2012 Community Health Needs Assessment
Litchfield County
Community Transformation Grant Coalition

Making the Healthy Choice the Easy Choice through:
♦ Tobacco Free Living
♦ Active Living & Healthy Eating
♦ Quality Clinical and Other Preventive Services
♦ Social & Emotional Wellness
♦ Healthy & Safe Physical Environments

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

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

The 2012 Litchfield County Community Health Needs Assessment (CHNA) represents the collaborative efforts of the Litchfield County Community Transformation Grant (CTG) Coalition to begin to assess and prioritize health needs in our community and to collectively develop strategies and mobilize resources to improve the health of county residents.

The CTG Program is funded by the Centers for Disease Control and Prevention (CDC). The CTG Program’s overarching goal is to create healthier communities by making healthy living easier and more affordable. The CTG program aims to improve the the health of all Americans by improving weight, nutrition, physical activity, tobacco use, emotional well-being, and overall mental health. By promoting healthy lifestyles and communities, especially among population groups experiencing the greatest burden of chronic disease, CTGs help improve health, reduce health disparities, and lower health care costs. www.cdc.gov/communitytransformation/Cached

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

Litchfield County is one of five counties in the state awarded CTG funding in partnership with the Connecticut Department of Public Health (CTDPH) to build capacity to support healthy lifestyles in a combined county population of over 889,000 including a rural population of 306,000. Connecticut’s CTG Program targets evidence-based strategies to promote tobacco-free living, active living and healthy eating, quality clinical and other preventive services, healthy and safe physical environments, and social and emotional wellness.

The CTG Program is closely aligned with two other nationwide health promotion initiatives, the National Prevention Strategy and the Million Hearts Campaign™. The National Prevention Strategy is a comprehensive plan to increase the number of Americans who are healthy at every stage of life. The Prevention Strategy recognizes that good health comes not just from receiving quality medical care, but also from clean air and water, safe outdoor spaces for physical activity, safe worksites, healthy foods, violence-free environments and healthy homes. Prevention should be woven into all aspects of our lives, including where and how we live, learn, work and play. http://www.healthcare.gov/prevention/nphpphc/strategy/index.html. The Million Hearts™ Campaign aims to prevent one million heart attacks and strokes over the next five years. Million Hearts™ brings together communities, health systems, nonprofit organizations, federal agencies, and private-sector partners from across the country to fight heart disease and stroke. http://millionhearts.hhs.gov/index.html

The leading health issues in Litchfield County, as in the state and the nation, result from many underlying factors which can be controlled or modified. Harmful lifestyle behaviors such as smoking, overeating, poor nutrition, lack of physical activity, and substance abuse have major impacts on individual health. Economic and language/cultural factors present barriers to access and utilization of medical care and preventive health services. Income, employment status, educational attainment, housing, and other social factors impact health or limit access to care. Uncontrollable factors, including inherited health conditions or
increased susceptibility to disease, also significantly influence health.

Poverty underlies many of the social factors that contribute to poor health. Differences for many health indicators are also apparent by gender, race/ethnicity, age, and geographic area of residence. This information will be used to guide the development of programs and services to meet identified health needs.

Recent trends in health indicators for county residents show improvement in overall mortality rates for many leading causes of death. There are indications of improvement in personal health habits such as smoking and activity rates and accessing screening services for early detection of certain diseases. However, disparities in health care access and health status in certain populations persist. Expanded joint planning and coordination of programs and services among community partners can reduce health disparities and improve the health of all county residents.

The intent is for the Community Health Needs Assessment to have significant value for the community, and to be widely used to advance community health improvement planning by a diverse constituency of private and public agencies. We welcome your comments and reactions to this report, and invite you to join in the assessment process going forward.

The Litchfield County CTG Coalition Steering Committee

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Torrington Area Health District

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United Way of Northwest Connecticut

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Sharon Hospital

Andrea Rynn, Director of Public and Government Relations
Western CT Health Network

Mary Winar, Projects Coordinator
Connecticut Office of Rural Health
Litchfield County Population and Demographic Overview

Situated in the northwestern corner of Connecticut, Litchfield County occupies the largest land area of any county in the state (920 square miles). Consistent with the rural nature of many of its 26 municipalities, the county has the lowest population density of any county in CT. According to the 2010 Census, the total population of the county was 189,927 ranking 4th in population size among the eight CT counties. This represents a 4.3% increase in population since 2000, which is slightly less than the average state population growth rate of 4.9% over the past decade.

In 2010, as reported by the Census, there were 76,640 households in the county, and an average household size of 2.4 persons. Nearly 30% (29.9%) of households include persons under the age of 18 and 28.2% include persons ages 65 and over. Litchfield County has the distinction of having the highest proportion of residents ages 50 and over in the state (39%), compared with the CT average of 34%.

Overall, Litchfield County’s population is relatively non-diverse; the Census 2010 racial/ethnic composition is 93.9% White and 1.3% Black or African American, 1.5% Asian, 0.2% American Indian, and 4.5% Hispanic or Latino (6.1% minority). However, as noted in Table 2, the county’s two primary urban centers of Torrington and New Milford are considerably more diverse; the total minority population in Torrington is 11.3% and in New Milford is 8.3%.

According to the U.S. Census American Community Survey (ACS) 5-Year estimates for 2006-2010, the predominant ancestries in the county were: 23.0% Italian, 21.3% Irish, 14.8% English, 14.2% German and 9.5% French. Slightly over 6% (6.3%) of the county’s population is foreign-born, and of those 42.5% are not U.S. citizens. The vast majority of county residents speak English (91.2%); 8.8% of residents have a primary language other than English, however only 2.7% speak English less than “very well”. The predominant non-English languages spoken include “other Indo-European languages” and Spanish. It is important to note that Census ACS data are estimates based on a sample and therefore subject to sampling variability. In contrast, the decennial Census data are official population and housing counts. Additional information on the sampling methodology used in the ACS is available at www.census.gov.

Overall levels of educational attainment by Litchfield County residents surpass the state average - 96% of county residents are high school graduates, 29% completed some college, and 34% attained a bachelor’s degree or higher.

The median income per household in the county as estimated by the 2006-2010 ACS was $69,639, and the median family income was $84,890. In 2009, 5.3% of the county’s population was living in poverty, well below the state average of 8.7%. High poverty areas exist in certain communities, and poverty is most common in female-headed households with children under 18 years of age.

Related to housing characteristics, the majority of Litchfield County residents own their own homes (76.3%), with the remainder renting (23.7%). Homeownership in the county is well above the state average. According to CERC Town Profiles, one-third of the housing stock in the county was built prior to 1950 and there are over 3,400 subsidized housing units in the county.
County and Town Designations and Governance

There are 26 distinct municipalities in the county, including: Barkhamsted, Bethlehem, Bridgewater, Canaan, Colebrook, Cornwall, Goshen, Harwinton, Kent, Litchfield, Morris, New Hartford, New Milford, Norfolk, North Canaan, Plymouth, Roxbury, Salisbury, Sharon, Thomaston, Torrington, Warren, Washington, Watertown, Winchester, and Woodbury.

Although Connecticut is divided geographically into eight counties, these counties do not have any associated government structure. The Connecticut General Assembly abolished all county governments in the state on October 1, 1960. The 169 towns of Connecticut are the principal units of local government in the state and have full municipal powers including: corporate powers, eminent domain, ability to levy taxes, public services (low cost housing, waste disposal, fire, police, ambulance, street lighting), public works (highways, sewers, cemeteries, parking lots, etc.), regulatory powers (building codes, traffic, animals, crime, public health), environmental protection, and economic development.

Under Connecticut's Home Rule Act, any municipality in CT is permitted to adopt its own local charter and choose its own structure of government. The three principal municipal government structures used in the state are: 1) selectman–town meeting, 2) mayor–council, and 3) manager–council.

Five Regional Planning Organizations (RPOs) serve Litchfield County municipalities including Central Connecticut Regional Planning Agency, Council of Governments of the Central Naugatuck Valley, Housatonic Valley Council of Elected Officials, Litchfield Hills Council of Elected Officials, and Northwestern CT Council of Governments. Through local ordinance, the municipalities within each of these planning regions have voluntarily created one of the three types of RPOs permitted under CT statute to carry out a variety of regional planning and other activities on their behalf.

Litchfield County Municipality Population and Demographic Highlights

2000-2010 Census Comparisons, Growth Projections, and Ethnic/Racial Composition

As noted in Table 1, the county’s two most populated urban centers are Torrington (2010 population – 36,383), and New Milford (2010 population – 28,142). Five of the county’s 26 municipalities have populations of 10,000 or greater; the least populated town in the county is Canaan, with 1,234 residents. Population projections from the CT State Data Center show an overall net growth rate in the county of 6.5%, for the 15 year period 2015-2030, with the highest growth rate in Woodbury, closely followed by New Hartford, New Milford, Bethlehem, and Goshen. Negative growth rates are projected in eight municipalities, with the greatest percentage loss in population projected for Canaan and Roxbury.
Table 1: 2010 Census Population and Projections for Litchfield County Municipalities, 2015-2030

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Barkhamsted</td>
<td>3,799</td>
<td>3,837</td>
<td>3,967</td>
<td>4,083</td>
<td>4,165</td>
<td>8.5%</td>
</tr>
<tr>
<td>Bethlehem</td>
<td>3,607</td>
<td>3,847</td>
<td>4,010</td>
<td>4,169</td>
<td>4,308</td>
<td>11.2%</td>
</tr>
<tr>
<td>Bridgewater</td>
<td>1,727</td>
<td>2,090</td>
<td>2,167</td>
<td>2,249</td>
<td>2,304</td>
<td>10.2%</td>
</tr>
<tr>
<td>Canaan</td>
<td>1,234</td>
<td>1,122</td>
<td>1,105</td>
<td>1,069</td>
<td>1,024</td>
<td>-8.7%</td>
</tr>
<tr>
<td>Colebrook</td>
<td>1,485</td>
<td>1,512</td>
<td>1,515</td>
<td>1,522</td>
<td>1,517</td>
<td>0.3%</td>
</tr>
<tr>
<td>Cornwall</td>
<td>1,420</td>
<td>1,540</td>
<td>1,586</td>
<td>1,620</td>
<td>1,655</td>
<td>7.5%</td>
</tr>
<tr>
<td>Goshen</td>
<td>2,976</td>
<td>3,198</td>
<td>3,351</td>
<td>3,478</td>
<td>3,569</td>
<td>11.6%</td>
</tr>
<tr>
<td>Harwinton</td>
<td>5,642</td>
<td>5,293</td>
<td>5,248</td>
<td>5,204</td>
<td>5,148</td>
<td>-2.7%</td>
</tr>
<tr>
<td>Kent</td>
<td>2,979</td>
<td>2,944</td>
<td>2,954</td>
<td>2,964</td>
<td>2,980</td>
<td>9.5%</td>
</tr>
<tr>
<td>Litchfield</td>
<td>8,466</td>
<td>10,218</td>
<td>10,796</td>
<td>11,064</td>
<td>11,009</td>
<td>7.7%</td>
</tr>
<tr>
<td>Morris</td>
<td>2,388</td>
<td>2,325</td>
<td>2,324</td>
<td>2,334</td>
<td>2,321</td>
<td>-0.2%</td>
</tr>
<tr>
<td>New Hartford</td>
<td>6,970</td>
<td>6,980</td>
<td>7,303</td>
<td>7,635</td>
<td>7,881</td>
<td>12.9%</td>
</tr>
<tr>
<td>New Milford</td>
<td>28,142</td>
<td>31,429</td>
<td>32,835</td>
<td>34,226</td>
<td>35,446</td>
<td>12.8%</td>
</tr>
<tr>
<td>Norfolk</td>
<td>1,709</td>
<td>1,916</td>
<td>1,987</td>
<td>2,042</td>
<td>2,006</td>
<td>4.7%</td>
</tr>
<tr>
<td>North Canaan</td>
<td>3,315</td>
<td>3,465</td>
<td>3,510</td>
<td>3,547</td>
<td>3,568</td>
<td>3.0%</td>
</tr>
<tr>
<td>Plymouth</td>
<td>12,243</td>
<td>12,307</td>
<td>12,426</td>
<td>12,528</td>
<td>12,552</td>
<td>2.0%</td>
</tr>
<tr>
<td>Roxbury</td>
<td>2,262</td>
<td>2,069</td>
<td>2,026</td>
<td>1,982</td>
<td>1,941</td>
<td>-6.2%</td>
</tr>
<tr>
<td>Salisbury</td>
<td>3,741</td>
<td>4,790</td>
<td>4,907</td>
<td>4,794</td>
<td>4,594</td>
<td>-4.1%</td>
</tr>
<tr>
<td>Sharon</td>
<td>2,782</td>
<td>3,351</td>
<td>3,411</td>
<td>3,340</td>
<td>3,231</td>
<td>-3.6%</td>
</tr>
<tr>
<td>Thomaston</td>
<td>7,887</td>
<td>7,512</td>
<td>7,495</td>
<td>7,462</td>
<td>7,411</td>
<td>-1.3%</td>
</tr>
<tr>
<td>Torrington</td>
<td>36,383</td>
<td>41,378</td>
<td>43,546</td>
<td>44,942</td>
<td>45,213</td>
<td>9.3%</td>
</tr>
<tr>
<td>Warren</td>
<td>1,461</td>
<td>1,305</td>
<td>1,327</td>
<td>1,346</td>
<td>1,367</td>
<td>4.8%</td>
</tr>
<tr>
<td>Washington</td>
<td>3,578</td>
<td>3,566</td>
<td>3,513</td>
<td>3,460</td>
<td>3,421</td>
<td>-4.1%</td>
</tr>
<tr>
<td>Watertown</td>
<td>22,514</td>
<td>23,407</td>
<td>23,974</td>
<td>24,601</td>
<td>25,213</td>
<td>7.7%</td>
</tr>
<tr>
<td>Winchester</td>
<td>11,242</td>
<td>11,025</td>
<td>11,091</td>
<td>11,128</td>
<td>11,142</td>
<td>1.1%</td>
</tr>
<tr>
<td>Woodbury</td>
<td>9,975</td>
<td>10,661</td>
<td>11,133</td>
<td>11,624</td>
<td>12,047</td>
<td>13.0%</td>
</tr>
<tr>
<td>Litchfield County</td>
<td>189,927</td>
<td>193,489</td>
<td>197,751</td>
<td>202,218</td>
<td>206,087</td>
<td>6.5%</td>
</tr>
<tr>
<td>Connecticut</td>
<td>3,574,097</td>
<td>3,573,885</td>
<td>3,622,774</td>
<td>3,669,990</td>
<td>3,702,400</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

* Notes: Ten most populated municipalities are listed in bold type.

Changes in the ethnic and racial composition of the county by municipality over the past decade compiled by the CT State Data Center are shown in Tables 2 and 3. Overall, the county has become more diverse from 2000 - 2010, with the highest increase in the Hispanic or Latino population (4,641 persons or an increase of 119.2%), which is more than double the state average increase of 49.6%. Based on the increase in absolute numbers of persons, the next highest increase was in White residents (3,784 persons), followed by “other” (1,473 persons), Asian residents (771 persons), Black or African American residents (560 persons), followed by American Indian (85 persons) and lastly Pacific Islander. By far, the greatest gains in the number of minority residents were experienced in three communities - Torrington, New Milford, and Watertown.
<table>
<thead>
<tr>
<th>Municipality</th>
<th>Total population 2000</th>
<th>Total population 2010</th>
<th>Hispanic or Latino population 2000</th>
<th>Hispanic or Latino population 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barkhamsted</td>
<td>3,494</td>
<td>3,799</td>
<td>336</td>
<td>378</td>
</tr>
<tr>
<td>Bethlehem</td>
<td>3,422</td>
<td>3,607</td>
<td>336</td>
<td>378</td>
</tr>
<tr>
<td>Bridgewater</td>
<td>1,824</td>
<td>1,727</td>
<td>1,681</td>
<td>1,519</td>
</tr>
<tr>
<td>Canaan</td>
<td>1,081</td>
<td>1,234</td>
<td>1,049</td>
<td>1,204</td>
</tr>
<tr>
<td>Colebrook</td>
<td>1,471</td>
<td>1,485</td>
<td>1,427</td>
<td>1,448</td>
</tr>
<tr>
<td>Cornwall</td>
<td>1,434</td>
<td>1,420</td>
<td>1,398</td>
<td>1,386</td>
</tr>
<tr>
<td>Goshen</td>
<td>2,697</td>
<td>2,976</td>
<td>2,650</td>
<td>2,898</td>
</tr>
<tr>
<td>Harwinton</td>
<td>5,283</td>
<td>5,642</td>
<td>5,214</td>
<td>5,515</td>
</tr>
<tr>
<td>Kent</td>
<td>2,858</td>
<td>2,979</td>
<td>2,737</td>
<td>2,813</td>
</tr>
<tr>
<td>Litchfield</td>
<td>8,316</td>
<td>8,466</td>
<td>8,066</td>
<td>8,149</td>
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<tr>
<td>Morris</td>
<td>2,301</td>
<td>2,388</td>
<td>2,243</td>
<td>2,325</td>
</tr>
<tr>
<td>New Hartford</td>
<td>6,088</td>
<td>6,970</td>
<td>5,946</td>
<td>6,776</td>
</tr>
<tr>
<td>New Milford</td>
<td>27,121</td>
<td>28,142</td>
<td>25,583</td>
<td>25,809</td>
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<tr>
<td>Norfolk</td>
<td>1,660</td>
<td>1,709</td>
<td>1,612</td>
<td>1,659</td>
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<tr>
<td>North Canaan</td>
<td>3,350</td>
<td>3,315</td>
<td>3,247</td>
<td>3,194</td>
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<tr>
<td>Plymouth</td>
<td>11,634</td>
<td>12,243</td>
<td>11,325</td>
<td>11,748</td>
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<td>2,262</td>
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<td>3,977</td>
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<td>3,808</td>
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<tr>
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<td>2,968</td>
<td>2,782</td>
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<td>2,670</td>
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<td>Thomaston</td>
<td>7,503</td>
<td>7,887</td>
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<td>7,631</td>
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<td>Torrington</td>
<td>35,202</td>
<td>36,383</td>
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<td>32,278</td>
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<td>Warren</td>
<td>1,254</td>
<td>1,461</td>
<td>1,228</td>
<td>1,418</td>
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<td>Washington</td>
<td>3,596</td>
<td>3,578</td>
<td>3,440</td>
<td>3,429</td>
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<td>21,661</td>
<td>22,514</td>
<td>20,894</td>
<td>21,249</td>
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<td>Winchester</td>
<td>10,664</td>
<td>11,242</td>
<td>10,071</td>
<td>10,468</td>
</tr>
<tr>
<td>Woodbury</td>
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<td>9,975</td>
<td>8,945</td>
<td>9,547</td>
</tr>
<tr>
<td>Litchfield County</td>
<td>182,191</td>
<td>189,927</td>
<td>174,484</td>
<td>178,268</td>
</tr>
<tr>
<td>Connecticut</td>
<td>3,405,565</td>
<td>3,574,097</td>
<td>2,780,355</td>
<td>2,772,410</td>
</tr>
</tbody>
</table>

*Note: Hispanic or Latino population counts include persons of any race.
Table 3: Litchfield County Municipality Census 2000 and 2010 Numeric and Percent Population Change

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Total Population</th>
<th>White</th>
<th>Black or African American</th>
<th>Asian</th>
<th>Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Change</td>
<td>% Change</td>
<td># Change</td>
<td>% Change</td>
<td># Change</td>
</tr>
<tr>
<td>Barkhamsted</td>
<td>305</td>
<td>8.7</td>
<td>260</td>
<td>7.6</td>
<td>9</td>
</tr>
<tr>
<td>Bethlehem</td>
<td>185</td>
<td>5.4</td>
<td>196</td>
<td>5.9</td>
<td>7</td>
</tr>
<tr>
<td>Bridgewater</td>
<td>(97)</td>
<td>-5.3</td>
<td>(98)</td>
<td>-5.5</td>
<td>(3)</td>
</tr>
<tr>
<td>Canaan</td>
<td>153</td>
<td>14.2</td>
<td>155</td>
<td>14.8</td>
<td>(8)</td>
</tr>
<tr>
<td>Colebrook</td>
<td>14</td>
<td>1.0</td>
<td>21</td>
<td>1.5</td>
<td>(6)</td>
</tr>
<tr>
<td>Cornwall</td>
<td>(14)</td>
<td>-1.0</td>
<td>(12)</td>
<td>-0.9</td>
<td>0</td>
</tr>
<tr>
<td>Goshen</td>
<td>279</td>
<td>10.3</td>
<td>248</td>
<td>9.4</td>
<td>(3)</td>
</tr>
<tr>
<td>Harwinton</td>
<td>359</td>
<td>6.8</td>
<td>301</td>
<td>5.8</td>
<td>9</td>
</tr>
<tr>
<td>Kent</td>
<td>121</td>
<td>4.2</td>
<td>76</td>
<td>2.8</td>
<td>19</td>
</tr>
<tr>
<td>Litchfield</td>
<td>150</td>
<td>1.8</td>
<td>83</td>
<td>1.0</td>
<td>(10)</td>
</tr>
<tr>
<td>Morris</td>
<td>87</td>
<td>3.8</td>
<td>82</td>
<td>3.7</td>
<td>(4)</td>
</tr>
<tr>
<td>New Hartford</td>
<td>882</td>
<td>14.5</td>
<td>830</td>
<td>14.0</td>
<td>(16)</td>
</tr>
<tr>
<td>New Milford</td>
<td>1,021</td>
<td>3.8</td>
<td>226</td>
<td>0.9</td>
<td>101</td>
</tr>
<tr>
<td>Norfolk</td>
<td>49</td>
<td>3.0</td>
<td>47</td>
<td>2.9</td>
<td>4</td>
</tr>
<tr>
<td>North Canaan</td>
<td>(35)</td>
<td>-1.0</td>
<td>(53)</td>
<td>-1.6</td>
<td>0</td>
</tr>
<tr>
<td>Plymouth</td>
<td>609</td>
<td>5.2</td>
<td>423</td>
<td>3.7</td>
<td>11</td>
</tr>
<tr>
<td>Roxbury</td>
<td>126</td>
<td>5.9</td>
<td>102</td>
<td>4.9</td>
<td>8</td>
</tr>
<tr>
<td>Salisbury</td>
<td>(236)</td>
<td>-5.9</td>
<td>(249)</td>
<td>-6.5</td>
<td>(14)</td>
</tr>
<tr>
<td>Sharon</td>
<td>(186)</td>
<td>-6.3</td>
<td>(205)</td>
<td>-7.1</td>
<td>16</td>
</tr>
<tr>
<td>Thomaston</td>
<td>384</td>
<td>5.1</td>
<td>289</td>
<td>3.9</td>
<td>(11)</td>
</tr>
<tr>
<td>Torrington</td>
<td>1,181</td>
<td>3.4</td>
<td>(471)</td>
<td>-1.4</td>
<td>217</td>
</tr>
<tr>
<td>Warren</td>
<td>207</td>
<td>16.5</td>
<td>190</td>
<td>15.5</td>
<td>6</td>
</tr>
<tr>
<td>Washington</td>
<td>(18)</td>
<td>-0.5</td>
<td>(11)</td>
<td>-0.3</td>
<td>(2)</td>
</tr>
<tr>
<td>Watertown</td>
<td>853</td>
<td>3.9</td>
<td>355</td>
<td>1.7</td>
<td>153</td>
</tr>
<tr>
<td>Winchester</td>
<td>578</td>
<td>5.4</td>
<td>397</td>
<td>3.9</td>
<td>69</td>
</tr>
<tr>
<td>Woodbury</td>
<td>777</td>
<td>8.4</td>
<td>602</td>
<td>6.7</td>
<td>8</td>
</tr>
<tr>
<td>Litchfield County</td>
<td>7,734</td>
<td>4.3</td>
<td>3,784</td>
<td>2.2</td>
<td>560</td>
</tr>
<tr>
<td>Connecticut</td>
<td>168,532</td>
<td>4.9</td>
<td>(7,945)</td>
<td>-2.9</td>
<td>52,453</td>
</tr>
</tbody>
</table>

*Note: Hispanic or Latino population counts include persons of any race. Population change numbers in parentheses ( ) are negative and represent a loss in population for that subgroup.

