke; (2) to teach skills to help students maintain a heart-healthy lifestyle. This includes increasing physical activity, reducing stress, keeping blood pressure and cholesterol at normal to near normal levels, lowering fat and sodium intake, reading food labels and consuming smaller portion sizes. (3) each student will take positive action to impact their cardiovascular health.

For more information, contact Uncas Health District - 401 West Thames Street – Suite 106, Norwich, CT 06360. Phone: (860) 823-1189; Website: uncashd.org

#### 3. Health Departments of Franklin, North Stonington, Old Lyme, Plainfield, Preston, Salem and Stonington.

Many of these health departments provide environmental health services only and may operate on a part-time basis. No cardiovascular disease programs or policies are known. Contact the Connecticut Department of Public Health for a directory of health departments.

### Community Organizations



#### 1. United Community and Family Services (UCFS)

United Community and Family Services, Inc. is a health and human services organization that has been serving Eastern CT for over 135 years. With service sites in New London, Colchester, Norwich, Griswold and Plainfield, its service area includes New London County and parts of Windham County. UCFS became a federally qualified health center (FQHC) look-alike health center in 2002. As such, it is required to track quality outcomes that include measures of weight management, tobacco cessation and cardiovascular health. These measures are benchmarked against state and national FQHCs, and are based on Healthy People 2020 goals.

#### Examples of Objectives and Goals:

- Percentage of diabetic patients whose HbA1c levels are less than 7%, less than 8%, less than or equal to 9% or greater than 9%
- Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90
- Two separate measures track adult and pediatric patient BMI, including whether or not the BMI was captured, and whether weight management and nutrition counseling was provided
- Percentage of tobacco users age 18 or older who were queried about tobacco use, and of those who use tobacco, percentage who received advice and support options to quit
- Percentage of patients age 18 years and older with a diagnosis of CAD prescribed a lipid lowering therapy

- Percentage of patients age 18 years and older who have acute myocardial infarction, coronary artery bypass graft or percutaneous transluminal coronary angioplast, or who had a diagnosis of Ischemic Vascular Disease, who use aspirin or another antithrombotic.

Examples of ways outcomes will be achieved:

- Overall, UCFS' comprehensive and integrated service delivery model (including primary medical, women's health, oral health and behavioral health) provides UCFS patients with a holistic approach to health care.
- UCFS implemented an Electronic Health Record in 2012 which encompasses all its practices, allowing a single chart to be used for all patients, capturing data on all services being provided. This allows providers to better manage patient care. Provider-level dashboards are being created for UCFS' performance measures to improve the quality of patient care.
- In 2013, a Patient Portal was added to its EHR to allow patients to better access their records, schedule appointments, etc.
- Diabetic patients are recorded in a registry that allows for careful tracking and follow-up. They are also provided group visits that teach self-monitoring techniques and provide motivation.
- Hypertensive patients are recorded in a registry that allows for careful tracking and followup. Since 40% of UCFS' diabetic patients also have cardiovascular disease, capturing them in both registries allows for heightened monitoring. UCFS is also working on a pilot project to teach hypertensive patients to self-monitor blood pressure at home.
- UCFS has developed a "Healthy Lifestyle" preventive questionnaire that captures information about all aspects of a patient's lifestyle, which prompts providers to address their health risk factors, including exercise, nutrition, tobacco use, alcohol use, etc.
- Screening Brief Intervention and Referral to Treatment Program (SBIRT) – screens primary care and women's health patients for tobacco, alcohol and drug use/abuse and provides health education, brief intervention and referral to treatment, if necessary.

For more information contact - UCFS, 47 Town St., Norwich, CT 06360; Phone: (860) 892-7042; Website: [ucfs.org](http://ucfs.org)



2. Visiting Nurse Association of SECT (VNASC)  
The visiting nurses care for individuals in their own homes following a cardiac protocol that is derived from the Health Care Quality Initiative and individual physician orders. Registered nursing staff also conduct community clinics across southeastern CT to coach

patients in self-directed health care, blood pressure, cholesterol and diabetic screening. 25 home healthcare staff were certified in chronic care management in 2013. The VNASC has an active daily census of 950-1000 individuals.

