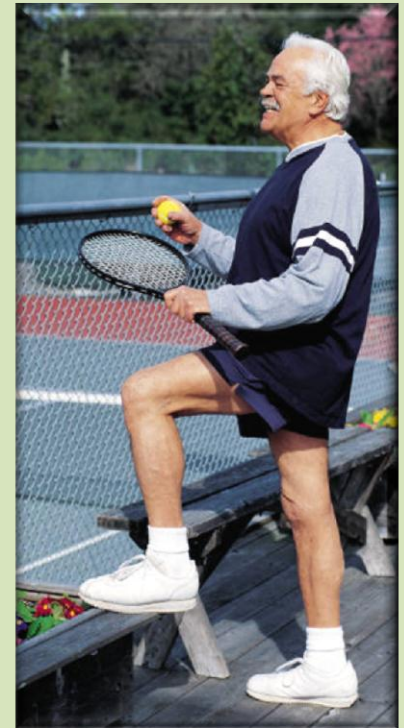


2012 Community Health Needs Assessment Litchfield County Community Transformation Grant Coalition



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

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>

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.

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.

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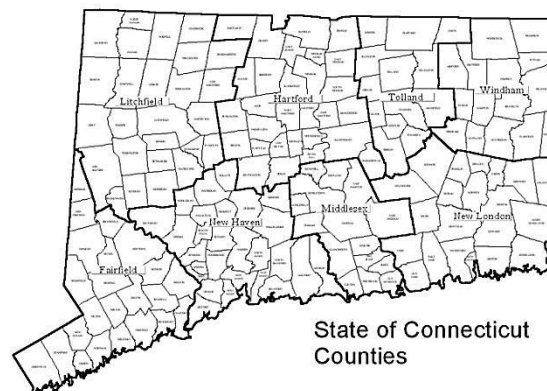
Litchfield County Population and Demographic Overview

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

Municipality	Census 2010 Population	2015	2020	2025	2030	% Change 2015-2030
Barkhamsted	3,799	3,837	3,967	4,083	4,165	8.5%
Bethlehem	3,607	3,874	4,010	4,169	4,308	11.2%
Bridgewater	1,727	2,090	2,167	2,249	2,304	10.2%
Canaan	1,234	1,122	1,105	1,069	1,024	-8.7%
Colebrook	1,485	1,512	1,515	1,522	1,517	0.3%
Cornwall	1,420	1,540	1,586	1,620	1,655	7.5%
Goshen	2,976	3,198	3,351	3,478	3,569	11.6%
Harwinton	5,642	5,293	5,248	5,204	5,148	-2.7%
Kent	2,979	3,294	3,455	3,561	3,608	9.5%
Litchfield	8,466	10,218	10,796	11,064	11,009	7.7%
Morris	2,388	2,325	2,324	2,334	2,321	-0.2%
New Hartford	6,970	6,980	7,303	7,635	7,881	12.9%
New Milford	28,142	31,429	32,835	34,226	35,446	12.8%
Norfolk	1,709	1,916	1,987	2,042	2,006	4.7%
North Canaan	3,315	3,465	3,510	3,547	3,568	3.0%
Plymouth	12,243	12,307	12,426	12,528	12,552	2.0%
Roxbury	2,262	2,069	2,026	1,982	1,941	-6.2%
Salisbury	3,741	4,790	4,907	4,794	4,594	-4.1%
Sharon	2,782	3,351	3,411	3,340	3,231	-3.6%
Thomaston	7,887	7,512	7,495	7,462	7,411	-1.3%
Torrington	36,383	41,378	43,546	44,942	45,213	9.3%
Warren	1,461	1,305	1,327	1,346	1,367	4.8%
Washington	3,578	3,566	3,513	3,460	3,421	-4.1%
Watertown	22,514	23,407	23,974	24,601	25,213	7.7%
Winchester	11,242	11,025	11,091	11,128	11,142	1.1%
Woodbury	9,975	10,661	11,133	11,624	12,047	13.0%
Litchfield County	189,927	193,489	197,751	202,218	206,087	6.5%
Connecticut	3,574,097	3,573,885	3,622,774	3,669,990	3,702,400	3.6%

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

Sources: CERC Town Profiles, accessed at <http://www.cerc.com> and Connecticut State Data Center, University of Connecticut, http://ctsdc.uconn.edu/projections/ct_towns.html

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 2: Litchfield County Municipality Census 2000 and 2010 Population Counts by Race/Ethnicity*

Municipality	Total population		White		Black		American Indian		Asian		Pacific Islander		Other		Hispanic or Latino	
	2000	2010	2000	2010	2000	2010	2000	2010	2000	2010	2000	2010	2000	2010	2000	2010
Barkhamsted	3,494	3,799	3,443	3,703	2	11	6	0	14	23	0	0	10	21	31	57
Bethlehem	3,422	3,607	3,336	3,532	9	16	2	4	27	18	1	0	13	6	22	61
Bridgewater	1,824	1,727	1,779	1,681	17	14	1	0	13	16	0	0	2	8	9	26
Canaan	1,081	1,234	1,049	1,204	16	8	0	1	2	3	1	1	4	1	4	19
Colebrook	1,471	1,485	1,427	1,448	10	4	0	2	9	9	0	3	13	3	36	17
Cornwall	1,434	1,420	1,398	1,386	3	3	0	1	10	9	0	0	3	3	21	34
Goshen	2,697	2,976	2,650	2,898	13	10	4	4	20	36	0	0	0	9	33	67
Harwinton	5,283	5,642	5,214	5,515	4	13	3	8	27	49	3	4	7	10	47	80
Kent	2,858	2,979	2,737	2,813	16	35	22	22	28	49	1	1	20	21	72	94
Litchfield	8,316	8,466	8,066	8,149	62	52	19	13	39	77	1	12	38	43	130	173
Morris	2,301	2,388	2,243	2,325	16	12	3	2	19	18	0	0	4	3	20	50
New Hartford	6,088	6,970	5,946	6,776	39	23	3	4	45	79	4	0	12	21	82	124
New Milford	27,121	28,142	25,583	25,809	383	484	40	68	518	779	7	11	184	464	751	1,693
Norfolk	1,660	1,709	1,612	1,659	8	12	4	2	9	11	0	0	10	7	16	30
North Canaan	3,350	3,315	3,247	3,194	40	40	6	3	6	8	0	0	13	41	79	195
Plymouth	11,634	12,243	11,325	11,748	91	102	18	22	49	100	1	2	37	78	147	370
Roxbury	2,136	2,262	2,077	2,179	5	13	4	3	20	18	0	0	14	18	28	48
Salisbury	3,977	3,741	3,808	3,559	66	52	13	6	38	41	0	0	18	18	61	107
Sharon	2,968	2,782	2,875	2,670	28	44	13	2	17	20	0	0	10	18	58	56
Thomaston	7,503	7,887	7,342	7,631	45	34	8	26	37	60	0	0	31	53	109	202
Torrington	35,202	36,383	32,749	32,278	757	974	70	90	643	785	7	9	460	1,330	1,162	3,193
Warren	1,254	1,461	1,228	1,418	2	8	4	1	10	20	0	0	1	8	3	31
Washington	3,596	3,578	3,440	3,429	23	21	4	3	56	27	0	0	28	48	77	142
Watertown	21,661	22,514	20,894	21,249	162	315	27	58	276	376	10	1	103	213	406	838
Winchester	10,664	11,242	10,071	10,468	132	201	25	26	99	109	1	1	180	225	338	583
Woodbury	9,198	9,975	8,945	9,547	49	57	20	33	106	168	6	0	20	38	152	245
Litchfield County	182,193	189,927	174,484	178,268	1,998	2,558	319	404	2,137	2,908	43	45	1,235	2,708	3,894	8,535
Connecticut	3,405,565	3,574,097	2,780,355	2,772,410	309,843	362,296	9,639	11,256	82,313	135,565	1,366	1,428	147,201	198,466	320,323	479,087

* Note: Hispanic or Latino population counts include persons of any race.

Source: CT State Data Center, University of Connecticut, http://ctcdc.uconn.edu/data/2010_2000_PL_Census_data_comparison_towns.xls

Table 3: Litchfield County Municipality Census 2000 and 2010 Numeric and Percent Population Change

Municipality	Total Population		White		Black or African American		Asian		Hispanic or Latino	
	# Change	% Change	# Change	% Change	# Change	% Change	# Change	% Change	# Change	% Change
Barkhamsted	305	8.7	260	7.6	9	450.0	9	64.3	26	83.9
Bethlehem	185	5.4	196	5.9	7	77.8	(9)	-33.3	39	177.3
Bridgewater	(97)	-5.3	(98)	-5.5	(3)	-17.6	3	23.1	17	188.9
Canaan	153	14.2	155	14.8	(8)	-50.0	1	50.0	15	375.0
Colebrook	14	1.0	21	1.5	(6)	-60.0	0	0.0	(19)	-52.8
Cornwall	(14)	-1.0	(12)	-0.9	0	0.0	(1)	-10.0	13	61.9
Goshen	279	10.3	248	9.4	(3)	-23.1	16	80.0	34	103.0
Harwinton	359	6.8	301	5.8	9	225.0	22	81.5	33	70.2
Kent	121	4.2	76	2.8	19	118.8	21	75.0	22	30.6
Litchfield	150	1.8	83	1.0	(10)	-16.1	38	97.4	43	33.1
Morris	87	3.8	82	3.7	(4)	-25.0	(1)	-5.3	30	150.0
New Hartford	882	14.5	830	14.0	(16)	-41.0	34	75.6	42	51.2
New Milford	1,021	3.8	226	0.9	101	26.4	261	50.4	942	125.4
Norfolk	49	3.0	47	2.9	4	50.0	2	22.2	14	87.5
North Canaan	(35)	-1.0	(53)	-1.6	0	0.0	2	33.3	116	146.8
Plymouth	609	5.2	423	3.7	11	12.1	51	104.1	223	151.7
Roxbury	126	5.9	102	4.9	8	160.0	(2)	-10.0	20	71.4
Salisbury	(236)	-5.9	(249)	-6.5	(14)	-21.2	3	7.9	46	75.4
Sharon	(186)	-6.3	(205)	-7.1	16	57.1	3	17.6	(2)	-3.4
Thomaston	384	5.1	289	3.9	(11)	-24.4	23	62.2	93	85.3
Torrington	1,181	3.4	(471)	-1.4	217	28.7	142	22.1	2,031	174.8
Warren	207	16.5	190	15.5	6	300.0	10	100.0	28	933.3
Washington	(18)	-0.5	(11)	-0.3	(2)	-8.7	(29)	-51.8	65	84.4
Watertown	853	3.9	355	1.7	153	94.4	100	36.2	432	106.4
Winchester	578	5.4	397	3.9	69	52.3	10	10.1	245	72.5
Woodbury	777	8.4	602	6.7	8	16.3	62	58.5	93	61.2
Litchfield County	7,734	4.3	3,784	2.2	560	28.0	771	36.1	4,641	119.2
Connecticut	168,532	4.9	(7,945)	-2.9	52,453	16.9	53,252	64.7	158,764	49.6

* 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.

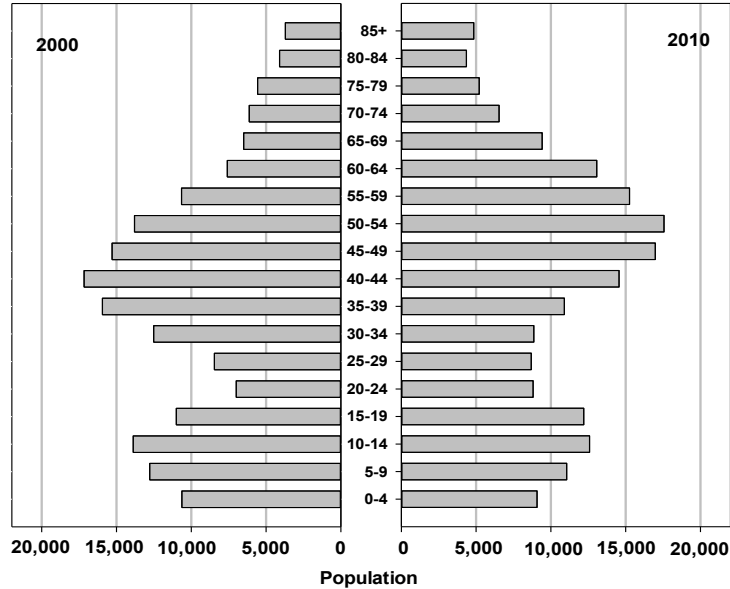
Source: CT State Data Center, University of Connecticut, http://ctsdc.uconn.edu/data/2010_2000_PL_Census_data_comparison_towns.xls

Age Distribution

As previously noted, the proportion of Litchfield County residents ages 50 and over exceeds the state average. Figure 1 graphically shows the

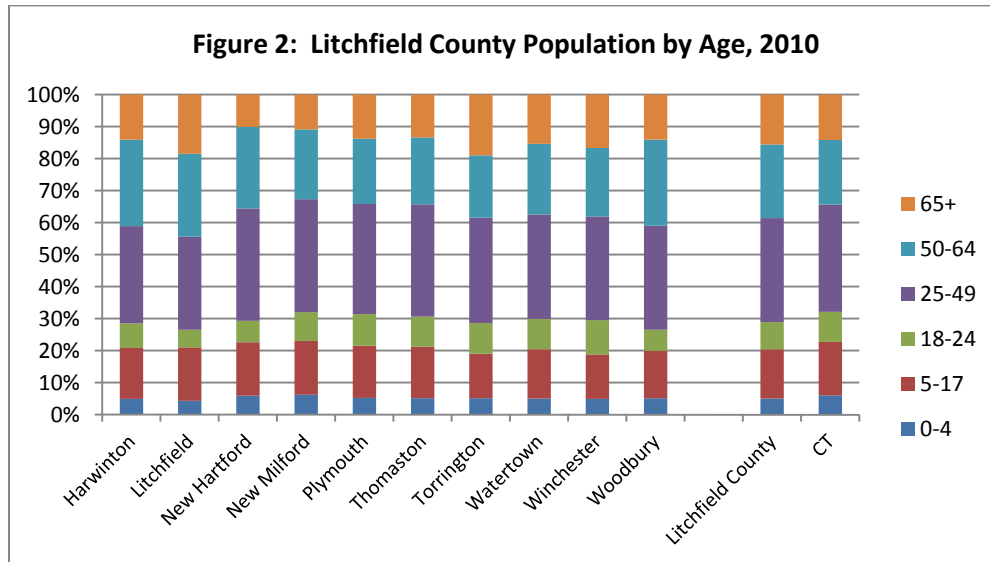
increase in the county population ages 50 and over, and the decline in the population under the age of 14 from 2000-2010.

Figure 1
Population of Litchfield County
2000-2010, by Age Group



Source: U.S. Census, Decennial Census by Age, Race, Sex, Ethnicity, provided courtesy of HISR, Connecticut Department of Public Health <http://www.ct.gov/dph/cwp/view.asp?a=3132&q=488832>, accessed May 2, 2012.

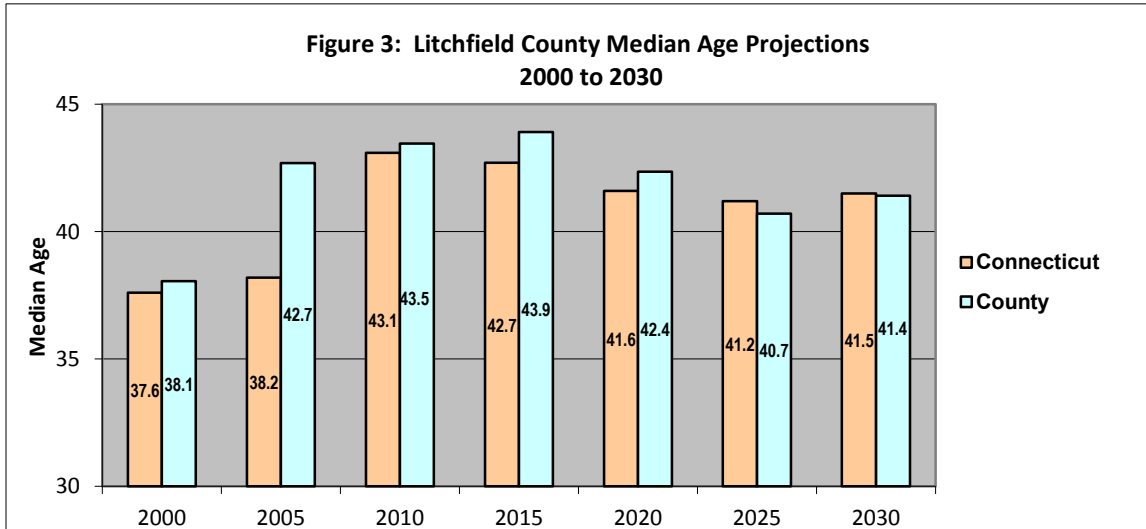
Based on Census 2010 data, the age distribution of the county’s ten most populated municipalities, compared with the county and the state is shown in Figure 2.



Source: CERC Town Profiles, <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

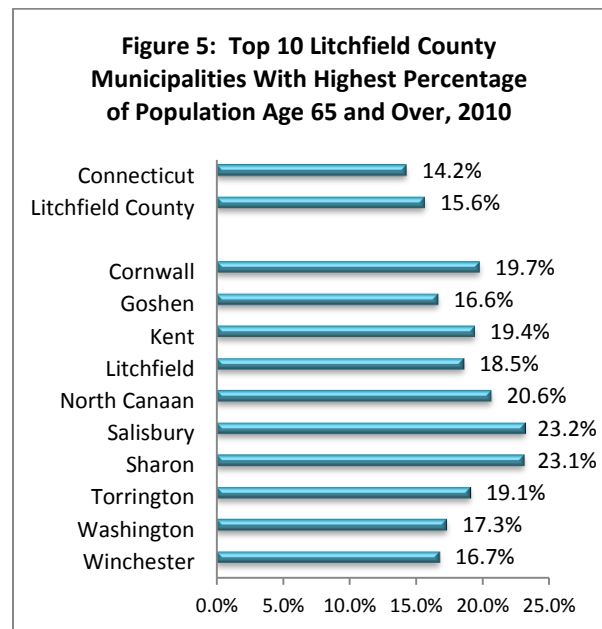
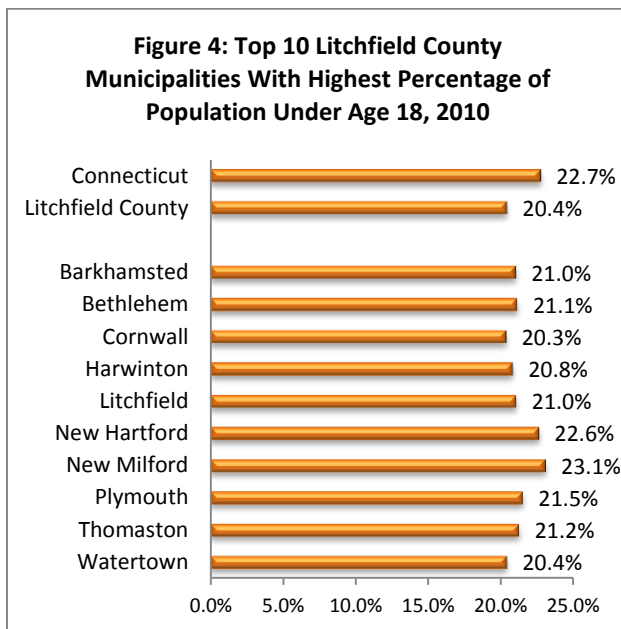
population demographics is noteworthy as the need for health care and support services by residents generally increases with advancing age. The CT State Data Center projects the median age in the county will continue to rise through 2015, as shown in Figure 3.



Source: Connecticut State Data Center, University of Connecticut, http://ctsdc.edu/projections/ct_towns.html

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.



Source: CERC Town Profiles www.cerc.com

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>

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

Municipality	High School Graduate or Higher		Bachelor's Degree or Higher	
	Census 2000 (%)	Census 2010 (%)	Census 2000 (%)	Census 2010 (%)
Barkhamsted	92.7	96.0	36.4	40.0
Bethlehem	90.6	94.0	35.3	39.0
Bridgewater	93.3	96.0	48.2	52.0
Canaan	91.5	96.0	33.0	37.0
Colebrook	90.2	94.0	33.5	37.0
Cornwall	94.8	97.0	47.4	51.0
Goshen	90.0	94.0	32.4	37.0
Harwinton	92.3	96.0	33.0	38.0
Kent	93.0	96.0	42.0	46.0
Litchfield	89.8	94.0	35.9	40.0
Morris	84.6	91.0	25.3	30.0
New Hartford	88.1	93.0	42.8	47.0
New Milford	90.5	95.0	30.5	35.0
Norfolk	91.3	95.0	37.1	41.0

North Canaan	84.2	91.0	20.8	26.0
Plymouth	81.4	89.0	13.9	19.0
Roxbury	96.2	97.0	46.6	50.0
Salisbury	89.4	94.0	45.3	49.0
Sharon	90.2	95.0	36.3	41.0
Thomaston	87.1	92.0	18.5	22.0
Torrington	78.4	87.0	15.7	21.0
Warren	91.9	94.0	34.5	38.0
Washington	90.9	95.0	41.5	46.0
Watertown	83.8	90.0	25.0	30.0
Winchester	78.7	87.0	17.4	22.0
Woodbury	90.2	95.0	41.8	46.0
County	85.9	96.0	27.5	34.0
Connecticut	84.0	89.0	31.4	35.0

Sources: U.S. Census Bureau, 2000 Census of Population and Housing. Summary Social, Economic and Housing Characteristics. Connecticut and CERC 2011 Town Profiles.

