

**Griffin Hospital**  
**Derby, Connecticut**  
**Community Health Needs Assessment**  
**Fiscal Year 2013**  
**Produced October 1, 2013**

**I. Community Served by Griffin Hospital and How the Community was Determined**

Griffin Hospital is a subsidiary of Griffin Health Services Corporation which includes Healthcare Alliance Insurance Company, a Grand Cayman's based insurance captive, G.H. Ventures, a for profit subsidiary with principal holdings in real estate, the Griffin Hospital Development Fund, Planetree Inc. and NuVal, LLC a joint Venture with Topco Inc. After employing the Planetree model of care at Griffin Hospital as the first member of the Planetree Network in 1991, the not-for-profit Planetree organization, founded in 1978, became a subsidiary of Griffin Health Services Corporation in 1998. At the time there were 16 Planetree Network members; today there are 250 hospitals and continuing care facility members including members in Canada, the Netherlands, and Brazil. Planetree has pioneered a patient-centered approach to care and in personalizing, humanizing and demystifying the healthcare experience for patients and their families. In 2010, the Department of Veterans Affairs (VA) selected Planetree to collaborate with the new VA Office of Patient Centered Care and Cultural Transformation in the development of the VA's own patient-centered care model for Veterans who receive health care services at VA's more than 1,000 sites across the nation.

Today the non-profit Griffin Hospital is a 160 bed, 15 bassinette acute care hospital with 6,904 discharges and 196,386 outpatient visits in fiscal year 2012. With 1,325 full time, part time and per diem employees it is the Valley's largest employer with employee compensation and benefits last year totaling \$73 million, fifty-seven percent of Griffin's expense budget of \$128 million. Over \$47 million is spent on supplies and services much of which is to area vendors. With 70% of the hospital's employees residing in the hospital's primary service area, Griffin Hospital is an economic engine for the community it serves.

Griffin Hospital is an acute care hospital providing inpatient and outpatient medical care and related services for obstetrics, surgery and acute medical conditions or injuries usually for a short duration. Griffin provides psychiatric and mental health services including an inpatient unit. Griffin offers a number of innovative programs designed to provide enhanced community access to a broad range of services and meet community needs. These include: A Wound Treatment Center, Integrative Medicine Center, Multiple Sclerosis Center, Pain and Headache Treatment Center, Sleep Wellness Center, Joint Replacement Center Occupational Medicine Center, Inpatient Hospice Service, Center for Cancer Care with radiation therapy service, Center for Breast Wellness, Bariatrics Service, Medi-Weight Loss Service, Griffin Retail Pharmacy, Chemical Dependency and Addiction Service, Enhanced External Counter Pulsation Service, Anti-Coagulation Service and an Infusion Center.

The combined population of Griffin's six town primary service area (the Valley) is 107,269. The six suburban town's that make up the hospital's primary service area are: Ansonia – population 19,219, size 6.2 sq. miles, Beacon Falls – population 6,038, size 9.9 sq. miles, Derby – population

12,882, size 5.4 sq. miles, Oxford – population 12,662, size 33 sq. miles, Seymour – population 16,514, 15 sq. miles, Shelton – population 39,954, size 32 sq. miles. The combined size of the six town Valley region is 101.5 square miles.

The 1980's was a decade of change for the six town, Southern Connecticut community as it was transformed from a manufacturing to a more affluent corporate and bedroom community with a more diverse population and employment base. The catalyst for change was a new highway (Route 8) through the community which connected two interstates, I-95 along Connecticut's coastal shore and I-84 from Connecticut's western border with New York State through central Connecticut. Over a four year period from 1984 – 1988, retail sales in the six Valley towns doubled and single family home values increased by 80% and surveys revealed that 4 of 10 residents lived in the community 10 years or less.

This was the most prosperous part of Connecticut in the early days of industrialization. The region was the location of key factories in national industries, most notably the brass industry, rubber manufacturing, petrochemical production and shipbuilding. Prior to 1980, the community had seen little change for more than 50 years. Residents were immigrants who migrated to the community in the early 1900's principally from Ireland, Italy, Poland and Russian satellite countries. Wage earners worked in manufacturing and shopped and used health and human services in the community. Residents typically remained in the community for their lifetime.

The economic crisis began in the 1970's as manufacturing firms downsized. By 1990, many would be out of business and the remaining would be one quarter their former size. In 1975, the largest arson fire in U.S. history put over 1,000 people out of work. The unemployment rate towered at 18%. Fueled by the new highway, the community began a period of unprecedented change, development and growth. The new highway had exposed the region's advantages to developers. Available and inexpensive land coupled with suburban living in a pastoral setting and a close commute to commercial centers acted as a magnet for young professionals seeking homes and a suburban lifestyle.

Community leadership recognized the need to respond to the changing community demographics and the different socioeconomic and health needs and expectations of the more diverse population. Three major new structures were created. In 1993, the Valley Council of Health and Human Service Organizations (VCHHSO) was founded. More than 55 organizations that provide most of the health and human services are members. VCHHSO's vision is a provider network that works collaboratively to create an integrated human services delivery system that meets the needs of all residents. "Healthy Valley 2000", the state's first healthy community effort, was launched in 1994. With foundation grant support, the National Civic League was engaged to guide Stakeholders through the process. The vision of the broad-based, volunteer inspired and managed effort was to improve the health and quality of life of the community and its residents by making the community a better place in which to live, work, shop, raise a family and enjoy life. Based on research, including use of the National Civic League Index, a S.W.O.T analysis, and brainstorming, 175 Stakeholders identified Arts & Recreation, Community Involvement, Economic Development, Education and Health as priorities. A task force developed a work plan for each of the priorities and an honor role was developed to recognize initiatives undertaken independently by individuals or organizations related to the identified priorities.

The Valley's population continues to grow and is becoming increasingly more affluent. The combined Valley population is projected to be 109,510 in 2017. The Valley's population is primarily white at 91.1%. The black or African American population is 2.9% and the Asian population is 2.3%. The Hispanic or Latino population is 5.9%. Population by ancestry is primarily Italian – 23%, Polish/Russian/Ukrainian – 17% and Irish – 11%. The age 65 and over population is 14% compared to the State of Connecticut also at 14% in 2010. English is the primary language spoken in 86% of homes. The estimated average family household income for Valley residents is \$95,592 and the median family household income is \$83,335. It is estimated that 1,149 families (3.9%) of Valley families have incomes below the poverty level. (Additional details in Demographics)

The Valley, geographically located in south central Connecticut, is surrounded by three of the state's largest cities, New Haven, to the South, Bridgeport, to the Southwest, and Waterbury to the North. There are two tertiary care hospitals in Bridgeport and Waterbury and with the merger of the Hospital of St. Raphael with Yale New Haven Hospital one very large hospital in New Haven. Yale New Haven Hospital is now one of the ten largest hospitals in the country. Each has varying degrees of market share in Griffin's primary service area towns depending on the proximity to the three cities and the hospitals located there. A sixth hospital, Milford Hospital in Milford, Connecticut is a community hospital. The tertiary care hospitals, each with larger service areas including the primary urban city in which they are located, abdicate preventive care and health education services in the Valley area to Griffin Hospital. The six hospitals that surround Griffin Hospital (including the Yale New Haven Hospital St. Raphael Campus), their Average Daily Census (ADC) in 2012 and the distance in miles from Griffin Hospital to each of the seven are:

○ Hospital of St. Raphael, New Haven, CT	288 ADC	- 9.3 miles
○ Yale New-Haven Hospital, New Haven, CT	845 ADC	- 10.6 miles
○ Milford, Hospital, Milford, CT	40 ADC	- 10.3 miles
○ Bridgeport Hospital, Bridgeport, CT	278 ADC	- 13.8 miles
○ St. Vincent's Hospital, Bridgeport, CT	336 ADC	- 12.8 miles
○ St. Mary's Hospital, Waterbury, CT	142 ADC	- 16.2 miles
○ Waterbury Hospital, Waterbury, CT	157 ADC	- 16.9 miles

Additional information for the seven hospitals and for Griffin Hospital from the CT Office of Health Care Access follows:

- Hospital of St. Raphael, Licensed beds – 533, No. of Employees – 3,776, No. of Physicians – 665, ER Visits FY 2009 – 55,607, Admissions FY 2009 – 23,924
- Yale New-Haven Hospital, Licensed beds- 1,008, No. of Employees – 7,950, No. of Physicians – 1,729 ER Visits FY 2009 - 137,911, Admissions FY 2009 – 57,451
- Milford Hospital, Licensed beds – 111, No. of Employees – 548, No. of Physicians – 20, ER Visits FY 2009 – 39,946, Admissions FY 2009 – 4,800
- Bridgeport Hospital, Licensed beds – 425, No. of Employees – 2,085, No. of Physicians – 590, ER Visits FY 2009 – 76,836, Admissions FY 2009 – 19,026
- St. Vincent's Hospital, Licensed beds – 520, No. of Employees – 2,773, No. of Physicians – 632, ER Visits FY 2009 – 75,146, Admissions FY 2009 – 22,100
- St. Mary's Hospital, Licensed beds – 379, No. of Employees – 1,348, No. of Physicians – 52, ER Visits FY 2009 – 69,212, Admissions FY 2009 – 12,512
- Waterbury Hospital, Licensed beds – 393, No. of Employees – 1,589, No. of Physicians – 121, ER Visits FY 2009 – 58,132, Admissions FY 2009 – 13,916

- Griffin Hospital (Fiscal 2012), Licensed beds – 160, No. of Employees – 1,325 No. of Physicians Active Medical Staff – 149, Courtesy Medical Staff – 150, ER Visits – 41,256, No. of Discharges – 6,904, Outpatient Visits – 196,386, Average Length of Stay – 4.17 days.

Griffin Hospital is a teaching hospital and research center and offers outstanding post graduate medical education in internal and preventive medicine. Griffin Hospital's Average Daily Census in 2010 was 80. Griffin is a teaching affiliate of the Yale University School of Medicine where many of Griffin's physicians hold teaching positions. For its size, Griffin has one of the most extensive Medical Education Programs at a community (non-academic) hospital. The Griffin Hospital graduate medical education program combines the academic advantages of an internationally recognized university medical school with an excellent community hospital. With the collaboration of the Yale School of Public Health, Griffin offers a unique training program – The Combined Internal Medicine and Preventive Medicine Residency Training Program. Griffin was the first hospital in the United States to offer this program and remains one of the few programs in the nation which offers this combined training. Through the program, residents not only complete their internal medicine and preventive medicine training requirements, but also obtain a Masters degree in Public Health from Yale University. Griffin's Graduate Medical Education Program also offers a Preliminary Medicine and a Categorical Internal Medicine Program. In total there may be as many as 30 medical interns and residents enrolled at Griffin at a given time.

Griffin is recognized as a high quality, low cost hospital (see Section IV Griffin Hospital Quality of Care) and one of the most efficient hospital's in the state in part because Griffin's leadership has worked hard to standardize care processes based on what works best. Griffin constantly reviews systems and procedures to improve operating efficiency. This focus has become even more critical as the hospital industry continues to transform in response to the various provisions of the Patient Protection and Affordable Care Act, shrinking third party (both governmental payers and managed care companies) hospital rate increases and the likelihood that powerful incentives will increasingly be offered by the Medicare program that are likely to result in what could be a dramatic reduction in the utilization of hospital services and the revenue those services generate. In anticipation that the combination of these events would have negative impact on hospital volume and revenue, Griffin embarked on a comprehensive performance improvement initiative in collaboration with a major national consulting firm in 2012. The initiative was successful in identifying revenue enhancement and expense reduction opportunities and specific plans were developed to realize those opportunities with a goal of margin improvement to provide the financial resources the hospital would need to fulfill its mission and ensure its long term viability in what is expected to be an increasingly hostile operating environment. The intended goal was to position Griffin Hospital as the high value hospital in the region offering superior quality and low costs. The opportunities identified and the difficult steps taken to reduce the hospital's workforce and supply and purchased service costs resulted in savings of more than \$6 million. This was done to compensate for three years of no Medicare payment increases, the state's previous decrease in uncompensated care funding, imposition of a re-distributive provider tax system in Connecticut in which Griffin was one of only seven hospitals that were net losers and the potential for future decreases in volume and revenue as the industry continues to transform.

The hospital continues, as George Griffin envisioned, meeting the health care needs of residents of the community served by providing quality clinical services and creating an exceptional healthcare experience. What he didn't envision was that over a century later Griffin Hospital would be

recognized internationally for its innovative programs, Planetree patient-centered approach to care, its unique healing environment and as a model for other hospitals and companies. Griffin remains committed to creating an exceptional experience for its patients, their family and its employees as well as being the employer of choice in the region.

### **How Community was Determined**

Griffin Hospital's founders identified the need for a community hospital to serve residents of the towns of Ansonia, Derby, Seymour and Shelton collectively defined as the (Lower Naugatuck) Valley in 1901. While the Valley is surrounded by three of the state's five largest cities (New Haven, Bridgeport and Waterbury), the Valley evolved as an insular community due to the ethnic make-up of the population, the topography of the Valley and difficult transportation due to an inadequate road system from the Valley to the three urban cities.

The Valley, at the time, was made up principally of immigrants of Italian, Irish and Polish/Russian descent who migrated from their homeland to New York and then the sixty miles from New York to the Valley. As the years passed additional family members migrated to the Valley resulting in large nuclear and extended families. The Valley had transformed from an inland seaport to a blue collar manufacturing community with about a dozen large privately owned manufacturing companies producing rubber, heavy machinery (rubber mixers, sugar manufacturing mills, etc.) and various copper and brass products that provided full employment for Valley residents with relatively high manufacturing wages. Valley residents lived, shopped, worked, recreated and used health care services in the community.

Additional migration and a high birth rate resulting in large families, produced population increases that expanded the Valley to include the "rural" farm communities of Beacon Falls and Oxford. The Valley became self-defined to include the six towns of Ansonia, Beacon Falls, Derby, Oxford, Seymour and Shelton. Community organizations emerged that included all or most of the six towns. They included: Valley Council of Government, Valley Regional Planning Agency, Greater Valley Chamber of Commerce, Valley United Way, Naugatuck Valley Health District, Valley Council of Health and Human Service Organizations, Valley Emergency Medical Services, Valley Transit District, Valley Substance Abuse Action Council.

Concurrent with the evolution of the Valley, Griffin Hospital defined its Primary Service Area to include the six towns that comprise the Valley region. Griffin board members and management were members of the Valley Community and as loyal to the community and residents as residents were loyal to Griffin Hospital. Griffin became a pioneer in community health improvement and in developing partnerships with Valley health and human service organizations to improve the health and quality of life of the community and its residents.

As a result, the six tertiary care hospitals in the three urban cities focused on the larger populations in the cities and other suburban communities for community health improvement and outreach efforts and basically abdicated the six town Valley region to Griffin Hospital. The material in this Community Health Needs Assessment including the Mission Statement: "to provide leadership to improve the health of the community served" will document Griffin's commitment to the six town Valley community that has been its Service Area for over a century.

## **II. Griffin Hospital Mission, Community Benefit and Social Responsibility**

*Griffin Hospital's mission is to provide personalized, humanistic, consumer-driven healthcare in a healing environment, to empower individuals to be actively involved in decisions affecting their care and well-being through access to information and education and to provide leadership to improve the health of the community served.*

### **Values**

#### *Quality and Service*

- *Providing access to information for patients, families and the community on the nature, diagnosis and treatment of medical conditions including the full range of traditional and non-traditional therapies.*
- *Facilitating patients to be informed of medical conditions including the full range of traditional and non-traditional therapies.*
- *Exceeding the service expectations of patients, families, physicians' and other health care providers.*
- *Measuring, monitoring and reporting performance against service and quality standards benchmarked to the best community hospitals.*

#### *Respect and Dignity*

- *Embracing patients and families as partners in the care process.*
- *Treating all people with compassion.*
- *Attending to the mind and the spirit as well as the body.*
- *Preserving privacy and confidentiality.*
- *Valuing positive relationships among members of the Griffin family and fostering an environment of mutual respect and support*

#### *Collaboration*

- *Building and sustaining collaborative working relationships within Griffin and between Griffin, other providers and community agencies.*

#### *Entrepreneurship and Innovation*

- *Encouraging and recognizing performance leading to the development of "value added" programs and services and improvements in efficiency and effectiveness.*

#### *Stewardship*

- *Achieving high productivity by efficient use of resources including people's time.*
- *Being accountable for use of resources at all levels of the organization.*

**Community Service and Social Responsibility** – Griffin has a history of community service and social responsibility dating back to its founding 100 years ago and of providing educational, prevention and screening programs and services. In 1970, funded by a grant from the Kellogg Foundation, Griffin established one of the first hospital Departments of Community Health in the country to focus on the health and social needs of the community it serves. Over the past fifteen years, Griffin's reach has been expanding into the community like never before. In addition to providing health information and services to the public at the hospital and other satellite locations, Griffin takes these activities into the communities where patients live and work. By offering a variety of support groups, training sessions, educational programs, and other community-based resources and activities, and collaborating with

other non-profit organizations and government entities, Griffin has extended its mission far beyond the hospital's walls to improve the health and quality of life of people of all ages. This is consistent with one of the Planetree model's ten components "Healthy Communities – working with schools, senior centers, churches and other community partners, hospitals are redefining healthcare to include the health and wellness of the larger community".

The Board adopted Strategic Plan for the 2010 – 2013 period, included a provision to conduct a community health needs assessment and adopt a strategy to meet community health needs identified in the assessment. The provision included obtaining input from a broadly diverse cross section of the community the hospital serves. It also included the posting of the assessment on the Corporate Social Responsibility section of the hospital's website.

**Department of Community Outreach and Parish Nursing** - More than ten years ago, the hospital established the Department of Community Outreach and Parish Nursing to fulfill its healthy community mission and goals. Through this department, Griffin Hospital sponsors and provides operational leadership for the Valley Parish Nurse Program (VPNP), one of the largest parish nurse initiatives in the country. The Valley Parish Nurse Program started in 1990 now includes 35 churches with an aggregate population of over 35,000 parishioners in Griffin's six-town service area, population 107,000. While services are provided to a cross-section of the population, the primary focus of outreach efforts are to the underserved, minority, low income populations and the elderly. Parish nurses are persons of faith who are experienced registered nurses, and who have received special education in holistic health care. They have skills in teaching and health counseling as well as knowledge of community resources. The parish nurse promotes wellness within the congregation, enhances the church's outreach ministry, and strengthens the awareness of the connection between faith and health.

Griffin coordinates the program out of its Department of Community Outreach and Parish Nursing. The department has five employees who support the 75 volunteer parish nurses and 320 volunteers who serve on the Healthcare Cabinets of the churches. The department's annual operating budget is annually enriched by grants averaging from \$70 – 150,000 from government and private funders.

**The Mobile Health Resource Center** - A 31 foot custom built Winnebago was purchased at a cost of \$190,000 with grant funds from five benefactors. The mobile Health Resource Center now in service replaced a six year old vehicle. The Center visited 1,319 sites in fiscal year 2012 including senior centers, shopping centers, neighborhoods, companies and community events and fairs. It is a state of the art vehicle with significantly increased features and capabilities including external and internal televisions, a sink and refrigerator for health screening procedures, a computer work station and laptop with wireless Internet access and external graphics highlighting the Derby public Riverwalk. The Mobile Health Resource Center focuses on preventive health services and providing health education and screening services to neighborhoods, community events, health fairs, shopping centers and businesses/companies. It offers health education using the Internet, computer software programs and an array of health related books, publications and audio and videotapes. It is equipped with cholesterol, osteoporosis, diabetes and blood pressure screening equipment as well as a television and VCR.

**Community Outreach Services** - In fiscal year 2012, the Department of Community Outreach and the Valley Parish Nurse Program served 50,318 people. Services included 8,359 health screening recipients which contributed to 21,720 referrals to needed services. In addition, 1,579 educational programs

were provided attended by 34,216 people and 3,558 people were trained in CPR. The program also provided and placed AED's (Automated External Defibrillators) at community sites bringing the total number of AED's placed at community sites to 65. The Town of Seymour, a recipient of five AED's from the program was designated as the first "Heart Safe Community" in the region. Outreach programs included providing and fitting 616 youth bike helmets, 970 participants in infection control "germ buster" programs, providing and fitting 89 infant and booster care seats, printing and distributing 3,500 youth drug/alcohol/smoking prevention calendars, 930 pedestrian safety program participants and 113 CHIP (Childhood Identification Program Participants). The goal of the CPR Anytime Valley Initiative is to continue to increase the "out of hospital" survival rate of cardiac arrest victims by training at least 1,000 youth a year in CPR. In 2012, 1,902 youth were trained. In the year 69 cardiac arrest victims were assisted, 19 had CPR initiated and 14 who had bystander or family CPR initiated survived.

The Valley Parish Nurse Program participated in the first annual 'Take a Stand Day 08" at Seymour High School a program designed to take proactive steps in saving lives and combating drinking and driving. Griffin and the Valley Parish Nurse Program again supported and participated in the program in 2009. For eight years in a row a student at Seymour High School had died an accidental death just before graduation prompting a number of initiatives to reverse what had become a terrible history. Seymour High School officials sent a letter of appreciation to the hospital.

Starting six years ago Griffin Hospital through its Department of Community Outreach and Parish Nursing, joined with Ansonia Community Action, the non-profit agency providing services to the African American community, for an outreach program to provide free cholesterol, diabetes, and hypertension screening and health education for people who are 60 and older. The past two years the hospital sponsored a health fair for the African American community attended by more than 700 adults and children.

Greater Naugatuck Valley Safe Kids Chapter - In March 2005 the Valley Parish Nurse Program took on a new role and assignment with the establishment of The Greater Naugatuck Valley Safe Kids Chapter. Several years of inactivity by a former regional Safe Kids Coalition prompted the Connecticut Safe Kids Coalition to approach a number of community health and human service organizations in search of a new host. All suggested the Valley Parish Nurse Program because of its reputation, the leadership of Director of Community Outreach and Parish Nursing Daun Barrett, R.N., and her passion for improving the health and quality of life of residents of the communities served and history of conducting programs that focused on injury prevention and education of the youth of the Valley. In fiscal year 2012, the Valley Parish Nurse Program provided and fitted 606 bike helmets, provided and installed 89 infant/booster car seats and processed 1,642 children through the CHIP (Childhood Identification Program). The CHIP program provides families with free identification kits for their children, including fingerprinting, dental impressions and a video interview. The fair also features health, wellness and safety displays and a variety of educational materials.

The Safe Kids Chapter hosts children's car seat safety programs and clinics open to the public throughout the year with support from the BJ's Charitable Foundation. Hosted by Certified Child Passenger Safety Technicians, the clinics offer car seat checks and instruction and installation of properly installed child safety seats.

The program has provided 17,000 substance abuse calendars to school students over five years with art created by elementary school children. The Valley Parish Nurse Program uses the calendars as part of a student education program.

In September 2009, Griffin Hospital, the Valley Parish Nurse Program and the Boys and Girls Club sponsored the 8<sup>th</sup> annual Children's Health and Safety Fair. Activities included carnival games, Moon Bouncer, face painting, a magic show, fire engines, smoke house and rescue vehicles. Health, wellness and safety displays and activities included the Stew Leonards "WOW the Cow" and car and booster seat awareness. Free bike helmets were provided to the first 450 children.

Griffin Hospital, the Valley Parish Nurse Program, the Valley N.A.A.C.P., the City of Ansonia and the Community Foundation of Greater New Haven sponsored the Annual Community Health and Safety Fair for children and their parents for seven years; over 700 attended. Events included fitting free bike helmets for 250 children, a bike rodeo and car seat checks and installations. Youngsters took part in the CHIPS (Childhood Identification Program).

In 2009, the VPNP partnered with the Seymour Public Schools system to obtain a grant through the Traffic Safety Program to improve student safety around the town's elementary schools. Through the grant 21 traffic safety signs, reflective poles, pedestrian crosswalk stands and highly visible raincoats for crossing guards were purchased. The Director of Security for the school system sent a letter of appreciation to President Charmel.

Certified CPR Training Center – Griffin Hospital has been a certified Community American Heart Association CPR Training Center since 2006. Director of Community Outreach and Parish Nursing Daun Barrett is the past American Heart Association National Faculty Member for the State of Connecticut. Barrett leads four CPR Training Center Faculty and 29 instructors in providing CPR training to community members and Griffin Hospital employees. The goal was to provide CPR training to as many lay people as possible to increase the survival rate of the out of hospital cardiac arrest victim by having the general public better prepared to perform bystander CPR when needed. The faculty and instructors have trained close to 22,000 people in CPR since 2004. At Griffin Hospital 1,164 employees have been trained in CPR. All are also trained in the use of AED's.

Griffin Breast Health Initiative – The purpose of the Griffin Breast Health Initiative is to provide outreach and education to women, including the uninsured or underinsured, about the importance of breast wellness and early breast cancer detection and provide screening mammograms to women who would otherwise not be able to afford one. Led by Griffin Hospital and the staff of the Hewitt Center for Breast Wellness and the Valley Parish Nurse Program, the initiative will help navigate patients through the local healthcare system, working in tandem with partnering organizations including the Cornell Scott Hill Health Center and Planned Parenthood. Griffin Hospital has created the Valley Breast Care Fund in an effort to ensure that no person, regardless of age or socio-economic condition is denied a screening mammogram or diagnostic testing for breast cancer. Temporarily restricted funds have been created to hold gifts and grants that are directed to fund free or subsidized mammography services as well as other screenings or treatments that may arise if a breast abnormality is found. In most cases, patients must meet certain economic and insurance coverage criteria to be eligible to use these limited funds. The Valley Women's Health Initiative has been raising funds to support the Valley Breast Health Initiative for more than 12 years, including the annual Women Making a Difference Tribute Luncheon and Breast Cancer Awareness fund raiser. Grants have also been received to support

the initiative from the Hewitt Foundation and the Komen Foundation with the funds from Komen targeted to the cities of Shelton and Naugatuck where the breast cancer mortality rate is higher than the state's rate. Under the Komen grant a minimum of 1,000 women will receive breast wellness education in an effort to increase access to screening mammograms at the Hewitt Center for Breast Wellness at Griffin Hospital and at least 200 women will receive free mammograms and screening ultrasounds where needed. A \$15,000 grant was received from the Connecticut Community Foundation targeted specifically to provide outreach and education to women in Naugatuck. A \$75,000 grant was received from the Connecticut Health and Education Facilities Authority to provide screening mammograms and diagnostic services as needed. To date more than \$250,000 has been raised and over 250 women have been assisted.

Valley Women's Health Initiative - In partnership with the Valley Women's Health Initiative, Griffin Hospital sponsors the annual Women Making a Difference in the Valley luncheon and fundraiser. Over the past 10 years, 70 women who live and work in the Valley have been honored. Many of the 70 women had connections to Griffin Hospital, some as employees and volunteers. The honorees, who are nominated by individuals, business leaders and organizations, exemplify the multi-dimensional role that they play in today's society as demonstrated by the contributions they have made to their community. The Valley Women's Health Initiative is a collaboration of health agencies, community leaders, and volunteers working to address and improve women's health issues, including breast cancer and heart disease. Griffin employees provide event planning promotion assistance. Griffin family members including employees and volunteers have been among the honorees. The initiative was launched in response to the high breast cancer mortality rate in the community, which was related to low rates of screening mammograms and the identification of breast cancer at advanced stages. Proceeds from the luncheon are earmarked for the Griffin Hospital/Valley Breast Cancer Fund, established in 2001 to ensure that no person, regardless of age or socio-economic status, is denied a mammogram or diagnostic testing for breast cancer. Over the years, \$200,000 has been raised and 350 women have received care as a result of the initiative (including 293 Mammograms, 60 Breast Ultrasounds and 32 Breast Biopsies). Additional funds were expended to cover women whose insurance left them with balances they could not afford.

AED Placement at Public Sites - The Griffin Hospital Valley Parish Nurse Program coordinated obtaining funding for the purchase of Automated External Defibrillators (AEDs) and has placed 65 AEDs at public non-profit Public Access Defibrillator sites in the community. Griffin Hospital also placed six AEDs in public and work areas including the main lobby and the cafeteria. AEDs are user friendly, heart shocking devices that can be used by anyone to treat someone suffering an emergency cardiac arrest.

Homeless Shelter Food Bank Donations - On behalf of its employees, Griffin Hospital made a donation of 1,649 cases of food valued at more than \$25,000 to the community's food banks and homeless shelter in April 2009. Employees voiced support for the initiative using funds that would normally be allocated for employee recognition gifts. The tractor trailer delivery truck was greeted by about 60 Griffin employees wearing special Griffin Centennial T-Shirts who rolled up their sleeves and worked side by side with the food bank volunteers to complete the distribution and loading of the food bank vehicles in two hours. The Planetree Healthy Communities Steering Committee adopted the Spooner House homeless shelter and food bank for ongoing support through employee food drives. In December 2012, an additional \$6,000 was donated to Spooner House to help feed area families over the holidays and through the winter. The donation included \$4,500 raised through Griffin's annual

“Holiday Wonderland of Trees” fundraiser organized by the Arts and Entertainment Planetree Steering Committee and an additional \$1,500 from the hospital. Ongoing support is expected.

Patient and Community Support Groups and Educational Meetings - As part of Griffin’s holistic, community-based approach to healthcare, the hospital devotes significant time and attention to support groups. The caring and sharing that occurs in support groups have been shown to play an important role in maintaining wellness by helping patients and their families cope with a chronic illness or loss. The positive interaction, including hearing the experiences of other people, is a central part of changing attitudes and behavior. The newest information in treatment or coping can be shared. Often, group members express relief that they have found others who understand, through personal experience, and who care. Fears and doubts can be openly expressed, and peer support can be an invaluable aid. Following are the support groups offered with an explanation of their purpose:

- *By Your Side - Caregiver Support Group*

If you're helping a loved one get through cancer treatment *you are a caregiver*. *By Your Side* Support Group meetings are held the first Monday of each month. As a caregiver, you spend your days preparing meals, cleaning, providing transportation, talking to health care providers, administering medication, battling insurance companies and making sure your loved one gets everything they need. You may not think of yourself as a caregiver. You may see what you're doing as something natural - taking care of someone you care about. In *By Your Side* caregiver support group meetings you can relax, take a deep breath and think about yourself for a little while. *The* support group meetings offer a plethora of helpful tips, techniques, recipes and strategies for keeping life in balance. The support group focuses on the caregiver's unique needs, concerns and questions with meetings led by Griffin staff. Other employees who are caring for family members attend as participants in the support group.

- *Bereavement Support Group*

The Griffin Hospital Bereavement support group meets for six consecutive weeks, with both afternoon and evening meeting times available at the hospital as well as in the community. Adults of all ages meet weekly to share their thoughts, feelings and fears about their experience. The group is facilitated by experienced bereavement counselors, including the Director of Pastoral Care, at no charge.

- *Bereavement Support Group for Parents*

Another Griffin Hospital Bereavement support group is held specifically for parents who outlive their child. The support group was started in 2006 after pastoral care staff recognized that these people have unique emotional and spiritual needs. The bereaved parents support group is facilitated by Griffin's Director of Pastoral Care and another chaplain who is a volunteer at Griffin.

- *The Widow and Widower Support Group*

The group offers facilitated meetings to those learning to live with the loss of their partner or spouse. The group meets monthly and is led by a member of Griffin Hospital's Pastoral Care Department.

- *Coping with Loss Through the Holidays*

A two- part support group is scheduled annually during the Holiday season for people who have suffered a loss during the December Holidays.

- *Circle of Friends Breast Cancer Support Group*

This is a twice monthly group co-sponsored by Griffin Hospital and the Y-ME of Connecticut Breast Cancer Support Organization. Breast cancer patients and survivors share feelings, stories

and receive educational resources and materials. There are also guest speakers who are professionals in the field of breast cancer.

- *Griffin Hospital Diabetes Education and Support Group*

The Diabetes Education and Support Group , in conjunction with the American Diabetes Association, meets monthly to discuss the management of diabetes, its challenges and day-to-day dietary concerns. The group is open to patients and their families, at no charge.

- *Fibromyalgia Support Group*

The Fibromyalgia support group meets monthly, giving participants the opportunity to share information, offer encouragement and learn coping techniques for people affected with this condition. Fibromyalgia is a widespread musculoskeletal pain and fatigue disorder which can interfere with all aspects of a person's life.

- *H.U.G.S. (Help Unlimited Griffin Support)*

This extremely upbeat, positive group of people meets weekly to share the commonality of being touched in some way by cancer. Many have attended for years and embrace new members into this family setting immediately. They share their laughter and their pain with total confidentiality and actively participate and support annual events such as "Cancer Survivor's Day" and Relay for Life. Traditionally, a summer picnic and a Christmas party are enjoyed.

- *Mom 2 Mom*

The Mom 2 Mom meetings are designed for expectant mothers in their 3rd trimester and new mothers and their babies. Discussions include baby related topics, such as preparing for baby, family life, feeding and nutrition, as well as participants' own questions and concerns. A play group / social hour follows the meeting, so participants are encouraged to bring a toy along to share. Meetings are led by registered nurses, childbirth educators, and experienced mothers.

- *Nursing Moms*

Nursing Moms is a free support group for breastfeeding women and their babies that meets monthly. The group is open to all pregnant and breastfeeding women regardless of where they delivered their baby. The group offers an opportunity for breastfeeding women to support and encourage each other, as well as provides the services of a Lactation Consultant to answer questions.

- *Sleep Apnea Support Group*

The Sleep Apnea Support Group is staffed by the Griffin Hospital Sleep Wellness Center. The goal of the support group which meets monthly is to improve the quality of life for those affected by a sleeping disorder known as sleep apnea. There is no charge to attend.

- *Multiple Sclerosis Support Group*

The Multiple Sclerosis Support Group is staffed by the staff of The Multiple Sclerosis Treatment Center which offers a comprehensive program for the evaluation and treatment of multiple sclerosis and related conditions.

- *Griffin Hospital Alzheimer's Caregiver Support Group*

The Alzheimer's Caregiver Support Group is designed to provide emotional, educational and social support for caregivers through regularly scheduled meetings. It helps participants develop methods and skills to solve problems. The group encourages caregivers to maintain their own personal, physical and emotional health, as well as optimally care for the person with dementia.

- *Valley Heart Club*  
The Valley Heart Club is a heart disease support group that educates through its monthly meetings. The Valley Heart Club meets the third Tuesday of every month (excluding July, August and December).
- *Sharing Hearts of Griffin Hospital*  
"Sharing Hearts of Griffin Hospital" is a support group associated with the Valley Heart Club. It is intended to offer further support for those with heart disease. The discussions center around a variety of topics, all related to the challenges of coping with the disease process.
- *Look Good...Feel Better*  
The Center for Cancer Care offers a free monthly makeover program for women undergoing cancer treatment. Attendees receive a kit of complimentary cosmetic and skin care products as well as group instruction from a volunteer licensed cosmetologist in makeup techniques, skin care and nail care. This program is offered through a partnership of the American Cancer Society, the Personal Care Products Council and the National Cosmetology Association.
- *All About Baby*  
All About Baby is a two hour class for new parents. It teaches parents what they need to know about baby care, diapers, bath, play, sleep, safety and normal growth and development.
- *Baby & Me for Siblings-to-Be*  
This class helps children between the ages of two-and-a-half and eight feel special about their new role and teaches parents how to prepare children for the new arrival. A certified childbirth instructor will discuss how babies look and behave, proper holding and handling of an infant, diapering etc.
- *Babysitter Training*  
This class is designed for pre-teens, ages 9-13, and is offered to improve critical thinking skills necessary in case of an emergency while babysitting. The purpose of the class is to equip the future babysitter with the skills necessary for them to offer safe and appropriate childcare. This includes physical and emotional interaction with infants, toddlers, preschoolers, and older children.
- *Breastfeeding for Beginners*  
Our board-certified lactation consultant will help new parents understand the biological process of breast feeding and discuss how to get started, proper positioning, recognizing hunger signals, frequency and volume of feedings, how to use a pump, and preparation for your return to work.
- *Early Pregnancy*  
A class for first time parents to be taken within the first 15 weeks of pregnancy. Topics include the pregnancy process, female anatomy and physiology, fetal development, good health habits, proper nutrition, healthy weight gain, proper rest and exercise.
- *Grand parenting 101*  
Parenting styles change from generation to generation. This class can help you avoid unwanted tension through a review of current guidelines for infant care, communication between parents and grandparents, and the changing roles of grandparents.
- *Lamaze Refresher*  
This class is for expectant parents who already have children but would like to review the basics of childbirth preparation. A certified childbirth instructor covers labor, relaxation, and Lamaze breathing, differences in labor experiences, and sibling preparation.