For more information contact - VNASC, 403 North Frontage Rd., Waterford, CT 06385; Phone: (860) 444-1111; Website: [vnasc.org](http://vnasc.org)



3. Community Health Center, Inc. (CHC)  
The Groton and New London sites of CHC, along with school-based health centers at the ISAAC School, provide quality care and health education to over 10,000 patients in Southeastern Connecticut. CHC is a federal qualified health center (FQHC); in conjunction with federal guidelines CHC has implemented a robust electronic medical records system and is tracking quality outcomes related to cardiovascular health. The staff of CHC is particularly interested in reducing health disparities among their patients by implementing support groups, culturally sensitive education, and procedures about regular health screenings and access to behavioral health services. For more information contact - CHC, 1 Shaws Cove, New London, CT 06320; Phone: (860) 447-8304

## Recommendations

### What Schools Can Do:

- Make CPR training classes available for students, parents and staff
- Integrate information about the signs and symptoms of heart attack and stroke into curriculum at all grade levels
- Offer clinical weight management programs for children
- Enhance the scope of School Wellness Committees to include promotion of chronic disease management
- Provide chronic disease self-management education to individuals identified with chronic conditions (e.g., asthma, and diabetes)
- Offer cholesterol screening for children with identified risk factors

### What Community Organizations Can Do:

- Make CPR Training available for clients and staff
- Provide chronic disease self-management and diabetes self-management programs to individuals identified with chronic conditions, e.g., asthma, and diabetes
- Establish a line-item budget for health promotion
- Establish wellness teams comprised of staff, clients, board members, and other stakeholders

### What Worksites Can Do:



- Work with Chambers of Commerce to promote worksite wellness
- Establish employee health or worksite wellness team and offer programs
- Municipal employers can work with the Council of Governments to establish a compendium of best-practices on their website
- Provide time off for preventive services, e.g., mammograms, dental health and other screenings
- Provide time off for onsite programs, e.g., Weight Watchers, CPR training or other health education programs

## What Health Care Providers Can Do:



- Provide weight management programs for children and adults
- Create a community resource list unique to each community
- Add a clinical pharmacist to staff to improve coordinated care
- Provide a self-monitoring blood pressure program
- Expand after hours appointments
- Expand use of "My Health Check" or other online portals
- Refer patients to chronic disease and diabetes self-management programs

## What Communities Can Do:



- Provide CPR and first aid training in multiple languages
- Adopt strategies to educate residents on the importance of preventive care
- Adopt strategies to educate residents on the importance of controlling high blood pressure, cholesterol, blood sugar and obesity
- Adopt strategies to educate residents on heart attack and stroke symptoms and when to call 9-1-1
- Address health disparities

## Section 10. Political and Public Will

### For Town Officials and Community Organizations



The phrase "Community Transformation" comes from a bold and ambitious desire to achieve widespread results that have never been seen before. This transformation program for community health has been more thoroughly planned than anything that has come before it. We have obtained and shared with municipal officials a set of information tools that are unsurpassed.

What also separates our mission from so many great ideas that have quickly died on the budget table, is that our mission is not too heavily dependent on finding new funds whose source is little more than hope and imagination. Whether they are taxpayers or charitable donors, people are rarely motivated to give to a 'budget,' but they will often write a larger check for an achievable better

community. The future we expect to see is one that will appeal to all the diverse towns in our county, acting both jointly and independently to meet their widely different needs. Before anyone needs to worry about where the money will come from, let us cultivate each other's political will to do something great – something for the greater good that will last beyond our own careers and terms of office.

### Political Will

Political Will, for the purpose of this report, is based on a series of group and individual meetings with the following representatives from New London County: a) local elected officials and municipal administrators, representing communities-at-large; b) community institution administrators, representing human and social service agencies; c) school superintendents, representing public school districts; d) employers, representing area worksites; and e) health care administrators and staff, representing hospitals, clinics and other health care providers.