**Age Distribution**

As previously noted, the proportion of Litchfield County residents ages 50 and over exceeds the state average. Figure 1 graphically shows the increase in the county population ages 50 and over, and the decline in the population under the age of 14 from 2000-2010.

**Figure 1**

Population of Litchfield County 2000-2010, by Age Group

![Population Diagram](image)


Based on Census 2010 data, the age distribution of the county’s ten most populated municipalities, compared with the county and the state is shown in Figure 2.

**Figure 2: Litchfield County Population by Age, 2010**

![Population Distribution Chart](image)

Source: CERC Town Profiles, [http://www.cerc.com](http://www.cerc.com)
The upward trend in the age distribution of Litchfield 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 by residents generally increases with advancing age. The CT State Data Center projects the median age in the county will continue to rise through 2015, as shown in Figure 3.

In addition to having a higher percentage of residents ages 65 and over, overall the county has a lower percentage of residents under the age of 18 when compared with the state average. At the municipal level, the top 10 communities with the highest percentage of residents under the age of 18 and residents ages 65 and over are shown graphically in Figures 4 and 5. This information is important as it has broad implications for health, education, housing, and human services planning.
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 completers, 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. [http://nces.ed.gov/fastfacts/display.asp?id=77](http://nces.ed.gov/fastfacts/display.asp?id=77)

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. There is a growing body of research suggesting that socioeconomic factors underlie many of the observed racial, ethnic, and gender inequalities in health status, and that socioeconomic factors are powerful predictors of health status and health outcomes.

As indicated in Table 4, from 2000-2010 there was a favorable upward trend in the percentage of Litchfield County residents completing high school and attaining a bachelor’s degree. The overall county average for high school completion exceeds the state average. Not surprisingly, lower levels of educational attainment are found in the county municipalities with the highest poverty rates and lowest median household incomes – Torrington, Winchester, Thomaston, North Canaan, and Plymouth.

Table 4: Educational Attainment in Litchfield County Residents Ages 25 and Over, Census 2000 and 2010

<table>
<thead>
<tr>
<th>Municipality</th>
<th>High School Graduate or Higher</th>
<th>Bachelor's Degree or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Census 2000 (%)</td>
<td>Census 2010 (%)</td>
</tr>
<tr>
<td>Barkhamsted</td>
<td>92.7 96.0</td>
<td>36.4 40.0</td>
</tr>
<tr>
<td>Bethlehem</td>
<td>90.6 94.0</td>
<td>35.3 39.0</td>
</tr>
<tr>
<td>Bridgewater</td>
<td>93.3 96.0</td>
<td>48.2 52.0</td>
</tr>
<tr>
<td>Canaan</td>
<td>91.5 96.0</td>
<td>33.0 37.0</td>
</tr>
<tr>
<td>Colebrook</td>
<td>90.2 94.0</td>
<td>33.5 37.0</td>
</tr>
<tr>
<td>Cornwall</td>
<td>94.8 97.0</td>
<td>47.4 51.0</td>
</tr>
<tr>
<td>Goshen</td>
<td>90.0 94.0</td>
<td>32.4 37.0</td>
</tr>
<tr>
<td>Harwinton</td>
<td>92.3 96.0</td>
<td>33.0 38.0</td>
</tr>
<tr>
<td>Kent</td>
<td>93.0 96.0</td>
<td>42.0 46.0</td>
</tr>
<tr>
<td>Litchfield</td>
<td>89.8 94.0</td>
<td>35.9 40.0</td>
</tr>
<tr>
<td>Morris</td>
<td>84.6 91.0</td>
<td>25.3 30.0</td>
</tr>
<tr>
<td>New Hartford</td>
<td>88.1 93.0</td>
<td>42.8 47.0</td>
</tr>
<tr>
<td>New Milford</td>
<td>90.5 95.0</td>
<td>30.5 35.0</td>
</tr>
<tr>
<td>Norfolk</td>
<td>91.3 95.0</td>
<td>37.1 41.0</td>
</tr>
</tbody>
</table>
The Connecticut State Department of Education’s (CSDE) Comprehensive Plan for Education includes high school reform to assure all students graduate and are prepared for lifelong learning and careers in the global competitive economy. As noted in Table 5, Regional School District 12 and the Explorations Charter School in Winchester achieved the goal of 100% high school completion and 0% high school dropouts for the class of 2008 (the most recent published data). Three school districts (Plymouth, The Gilbert School, and Torrington) had dropout rates considerably higher than the state average. With one exception, districts in the county achieved the Healthy People 2020 target of 82.4% of students graduating from high school.

### Table 5: High School Graduation Rates and Dropout Rates, School Districts in Litchfield County, 2008

<table>
<thead>
<tr>
<th>District Name</th>
<th>Graduation Rate, Class of 2008</th>
<th>Cumulative Dropout Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explorations District (Charter School)</td>
<td>100.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Litchfield School District</td>
<td>91.4</td>
<td>7.8</td>
</tr>
<tr>
<td>New Milford School District</td>
<td>96.2</td>
<td>3.6</td>
</tr>
<tr>
<td>Plymouth School District</td>
<td>86.7</td>
<td>11.4</td>
</tr>
<tr>
<td>Regional School District 1  (Canaan, Cornwall, Kent, North Canaan, Salisbury, Sharon)</td>
<td>92.0</td>
<td>7.1</td>
</tr>
<tr>
<td>Regional School District 6  (Goshen, Morris, Warren)</td>
<td>97.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Regional School District 7  (Barkhamsted, Colebrook, New Hartford, Norfolk)</td>
<td>99.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Regional School District 12  (Bridgewater, Roxbury, Washington)</td>
<td>100.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Consistent with local demographic trends, there was an increase in the minority population in most school districts in the county over the past two academic years - this increase was most dramatic in Winchester. In 2009-2010, the Torrington School District reported the highest percentage of minority students (24.3%) and also the highest percentage of students who were English Language Learners (7.0%). In addition, over 13% of Torrington students were reported to live in households where English is not the primary language. There is considerable variation in the minority population by school in some school districts, for example, several schools in Torrington have student populations that exceed 30% minority.

Table 6: Percent of Minority and ELL Students Enrolled by School District, Litchfield County 2008-2010

<table>
<thead>
<tr>
<th>District Name</th>
<th>Minority (%)</th>
<th>Not Fluent in English (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explorations District</td>
<td>7.1</td>
<td>6.3</td>
</tr>
<tr>
<td>Litchfield School District</td>
<td>6.7</td>
<td>6.6</td>
</tr>
<tr>
<td>New Milford School District</td>
<td>13.2</td>
<td>13.5</td>
</tr>
<tr>
<td>Plymouth School District</td>
<td>5.7</td>
<td>6.0</td>
</tr>
<tr>
<td>Regional School District 1</td>
<td>4.0</td>
<td>6.1</td>
</tr>
<tr>
<td>Regional School District 6</td>
<td>3.6</td>
<td>4.0</td>
</tr>
<tr>
<td>Regional School District 7</td>
<td>2.0</td>
<td>2.6</td>
</tr>
<tr>
<td>Regional School District 12</td>
<td>6.1</td>
<td>5.6</td>
</tr>
<tr>
<td>Regional School District 14</td>
<td>4.8</td>
<td>4.5</td>
</tr>
<tr>
<td>The Gilbert School</td>
<td>11.7</td>
<td>14.4</td>
</tr>
<tr>
<td>Thomaston School District</td>
<td>2.6</td>
<td>2.7</td>
</tr>
<tr>
<td>Torrington School District</td>
<td>23.6</td>
<td>24.3</td>
</tr>
<tr>
<td>Watertown School District</td>
<td>8.6</td>
<td>9.1</td>
</tr>
<tr>
<td>Winchester School District</td>
<td>15.4</td>
<td>19.4</td>
</tr>
<tr>
<td>Connecticut</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Healthy People 2020 emphasizes the inseparable connections between health and the environments in which we are born, live, learn, work, play, and age. 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, substance abuse, 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.

As shown in Table 7, Litchfield County residents generally have median incomes above the state and well above the national average, and poverty rates lower than the state and national averages. Income by municipality varies considerably, and in 2010 ranged from a low of $44,817 in North Canaan to a high of $120,008 in Roxbury. Five municipalities have median household incomes below the state average - North Canaan, Plymouth, Thomaston, Torrington, and Winchester. North Canaan’s household median income is below the national average. Two municipalities - North Canaan and Torrington - have poverty rates that exceed the state average. A concerning finding is that over two-thirds of the county’s municipalities experienced a decline in the household median income from 2009-2010, likely related to the economic recession and rise in unemployment.

### Table 7: Economic Characteristics of Litchfield County Municipalities, 2009-2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Barkhamsted</td>
<td>84,923</td>
<td>80,359</td>
<td>1.5</td>
</tr>
<tr>
<td>Bethlehem</td>
<td>88,771</td>
<td>85,096</td>
<td>1.8</td>
</tr>
<tr>
<td>Bridgewater</td>
<td>104,559</td>
<td>107,934</td>
<td>2.9</td>
</tr>
<tr>
<td>Canaan</td>
<td>69,246</td>
<td>68,150</td>
<td>5.7</td>
</tr>
<tr>
<td>Colebrook</td>
<td>72,845</td>
<td>71,608</td>
<td>3.0</td>
</tr>
<tr>
<td>Cornwall</td>
<td>68,904</td>
<td>77,243</td>
<td>3.6</td>
</tr>
<tr>
<td>Goshen</td>
<td>81,797</td>
<td>78,571</td>
<td>2.3</td>
</tr>
<tr>
<td>Harwinton</td>
<td>86,149</td>
<td>80,943</td>
<td>4.9</td>
</tr>
<tr>
<td>Kent</td>
<td>70,496</td>
<td>71,008</td>
<td>5.5</td>
</tr>
<tr>
<td>Litchfield</td>
<td>73,500</td>
<td>73,510</td>
<td>5.1</td>
</tr>
<tr>
<td>Morris</td>
<td>72,451</td>
<td>69,436</td>
<td>6.2</td>
</tr>
<tr>
<td>New Hartford</td>
<td>89,151</td>
<td>89,456</td>
<td>3.6</td>
</tr>
<tr>
<td>New Milford</td>
<td>85,105</td>
<td>80,887</td>
<td>2.1</td>
</tr>
<tr>
<td>Norfolk</td>
<td>74,234</td>
<td>73,426</td>
<td>4.2</td>
</tr>
<tr>
<td>North Canaan</td>
<td>47,769</td>
<td>44,817</td>
<td>12.7</td>
</tr>
<tr>
<td>Plymouth</td>
<td>68,402</td>
<td>63,940</td>
<td>5.6</td>
</tr>
<tr>
<td>Roxbury</td>
<td>116,057</td>
<td>120,008</td>
<td>1.3</td>
</tr>
<tr>
<td>Salisbury</td>
<td>66,780</td>
<td>64,758</td>
<td>5.2</td>
</tr>
<tr>
<td>Sharon</td>
<td>68,857</td>
<td>69,258</td>
<td>7.4</td>
</tr>
<tr>
<td>Thomaston</td>
<td>67,211</td>
<td>62,898</td>
<td>2.9</td>
</tr>
</tbody>
</table>
In examining median income and poverty rates, it is important to note significant inequalities in income and poverty rates exist statewide and within Litchfield 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). [http://pschousing.org/files/hsginct2010.pdf](http://pschousing.org/files/hsginct2010.pdf).

As noted in CT Department of Public Health’s 2009 Connecticut Health Disparities Report, 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 ACS estimates, nearly one in four female-headed households (no husband present) in the county with children under the age of 18 live in poverty (23%); for female-headed households with children under the age of 5, this figure jumps to one in two (51%).

An additional consideration is that in areas with a high cost of living such as Litchfield County, families living well above the poverty level often struggle financially. The fair living wage in the county is double the current minimum wage. [http://www.universallivingwage.org/fmrtables_2011/CT_FMR2011.htm](http://www.universallivingwage.org/fmrtables_2011/CT_FMR2011.htm).

A timely indicator of financial hardship in the community is the percentage of school-age children who are eligible for free or reduced school meals. The income eligibility for free meals is 130% or below the federal poverty level; for reduced meals it is more than 130% and up to 185% of the federal poverty level. Data indicate that most school districts in the county fall below the statewide average for free or reduced price meal eligibility, with the exception of schools serving Torrington and Winchester. It is notable that over the past two years, there has been an increase in the proportion of eligible children in the majority of districts, with the highest percentage increases in Explorations (Winchester), North Canaan, Cornwall, and Barkhamsted.
Table 8: Students Eligible for Free/Reduced Price School Meals, Rank Order by School District, 2009-2011

<table>
<thead>
<tr>
<th>District Name</th>
<th>2009-2010 Eligible for Free/Reduced Lunch (%)</th>
<th>2010-2011 Eligible for Free/Reduced Lunch (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explorations District</td>
<td>25.0</td>
<td>45.0</td>
</tr>
<tr>
<td>Torrington School District</td>
<td>38.2</td>
<td>42.6</td>
</tr>
<tr>
<td>Winchester School District</td>
<td>45.2</td>
<td>41.9</td>
</tr>
<tr>
<td>The Gilbert School</td>
<td>32.0</td>
<td>36.6</td>
</tr>
<tr>
<td>Plymouth School District</td>
<td>21.8</td>
<td>26.2</td>
</tr>
<tr>
<td>North Canaan School District</td>
<td>15.2</td>
<td>24.2</td>
</tr>
<tr>
<td>Regional School District 1 (Canaan, Cornwall, Kent, North Canaan, Salisbury, Sharon)</td>
<td>14.5</td>
<td>19.9</td>
</tr>
<tr>
<td>Sharon School District</td>
<td>16.6</td>
<td>18.8</td>
</tr>
<tr>
<td>Watertown School District</td>
<td>15.4</td>
<td>16.1</td>
</tr>
<tr>
<td>Thomaston School District</td>
<td>18.2</td>
<td>15.3</td>
</tr>
<tr>
<td>Colebrook School District</td>
<td>14.3</td>
<td>14.3</td>
</tr>
<tr>
<td>New Milford School District</td>
<td>13.9</td>
<td>15.7</td>
</tr>
<tr>
<td>Kent School District</td>
<td>11.3</td>
<td>12.9</td>
</tr>
<tr>
<td>Regional School District 6 (Goshen, Morris, Warren)</td>
<td>9.0</td>
<td>12.1</td>
</tr>
<tr>
<td>Cornwall School District</td>
<td>5.7</td>
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<td>9.0</td>
<td>10.3</td>
</tr>
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<td>10.4</td>
<td>9.4</td>
</tr>
<tr>
<td>Canaan School District</td>
<td>11.6</td>
<td>9.3</td>
</tr>
<tr>
<td>Regional School District 14 (Bethlehem, Woodbury)</td>
<td>7.5</td>
<td>8.3</td>
</tr>
<tr>
<td>Norfolk School District</td>
<td>8.0</td>
<td>7.5</td>
</tr>
<tr>
<td>Barkhamsted School District</td>
<td>4.9</td>
<td>7.0</td>
</tr>
<tr>
<td>Regional School District 12 (Bridgewater, Roxbury, Washington)</td>
<td>5.0</td>
<td>6.9</td>
</tr>
<tr>
<td>New Hartford School District</td>
<td>8.2</td>
<td>5.8</td>
</tr>
<tr>
<td>Regional School District 07 (Barkhamsted, Colebrook, New Hartford, Norfolk)</td>
<td>6.4</td>
<td>5.5</td>
</tr>
<tr>
<td>State</td>
<td>32.9</td>
<td>34.4</td>
</tr>
</tbody>
</table>


Fortunately Connecticut counties and municipalities have experienced a decline in the unemployment rate over the past year. According to the CT Department of Labor, the state’s unemployment rate in March 2011 was 9.2%, and as of March 2012 this had declined to 8.1%, slightly below the national rate of 8.4%. In March 2012, unemployment rates in Litchfield County ranked 4th among the 8 CT counties at 7.7%. Unemployment rates ranged from a low of 4.6% in Bridgewater to a high of 9.3% in North Canaan. [http://www1.ctdol.state.ct.us/lmi/laus/laustown.asp](http://www1.ctdol.state.ct.us/lmi/laus/laustown.asp). Unskilled workers, persons with low educational attainment, and minorities are historically at higher risk for unemployment.
Health Insurance Coverage

Having public or private health insurance coverage is a strong predictor of both access to and regular use of all types of health care services. Studies demonstrate that individuals lacking health insurance are far more likely to receive fragmented health care and experience delayed access to health screenings and diagnosis and treatment for disease. As shown in Figure 6, the percentage of CT residents who are uninsured is well below the national average. From 2007-2009, however, this percentage increased at a faster rate in CT than in the U.S. as a whole.

![Figure 6: CT and U.S. Percent Uninsured Population, 1999-2009](source)

The CT Department of Public Health’s (DPH) report, Healthy Connecticut 2010, indicates that the likelihood of being insured in our state varies considerably by population subgroup. As shown in Figure 7, children in Connecticut 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 non-Hispanic Black and Hispanic residents to have coverage. HUSKY Health is Connecticut’s comprehensive public health insurance program, designed to reduce the number of uninsured individuals and families and increase access to preventive care and diagnostic and treatment services.

As reported by the CT Voices for Children in Uninsured Children in Connecticut, 2010, the estimated percentage of uninsured persons in Litchfield County in 2010 based on U.S. Census ACS data, was 6.9% for persons of all ages and 2.4% for children under age 18. These percentages compare favorably with the 2010 CT rate of 9.1% overall and 3.0% for children. The report also cites the impact of HUSKY in containing the numbers of uninsured children in spite of the recent economic downturn.

Source: Healthy Connecticut 2010
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. In many instances, this leaves little money for other necessities such as food, clothing, transportation, utilities, and healthcare. For renters, the situation is typically worse, as the median household income for renters is substantially less on average than for homeowners. According to U.S. Census 2006-2010 American Community Survey data, 48% of renter households in the county are cost-burdened and 41% of households who are paying a home mortgage are cost-burdened.

The National Low Income Housing Coalition’s 2012 Out of Reach Study indicates that Connecticut is the 7th most expensive state in the nation for housing. In Litchfield County, the hourly wage needed to afford a two-bedroom fair market rate apartment is $20.44 per hour, 2.5 times the minimum wage. 

According to the 2010 U.S. Census, 76.3% of Litchfield County residents own their homes and 23.7% rent. There is considerable variation by municipality, with the proportion of residents who rent exceeding one in three in Torrington (33.6%) and Winchester (37.4%). The number of subsidized housing units and the proportion of pre-1950 housing stock are also highest in these two communities. Torrington has 1,777 subsidized units and Winchester has 593 units. In Winchester 50% of the housing stock is pre-1950; in Torrington this is 39%. www.cerc.com

Since 2007, Connecticut has conducted a statewide standardized and coordinated “census” of homelessness, to enumerate homelessness both in shelters and on the street. Each January, 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 Litchfield County are from 2007, when a total of 136 single adults and 11 families were counted. According to Point-In-Time Count data for 2011, the number of homeless individuals in Connecticut was 4,451, an 8% increase since 2009. The breakdown by type is shown below.

Figure 8

Source: CT PIT2011

The NW CT Collaborative for the Education of Homeless Children and Youth is a partnership between the Torrington Public Schools and EDUCATION CONNECTION, the Regional Educational Service Center in the county. This CSDE-funded initiative provides wraparound academic, social, and emotional support services to children living in homeless families, using the McKinney-Vento definition. In 2010-2011, 129 children in Torrington (pre-K through grade 12) were identified as homeless.

The CT 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 statewide.

According to United Way’s 2-1-1 community services database, homeless shelters in the county are operated by the New Milford Shelter Coalition (winter emergency shelters at local churches), FISH of Torrington (25 beds), and the Northwest CT YMCA (17 beds).
Community Safety

The Uniform Crime Reporting Program (URC) measures the extent, fluctuation, and distribution of crime in communities across the United States. Eight offenses were chosen to form the Crime Index, including the violent crimes of murder, rape, robbery, and aggravated assault and the property crimes of arson, burglary, larceny-theft, and motor vehicle theft. The Connecticut Department of Emergency Services and Public Protection has all 102 CT police departments participating in the UCR Program.

As shown in Table 9, Litchfield County’s overall 2010 crime index compares favorably with the state total average and the state average for non-urban (population < 100,000) areas. The county’s index offense rates for all offenses other than rape are consistently below the state total and non-urban area rates.

<table>
<thead>
<tr>
<th>Index Offense</th>
<th>Litchfield County</th>
<th>Connecticut Non-Urban</th>
<th>Connecticut Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Rate</td>
<td># Rate</td>
<td># Rate</td>
</tr>
<tr>
<td>Murder</td>
<td>0 0.00</td>
<td>54 1.8</td>
<td>132 3.7</td>
</tr>
<tr>
<td>Rape</td>
<td>39 20.4</td>
<td>401 13.7</td>
<td>599 16.8</td>
</tr>
<tr>
<td>Robbery</td>
<td>30 15.7</td>
<td>1,308 44.6</td>
<td>3,554 99.4</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>91 47.6</td>
<td>2,564 87.4</td>
<td>5,792 162.1</td>
</tr>
<tr>
<td>Burglary</td>
<td>579 302.8</td>
<td>10,161 346.2</td>
<td>15,158 424.1</td>
</tr>
<tr>
<td>Larceny</td>
<td>2,198 1,149.6</td>
<td>40,903 1,393.7</td>
<td>56,705 1,586.6</td>
</tr>
<tr>
<td>Motor Vehicle Theft</td>
<td>97 50.7</td>
<td>3,371 114.9</td>
<td>6,656 186.2</td>
</tr>
<tr>
<td>Arson</td>
<td>13 6.8</td>
<td>281 9.6</td>
<td>424 11.9</td>
</tr>
<tr>
<td>Crime Index</td>
<td>3,034 1,586.8</td>
<td>58,762 2,002.2</td>
<td>88,596 2,478.8</td>
</tr>
</tbody>
</table>

Notes: 2010 rates only include half-year data for Hamden.
Rates are per 100,000 residents.

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 2 in Torrington to a high score of 10 in Bridgewater. 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. Socioeconomic factors such as unemployment rates, educational attainment, and income levels are strongly associated with both the prevalence and types of crime in communities.

Domestic abuse crosses all socioeconomic levels and is chronically underreported in crime statistics. The Centers for Disease Control and Prevention estimates that one in four women will be a victim of domestic abuse in their lifetime. The Connecticut Coalition Against Domestic Violence reports that from 7/1/10 – 6/30/11 their 18 domestic violence agencies, including 2 located in Litchfield County, provided services to 54,178 victims of domestic violence. Litchfield County agencies include Women’s Support Services in Sharon and the Susan B. Anthony Center located in Torrington. As reported in the July 2011 edition of the Litchfield County Times, the Susan B. Anthony Project reported nearly a doubling in the need for services from the previous year, and the Torrington Police reported that between 2008 and 2010 they responded to about 2,400 reports of domestic violence, resulting in 960 arrests.