- *Prepared Childbirth*

This class will prepare you and your partner for the various stages of pregnancy, labor and delivery, breathing and relaxation techniques, pain management, including epidural anesthesia and natural methods, and postpartum care for mom and baby.

- *TotSaver Infant Safety & CPR*

A certified CPR instructor will cover CPR and life-saving skills, as well as how to “baby-proof” your home, proper car seat installation and use, household safety, and poison prevention. This course provides you and your family with skills that can turn a life-threatening situation into a life-saving one.

- *Weight-Loss Surgery Seminars*

Free weight-loss seminars are held several times each month for those considering weight-loss surgery. Support groups and classes are also offered to those who have already undergone weight-loss surgery.

- *Medication Management Program*

A Medication Management Program is available through the Griffin Hospital Community Outreach and Parish Nurse Program. In her role as medication nurse, Mary Swansiger, BSN, MPH, conducts individual medication assessments, provides counseling & education at senior centers and throughout the community and offers telephone follow-up with program participants.

- *Parkinson’s Support Group*

GRASP – Griffin Associated Support Group for People with Parkinson’s – includes a support group and an exercise group. The monthly support group meetings include discussions of various topics related to Parkinson’s disease for people with Parkinson’s disease and their caregivers. Biweekly exercise sessions for support group participants are lead by a Physical Therapist and/or Occupational Therapist. In order to join, participants must have consent from their doctor, and must pass the screening process to determine eligibility to participate in the group.

- *Skill Training Workshops*

Meetings and workshops are offered to the community and to healthcare professionals to learn or enhance their skills. Reiki, Soft Touch, and Therapeutic Touch are some of the usual offerings. Workshops are held periodically throughout the year.

Griffin Hospital Community Health Resource Center - In addition to providing an array of outreach services in the community, Griffin also makes extensive healthcare information resources available to the public on the main campus. The hospital’s Health Resource Center, which houses one of the largest collections of consumer health information in the country, has nearly 15,000 users each year. The HRC is an easy-to-use, comprehensive, and up-to-date source of medical information, much of which is not available in public libraries. Staff assists visitors in researching medical conditions and treatment options and encouraging individuals to take an active role in decisions affecting their care and well being. The HRC is a component of the Planetree care model and a commitment of Planetree hospitals, including Griffin, to empower people by providing information and education.

The HRC adjoins Griffin’s extensive medical library, which is used primarily by physicians and other healthcare professionals, but is also open to laypersons seeking more in-depth medical information. The HRC staff can also access computer databases that provide comprehensive indexing and abstracts of articles that appear in health-related periodicals, and journals. The HRC also has multiple private

databases not available on the Internet, and has added MD Consult and Nursing Consult, leading sources of online healthcare information, with resources available in Spanish and other languages.

The HRC also features a children's section with a variety of health-oriented books, a special section on bereavement issues, audio cassette programs, videos, and a private video viewing room.

The Health Resource Center is an especially important community service for low-income residents who may have limited or no home access to computers, and is a significant resource for area students researching health topics for school. The HRC offers free library cards, distributing more than 10,000 in the community since it opened in 1995, and has two satellite resource centers located adjacent to inpatient nursing units available for patient and visitor use as well as two additional resource centers, one located at the Center for Cancer Care and one located at the Griffin Hospital Imaging and Diagnostic Center at Ivy Brook.

**Healthy U Program/Mini-Med School** – Today's health consumer is bombarded with reports about the latest medical breakthroughs, promises about how technology will transform patient treatments, and direct-to-consumer promotions for medications and other medical products. In response to this phenomenon, Griffin Hospital developed its "Healthy U" (short for "Healthy University") program, which is comprised of regular scheduled "Tuesday Talks" educational offerings at the hospital and community sites that includes topics such as:

- Anatomy and Physiology
- Primary Care
- Cardiology
- Endocrinology
- Orthopedics
- Pulmonary Disease
- Gastroenterology
- Nephrology
- Neurology
- Oncology and Hematology
- Otolaryngology
- Ophthalmology
- Gynecology
- Urology
- Rheumatology
- Dermatology
- General Surgery

Healthy U programs are free and open to the public, and feature Griffin Hospital medical experts and community partners who provide trusted health information and answers to questions.

Griffin also offers a Mini-Med School program each fall. Founded in 2006 by two leaders of its medical staff, Griffin's Mini Med School program is open to residents of Griffin Hospital's service area and beyond, with students seeking out the program because there are no other comparable programs offered in the state. The free 10-week program is designed for a general audience ranging from adolescents interested in pursuing healthcare careers to senior citizens seeking information on how to live longer, healthier lives. The 10 weekly evening sessions, which are divided into two one-hour

physician presentations, with a break for refreshments, provide a basic understanding of human anatomy and the pathology of various diseases. The course is comprehensive and the knowledge base is cumulative, so those participants who attend all sessions will gain the most benefit. All participants learn about strategies for disease prevention, with physician presenters stressing a number of common themes, such as the harmful effects of smoking, the importance of regular health screenings, and the impact of lifestyle choices on overall health. The presentations follow a common template, and copies of the PowerPoint handouts are distributed each week for note taking.

A variety of pharmaceutical companies and medical device manufacturers have provided financial support, which has helped defray program costs which include the binders provided at the first session, weekly PowerPoint handouts, and t-shirts and certificates awarded at the “graduation” ceremony. The hospital covers the cost of refreshments (about \$200 per week), as well as the purchase of medical dictionaries, reference books, and more lighthearted prizes, such as the game “Operation” and toy doctor kits, which are raffled off at graduation. While there is no charge to attend, the Mini Med School is offered on a first-come, first-served basis. The hospital promotes the program each fall, and usually reaches the 100 student enrollment limit with a waiting list for the next session. More than 600 community members have completed the program, with some moving on to complete a Mini Medical Residency program, offered in the spring of 2009, with another session planned in the next year.

To replicate the Mini Med School program, hospitals must have little more than a commitment to community health education, meeting space with audio-visual capabilities, and physicians and staff members willing to share their time and expertise. As such, the Mini Med School template has been replicated by other Planetree Hospitals around the country, and was the topic of a Planetree Conference presentation in 2007.

While community benefit is clear, the hospital and its physicians also benefit from the goodwill the program engenders. Feedback has been overwhelmingly positive, with both the individual physician presentations and the overall program evaluation generating favorable reviews from participants. Each session provides multiple opportunities for exposure to a large number of potential new patients, with about a third of each session’s participants new to Griffin and nearly half traveling from outside the hospital’s primary service area to attend. With word of mouth such a powerful factor in healthcare decision making, the Healthy U “Tuesday Talks” and Mini-Med School have become an important part of both the hospital’s health empowerment and community benefit programs.

[Yale-Griffin Prevention Research Center](#) – Established in 1998, the Yale-Griffin Prevention Research Center (PRC) is a collaboration between Yale University and Griffin Hospital. One of only 35 such centers across the country, Griffin’s is the only one based at a hospital. Funded by the Centers for Disease Control and Prevention, the National Institutes of Health, foundations, and private industry, the PRC’s research portfolio is diverse, with the emphasis on community-based issues. Its many areas of focus are nutrition, preventive cardiology, and physical activity. It also conducts research on complementary and alternative medicine (CAM), chronic disease management and obesity prevention. The work of the PRC extends beyond the Griffin Hospital service area to include programs and services in Bridgeport, New Haven and Hartford, the state’s three largest cities.

[Yale-Griffin Prevention Research Center Community Health Profile](#) - The Yale-Griffin PRC produces a bi-annual Community Health Profile for the six town region served by Griffin Hospital. The profile reports

disease specific mortality rates and other health and social indicator data and compares them to state rates. The report is widely used by Valley Council of Health and Human Service organizations to identify needs and develop interventions. It is also used by non-profits and government entities as justification in grant applications. The Yale-Griffin PRC began producing a similar report for the cities of New Haven and Hartford and was asked by the Pomperaug Health District to produce a similar report for the towns in their service area, which includes Southbury, Oxford and Woodbury, Connecticut. The PRC does not charge for the reports.

Performing studies and collecting data is part of the PRC's mission, which also includes working closely with communities, using the results of prevention research to inform and empower local residents. At Griffin, we believe that for health research to succeed, you need both to be able to make a difference in the community and to measure the difference you make. The Prevention Research Center excels in both areas, creating a powerful formula for positive change for the development of the profiles.

Valley CARES – Community Assessment, Research & Education for Solutions - Griffin Hospital and the Yale-Griffin Prevention Research Center are supporting a collaborative initiative "Valley CARES", a community assessment and planning effort sponsored by the Valley Council of Health and Human Service Organizations. The Council recognized the need to develop an ongoing system for accessing information about quality of life in the Valley community. Valley CARES includes two main goals: To improve the local capacity to track information about key quality of life indicators so that Valley residents, organizations, and stakeholders have on-going access to information about community strengths and challenges; and to disseminate information about Valley quality of life broadly within the community and engage community members in analyzing assessment findings and planning solutions to identified community challenges.

The Yale-Griffin Prevention Research Center, which is a Council member agency along with Griffin Hospital, has extensive experience in compiling the Valley Community Health Profile and has expanded its research to include information on indicators beyond health. The Council also contracted a survey research firm to conduct a community survey to obtain information about resident views. The topics covered in the Valley CARES community assessment report include:

- Creating a Community Context that allows Residents to Thrive (Employment & Economic Indicators, Housing, Transportation)
- Providing Education and Training for Life-Long Success
- Preserving the Natural Environment
- Ensuring Resident Safety
- Promoting Social and Emotional Well-Being
- Advancing Community Health
- Offering Arts, Culture, and Recreation
- Fostering Community Harmony and Engagement

Yale – Griffin PRC Nutrition Detectives Program - In an attempt to help curb the incidence of childhood obesity, Dr. David Katz, Director of the Yale-Griffin Prevention Research Center provided complimentary copies of the Nutrition Detectives DVD to all school district Superintendents in Connecticut. Nutrition Detectives is a 90-minute, nutrition program designed for elementary school aged children. Dr. Katz developed the program, funded by his "Turn the Tide" foundation to help address the growing epidemic of obesity in children. Through a new DVD format children are taken

into a “magical classroom”. Through special effects and simulation six students in the “magical classroom” are converted into “certified” nutrition detectives. The DVD takes the viewing audience on a health promoting journey. The DVD teaches valuable lessons about the importance of eating well, with an emphasis on practical skills needed to identify and choose nutritious foods. The program teaches children to be “clued in” to health, and gives them five essential clues a “nutrition detective” needs to get right to the truth about nutrition on any food packages; see past deceptive marketing claims; distinguish whole grain foods from refined grains; and recognize the importance of eating natural whole foods such as fruits and vegetables.

The program previously in print form and now on DVD is available for free and is being taught in schools throughout the country. In addition, data is currently being collected in a three year controlled evaluation of the health effects of the program in 13 elementary schools in Independence, Missouri.

**Yale – Griffin PRC to Teach Nutrition to Rowing Program Youth** – The Yale –Griffin Prevention Research Center offers nutrition classes to Yale Community Rowing participants. The program called *Eat to Row, Eat for Life* is offered to select groups of middle school and high school students from the Valley who are participating in the rowing program. The PRC is collaborating with Southern Connecticut State University and Yale University to develop and deliver the nutrition classes. Participants will learn how to make healthful food choices and will have the chance to practice what they learn.

**NuVal Nutritional Food Scoring System** – In 2006, Dr. David Katz led a group of renowned scientific experts in developing the Overall Nutritional Quality Index (ONQI). The ONQI algorithm produces a single score of 1 to 100 for a food’s overall nutritional value based on 30 nutrients and nutrition factors like carbohydrates, protein, fiber, vitamins and minerals. The higher the ONQI score the more healthy and nutritious the food. To date, the Griffin Imputation Center has scored close to 100,000 items across all food categories, including cereals, breads, oils, fruits and vegetables, meats and dairy. The scoring continues with hundreds of new foods being scored each month. To take the system to market it was rebranded as the NuVal Scoring System and was introduced and used on supermarket shelf tags to assist consumers in making healthy food choices. There are now over 1,500 supermarkets across the country using the NuVal system including Price Cutter, King Soopers, Tops, King Kullen, Price Chopper, Hy-Vee, Meijer, Brookshire’s, Big Y, Skogen’s Festival Foods, Food City, United Supermarkets, Mariano’s Fresh Market, Lowes Foods, Scolari’s Food and Drug, Raley’s, Robért Fresh market, Coborn’s, and select Giant Eagle and Metro Market locations. The NuVal system is also available at the Big Y supermarket in Ansonia in Griffin’s primary service area. Kroger, the nation’s second largest food retailer with 3,619 stores is piloting the NuVal system in 23 of its Kentucky stores. NuVal Scores are available at school cafeterias and vending machines in Missouri, Minnesota, and Tennessee and was introduced in the Derby, Connecticut public schools in the 2012-2013 school year (see below). The development of NuVal is consistent with Griffin’s Planetree patient-centered care model and empowering patients/consumers with information and education that enables them to be partners in their care, treatment and well-being.

**NuVal in Derby Public Schools** – The pilot test of the NuVal Nutritional Scoring System in the Derby Public Schools began in the 2012 – 2013 school year. The pilot test will be the precursor of introducing the NuVal Food Scoring system throughout Valley schools as part of the VITAHLS, childhood and adolescent obesity prevention program. The NuVal system was introduced in the Derby school district’s middle school and high school. The schools are on the same campus and have similar snacks and menus. The scoring system will be applied to foods served in the cafeteria and vending machines. The goal is to inform students about the variation in nutritional quality and the range of scores within

each food category to get them thinking about the power of choice, and to make healthier food choices. The project will be evaluated by assessing changes in student's attitudes, knowledge and ability to make positive choices, along with changes in food products purchased at school. The project is funded by the Turn the Tide Foundation through a donation from the California Walnut Commission.

School-Based Health Center - From its inception more than a decade ago, Griffin Hospital personnel, the Ansonia Board of Education, and Ansonia High School staff worked collaboratively to create the Charger Health Clinic to provide comprehensive physical and mental health services to the school's students.

The Clinic, which is licensed by the Connecticut Department of Public Health, is staffed by an APRN and a LCSW who provide a multidisciplinary approach to adolescent healthcare. All students, especially the un- or under-insured, can access medical care onsite in a timely fashion. Working side-by-side, hospital medical staff and school staff have devised a seamless and holistic approach to medical services. As a result, students are able to stay in school to pursue their education and to receive treatment for various physical, mental, and/or emotional problems.

The team of health professionals provides services to prevent and reduce high risk behaviors, assess and treat acute and chronic illnesses, and provide health education. The School Based Health Center at Ansonia High School is operated by Griffin Hospital. It provides comprehensive physical and mental health services to the enrolled students at the school including routine checkups and physical exams, immunizations, laboratory testing, mental health services, crisis intervention, individual, family and group counseling, nutrition counseling and weight management, management of chronic illness, referral and follow-up for In the 2012 school year, there were 877 visits. 80% of the student body is enrolled in the center. The top five visits by diagnosis are: Allergic Rhinitis, Complete Physical Exam, Depression Reaction, Acute Pharyngitis, and Adolescent Adjustment Reaction. Outcomes include cost savings by preventing Emergency Room Visits, increased access to mental health services and easier access to primary and preventative care.

Healthy Beginnings – Return Visit Program - In response to shorter lengths of maternity unit stay for new mothers and babies mandated by health insurers and concern about their health and well being as a result of the short stays, Griffin's Childbirth Center nurses proposed establishment of a post discharge free return visit program. On discharge new mothers and babies are given an appointment to return in 72-96 hours after discharge for an examination by the same nurses that care for them during their hospitalization. Almost 90% of mothers and babies return; often accompanied by the father making it a family event. Problems from lactation issues, bleeding, jaundice and others are identified in 20-30% of mothers and babies and education, care and referral to other practitioners of services is provided. The nurses volunteered to take on the responsibility for the program as part of their job duties with no additional compensation. The award-winning program has been in place since 1996 and has been adopted by many hospitals across the country.

Go Green Initiative- Griffin's Patient Centered Care Council in 2009 undertook a number of initiatives to promote social responsibility to the community. Among them was the "Griffin Goes Green" program to increase the hospital's use of disposable material while also increasing awareness about the need to recycle. Several staff members from different departments were designated "Green Champions." One of the first things the group did was coordinate with the hospital's Dining Services department to reduce the number of disposable cups used by employees purchasing coffee, tea, and

other beverages. The Go Green Team sold mugs and water bottles that staff could use in place of disposable cups. The cost to employees for the mugs and water bottles was offset by price reductions negotiated with the Dining Services department to refill them. This program was a win-win for everyone. Employees who purchased mugs and water bottles are able to spend less for beverages. The hospital has also been able to reduce its costs by reducing the quantity of disposable cups purchased. As a result, less waste is produced which ultimately benefits the environment. Recycle bins were made more accessible in the dining room with the recyclables donated to area high schools to help with their fundraising. The Go Green Team continues to explore other initiatives.

Volunteer Services Department – While Griffin Hospital’s volunteer force of 430 community residents is an essential component of Griffin’s care giver team and is vital to Griffin’s ability to provide personalized services that create an exceptional patient experience for patients and their families, the Volunteer Program also provides a social experience that the volunteers enjoy and fondly look forward to. Volunteers receive free meals on days they work four hours or more. They bond together and with staff in the departments where they provide support. They are invited to and participate in hospital activities including celebrations and recognition events. Attendance at the annual Volunteer Service Award Dinner is very high with service awards presented to the volunteers at the dinner. In addition, Griffin Hospital junior volunteers pursuing healthcare careers are recipients of scholarships annually. Since 1966, Griffin Hospital has awarded scholarships to community students pursuing advanced education in health care related fields. More than 199 students have been beneficiaries of these scholarships. One qualified student volunteer from seven high schools in the hospital’s service area is the recipient of a \$500 college scholarship annually. Up to two outstanding high school students who have distinguished themselves by the total hours worked and the overall quality of their service to Griffin Hospital may also be chosen for Griffin’s Scholarship for Distinguished Service, which offers a \$1,500 scholarship award. Applicants must be senior students in good academic standing who volunteer at Griffin for a minimum of 100 hours and upon graduation go on to pursue a college education with studies in health services, hospital-related business operations or hospital administration.

Griffin Hospital Senior Meals Choice Program - In partnership with TEAM Inc., the community’s anti-poverty agency, the Griffin Hospital “Seniors Meals Choice” nutrition program is available to individuals 60 years of age or older, or the spouse of an eligible individual, regardless of age. The program offers tasty full course dinner meals at the Griffin Hospital Dining Room. Participation in the program continues to grow with 4,680 meals served in 2013. Seniors are thrilled with the nutritionally balanced selections available and although most contribute the three dollars as suggested, there is a small percentage who contributes less. Contributions are reinvested in the program to supplement and expand nutrition services. Dinner meals are available Tuesday, Wednesday and Thursday nights. Lunch is also available on Thursday.

VITAHLS – The Valley Initiative to Advance Health and Learning in Schools – Working in partnership with six Valley School Districts, Griffin Hospital and the Yale-Griffin Prevention Research Center launched the VITAHLS childhood and adolescent obesity prevention initiative. The initiative was formally launched in October 2011 after six months of planning and development with the involvement of the leadership of the school districts. The mission of the initiative is to develop, implement, evaluate and sustain a comprehensive Valley-wide school-based childhood and adolescent obesity prevention program that focuses on nutrition and physical activity to reduce the prevalence of obesity and to promote health and academic readiness in student Pre-K to grade 12. VITAHLS will

incorporate the NuVal food scoring system, Nutrition Detectives and ABC for Fitness developed by the Yale-Griffin Prevention Research Center. Five of the six school districts in Griffin's service area are participating in addition to the Emmett O'Brien Regional Technical School. The VITAHLS Working Group Committee continues to meet monthly, with other subcommittees also meeting. BMI scales are being provided to the schools to help measure the effectiveness of the program. The NuVal Nutritional Scoring System was formally launched in October 2012 in the Derby High School with plans to also introduce it in the Derby Middle School. The Yale-Griffin Prevention Research Center developed a working version of a middle school and/or high school nutrition education program called "The Road to Health." This program was originally created by the PRC as a summer nutrition program for youth at Yale Community Rowing, but is appropriate for school use as well. The program includes hands-on activities and use of nutrition information from various fast food menus to examine the nutrient content of a typical fast food meal and plan a more healthful fast food meal. The PRC will pilot the program in selected schools and have a more formal version of the program ready for the 2013-2014 school year. A fund raiser was held at Jones Tree Farm with \$5,000 raised for the VITAHLS program. Griffin Hospital is providing funding support and in-kind staff support for the program. The proceeds from the Griffin Hospital Annual Gala in 2012 were committed to support the program with more than \$110,000 raised. In 2012, the Ansonia Public School District received a \$50,000 grant from the Connecticut Department of Education's Bureau of Health/Nutrition, Family Services and Adult Education to implement and evaluate a school nutrition rating system to guide students' food selections and school food service purchases from vendors. The district plans to use the NuVal Nutritional Scoring System, which assigns a score of 1 to 100 to foods based on their overall nutritional value. The Yale-Griffin PRC will provide technical support and assist with the evaluation, which will focus whether educating students about NuVal and posting NuVal scores next to cafeteria foods will lead to changes in school food purchases that reflect a trade-up to foods with higher nutritional value.

HiM – The Health Initiative for Men – Griffin Hospital launched the HiM project in 2011 to help inspire men to have an annual physical and raise awareness about men's health issues, such as prostate cancer and colorectal cancer. Ansonia businessman Frank Michaud and his wife, Judy, established a special "Health Initiative for Men Fund" at the Valley Community Foundation, which enabled the hospital to roll out its first men's campaign: cards that could be given to men encouraging them to get annual physicals. The priority is placed on using donated funds to develop men's health awareness campaigns via print, advertising, television, social media, events and the like. Griffin Hospital is responsible for oversight and development of the core campaign and communications to the medical community to encourage their participation and support. Community and service organizations, as well as private individuals and schools, can choose to participate at whatever level the feel is appropriate. Griffin incorporates the campaign into its presence at health fairs, content for its newsletters, talks, and other materials and seeks to integrate and coordinate the effort into other initiatives, such as Women's Health and Obesity Prevention, in keeping with its mission of providing overall community benefit and health leadership. In 2011 and 2012 HiM partnered with the Valley schools and more than 15,000 – 20,000 Father's Day cards were distributed to Valley school students. In 2012, two separate cards were produced, one for grammar school students to give to their fathers and one for middle and high school students. Griffin Hospital provides free prostate-specific (PSA) tests to men at various community events and fairs. The PSA tests are conducted on the hospital's Mobile Health Resource Center along with free blood pressure screenings. In the fall of 2011, the net proceeds of the Griffin Hospital Annual Gala were directed to the Health Initiative for Men. The event netted approximately \$15,000 including \$1,000 for "free colonoscopies" for men.

Women and Heart Disease Program – the Women and Heart Disease Committee hosted its sixth annual Women and Heart Disease Program. Guest speaker David L. Katz, M.D., lead developer of the NuVal nutritional food scoring system, explained how consumers can make more informed food choices utilizing the system. The NuVal system is now used by more than 1,500 supermarkets across the country including Big Y in the Griffin Hospital Primary Service Area.

Women's Day of Health – Griffin Hospital and the Women & Heart Disease Committee hosted the inaugural “Women’s Day of Health – a Day for Women by Women” in 2011. The event featured keynote addresses by Hewitt Center for Breast Wellness Medical Director, and the Center for Cancer Care Dietician. Also offered were free health screenings, information resource tables, and a number of breakout sessions to help women live happier, healthier lives.

AARP Driver Safety Program – Griffin Hospital hosts the AARP Driver Safety Program each year. The program is the nation’s first and largest refresher course for drivers. While the course is geared toward drivers 50 and older, the course is open to all interested persons. The training is designed to help participants learn current rules of the road, how to operate a vehicle more safely in today’s increasingly challenging driving environment, and some adjustments to common age-related changes in vision, hearing, and reaction time. The course also covers such topics as how to maintain proper following distance at all times; the safest way to change lanes and make turns at intersections; the effects of medications on driving; how to minimize the effect of dangerous blind spots; the importance of eliminating distractions; proper use of safety belts, air bags and anti-lock brakes and ways to monitor your own and others’ driving skills and capabilities.

Fall Prevention Program – Griffin Hospital has offered an evidence based program on fall prevention for the past three years. The program is open to anyone. Those who are at risk of falling & those who do not want to decline and be at risk for falling, including the elderly, those with certain medical conditions, their families and the community at large. Attendees learn about fall statistics and how to be pro-active (and not wait till they have a fall). They are assessed by a physical therapist on their risk for falling and a recommendation will be made on seeing their doctor, Physical therapy, etc. An exercise physiologist goes through an evidence based exercise program with them that can help improve balance and core muscle strength and gives them a check off sheet to assess the home environment to prevent a fall. The event includes a review of attendees’ medications by a nurse to identify any potentially dangerous interactions and information about the Griffin Hospital Lifeline service.

“Clothes Closet” for Bariatric Patients (2011) – Griffin Bariatrics opened a “Clothes Closet” to help patients bridge the gap between the time of their bariatric surgery and when they reach their healthy weight. The “Clothes Closet” features a variety of sizes of men’s and women’s clothing in barely worn or new condition, and offers all items to bariatric patients free of charge. Bariatric patients are not always able or willing to shop for new clothes as their body is changing, so they often wear clothing that does not fit properly, which can affect body image, self-esteem and confidence.

Cancer Basics 101: Everything You Need to Know (2011) – The Griffin Center for Cancer Care offered a new educational program for patients and community members. The four-session course featured Griffin physicians and other medical experts who presented information on cancer screening, treatment, and prevention. The Center also began offering Cancer Genetic Counseling Services to individuals and families as part of its comprehensive model of patient-centered care. The service

offered in collaboration with the Yale Cancer Center Genetic Counseling Program, is provided by a team of graduate-trained counselors who are certified by the American Board of Genetic Counseling.

Pastoral Care & Education – Griffin Hospital’s Pastoral Care and Education Department offers extended units of Clinical Pastoral Education (CPE) for area clergy, seminarians and lay persons. CPE is designed to enhance pastoral care, listening, assessment and intervention. The CPE model of education is action/reflection with an emphasis on process learning. The Pastoral Care and Education Department will offer a spiritual care training program for healthcare professionals in 2013. The Clinical Pastoral Education for Healthcare Program will provide nurses and other clinical staff with clinical and classroom training on how to include spirituality into the care they provide. The program will help healthcare professionals understand how patients’ beliefs and values are integral to the whole person and how they can include their own spirituality in a manner that is helpful in human interaction and relationships. The program is funded through a grant from a local philanthropist. The Pastoral Care Department also provides Educational Programs for Area Congregations including: The Impact of our Spiritual Life on our Health, Discussion of end-of-life issues Advanced Directives, Living Alone and Caring for Ourselves, Coping with Grief during the Holidays, Aging and Spirituality, Exercise and Nutrition Make for a Healthy Soul. The Department provides 150 hours through its Community Ministry Program establishing a clinical placement of a CPE Intern at the Spooner House homeless shelter and the Bishop Wicke extended care facility.

In 2013, Director of Pastoral Care Rev. Jo Clare Wilson received the Association for Clinical Pastoral Education (ACPE) Distinguished Service Award.

Junior Achievement – Derby High School – Griffin Hospital leadership including two management members partnered with Derby High School to bring the Junior Achievement program to a high school Enterprise Marketing class in the 2012-2013 school year. Griffin volunteers visited the class over the course of 12 weeks to deliver the curriculum and work with students in creating and running a successful company. By organizing and operating an actual business enterprise, students not only learn how businesses function, they also learn about the structure of the U.S. free enterprise system and the benefits it provides and better understand the role of business in our society. Volunteer Ken Roberts, Director of Communications and Public Affairs, also participated in the JA Titan Program, and was recognized with the 2013 Volunteer of the Year Award for the Western Connecticut JA Chapter.

Transparency, Public Reporting, Community Involvement - Griffin provided industry leadership in 2004 when it enhanced its website <[www.griffinhealth.org](http://www.griffinhealth.org)> to include a Performance Indicators section that discloses a number of quality indicators most of which were not previously available to the public. The information includes quality, patient satisfaction, accreditation and operating performance information. Few hospitals in the country have moved to include this type of information on their website. Griffin was a case study in the book “Case Studies in Transparency” published in June 2008 based on its commitment to public disclosure of quality and performance metrics. The demand for public accountability on patient safety and clinical quality has enabled consumers to compare the performance of hospitals on a number of indicators and, over time, will influence how individual hospitals are viewed and will become the basis of consumer selection. The information on the website takes Griffin Hospital’s Planetree, patient-centered approach of empowering patients through access to medical and health information to the next level. It is consistent with our commitment to provide information that empowers the public and patients. The information included in the Performance Indicators section is updated and appended on a regular basis.

Information/Indicators currently reported on the Griffin Hospital web site include:

- ✓ HCAHPS (Hospital Consumer Assessment of HealthCare Providers)
- ✓ Medicare Core Measures
- ✓ Healthcare Associated Infection Rates (HAI'S)
- ✓ Accreditations
- ✓ Awards and Recognition
- ✓ Operational Performance
- ✓ Community Perception Survey Results
- ✓ Patient Satisfaction
  - Inpatient
  - Outpatient/Ambulatory
  - Emergency Department

### **III. Griffin Hospital Philosophy of Care and Planetree Care Model**

Griffin hospital employs the Planetree philosophy of care, a unique patient-centered care model, and is one of one 256 hospitals and long term care facilities that are Planetree Alliance members using the Planetree approach to care. Griffin Hospital adopted the model in 1991 after introducing a patient-centered approach in 1987 in the Childbirth Center. Griffin Hospital became the first Planetree Alliance member in 1992. The Planetree care model has become Griffin's organizational culture and Griffin and Planetree have become models for hospitals not only in the United States but in developed foreign countries as well. In addition to empowering patients with information and education to make them partners in decisions about their care, treatment and well-being, one of the Planetree components is Healthy Communities/Enhancement of Life's Journey which commits to engaging community partners to redefine healthcare to include the health and wellness of the larger community.

Critical to Griffin's success in achieving its vision of being a consumer-driven, patient-centered organization was the decision made in 1990 that every employee is to be considered a care giver and involved in the development and implementation of Griffin's mission, values, employee and nursing philosophy and the employee Code of Conduct as well as in the facility design process.

The Planetree philosophy is the foundation of Griffin's culture and guides the development of programs and services. The premise of the Planetree model is that organizational change can only occur when every employee is considered a care giver and is empowered to act in the best interests of the patients they serve. The Planetree philosophy is so inculcated into the Griffin culture that it has become part of the lexicon as employees will respond to a behavior that is inconsistent with Planetree values as "that's not the Planetree way!"

Since its founding in 1978, Planetree has continued to be a pioneer in personalizing, humanizing and demystifying the healthcare experience for patients and their families. For 34 years, Planetree has been integrating the patient's voice into the development of new, personalized health care practices. The patient-/person-centered journey begins with organizational assessments, including a series of focus groups with staff, patients and families to incorporate the unique voices within the community into an implementation plan. Founded by a patient, the Planetree Model is committed to enhancing healthcare from the patient's perspective. It empowers patients and families through information and education, and encourages "healing partnerships" with caregivers to support active participation. Through organizational transformation, the Planetree Model creates healing environments in which patients can be active participants and caregivers are enabled to thrive.

#### **Components of the Planetree Model**

##### **I. Human Interactions/Independence, Dignity and Choice**

Through human beings caring for other human beings a healing environment is created for patients, residents, families, and staff members. This includes providing personalized care for patients, residents and their families as well as creating organizational cultures which support and nurture staff. A Planetree continuing care community offers a range of options that support an individual's autonomy, lifestyle and interests. Residents direct their care and consistent care giving teams are assigned to strengthen relationships.

##### **II. Importance of Family, Friends and Social Support**

Social support is vital to good health without regard to the setting. Planetree encourages involvement of family and friends whenever possible, offering patient directed visiting, including in the ICU and ER,

and encourages the option of family presence during invasive procedures and resuscitation. The Care Partner Program promotes a heightened level of family participation while patients are hospitalized and at home after discharge. Families are encouraged to stay overnight whenever possible. Beyond the human family, pet therapy can elevate mood, lower blood pressure and enhance social interaction.

### **III. Patient/Resident Education and Community Access to Information**

Illness is seen as an educational and potentially transformational opportunity. An open chart policy encourages patients to read their medical records. Patients may write in Patient's Progress Notes in their medical record and may participate in a self-medication program enabling them to keep medications at the bedside. Collaborative care conferences, patient pathways, and a variety of educational resources provide patients and residents with information and skills to actively participate in their care as well as maximize their physical and psychological well-being. Patient and family libraries along with Internet access are available and Planetree Health Resource Centers are open to the community and offer health and medical information on a wide range of topics.

### **IV. Healing Environment: Architecture and Interior Design**

The physical environment is vital to healing and well-being. Each hospital and continuing care community is designed to incorporate the comforts of home, clearly valuing humans, not just technology. By removing architectural barriers, the design encourages patient and family involvement. An awareness of the symbolic messages communicated by the design is an essential part of planning. Spaces are provided for both solitude and social activities, including libraries, kitchens, lounges, activity rooms, chapels, gardens and overnight accommodation for families.

### **V. Nutritional and Nurturing Aspects of Food**

Nutrition is integral to healing, essential not only for good health but also as a source of pleasure, comfort and familiarity. A flexible dining program that encourages fellowship is particularly relevant in continuing care settings. Healthcare organizations become role models for delicious, healthy eating, with kitchens available throughout the facility to encourage families to bring the patient's favorite food from home or prepare meals for themselves. Volunteers bake breads, muffins and cookies to provide "aromatherapy" and to create a nurturing environment.

### **VI. Arts Program/meaningful Activities and Entertainment**

Planetree recognizes that people need opportunities for camaraderie, laughter and creativity and a variety of classes, events, music, storytellers, clowns, and funny movies create an atmosphere of serenity and playfulness. Artwork in patient rooms, treatment areas and residential spaces add to the ambiance. Art carts enable patients to select the artwork of their choice. Volunteers work with patients and residents who would like to create their own art, while artists, musicians, poets and storytellers from the local community help to expand the boundaries of the health care facility. In continuing care settings, staff plans and participates in activities to build fellowship.

### **VII. Spirituality and Diversity**

Planetree recognizes the vital role of spirituality in healing the whole person. Supporting patients, residents, families and staff in connecting with their own inner resources enhances the healing environment. Chapels, gardens, labyrinths and meditation rooms provide opportunities for reflection and prayer. Chaplains are seen as vital members of the health care team.

### **VIII. Importance of Human Touch**

Touch reduces anxiety, pain and stress benefiting patients, residents, families and caregivers. Training programs for staff and family caregivers and volunteers to learn hand and foot rubs and internship programs for massage therapists keep costs minimal.

### **IX. Integrative Therapies/Paths to Well-Being**

Expand the choices offered to patients and residents beyond western scientific care. Aromatherapy, acupuncture and Reiki are examples of expanded options offered in addition to clinical modalities of

care. To meet growing consumer demand for complementary therapies, Planetree affiliates have instituted heart disease reversal programs, guided imagery, therapeutic touch, acupuncture, Tai Chi and yoga. Aromatherapy's calming effect on agitated patients is useful to augment pain management modalities and decrease anxiety. Exercise facilities customized for seniors offer programs to improve strength, balance and fitness. Wellness programs focus on prevention and chronic disease management.

#### **X. Healthy Communities/Enhancement of Life's Journey**

Working with schools, senior citizen centers, churches and other community partners, hospitals are redefining healthcare to include the health and wellness of the larger community. Choosing environmentally friendly cleaning products and sponsoring "kid's camps", walking clubs, and community gardens, expands the role of hospitals from treating illness to promoting wellness. Continuing care communities offer opportunities for personal growth, self-expression and fulfillment of individual dreams. Life Stories programs capture milestones in a resident's life and enable caregivers to see a whole person, nurturing a bond with residents.

#### **IV. Griffin Hospital Quality of Care and Patient Safety**

Griffin Hospital not only strives to exceed patient expectations by providing an exceptional patient experience, but also superior clinical performance and outcomes and a strong emphasis on patient safety and privacy. Of additional note, Healthy People 2020 specifically cites increasing and measuring access to appropriate, safe and effective care as a national health issue.

