



Community Health Assessment

Creating a Healthier Pomperaug



Pomperaug District
Department of Health



POMPERAUG PARTNERS
FOR HEALTH

Oxford, Southbury & Woodbury, CT | MARCH 2017

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Pomperaug District Department of Health

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March 3, 2017

Dear community members,

It is our pleasure to present to you the Pomperaug District Department of Health's Community Health Assessment – *Creating a Healthier Pomperaug*.

This document is meant to shed light on the health needs of our wonderful community and to identify our assets & resources. As we look to the future, this assessment can serve as a data-driven foundation, allowing us to determine together how best to improve our collective well-being.

Along with the dedicated members of the Pomperaug Partners for Health, a coalition bringing together a wide variety of stakeholders from around our community, we are share the vision of improved health and quality of life for those who live, work, learn, worship and play in Southbury, Woodbury & Oxford.

Please, join us in creating a healthier Pomperaug!

Sincerely,



Neal Lustig, MPH

Health Director



Mona LaBissoniere, RS

Community Health Needs

Assessment Coordinator

Introduction

About Us

The Pomperaug Health District is a suburban & rural community in west-central Connecticut, set in the gently rolling foothills of the Berkshire mountains. The three towns in this district -- Southbury, Oxford, Woodbury -- were founded in the late 1700s, and until as recently as the 1950s, had economies based largely on farming. The area enjoyed a period of economic growth, but is still subject to the fluctuations of the larger state and federal economy. The residents value the small town nature of the community and have taken steps to limit commercial development. When one thinks of quintessential, small-town New England, these three towns fit the mold.

The Pomperaug Health District was formed in 1986 as a municipal subdivision of Connecticut government. The District is empowered by the Public Health Code and other laws to enforce public health regulations and also to fulfill the core functions of public health and the ten essential services outlined by the Centers for Disease Control & Prevention and defined in Connecticut's General Statutes. Our primary functions are environmental health protection, community health promotion, and reportable disease control. Toward these goals, the Pomperaug District Department of Health is committed to improving the health and well-being of all the residents of our constituent communities.

What is a Community Health Assessment & Why Do We Need One?

A Community Health Assessment is a tool used to examine the health status and key contributors of health in a given community. Although there are many ways to conduct such an assessment, *Creating a Healthier Pomperaug* used a collaborative, mixed-methods process, incorporating quantitative and qualitative data in order to analyze and interpret the health of those in our three towns. This document is the result of that process. The reason we need a community health assessment is a simple one: until we know where we stand and what tools are at hand, we won't know how to improve.

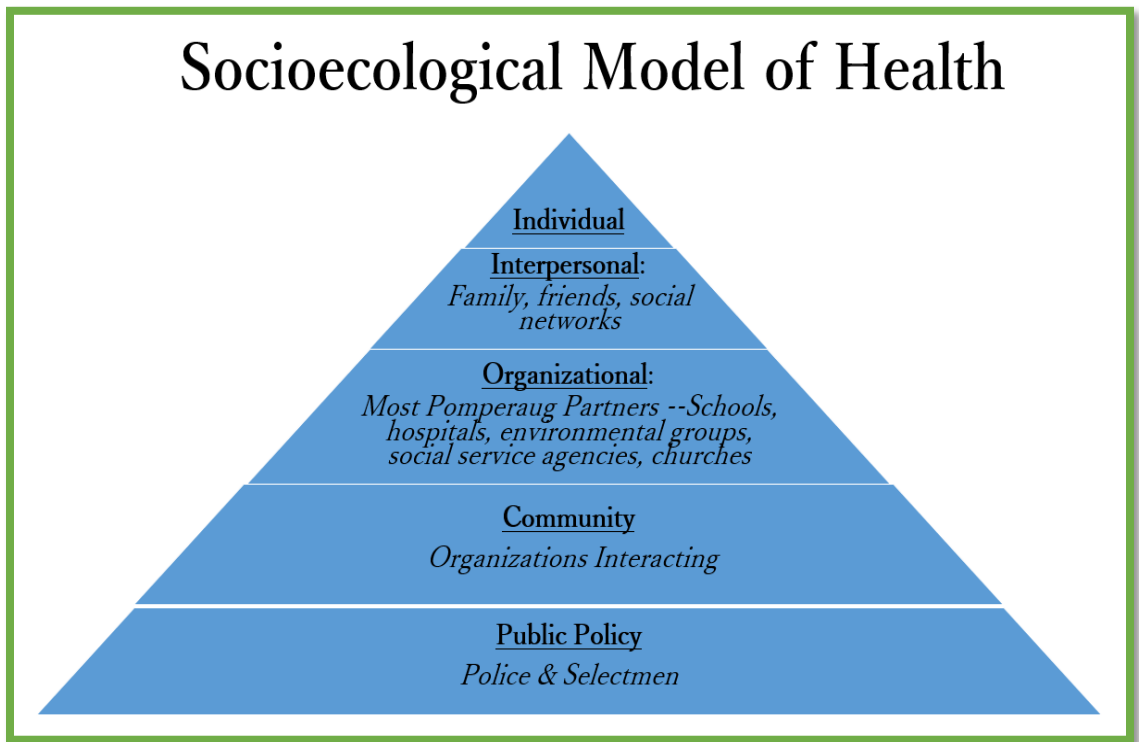
How was this Community Health Assessment Created?

Using MAPP (Mobilizing for Action through Planning & Partnerships) guidelines, this community health assessment was created from a variety of sources. The MAPP process is “a framework that helps communities prioritize public health issues, identify resources for addressing them, and taking action to improve conditions that support healthy living” [1]. In terms of primary data, which is to say data that we collected ourselves, certain surveys were created and distributed to community members, while other questionnaires were provided to members of the Pomperaug Partners for Health Coalition. Face-to-face interviews were conducted with various stakeholders in order to delve more deeply into the feelings and forces at work in our three towns. In terms of secondary data, which is to say data that was collected by others but about our community, we relied on many sources, including information from the

Western Connecticut Health Network, the U.S. Census Bureau’s American Fact Finder, and the Connecticut Department of Public Health.

A Multifaceted Understanding of Health

Because the factors that influence health are so much bigger than just the choices that individuals make, for this assessment we have used the Social Ecological Model as a framework to inform our understanding of the factors that affect the health of individuals in our community. This model allows us to consider the impact of interpersonal interactions, organizational influence, societal forces, and public policy upon health. This framework also explains why the Pomperaug District Department of Health is committed to joining forces with its local partners to positively impact community health.



The Pomperaug District Department of Health has partnered with Pomperaug Partners for Health, a collaborative of over 30 agencies in the community including a broad array of stakeholders from local businesses to public-sector service providers, to conduct this assessment. In order to facilitate this process, the Pomperaug District Department of Health brought together all of these partners in a kick-off event in April, 2016. Many of these stakeholders were interviewed and surveyed in order to better understand the needs of this community, and to understand how the health needs of the community could be met.

Pomperaug Partners for Health Coalition Community Health Assessment Orientation Meeting

**Monday, April 4, 2016
8:30 AM – 11:30 AM
The Watermark at East Hill
611 East Hill Road, Southbury**

The Pomperaug District Department of Health invites you to a meeting to re-establish the coalition of community partners who contribute to the health and well being of our community. The coalition, originally established in 2008, is known as the Pomperaug Partners for Health Coalition.

The purpose of the meeting is to initiate crucial public health studies in the following areas:

- ☞ Community Health Assessment
- ☞ Community Health Improvement Plan

These assessments will build the framework for a local action plan to improve our public health system. By sharing our diverse perspectives, participants will gain a better understanding of each organization's contributions, the interconnectedness of activities, and how the public health system can be strengthened.

