TOLIAND COUNTY RANSFORMATION

CONNINTY 26, 2013

CERRUARY 26, 2013

OVERVIEW

Review of purpose and focus of Community Transformation

Brief review of county data

Highlights of community assets

Key Findings & Opportunities

Policy & environmental strategy alignment with CHNA findings

COLLABORATIVE PREMISE

If you bring a diverse and appropriate group of people together, give them good information and an effective process, they will create effective strategies and take responsibility to implement them.

David Chrislip and Carl Larson

CDC COMMUNITY TRANSFORMATION PROCESS

To create healthier communities by:

Building capacity to implement evidence-based policy, environmental, programmatic, and infrastructure changes.

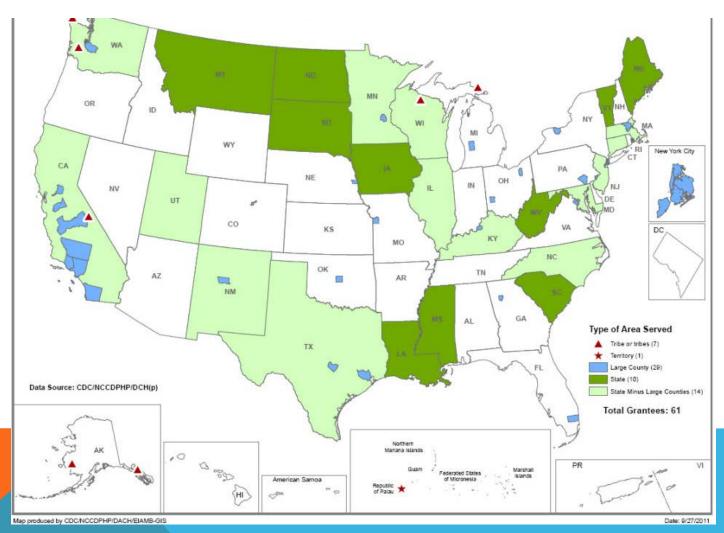
Implementing interventions to prevent chronic disease that amplify the efforts of the Million Hearts Campaign to prevent a million heart attacks and strokes over the next five years.







COMMUNITY TRANSFORMATION FUNDED IN 38 STATES



CONNECTICUT COMMUNITY TRANSFORMATION

Capacity-building funding to counties with <500,000 population

Center for
Disease
Control and
Prevention

Connecticut
State
Department of
Public Health

Litchfield County

Windham County

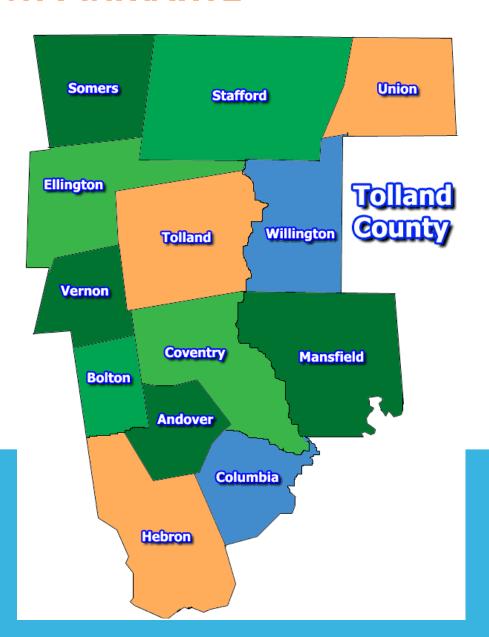
Middlesex County

New London County

Tolland County

TOLLAND COUNTY INITIATIVE

The Eastern Highlands
Health District is the lead
agency for Tolland County,
partnering with the North
Central District Department
of Health as well as other
key groups across the
county.