Quality and Performance Improvement Committee Griffin Hospital Board of Trustees - The hospital's commitment to quality improvement and patient safety emanates from the hospital's governing body. The Board of Trustees established a Quality Committee of the Board that became operational in 2005 which is responsible for recommending policies, plans and goals that maintain and seek to continuously improve the quality of care, patient safety and customer service provided throughout the organization. The committee also reviews and evaluates organization-wide performance against established targets and reports in summary fashion to the full board including recommendations for improved performance.

#### **The Role of the Board of Trustees**

The Board of Trustees holds ultimate accountability for quality of care and services, and the systems and processes to support that care provided by employees and medical staff of Griffin Hospital. The Board of Trustees approves this Organizational Plan for Performance Improvement, and is accountable to

- assure that the Performance Improvement Plan supports the mission, strategic plan and addresses the community and population being served
- approve resources to support the improvement plans
- set improvement priorities
- monitor the effectiveness and efficiency of the organization-wide quality process.
- assure compliance with statutes, regulations and accreditation standards for having an effective performance improvement process.
- assess the effectiveness of strategies to improve care, treatment and services
- receive and review reports both annually and at regularly scheduled meetings to be knowledgeable of the progress of the performance improvement plan
- hold the organization accountable for evaluation and response to sentinel events and other adverse events

The Board of Trustees recognizes its responsibility to assess its effectiveness in leading the organization's patient safety and quality efforts, and takes responsibility to continuously expand its knowledge of the board's role and function in the improvement of care and services of the hospital and the health of the community.

The governing body delegates to the Medical Staff and the President of Griffin Hospital the responsibility to carry out the performance improvement plan and to improve the quality and safety of patient care.

Patient Safety and Care Improvement Division – in September, 2006, Griffin Hospital configured a new operating division, the Patient Safety and Care Improvement Division. The division merged the functions of the Quality and Risk Management Departments, Infection Control, Case Management, and Medical Records. The Patient Safety and Care Improvement Division is responsible for augmenting

Griffin's efforts related to creating an exceptional patient experience, developing a culture of patient safety, providing industry leading customer service, achieving superior clinical outcomes and optimizing Planetree programmatic elements. The new position, Vice President of Patient Safety and Care Improvement was created to lead the new division. The new division enhances Griffin's already successful performance improvement effort which has yielded impressive results and significant recognition.

Creating the Culture of Safety – Griffin Hospital established “creation of a culture of safety” as a strategic goal in 2007. The first goal was to continue to learn from others who have been pioneers in making healthcare safer: high reliable organizations in other fields, health services and operations researchers in healthcare who are implementing human factors and safety science in healthcare organizations and individuals whose dedication to patient safety and establishing cultures of safety in health care have illuminated the pathway. In making this commitment, Griffin Hospital recognized that it was on a journey that will take commitment from all staff, our resources, our talent and our time. The work in establishing a patient-centered culture provides a supportive framework to build upon. We recognize that work we have already initiated in evidenced based care provides a sound foundation for this work. In keeping with building on work of other leaders in the field, we recognize the key features of a culture of safety as described by Lucien Leape and will strive to make these features our own. As we go forward we will focus efforts to meet these goals;

- Our leaders drive the patient safety initiative.
- We implement a non-punitive culture for reporting adverse events and unsafe situations.
- We view systems, not individuals, as the cause of most errors.
- We apply Safety Science as our work.
- We use Teamwork and Team Training to enhance safety.
- We implement effective mechanisms to identify and address the few unsafe clinicians.
- We use and monitor compliance to evidenced based clinical practice guidelines and standards of care.
- We address issues of fatigue as cause of errors.
- We view complications as systems and process issues.
- We change thinking from “errors and blame” to defects and harm.
- We actively look for errors and safety hazards.

In addition we support active disclosure of errors to patient and families to facilitate their ongoing healthcare, we provide support for individuals who have been harmed by our care, and we provide support for healthcare providers, the “second” victim in health care errors.

We recognize the key principles of “Human Factors Science in our developing culture of safety: that risk of failure is inherent in complex systems; that alert, well trained clinicians create safety every day through recognizing and compensating for hazards in the workplace; that organizations not individuals are causes; that accidents are infrequent, but often catastrophic; that complex technologies are involved; that there are multiple causes of accidents; and that these accidents are increasing in frequency. In carrying out the work of patient safety, we address the full spectrum of risk management:

- Developing an awareness of hazards and dangers
- Prevention: establishing barriers and defenses
- Recognition of errors and near misses

- Reporting
- Error investigation
- Mitigation
- Claims Management

As we grow our culture of safety, these principles will guide our work.

### Accreditations/Certifications

In Griffin Hospital's desire to provide the highest quality of care, Griffin Hospital seeks accreditations from many professional organizations, academic associations and consumer advocates. The Joint Commission conducted its reaccreditation survey of Griffin Hospital in September 2010. The survey team was very complimentary of the hospital and its staff and the culture of patient safety the hospital has developed. They noted a number of "best practices" that they would take back to Joint Commission headquarters to be shared with other hospitals. Griffin Hospital received a full three-year accreditation by the Joint Commission.

The following accreditations are an achievement for Griffin Hospital and individual hospital departments and acknowledge that we are following the best recommended practices in the healthcare industry. In addition to the below there are a number of specialty accreditations and certifications in the Radiology Department from the American College of Radiology and others.

- **Commission on Cancer of the American College of Surgeons (Current Accreditation 2012)**

The Commission on Cancer (CoC) of the American College of Surgeons (ACS) granted Three- Year Accreditation with Commendation to the cancer program at Griffin Hospital in 2009. The Center for Cancer Care at Griffin Hospital received the Three-Year Accreditation with Commendation following an on-site evaluation by a physician surveyor, during which the Center demonstrated a Commendation level of compliance with one or more standards that represent the full scope of its cancer program (cancer committee leadership, cancer data management, clinical services, research, community outreach, and quality improvement). In December 2012, the CoC reaccredited the Center for Cancer Care for three years. The physician surveyor praised the Center as a model for other hospitals.

- **Joint Commission & Specialty Accreditations (Current Accreditation 2013)**

Griffin Hospital has been accredited by the Joint Commission for more than 50 years. Accreditation by the Joint Commission is voluntary and considered one of the top standards in healthcare. The Joint Commission conducted an onsite survey in 2013 to evaluate the organization's compliance with nationally established Joint Commission standards. The survey is conducted every three years and the results determine whether the hospital will be accredited. The Joint Commission has changed the methodology from an announced scheduled survey to an unannounced survey. This was Griffin's third unannounced survey. Accreditation standards deal with organizational quality of care issues and the safety of the environment in which care is provided. During the site visit, surveyors review over 700 standards for quality of care, safety and service performance. In July 2004, the Joint Commission started a new web based reporting system called Quality Check [www.qualitycheck.org](http://www.qualitycheck.org). It is a comprehensive guide to the nearly 16,000 Joint Commission-accredited health care organizations and programs

throughout the United States. Quality Reports feature a user-friendly format with checks, pluses and minuses to help the general public compare health care organization performance in a number of key areas including quality of care and patient safety.

Griffin's performance is rated above the performance of most accredited organizations.

- **Connecticut Medical Society Continuing Medical Education Accreditation** – Griffin Hospital was one of five hospitals in Connecticut to be awarded a certificate of Excellence in Continuing Medical Education (CME) by the Connecticut Medical Society (CMS). Griffin's CME program received the Certification with Commendation, the highest level of certification CSMS confers, for a six-year accreditation cycle based on Griffin's performance during the site visit.
- **CAP (College of American Pathologists) – Laboratory Department (Current Accreditation 2012)**  
The goal of the CAP Laboratory Accreditation Program is to improve the quality of clinical laboratory services through voluntary participation, professional peer review, education and compliance with established performance standards. Upon successful completion of the inspection process, the laboratory is awarded CAP accreditation and becomes part of an exclusive group of more than 6,000 laboratories worldwide that have met the highest standards of excellence.
- **AARC (American Association for Respiratory Care) – Respiratory Services Department**  
The AARC's Quality Respiratory Care Program recognizes hospitals that adhere to the following standards: All respiratory therapists employed by the hospital to deliver bedside respiratory care services are either legally recognized by the state as competent to provide respiratory care services or hold the CRT or RRT credential. Respiratory therapists are available 24 hours. Other personnel qualified to perform specific respiratory procedures and the amount of supervision required for personnel to carry out specific procedures must be designated in writing. A doctor of medicine or osteopathy is designated as medical director of respiratory care services.
- **American College of Radiology Accreditation (ACR): - Radiology Department**  
The ACR is an accrediting body in which standards of practice are provided for various fields within diagnostic imaging. The Department of Radiology holds ACR accreditation in the following subspecialties: MRI (Body, MSK), Ultrasound (General, GYN, Vascular), Breast Ultrasound, PET/CT, Nuclear Medicine (General, SPECT, Nuclear Cardiology), CT (Adult, Pediatric), Digital Mammography.
- **The Commission on Cancer (American College of Surgeons)**  
The cancer program at Griffin Hospital has been granted a three year approval by The Commission on Cancer of the American College of Surgeons. Established by the American College of Surgeons in 1932, the Approvals Program sets standards for cancer programs and reviews the programs to make sure they conform to those standards. Approval by the Commission on Cancer is given only to those facilities that have voluntarily committed to provide the best in diagnosis and treatment of cancer and to undergo a rigorous evaluation process and a review of its performance. In order to maintain approval, facilities with an approved cancer program must undergo an on-site review every three years. Slightly more than one-fifth of the nation's hospitals have approved cancer programs, and more than 80 percent of patients who are newly diagnosed with cancer are treated in these facilities.
- **The Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL): Cardiology Department (Renewal in 2014)**

ICAEEL provides facility accreditation programs for echocardiography. ICAEL is a member division of the Intersocietal Accreditation Commission (IAC). The IAC is comprised of six member divisions, each ensuring quality patient care and promoting health care within a specific medical specialty, all dedicated to one common mission. The Department of Cardiology holds ICAEL accreditation in Adult and Transesophageal Echocardiography.

- **Sleep Wellness Center Accreditation (Current Accreditation 2011)**

Griffin received notice in June 2006, that the Griffin Hospital Sleep Wellness Center had received full accreditation as a sleep center by the American Academy of Sleep Medicine for a period of five years. The Center was reaccredited in 2011. The accreditation is the highest awarded to a sleep program and five years is the maximum awarded.

- **Computerized Tomography ACR (American College of Radiology) – Radiology Department**

Griffin was awarded a three-year term of accreditation in Computerized Tomography (CT) in June 2008 and is in the process of reaccreditation by the American College of Radiology (ACR). The ACR awards accreditation for the achievement of high practice standards after a peer review of the practice.

- **The Society of Diagnostic Medical Sonography:** The Center for Breast Wellness, Griffin Hospital, and the Griffin Imaging and Diagnostics Center at Ivy Brook have received a Certificate of Recognition through the Society of Diagnostic Medical Sonography for having a Credentialed Sonographer Workplace, demonstrating its commitment to quality and standards of practice within the field of Ultrasonography.

- **FDA Medical Quality Standards Act and Program (MQSA) Certified Mammography Department:** Congress enacted MQSA to ensure that all women have access to quality mammography for the detection of breast cancer in its earliest, most treatable stages. The program became effective in February 1994. Griffin Hospital maintains a FDA MQSA certified Mammography Department.

- **Breast MRI Accreditation to Griffin Hospital:** Griffin Hospital has been awarded a three-year term of accreditation in breast magnetic resonance imaging (MRI) by the American College of Radiology. The accreditation, which applies to both the hospital-based MRI and the Hitachi Oasis open MRI at the Griffin Imaging & Diagnostics Center at Ivy Brook in Shelton, comes as the result of a review by the American College of Radiology (ACR). MRI of the breast offers valuable information about many breast conditions that may not be obtained by other imaging modalities, such as mammography or ultrasound.

- **American College of Radiology (ACR) – Hewitt Center for Breast Wellness at Griffin Hospital** Designated a Breast Imaging Center of Excellence – 2012. In awarding the status of a “Breast Imaging Center of Excellence,” the ACR recognizes that The Hewitt Center for Breast Wellness demonstrates excellence in breast imaging by successfully earning accreditation in mammography, stereotactic breast biopsy, and breast ultrasound (including ultrasound-guided breast biopsy). Accreditation in breast MRI imaging was also achieved by Griffin Hospital and The Griffin Imaging & Diagnostics Center at Ivy Brook in Shelton.

- **Griffin Hospital Cardiac Rehabilitation Department Certification** – Certification by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) was achieved for the first time in 2013. The AACVPR Program Certification is the only peer-reviewed accreditation process designed to review individual programs for adherence to standards and guidelines developed and published by AACVPR and other professional

societies. Certified AACVPR programs are recognized as leaders in their field because they offer the most advanced practices available. Griffin's certification is valid for three years.

## Quality Performance

Griffin Hospital has monitored its performance on the quality indicators that have been adopted for the Centers for Medicare and Medicaid Services' (CMS) Value Based Purchasing (VBP) program for a number of years. In fiscal year 2013, CMS began making payment adjustments to hospitals' Medicare reimbursement. The adjustment for each hospital depends on their actual performance for the quality indicators incorporated into VBP program. Hospitals had 1% of their Medicare reimbursement at-risk in fiscal year 2013. Griffin's payment adjustment as a result of the Value Based Purchasing Program in fiscal year 2013 (October 2012 – September 2013) was break-even, which resulted in the 1% at-risk being restored for the current year. CMS published each hospital's actual payment adjustment for fiscal year 2013 as a result of the VBP program in December 2012.

Griffin's performance on the VBP program measure set is as follows:

- CMS (Center for Medicare and Medicaid Services) Core Measures (Quality) – There are 25 CMS Core Measures related to Heart Attack, Heart Failure, Pneumonia Care and Surgical Care Improvement. Comparison of the performance data for all Connecticut hospitals documents that Griffin Hospital's performance on the CMS Core Measures is the second best of all Connecticut hospitals with an overall core measure average of 98% which also puts Griffin in the top 10% of the nation's hospitals. Griffin achieved 100% scores on all Core Measures for the first time in August 2010. The performance of all hospitals is publicly reported on the CMS Hospital Compare website at <http://www.hospitalcompare.hhs.gov/>
- HCAHPS patient experience survey results - The intent of the HCAHPS program is to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. While many hospitals have collected information on patient satisfaction prior to HCAHPS there was no national standard for collecting or publicly reporting patients' perspectives of care information that would enable valid comparisons to be made across all hospitals. HCAHPS can be viewed as a core set of questions that can be supplemented with a customized set of questions added by an individual hospital. HCAHPS is meant to complement the data hospitals previously collected to support improvements in internal customer service and quality related activities. The HCAHPS survey contains 18 patient perspectives on care and patient rating items that encompass eight key topics: communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, and quietness of the hospital environment. The survey includes an overall satisfaction question and rating and a willingness to definitely recommend question and rating. Griffin Hospital uses HealthStream to conduct its HCAHPS patient experience surveys. The confidential telephone surveys are conducted with randomly selected patients within 14 days of discharge. To comply with CMS requirements, HealthStream, an independent consumer research company, completes up to 100 surveys monthly. In addition to the survey results, HealthStream interviewers capture narrative comments made by patients during the calls. The narrative comments add value to the survey data providing additional input about care issues

as well as patient perception of needs. The narrative comments are shared with staff. Griffin Hospital has also modified the HCAHPS inpatient survey for use as the patient perception of care instrument for Emergency Department patients.

On the most recently publicly reported survey results for the period June 2012 to December 2012, Griffin Hospital's overall rating – patients who gave Griffin a rating of 9 or 10 (highest) was 75%. The rating for all U.S. hospitals was 70% and for all Connecticut hospitals was 68%. For the survey question would you definitely recommend this hospital the rating for Griffin was 75%, for all U.S. hospitals it was 71% and for all Connecticut hospitals it was 71%. Comparison of the HCAHPS overall survey data for all Connecticut hospitals showed Griffin ranked 6<sup>th</sup> highest of the 29 Connecticut hospitals.

- Ambulatory Care Patient Survey – Griffin Hospital has conducted a quarterly mailed patient satisfaction survey since 2009. Patients of all outpatient departments are surveyed. In the most recent survey reported in April 2013, Overall Patient Satisfaction was 97.30%. Survey results have consistently been 96 to 97% over the five year period.
- Publicly Reported Hospital Acquired Conditions – To implement provisions of the Deficit Reduction Act of 2005, CMS requires hospitals to report present on admission information for both primary and secondary diagnoses for hospital acquired conditions when submitting claims for discharges.

In 2011, Griffin Hospital had no device-associated symptomatic Foley catheter infections and no infections associated with central lines and peripherally inserted central venous catheters. In 2012, Griffin Hospital had one Foley catheter infection and one central line infection. It had no Pressure Ulcers (not present on admission) and no Ventilator Associated pneumonias. In addition, the MRSA Rate has decreased from .065 per 1,000 non MRSA patient days in 2009 to 0.04 in 2012, the VRE (Vancomycin-resistant Enterococct) infection rate has decreased from 0.53 per 1,000 non VRE patient days in 2009 to 0.20 in 2012 and the C-Diff (Clostridium Difficile) infection rate per 1,000 non C-Diff patient days has decreased from 0.87 in 2009 to 0.55 in 2012.

### Quality and Performance Awards

Griffin's historical performance is ratified by the numerous quality, value and patient experience awards Griffin has received from the various national organizations that measure and monitor hospital performance. These awards, which follow, recognize the exemplary care and service that Griffin's talented and dedicated staff deliver to each and every patient served and which are consistent with Griffin's Planetree Patient-Centered Care model. Griffin's senior management recognizes and appreciates that these accomplishments and awards would not be achievable without the support of every member of the Griffin family – employees, physicians, interns and residents and volunteers who are committed to creating and providing an exceptional patient (and family) experience. This appreciation is regularly extended to all members of the Griffin family and through special appreciation events.

- Premier healthcare alliance 2010 Award for Quality (AFQ) – (Received since 2007) Griffin is one of 23 hospital winners and three healthcare systems nationwide putting it in the

top 1% of the nation's hospitals and the only Connecticut hospital to receive the award. The AFQ's performance-based criteria which include clinical quality outcomes, resource utilization, and clinical process indicators measure top performers at the overall hospital level.

- Delta Group - Promoting Excellence in Medical Care CareChex Medical Quality Rating System 2010 – Ranked #1 in Connecticut for Overall Surgical Care and Major Neuro-Surgery. Ranked 80<sup>th</sup> in the nation for Pneumonia Care and 164<sup>th</sup> in the nation for Pulmonary Care.
- HealthGrades “Distinguished Hospital for Clinical Excellence” – 2009, 2010, 2011, 2012 (top 5% of hospitals nationally) – Distinguished Hospitals for Clinical Excellence™ are those hospitals that perform in the top 5% nationally for overall clinical excellence. While many hospitals have specific areas of expertise and high-quality outcomes in those areas, these hospitals exhibit comprehensive high-quality care based on risk-adjusted mortality and complication rates for common procedures and conditions.
- HealthGrades “Critical Care Excellence Award” – 2011 –The Critical Care Excellence Award recognizes hospitals for superior outcomes for treating four life-threatening conditions. These hospitals are in the top 10% in Healthgrades ratings for treating pulmonary embolism (blood clot in the lung), respiratory system failure, sepsis (serious infection), and diabetic acidosis and coma (complication of diabetes). Your risk of complications—even death—can be significantly lower at these top 10% hospitals for critical care.
- HealthGrades “Outstanding Patient Experience Award” – 2009/2010 – a new award established by HealthGrades to recognize hospitals that deliver a level of service most highly rated by patients. The ratings are based on patient satisfaction results that are part of the federal initiative known as HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems). Hospitals receiving the award are ranked in the top 15% of 3,711 eligible hospitals nationwide in patient experience.
- HealthGrades “Pulmonary Excellence Award” – 2009 and 2011, 2012 – The Pulmonary Care Excellence Award recognizes hospitals for superior outcomes in treating chronic obstructive pulmonary disease (COPD) and pneumonia. COPD is a serious lung disease and a leading cause of death and disability in the United States. Pneumonia is a life-threatening condition resulting from inflammation and fluid in the lungs. Patients needing pulmonary care have a lower risk of dying at hospitals recognized with the Pulmonary Care Excellence Award.
- HealthGrades “Stroke Care Excellence Award” – 2011, 2012, - The Stroke Care Excellence Award recognizes hospitals for superior outcomes in the care and treatment of stroke. A stroke is a life-threatening emergency caused by a disruption of blood flow and oxygen to the brain. Rapid treatment of stroke can prevent or reduce permanent brain damage.

- HealthGrades “Emergency Medicine Excellence Award” – 2011, 2012 - Some medical emergencies require that you go to the nearest emergency department immediately. But when the situation allows time to choose, knowing the best hospital ahead of time can make a difference in surviving and recovering from a medical emergency. Emergency Medicine Excellence Hospitals had, on average, 41.52% lower risk-adjusted mortality than all other hospitals across the 12 diagnoses studied.
- IVantage HealthStrong: Best in Strength Award 2011– Commending Griffin for delivering best scores on market strength, value-based strength, and financial strength indicators. It is the first-ever comprehensive rating system to compare all general acute-care hospitals across a continuum of financial, value-based, and market driven performance indicators.
- Get with the Guidelines – Stroke Silver Plus Quality Achievement Award – Griffin received the American Heart Association/American Stroke Association Silver Plus Quality Achievement Award in 2012 for its commitment and success in implementing a high standard of stroke care. This was achieved by ensuring the stroke patients receive treatment according to nationally accepted standards and recommendations. The national award is in recognition of Griffin’s achievement of 85% compliance with all Stroke Indicators for 12 consecutive months; and greater than 75% achievement with 6 of the 10 Get With The Guidelines Stroke Quality Measures during that same period of time (additional reporting initiatives that measure high quality of care). In addition to this prestigious award, Griffin Hospital continues to maintain certification as a Primary Stroke Center by the Connecticut Department of Public Health.
- Data Advantage “Hospital Value Index Award” 2009 – 2010 -- The Hospital Value Index™ defines a hospital’s value by its success in four critical areas: Quality of its care, including core processes and patient safety; Efficiency of its care and affordability, including the prices it charges; Experience encountered by its patients as measured by patient satisfaction; and Comprehensive reputation of a hospital as measured by local public perception. The Data Advantage Hospital Value Index™ is the first comprehensive scorecard measuring the relative value of care provided by U.S. hospitals.
- Designated Planetree Patient-Centered Hospital – Griffin met the rigorous criteria created by Planetree to differentiate those hospitals that have comprehensively implemented and sustained a culture of patient- centered care. The designation is the only formal program that recognizes individual hospital’s achievement in fostering a culture in which providers partner with patients and where patient comfort, dignity, empowerment and well-being is prioritized with providing top quality clinical care. Designation hospitals are also nationally recognized by the Joint Commission and posted on its Quality Check web site in the special quality awards section. Griffin was originally designated in 2008 and redesignated in 2011.

Medical Executive Committee - The Medical Executive Committee is accountable to the Board of Trustees for the credentialing and quality of medical care provided by licensed independent practitioners. In keeping with that responsibility, as part of the performance improvement work at Griffin Hospital, the Peer Review functions are reassigned to the Medical Executive Committee as well

as to the Medical Performance Improvement Committee. The Medical Executive Committee approves all policies and procedures related to physicians and is responsible for dissemination of revisions and new policies to all licensed individual practitioners. The Credentials Committee reports to the Medical Executive Committee monthly and to the Quality Committee of the Board of Trustees bimonthly. The Credentials Committee is responsible for integrating physician specific clinical performance data determined through the peer review process into its credentialing and reappointments process. The Environment of Care Committee (EOC) also reports to the Medical Executive Committee. The EOC is a multi-disciplinary committee appointed by the CEO which reviews the non-clinical aspects of patient, staff and visitor safety. It includes representatives from administration, clinical services, and support services. The EOC monitors the safe practices and sends reports about safety management issues to the Medical Executive Committee, the Patient Safety Council and the directors of all departments and services, senior management and as appropriate, the Board of Trustees. The Infection Control Committee is a committee of the Medical Executive. It is a multi-disciplinary committee accountable for establishing, directing and assuring implementation of an effective and evidenced-based organization-wide infection control program. The specific responsibilities of the Infection Control Committee are detailed in the Infection Control Plan.

Medical Performance Improvement Committee (MPIC) – The Medical Performance Improvement Committee is a multidisciplinary committee that provides objective review and discussion around quality improvement initiatives related to the medical staff. MPIC meets monthly to review peer review scores by each medical/surgical section of two or above and provide a final score that is added to the physician's bi-annual feed-back report as well as to his/her credentialing file, fall outs in standards of practice by the Department of Medicine, review of clinical debriefs and system review action items and discuss topics related to physician performance improvement. It is chaired by the Medical Director and its membership includes the Chairperson of Medicine, the Chairperson of Surgery and the Chairpersons from Radiology, Pediatrics, Pathology, Emergency Department, Anesthesia, Obstetrics, and Psychiatry. Information comes to the MPIC through the individual peer review section meetings that look at indicators related to their area of expertise.

The following documents a number of the initiatives undertaken:

Clinical Performance Improvement Committee and Patient Safety Councils – Griffin Hospital established a Clinical Performance Improvement Committee and four standing Patient Safety Councils that oversee the clinical performance improvement work done within the hospital. The Clinical Performance Improvement Committee (CPIC), the multidisciplinary oversight quality committee of the hospital, is charged to lead the work of patient safety and care management. In this capacity this interdisciplinary committee directs the performance improvement activities of the hospital through the patient safety council structure. It is accountable to plan, approve, direct, coordinate, support, champion and evaluate the measurement and improvement patient safety and care improvement work of the organization. CPIC is responsible for reviewing and evaluating the summarized outcomes of performance improvement activities reported by the Patient Safety Councils, the Medical Executive Committee, and the Operations Committee. In keeping with its executive leadership role, CPIC establishes criteria for prioritizing improvement work. These criteria are reviewed annually for continued pertinence. In addition, CPIC approves the Annual Performance Improvement Goals, it coordinates implementation of recommendations when opportunities for systematic, structural or strategic improvements have been identified, and approves the Annual Performance Improvement Report for submission to the Quality Committee of the Board, and to the Board of Trustees. CPIC is a multidisciplinary committee. Its membership is approved by the Medical Executive Committee and the

President. In addition to the Co-Chairs of each of the Councils, members may vote. A medical staff member will Co-Chair. The medical staff will have additional members who are assigned by the MEC.

The committee and councils are centered on the Institute of Medicine's (IOM) six dimensions of patient care quality outlined in the groundbreaking report, "Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century," which outlined six overarching "Aims for Improvement" for healthcare. They state that care should be Safe, Effective, Patient-Centered, Timely, Efficient and Equitable. Griffin Hospital has adopted those six aims, which serve as the foundation upon which Griffin has built new programs and services and improved and enhanced existing ones. There are 130 employees, physicians and board members involved on the councils. Griffin's quest to achieve these six aims is a relentless pursuit of excellence.

The purpose of the Patient Safety Council is to foster the development of a culture of safety as essential to the Griffin/Planetree mission of patient centered care, to improve the care we deliver and to promote high reliability in the care we deliver. The Councils will work to establish beliefs, values and behaviors, shared by the Griffin Hospital community that will first "do no harm" to our patients. Based on the knowledge that safety is a property of the system of care, not solely the competence of individuals, the Councils will focus their work on the redesign of systems and processes of care to enhance our ability to protect patients from harm and to develop new beliefs, values and resultant behaviors and practices that support safe care. These safe behaviors and practices include but are not limited to structured communication, compliance with known effective safe practices, teamwork and crew resource management, following forcing functions designed to prevent errors, learning and using tools for analysis of safe practices, and developing awareness of and reporting unsafe practices, near misses and actual errors. The Councils will strive to learn through study of the emerging safe practices and the stories of errors and near misses in our and other health care environments. The committee will foster the development of a just and non-punitive reporting culture. The four standing Councils including the Patient Safety Council are: Evidence Based Care Council, Care Management Council and the Patient Centered Care Council. Each council is co-chaired by an administrator and a member of the medical staff. All medical performance improvement initiatives and Policies and Procedures are forwarded from the CPIC to the Medical Executive Committee for approval and distribution to the medical staff.

Evidence Based Care Council – The purpose of the Evidence Based Care Council is to assure the implementation of evidence based standards of care in guidelines, protocols and pathways as essential to the Griffin Planetree mission of effective patient care. This council reviews recommendations from The Pathway Committee, assigns literature searches for new protocols and has oversight for performance of Core Measures indicators related to effective medical decision making.

Patient-Centered Care Council - The Patient Centered Care Council will assure equitable high quality care to all patients in a patient centered environment with continuous performance improvement in pursuit of the Griffin Planetree model of patient centered care. It has oversight for the Planetree Steering Committee, and components of care, the Patient/Family Community Council, and the Patient Satisfaction HCAHPS program.

Care Management Council – The Care Management Council will assure timely and efficient use of resources in patient care and services in pursuit of the Griffin Planetree mission to enhance through put for patients with access to the right care in the right environment at the right time. This council

reviews delays related to admission, transfers and discharges, transitions of care and patient education/resource needs that can decrease avoidable re-admissions, case mix and LOS concerns and works to continuously improve the efficiency and timeliness of care.

Evidence Based Care Council – Beginning in January 2013 hospitals were required to publically report on new measures added to the list of CMS core measures. The new measures are:

- Venous Thromboembolism Prophylaxis (VTE) – six measures
- Stroke (STK) – seven measures- Griffin has been reporting on these measures for several years as part of its Primary Stroke Center Certification.
- Hospital Based Inpatient Psychiatric Services (HBIPS) – seven measures
- Prenatal Care (PC) – Early Elective Delivery (between 37 – 39 weeks)

Nursing Performance Improvement Council – As part of the Shared Governance Model, the nurse leaders of the hospital’s Nursing Division embarked on a mission to establish a professional framework to enable staff nurses to become involved in issues that affect their practice. Working from the hospital’s mission and Planetree philosophy, five Councils were created. One of the councils was the Nursing Performance Improvement Council which monitors compliance with nursing quality indicators like falls and skin breakdown. This council established a nursing quality indicator dashboard and is also responsible for the peer review components of nursing practice. This council collaborates with physician and patient safety councils on process improvement initiatives.

Patient/Family Advisory Council – In 2009, Griffin formed a Patient/Family Advisory Council to engage patients and families in decisions about the hospital’s treatment and services. The Council is composed of eight community members who meet with members of the Executive Staff and Directors monthly. Each meeting has standing agenda items, including a hospital update and an opportunity for Community members of the Council to share recent personal experiences they or someone they know might have had using hospital services. The Council provides the opportunity for hospital managers to hear first-hand issues about service delivery. Education is also part of each meeting. The hospital has directors from various departments present to the Council. These presentations routinely prompt discussions about ways the hospital provides care or supports the community. The Council receives regular updates about new initiatives the hospital is undertaking. Council members provide hospital management timely feedback about ways to make new and existing programs more patient-centered.

The Executive Operations Committee – The Executive Operations Committee is comprised of the executive team and led by the President/CEO as the senior administrative committee of the organization. All Vice Presidents sit on this committee, including the Vice President for Medical Affairs and the Assistant to the President. The Operations Committee priorities include operational performance, providing resources for oversight of facilities and execution of approved interdisciplinary performance improvement work. All department level performance improvement work reports through the Operations Committee. Vice Presidents approve departmental level performance improvement plans and are held accountable for oversight of improvement work of their departments. The Operations Committee reports to the Quality Committee of the Board of Trustees for improvement work.

Regulatory Compliance Committee – The Regulatory Compliance Committee is charged with assuring that clinical practice regulations promulgated by the State of Connecticut, The Centers for Medicare and Medicaid Service and The Joint Commission are incorporated into Griffin Hospital Policies and

Procedures, and other regulatory bodies are implemented in a timely way. Members of the Regulatory Compliance Committee are administrative leaders at Griffin Hospital and each member is assigned an area for accountability, representing Chapters in The Joint Commission Accreditation Manual. Continuous Survey Readiness is supported through assessment of compliance using the Joint Commission Resources Accreditation Manager Plus, and annual Periodic Performance Reviews. The Regulatory Committee fosters ongoing compliance and staff education through patient and system tracers, an annual patient safety fair and compliance fair and ongoing communication. Assessment and ongoing readiness address “Priority Focus Areas” and “Clinical Service Groups” as they are identified by The Joint Commission.

Clinical Debriefs – The Patient Safety and Care Improvement Department holds Clinical Debriefs to determine root causes when an adverse event occurs that did or could cause harm to a patient, employee or visitor or at the very least causes stress for care givers. Clinical debriefs are a structured way for employees to come together after a stressful event and collectively develop ways to improve the safety and quality of care for patients. These forums are constructive, non-punitive and support a culture of learning. After each debrief the Vice President of Patient Safety and Care Improvement publishes the results of the debrief and sends it to all staff involved.

Performance Tracking – The Griffin Hospital Dashboard – “Key Organizational Indicators” are tracked on the Griffin Hospital Dashboard. Each Council is chartered to monitor specific indicators related to their charge. On an annual basis each patient safety council adds or deletes goals and objective indicators from their dash boards which are then presented to CPIC for revision if necessary and approval. Other measures may be tracked on the Griffin Dashboard at the discretion of the Clinical Performance Improvement Committee. Rapid Cycle Improvement Teams establish and track measures that demonstrate if a change is an improvement. These measures are reported as part of team reports.

#### RL Solutions/Incident Reporting

In 2007 Griffin introduced RL Solutions Incident Reporting software that puts a priority on reducing medication errors, improving patient safety and risk management more effectively. The program facilitates the reporting of any incident in the hospital that would put a patient or employee at risk and includes the option of reporting the incident anonymously. The software is a web-based incident and adverse event management system that makes it easy to submit, refine, analyze and communicate critical incident information for patient safety. The system quickly increased the number of incidents reported. An improved and more user friendly version of RL Solutions (RL6) was introduced in January 2013. The system combines the two reporting systems, Safety Reporting and Perception of Care.

Malpractice Claims Experience – Griffin Hospital is self insured for professional liability claims through the Healthcare Alliance Insurance Company, LTD, a Cayman Islands based captive insurance company owned jointly by Griffin Health Service Corporation, Milford Health and Medical, Inc. (Milford Hospital) and the Greater Waterbury Health Network, Inc. (Waterbury Hospital). Healthcare Alliance Insurance Company was created to offer professional malpractice and general liability insurance coverage to the three organizations that are members of the captive. Griffin Hospital’s commitment to a patient-centered care philosophy, as well as its focus on patient safety as a cornerstone of high quality care have resulted in a dramatic reduction of malpractice insurance claims and losses. Griffin has been a leader in promoting apology, disclosure, and transparency when medical errors occur. The hospital formalized its position and approach for handling medical error disclosure in 2006. The result of the

hospital's focus on patient safety, as well as its commitment to open and honest communication when errors occur, has resulted in a dramatic decrease in medical malpractice claims and expenses. Prior to the implementation of the hospital's Quality Council structure and medical error disclosure program in 2006 Griffin had an average of 7 malpractice suits per year. In the three years that followed, Griffin's average number of suits per year dropped to 2. Griffin also experienced a dramatic reduction in paid malpractice claims and claim expense.

#### 2012 Agency for Healthcare Research and Quality (AHRQ) Patient Safety Survey

The Agency for Healthcare Research and Quality (AHRQ) provides hospitals/facilities with a standardized safety survey whereby hospitals can assess their knowledge and attitudes about patient safety. Currently use of the survey is on demand and at the discretion of the hospital as to timing and frequency. AHRQ informs each facility that uses the survey that they need to come to their own conclusions and do their own performance improvement to achieve the goals they desire. In the future it is expected that AHRQ will set additional rules as to the use of the survey.

In 2012, it was decided to computerize questions from the AHRQ survey (Survey Monkey) so that instead of randomizing a distribution of surveys as in the past to smaller groups of people, we would be able to offer the survey to all 1,325 employees of Griffin Hospital. A total of 453 completed surveys were received for a completion rate of 34%. Although the response rate was only 34% this year as compared to 41% in 2010, the total number of people completing the survey, both clinical and non-clinical, increased from 245 (2010) to 453 (2012) for a 46% increase in responses.

The results of the 2012 survey were analyzed and compared to the 2010 survey results and the data base of other facilities that completed the survey, by the Office of Patient Safety and Care Improvement staff. The results were shared with all hospital employees. The 'Overall Patient Safety Grade' increased this year from 22% in 2010 to 30% in 2012. Of note Griffin Hospital matched the 'excellence' category for results as compared to similar hospitals surveyed, 'exceeded' the 'very good' category while also improving in the poor category. Also of note is the overall favorable perception of patient safety that states "patient safety is never sacrificed to get more work done". Also of note is the continued favorable increase in the frequency of events reported in 2012 that was up 7% from 2010. One finding for review is the staff's response to the non-punitive response to errors. All questions in this area received an unfavorable response. The survey results indicate that staff increasingly feels their mistakes are held against them and will be placed in their employee files.