This meeting is kindly being hosted by the Watermark at East Hill.

A Light Breakfast will be provided.



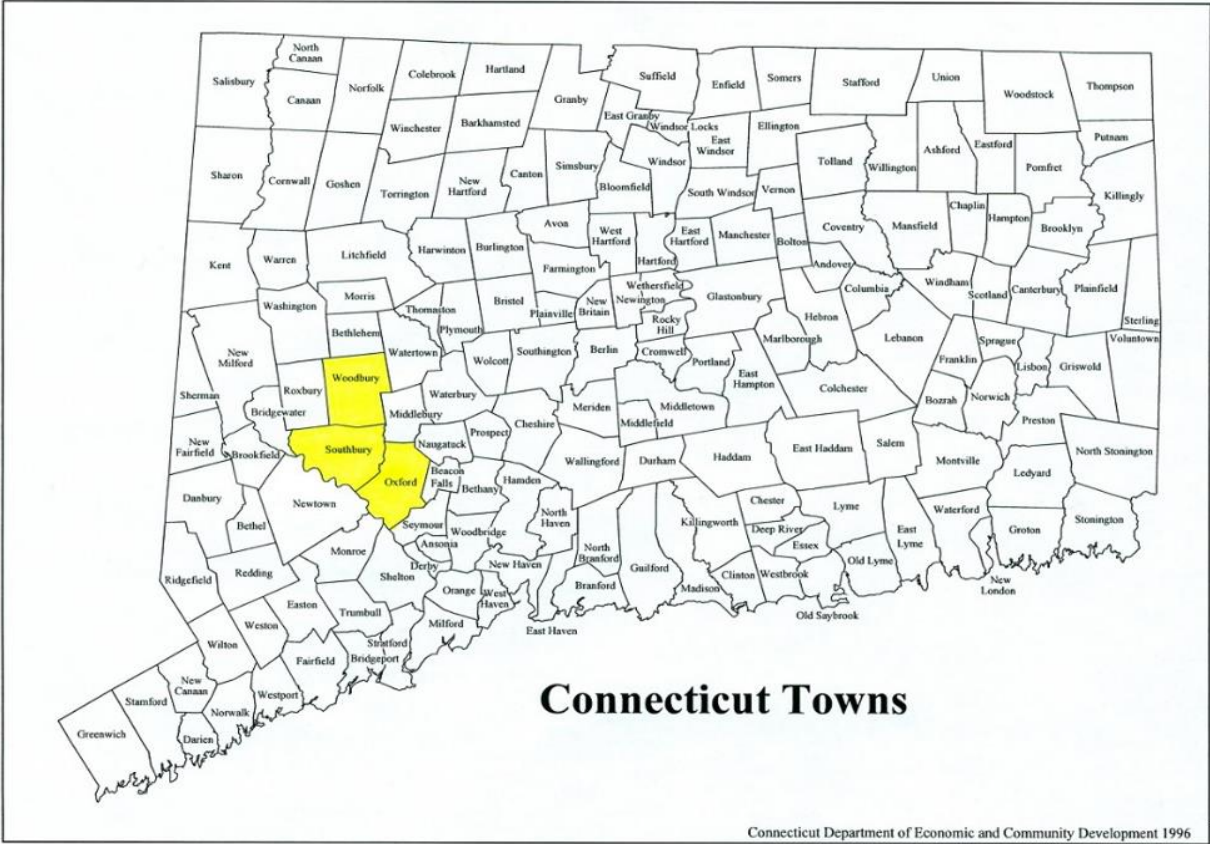
**Please RSVP by March 25 to
Pomperaug District Department of Health
77 Main Street North, Suite 205
Southbury, CT 06488
FAX 203-262-1960
Phone 203-264-9616, extension 0
mona.labissoniere@pddh.org**

RSVP form enclosed

Demographics

Description of the Pomperaug Health District

The Pomperaug Health District is located in west central Connecticut. Covering approximately 93 square miles in New Haven and Litchfield Counties, its three towns -- Southbury, Oxford and Woodbury -- are home to roughly 42,400 individuals residing in some 17,750 households in a mixture of suburban and rural settings [2].



Highlighted area is the Pomperaug Health District [3]

Population Demographics

Although they rarely tell the *full* story, demographics are a great way to begin to understand a community and its needs. Demographic statistics provide information about a population at a point in time, and also enable a community to plan and prepare for its future.

As of 2012, the Pomperaug Health District was home to 42,368 residents, which amounts to roughly 1.2% of the total population of the state of Connecticut. Women represent approximately 52% of the total population, and men the remaining 48% [2].

Age Distribution.

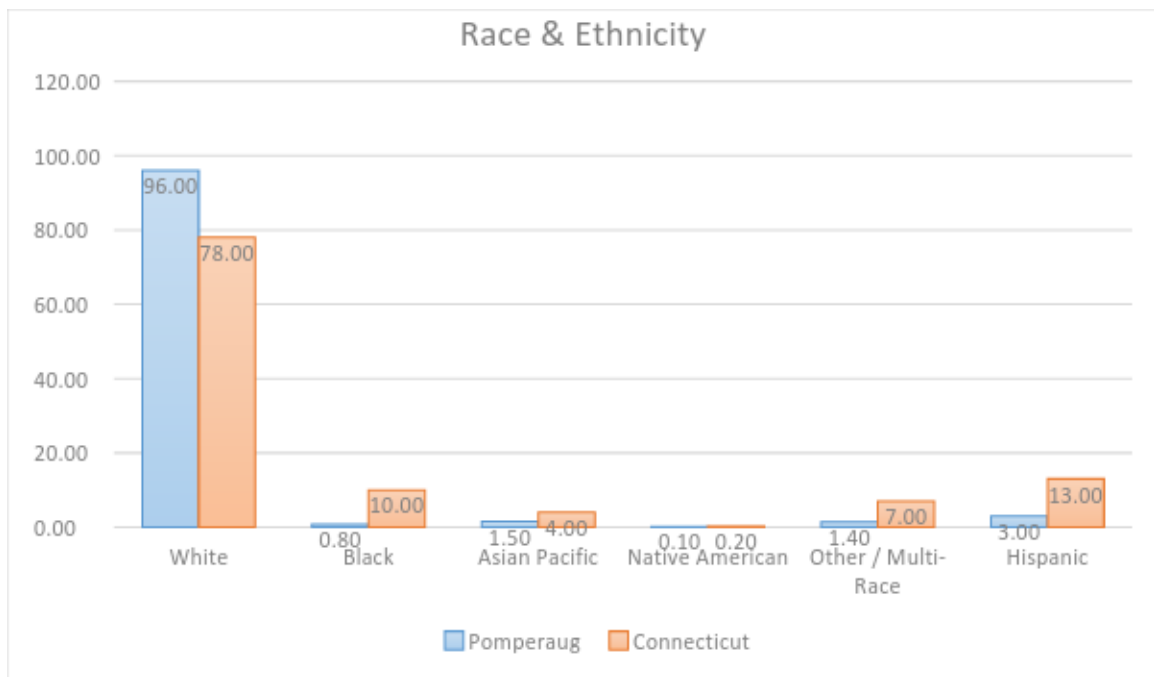
At 43.9 years, 50.3 years and 48.1 years respectively, the median age for residents of Oxford, Southbury and Woodbury is currently considerably higher than that of the nation as a whole, which stands at 37.9 years. [4, 5]. In addition to already being older than average, the residents of the Pomperaug Health District represent an actively aging population. If current trends persist, by 2025, there is expected to be a population decrease of 21.26% amongst those in the 0-19 year age range. Simultaneously, there is a projected 1.7% increase in the 20-64 year old population, and a sharp 37.63% increase in the senior population [6].