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Community Health-Related and Environmental Assets

Community Health-Related Assets

Litchfield County is home to three acute care hospitals: Charlotte Hungerford Hospital in Torrington, Western CT Health Systems-New Milford Hospital in New Milford, and Sharon Hospital in Sharon. Some key statistics related to each hospital are provided below:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Licensed Beds</th>
<th>ED Beds</th>
<th>ICU Beds</th>
<th>2011 Patient Days</th>
<th>2011 ED Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlotte Hungerford</td>
<td>109</td>
<td>14</td>
<td>10</td>
<td>27,425</td>
<td>39,535</td>
</tr>
<tr>
<td>New Milford</td>
<td>85</td>
<td>12</td>
<td>6</td>
<td>9,347</td>
<td>18,780</td>
</tr>
<tr>
<td>Sharon</td>
<td>78</td>
<td>11</td>
<td>n/a</td>
<td>11,883</td>
<td>15,265</td>
</tr>
</tbody>
</table>


In addition, there is one federally qualified health center located within the county, the Community Health and Wellness Center of Greater Torrington. Federally qualified health centers (FQHC) receive federal funding support to provide preventive, primary, and specialty care services in medically underserved areas. Within the county, Torrington is a federally designated primary care health professional shortage area. FQHC patients without insurance pay for care based on their income, using a sliding fee scale, however no one is refused care based on inability to pay.

According to data compiled by the Pomperaug Health District, there are 16 Long Term Care Facilities in the county, located in Canaan (1), Kent (1), Litchfield (1), Plymouth (1), New Milford (2), Salisbury (1), Sharon (1), Torrington (5), Watertown (2), and Winchester (1). The combined bed capacity of these facilities is 1,562.

Municipalities within the county are served by 4 full-time health districts, 1 full-time health department, and 1 part-time health department. The majority (17 out of 26) of the county’s municipalities are served by the Torrington Area Health District, including Bethlehem, Canaan, Cornwall, Goshen, Harwinton, Kent, Litchfield, Morris, Norfolk, North Canaan, Plymouth, Salisbury, Thomaston, Torrington, Warren, Watertown, and Winchester.

Within the county, the Pomperaug Health District serves Woodbury, the Farmington Valley Health District serves Barkhamsted, Colebrook, and New Hartford, and the Newtown Health District serves Bridgewater and Roxbury. The New Milford Health Department serves the town of New Milford. The county’s two part-time health departments are located in Sharon and Washington. Phone, email, and website contact information for all health department/districts is available at [https://www.han.ct.gov/local_health/localmap.asp?cfilter=litchfield&bar=1&debug](https://www.han.ct.gov/local_health/localmap.asp?cfilter=litchfield&bar=1&debug)

There are a wide variety of additional health-related resources within the county. United Way of CT Infoline 2-1-1 maintains an up-to-date online searchable community resource database of health and human service providers, agencies, and organizations, available at [http://www.211ct.org/referweb/search.aspx](http://www.211ct.org/referweb/search.aspx). United Way also publishes an annual report, *The 2-1-1-Barometer - Identifying Unmet Needs in CT*, highlighting gaps between service requests and available resources in the community. This report can be accessed at: [http://www.ctunitedway.org/Media/Barometer/June2011.pdf](http://www.ctunitedway.org/Media/Barometer/June2011.pdf)

The 2012 *County Health Rankings* report indicates that Litchfield County has a ratio of 1 primary care physician to every 1,123 residents, which ranks second to last among CT counties and well below both the national benchmark of 1 primary care physician for every 631 persons and the state average of 1 primary care physician per 729. Geographic areas with lower population densities such as Litchfield County are more likely to have health professional shortages. [http://www.countyhealthrankings.org](http://www.countyhealthrankings.org)
Environmental Assets

With its sizable land mass and low population density, the County abounds in open space areas for recreation. Seven state parks, five state forests, and one state recreation area lie within its borders. In addition, the county offers countless opportunities for year round outdoor recreation through greenways, trails, conservation areas, and numerous lakes, ponds, rivers, and streams. However, access to many of these resources is limited to residents with private transportation. In terms of public transportation, the Housatanic Area Regional Transit operates a fixed route bus system in New Milford, Torrington Transit Authority provides scheduled service in Torrington, and Dial-A-Ride services are available in the remainder of the county through the Northwestern CT Transit District. According to the Census 2006-2010 ACS, only 1.3% of Litchfield County residents use public transportation to commute to work.

Due to the rural character of many of the county’s town centers and roadways, there is limited existing infrastructure such as sidewalks, street lights, or bike lanes to promote walking or biking as a transportation mode within and among county communities.

Special Populations

Vulnerable groups include county residents experiencing financial hardships, language and cultural barriers, and difficulty accessing health care; perinatal women; the very young and very old; persons with disabilities; and persons residing in group quarters. As shown in Figure 1, there has been considerable growth in the county population ages 85 and over, increasing needs for supported living environments and health care services.

Persons in group quarters are in a group living arrangement, that is owned or managed by an independent entity. Group quarters include such places as college residence halls, residential treatment centers, skilled nursing facilities, group homes, military barracks, and correctional facilities. Census 2010 reports a total of 2,804 persons living in group quarters in the county, including 1,566 individuals (503 males and 1,063 females) in institutions. The remaining 1,238 individuals (682 males and 556 females) reside in non-institutional settings.

Recent Census data on the extent and type of disabilities reported were learning disabilities, followed by speech/language impairments, other health impairments, autism, and emotional disturbances. Data for individual schools in Litchfield County for 2010 - 2011 show a wide variation in the proportion of K-12 students with disabilities by school, ranging from a low of 5.4% to a high of 25%.

Related to maternal, infant, and child health, the DPH Maternal, Infant, and Early Childhood Home Visiting Needs Assessment examined existing services and compared data to relevant risk factors of families of young families.

E D U C A T I O N C O N N E C T I O N ’ S Early Head Start and Head Start Program 2012 Community Assessment details the significant health and social service needs of the families it serves in New Milford, Torrington, and Winchester. In addition, The Torrington Early Childhood Collaborative’s Birth through 8 Community Plan, a Graustein Discovery Community initiative, presents a community-designed plan to assure “All of Torrington’s children from birth through age 8 are healthy and successful learners”.


Torrington and Winchester were found to have a very high need for services and Plymouth was found to be in moderate need.

RELATED TO M A T E R N A L, INFANT, AND CHILD HEALTH, THE D P H M a t e r n a l, I n f a n t, a n d E a r l y C h i l d h o o d H o m e V i s i t i n g N e e d s A s s e s s m e n t examined existing services and compared data to relevant risk factors of families of young families.


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Health Status of 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

According to the United Health Foundation, in 2011 Connecticut ranked third highest in health status in the nation, a continued positive trend from a rank of seventh in 2009 and fourth in 2010. Specific strengths cited include low rates of smoking, a lower prevalence of obesity when compared to other states in the nation, a low percentage of children in poverty, a low rate of uninsured population, high immunization coverage, and relatively high proportion of primary care physicians. Areas where improvements are needed include a high rate of binge drinking and moderate levels of air pollution. The report indicates that CT has demonstrated success in reducing deaths from cardiovascular disease and cancer and, in the past ten years, smoking prevalence has decreased dramatically. Source: http://www.americashealthrankings.org/CT/2011

The 2012 County Health Rankings, a collaboration of the University of Wisconsin’s Population Health Institute and the Robert Wood Johnson Foundation, ranks CT counties based on health outcomes and health factors. Counties receive a Health Outcome rank based on mortality and morbidity and a Health Factor rank based on health behaviors, clinical care, social-economic factors, and the physical environment. Figure 9 shows the weighting structure used to calculate the rankings. This quantifies the interconnectedness of personal health behaviors, clinical care, social and economic factors and the physical environment in which we live.

Within CT, counties are ranked from 1 to 8 on health factors and outcomes, with a rank of one being the “healthiest”. Health outcomes represent the overall health of the county; health factors represent what influences the health of the county.

Health outcomes are based on an equal weighting of mortality (how long people live) and morbidity (how healthy people feel) factors. Litchfield County ranked 4th out of the eight CT counties for health outcomes. Health factors rankings are based on the weighted average for the four different types of factors (% used for weighting are shown in parentheses in Figure 9). Litchfield County ranked 3rd out of the eight counties for health factors.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Health Outcomes</th>
<th>Rank</th>
<th>Health Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tolland</td>
<td>1</td>
<td>Middlesex</td>
</tr>
<tr>
<td>2</td>
<td>Middlesex</td>
<td>2</td>
<td>Tolland</td>
</tr>
<tr>
<td>3</td>
<td>Fairfield</td>
<td>3</td>
<td>Litchfield</td>
</tr>
<tr>
<td>4</td>
<td>Litchfield</td>
<td>4</td>
<td>Fairfield</td>
</tr>
<tr>
<td>5</td>
<td>New London</td>
<td>5</td>
<td>New London</td>
</tr>
<tr>
<td>6</td>
<td>Hartford</td>
<td>6</td>
<td>Hartford</td>
</tr>
<tr>
<td>7</td>
<td>Windham</td>
<td>7</td>
<td>New Haven</td>
</tr>
<tr>
<td>8</td>
<td>New Haven</td>
<td>8</td>
<td>Windham</td>
</tr>
</tbody>
</table>

Selected findings specific to Litchfield County, with CT and U.S. comparisons follow.
As noted in Table 10, Litchfield County meets National Benchmarks and compares favorably to the state on a number of indicators including: premature death, residents reporting poor or fair health, prevalence of adult obesity and physical inactivity, mammography screening, access to healthy foods, and percentage of fast food restaurants. The county also compares favorably to the state for preventable hospital stays and has comparable rates for excessive drinking and diabetic screening. County indicators that do not meet National Benchmarks include poor physical and mental health days, adult smoking, excessive drinking (county rate is more than double the National Benchmark), and preventable hospital stays.

### Lifestyle Behaviors and Risk Factors

As stated in *Healthy People 2010*, individual behaviors and social-environmental factors account for about 70% of premature deaths in the U.S. Health promoting lifestyle behaviors such as avoiding tobacco, illicit drug, and excessive alcohol use; healthy eating; regular physical activity; and managing stress are key to reducing the burden of chronic disease and premature death in county residents.

The CT DPH report, *Healthy Connecticut 2010*, compares outcomes in U.S. and CT residents for selected behavioral health objectives related to *Healthy People 2010* leading health indicators - physical activity, overweight/obesity, tobacco use, substance abuse, sexual behaviors, mental health, injury and violence, environmental quality, immunization, and access to health care. Key findings are presented in Figure 10.
In general, CT residents had a lower prevalence of most behavioral risk factors than the average U.S. resident and were more likely to be physically active, not be obese, and not smoke. In contrast, there was a higher prevalence of alcohol use in both teens and adults, and overweight and binge drinking in adults.

The Centers for Disease Control and Prevention (CDC) Community Transformation and the national Million Hearts™ initiatives both target reduction of major risk factors for heart disease and stroke, which are leading causes of death and disability in the nation, state, and county. These risk factors include tobacco use, poor diet, physical inactivity, and unhealthy weight. In addition, control of high blood pressure and high cholesterol are imperative for maintaining cardiovascular health.

Behavioral Risk Factor Surveillance

The CDC Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing random telephone survey of adults ages 18 and over conducted in all 50 states. The BRFSS originally collected data on health behaviors related to the leading causes of death, but has since expanded to include survey questions related to health care access, utilization of preventive health services, and emerging health issues.

Comparative BRFSS data for Litchfield County and the state for the years 2007-2010 are presented in Figure 11. In general, Litchfield County residents had similar rates (identical or within 1 point) to the state related to social support, physical activity, fruit and vegetable consumption, prevalence of high blood pressure and diabetes, having routine medical check-ups, cholesterol testing and mammography.

County residents reported more frequent attempts to stop smoking than state residents as a whole (with co-existing higher smoking rates), and more frequent participation in routine dental care, pap smears and colorectal cancer screening.

County residents were more likely to be obese or current smokers than CT residents overall, and were less likely to participate in routine eye exams, influenza vaccination, and PSA testing (in men). None of the differences were statistically significant.

Tobacco Use

Smoking is the single most avoidable cause of chronic disease and death. Smoking increases the risk of lung, bronchus, trachea, and esophageal cancer as well as many other types of cancers, heart disease, stroke, and chronic lung diseases. As reported in Healthy Connecticut 2010, over 5,000 CT adults die each year due to smoking and from exposure to secondhand smoke. As reported in the 2011 United Health Foundation’s Health Rankings,
Connecticut has one of the lowest rates of current smoking in adults, and in 2011, ranked 3rd lowest among U.S. states (13.2% compared to 17.3% nationally).

Smoking among Connecticut adults has declined by 40% over the past 20 years, with the greatest decrease occurring during the last decade. As shown in Figure 12, smoking prevalence has decreased for all adult groups other than Black non-Hispanics since 1999. Source: http://www.ct.gov/dph/lib/dph/state_health_planning/healthy_people/hct2010_final_rep_jun2010.pdf.

In spite of these positive trends, continued efforts to avoid tobacco use are imperative to future reductions in morbidity and mortality from cancer, respiratory, and cardiovascular diseases. In CT adults, smoking prevalence is highest in males, persons ages 18-24, those with less than a high school education, and those with incomes below $25,000 (26.4%). Based on BRFSS age-adjusted rates, Litchfield County ranked third highest in smoking prevalence among CT counties in 2007-2009. Healthy Connecticut 2010 reports smoking rates in adolescents have also shown a dramatic decline from 2000-2009 (66% among middle school and 40% among high school students). In middle school, Hispanic or Latino students had the highest smoking rates, while in high school, white non-Hispanics had the highest smoking rates.

**Physical Activity, Healthy Eating, and Healthy Weight**

Regular or vigorous physical activity is important to overall health and weight management. Regular activity reduces the risk of obesity, heart disease and stroke, colorectal and breast cancers, type 2 diabetes and metabolic syndrome, high cholesterol, high blood pressure, and osteoporosis. Activity also improves mental health and mood and lowers the overall risk of premature death. As shown in Figure 14, physical activity among CT adults increased from 2001-2009, with the greatest gains in Hispanic residents. There was significant disparity in the reported level of activity for Black and White non-Hispanics.

Based on 2007-2009 BRFSS data, adults more likely to meet physical activity recommendations were male, white non-Hispanic, ages 18-24, and those with higher education and income levels. Based on age-adjusted data, Litchfield County ranked third highest among CT counties in the percentage of adults not meeting recommended requirements (moderate physical activity for 30 minutes or more 5 times per week or vigorous physical activity for 20 minutes or more 3 times a week).
According to the National Survey of Children’s Health, in 2007 CT children were more likely than their counterparts nationwide to be physically active for at least four days per week (36.2% versus 34.4%), and less likely to spend one hour or more a day in front of a television or computer screen (42.7% versus 50.1%). Source: http://childhealthdata.org/docs/nsch-docs/connecticut-pdf.pdf

The CT DPH 2009 CT School Health Survey - Youth Behavior Component report indicates that the percentage of adolescents who are physically inactive increases by grade from 11.2% in grade 9 to 19.9% in grade 12; female and Black or Hispanic students are much more likely to be inactive.

Another measure of the level of physical fitness in youth is the percentage of students in local school districts passing all four components of state physical fitness tests. These standardized tests include four areas of fitness: aerobic endurance, flexibility, muscular strength and endurance.

The results for K-12 students enrolled in school districts within the county are presented in Table 11. In general, less affluent districts in the county scored lowest. There is also a trend towards lower percentages in regional middle schools and high schools when compared with their elementary school “home town” districts.

### Table 11 – Percentage of K-12 Students Passing All Four Physical Fitness Test Components, 2010-2011

<table>
<thead>
<tr>
<th>District</th>
<th>% K-12 Students Passing (Listed in Rank Order)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornwall School District</td>
<td>80.5</td>
</tr>
<tr>
<td>Regional School District 12 (Bridgewater, Roxbury, Washington)</td>
<td>76.9</td>
</tr>
<tr>
<td>Regional School District 6 (Goshen, Morris, Warren)</td>
<td>68.8</td>
</tr>
<tr>
<td>Kent School District</td>
<td>67.0</td>
</tr>
<tr>
<td>Canaan School District</td>
<td>65.2</td>
</tr>
<tr>
<td>Salisbury School District</td>
<td>64.6</td>
</tr>
<tr>
<td>Litchfield School District</td>
<td>60.1</td>
</tr>
<tr>
<td>Plymouth School District</td>
<td>58.6</td>
</tr>
<tr>
<td>Sharon School District</td>
<td>56.1</td>
</tr>
<tr>
<td>Thomaston School District</td>
<td>52.4</td>
</tr>
<tr>
<td>Colebrook School District</td>
<td>51.3</td>
</tr>
<tr>
<td>Watertown School District</td>
<td>50.1</td>
</tr>
<tr>
<td>Regional School District 14 (Bethlehem, Woodbury)</td>
<td>49.9</td>
</tr>
<tr>
<td>New Milford School District</td>
<td>46.9</td>
</tr>
<tr>
<td>New Hartford School District</td>
<td>45.9</td>
</tr>
<tr>
<td>Regional School District 7 (Barkhamsted, Colebrook, New Hartford, Norfolk)</td>
<td>43.8</td>
</tr>
<tr>
<td>Barkhamsted School District</td>
<td>43.2</td>
</tr>
<tr>
<td>Regional School District 1 (Canaan, Cornwall, Kent, North Canaan, Salisbury, Sharon)</td>
<td>35.1</td>
</tr>
<tr>
<td>Winchester School District</td>
<td>34.7</td>
</tr>
<tr>
<td>Norfolk School District</td>
<td>31.9</td>
</tr>
<tr>
<td>The Gilbert School</td>
<td>31.0</td>
</tr>
<tr>
<td>Torrington School District</td>
<td>30.4</td>
</tr>
<tr>
<td>North Canaan School District</td>
<td>28.7</td>
</tr>
<tr>
<td>State</td>
<td>51.0</td>
</tr>
</tbody>
</table>


Available county level BRFSS survey data (2007-2010) on healthy eating are limited to fruit and vegetable consumption. Survey findings indicate that only 28% of adults consume the recommended 5 or more servings of fruits and vegetables per day. Eating the recommended amount of fruits and vegetables is more common in females, White non-Hispanics, persons ages 65 and over, and those with higher education and income levels. Based on age-adjusted data, Litchfield ranks fourth among CT counties in the percentage of persons...
consuming less than the recommended quantity of fruits and vegetables. Related to healthy eating by youth, the *CT School Health Survey - Youth Behavior Component* (2009) reports that overall only 21% of CT high school students consume 5 or more servings of fruits and vegetables, and male students are more likely than female students to consume the recommended amounts (at statistically significant levels). Source: [http://www.ct.gov/dph/lib/dph/hsr/pdf/cshs_2009_ybcreport.pdf](http://www.ct.gov/dph/lib/dph/hsr/pdf/cshs_2009_ybcreport.pdf)

Obesity and overweight in children, adolescents, and adults have reached epidemic proportions in the U.S. According to CDC, the prevalence of childhood and adolescent obesity has more than tripled in the past 30 years. The percentage of children aged 6–11 years in the nation who were obese increased from 7% in 1980 to nearly 20% in 2008. Over this same time period, the percentage of adolescents aged 12–19 years who were obese increased from 5% to 18%.

The long-term health consequences of childhood and adolescent obesity are serious. Youth who are obese are more likely to experience social and psychological problems due to poor self-esteem. They are more likely to be overweight adults, and consequently at a greater risk for developing heart disease, hypertension, type 2 diabetes, stroke, osteoarthritis, and certain types of cancer. Source: CDC, Adolescent and School Health, [http://www.cdc.gov/healthyyouth/obesity/facts.htm](http://www.cdc.gov/healthyyouth/obesity/facts.htm).

According to the National Survey of Children’s Health, in 2007 approximately 95,000 Connecticut children ages 10-17 years (25.7%) were considered overweight or obese according to Body Mass Index (BMI) for age standards. Hispanic/Latino (40.4%) and Black/African American (38.1%) children in Connecticut are almost two times more likely than White children (21.8%) to be overweight or obese. *Healthy Connecticut 2010* reports racial and ethnic disparities in overweight and obesity in adolescents and adults, as shown in Figures 15 and 16. In high school students, obesity is more prevalent in males and in Hispanic students followed by Black non-Hispanic students. In adults, obesity is more prevalent in these same groups, with rapid rise in obesity in Hispanic adults from 2007-2009.

Based on 2007-2010 BRFSS data, 23% of adults in the county are obese. Obesity is also more common in adults with lower educational and income levels. Litchfield County ranked third highest among CT counties in the age-adjusted rate of obesity in adults.
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 1 out of every 2 adults has 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 is not shared equally among population subgroups in our nation, state or county – significant disparities exist. Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” Powerful, complex relationships exist between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. These factors, which influence an individual’s or population’s health, are known as determinants of health.

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

The most prevalent category of chronic diseases in the U.S. is 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 increasing age 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 rates. Source: CTDPH, the Burden of Cardiovascular Disease in Connecticut, 2010 Surveillance Report, http://www.ct.gov/dph/lib/dph/ hisr/pdf/2010cvd_burdendoc_final.pdf.

High blood pressure and elevated cholesterol levels are both major risk factors for CVD. Data from the 2007-2010 BRFSS show that more than one in four (27%) CT 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, Litchfield County ranks third lowest among CT counties in the prevalence of high blood pressure in adult residents (23.4%).

Data from the 2007-2010 BRFSS show that the majority of CT and county adults (82%) had their cholesterol checked in the past 5 years. BRFSS data from 2007-2009 indicate that adults most likely to have their cholesterol checked were female, white non-Hispanic, ages 65 and over, (95% vs. 40% 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. Based on age-adjusted rates, Litchfield County ranked second to last in the percentage of adults who reported never having their cholesterol checked (20.8%).

Data on the prevalence of elevated cholesterol in adults compiled from the 2007-2009 BRFSS show that 37.8% of CT adults have been told by
a health professional that their blood cholesterol is high. 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, Litchfield County residents have the lowest prevalence of high cholesterol among CT counties (29.3%).

The second most frequent type of chronic disease in CT is malignant neoplasms or cancer. The incidence rate of new cancer cases and mortality rates have been steadily decreasing. This is the result of increased primary prevention efforts, earlier detection and improved treatment options. Source: CTPH, Connecticut Comprehensive Cancer Control Program, Connecticut Cancer Plan 2009-2013, http://www.ct.gov/dph/lib/dph/comp_cancer/pdf_files/ctcancerplan_2009_2013_cadversion.pdf. In 2008, the age-adjusted cancer incidence rate in Connecticut was estimated at 499.8 per 100,000 people, a decrease from the 2007 rate of 502.5 per 100,000 people. Source: http://statecancerprofiles.cancer.gov.


As reported in the 2007-2009 BRFSS, diabetes is twice as prevalent in Black non-Hispanic adults as in White non-Hispanic adults, and prevalence increases with age. 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 ranks fifth among CT counties (6.7%). Utilization of health care services, including emergency department (ED) visit 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.

Table 12 depicts ED visit rates for CT and for Litchfield County. These rates represent ED visits by residents to any hospital within CT (visits to hospitals outside CT are excluded). Overall, ED visit rates for county residents are comparable to those for CT residents, however there are notable differences by race/ethnicity and diagnostic group. The ED visit rates for White and Black non-Hispanic residents are well above the state average, and those for Hispanics fall well below the state average. Lower ED visit rates for Hispanic residents may be explained in part due to underreporting of this ethnicity on ED intake records.

