

## **Connecticut Community Transformation Grant Needs Assessment Summary**

### **Introduction**

In collaboration with the Connecticut Department of Public Health (DPH), five Connecticut Counties (Litchfield, Middlesex, New London, Tolland, and Windham) applied for and received Community Transformation Grant (CTG) funding from the Centers for Disease Control (CDC) to implement strategies to create healthier communities by reducing chronic disease rates and health disparities in their counties. The CTG program encourages communities to build their capacity to implement broad evidence and practice-based policy, environmental, programmatic, and infrastructure changes within four strategic areas: nutrition, physical activity, tobacco use, and social and emotional wellbeing.

Counties are charged with conducting the following capacity-building activities as part of the CTG initiative: (1) establish multi-sector, community coalitions; (2) identify relevant training needs; (3) collect and use community health and health assessment data to identify population subgroups experiencing health disparities and inequities; (4) conduct policy scans and identify gaps in policies; and, (5) develop and implement local plans to implement policy, environmental, and infrastructure changes related to the strategic areas.

The CTG grantees were provided a *Needs Assessment Policy Scan* template of identified health assessment indicator and policy data by the CTG Evaluator at DPH to complete for their county needs assessment so that consistent data is collected across the counties. Technical assistance from Education Connection and the Connecticut Association of Health Directors (CADH) was also provided to grantees so that their data collection efforts were comprehensive and comparable within their cohort.

The following is a summary of the needs assessment results across the five counties and includes a summary of the community health data and policy scans. This summary presents the similarities and differences across counties within the following areas: demographics, burden of chronic disease, health disparities and inequities, existing local health programs and policies, coalition membership and activity, indicator-driven policy scan, public will for change, and strategies for CTG implementation. For the purposes of this report, similarities were provided if at least three of the five communities fell within 10 percentage points on an item.

### **Demographics**

CTG grantees collected county demographic information to learn about the race, ethnicity, age distribution, educational attainment, household income, governance, crime rates, unemployment, homelessness, and other key factors related to understanding the public health needs within their counties. The following is a summary of similarities and differences across the counties.

### *County Similarities*

- Four of the five of the counties are not diverse. The majority race for these counties is White/Caucasian, and ranges from 90% (Windham) to 94% (Litchfield).
  - New London is the only county that has a majority race percentage (78%) below the state average (82%).
- Household size is relatively similar across counties and ranges from 2.4 persons to 2.6 persons and when averaged across counties, it mirrors the state average (2.5 persons).
- All of the counties report fewer Hispanic/Latino residents than the Connecticut average (14%).
- All of the counties have similar household incomes that range from \$59,370 to \$77,069 and are close to the state average of \$69,243.
- All counties have a comparable percentage of homeowners to the state average (68.9%). These percentages range from 69% (Middlesex and New London) to 76% (Tolland and Litchfield).
- All of the counties have an acute care facility in their county; ranging from 1 facility (Middlesex) to 3 (Litchfield).
- All of the counties reported having multiple state parks within their borders which ranges from 6 (Windham) to 22 (Middlesex).
- All of the counties indicated that they had limited infrastructure for walking or biking and limited bus routes outside of a few urban areas within their geographic borders.

### *County Differences*

- New London is the only county that has a majority race percentage (78%) below the state average (82%).
- Population density (population per square miles) varies across counties. Litchfield and Windham Counties reported the lowest population density (193 and 201 respectively), whereas Middlesex and New London Counties reported the highest population density (392 and 382 respectively).
- The percentage of residents that are over the age of 65 varied among counties. An estimated 12% of the population is over the age of 65 in Tolland, whereas 28% of the population is over the age of 65 in Litchfield County.
- The crime rate index varies among counties. The crime rate index measures the number of annual crimes per 100,000 residents. The lowest reported crime rate index is 1,099.8 per 100,000 residents (Tolland) whereas the highest is 2,115.0 (Middlesex). However, all counties reported lower crime rates than the state average (2,478.8).