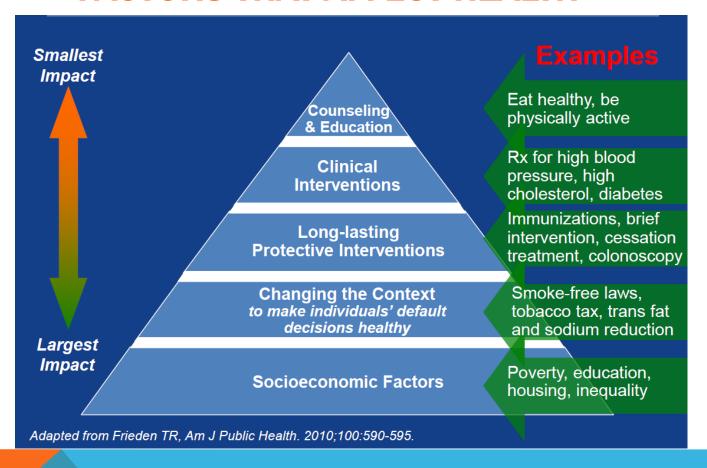


CDC COMMUNITY TRANSFORMATION PROCESS

Three Required Strategic Directions:

- Healthy Eating and Active Living
- Tobacco-Free
- Evidence-Based Quality Clinical and other Preventive Services

FACTORS THAT AFFECT HEALTH



GUIDING PRINCIPLES

- Maximize health impact through prevention
- Improve health equity
- Use and expand the evidence base for local policy, environmental, programmatic and infrastructure changes that improve health

WHY FOCUS ON POLICY? WHY NOT JUST START NEW PROGRAMS?



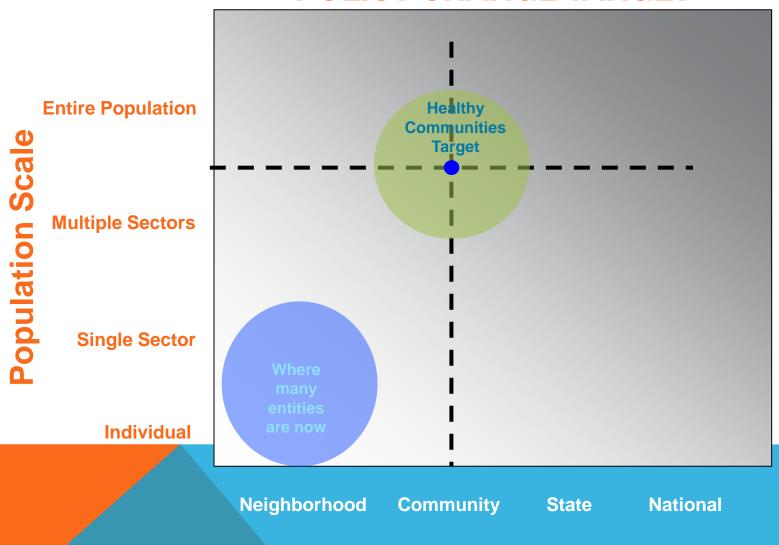
Private and Public Effect

Sustainability

Population wide impact

Little amount of money goes a long way!

POLICY CHANGE TARGET



Geographic Scale

CDC-STIPULATED HEALTH IMPROVEMENT PERFORMANCE MEASURES

Changes in

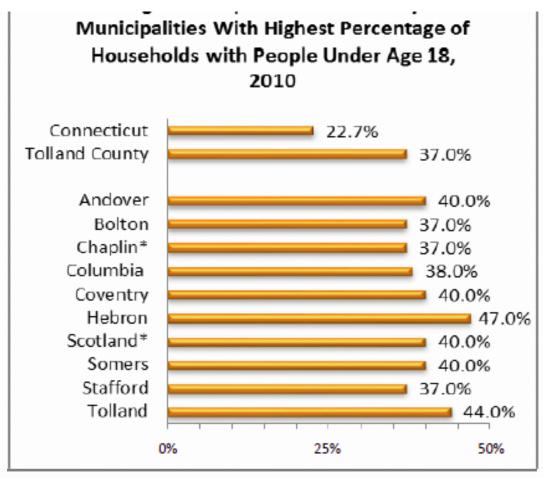
- 1) Weight
- 2) Proper nutrition
- 3) Physical activity
- 4) Tobacco use prevalence
- 5) Controlled blood pressure and cholesterol