By diagnostic group, county residents overall had similar ED visit rates for cancer (all sites and lung/bronchus) and for liver disease, including cirrhosis. County residents had higher ED visit rates for major CVD, coronary heart disease, acute myocardial infarction (MI), congestive heart failure, and stroke. Black non-Hispanics had disproportionately high rates for diabetes, alcohol & drug abuse, major CVD, and congestive heart failure. County residents overall had lower ED visit rates for diabetes, drug and alcohol abuse, chronic obstructive lung disease and asthma, however again the rate for Black non-Hispanics was well above the state and county average. ED visits for most chronic conditions increased with advancing age, with the exception of asthma which is highest in children four years of age and under.
### Table 12 - State and County Age-Adjusted ED Visit Rates per 100,000 Residents by Gender, Race, and Ethnicity, 2005-2009

<table>
<thead>
<tr>
<th>Connecticut</th>
<th>Litchfield County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic Group</strong>*</td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>All</td>
<td>36,400.8</td>
</tr>
<tr>
<td>Cancer, all sites</td>
<td>11.7</td>
</tr>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>0.3</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>2.4</td>
</tr>
<tr>
<td>Diabetes</td>
<td>182.0</td>
</tr>
<tr>
<td>Alcohol &amp; Drug Abuse</td>
<td>775.9</td>
</tr>
<tr>
<td>Major CVD</td>
<td>388.0</td>
</tr>
<tr>
<td>CHD</td>
<td>37.1</td>
</tr>
<tr>
<td>Acute MI</td>
<td>20.4</td>
</tr>
<tr>
<td>CHF</td>
<td>36.2</td>
</tr>
<tr>
<td>Stroke</td>
<td>19.0</td>
</tr>
<tr>
<td>COPD</td>
<td>984.2</td>
</tr>
<tr>
<td>Asthma</td>
<td>663.2</td>
</tr>
<tr>
<td>LD &amp; Cirrhosis</td>
<td>5.2</td>
</tr>
</tbody>
</table>

Notes: CVD = Cardiovascular Disease; CHD = Coronary Heart Disease; MI = Myocardial Infarction (Heart Attack); CHF = Congestive Heart Failure; COPD = Chronic Obstructive Pulmonary Disease; LD = Liver Disease. a = data suppressed due to confidentiality. A dash (-) represents the number zero. Source: Connecticut Department of Public Health. 2012. Connecticut Hospital Information Management Exchange (CHIME) Emergency Department Data Set, 2005-2009.

Table 13 shows hospitalization rates for the state and county for the same diagnostic categories. County rates are below the state rates for the majority of diagnostic categories, including all diagnostic groups, cancer (all sites and lung/bronchus), diabetes, major CVD, CHD, acute MI, CHF, stroke, COPD, asthma, and liver disease and cirrhosis.

### Table 13 - State and County Age-Adjusted Hospitalization Rates per 100,000 Residents by Gender and Race/Ethnicity, 2005-2009

<table>
<thead>
<tr>
<th>Connecticut</th>
<th>Litchfield County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic Group</strong>*</td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>All</td>
<td>10,036.5</td>
</tr>
<tr>
<td>Cancer, all sites</td>
<td>377.1</td>
</tr>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>6.4</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>42.9</td>
</tr>
<tr>
<td>Diabetes</td>
<td>132.9</td>
</tr>
<tr>
<td>Alcohol &amp; Drug Abuse</td>
<td>139.3</td>
</tr>
<tr>
<td>Major CVD</td>
<td>1,401.8</td>
</tr>
<tr>
<td>CHD</td>
<td>406.5</td>
</tr>
<tr>
<td>Acute MI</td>
<td>163.0</td>
</tr>
<tr>
<td>CHF</td>
<td>172.8</td>
</tr>
<tr>
<td>Stroke</td>
<td>183.8</td>
</tr>
<tr>
<td>COPD</td>
<td>277.8</td>
</tr>
<tr>
<td>Asthma</td>
<td>136.9</td>
</tr>
<tr>
<td>LD &amp; Cirrhosis</td>
<td>27.4</td>
</tr>
</tbody>
</table>

The rates provided in Table 13 represent admissions to any CT hospital. Hospitalization rates for county residents are higher than state rates for oral cavity/pharynx cancers and for alcohol and drug abuse. Within county hospitalization rates are higher for males for most diagnoses, and for Black non-Hispanic residents than other racial/ethnic groups. The low hospitalization rates for Hispanic county residents may in part reflect underreporting of Hispanic ethnicity on hospital records. As expected, hospitalization rates for chronic diseases generally rise with advancing age and are highest in persons ages 65 and over. The notable exception is again asthma, with the highest rates in children ages birth to four.

Mortality and 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 17 presents the leading causes of death in the United States and Connecticut for 2008, based on crude rates. Although the 10 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.

![Figure 17: Leading Causes of Death in Connecticut and the U.S., 2008](source: Centers for Disease Control and Prevention, National Center for Health Statistics http://www.cdc.gov/nchs/data/dvs/LCKW9_2008.pdf)
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 17 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 Litchfield County with a higher proportion of older residents, such as Salisbury, 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) correct for differences in age distribution of communities, and therefore give a more accurate representation of excess disease mortality.

Significant disparities in health status, including mortality rates from the leading causes of death and premature death, measured as Years of Potential Life Lost (YPLL) exist in the U.S., CT, 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.

AAMR and YPLL data for Litchfield County for the five year period 2005-2009, with state and county comparisons, follow in Tables 14 and 15.

| Table 14 - State and County Age-Adjusted Mortality Rates per 100,000 Residents by Gender and Race/Ethnicity, 2005-2009 |
|-------------------------------------------------|------------------|------------------|------------------|------------------|------------------|
| **Connecticut** | **Total** | **Male** | **Female** | **White N/H** | **Black N/H** | **Hispanic Latino** |
| **Cause of Death** | **Total** | **Male** | **Female** | **White N/H** | **Black N/H** | **Hispanic Latino** |
| **Malignant Neoplasms** | 170.1 | 206.2 | 147.1 | 171.9 | 190.5 | 108.4 |
| **Diabetes Mellitus** | 16.7 | 19.7 | 14.4 | 15.1 | 35.9 | 24.5 |
| **Alzheimer's Disease** | 16.6 | 13.8 | 17.8 | 17.1 | 15.1 | 8.9 |
| **Major CVD** | 217.4 | 264.4 | 182.1 | 216.4 | 253.2 | 157.5 |
| **Pneumonia & Influenza** | 17.2 | 21.0 | 15.0 | 17.2 | 18.0 | 13.7 |
| **CLRD** | 34.5 | 38.9 | 31.9 | 35.9 | 24.4 | 20.5 |
| **CLD & Cirrhosis** | 7.2 | 10.0 | 4.7 | 7.1 | 6.3 | 11.0 |
| **Nephritis, nephrotic syndrome, nephrosis** | 13.3 | 17.8 | 10.7 | 12.3 | 26.9 | 12.3 |
| **Accidents** | 32.9 | 47.1 | 20.4 | 33.9 | 32.0 | 29.4 |
| **Alcohol Induced** | 5.1 | 7.8 | 2.6 | 5.2 | 4.6 | 5.2 |
| **Drug Induced** | 11.1 | 15.1 | 7.1 | 12.2 | 10.3 | 10.0 |

| **Litchfield County** | **Total** | **Male** | **Female** | **White N/H** | **Black N/H** | **Hispanic Latino** |
| **Cause of Death** | **Total** | **Male** | **Female** | **White N/H** | **Black N/H** | **Hispanic Latino** |
| **All** | 689.8 | 823.1 | 586.6 | 696.6 | 572.8 | 425.3 |
| **Malignant Neoplasms** | 164.3 | 201.4 | 140.4 | 166.2 | 128.9 | 81.3 |
| **Diabetes Mellitus** | 13.6 | 16.3 | 11.4 | 13.3 | 17.9 | 37.0 |
| **Alzheimer's Disease** | 14.6 | 12.6 | 15.4 | 14.5 | 42.1 | 26.9 |
| **Major CVD** | 230.5 | 267.1 | 199.8 | 232.4 | 152.0 | 151.6 |
| **Pneumonia & Influenza** | 19.7 | 21.6 | 18.5 | 20.0 | 0.0 | 11.2 |
| **CLRD** | 40.3 | 45.9 | 37.8 | 41.0 | 37.6 | 11.2 |
| **CLD & Cirrhosis** | 7.0 | 9.8 | 4.6 | 7.0 | 6.5 | 11.9 |
| **Nephritis, nephrotic syndrome, nephrosis** | 12.4 | 15.6 | 10.5 | 12.6 | 22.7 | 0.0 |
| **Accidents** | 35.0 | 48.9 | 21.8 | 36.0 | 18.0 | 32.5 |
| **Alcohol Induced** | 5.7 | 9.2 | 2.4 | 5.9 | 0.0 | 2.4 |
| **Drug Induced** | 11.8 | 15.8 | 7.8 | 12.3 | 5.9 | 9.1 |

Age-adjusted all-cause mortality rates for the county and state are comparable, including rates for males and females. County all-cause mortality rates for White non-Hispanics (both genders) are higher, and rates for Black non-Hispanics and Hispanics are considerably lower than the state rates.

County rates are lower than state rates for many causes of death including malignant neoplasms (cancer), diabetes mellitus, Alzheimer’s disease and kidney diseases, and comparable to the state for chronic liver disease and cirrhosis. County mortality rates are above the state for major CVD, pneumonia and influenza, chronic lower respiratory disease (CLRD), accidents, and alcohol and drug-induced deaths.

Within county AAMR comparisons by gender and race/ethnicity indicate higher mortality rates for males for all causes of death, and for White non-Hispanics (both genders) for all causes, malignant neoplasms, major CVD, pneumonia & influenza, chronic lower respiratory disease, accidents, and alcohol and drug-induced deaths. These same trends are evident statewide. Within the county, Black non-Hispanic residents have higher mortality rates from diabetes, Alzheimer’s disease and kidney disease. Hispanic or Latino residents have higher mortality rates from diabetes.

Table 15 represents the years of potential life lost to age 75, or premature death, based on the leading causes of death in the state and county. By cause of death, the largest impact in the state and county is manifested by malignant neoplasms, followed by accidents, major CVD, and drug-induced deaths. Males and Hispanic or Latino residents have the highest rate of premature death in the county overall.

![Table 15 - State and County Age-Adjusted Years of Potential Life Lost to Age 75, Rates per 100,000 Residents by Gender and Race/Ethnicity, 2005-2009](source: Connecticut Department of Public Health, 2012. Vital Records Mortality Files, 2005-2009.)
Examination of mortality data over time and by municipality offers additional insight as to improvements in health status and emerging health issues. Reliable AAMR data is, however, unavailable for most towns in the county due to their small population size, and the corresponding low numbers of deaths, which causes the rates to be very unstable.

Five-year average AAMR data for 2000-2004 and 2005-2009 for the 5 most populated municipalities in Litchfield County, the ‘rest of county’ (excluding these municipalities) and the county and state as a whole for the 10 leading causes of death (with the addition of trachea, bronchus & lung cancer) are provided in Tables 16a and 16b. In order to permit rate comparisons across municipalities with the county and state, Census 2000 was used as the reference population base in calculating the state and county rates, to be consistent with the methodology used for municipal rates. This artificially inflates the rates for 2005-2009, as the Census 2000 population base is less than the 2005-2009 ACS population base used to calculate the state and county AAMR rates found in Table 14. Even with these limitations, review of this data does provide some useful comparisons across geographic areas within the county, and trends over time.

### Table 16a: Leading Causes of Death, Five-Year Average Age Adjusted Mortality Rates, 2000-2004

<table>
<thead>
<tr>
<th>Community</th>
<th>All Causes</th>
<th>Diseases of the Heart</th>
<th>Cancer</th>
<th>Trachea, Bronchus &amp; Lung Cancer</th>
<th>Stroke</th>
<th>Chronic Lower Respiratory Diseases</th>
<th>Accidents</th>
<th>Alzheimer's Disease</th>
<th>Influenza &amp; Pneumonia</th>
<th>Diabetes</th>
<th>Kidney Disease</th>
<th>Septicemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Torrington</td>
<td>800.5</td>
<td>204.3</td>
<td>196.0</td>
<td>62.9</td>
<td>49.9</td>
<td>47.0</td>
<td>40.8</td>
<td>8.9</td>
<td>27.6</td>
<td>16.1</td>
<td>17.0</td>
<td>12.5</td>
</tr>
<tr>
<td>New Milford</td>
<td>796.4</td>
<td>193.4</td>
<td>192.5</td>
<td>51.6</td>
<td>41.3</td>
<td>47.5</td>
<td>41.5</td>
<td>25.4</td>
<td>34.8</td>
<td>20.8</td>
<td>--</td>
<td>20.1</td>
</tr>
<tr>
<td>Plymouth</td>
<td>827.5</td>
<td>232.1</td>
<td>192.8</td>
<td>46.5</td>
<td>43.6</td>
<td>47.0</td>
<td>37.7</td>
<td>--</td>
<td>40.4</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Watertown</td>
<td>775.8</td>
<td>255.0</td>
<td>185.1</td>
<td>52.4</td>
<td>33.5</td>
<td>42.4</td>
<td>31.7</td>
<td>--</td>
<td>19.2</td>
<td>19.9</td>
<td>13.3</td>
<td>14.2</td>
</tr>
<tr>
<td>Winchester</td>
<td>904.2</td>
<td>217.7</td>
<td>229.7</td>
<td>59.7</td>
<td>69.0</td>
<td>51.7</td>
<td>29.1</td>
<td>--</td>
<td>29.4</td>
<td>--</td>
<td>22.4</td>
<td>--</td>
</tr>
<tr>
<td>Rest of County</td>
<td>724.3</td>
<td>207.4</td>
<td>177.3</td>
<td>40.3</td>
<td>45.4</td>
<td>45.7</td>
<td>37.7</td>
<td>12.0</td>
<td>24.4</td>
<td>11.2</td>
<td>9.5</td>
<td>11.8</td>
</tr>
<tr>
<td>Litchfield County</td>
<td>763.4</td>
<td>210.1</td>
<td>186.0</td>
<td>48.9</td>
<td>46.1</td>
<td>45.7</td>
<td>36.8</td>
<td>11.5</td>
<td>26.5</td>
<td>15.2</td>
<td>11.7</td>
<td>14.1</td>
</tr>
<tr>
<td>Connecticut</td>
<td>744.7</td>
<td>206.7</td>
<td>183.9</td>
<td>49.3</td>
<td>44.7</td>
<td>36.7</td>
<td>31.0</td>
<td>13.6</td>
<td>20.4</td>
<td>17.9</td>
<td>14.0</td>
<td>13.7</td>
</tr>
</tbody>
</table>

### Table 16b: Leading Causes of Death, Five-Year Average Age Adjusted Mortality Rates, 2005-2009

<table>
<thead>
<tr>
<th>Community</th>
<th>All Causes</th>
<th>Diseases of the Heart</th>
<th>Cancer</th>
<th>Trachea, Bronchus &amp; Lung Cancer</th>
<th>Stroke</th>
<th>Chronic Lower Respiratory Diseases</th>
<th>Accidents</th>
<th>Alzheimer's Disease</th>
<th>Influenza &amp; Pneumonia</th>
<th>Diabetes</th>
<th>Kidney Disease</th>
<th>Septicemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Torrington</td>
<td>736.1</td>
<td>203.8</td>
<td>162.6</td>
<td>47.2</td>
<td>29.1</td>
<td>41.3</td>
<td>40.4</td>
<td>10.1</td>
<td>19.4</td>
<td>20.8</td>
<td>21.9</td>
<td>12.0</td>
</tr>
<tr>
<td>New Milford</td>
<td>817.6</td>
<td>163.1</td>
<td>199.6</td>
<td>59.3</td>
<td>38.3</td>
<td>48.0</td>
<td>37.5</td>
<td>34.8</td>
<td>22.8</td>
<td>13.1</td>
<td>--</td>
<td>20.8</td>
</tr>
<tr>
<td>Plymouth</td>
<td>959.4</td>
<td>289.0</td>
<td>211.8</td>
<td>58.3</td>
<td>29.1</td>
<td>68.4</td>
<td>46.4</td>
<td>--</td>
<td>39.0</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Watertown</td>
<td>793.4</td>
<td>206.7</td>
<td>199.0</td>
<td>51.2</td>
<td>40.0</td>
<td>38.1</td>
<td>40.6</td>
<td>14.1</td>
<td>23.8</td>
<td>14.5</td>
<td>14.6</td>
<td>24.1</td>
</tr>
<tr>
<td>Winchester</td>
<td>849.5</td>
<td>212.5</td>
<td>204.0</td>
<td>43.0</td>
<td>36.2</td>
<td>39.1</td>
<td>55.1</td>
<td>--</td>
<td>20.7</td>
<td>23.7</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Rest of County</td>
<td>765.3</td>
<td>218.7</td>
<td>182.0</td>
<td>42.4</td>
<td>42.4</td>
<td>46.7</td>
<td>36.6</td>
<td>19.7</td>
<td>24.4</td>
<td>12.6</td>
<td>9.7</td>
<td>14.1</td>
</tr>
<tr>
<td>Litchfield County</td>
<td>771.5</td>
<td>208.5</td>
<td>182.2</td>
<td>46.8</td>
<td>36.8</td>
<td>44.3</td>
<td>38.7</td>
<td>16.8</td>
<td>23.0</td>
<td>15.2</td>
<td>14.0</td>
<td>14.9</td>
</tr>
<tr>
<td>Connecticut</td>
<td>745.4</td>
<td>184.9</td>
<td>181.4</td>
<td>47.6</td>
<td>33.6</td>
<td>36.8</td>
<td>34.9</td>
<td>18.8</td>
<td>19.2</td>
<td>18.0</td>
<td>14.5</td>
<td>15.1</td>
</tr>
</tbody>
</table>

Source: Connecticut Department of Public Health, 2012 Age-Adjusted Mortality Rates, 2005-2009. Note: To permit comparisons at the municipal and ‘rest of county’ level, all rates were age-adjusted to Census 2000 population, to be consistent with the reference population used to calculate town AAMR rates. Use of the Census 2000 reference population inflates the CT mortality rates for 2005-2009 above those shown in Table 14 and those published on the CTDPH website.
In reviewing municipal level data for 2000-2004 and 2005-2009, all-cause AAMR rates for the ‘rest of county’, which consists of more rural towns, are lower than those for the county as a whole and with one exception for the 5 most populated municipalities as well. For the county overall, a favorable decline in AAMR is evident from 2000-2004 to 2005-2009 for diseases of the heart, cancer (all sites and trachea, bronchus & lung), stroke, CLRD, and influenza and pneumonia.

Among county municipalities, both Torrington and Winchester show a decline in all-cause AAMR, and most of the five most populated municipalities show a reduction in AAMR for diseases of the heart, stroke, and influenza & pneumonia in 2005-2009 when compared with 2000-2004. It should be noted that additional AAMR reductions may have occurred but are masked by the rate calculation methodology used.
Healthy People 2020 Leading Health Indicators

Healthy People 2020 includes 26 Leading Health Indicators (LHIs) which will be tracked, measured, and reported regularly throughout the next decade at the national and state level. Baseline data and targets related to the Community Transformation Strategic Directions are provided below for future reference.

The most recent available county and/or state baseline data indicate that the following Healthy People 2020 LHI targets have been met: 1) persons with a primary care provider, 2) adult colorectal screening, 3) children exposed to secondhand smoke (proxy measure), 4) adults meeting current physical activity guidelines, 5) adult obesity, 6) adolescent obesity, 7) high school graduation rates, 8) adult binge drinking, and 9) adolescents smoking cigarettes in the past 30 days. Data indicate the following targets have not yet been achieved: 1) persons with medical insurance, 2) adolescents using alcohol or any illicit drugs during the past 30 days, and 3) current adult cigarette smokers.

<table>
<thead>
<tr>
<th>HEALTHY PEOPLE 2020 INDICATOR (LHI Reference Number)</th>
<th>Target</th>
<th>National Baseline</th>
<th>CT/County Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Health Services:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons with medical insurance (AHS-1.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons with a usual primary care provider (AHS-3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100.0</td>
<td>83.2</td>
<td>90.8/91.2</td>
<td></td>
</tr>
<tr>
<td>83.9</td>
<td>76.3</td>
<td>87.5 (CT) Adults</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Preventive Services:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults who receive a colorectal cancer screening based on the most recent guidelines (C-16)</td>
<td>70.5</td>
<td>54.2</td>
<td>73.0/75.0</td>
</tr>
<tr>
<td>Adults with hypertension whose blood pressure is under control (HDS-12)</td>
<td>61.2</td>
<td>43.7</td>
<td>n/a</td>
</tr>
<tr>
<td>Adult diabetic population with an A1c value greater than 9 percent (D-5.1)</td>
<td>14.6</td>
<td>16.2</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Environmental Quality:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 3 to 11 years exposed to secondhand smoke (TU-11.1)</td>
<td>47.0</td>
<td>52.2</td>
<td>37.1 (CT) MS students</td>
</tr>
<tr>
<td><strong>Nutrition, Physical Activity, and Obesity:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults who meet current Federal physical activity guidelines for aerobic physical activity and muscle-strengthening activity (PA-2.4)</td>
<td>20.1</td>
<td>18.2</td>
<td>53.1/52.2</td>
</tr>
<tr>
<td>Adults who are obese (NWS-9)</td>
<td>30.6</td>
<td>34.0</td>
<td>21.4/22.7</td>
</tr>
<tr>
<td>Children and adolescents who are considered obese (NWS-10.4)</td>
<td>14.6</td>
<td>16.2</td>
<td>10.4 (CT) HS students</td>
</tr>
<tr>
<td>Total vegetable intake for persons aged 2 years and older (NWS-15.1)</td>
<td>1.1 cup equivalent/1,000 calories</td>
<td>0.8 cup equivalent/1,000 calories</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Social Determinants:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students who graduate with a regular diploma 4 years after starting 9th grade (AH-5.1)</td>
<td>82.4</td>
<td>74.9</td>
<td>92.1 (CT)</td>
</tr>
<tr>
<td><strong>Substance Abuse:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescents using alcohol or any illicit drugs during the past 30 days (SA-13.1)</td>
<td>16.5</td>
<td>18.3</td>
<td>43.5 (CT) HS Students</td>
</tr>
<tr>
<td>Adults engaging in binge drinking during the past 30 days (SA-14.3)</td>
<td>24.3</td>
<td>27.0</td>
<td>18.0/17.0</td>
</tr>
<tr>
<td><strong>Tobacco:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults who are current cigarette smokers (TU-1.1)</td>
<td>12.0</td>
<td>20.6</td>
<td>18.0/16.0</td>
</tr>
<tr>
<td>Adolescents who smoked cigarettes in the past 30 days (TU-2.2)</td>
<td>16.0</td>
<td>19.5</td>
<td>15.3 (CT) HS Students</td>
</tr>
</tbody>
</table>

Overview of Health Disparities & Inequities in Litchfield County

In spite of the overall favorable health status in the county, health disparities and inequities are apparent, as they are in municipalities throughout CT. As noted in the previous sections of this report, health-related lifestyle behaviors, health status and outcomes are all strongly influenced by the social conditions that exist within a given community.

These conditions, also known as the social determinants of health, include such factors as civic involvement, community safety, economic security, education, employment, environmental quality, and housing. The Health Equity Index (Index) is a web-based assessment tool developed by the Connecticut Association of Directors of Health (CADH) that can be used to identify the social, economic, political, and environmental conditions within a community that are most strongly associated (or correlated) with specific health outcomes. Use of the Index findings facilitates collaboration among public health, community and civic leaders and residents to collectively develop and implement strategies to improve community-level policies and practices affecting health.