Real & Projected Population Changes

Age (Years)	2010 Population	2015 Population	2020 Population (Projected)	2025 Population (Projected)
0-19	9,956	9,623	8,568	7,577
20-64	23,961	24,019	24,431	24,429
≥ 65	8,654	10,660	12,587	14,671

Race & Ethnicity.

The Pomperaug Health District is quite homogenous in terms of race and ethnicity. Ninety six percent of the population identify themselves as White or Caucasian, as compared to 78% in the state as a whole. The next highest racial segment of the population is those of Asian Pacific origin, which accounts for merely 1.5% of the population of the district. Nearly as many, (1.4%) identify as Multi-Racial, and less than 1% identify as black or Native American. Three percent are Hispanic of any race [2].



Home Language.

Having limited English proficiency can present a significant barrier to accessing services. Knowing what languages are spoken in a community is key to being able to provide services in ways that enable community members to access all the services that are provided through the

Health Department and social service agencies. The home language of the vast majority of those living in this health district is English. Spanish and other Indo-European languages constitute a small but significant percent of other home languages. Notably, in the Pomperaug Health District, the rate of speaking a language other than English at home is considerably less than half of what it is in the country as a whole [2].

Home Language			
Language	Pomperaug Health District	Connecticut	United States
English	91.4%	78.4%	79.1%
Other than English	8.59%	21.6%	20.9%
Spanish	2.67%	11.1%	13.0%
Other Indo-European Languages	4.2%	7.4%	3.7%
Asian & Pacific Island Languages	1.5%	2.3%	3.3%

Socioeconomics

Socioeconomic Status & Health

Socioeconomic status can be thought of as a combined measure of an individual's financial and social standing. Although it is an imprecise measure, socioeconomic status is often quantified using the variables of education, income and occupation [7]. Due to differentials in access to resources including healthcare, exposures to environmental hazards and chronic stressors, and an assortment of health behaviors, great health disparities exist between those at different places on the socioeconomic scale. In our society, the greater privilege and power afforded to those of higher socioeconomic status usually translates to better health outcomes, and vice versa.

Education.

Broadly speaking, education level is one of the key predictors of later health outcomes, with higher levels of education correlating with better health. Connecticut has one of the largest achievement gaps in the nation, which may have far-reaching implications for overall health in this state in the long term. Students in the towns of the Pomperaug Health District, however, consistently score well on the state and national exams that are used to measure student achievement [8, 9].

On average, residents of the towns that comprise the Pomperaug Health District have slightly higher educational attainment than residents of Connecticut as a whole, with

approximately half of all Pomperaug denizens having completed a college or graduate degree, as compared to only 44.3% across the state, and 37.2% nationwide [4].

Educational Attainment			
Highest Level of Ed Attainment (pop ≥ 25 years)	Pomperaug Health District	Connecticut	United States
Less Than High School	6.9%	10.4%	13.6%
High School (inc. GED)	25.6%	27.6%	28%
Some college (no degree)	18.4%	17.6%	21.2%
Associate’s or Bachelor’s Degree	31.8%	27.9%	26.2%
Graduate or Professional Degree	17.3%	16.4%	11%

Income & Poverty.

Due to its correlation with power, autonomy, access to resources, connection to health insurance, household income is perhaps the strongest determinant of health in our country today. Correspondingly, poverty generally makes it considerably more difficult to access health insurance, health care services, healthful foods, safe housing, as well the ability exercise control over day-to-day choices. Affordable Care Act regulations may be modifying some of the preconceived notions of healthcare access.

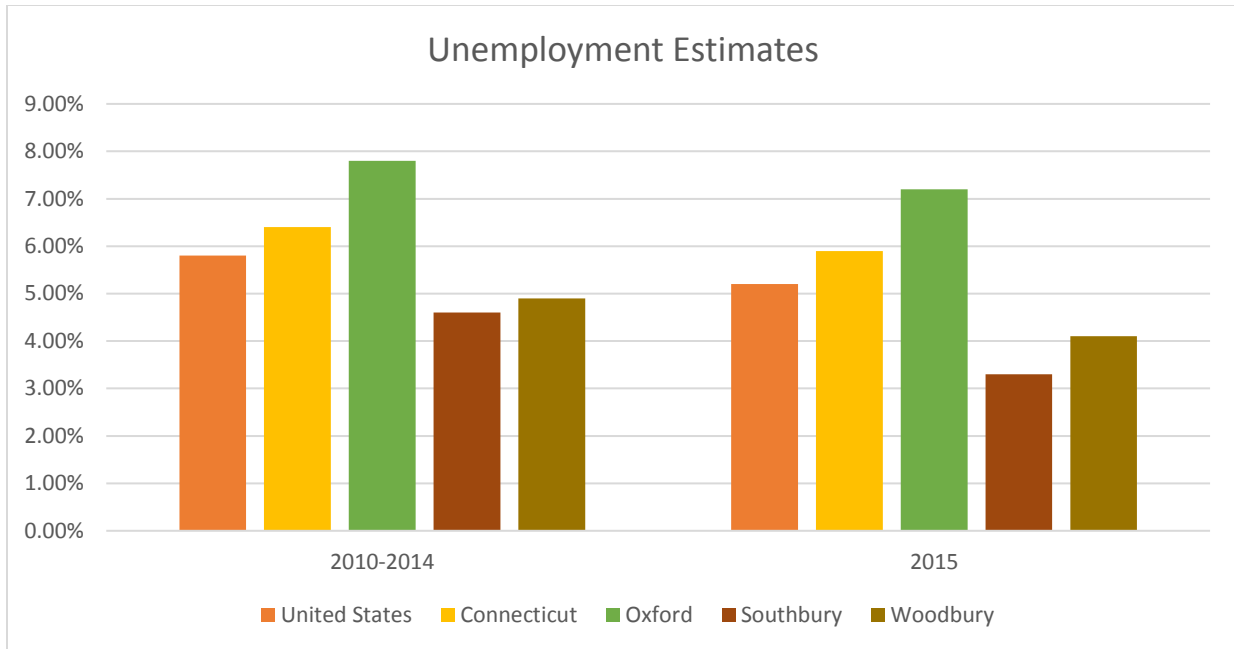
Both the mean and the median income in each of the three towns in the Pomperaug Health District are greater than state averages, and are substantially higher than federal averages.

As of 2015, the most recent year for which figures are available, the mean income for all three towns combined is \$110,559 [4].

Income & Poverty					
	Southbury	Oxford	Woodbury	Connecticut	United States
Median Household Income	\$76,896	\$98,504	\$84,868	\$69,899	\$53,482
Mean Household Income	\$105, 257	\$117,567	\$108,852	\$99,110	\$74,596
Per Capita Income	\$42,791	\$41,122	\$45,856	\$38,480	\$28,555
Poverty Rate	8.4%	3.7%	6.0%	10.5%	15.6%

Unemployment.

In addition to the obvious affects on household income, unemployment can impact access to resources in other ways as well. More than half of all Americans who have health insurance are insured via an employer [10], which makes unemployment a potential threat to health and wellbeing. Our district was not exempt from the impact of the Great Recession, and consequently, all three towns saw increases in unemployment figures in the 2010-2014 period. Fortunately, as the broader economy recovers, reported rates of unemployment have fallen. Despite this, however, on a recent survey, approximately 37% of Pomperaug residents indicated that they somewhat or strongly disagree with the idea that the strengths of the community include “good employment opportunities”. An additional 37% were neutral on the topic [11].



Local, state & national unemployment statistics [4].

Food Insecurity.