In addition to the 282 CHANGE Tool questions used to assess current policies, systems, and environmental conditions, the CHANGE Tool survey also asked those participating which of the CDC's best-practice strategies to prevent cardiovascular disease would be the most important, and which would be the most feasible or easiest to implement. While this is not a pure indication of political will, the responses do suggest a high level of interest in improving the community. CHANGE Tool respondents reported a number of existing policies and environmental supports which demonstrate public and political will for change related to the CTG Strategic Directions.



*"The future of our nation's health, and the success of our health care system will be for us to focus on health care, not sick care. Better awareness of diet, nutrition, and personal exercise programs will lead to healthier people and, in turn, healthier communities."*

*- Paul Formica  
First Selectman, Town of East Lyme*

## Communities-At-Large



The Community Health Assessment and Group Evaluation (CHANGE) Tool was administered to officials of East Lyme, Montville, Ledyard, Preston, Sprague, Lisbon, Franklin, and the cities of Norwich, Groton, and New London.

In general, the elected officials and other municipal leaders interviewed were hesitant to support any change in policy that might create a hardship on local business owners, e.g., ordinances to restrict tobacco vending, restaurant food labeling, or restriction on the use of trans fats, etc. Overall there was above average support for opportunities to increase levels of physical activity, as demonstrated by projects outlined in their current municipal Plans of Conservation and Development (POCD), e.g., im-

provements to recreational facilities, trails, parks, and roads. Municipal leaders were not in favor of raising property taxes to implement these plans. Instead, they prefer to work through multiple sources to secure grants and state funds to make major improvements. The municipal POCDs can be viewed on the Connecticut OPM website.

The Southeastern Connecticut Council of Governments (SCCOG) is a public agency with representatives from 20 towns, cities and boroughs in New London County, formed to provide a basis for intergovernmental cooperation in dealing with a wide range of issues facing Southeastern Connecticut. Public health related issues include transportation enhancement projects, economic development, air and water quality, hazard mitigation, etc. The SCCOG is fully supportive of securing resources to make infrastructure changes that support municipal POCDs and address the health of County residents. Their Human Services Committee works to regionalize and align many of the social service and health needs of County residents.

CDC best-practice strategies outlined in the CHANGE Tool for communities-at-large were reviewed with elected officials, town planners, recreation directors, and others who came together as a team to complete the questionnaire. Political and municipal support were expressed for the following strategies to improve cardiovascular disease related health outcomes.

### 1. Identified as most important:

- Bike routes and pedestrian walkways connecting destinations (Southern tier of NL County)
- Provide access to parks, shared use paths and trails or open spaces within a walking distance of most homes
- Maintain a network of parks (improve school playgrounds in rural areas, which are used as municipal parks)
- Promote access to farmers' markets
- Institute a tobacco-free policy 24/7 for outdoor public places
- Adopt strategies to educate residents on the importance of preventive care
- Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) to supermarkets and large grocery stores
- Connect locally grown foods to local restaurants and food venues

### 2. Easiest to Implement:

- Maintain a network of parks (improve school playgrounds in rural areas, which are used as municipal parks)
- Increase use of schools during off-school hours
- Adopt Complete Streets policies

## Community Institutions



The CHANGE Tool was administered at Senior Resources, Alliance For Living, FRESH New London, Southeast Mental Health Authority, United Community and Family Services, United Way, Sound Community Services, YMCA, ARC, The Connection, Martin House, Reliance House, Sprague Community Center, Sprague Senior Center, TVCCA, and Riverfront Children's Center. Follow-up meetings were held with individual organizations to develop a workplan that included the following:

### 1. Identified as most important:

- Policies that promote healthy foods and beverages served at meetings and events
- Tobacco-free public spaces with signage
- Promotion of preventive health services
- Community awareness of signs and symptoms of heart attack and stroke
- Opportunities for physical activity
- Chronic disease self-management programs

### 2. Easiest to Implement:

- Signage and messaging to support breastfeeding
- Tobacco-free public spaces with signage
- CPR classes for staff
- Policies that promote healthy foods and beverages served at meetings and events

## Health Care Providers

The CHANGE Tool was administered at Lawrence and Memorial Hospital, Community Health Center, Child and Family Agency, Office of Dr. Peter Gates, Generations Family Health Center, and United Community and Family Services.