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

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

Regional School District 14 (Bethlehem, Woodbury)	94.8	5.2
The Gilbert School (Winchester)	81.3	11.8
Thomaston School District	92.3	7.3
Torrington School District	83.4	13.7
Watertown School District	95.2	4.5
Connecticut	92.1	6.8
Source: CSDE CT Data Education and Research http://sdeportal.ct.gov/Cedar/WEB/ct_report/DTHome.aspx Note: Harwinton is served by Regional School District 10, located in Hartford County.		

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

District Name	Minority (%)		Not Fluent in English (%)	
	2008-2009	2009-2010	2008-2009	2009-2010
Explorations District	7.1	6.3	0.0	0.0
Litchfield School District	6.7	6.6	0.0	0.5
New Milford School District	13.2	13.5	2.7	2.6
Plymouth School District	5.7	6.0	0.8	0.6
Regional School District 1	4.0	6.1	0.0	0.0
Regional School District 6	3.6	4.0	1.5	1.5
Regional School District 7	2.0	2.6	0.0	0.0
Regional School District 12	6.1	5.6	0.7	0.9
Regional School District 14	4.8	4.5	0.9	0.6
The Gilbert School	11.7	14.4	3.3	4.2
Thomaston School District	2.6	2.7	0.4	0.7
Torrington School District	23.6	24.3	6.1	7.0
Watertown School District	8.6	9.1	1.9	1.8
Winchester School District	15.4	19.4	3.5	2.4
Connecticut			5.2	5.4

Source: CSDE <http://sdeportal.ct.gov/Cedar/WEB/ResearchandReports/SSPReports.aspx>

Economic Stability – Income, Poverty, and Unemployment

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

	Median Household Income (\$) in 2009	Median Household Income (\$) in 2010	Poverty Rate (%) in 2009
Barkhamsted	84,923	80,359	1.5
Bethlehem	88,771	85,096	1.8
Bridgewater	104,559	107,934	2.9
Canaan	69,246	68,150	5.7
Colebrook	72,845	71,608	3.0
Cornwall	68,904	77,243	3.6
Goshen	81,797	78,571	2.3
Harwinton	86,149	80,943	4.9
Kent	70,496	71,008	5.5
Litchfield	73,500	73,510	5.1
Morris	72,451	69,436	6.2
New Hartford	89,151	89,456	3.6
New Milford	85,105	80,887	2.1
Norfolk	74,234	73,426	4.2
North Canaan	47,769	44,817	12.7
Plymouth	68,402	63,940	5.6
Roxbury	116,057	120,008	1.3
Salisbury	66,780	64,758	5.2
Sharon	68,857	69,258	7.4
Thomaston	67,211	62,898	2.9

Torrington	52,746	49,614	11.0
Warren	79,586	76,122	3.8
Washington	86,712	86,439	1.9
Watertown	75,357	72,257	3.2
Winchester	57,799	53,233	8.3
Woodbury	85,843	83,649	3.2
Litchfield County	71,095	70,291	5.3
CT	67,034	64,321	8.7
US	50,221	50,046	14.3

Note: Ten most populated towns are listed in **bold type**.

Sources: CERC town profiles www.cerc.com and U.S. Census <http://www.census.gov/prod/2010pubs/p60-238.pdf>

Municipal 2009 & 2010 Median Income: http://pschousing.org/files/HC_2010_CTAffordability_Study.pdf

2009 U.S. Median Income: http://www.census.gov/newsroom/releases/archives/income_wealth/cb10-144.html

CT Median Income 2010: <http://www.ers.usda.gov/data/unemployment/RDLList2.asp?ST=CT>

CT Median Income 2009:

http://www.census.gov/compendia/statab/cats/income_expenditures_poverty_wealth/income_and_poverty--state_and_local_data.html

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/hsqinct2010.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

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

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

Source: Connecticut State Department of Education, Student Need Data, http://sdeportal.ct.gov/Cedar/WEB/ct_report/StudentNeedDT.aspx

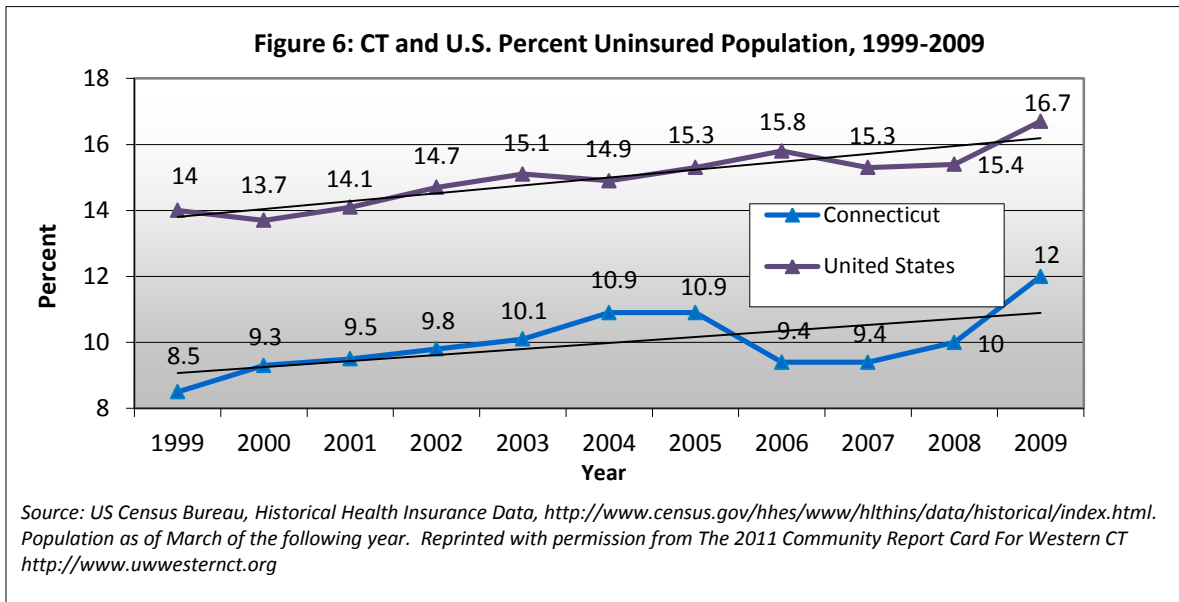
Fortunately Connecticut counties and municipalities have experienced a decline in the unemployment rate over the past year. According to the CT Department of Labor, the state’s unemployment rate in March 2011 was 9.2%, and as of March 2012 this had declined to 8.1%, slightly below the national rate of 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>. Unskilled workers, persons with low educational attainment, and minorities are historically at higher risk for unemployment.

Health Insurance Coverage

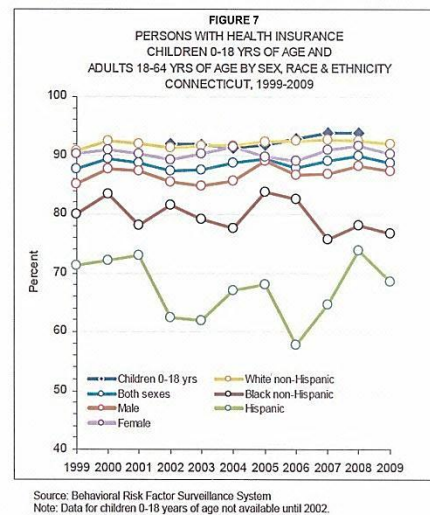
Having public or private health insurance coverage is a strong predictor of both access to and regular use of all types of health care services. Studies demonstrate that individuals lacking health insurance are far more likely to receive fragmented health care and experience delayed access to health 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.



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



Source: *Healthy Connecticut 2010*

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.

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.

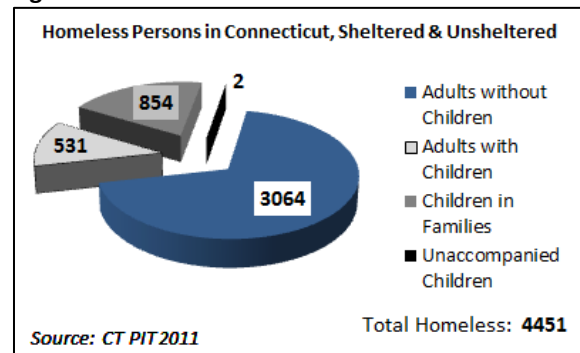
<http://nlihc.org/sites/default/files/oor/2012-OOR.pdf>

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



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.

http://www.cceh.org/files/publications/Connecticut_Point_in_Time_Count_2011_Brief_FINAL_2012.01.09.pdf.

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 9 –Litchfield County and CT Crime Rates, 2010

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

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

Source: <http://www.dpsdata.ct.gov/dps/ucr/data/2010>

In examining crime index rates by municipality in 2010, those with rates above the county average included Torrington, Plymouth, Winchester, and Thomaston. The lowest total crime rate was found in Warren, followed by Roxbury. It should be noted that due to the small population size of many Litchfield County municipalities, rates may vary considerably from one year to the next.

Indicators of community safety from the CT Health Equity Index (a composite score based on crimes against persons and crimes against property) show considerable variation by community, ranging from a low score of 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. <http://www.ctcadv.org/Portals/0/Uploads/Documents/FACT-SHT%202010%20-2011%20for%20email%20%20.pdf>

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.

<http://www.countytimes.com/articles/2011/07/06/news/doc4e14713e68326011064513.txt?viewmode=fullstory>

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:

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

Sources: <http://www.charlottehungerford.org/wp-content/uploads/2012/03/CHH-Community-Report-11.pdf>; <http://countytimes.com/articles/2012/01/30/business/doc4f26abc9d88e2184167697.txt?viewmode=fullstory;emailcommunication>

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

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>. 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>

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>

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 Housanic 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 in county residents of all ages was not yet available at the time of publication. Disability information for school-age children as reported by CSDE indicate that in 2010-2011, overall 11.7% of CT K-12 students had one or more disabilities. The most common types 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%.

http://sdeportal.ct.gov/Cedar/WEB/ct_report/SpecialEducationDT.aspx

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.

http://www.ct.gov/dph/lib/dph/needs_assessment_comp/ete_091510.pdf

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

EDUCATION CONNECTION'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".

Health Status of County Residents

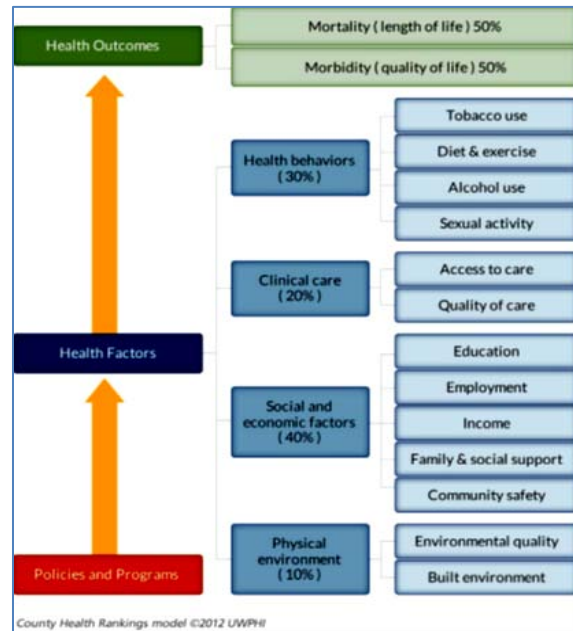
A number of indicators are used to describe the health status of residents in a specific geographic area. These include the presence or absence of health promoting behaviors; access to and utilization of health screenings, primary care and specialized health care services; the incidence and prevalence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

Figure 9



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.

Rank	Health Outcomes	Rank	Health Factors
1	Tolland	1	Middlesex
2	Middlesex	2	Tolland
3	Fairfield	3	Litchfield
4	Litchfield	4	Fairfield
5	New London	5	New London
6	Hartford	6	Hartford
7	Windham	7	New Haven
8	New Haven	8	Windham

Selected findings specific to Litchfield County, with CT and U.S. comparisons follow.

Table 10 – Litchfield County Health Indicators, 2012

INDICATOR	Litchfield County	Error Margin	National Benchmark *	CT
Premature death	5,285	4,908-5,662	5,466	5,641
Poor or fair health	10%	8-12%	10%	11%
Poor physical health days	3.0	2.7-3.4	2.6	2.9
Poor mental health days	3.1	2.7-3.5	2.3	3.1
Adult smoking	18%	16-20%	14%	16%
Adult obesity	20%	18-23%	25%	23%
Physical inactivity	19%	17-22%	21%	23%
Excessive drinking	17%	15-19%	8%	18%
Preventable hospital stays	50	47-52	49	63
Diabetic screening	84%	80-88%	89%	83%
Mammography screening	74%	69-77%	74%	71%
Access to recreational facilities	12		16	14
Limited access to healthy foods	0%		0%	5%
Fast food restaurants	24%		25%	38%

* 90th percentile, i.e., only 10% are better
 Note: Blank values reflect unreliable or missing data
 Source: <http://countyhealthrankings.org>

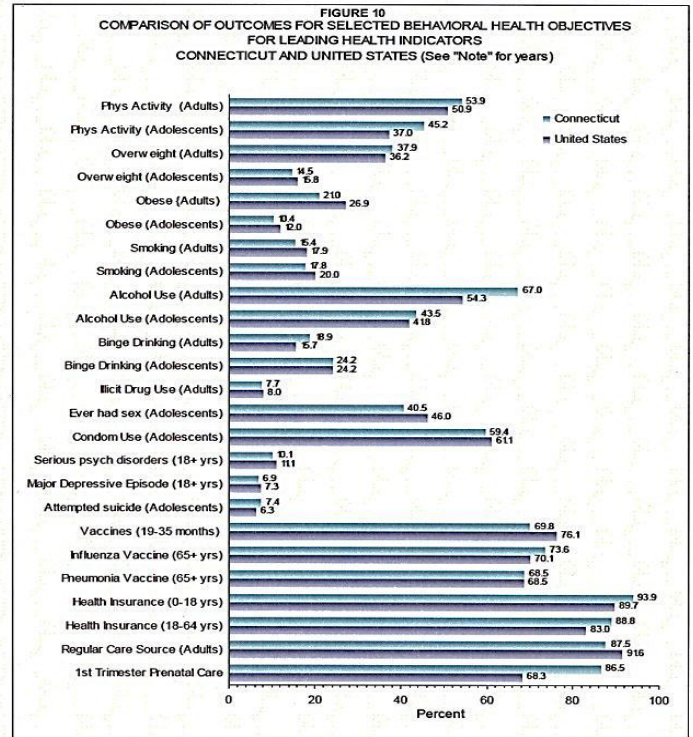
As noted in Table 10, Litchfield County meets National Benchmarks and compares favorably to the state on a number of indicators including: premature death, residents reporting poor or fair health, prevalence of adult obesity and physical inactivity, mammography screening, access to healthy foods, and 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.



Sources: Behavioral Risk Factor Surveillance System, Connecticut School Health Survey, Youth Risk Behavior Survey, National Immunization Survey, National Survey on Drug Use and Health.
 Notes: Data years: Physical Activity, Overweight, Obese, Smoking, Alcohol Use, Binge Drinking (Adults 2009, Adolescents 2009); Illicit Drug Use, Serious Psychological Disorders, Major Depressive Episode (2006-2007); Sex, Condom Use (during last sexual intercourse), Attempted Suicide (2009); Vaccines (2009); Health Insurance (Children 2007-2008, Adults 18-64 yrs 2009).

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.

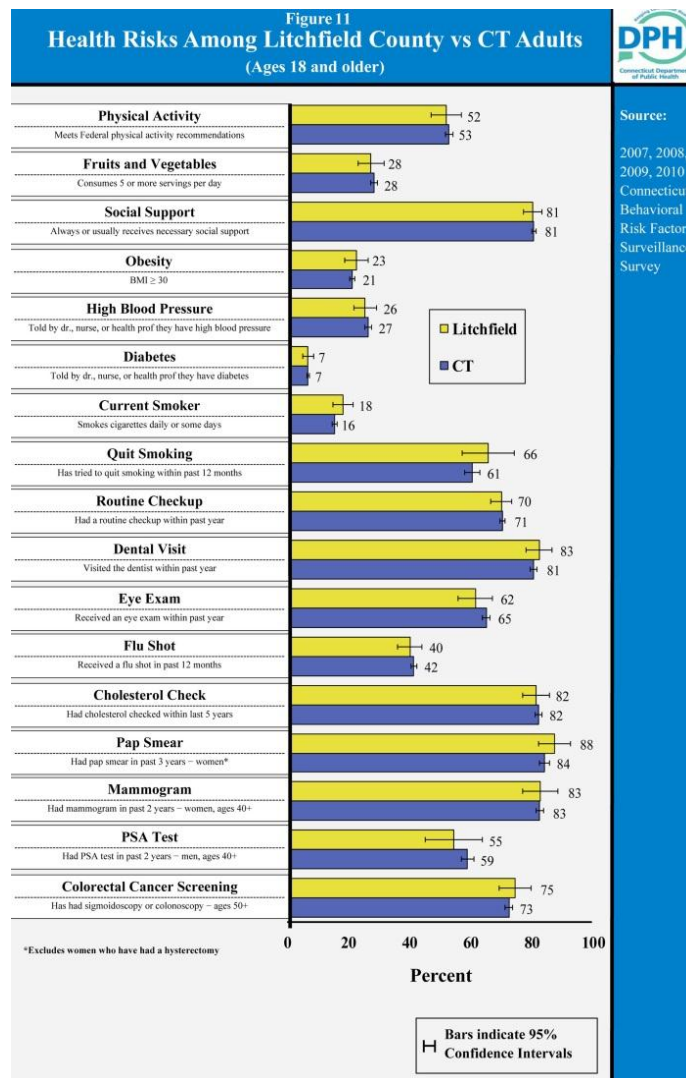
Behavioral Risk Factor Surveillance

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.

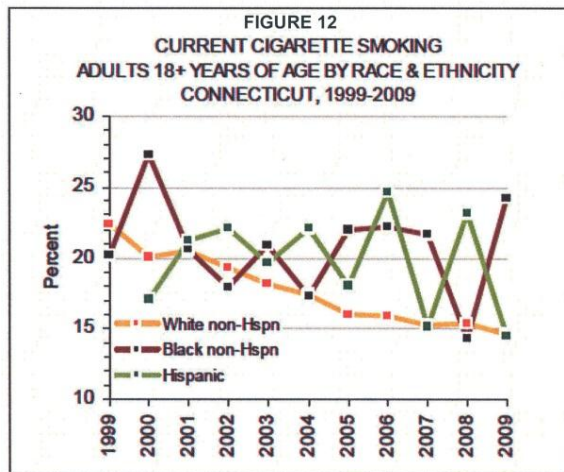


Tobacco Use

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).

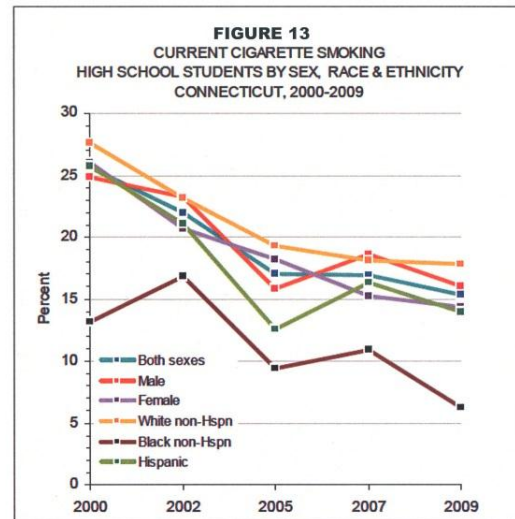
Smoking among Connecticut adults has declined by 40% over the past 20 years, with the greatest decrease occurring during the last decade. As shown in Figure 12, smoking prevalence has decreased for all adult groups other than Black non-Hispanics since 1999. *Source :* http://www.ct.gov/dph/lib/dph/state_health_planning/healthy_people/hct2010_final_rep_jun2010.pd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



Source: Behavioral Risk Factor Surveillance System

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.

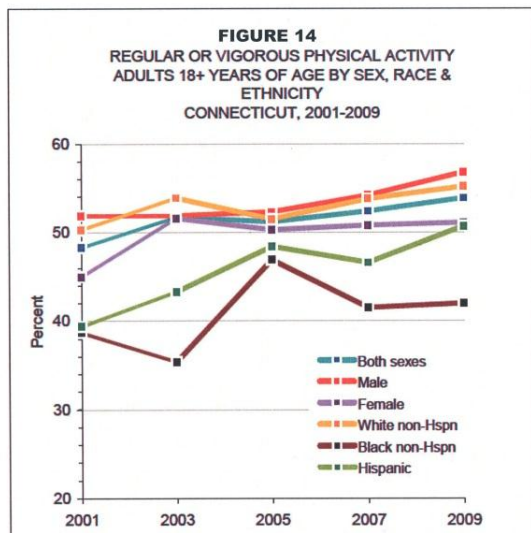


Source: Connecticut Youth Tobacco Survey

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).