### **Burden of Chronic Disease**

The 2012 County Health Rankings, a collaboration of the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation, ranks Connecticut counties based on health outcomes and health factors. 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. Within Connecticut, 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 while health factors represent what influences the health of the county. Additionally, health outcomes are based on an equal weighting of mortality (how long people live) and morbidity (how healthy people feel) factors. For the *County Health Outcomes Ranking of Morbidity and Mortality*, Tolland ranks 1<sup>st</sup>, Middlesex 2<sup>nd</sup>, Litchfield 4<sup>th</sup>, New London 5<sup>th</sup>, and Windham 7<sup>th</sup>. For the *County Health Factors Ranking of Health Behaviors* (clinical care, social and economic factors, and physical environment), Middlesex ranks 1<sup>st</sup>, Tolland 2<sup>nd</sup>, Litchfield 3<sup>rd</sup>, New London 5<sup>th</sup>, and Windham 8<sup>th</sup>.

## **Health Indicators**

### *County Similarities*

- Counties reported similar percentages of residents in poor or fair health (range of 9% to 12%) and were comparable to the state (11%).
- Counties also had similar ratings of poor mental health days (3 days across all counties) which were the same as Connecticut (3.1 days).
- All counties reported that between 16% and 20% of adult residents smoke, with Windham having the highest percentage (20%).
  - Three of the five counties reported higher smoking rates than the state average (16%).
- The adult obesity rates for four of the five counties range from 20% to 24% and are close to the state average (23%).
  - Windham County reported the highest percentage of adult obesity with about one-third (30%) of its adults residents obese.
- Physical inactivity<sup>1</sup> rates are similar across counties and range from 19% to 26%. The state average percentage of physical inactivity is 23%.
- Diabetes screenings are similar across counties and range from 84% to 86%, which is slightly higher than the state (83%).

### *County Differences*

- Windham reported the highest percentage of adult obesity with about one-third (30%) of its adults residents obese.
- New London and Windham Counties reported more premature deaths per 100,000 residents than the state average (5,641). New London reported 5,992 premature deaths per 100,000 residents and Windham reported 6,316.
- Preventable hospital stays<sup>2</sup> are highest in New London (70/1000) and Windham (75/1000), whereas the other counties are below or were comparable to the state (63/1000).

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<sup>1</sup> Rates of physical inactivity refer to the percentage of adults aged 20 and older who report no leisure time activity on the Brief Risk factor Surveillance System (BRFSS).

<sup>2</sup> Preventable hospital stays refer to the hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees.

- The percentage of restaurants that are fast food establishments varied across counties. Litchfield reported the lowest percentage of fast food restaurants (24%), and Windham reported the highest percentage (41%). The average percentage of restaurants that are fast food establishments for Connecticut is 38%.

### ***Causes of Death***

#### *County Similarities*

- Counties reported similar mortality rates per 100,000 residents for Diabetes Mellitus-related deaths, ranging from 12.1 to 18.7.
- Windham (21.5), New London (21.5), and Middlesex (19.6) reported mortality rates per 100,000 residents for Alzheimer’s related-deaths that were above the average for Connecticut (16.7).

#### *County Differences*

- Counties varied in mortality rates per 100,000 residents for reported cancer-related deaths. Tolland experienced the fewest cancer-related deaths (161.0) and New London experienced the most (182.5).
- Windham reported the highest number of diabetes-related deaths (18.7), cardiovascular-related deaths (245.7), chronic liver-related disease (10.6), and accidents (39.1) when compared to the other CTG counties. These numbers are based on mortality rates per 100,000 residents.

### **Health Disparities and Health Equities**

The Health Equity Index (Index) is a web-based analytic tool developed by the Connecticut Association of Directors of Health (CADH) that provides measures of community conditions in relation to specific health outcomes. The Index provides data, community scores, health outcome correlations and GIS mapping for all 169 communities in Connecticut. The scores are calculated on a ten-point scale with a score of one (1) reflecting the least desirable community conditions or health outcomes, and 10 reflecting the most desirable. A score of 5 is the median value for the state.

- All counties have an overall average social determinant score above the median value for the state. Litchfield and Middlesex each have a score of 7. New London, Tolland, and Windham each have a score of 6.

## **Existing Local Public Health Programs and Policies**

CTG grantees collected information about the prevalence of local public health programs and policies in their counties.

### ***Tobacco Free Living Programs and Policies***

#### *County Similarities*

- Four of the five counties reported having local tobacco cessation programs
- Residents from each CTG county have access to the CT Quit Line and the American Lung Association web-based support program.
- All of the counties also adhere to the Connecticut's Smoke-Free Air Law (effective April 1, 2004) which bans smoking in most restaurants and establishments that hold a liquor permit, health care facilities, child care centers, group daycare facilities, public college dormitories, theaters, buses and trains, as well as workplaces with five or more employees and buildings owned and operated by state and local government.