### 1. Identified as most important:

- Assess patient nutrition and physical activity level as part of a written checklist or screening used in all office visits
- Enhance access to childhood overweight prevention and treatment services to reduce health disparities
- Implement a referral system to help patients access community-based resources or services for nutrition, physical activity, chronic disease management and tobacco cessation
- Enhance free or low cost weight management or nutrition programs
- Adopt a plan to increase patient adherence to chronic disease treatment
- Promote collaboration between health care professionals for managing chronic disease

### 2. Easiest to Implement:

- Assess patient nutrition and physical activity level as part of a written checklist or screening used in all office visits
- Implement breastfeeding initiatives for current and future moms
- Clinical weight management programs
- Promote stairwell use

## Schools



CHANGE Tool data was collected in public schools only--private and religious schools were not surveyed. The CHANGE Tool was administered at the following districts: Ledyard, Montville, Sprague, New London, Preston and Groton Public Schools.

### 1. Identified as most important:

- Farm-to-School programs need improved coordination and support
- Aligning and coordinating school health/wellness committees
- School garden programs
- Improved policies are needed at day-care centers related to healthy eating/active living
- Increased opportunities for physical activity during and after school hours
- Improved nutritional policies for foods and beverages brought from home
- Smoking cessation programs for high school students
- CPR training offered to middle or high school students
- Standardization of BMI data - measuring, recording and reporting

### 2. Easiest to Implement:

- After-school opportunities for physical activity (with use of school facilities after school hours)
- School gardens
- Farm-to-School nutrition programs

## Worksites

The Community Health Assessment and Group Evaluation (CHANGE) Tool was administered at Bean and Leaf (restaurant), Town of East Lyme, and Mystic Seaport.

### 1. Identified as most important:

- Establishing employee health teams at worksites
- Establishing health promotion budgets
- Adopt tobacco/smoke free policies

### 2. Easiest to Implement:

- Adopt policies that guide foods and beverages at meetings and events
- Adopt tobacco/smoke-free policies

It should be noted that the strategies listed above were recommended by at least one CHANGE Tool respondent in the sector surveyed. While this is not a representative sample of sectors or the county as a whole, these strategies provide an excellent foundation for strategic planning by the ACHIEVE New London County Coalition. All sectors affirmed the need for funding to accomplish the kinds of change needed to improve health outcomes. While policy change costs less than maintaining and establishing physical conditions in the community, like sidewalks and grocery stores, elected officials are quick to point out that policy change often requires considerable time of community champions. In addition, the cost of communicating new policies was identified as a barrier. Municipal leaders suggest they might be more likely to change policy if funding was available for the signage, law enforcement or infrastructure changes needed to support these new policies.

Other public records, such as voting records, media stories and town/city council meeting minutes were not used to determine political will. These data sources may be used in the future to determine political support of ACHIEVE New London County strategies.

## Operationalizing Public Will

A. On March 7, 2013, ACHIEVE New London County Coalition held a prioritization session to review the Community Health Needs Assessment findings and prioritize the key issues for adoption and inclusion in the ACHIEVE New London County Health Improvement Plan. Through a process of strategic planning, the Coalition selected from among CDC best-practice policy, system and environmental strategies to address the Community Transformation Initiative's strategic directions: Healthy Eating and Active Living, Tobacco-Free Living, and Community and Clinical Preventive Services. Assessments were also completed by the New London County Food Policy Council and many local Children First Initiatives.

The following priority strategies were selected by the ACHIEVE New London County Coalition:

1. Decrease unhealthy beverage options
2. Improve county-wide nutrition in early child care settings
3. Increase access to fruits and vegetables in schools
4. Prevent and reduce tobacco use by increasing the number of places where tobacco use is prohibited
5. Improve county-wide physical activity (including minimal screen time) policies and practices in early child care settings
6. Increase the number of municipalities that adopt a "Complete Streets" plan
7. Implement systems to improve delivery of community and clinical preventive services
8. Provide outreach, including media, to increase use of clinical preventive services

There are numerous instruments utilized by organizations, elected officials, schools, businesses and health care providers to determine public will. The ACHIEVE New London County Coalition continues to examine those documents which suggest public support for various targeted interventions to improve health outcomes.