Source: Behavioral Risk Factor Surveillance System

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

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

Note: Data for Explorations unavailable. Source: CSDE http://sdeportal.ct.gov/Cedar/WEB/ct_report/PhysicalFitnessDTViewer.aspx

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

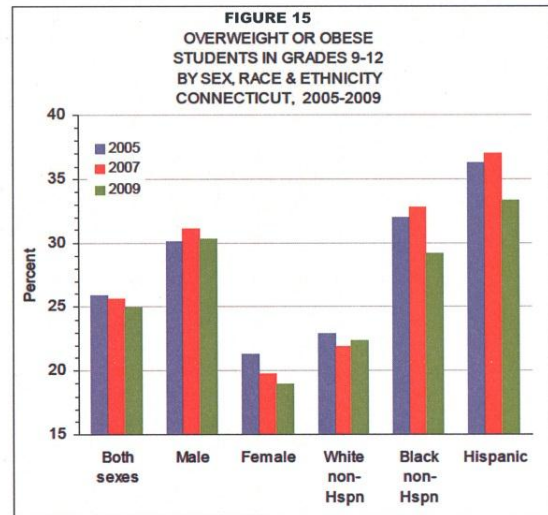
consuming less than the recommended quantity of fruits and vegetables. Related to healthy eating by youth, the *CT School Health Survey - Youth Behavior Component* (2009) reports that overall only 21% of CT high school students consume 5 or more servings of fruits and vegetables, and male students are more likely than female students to consume the recommended amounts (at statistically significant levels). Source: http://www.ct.gov/dph/lib/dph/hisr/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%.

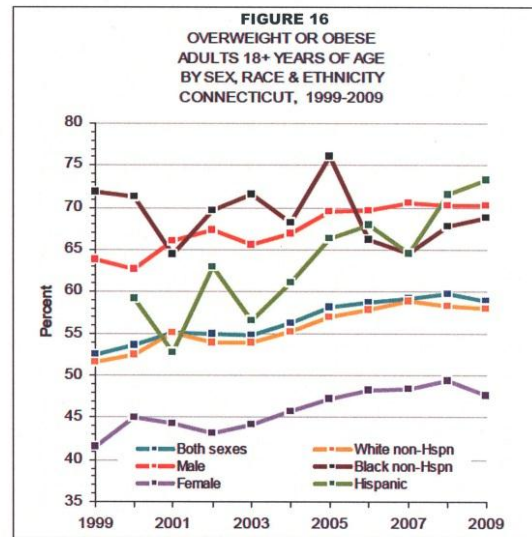
The long-term health consequences of childhood and adolescent obesity are serious. Youth who are obese are more likely to experience social and psychological problems due to poor self-esteem. They are more likely to be overweight adults, and consequently at a greater risk for developing heart disease, 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>.

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.



Source: Youth Risk Behavior Survey



Source: Behavioral Risk Factor Surveillance System

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: CTDPH, Connecticut Comprehensive Cancer Control Program, Connecticut Cancer Plan 2009-2013, http://www.ct.gov/dph/lib/dph/comp_cancer/pdf_files/ctcancerplan_2009_2013_cdversion.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>.**

In Connecticut (2007-2009 BRFSS data), an estimated 6.9% or approximately 186,000 adults aged 18 and older reported being diagnosed with diabetes. An additional 93,000 adults are estimated to have undiagnosed diabetes. The prevalence of type 2 diabetes in CT and in the nation has increased significantly. Type 2 diabetes typically develops later in life and is strongly associated with overweight and obesity. *Source: CTDPH, The Burden of Diabetes in Connecticut, 2010 Surveillance Report, http://ct.gov/dph/lib/dph/hisr/pdf/2010diabetesburden_final.pdf.*

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

Connecticut							Litchfield County						
Diagnostic Group*	Total	Female	Male	White N/H	Black N/H	Hispanic Latino	Diagnostic Group	Total	Female	Male	White N/H	Black N/H	Hispanic Latino
All	36,400.8	38,135.6	34,626.8	24,064.9	46,846.4	55,649.1	All	36,635.0	37,346.3	35,654.5	35,455.8	64,926.6	21,092.8
Cancer, all sites	11.7	10.4	13.6	7.8	17.2	19.0	Cancer, all sites	12.2	11.0	14.3	11.3	a	a
Oral Cavity & Pharynx	0.3	0.1	0.5	0.2	0.7	0.6	Oral Cavity & Pharynx	a	-	a	a	-	-
Lung & Bronchus	2.4	2.0	3.0	1.7	3.4	2.9	Lung & Bronchus	2.5	2.4	2.9	2.4	a	a
Diabetes	182.0	162.8	202.7	93.4	487.9	452.4	Diabetes	142.6	120.3	168.2	130.1	442.8	118.8
Alcohol & Drug Abuse	775.9	420.8	1,140.1	560.0	1,018.2	1,077.9	Alcohol & Drug Abuse	732.8	489.3	966.2	709.8	961.0	309.5
Major CVD	388.0	349.2	433.3	267.1	616.8	509.9	Major CVD	476.6	405.2	550.0	462.0	706.0	264.0
CHD	37.1	23.3	53.0	29.6	19.7	40.5	CHD	68.9	43.9	96.3	68.8	63.9	a
Acute MI	20.4	11.7	30.3	17.3	8.6	17.5	Acute MI	36.5	21.9	52.5	36.8	a	a
CHF	36.2	31.0	43.3	24.1	72.6	57.7	CHF	57.7	52.0	65.8	55.3	168.2	a
Stroke	19.0	16.9	21.6	14.6	15.2	18.8	Stroke	35.2	26.3	44.8	33.9	a	24.7
COPD	984.2	1,085.2	877.1	549.1	1,602.5	2,094.0	COPD	786.1	865.6	691.1	751.5	2,068.9	613.0
Asthma	663.2	732.3	587.7	320.6	1,218.6	1,545.2	Asthma	463.7	516.5	401.7	432.4	1,655.0	459.4
LD & Cirrhosis	5.2	2.7	7.8	3.5	4.0	12.7	LD & Cirrhosis	5.3	2.4	8.1	5.3	-	-

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

Connecticut							Litchfield County						
Diagnostic Group*	Total	Female	Male	White N/H	Black N/H	Hispanic Latino	Diagnostic Group	Total	Female	Male	White N/H	Black N/H	Hispanic Latino
All	10,036.5	11,180.6	9,078.6	9,114.1	14,351.4	11,583.8	All	8,845.3	9,952.5	7,910.5	8,822.8	10,268.2	3,886.7
Cancer, all sites	377.1	368.6	398.5	363.5	450.2	302.1	Cancer, all sites	351.0	329.5	388.3	346.4	293.1	115.9
Oral Cavity & Pharynx	6.4	3.8	9.4	6.2	8.3	4.1	Oral Cavity & Pharynx	9.1	4.6	14.6	9.1	-	a
Lung & Bronchus	42.9	38.4	49.6	42.7	46.7	26.2	Lung & Bronchus	38.6	31.3	47.7	38.2	a	a
Diabetes	132.9	112.6	157.1	97.3	403.5	249.6	Diabetes	86.7	60.0	116.5	87.8	180.9	23.9
Alcohol & Drug Abuse	139.3	84.8	196.4	143.3	160.1	129.5	Alcohol & Drug Abuse	165.5	97.8	235.7	173.3	233.3	37.0
Major CVD	1,401.8	1,111.2	1,773.9	1,313.4	1,986.6	1,509.6	Major CVD	1,177.0	918.0	1,488.7	1,152.2	1,425.4	476.3
CHD	406.5	265.9	578.4	392.3	396.8	427.1	CHD	338.6	206.2	492.0	323.0	231.3	129.3
Acute MI	163.0	115.9	221.9	158.0	153.0	180.0	Acute MI	146.2	101.4	197.8	141.9	96.6	75.9
CHF	172.8	144.3	214.2	154.6	306.7	230.6	CHF	115.6	102.6	133.0	114.2	226.4	32.1
Stroke	183.8	158.7	216.9	169.9	290.3	182.7	Stroke	166.0	146.9	189.4	162.9	170.5	45.4
COPD	277.8	297.6	258.2	222.8	515.9	548.5	COPD	207.2	230.9	182.5	210.5	266.2	78.8
Asthma	136.9	157.9	112.5	83.3	363.7	378.0	Asthma	69.5	83.5	54.0	69.8	170.3	52.0
LD & Cirrhosis	27.4	18.1	37.6	24.2	28.5	63.3	LD & Cirrhosis	21.1	14.3	28.3	21.7	a	17.0

Source: Connecticut Department of Public Health. 2012. Connecticut Hospital Information Management Exchange (CHIME) Hospital Discharge Data Set, 2005-2009.

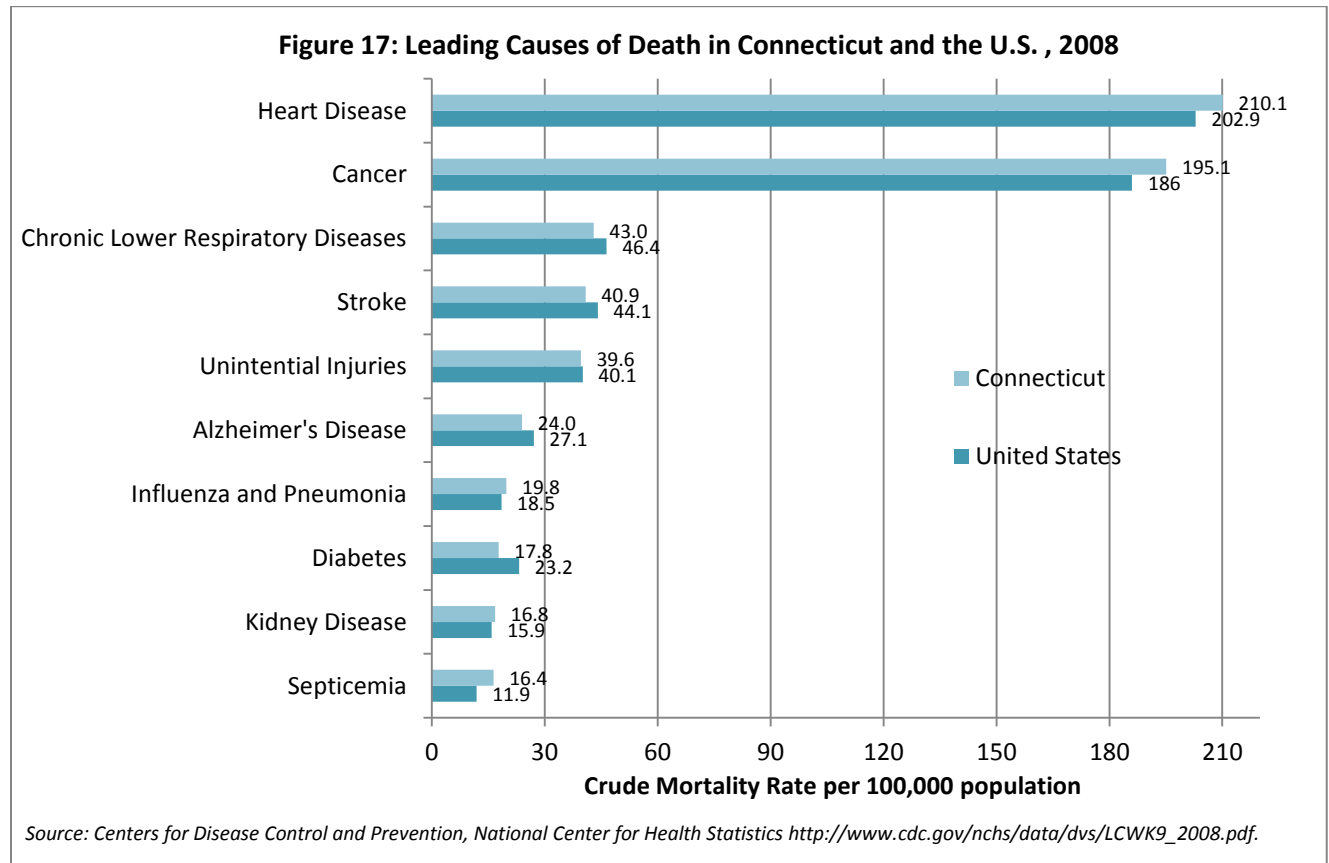
The rates provided in Table 13 represent admissions to any CT hospital. Hospitalization rates for county residents are higher than state rates for oral cavity/pharynx cancers and for alcohol and drug abuse. Within county hospitalization rates are higher for males for most diagnoses, and for Black non-Hispanic 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.



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. *Source: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, WISQARS Leading Causes of Death Reports, 1999-2009, <http://ebappa.cdc.gov/cgi-bin/broker.exe>.*

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

Cause of Death	Connecticut						Cause of Death	Litchfield County					
	Total	Male	Female	White N/H	Black N/H	Hispanic Latino		Total	Male	Female	White N/H	Black N/H	Hispanic Latino
All	687.7	829.0	583.1	679.5	809.3	529.0	All	689.8	823.1	586.6	696.6	572.8	425.3
Malignant Neoplasms	170.1	206.2	147.1	171.9	190.5	108.4	Malignant Neoplasms	164.3	201.4	140.4	166.2	128.9	81.3
Diabetes Mellitus	16.7	19.7	14.4	15.1	35.9	24.5	Diabetes Mellitus	13.6	16.3	11.4	13.3	17.9	37.0
Alzheimer's Disease	16.6	13.8	17.8	17.1	15.1	8.9	Alzheimer's Disease	14.6	12.6	15.4	14.5	42.1	26.9
Major CVD	217.4	264.4	182.1	216.4	253.2	157.5	Major CVD	230.5	267.1	199.8	232.4	152.0	151.6
Pneumonia & Influenza	17.2	21.0	15.0	17.2	18.0	13.7	Pneumonia & Influenza	19.7	21.6	18.5	20.0	0.0	11.2
CLRD	34.5	38.9	31.9	35.9	24.4	20.5	CLRD	40.3	45.9	37.8	41.0	37.6	11.2
CLD & Cirrhosis	7.2	10.0	4.7	7.1	6.3	11.0	CLD & Cirrhosis	7.0	9.8	4.6	7.0	6.5	11.9
Nephritis, nephrotic syndrome, nephrosis	13.3	17.8	10.7	12.3	26.9	12.3	Nephritis, nephrotic syndrome, nephrosis	12.4	15.6	10.5	12.6	22.7	0.0
Accidents	32.9	47.1	20.4	33.9	32.0	29.4	Accidents	35.0	48.9	21.8	36.0	18.0	32.5
Alcohol Induced	5.1	7.8	2.6	5.2	4.6	5.2	Alcohol Induced	5.7	9.2	2.4	5.9	0.0	2.4
Drug Induced	11.1	15.1	7.1	12.2	10.3	10.0	Drug Induced	11.8	15.8	7.8	12.3	5.9	9.1

Source: Connecticut Department of Public Health. 2012. Vital Records Mortality Files, 2005-2009.

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

Cause of Death	Connecticut						Cause of Death	Litchfield County					
	Total	Male	Female	White N/H	Black N/H	Hispanic Latino		Total	Male	Female	White N/H	Black N/H	Hispanic Latino
All	5,315.0	6,710.9	3,956.3	4,766.3	8,827.5	5,705.6	All	4,986.0	6,426.9	3,549.6	5,025.2	3,782.6	5,051.5
Malignant Neoplasms	1,161.6	1,208.5	1,121.5	1,149.3	1,579.0	954.4	Malignant Neoplasms	1,114.1	1,151.2	1,081.2	1,129.7	541.5	936.9
Diabetes Mellitus	103.9	136.5	73.0	86.9	254.8	144.3	Diabetes Mellitus	102.2	138.9	67.3	97.8	261.7	54.4
Alzheimer’s Disease	7.1	8.3	6.0	7.4	2.2	11.3	Alzheimer’s Disease	4.3	8.3	0.5	4.5	0.0	0.0
Major CVD	904.6	1,273.9	557.5	830.1	1,757.1	888.8	Major CVD	888.5	1,185.7	599.1	893.2	1,298.0	959.7
Pneumonia & Influenza	51.5	58.3	45.5	42.1	108.5	70.2	Pneumonia & Influenza	50.0	41.4	59.6	51.7	0.0	0.0
CLRD	108.9	113.2	105.1	105.7	160.5	76.7	CLRD	100.7	90.6	110.4	104.2	143.8	0.0
CLD & Cirrhosis	110.2	154.5	68.2	110.5	93.4	160.8	CLD & Cirrhosis	104.9	146.6	64.4	104.0	189.6	125.5
Nephritis, nephrotic syndrome, nephrosis	53.7	66.4	41.9	38.5	170.0	94.9	Nephritis, nephrotic syndrome, nephrosis	43.4	55.5	31.9	45.2	84.2	0.0
Accidents	840.5	1,243.9	435.3	870.8	832.7	837.1	Accidents	989.9	1,503.3	466.9	1,034.6	297.6	900.9
Alcohol Induced	110.5	162.1	61.4	116.2	80.8	112.4	Alcohol Induced	144.2	228.0	61.7	146.9	0.0	131.1
Drug Induced	397.8	557.8	237.8	454.8	312.1	330.2	Drug Induced	454.8	617.6	291.3	474.0	297.6	334.6

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

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

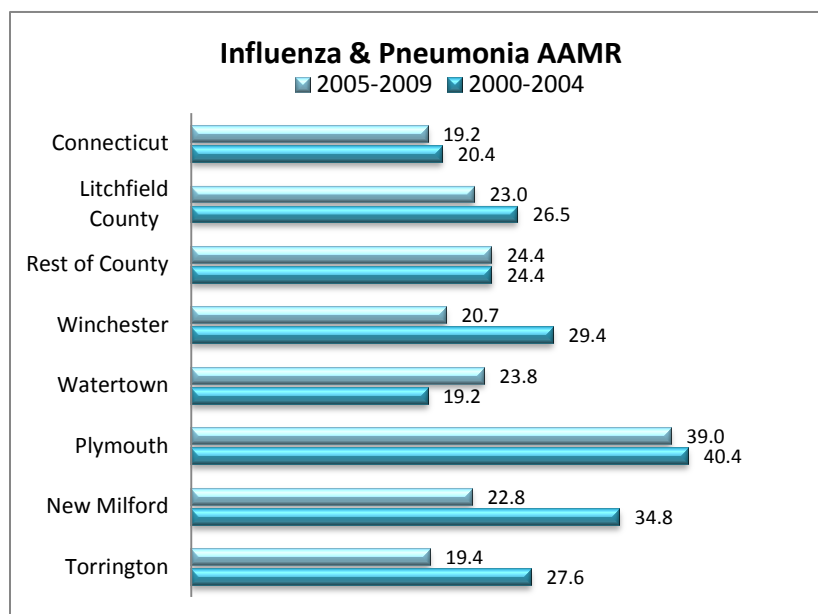
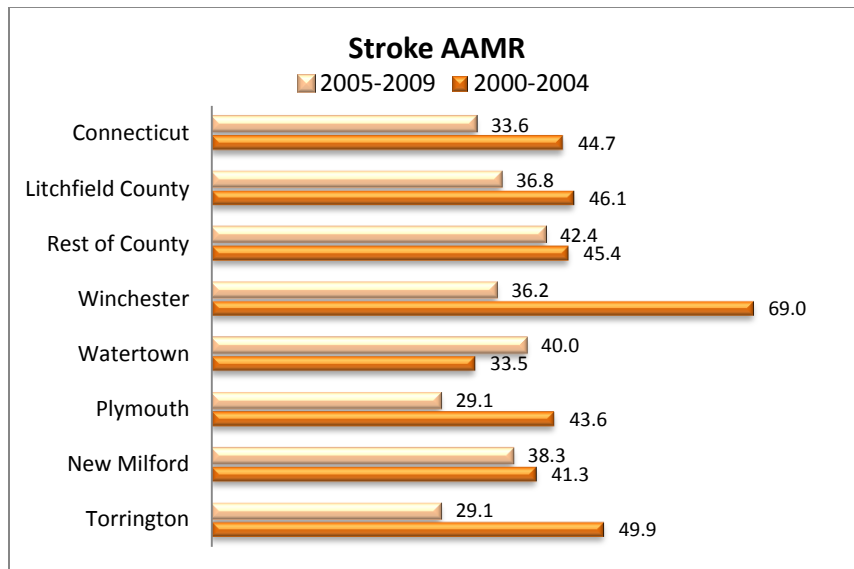
Table 16b: Leading Causes of Death, Five-Year Average Age Adjusted Mortality Rates, 2005-2009

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

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)

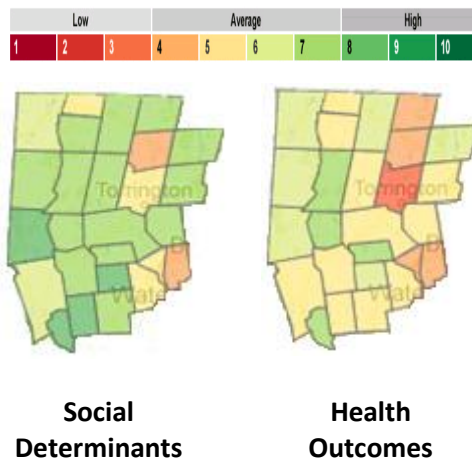
adult colorectal screening, 3) children exposed to secondhand smoke (proxy measure), 4) adults meeting current physical activity guidelines, 5) adult obesity, 6) adolescent obesity, 7) high school graduation rates, 8) adult binge drinking, and 9) adolescents smoking cigarettes in the past 30 days. Data 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.

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

Sources: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=1#11>; CTDPH Healthy Connecticut 2010; BRFSS 2007-2010; 2009 CT Youth Behavior and Tobacco Components; 2012 County Health Rankings. MS= Middle School; HS=High School.