The Index provides data, scores, correlations and GIS mapping for all 169 communities in Connecticut. The scores for each social determinant and health outcome are calculated on a 10-point scale (based on decile values) with 1 (red) indicating the least desirable community social conditions or health outcomes, and 10 (green) indicating the most desirable. A score of 5 is the median value for the state.

For Litchfield County, the overall average social determinant score is 7, well above the state average. Of the 26 municipalities in the county, only Plymouth and Winchester score below the state average. A detailed narrative of community social conditions was previously presented in the Population and Demographics Overview section of this report, including education, economic stability, employment, housing, demographic trends, health insurance coverage, and community safety. Health outcome scores within the county vary widely, however the county average for all health outcome indicators is 5, equivalent to the state median.

For this report, the Health Equity Index was used to provide additional insight on the health outcomes most closely related to the five CTG health-related strategic directions: tobacco free living; active living & healthy eating; quality, high impact clinical and other preventive services; social & emotional wellness; and healthy & safe physical environments. The Index health outcomes include: Accidents & Violence, Cancer, Cardiovascular Disease, Diabetes, Health Care Access, Life Expectancy, Liver Disease, Mental Health, Renal Disease, and Respiratory Illness.
Accidents and Violence

The composite Index health outcome score for Accidents and Violence in a community include statistical data on: Age-Adjusted Mortality Rates (AAMR) and Years of Potential Life Lost (YPLL) for intentional and unintentional injuries, and for homicides and legal interventions. While most Litchfield County municipalities score either close to the state average (score of 5) or above, those for Plymouth, Torrington, and Winchester are lower (score of 3).

The prevalence of injuries and violence in a community are correlated with a number of social determinants. While these correlations do not imply a cause and effect relationship, a strong correlation indicates an association between a specific health outcome and a specific social determinant. Spearman’s Rank Correlation Coefficient ($R_s$) values above 0.3 (either positive or negative) are considered statistically significant and could warrant further exploration of contributing factors.

| Social Determinants Related to Accidents and Violence in Litchfield County |
|---------------------------------|------|
| Determinant                    | $R_s$|
| Civic Involvement              | 0.57 |
| Education                      | 0.55 |
| Economic Security              | 0.53 |
| Community Safety               | 0.48 |
| Environmental Quality          | 0.42 |
| Housing                        | 0.40 |
| Employment                     | 0.37 |

Interpretation of Index scores becomes even more meaningful when Census tracts or block groups within a specific municipality are examined. Scores can be compared at the sub-town level to determine higher risk geographic areas and population groups.


Cancer

The overall Index score for cancer is a composite of the incidence, age-adjusted mortality (AAMR), and premature death rates (YPLL) for a number of types of cancer, including: cervical, uterine, or ovarian; colorectal; female breast; lung; non-Hodgkins Lymphoma, pancreatic; prostate and skin cancer. Index scores within the county vary by community, however all fall within the average range of 4-7. According to the National Cancer Institute, personal lifestyle behaviors that contribute to cancer risk include: tobacco use and exposure to secondhand smoke, exposure to UV radiation, excessive alcohol use, risky sexual practices, poor diet, lack of physical activity, and overweight/obesity. The Litchfield County Community Transformation Coalition goals of tobacco-free living, active living and healthy eating, and quality clinical and other preventive services aim to reduce risk for prevalent chronic diseases, such as cancer and cardiovascular disease.

Cardiovascular Disease

Index scores for cardiovascular disease are calculated using mortality (AAMR) and premature death rates (YPLL). Of the communities in Litchfield County, only Plymouth and Colebrook score lower than the state as a whole for this health outcome (town scores of 2 and 3 respectively vs. state score of 5). The rates of cardiovascular disease in county municipalities are correlated with a number of social determinants, with education and economic security being the strongest.

| Social Determinants Related to Cardiovascular Disease in Litchfield County |
|-----------------------------|------------------|
| Determinant                  | $R_s$            |
| Education                   | 0.51             |
| Economic Security           | 0.47             |
| Civic involvement           | 0.42             |
| Environmental Quality       | 0.36             |
| Community Safety            | 0.33             |


Diabetes

The Diabetes Index score for each municipality represents the age-adjusted mortality and premature death rates for the disease. Bridgewater has the least favorable health outcome score in the county at 2, with Colebrook, Roxbury, Winchester and Torrington all having scores that are less desirable than the state. Diabetes is correlated to a number of community conditions, with education levels having the strongest correlation.

| Social Determinants Related to Diabetes in Litchfield County |
|-----------------------------|------------------|
| Determinant                  | $R_s$            |
| Education                   | 0.38             |
| Economic Security           | 0.33             |
| Community Safety            | 0.32             |
| Environmental Quality       | 0.31             |

Health Care Access

Indicators of health care access in the Index include: the number of emergency department visits without insurance, the number of emergency department visits for primary care services, and the number of births that have had delayed or non-adequate prenatal care. The vast majority of Litchfield County municipalities score favorably in this category, exceeding the state average. The town with the lowest Index score for health care access is Norfolk, at 4. A number of community conditions strongly correlate to a lack of health care access in the county.

<table>
<thead>
<tr>
<th>Social Determinants Related to Health Care Access in Litchfield County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determinant</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>Economic Security</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Housing</td>
</tr>
<tr>
<td>Community Safety</td>
</tr>
<tr>
<td>Civic Involvement</td>
</tr>
<tr>
<td>Employment</td>
</tr>
</tbody>
</table>

*Index Health Care Access Data Source: Connecticut Hospital Association, CHIME Hospital Discharge Data, FY 2005-2010.*

Life Expectancy

For most of Litchfield County, life expectancy is greater than or equal to the state average. The community with the lowest life expectancy score in the county is Plymouth, followed by Torrington, Thomaston, and Winchester.

The highest life expectancy scores are found in Bridgewater, Cornwall, Norfolk, and Warren.

Life expectancy is correlated to all 7 of the social determinants included in the Index, with education and economic security having the strongest associations.

<table>
<thead>
<tr>
<th>Social Determinants Related to Life Expectancy in Litchfield County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determinant</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Economic Security</td>
</tr>
<tr>
<td>Civic Involvement</td>
</tr>
<tr>
<td>Community Safety</td>
</tr>
<tr>
<td>Employment</td>
</tr>
<tr>
<td>Environmental Quality</td>
</tr>
<tr>
<td>Housing</td>
</tr>
</tbody>
</table>

Liver Disease

Low Index scores due to AAMR and premature deaths from chronic liver disease and cirrhosis are concerns for a number of communities in Litchfield County, with Salisbury having the least favorable Index score of any municipality in the area at 2. Social determinants associated with liver disease include those listed below:

| Social Determinants Related to Liver Disease in Litchfield County |
|---------------------|----------------|
| Determinant          | $R_s$ |
| Civic Involvement    | 0.33  |
| Environmental Quality| 0.32  |
| Community Safety     | 0.31  |


Mental Health

Mental health scores are determined by the emergency department visit and hospitalization rates for mental illness as well as alcohol and drug induced deaths. In Litchfield County, both Torrington and Winchester score below the state average for mental health (score of 2 vs. state average of 5). Both community safety and economic security are strongly associated with mental health, however numerous other community social conditions also play a role.

| Social Determinants Related to Mental Health in Litchfield County |
|---------------------|----------------|
| Determinant          | $R_s$ |
| Community Safety     | 0.55  |
| Economic Security    | 0.49  |
| Environmental Quality| 0.45  |
| Civic Involvement    | 0.45  |
| Education            | 0.42  |
| Housing              | 0.37  |

Index Mental Health Data Sources: Connecticut Hospital Association, CHIME Hospital Discharge Data, FY2005-2010.
Renal Disease

Scores for renal disease are calculated from the mortality and premature death rates for nephritis, nephrotic syndrome, and nephrosis. Index health outcome scores for renal disease in Litchfield County are least favorable in Bridgewater, Plymouth and Torrington. Renal disease is most strongly associated with community safety and environmental quality.

Respiratory Illness

Index scores for death rates and YPLL from chronic lower respiratory disease are slightly below the state average for a large portion of Litchfield County, with the lowest score (2) being found in Goshen, and the highest score found in Warren (8). The community conditions that more strongly correlate with respiratory illness are economic security and education.

### Social Determinants Related to Renal Disease in Litchfield County

<table>
<thead>
<tr>
<th>Determinant</th>
<th>$R_s$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Safety</td>
<td>0.47</td>
</tr>
<tr>
<td>Environmental Quality</td>
<td>0.45</td>
</tr>
<tr>
<td>Education</td>
<td>0.39</td>
</tr>
<tr>
<td>Housing</td>
<td>0.33</td>
</tr>
<tr>
<td>Civic Involvement</td>
<td>0.32</td>
</tr>
<tr>
<td>Economic Security</td>
<td>0.30</td>
</tr>
</tbody>
</table>


### Social Determinants Related to Respiratory Illness in Litchfield County

<table>
<thead>
<tr>
<th>Determinant</th>
<th>$R_s$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Security</td>
<td>0.42</td>
</tr>
<tr>
<td>Education</td>
<td>0.41</td>
</tr>
<tr>
<td>Civic Involvement</td>
<td>0.31</td>
</tr>
</tbody>
</table>

As previously noted, Connecticut lacks a county governance structure, therefore health-related programs and services are provided at the municipal, regional, or state level. This includes a diversity of public health programs and services provided by health departments and districts serving Litchfield County (districts serve two or more municipalities). The majority of the county’s communities are served by the Torrington Area Health District, including Bethlehem, Canaan, Cornwall, Goshen, Harwinton, Kent, Litchfield, Morris, Norfolk, North Canaan, Plymouth, Salisbury, Thomaston, Torrington, Warren, Watertown, and Winchester. Within the county, the Pomperaug Health District serves Woodbury; the Farmington Valley Health District serves Barkhamsted, Colebrook, and New Hartford; and the Newtown Health District serves Bridgewater and Roxbury. The New Milford Health Department serves the town of New Milford. Two part-time health departments are located in Sharon and Washington.

Local health departments and districts provide essential public health services at the municipal level throughout Connecticut. These governmental entities are separate from the CT Department of Public Health (CTDPH), however they are linked by state statute in several important ways: approval of appointments of local directors of health by the Commissioner of Public Health; mandates to carry out critical public health functions in the areas of infectious disease control, environmental health, etc.; legal authority to levy fines and penalties for public health code violations and to grant and rescind license permits (such as for food services establishments or septic systems); as well as funding for prevention and education programs and services to promote and improve the health of residents in their communities.

Core services provided by all local health departments and districts serving county residents (either directly or by contract) include: immunization services; childhood lead poisoning prevention and control; communicable disease prevention and control (TB, STD, etc.); licensing and inspections for food service establishments and vendors; public health emergency planning including mass dispensing/vaccination; enforcement of public health codes and regulations, including inspections for compliance with health standards; and health information, education, and screening services.

There is a wide variety of additional health-related programs and services provided by other agencies and organizations within the county. As previously mentioned, United Way of CT Infoline 2-1-1 maintains an online searchable community resource database of health and human service providers, agencies, and organizations. This database contains information for over 4,600 health and human service providers and 48,000 service sites in CT. Infoline 2-1-1 is the most comprehensive database available and is updated regularly. The system is, however, dependent on service providers supplying comprehensive and up-to-date information. As part of the Litchfield County CTG Coalition assessment activities, the Steering Committee collaborated with United Way Infoline’s 2-1-1 research and evaluation team to design a framework for asset mapping aligned with the 5 CTG Strategic Directions:

- Tobacco Free Living
- Active Living and Healthy Eating
- High Impact Quality Clinical and Other Preventive Services
- Social & Emotional Wellness
- Healthy & Safe Physical Environment

Infoline produced an electronic database of programs and services aligned with each strategic direction, and an accompanying series of GIS maps which integrate information on population density and transportation services. In addition, analysis of the most frequent calls by municipality related to unmet needs and top service requests by jurisdiction was conducted. Highlights by Strategic Direction follow:
**Tobacco Free Living**

Tobacco Free Living programs and services listed with Infoline 2-1-1 are limited to three tobacco cessation programs in the county. The attached GIS asset maps include the service locations, which are concentrated in the northern part of the county. Although these services are available to residents countywide, personal transportation is required, and two of the three charge fees. Tobacco cessation services are provided at Charlotte Hungerford and Sharon Hospitals and at an addiction treatment center. In addition, there are school-based tobacco prevention efforts underway at selected schools in Torrington and Winchester as an outgrowth of the Healthy & Tobacco Free Schools grant initiative previously funded by CTDPH. School nurses and health/PE teachers in each district have been trained as cessation counselors, and the libraries/media resource centers have tobacco prevention resource centers for students.

Phone and online resources for smoking cessation are also available to county residents through the CT QuitLine (1-800-QUIT-NOW), the American Lung Association in CT [http://www.lung.org/stop-smoking/](http://www.lung.org/stop-smoking/), and American Cancer Society [http://www.cancer.org/Healthy/StayAwayfromTobacco/index](http://www.cancer.org/Healthy/StayAwayfromTobacco/index).

Regarding tobacco use prevention, on a countywide level, tobacco free public and private school campuses are required pursuant to CGS Sec. 19a-342. In addition, The Child Nutrition and WIC Reauthorization Act of 2004 and Public Law 108-265 Section 204 - Local Wellness Policy mandate schools establish a school wellness committee and policies focused on a comprehensive approach to school health, which include tobacco free living.

Furthermore, in accordance with Indoor Clean Air Act provisions, CT statutes also prohibit tobacco use in all municipal facilities, health care facilities, child care centers, group day care facilities, public college dormitories, theaters, buses and trains, restaurants and bars, and businesses employing 5 or more employees.

Additional information on policies relating to all five Strategic Directions, including tobacco free living, will be included in the Policy Scan section of this report once completed.

**Active Living and Healthy Eating**

Active Living and Healthy Eating programs and services included in the Infoline 2-1-1 database include obesity prevention programs and services, nutrition education programs for all ages, exercise and fitness programs, and eating disorder programs. As noted in the accompanying GIS asset maps (see Appendix A), service providers are primarily municipal parks and recreation departments, YMCAs, nature centers, municipal community centers and Police Athletic Leagues, hospital-sponsored community health promotion programs, private non-profit eating disorder treatment programs and recreation programs for persons with disabilities. Services span the county, and many are town-based. Additional resources for physical activity not noted on the maps are school district recreational facilities, often open for public use when not in use for school sports events. Joint use agreements, which promote use of existing school facilities such as outdoor tracks and playing fields, tennis courts, and indoor gymnasia by community residents of all ages, are discussed in the Policy Scan section of this report.

As previously noted, there are abundant opportunities for outdoor physical activities in the county’s seven state parks, five state forests, and one state recreation area. There are countless opportunities for year round outdoor recreation through greenways, walking and biking trails, and conservation areas. However, access to many of these resources is limited to residents with private transportation.

Importantly, local health departments and districts, hospitals, community health centers, voluntary health agencies, and visiting nurse
associations actively participate in health outreach and education events and provide information and guidance related to obesity prevention, healthy eating and physical activity at sites throughout the county. Fit Together is a multi-sector community-driven healthy eating and active lifestyles initiative in Torrington and Winchester focused on health improvement in 5 target groups: pre-school children, school age children, workplaces, older adults, and the community-at-large. This initiative is further described in the CTG Coalition Overview and Activity section of this report.

**High Impact Quality Clinical and Other Preventive Services**

Quality clinical and other preventive services included in the Infoline 2-1-1 database include screening and detection services, as well as diagnostic, treatment and rehabilitation services for prevalent chronic diseases (private provider listings are not included). Health screening and chronic disease detection services are provided primarily by the 3 acute care hospitals in the county, 7 public health departments/districts described previously, 8 visiting nurse associations/services (Farmington Valley VNA, Foothills Visiting Nurse & Homecare, VNS of CT, VNA of Northwest CT, New Milford VNA, Salisbury VNA, VNA Health at Home, and Western CT Home Care), and one community health center (Community Health & Wellness Center of Greater Torrington). Oral health preventive services are provided by the Community Health & Wellness Center and the Brooker Memorial Children’s Dental Centers. The most frequently listed screening and detection services include cancer screenings (mammography, cervical, colorectal cancer screening, etc.), and HIV testing. Chronic disease outpatient services most closely related to the strategic directions include those for cardiac, stroke, and pulmonary diseases. The accompanying asset map shows the service sites by type of chronic disease, and by type of service. Of note is the concentration of clinical and preventive services in New Milford, Torrington, and Sharon, the sites of the three acute care hospitals in the county.

**Social & Emotional Wellness**

Programs and services related to this Strategic Direction include Infoline 2-1-1 database listings for mental health and substance abuse/addiction prevention, screening, counseling and treatment; youth enrichment/leadership programs; family support services, as well as community support and support groups targeted to a variety of needs (youth, religious, GLBT, aging/seniors, women, families, health-related, persons with disabilities, and mental-health related). The most frequently listed types of support services available within the county include: Information/Referral Services for Older Adults, Child Abuse Prevention and Counseling, Latchkey/Home Alone Safety Programs, Parenting Education/Support, Caregiver Support, Bereavement Support, and Adoption and Foster/Kinship Support. Major providers of services include: Municipal Senior Centers/Offices for the Aging, Youth Service Bureaus and Social Service Departments, Hospitals, Substance Abuse Treatment Facilities, Family Resource Centers, Resident State Troopers, Non-profit Agencies, Regional Educational Service Centers, Visiting Nurse Associations/Services, and YMCAs. The accompanying GIS asset maps focus on health and mental health-related programs and services. Health-related support groups include hospital-based cancer, stroke, and diabetes programs. Mental health-related support groups include those for child and spouse/partner bereavement, child abuse, and sexual assault; these services are concentrated in New Milford, Torrington, and Sharon. Mapping of Mental Health and Substance Abuse/Addiction programs and services shows both a wider geographic availability and diversity of providers, i.e., hospitals, visiting nurse and non-profit mental health and substance abuse agency providers.
Healthy & Safe Physical Environment

Information related to this Strategic Direction will be captured in large part in the pending Policy Scan Section of this report, which will be informed by data, focus group, and key informant interview information collected and analyzed via the CDC CHANGE Tool. This will include such data as community design features such as the “complete streets” model that make streets safe for all users (vehicular traffic, public transit, biking, and pedestrian for people of all ages and abilities); presence and use of modes of transportation that require physical activity (walking and biking); existing or planned community development which promotes healthy and active lifestyles (green belts/trails, walking/biking paths, locally accessible and safe parks and recreation areas); joint use agreements for school recreation and athletic facilities; reduction in the number of alcohol and fast food retail outlets; and outreach and education programs to promote healthy homes, free of radon, asthma triggers, and lead.

In reviewing the Infoline 2-1-1 database, the following were determined to be aligned with this Strategic Direction: availability of food pantries, soup kitchens, and farmer’s markets; home delivered meals; summer food service programs; disabled, medical, and senior transportation services; existence of emergency, supportive, and elder/disabled housing; and domestic violence victim support services and shelters. Major providers of services include: municipal senior centers and social services, regional transportation services, local public housing authorities, non-profit community service agencies, youth service bureaus, school districts, and Regional Educational Service Centers.

Related to Food-Related Basic Needs, there are 17 food pantries identified in the 2-1-1 database, serving 13 different communities. Communities without food pantries in general were more affluent. It should be noted that additional smaller faith-based pantries may exist, but not be captured in the database. In addition to food pantries, there are two soup kitchens in Torrington. There are eight congregate meal/home delivered meal programs in the county, operated primarily by municipalities. Summer school meal programs exist in two high need communities - Torrington and Winchester. Litchfield County has a number of local farms; there are 11 farmer’s markets identified in the database.

In terms of Transportation-Related Basic Needs, disability and medical transportation services are provided by 14 municipal and non-profit providers in 12 communities, leaving many communities in the county inadequately covered for these services.

The availability of Housing for vulnerable population groups, including the elderly, the disabled, and residents in need of emergency or supportive housing is a growing concern in the county. GIS maps demonstrate a lack of parity in access to these services, with a number of municipalities having no available resources for residents located within their borders. The most common housing service providers include municipal housing authorities, and non-profit housing and mental health agencies. There are four homeless shelters in the county, and two additional shelters that serve runaway youth. As previously noted, there are two shelters for victims of domestic violence in the county, located in Sharon and Torrington.
Infoline 2-1-1 Top Requests and Unmet Needs for Services

Although not as closely aligned with the strategic directions, examination of FY 2012 Infoline 2-1-1 data related to the most frequent call requests and unmet needs (calls to Infoline 2-1-1 for which no services are listed in the database) shed additional insight on prevalent community needs, both health-related and other. It should be noted that the high volume of disaster service calls stems from the weather-related emergencies experienced by county residents in the summer-fall of 2011.

United Way 2-1-1 Top 20 Requests for Services in Litchfield County

<table>
<thead>
<tr>
<th>Request Categories</th>
<th>FY 12 Requests for Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Calls</strong></td>
<td>9,930</td>
</tr>
<tr>
<td><strong>Total Requests for Services</strong></td>
<td>14,159</td>
</tr>
<tr>
<td>Utilities/Heat</td>
<td>1,763</td>
</tr>
<tr>
<td>Disaster Services</td>
<td>1,221</td>
</tr>
<tr>
<td>Public Assistance Programs</td>
<td>1,132</td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>1,096</td>
</tr>
<tr>
<td>Outpatient Mental Health Care</td>
<td>1,085</td>
</tr>
<tr>
<td>Housing/Shelter</td>
<td>959</td>
</tr>
<tr>
<td>Information Services</td>
<td>899</td>
</tr>
<tr>
<td>Substance Abuse Services</td>
<td>666</td>
</tr>
<tr>
<td>Legal Services</td>
<td>601</td>
</tr>
<tr>
<td>Health Supportive Services</td>
<td>531</td>
</tr>
<tr>
<td>Holiday Assistance</td>
<td>449</td>
</tr>
<tr>
<td>Food</td>
<td>431</td>
</tr>
<tr>
<td>Individual and Family Support Services</td>
<td>305</td>
</tr>
<tr>
<td>Tax Organizations and Services</td>
<td>278</td>
</tr>
<tr>
<td>Transportation</td>
<td>267</td>
</tr>
<tr>
<td>Employment and Training Programs</td>
<td>262</td>
</tr>
<tr>
<td>Personal/Household Goods</td>
<td>205</td>
</tr>
<tr>
<td>Community Services</td>
<td>128</td>
</tr>
<tr>
<td>Consumer Complaints</td>
<td>120</td>
</tr>
<tr>
<td>Social Insurance Programs</td>
<td>105</td>
</tr>
</tbody>
</table>
Examining community-specific requests for services show that the call volume is not proportionate to the population size in all cases, with Canaan, Plymouth, Torrington, and Winchester showing a higher than “expected” number of calls, based on the county average. This may indicate a higher need for services and/or better awareness of Infoline 2-1-1 as a resource by residents in these communities.

The most common health-related requests received by 2-1-1 include outpatient mental health care, substance abuse services, food assistance, and health supportive services such as insurance information and referrals. Requests for outpatient mental health care services ranked first or second in call volume from residents of Goshen, Harwinton, Morris, New Milford, Plymouth, Torrington, and Woodbury.

The most common unmet needs for service requests by county residents are provided below; examination by municipality shows over 50% of the unmet need calls originate in Torrington and Winchester.