SAMPLE OBJECTIVES BASED ON 'HEALTHY PEOPLE 2020' LEADING HEALTH INDICATORS

- Reduce the proportion of adults who engage in no leisuretime physical activity. (HP2020 target 32.6%)
- Increase proportion of adolescents who meet current physical activity guidelines for aerobic activity. (HP2020 target 20.2%)
- Reduce recent tobacco use (past 30 days) in teens in grades 9-12 that smoked in the last 30 days. (HP2020 target is 16%)
- Increasing the number of infants exclusively breast feeding at age 6 months
- Increase the number of people with high blood pressure that have their blood pressure under control.

TOLLAND COUNTY HEALTH NEEDS ASSESSMENT FINDINGS

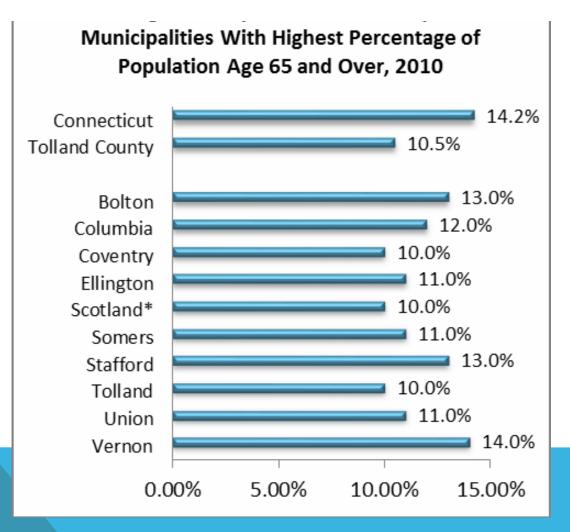
DEMOGRAPHICS: % HOUSEHOLDS WITH ≤18 YRS.



Source: CERC Town Profiles www.cerc.com

*denotes a town not officially located in the county

DEMOGRAPHICS: % HOUSEHOLDS WITH ≥65 YRS.



Source: CERC Town Profiles www.cerc.com
*denotes a town not officially located in the county

ECONOMIC CHARACTERISTICS

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

	Median Household Income (\$) in 2009	Median Household Income (\$) in 2010	Poverty Rate (%) in 2009
Andover	88,350	80,803	2.5
Ashford*	68,131	68,199	4.4
Bolton	84,766	87,503	2.9
Chaplin*	64,866	63,321	4.5
Columbia	89,002	84,539	3.9
Coventry	81,253	80,308	5.3
Ellington	78,125	78,252	3.4
Hebron	96,295	99,250	1.9
Mansfield	61,897	71,017	17.3
Scotland*	72,184	65,833	2.2
Somers	81,081	85,914	6.5
Stafford	67,056	62,969	4.5
Tolland	98,918	100,636	2.3
Union	72,428	74,426	3.0
Vernon	60,028	54,393	7.9
Willington	65,140	64,960	16.2
Tolland County	74,520	74,269	6.6
ст	68,055	65,686	8.7
US	50,221	50,046	14.3

^{*}Please note, these towns are not part of the county, however, are included because they are members of the health district.