While all three towns are in the bottom 25% of food assistance program participation for the state, poverty and food insecurity in the District are certainly not negligible. Oxford residents are substantially less likely than average to be food insecure; Woodbury residents are below average for being food insecure, compared to residents of other Connecticut towns; and residents of Southbury, which is home to a substantial number of senior living and long-term care facilities, are at higher than average risk to be food insecure [12]. Seniors are certainly not the only ones facing food insecurity. According to the latest information available, approximately six percent of students in the District receive a subsidized lunch at school [13].

There may be several causal factors for these rates of food insecurity, including issues of access -- a measure which combines proximity to grocery stores with the likelihood of having the (public or private) transportation means to get to those stores. There are reasonably few

sidewalks in the District, and each of the three towns scores as being fully “car-dependent” according to Walk Score [14-16] . This makes access to grocery stores particularly difficult for those residents without a car, including those seniors who no longer have a driver’s license. Oxford & Woodbury residents have lower than average access to food retail establishments, while Southbury residents have higher than average access to food retail establishments. Oxford has recently seen the opening of a new, up-market grocery store, which opened in late 2016. It is currently too soon to determine the impact of this addition to the community. For those for whom the existing grocery stores are too costly, there are 2 food pantries within the district itself and 17 food pantries within 10 miles of these three towns [17].

Public Benefits.

Here as elsewhere, people are experiencing financial challenges as a result of economic volatility and structural barriers. As a result of the District having an aging population that lives on a fixed income, people in the District may be unable to meet all their needs without some help. Large swings in the price of home heating fuel and in the price of gasoline tend to have a disproportionate impact on people who are living on limited economic resources. Fuel costs aside, downturns in the market can be particularly burdensome for seniors living off of investments, and can result in an inability to meet daily needs. This can lead to difficult choices of whether to spend the principal and face possible hardship in the future or to go without today. These issues are not limited to seniors. With the growth of jobs in the service economy, people who are employed are increasingly struggling to make ends meet, especially in areas such as this, where the cost of living is substantially higher than average [18-20]. As the economy recovers and individuals cobble together a living from part-time employment, many lack the traditional

safety-net that full-time employment has historically provided, and thus are able to qualify for various forms of public assistance. Living close to the financial margins also means that a personal illness or an illness in the family can result in economic ruin. Programs like those listed below are often instrumental in helping people cope with these hardships.

- SNAP & WIC
- Medicaid
- Commodity Supplemental Food Program
- Fuel Subsidies
- Housing Vouchers

Housing.

In keeping with the established nature of the towns, upwards of three-quarters of all homes in the district is owner occupied. Much of the housing stock is old enough to contain lead-based paint, and no evidence exists which suggests that any widespread remediation efforts have been undertaken. At the federal level, use of lead-based paints for residential purposes was banned in 1978. For the district as a whole, 57.1% of the housing stock was built before 1980. For Southbury 59.9% was pre-1980; for Oxford 48.8% was pre-1980; for Woodbury 60.8% was pre-1980 [4].

By and large, there are not public sewer systems in these towns, although that is beginning to change. Heritage Village, a roughly 3,700+ person planned retirement community in Southbury, has long had a central treatment system for its residents, as have substantial portions of the Oxford industrial park proximate to the regional airport. More recently, the town

of Oxford has installed a water & sewage system along a portion of its main road. Currently, this new system primarily serves commercial establishments along this route, however housing units are planned to be built here as well and when they are, they will be tied in to these services.

The towns of Southbury and Oxford are located in New Haven county which is in a Zone 1 “highest potential” for radon, meaning that all homes therein should be tested for radon. While Woodbury, the other town in this district, is outside of this zone, its proximity may make radon an issue of concern [21]. Uranium is also a topic of concern. A program to test well water was instituted in 2015 in conjunction with the Connecticut State Department of Public Health, and was continued into 2016. Due to low participation rate the full extent of the uranium problem in the district is currently unknown. However, of the roughly 55 private wells that were tested, four exceeded EPA recommendations for safe levels of uranium. Of these four, one was noted as being amongst the highest levels of naturally occurring uranium in the United States [22].

Quality of Life

Broader Wellbeing

Quality of life is a rather subjective measure. It can encompass issues of physical and mental health, functionality, community engagement, social cohesion, and personal expectation. To the extent that health is more than “merely the absence of disease and infirmity”, but is instead “a state of complete physical, mental and social well-being” [23], measuring quality of life is in many ways tantamount to measuring this broad notion of health.

Engagement, Investment & Cohesion.

Although there is much which constitutes quality of life, one common method for measuring this illusive concept is to measure is to assess civic participation, political engagement, trust of neighbors, and sociocultural participation.

Measure	Response
Percent (adult citizens) Registered to Vote [24]	93% (vs 86% in CT)
Voter Turnout (2014) [25]	59.16% (vs 55.6% in CT)
Belief that people in their neighborhood can be trusted [24]	83%
Monthly, weekly or daily attendance of a community event (concert, civil meeting, worship service, etc) [11]	54.64%
Volunteering yearly, monthly, weekly or daily in the community [11]	66%

Do not feel safe walking in one’s own neighborhood at night [24]	19%
Satisfied with the city or area where you live[24]	91%
Feel mostly or completely satisfied with life [24]	62%

While of volunteering and participation rates in sociocultural events are relatively high, Pomperaug residents indicated that they would be excited to volunteer more in the community for things such as nature walks, library events, arts & crafts fairs, environmental clean-up activities, cultural promotion activities, and health education programs [11]. Information from Pomperaug District Department of Health vaccination programs and Medical Reserve Corps indicate existing wide participation in medical and non-medical programs.

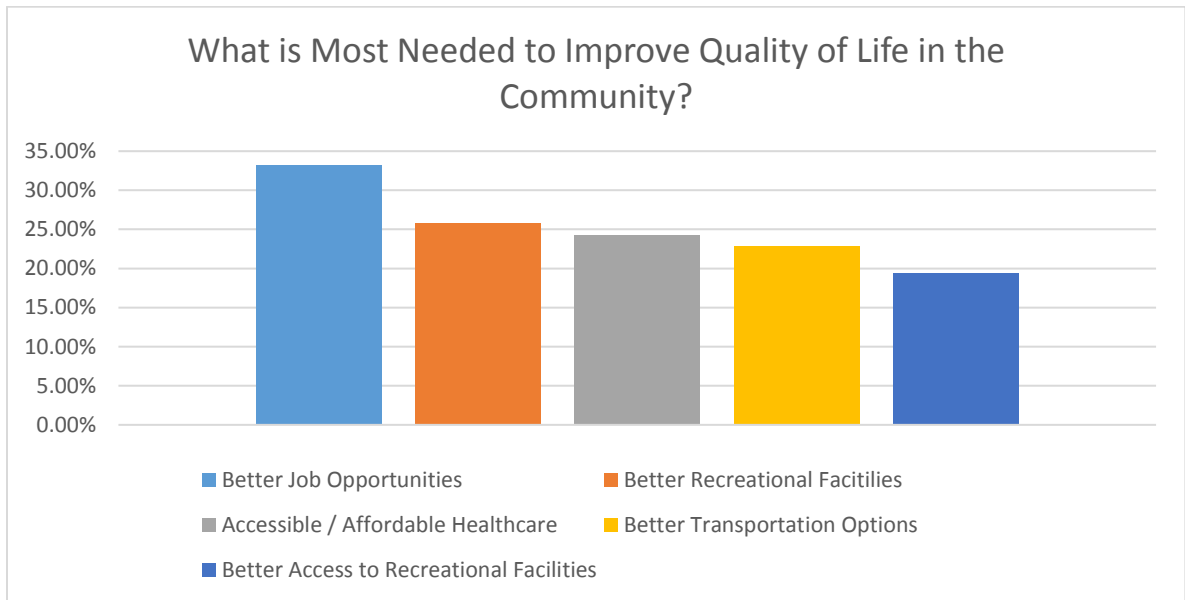
Crime.