Overview of Health Disparities & Inequities in Litchfield County

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.

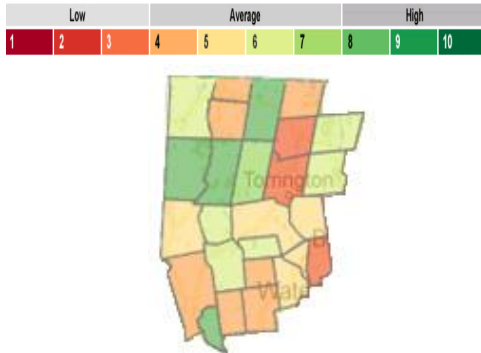
These conditions, also known as the social determinants of health, include such factors as civic involvement, community safety, economic security, education, employment, environmental quality, and housing. The Health Equity Index (Index) is a web-based assessment tool developed by the Connecticut Association 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

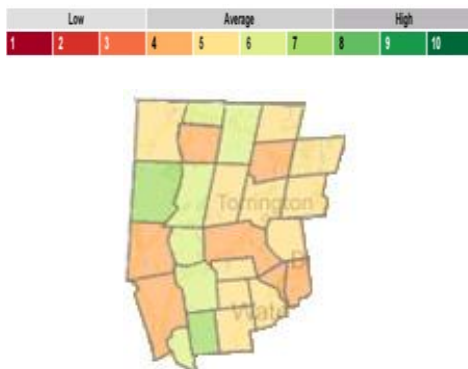
between a specific health outcome and a specific social determinant. Spearman’s Rank Correlation Coefficient (R_s) values above 0.3 (either positive or negative) are considered statistically significant and could warrant further exploration of contributing factors.

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.

Index Accident & Violence Data Sources: CTDPH, Office of Vital Records - Death Certificates (2005-2008). Population estimates - Nielsen Claritas Population Facts Demographic Report for 2007

Cancer

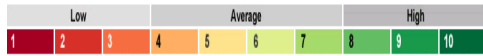


The overall Index score for cancer is a composite of the incidence, age-adjusted mortality (AAMR), and premature death rates (YPLL) for a number of types of cancer, including: cervical, uterine, or ovarian; colorectal; female breast; lung; non-Hodgkins Lymphoma, pancreatic; prostate and skin

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.

Index Cancer Data Sources: CTDPH, Office of Vital Records - Death Certificates (2005-2008) and Nielsen Claritas Population Facts Demographic Report for 2007.

Cardiovascular Disease



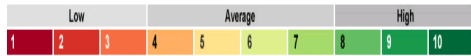
Index scores for cardiovascular disease are calculated using mortality (AAMR) and premature death rates (YPLL). Of the communities in Litchfield County, only

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

Index Cardiovascular Disease Data Sources: CTDPH Office of Vital Records - Death Certificates (2005-2008) and Nielsen Claritas Population Facts Demographic Report for 2007.

Diabetes

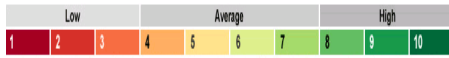


The Diabetes Index score for each municipality represents the age-adjusted mortality and premature death rates for the disease. Bridgewater has the least favorable health outcome score in the county at 2, with Colebrook, Roxbury, Winchester and Torrington all having scores that are less desirable than 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

Index Diabetes Data Sources: CTDPH Office of Vital Records - Death Certificates (2005-2008) and Nielsen Claritas Population Facts Demographic Report for 2007.

Health Care Access



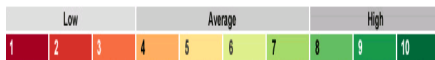
Indicators of health care access in the Index include: the number of emergency department visits without insurance, the number of emergency department visits for primary

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.

Determinant	R _s
Economic Security	0.60
Education	0.52
Housing	0.51
Community Safety	0.50
Civic Involvement	0.49
Employment	0.47

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.

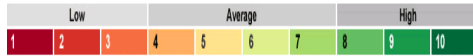
The highest life expectancy scores are found in Bridgewater, Cornwall, Norfolk, and Warren.

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

Determinant	R _s
Education	0.64
Economic Security	0.60
Civic Involvement	0.50
Community Safety	0.41
Employment	0.35
Environmental Quality	0.34
Housing	0.31

Index Life Expectancy Data Sources: CTDPH Office of Vital Records - Death Certificates (2005-2008) and Nielsen Claritas Population Facts Demographic Report for 2007.

Liver Disease

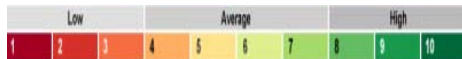


Low Index scores due to AAMR and premature deaths from chronic liver disease and cirrhosis are concerns for a number of communities in Litchfield County, with Salisbury having the least favorable Index score of any municipality in the area at 2. Social determinants associated with liver disease include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

Index Liver Disease Data Sources: CTDPH Office of Vital Records - Death Certificates (2005-2008) and Nielsen Claritas Population Facts Demographic Report for 2007.

Mental Health

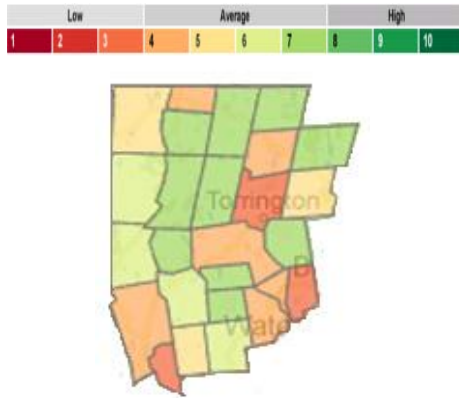


Mental health scores are determined by the emergency department visit and hospitalization rates for mental illness as well as alcohol and drug induced deaths. In Litchfield County, both Torrington and Winchester score below the state average for mental health (score of 2 vs. state average of 5). Both 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

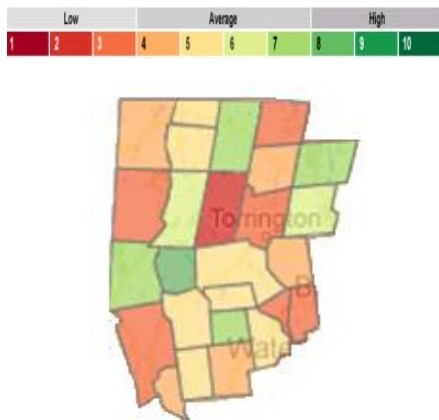


Scores for renal disease are calculated from the mortality and premature death rates for nephritis, nephrotic syndrome, and nephrosis. Index health outcome scores for renal disease in Litchfield County are least favorable in Bridgewater, Plymouth and Torrington. Renal disease is most strongly associated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

Social Determinants Related to Renal Disease in Litchfield County	
Determinant	R _s
Community Safety	0.47
Environmental Quality	0.45
Education	0.39
Housing	0.33
Civic Involvement	0.32
Economic Security	0.30

Index Renal Disease Data Sources: CTDPH Office of Vital Records - Death Certificates (2005-2008) and Nielsen Claritas Population Facts Demographic Report for 2007.

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 Respiratory Illness in Litchfield County	
Determinant	R _s
Economic Security	0.42
Education	0.41
Civic Involvement	0.31

Index Respiratory Illness Data Sources: CTDPH Office of Vital Records - Death Certificates (2005-2008) and Nielsen Claritas Population Facts Demographic Report for 2007.

Description of Local Health-Related Programs and Services

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

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

<http://www.lung.org/stop-smoking/>, and American Cancer Society <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.

events. Joint use agreements, which promote use of existing school facilities such as outdoor tracks and playing fields, tennis courts, and indoor gymnasiums 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

Request Categories	FY 12 Requests for Services
Total Calls	9,930
Total Requests for Services	14,159
Utilities/Heat	1,763
Disaster Services	1,221
Public Assistance Programs	1,132
Financial Assistance	1,096
Outpatient Mental Health Care	1,085
Housing/Shelter	959
Information Services	899
Substance Abuse Services	666
Legal Services	601
Health Supportive Services	531
Holiday Assistance	449
Food	431
Individual and Family Support Services	305
Tax Organizations and Services	278
Transportation	267
Employment and Training Programs	262
Personal/Household Goods	205
Community Services	128
Consumer Complaints	120
Social Insurance Programs	105

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

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

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.

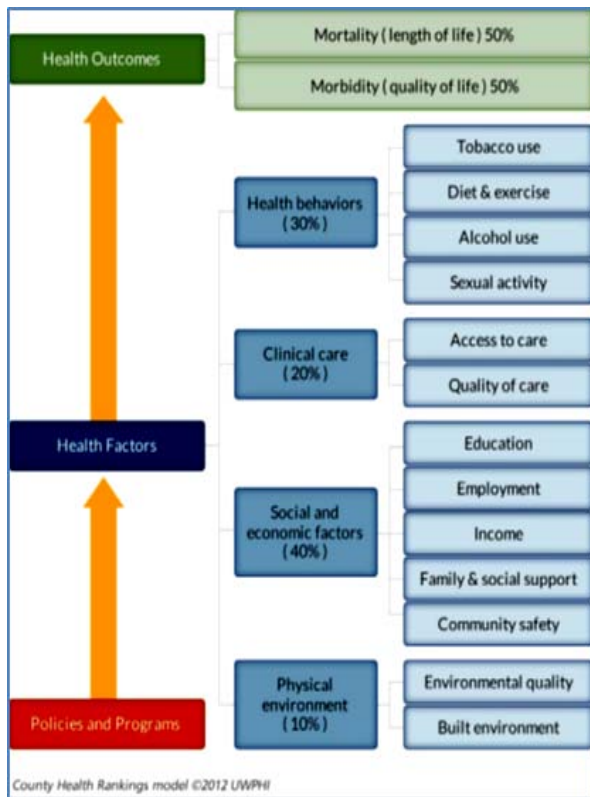
Health-Related Programs & Services

- ✓ 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 non-existent 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.



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.

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.

Appendix A - Asset Maps of Programs & Services by Strategic Direction

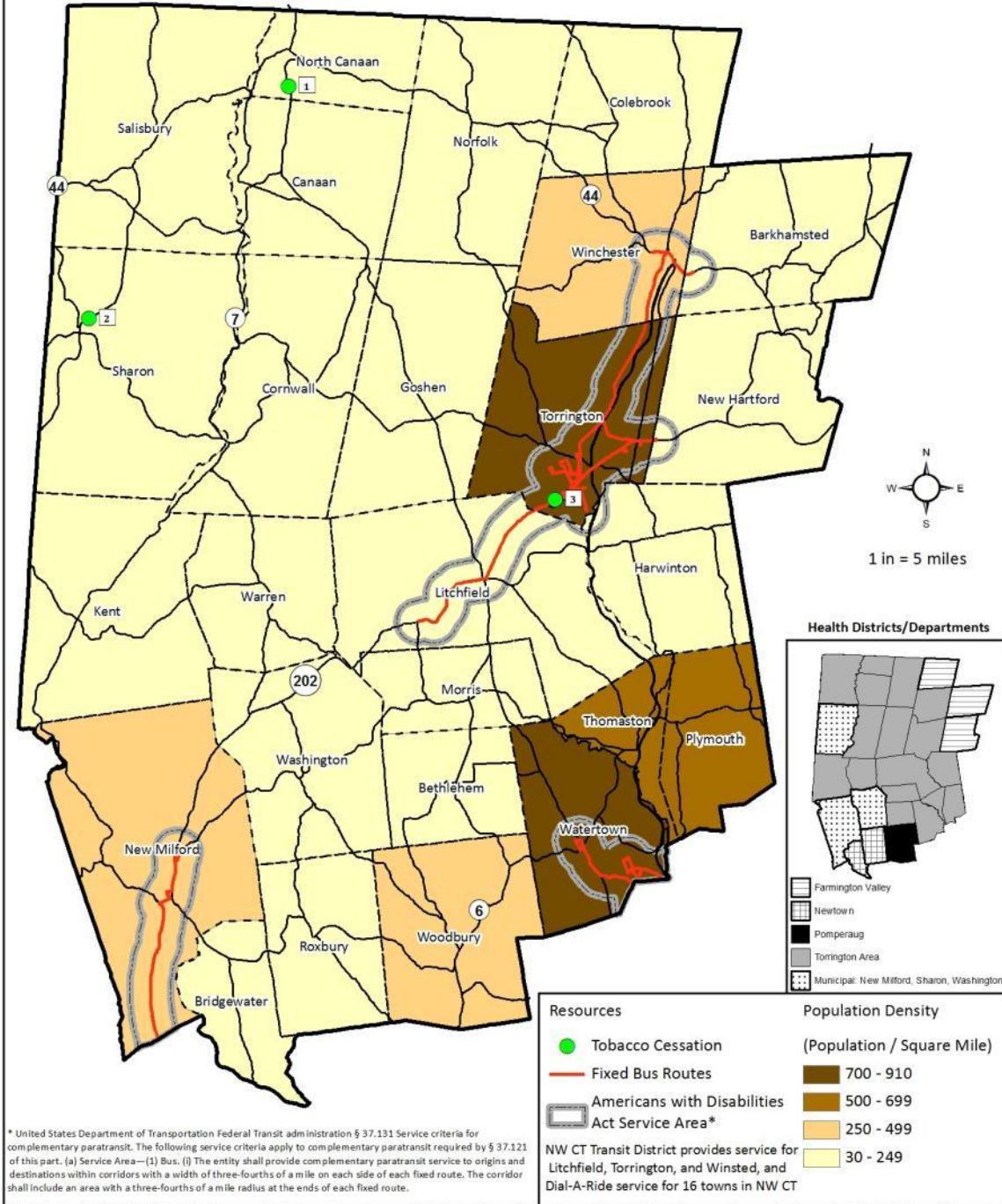
The following GIS Asset Maps of Health-Related Programs & Services located within the county were compiled by the United Way of CT Infoline 2-1-1 Research & Evaluation Unit. Population density and transportation routes are included on each map. Each map aligns with a specific CTG Strategic Direction, 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.

**Litchfield County, Connecticut
Community Transformation Grant
Strategic Direction One: Tobacco Free Living
Map 1 of 13**



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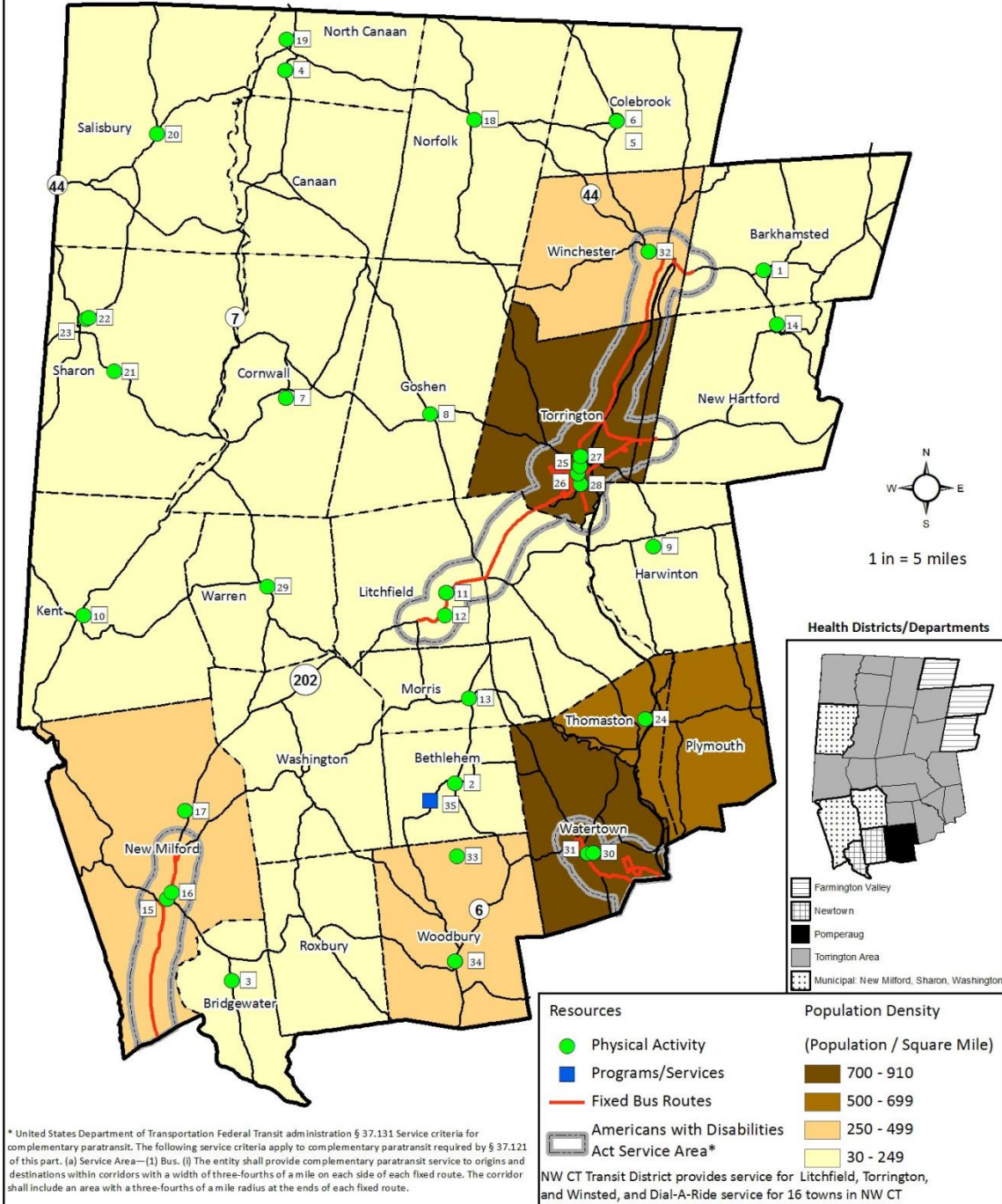
Litchfield County, CT
Community Transformation Grant
Strategic Direction One: Tobacco Free Living
Map 1 of 13 – Resource Listing

1. Smoking Addiction Support Groups
MOUNTAINSIDE 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

**Litchfield County, Connecticut
Community Transformation Grant
Strategic Direction Two: Active Living and Healthy Eating
Map 2 of 13**



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Litchfield County, CT
Community Transformation Grant
Strategic Direction Two: Active Living and Healthy Eating
Map 2 of 13 – Resource Listing

PHYSICAL ACTIVITY

- | | |
|--|--|
| <p>1. Recreational Activities/Sports
 BARKHAMSTED PARKS AND RECREATION
 67 Ripley Hill Road
 Barkhamsted, CT 06063</p> | <p>9. Recreational Activities/Sports
 HARWINTON RECREATION
 100 Bentley Drive
 Harwinton, CT</p> |
| <p>2. Recreational Activities/Sports
 BETHLEHEM RECREATION
 36 Main Street South
 Bethlehem, CT 06751</p> | <p>10. Recreational Activities/Sports
 KENT PARK AND RECREATION
 41 Kent Green Boulevard
 Kent, CT 06757</p> |
| <p>3. Recreational Activities/
 Sports
 BRIDGEWATER RECREATION COMMISSION
 PO Box 216
 Bridgewater, CT 06752</p> | <p>11. Neighborhood Centers, Personal Enrichment,
 Recreational Activities/Sports, Rec./Leisure/Arts
 LITCHFIELD COMMUNITY CENTER
 421 Bantam Road
 Litchfield, CT 06759</p> |
| <p>4. Recreational Activities/Sports, Swimming/Swim Lessons
 NORTHWEST CT YMCA/ CANAAN FAMILY YMCA
 77 South Canaan Road
 Canaan, CT 06018</p> | <p>12. Nature Centers/Walks
 WHITE MEMORIAL CONSERVATION CENTER
 80 Whitehall Road
 Litchfield, CT 06759</p> |
| <p>5. Recreational Activities/Sports
 COLEBROOK, TOWN OF
 562 Colebrook Road Route 183
 Colebrook, CT</p> | <p>13. Recreational Activities/Sports
 MORRIS BEACH AND RECREATION
 3 East Street
 Morris, CT</p> |
| <p>6. Recreational/Leisure/Arts Instruction
 COLEBROOK SENIOR/COMMUNITY CENTER
 2 School House Road
 Colebrook, CT 06021</p> | <p>14. Recreational Activities/Sports
 NEW HARTFORD RECREATION
 580 Main Street
 New Hartford, CT 06057</p> |
| <p>7. Recreational Activities/
 Sports
 CORNWALL PARKS AND RECREATION
 PO Box 205
 Cornwall, CT 06753</p> | <p>15. Recreational Activities/Sports,
 Swimming/Swim Lessons
 NEW MILFORD PARKS AND RECREATION
 47 Bridge Street
 New Milford, CT 06776</p> |
| <p>8. Recreational Activities/Sports
 GOSHEN RECREATION
 42A North Street
 Goshen, CT 06756</p> | <p>16. Recreational Activities/Sports * Youth
 NEW MILFORD YOUTH AGENCY
 50 East Street
 New Milford, CT 06776</p> |

Litchfield County, CT
Community Transformation Grant
Strategic Direction Two: Active Living and Healthy Eating
Map 2 of 13 – Resource Listing

PHYSICAL ACTIVITY (Cont.)