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

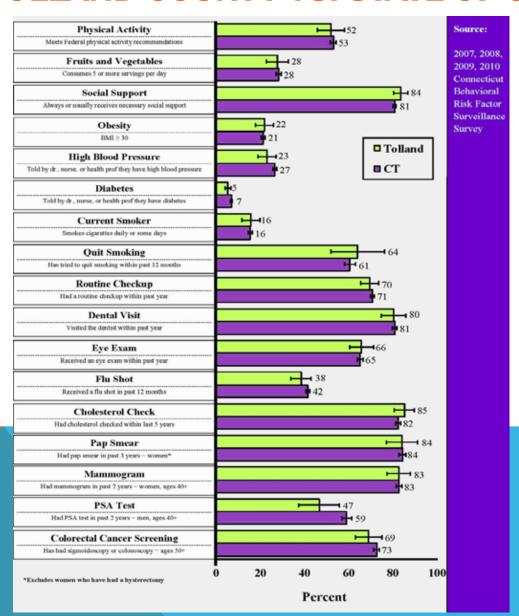
2009 U.S. Median Income: http://www.census.gov/newsroom/releases/archives/income_wealth/cb10-144.html

CT Median Income 2010: http://www.ers.usda.gov/data/unemployment/RDList2.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

HEALTH STATUS OF ADULTS – BRFSS DATA TOLLAND COUNTY VS. STATE OF CT



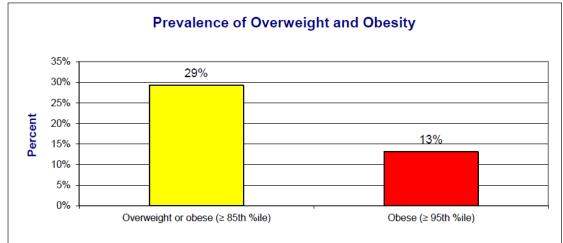
TOLLAND COUNTY KINDERGARTEN BMI

Tolland County (plus EHHD Towns) Summary of Children's BMI-for-Age

	Boys	Girls	<u>Total</u>
Number of children assessed:	455	461	916
Underweight (< 5th %ile)	3%	3%	3%
Normal BMI (5th - 85th %ile)	66%	69%	68%
Overweight or obese (≥ 85th %ile)*	30%	28%	29%
Obese (≥ 95th %ile)	13%	13%	13%

*Terminology based on: Barlow SE and the Expert Committee. Expert committee recommendations regarding the

prevention, assessment, and treatment of child and ado 2007;120 (suppl 4):s164-92.



TOLLAND COUNTY HEALTH INDICATORS 2012

INDICATOR	Tolland County	Error Margin	National Benchmark*	ст
Premature death	4,519	4,107-4,931	5,466	5,641
Poor or fair health	9%	8-11%	10%	11%
Poor physical health days	2.8	2.4-3.1	2.6	2.9
Poor mental health days	3.0	2.6-3.4	2.3	3.1
Adult smoking	16%	13-18%	14%	16%
Adult obesity	23%	20-25%	25%	23%

INDICATOR	Tolland County	Error Margin	National Benchmark*	ст
Physical inactivity	19%	17-22%	21%	23%
Excessive drinking	17%	15-20%	8%	18%
Preventable hospital stays	63	59-67	49	63
Diabetic screening	85%	80-90%	89%	83%
Mammography screening	76%	70-81%	74%	71%
Access to recreational facilities	11		16	14
Limited access to healthy foods	11%		0%	5%

PHYSICAL FITNESS OF K-12 STUDENTS

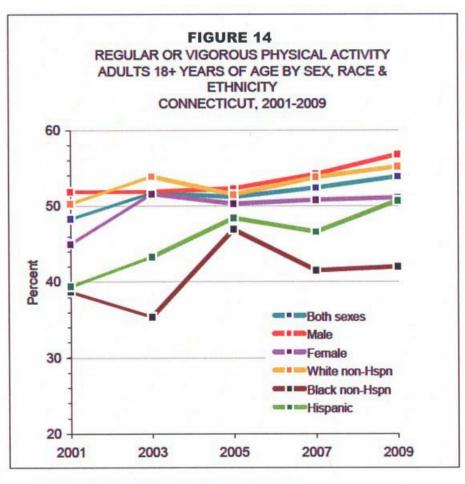
Table 11 - Percentage of K-12 Students Passing All Four Physical Fitness Test Components, 2010-2011