The results serve as a blueprint for initiatives to further improve patient safety. Currently underway are presentations to the staff at the department level of Griffin Hospital's updated Culture of Safety that includes information on high reliability organizations.

Patient-Centered Lean Team (2012)— Griffin formed a Patient-Centered Lean Team in 2012 to focus on improving patient care and satisfaction. A group of 10 employees were trained by the Planetree Senior Consultation Specialist to use Patient-Centered LEAN (PCLEAN), a process improvement toolset that maximizes customer value and eliminates waste in a way that is respectful of – and responsive to – patient preferences, needs and values and ensures that patient values guide all clinical decisions. Staff and leaders from several departments have already used PCLEAN to reorganize work flow and make positive changes to their departments' processes. Staff from Nursing Services, Surgical Services, Human Resources, the Emergency Department, the Laboratory and Case Management has been

trained in PCLEAN. Griffin's 10 newly trained PCLEAN super users will help Griffin better serve patients by incorporating proven methods to improve human development (staff engagement and satisfaction), quality (clinical and service quality), experience of care (patient and family satisfaction), access and timely delivery of care (throughput and capacity), finance/cost (reduce process delivery cost and improve revenue), and growth (market share/societal impact). The establishment of the Griffin Patient-Centered Lean Team followed a number of Lean initiatives across clinical and service departments that were lead by the Planetree Senior Consultation Specialist.

Schwartz Center Rounds – The Human Interactions Planetree Committee assumed responsibility for establishing Schwartz Center Rounds for Griffin staff and hosted the inaugural Schwartz Center Rounds in September 2012. The first program offering was “Providing Compassionate Care When Caring is Challenging.” Schwartz Center Rounds are a bi-monthly multidisciplinary forum where caregivers of all disciplines come together with trust and compassion to reflect on important psychosocial and ethical issues faced by patients, their families and caregivers, and to gain insight and support from fellow staff members. The Schwartz Center, founded by cancer patient Kenneth B. Schwartz at Massachusetts General Hospital, is a non-profit organization dedicated to supporting and advancing compassionate health care delivery, which provides hope to the patient, support to caregivers and encouragement to the healing process.

STAR Program Certification – Griffin Hospital is only the second hospital in the state and first in New Haven County to achieve STAR Program Certification. The STAR (Survivorship Training and Rehabilitation) Program qualifies Griffin to offer premium oncology rehabilitation services to survivors who suffer from debilitating side effects caused by treatments. The STAR program brings together physicians, nurses, physical and occupational therapists, speech pathologists, exercise physiologists, dieticians and mental health professionals to work with each patient on a personalized rehabilitation plan that increases strength and energy, alleviates pain, and improves daily function and quality of life. These services are covered by health insurance providers and will be offered to patients by Griffin's Rehabilitation Services staff that has completed special training in how to work with survivors of all forms of cancer.

TeamStepps – Team Strategies & Tools to Enhance Performance & Patient Safety –

TeamSTEPPS is a teamwork system that was developed by the Department of Defense and the Agency for Healthcare Research and Quality (AHRQ) to improve collaboration and communication within institutions. Given the interdisciplinary nature of the work at hospitals and the necessity for cooperation amongst those who perform it, teamwork is critical to ensure patient safety. Teams make fewer mistakes than individuals, especially when each team member knows his or her responsibilities, as well as the responsibilities of other team members. TeamSTEPPS is an evidence-based program aimed at optimizing performance among teams of healthcare professionals enabling them to respond quickly and effectively to whatever situations arise. The goal of the program is to introduce healthcare professionals to the concept of team-based healthcare as a means of improving the quality of care and increasing patient safety.

In 2010 TeamSTEPPS was successfully implemented in the Griffin Childbirth Center and Surgical Services. In June 2011, 10 Griffin Hospital staff members attended a two-day “TeamSTEPPS Train the Trainer” session so that Griffin can roll the program out to the entire hospital. As Phase II, TeamSTEPPS was rolled out on the One North Nursing Unit, the Critical Care Unit, Emergency Department, Physical Therapy, Case Management, Digestive Disorders and the Patient Safety and

Care Improvement Department. TeamSTEPPs will continue to be used in additional nursing and clinical departments.

Advanced Retreats – Improving patient satisfaction is front-and-center for the new Planetree Advanced Retreats. The full-day Advanced Retreats introduce a touch of Hollywood. The retreats “Griffin Stars” theme spotlights the fact that all employees are stars in the Planetree patient-centered model of care. At the retreat, Griffin Stars learn the importance of teamwork, ways to strengthen communication skills, the power of relationship building and strategies to enhance customer service skills. Approximately 60 employees attend each monthly retreat. All employees attended the retreat and a new retreat format was developed and the retreats continue with all employees again scheduled to attend the retreats.

Griffin Hospital School of Allied Health Careers – Griffin Hospital established the School of Allied Health Careers in 2009. The School of Allied Health Careers is the first hospital based school in the state to offer a phlebotomy course that is open to the public. The School is accredited by the Connecticut Department of Higher Education. Griffin’s School of Allied Health Careers was developed to offer the opportunity for interested persons to attend educational programs locally that would provide training, education and certification in selected health professions. The school currently offers Phlebotomy, Patient Care Technician and Certified Nurse Assistant Programs but will likely offer other programs such as EKG, and medical terminology in the future. The school is the first in Connecticut to offer three separate certifications within one program. At the conclusion of the patient care technician program students who successfully complete the course are eligible to sit for both the national patient care technician and phlebotomy exams as well as sit for the state CAN registry exam. The training was initially established to improve the quality of phlebotomy at Griffin Hospital after noticing an increase in phlebotomy-related patient complaints. A phlebotomy employee education program was undertaken and more than 300 employees were retrained. About that time legislation was passed by the Connecticut General Assembly allowing the training of non-hospital employees and the School of Allied Health was established. Graduates of the courses, including the phlebotomy course, now go on to work at Griffin Hospital and other community health care providers raising the quality of phlebotomy service throughout the community. Through September 2012, 24 classes were held graduating 249 students. The Workplace (Regional Workforce Development Board) presented Griffin Hospital with its LifeLong Learning Award for offering learning opportunities to increase worker’s skills and earning power. The award specifically recognized the contribution of the Griffin Hospital School of Allied Health Careers.

As part of the School of Allied Health Careers, Griffin Hospital opened a Simulation Training Center in 2012 supported by a grant of \$74,840 from the Connecticut Health and Educational Facilities Authority. Simulation allows students to practice clinical procedures in a stress free environment to significantly improve performance with real patients. The Simulation Training Center allows the hospital to enhance and expand training capabilities for a number of different types of clinical providers including EMS providers from the community. Ultimately, Griffin patients and community members will benefit from having better trained and more competent health care providers.

“Wash In, Wash-Out” – To increase awareness of an important patient safety initiative and at the same time make it a fun event, the Patient Safety and Care Improvement Department created the “Wash In/Wash Out” hand hygiene campaign that includes song lyrics and a hand washing exercise. Announcements are made for a “flash mob” at a specific hospital location and employees go to the

site and do the exercise while singing the song. An initial rehearsal was done at the monthly Management Conference where song sheets were distributed and the hand washing exercise was demonstrated. A flash mob videotaping is planned. To further reinforce the importance of hand washing and its contribution to patient safety and quality of care an administrative police was implemented to provide counseling following the hospital's disciplinary policy for those employees do not follow the hand hygiene requirements.

Mandatory Flu Vaccination Policy – In October 2010, Griffin Hospital announced to employees that it would be introducing a mandatory flu vaccination program for all new employees as a condition of employment effective immediately. The mandatory flu vaccination program was mandatory for all current employees in the 2011-2012 flu season beginning in October 2011. The only exceptions for new employees and all Griffin employees for the 2011-2012 flu season are individuals that have a severe egg allergy, past severe reaction to the flu vaccine or have a history of Gillian-Barre Syndrome and sign a declaration so indicating. Data indicates that only about 2% of the nation's population would fall into one of the exception categories. Those employees that are exempted from receiving the flu vaccine will be required to wear a surgical mask while on duty during the flu season. The Joint Commission awarded Griffin Hospital the "Gold Award" Certificate of achievement for reaching a 95% or greater flu vaccination rate among employees during the 2011/2012 flu season.

Estimates are that receiving the flu vaccine prevents influenza in 70-90% of healthy people younger than 65. According to the National Institute for Health, influenza is the seventh leading cause of death in the United States. Experts have concluded that hospital patient death rates could be reduced by 40% if close to 100% of hospital employees were immunized. In 2009-10 while above the national average, even with additional vaccination sessions and aggressive outreach to the Griffin employee population, compliance was only a little better than 50% of employees receiving the flu vaccine. Griffin's senior management adopted the policy to ensure that employees do not transmit flu to the vulnerable patients they care for on a daily basis as well as for the benefit of employees and their families. Griffin also makes the flu vaccine available to employee family members and volunteers free of charge. Following adoption of the policy for new employees in October 2010, all new employees starting employment after adoption of the policy received a flu vaccination. For the 2011/2012 flu season there was 100% compliance with the Mandatory Flu Vaccination Policy. The experience for the 2012/2013 flu season was the same with 100% compliance with the Mandatory Flu Vaccination Policy.

Electronic Health Record – Meaningful Use – The American Recovery and Reinvestment Act (ARRA) of 2009 includes the Health Information Technology for Economic and Clinical Health Act (HITECH) that sets forth a plan for advancing the appropriate use of health information technology to improve quality of care and establish a foundation for health care reform the Act committed more than \$8 billion over 5 years to develop data exchange systems and to encourage "meaningful use" of health data exchange in a secure technological environment. These effort along with healthcare practices, support the 5-year goals of better technology and information to transform health care for providers, payers and patients. The majority of the HITECH Act investment is allocated for incentive payments from the Centers for Medicare and Medicaid Services (CMS) to clinicians and hospitals when they use electronic health records (EHR'S) in specific meaningful use ways to improve care.

Griffin created the M.U.S.T. (Meaningful Use Steering Team) workgroup to prepare for implementation of a fully electronic health record (EHR) and submission of an application on June 30, 2011 (achieved) for a federal incentive payment of \$1.8 million for meeting the requirements of Phase

One Meaningful Use of a certified electronic medical record which puts the hospital on a path to develop a fully functional EHR by 2014. Team members for the extremely ambitious project represent the Information Services, Patient Access, Medical Records, Pharmacy, Laboratory and the Patient Safety and Performance Improvement Department. Testament to the ambitious nature of the project is that Griffin was only one of two Connecticut hospitals to meet the 2011 application deadline for incentive payment this year and among a small percentage of U.S. hospitals that will apply for Phase One meaningful use in 2011. Griffin is on track to meet the requirements to qualify for further Meaningful Use incentive payments in 2012.

Medical Staff Electronic Health Record – Griffin Hospital facilitated the selection of a common Electronic Health Record by community based members of the hospital's medical staff to improve communication among medical staff members and with the hospital. Griffin subsidized the selection of the EMDS electronic medical record and practice management selected by most Griffin primary care physicians.

## **V. Griffin Hospital Patient Services**

### **Section V. Alphabetical Index**

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### **Activities of Daily Living (ADL) Retraining**

The Occupational Therapy ADL Retraining Program at Griffin Hospital helps patients regain the skills needed to complete routine daily personal activities such as bathing, dressing, and grooming. ADL retraining can be helpful for anyone experiencing impaired daily functioning caused by stroke, neurological disorders, musculoskeletal injuries or other impairments. ADL Retraining consists of occupation-based activities in a natural environment, simulation activities to work on specific skills, and introduction to adaptive equipment or strategies to overcome task barriers.

#### Aquatic Therapy Program

The Aquatic Therapy Program at Griffin hospital is designed for a variety of patients including those with a limited weight bearing status and those who have not responded to or cannot tolerate land-based physical therapy. Aquatic therapy is especially beneficial for those with: Joint Replacements, Back injuries, Orthopedic Injuries, Injuries with weight bearing restrictions, Chronic pain, Sports injuries, Fibromyalgia

#### Baby-Friendly Hospital

Griffin received Baby-Friendly Designation in 2012. Griffin is one of only five Baby-Friendly hospitals in Connecticut. Griffin's Childbirth Center physicians and staff completed a two-year designation effort. The Baby-Friendly Hospital Initiative (BFHI) is a global program that was launched by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in 1991 to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. It recognizes and awards birthing facilities who successfully implement the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes. Currently, 150 U.S. hospitals and birthing centers in 34 states hold the Baby-Friendly designation.

#### Cardiology and Neurology Services

The Griffin Hospital Cardiology and Neurology Departments offer a variety of diagnostic testing all of which can be instrumental in evaluating the status of heart and the body's nervous system. Each test is administered by highly trained and professional staff and is reviewed and interpreted by a board certified Cardiologist or board certified Neurologist. A Pacemaker Clinic is located in the Cardiology Department, and is designed to help monitor pacemaker patients through transtelephonic (over the telephone) monitoring and occasional visits to the Clinic. Patients are enrolled at the time of pacemaker implantation or at the time of relocating to the Valley community. Our Cardiology and Neurology Departments offer the following services:

- EKG testing
- Echocardiography
- Cardiac Stress Testing
- Holter Monitor Testing
- EEG
- EMG

#### Center for Bladder & Bowel Control

The Griffin Hospital Center for Bladder & Bowel Control provides comprehensive diagnosis and treatment for individuals experiencing urinary or bowel incontinence. Specially-trained nurses, radiologists, physical therapists, dieticians and surgeons treat patients with respect, dignity and sensitivity during all phases of treatment.

### Center for Cancer Care

The Center for Cancer Care at Griffin Hospital offers a multidisciplinary approach to cancer treatment, including radiation therapy, in an outpatient setting requiring no overnight stay.

In addition to a primary treatment approach, the patient's doctor may recommend additional therapies or services to support treatments or to help the patient cope with side effects. These may include nutritional consultation, patient support groups, massage, naturopathy or homeopathic prescriptions, yoga or relaxation therapy, to name a few. The Center offers the Elekta Synergy Radiation Treatment System that includes IGRT and IMRT therapy. Image guided radiation therapy (IGRT) is a technology advancement that enables the use of frequent imaging during a course of radiation therapy to support precision and accuracy in areas prone to movement, such as lungs and prostate gland, as well as for tumors located close to organs and tissues. Intensity-modulated radiation therapy (IMRT) is an advanced mode of radiation therapy that allows computer-controlled radiation intensity to be changed (modulated) during treatment to support three-dimensional treatment precision and accuracy. The Center for Cancer Care offers patients faster and safer radiation treatment with the state-of-the-art Elekta Volumetric Modulated Arc Therapy (VMAT). The VMAT technique allows clinicians to deliver more tightly focused treatments to tumors in a significantly shorter time. Using the sophisticated treatment plan, VMAT delivers a continuous beam of radiation while the linear accelerator rotates around the patient as opposed to other radiation treatment systems that require the linear accelerator to deliver a small amount of radiation and then stop to rotate to a new position. Many cancer types can benefit from VMAT treatments, but it is typically used for prostate, lung, head and neck cancers. The Center for Cancer Care offers a comprehensive range of sophisticated cancer treatments provided by Smilow Cancer Center physician specialists in medical and radiation oncology. This includes the newest drug protocols and chemotherapy regimens and intensity-modulated and image-guided radiation therapy. The Center for Cancer Care received its second three-year accreditation from The Commission on Cancer of the American College of Surgeons in 2013.

The Infusion Center at the Center for Cancer Care provides blood transfusions for cancer patients. The unit features large, semi-private treatment areas with individual Internet and entertainment modules, as well as three private treatment rooms. The Infusion Center also provides non-surgical same-day services such as chemotherapy, phlebotomy, and blood transfusions for patients with multiple sclerosis, osteopenia, and other chronic conditions. The Center's Patient Care Navigator is an experienced nurse who knows all about cancer care and does everything possible to make the patient's diagnosis and treatment understandable and less stressful. The Patient Care Navigator is committed to helping the patient navigate all aspects of their care. The Cancer Resource Center, located in the main lobby of the Center for Cancer Care, is an educational resource available to help the patient and their family access reliable information about cancer so that you are able to make informed decisions about your healthcare. Materials are available in both print and digital formats. Internet access is also available. Assistance is provided by specially trained volunteers and by Griffin Hospital's librarians. The Cancer Resource Center is a satellite of the main Community Health Resource Center located inside Griffin Hospital and is open to the community. Patients and consumers who would like assistance researching a particular health topic may email Griffin's librarians.

### Chemical Dependency Intensive Outpatient Program

This program is designed for adults dealing with alcohol and/or chemical dependency who require more than outpatient therapy, but not 24-hour hospitalization. This service is also available to adults with associated psychiatric diagnosis (dual diagnosis). With the goal of matching the intensity of the

treatment to the severity of the illness, participants are continually assessed by a multidisciplinary team of psychiatrists and certified addiction counselors to determine when they can be moved down to a less intense level of care. The program includes diagnostic assessment, family involvement, wellness, self awareness and education. Griffin Hospital's Department of Psychiatry offers inpatient Suboxone® induction, if medically necessary, in conjunction with an outpatient relapse prevention program for individuals dependent on opioids such as morphine, heroin, codeine, oxycodone and hydrocodone.

#### Comprehensive Joint Care Program

The Joint Replacement Center at Griffin Hospital offers a comprehensive, focused approach to hip, knee, ankle, and shoulder replacement. Griffin's orthopaedic surgeons are specially trained in state-of-the-art, minimally-invasive techniques to enable patients to make a faster recovery and return to work and/or daily activities. They lead a dedicated, multidisciplinary care team of nurses, patient care technicians, care managers, and physical therapists specializing in joint replacement to produce optimal results for patients.

Like all programs at Griffin Hospital, the Joint Replacement Center incorporates the Planetree philosophy of patient-centered care, empowering and engaging patients and their support persons/family members in their treatment. Griffin offers a Care Partner Program to prepare family and friends to be participants during patients' recovery. Patient education is a key component of the program, with patients given a Guide Book before surgery that takes them through each step of the process, from preoperative testing, admission, surgery, recovery and discharge through post-operative exercise and after care instructions. While recovery time is different for everyone and largely depends on your physical condition prior to surgery and your activities after surgery, total joint replacement patients generally recover quickly with a typical hospital stay of 3-4 days, which includes both individual care and group activities to get patients on the path to recovery. Our rapid recovery process allows most patients to return to their typical activities in as little as 6-8 weeks.

#### Comprehensive Pain Treatment Center at Griffin Hospital

The Comprehensive Pain and Headache Treatment Center at Griffin Hospital emphasizes a complete multi-specialty approach toward treatment. The program involves psychological assessment and support to help the patient deal with pain and establish new ways of coping with daily activities, as well as relationships with work and family. The Center's expert physicians are skilled in all types of peripheral nerve blocks and surgical techniques for implantation of pain control devices. They utilize spinal and alternative routes of medication administration for patients with truly refractory pain syndromes. By integrating a number of other treatment modalities and medical disciplines, this program incorporates psychology, physical medicine and rehabilitation, and alternative therapies like stress reduction, yoga and meditation. These improve the effectiveness of pain treatment and offer patients the convenience of accessing comprehensive care in one facility.

#### Comprehensive Wound Healing Center

Griffin Hospital's Comprehensive Wound Healing Center's purpose is to preserve and improve human life by providing a comprehensive program of clinical wound care. By proactively addressing wound care problems within a dedicated clinical center of excellence Griffin Hospital can optimize clinical outcomes in a cost-effective manner. We believe in integrating all the appropriate medical disciplines, both within and outside the Center, through a uniform program of clinical pathways and protocols. This structured multidisciplinary approach to care enables clinicians to determine root causes of

resistance to healing and achieve resolution through an individualized patient care plan. We are committed to providing patients optimal care with dignity and respect. Every consideration is given to accommodate patients' physical, spiritual and emotional needs as an integral part of the healing process. Wellness and prevention education is an essential part of care plans. Hyperbaric (high pressure) oxygen therapy is available and administered to patients in specially designed hyperbaric oxygen chambers. Breathing pure oxygen increases the level of oxygen in the bloodstream to promote wound healing by stimulating new vascular growth and facilitating the "normal" wound healing process in the compromised patient. Hyperbaric oxygen therapy also plays an important role in treating acute and traumatic wounds such as necrotizing fasciitis, clostridial myonecrosis, crush injuries and surgical complications. All patient care is coordinated with primary care and specialty care providers to ensure a fully integrated treatment plan for the patient's overall well-being.

#### Designated Primary Stroke Center at Griffin Hospital

The Primary Stroke Center at Griffin Hospital provides evaluation and treatment for stroke patients 24 hours a day, 7 days a week. The stroke team includes specially trained physicians, nurses, neurologists, rehabilitation specialists, nutritionists, and social workers. Together, each discipline helps to diagnose, treat, and prevent strokes. There are many measures performed by the stroke team at Griffin Hospital to help diagnose a stroke. Some of the measures used by the team to confirm or rule out a stroke include neurological exams, cardiology services to measure heart activity, radiology services including imaging techniques such as MRI/MRA and CT scans, and blood tests. Griffin Hospital has been designated as a Primary Stroke Center by the Connecticut Department of Public Health and received the American Stroke Association's Get With the Guidelines - Stroke Gold Plus Quality Achievement Award in 2013.

The Stroke Center uses Telemedicine or Telestroke, which is state-of-the-art video communication technology. Telestroke enables Griffin Hospital clinical staff to access Yale-New Haven Hospital neurologists who are trained to use video-conferencing and image sharing telecommunications to provide acute stroke consultative services. Griffin Hospital Emergency Department physicians, nurses, and radiology staff collaborate when treating some stroke patients so that CT scans can be examined, brain images interpreted, and diagnoses confirmed by Yale New Haven Hospital neurologists, just as if those neurologists were at the bedside. The Telestroke relationship also opens the door to interventional procedures and clinical trials offered at Yale New Haven Hospital for stroke patients. Telestroke enhances Griffin's ability to provide Griffin patients with the same access to high end treatments provided by Yale specialists.

#### Digestive Disorders Center

The Digestive Disorders Center at Griffin Hospital treats a wide range of digestive problems from gas, heartburn and bowel discomfort to more severe diseases of the GI tract including colon cancer. The Center offers a wide range of state-of-the-art diagnostic tools and treatment options. Many procedures are performed in our state-of-the-art GI Suite. Griffin boasts a highly skilled staff of gastroenterologists, general and colo-rectal surgeons with expertise in laparoscopic surgery, endoscopy, manometry and a highly trained, caring and supportive nursing staff. We also offer colon and rectal cancer screening. The Center also offers the Bravo (esophageal pH monitoring) system. The Bravo esophageal pH test measures and records the pH levels in the esophagus to determine if the patient has gastroesophageal reflux disease (GERD) – the cause of heartburn. This test allows the doctor to evaluate heartburn symptoms to determine the frequency and duration of acid coming up

into the esophagus. The test can also be done to determine the effectiveness of medications or surgical treatment for GERD.

### Digital Tomosynthesis

Griffin is just the second hospital in New Haven County to offer the breakthrough 3D Mammography technology known as Tomosynthesis. Offered at the Hewitt Center for Breast Wellness, this new technology produces a 3D image of the breast by converting thin digital images of breasts into a stack of thin layers that can be examined one layer at a time. This allows radiologists to see breast tissue detail in a way never before possible. 3D images help radiologists' better see the size, shape, and location of abnormalities resulting in better detection of small tumors and much fewer false positive exams. Benefits of 3D Tomosynthesis include easier detection, fewer callbacks, better visualization and a more comprehensive understanding of the patient's situation.

### Griffin Bariatric Program

The Griffin Bariatrics program is committed to empowering healthy living in a healing environment. Griffin's bariatric support program is designed to provide excellent care and long-term success after bariatric surgery. Griffin Bariatrics' On Track program is part of this commitment to providing comprehensive education and support at the time patients need it the most. The physicians and staff at Griffin Hospital's bariatric program are committed to high standards for positive surgical outcomes and a welcoming and caring environment. They take a multidisciplinary approach by staffing a team of weight loss surgery experts. Surgeons, psychiatrists, registered dieticians, nurses, licensed physical therapists, and other bariatric experts will be there to ensure that patients' medical needs are met.

### Griffin Faculty Practice (GFP)

The Griffin Faculty Practice is a multi-specialty medical group affiliated with Griffin Hospital. It includes fourteen physicians and medical practitioners. The Griffin Faculty Practice provides high quality professional medical services to the community the hospital serves in both an inpatient and outpatient setting as well as providing teaching faculty for the Internal Medicine and Preventative Medicine Programs at Griffin Hospital. At Griffin Hospital GFP provides a hospitalist service, surgical PA service, childbirth PA service, and hospice care. In the community GFP provides primary care, geriatrics, breast surgery, urology, bariatrics and integrative medicine. The Hospitalist Service provides a dedicated team of physicians who specialize in caring for hospitalized patients. Because hospitalists don't maintain a private practice outside the hospital, their time is devoted solely to caring for hospitalized patients. Hospitalists manage and coordinate the patient's stay and work with the patient's primary care physician and/or specialists to direct their daily care. The Integrative Medicine Center (IMC) at Griffin Hospital is a unique model that bridges the gap between conventional and alternative medicine for a broad range of medical conditions. Patients are provided with a holistic evaluation by a Medical Doctor (MD) and a Naturopathic Doctor (ND). (Additional information about the IMC is provided In (The Integrative Medicine Center at Griffin Hospital following). In all of the services the practice provides, the goal is to honor the Planetree Model of care by providing patient-centered and personalized health care. In keeping with the Planetree model, GFPP provides patient-centered, personalized care to the community. GFP uses a state-of-the-art Electronic Medical Records (EMR) system that affords patients 24/7 access to their records through the online patient portal. GFP physicians practice evidence-based medicine and focus on managing chronic diseases to help patients reach their personal health goals. GFP is taking part in an innovative program to improve primary care for its patients. Griffin Faculty Practice is working to become an "Advanced Primary Care Practice" also known as a "Patient Centered Medical Home". These programs

are recognized by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). The Advanced Primary Care Practice / Patient Centered Medical Home is a model of primary care that seeks to improve primary care in five specific areas/attributes: Comprehensive Care, Patient- Centered Care, Coordinated Care, Quality and Safe Care, Accessible Services. These programs are recognized by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA).

### Griffin Hospital Childbirth Center

Griffin Hospital offers family-centered maternity care in an environment that will best meet individual and family needs. The Childbirth Center at Griffin Hospital follows Griffin's patient-centered Planetree philosophy and its commitment to providing a warm, caring atmosphere for the patient and their loved ones. The Childbirth Center features five delivery rooms and two operating rooms. The Childbirth Center at Griffin Hospital is staffed with nurses, physicians, and other professionals who are specifically trained in maternal and newborn care. Our lactation consultant and educators are also available before and after delivery. Three days after your discharge, the mother and baby are invited to return to our Childbirth Center for a free "Healthy Beginnings" check-up by the Childbirth Center nursing team who assesses the mother and baby to make sure all is well. Those with identifiable problems are referred to appropriate services. Several members of the Childbirth Center staff are certified car seat technicians and can install infant or child seats properly at no charge. The Pregnancy / Postpartum Rehabilitation Program at Griffin Hospital is designed to address pregnancy and postpartum issues. A trained physical therapist performs a comprehensive evaluation and develops an individualized treatment program for each patient and their diagnosis. Griffin's Childbirth Center introduced PeriGen's PeriCALM perinatal system in 2013. PeriCALM is an advanced software program that supports OB/GYN clinicians in delivering optimal care to mothers and their babies at the bedside. The PeriCALM suite includes two clinical decision support based applications: PeriCALM Patterns, a fetal heart rate pattern recognition software and PeriCALM Curve, a dynamic labor progressive software, PeriGen takes the guesswork out of assessing fetal strips and supports informed communication and data sharing among physicians and nurses resulting in higher quality and safer infant deliveries. Griffin Hospital became one of 12 Connecticut hospitals to adopt Read to Grow Books for Babies program in 2013. Each baby born now goes home with a new children's book thanks to a partnership between the hospital and the nonprofit organization Read to Grow. Parents of newborns also receive a literacy guide as part of the program to foster children's language and early development, and to encourage reading aloud to babies from birth. A trained volunteer visits with parents to introduce the Read to Grow program, to go through the literacy packet and to encourage families to register for Books for Babies Follow Up, which will provide them with other books and literacy information on their child's three-month and 12-month birthdays.

### Griffin Hospital Emergency Department

The Griffin Hospital Emergency Department (ED) is open 24 hours a day, 7 days a week, caring for about 40,000 patients each year. Griffin Emergency Department team includes all board certified, residency trained emergency physicians, advanced certified nurses, and other specially trained ED staff. Griffin Hospital opened its newly expanded and renovated ED at the end of 2009. Griffin's new ED is 50% larger than its predecessor, with the number of ED treatment rooms increased from 14 to 23 (all of them private), including three new dedicated behavioral health crisis intervention rooms. In addition to creating more modern, technologically advanced space for emergency treatment, the expansion also included a new main entrance, larger waiting areas, and private triage rooms, all designed to increase operating efficiency and patient comfort while minimizing wait times. The entire

department has been expanded and redesigned for optimal efficiency and patient comfort -- utilizing Griffin's patient-centered, Planetree model of care -- to create a more healing environment for patients, families, and hospital staff. Treatment rooms are identically configured and equipped to accommodate all levels of care, from minor complaints to more serious injury and illness. Bedside registration helps to eliminate delays in getting patients to the treatment area. New technology, including a dedicated ED ultrasound unit, and enhanced monitoring equipment, which enables Griffin's ED physicians to view cardiograms transmitted from ambulances while en route to the hospital, helps speed diagnosis and treatment.

#### Griffin Hospital Hospice Service

In 2004, Griffin Hospital partnered with Connecticut Hospice to become only the second hospital in the state to offer an inpatient hospice service. Hospitalized terminally ill patients nearing the end of life are discharged from Griffin Hospital to the Griffin Hospital Hospice Service and are cared for by Griffin caregivers of various disciplines who have received extensive training for the staff of Connecticut Hospice in palliative care. The hospice service continues to meet a community need and receives accolades from the families of patients.

#### Griffin Hospital Occupational Medicine Center

Griffin Hospital shares in the belief that the health and safety of employees in the workplace has become an ever-increasing concern for employers. That belief prompted the establishment of the Griffin Hospital Occupational Medicine Center in an effort to improve the health, wellbeing, and productivity of our working population. Relating directly to the success of business and industry in our service area, Griffin's goal is to partner with employers to protect their most valuable asset: their employees. To accomplish this, Griffin has combined a comprehensive array of services totally dedicated to Occupational Medicine while continuing our efforts to provide truly patient-centered care. The Occupational Medicine Center has over 700 employee clients. To help meet the wellness needs of those clients, seventeen Health Fairs and 31 Wellness events were held in 2012 and flu clinics were held at 28 companies with over 1,000 flu shots given and a special clinic at the R.D. Scinto Corporate Park for the employees of all tenants with 1,100 flu shots given.

#### Griffin Hospital Surgical Services

Griffin Hospital offers a range of inpatient and outpatient surgical procedures paired with our award-winning Planetree patient-centered care. From the surgeon, to the nurses supervising care, to the friendly volunteers who offer a wide range of personalized comfort services, our combined expertise, professionalism, and personalized attention to the patient's needs means that they can expect to receive the highest level of surgical care possible. Griffin's surgeons specialize in all types of hernia repair from traditional to laparoscopic hernia repair. Griffin's advanced medical and surgical technology also allows us to provide a bloodless surgical experience.

#### Griffin Imaging and Diagnostic Center at Ivy Brook

Griffin's Imaging & Diagnostics Center in Shelton combines diagnostic confidence and patient comfort in one of the most advanced facilities in Connecticut. Conveniently located just one mile off Route 8 and about six miles from the Griffin Hospital campus, at the Ivy Brook Medical Center the outpatient facility brings the very best of Griffin Hospital to Shelton and its surrounding communities. In addition to providing residents with more convenient access to a full range of imaging and diagnostic services, Griffin's Imaging and Diagnostic Center focuses on accommodating claustrophobic, geriatric, pediatric and bariatric patients. The Center offers one of only a few High Field Open MRI's in the state. The

MRI suite even has windows, giving patients an outside view to ease anxiety and claustrophobia. The CT scanner is the only GE bariatric unit in Southern Connecticut that can accommodate patients up to 500 pounds. Children enjoy a separate waiting area designed to occupy busy minds and hands, all within sight of parents sitting in the main waiting area.

#### Griffin Pharmacy & Gifts

Griffin Pharmacy & Gifts is a pharmacy and gift shop. This comprehensive retail pharmacy, conveniently located on the ground floor of Griffin Hospital, includes prescription filling, over-the-counter medications, vitamins and nutritional supplements, surgical supplies, gifts, flowers and cards. Free prescription delivery service is available.

#### Hand Therapy Program

The Hand Therapy program at Griffin Hospital features the following procedures conducted by a Certified Hand Therapist or an occupational or physical therapist who has specialized skilled in the evaluation and management of hand and arm injuries:

- Clinical and standardized evaluation and examination
- Acute pain management using physical agents and modalities
- Customized splint/orthotic design, fabrication, fitting and training to promote healing and improve function
- Therapeutic exercise program and manual interventions designed to improve muscle strength and endurance and joint motion and flexibility
- Training in the performance of personal occupations or valued daily life activities, leisure and work duties using environmental, task and instrumental adaptations
- Ergonomic evaluation, work safety training, and recommendations to improve workstations
- Sensory re-education or desensitization following direct nerve trauma
- Conditioning prior to return to usual occupations in the home, work and community

#### Hewitt Center for Breast Wellness at Griffin Hospital

The Hewitt Center for Breast Wellness at Griffin Hospital combines state-of-the-art technology, a team of highly trained physicians and staff, and a Planetree healing environment to offer our patients a comprehensive range of personalized breast care and wellness services. The Hewitt Center for Breast Wellness at Griffin Hospital is committed to personalized care for all of our patients, with support and education offered both at the Center and through the adjoining Center for Cancer Care. The Center features two new, state-of-the-art digital mammography suites, a breast ultrasound suite, and the most advanced system available to perform stereotactic biopsy. The Center has launched a high-risk breast cancer program with state-of-the-art screening options, including the BREVAGEN™ predictive risk test. BREVAGen more accurately identifies a woman's unique risk of developing sporadic, estrogen-positive breast cancer by examining a woman's clinical risk factors, such as their lifetime exposure to estrogen, combined with scientifically validated markers. The Hewitt Center for Breast Wellness at Griffin Hospital is a designated Breast Imaging Center of Excellence by the American College of Radiology (ACR).

#### The Integrative Medicine Center at Griffin Hospital

The Integrative Medicine Center at Griffin Hospital (IMC) is uniquely designed to bridge the gap between conventional and alternative medicine for a broad range of medical conditions. The Center is founded on principles of patient-centered care and evidence-based medicine. The patient is provided with evaluations that are holistic (consider the whole person) and involve a conference of five on-site

experts - Medical Doctors (MD) specializing in internal and preventive medicine, a Nurse Practitioner, and two Naturopathic Physicians (ND) with expertise in a wide array of natural, complementary and alternative therapies. During an initial evaluation the patient will spend time with two healthcare professionals: 40 minutes with a natural medicine doctor, and 40 minutes with a conventional medicine specialist. After the two professionals meet with the patient, they meet with the Center Directors in a consensus conference. At that time, the doctors will discuss the patient's situation, goals, preferences, and potential treatment options. A care plan is developed and reviewed with the patient before they leave the Center. In conjunction with the Center for Cancer Care at Griffin Hospital, the IMC offers individualized holistic therapies for current patients undergoing conventional cancer therapy. The Center can help minimize side effects with strategies for pain control, weight maintenance, increasing energy, and optimizing immune function. It can provide expert dietary advice and recommendations for nutritional supplements with particular emphasis on synergistic benefits and avoiding interactions with conventional therapies. Other aspects of treatment include stress reduction and wellness promotion through acupuncture, meditation, imagery, and breathing techniques.

#### Laboratory Services

The Laboratory at Griffin Hospital is committed to accuracy and efficiency in providing test results for its patients. Lab services are provided for hematology, clinical chemistry, urinalysis, therapeutic drug monitoring, bacteriology, mycobacteriology, mycology, parasitology, transfusion medicine, bloodbank, diagnostic serology, syphilis serology, surgical pathology, autopsy pathology and cytopathology. The Griffin Hospital Lab includes an in-house blood drawing station and three satellite blood drawing stations.