- | | |
|--|--|
| <p>17. Nature Centers/Walks, Recreational Activities/Sports
 PRATT NATURE CENTER, THE
 163 Papermill Road
 New Milford, CT 06776</p> | <p>25. Rec Activities/Sports * Disabilities/ Health Conditions
 LARC
 314 Main Street
 Torrington, CT 06790</p> |
| <p>18. Recreational Activities/Sports
 NORFOLK, TOWN OF
 19 Maple Avenue
 Norfolk, CT 06058</p> | <p>26. Physical Fitness
 NORTHWEST CT YMCA - TORRINGTON BRANCH
 259 Prospect Street
 Torrington, CT 06790</p> |
| <p>19. Recreational Activities/Sports
 NORTH CANAAN, TOWN OF
 100 Pease Street, #1
 North Canaan, CT 06018</p> | <p>27. Recreational Activities/Sports * Youth
 TORRINGTON POLICE ATHLETIC LEAGUE
 576 Main Street
 Torrington, CT 06790</p> |
| <p>20. Recreational Activities/Sports
 SALISBURY RECREATION
 PO Box 548
 Salisbury, CT 06039</p> | <p>28. Rec Activities/Sports, Playgrounds, Swim Lessons
 TORRINGTON, CITY OF - PARKS AND RECREATION
 153 South Main Street
 Torrington, CT 06790</p> |
| <p>21. Nature Centers/Walks
 AUDUBON CT - AUDUBON SHARON
 325 Cornwall Bridge Road
 Sharon, CT 06069</p> | <p>29. Recreational Activities /Sports
 WARREN, TOWN OF
 50 Cemetery Road
 Warren, CT 06754</p> |
| <p>22. Recreational Activities/Sports
 SHARON YOUTH AND RECREATION CENTER
 99 North Main Street
 Sharon, CT 06069</p> | <p>30. Rec. Activities/Sports * Disabilities/Health Conditions
 FAMILY OPTIONS
 76 Westbury Park Road Suite 200E
 Watertown, CT 06795</p> |
| <p>23. Personal Enrichment
 SHARON HOSPITAL - GOOD NEIGHBORS
 THE COMMUNITY HEALTH PROMOTION PROGRAM
 One Low Road
 Sharon, CT 06069</p> | <p>31. Recreational Activities/Sports, Swim Lessons
 WATERTOWN PARKS
 AND RECREATION
 51 Depot Street Suite 108
 Watertown, CT 06795</p> |
| <p>24. Recreational Activities/Sports
 THOMASTON PARK AND RECREATION
 158 Main Street
 Thomaston, CT</p> | <p>32. Recreational Activities/Sports, Swim Lessons
 NORTHWEST CT YMCA - WINSTED BRANCH
 480 Main Street
 Winchester, CT 06098</p> |

Litchfield County, CT
Community Transformation Grant
Strategic Direction Two: Active Living and Healthy Eating
Map 2 of 13 – Resource Listing

PHYSICAL ACTIVITY (Cont.)

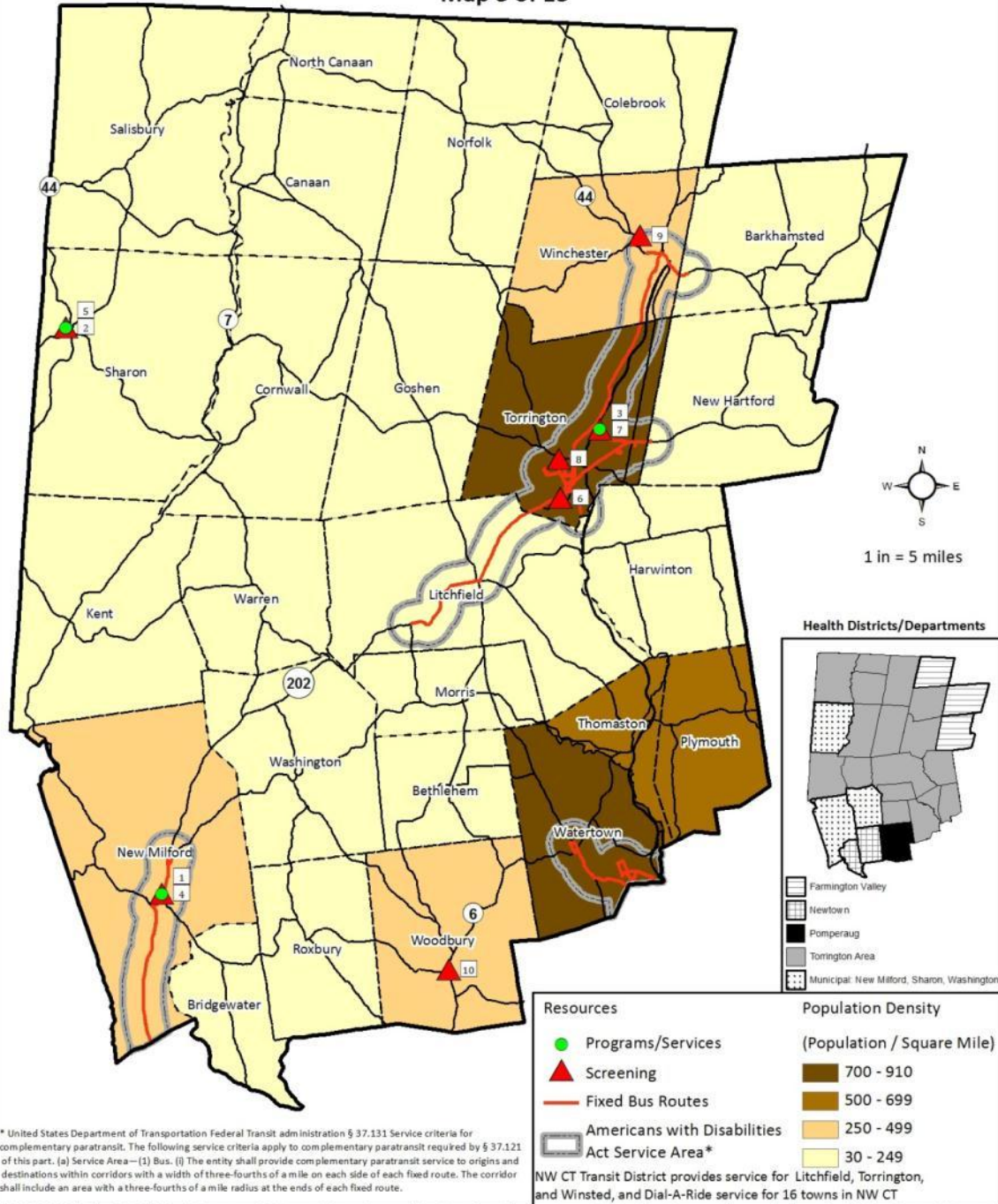
- 33. Nature Center/Walks
FLANDERS NATURE CENTER AND LAND TRUST
5 Church Hill Road
Woodbury, CT 06798

- 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

**Litchfield County, Connecticut
Community Transformation Grant
Strategic Direction Three: High Impact Quality Clinical and Other Preventive Services -
Leading Causes: Cancer
Map 3 of 13**



* United States Department of Transportation Federal Transit Administration § 37.131 Service criteria for complementary paratransit. The following service criteria apply to complementary paratransit required by § 37.121 of this part. (a) Service Area—(1) Bus. (i) The entity shall provide complementary paratransit 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 each fixed route.

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Litchfield County, CT
Community Transformation Grant
Strategic Direction Three: High Impact Quality Clinical and Other Preventive
Services – Leading Causes
Map 3 of 13 – Resource Listing

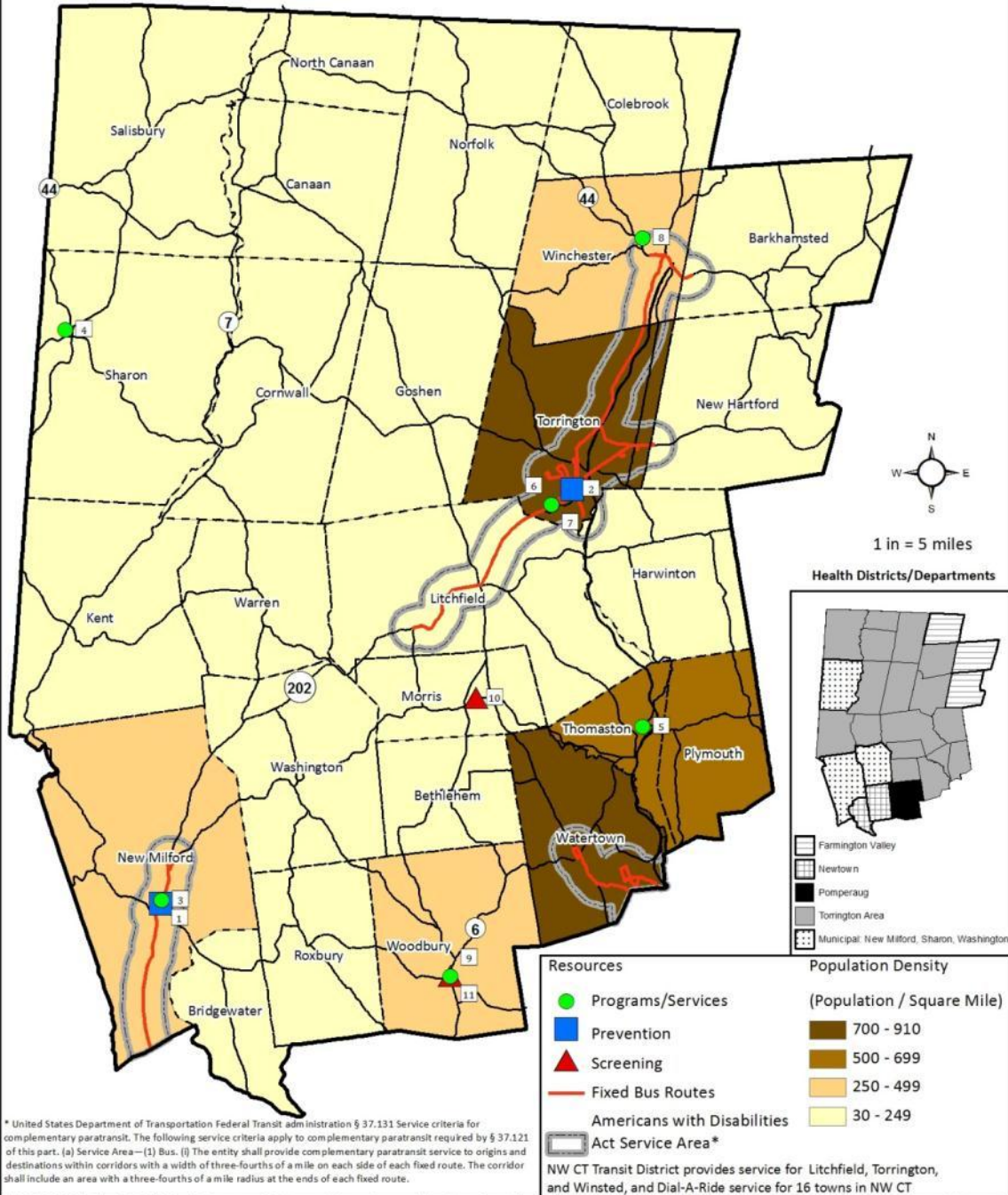
CANCER – PROGRAMS AND SERVICES

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
6. Cancer Detection * Breast Cancer, Cervical Cancer
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
9. Cancer Detection * Breast Cancer
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, Connecticut
Community Transformation Grant
Strategic Direction Three: High Impact Quality Clinical and Other Preventive Services -
Leading Causes: Cardiovascular
Map 4 of 13**



* United States Department of Transportation Federal Transit Administration § 37.131 Service criteria for complementary paratransit. The following service criteria apply to complementary paratransit required by § 37.121 of this part. (a) Service Area—(1) Bus. (i) The entity shall provide complementary paratransit 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 each fixed route.

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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 |
|--|---|

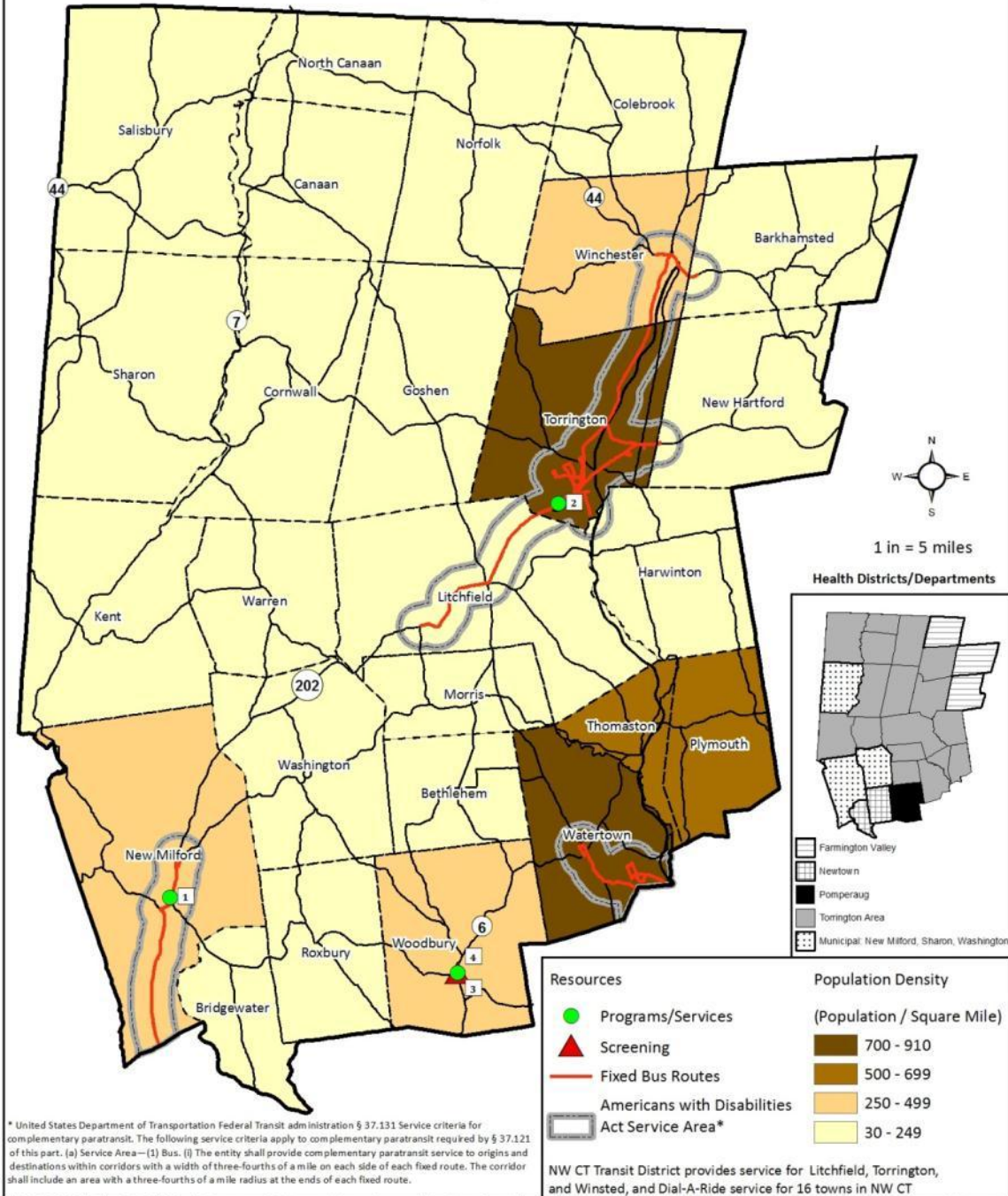
PROGRAMS AND SERVICES

- | | |
|---|---|
| 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, Connecticut
Community Transformation Grant
Strategic Direction Three: High Impact Quality Clinical and Other Preventive Services -
Leading Causes: Diabetes
Map 5 of 13**



* United States Department of Transportation Federal Transit Administration § 37.131 Service criteria for complementary paratransit. The following service criteria apply to complementary paratransit required by § 37.121 of this part. (a) Service Area—(1) Bus. (i) The entity shall provide complementary paratransit 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 each fixed route.

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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

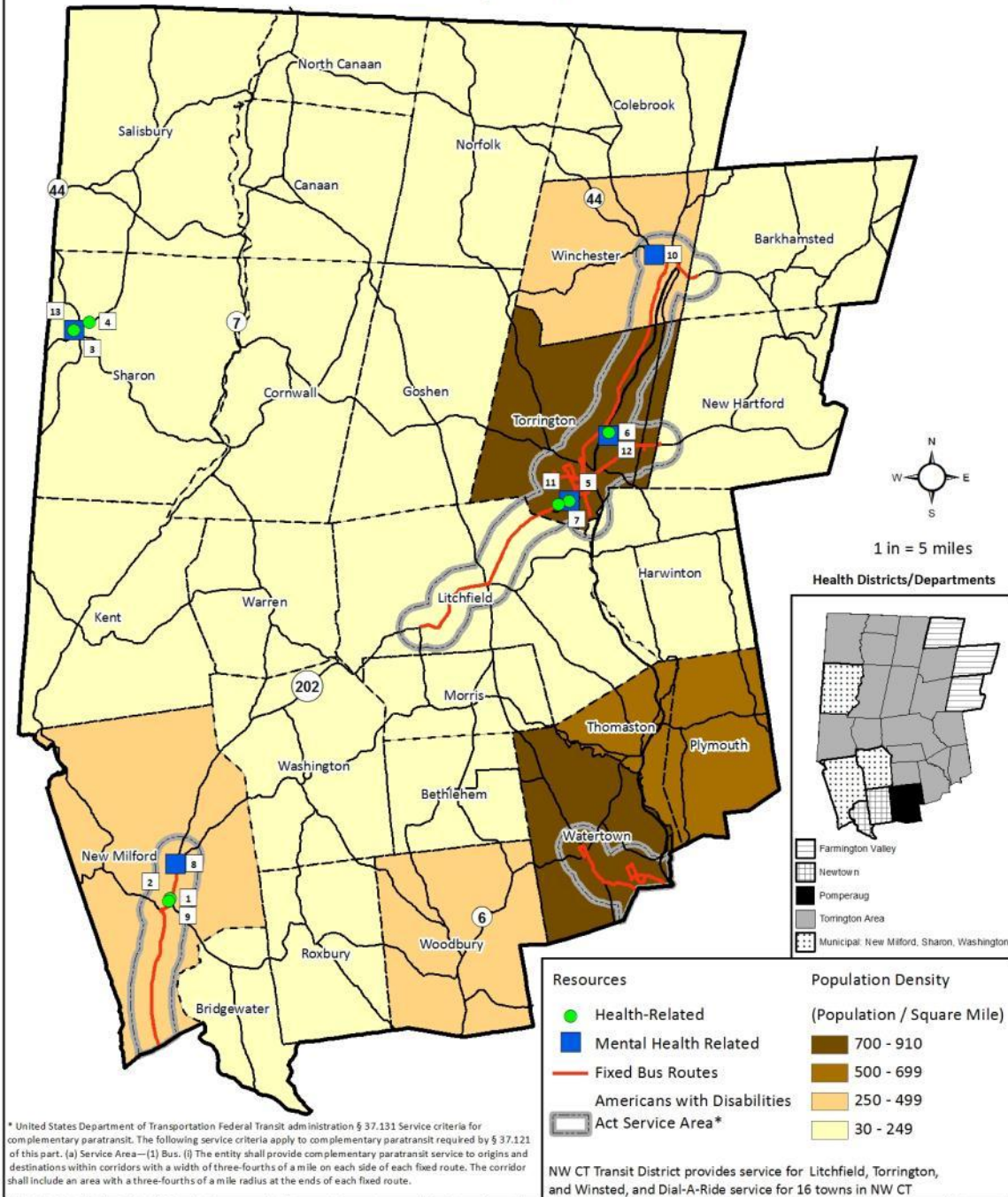
DIABETES – PROGRAMS AND SERVICES

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, Connecticut
Community Transformation Grant
Strategic Direction Four: Social and Emotional Wellness -
Community Support and Support Groups - Health and Mental Health-Related
Map 6 of 13



* United States Department of Transportation Federal Transit Administration § 37.131 Service criteria for complementary paratransit. The following service criteria apply to complementary paratransit required by § 37.121 of this part. (a) Service Area—(1) Bus. (i) The entity shall provide complementary paratransit 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 each fixed route.