In primary data collected by the Pomperaug Health District, nearly 90% of respondents indicated that somewhat or strong agreement with the area’s low crime rate being one of the community’s great strengths [11]. This corresponds well with data from a previous survey in which a similar percentage said that the police do a good or excellent job keeping residents safe [24]. While a few interviewees discussed fear of crime or reluctance in allowing young children to play alone outside due to the potential for crimes to occur, statistics show that this is in fact a relatively safe community [26].

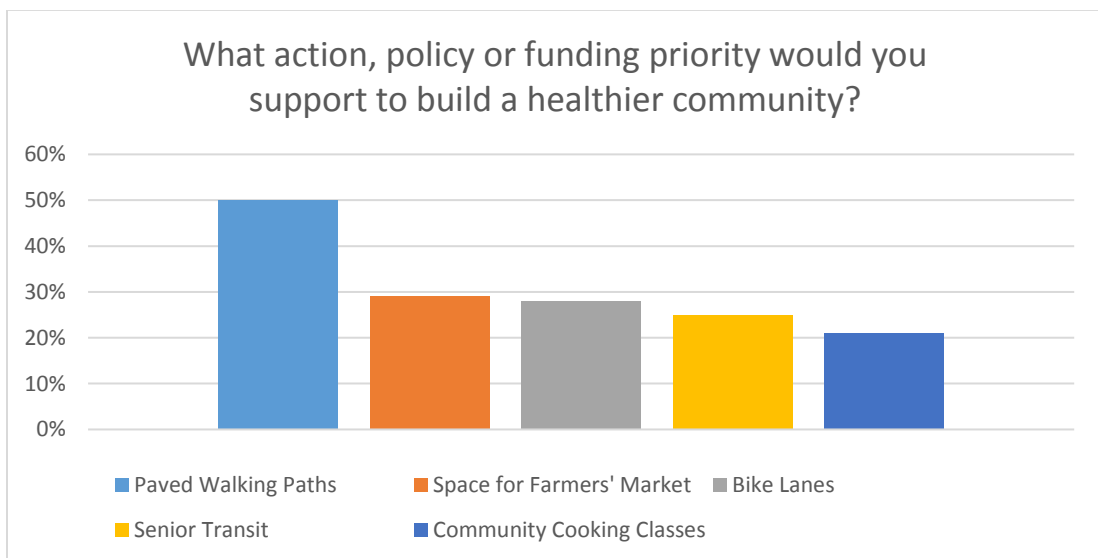
Desired Improvements.

Although most residents of the Pomperaug Health District seem reasonably engaged and satisfied with life in the town and the services offered, most indicated that there were things that

could be done to improve matters. Of the items listed below which are derived from the 2016 Pomperaug Partners for Health 2016 Community Wellness Survey, the themes of better job opportunities and better transportation options, especially for seniors, were also repeated in many of the interviews undertaken separately from this survey [11].



In terms of building a healthier community, those surveyed said that they would support the following [11]:



Assets & Resources

What We Have

A community health assessment is about much more than simply identifying what is missing. It is also crucial to inventory those tools already available at our disposal for addressing those needs.

Routine Medical Resources.

There are numerous resources in the area to meet the immediate health needs of Pomperaug Health District residents. Within the District itself, the following medical practices serve the community. It is worth noting that the majority of the resources listed below are located within the town of Southbury, with fewer resources of this type being located in the other towns.

Type of Practice (not individual physician)	# in the Community
Primary Care	13
Cardiology	3
Orthopedics	5
Dermatology	4
Oncology	1
Endocrinology	1
Gastroenterology	2
Neurology	1
Podiatry	3
Obstetrics & gynecology	3

Rheumatology	1
Gerontology	1
Pediatrics	4
Dental	27
Eye Care	8
Audiology	4
Chiropractic	9
Acupuncture	6

[27]

One or two additional physicians' offices, affiliated with local hospitals, are expected to open in the district in the near future. It is not yet known precisely what types of services will be offered or exactly when these office will open. In addition to the services and practices listed above, there are 10 pharmacies in the Pomperaug Health District, including 5 which can prescribe Naloxone [27].

Urgent & Emergency Care.

At present, there is one urgent care facility in the district, located in the town of Southbury. There are five hospitals in the greater region, though notably none within the district itself. These hospitals include: Waterbury Hospital; St Mary's Hospital; Griffin Hospital; New Milford Hospital; and Danbury Hospital [27]. These range from 11 to 19 miles distance from the center of Southbury.

Service	# in the Community
Urgent Care (not 24 hour)	1
EMS	3
Hospice	1
Hospitals	0

[27]

Other Forms of Care.

Care Type	# in the Community
Assisted Living	3
Nursing Home	4
Adult Residential Care Home	2
Physical Therapy	11
Occupational Therapy	6
Visiting Nurse Services	2
Counseling Services	23
Substance Abuse Programs	0

[27]

Public Health Programs.

The Pomperaug District Department of Health offers a variety of community and environmental health programs with the goal of preventing illness and injury for those who live and work in these three towns. Amongst others, these programs include blood pressure screenings, cholesterol screenings, *Matter of Balance* fall prevention programming, diabetes self-management, skin cancer screening, Tuberculosis screening, preventative vaccinations (including influenza), inspection and permitting of food service venues, pools, water sources & subsurface sewage systems, as well as other preventative, regulatory and investigatory services.

Other Community Assets.

As health is determined by more than just medical services, it is likewise important to take note of other community assets which may contribute to the wellbeing of the community.

Type of Resource	# in the Community
Grocery Stores	5 (including 1 “health food” store)
Farmers’ Markets	2
Community Gardens	1
Fitness Centers (inc. Yoga)	8
Golf Courses	4
Houses of Worship	25
Foodbanks	2
Public Libraries	3
Parks & Preserves (Town & State)	43
Boat Launches	1
Bridle Paths	1

[27]

In addition to the above, the district is also served by eleven primary, middle and high schools [27]. In written surveys and more particularly in interviews, the perceived high quality of these schools was noted as being an asset of the community [11]. Many participants stated that the district was a great place to raise a family due to the schools, with some noting that they chose this community at least in part on the basis of the education that their children would receive.

Access to Care

Health Insurance

Exceeding state averages, 97% of Pomperaug residents have some form of health insurance. Residents here are more likely than those in Connecticut as a whole to have employer-sponsored insurance, privately purchased insurance, and Medicare. They are somewhat less likely than average to get their health insurance via Medicaid [24], which is likely a reflection of the higher than (state) average median income found in the district [4].

Insurance Type	Connecticut	Pomperaug Health District
Via Employer	62%	65%
Privately Purchased	13%	18%
Medicare (65+)	21%	27%
Medicaid	14%	11%

[24]

Care Utilization

While generally speaking having a higher than average percentage of the population carrying health insurance bodes well for a community, insurance is not the same thing as access to care. It is worth noting that many in the Pomperaug Health District report having had to postpone or forego medical care because their health insurance would not pay for the services in

question; because the high price of copayments and deductibles rendered those services unaffordable despite the presence of insurance; or because the doctor or hospital would not accept their insurance [24]. Others reported not being able to get needed prescription medicines due to cost [24]. In fact, on a recent survey created and distributed by the Pomperaug District Department of Health to those in the district, the third most common response to the question “What do you think is most need to improve the quality of life in this community?” was “Accessible / affordable health care”, indicating that despite high rates of health *insurance*, there is at least the perception that *healthcare* itself is out of reach for many in this community [11]. Given this, it is good to note that upwards of 90% of residents reported having identified a medical home, which is to say a single person or place which they think of as their personal doctor or healthcare provider. Nearly 85% of this population also reported having been seen by the dentist at least once in the last year [24], indicating that this sort of healthcare utilization is above average.