#### Lifeline Medical Alert Service

Griffin Hospital provides the lower Naugatuck Valley senior community with America's most trusted medical alert service, Philips Lifeline. For more than 30 years, Philips Lifeline has enabled millions of people to live with greater independence, peace of mind and dignity in the place they feel most comfortable-their own homes. Because the Lifeline service also helps family caregivers to balance the needs of their loved ones with the demands of their own busy lives, Lifeline is of immense benefit to them as well. The Griffin Hospital Lifeline service is used by more than 350 residents. The service is offered to patients in need at discharge and to community residents who develop a need. Griffin Hospital Lifeline staff works closely with case management and Nursing to identify patients who are at risk for falling. These include individuals with a history of falls and those who have chronic disease such as diabetes, heart disease, COPD and osteoporosis. Griffin staff installs the system in the subscriber's home.

#### Low-Dose CT Lung Cancer Screening Program

Based on the results of a large-scale National Cancer Institute clinical trial reported in 2010 that found that a CT scan can detect small tumors and could reduce the lung cancer mortality rate by 16% among patients at the higher risk of lung cancer, Griffin Hospital will launch its new Low-Dose CT Lung Cancer Screening Program in 2013. The clinical trial also provided the basis for a federal panel's recommendation that heavy smokers get an annual CT scan to check for lung cancer.

#### Medi-Weightloss Clinic

Griffin Hospital has partnered with Medi-Weightloss Clinics, the leading physician-supervised medical weight loss program in the United States to establish a medical weight loss program. The new Medi-

Weightloss location broadens the range of weight loss services available to the community, which include weight loss surgical and support services offered through Griffin Bariatrics. Griffin chose to partner with Medi-Weightloss Clinics because their approach is multidisciplinary and provides program participants with the education, encouragement and support necessary to make the positive lifestyle change needed for significant and long term weight loss. Griffin's partnership with Medi-Weightloss Clinics will provide individuals with another option for weight loss and wellness which is more intensive than diet and exercise alone but less aggressive than surgery. The Medi-Weightloss Clinics program was designed by experts in nutrition, weight loss, health and wellness. Griffin Hospital negotiated a corporate discount arrangement with Medi-Weightloss Clinics reducing the cost of the program for employees and subsidizing a portion of the employee cost. As a result over 100 employees and immediate family members enrolled in the program using the medical weight loss program to further their personal wellness goals and by doing so have made positive changes that provide a direct benefit back to the hospital. Griffin's collaboration with the Clinic as a corporate partner has been a tremendous benefit for Griffin employees with the employees and family members losing over 1,500 pounds.

#### Multiple Sclerosis Treatment Center at Griffin Hospital

The Multiple Sclerosis Treatment Center offers a comprehensive program for the evaluation and treatment of multiple sclerosis and related conditions. The Center is operated by Joseph B. Guarnaccia MD, a recognized expert in the diagnosis and treatment of multiple sclerosis.

#### Navigator Services

Griffin Hospital's Center for Cancer Care provides a Patient Care Navigator to assist patients and their care givers. Patient Care Navigators are trained, culturally sensitive health care workers who provide support and guidance throughout the cancer care continuum. They help people "navigate" through the maze of doctors' offices, clinics, hospitals, outpatient centers, insurance and payment systems and other components of the health care system. Services are designed to support timely delivery of quality standard cancer care and ensure that patients, survivors, and families are satisfied with their encounters with the cancer care system. Griffin's Center for Cancer Care Patient Care Navigator is an experienced nurse who knows all about cancer care and does everything possible to make the patient's diagnosis and treatment understandable and less stressful. Other Navigator activities include community outreach, providing access to clinical trials, and building partnerships with local agencies and groups (e.g., referrals to other services and/or cancer survivor support groups).

#### Palliative Care Consult Service

The Palliative Care Consult Service at Griffin Hospital provides symptom control and an opportunity to review the goals of care for patients facing serious illness. Palliative (means to alleviate or lessen) care can help enhance quality of life by alleviating symptoms. Whereas hospice care is for people coping with the last stage of life, palliative care can be offered at any time in the course of a patient's illness and can be simultaneously delivered with any curative therapy. Physicians with seriously ill patients who either require complex pain and symptom management, or need a more intensive level of communication, may consult the Palliative Care Consult Service. If the patient does not respond to treatment designed to cure their condition or send it into remission, the care team will assist the patient or family member with the transition to hospice if desired.

## Pastoral Care

The Department of Pastoral Care and Education at Griffin Hospital provides spiritual and emotional support to patients, families, and staff. The department was established in the early 1980's to respond to patient needs and in recognition of the Planetree mission of viewing the patient as a whole person – mind, body and spirit. There was early recognition that this meant reaching out to all in-house staff including physicians, nurses, administrators, and various support staff. It also meant going beyond the walls of Griffin to include the religious community representing a variety of faith groups located in the hospital's primary service area. Griffin's chaplains are available 24 hours a day seven days a week to provide spiritual care through direct patient interaction, crisis intervention, provision of religious resources, and assistance of area clergy members. Griffin Hospital's accredited Clinical Pastoral Education Program provides interfaith professional education for ministry through an intense involvement with persons in need and provides the opportunity for students to grow in their pastoral formation. Clinical Pastoral Education brings theological students and ministers of all faiths (pastors, priests, rabbis, imams, and others) into supervised encounters with persons in crisis. The first CPE unit was offered in 1997. Since that time more than 110 students have completed Level 1 and 3 students have completed Supervisory Education at Griffin Hospital. Out of an intense involvement with persons in need, and feedback from peers and supervisors, students develop new awareness of themselves as persons and of the needs of those to whom they minister. From theological reflection on specific human situations, they gain a new understanding of ministry. Within the interdisciplinary team process of helping persons, they develop skills in interpersonal and inter-professional relationships.

## Physical Rehabilitation Services

Griffin Hospital's Physical Therapy department specializes in orthopaedic rehabilitation with treatment of all major joints in the body with patients across all age ranges. Griffin Hospital therapists specialize in helping patients regain mobility and function after a serious injury, illness or surgery. Griffin Hospital Physical Medicine Department therapists incorporate physical, occupational, and speech therapy into an individualized plan created around your own unique needs, abilities, and therapy goals. The department provides both inpatient and outpatient services for all patients from pediatric to geriatric. The Pediatric Rehabilitation Program at Griffin Hospital involves a multidisciplinary approach that focuses on maximizing the function and enhancing the lives of children with a wide range of conditions. A comprehensive evaluation is performed for each child's condition, abilities and special needs and an individualized plan of care is developed for each child to address their needs. The Upper Extremity Splinting and Orthotics Program at Griffin Hospital is designed for a variety of patients who require custom splints to promote healing and provide protection of soft tissue or joint conditions, provide support and improve function when movement is weak or limited, and prevent or correct deformities caused by contractures. Vestibular rehabilitation is designed to help individuals with complaints of dizziness and unsteadiness resulting from inner ear problems. The Wihab Program at Griffin Hospital is a fun way to address a variety of deficits and can be tailored to fit almost any diagnosis. Wihab can be of benefit to most individuals, both young and old! The Aquatic Therapy Program at Griffin hospital is designed for a variety of patients including those with a limited weight bearing status and those who have not responded to or cannot tolerate land-based physical therapy. The program includes a SwimEx pool that is capable of providing a current with resistance for a more challenging therapy.

Griffin Hospital's sports medicine program is designed to address the sports related injuries that are a common occurrence affecting both young and adult athletes. Early rehabilitation of common injuries is crucial to returning athletes to their maximum level of function. Whether it means treating

competitive young athletes or older weekend warriors, Griffin Hospital tailors the sports rehabilitation programs to meet the specific needs of each individual.

The Geriatric Rehabilitation Program at Griffin Hospital helps the patient maintain functional independence. Geriatric Rehabilitation at Griffin Hospital can help older individuals with: Age-related impairments, cardiovascular issues, Neurological disorders, musculoskeletal issues.

Griffin Hospital's Neurological Rehabilitation Program spans both inpatient and outpatient settings using a multidisciplinary team approach. The team assesses functional problems and disabilities related to mobility, self care, and cognition. This program can help the individual with neurological deficits progress toward a more independent lifestyle. Our therapists evaluate the specific needs of the patient and select a technique or a combination of techniques to serve the individual's needs.

### Planetree Services and Amenities

Griffin hospital employs the Planetree philosophy of care, a unique patient-centered care model, and is one of one 256 hospitals and long term care facilities that are Planetree Alliance members using the Planetree approach to care. Griffin Hospital adopted the model in 1991 after introducing a patient-centered approach in 1987 in the Childbirth Center. Griffin Hospital became the first Planetree Alliance member in 1992. The Planetree care model has become Griffin's organizational culture and Griffin and Planetree have become models for hospitals not only in the United States but in developed foreign countries as well. In addition to empowering patients with information and education to make them partners in decisions about their care, treatment and well-being, one of the Planetree components is Healthy Communities/Enhancement of Life's Journey which commits to engaging community partners to redefine healthcare to include the health and wellness of the larger community.

Critical to Griffin's success in achieving its vision of being a consumer-driven, patient-centered organization was the decision made in 1990 that every employee is to be considered a care giver and involved in the development and implementation of Griffin's mission, values, employee and nursing philosophy and the employee Code of Conduct as well as in the facility design process.

The Planetree philosophy is the foundation of Griffin's culture and guides the development of programs and services. The premise of the Planetree model is that organizational change can only occur when every employee is considered a care giver and is empowered to act in the best interests of the patients they serve.

Every aspect of care at Griffin Hospital is shaped by Planetree principles - from our welcoming, comfortable interiors, to our emphasis on patient and family education and involvement, to our exceptional healthcare. The primary focus of Planetree is to deliver healthcare in a manner that works best for patients. In a patient-centered approach to healthcare, providers partner with patients and their family members to identify and satisfy the full range of patient needs and preferences. Patient-centered care is the core of a high-quality health care system and a necessary foundation for safe, effective, efficient, timely, and equitable care. In addition to providing a unique healing environment, the Planetree care model includes a number of complimentary services and amenities that are available to patients and visitors to aid in healing and relaxation and make their hospitalization a better experience.

There are nine Planetree Steering Teams that meet monthly to address ways to increase and/or improve the Planetree modalities throughout the hospital. Approximately 10-20 employees and

volunteers, representing numerous departments, serve on each of the teams. Every team generates minutes which contain clear action items and noted deliverables. The co-chairs from the teams meet quarterly with the Executive Staff to discuss the working of the team and to discuss any action items that need elevated decisions. The Steering Teams are: Arts and Entertainment, Caring for the Caregiver, Healing Environments, Health Communities, Human Interactions, Human Touch/Integrative Therapies, Nutrition, Patient Education and Access to Information and Spirituality.

Following are some of the Planetree Services and Amenities that are offered:

- Aromatherapy is the art and science of using the natural extracts from plants, known as essential oils, to help mobilize the body's own healing properties. It can be useful in treating anxiety, insomnia, and depression.
- Griffin Hospital's Care Partner Program allows family and friends to become part of your care-giving team during hospitalization and/or after discharge.
- Guided imagery is a relaxation technique that focuses your attention on pleasant images to replace negative or stressful feelings and relax. Guided imagery may be directed by you or a practitioner through storytelling or descriptions designed to suggest mental images (also called visualization).
- A Healing Garden is available for the enjoyment of patients and guests. The garden offers a private, quiet space for meditation or relaxation. The Healing Garden is located in front of the hospital just outside of the Childbirth Center entrance.
- Open Medical Record – All patients have unrestricted access to their medical records. Griffin's care model encourages patients to take an active role in their care and treatment by reading and contributing their own notes to their medical record.
- A Patient Care Conference is held within 48 hours of admission. The conference is a meeting between the patient, the patient's doctor, and the patient's primary care nurse to discuss the patient's care in the hospital and to plan the patient's discharge, including any preparations that may be required.
- Patient Education Packet – Patients at Griffin Hospital are provided with a customized patient education packet with information about their specific diagnosis or procedure.
- Reiki is a healing practice that originated in Japan. Reiki practitioners place their hands lightly on or just above the person receiving treatment, with the goal of facilitating the person's own healing response. Reiki is based on the idea that there is a universal (or source) energy that supports the body's innate healing abilities. Practitioners seek to access this energy, allowing it to flow to the body and facilitate healing.
- Therapeutic Touch is an energy therapy which practitioners claim promotes healing and reduces pain and anxiety. Practitioners of therapeutic touch state that by placing their hands on, or near, a patient, they are able to detect and manipulate the patient's energy field. Griffin Hospital nurses are certified in Therapeutic Touch.
- Soft Touch reduces anxiety, pain, stress and benefits patients, families and staff members. Griffin Hospital's trained volunteers and licensed massage therapists are at the service of

patients, family members and co-workers to provide 'soft touch' hand and foot massages to help the individual relax.

- Care Pages allows patients and loved ones to create a personal, private web page to inform family members and friends of the patient's progress during and after their hospitalization without having to inquire by phone. Care Pages are fully secure; passwords protected and comply with all patient privacy regulations.
- Therapy Dog Visitation - A therapy dog is a dog trained to provide affection and comfort to patients and their families. Animal companionship has been known to have a therapeutic effect for many people, such as relieving stress, lowering blood pressure, and raising spirits. Therapy dogs come in all sizes and breeds. All Griffin Hospital therapy dogs are registered and insured through a therapy dog organization. Each dog must pass a rigorous behavior and medical screening prior to entry to the program.
- Unrestricted visiting hours allow family and friends to visit whenever and for as long as you'd like. Arrangements can be made for overnight stays upon request.

### Psychiatric & Mental Health Services

The Griffin Hospital Department of Psychiatry offers a full range of inpatient and outpatient behavioral health and chemical dependency programs in a comfortable, healing environment. These programs and services include mental health services for those with state insurance or no insurance, services for alcohol or drug abuse, suicide prevention, medication needs and more. Griffin Hospital offers a 24-hour crisis intervention and consultation service where a trained counselor will help connect anyone with a mental health or substance abuse related crisis to appropriate services. Griffin Hospital's Inpatient Psychiatric Unit is a 14-bed adult and geriatric short-term treatment unit providing comprehensive evaluation and focused crisis-oriented treatment for patients who cannot be treated safely on an outpatient basis. The treatment program focuses on reducing symptoms, stress management, enhancing coping skills and medication management. Traditional therapeutic approaches, such as individual and group therapy and patient and family education, are enhanced with complimentary services such as arts and entertainment, journaling, yoga, aromatherapy, relaxation and spirituality groups. Griffin Hospital's Outpatient Psychiatric Services offers complete clinical assessments and a full range of ongoing treatment for adults, couples and families. Services are provided by board certified psychiatrists, licensed psychiatric social workers, nurses, clinical nurse specialists, mental health workers, and occupational therapists. This multidisciplinary team collaborates with the patient (and family when appropriate) to establish focused, time-limited treatment goals based on the individual needs of each patient.

The Cognitive Therapy Program at Griffin Hospital helps make it easier for people to do the daily activities they want or need to do. Treatment activities focus on maximizing cognitive function such as memory and increasing safety in performing mobility activities and ADLs (Activities of Daily Living). All patients receive a comprehensive evaluation which identifies their individual needs and goals. The patient and their therapist develop a plan to meet the patient's needs. Treatment activities may include: Cognitive retraining and compensation, ADLs (Activities of Daily Living).

### Radiology Services

The Department of Radiology incorporates state-of-the-art imaging in a personalized and healing environment. Griffin Hospital has continually invested in the best diagnostic imaging equipment to

insure that the hospital provides cutting-edge technology. Griffin employs only board certified, state licensed professionals to ensure that it consistently produces high quality examinations. Griffin's board certified Radiologists, Cardiologists, and Neurologists work within their respective departments to interpret exams in a timely manner, thereby providing the patient and their physician with results as quickly as possible. The Siemens Symphony MRI produces higher resolution results while allowing patients to keep their head outside of the magnet during the procedure. By offering this unit, Griffin is able to accommodate those patients who experience anxiety or claustrophobia with traditional MRI while not sacrificing the image results. The Radiology Department offers patients state-of-the-art low dose mammography screening, ultrasound, PET (Positron Emission Tomography) Scans, MRI and CT Scans in pleasing environments. Griffin Hospital has state-of-the-art PET equipment that has the capability of performing both PET and CT examinations simultaneously. This newest innovation allows for PET Imaging to more accurately pinpoint abnormalities in the human body, thereby allowing physicians to diagnostically evaluate conditions and diseases as never before. Griffin Hospital has a GE LightSpeed16 computed tomography system (CT scan) that provides highly detailed images of the human body in a much faster time, reducing the patient's time in the scanner. The LightSpeed16 CT scanner manufactured by GE Medical Systems allows doctors to simultaneously capture multiple wafer-thin images of a patient's anatomy within seconds, shaving minutes off the exam time. The system provides exceptionally high-resolution images that help doctors to more accurately diagnose patients than ever before. Outfitted with only the best detection tools and state-of-the-art equipment, the Radiology Department provides the ability for fluoroscopic examinations, bone densitometry, and plain film radiography. Griffin Hospital's ultrasound suite consists of two private examination rooms that boast state-of-the-art ultrasound units including the industry's newest innovation, the Philips IU22 ultrasound machine. The IU22 is capable of performing on-the-fly 3-D imaging which helps to aid Radiologists in obtaining more accurate medical information. Griffin's staff consists of highly trained, nationally certified sonographers through the American Registry of Diagnostic Medical Sonographers (ARDMS).

The Nuclear Medicine Department offers state-of-the-art imaging for a wide range of nuclear medicine studies. The Nuclear Medicine Department is accredited and recognized by the Joint Commission and the American College of Radiology (ACR). The department received a three-year accreditation by the American College of Radiology for both SPECT and Planar imaging in General Nuclear Medicine and Nuclear Cardiology. Griffin Hospital's Nuclear Medicine Department provides its patients with a full complement of general nuclear medicine examinations, including bone, lung, thyroid, liver, and renal evaluations. The Philips ADAC Vertex dual-headed system is specifically designed to optimize nuclear cardiac studies (images of the heart muscle). This technology provides a distinct advantage to patients who come to Griffin Hospital for cardiac evaluations.

Many of Griffin's Diagnostic Imaging Departments are recognized by the Joint Commission as well as credentialed by the American College of Radiology (ACR). In 2012, Griffin Hospital was awarded a three-year term of accreditation in magnetic resonance imaging (MRI) as the result of a review by the American College of Radiology (ACR). The ACR gold seal of accreditation represents the highest level of image quality and patient safety.

The Center's leading-edge technology includes:

- A "boreless", truly open, 1.2 high-filed Hitachi Oasis MRI.
- A GE 16-slice LightSpeed Xtra CT Scanner with Pediatric Dose Lowering Protocols. Kids are exposed to less radiation while the scanner captures high quality images.

- A Phillips iU22 Ultrasound that continues to push the boundaries of image quality, workflow, and ease of use.
- A Digital Radiography room with a patient support system that lowers for easy patient access.

### Respiratory & Pulmonary Medicine

The Department of Pulmonary/Respiratory Medicine incorporates diagnostic testing and treatment for disorders and diseases of the lungs and chest as well as a sleep medicine program. Diagnostic testing includes pulmonary function which assesses lung impairments, arterial blood gas management, pulse oximetry - a quick non-invasive method of determining the oxygen level in blood - and fiberoptic bronchoscopy - a procedure that involves placing a viewing instrument into the lungs to diagnose and treat lung and airway problems. This department also offers polysomnography - the science of evaluating disturbances of sleep. Treatment options include a variety of inhaled medications, chest physiotherapy, asthma management and pulmonary rehabilitation.

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### Sleep Wellness Center

The Sleep Wellness Center at Griffin Hospital is a comprehensive program that brings state-of-the-art sleep medicine to the community. The Center is accredited by the American Academy of Sleep Medicine (AASM) as a sleep disorders center, one of only 13 in Connecticut to achieve the Academy's highest level of accreditation. The Sleep Wellness Center is staffed by highly trained physicians and polysomnographers trained in state-of-the-art sleep medicine techniques. Griffin Hospital's Sleep Wellness Center has been awarded Beta Research Site designation for product design and development by Medicare Sleep Diagnostics, the Netherlands and Vermont Medical. This designation brings world class sleep medicine to the Valley and assures on-going state-of-the-art diagnostic sleep services for the future.

### TeleHealth

To reduce preventable readmissions after patients have been treated for heart failure, heart attacks, or pneumonia, Vree Health started two pilot projects in 2013, one in Montana and one in Connecticut, employing telehealth as a means to ensure that patients are adhering to their recommended course of treatment. The Connecticut pilot will be at Griffin Hospital. Griffin Hospital and its patients will benefit from the project 24/7 call center staffed by "transition liaisons" to coordinate a patient's move back to their own home. The program interfaces with Griffin's EHR to create an electronic patient profile to help TeleHealth "transition liaisons" guide patients toward healthy choices intended to keep them feeling well and reducing the potential for hospital readmission.

### The Infusion Center

The Infusion Center located in the Hewitt Ambulatory Care Center offers a comprehensive array of infusion services in a patient-centered, healing environment. The Infusion Center features eight individual reclining chairs, separated with dividers, as well as three private rooms if needed. The Infusion Center also provides non-surgical same-day services such as chemotherapy, phlebotomy, and blood transfusions for patients with multiple sclerosis, osteopenia, and other chronic conditions. All infusion spaces are equipped with personal TVs, DVD players and Wi-Fi Internet access. Conditions treated at the Infusion Center include, but are not limited to:

- Multiple Sclerosis
- Osteoporosis
- Anemia
- Dehydration
- Rheumatoid Arthritis
- Crohn's Disease

Infusion therapies provided at the Infusion Center include Cytoxan, Reclast, Tysabri, Ferrlicet, Remicade, Hydration, IVIG and blood transfusions.

## **VI. Community Collaboration and Community Health Needs Assessment Resources**

The Valley Community (Griffin Hospital Primary Service Area) has a long and storied history of collaboration by government and non-profit organization to work to improve the health and quality of life of the community and its residents. Griffin Hospital has been a partner and leader in the many initiatives. The Valley's collaboration and cooperation was nationally recognized in 2000 when the Lower Naugatuck Valley was named one of ten All-America Cities by the National Civic League in recognition of the capacity and community building effort of multiple organizations and people. A team of 75 Valley residents including 8 Griffin employees, traveled to Kentucky to make a presentation at the competition. In selecting the Valley for the award, judges praised the community for partnerships, teamwork and innovation. Griffin Hospital was a corporate sponsor of the All-America Cities effort.

The Valley Council of Health and Human Service Organizations - Griffin Hospital was a leader in establishing The Valley Council of Health and Human Service Organizations which has become a model for many other communities. The Valley Council is a cooperative venture founded over twenty years ago linking approximately 50 non-profit health & human service providers throughout the Valley. Its mission is to identify, plan, implement, and coordinate a comprehensive system of human service delivery and to advocate for community-wide and culturally diverse planning approaches in the larger Valley community. Decision makers from each of the active members meet monthly. The Council's objectives are to: 1. Engage in periodic assessment and identification of local service needs, including client input. 2. Collaboratively evaluate current services, identify gaps, and strategize on how to fill gaps in services. 3. Serve as the primary planning and coordinating body for the regions' service provision system. 4. Provide a place for support and networking among the Valley human services community. 5. Advocate for the needs of local residents and for resources to meet those needs on a local, state, and federal level. 6. Seek to develop partnerships with other community systems (i.e. schools, businesses, state and local governments, and public safety), to enhance service delivery. Griffin remains an active member of the Council. Not only is Griffin Hospital a continuing member, the Valley Parish Nurse Program and the Yale-Griffin Prevention Research Center also are members.

The ValleyCARES report is a community assessment and planning effort sponsored by the Valley Council for Health & Human Services. Collaborating organizations include: Griffin Hospital and the Yale-Griffin Prevention Research Center, Birmingham Group Health Services, Naugatuck Valley Health District, The WorkPlace – workforce development board. The first Valley Cares report was released in 2010. An updated version is expected to be released in 2013.

The Valley Council developed a Planning Document for the 2011 – 2013 period through a collaborative process of the member organizations and others. The project priorities included in the plan are: to develop phase two of the ValleyCARES project in which data is utilized to improve the lives of Valley residents and to determine what the Council's future role should be in follow-up activities resulting from the Community Conversation on Children & Poverty. Continuing priorities are: to develop a branding initiative that will establish and communicate the relationship between the various taskforces and their related projects and the Valley Council. The taskforces are: Early Childhood Taskforce, Leadership Greater Valley, Senior Services Council, and Healthy Valley – National Heritage Designation; To continue to advocate for increased resources for community service providers, to continue to provide education and training opportunities for the health and human service provider community.

The Valley Council of Health and Human Service Organizations was the parent of the Healthy Valley project in 1994, which took on an independent structure and leadership. The Valley Council has reassumed organizational responsibility for Healthy Valley. (See below)

Griffin Hospital conducted a focus group with members of the Valley Council of Health and Human Service Organizations as part of the process for development of the Community Health Needs Assessment.

Healthy Valley Healthy Community Project - Griffin Hospital was one of the founders of Healthy Valley and was the only corporate funding sponsor. Healthy Valley, launched in 1994, was Connecticut's first healthy community project and received recognition and awards as a model for other communities across the country. Healthy Valley 2000 was about mobilizing and engaging the community to identify and solve its problems and to build on existing strengths and resources. Total community involvement was viewed as critical to success and much was committed to communicating to the community. Communication efforts include a formal Annual Report, a periodic newsletter, news releases and speaking engagements.

During its development it was a grassroots initiative involving over 200 stakeholders. The Community's goal was to use research, quantitative data and a broad-based visioning and participatory process to identify and gain consensus on priority community needs and problems and identify resources to address them. The mission of the Healthy Valley project was to improve the health and quality of life of residents by making the Valley a better place in which to live, work, shop and enjoy life. Underlying this mission was a commitment to maintain Valley unity through regional cooperation; work to enhance community image and pride; better utilize the Valley's unique resources, especially its two major rivers; and to embrace cultural diversity. Griffin's leadership and employees were active members of the organization's stakeholder group. The initial Healthy Valley research identified that colon cancer, breast cancer and prostate cancer deaths were significantly higher than the state average as a result of low rates of screening and primary care access. Griffin initiated and continues a series of initiatives involving multiple community organizations and agencies to increase screening rates with positive results in five of the six Valley towns. Shelton is the only remaining Valley town as identified by the Komen Foundation last year that has breast cancer mortality rates higher than the state average. Healthy Valley was designated "A Point of Light" by President Bush and was cited as a model for the nation by the U.S. Public Health Service.

#### Healthy Valley Research/Community Health and Quality of Life Profile -

The primary goal of Healthy Valley 2000 was to improve the health and quality of life in the Valley. Improvement implies movement from one point to another in a positive direction. Recognizing this movement required the development and ongoing monitoring of a Community Health Profile in 1996. This first Profile measures health and quality of life indicators in a broad range of categories, including education, the economy, health, community safety, government, cost of living, social welfare and arts, culture & recreation.

This data was used as a tool by the Healthy Valley Stakeholder group to help select "Key Performance Areas" to focus on. This list was fine-tuned and reduced to a manageable "Report Card" which will be tracked on an ongoing basis (see below). In effect the Healthy Valley Community Health and Quality of Life Profile was the first Community Health Needs Assessment produced for the Griffin Hospital

Primary Service Area. The Healthy Valley "Report Card" set the stage for the production of the Community Health Profile by the Yale-Griffin Prevention Research Center on a continuing basis.

**Community Health Profile Results** - Data for the health indicators were compiled by Dr. Peggy Gallup of the Southern CT State University Public Health Department. The health of the Valley community and its residents was assessed at very good overall, prompting the Healthy Valley 2000 group to give the Valley's health a grade of B+. The report included the six towns in Griffin's primary service area.

The report showed the overall death rate for all causes and for all major diseases to be below the state rate. Also below the state rate were the infant death rate, low birth weight babies and births to teenage mothers. The number of infectious disease cases was significantly lower than the state rate in all areas including the sexually transmitted diseases of gonorrhea, chlamydia, syphilis and AIDS. The other infectious diseases of Hepatitis A and B, Lyme disease and rabies were all below the state average, and there were no new cases of either tuberculosis or measles reported in 1994.

Substance abuse surveys of every 7th, 9th and 11th grader in Valley schools showed hard drug use somewhat lower than national averages as compared to Samie survey results and a University of Michigan survey of 12th graders. However, comparisons of tobacco, marijuana and alcohol use by youth showed Valley use above national averages.

Reports from the Connecticut Department of Children and Families showed the number of cases referred to regional office programs from the Valley to be 32% less than the state for total referrals and 33% less than the state for child abuse cases. Average referrals for the two year period 1992-94 were total referrals of 351 cases compared to the state average of 17,968 cases. The total referrals include 91 child abuse cases as compared to the state average of 4,747.

The report also looked at the number of Valley residents receiving state entitlements to assist in assessing quality of life and determining access to health care. The study found the number of Valley recipients of Medicaid, Food Stamps, and Aid to Families with Dependent Children (AFDC), and State Supplement benefits to be significantly less than the state average.

Average death rates reported for the 7 year period, 1986-92: >avg. death rate, all causes -- 2.2% below state >avg. death rate, heart -- 12.3% below state >avg. death rate, lung disease -- 6.7% below state >avg. death rate, pneumonia -- 3.1% below state >avg. death rate, cancer -- 2.4% below state >avg. death rate, stroke -- 1.9% below state

Information reported related to infant births and deaths (first year of life): >Infant death rate (1986-90) -- 6.2 deaths per 1,000 births -- 28% below state >An average of 8.4 deaths, and 1,346 births in the 1986-90 period >Low birth weight babies (less than 5.5 pounds) -- 5.2% of births -- 22% below state (1986-90) >Births to teenage mothers -- 4.9% of total births -- 43% below state (1986-90)

The report findings were good news for Valley residents and a credit to all of the health and human service agencies that served Valley residents. It was decided that the report would be maintained in the future to show trends and improvements.

While the overall health of the Valley was assessed as very good, there were certainly areas that the community should focus on. The good health report card gave the community the opportunity to

channel its efforts to prevention and wellness initiatives which would further improve the community's health and residents' well being, and potentially reduce the overall cost of health care. One initiative planned by Healthy Valley 2000 as a next phase will be to conduct personal health risk assessments and health screenings for 5,000 residents, or about 5% of the population, from every community sector and culture in the next year. This initiative involved numerous human and social service agencies led by Griffin Hospital.

**Perception Survey Results** – While hard data is a key component in identifying and addressing key community issues, so are the opinions and perceptions of Valley residents and community leaders. Smith & Company, a marketing research firm in Shelton, coordinated a perception survey in 1996 that randomly surveyed over 400 Valley households on a broad range of health and quality of life issues. The Stakeholder group surveyed over 150 community leaders on the same set of issues. The Executive Summary including General Impression of the Valley follows.

- Nearly 3/4 of all respondents feel that the Valley is a good, very good, or excellent place to live, work, and shop. Long-term residents tend to rate the Valley somewhat higher than do new residents.
- Residents generally feel that others do not feel as positive about the Valley as they do. Nearly 1/2 feel that others rate the Valley as either fair or poor as a place to live, work, and shop.
- Respondents appear to enjoy the rural/quiet lifestyle of the Valley and the perceived "closeness" of the residents in their community. They also cite the low crime rate and the close proximity of cities, highways, and shopping as positives.

#### Social/Family Issues

- Roughly 3/4 of all respondents feel that the Valley is a good place to raise a family, that there is a good racial and ethnic mix on the Valley, and there is tolerance for people with different viewpoints or lifestyles. This latter point raised the most, albeit small, disagreement.

#### Community Safety

- While the majority of respondents indicate that they feel safe walking alone at night in their town and that their town has enough police officers, roughly 1/4 to 1/3 of all respondents do not feel that way.
- Nearly 4 in 10 respondents indicated that they would be willing to pay increased taxes to reduce crime and make community streets and neighborhoods safer.

#### The Economy

- Generally, the respondents are quite concerned about the economy of the Valley. There is a strong sense that there are not enough job opportunities (3/4 feel this way) and 2/3 do not feel that the Valley economy is strong.
- There is overwhelming support for Valley towns to work together on economic development issues.

#### Health

- Respondents are generally satisfied with all of the health issues tested. The response time of emergency health services and the availability of basic medical services received the highest ratings.
- The high percentage of neutral responses for issues such as the availability of mental health services, substance abuse treatment programs, and social and human services indicates a lack of awareness of these programs.

### Natural and Man-Made Environment

- There appears to be a high degree of concern about the environment in the Valley. While areas such as air quality, clean streets, road maintenance, and road signs rated highly, other areas, such as the ease of public transportation, the attractiveness of the Valley to visitors, and the large number of vacant buildings, raised some concerns.
- Nearly 1/2 of the respondents do not feel that we are doing enough to improve the environment in the Valley.

### Government

- Generally, respondents are satisfied with the governments of their town. It should be noted, however, that there are wide differences from town to town in this portion of the survey.
- Areas of potential concern include the fact that at least 4 of 10 respondents feel that their tax dollars are not well spent and there are not enough recreational and social services for youth in the Valley.
- There is an overwhelming mandate for greater cooperation between town governments in the Valley, but nearly 1/2 still do not favor regionalization of some town services like police and public works.

### Housing

- There is some disagreement on the issue of affordable housing. While over 1/2 feel that there is enough affordable housing in the Valley, 1/4 disagree.
- Roughly 1/4 feel that homelessness is a problem, while nearly 4 in 10 do not. Over 1/2 are neutral on the issue of whether or not there are sufficient homeless shelters.

### Arts, Culture and Recreation

- There is apparently a perceived need for a greater number of recreational facilities and arts and entertainment offering in the Valley. Over 1/2 feel that the current recreation facilities are insufficient, while 2/3 feel the need for more arts and entertainment offerings. Roughly 1/2 of the respondents are willing to pay increased taxes to improve this situation.

### Education

- The results of this section were affected by the large number of respondents without children in the public schools. Generally these respondents tended to have higher percentage of "neutral" rating on all issues.
- Significant percentages of respondents with children in the public schools are concerned about the quality of public schools, the number of after-school programs, and class sizes. Sizeable numbers of parents are opposed to more AIDS and sex education programs and school regionalization.

Perception Survey Results – The following issues were identified by the Community Perception Survey as Very Serious or Somewhat Serious in the following order" Drug Abuse, Economic Development, Alcohol Abuse, Crime, Variety of Retail, Education, Homeless Quality of Life.

The above indicators were used by the Stakeholder group, along with the Perception Survey to select "Key Performance Areas" and to develop a Healthy Valley Report Card that included: Economic, Education, Crime/Safety, Arts, Culture, Recreation and Health Indicators. In addition, an Electronic Valley team created an Internet information and communications system to link together all segments of the Valley community. The Electronic Valley [www.electronicvalley.org](http://www.electronicvalley.org) continues to provide a unique communications system to the Valley community today.

**Healthy Valley Blueprint** – The research and Action Plan done by Healthy Valley established a blueprint that guided the development of programs addressing each of the issues. Additionally Healthy Valley created a Community Honor Roll to recognize new community programs and initiatives (not agencies) that were consistent with the Healthy Valley mission. Over the decade following the development of the blueprint resources were sought and all of the issues were addressed, some with more success than others, but overall the original mission of the Healthy Valley project - to improve the health and quality of life of residents by making the Valley a better place in which to live, work, shop and enjoy life was achieved.

**Naugatuck Valley Health District** – The Naugatuck Valley Health District (NVHD) is the official public health entity for five of the six towns in the Griffin Hospital primary service area. The NVHD is committed to improving the quality of life for those served through the promotion of health, prevention of disease and by assuring a safe and clean environment. NVHD is made up of the divisions of Environmental Health, Community Health, Emergency Preparedness and Administration. The Community Health Division has legal responsibility for the investigation of infectious diseases in the district. It also provides a wide array of preventive health programs aimed at increasing the span of healthy life for community residents. Activities take place at convenient community locations and involve partnerships with local health and human service agencies, municipal departments, and physicians. The NVHD will complete a Community Health Assessment and develop a Community Health Improvement Plan in 2013 which will be available for input for the Griffin Hospital Community Health Needs Assessment and Action Plan.

**Lead Hazard Program** – The Naugatuck Valley Health District has been awarded a 3-year, (2012 – 2014) \$2.48 million grant from the U.S. Department of Housing and Urban Development (HUD). The grant is called the Naugatuck Valley Emends Lead Hazards Program (NauVEL). NauVEL funds will help families and property owners who qualify to prevent lead poisoning in their Naugatuck Valley homes by funding lead-safe repairs. The funds will also be used to promote the production of Healthy Homes in the Valley. This is NVHD's 2nd HUD grant. NVHD previously received a \$3 million grant for 2009-2011 with which NauVEL made 200 housing units located within 124 Valley properties lead-safe.