#### *County Differences*

- Tobacco cessation programs, despite being present in four of the five counties, differ in number and accessibility. New London reported the most with 15 smoking cessation programs between schools, hospitals, and online. New London also has three relapse programs and prevention programs located in schools, whereas the other counties did not indicate having any of these services.

### ***Active Living and Healthy Eating Programs***

#### *County Similarities*

- Community gardens, seasonal farmer's markets, farm stands, or a combination of these is available in each county.
- All of the counties provide residents with parks and recreational activities.
- Four of the five counties have school initiatives to increase cafeteria nutrition, knowledge of nutrition, and time spent engaging in physical activity.

#### *County Differences*

- No major differences reported.

## ***High Impact Quality Clinical and Other Preventative Services***

### *County Similarities*

- There are health screenings available within all counties, ranging in accessibility by town.
- All of the counties offer health screenings at their acute care facilities.
- All of the counties have limited transportation services for patients to access medical appointments.

### *County Differences*

- Litchfield and Tolland have a Visiting Nurse Association that services towns within their counties.

## ***Social and Emotional Wellness***

### *County Similarities*

- All of the counties provide therapy, counseling, and support services for substance abuse and other addictive behaviors.
- All of the counties have psychiatric services for residents.

The location of social and emotional wellness services varies within each county and tends to be more concentrated in towns with larger populations than evenly dispersed across all towns within each county.

## **Coalition Membership and Activity**

CTG Grantees provided information in their county needs assessments about the organization of their coalition, representation, and their major activities and accomplishments to date.

### *County Similarities*

- All counties have successfully established a coalition of diverse members, representing different aspects of their counties, including, health districts, education, hospitals, elderly care, businesses, and government.
- All communities have coordinated and conducted a county-based needs assessment.
- Every county is focusing on *Tobacco Free Living* as a strategic direction for the CTG initiative.
- Four of the five counties chose *Quality Clinical Preventative Services* as a strategic direction.

### *County Differences*

- Some counties have integrated with other Community Health Initiatives more so than other communities have.

## **Indicator Driven Policy Scan**

CTG Grantees collected information on the statues, regulations, work policies, school policies, clinical policies, infrastructure, programs, environment, and other laws as they related to each of the CTG strategic directions for their county.

### ***Tobacco Free Living Programs and Policies***

#### *County Similarities*

- Every county has access to the CT Quit Line and the American Lung Association web-based support program.
- Connecticut has state regulations concerning tobacco use and advertisements that each county must adhere, which include: tobacco-free schools, indoor clean air act, banned tobacco sales to minors, regulated placement of cigarette vending machines, and tobacco taxes.

#### *County Differences*

- All of the counties except Tolland have local tobacco cessation programs; however they differ in number and accessibility. New London has the most with 15 smoking cessation programs between schools, hospitals, and online. New London also has 3 relapse programs and prevention programs in schools and in social marketing, whereas other the other CTG counties did not indicate having either.

### ***Active Living and Healthy Eating Programs***

#### *County Similarities*

- Community gardens, seasonal farmer's markets, farm stands, or a combination of these is available in each county.
- All of the counties provide residents with parks and recreational activities.
- There was a need for improved transportation among counties in order to access fresh healthy produce and outdoor physical activity opportunities.

#### *County Differences*

- There are school initiatives to increase cafeteria nutrition, knowledge of nutrition, and physical activity time in all counties except Litchfield.
- New London indicated that mandatory physical education is needed in schools.
- Windham has begun a program that promotes exercise and writing called *WriteSteps* in one school and would like to replicate it in other schools.

## ***Social and Emotional Wellness***

### *County Differences*

- Only Litchfield and Middlesex included social and emotional wellness in their policy scan.
- Litchfield and Middlesex offer counseling for mental health and on substance abuse and prevention.
- In Litchfield, rural towns do not have as much access to some social and emotional wellness services.

## ***Use of High Impact Quality Clinical and Other Preventative Services***

### *County Similarities*

- Hospitals, community health centers, and elderly care are available in all counties.
- There are health screenings available within all counties, ranging in accessibility. All have health screening at acute care facilities.