**United Way 2-1-1 Unmet Needs Report for Litchfield County – FY12**

<table>
<thead>
<tr>
<th>Top 20 Unmet Needs - Litchfield County</th>
<th>Total Met &amp; Unmet Needs</th>
<th>Total Unmet Needs</th>
<th>% Unmet Needs</th>
<th>Service Unavailable</th>
<th>Caller Not Eligible</th>
<th>Fee Too High</th>
<th>No Transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental Deposit Assistance</td>
<td>102</td>
<td>98</td>
<td>96%</td>
<td>81</td>
<td>17</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rent Payment Assistance</td>
<td>207</td>
<td>93</td>
<td>45%</td>
<td>44</td>
<td>49</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Utility Assistance</td>
<td>1,289</td>
<td>88</td>
<td>7%</td>
<td>65</td>
<td>23</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disaster Food Stamps</td>
<td>254</td>
<td>80</td>
<td>31%</td>
<td>70</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Temporary Financial Assistance</td>
<td>547</td>
<td>63</td>
<td>12%</td>
<td>28</td>
<td>35</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disaster Claims Information</td>
<td>497</td>
<td>47</td>
<td>9%</td>
<td>10</td>
<td>37</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Holiday Gifts/Toys</td>
<td>125</td>
<td>35</td>
<td>28%</td>
<td>35</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Christmas Baskets</td>
<td>142</td>
<td>35</td>
<td>25%</td>
<td>33</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Thanksgiving Baskets</td>
<td>136</td>
<td>25</td>
<td>18%</td>
<td>22</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Section 8 Housing Choice Vouchers</td>
<td>68</td>
<td>10</td>
<td>15%</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Food Stamps/SNAP</td>
<td>435</td>
<td>10</td>
<td>2%</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Specialized Information and Referral</td>
<td>136</td>
<td>9</td>
<td>7%</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Household Goods</td>
<td>27</td>
<td>8</td>
<td>30%</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transportation Expense Assistance</td>
<td>6</td>
<td>6</td>
<td>100%</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Diapers</td>
<td>21</td>
<td>6</td>
<td>29%</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General Assistance/SAGA</td>
<td>33</td>
<td>6</td>
<td>18%</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General Clothing Provision</td>
<td>86</td>
<td>6</td>
<td>7%</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Homeless Shelter</td>
<td>248</td>
<td>4</td>
<td>2%</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Fans/Air Conditioners</td>
<td>5</td>
<td>3</td>
<td>60%</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Food Cooperatives</td>
<td>10</td>
<td>3</td>
<td>30%</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total (All requests for services)</strong></td>
<td><strong>12,490</strong></td>
<td><strong>753</strong></td>
<td><strong>6%</strong></td>
<td><strong>517</strong></td>
<td><strong>227</strong></td>
<td><strong>4</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>
CTG Coalition Overview and Collaborative Activities

The Litchfield County CTG Coalition was created in the fall of 2011 to collaboratively assess and prioritize health needs in our community and to collectively develop a community action plan and mobilize resources to improve the health of county residents. As the lead and fiduciary agent for the Litchfield County grant CDC CTG initiative, Torrington Area Health District (TAHD) convened leadership from the United Way of Northwest CT, Northwest CT YMCA, Charlotte Hungerford Hospital and the local health departments/districts serving the county to form the initial Steering Committee. TAHD subsequently signed a Memorandum of Understanding with Charlotte Hungerford Hospital, Northwest CT YMCA, and the United Way of Northwest CT to leverage one another’s resources for contracted professional services from the Center for Healthy Schools and Communities at EDUCATION CONNECTION to design and prepare this Community Health Needs Assessment.

Representatives from these four organizations became the foundation of the Steering Committee, which, to date, has expanded to include representatives from Western CT Health Care Network, Sharon Hospital, the CT Office of Rural Health, and EDUCATION CONNECTION, the Regional Educational Service Center in western CT. The Coalition membership continues to evolve over time, with the goal of involvement by all major community sectors, especially those serving underrepresented groups in the county.

The CTG Coalition start-up has benefited greatly from the prior work of Charlotte Hungerford Hospital, which led the organization of a core group of health, social and educational agencies in the greater Torrington area to inventory existing and planned community programming efforts, identify gaps, and leverage knowledge and resources.

In early 2011, the Northwest CT YMCA received a grant from Pioneering Healthier Communities to address policy and system barriers to healthy living in its service area. Northwest CT YMCA is one of 118 communities nationwide to receive such funding.

Recognizing the parallelism of their efforts, the groups combined to form Fit Together, co-led by Stephanie Barksdale, Executive Director, United Way of Northwest Connecticut, and Greg Brisco, Chief Executive Officer, Northwest CT YMCA. Also on the Steering Committee of Fit Together are Leslie Polito, Assistant Director, TAHD, and Brian Mattiello, Vice President of Organizational Development, Charlotte Hungerford Hospital. These same individuals serve on the CTG Coalition Steering Committee, fostering coordination and communication in community assessment, planning, implementation, and evaluation activities.

The mission of Fit Together is to build the healthiest kids, families and communities in Torrington and Winchester through sustainable strategies that foster healthy eating and active living. Although concentrated in these two communities, the CTG Coalition benefits greatly from the forward-thinking and innovative approaches undertaken by this existing coalition. The Fit Together community action plan is well aligned with CTG objectives and strategic directions, and centers on policy, systems, and environmental changes to:

- increase opportunities for healthy eating;
- increase opportunities for physical activity as a part of everyday life;
- improve community collaboration and assessment capacity; and
- improve community-wide communication to advance healthy eating and active living.

Key accomplishments to date that advance CTG Coalition community assessment and action plan development include:

- Completed health surveys at Torrington & Winchester Senior Centers;
• Collaborated with Torrington School District to write a comprehensive school wellness policy;

• Completed community-wide, pre-school, school, afterschool, childcare, and worksite Community Healthy Living Index (CHLI) assessments;

• Coordinated a two-day Healthy Community Design Summit (October 16-17, 2012) in Torrington and Winchester featuring nationally-acclaimed community planning expert Mark Fenton. This initiative focused on creating healthier and more livable and walkable communities.

In addition, Pomperaug Health District, whose Health Director Neal Lustig serves on the CTG Steering Committee, is an ACHIEVE grantee. Although the specific ACHIEVE community reached by the Health District is not located within Litchfield County (Southbury), the CTG Coalition benefits greatly from the best practices and lessons learned from this initiative, which is well-aligned with the CTG strategic directions. In addition, ACHIEVE uses CDC’s CHANGE Tool for Community Health Improvement Action Planning.

Key ACHIEVE current and planned activities that advance CTG Coalition and action plan development include:

• The creation of Southbury’s first-ever community garden. The Garden group strategically partnered with a variety of local organizations, including: Girl and Boy Scouts; Roots and Shoots; Garden Club; Master Gardeners Association; and an existing community garden group in Southbury’s Heritage Village. The Southbury Community Garden is in full bloom with a variety of crops, some of which will be donated weekly to the Southbury Food Bank.

• Target projects for year two of the Southbury ACHIEVE Initiative include: 1) assessing the regional school district’s school lunch program(s) and making recommendations for better nutrition;

2) creating a comprehensive map and facilities guide for the Southbury Parks and Recreation Department, outlining the vast resources offered to residents, and encouraging increased exercise; and 3) addressing Southbury’s lack of bike trails, and exploring potential funding sources to address the need for designated trails/lanes.

The CTG Coalition Steering Committee meets monthly and serves as the Litchfield County CTG grant management team. Project activities, accomplishments, and challenges are reviewed at these meetings for Committee input and resolution. In addition, mentors from DPH and other CT CTG Coalitions provide education and training at these meetings on such topics as Coalition Building and use of the CHANGE Tool. Coalition meetings are organized and facilitated by Sharon McCoy, CTG Project Director.
Key Findings & Recommendations

Achieving major improvement in the health of county residents involves reducing the incidence and prevalence of chronic disease, which account for 7 of the 10 leading causes of death. CDC estimates that nearly 50% of Americans are living with at least one chronic disease.

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

Developing a community action plan for health improvement involves collective action and leveraging of expertise and resources across agencies and organizations from many different sectors. The planning process involves identification of priority health needs and opportunities for action by all stakeholders. To assist this process, a summary of key findings from previous sections of this report follows.

Demographics

- The county has the highest proportion of residents ages 50+ in CT and the median age of county residents is rising. This carries significant implications for health, housing, and human service planning.
- The overall population size of the county continues to increase at a rate similar to the state as a whole.
- County residents overall have higher education and income levels and lower poverty rates than the state average, however income levels have recently declined in many communities and disparities are evident by municipality and household type.
- Most school districts in the county have recently experienced an increase in minority student enrollment and in students eligible for free/reduced price meals.
- The county has become more racially and ethnically diverse, and the growth in the Hispanic or Latino population from 2000-2010 was twice the state rate. Torrington, New Milford, and Watertown show the greatest gains in diversity.
- Overall community safety data compare favorably to the state; within the county, Plymouth, Thomaston, Torrington, and Winchester have higher crime rates.

Behavioral and Lifestyle Factors

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

✓ Smoking prevalence in CT adults has *declined* 40% over the past 20 years, across all groups except Black non-Hispanics. Prevalence is *higher* in males and persons with lower education and income levels.

✓ In CT adolescents, smoking has *declined* 66% among middle school students and 40% among high school students.

✓ Students in *nearly half* of the school districts serving the county scored below the state average in standardized physical fitness tests.

✓ County residents did not meet national benchmarks for poor physical and mental health days, adult smoking, excessive drinking, and preventable hospital stays.

**Burden of Chronic Disease**

✓ Cardiovascular disease (CVD) accounts for one-third of CT resident deaths; over 50% of these are in women. Hypertension and elevated cholesterol are *major risk factors* for CVD.

✓ Nearly one in four county residents has hypertension. This condition is *more common* in males, Black non-Hispanic adults, persons ages 65 and over and those with lower socioeconomic status (SES).

✓ Nearly 40% of county residents have been told by a health professional that their cholesterol is high. Elevated cholesterol is *more common* in males, white non-Hispanic adults, persons ages 65+ and those with lower SES. Blood pressure screening is *least common* in Hispanic/Latinos (nearly one-third have *never* been screened), and in persons with low SES.

✓ Diabetes is *twice as prevalent* in Black non-Hispanics than whites, and in persons with low SES. Obesity is a *major risk factor* for Type II Diabetes.

**Primary Care, ED Visits & Hospitalizations**

✓ The county has a ratio of 1 primary care physician to every 1,123 residents, which falls well below both state and national benchmarks.

✓ Overall, county residents had *higher ED visit rates* than the CT average for major CVD, coronary heart disease, myocardial infarction (heart attack), congestive heart failure, and stroke.

✓ County residents had *lower ED visit rates* for diabetes, alcohol & drug abuse, chronic obstructive pulmonary disease, and asthma.

✓ ED visit rates for Black non-Hispanic residents were *well above* the state and county averages across most diagnostic categories.

✓ Hospitalization rates for county residents were *below* the state average for the majority of diagnostic categories, but *above* the state average for oral cavity/pharynx cancers and for alcohol and drug abuse.

**Mortality Data**

✓ Age-adjusted all-cause mortality rates for the county and state are *comparable*. County all-cause mortality rates for White non-Hispanics (both genders) are *higher*, and rates for Black non-Hispanics and Hispanics are considerably *lower* than the state rates.

✓ County AAMRs are *lower than* state rates for many causes of death including malignant neoplasms, diabetes mellitus, Alzheimer’s disease and kidney diseases. County mortality rates are *above* the state for major CVD, pneumonia and influenza, CLRD, accidents, and alcohol & drug-induced deaths.

✓ Mortality rates from diabetes are highest in Hispanic or Latino residents, and above the state rate.

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

Health Disparities & Inequities

- Compared with the state, municipalities in the county rank favorably overall for social determinants of health and are comparable for health outcomes.
- Overall, municipalities in the county rank most favorably for health care access and life expectancy health outcomes.
- Health outcomes with more frequent low scores were diabetes, liver disease, mental health & respiratory illness.
- There is a wide variation in health outcome scores among municipalities. Those most frequently scoring low for health outcomes are: Plymouth, Torrington, Colebrook, and Winchester.
- The most consistent correlations between health outcomes and social determinants are found for: education, economic security, community safety, and civic involvement.

Health-Related Programs & Services

- Tobacco cessation programs in the county are extremely limited, and the Infoline 2-1-1 database lists no currently available tobacco use prevention programs.
- Opportunities for physical activity appear to be available in most communities; however limited accessibility due to transportation may be a factor for many residents.
- According to Infoline 2-1-1 data, there are no healthy eating/nutrition education programs presently available in the county.
- Clinical and preventive health services are concentrated in the three communities with acute care hospitals (New Milford, Torrington & Sharon); access to these services may be a factor for many residents.
- The geographic availability of health screening services in the county is limited as is the type.

- Health and mental health-related support groups are again concentrated in the three communities with acute care hospitals.
- The availability of mass transportation services in general, as well as medical transportation services and services for disabled persons is limited in many communities.
- Housing for vulnerable population groups, including the elderly, disabled, and residents in need of emergency or supportive housing is limited and nonexistent in many communities.

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

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

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

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

CHANGE will be used to facilitate community health planning by all five sectors. Findings from the CHANGE Strategic Planning process will be appended to this report in CTG Project Year 2.
Appendix A - Asset Maps of Programs & Services by Strategic Direction

The following GIS Asset Maps of Health-Related Programs & Services located within the county were compiled by the United Way of CT Infoline 2-1-1 Research & Evaluation Unit. Population density and transportation routes are included on each map. Each map aligns with a specific CTG Strategic Direction, and has an accompanying Resource Listing. The Resource Listings include the types of services provided, provider agency or organization names, and addresses. More detailed information on the programs and services included is available at www.infoline.org or by calling Infoline at 2-1-1.

Infoline is the most comprehensive online searchable database of health and human service providers, agencies, and organizations available in CT. This database contains information for over 4,600 health and human service providers and 48,000 service sites in CT.

It should be noted that private, for-profit service providers are not included in the database. In addition, although United Way Infoline 2-1-1 makes concerted efforts to assure the database is as complete and up-to-date as possible, service providers must supply the required information. Any omissions of programs or services in the following maps are unintentional, and may be the result of a particular provider not being registered with Infoline.
1. Smoking Addiction Support Groups
   MOUNTAIN SIDE TREATMENT CENTER
   187 South Canaan Road, Route 7
   North Canaan, CT 06018
   Nicotine Anonymous

2. Smoking Cessation
   SHARON HOSPITAL - GOOD NEIGHBORS -
   THE COMMUNITY HEALTH PROMOTION PROGRAM
   One Low Road
   Sharon, CT 06069
   Smoking Cessation Program

3. Smoking Cessation
   CHARLOTTE HUNGERFORD HOSPITAL - PULMONARY EDUCATION
   780 Litchfield Street
   Torrington, CT 06790
   Freedom from Smoking
<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Location</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recreational Activities/Sports</td>
<td>BARKHAMSTED PARKS AND RECREATION</td>
<td>67 Ripley Hill Road, Barkhamsted, CT 06063</td>
</tr>
<tr>
<td>2. Recreational Activities/Sports</td>
<td>BETHLEHEM RECREATION</td>
<td>36 Main Street South, Bethlehem, CT 06751</td>
</tr>
<tr>
<td>3. Recreational Activities/ Sports</td>
<td>BRIDGEWATER RECREATION COMMISSION</td>
<td>PO Box 216, Bridgewater, CT 06752</td>
</tr>
<tr>
<td>4. Recreational Activities/Sports, Swimming/Swim Lessons</td>
<td>NORTHWEST CT YMCA/ CANAAN FAMILY YMCA</td>
<td>77 South Canaan Road, Canaan, CT 06018</td>
</tr>
<tr>
<td>5. Recreational Activities/ Sports</td>
<td>COLEBROOK, TOWN OF</td>
<td>562 Colebrook Road Route 183, Colebrook, CT</td>
</tr>
<tr>
<td>6. Recreational/Leisure/Arts Instruction</td>
<td>COLEBROOK SENIOR/COMMUNITY CENTER</td>
<td>2 School House Road, Colebrook, CT 06021</td>
</tr>
<tr>
<td>7. Recreational Activities/ Sports</td>
<td>CORNWALL PARKS AND RECREATION</td>
<td>PO Box 205, Cornwall, CT 06753</td>
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<tr>
<td>8. Recreational Activities/ Sports</td>
<td>GOSHEN RECREATION</td>
<td>42A North Street, Goshen, CT 06756</td>
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<td>9. Recreational Activities/Sports</td>
<td>HARWINTON RECREATION</td>
<td>100 Bentley Drive, Harwinton, CT</td>
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<tr>
<td>10. Recreational Activities/Sports</td>
<td>KENT PARK AND RECREATION</td>
<td>41 Kent Green Boulevard, Kent, CT 06757</td>
</tr>
<tr>
<td>11. Neighborhood Centers, Personal Enrichment, Recreational Activities/ Sports, Rec./Leisure/Arts</td>
<td>LITCHFIELD COMMUNITY CENTER</td>
<td>421 Bantam Road, Litchfield, CT 06759</td>
</tr>
<tr>
<td>12. Nature Centers/Walks</td>
<td>WHITE MEMORIAL CONSERVATION CENTER</td>
<td>80 Whitehall Road, Litchfield, CT 06759</td>
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<tr>
<td>13. Recreational Activities/ Sports</td>
<td>MORRIS BEACH AND RECREATION</td>
<td>3 East Street, Morris, CT</td>
</tr>
<tr>
<td>14. Recreational Activities/ Sports</td>
<td>NEW HARTFORD RECREATION</td>
<td>580 Main Street, New Hartford, CT 06057</td>
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<tr>
<td>15. Recreational Activities/ Sports, Swimming/Swim Lessons</td>
<td>NEW MILFORD PARKS AND RECREATION</td>
<td>47 Bridge Street, New Milford, CT 06776</td>
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<tr>
<td>16. Recreational Activities/ Sports * Youth</td>
<td>NEW MILFORD YOUTH AGENCY</td>
<td>50 East Street, New Milford, CT 06776</td>
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</table>
Litchfield County, CT
Community Transformation Grant
Strategic Direction Two: Active Living and Healthy Eating
Map 2 of 13 – Resource Listing

PHYSICAL ACTIVITY (Cont.)

17. Nature Centers/Walks, Recreational Activities/Sports
   PRATT NATURE CENTER, THE
   163 Papermill Road
   New Milford, CT 06776

18. Recreational Activities/Sports
   NORFOLK, TOWN OF
   19 Maple Avenue
   Norfolk, CT 06058

19. Recreational Activities/Sports
   NORTH CANAAN, TOWN OF
   100 Pease Street, #1
   North Canaan, CT 06018

20. Recreational Activities/Sports
    SALISBURY RECREATION
    PO Box 548
    Salisbury, CT 06039

21. Nature Centers/Walks
    AUDUBON CT - AUDUBON SHARON
    325 Cornwall Bridge Road
    Sharon, CT 06069

22. Recreational Activities/Sports
    SHARON YOUTH AND RECREATION CENTER
    99 North Main Street
    Sharon, CT 06069

23. Personal Enrichment
    SHARON HOSPITAL - GOOD NEIGHBORS
    THE COMMUNITY HEALTH PROMOTION PROGRAM
    One Low Road
    Sharon, CT 06069

24. Recreational Activities/Sports
    THOMASTON PARK AND RECREATION
    158 Main Street
    Thomaston, CT

25. Rec Activities/Sports * Disabilities/Health Conditions
    LARC
    314 Main Street
    Torrington, CT 06790

26. Physical Fitness
    NORTHWEST CT YMCA - TORRINGTON BRANCH
    259 Prospect Street
    Torrington, CT 06790

27. Recreational Activities/Sports * Youth
    TORRINGTON POLICE ATHLETIC LEAGUE
    576 Main Street
    Torrington, CT 06790

28. Rec Activities/Sports, Playgrounds, Swim Lessons
    TORRINGTON, CITY OF - PARKS AND RECREATION
    153 South Main Street
    Torrington, CT 06790

29. Recreational Activities/Sports
    WARREN, TOWN OF
    50 Cemetery Road
    Warren, CT 06754

30. Rec. Activities/Sports * Disabilities/Health Conditions
    FAMILY OPTIONS
    76 Westbury Park Road Suite 200E
    Watertown, CT 06795

31. Recreational Activities/Sports, Swim Lessons
    WATERTOWN PARKS AND RECREATION
    51 Depot Street Suite 108
    Watertown, CT 06795

32. Recreational Activities/Sports, Swim Lessons
    NORTHWEST CT YMCA - WINSTED BRANCH
    480 Main Street
    Winchester, CT 06098
Litchfield County, CT
Community Transformation Grant
Strategic Direction Two: Active Living and Healthy Eating
Map 2 of 13 – Resource Listing

PHYSICAL ACTIVITY (Cont.)