District	% K-12 Students Passing (Listed in Rank Order)
Union School District	87.5
Columbia School District	72.8
Hebron School District	72.3
Andover School District	70.0
Regional School District 19	66.8
Regional School District 8	66.0
Somers School District	65.7
Mansfield School District	64.3

Willington School District	64.0
Tolland School District	60.0
Bolton School District	59.0
Ellington School District	56.8
Vernon School District	55.5
Coventry School District	51.5
Stafford School District	40.7
Connecticut	51.0

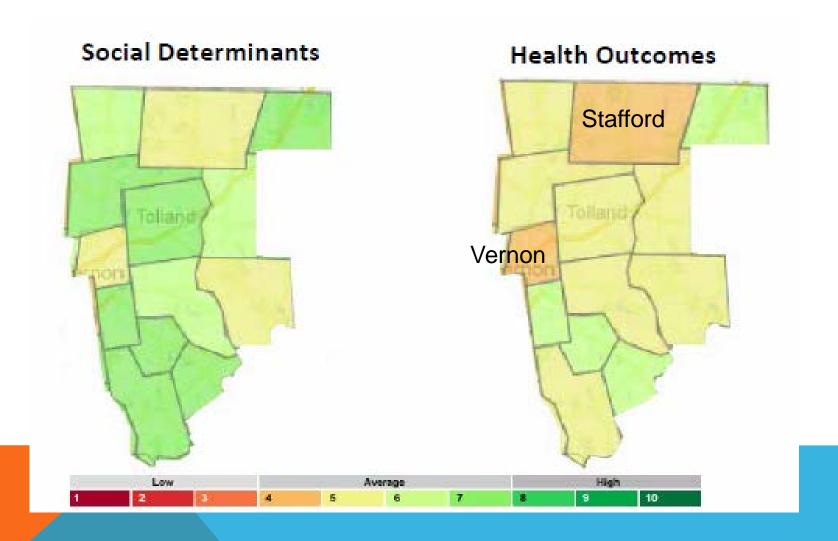
Note: Data for Explorations unavailable. Source: CSDE http://sdeportal.ct.gov/Cedar/WEB/ct_report/PhysicalFitnessDT Viewer.aspx

ADULT PHYSICAL ACTIVITY - STATE OF CT



Source: Behavioral Risk Factor Surveillance System

TOLLAND COUNTY HEALTH EQUITY INDEX SCORES



RANKING OF HEALTH OUTCOMES BY TOWN

Town	Health care access	Cancer	Cardiovascular	Childhood illness	Diabetes	Liver Disease	Life Expectancy	Perinatal Care	Renal Disease	Respiratory illness
Andover	6	6	7	5	6	7	6	7	7	3
Bolton	6	4	7	8	5	3	7	3	7	5
Columbia	6	6	8	5	8	5	9	6	3	6
Coventry	6	4	5	5	4	4	7	7	4	5
Ellington	6	4	5	6	5	3	6	6	4	6
Hebron	5	5	6	7	5	4	7	6	5	6
Mansfield	7	5	9	7	5	3		8	6	6
Somers	6	6	5	7	5	4	9	7	4	5
Stafford	4	4	3	4	5	3	4	6	3	3
Tolland	7	5	6	6	5	4	6	5	3	4
Union	6	7	5	6	8	7	9	1	7	6
Vernon	4	4	3	4	4	3	4	5	3	3
Willington	7	6	8	4	5	3	8	8	6	5