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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

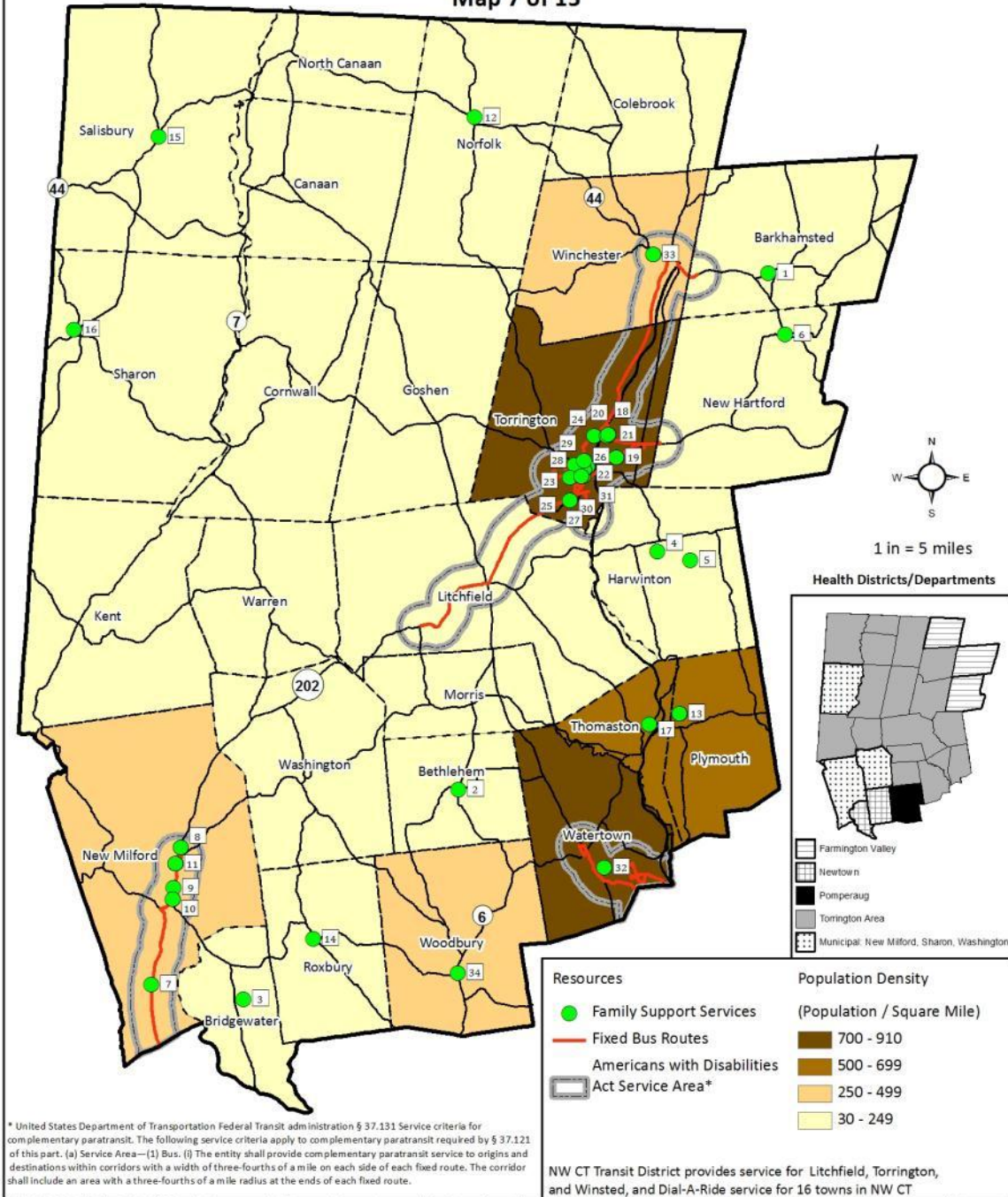
HEALTH RELATED

- | | |
|--|---|
| <p>1. Health/Disability Related Support Groups
* Cancer
NEW MILFORD HOSPITAL -
CARES SUPPORT GROUP
21 Elm Street
New Milford, CT 06776</p> | <p>5. Health/Disability Related Support Groups * Breast Cancer,
Prostate Cancer
CHARLOTTE HUNGERFORD -
CANCER SUPPORT GROUPS
540 Litchfield Street
Torrington, CT 06790</p> |
| <p>2. Health/Disability Related Support Groups
* Visual Impairments
NEW MILFORD RICHMOND CITIZEN CENTER
40 Main Street
New Milford, CT 06776</p> | <p>6. Health/Disability Related Support Groups
* Cancer
CHARLOTTE HUNGERFORD CENTER FOR CANCER CARE
200 Kennedy Drive
Torrington, CT 06790</p> |
| <p>3. Caregiver/Care Receiver Support Groups
SHARON HOSPITAL - CAREGIVER SUPPORT GROUP
50 Hospital Hill Road
Sharon, CT 06069</p> | <p>7. Health/Disability Related Support Group * Diabetes
CHARLOTTE HUNGERFORD HOSPITAL - DIABETES CENTER
780 Litchfield Street
Torrington, CT 06790</p> |
| <p>4. Health/Disability Support Groups Stroke, Cancer
SHARON HOSPITAL
1 Low Road
Sharon, CT 06069</p> | |

MENTAL HEALTH RELATED

- | | |
|--|--|
| <p>8. Bereaved Child Support Groups,
General Bereavement Support Groups
NEW MILFORD VISITING NURSE ASSOC.
68 Park Lane Road, Route 202
New Milford, CT 06776</p> | <p>11. General Bereavement
Support Groups
CHARLOTTE HUNGERFORD HOSPITAL - BEHAVIORAL HEALTH
540 Litchfield Street
Torrington, CT 06790</p> |
| <p>9. Planning/Coordinating/Advisory Groups
UNITED WAY OF NORTHWEST CT
16 Bird Street Suite 1
Torrington, CT 06790</p> | <p>12. Bereaved Child Support Groups
VISITING NURSE SERVICES OF CT - TORRINGTON OFFICE
65 Commercial Boulevard
Torrington, CT 06790</p> |
| <p>10. General Bereavement Support Groups
FOOTHILLS VISITING NURSE AND HOME CARE
32 Union Street
Winchester, CT 06098</p> | <p>13. Bereaved Parent, General Bereavement Support Groups
SHARON HOSPITAL
50 Hospital Hill Road
Sharon, CT 06069</p> |

**Litchfield County, Connecticut
Community Transformation Grant
Strategic Direction Four: Social and Emotional Wellness -
Family Support Services
Map 7 of 13**



* United States Department of Transportation Federal Transit Administration § 37.131 Service criteria for complementary paratransit. The following service criteria apply to complementary paratransit required by § 37.121 of this part. (a) Service Area—(1) Bus. (f) The entity shall provide complementary paratransit 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 each fixed route.

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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

- | | |
|---|---|
| <p>1. Latchkey/Home Alone
Safety Programs
BARKHAMSTED RESIDENT STATE TROOPER
67 Ripley Hill Road
Barkhamsted, CT 06063</p> | <p>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</p> |
| <p>2. Latchkey/Home Alone
Safety Programs
BETHLEHEM RESIDENT STATE TROOPER
36 Main Street South
Bethlehem, CT 06751</p> | <p>9. Children's Rights Groups, Guardians ad Litem, Individual
Advocacy * Child Abuse, Juvenile Delinquency Prevention
CHILDREN IN PLACEMENT - TORRINGTON
410 Winsted Road
Torrington, CT 06790</p> |
| <p>3. Foster Homes for Dependent Children
BRIDGE FAMILY CENTER,
THE - HARWINTON SHELTER
25 Plymouth Road
Harwinton, CT 06791-2418</p> | <p>10. Co-Parenting, Family Preservation, Home Based Parenting Ed
COMMUNITY MENTAL HEALTH AFFILIATES –
NORTHWEST CENTER FOR FAMILY SERVICE
100 Commercial Boulevard
Torrington, CT 06790</p> |
| <p>4. Latchkey/Home Alone Safety Programs
BRIDGEWATER RESIDENT STATE TROOPER
132 Hut Hill Road
Bridgewater, CT 06752</p> | <p>11. Case/Care Management * At Risk Families
NEW MILFORD VISITING NURSE ASSOCIATION
68 Park Lane Road, Route 202
New Milford, CT 06776</p> |
| <p>5. Adoption Counseling and Support/Placement,
Co-Parenting Workshops
CATHOLIC CHARITIES - ARCHDIOCESE OF HARTFORD
TORRINGTON
132 Grove Street
Torrington, CT 06790</p> | <p>12. Co-Parenting
Workshops
COMMUNITY MENTAL HEALTH
PARK LANE BEHAVIORAL
120 Park Lane Road
New Milford, CT 06776</p> |
| <p>6. Child Abuse Counseling, Children's
Protective Services
CHARLOTTE HUNGERFORD HOSPITAL
CENTER FOR YOUTH AND FAMILIES
1061 East Main Street
Torrington, CT 06790</p> | <p>13. Kinship Caregivers, Home Based Parenting Education,
Parents of Infants/Toddlers
EDUCATION CONNECTION
TORRINGTON SITE
57 Forest Court
Torrington, CT 06790</p> |
| <p>7. Parenting Education * Parents of Infants/Toddlers
CHARLOTTE HUNGERFORD HOSPITAL
NURTURING CONNECTIONS
540 Litchfield Street
Torrington, CT 06790</p> | <p>14. Adoption and Foster/Kinship Care Support Groups
EDUCATION CONNECTION
TORRINGTON SITE
57 Forest Court
Torrington, CT 06790</p> |

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.)

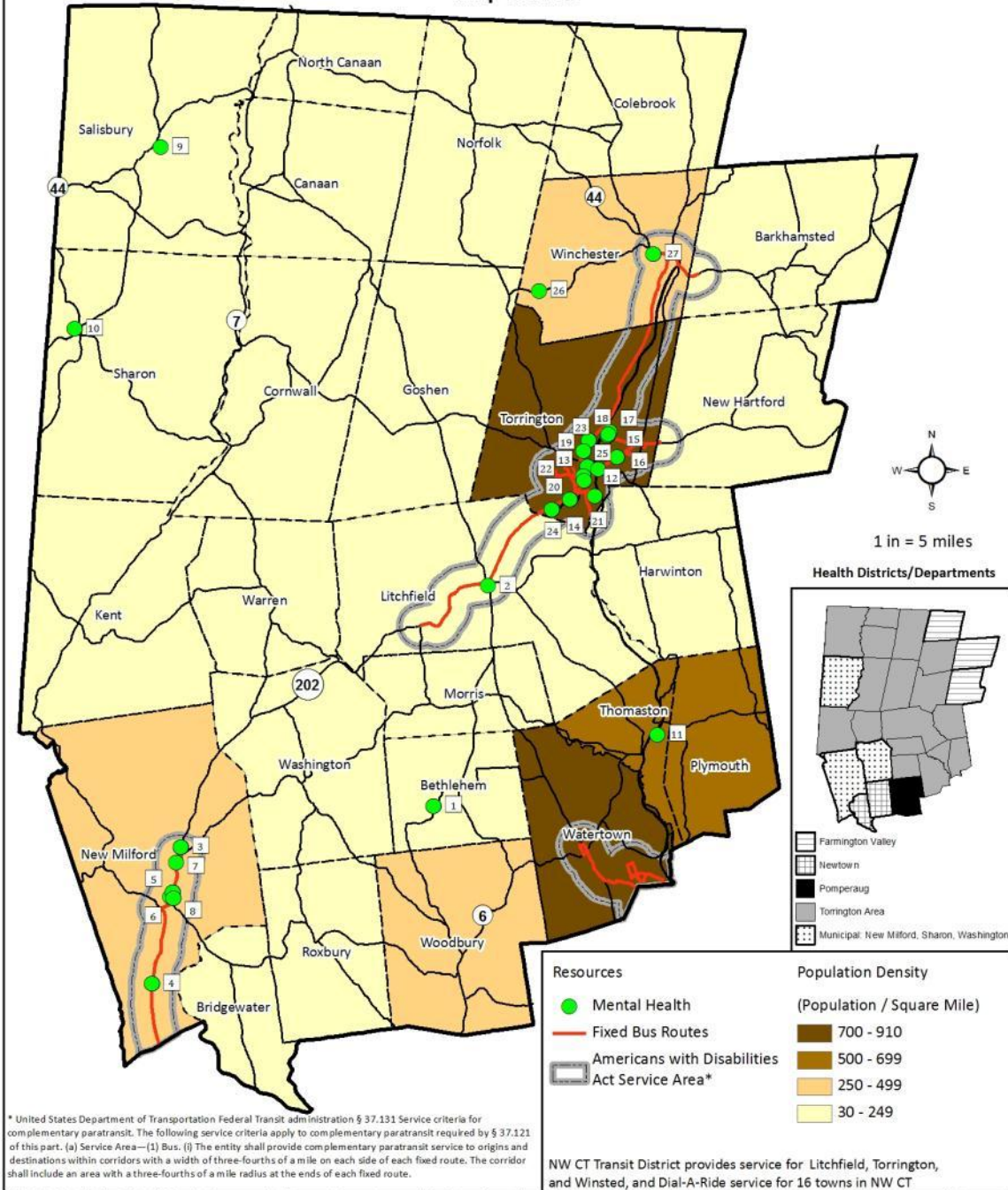
- | | |
|--|---|
| <p>15. Child Abuse Counseling
 FAMILY AND CHILDREN'S AID NEW MILFORD SITE
 325 Danbury Road
 New Milford, CT 06776</p> | <p>22. Juvenile Diversion, Parenting Education
 NEW MILFORD YOUTH AGENCY
 50 East Street
 Torrington, CT 06790</p> |
| <p>16. Case Management * At Risk Families, Teen Parents,
 Parenting Ed, Fathers, Home Based Parenting Ed
 FAMILY STRIDES
 350 Main Street Suite D
 Torrington, CT 06790</p> | <p>23. Latchkey/Home Alone
 Safety Programs
 NORFOLK RESIDENT STATE TROOPER
 14 Shepard Road
 Norfolk, CT 06058</p> |
| <p>17. Latchkey/Home Alone
 Safety Programs
 HARWINTON RESIDENT STATE TROOPER
 100 Bentley Drive
 Harwinton, CT 06791-2231</p> | <p>24. Child Care Referrals, Family Support Centers, Home Based
 Parenting Ed, Parenting Ed/Infants/Toddlers
 PLYMOUTH FAMILY RESOURCE CENTER
 107 North Street
 Plymouth, CT 06782</p> |
| <p>18. Home Based Parenting Education
 * At Risk Families
 MCCALL FOUNDATION
 58 High Street
 Torrington, CT 06790</p> | <p>25. Latchkey/Home Alone
 Safety Programs
 ROXBURY RESIDENT STATE TROOPER
 27 North Street
 Roxbury, CT 06783</p> |
| <p>19. Latchkey/Home Alone
 Safety Programs
 NEW HARTFORD, RESIDENT STATE TROOPER
 530 Main Street
 New Hartford, CT 06057-0316</p> | <p>26. Latchkey/Home Alone
 Safety Programs
 SALISBURY RESIDENT STATE TROOPER
 27 Main Street
 Salisbury, CT 06068-0365</p> |
| <p>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</p> | <p>27. Parenting Education
 Parents of Infants/Toddlers
 SHARON HOSPITAL - NURTURING CONNECTIONS
 50 Hospital Hill Road
 Sharon, CT 06069</p> |
| <p>21. Latchkey/Home Alone Safety Programs
 NEW MILFORD POLICE
 49 Poplar Street
 New Milford, CT 06776</p> | <p>28. Juvenile Delinquency Programs
 SUPERIOR COURT, CT - JUVENILE MATTERS AT TORRINGTON
 410 Winsted Road
 Torrington, CT 06790</p> |

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 | 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 |
| 30. Juvenile Diversion
TORRINGTON AREA YOUTH SERVICE BUREAU (TAYSB)
8 Church Street
Torrington, CT 06790 | 33. Latchkey/Home Alone Safety Programs
WATERTOWN POLICE
195 French Street
Watertown, CT 06795 |
| 31. Latchkey/Home Alone Safety Programs
TORRINGTON, CITY OF - POLICE
576 Main Street
Torrington, CT 06790 | 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 |

**Litchfield County, Connecticut
Community Transformation Grant
Strategic Direction Four: Social and Emotional Wellness -
Mental Health Resources
Map 8 of 13**



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Litchfield County, CT
Community Transformation Grant
Strategic Direction Four: Social and Emotional Wellness
Mental Health Resources
Map 8 of 13 – Resource Listing

MENTAL HEALTH

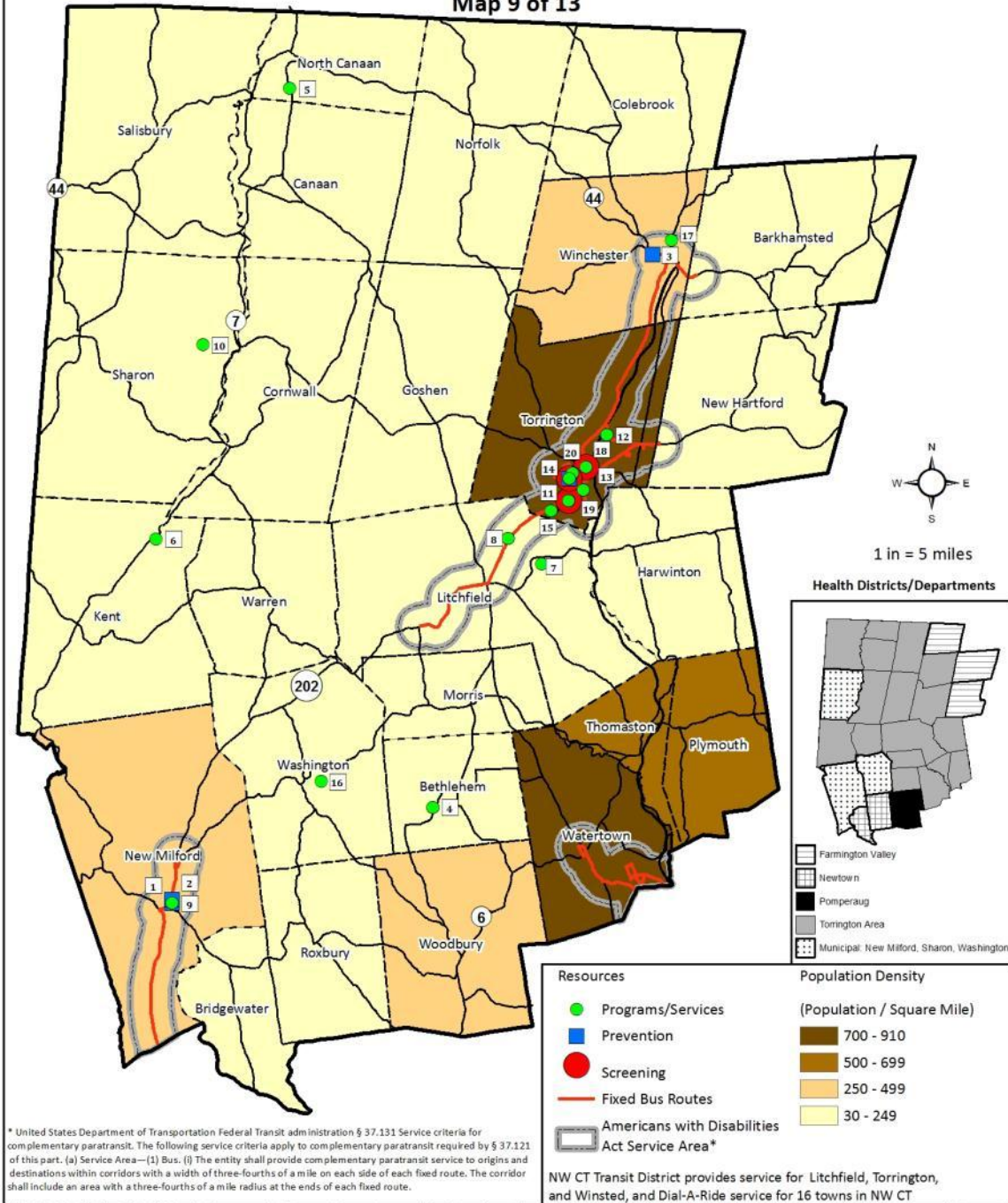
- | | |
|--|---|
| <p>1. General Counseling Services
WELLSPRING
21 Arch Bridge Road
Bethlehem CT 06751</p> | <p>8. Adolescent/Youth Counseling,
NEW MILFORD YOUTH AGENCY
50 East Street
New Milford, CT 06776</p> |
| <p>2. Therapy Referrals
GREENWOODS COUNSELING REFERRALS
25 South Street
Litchfield CT</p> | <p>9. Psychiatric Home Nursing
SALISBURY VISITING NURSE ASSOCIATION
30A Salmon Kill Road
Salisbury, CT 06068</p> |
| <p>3. Adolescent/Youth Counseling,
General Counseling Services
COMMUNITY MENTAL HEALTH AFFILIATES - PARK LANE
BEHAVIORAL HEALTH
120 Park Lane Road
New Milford, CT 06776</p> | <p>10. Adult Psychiatric Inpatient Units, Mental Health
Evaluation, Psychiatric Emergency Room Care
SHARON HOSPITAL
SENIOR BEHAVIORAL HEALTH
50 Hospital Hill Road
Sharon, CT 06069</p> |
| <p>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</p> | <p>11. Therapeutic
Group Homes
NAFI CT - THOMASTON GROUP HOME
273 Prospect Street
Thomaston, CT 06787</p> |
| <p>5. Adolescent/Youth Counseling General Counseling
NEW MILFORD HOSPITAL
BEHAVIORAL HEALTH SERVICES
23 Poplar Street
New Milford, CT 06776</p> | <p>12. Psychiatric Home Nursing
ALL ABOUT YOU HOME CARE SERVICES
TORRINGTON OFFICE
507 East Main Street Suite 305
Torrington, CT 06790</p> |
| <p>6. Psychiatric Emergency
Room Care
NEW MILFORD HOSPITAL EMERGENCY DEPARTMENT
21 Elm Street
New Milford, CT 06776</p> | <p>13. Adolescent/Youth Counseling, General Counseling
Services, Mental Health Evaluation
CATHOLIC CHARITIES - ARCHDIOCESE OF HARTFORD -
132 Grove Street
Torrington, CT 06790</p> |
| <p>7. Psychiatric Home Nursing
NEW MILFORD VISITING NURSE ASSOCIATION
68 Park Lane Road, Route 202
New Milford, CT 06776</p> | <p>14. Adult Psychiatric Inpatient Units
CHARLOTTE HUNGERFORD HOSP. BEHAVIORAL HEALTH
540 Litchfield Street
Torrington, CT 06790</p> |

Litchfield County, CT
Community Transformation Grant
Strategic Direction Four: Social and Emotional Wellness
Mental Health Resources
Map 8 of 13 – Resource Listing

MENTAL HEALTH (CONT.)