33. Nature Center/Walks
   FLANDERS NATURE CENTER AND LAND TRUST
   5 Church Hill Road
   Woodbury, CT 06798

34. Recreational Activities/Sports, Swimming/Swim Lessons
   WOODBURY PARK AND RECREATION
   7 Mountain Road
   Woodbury, CT 06798

PROGRAMS AND SERVICES

35. Specialized Treatment * Eating Disorders
    WELLSPRING
    21 Arch Bridge Road
    Bethlehem, CT 06751
CANCER – PROGRAMS AND SERVICES

1. Specialized Treatment * Cancer
   NEW MILFORD HOSPITAL
   REGIONAL CANCER CENTER
   21 Elm Street
   New Milford, CT 06776

2. Breast Cancer, Specialized Treatment
   SHARON HOSPITAL
   CANCER CARE
   50 Hospital Hill Road
   Sharon, CT 06069

3. Specialized Treatment * Cancer
   CHARLOTTE HUNGERFORD HOSPITAL
   CENTER FOR CANCER CARE
   200 Kennedy Drive
   Torrington, CT 06790

CANCER – SCREENING

4. Cancer Detection
   NEW MILFORD HOSPITAL
   REGIONAL CANCER CENTER
   21 Elm Street
   New Milford, CT 06776

5. Cancer Detection, Breast Cancer
   SHARON HOSPITAL
   CANCER CARE
   50 Hospital Hill Road
   Sharon, CT 06069

   CHARLOTTE HUNGERFORD HOSPITAL - BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM
   540 Litchfield Street
   Torrington, CT 06790

7. Cancer Detection * Breast Cancer
   CHARLOTTE HUNGERFORD HOSPITAL
   MAMMOGRAPHY CENTER
   220 Kennedy Drive
   Torrington, CT 06790

8. Cancer Detection * Colorectal Cancer
   COMMUNITY HEALTH AND WELLNESS CENTER OF GREATER TORRINGTON - COLORECTAL CANCER CONTROL PROGRAM
   459 Migeon Avenue
   Torrington, CT 06790

   CHARLOTTE HUNGERFORD HOSPITAL - HUNGERFORD EMERGENCY AND MEDICAL SERVICES
   115 Spencer Street
   Winchester, CT 06098

10. Skin Cancer Screening
    POMPERAUG HEALTH DISTRICT
    275 Main South St.
    Woodbury, CT 06798
Litchfield County, CT
Community Transformation Grant
Strategic Direction Three: High Impact Quality Clinical and Other Preventive Services – Leading Causes - Cardiovascular
Map 4 of 13 – Resource Listing

CARDIOVASCULAR – PROGRAMS AND SERVICES

PREVENTION

1. CPR Instruction
   AMERICAN RED CROSS - CT CHAPTER
   40 Main Street
   New Milford, CT 06776

2. CPR Instruction
   AMERICAN RED CROSS - CT CHAPTER
   21 Prospect Street Suite B
   Torrington, CT 06790

PROGRAMS AND SERVICES

3. Cardiac Rehab, Specialized Treatment * Heart Disease
   NEW MILFORD HOSPITAL - REGIONAL HEART CENTER/CARDIAC REHABILITATION
   21 Elm Street
   New Milford, CT 06776

7. Pulmonary Rehabilitation
   CHARLOTTE HUNGERFORD PULMONARY EDUCATION
   780 Litchfield Street
   Torrington, CT 06790

4. Cardiac Rehabilitation
   SHARON HOSPITAL CARDIOLOGY
   50 Hospital Hill Road
   Sharon, CT 06069

8. Cardiac and Pulmonary Rehabilitation
   CHARLOTTE HUNGERFORD EMERGENCY & MEDICAL SVCS.
   115 Spencer Street
   Winchester, CT 06098

5. Stroke Rehabilitation
   ACCESS REHAB CENTERS - THOMASTON SITE
   131 Main Street Suite 105B
   Thomaston, CT 06787

9. Chronic Disease Self-Management
   POMPERAUG HEALTH DISTRICT
   275 Main South St.
   Woodbury, CT 06798

6. Cardiac Rehabilitation
   CHARLOTTE HUNGERFORD HOSPITAL
   CARDIAC REHABILITATION
   780 Litchfield Street
   Torrington, CT 06790

SCREENING

10. Cardiovascular
    Health Screening/Diagnostic Services
    MORRIS SENIOR CENTER
    109-21 East Street
    Morris, CT 06763

11. Cardiovascular
    Health Screening/Diagnostic Services
    POMPERAUG HEALTH DISTRICT
    275 Main South St.
    Woodbury, CT 06798
Litchfield County, CT
Community Transformation Grant
Strategic Direction Three: High Impact Quality Clinical and Other Preventive Services – Leading Causes - Diabetes
Map 5 of 13 – Resource Listing

DIABETES – PROGRAMS AND SERVICES

1. Specialized Treatment * Diabetes
   NEW MILFORD HOSPITAL - DIABETES EDUCATION
   21 Elm Street
   New Milford, CT 06776

2. Specialized Treatment * Diabetes
   CHARLOTTE HUNGERFORD HOSPITAL
   DIABETES CENTER
   780 Litchfield Street
   Torrington, CT 06790

3. Chronic Disease Self-Management Program
   POMPERAUG HEALTH DISTRICT
   275 Main South St.
   Woodbury, CT 06798

DIABETES – SCREENING

4. Diabetes Control and Screening Programs
   POMPERAUG HEALTH DISTRICT
   275 Main South St.
   Woodbury, CT 06798
**Litchfield County, CT**  
**Community Transformation Grant**  
**Strategic Direction Four: Social and Emotional Wellness**  
**Community Support and Support Groups – Health and Mental Health-Related**  
**Map 6 of 13 – Resource Listing**

### HEALTH RELATED

1. **Health/Disability Related Support Groups**  
   *Cancer*  
   NEW MILFORD HOSPITAL - CARES SUPPORT GROUP  
   21 Elm Street  
   New Milford, CT 06776

2. **Health/Disability Related Support Groups**  
   *Visual Impairments*  
   NEW MILFORD RICHMOND CITIZEN CENTER  
   40 Main Street  
   New Milford, CT 06776

3. **Caregiver/Care Receiver Support Groups**  
   SHARON HOSPITAL - CAREGIVER SUPPORT GROUP  
   50 Hospital Hill Road  
   Sharon, CT 06069

4. **Health/Disability Support Groups**  
   Stroke, Cancer  
   SHARON HOSPITAL  
   1 Low Road  
   Sharon, CT 06069

5. **Health/Disability Related Support Groups**  
   *Breast Cancer, Prostate Cancer*  
   CHARLOTTE HUNGERFORD - CANCER SUPPORT GROUPS  
   540 Litchfield Street  
   Torrington, CT 06790

6. **Health/Disability Related Support Groups**  
   *Cancer*  
   CHARLOTTE HUNGERFORD CENTER FOR CANCER CARE  
   200 Kennedy Drive  
   Torrington, CT 06790

7. **Health/Disability Related Support Group**  
   *Diabetes*  
   CHARLOTTE HUNGERFORD HOSPITAL - DIABETES CENTER  
   780 Litchfield Street  
   Torrington, CT 06790

### MENTAL HEALTH RELATED

8. **Bereaved Child Support Groups, General Bereavement Support Groups**  
   NEW MILFORD VISITING NURSE ASSOC.  
   68 Park Lane Road, Route 202  
   New Milford, CT 06776

9. **Planning/Coordinating/Advisory Groups**  
   UNITED WAY OF NORTHWEST CT  
   16 Bird Street Suite 1  
   Torrington, CT 06790

10. **General Bereavement Support Groups**  
    FOOTHILLS VISITING NURSE AND HOME CARE  
    32 Union Street  
    Winchester, CT 06098

11. **General Bereavement Support Groups**  
    CHARLOTTE HUNGERFORD HOSPITAL - BEHAVIORAL HEALTH  
    540 Litchfield Street  
    Torrington, CT 06790

12. **Bereaved Child Support Groups**  
    VISITING NURSE SERVICES OF CT - TORRINGTON OFFICE  
    65 Commercial Boulevard  
    Torrington, CT 06790

13. **Bereaved Parent, General Bereavement Support Groups**  
    SHARON HOSPITAL  
    50 Hospital Hill Road  
    Sharon, CT 06069
Litchfield County, CT  
Community Transformation Grant  
Strategic Direction Four: Social and Emotional Wellness  
Family Support Services  
Map 7 of 13 – Resource Listing

<table>
<thead>
<tr>
<th>FAMILY SUPPORT SERVICES</th>
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<tbody>
<tr>
<td>1. Latchkey/Home Alone Safety Programs</td>
<td>8. Adoption and Foster Parents, Children's Protective Services, Foster Homes,. Home Based Parenting Ed * Child Abuse Issues DEPT OF CHILDREN AND FAMILIES 62 Commercial Boulevard Torrington, CT 06790</td>
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<tr>
<td>BARKHAMSTED RESIDENT STATE TROOPER 67 Ripley Hill Road</td>
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<tr>
<td>Barkhamsted, CT 06063</td>
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<tr>
<td>BETHLEHEM RESIDENT STATE TROOPER 36 Main Street South</td>
<td></td>
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<tr>
<td>Bethlehem, CT 06751</td>
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<tr>
<td>3. Foster Homes for Dependent Children</td>
<td>10. Co-Parenting, Family Preservation, Home Based Parenting Ed COMMUNITY MENTAL HEALTH AFFILIATES – NORTHWEST CENTER FOR FAMILY SERVICE 100 Commercial Boulevard Torrington, CT 06790</td>
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<tr>
<td>BRIDGE FAMILY CENTER, THE - HARWINTON SHELTER 25 Plymouth Road</td>
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<tr>
<td>Harwinton, CT 06791-2418</td>
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<tr>
<td>4. Latchkey/Home Alone Safety Programs</td>
<td>11. Case/Care Management * At Risk Families NEW MILFORD VISITING NURSE ASSOCIATION 68 Park Lane Road, Route 202 New Milford, CT 06776</td>
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<tr>
<td>BRIDGWATER RESIDENT STATE TROOPER 132 Hut Hill Road</td>
<td></td>
</tr>
<tr>
<td>Bridgewater, CT 06752</td>
<td></td>
</tr>
<tr>
<td>5. Adoption Counseling and Support/Placement, Co-Parenting Workshops</td>
<td>12. Co-Parenting Workshops COMMUNITY MENTAL HEALTH PARK LANE BEHAVIORAL 120 Park Lane Road New Milford, CT 06776</td>
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<tr>
<td>CATHOLIC CHARITIES - ARCHDIOCESE OF HARTFORD TORRINGTON 132 Grove Street</td>
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<tr>
<td>Torrington, CT 06790</td>
<td></td>
</tr>
<tr>
<td>CHARLOTTE HUNGERFORD HOSPITAL CENTER FOR YOUTH AND FAMILIES 1061 East Main Street</td>
<td></td>
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<tr>
<td>Torrington, CT 06790</td>
<td></td>
</tr>
<tr>
<td>7. Parenting Education * Parents of Infants/Toddlers</td>
<td>14. Adoption and Foster/Kinship Care Support Groups EDUCATION CONNECTION TORRINGTON SITE 57 Forest Court Torrington, CT 06790</td>
</tr>
<tr>
<td>CHARLOTTE HUNGERFORD HOSPITAL NURTURING CONNECTIONS 540 Litchfield Street</td>
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<tr>
<td>Torrington, CT 06790</td>
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</table>
FAMILY SUPPORT SERVICES (Cont.)

15. Child Abuse Counseling
   FAMILY AND CHILDREN’S AID NEW MILFORD SITE
   325 Danbury Road
   New Milford, CT 06776

16. Case Management * At Risk Families, Teen Parents,
    Parenting Ed, Fathers, Home Based Parenting Ed
    FAMILY STRIDES
    350 Main Street Suite D
    Torrington, CT 06790

17. Latchkey/Home Alone
    Safety Programs
    HARWINTON RESIDENT STATE TROOPER
    100 Bentley Drive
    Harwinton, CT 06791-2231

18. Home Based Parenting Education
    * At Risk Families
    MCCALL FOUNDATION
    58 High Street
    Torrington, CT 06790

19. Latchkey/Home Alone
    Safety Programs
    NEW HARTFORD, RESIDENT STATE TROOPER
    530 Main Street
    New Hartford, CT 06057-0316

20. Case Management, At Risk Families, Teen Parents
    /Fathers, Home Based Parenting Ed
    NEW MILFORD VISITING NURSE ASSOCIATION
    68 Park Lane Road, Route 202
    New Milford, CT 06776

21. Latchkey/Home Alone Safety Programs
    NEW MILFORD POLICE
    49 Poplar Street
    New Milford, CT 06776

22. Juvenile Diversion, Parenting Education
    NEW MILFORD YOUTH AGENCY
    50 East Street
    Torrington, CT 06790

23. Latchkey/Home Alone
    Safety Programs
    NORFOLK RESIDENT STATE TROOPER
    14 Shephard Road
    Norfolk, CT 06058

24. Child Care Referrals, Family Support Centers, Home Based
    Parenting Ed/Infants/Toddlers
    PLYMOUTH FAMILY RESOURCE CENTER
    107 North Street
    Plymouth, CT 06782

25. Latchkey/Home Alone
    Safety Programs
    ROXBURY RESIDENT STATE TROOPER
    27 North Street
    Roxbury, CT 06783

26. Latchkey/Home Alone
    Safety Programs
    SALISBURY RESIDENT STATE TROOPER
    27 Main Street
    Salisbury, CT 06068-0365

27. Parenting Education
    Parents of Infants/Toddlers
    SHARON HOSPITAL - NURTURING CONNECTIONS
    50 Hospital Hill Road
    Sharon, CT 06069

28. Juvenile Delinquency Programs
    SUPERIOR COURT, CT - JUVENILE MATTERS AT TORRINGTON
    410 Winsted Road
    Torrington, CT 06790
Litchfield County, CT
Community Transformation Grant
Strategic Direction Four: Social and Emotional Wellness
Family Support Services
Map 7 of 13 – Resource Listing

FAMILY SUPPORT SERVICES (Cont.)

29. Latchkey/Home Alone Safety Programs
   THOMASTON POLICE
   158 Main Street
   Thomaston, CT 06787-1720

30. Juvenile Diversion
    TORRINGTON AREA YOUTH SERVICE BUREAU (TAYSB)
    8 Church Street
    Torrington, CT 06790

31. Latchkey/Home Alone Safety Programs
    TORRINGTON, CITY OF - POLICE
    576 Main Street
    Torrington, CT 06790

32. Home Based Parenting Ed, Parenting Ed, Family Support Centers/Outreach, Child Care Provider Referrals
    VOGEL-WETMORE FAMILY RESOURCE CENTER
    68 Church Street
    Torrington, CT 06790

33. Latchkey/Home Alone Safety Programs
    WATERTOWN POLICE
    195 French Street
    Watertown, CT 06795

34. Home Based Parenting Education, Parenting Ed
    WINCHESTER YOUTH SERVICE BUREAU (WYSB)
    480 Main Street
    Winchester, CT 06098

35. Latchkey/Home Alone Safety Programs
    WOODBURY RESIDENT STATE TROOPER
    271 Main Street South
    Woodbury, CT 06798-0369
MENTAL HEALTH

1. General Counseling Services
   WELLSPRING
   21 Arch Bridge Road
   Bethlehem CT 06751

2. Therapy Referrals
   GREENWOODS COUNSELING REFERRALS
   25 South Street
   Litchfield CT

3. Adolescent/Youth Counseling,
   General Counseling Services
   COMMUNITY MENTAL HEALTH AFFILIATES - PARK LANE BEHAVIORAL HEALTH
   120 Park Lane Road
   New Milford, CT 06776

4. Adolescent/Youth Counseling, Child Guidance, Mental Health Evaluation, Psychiatric Disorder Counseling
   FAMILY AND CHILDREN’S AID - NEW MILFORD SITE
   325 Danbury Road
   New Milford, CT 06776

5. Adolescent/Youth Counseling General Counseling
   NEW MILFORD HOSPITAL BEHAVIORAL HEALTH SERVICES
   23 Poplar Street
   New Milford, CT 06776

6. Psychiatric Emergency Room Care
   NEW MILFORD HOSPITAL EMERGENCY DEPARTMENT
   21 Elm Street
   New Milford, CT 06776

7. Psychiatric Home Nursing
   NEW MILFORD VISITING NURSE ASSOCIATION
   68 Park Lane Road, Route 202
   New Milford, CT 06776

8. Adolescent/Youth Counseling,
   NEW MILFORD YOUTH AGENCY
   50 East Street
   New Milford, CT 06776

9. Psychiatric Home Nursing
   SALISBURY VISITING NURSE ASSOCIATION
   30A Salmon Kill Road
   Salisbury, CT 06068

10. Adult Psychiatric Inpatient Units, Mental Health Evaluation, Psychiatric Emergency Room Care
    SHARON HOSPITAL
    SENIOR BEHAVIORAL HEALTH
    50 Hospital Hill Road
    Sharon, CT 06069

11. Therapeutic Group Homes
    NAFI CT - THOMASTON GROUP HOME
    273 Prospect Street
    Thomaston, CT 06787

12. Psychiatric Home Nursing
    ALL ABOUT YOU HOME CARE SERVICES
    TORRINGTON OFFICE
    507 East Main Street Suite 305
    Torrington, CT 06790

13. Adolescent/Youth Counseling, General Counseling Services, Mental Health Evaluation
    CATHOLIC CHARITIES - ARCHDIOCESE OF HARTFORD -
    132 Grove Street
    Torrington, CT 06790

14. Adult Psychiatric Inpatient Units
    CHARLOTTE HUNGERFORD HOSP. BEHAVIORAL HEALTH
    540 Litchfield Street
    Torrington, CT 06790
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<td>15</td>
<td>Psychiatric Day Treatment * Youth</td>
<td>Charlotte Hungerford Hospital - Bridges Child Extended Day Treatment Program, 241 Kennedy Drive, Torrington, CT 06790</td>
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<td>16</td>
<td>Adolescent/Youth Counseling, Child Guidance</td>
<td>Charlotte Hungerford Center for Youth and Families, 1061 East Main Street, Torrington, CT 06790</td>
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<td>17</td>
<td>Case/Care Management * Youth Emotional Disturbance</td>
<td>Department of Children and Families, 62 Commercial Boulevard, Torrington, CT 06790</td>
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<tr>
<td>18</td>
<td>Adolescent/Youth Counseling, Case/Care Management</td>
<td>Community Mental Health Affiliates - Northwest Center for Family Service, 100 Commercial Boulevard, Torrington, CT 06790</td>
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<tr>
<td>19</td>
<td>Individual Advocacy * Chronic/Severe Mental Illness</td>
<td>Legal Rights Project - Torrington Satellite, 810 Main Street, Torrington, CT 06790</td>
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<tr>
<td>20</td>
<td>Therapy Referrals</td>
<td>Litchfield County Medical Association (LCMA), PO Box 416, Torrington, CT 06790</td>
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<td>21</td>
<td>Pastoral Counseling</td>
<td>Salvation Army - Torrington Corps Community Center, 234 Oak Avenue, Torrington, CT 06790</td>
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<td>22</td>
<td>Adolescent/Youth Counseling, Outreach Programs * Youth</td>
<td>Visiting Nurse Services of CT, 65 Commercial Boulevard, Torrington, CT 06790</td>
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<tr>
<td>23</td>
<td>Psychiatric Home Nursing</td>
<td>Visiting Nurse Services of CT, 65 Commercial Boulevard, Torrington, CT 06790</td>
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<tr>
<td>24</td>
<td>Case/Care Management * Children and Youth with Emotional Disturbance</td>
<td>Western CT Mental Health Network – Torrington Area, 249 Winsted Road, Torrington, CT 06790</td>
</tr>
<tr>
<td>25</td>
<td>Case/Care Management * Chronic/Severe Mental Illness</td>
<td>Community Mental Health Affiliates - Northwest Center for Family Service, 100 Commercial Boulevard, Torrington, CT 06790</td>
</tr>
<tr>
<td>26</td>
<td>Therapeutic Group Homes</td>
<td>Connecticut Junior Republic - Therapeutic Group Home, 131 Ashleigh Road, Winchester, CT 06098</td>
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<tr>
<td>27</td>
<td>Adolescent/Youth Counseling, Outreach Programs * Youth</td>
<td>Winchester Youth Service Bureau (WYSB), 480 Main Street, Winchester, CT 06098</td>
</tr>
</tbody>
</table>
Litchfield County, Connecticut
Community Transformation Grant
Strategic Direction Four: Social and Emotional Wellness - Substance Abuse and Addiction
Map 9 of 13
Litchfield County, CT
Community Transformation Grant
Strategic Direction Four: Social and Emotional Wellness
Substance Abuse and Addiction
Map 9 of 13 – Resource Listing

PREVENTION

1. Substance Abuse Counseling, Substance Abuse Intervention Programs, DUI Offender Programs
   MCCA - NEW MILFORD SATELLITE OFFICE
   17 East Street
   New Milford, CT 06776

2. Substance Abuse Education/Prevention
   NEW MILFORD YOUTH AGENCY
   50 East Street
   New Milford, CT 06776

3. Substance Abuse Education/Prevention
   WINCHESTER YOUTH SERVICE BUREAU (WYSB)
   480 Main Street
   Winchester, CT 06098

PROGRAMS AND SERVICES

4. Children's/Adolescent Residential Treatment Facilities
   WELLSPRING
   21 Arch Bridge Road
   Bethlehem CT 06751

5. Residential Substance Abuse Treatment Facilities
   MOUNTAINSIDE TREATMENT CENTER
   187 South Canaan Road Route 7
   Canaan, CT 06018

6. Recovery Homes/Halfway Houses
   HIGH WATCH RECOVERY CENTER
   62 Carter Road
   Kent, CT 06757

7. Children's/Adolescent Residential Treatment Facilities
   NAFI CT – TOUCHSTONE
   11 Country Place
   Litchfield, CT 06759

8. Alcohol Dependency Support Groups, Drug Dependency Support Groups
   RECOVERY GROUP
   441 Torrington Road
   Litchfield, CT 06750

9. DUI Offender Programs * Court Ordered Individuals
   MCCA - NEW MILFORD SATELLITE OFFICE
   17 East Street
   New Milford, CT 06776

10. Residential Substance Abuse Treatment Facilities
    MCCA - TRINITY GLEN
    149 West Cornwall Road
    Sharon, CT 06069

11. Inpatient Alcohol Detox
    CHARLOTTE HUNGERFORD HOSPITAL EMERGENCY
    540 Litchfield Street
    Torrington, CT 06790

12. Case/Care Management * Substance Abusers * Youth
    DEPT OF CHILDREN AND FAMILIES - TORRINGTON
    62 Commercial Boulevard
    Torrington, CT 06790

13. Home Based Mental Health Services * Children and Youth with Emotional Disturbance
    CT JUNIOR REPUBLIC - TORRINGTON AREA
    168 South Main Street
    Torrington, CT 06790
### PROGRAMS AND SERVICES (CONT.)

14. Recovery Homes/Halfway Houses  
   **MCCALL FOUNDATION - MCCALL HOUSE**  
   127 Migeon Avenue  
   Torrington, CT 06790

15. Case/Care Management * Substance Abusers * Youth  
   **WELLMORE BEHAVIORAL HEALTH FOR CHILDREN & FAMILIES - TORRINGTON CLINICAL SERVICES**  
   30 Peck Road Suite 2203  
   Torrington, CT 06790

16. Children's/Adolescent Residential Treatment Facilities  
   **GLENHOLME SCHOOL, THE**  
   81 Sabbaday Lane  
   Washington, CT 06793

17. Substance Abuse Counseling  
   **MCCALL FOUNDATION**  
   **WINSTED SATELLITE OFFICE**  
   231 North Main Street  
   Winchester, CT 06098

### SCREENING

18. General Assessment for Substance Abuse, General  
    Assessment for Substance Abuse * Court Ordered Individuals, Substance Abuse Counseling  
    **CATHOLIC CHARITIES - ARCHDIOCESE OF HARTFORD**  
    132 Grove Street  
    Torrington, CT 06790

    **CHARLOTTE HUNGERFORD HOSPITAL – BEHAVIORAL HEALTH SERVICES**  
    540 Litchfield Street  
    Torrington, CT 06790

20. Case/Care Management * Substance Abusers, Central Intake/Assessment for Substance Abuse * Older Adults, Families/Friends of Alcoholics Support Groups, General Assessment for Substance Abuse, Residential Substance Abuse Treatment Facilities, Substance Abuse Counseling, Substance Abuse Day Treatment, Substance Abuse Day Treatment * Dual Diagnosis, Substance Abuse Day Treatment * Youth, Substance Abuse Education/Prevention  
    **MCCALL FOUNDATION**  
    58 High Street  
    Torrington, CT 06790
Litchfield County, Connecticut
Community Transformation Grant
Strategic Direction Four: Social and Emotional Wellness - Youth Development
Map 10 of 13

Resources
- Youth Development Programs
- Bus Routes
- Service Area

Population Density
- 700 - 910
- 500 - 699
- 250 - 499
- 30 - 249

NW CT Transit District provides service for Litchfield, Torrington, and Winsted, and Dial-A-Ride service for 16 towns in NW CT.
<table>
<thead>
<tr>
<th></th>
<th>Service Type</th>
<th>Address 1</th>
<th>Address 2</th>
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<tbody>
<tr>
<td>1</td>
<td>Leadership Development * Youth, Youth Enrichment</td>
<td>NORTHWEST CT YMCA</td>
<td>CANAAN FAMILY YMCA</td>
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<tr>
<td>2</td>
<td>Youth Enrichment</td>
<td>NEW MILFORD SOCIAL SERVICES</td>
<td>10 Main Street</td>
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<tr>
<td>3</td>
<td>Youth Enrichment</td>
<td>NEW MILFORD YOUTH AGENCY</td>
<td>50 East Street</td>
</tr>
<tr>
<td>4</td>
<td>Youth Enrichment</td>
<td>FAMILY STRIDES</td>
<td>350 Main Street Suite D</td>
</tr>
<tr>
<td>5</td>
<td>Leadership Development * Youth, Youth Enrichment</td>
<td>GIRL SCOUTS OF CT - TORRINGTON SERVICE CENTER</td>
<td>663 East Main Street</td>
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<tr>
<td>6</td>
<td>Youth Enrichment</td>
<td>MCCALL FOUNDATION</td>
<td>58 High Street</td>
</tr>
<tr>
<td>7</td>
<td>Leadership Development * Youth, Youth Enrichment</td>
<td>NORTHWEST CT YMCA - TORRINGTON BRANCH</td>
<td>259 Prospect Street</td>
</tr>
<tr>
<td>8</td>
<td>Youth Enrichment</td>
<td>SALVATION ARMY - TORRINGTON CORPS COMMUNITY CENTER</td>
<td>234 Oak Avenue</td>
</tr>
<tr>
<td>9</td>
<td>Youth Enrichment</td>
<td>TORRINGTON AREA YOUTH SERVICE BUREAU (TAYSB)</td>
<td>8 Church Street Lower Level</td>
</tr>
<tr>
<td>10</td>
<td>Youth Enrichment</td>
<td>TORRINGTON POLICE ATHLETIC LEAGUE</td>
<td>576 Main Street</td>
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<tr>
<td>11</td>
<td>Youth Enrichment</td>
<td>UCONN COOPERATIVE EXTENSION - LITCHFIELD COUNTY</td>
<td>843 University Drive</td>
</tr>
<tr>
<td>12</td>
<td>Leadership Development * Youth, Youth Enrichment</td>
<td>NORTHWEST CT YMCA - WINSTED BRANCH</td>
<td>480 Main Street</td>
</tr>
<tr>
<td>13</td>
<td>Youth Enrichment</td>
<td>WINCHESTER YOUTH SERVICE BUREAU (WYSB)</td>
<td>480 Main Street</td>
</tr>
</tbody>
</table>
Litchfield County, CT
Community Transformation Grant
Strategic Direction Five: Healthy and Safe Physical Environment
Basic Needs – Food and Transportation
Map 11 of 13 – Resource Listing