HEALTH EQUITY INDEX – TOWN DEMOGRAPHIC PROFILE

			Control of the Contro					
	DEMOGRAPHICS							
TOWN	Total	Diversity	Households		% Рор	% рор	Overall SDOH	Overall Health
101111	Population	Index	w/ people	Average	<8 yo	>65 yo	score	Outcome score
			under 18	age				
Andover	3198	low	40	38	12	9	7	6
Ashford	4493	low	36	37	10	9	7	5
Bolton	5908	low	37	41	10	13	7	5
Chaplin	2531	low	37	37	11	9	6	6
Columbia	5335	low	38	40	10	12	7	6
Coventry	12146	low	40	37	11	10	6	5
Ellington	14249	low	36	37	10	11	7	5
Hebron	9177	low	47	37	13	8	7	5
Mansfield	26651	Average	31	30	5	9	5	5
Scotland	1737	low	40	37	12	10	6	5
Somers	11239	Average	40	37	7	11	6	5
Stafford	11785	low	37	38	10	13	5	4
Tolland	14703	low	44	37	11	10	7	5
Union	770	low	29	40	11	11	7	6
Vernon	29476	Average	29	38	10	14	5	4
Willington	6171	Average	31	33	7	9	6	6

TOLLAND COUNTY SELECTED COMMUNITY ASSETS



TOLLAND COUNTY ASSETS

Healthy Eating/Active Living

- Extensive trails and recreational spaces
- Grocery stores in 9 towns and farmers markets in most
- Parks & Recreation Department programming for residents
- Seniors centers offer physical activity opportunities
- Numerous private recreation facilities
- Healthy restaurant dining certification

Notable activities:

- Community gardens in Columbia, Mansfield and Tolland
- Bolton Schools Be Healthy Program
- Free loaner program for kayaks in Mansfield, Coventry and Willington



TOLLAND COUNTY ASSETS

Quality Clinical Preventive Services

- Active senior centers offering screenings and vaccinations provided by VNA groups
- Most towns have transportation services available for those 60+ (or disabled) needing a ride to medical visits

Notable activities:

- Bolton, Coventry, Ellington, Hebron, Mansfield, Somers, Stafford Tolland and Vernon designated as a HeartSafe Community by CT DPH
- Eastern Connecticut Health Network's CT Breast and Cervical Cancer Early Detection Program.

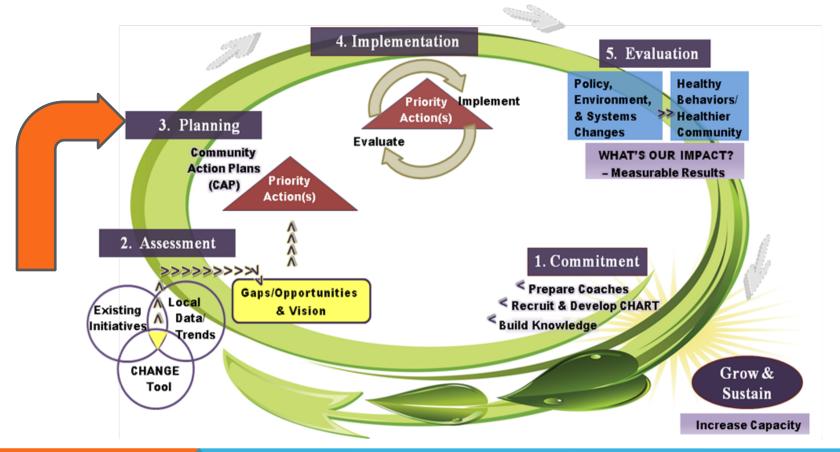
TOLLAND COUNTY ASSETS



Tobacco-free Living

- Strong indoor policies
- School campus policies across county
- Some towns beginning to explore tobacco-free outdoor spaces (town properties or parks)

MOVING FROM ASSESSMENT TO PLANNING



TOLLAND COUNTY SUMMARY OF KEY FINDINGS AND OPPORTUNITIES/GAPS BY STRATEGIC DIRECTION

TOPIC: TOBACCO-FREE LIVING

Key Findings

- 1. Some promotion of passive cessation resources such as "quitline"
- 2. Strong indoor policies exist county-wide
- 3. Adult smoking rates are above the national benchmark, but the same as the state rates at 16%
- 4. Higher than state average rate of mortality from major cardiovascular disease
- 5. Six times higher than state rate of hospitalization for major cardiovascular disease among Hispanic population
- 6. Ten times the state rate of lung and bronchus disease hospitalizations among Hispanic population
- 7. Rates for hospitalization for asthma and COPD are double that of the state among Hispanic population