- | | |
|---|---|
| <p>15. Psychiatric Day Treatment * Youth
 CHARLOTTE HUNGERFORD HOSPITAL - BRIDGES CHILD
 EXTENDED DAY TREATMENT PROGRAM
 241 Kennedy Drive
 Torrington, CT 06790</p> | <p>22. Adolescent/Youth Counseling,
 TORRINGTON AREA YOUTH SERVICE
 BUREAU (TAYSB)
 8 Church Street, Lower Level
 Torrington, CT 06790</p> |
| <p>16. Adolescent/Youth Counseling, Child Guidance,
 CHARLOTTE HUNGERFORD
 CENTER FOR YOUTH AND FAMILIES
 1061 East Main Street
 Torrington, CT 06790</p> | <p>23. Psychiatric Home Nursing
 VISITING NURSE SERVICES OF CT
 TORRINGTON OFFICE
 65 Commercial Boulevard
 Torrington, CT 06790</p> |
| <p>17. Case/Care Management
 * Youth Emotional Disturbance
 CT DEPARTMENT OF CHILDREN AND FAMILIES
 62 Commercial Boulevard
 Torrington, CT 06790</p> | <p>24. Case/Care Management * Children and Youth with
 Emotional Disturbance, Home Based Mental Health
 WELLMORE BEHAVIORAL HEALTH
 30 Peck Road Suite 2203
 Torrington, CT 06790</p> |
| <p>18. Adolescent/Youth Counseling, Case/Care Management
 COMMUNITY MENTAL HEALTH AFFILIATES -
 NORTHWEST CENTER FOR FAMILY SERVICE
 100 Commercial Boulevard
 Torrington, CT 06790</p> | <p>25. Case/Care Management * Chronic/Severe Mental Illness,
 WESTERN CT MENTAL HEALTH NETWORK –
 TORRINGTON AREA
 249 Winsted Road
 Torrington, CT 06790</p> |
| <p>19. Individual Advocacy * Chronic/Severe Mental Illness
 CT LEGAL RIGHTS PROJECT – TORRINGTON SATELLITE
 810 Main Street
 Torrington, CT 06790</p> | <p>26. Therapeutic Group Homes
 CT JUNIOR REPUBLIC - THERAPEUTIC GROUP HOME
 131 Ashleigh Road
 Winchester, CT 06098</p> |
| <p>20. Therapy Referrals
 LITCHFIELD COUNTY MEDICAL
 ASSOCIATION (LCMA)
 PO Box 416
 Torrington, CT 06790</p> | <p>27. Adolescent/Youth Counseling, Outreach Programs * Youth
 WINCHESTER YOUTH SERVICE BUREAU
 (WYSB)
 480 Main Street
 Winchester, CT 06098</p> |
| <p>21. Pastoral Counseling
 SALVATION ARMY - TORRINGTON CORPS COMMUNITY
 CENTER
 234 Oak Avenue
 Torrington, CT 06790</p> | |

**Litchfield County, Connecticut
Community Transformation Grant
Strategic Direction Four: Social and Emotional Wellness -
Substance Abuse and Addiction
Map 9 of 13**



* United States Department of Transportation Federal Transit Administration § 37.131 Service criteria for complementary paratransit. The following service criteria apply to complementary paratransit required by § 37.121 of this part. (a) Service Area—(1) Bus. (j) The entity shall provide complementary paratransit 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 each fixed route.

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

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Litchfield County, CT
Community Transformation Grant
Strategic Direction Four: Social and Emotional Wellness
Substance Abuse and Addiction
Map 9 of 13 – Resource Listing

PREVENTION

- | | |
|--|---|
| <p>1. Substance Abuse Counseling, Substance Abuse Intervention Programs, DUI Offender Programs
 MCCA - NEW MILFORD SATELLITE OFFICE
 17 East Street
 New Milford, CT 06776</p> | <p>3. Substance Abuse Education/Prevention
 WINCHESTER YOUTH SERVICE BUREAU (WYSB)
 480 Main Street
 Winchester, CT 06098</p> |
| <p>2. Substance Abuse Education/Prevention
 NEW MILFORD YOUTH AGENCY
 50 East Street
 New Milford, CT 06776</p> | |

PROGRAMS AND SERVICES

- | | |
|--|---|
| <p>4. Children's/Adolescent Residential Treatment Facilities
 WELLSPRING
 21 Arch Bridge Road
 Bethlehem CT 06751</p> | <p>9. DUI Offender Programs * Court Ordered Individuals
 MCCA - NEW MILFORD SATELLITE OFFICE
 17 East Street
 New Milford, CT 06776</p> |
| <p>5. Residential Substance Abuse Treatment Facilities
 MOUNTAINSIDE TREATMENT CENTER
 187 South Canaan Road Route 7
 Canaan, CT 06018</p> | <p>10. Residential Substance Abuse Treatment Facilities
 MCCA - TRINITY GLEN
 149 West Cornwall Road
 Sharon, CT 06069</p> |
| <p>6. Recovery Homes/Halfway Houses
 HIGH WATCH RECOVERY CENTER
 62 Carter Road
 Kent, CT 06757</p> | <p>11. Inpatient Alcohol Detox
 CHARLOTTE HUNGERFORD HOSPITAL EMERGENCY
 540 Litchfield Street
 Torrington, CT 06790</p> |
| <p>7. Children's/Adolescent Residential Treatment Facilities
 NAFI CT – TOUCHSTONE
 11 Country Place
 Litchfield, CT 06759</p> | <p>12. Case/Care Management * Substance Abusers * Youth
 DEPT OF CHILDREN AND FAMILIES - TORRINGTON
 62 Commercial Boulevard
 Torrington, CT 06790</p> |
| <p>8. Alcohol Dependency Support Groups, Drug Dependency Support Groups
 RECOVERY GROUP
 441 Torrington Road
 Litchfield, CT 06750</p> | <p>13. Home Based Mental Health Services * Children and Youth with Emotional Disturbance
 CT JUNIOR REPUBLIC - TORRINGTON AREA
 168 South Main Street
 Torrington, CT 06790</p> |

Litchfield County, CT
Community Transformation Grant
Strategic Direction Four: Social and Emotional Wellness
Substance Abuse and Addiction
Map 9 of 13 – Resource Listing

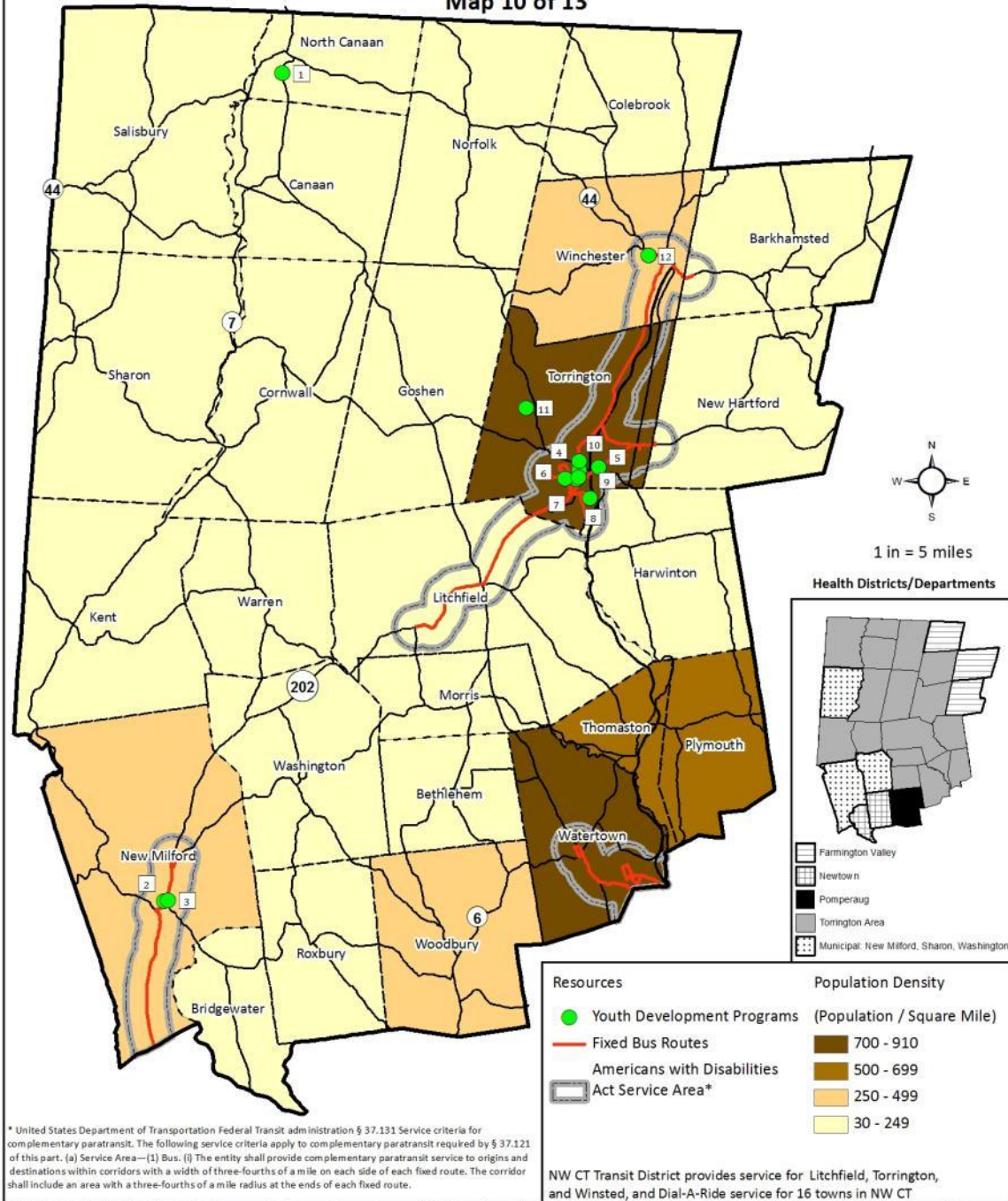
PROGRAMS AND SERVICES (CONT.)

- | | |
|---|---|
| <p>14. Recovery Homes/Halfway Houses
MCCALL FOUNDATION - MCCALL HOUSE
127 Migeon Avenue
Torrington, CT 06790</p> <p>15. Case/Care Management * Substance Abusers * Youth
WELLMORE BEHAVIORAL HEALTH FOR CHILDREN &
FAMILIES - TORRINGTON CLINICAL SERVICES
30 Peck Road Suite 2203
Torrington, CT 06790</p> | <p>16. Children's/Adolescent Residential Treatment Facilities
GLENHOLME SCHOOL, THE
81 Sabbaday Lane
Washington, CT 06793</p> <p>17. Substance Abuse Counseling
MCCALL FOUNDATION
WINSTED SATELLITE OFFICE
231 North Main Street
Winchester, CT 06098</p> |
|---|---|

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
19. General Assessment for Substance Abuse, Inpatient Alcohol Detox, * Pregnant Women, Sub. Abuse Counseling
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**

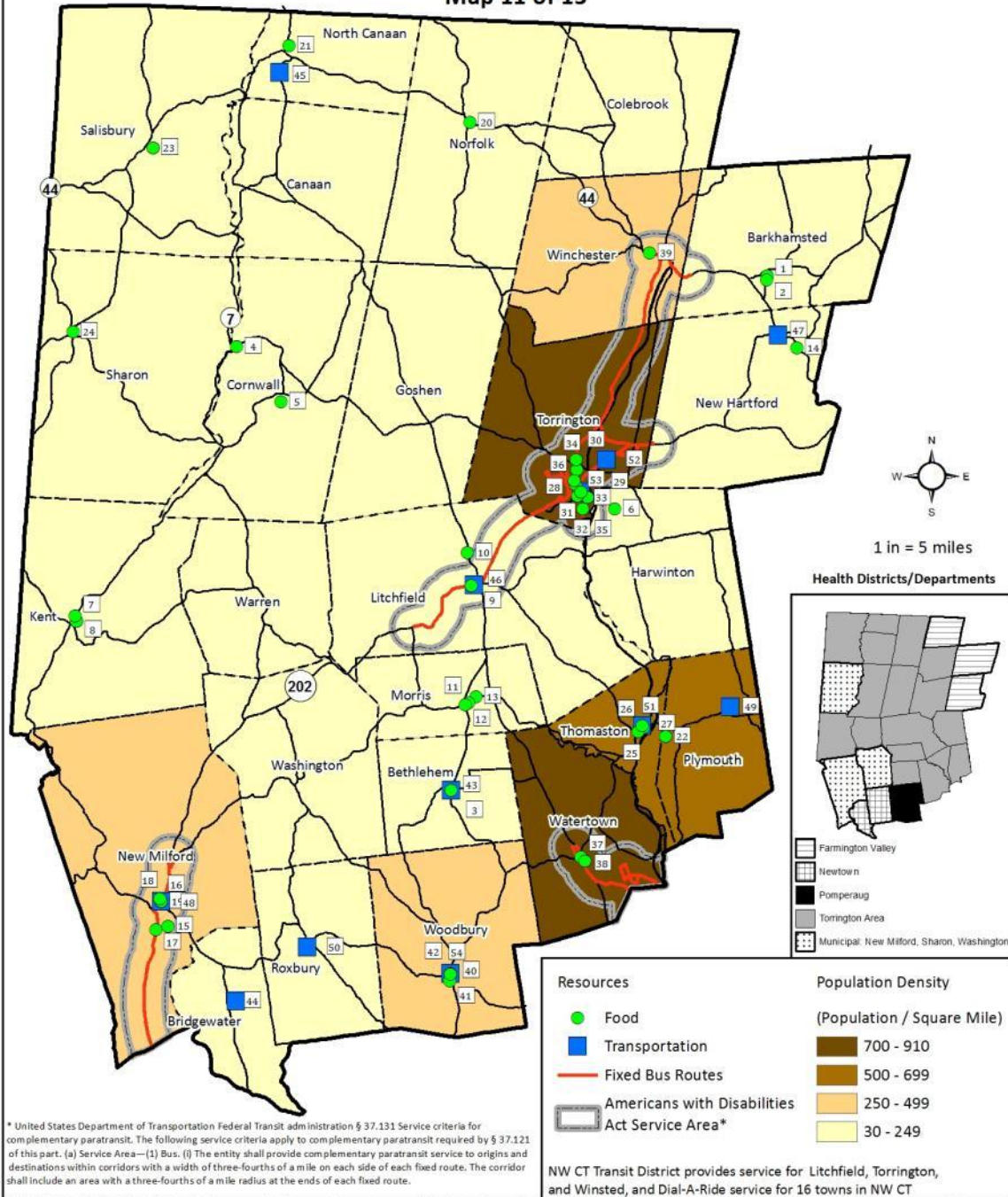


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Litchfield County, CT
Community Transformation Grant
Strategic Direction Four: Social and Emotional Wellness
Youth Development
Map 10 of 13 – Resource Listing

- | | |
|---|--|
| <p>1. Leadership Development * Youth, Youth Enrichment
 NORTHWEST CT YMCA
 CANAAN FAMILY YMCA
 77 South Canaan Road
 Canaan, CT 06018</p> | <p>8. Youth Enrichment
 SALVATION ARMY - TORRINGTON CORPS COMMUNITY CENTER
 234 Oak Avenue
 Torrington, CT 06790</p> |
| <p>2. Youth Enrichment
 NEW MILFORD SOCIAL SERVICES
 40 Main Street
 New Milford, CT 06776</p> | <p>9. Youth Enrichment
 TORRINGTON AREA YOUTH SERVICE BUREAU (TAYSB)
 8 Church Street Lower Level
 Torrington, CT 06790</p> |
| <p>3. Youth Enrichment
 NEW MILFORD YOUTH AGENCY
 50 East Street
 New Milford, CT 06776</p> | <p>10. Youth Enrichment
 TORRINGTON POLICE ATHLETIC LEAGUE
 576 Main Street
 Torrington, CT 06790</p> |
| <p>4. Youth Enrichment
 FAMILY STRIDES
 350 Main Street Suite D
 Torrington, CT 06790</p> | <p>11. Youth Enrichment
 UCONN COOPERATIVE EXTENSION - LITCHFIELD COUNTY
 843 University Drive
 Torrington, CT 06790</p> |
| <p>5. Leadership Development * Youth, Youth Enrichment
 GIRL SCOUTS OF CT - TORRINGTON SERVICE CENTER
 663 East Main Street
 Torrington, CT 06790</p> | <p>12. Leadership Development * Youth, Youth Enrichment
 NORTHWEST CT YMCA - WINSTED BRANCH
 480 Main Street
 Winchester, CT 06098</p> |
| <p>6. Youth Enrichment
 MCCALL FOUNDATION
 58 High Street
 Torrington, CT 06790</p> | <p>13. Youth Enrichment
 WINCHESTER YOUTH SERVICE BUREAU (WYSB)
 480 Main Street
 Winchester, CT 06098</p> |
| <p>7. Leadership Development * Youth, Youth Enrichment
 NORTHWEST CT YMCA - TORRINGTON BRANCH
 259 Prospect Street
 Torrington, CT 06790</p> | |

**Litchfield County, Connecticut
Community Transformation Grant
Strategic Direction Five: Healthy and Safe Physical Environment-
Basic Needs - Food and Transportation
Map 11 of 13**



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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

- | | |
|---|---|
| <p>1. Congregate Meals/Nutrition Sites
 BARKHAMSTED, TOWN OF - SENIOR CENTER
 109 West River Road
 Barkhamsted, CT 06063</p> | <p>9. Farmers Markets
 CT FARMERS' MARKETS - LITCHFIELD/LITCHFIELD HILLS
 125 West Street
 Litchfield, CT 06759</p> |
| <p>2. Food Pantries
 COMMUNITY FOOD BANK
 BARKHAMSTED/NEW HTFD
 93 River Road
 Barkhamsted, CT 06063</p> | <p>10. Summer Food Service Programs
 SUMMER FOOD SERVICE
 LITCHFIELD/TORRINGTON
 355 Goshen Road
 Litchfield, CT 06759-0909</p> |
| <p>3. Food Pantries
 BETHLEHEM, TOWN OF
 36 Main Street South
 Bethlehem, CT 06751</p> | <p>11. Farmers Markets
 CONNECTICUT FARMERS' MARKETS - MORRIS
 31 East Street
 Morris, CT 06763</p> |
| <p>4. Farmers Markets
 CONNECTICUT FARMERS' MARKETS - CORNWALL
 413 Sharon Goshen Turnpike
 Cornwall, CT 06753</p> | <p>12. Food Pantries
 MORRIS, TOWN OF
 3 East Street
 Morris, CT 06763-0066</p> |
| <p>5. Food Pantries
 CORNWALL, TOWN OF - SOCIAL SERVICES
 26 Pine Street
 Cornwall, CT 06753-0097</p> | <p>13. Congregate Meals/Nutrition Sites
 MORRIS, TOWN OF - SENIOR CENTER
 109-21 East Street
 Morris, CT 06763</p> |
| <p>6. Congregate Meals/Nutrition Sites
 HARWINTON, TOWN OF - SENIOR CENTER
 209 Weingart Road
 Harwinton, CT 06791</p> | <p>14. Farmers Markets
 CONNECTICUT FARMERS' MARKETS - NEW HARTFORD
 17 Church Saint No 1
 New Hartford, CT 06057</p> |
| <p>7. Farmers Markets
 CONNECTICUT FARMERS' MARKETS – KENT
 Kent Green
 Kent, CT 06757</p> | <p>15. Food Pantries
 CHRISTIAN LIFE FELLOWSHIP - FOOD PANTRY
 48 Anderson Road
 New Milford, CT 06776</p> |
| <p>8. Congregate Meals/Nutrition Sites, Food Pantries
 KENT, TOWN OF - PARK AND RECREATION
 41 Kent Green Boulevard
 Kent, CT 06757</p> | <p>16. Farmers Markets
 CONNECTICUT FARMERS' MARKETS - NEW MILFORD
 1209 Main Street
 New Milford, CT 06776</p> |

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 (CONT.)

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

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 (CONT.)