Health Indices

Morbidity

Body Mass Index.

As is true throughout the nation, issues of obesity are increasingly present in the Pomperaug towns. In fact, at present, a majority of our residents are now either obese or overweight [24]. This has real implications in terms of chronic diseases, projected lifespans, disability rates, and ultimately how municipal structures & private organizations are going to have to create and implement programming to address these issues.

BMI Category	Connecticut	Pomperaug Health District
Underweight	2%	1%
Normal Weight	37%	42%
Overweight	36%	32%
Obese	26%	25%

[24]

Chronic Disease & Common Conditions.

Despite being a little wealthier, a little better educated, and a little less rotund than Connecticut’s general population, people living in the Pomperaug towns are doing roughly as

poorly as the state averages in terms of several serious chronic diseases, conditions & medical events. It is possible (but far from a certainty) that these figures are in part a reflection of our older than average population age.

Disease / Condition or Event	Connecticut	Pomperaug
Asthma	13%	11%
High Cholesterol	23%	31%
High Blood Pressure	28%	31%
Diabetes	9%	9%
Stroke	2%	3%
Heart Attack	5%	4%

[24]

Communicable Infections & Diseases: Vector-Borne.

In 2016, there were a total of 21 reported incidences of vector-borne diseases. Amongst these were 18 cases of Lyme Disease, and 2 cases of Babesiosis, both of which are endemic to the area. Additionally, and worthy of note, there was one reported case of a Zika infection amongst someone living in the Pomperaug Health District. The Zika virus is not currently endemic to this area [28].

Communicable Infections & Diseases: Sexually Transmitted.

Sexually transmitted infections are increasingly a problem in this country, with 2015 (the most recent year for which figures are available) representing a peak in reporting of three of the most common such infections – chlamydia, gonorrhea and syphilis [29]. Overuse and misuse of

the drugs traditionally used to treat these infections has led to some measure of antibiotic resistance (including multi-drug resistance), which poses an additional threat to wellbeing both in the Pomperaug Health District and elsewhere [30]. The number of cases of these three infections is substantially lower in the Pomperaug towns than state averages [31].

	Chlamydia	Gonorrhea	Syphilis
Oxford # Cases Reported	12	2	0
Oxford Rate	87/100,000	15/100,000	--
Southbury # Cases Reported	23	1	0
Southbury Rate	113/100,000	5/100,000	--
Woodbury # Cases Reported	12	2	0
Woodbury Rate	87/100,000	15/100,000	--
Connecticut # Cases Reported	13,269	2,092	99
Connecticut Rate	371/100,000	59/100,000	3/100,000

[31]

Due to the sensitive nature of such information, data concerning the diagnosis of HIV / AIDS, is not available at the town or district level.

Communicable Infections & Diseases: Other.

Although relatively few in number, preliminary figures for several other communicable infections were reported in this district in 2016.

Infection / Disease	# Reported in the district
Campylobacteriosis	5
Giardiasis	3
Group A streptococcus	1
Group B streptococcus	3
Haemophilus influenza	2
Hepatitis C	10
Influenza	53
MRSA	3
Pertussis	3
Salmonellosis	5
Shiga toxin producing organism	1
Shigellosis	1
Streptococcus pneumoniae	2

[28]

Protective & Detrimental Health Behaviors

When it comes to diet and exercise, there seems to be some dissonance between knowledge, behavior, and desire. Hospitalization & mortality data corroborate that residents have health conditions that are inked to behavior and lifestyle choices [32]. Yet, when asked to list their own health challenges, a large plurality of those who responded indicated that they have none [33].

Exercise.

When it comes to physical engagement, 88% of respondents report getting exercise at least one day a week on average, which is just slightly better than state averages, though more

people in the Pomperaug District get exercise zero to three days a week than those who get exercise four to seven days a week [24]. When asked what would motivate them to exercise more, approximately one third of respondents say that they would exercise more if there were a better place to exercise after dark and in bad weather. A similar percent indicated that they would be motivated to exercise more if they were able to incorporate exercise into their daily routine, and nearly one quarter would do so if they had people to exercise with [11]. Elder exercise classes as well as organized walks & bike rides ranked high on the list of the sorts of community health programs that residents would like to see made available [11].

Diet.

When asked about what is needed in order to improve the health of one's family and neighbors, most respondents identified healthier food as being key [33]. However when asked what would be motivational in terms of actually eating more healthy foods themselves, the most frequent response was "I am already totally motivated to eat healthy foods" [11]. Other frequent responses to this question included the desire to lose weight in order to look better, having more time to prepare healthy foods, and having tasty recipes for healthy foods. Amongst those who responded "other" to this question, a notable number of them mentioned the desire to have immediate access to particular national, big box, upscale, brand name grocery stores that are associated with organic and wholesome foods, which is perhaps an indication that residents are displeased with current grocery store offerings or are unaware of what is actually available within the towns. In this same vein, the two most common responses to the question of "what sort of community health programs would you most like to see offered in the community" were farmers' markets and community cooking classes [11].

Substance Use.

Though rates have declined over the decades, tobacco use continues to be of one the chief underlying causes of morbidity and mortality in this county [34]. In our community, more than half report having consumed fewer than 100 cigarettes (five packs) over the course of their entire lifetime. Of those who have smoked five packs or more, 75% report that they do not currently smoke. Of the 25% who do currently smoke, three-fifths smoke daily and the remainder smoke on some but not all days. Most current cigarette smokers have never tried an electronic cigarette [24].

In terms of drinking and drug use, 88% say that they have not felt the need to cut down on their consumption in the last 12 months [24]. Given the data available, there is no indication of the quantity of alcohol or drugs actually used. Therefore this figure could indicate that they do not have a substance abuse problem, or alternatively it could simply indicate that they do not *perceive* their behavior to be problematic regardless of actual norms or medical recommendations.

As elsewhere in the country, the opioid epidemic is in full swing in Connecticut [35]. It was the perception of many of those interviewed for this assessment that our community is likewise in the throes of this battle, with several key informants indicating that they know someone, if even tangentially, living in these three towns who is struggling with or has died from drug addiction. While data about non-lethal use of illicit substances are not available, reports show that in the years from 2012 to 2015, twelve people who live or were staying in these three towns died from drug overdoses. Ten of these 12 deaths involved opioids; 1 was attributable to

the use of cocaine alone; and 1 was attributable to Ketamine alone. Many of the deaths were due to a combination of drugs or drugs and alcohol. Of those ten deaths that involved opioids, the drugs most commonly detected were as listed below [36].