FOOD

1. Congregate Meals/Nutrition Sites
   BARKHAMSTED, TOWN OF - SENIOR CENTER
   109 West River Road
   Barkhamsted, CT 06063

2. Food Pantries
   COMMUNITY FOOD BANK
   BARKHAMSTED/NEW HTFD
   93 River Road
   Barkhamsted, CT 06063

3. Food Pantries
   BETHLEHEM, TOWN OF
   36 Main Street South
   Bethlehem, CT 06751

4. Farmers Markets
   CONNECTICUT FARMERS' MARKETS - CORNWALL
   413 Sharon Goshen Turnpike
   Cornwall, CT 06753

5. Food Pantries
   CORNWALL, TOWN OF - SOCIAL SERVICES
   26 Pine Street
   Cornwall, CT 06753-0097

6. Congregate Meals/Nutrition Sites
   HARWINTON, TOWN OF - SENIOR CENTER
   209 Weingart Road
   Harwinton, CT 06791

7. Farmers Markets
   CONNECTICUT FARMERS' MARKETS – KENT
   Kent Green
   Kent, CT 06757

8. Congregate Meals/Nutrition Sites, Food Pantries
   KENT, TOWN OF - PARK AND RECREATION
   41 Kent Green Boulevard
   Kent, CT 06757

9. Farmers Markets
   CT FARMERS' MARKETS - LITCHFIELD/LITCHFIELD HILLS
   125 West Street
   Litchfield, CT 06759

10. Summer Food Service Programs
    SUMMER FOOD SERVICE
    LITCHFIELD/TORRINGTON
    355 Goshen Road
    Litchfield, CT 06759-0909

11. Farmers Markets
    CONNECTICUT FARMERS' MARKETS - MORRIS
    31 East Street
    Morris, CT 06763

12. Food Pantries
    MORRIS, TOWN OF
    3 East Street
    Morris, CT 06763-0066

13. Congregate Meals/Nutrition Sites
    MORRIS, TOWN OF - SENIOR CENTER
    109-21 East Street
    Morris, CT 06763

14. Farmers Markets
    CONNECTICUT FARMERS' MARKETS - NEW HARTFORD
    17 Church Saint No 1
    New Hartford, CT 06057

15. Food Pantries
    CHRISTIAN LIFE FELLOWSHIP - FOOD PANTRY
    48 Anderson Road
    New Milford, CT 06776

16. Farmers Markets
    CONNECTICUT FARMERS' MARKETS - NEW MILFORD
    1209 Main Street
    New Milford, CT 06776
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<tr>
<th>Number</th>
<th>Description</th>
<th>Location 1</th>
<th>Location 2</th>
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</thead>
</table>
| 17.    | Food Pantries | NEW MILFORD UNITED METHODIST  
OUR DAILY BREAD FOOD PANTRY  
68 Danbury Road  
New Milford, CT 06776 |  |
| 18.    | Congregate Meals/Nutrition Sites | NEW MILFORD RICHMOND CITIZEN CENTER  
40 Main Street  
New Milford, CT 06776 |  |
| 19.    | Food Pantries | NEW MILFORD, TOWN OF - SOCIAL SERVICES  
40 Main Street  
New Milford, CT 06776 |  |
| 20.    | Farmers Markets | CT FARMERS' MARKETS - NORFOLK  
19 Maple Avenue  
Norfolk, CT 06058 |  |
| 21.    | Food Pantries | FISHES & LOAVES FOOD PANTRY - NORTH CANAAN  
30 Granite Avenue  
North Canaan, CT 06024 |  |
| 22.    | Home Delivered Meals | COOK WILLOW HEALTH CENTER  
81 Hillside Avenue  
Plymouth, CT 06782 |  |
| 23.    | Food Pantries/Vouchers | SALISBURY, TOWN OF - FAMILY SERVICES  
30A Salmon Kill Road  
Salisbury, CT 06068 |  |
| 24.    | Food Pantries | SHARON SOCIAL SERVICES  
63 Main Street  
Sharon, CT 06069 |  |
| 25.    | Farmers Markets | CT FARMERS' MARKETS  
THOMASTON  
South Main Street  
Thomaston, CT 06787 |  |
| 26.    | Food Pantries | THOMASTON FOOD PANTRY  
158 Main Street  
Thomaston, CT 06787-1720 |  |
| 27.    | Congregate Meals/Nutrition Sites | THOMASTON HOUSING AUTHORITY - GREEN MANOR  
63 Green Manor  
Thomaston, CT 06787 |  |
| 28.    | Soup Kitchens | COMMUNITY SOUP KITCHEN - TORRINGTON  
220 Prospect Street  
Torrington, CT 06790 |  |
| 29.    | Farmers Markets | CT FARMERS' MARKETS - TORRINGTON  
12 Daycoeton Place  
Torrington, CT 06790 |  |
| 30.    | WIC | FAMILY STRIDES  
350 Main Street  
Torrington, CT 06790 |  |
| 31.    | Food Pantries | FISH OF TORRINGTON  
332 South Main Street  
Torrington, CT 06790 |  |
| 32.    | Food Pantries | FRIENDLY HANDS FOOD BANK – TORRINGTON  
50 King Street  
Torrington, CT 06790 |  |
33. Congregate Meals/Nutrition Sites, Home Delivered Meals
   LITCHFIELD HILLS/NORTHWEST ELDERLY NUTRITION
   88 East Albert Street
   Torrington, CT 06790

34. Soup Kitchens
   SAINT MARON’S CHURCH HOT DINNER PROGRAM
   613 Main Street
   Torrington, CT 06790

35. Food Pantries
   SALVATION ARMY - TORRINGTON CORPS
   234 Oak Avenue
   Torrington, CT 06790

36. Community Gardening
   TORRINGTON COMMUNITY GARDENS
   c/o Trinity Episcopal Church
   Torrington, CT 06790

37. Farmers Markets
   CT FARMERS’ MARKETS - WATERTOWN
   470 Main Street
   Watertown, CT 06795

38. Food Pantries
   WATERTOWN, TOWN OF - SOCIAL SERVICES
   51 Depot Street
   Watertown, CT 06795

39. Summer Food Service Programs
   SUMMER FOOD SERVICE PROGRAM WINCHESTER
   30 Elm Street
   Winchester, CT 06098

40. Food Pantries
   COMMUNITY SERVICES COUNCIL OF WOODBURY
   PO Box 585
   Woodbury, CT 06798

41. Farmers Markets
   CT FARMERS’ MARKETS - WOODBURY
   43 Hollow Road
   Woodbury, CT 06798

42. Congregate Meals/Nutrition Sites, Home Delivered Meals
   WOODBURY, TOWN OF - SENIOR CENTER
   265 Main Street South
   Woodbury, CT 06798
### TRANSPORTATION

<table>
<thead>
<tr>
<th>No.</th>
<th>Service Description</th>
<th>Details</th>
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</table>
| 43  | Medical Transportation, Senior Ride Programs             | **BETHELHEM MUNICIPAL AGENT FOR THE ELDERLY**  
Bethlehem, CT 06751                                                  |
| 44  | Disability Related/Medical Transportation, Senior Rides  | **BRIDGEWATER HILLTOP FARM SENIOR CENTER**  
132 Hut Hill Road  
Bridgewater, CT 06752                                                  |
| 45  | Disability Related/Medical Transportation, Senior Rides  | **GEER NURSING-REHABILITATION CENTER**  
83 South Canaan Road  
Canaan, CT 06018                                                      |
| 46  | Escort Programs                                          | **COMPANIONS & HOMEMAKERS**  
LITCHFIELD OFFICE  
82 West Street  
Litchfield, CT 06759                                                  |
| 47  | Senior Ride Programs                                     | **NEW HARTFORD SENIOR CTR/ Elderly MUNICIPAL AGENT**  
530 Main Street  
New Hartford, CT 06057                                                |
| 48  | Disability Related/Medical Transportation, Senior Rides  | **NEW MILFORD - RICHMOND CITIZEN CENTER**  
40 Main Street  
New Milford, CT 0676                                                  |
| 49  | Medical Transportation                                   | **COOK WILLOW HEALTH CENTER - COOK'S**  
81 Hillside Avenue  
Plymouth, CT 06786                                                      |
| 50  | Medical Transportation, Senior Ride Programs             | **ROXBURY ELDERLY SERVICES/ MUNICIPAL AGENT**  
7 South Street  
Roxbury, CT 06783                                                      |
| 51  | Disability Related/Medical Transportation, Senior Rides  | **THOMASTON - SOCIAL SERVICES/ MUNICIPAL AGENT**  
158 Main Street  
Thomaston, CT 06787-1720                                              |
| 52  | Disability/Medical Transportation, General              | **NW CT TRANSIT DISTRICT**  
957 East Main Street  
Torrington, CT 06790                                                  |
| 53  | Disability/ Medical Transportation                       | **Torrington Services for the Elderly**  
88 East Albert Street  
Torrington, CT 06790                                                  |
| 54  | Disability Related/Medical Transportation, Senior Rides  | **WOODBURY SENIOR CENTER**  
265 Main Street South  
Woodbury, CT 06798                                                    |
|     | Medical Transportation                                    | **FISH OF WOODBURY**  
PO Box 216  
Woodbury, CT 06798                                                    |
|     | Medical Transportation                                    | **FISH OF KENT**  
PO Box 852  
Kent, CT 06757                                                        |

**NO STREET ADDRESS**
Litchfield County, Connecticut
Community Transformation Grant
Strategic Direction Five: Healthy and Safe Physical Environment-Domestic Violence
Map 12 of 13

Resources
- Domestic Violence
- Fixed Bus Routes
- Americans with Disabilities Act Service Area*

Population Density
- (Population / Square Mile)
  - 700 - 910
  - 500 - 699
  - 250 - 499
  - 30 - 249

NW CT Transit District provides service for Litchfield, Torrington, and Winsted; and Dial-A-Ride service for 16 towns in NW CT

* virtual service; Department of Transportation Federal Transit Administration § 37.121 terms or rules for complementary paratransit. The following service criteria apply to complementary paratransit required by § 37.121 of this part: (g)(2)(i) service to origins and destinations within corridors with a width of three-fourths of a mile on each side of each fixed route. The corridor shall include an area with a three-fourths of a mile radius at the ends of such fixed routes.

Census 2010 Summary File 1 (S15, L. Kelley, CTAR Transit; 2-11-2006, United Way of Connecticut)
DOMESTIC VIOLENCE

1. DV Shelter, Crime Victim Support, DV Hotlines/Dating Violence, DV Support Groups + Families/Friends of Battered Women/Men/ Battered Women, Spouse/Domestic Partner Abuse Counseling/Prevention
   WOMEN'S SUPPORT SERVICES
   158 Gay Street
   Sharon, CT 06069

2. DV Shelter, Crime Victim Support, DV Hotlines/Dating Violence, DV Support Groups + Families/Friends of Battered Women/Men Spouse/Domestic Partner Abuse Counseling/Prevention
   SUSAN B. ANTHONY PROJECT - DV SERVICE
   179 Water Street
   Torrington, CT 06790
Litchfield County, CT
Community Transformation Grant
Strategic Direction Five: Healthy and Safe Physical Environment
Housing
Map 13 of 13 – Resource Listing

ELDER/DISABLED

1. Low Inc./Sub. Rental Housing * Dis./Health, Older Adults
   ELDERLY HOUSING MANAGEMENT - NORTH PURCHASE
   11 Jackson Lane
   Bethlehem, CT 06751

2. Low Inc./Subsidized Private Rental Housing * Older Adults
   ELDERLY HOUSING MANAGEMENT - BECKLEY HOUSE
   85 South Canaan Road
   Canaan, CT 06018

3. Public Housing * Dis. & Health Conditions* Older Adults
   NORTH CANAAN HOUSING AUTHORITY – WANGUM VILLAGE
   132 Quinn Street
   Canaan, CT 06018

4. Low Inc./Subsidized Private Rental Housing * Disabilities & Health Conditions* Older Adults
   ELDERLY HOUSING MANAGEMENT - WINTERGREEN
   21 Wintergreen Circle
   Harwinton, CT 06791

5. Low Inc./Subsidized Private Rental Housing * Disabilities & Health Conditions* Older Adults
   HARWINTON WINTGREEN ELDERLY HOUSING
   21 Wintergreen Circle/Litchfield Road
   Harwinton, CT 06791

6. Low Inc./Subsidized Private Rental Housing * Disabilities & Health Conditions* Older Adults
   ELDERLY HOUSING MNGMT TEMPLETON FARM APATS
   16 Swifts Lane
   Kent, CT 06757

7. Group Residences for Adults with Disabilities, Supported Living Services for Adults with Disabilities
   EDUCATION CONNECTION
   355 Goshen Road
   Litchfield, CT 06759-0909

8. Public Housing, Disabilities/Health Conditions * Older Adults
   LITCHFIELD HOUSING AUTHORITY - BANTAM FALLS
   Doyle Road
   Litchfield, CT 06759

9. Public Housing, Disabilities/Health Conditions, Older Adults
   MORRIS HOUSING AUTHORITY
   109 East Street
   Morris, CT 06763

10. Low Inc./Sub. Private Rental Housing Older Adults
    DEMARCO MANAGEMENT - BUTTER BROOK HILL APPTS
    105 Butter Brook Hill
    New Milford, CT 06776

11. Low Inc./Subsidized Private Rental Housing Older Adults
    ELDERLY HOUSING MANAGEMENT - GLEN AYRE
    One Glen Ayre Drive
    New Milford, CT 06776

12. Home Barrier Evaluation
    /Removal Services
    REBUILDING TOGETHER - LITCHFIELD COUNTY
    122 Stilson Hill Road
    New Milford, CT 06776

13. Low Inc./Subsidized Private Rental Housing * Disabilities & Health Conditions * Older Adults
    NORFOLK SENIOR HOUSING CORPORATION
    9 Shepard Road
    Norfolk, CT 06058

14. Low Inc./Subsidized Private Rental Housing
    * Older Adults
    ELDERLY HOUSING BERNHARDT MEADOW
    19 Bernhardt Meadow Lane
    Roxbury, CT 06783
15. Public Housing * Disabilities & Health Conditions, Older Adults  
   SHARON HOUSING AUTHORITY  
   12E Sharon Ridge Road  
   Sharon, CT 06069

16. Public Housing  
   Older Adults  
   THOMASTON HOUSING AUTHORITY - GREEN MANOR  
   63 Green Manor  
   Thomaston, CT 06787

17. Public Housing, Disabilities/ Health Conditions  
   Older Adults  
   THOMASTON HOUSING AUTHORITY - GROVE MANOR  
   11 Grove Street  
   Thomaston, CT 06787

18. Supported Living Adults with Disabilities * Dual Diagnosis  
   CENTER FOR HUMAN DEVELOPMENT  
   51 Commercial Boulevard  
   Torrington, CT 06790

19. Supported Living Services/Group Residences for Adults with Disabilities * Chronic/Severe Mental Illness  
   CENTRAL NAUGATUCK VALLEY HELP - WYNNEWOOD  
   44 Cook Street  
   Torrington, CT 06790

20. Supported Living Services / Group Residences  
   Adults/Disabilities * Chronic/Severe Mental Illness  
   COMMUNITY SYSTEMS  
   295 Alvord Park Road  
   Torrington, CT 06790

21. Low Inc./Subsidized Private Rental Housing * Older Adults  
   GEORGETOWN GARDENS  
   109 Sunny Lane  
   Torrington, CT 06790

22. Supported Living  
   Group Residences Disabilities  
   LARC  
   314 Main Street  
   Torrington, CT 06790

23. Supported Living Services for Adults with Disabilities * Chronic/Severe Mental Illness  
   MENTAL HEALTH ASSOC. OF CT TORRINGTON  
   30 Peck Road  
   Torrington, CT 06790

24. Low Inc./Subsidized Private Rental Housing * Disabilities & Health Conditions * Older Adults  
   TORRINGFORD WEST APARTMENTS  
   356 Torringford West Street  
   Torrington, CT 06790

25. Public Housing/Disabilities/Health Conditions * Older Adults  
   TORRINGTON HOUSING AUTHORITY - LAUREL ACRES  
   523 Torringford West Street  
   Torrington, CT 06790

26. Public Housing/Disabilities/Health Conditions  
   Older Adults  
   TORRINGTON HOUSING AUTHORITY MICHAEL KOURY  
   Tucker Drive  
   Torrington, CT 06790

27. Public Housing/Disabilities/Health Conditions  
   Older Adults  
   TORRINGTON HOUSING AUTHORITY - THOMPSON HEIGHTS  
   301 Litchfield Street  
   Torrington, CT 06790

28. Public Housing/Disabilities/Health Conditions * Older Adults  
   TORRINGTON HOUSING AUTHORITY - TORRINGTON TOWERS  
   52 Summer Street  
   Torrington, CT 06790
<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Address</th>
<th>City, State</th>
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<tbody>
<tr>
<td>29.</td>
<td>Public Housing/Disabilities/Health Conditions * Older Adults</td>
<td>52 Willow Street</td>
<td>Torrington, CT 06790</td>
</tr>
<tr>
<td>30.</td>
<td>Group Residences for Adults with Disabilities</td>
<td>76 Westbury Park Road</td>
<td>Watertown, CT 06795</td>
</tr>
<tr>
<td>31.</td>
<td>Supported Living Services for Adults with Disabilities * Developmental Disabilities</td>
<td>680 Main Street</td>
<td>Watertown, CT 06795</td>
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<tr>
<td>32.</td>
<td>Public Housing/Disabilities/Health Conditions * Older Adults</td>
<td>935 Buckingham Street</td>
<td>Watertown, CT 06795</td>
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<tr>
<td>33.</td>
<td>Public Housing/Disabilities/Health Conditions * Older Adults</td>
<td>1091 Buckingham Street</td>
<td>Watertown, CT 06795</td>
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<tr>
<td>34.</td>
<td>Public Housing/Disabilities/Health Conditions * Older Adults</td>
<td>100 Steele Brook Road</td>
<td>Watertown, CT 06795</td>
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<tr>
<td>35.</td>
<td>Low Income/Subsidized Private Rental Housing * Older Adults</td>
<td>Maple &amp; Willow Streets</td>
<td>Winchester, CT 06098</td>
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<tr>
<td>36.</td>
<td>Public Housing/Disabilities/Health Conditions * Older Adults</td>
<td>Gay Street</td>
<td>Winchester, CT 06098</td>
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<tr>
<td></td>
<td>Subsidized Private Rental Housing/Disabilities/Older Adults</td>
<td>NO STREET NUMBER</td>
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<td>STATION PLACE APARTMENTS</td>
<td>Canaan, CT 06018</td>
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</table>
### Litchfield County, CT
**Community Transformation Grant**

**Strategic Direction Five: Healthy and Safe Physical Environment**

**Housing**

**Map 13 of 13 – Resource Listing**

#### EMERGENCY HOUSING

37. Runaway/Youth Shelters  
   BRIDGE FAMILY CENTER, THE - HARWINTON SHELTER  
   25 Plymouth Road  
   Harwinton, CT 06791-2418

38. Homeless Shelter  
   FISH OF TORRINGTON  
   332 South Main Street  
   Torrington, CT 06790

39. Homeless Shelter  
   STATE DEPT OF SOCIAL SERVICES - TORRINGTON  
   62 Commercial Boulevard  
   Torrington, CT 06790

40. Transitional Housing/Shelter  
   SUSAN B. ANTHONY PROJECT - DV SERVICE  
   179 Water Street  
   Torrington, CT 06790

41. Homeless Shelter, Runaway/Youth Shelters  
   NW CT YMCA - WINCHESTER EMERGENCY SHELTER  
   480 Main Street  
   Winchester, CT 06098

   Homeless Shelter  
   NEW MILFORD SHELTER COALITION  
   PO Box 1016  
   New Milford, CT 06776

#### SUPPORTIVE HOUSING

42. Homeless Permanent Supportive Housing  
   CENTER FOR HUMAN DEVELOPMENT  
   51 Commercial Boulevard  
   Torrington, CT 06790

43. Case/Care Management * Homeless People  
   FISH OF TORRINGTON  
   332 South Main Street  
   Torrington, CT 06790
## Appendix B – Glossary of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Name/Title</th>
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<tbody>
<tr>
<td>AAMR</td>
<td>Age-Adjusted Mortality Rate</td>
</tr>
<tr>
<td>ACS</td>
<td>American Community Survey</td>
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<tr>
<td>BRFSS</td>
<td>Behavioral Risk Factor Surveillance System</td>
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<tr>
<td>CADH</td>
<td>Connecticut Association of Directors of Health</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CHANGE</td>
<td>Community Health Assessment aNd Group Evaluation</td>
</tr>
<tr>
<td>CHD</td>
<td>Coronary Heart Disease</td>
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<tr>
<td>CHF</td>
<td>Congestive Heart Failure</td>
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<tr>
<td>CHLI</td>
<td>Community Healthy Living Index</td>
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<tr>
<td>CHNA</td>
<td>Community Health Needs Assessment</td>
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<tr>
<td>CLRD</td>
<td>Chronic Lower Respiratory Disease</td>
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<tr>
<td>CLD</td>
<td>Chronic Liver Disease</td>
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<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
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<tr>
<td>CSDE</td>
<td>Connecticut State Department of Education</td>
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<tr>
<td>CTDPH</td>
<td>Connecticut Department of Public Health</td>
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<tr>
<td>CTG</td>
<td>Community Transformation Grant</td>
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<td>CVD</td>
<td>Cardiovascular Diseases</td>
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<tr>
<td>DECD</td>
<td>Department of Economic and Community Development</td>
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<td>DPH</td>
<td>Department of Public Health</td>
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<tr>
<td>ED</td>
<td>Emergency Department</td>
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<tr>
<td>FQHC</td>
<td>Federally Qualified Health Center</td>
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<tr>
<td>Index</td>
<td>Health Equity Index</td>
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<tr>
<td>LD</td>
<td>Liver Disease</td>
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<tr>
<td>LHI</td>
<td>Leading Health Indicators</td>
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<td>MI</td>
<td>Myocardial Infarction</td>
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<tr>
<td>RPO</td>
<td>Regional Planning Organization</td>
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<td>TAHD</td>
<td>Torrington Area Health District</td>
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<tr>
<td>URC</td>
<td>Uniform Crime Reporting Program</td>
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<tr>
<td>YPLL</td>
<td>Years of Potential Life Lost</td>
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