## Additional Needs Assessments

In addition to ACHIEVE New London County Community Health Needs Assessment, it must be recognized that a number of similar health assessments were being conducted in 2012/13. Lawrence and Memorial Hospital (L+M) and Backus Hospital conducted community health needs assessments as part of their Community Health Benefits programs. Upon completion of data collection and analysis, both hospitals invited community stakeholders to participate in a number of discussions and/or strategic planning sessions to further prioritize the identified health needs.

B. Lawrence and Memorial Hospital: The Community Health Needs Assessment Planning Committee at Lawrence and Memorial Hospital included representatives from Ledge Light Health District, United Community and Family Services, Connecticut College, United Way, Community Health Center, VNASC, and the Community Foundation of Eastern CT. Through key informant interviews and other community engagement processes, L+M identified and ranked the following health needs:

1. Overweight and obesity
2. Access to care
3. Cancer
4. Sexual Health
5. Mental and behavioral health
6. Asthma

C. Backus Hospital: Backus Hospital's Community Services Department partnered with Holleran, a national healthcare research firm, United Community & Family Services, and the Uncas Health District to perform its comprehensive Community Health Needs Assessment. Data gathered from this study, as well as through community input, resulted in the identification of three strategic priority areas for the hospital. These include:

1. Access to care
2. Mental health and substance abuse,
3. Preventative health, including chronic and infectious disease, respiratory health, and obesity

The built environment was also identified as an area for improvement through community input. Backus did not include this as a strategic priority area in its action plan because its expertise centers on health care. Backus is prepared to support its community partners, municipalities and others in improving quality of life in the region



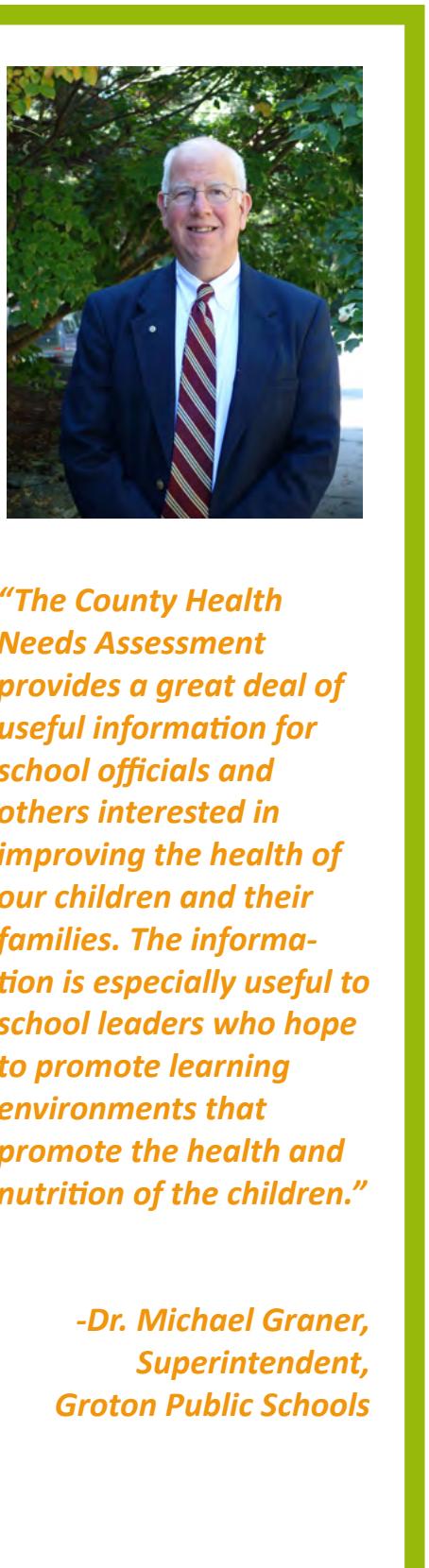
D. New London County Food Policy Council (NLCFPC): In 2013, the NLCFPC conducted a baseline assessment of the county's food system. The study included a number of focus groups and key informant interviews with users of the emergency food system and other resident groups. The study highlighted data and key recommendations in the following areas:

1. Community health
2. Food access and school
3. Child care environments

E. Children First Groton (CFG): CFG conducts ongoing needs assessments, using a Results Based Accountability Model. Through a process of community engagement, Children First identified priority needs of children ages birth-to-eight and their families. Through this process the following strategies were selected by the community to improve health.