Drug Type	Frequency
Heroin	7
Oxycodone	3
Fentanyl	2
Benzodiazepine	1
Oxymorphone	1

[36]

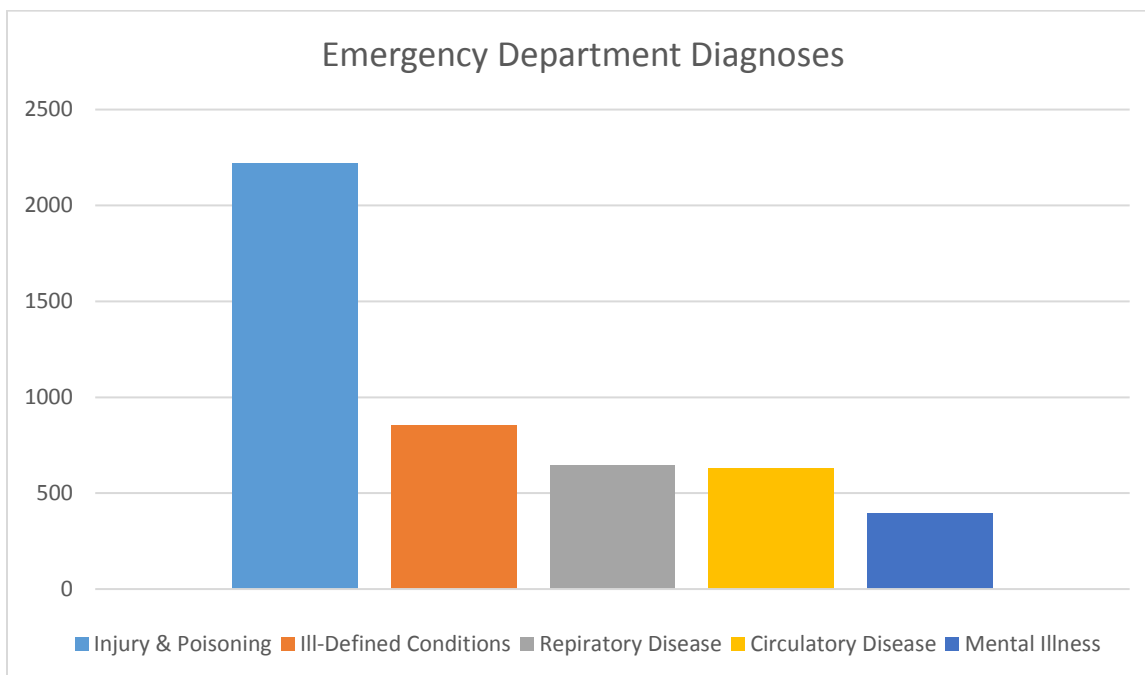
Self-Assessment

While people’s self-assessment of themselves is highly subjective, how they feel about themselves may impact their sense of their own capabilities, and their likelihood of engaging in health promotion activities. People who report feeling healthy are more likely to feel that they can engage in activities that will help them maintain the health. By the same token, people who perceive themselves as having poor health may be more reluctant to pursue those activities. This limited activity may contribute to a less active lifestyle and a feeling of isolation that can have a negative impact on their health in the future. While Pomperaug residents were slightly more likely than their counterparts throughout the state to report that they would rate their health as excellent (31% vs 27%), they are statistically almost exactly as likely as all Connecticut residents to rate their health as either “very good” or “excellent” [24].

Hospital Utilization

Emergency Department Visits.

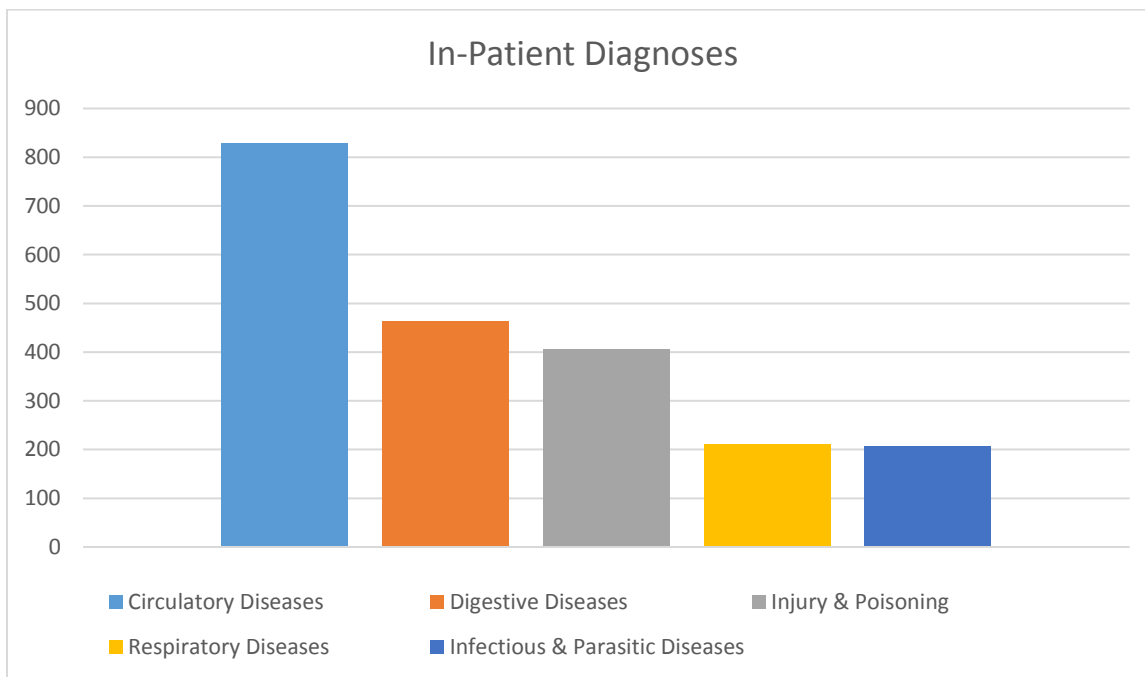
Residents of the Pomperaug District use the emergency department at roughly only two-thirds the rate of others in the state [24]. This may be a reflection of the fact that more residents of these three towns have someone who they have identified as their primary care physician, who is addressing their health issues before they become acute [24]. When Pomperaug residents do use the emergency department, the primary reason for doing so tends to be issues of injury and poisoning, which are conditions that one might not necessarily expect a primary care physician to address [32].



[32]

In-Patient Admissions.

In keeping with the common medical conditions found in the district, many hospital admissions are due to causes associated with poor diet and sedentary lifestyle. In 2016, the primary inpatient diagnosis amongst Pomperaug residents is Diseases of the Circulatory System, an umbrella term which includes such conditions as cardiovascular disease and stroke. Digestive diseases, injury & poisoning, respiratory diseases, and infectious & parasitic diseases round out the top five reasons that those who live in this district are admitted to the hospital [32].



[32]

Mortality

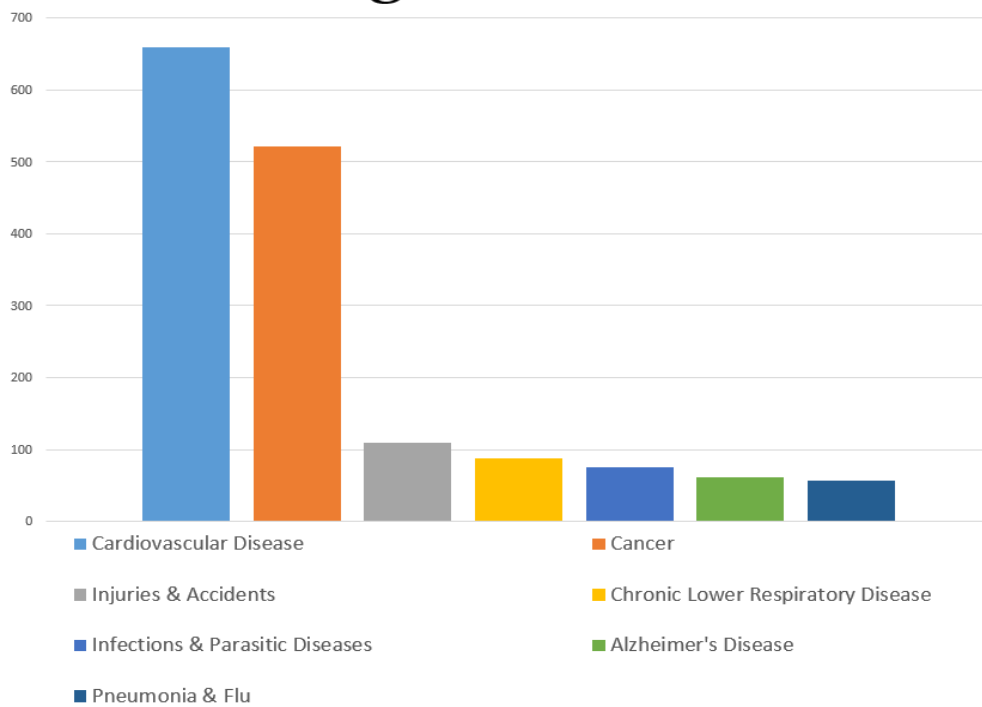
While death may be an inevitability, it certainly cannot be ignored. Understanding what the leading causes of death are is important because it allows public health practitioners and

others to intervene with preventive programs to lessen the burden of disease, and to implement programs to mitigate suffering of the afflicted.