TOPIC: TOBACCO-FREE LIVING

Opportunity

Few tobacco-free education and cessation programs

Few outdoor policies in place to deter smoking in parks and on town properties

Few if any residential rental units are smoke-free in the county (Second-hand smoke contributes to lung and heart disease)

Key Findings

- 1. Many towns have a farmer's market or a communal farm/garden
- 2. Access to grocery stores is concentrated in 9 of 13 towns in county
- 3. Eight town school districts report less than 65% of students passing all four physical fitness test components
- 4. Higher than state average rate of mortality from major cardiovascular disease; six times higher than state rate of hospitalization for major cardiovascular disease among Hispanic population
- 5. Of the two hospitals in the county, only one has a delivery unit and it is not designated Baby Friendly

Key Findings

- 6. Unknown breastfeeding rates in the county
- 7. 29% of kindergarten children in the county are overweight or obese (13% are obese) [based on BMI data reviewed on 72% of Tolland County 2012-2013 kindergarten cohort]
- 8. Tolland County ranked highest among CT counties in the percentage of adults not meeting recommended physical activity recommendations
- 9. Higher than state average rate of mortality from major cardiovascular disease; six times higher than state rate of hospitalization for major cardiovascular disease among Hispanic population

Opportunity

Few if any Farmers' Markets accept SNAP & WIC

Only 9 grocery stores in county accept WIC

Limited time to prepare for fitness testing after summer break (if dependent on school PE to prepare)

Access to health food choices limited in some areas of the county; room for improvement regarding access, availability, and affordability of healthy choices

Johnson Hospital is not pursuing Baby-Friendly designation at this time

Opportunity

Varying policies across the sectors to promote or facilitate breastfeeding

HP2020 objective is to reduce the proportion of children considered to be obese by 10%

While there are many open-spaces and parks, there are few opportunities for active transportation or recreation without getting into a car (lack of sidewalks, bike lanes, and paths in rural communities)

TOPIC: QUALITY CLINICAL PREVENTIVE SERVICES

Key Findings

- 1. Tolland County residents rank lower than the overall state report in obtaining routine check-ups, flu shots, PSA testing, and colorectal screening
- 2. Tolland County has a PCP ratio almost double the national goal of 631:1 (Tolland county = 1119:1)
- 3. County residents had higher ED visit rates than the state age-adjusted rate for major CVD, coronary heart disease, acute myocardial infarction, congestive heart failure, and stroke; with alarmingly high rates for Hispanic population

TOPIC: QUALITY CLINICAL PREVENTIVE SERVICES

Key Findings

Use of the ED for Rockville General hospital appears to be higher than other area hospitals and hospitals across the state.

ED visits divided by patient days:

Rockville General = 1.83

Johnson Memorial = 1.09

Hartford Hospital = 0.43

Hospital	Licensed	2010 Patient	2010	
	Beds	Days	ED Visits	
Johnson Memorial	101	17,737	19,421	
Rockville General	118	14,180	26,009	

Hartford Health Care (system-wide) = 0.79

TOPIC: QUALITY CLINICAL PREVENTIVE SERVICES

Opportunity

Five towns have no family practice provider; The majority of the towns have no (or minimal) public transportation; additionally:

- Vernon has highest Hispanic population
- Lack of GP offices in Rockville; eliminated by hospital renovations
- Cultural barriers including differences for traditional Hispanic population with their primary care provider and those relating to nutrition education due to differences in types of foods/staple

foods consumed

 Access to services in rural areas is challenging due to limited transportation and limited office hours

NEXT STEPS

Implementation Plan Discussion Workgroupfocused discussions:

- Review potential evidence-based strategies
- Discuss potential innovative strategies

CONTACT US

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