1. Cooking classes for children
2. Obesity prevention programs
3. Team of nutritionists to assist schools, community agencies and early care sites
4. Eliminate food deserts
5. Transit routes to ensure access to healthy foods
6. Adopt policies that prohibit food fundraising by schools and child care centers
7. Restrict sugary products and candy, and increase the number of healthy foods at sports and recreation concession stands
8. Create policy prohibiting unhealthy foods in vending machines
9. Create a Train-the-Trainer class for Cooking Matters
10. Conduct a healthy meal challenge and recipe contests
11. Offer community family meals
12. Promote breastfeeding
13. Standardize collection of BMI data
14. Promote SNAP and access to fresh produce

The ACHIEVE New London County Coalition will continue to collect valuable data including input from community members to gauge political and public will.



***"The County Health Needs Assessment provides a great deal of useful information for school officials and others interested in improving the health of our children and their families. The information is especially useful to school leaders who hope to promote learning environments that promote the health and nutrition of the children."***

***-Dr. Michael Graner,  
Superintendent,  
Groton Public Schools***

## V. Community Action Plan

### 2013/14 ACHIEVE Pilot Implementation Projects

In March 2013, the ACHIEVE New London County Coalition conducted a strategic planning and prioritization process. As a result, five countywide pilot implementation projects were selected from among the CDC best-practices for chronic disease prevention. Current projects included the following objectives:

1. Increase the number of community organizations that have nutrition policies guiding the nutritional value of foods and beverages served at meetings, events and programs.
2. Increase the number of schools that support outdoor edible garden projects integrated into school cafeterias and common core curriculum standards.
3. Increase the number of tobacco-free parks among the county's 21 municipalities.
4. Create a system of care for children who are overweight/obese that includes opportunities for health screening, physical activity, nutrition counseling, nutrition education and culinary skills.

### 2015 Community Action Plan

The ACHIEVE New London County Coalition will convene in early 2015, when they will develop a community-driven Community Action Plan (CAP), based on the findings in this Community Health Needs Assessment. The CAP will also align with the Nation Prevention Council's Strategic Plan and the CT Dept. of Public Health five-year chronic disease prevention and health promotion plan entitled, "Live Healthy Connecticut".

The CAP will include proven strategies to improve nutrition, increase physical activity, improve community and clinical preventive services and reduce tobacco use and exposure to environmental tobacco smoke.

#### For more information or to join our ACHIEVE New London County Coalition

For more information about this Community Health Needs Assessment or the ACHIEVE New London County Coalition please contact Ledge Light Health District at 860-448-4882, or visit [www.llhd.org](http://www.llhd.org), or [www.facebook.com/AchieveNewLondonCounty](http://www.facebook.com/AchieveNewLondonCounty)

### Farm Fresh New London County Schools

In 2013, Ledge Light Health District received a two-year \$100,000 USDA Farm to School Support Program (F2S) grant. The grant application and subsequent award was the first collaborative grant funded project resulting from the data in this 2014 New London County Health Needs Assessment and the work of the ACHIEVE Coalition members.

The USDA Farm to School Grant will support the activities of the Farm Fresh New London County Schools Initiative, a partnership between the ACHIEVE New London County Coalition, the New London County Food Policy Council and FRESH New London and will provide an opportunity to:

1. Establish a New London County Farm to School Advisory Council
2. Hire Farm to School Coordinator to implement project activities
3. Complete an inventory of food system assets and barriers among farmers and school nutrition/food service directors
4. Develop and strengthen relationships between farmers and school nutrition programs
5. Establish a comprehensive five-year plan to address barriers including a local food hub feasibility study
6. Develop an electronic procurement portal, connecting farms to schools
7. Increase the use of locally-grown farm fresh foods in schools by 10%