**Vaccine Clinic** – The Naugatuck Valley Health District conducts a shingles vaccine clinic for people age 60 and older weekly. The vaccine, Zostavax is not a treatment for shingles, but is a vaccine to help reduce the risk of getting shingles. There is a charge for the vaccine. The health district offers a wide range of vaccines to protect adults from preventable illnesses including tetanus, diphtheria, pertussis, measles, mumps and rubella, hepatitis A, hepatitis B, varicella/chicken pox, meningococcal and influenza.

**Pomperaug Health District** - The Pomperaug District Department of Health (PDDH) provides Public Health services to the citizens of the towns of Southbury, Woodbury, and Oxford, Connecticut. Oxford, Connecticut is in the Griffin Hospital Primary Service Area. The Pomperaug Health District is staffed by full-time, public health professionals dedicated to the community they serve. All sanitarians have college degrees and are certified by the State of Connecticut in Subsurface Sewage Disposal and Food Service Inspections. The combined work experience of the environmental health staff is in excess of 60 years. Additionally, the public health nurse possesses a B.S.N. Degree and has extensive public health and clinical nursing experience.

Education Affiliation Agreements – Griffin Hospital has numerous affiliation agreements with educational institutions to provide training to their students as part of their educational requirements. Listed below are those affiliation agreements:

<u>Department</u>	<u>Area</u>	<u>School</u>
▪ Cardiac Rehabilitation	Clinical Education Agreement	Sacred Heart University
▪ Cardiac Rehabilitation	Cardiac Rehabilitation Training	Southern Conn. State Univ.
▪ Cardiac Rehabilitation	Clinical Practice Education	Springfield College
▪ Emergency Department	Physician Assistant Program	Lincoln Memorial Univ.
▪ Emergency Department	Physician Assistant Program	Mass. College of Pharmacy
▪ Emergency Department	Physician Assistant Program	Westbrook College of Health
▪ Emergency Department	Physician Assistant Program	Quinnipiac University
▪ Emergency Department	Physician Assistant Program	University of Bridgeport
▪ Emergency Department	Physician Associate Program	Yale School of Medicine
▪ Physical Rehabilitation	Therapy Assistant	Mercy College
▪ Physical Rehabilitation	Physical Therapy Assistant	Naugatuck Valley Community College
▪ Physical Rehabilitation	Physical Therapy Students	Quinnipiac University
▪ Physical Rehabilitation	Clinical Education Center	Sacred Heart University
▪ Physical Rehabilitation	Physical Therapy Students	Univ. of Connecticut
▪ Physical Rehabilitation	Physical Therapy Students	Univ. of Hartford
▪ Physical Rehabilitation	Physical Therapy Students	Univ. of Massachusetts
▪ Psychiatry	Nursing Students	Southern Conn. State Univ.
▪ Psychiatry	Nursing Students	Yale School of Nursing
▪ Psychiatry	Nursing Students	Fordham University
▪ Radiology	Nuclear Medicine Students	Gateway Comm. College
▪ Radiology	Radiography/Ultrasound Students	Gateway Comm. College
▪ Radiology	Radiography/X-Ray Students	Gateway Comm. College
▪ Radiology	Radiology Technologists	Quinnipiac University
▪ Radiology	Radiography Students	St. Vincent's College
▪ CP South Inpatient Psychiatry Nursing		Bridgeport Hospital
▪ One North Med/Surg Unit	Nursing	Bridgeport Hospital
▪ Med/Surg Units	Nursing	Fairfield University
▪ Med/Surg Units	Nursing	Naugatuck Valley CC
▪ Childbirth Center	Nursing	Naugatuck Valley CC
▪ CP South Inpatient Psychiatry Nursing		Sacred Heart
▪ Med/Surg Units	Nursing	Sacred Heart
▪ Childbirth Center	Nursing	Stone Academy
▪ Med/Surg Units	Nursing	Southern CT State Univ.
▪ Critical Care Unit	Nursing	Southern CT State Univ.
▪ Med/Surg Units	Nursing	Quinnipiac University
▪ CP South Inpatient Psychiatry Nursing		Quinnipiac University

Naugatuck River Valley National Heritage Area - The Healthy Valley Project continues today. One of the project's current focuses is to secure a national designation that would comprise 14 towns along the Naugatuck River stretching from Shelton to Torrington. It would be called the Naugatuck River

Valley National Heritage Area. The project has spearheaded efforts to get the recognition with the state's Congressional delegation. The designation is granted by Congress. The designation would bring in federal dollars, which would enable the association to provide grants for projects such as historic preservation. It would also help the Valley commemorate, conserve and promote local history, and make the area eligible for up to \$1 million in federal funding. The Heritage project is making its way through the Congressional process and had a hearing before the Senate Committee on Energy and Natural Resources.

Greater Valley Chamber of Commerce Healthcare Council – The Greater Valley Chamber of Commerce has provided leadership to enhance economic growth, development, prosperity and quality of life in the region since 1964. The Greater Valley Chamber of Commerce Healthcare Council was created based on the premise that health and wellness are increasingly important issues to area businesses. From providing insights into chronic diseases to the effects poor health has on productivity and employee attendance, the Council is an educational resource on health and wellness for businesses throughout the Greater Valley region. Council membership reflects the variety of providers in our region; from private practitioners such as dentists and chiropractors to physical therapists, nurses and representatives of long term healthcare facilities and hospitals. Membership diversity helps the Council offer a broad range of educational and outreach services. Griffin Hospital will do a focus group with members of the Greater Valley Chamber of Commerce Healthcare Council as part of the process for development of the Community Health Needs Assessment.

Yale-Griffin Prevention Research Center - Established in 1998, the Yale-Griffin Prevention Research Center (PRC) is a collaboration between Yale University and Griffin Hospital. One of only 35 such centers across the country, Griffin's is the only one based at a hospital. Funded by the federal Centers for Disease Control and Prevention, the National Institutes of Health, foundations, and private industry, the PRC's research portfolio is diverse, with the emphasis on community-based issues. Its many areas of focus are nutrition, preventive cardiology, and physical activity. It also conducted research on complementary and alternative medicine (CAM), chronic disease management and obesity prevention. The goal of all PRCs is to develop innovative approaches to health promotion and disease prevention that will directly benefit the public's health, first locally, and then nationally. PRCs use existing knowledge about health promotion and disease prevention to determine if it can be successfully applied in a community setting. PRC's seek new ways to improve community health and then share those findings with others.

Community Foundations – The Valley community is blessed with having four philanthropic community foundations that provide funding to Valley non-profits including Griffin Hospital. All include funding for health and quality of life initiatives and the awarded grants enhance the community's ability to meet identified community health and quality of life needs. The four community foundations are the Community Foundation for Greater New Haven, the Katharine Matthies Foundation, the Valley Community Foundation and the Hewitt Foundations. Collectively they provide annual funding of as much as \$2 million to qualified Valley non-profits.

The WorkPlace - The WorkPlace is one of five Regional Workforce Development Boards in the state to conduct comprehensive planning and coordinate regional workforce development policy and programs. The mission of The WorkPlace is to develop a well-educated, well-trained, and self-sufficient workforce that can confidently compete in today's changing global marketplace. Griffin's service area is in the coverage area of the WorkPlace.

Valley Labor Department Response Team – The State of Connecticut Labor Department reaches out to employees of companies affected by staff reductions by dispatching members of its Rapid Response Early Intervention Team to talk with those soon to be unemployed, inform them about their rights and responsibilities, advise them how to collect unemployment insurance, and detail various other options available to them. In the Valley, the Department of Labor contacts the Valley United Way to assist in the employee presentation. United Way presents information about services being provided by the Valley Council of Health and Human Services network. United Way partners with the Valley Council and the Greater Valley Chamber of Commerce to present the information. United Way also provides additional information and brochures about services available from Connecticut 211 and calls on other community agencies for assistance as needed.

Volunteer Center, Shelton, CT - The Volunteer Center, a division of Valley United Way, serves as a community resource matching the skills and interests of Valley volunteers with the needs of non-profit agencies providing services in the Valley. The Center maintains a database of volunteer opportunities listed by non-profit agencies in the Valley. It also coordinates the Corporate Volunteer Council (Area Businesses) and the High School Volunteer Council (Area High Schools) as well as United Way's Youth Leadership Program. Close to 70 companies are members of the Corporate Volunteer Council. The group's enthusiasm, skill and community spirit is leaving an indelible mark on the Valley and improving the quality of life through their everyday efforts that demonstrate that they and their employees care about the community in which they live and work. The council provides a way for companies operating corporate volunteer programs to exchange information and help other companies in the community start corporate volunteer programs. It provides a forum where member companies can learn about community needs for employee volunteers. Information is transmitted when the CVC invites a local nonprofit agency to present information on its need for volunteers during a regularly scheduled CVC meeting. It also provides a way for member companies to work together on a community need or problem that is too large or complex for one company to handle alone. Since 1994, the CVC has also taken on major projects on an annual basis. The two annual projects are the Week of Caring projects, which generally involve a very hands on "construction and renovation" project for an area nonprofit organization, and the Back to School Clothes for Kids Project, which adopts the neediest children in one or two Valley grammar schools providing children with back-to-school clothing and encouragement for a successful start to the new academic year.

Partnership for Patients (2009) – Griffin Hospital became a member of the CHA HEN (Health Engagement Network as part of CMS established "Partnership for Patients in 2009. Griffin's work with this collaborative revolved around reduction of avoidable re-admissions for Heart Failure, a diagnosis that patients are often admitted to acute care hospitals for. In 2009, Griffin established a Chronic Disease Management Collaborative with area Skilled Nursing Facilities and Home Care Agencies, called Valley Gateway to Health to reduce avoidable hospital readmissions for patients with a primary diagnosis of Congestive Heart Failure. The hospital has also joined Medicare's Quality Improvement Organization in Connecticut, Qualidigm, to share best practices across other collaboratives in the state. The effort has produced positive results with a decrease in the overall all payer readmission rate of patients with a primary diagnosis of Heart Failure by 26.9% from 2010 to 2013 and a reduction in Medicare readmissions by 25.7% during that same time period. Going forward, the collaborative will focus on ways to prevent all avoidable readmissions within 30 days. The collaborative uses a shared teaching tool and shared protocols to ensure same page education and medical plan.

Valley Gateway to Health – The Valley Gateway to Health is a community healthcare collaborative founded to empower congestive Heart Failure patients and their caregivers with education and tools they need to better manage their disease. The collaborative effort, led by Griffin Hospital, held a free educational event in 2011 for more than 100 community members and health professional which featured heart-healthy appetizers (with recipes) and overview of Congestive Heart Failure by a cardiologist, and presentations by collaborative members, which included Griffin Hospital and neighboring long-term care facilities and home care agencies. The presentation focused on how the collaborative is working with our community to prevent hospital readmissions for CHF. Educational materials and tools developed by the collaborative to help empower patients and their caregivers to avoid hospitalization for CHF were also shared with attendees. In addition, a presentation was given for all collaborative members and the medical staff in 2012 on how to discuss Advance Directives and hold End of Life conversations and planning.

Vree Health Collaboration – Griffin Hospital is collaborating with Vree Health, LLC, a wholly owned subsidiary of Merck, in the CMS Round 2 Health Care Innovation Award Program. The goal of the collaboration is the development of a transformative and innovative approach to improving health status and lowering costs for Medicare, Medicaid and the entire health care system. Griffin's clinical excellence and innovation team will collaborate with Vree Health in the creation of Transition Advantage, a 30 day post discharge health coach program for patients with diagnoses of Heart Failure, Acute Myocardial Infarction and Pneumonia. The patient is assigned their own personal health coach who they speak to daily and review their medications and discharge instructions with. The health coach is trained to alert a 24/7 RN to intervene early when patients begin to struggle with medication adherence, transportation to doctor appointments, etc. Griffin's leadership and experience in patient centered care and patient empowerment provide an ideal environment for development of this new responsive model.

Project RED – Griffin Hospital is moving forward with the development of a Project RED intervention. The Project RED (Re-Engineered Discharge) intervention showcases a patient-centered, standardized approach to discharge planning and improves patient preparedness for self care and a reduction in preventable admissions. The Project RED intervention focuses on patient education for four diagnoses, Heart Failure, Pneumonia, Acute MI, and Chronic Obstructive Lung Disease. Patient with one of these primary diagnoses received education via an avatar, named "Louise" via an I-Pad. In addition, Project RED enables griffin to print an After Hospital Care Plan (AHCP) that is customized for each patient. The AHCP is color coded with all medications, purpose, dose, and administration; as well as all discharge instructions by the attending physician. The avatar, Louise, reviews the AHCP with EVERY discharged patient and offers alerts to the Primary Care Nurse wherever the patient may need reinforced education. The purpose of this program is to increase the patient's confidence in managing their medical treatment plan after discharge.

## VII. Community Health Care Services Inventory

Community Health Provider Summary – Following is a summary of health providers that practice in the Griffin Hospital Primary Service Area provided by the Claritas Business-Facts, Nielsen Solutions Center:

Provider Description	Total Number of Providers
➤ Office of Doctors of Medicine	306
➤ Office of Dentists	62
➤ Office of Osteopathic Physicians	1
➤ Office of other Health Practitioners	37
➤ Chiropractic Offices and Clinics	14
➤ Optometrist Offices and Clinics	11
➤ Podiatrist Offices and Clinics	7
➤ Other Health Practitioners Not Classified	5
➤ Nursing and Personal Care Facilities	11
➤ Medical and Dental Laboratories	11
➤ Home Health Care Services	6
➤ Specialty Outpatient Facilities	4

United Way 2-1-1 - is a one-stop connection to the local services a person may need, from utility assistance, food, housing, child care, after school programs, elder care, crisis intervention and much more. 2-1-1 is always ready to assist a person to find the help they need. Dial 2-1-1 from anywhere in Connecticut and the person will reach a highly-trained call specialist who will assess the person's needs and provide referrals to the resources in their community. Call specialists help callers find assistance for complex issues such as financial problems, substance abuse and suicide prevention and for simpler issues such as finding volunteer opportunities and donation options. 2-1-1 is available 24 hours a day every day of the year. Multilingual assistance and TDD access is also available. United Way 2-1-1's continually updated, comprehensive database of 4,600 agencies providing over 48,000 programs and services is also available for a person to search online. Search by location, service category, service term, or agency to find the resources a person may need.

Marshall Lane Manor, Derby, CT (capacity – 120) - Marshall Lane Manor is a for-profit assisted living facility. Assisted living facilities are an apartment-style habitat designed to focus on providing assistance with daily living activities. They provide a higher level of service for the elderly which can include preparing meals, housekeeping, medication assistance, laundry, and also do regular check-in on the residents. Basically, they are designed to bridge the gap between independent living and nursing home facilities.

Birmingham Health Center, Derby, CT (Capacity – 120) - Birmingham Health Center is a for-profit recently totally renovated skilled nursing facility that is part of the Spectrum Care system Nursing home facilities are for elderly people with chronic health conditions or injuries that require long-term care, constant monitoring and 24-hour-a-day availability of doctors, nurses and health care aides. The short term rehabilitation unit is located in a distinct section of the building and is equipped with electric beds, phone and cable TV service.

Gardner Heights Health Care Center, Shelton, CT (Capacity – 154) – Gardner Heights Health Care Center offers a wide array of programs and service including skilled nursing long term and short term care, hospice care, memory care, I.V. therapy and occupational and speech therapy. Gardner Heights is a for-profit facility that is part of the Apple Rehab system that has 24 locations in Connecticut.

Hewitt Health and Rehab, Shelton, CT (Capacity – 206) – Hewitt Health and Rehab offers short-term rehabilitation, skilled nursing and long-term care, pulmonary care, respite services and hospice care. It also offers speech and physical therapy services and speech language pathology. Hewitt Health and Rehab is a for-profit facility that is part of the Apple Rehab system.

Apple Rehab Shelton Lakes, Shelton, CT (Capacity -99) – Apple Rehab Shelton Lakes is located on eight acres of scenic wooded land. It is a provider of short term rehabilitation blending programs and services with contemporary healing environments. The rehabilitation program includes a team of physical, occupational and speech therapists that provide skilled therapy following hospitalization for orthopedic surgery and joint replacement, cardiac surgery, stroke and other illness or injury. Rehabilitation is also provided to long-term care residents. The facility is part of the Apple Rehab system.

Bishop Wicke Health Center at Wesley Village, Shelton, CT (Capacity – 120) - Bishop Wicke Health Center is recognized as a leader in short-term rehabilitation. The rehabilitation staff will establish an individualized plan of care and provide physical and other progressive therapies for adults following surgery. The Bishop Wicke Health Center offers short-term rehabilitation, outpatient rehabilitation, long-term skilled nursing care and a hospice program. Bishop Wicke Health Center is a Planetree member providing a continuum of services that supports health, independence, and dignity. It builds this continuum on the belief that a relationship-centered philosophy best sustains body, mind, and spirit. Bishop Wicke is not-for-profit and is part of the United Methodist Homes system. Wesley Heights at Wesley Village is a friendly and caring community for retirement living with one or two bedroom cottages with a living room, kitchen and bath. Cottages have an outdoor patio and space for gardening. Wesley Heights shares the scenic Wesley Village campus with an assisted living residence, Crosby Commons, and the Bishop Wicke Health Center.

Shady Knoll Health Center, Seymour, CT (Capacity – 128) - Shady Knoll Health Center offers short-term rehabilitation, long-term, respite, hospice and dementia care. The Shady Knoll Health Center staff provides individualized health care with compassion, dignity and respect. It offers 24 hour skilled nursing care, medically complex care, pain and wound management and cardiac recovery. Shady Knoll Health Center is part of the for-profit Athena Health Care System.

St. Vincent's Hospital Urgent Care Center, Shelton, CT - St. Vincent's Urgent Care Walk-In centers provide complete walk-in, urgent care, and personal healthcare services. The Center provides treatment of non-life threatening illnesses and injuries as well as school, camp and employment physical exams. The Center has diagnostic services including Lab, EKG, and X-ray.

Bridgeport Hospital Walk-In Medical Center, Shelton, CT – The Bridgeport Hospital Walk-In Medical Center offers both urgent care when treatment can't wait for an appointment and routine family medical care by appointment. The Center contains fully equipped exam rooms, as well as x-ray, laboratory, EKG and other standard emergency equipment. A board-certified physician is on duty seven days a week to serve medical needs.

CVS Minute Clinic, Ansonia, CT – The CVS Minute Clinic is a walk-in medical clinic staffed by nurse practitioners and physician assistants who provide treatment for common family illnesses and injuries, administer vaccinations, conduct physicals and wellness screenings, and offer monitoring for chronic conditions. The Clinic has day and evening hours.

Cornell Scott-Hill Health Center, Ansonia, CT - The Cornell Scott-Hill Health Center, Connecticut's oldest and one of the largest community health centers in the state, has been a leader in community healthcare innovation for over 40 years with a goal of being the pre-eminent community-based provider of care that reduces long-term costs and saves lives through prevention and positive health promotion. The Cornell Scott-Hill Health Center is a federally qualified community health center. The Center provides an extensive array of medical, behavioral health and dental services to more than 33,000 people each year at 16 care sites including sites in Ansonia and Derby, both in Griffin Hospital's primary service area. The Cornell Scott-Hill Health Center in Ansonia provides Internal Medicine, Pediatrics, Gynecology, Family Planning, Podiatry and Nutrition Services as well as Outpatient Mental Health evaluation and treatment and Outpatient Substance Abuse evaluation and treatment. Behavioral health services are designed specifically for children, adults and families. The Village of Power is a fully integrated recovery program for women, offering medical and psychiatric wellness, and is an example of the Center's innovation and commitment to the underserved. The Cornell Scott-Hill Health Center Richard O. Belden Dental Clinic is located in Derby. The Richard O. Belden Dental Clinic serves over 2,000 Valley residents annually. The Cornell Scott-Hill Health Center seeks to make its services more affordable for uninsured, low-income patients. Uninsured and low-income patients may qualify for reduced fees based on income called a sliding-fee scale. Patients may apply for one of five discount levels, based on annual income and family size. The discount off the Center's standard charges remain valid for one year after the date of application, unless the patient qualifies for or secures insurance coverage in the interim.

BH Care, Ansonia, CT – BH Care is a state licensed, non-profit behavioral health care provider located in Ansonia, Connecticut, serving the citizens of the Lower Naugatuck Valley, Greater New Haven and Shoreline communities. The Lower Naugatuck Valley is Griffin Hospital's primary service area. BGHS has been providing services for children, families and individuals affected by mental illness, domestic violence and substance abuse for more than 25 years. BGHS receives funding from the CT Department of Mental Health and Addiction Services and the CT Department of Social Services. What started out as the Valley Mental Health Center has become a key component of the Lower Naugatuck Valley's overall healthcare system, and a major resource for the community. Since it was created in 1979, the organization has moved from providing solely mental health care services to offering substance abuse, domestic violence, and prevention services as well.

Birmingham Group Health Services includes the following:

- Valley Substance Abuse Action Council (VSAAC), a public/private partnership comprised of community leaders and citizens who develop and carry out strategies to reduce alcohol, tobacco, and other drug use in the Lower Naugatuck Valley, Greater New Haven and surrounding communities. VSAAC offers a variety of interactive workshops and presentations for youth and adults, as well as resource materials, curriculums, training programs, referrals, and other information about drug abuse, alcohol, and tobacco that can help parents, children, and the larger community become better aware and equipped to combat the intrusion of these harmful substances in our daily lives. VSAAC conducts a biennial student substance abuse survey in the Valley school systems that track substance use and trends.

- The Umbrella, offers a wide range of crisis and other services for victims of domestic violence and their children. All services are free and available to individuals and their children who have had their lives disrupted by domestic violence.
- The Beyond Shelter Program, funded by a partnership grant between The Umbrella, TEAM, Inc. and A.C.T. (Area Congregations Together). The Beyond Shelter program provides coordinated services to newly housed families and their landlords in order to prevent a cycle of homelessness. The program focuses on preventing the recurrence of homelessness through early intervention, skill building, and follow-up services that foster housing stability and teach families the skills necessary to retain housing.
- The Jail Diversion Program provides clinically appropriate evaluation and linkage with the Department of Mental Health and Addiction Services' (DMHAS) system and other community resources for court referred individuals. Individuals referred to the program are pre-trial clients with symptoms of mental illness or current DMHAS clients for whom community care will provide an alternative to incarceration. The Jail Diversion Program's Forensic Team, consisting of a clinician and community support specialist, assess individuals at the Derby Superior Court. The Team also works collaboratively with the Bail Commissioner to divert mentally ill offenders from incarceration to community care.
- The Valley Social Club, located in Ansonia, is a member-run group that elects its own officers and offers a full schedule of social and recreational activities for its members. The purpose of the club is to offer persons in recovery the opportunity to learn new skills or improve existing skills in all areas of community living, including interpersonal relationships. The Club is open daily, and members are encouraged to "drop by" and enjoy the friendly atmosphere and informal activities that happen daily.
- Community Support Services offer the highest quality, individualized care whenever, and wherever, it is needed. Participants in Community Support Services have access to services and supports that address functional impairments affecting abilities to live independently in their chosen community. The services focus on skill acquisition and mastery, environmental adaptations to support recovery and accessing resources. Services are offered in locations that meet the needs of participants. Such locations may include individuals' homes, hospitals, shelters, correctional facilities and other community locations. Community Support Services has three components: (1) Adult Community Support Services; (2) Young Adult Services (YAS) which serves young adults between the ages of 18 to 25, who reside in the Lower Naugatuck Valley region. The YAS program is designed to serve as a bridge between the children's and adult service systems - a space in which services have been historically inadequate or non-existent and (3) Intensive Supported Housing (ISH) which provides intensive support to individuals who need housing. ISH services include skill building, employment, and case management which are provided by ISH Community Support Specialists who support program participants with their recovery plans. Special emphasis is placed on community based activities and skill building that will assist the individual in the areas of social and recreational recovery.

Lower Naugatuck Valley Parent Child Resource Center (PCRC), Derby, CT – The Lower Naugatuck Valley Parent Child Resource Center is committed to providing compassionate guidance and assistance to children and their families so that they might develop to their fullest potential and make the community stronger. Child and adolescent mental health disorders can lead to school failure, family conflicts, drug abuse, violence, and even suicide. Untreated mental health disorders can be very costly to families, communities, and the health care system. The (PCRC) has been serving families in the

towns of Ansonia, Derby, Oxford, Seymour, Shelton and the surrounding area since 1975. It is the leading provider of behavioral health services to children and families in the Lower Naugatuck Valley, serving more than 1,200 children each year, including many who suffer from serious behavioral and emotional problems, trauma, abuse, and neglect. Through a comprehensive range of programs – Clinical, Family Support, Early Childhood and Community Partnerships, the PCRC helps these children and their families overcome emotional and behavioral hardships. The PCRC works in partnership with organizations throughout the Lower Naugatuck Valley to strengthen our community serving as members of the Valley Council for Health and Human Services, Valley Advisory Committee, Valley Philanthropy Council, and Derby-Shelton Rotary, Community Mental Health Crisis Team, Derby Discovery Project, and the Ansonia School Readiness Program, among others.

VARCA Inc. – George Hegyi Industries, Derby, CT – VARCA has been dedicated to serving special needs of individuals from the six towns in Griffin Hospital's primary service area since 1959. Its founding goal was to educate the community as to the abilities and needs of people with special needs. Of equal, if not greater importance was to help the handicapped realize their potential and become contributing members of society. VARCA is the parent organization of George Hegyi Industries. George Hegyi Industries is a work place that offers approximately 85 special needs adults the chance to experience meaningful work opportunities. Hegyi Industries offers a 5-day workweek to these special needs individuals. Depending on their abilities, individuals are assigned varying types of packaging and assembly jobs. Client/employees receive weekly earnings based on their productivity. Transportation is provided to the individuals. VARCA has earned the respect of many companies for which it provides light assembly, packaging and mailing services. VARCA is partially funded by the Connecticut's Department of Developmental Services as well as by donations from private sources. A good portion of VARCA's income, however, derives from the work performed for private industry customers.

TEAM Inc.– Community Action Agency, Derby, CT - Local officials created TEAM, Inc. in 1965 to combat poverty in the region and to help low-income families increase their self-sufficiency. Today, TEAM manages over a dozen programs that seek to improve the lives of economically vulnerable families. With its central office in Derby, TEAM serves a 10 town region that includes the six towns in the Griffin Hospital primary service area. The agency is an integral part of the regional social safety net. TEAM provides both direct service and referrals to other area agencies. A private, non-profit corporation, TEAM gives financial assistance, training, and supportive services to over 7,000 families in the region each year. Customers generally remain the poor, but the client base also includes parents, day care home providers, and frail elderly. TEAM is governed by a volunteer tri-partite Board of Directors comprised of elected officials or their representatives, representatives of businesses and community organizations, and clients or representatives of client groups. Services are categorized under several program headings: early education, elderly services, home heating assistance, housing assistance, economic literacy and asset building, and community and neighborhood services. TEAM is the focal contact place in the Valley Region for families seeking social aid and connections to public and private assistance. Over the years, we have developed and operated numerous programs that impact on the economically and otherwise disadvantaged populations within our service area. Our services address the needs of the very young to the very old, are locally based, and are coordinated to the greatest extent possible with other area services.

TEAM Services include the following:

- Head Start, a Federal and State funded program for parents and preschool children. The program recognizes that the whole family is important and the parents are the primary

educator of their child. Head Start provides a comprehensive child development program that addresses the needs of children and families in the area of education, social services, health, nutrition, disabilities and mental health, and parent involvement.

- School Readiness – The School Readiness Program was established to provide three-and-four year olds of all economic levels with full day early care and education programs. The program is offered full-day, full-year five days a week. Breakfast, lunch and snack are served at no cost to parents.
- The Preschool Child Care Program provides full-day licensed affordable quality child care to children ages 3 to 5 whose parents are working or in school on a year round basis. Breakfast, lunch and snack are served at no cost to parents.
- The Valley Family Resource Center was established to provide a relaxing atmosphere where families can come together and share in the exhilarating experience of parenthood. The Valley Family Resource Center reaches out to Valley communities in order to promote strong networks of resource, referral, and advocacy among families, schools, and agencies. The Valley FRC welcomes all the communities to take advantage of the free programs offered for families. Our goal is to provide an establishment that focuses on quality and healthy development for all children.
- The Homemaking Program services all homebound persons 60 years and older. This service makes it possible for older persons to live in their own homes or to return to their homes by providing assistance in completing tasks they are unable to manage alone. Workers provide assistance with tasks such as light housekeeping, laundry and shopping. Priority is given to the frail elderly and financially needy. Homemaking service is available on a referral basis by hospitals, family, friends, and clients themselves. A contribution of \$10.00 per hour or whatever the client can afford is recommended. If a person is unable to make a contribution, service will not be denied.
- The Medical Transportation program Provides basic transportation for seniors who cannot access traditional transportation systems. Arrangements are made to transport elderly persons to medical appointments. The Program services persons 60 years and older. A contract with the Valley Transit District provides transportation to medical and health facilities located in the area and out of the Valley to Bridgeport, New Haven, West Haven, Hamden, Stratford and Trumbull. Service is handicapped accessible. A suggested donation is requested.
- Meals on Wheels - The Elderly Nutrition Program services all homebound persons 60 years and older who reside in Ansonia, Derby, Shelton, Seymour and Oxford. Nutritional balanced hot lunches are delivered Monday through Friday. Frozen meals are available and delivered once a week. Meals on Wheels are available on a referral basis by hospitals, family, friends, and clients themselves. The Meals on Wheels program is intended to offer support to seniors who are unable to provide good nutrition for themselves. Meals are typically delivered for short periods of time during an illness or while recuperating after a hospital stay. Occasionally our services are used for longer periods. Periodic calls and home visits will be made to determine continued eligibility or need.
- Griffin Hospital Senior Meals Choice Program – a nutrition program that serves tasty meals in a friendly atmosphere at the Griffin Hospital Dining Center.
- Valley Faith Caregivers at TEAM is a non-profit coalition of congregations of all faiths, community groups and social service agencies in the towns of Ansonia, Beacon Falls, Derby, Oxford, Seymour and Shelton. Volunteers provide services for individuals who are isolated, frail,

disabled or elderly. VIC relies on community support and volunteers to provide basic free of charge services that enable residents who are elderly or disabled to remain independent.

- Home Heating Assistance - Energy assistance is a program that helps people who have difficulty paying the cost of heating their home. Through an intake and assessment process, Energy Assistance staff determines how TEAM and its services can best help lower energy costs. The primary goal of this program is to keep households warm and safe during the winter months.
- The Eviction and Foreclosure mediation program provides services to help people maintain their current housing. Through intervention with landlords and mediation between landlords and tenants, this program aims to develop working relationships between landlords and their tenants. For eligible families the program provides mediation to help tenants/landlords and homeowners/mortgage holders resolve conflicts over back rent or mortgage owed, repairs, late rent payments, and other issues.
- The Housing Crisis Intervention Program provides families and individuals mediation services to resolve conflicts with the landlord or mortgage holder, emergency assistance with shelter, housing search assistance and security deposit. The mediation process is free, confidential, and voluntary. Security deposit resources are contingent upon the availability of funding for the program.
- Individual Development Account - IDAs are matched savings accounts in which participants save for one of the following assets: A first home, small business capitalization or higher education. IDAs are the centerpiece of a new asset-building strategy that creates hope and jobs and enterprises; builds families, communities and economies; and develops assets and enduring escapes from poverty. IDAs bring to low-income families the benefits of savings, investments, and assets to which higher income segments of our society have access. Each Dollar saved is matched with two more, up to a total of \$4,500. The Assets for Independence Program allows Participants' IDA's to be used for a first home, start a business, higher education, security deposit or automobile purchase.
- Income Tax Preparation - Free tax preparation and filing is offered at TEAM between February 1 and April 15. IRS trained volunteers' help taxpayers prepare basic tax return forms, where the primary source of income is from wages and salaries. The tax returns are filed electronically at no cost with refunds generally received within 2 weeks.
- Assessment and Referral - TEAM collaborates with the Connecticut DSS and 211 InfoLine in a coordinated statewide social service system for people in Connecticut with the goals of helping people access services. This social service system is called Human Services Infrastructure (H.S.I.). Under H.S.I., those seeking DSS services get assistance so they can arrive at DSS informed and in many cases, with all the necessary paperwork already completed. People, who are not seeking DSS services, get information, advocacy, and referrals to the many service providers in the community. Throughout TEAM, Inc. trained responsive Case Managers are often the first source of help for families or individuals in need. In order to respond to these needs staff provides a complete and thorough Intake/Assessment/Referral service which helps determine eligibility for many programs. The Intake/Assessment is an interview to assess the family's needs in employment, childcare, education, housing, nutrition and health. After the needs are evaluated, referrals are made to link clients to program services operated by TEAM or to other agencies in the community.
- TEAM Toys 4 Kids - TEAM has been operating the holiday toy drive program over 20 years. The program collects new, unwrapped toys during November and December each year and distributes those toys as Christmas gifts to needy children in the Lower Naugatuck Valley community. The success of the program relies on volunteer support and community

involvement. Each year with the help of the community TEAM supplies toys to over a 1,000 children, this could not be done without the help of the volunteers, collection sites and the generous contributions received.

Tinney Community Center – Located in Ansonia. There is an annual summer camp. The Center is a public access computer site for the Electronic Valley and the Internet. The Center is also a Job Information and Referral Center. The Center primarily serves African- American youth.

Wellmore Behavioral Health – Wellmore promotes lifetime wellness through a continuum of essential and innovative treatment and support services for children, adolescents, adults and their families – giving them hope for better outcomes to lead safe, healthy and productive lives. Wellmore was formed with a plan to combine the resources of two strong non-profits. The Morris Foundation and Liberty Center, with deep community roots and create an innovative, lifespan-oriented community behavioral health model, which will radically improve capabilities to meet community needs. Wellmore serves its client to provide wellness for a lifetime. Wellmore offers outpatient behavioral health services. The Center professionally treats individuals with substance abuse and/or substance abuse with mental health problems. Services include evaluations, different types of counseling, educational groups, referral to community resources and drug testing. Services are offered during the day and at night.

Valley United Way, Shelton, CT – Valley United Way is a major funder of health & human services in the Lower Naugatuck Valley. It currently funds 24 agencies providing services in the community. Allocations made by Valley United Way are determined by Valley United Way's Board of Directors on the recommendation of its Allocations Committee which is composed of more than 40 people drawn from all walks of life in the community. Members of the Allocations Committee review agency programs and budgets and make recommendations to the Board for final approval. This process takes place every spring. In addition to funding the Partner Agencies, Valley United Way also funds special initiatives based upon community needs and availability of funds. Many other agencies also receive funds through special designations made by donors. The Volunteer Action Center, a division of Valley United Way, serves as a community resource matching the skills and interests of Valley volunteers with the needs of nonprofit agencies providing services in the Valley. It also coordinates the Corporate Volunteer Council (Area Businesses) and the High School Volunteer Council (Area High Schools) as well as United Way's Youth Leadership Program. The Valley United Way coordinates the Labor Rapid Response Intervention Team in collaboration with the Connecticut Department of labor. Team members are dispatched to meet with employees of companies that have announced significant layoffs to inform them about their rights and responsibilities, tell them how to collect unemployment insurance, and detail various other options available to them. United Way, The Greater Valley Chamber of Commerce and the team make employee presentations about services available to them in the Valley by members of the Valley Council of Health and Human Service Organizations.

The Boys & Girls Club of the Lower Naugatuck Valley with clubhouses in Shelton and Ansonia, CT – The LNV Boys and Girls Club has been a cornerstone of the community since opening it doors in 1926. Serving some 2,000 youth a year, the Club provides a safe, structured and positive environment for young people after school, during holidays, and over summer vacation. The Boys & Girls Club of the Lower Naugatuck Valley services as its primary constituency youths living in the area between the ages of 6 to 14, with the secondary effort directed at youth between the ages of 14 to 18. These members will be served through a series of well-defined program areas whose objectives will encompass recreation, social development, educational growth, and cultural enrichment to assist them in reaching

their potential as members of their families and citizens of the community. Through a series of core program areas (character and leadership development; education and career development; health and life skills; the arts; and sports, fitness, and recreation), the Club strives to create among its members positive self identity, health and well being, positive values, a commitment to learning, social competency, and community and civic involvement. The Club is a non-profit 501(c)(3), private organization for dues-paying members. Memberships are required to use the Club facilities. In partnership with Griffin Hospital the Club holds an annual Health and Safety Fair attended by close to 2,000 youth and parents.