Leading Causes of Death.

Overwhelmingly, the causes of death in the district are the result of chronic diseases that are often associated with lifestyle choices. This represents an opportunity for the Pomperaug Partners for Health and for the Pomperaug District Department of Health to improve health in the district. By increasing educational programs, opportunities for physical activity, and access to healthy food, the Pomperaug Health Department and its partners can begin to address several of the leading causes of death.

Leading Causes of Death



[37]

Forces of Change

Externalities

Just as an individual’s health is not static, neither is that of a community. Instead, personal and population wellbeing are in many ways subject external forces of change. Some of these forces are negative, posing threats to the community, whereas others are positive, providing opportunities. While there may be varying ability to control these changes, the ability to respond to them at a community level is contingent, at very minimum, upon the ability to identify these forces. To this end, a Forces of Change Assessment Survey was sent to members of the Pomperaug Partners for Health Coalition in the late fall of 2016. The following were identified as the forces of change which stand to impact this community [38].

Medical.		
Force	Threats Posed	Opportunities Created
Opioid addiction	<ul style="list-style-type: none"> • Addiction is difficult to treat/overcome • Sudden death • Stigma associated with heroin use • Drain on first responder resources • Associated with increased crime (drug dealing, stealing to get “next fix”) 	<ul style="list-style-type: none"> • Education to manage pain meds more efficiently & safely • Education about Narcan • Narcan becoming a tool for more & more first responders and persons with the dependency • Grant funding for agencies • Increased awareness that dependence on prescribed pain meds can lead to heroin dependence; move towards lessening the stigma on pain med dependence and heroin addiction

		<ul style="list-style-type: none"> • Better awareness for family members affected – support groups, resources availability
Emerging infections / infectious disease: Zika, Influenza, Ebola	<ul style="list-style-type: none"> • Lack of resources to handle threat • Increased morbidity & mortality • Stress on social structures of affected areas –stress, fear, suspicion, distrust • Travel restrictions • Shortages of medications, vaccine • Stress on health systems Manpower for surveillance, response, prevention 	<ul style="list-style-type: none"> • Grant funding • Training opportunities • Sharpen response skills • Coalition/partnership building • Volunteer opportunities • Prevention opportunities which may have other benefits Development of surveillance & response systems
Access to medical care	<ul style="list-style-type: none"> • Few medical offices in Woodbury • Medical practices increasingly affiliated with hospital systems 	Southbury and Oxford have new offices proposed/being built

Government & Policy.

Force	Threats Posed	Opportunities Created
Changes to the federal administration in 2017	<ul style="list-style-type: none"> • Changes to the Affordable Care Act – Medicaid & Others • Changes to environmental laws • Changes to taxes • Changes to funding for state & local services • Change in ability to provide services • Change in public health philosophy – move away from health inequity, system/environmental change 	<ul style="list-style-type: none"> • Changes to the Affordable Care Act • Changes to environmental laws • Changes to taxes • Changes to funding for state & local services • Change in ability to provide services • Change in public health philosophy – move away from health inequity, system/environmental change

	<ul style="list-style-type: none"> • More/less government intrusion • Higher deductibles due to the Affordable Care Act 	<ul style="list-style-type: none"> • More/less government intrusion • Changes to ACA may necessitate more local public health department services
Proposed health department regionalization in CT	<ul style="list-style-type: none"> • Increased costs to towns • Possible decrease in services • Inconvenience for contractors, residents • Increased bureaucracy • Less local control 	<ul style="list-style-type: none"> • More consistent policies & enforcement from town to town • More efficient administration • Less duplication of services • Possibly more services provided

Business Environment.

Force	Threats Posed	Opportunities Created
Changes to local health system	<ul style="list-style-type: none"> • Mergers of “for-profits” health care systems – may affect services provided especially for the uninsured and underinsured • Disorganization, lack of communication while changes are occurring • Health insurance hassles • Bigger systems to deal with – bureaucracy; more difficult to access information, especially for internet-shy people • Less personalized service • More specialists may mean more fragmented care • May need to travel further for services due to consolidation of services 	<ul style="list-style-type: none"> • Possible better access to care - building more conveniently located satellite offices • Centralized record keeping & electronic records– useful when seeing multiple doctors • Better facilities/equipment – upgrades being made
Uncertainty of future for Southbury Training school	<ul style="list-style-type: none"> • Old buildings • Potential drain on first responders 	<ul style="list-style-type: none"> • Tax revenue if state sells it for private use

	<ul style="list-style-type: none"> • Unknown what it will be used for – prison, refugee center, something else? • Loss of jobs 	
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Physical Environmental.

Force	Threats Posed	Opportunities Created
New septic system technology	<ul style="list-style-type: none"> • May increase the cost of a septic system – installation cost, need for engineer • More houses being built = more students in school system more traffic, more crowding • Additional commercial development 	<ul style="list-style-type: none"> • Can help with housing development – less area required for septic system – can build on lots previously unsuitable • Can help with septic repairs • More houses being built = more tax revenue, more jobs for the trades • Enhanced commercial development • Monetary savings due to less need for public sewers

Social Trends & Concerns.

Force	Threats Posed	Opportunities Created
High cost of living in our area	<ul style="list-style-type: none"> • Declining population in towns/CT • Cost of doing business driving businesses out of CT • Lower enrollment in schools/ day care • Less tax revenue as people move away • Residents anxious, stressed • Increase in enrollment for public assistance – Medicaid, SNAP, Section 8, etc • Stress on local resources such as food banks 	<ul style="list-style-type: none"> • Access to better schools in our area • No food deserts in our area • Sometimes there is a lower mill rate in affluent towns • Towns with higher cost of living may have less crime, a friendlier community • In a town with higher cost of living there may be a better sense of security • Keeps all the public assistance programs relevant

	<ul style="list-style-type: none"> • Increase in taxes • Fewer young families staying/settling in suburban CT 	
Seniors aging in their homes	<ul style="list-style-type: none"> • Difficulty in accessing needed services • Memory issues • Safety issues • Having difficulty staying independent • Isolation • May have unsanitary living conditions (hoarding) due to disability/frailty; conditions may also affect neighbors • Cannot properly take care of pets • Cannot afford services • Services may not be readily available • Stress to local resources 	<ul style="list-style-type: none"> • Service jobs to be created to serve seniors – handyman, delivery, housekeeping, transportation, etc • Opportunities for home health services • Volunteer opportunities • Potential for transportation business/services • Potential grant opportunities to address some of these issues – isolation, transportation
Lack of transportation for homebound seniors	<ul style="list-style-type: none"> • Difficulty in accessing needed services • Having difficulty staying independent • Isolation • Cannot afford services • Services may not be readily available • Stress to local resources 	<ul style="list-style-type: none"> • Service jobs to be created to serve seniors – delivery, shopping, transportation, etc • Opportunities for home health services • Volunteer opportunities • Potential for transportation business/services • Potential grant opportunities to address some of these issues – isolation, transportation

Credits

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