- | | |
|---|--|
| 33. Congregate Meals/Nutrition Sites, Home Delivered
LITCHFIELD HILLS/NORTHWEST ELDERLY NUTRITION
88 East Albert Street
Torrington, CT 06790 | 38. Food Pantries
WATERTOWN, TOWN OF - SOCIAL SERVICES
51 Depot Street
Watertown, CT 06795 |
| 34. Soup Kitchens
SAINT MARON'S CHURCH HOT DINNER PROGRAM
613 Main Street
Torrington, CT 06790 | 39. Summer Food Service Programs
SUMMER FOOD SERVICE PROGRAM WINCHESTER
30 Elm Street
Winchester, CT 06098 |
| 35. Food Pantries
SALVATION ARMY - TORRINGTON CORPS
234 Oak Avenue
Torrington, CT 06790 | 40. Food Pantries
COMMUNITY SERVICES COUNCIL OF WOODBURY
PO Box 585
Woodbury, CT 06798 |
| 36. Community Gardening
TORRINGTON COMMUNITY GARDENS
c/o Trinity Episcopal Church
Torrington, CT 06790 | 41. Farmers Markets
CT FARMERS' MARKETS - WOODBURY
43 Hollow Road
Woodbury, CT 06798 |
| 37. Farmers Markets
CT FARMERS' MARKETS - WATERTOWN
470 Main Street
Watertown, CT 06795 | 42. Congregate Meals/Nutrition Sites, Home Delivered Meals
WOODBURY, TOWN OF - SENIOR CENTER
265 Main Street South
Woodbury, CT 06798 |

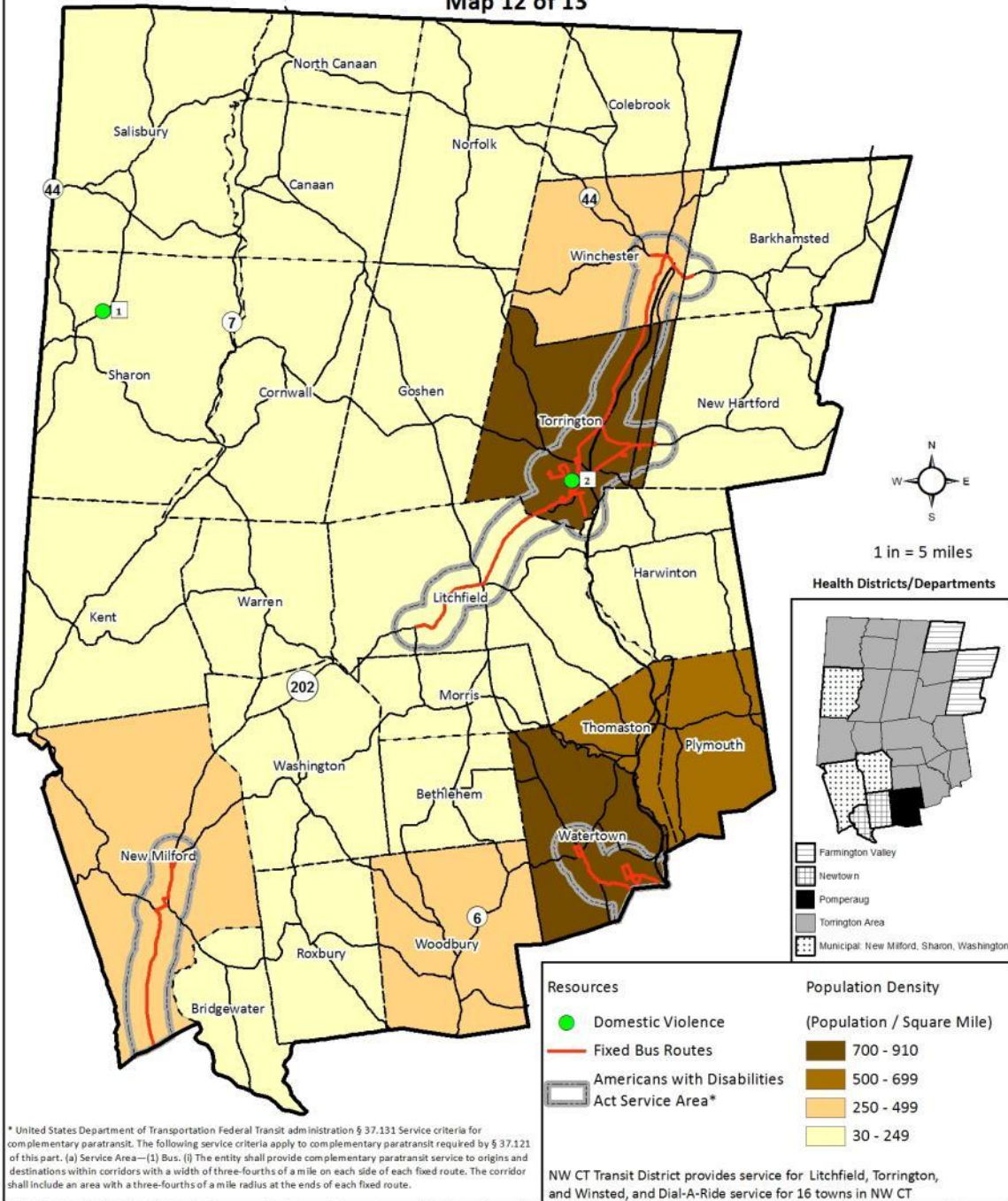
Litchfield County, CT
Community Transformation Grant
Strategic Direction Five: Healthy and Safe Physical Environment
Basic Needs – Food and Transportation
Map 11 of 13 – Resource Listing

TRANSPORTATION

- | | |
|---|--|
| <p>43. Medical Transportation, Senior Ride Programs
 BETHLEHEM MUNICIPAL AGENT FOR THE ELDERLY
 32 Main Street South
 Bethlehem, CT 06751</p> | <p>50. Medical Transportation, Senior Ride Programs
 ROXBURY ELDERLY SERVICES/ MUNICIPAL AGENT
 7 South Street
 Roxbury, CT 06783</p> |
| <p>44. Disability Related/Medical Transportation, Senior Rides
 BRIDGEWATER HILLTOP FARM SENIOR CENTER
 132 Hut Hill Road
 Bridgewater, CT 06752</p> | <p>51. Disability Related/Medical Transportation, Senior Rides
 THOMASTON - SOCIAL SERVICES/ MUNICIPAL AGENT
 158 Main Street
 Thomaston, CT 06787-1720</p> |
| <p>45. Disability Related/Medical Transportation,
 Senior Rides
 GEER NURSING-REHABILITATION CENTER
 83 South Canaan Road
 Canaan, CT 06018</p> | <p>52. Disability/Medical Transportation, General
 Paratransit/Community Ride Programs, Senior Rides
 NW CT TRANSIT DISTRICT
 957 East Main Street
 Torrington, CT 06790</p> |
| <p>46. Escort Programs
 COMPANIONS & HOMEMAKERS
 LITCHFIELD OFFICE
 82 West Street
 Litchfield, CT 06759</p> | <p>53. Disability/ Medical Transportation
 TORRINGTON SERVICES FOR THE ELDERLY
 /SULLIVAN SENIOR CENTER
 88 East Albert Street
 Torrington, CT 06790</p> |
| <p>47. Senior Ride Programs
 NEW HARTFORD SENIOR CTR/
 Elderly MUNICIPAL AGENT
 530 Main Street
 New Hartford, CT 06057</p> | <p>54. Disability Related/Medical Transportation, Senior Rides
 WOODBURY
 SENIOR CENTER
 265 Main Street South
 Woodbury, CT 06798</p> |
| <p>48. Disability Related/Medical Transportation, Senior Rides
 NEW MILFORD - RICHMOND CITIZEN CENTER
 40 Main Street
 New Milford, CT 06776</p> | <p>Medical Transportation
 FISH OF WOODBURY
 PO Box 216
 Woodbury, CT 06798</p> |
| <p>49. Medical Transportation
 COOK WILLOW HEALTH CENTER - COOK'S
 81 Hillside Avenue
 Plymouth, CT 06786</p> | <p>Medical Transportation
 FISH OF KENT
 PO Box 852
 Kent, CT 06757</p> |

} NO STREET ADDRESS

**Litchfield County, Connecticut
Community Transformation Grant
Strategic Direction Five: Healthy and Safe Physical Environment-
Domestic Violence
Map 12 of 13**



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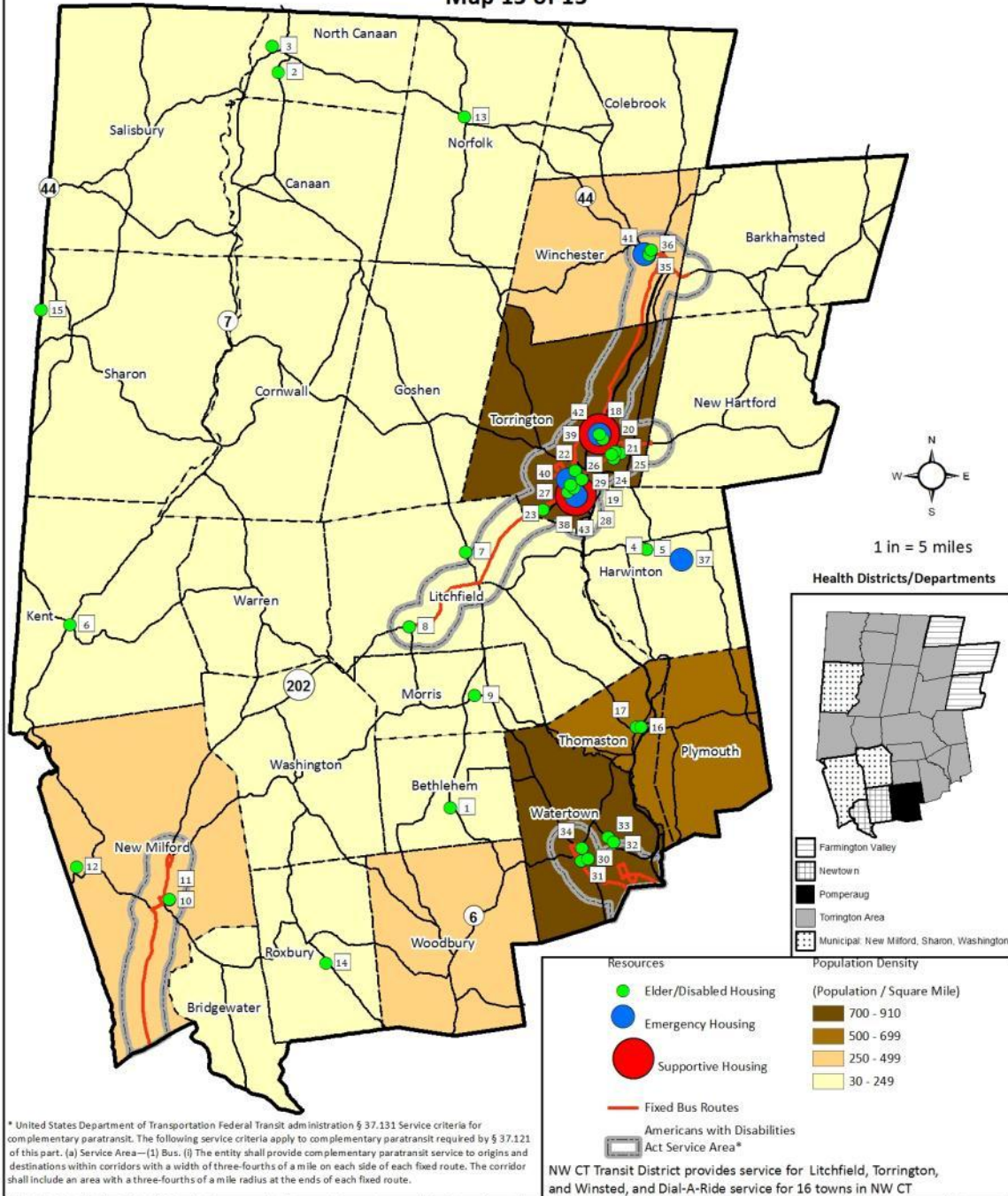
Litchfield County, CT
Community Transformation Grant
Strategic Direction Five: Healthy and Safe Physical Environment
Domestic Violence
Map 12 of 13 – Resource Listing

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, Connecticut
Community Transformation Grant
Strategic Direction Five: Healthy and Safe Physical Environment -
Housing
Map 13 of 13**



* United States Department of Transportation Federal Transit Administration § 37.131 Service criteria for complementary paratransit. The following service criteria apply to complementary paratransit required by § 37.121 of this part. (a) Service Area—(1) Bus. (i) The entity shall provide complementary paratransit 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 each fixed route.

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Litchfield County, CT
Community Transformation Grant
Strategic Direction Five: Healthy and Safe Physical Environment
Housing
Map 13 of 13 – Resource Listing

ELDER/DISABLED

- | | |
|---|---|
| <p>1. Low Inc./Sub. Rental Housing * Dis./Health, Older Adults
 ELDERLY HOUSING MANAGEMENT - NORTH PURCHASE
 11 Jackson Lane
 Bethlehem, CT 06751</p> | <p>8. Public Housing, Disabilities/Health Conditions * Older Adults
 LITCHFIELD HOUSING AUTHORITY - BANTAM FALLS
 Doyle Road
 Litchfield, CT 06759</p> |
| <p>2. Low Inc./Subsidized Private Rental Housing * Older Adults
 ELDERLY HOUSING MANAGEMENT - BECKLEY HOUSE
 85 South Canaan Road
 Canaan, CT 06018</p> | <p>9. Public Housing, Disabilities/Health Conditions, Older Adults
 MORRIS HOUSING AUTHORITY
 109 East Street
 Morris, CT 06763</p> |
| <p>3. Public Housing * Dis. & Health Conditions* Older Adults
 NORTH CANAAN HOUSING AUTHORITY – WANGUM VILLAGE
 132 Quinn Street
 Canaan, CT 06018</p> | <p>10. Low Inc./Sub. Private Rental Housing Older Adults
 DEMARCO MANAGEMENT - BUTTER BROOK HILL APTS
 105 Butter Brook Hill
 New Milford, CT 06776</p> |
| <p>4. Low Inc./Subsidized Private Rental Housing * Disabilities &
 Health Conditions * Older Adults
 ELDERLY HOUSING MANAGEMENT - WINTERGREEN
 21 Wintergreen Circle
 Harwinton, CT 06791</p> | <p>11. Low Inc./Subsidized Private Rental Housing
 Older Adults
 ELDERLY HOUSING MANAGEMENT - GLEN AYRE
 One Glen Ayre Drive
 New Milford, CT 06776</p> |
| <p>5. Low Inc./Subsidized Private Rental Housing * Disabilities &
 Health Conditions* Older Adults
 HARWINTON WINTERGREEN ELDERLY HOUSING
 21 Wintergreen Circle/Litchfield Road
 Harwinton, CT 06791</p> | <p>12. Home Barrier Evaluation
 /Removal Services
 REBUILDING TOGETHER - LITCHFIELD COUNTY
 122 Stilson Hill Road
 New Milford, CT 06776</p> |
| <p>6. Low Inc./Subsidized Private Rental Housing * Disabilities &
 Health Conditions* Older Adults
 ELDERLY HOUSING MNGMT TEMPLETON FARM APTS
 16 Swifts Lane
 Kent, CT 06757</p> | <p>13. Low Inc./Subsidized Private Rental Housing * Disabilities &
 Health Conditions * Older Adults
 NORFOLK SENIOR HOUSING CORPORATION
 9 Shepard Road
 Norfolk, CT 06058</p> |
| <p>7. Group Residences for Adults with Disabilities, Supported
 Living Services for Adults with Disabilities
 EDUCATION CONNECTION
 355 Goshen Road
 Litchfield, CT 06759-0909</p> | <p>14. Low Inc./Subsidized Private Rental Housing
 * Older Adults
 ELDERLY HOUSING BERNHARDT MEADOW
 19 Bernhardt Meadow Lane
 Roxbury, CT 06783</p> |

Litchfield County, CT
Community Transformation Grant
Strategic Direction Five: Healthy and Safe Physical Environment
Housing
Map 13 of 13 – Resource Listing

ELDER/DISABLED (CONT.)

- | | |
|---|--|
| <p>15. Public Housing * Disabilities & Health Conditions, Older Adults
 SHARON HOUSING AUTHORITY
 12E Sharon Ridge Road
 Sharon, CT 06069</p> | <p>22. Supported Living Group Residences Disabilities LARC
 314 Main Street
 Torrington, CT 06790</p> |
| <p>16. Public Housing Older Adults
 THOMASTON HOUSING AUTHORITY - GREEN MANOR
 63 Green Manor
 Thomaston, CT 06787</p> | <p>23. Supported Living Services for Adults with Disabilities * Chronic/Severe Mental Illness
 MENTAL HEALTH ASSOC. OF CT TORRINGTON
 30 Peck Road
 Torrington, CT 06790</p> |
| <p>17. Public Housing, Disabilities/ Health Conditions Older Adults
 THOMASTON HOUSING AUTHORITY - GROVE MANOR
 11 Grove Street
 Thomaston, CT 06787</p> | <p>24. Low Inc./Subsidized Private Rental Housing * Disabilities & Health Conditions * Older Adults
 TORRINGFORD WEST APARTMENTS
 356 Torrington West Street
 Torrington, CT 06790</p> |
| <p>18. Supported Living Adults with Disabilities * Dual Diagnosis
 CENTER FOR HUMAN DEVELOPMENT
 51 Commercial Boulevard
 Torrington, CT 06790</p> | <p>25. Public Housing/Disabilities/Health Conditions * Older Adults
 TORRINGTON HOUSING AUTHORITY - LAUREL ACRES
 523 Torrington West Street
 Torrington, CT 06790</p> |
| <p>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</p> | <p>26. Public Housing/Disabilities/Health Conditions Older Adults
 TORRINGTON HOUSING AUTHORITY MICHAEL KOURY
 Tucker Drive
 Torrington, CT 06790</p> |
| <p>20. Supported Living Services / Group Residences Adults/Disabilities * Chronic/Severe Mental Illness
 COMMUNITY SYSTEMS
 295 Alvord Park Road
 Torrington, CT 06790</p> | <p>27. Public Housing/Disabilities/Health Conditions Older Adults
 TORRINGTON HOUSING AUTHORITY - THOMPSON HEIGHTS
 301 Litchfield Street
 Torrington, CT 06790</p> |
| <p>21. Low Inc./Subsidized Private Rental Housing * Older Adults
 GEORGETOWN GARDENS
 109 Sunny Lane
 Torrington, CT 06790</p> | <p>28. Public Housing/Disabilities/Health Conditions * Older Adults
 TORRINGTON HOUSING AUTHORITY - TORRINGTON TOWERS
 52 Summer Street
 Torrington, CT 06790</p> |

Litchfield County, CT
Community Transformation Grant
Strategic Direction Five: Healthy and Safe Physical Environment
Housing
Map 13 of 13 – Resource Listing

ELDER/DISABLED (CONT.)

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|--|--|
| <p>29. Public Housing/Disabilities/Health Conditions * Older Adults
 TORRINGTON HOUSING AUTHORITY WILLOW GARDENS
 52 Willow Street
 Torrington, CT 06790</p> | <p>33. Public Housing/Disabilities/Health Conditions * Older Adults
 WATERTOWN HOUSING AUTHORITY - COUNTRY RIDGE
 1091 Buckingham Street
 Watertown, CT 06795</p> |
| <p>30. Group Residences for Adults with Disabilities
 FAMILY OPTIONS
 76 Westbury Park Road
 Watertown, CT 06795</p> | <p>34. Public Housing/Disabilities/Health Conditions * Older Adults
 WATERTOWN HOUSING AUTHORITY - TRUMAN TERRACE
 100 Steele Brook Road
 Watertown, CT 06795</p> |
| <p>31. Supported Living Services for Adults with Disabilities *
 Developmental Disabilities
 INSTITUTE OF PROFESSIONAL PRACTICE- WATERTOWN
 680 Main Street
 Watertown, CT 06795</p> | <p>35. Low Income/Subsidized Private Rental Housing
 * Older Adults
 MILLENIUM REAL ESTATE SERVICES - THE GLEN
 Maple & Willow Streets
 Winchester, CT 06098</p> |
| <p>32. Public Housing/Disabilities/Health Conditions * Older Adults
 WATERTOWN HOUSING AUTHORITY - BUCKINGHAM
 935 Buckingham Street
 Watertown, CT 06795</p> | <p>36. Public Housing/Disabilities/Health Conditions * Older Adults
 WINCHESTER HOUSING AUTHORITY GREENWOODS GARDEN
 Gay Street
 Winchester, CT 06098</p> |

Subsidized Private Rental Housing/Disabilities/Older Adults
 STATION PLACE APARTMENTS
 Whitford Court
 Canaan, CT 06018

} NO STREET
 NUMBER

Litchfield County, CT
Community Transformation Grant
Strategic Direction Five: Healthy and Safe Physical Environment
Housing
Map 13 of 13 – Resource Listing

EMERGENCY HOUSING

- | | |
|--|---|
| <p>37. Runaway/Youth Shelters
 BRIDGE FAMILY CENTER, THE - HARWINTON SHELTER
 25 Plymouth Road
 Harwinton, CT 06791-2418</p> | <p>40. Transitional Housing/Shelter
 SUSAN B. ANTHONY PROJECT - DV SERVICE
 179 Water Street
 Torrington, CT 06790</p> |
| <p>38. Homeless Shelter
 FISH OF TORRINGTON
 332 South Main Street
 Torrington, CT 06790</p> | <p>41. Homeless Shelter, Runaway/Youth Shelters
 NW CT YMCA - WINCHESTER EMERGENCY SHELTER
 480 Main Street
 Winchester, CT 06098</p> |
| <p>39. Homeless Shelter
 STATE DEPT OF SOCIAL SERVICES - TORRINGTON
 62 Commercial Boulevard
 Torrington, CT 06790</p> | <p>Homeless Shelter
 NEW MILFORD SHELTER COALITION
 PO Box 1016
 New Milford, CT 06776</p> |
- } NO STREET ADDRESS

SUPPORTIVE HOUSING

- | | |
|---|--|
| <p>42. Homeless Permanent Supportive Housing
 CENTER FOR HUMAN DEVELOPMENT
 51 Commercial Boulevard
 Torrington, CT 06790</p> | <p>43. Case/Care Management * Homeless People
 FISH OF TORRINGTON
 332 South Main Street
 Torrington, CT 06790</p> |
|---|--|

Appendix B – Glossary of Abbreviations

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