Valley YMCA, Ansonia, CT - The Valley YMCA has been a vital part of the Valley community since 1866 – serving the residents of Ansonia, Derby, Oxford, Seymour and Shelton. The Valley YMCA has a long history of building strong kids, strong families, and strong communities. With a focus on youth development, healthy living and social responsibility, the YMCA nurtures the potential of every youth and teen, improves the health and well-being of its members, and provides opportunities to give back and support neighbors. The Y is a leading voice on health and well-being. With a mission centered on balance, the Y brings families closer together, encourages good health and fosters connections through fitness, sports, fun and shared interests. As a result, youth, adults and families are receiving the support, guidance and resources needed to achieve greater health and well-being for their spirit, mind and body. The Y has always listened and responded to the communities' most critical social needs. Whether developing skills or emotional well-being through education and training, welcoming and connecting diverse demographic populations through services, or preventing chronic disease and building healthier communities through collaborations with policymakers, the Y fosters the care and respect all people need and deserve. The Valley YMCA is part of the Central Connecticut Coast YMCA which operates eleven YMCA branches in Southern Connecticut.

Catholic Family Services - Catholic Charities, Ansonia, CT - Catholic Charities is a non-profit agency serving people of all faiths. It focuses on children as our future, families as the backbone of our society, and the elderly as our link to our roots. It believes that Individuals, families and communities will become healthy, self-sufficient and productive, thriving in a just and compassionate society. Catholic Charities exists to promote the dignity, self-sufficiency and human potential of those in need. It offers a broad range of health, human and social services to meet the individual needs of those it serves.

International Institute of Connecticut, (IIC), Derby, CT - The mission of the International Institute of Connecticut is to help new Americans become self-sufficient, to ensure that low income persons have access to affordable immigration services and to strengthen families by helping them to obtain US citizenship and reunite with family members. IIC is a non-profit, non-sectarian social service agency dedicated to helping thousands of foreign-born persons and immigrants each year to achieve self-sufficiency. IIC's broad services range from helping new arrivals meet their most basic needs including adequate food and shelter, to English classes, refugee resettlement, job training, job placement, counseling, translation / interpretation, and legal assistance.

Julia Day Nursery and Kindergarten, Ansonia, CT - A fully licensed and NAEYC accredited center. Full and part time, flexible, early education programs with hands-on learning centers, field trips, cooking activities, etc. for 3-6 year olds. Full-day kindergarten available with a 1 teacher to 10 student ratio. The Nursery has fully equipped learning centers. Julia Day Nursery is committed to provide the child with a warm and nurturing experience in a fun and educational environment.

Seymour-Oxford Nursery and Child Care Association (SONCCA) - The Seymour-Oxford Nursery Child Care Association was organized in 1985 to provide affordable before and after school programs for children of school age living in Seymour & Oxford while their parents are working or participating in an established training program. SONCCA'S six licensed centers are located in five schools: Bungay School, Chatfield School, LoPresti School, Seymour Middle School and Quaker Farms School in Oxford. Committed to quality care, the trained professional staff provides daily activities including arts and crafts, community service learning activities, seasonal projects, story time, homework time, guest speakers, quiet recreational activities and both indoor and outdoor free play. SONCCA is governed by a volunteer Board of Directors. SONCCA is supported by grant funds, parent fees and private contributions. Tax-deductible contributions may be made to SONCCA through the United Way donor option plan or direct contribution.

Day Care Centers – There are numerous additional Day Care Centers available to parents throughout the Valley that offer a variety of child care services. They include:

○ ABC Learning Tree Center, Ansonia	capacity =	27
○ Julia Day Nursery, Ansonia	capacity =	51
○ KinderCare Learning Center, Ansonia	capacity =	75
○ Valley YMCA Child Care, State St., Ansonia	capacity =	18
○ Valley YMCA Child Care, Howard Ave., Ansonia	capacity =	48
○ YMCA School Aged Child Care, Finney St., Ansonia	capacity =	60
○ YMCA School Aged Child Care, Ford St., Ansonia	capacity =	27
○ Lower Naugatuck Valley E C ED, Ansonia	capacity =	144
○ ACA School Age Child Care, Ansonia	capacity =	27
○ Kinder Care, Ansonia	capacity =	
○ Home Day Care, Ansonia	capacity =	
○ United Day School Before & After, Beacon Falls	capacity =	110
○ United Day School, Beacon Falls	capacity =	36
○ Christ Church Pre-School, Oxford	capacity =	34
○ Kinder Care Learning Center, Oxford	capacity =	64
○ Seymour/Oxford N&CA, Quaker Farms, Oxford	capacity =	80
○ SONCCA, Oxford Kindergarten, Oxford	capacity =	36
○ Small World Nursery School, Oxford		
○ Playschool Discovery Center, Oxford		
○ Derby Day Care Center, Derby	capacity =	50
○ Noah's Ark Early Learning, Derby	capacity =	87
○ Learning Studio, Derby	capacity =	54
○ Valley YMCA School Aged Child Care, Derby	capacity =	73
○ Explorer's Learning Center, Seymour	capacity =	89
○ Seymour/Oxford Child Care, Chatfield, Seymour	capacity =	40
○ Seymour/Oxford Child Care, Bungay, Seymour	capacity =	60
○ Small World Nursery School, Seymour	capacity =	25
○ SONCCA, LoPresti School, Seymour	capacity =	160
○ Country Bear Pre-school, Seymour	capacity =	32
○ Kiddie Kastle Nursery School, Seymour	capacity =	44
○ Seymour Head Start, Seymour	capacity =	20

○ Seymour School Readiness, Seymour	capacity =	19
○ Teddy Bear Tree House Learning Center, Seymour	capacity =	56
○ Village Strawberry Patch, Seymour	capacity =	36
○ Painted Pony Day Care, Seymour		
○ Little Ones day Care, Seymour		
○ Good Start Day Care, Seymour		
○ Educational World Day Care, Seymour		
○ Apple Tree Day Care and Pre-school, Shelton	capacity =	59
○ Bridge to Pre-school, Shelton	capacity =	14
○ Bright Horizons, Shelton	capacity =	151
○ Child's Garden Inc., Shelton	capacity =	160
○ Hide Out, Shelton	capacity =	88
○ Huntington Center Nursery School, Shelton	capacity =	25
○ Kidstop Developmental Child Care, Shelton	capacity =	78
○ Little Academy, Shelton	capacity =	45
○ Pumpkin Pre-school, Shelton	capacity =	112
○ Susanna Wesley Nursery School, Shelton	capacity =	90
○ Tutor Time Child Care Learning Center, Shelton	capacity =	153
○ Valley YMCA School Age Child Care, Shelton	capacity =	66
○ Wonder Years Learning Center, Shelton	capacity =	53
○ Happy Day Pre-school, Shelton	capacity =	54
○ Huntington Point Child Development Ctr., Shelton	capacity =	75
○ Kid's First Learning Center, Shelton	Capacity =	42
○ Kid's First Learning Center, Shelton	Capacity =	44
○ Learning Connection, Shelton	Capacity =	23
○ Shelton School Readiness, Shelton	Capacity =	16
○ Flexicare Child Care, Shelton		
○ Small World Nursery School, Shelton		
○ Shelton Tot Time, Shelton		

Housatonic Council Boy Scouts of America, Derby, CT - The Housatonic Council serves the communities in the Lower Naugatuck Valley of Connecticut - Ansonia, Derby, Oxford, Seymour, and Shelton. The Mission of the Housatonic Council, Boy Scouts of America is to prepare young people of all ages of the Lower Naugatuck Valley, with the help of people of all ages, to make ethical choices over their lifetime, based on the Scout Oath and Law. The Housatonic Council Boy Scouts of America joins with church, synagogue, school, home, business, labor, service and fraternal groups in providing a program to develop physical fitness, service, reliance, citizenship, leadership and the high ideals of service to God and Country.

Birthright, Ansonia, CT – Birthright provides caring, non-judgmental support to girls and women who are distressed by an unplanned pregnancy. Using its own resources and those of the community, Birthright offers positive and loving alternatives. Birthright presents many services and refers for many more. It provides friendship and emotional support, free pregnancy testing, and maternity and baby clothes. It also gives information and referrals to help clients meet legal, medical, financial, and housing needs. All Birthright services are free, absolutely confidential, and available to any woman regardless of age, race, creed, economic or marital status.

Connecticut Children's Specialty Care Center, Shelton, CT - Connecticut Children's Medical Center in Hartford, Connecticut is a teaching hospital, and home of the University of Connecticut School of Medicine Department of Pediatrics and its residency and fellowship programs in pediatrics. Connecticut Children's Medical Center is the largest pediatric primary care service for children between Boston and New York. Pediatricians provide primary care services such as well-child checkups and immunizations, and care for minor illnesses. Its Emergency Department is staffed by physicians and nurses certified in pediatric emergency medicine. Physicians and staff from Connecticut Children's Medical Center Specialty Care Group provide services at two hospitals and four Specialty Care Centers including the one in Shelton which is in the Griffin Hospital primary service area. Connecticut Children's Medical Center Specialty Care Group is a non-profit, multi-specialty pediatric practice, dedicated to providing high quality, pediatric health care and service to patients, families and referring physicians.

Connecticut Partnership for Children, (CPFC) Seymour, CT – CPFC is dedicated to supporting low-income children throughout Connecticut by working with their families and the communities in which they live. The Partnership does this by meeting their basic needs of food, clothing, warmth and infant/toddler necessities and by promoting healthy social, emotional, cognitive and physical development. CPFC is a grassroots fundraising, all-volunteer organization run by the Board of Directors.

Ansonia Community Action, Inc., Ansonia, CT – Ansonia Community Action is a non-profit, community based multi-service center for the City of Ansonia that serves children, youth and families in Ansonia. Founded in 1967 by a group of citizens with social problems, ACA continues to provide direct and indirect services and information linking children and families to services within the community. ACA assumes the role of Social Advocate in issues which have an impact upon the human needs of the community to provide services that meet those needs and lead people to self sufficiency.

Spooner House, Area Congregations Together, Inc., Shelton, CT – Spooner House, homeless shelter is operated by Area Congregations Together and is one of the few shelters in the state that serves families with children as well as individual adults. Spooner House provides food, shelter and support services to people in need and to foster and influence long-term solutions to those needs. It is devoted to helping clients establish a self-sufficient living situation. Spooner House serves over 200 individuals annually, which results in over 12,000 bed nights. A case manager meets with residents to provide guidance, support and caring. Area Congregations Together was established in 1979 to provide transportation for the elderly for medical purposes and a meal program for those unable to cook for themselves. In 1982, a needs assessment was conducted in the region indicating a desperate need for an emergency shelter for the homeless. The first Valley shelter for the homeless was opened in 1982. ACT also operates Valley Food Bank Services that provides more than 135,000 meals to residents of Griffin Hospital's primary service area annually.

St. Vincent de Paul Society, Derby, CT - The Society of St. Vincent de Paul offers tangible assistance to those in need on a person-to-person basis. It is this personalized involvement that makes the work of the Society unique. This aid may take the form of intervention, consultation, or often through direct financial or in-kind service. An essential precept of the Society's work is to provide help while conscientiously maintaining the confidentiality and dignity of those who are served. St. Vincent de Paul offers a community food bank and operates a discount store in Derby.

Agency on Aging of South Central Connecticut, New Haven, CT - The Agency on Aging is a private nonprofit organization incorporated in 1974 as the "South Central Connecticut Agency on Aging" (SCCAA) and designated as an Area Agency on Aging (AAA). It was the first Area Agency on Aging in the state of Connecticut incorporated in 1974. Each AAA is responsible for planning, coordination, advocacy and allocation of funds to social services and nutrition programs designed to meet the needs of those age 60 and older and individuals with disabilities. The goal of the AAA is to empower adults to remain as independent and engaged as possible within their communities through advocacy, information and services. The Agency on Aging of South Central Connecticut serves five town in Griffin Hospital's primary service area. Griffin Hospital receives grant funding for the Agency for health services provided to seniors through its Department of Community Outreach.

Senior Centers – Each of the six towns in the Griffin Hospital Primary Service Area has organized Senior Citizen Centers with facilities. The Centers serve as a resource center providing a broad range of services and activities to meet the diverse social, physical, and intellectual needs of older adults. Members are encouraged to help implement various activities to reinforce positive attitudes and preserve individual dignity. The Centers enhance an atmosphere of compassion, equality and mutual concern for all older adults to enhance the quality of life. Services and programs include: recreation/exercise programs including yoga, Zumba, tai chi, social service assistance, free or inexpensive meals, assistance with benefit programs, health screenings, flu shot clinics, and educational programs provided by Griffin Hospital physicians and staff. All provide some sort of transportation to the Center and to health services and some have their own vehicles.

- Joseph Doyle Senior Center, 153 Main Street, Ansonia, CT
- Beacon Falls Senior Center, 10 Maple Avenue, Beacon Falls, CT
- Derby Senior Center, 293 Main Street, Derby, CT
- Oxford Senior Center, 20 Old Church Road, Oxford, CT
- Seymour Senior Center, 20 Pine Street, Seymour, CT
- Shelton Senior Center, 81 Wheeler Street, Shelton, CT

The Connecticut Hospice Inc. Home Care Service – Branford, CT – Connecticut Hospice inaugurated hospice care in America in 1974. Since then it has been the beacon and teacher of the growing hospice movement throughout the nation and beyond. Connecticut Hospice addresses physical, social and emotional needs of patients with advanced irreversible illness, and their families. Hospice Inpatient and Home Care services are specialized health care programs that operate with a goal of maintaining quality of life through management of pain and other symptoms. Such care is provided regardless of diagnosis and as long as the Hospice level of care is needed by the patients. Hospice care is provided in the home, or inpatient setting by a medically directed, nurse-coordinated, interdisciplinary team, and continues throughout the period of bereavement. The rationale for Hospice caregiving is that it is impossible for any one discipline to provide the range of service required. Through the team approach, Hospice helps patient and families attain optimum quality of life. Connecticut Hospice provides inpatient Hospice services at its Branford, Connecticut facility.

The Connecticut Hospice Inc., Shelton, CT – Connecticut Hospice, Shelton, provides homecare services to patients suffering from a terminal illness with a prognosis of six months or less, as well as their families. The Connecticut Hospice, Inc. and the Visiting Nurse Association of South Central Connecticut formed a collaborative effort sharing office space and in-service education. With Connecticut Hospice and the VNA working as a team, each patient is assured of continuity of care should services change from one program to another. Should the patient require inpatient care it is available at The

Connecticut Hospice Branford, Connecticut facility. When home care becomes inappropriate, the Branford inpatient programs provide a home-like environment for care. Inpatient services function as a back-up for acute level care to assist in the management of pain and other symptoms. Griffin Hospital partnered with Connecticut Hospice to become the first hospital in the state to offer an inpatient hospice service in 2004. Griffin Hospital patients requiring Hospice care are discharged to the Griffin Hospital Hospice Unit.

Oxford, Special Olympics, Oxford, CT - Oxford Special Olympics provides year-round sports training and athletic competition in a variety of Olympic-type sports for all people with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in the sharing of skills and friendship with their families, other Special Olympic athletes and the community. Oxford Special Olympics is an accredited local chapter of CT Special Olympics, which is a non-profit organization authorized and accredited by Special Olympics International for the benefit of citizens with intellectual disabilities.

Rape Crisis Center of Milford, Milford, CT - Founded in 1974, the Rape Crisis Center of Milford is a not-for-profit social service agency working to end sexual violence through victim assistance, prevention, education and public policy advocacy. The Center provides services to the towns of Ansonia, Derby, Seymour and Shelton in the Griffin Hospital primary service area. All services are provided at no cost to the community. The Center provides personal support and advocacy during hospital, police and court visits and a 24-hour confidential crisis hotline Confidential short-term counseling for victims of sexual assault and their families by counselors trained in crisis intervention techniques.

Salvation Army Greater Valley Corps Community Center, Ansonia, CT - The Salvation Army has been serving the Valley community since 1891 to fulfill the Greater Valley Corps' mission of meeting the basic human needs of Valley families. The Greater Valley Corps does so through a wide variety of programs, including a Food Pantry, Community Meals program, clothing and furniture vouchers, and emergency rental and utility assistance. This past year, the Food Panty provided over 4,400 bags of groceries to benefit in excess of 1,000 individuals and distributed approximately 3,000 clothing articles, over 50 clothing / furniture vouchers, and 21 utility vouchers.

Shelton Youth Service Bureau, Shelton, CT – The Shelton Youth Service Bureau was established in 1988 by the City of Shelton to coordinate, plan and develop services for the youth of Shelton and their families. Located in Shelton High School, the Bureau works cooperatively with school personnel, police, community resources, youth and parents to provide educational programs and recreational activities that promote positive youth development and strengthen family ties. The Youth Service Bureau addresses youth issues and concerns through life skills education classes, conflict mediation training, awareness campaigns and promotion of peer advocacy throughout the year. It provides drug and alcohol prevention education programs for students in Kindergarten – 12th grade.

VA Connecticut Healthcare System West Haven Campus - VA Connecticut Healthcare System is committed to providing veterans the highest quality health care. VA Connecticut offers specialized services in mental health, geriatrics rehabilitation and extended care services, women's health care, primary care, hospice and respite care, pharmacy services, dental care, psychological/pastoral counseling, psycho-social support services, podiatry, prosthetics, same day surgery, alcohol and substance abuse treatment, dialysis and specialized services for diabetics. The West Haven campus facility is the only VA tertiary care facility in Connecticut. It is a teaching hospital, providing a full range

of patient care services, with state-of-the-art technology and a renowned research program. Comprehensive health care is provided through primary, acute, tertiary and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics and extended care.

Visiting Nurse Services of Connecticut, Inc., (VNS) – VNS of Connecticut is a nonprofit healthcare provider serving towns in Fairfield, New Haven and Litchfield, Connecticut, including the six towns in Griffin Hospital's primary service area. VNS has an office in Oxford, one of the primary service area towns. Since 1909, VNS has been dedicated to the provision of quality home health and hospice services to individuals, families and the communities it serves. VNS is committed to the development of a partnership with the patient in the delivery of comprehensive, compassionate care. Our competent and caring staff is driven to help patients reach their highest attainable healthcare outcomes.

Visiting Nurse Association of South Central Connecticut (VNA) - VNA Health Systems is a community based organization that has been dedicated to providing a wide array of high-quality health services for individuals in the home and community since 1904. The VNA serves 22 towns in South Central Connecticut including the six towns in Griffin Hospital's primary service area. The purpose of the Visiting Nurse Association of South Central Connecticut is to improve the quality of life for all the residents of the community it serves by fostering access to community health and home care services. The VNA is committed to provide home and community health services in a financially responsible fashion; to establish partnerships with other organizations in the community to facilitate the provision of essential services; and/or to advocate on behalf of those individuals in the community who, for whatever reason, are not able to access essential community health services.

VNA Community Care, Guilford, CT – VNA Community Healthcare's physical therapists work in the home with patients to maximize activity and physical independence. Staff teaches patients how to use devices that assist with mobility, how to control pain, and how to perform exercises that improve strength, balance and coordination. Physical therapists assess each patient and create a home care treatment plan with goals for recovery and also conduct home safety evaluations to recommend an atmosphere that promotes increased mobility and confidence. VNA Community Care provides services to all towns in Griffin Hospital's service area.

New England Home Care, Shelton, CT – New England Home Care (NEHC) provides comprehensive in-home support throughout the continuum of care and across a wide range of illnesses and conditions. Healthy@Home<sup>SM</sup>, is a program NEHC helped pioneer for people discharged after major surgery. It's an intensive, personalized 14-day in-home program to reduce the risk of a return trip to the hospital. The program has helped thousands of people attain full recovery in the privacy of their own homes, without having to be re-admitted to the hospital. NEHC services include: skilled nursing, physical, occupational and speech therapy, wound care and medical social worker services.

The Christian Counseling & Family Life Center, Shelton, CT - a non-profit organization that provides a professional, compassionate, and peaceful environment to meet the emotional, spiritual, and mental health needs of individuals, couples, and families (children, teens, and adults) to overcome crisis and to achieve their fullest potential. The Center is a non-denominational mental health agency that provides a high level of professional psychotherapy and medication management to individuals of all socio-economic means.

Rehabilitation Associates Inc., Shelton, CT – Rehabilitation Associates offers a variety of therapies including Physical Therapy, Occupational Therapy, Speech-Language services, Clinical Social Work and Nutrition services. In addition to individual therapies, it offers rehabilitation programs for people with strokes and neurological problems, orthopedic injuries, vestibular and balance problems, arthritis, swallowing and oral-motor difficulties, developmental and learning problems, fibromyalgia and lymph edema.

Connecticut Orthopaedic Specialists (COS)- One of the largest and most respected orthopaedic groups in Connecticut. All physicians are board-certified and fellowship trained with extensive research in their specialty area. For over 40 years the group has continued its commitment at being leaders and innovators in surgical and non surgical techniques while focusing attention on quality, individualized care for each patient. The group's passion is evident in the highly trained staff and in the compassion shown to each patient. Founded in 1963 with only two physicians; today the group practice has 16 board certified Orthopaedic Specialists, 3 podiatrists that specialize in both surgical or non-surgical care, and a physiatrist who is an expert at restoring function without surgery. For convenience COS offers on-site testing, including X-Rays, EMG's, Bone Density and MRI's so wait time is minimal. They have a state-of- the-art Surgical Center that we operate and staff exclusively. For sports heroes and weekend warriors, the practice has a weekend walk-in clinic so the patient does not have spend time waiting in an emergency room. The practice has the distinction of being Yale University and Quinnipiac University's team physicians, serving their staff, student body, and their athletes.

Pediatric Rehab and Fitness, Shelton, CT – Pediatric Rehab and Fitness offers a wide array of services with highly experienced, well qualified and caring staff, and therapeutic intervention in both individual and/or group settings. Services include: Neurological and Motor Rehabilitation, Physical Therapy, Occupational Therapy, Speech and Language Therapy, Therapeutic Listening, Social Service, Nutrition Programs, Individualized Therapeutic Interventions, Cranial Sacral Therapy, Aquatic Therapy.

Physical Therapy of Southern Connecticut, Derby and Shelton, CT - Physical Therapy of Southern Connecticut's mission is to participate in the creation of healthier lives within the community and to provide quality healthcare services that promote wellness, relieve suffering and restore health by treating the whole person. They maintain a high standard of care through education, research, recruiting and retaining excellent staff. They provide physical therapy in a variety of formats: Aquatic Therapy, Balance Therapy , Continence Therapy, Cranio Sacral Therapy Fitness Program: Back Health Vestibular Rehabilitation.

Ahlbin Center for Rehabilitation Medicine, Shelton, CT - Ahlbin Rehabilitation Centers is fully accredited and is part of Bridgeport Hospital and the Yale-New Haven Health System. Among the conditions treated are stroke, spinal cord injuries, amputations, multiple trauma, joint replacements, neurological disorders, burns and any other impairment that would benefit from the program. The Center's outpatient therapy services, provided at five locations including Shelton, focus on the unique needs of each patient. These services, for people of all ages, include: Neurological Rehabilitation, Cancer Rehabilitation, Geriatric Rehabilitation, Orthopedic Services, WalkAide System, Lymphedema Service and Functional Arm Training.

Access Rehab Centers, Oxford, CT - Access Rehab Centers is a community oriented company that treats the entire age continuum from pediatrics to geriatrics, orthopedics to neurological diagnoses, and from inpatient to outpatient care. The Center provides a wide range of outpatient physical, occupational,

and speech therapy services to patients ranging in age from infancy to senior citizens. It offers physical therapy, orthopedics, sports medicine, pediatrics and occupational and speech therapies, among other services.

LifeDesigns Functional Health and Mobility Center, Shelton, CT - LifeDesigns Center provides year-round affordable and accessible after therapy and fitness programs for people of all abilities in Fairfield County, New Haven County, and the Naugatuck Valley. It has over 25 years of experience in functional health and mobility program design, management of chronic illnesses like diabetes, obesity and arthritis, fall prevention programs, aftercare and recovery assistance after physical therapy and rehabilitation, and on-site chiropractic and massage services.

The Princeton Longevity Center, Shelton, CT – The Princeton Longevity Comprehensive Exam uses the latest technology, combined with caring experts who take the time to fully evaluate an individual's health. The Princeton Longevity Center Comprehensive Exam can detect early cancers, heart disease, aneurysms and the "silent killers" that are often missed in a typical physical exam or routine blood tests. Individuals get the latest diagnostic, screening and imaging technologies to assess the state of their health and the detailed information they need to optimize the quality of their future years.

The Sterling Center for Counseling, Shelton, CT – The Sterling Center is a private, mental health practice that offers professional and specialized evaluative and treatment services to a wide variety of clients. The Center's team of psychologists, social workers, marriage, and family therapists, and substance abuse specialists provide a myriad of services for individuals seeking help in any of the following areas: depression, anxiety, panic attacks, relationship difficulties, substance abuse, marital discord, parent - child conflict, family conflict, grief and loss.

Baron Therapy Services, Woodbridge, CT – Bacon Therapy Services is a private practice that provides speech and language therapy, occupational therapy, physical therapy, art therapy, professional counselling, psychological testing and services, behavioural analysis (BCBA), and tutoring to children and adults. It provides expert counselling for children and adults with a Licensed Professional Counselor, Art Therapy, Behavioural Intervention, Psychological Testing and Services. Baron Therapy Services provides services to four towns in Griffin Hospital's primary service area.

Procare Physical Therapy and Sports Rehabilitation, Shelton, CT (Part of the Carlson Therapy Network) – ProCare Physical Therapy is a physical rehabilitation clinic offering physical and occupational therapy. It also offers sports rehabilitation and health and wellness services.

Select Physical Therapy, Shelton, CT - Select Physical Therapy is a leading provider of physical and occupational therapy services. Select Physical Therapy offers a wide variety of programs and services including physical therapy, hand and occupational therapy, orthopedic rehabilitation, low back program, aquatic therapy, neurological and vestibular rehabilitation.

Adult Day Services, Seymour, CT – Adult day service center provides a coordinated program of professional and compassionate services for adults in a community-based group setting. Services are designed to provide social and some health services to adults who need supervised care in a safe place outside the home during the day. They also afford caregivers respite from the demanding responsibilities of caregiving.

Durable Medical Equipment Suppliers – Full service medical equipment suppliers including home medical equipment and supplies, ambulatory aids, wheelchairs, walkers, home oxygen.

- Liberty Rehab and Patient Aid Center, Derby, CT
- Medical Supply Solutions, Shelton, CT
- Krishani Corporation, Shelton, CT
- Conerstone Medical Services, Oxford, CT

The Hearing Center, Ansonia, CT – The Hearing Center provides the best possible hearing care based on individual needs. The Center provides a comprehensive array of services related to evaluation, rehabilitation and prevention of hearing impairment. Services include comprehensive hearing evaluation, specialized diagnostic testing and industrial hearing screenings. Services are provided by experienced, caring audiologists that furnish realistic projections of hearing and benefits and follow-up care.

Family and Children's Aid, Shelton, CT - Family & Children's Aid (FCA) is a community-based, non-profit organization that offers high quality, innovative and responsive programs and services to heal and support children and families in crisis. Family & Children's Aid (FCA) operates under the belief that children are society's most valuable assets. The agency is a refuge for abused and neglected children who are without protection, without parental support and even without hope. More than just offering food, clothing and shelter, FCA strives to heal and support Connecticut's children and families by meeting a higher level of need and teaching them about respect, compassion and trust. FCA currently operates neighborhood-style group home programs serving Connecticut's most disadvantaged children. In addition, FCA offers outpatient programs, in-home services and a summer camp.

Interfaith Volunteer Caregivers, Shelton, CT – IVC is a coalition of congregations of all faiths and social services in Shelton, Ansonia, Derby, Seymour, Beacon Falls, and Oxford. IVC is committed to a ministry of caring for individuals who are isolated, frail, disabled, or elderly. IVC may help with friendly visits, telephone reassurance, help with shopping, errands, and chores, transportation and escort to medical appointments, stores, and worship, yard work and minor repairs, and light housekeeping. Volunteers are neighbors helping neighbors putting Faith in Action, and are generous, caring people of all ages with a genuine concern for older or disabled individuals. Members are asked to attend meetings and be involved in fund raising activities. Individuals themselves, caregivers, families, friends, neighbors, congregations, or health and service agencies may request services. There is no charge for services, and each request is evaluated for appropriateness.

The Disability Resource Network, Derby, CT – A not for profit agency established specifically to address the needs of individuals with disabilities and those supporting these individuals. The "Network's" mission is to provide training, resources and service linkages to enhance the quality of life for individuals with disabilities.

Pathfinders Associates, Intermediate Care Facility, Derby, CT – A Residential facility for adults with developmental disabilities that provides group living options, daily living and vocational skills training, and social support.

Comfort Keepers of Shelton – Comfort Keepers offers a full range of in-home services to tailor care plans that provide senior and other adult clients the right amount and types of help to support independent living at home. These services are provided by the special caregivers called *Comfort*

*Keepers*, to promote independent living to its fullest. Depending on each client's needs, Comfort Keepers can provide from just a few hours of service a week to full-time in-home care. Through our 24-hour care service, a team of *Comfort Keepers* coordinates caregiving responsibilities in shifts around the clock. This offers clients and their families' full-time peace of mind.

**Fitness Centers and Health Clubs** – There are numerous choices for fitness centers and health clubs in the Griffin Hospital Primary Service Area including:

- McGee Fitness, Ansonia
- Snap Fitness, Derby
- Ultra Fitness, Derby
- Peak Fitness, Seymour
- Fitness Zone, Seymour
- Planet Fitness, Shelton
- The Blitz, Shelton
- Physically Fit, Shelton
- Studio V Fitness, Shelton
- Feel Good Fitness, Shelton
- Ultra Fitness, Shelton
- Platinum Fitness, Shelton
- World Gym, Shelton
- Valley Fitness, Shelton
- Blitz Health Club, Shelton
- Better Athletic Development, Shelton
- Bishop Wicke Fitness Center, Shelton

**SportsCenter of Connecticut** – The Center is an 115,000 square foot facility located on 15 acres of land along the Housatonic River in Shelton. SportsCenter of Connecticut is a unique family entertainment experience, featuring a weather-protected Golf Driving Range, 18-hole Hole Mini-Golf course, jungle-themed Lazer Tag arena, Fun Bowl Bowling, Game Zone arcade, Baseball/Softball Batting Cages and the world's only double-decker ice-skating arena. The Center includes a Corporate Conference Center, Multiple Private Banquet Facilities and over 20,000 square feet of space for meetings, trade shows, basketball, complimentary Wi-Fi Internet and a food court.

**Food Banks in the Valley** – Following is a list of food banks in the Valley

- Christ Episcopal Church, Ansonia
- Salvation Army, Ansonia
- Lower Naugatuck Valley Red Cross, Ansonia
- No Vet Left Behind, Ansonia
- St. Vincent de Paul, Derby
- Saint Michael's Church Food Pantry, Beacon Falls
- The Food Factory, Oxford
- Seymour/Oxford Food Bank, Trinity Episcopal Church, Seymour
- ACT/Spooner House, Shelton

Subsidized Housing Availability – The Valley has a variety of subsidized housing opportunities available for qualified residents. They are managed by town housing authorities that help meet elderly and low income housing needs.

- > Ansonia - Liberty Park I, Liberty Park II, Capital Apartments, John J. Stevens Apartments, John T. Hynes Apartments, Riverside Apartments, James J. O’Donnell Apartments
- > Derby – Stygar Terrace, Cicia Manor, Lakeview Apartments
- > Seymour –Norman L. Ray House, Reverend Albert Callahan House, Smithfield Gardens
- > Shelton – The Ripton, Sinsabaugh Heights, Helen DeVaux Apartments
- > Oxford – Crestview Ridge, Elderly Housing Complex – 34 one bedroom apartments including 6 handicap units and a community room.

The Naugatuck Valley Project (NVP) - The Naugatuck Valley Project is a regional organization of religious congregations and labor, tenant and small business organizations organized in 1983 to save and create jobs, affordable housing, critical public and private services in the Valley, one of the oldest and poorest industrial areas in the nation. The Project focuses on the development of the leadership qualities and organizing skills of scores of low and moderate income people as they engage in citizen action and democratic economic development campaigns. These activities have ranged from successful fights for community policing, immigrant services, retiree benefits, and job training and brown fields remediation programs, as well as successful campaigns to save and create jobs through employee buyouts, create affordable housing by developing a housing cooperative and a community land trust. Our mission is to build relationships among diverse groups around their shared values and help them organize to gain the power to put these values into action. The NVP also seeks to improve culturally and linguistically appropriate home health care for the elderly Hispanic population with Limited English Proficiency (LVP). NVP will organize and collaborate with the Valley Hispanic and other LEP immigrants and families, allies, hospitals, as well as home health care providers, state legislators/officials, and statewide allies on a campaign to build understanding and support for needed changes in home health care access.

## **VIII. Education Assets**

Valley School Districts – Ansonia, Derby, Oxford, Seymour and Shelton each have their own K-12 school system. Beacon Falls is in Region 16, a regional school district with the Town of Prospect. The goal of all districts is to provide high quality educational opportunities through the use of traditional, experiential, and creative instructional practices to ensure that all students become inquisitive, life-long learners with the 21st century skills necessary to be successful. Emmett O'Brien Technical High School is located in Ansonia. It is part of the Connecticut Technical High School System. The mission of the Connecticut Technical High School System is to provide a unique and rigorous high school learning environment that: ensures both student academic success and trade technology master and instills a zest for lifelong learning, prepares students for post-secondary education, including apprenticeships and immediate productive employment; and responds to employers' and industries' current and emerging and changing global workplace needs and expectations through business/school partnerships.

Religious/Parochial Schools – There are alternative religious/parochial schools for those who do not choose to go to the public school system. They include: Assumption School – Ansonia, St. Mary/St. Michael School – Derby, St. Joseph's School Shelton. There are also religion affiliated high schools in nearby communities: Holy Cross High School – Waterbury, Sacred Heart High School – Waterbury, Notre Dame High School – West Haven.

Higher Education Opportunities – There are a variety of higher education opportunities within 20 miles of Valley towns. They include: Yale University – New Haven, Southern Connecticut State University – New Haven, The University of New Haven – West Haven, Quinnipiac University – Hamden, Sacred Heart University – Fairfield, Fairfield University – Fairfield, Albertus Magnus College – New Haven, Berkeley Divinity School – New Haven, Post University – Waterbury, University of Connecticut, Waterbury campus – Waterbury, University of Bridgeport – Bridgeport, Paier College of Art – Hamden, St. Vincent's Health Career College – Bridgeport

Valley Regional Adult Education - The first regional adult education agency in Connecticut, established in 1970, Valley Regional Adult Education (VRAE) provides educational services to the residents of Ansonia, Derby, Monroe, Seymour, and Shelton. Adults come to VRAE to attend free Academic Programs or to take advantage of numerous enrichment classes offered in each Valley town. Adult education programs address the needs of the undereducated adult, the new arrival to this country, and the individual as worker, parent and community member. These programs operate through each local school district for the benefit of its community residents. Valley Regional Adult Education is committed to developing a sense of "community education" in which local citizens, schools, agencies, and businesses work together to address the educational needs of the Valley Community. The VRAE goal is to be a vital organization responsible for creating an environment that continually fosters 100% engagement of students and staff through: Commitment, Integrity, Innovation and Creativity and Quality. Free VRAE programs include ABE/GED, Adult High School Credit Diploma, Citizenship and English as a second language. Other areas of focus include: Arts & Crafts, Finances, Food and Wine, Career & Work, Music & Writing, World Languages, Computers, Digital Photography, Dance, Health & Wellness, Self Discovery, Pets

## Pre-Hospital Care System /Public Safety

The six towns in Griffin's Primary Service Area each have non-profit volunteer or volunteer-paid staff mix ambulance services that provide residents with Emergency Medical Services (EMS) and Rescue Services. The ambulance fleet is staffed by Emergency Medical Technicians and Medical Response technicians that provide the highest level of basic life support. The ambulance services in the six towns have mutual aid agreements to provide back-up and support to each other in times of crisis or high demand. The Griffin Sponsor Hospital Program provides medical control authorization to EMS responders operating in five of the six towns in the hospital's primary service area. The ambulance services and Valley Emergency Medical Service (VEMS), the regional paramedic provider for five of the six towns in Griffin Hospital's primary service area, work closely with Griffin Hospital EMS Coordinator, Joseph Burnett, Medical Director, Dr. David Hendricks and Emergency Department Chairman, Dr. Gregory Boris on developing protocols and procedures for pre-hospital care, conducting quality assurance, and providing continuing medical education.