### *County Differences*

- Tolland and Litchfield have Visiting Nurse Association services available to residents in some towns within their counties.
- Tolland has transportation services to get patients to medical appointments. Whereas Middlesex has 3 community healthcare facilities that are accessible by public transportation.
- Litchfield expressed a need for clinical and preventative services throughout the county. Most services are located in only a few towns.
- New London expressed that the county had inadequate access to medication and diagnostic testing and needs chronic disease management programs.
- Windham has a free screening and detection programs, but they are concentrated in workplaces in a few towns and are not publically accessible.

## **Public/Political Will for Change within the County**

Counties collected information on the degree to which public sentiment for laws, regulations, and policies exist for each strategic direction. Information collected could also include reports of established connections with key stakeholders and the degree to which those stakeholders endorse the proposed efforts of the county.



## ***Tobacco Free Living Programs and Policies***

### *County Similarities*

- Every county but New London listed having a tobacco-free living policy that was supported in some way.
  - Middlesex and Litchfield both reported that they have cessation programs and policies supported by public and corporate leaders.
  - Tolland plans to focus on making all parks within their county tobacco free.

## ***Active Living and Healthy Eating Programs***

### *County Similarities*

- All counties have received support to increase healthy eating and active living policies.

### *County Differences*

- Windham, Tolland, and Middlesex have support for an active living and healthy eating policy that would be implemented at school-level. These programs and policies include improving early childhood nutrition, increasing physical activity, and integrating nutrition and physical activity into the school curriculum.
- Litchfield's support for healthy eating and active living change is more centralized around community-level farming.
- New London has support from local elected officials to increase activity in Municipal Plans of Conservation and Development (POCD).

## ***Social and Emotional Wellness***

- None of the counties listed any public or political support for social and emotional wellness.

## ***Health and Safe Physical Environment***

### *County Similarities*

- Every county has support to improve upon pedestrian walkways, streets, and bike paths, as well as public transportation, in order to promote physical activity and accessibility to services and opportunities throughout the county.
- Middlesex, Windham, and Tolland have support to improve public parks in order to increase physical activity and usage of the community space.

## ***High Impact Quality Clinical and Other Preventative Services***

### *County Similarities*

- Middlesex, New London, and Tolland listed support for improvements in clinical and other preventative services.
  - Middlesex supports increased preventative screenings and access to health care outside of regular health center hours.
  - New London supports improving upon existing services at hospitals, community health centers and other health care providers.
  - Tolland supports establishment of a Self Monitoring Blood Pressure project.

## **Identified and Prioritized Strategies for Implementation**

In order to identify and prioritize strategies, CTG grantees were asked to use the results from their completed **Community Health Assessment aNd Group Evaluation (CHANGE)** tool assessment. The CHANGE tool was created by the CDC to facilitate the collection and organization of community-level data both in terms of community assets and potential areas for improvement. The data are used for program planning and are collected before the coalition decides on the critical issues to be addressed in their community plans. Grantees will use the results from the CHANGE tool to identify which strategic directions (tobacco-free living, healthy eating, active living, and quality clinical preventative services) they plan to address during their CTG capacity-building project.

### ***Tobacco Free Living***

#### *County Similarities*

- Every county plans to prevent and reduce tobacco use through tobacco free policies in public places with emphasis on areas with highest-related illness and lowest social economic status.
- Every county plans to use a social media campaign in their tobacco prevention efforts.

### ***Healthy Eating***

#### *County Similarities*

- Every county aims to improve nutrition countywide.

#### *County Differences*

- New London and Tolland plan to focus their goals on improving the nutritional value of food that is offered in early childhood care and to make fruits and vegetables more accessible in schools.

- Litchfield, Middlesex, and Windham aim to improve the availability of affordable healthy foods through community gardens, school gardens, and building community.

### ***Active Living***

#### *County Similarities*

- Every county seeks to improve and increase the opportunities for physical activity in schools.

#### *County Differences*

- New London and Tolland plan to focus these school-level targets within early childhood care.

### ***Clinical Preventative Services***

#### *County Similarities*

- Four of the five counties chose to improve clinical preventative services as their strategic direction.

#### *County Differences*

- Litchfield, Middlesex, and Tolland plan to provide resources to clinical partners to implement a self blood pressure monitoring system.