The six services are:

- City of Ansonia – Ansonia Rescue Medical Services
- Town of Beacon Falls – Beacon Hose Fire Department EMS (Not covered by VEMS)
- City of Derby – Storm Ambulance and Rescue Corps
- Town of Oxford – Oxford Ambulance Association
- Town of Seymour – Seymour Ambulance Association
- City of Shelton – Echo Hose Ambulance

Valley Emergency Medical Services - is a non-for-profit, community supported, pre-hospital advanced life support emergency medical provider. VEMS was formed in 1983 to bring together and provide coordination among the ambulance services in five of the six towns in Griffin Hospital's primary service area. With the support and cooperation of Griffin Hospital, VEMS created the first paramedic intercept service in the State of Connecticut introduced in 1984. VEMS and its highly-skilled staff continue to provide paramedic intercept service and work alongside volunteer and combination-type basic life support ambulance companies, which provide transport to the hospital for those in need of medical care. VEMS paramedics arrive at the scene of 911 emergency calls, assess the patient on scene and, if necessary, ride with the patient to the hospital to provide advanced care.

VEMS works closely with Griffin Hospital to develop protocols and ensure a high-caliber of clinical intervention. VEMS takes a leadership role as an advocate in the towns it cares for, assisting community leaders in preserving the health and well-being of those they serve through a regional, cooperative approach to public health and safety. VEMS brings the communities it serves together in the collaborative effort of ensuring high quality and comprehensive care to the region's residents.

Echo Hose Ambulance Corps – recently received approval to enhance the care the service provides to the paramedic level for the City of Shelton. Valley Emergency Medical Services (VEMS) will continue to be the primary paramedic provider in the City, but the Echo Hose paramedics will provide supplemental advanced life support assistance or sole advanced life support care when VEMS is unavailable.

American Medical Response (AMR) - AMR is the nation's leading commercial medical transportation company. AMR has four operation centers in Connecticut: New Haven, Waterbury, Bridgeport and Hartford. The AMR facilities in Bridgeport, founded in 1993, and in New Haven, founded in 1992,

provide emergency and non-emergency medical transport service for many communities in the greater Fairfield and New Haven Counties, including the towns in Griffin Hospital's service area. AMR provides back-up services to the Valley's pre-hospital care system including providing most of the non-emergency transports to extended care facilities and other medical services. AMR Bridgeport employs approximately 200 paramedics and handles an average of 45,000 calls annually; AMR New Haven employs approximately 425 paramedics and EMTs and handles an average of 100,000 calls annually.

South Central Connecticut Regional Emergency Communications System (CMED New Haven) –

CMED New Haven provides a high quality communications service in support of the emergency medical services system in the New Haven region including the Griffin Hospital service area. The service was established in 1977 to support a Paramedic Level Service in the Greater New Haven Region and has had significant impact on the development of the high quality pre-hospital emergency care system that is provided to residents of the towns served. The service collects data for use in evaluating the effectiveness of the communications system and the EMS system as a whole, and to monitor the system so that recommendations can be made to member communities for service improvement. The Communications Services provided by CMED cover three specific areas; Dispatch of Resources, Coordination of Response, and Medical Control.

Northwest Connecticut Public Safety Communication Center, Inc.

Northwest CT Public Safety is the Public Safety Answering Point (PSAP) for nine Northwest communities and provides the twenty-two towns and cities of the Central Naugatuck Valley and Housatonic Valley sub-regions of Northwest EMS Region V with coordinated ambulance communications to the five area hospitals. Northwest CT Public Safety works closely with local E.M.S. providers and the staff of local hospital emergency departments to provide the most up-to-date efficient communication system, enhancing patient care. Northwest Connecticut Public Safety provides dispatch services for Seymour and Oxford Ambulance Associations as well as facilitates communication between Griffin Hospital Emergency Department and other EMS agencies peripheral to the Griffin Hospitals Primary Service Area.

Town of Beacon Falls Medical Control - Medical control for the Beacon Hose Company ambulance service is provided by St. Mary's Hospital. Northwest CT Public Safety Communication Center services the pre-hospital E.M.S. communications needs of member communities in the Northwest region of Connecticut. Beacon Falls is served by Northwest CT Public Safety Communication Center's CMED which provides dispatching services. Griffin Hospital is a participating hospital with the Northwest CT Public Safety Communication Center. The Beacon Hose Company ambulance service transports patients to Griffin Hospital.

CMed New Haven - South Central Connecticut Regional Emergency Communications System serving the cities and towns of: Ansonia, Bethany, Branford, Derby, East Haven, Guilford, Hamden, Madison, Meriden, Milford, New Haven, North Branford, North Haven, Orange, Shelton, Wallingford, West Haven, and Woodbridge. The CMED System is staffed 24 hours a day, 7 days a week, 365 days a year. CMed New Haven was established in 1977 as the result of a grant from the Robert Wood Johnson Foundation to improve the quality of Emergency Medical Services Communications and to support the establishment of Paramedic Level Service in the Greater New Haven area. Since its establishment, the agency has been directly responsible for or had a significant impact on the development of the pre-hospital emergency care system that is enjoyed by the residents and visitors to the Greater New Haven area. CMED New Haven provides high quality communications services in

support of the emergency medical services system. It collects data for use in evaluating the effectiveness of the communications system and the EMS system as a whole, and monitors the system so that recommendations can be made to the member communities for improvement.

Police Services – Four of the six Valley towns have their own police departments. The Town of Oxford is serviced by the Connecticut State Police with a Resident State Trooper Sergeant as the Department Head and three resident state troopers. The State Police are supported by about ten local officers. Beacon Falls is also serviced by a Resident State Trooper supported by a town police department. All departments are committed to protect life and property, to reduce the incidence and fear of crime and to improve the quality of life by maintaining order and apprehending criminals and to do so with honor, integrity and the highest ethical standards.

Fire Departments – Each of the six Valley towns has its own fire department. All are staffed by volunteers. All have mutual aid agreements with the other towns when additional manpower or apparatus is required.

- The Ansonia Fire Department provides fire and rescue services and is led by a chief engineer, four assistant chief engineers and the Board of Fire Commissioners. The department comprises five incorporated fire companies, each with its own firehouse and led by a captain and lieutenants. The fire companies are Eagle Hose, Fountain Hose, Charter Hose, Webster Hose and Hilltop Hose. Together the department operates five fire engines, a tower-ladder truck, a rescue-squad truck, a utility vehicle and a chief's vehicle. The fire department also has an Office of the Fire Marshal and Fire Alarm Superintendent divisions (which maintains the street box alarm notification system).
- The Beacon Falls Fire Department provides fire and ambulance services. The department comprises on one company and firehouse – Beacon Hose Company. It has six vehicles including a rescue truck, two brush trucks, two hose trucks and an ambulance.
- The Derby Fire Department is comprised of four different companies. Each has specialties that they respond to along with the normal calls for service. There are three engine companies and a ladder company. The Derby Fire Department consists of four separate fire houses located throughout the city. The fire houses, Hotchkiss Hose Co. #1, Storm Engine Co. #2, East End Hose Co. #3 and Paugassett Hook & Ladder Co. #4, provide the emergency services to the citizens in the City of Derby. Apparatus includes: six hose trucks, one ladder truck, one Haz Mat truck, one brush truck, one rescue/dive team truck and one Kaboda.
- The Oxford Fire Department comprises three volunteer fire companies, Oxford Center Company, Quaker Farms Company and Riverside Company, and the Oxford Junior Fire Corps, based at Riverside Fire Station. The department is administered by the Board of Fire Chiefs, which consists of one Fire Chief from each of the town's three fire companies. The Board of Fire Chiefs reports to the Board of Selectmen, which is the Board of Fire Commissioners for the Town of Oxford. Oxford has a Code Red Emergency Communications System.
- The Seymour Fire Department provides fire and rescue protection for residents. The department consists of two companies with a membership of approximately 150 volunteers. It is managed by a fire chief and three assistant chiefs. The fire chiefs report to the Board of Fire Commissioners whose members are appointed by the selectman. The Seymour Fire Department also has a Dive Team which provides equipment and expertise for handling water emergencies. In addition to working with the fire department, the Dive Team also provides a wide variety of other water

rescue and recovery services, including water safety education and training. The Citizen's Engine Company and The Great Hill Hose Company have 12 pieces of apparatus including an extension tower, rescue truck, all terrain vehicle and two chief's vehicles. Seymour has a Code Red Emergency Communication System.

- The Shelton Fire Department provides protection from fire, provides rescue services and conducts the enforcement of all laws pertaining to fire prevention and safety. Currently, manned by 267 volunteers, the department is made up of four companies operating from four stations locations throughout the community:

Echo Hose Hook and Ladder Company, Huntington Fire Company, Pine Rock Park Fire Company and White Hills Fire Company. The fire department is administered by a Board of Fire Commissioners consisting of a Chairman appointed by the Mayor and four Commissioners, elected by each Fire Company.

## Transportation

The Valley Council of Governments (VCOG) – VCOG is designated by the U.S. Department of Transportation as the transportation planning agency for the Valley Council of Government's Planning Region. The VCOG conducts the transportation planning process in accord with federal transportation requirements, related federal acts such as the 1990 Clean Air Act Amendments, NEPA, and the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) signed into legislation on August 10, 2005 which authorizes the federal surface transportation programs for highways, highway safety, and transit for the 5-year period 2005-2009, and thereafter through Congressional continuing resolutions.

Valley Transit District, (VTD) Derby, CT - Valley Transit District is a public agency that operates a fleet of 14 minibuses on a reserved ride basis. VTD is the public transportation system for the cities of Ansonia, Derby, Seymour and Shelton. Valley Transit District service will extend outside its service area to New Haven for ADA riders. Riders must be certified for ADA status. The VTD service is fully accessible for individuals with disabilities and can accommodate wheelchairs and other mobility devices. VTD drivers give riders curb to curb assistance from their origin to their destination. General public rider fares are \$4.50 one-way. Fares for rides to work, school trips, seniors over age 60 and riders with ADA certification are \$2.50 one-way. The VTD was founded with a goal of providing convenient, affordable transportation for health and medical visits. The TEAM Medical Transportation program provides basic transportation for seniors who cannot access traditional transportation systems. Arrangements are made to transport elderly persons to medical appointments. The Program services persons 60 years and older. A contract with the Valley Transit District provides transportation to medical and health facilities located in the area and out of the Valley to Bridgeport, New Haven, West Haven, Hamden, Stratford and Trumbull. Service is handicapped accessible. The service is free but a suggested donation is requested.

Connecticut Transit (CTTRANSIT) is the Connecticut Department of Transportation (ConnDOT)-owned bus service. Several companies under contract to ConnDOT operate services in metropolitan areas throughout Connecticut. Connecticut Transit New Haven provides daily bus service (Route F) from stops in Seymour, Ansonia, Derby, and Shelton, all in Griffin Hospital's primary service area to downtown New Haven. Route F includes stops at Griffin Hospital and The Hospital of St. Raphael. The downtown New Haven stop is a short walking distance from Yale New Haven Hospital. Route F bus service operates on a more limited basis on weekends and holidays. CTTRANSIT New Haven operates over 22 local routes connecting with other state-owned or subsidized bus services including the Greater Bridgeport Transit Authority in the Lower Naugatuck Valley.

The Greater Bridgeport Transit Authority (GBT) provides local, regional and express bus services throughout the Bridgeport region with routes extending from Milford to Norwalk and from Bridgeport to the Naugatuck Valley. GBT provides daily bus service (Routes 15 and 23) from stops in Derby and Shelton in Griffin Hospital's primary service area to Trumbull and downtown Bridgeport with a stop at Bridgeport Hospital. The GBT has connections to Connecticut Transit bus service in Derby and Shelton. The GBT has bus and rail connections including to the Norwalk and Milford Transit Districts, the New Haven Line rail service and the Bridgeport and Port Jefferson Ferry services. Route 23 has stops at the Stratford and Bridgeport train stations. Routes 15 and 23 bus service operates on a more limited basis on weekends and holidays.

Metro-North New Haven Railroad Line - Waterbury station is the terminus of the Waterbury Branch of Metro-North Railroad's New Haven Line, allowing residents of Waterbury and surrounding communities including Beacon Falls, Seymour, Ansonia and Derby in Griffin Hospital's primary service area to commute to New Haven and Bridgeport and to Grand Central Terminal in Manhattan by changing trains to the main line at Bridgeport. Metro-North also connects to Amtrak Acela in New Haven and Bridgeport connecting to Penn Station in Manhattan. There are Metro-North railroad stations in Beacon Falls, Seymour, Ansonia and Derby.

Oxford Airport – Oxford Airport is a public airport and the second largest airport in Connecticut. It is strategically located with a 15 minute flight time to New York City and a 25 minute flight time to Boston. The airport has about 200,000 square feet of corporate hangar space, a 5,800 square foot runway and runs about 127 flights per day. There are over 175 aircraft based on the field including 36 jet airplanes and one helicopter. Oxford airport is not served by scheduled commercial air carriers. However, there are multiple international charter companies based at Oxford airport. The airport is frequently used by charter aircraft coming from Europe for refueling. The 121 Restaurant is located adjacent to the airport runway and provides gourmet catering for private aircraft that operate in and out of Oxford. It also provides a place for observing airport operations while enjoying a meal.

Senior Centers – The Beacon Falls, Oxford and Seymour Senior Centers have vans and transport members to health services and to shopping in the Valley community. The Ansonia, Derby and Shelton Senior Centers have arrangements with the Valley Transit District to transport members to services.

Valley Cab Co. – a taxi service providing a full range of taxi services to the six towns in the Griffin Hospital primary service area.

## XI. Arts, Recreation and Parks

The six Valley towns all have numerous sports complexes and fields for public use which include baseball, softball, football, soccer fields and tennis courts as well as Little League fields. These include Abe Stone Park, Bradley Field and Coon Hollow Park and Ryan Field in Derby, Nelligan Park and Nolan Field in Ansonia, Matthies Park in Seymour, Beacon Falls Town Recreation Field in Beacon Falls, Riverview Park in Shelton, Posypanko Park, Oxford. Listed below are some of the larger state and local parks, recreational opportunities and attractions.

Derby Greenway, Derby, CT - Walkers, runners, in-line skaters and bicyclists share a 10 foot wide paved recreational trail along the Naugatuck and Housatonic Rivers which converge along the trail. The Greenway trail is 1.7 miles long. The Greenway provides exercise and socialization for the hundreds of individuals and families that regularly use it. The Derby Greenway is connected to the Ansonia Riverwalk Park.

Ansonia Riverwalk Park, Ansonia, CT – The Ansonia Riverwalk Park connects to the Derby Greenway. Phase 1 of the project was completed in 2011 opening two thirds of a mile of the Ansonia Riverwalk which like the Derby Greenway is a paved recreational trail for walkers, runners, in-line skaters and bicyclists along the Naugatuck River.

Naugatuck State Forest – covers almost 5,000 acres and is spread across Naugatuck, Beacon Falls, Oxford, Bethany, Hamden, Cheshire, Ansonia, and Seymour. The Forest is managed for sawtimber, firewood, wildlife habitat, and recreational activities such as hiking, hunting, mountain biking, bird-watching, snowmobiling, and cross-country skiing. The Forest is north of Beacon Falls on both sides of the Naugatuck River. The Naugatuck State Forest is largely an undocumented state forest. The forest is frequented by bird watchers and hikers. The Larkin Bridle trail is a favorite of area equestrians. The forest lies on both sides of route 8 with great views of the valley from the peaks.

Osbornedale State Park – A Connecticut state park in Ansonia and Derby. The park includes the historic home Osbornedale, which is operated as a house museum. The 411-acre park was formerly the estate of the Osborne family, which once owned several metalworking and textile product factories in the Naugatuck Valley area. It was given to the state of Connecticut by Frances Osborne Kellogg upon her death in 1956. Osbornedale State Park is a great place for any geology enthusiast. Not only are there several different rock types exposed in the park, but also within the park's boundaries there are geologic folds, quarries, and abandoned mines. Additionally, families can enjoy the wonderful Kellogg Environmental Center that is on the park's property.

Osborne Homestead Museum, Derby – The Osborne Homestead Museum is the former home of businesswoman and philanthropist Frances Eliza Osborne Kellogg, and houses the original contents of the Estate, including an extensive collection of fine arts and antiques. The house was originally constructed during the early 1800s, and is listed on the National Register of Historic Places. The house is set amid landscaped grounds with formal gardens and rock gardens.

The Kellogg Environmental Center, Derby, CT – The Center is a \$1.2 million natural science and environmental educational facility operated by the Bureau of Parks & Recreation of the CT Dept. Of Energy and Environmental Protection, and includes a visitor center, educational program facility and technical support. It includes 2 public exhibit spaces, 2 classroom/labs, a reference library, nature

store, solar exhibit area and solar greenhouse. It is a place for teachers, students, families and community leaders to learn about and experience the natural environment. The Kellogg Environmental Center offers workshops, exhibits, nature activities, and lectures for the general public. Through hands-on programs, families can enjoy learning about nature and the environment. Throughout the year, the Center offers special weekend programs, nature walks, and family workshops.

Lake Housatonic – Lake Housatonic was formed by the Derby (Ousatonic) Dam between Derby and Shelton and is bordered upstream by the Stevenson Dam. The water is backed up behind Stevenson Dam and shunted through turbines to produce electricity. The dams on both ends create 4.5 mile of calm water with gentle turns. The towns of Derby, Oxford, Seymour and Shelton share the lakefront on Lake Housatonic. The lake can be accessed by both car-top and trailer boats. The New Haven Rowing club hosts the head of the Housatonic race in October each year. It is one of the largest single-day head races in the country attracting rowers of all levels – from novice to expert. Lake Housatonic is a Walleye and Bass Management Lake. The daily creel limit for largemouth bass and small mouth bass is two at a 12-inch minimum. Other species include white fish, catfish, white perch, yellow perch, American eel, carp and a variety of sunfish. There is fishing access to the river from both banks on the downstream side of the dam.

The New Haven Rowing Club (NHRC) – a nonprofit rowing organization, located in the Town of Oxford, on the Housatonic River. The purpose of the New Haven Rowing Club is to encourage and promote the sport of amateur rowing among youth, men and women both nationally and internationally by providing rowing programs and instruction, and by maintaining a boathouse and rowing equipment for its members. The NHRC has nearly 100 male and female members ranging in age from 16 to 82. The NHRC has a beautiful two-bay boathouse with complete locker-room facilities, a spacious clubroom, and a weight room with ergs.

Housatonic River Estuary Commission – The Housatonic River Estuary Commission (HREC) was established by the Connecticut General Assembly to oversee stewardship of the Housatonic River Estuary and its tributaries to both restore and protect the interest of the Housatonic River in the Communities of Ansonia, Derby and Shelton in the Griffin Hospital Primary Service Area as well as Orange, Stratford and Milford, Connecticut. The communities collaborate in a common goal for the welfare and valued resources of the Housatonic River. The lower “estuarine” portion of the river has unique value in its fish and shellfish resources. It is a designated state “natural seed oyster bed” providing a naturally renewable source of Connecticut’s oysters. The area also has a recreational economic value for the numerous boaters, marinas, fishermen, kayakers, birders, and other river enthusiasts.

Yale University Gilder Boat House – The Gilder Boathouse is a 22,000 square foot state-of-the-art facility for Yale crew. It stretches south to the finish line of Yale's 2,000-meter race course. The building incorporates design features specific to the needs of the program and the requirements of the site on the Housatonic River and offers an extraordinary view of the races and finish line. The main building entrance brings athletes, coaches and visitors through the heraldic sliding oar 'door' onto a porch that opens up dramatically to a framed view of the river. Here a generously expanding stair spills down to connect with the docks and the water below. Yale rowing has a long history in Derby dating back to the mid 1800's. The Yale crew practices almost daily during the rowing season.

**Yale Community Rowing Program (YCR)** – Yale University has created a community rowing program that provides a special educational program that is a tremendous benefit and experience to youth in the Valley and surrounding communities. The YCR began in 1999 with the idea that opportunities in the sport of rowing could be made available to young people. Recognizing the impact that such experiences may have in establishing lifelong habits of physical activity and fitness, the program stresses inclusiveness and values collaborative effort. Perhaps most importantly, YCR enables participants to grow as individuals, preparing them for future physical, academic and social challenges. In the summer of 2005, the high school program started to offer an educational component in the form of a college counseling service. The service is free of charge to any high school student currently in the program. Participants from this program are now looking at colleges that will satisfy their academic and athletic needs as a direct result of their experiences with YCR. During the summer, YCR provides transportation to and from the boathouse that enables youth from the following organizations to enjoy their own learn to row program: the Recreation Center in Derby, the Boy's and Girl's Club of the Lower Naugatuck Valley, the ANSEOX (Ansonia, Seymour, Oxford) Girl Scouts Camp and the American School for the Deaf. Close to 900 boys and girls each year now have the opportunity to learn a new sport through YCR's collaboration with these organizations.

**Indian Wells State Park** – a 152 acre Connecticut state park in Shelton, Connecticut which offers facilities for swimming in Lake Housatonic, picnicking, hiking, boating, and fishing. A ramp is available for boat launching onto the 5 miles of excellent canoe water. Lifeguards are typically on duty from Memorial Day weekend through Labor Day. There is a picnic shelter (pavilion) available for rent. Much of the main recreation area along the shore of the Housatonic River is a picnic area. There are a large number of tables and grills throughout the park. The park provides the only public boat launch to Lake Housatonic. There is parking for 200 cars with trailers. The entire stretch of Indian Well's shoreline is open to fishing except for the swim area. Indian Well State Park provides access to the Paugussett Trail, a blue-blazed hiking trail. The trail starts at Indian Well and travels north along the Housatonic River.

**Naugatuck River/Fish Bypass** – After decades of pollution from manufacturing company waste water, the Naugatuck River has been restored to a recreational asset over the past ten years. The Naugatuck River flows through the towns of Beacon Falls, Seymour, and Ansonia to a confluence with the Housatonic River in Derby. Construction of a long-awaited fish bypass began in October 2012 with a completion date scheduled in August 2013. About 30 miles of habitat for spawning of American shad, alewife, blue back herring and American eel is expected to be restored to their natural habitat which a 150 foot-by5-foot dam has blocked. The area around the by-pass channel will be open to the public for self-guided tours, views of the natural falls, and will feature informational kiosks explaining the project, the habitat of fish and related topics.

**Laurel-Lime Ridge Park, Seymour** – the park is about 210 acres and is owned by the Seymour Land Trust. The forest park has an extensive network of blazed and unblazed trails. One at the northern end of the park climbs to spectacular viewpoints over the Housatonic River. Another trail passes a limestone outcrop, all that remains from an old mine.

**Legion Pool, Seymour** – the park and fishing deck are handicapped accessible. 3.5 Acre wooded park, lighted with picnic tables, foot bridges. Fishing, observation deck, gazebo, short hiking trails. There is easy access to portable facilities in Chatfield Park.

French Memorial Park, Seymour – baseball diamond, football field, basketball court, all-purpose play area, picnic area, scenic overlook with benches. Bandstand for concerts (seasonal), host of the annual Pumpkin Festival in September, Civil War and 4 War Veteran's Memorial.

The Ansonia Nature and Recreation Center - a town owned and operated park. While providing active and passive recreational opportunities to area residents, nature oriented education is the focus. Nature-oriented classes are provided to school-age children on weekdays. Evening and weekend programs are attended by adults and their families. The land encompasses 104 acres of wooded hills and grassy fields bisected by streams, a two acre pond, wet meadows, and an upland swamp. A butterfly/hummingbird garden and an award-winning woodland wildflower and fern garden grace the visitor center. A portion of the park has been dedicated to recreational fields; including soccer, baseball, and softball, as well as several acres reserved for community gardening and a large playscape for younger children.

Fountain Lake/Keith Mitchell Forest – owned by the towns of Ansonia and Seymour, the property provides fishing and trails for recreation. There is a handicap accessible trail with multiple access points for fishing in the lake. There is a wheelchair ramp up to a dock near the parking lot to accommodate those with limited mobility. A stroll around the lake will take you over a covered bridge above the dam at the northeast corner of the lake which is used as a site for fishing. The trails offer an enjoyable experience of native woodlands.

The David Humphreys House, Ansonia – built in 1698 is now the home of the Derby Historical Society. It is the birthplace of the Revolutionary War officer and friend of George Washington who later became our nation's first ambassador. It is recognized as Ansonia's oldest structure. It serves as the Derby Historical Society's headquarters. Three times a week during the school year, the house hosts fifth grade classes for the Society's acclaimed Day in 1762 Program, an interactive, role-playing program which allows children to experience life as David Humphreys would have when he was their age. More than just a wonderful interactive tool for educating our region's children, the Humphreys House is also a museum dedicated to its famous resident and the community he called home.

Riverview Park, Shelton, CT - an 18 acre park that includes a playground and ball fields. The park is adjacent to hiking trails and a Ousatonic Dam overlook.

Jackson Cove Park, Oxford, CT on Lake Zoar - swimming, water skiing, boating and hiking are offered at Jackson Cove Park that offers a quiet beach with a large pavilion and 27 acres of woodland trails. A 4.6 mile trail, part of the Housatonic River Belt Greenway extends to Kettletown State Park. The Oxford loop of the Pomperaug Trail provides hours of exercise filled with scenic views of the Housatonic River.

Posspanko Park, Oxford – The 16.5 acre park contains baseball fields, tennis courts and a concession stand. The playground is open to children in kindergarten through eighth grade in July and August for a fee. Supervised activities include crafts, games, swimming and day trips.

The Housatonic Valley Association (HVA) - The HVA, founded in 1941, works to conserve the natural character and environmental health of our communities by protecting and restoring the lands and waters of the Housatonic Watershed for this and future generations. The HVA protects land and water throughout the entire 2,000-square-mile, tri-state Housatonic River valley. The Housatonic River flows through the towns of Oxford, Seymour, Derby and Shelton in the Griffin Hospital Primary Service Area.

Members of the Naugatuck River Steering Committee, including representatives from river organizations, state and local government and foundations, have proclaimed the revival and resurgence of the Naugatuck River as a recreational asset for the Naugatuck River valley. From being one of the most polluted rivers in the United States, the river has been transformed into a natural resource that attracts wildlife, anglers and hikers and which can become a focus for recreation, tourism and overall quality of life for the Naugatuck Valley. The Naugatuck River flows through the towns of Beacon Falls, Seymour, Ansonia and Derby until it confluences with the Housatonic River in Derby. The towns are in Griffin Hospital's Primary Service Area.

**The Seymour Land Trust** - The Seymour Land Trust is dedicated to the conservation of wilderness and wildlife through land acquisition for preservation. It is a privately owned organization that is not affiliated with the town of Seymour or any government organization. The Trust is made up of residents acting to preserve the Naugatuck and Housatonic Valley's natural heritage through wise and responsible management. The Trust owns 103 acres of land on 16 separate parcels. The Henry Hamel Environmental Center is used for a host of activities including land trust meetings, veterans groups meetings, birthday, graduation and anniversary parties, weddings, storage for land trust equipment. It is the center of all special events put on at the land trust. The Legion Pool complex is owned and managed by the Trust is a favorite spot for picnicking, fishing and strolling. The Trust sponsors a fishing rodeo, Santa Claus Visit and hikes and nature walks. The Trust enriches the community and lives in the area by its programs and accomplishments.

**The Shelton Land Conservation Trust** - Founded in 1969, the Shelton Land Conservation Trust is a nonprofit organization dedicated to the preservation and protection of open spaces in Shelton, Connecticut. The Trust currently holds 30 parcels of land totaling over 365 acres in trust. The properties have been acquired by purchase, partnership, grant, and bequest. The Trust's members and officers are working to save some streams, ponds, woodlands and marshes for native wildlife and for the enjoyment and education of residents and their children. Membership in the Trust is open to the public. The Trust holds public meetings featuring prominent conservationists as speakers, film showings, and "live" wildlife specimen demonstrations. The Trust also conducts field trips for all ages.

**The Shelton Lakes Recreation Path** – The four mile Rec Path is designed for baby strollers, wheel chairs, dog walkers and bicycles. The crushed stone path curves through woodlands and provide shelter from sun, wind, rain and traffic. A user can enjoy the waster views at the three reservoirs of Shelton Lakes, watch the dogs play at the Dog Park, or walk to a lunch date in Huntington Center. The Rec Path is more like a carriage path than a rail-trail or river walk because of the hills and curves. A HALF-MILE gap in the four mile path will be completed in 2012 thanks to a grant from the Iroquois PIPELINE

**The Oxford Land Trust** – The Oxford Land Trust is a non-profit corporation established in 1988 to help preserve the rural character of the Town of Oxford, Connecticut, and to protect its natural resources. This includes land, wetlands, plant and animal life, and unique scenic and historic sites. The OLT also strives to acquire open space and conservation easements consistent with the purposes of the corporation. For the benefit of the public, the Oxford Land Trust promotes passive recreation on its properties and engages in educational and scientific study pertaining to conservation, ecology, and natural resources. The OLT currently (2008) holds title to seven parcels of land in Oxford, totaling 133 acres. The OLT works with local educators and grant writers to provide land management opportunities and educational projects for the Youth Conservation Corps. The OLT helped to establish the Oxford Greenway along the Housatonic River.

Oxford Cultural Arts Commission – The Commission provides cultural enrichment for the town and surrounding Valley communities. The Commission may be best known for its annual outdoor summer concert series. Held at the gazebo at Town Hall in July and August, the concerts typically feature jazz bands, folk singers, sounds of the 50's. The Commission also sponsors a Christmas celebration, school performances and art shows.

Bishop von Wettberg Open Space Preserve, Oxford – The Preserve is a 66.2 acre of town-owned land off Route 188 in Oxford and adds to Oxford's open space and is an addition to Oxford's existing 520-acre preserve of Rockhouse Hill Sanctuary. The Bishop von Wettberg Open Space Preserve is located next to 700 acres of open space in Oxford and Seymour. Classes of filed study hikes for second graders have been provided at the Sanctuary for more than a decade. All of the properties will be used in perpetuity for passive recreation. The von Wettberg Preserve will have a cross-country running trail for Oxford High School and will provide on-site classroom possibilities that will correlate with the Oxford High School curriculum.

Farmer's Markets – Griffin Hospital as well as the towns of Ansonia, Seymour, and Oxford have Farmer's Markets that offer locally grown produce one or two days a week. In addition, local privately owned farms throughout Griffin's Primary Service Area have markets that are open from 5-7 days a week.

Golf Courses – Golf courses open to the public are available in the hospital's Primary Service Area, They include: Oxford Greens Golf Course (18 holes), Oxford; Brownson Country Club, (18 holes) Shelton, and Highland Golf Club of Shelton (9 holes).

Fishing – There are numerous fishing opportunities along the Housatonic and Naugatuck Rivers that flow through all of the Valley towns. There are also numerous ponds and lakes including Colony Park and Fountain Lake in Ansonia, Osbornedale State Park in Derby, French' Cove, Kirk's Pond and Southford Falls State Park in Oxford, Legion Pool Park, Seymour.

The Recreation Camp, Derby, CT - The Recreation Camp is a non-profit member of the Valley United Way, and has continuously operated a children's summer camp on the Housatonic River in Derby since 1917. With a staff of 9 State of Connecticut certified teachers and the region's only Red Cross certified kayaking, canoeing, and sailing instructor, the Camp's mission is to provide early childhood education and water related activities to children from the communities of Derby, Shelton, Ansonia, Seymour, and Oxford during the summer recess. For the very affordable cost of \$400.00, a child can spend half the summer enjoying a truly wonderful summer camp experience. The Camp offers multi-child discounts and financial assistance for those who qualify.

Camp ONSEOX, Oxford, CT – Camp ONSEOX consists of fifty-five acres of woodlands with trails, a bird sanctuary, and a butterfly garden. Camp An-Se-Ox provides a Girl Scout day camp experience for girls entering grades 1 through 12. Girls meet friends and have fun. Each session offers an exciting theme and related activities which are incorporated into the general camp program - pool swimming, arts & crafts, sports, games, nature study, hiking, cookouts, and more. Leadership opportunities and special programs are available for older girls. Bus service is provided within or near Ansonia, Beacon Falls, Derby, Oxford, Seymour and Shelton as well as surrounding communities. All girls are welcomed - Girl Scouts and non-Girl Scouts.

French Memorial Park, Seymour – The park includes a baseball diamond, football field, basketball court, all-purpose play area, picnic area, scenic overlook with benches. There is a band stand for concerts. The park hosts the annual Pumpkin Festival in early fall, attended by over 30,000. The park includes a Civil War and 4-War Veterans Memorial. The park is open dawn to dusk, 7 days a week and is handicapped accessible.

The Valley Arts Council was formed for the purpose of creating and promoting a connecting thread between those who are artists and those who have an interest in experiencing the arts. Sometimes the only difference between a life full of art, and a life void of art, is the simple accessibility of the arts. The Valley Arts Council mission is to ensure that the contribution that the arts can make to one's life is recognized, valued, promoted and realized in the lives of all Valley residents. The Valley Arts Council has an ongoing commitment to recognize that a community which encourages, supports, and fosters the arts, empowers its citizens to think, work and live creatively.

Seymour Historical Society – In 1995, the Seymour Historical Society assumed ownership as well as the responsibility for maintaining the Matthies Homestead as their permanent home. Mission is to promote the Town of Seymour by focusing on its commercial, industrial and cultural heritage. Much is offered to the community by the Society. Of primary importance is its ongoing preservation of the history of Seymour as presented in its exhibits of town memorabilia and extensive collections of Seymour artifacts. There is a varied program of monthly events and special programs. Special programs are held throughout the year including the Humphreysville Marketplace in July, Special Anniversary program on '55 flood in the Valley in August, "Holidays with Friends" Charity Christmas Open House in December. Generally there is no admission charge to the museum.

Seymour Culture & Arts Commission – The Commission's mission is to bring arts and culture to Seymour. The Commission is under the auspices of the First Selectman's Office.

Shelton Community Center – In 1991, the former Huntington Elementary School was renovated, expanded, and reopened as the Shelton Community Center. The Center contains an indoor basketball court, an Olympic size swimming pool, two weight rooms, seven multipurpose rooms, a banquet room with kitchen facilities, and a library branch. A gym and room rentals are available for lectures, practices, classes, meetings and exhibitions. The Center also houses, a private day care center and a U.S. Post office annex.

Derby Veteran's Community Center – The Center includes a pool health club/exercise room with sauna and whirlpool and gymnasium. Open to the public for use on a daily basis, or a yearly membership may be purchased. The Center offers private swim lessons for children. The Center is managed by the Derby Parks and Recreation Department.

Shelton Historical Society and History Center - The Center's purpose is to preserve the history of the City of Shelton. The Historical Society operates: 1803 Marks-Brownson House furnished in the period of the 1890s; the 1872 Trap Falls Schoolhouse; and the 19th century Wilson Barn, housing a museum of early industrial life in the Valley. There is also a small research library and archives. Lectures on local history and craft classes are scheduled.

Youth CONNection, Shelton - Founded in 1983 by Gary and Francesca Scarpa, the Youth Connection produces and promotes high quality community musical theater at a low cost, while encouraging the participation of multiple generations. An annual summer musical is performed at a Shelton venue. Also, a new adult community theater group has been formed at Derby High School.

Center Stage Theatre - a non-profit organization founded in 2005 by artistic directors Gary and Francesca Scarpa. The theatre is located at the former Lafayette School in Shelton. Center Stage's purpose is to enhance the cultural environment within its community; to present high quality theatrical productions at affordable prices; to encourage growth and education through the performing arts; and to provide a means for interested adults, teens and children to experience and participate in various aspects of live theater. The theatre produces six full scale productions a year, five of which are with age appropriate casts and one of which is its annual Youth CONNection summer musical, with a cast of high school and college students.

Connecticut Valley Theatre Organ Society – The organization restores and preserves theatre pipe organs, promotes the public's awareness of the theatre pipe organ and its music, and encourages young theatre organists through various educational opportunities. The organization restored the theatre pipe organ at Shelton High School, where public concerts are held.

Summer Concert Series - The outdoors comes alive during the summer in the Valley as outdoor concert series, shows and programs are held throughout the Valley on town greens and in parks on just about every weekday night.

Public Libraries – Each of the six Valley towns has at least one municipally supported public library. The City of Shelton has two, Plumb Memorial Library and Huntington Branch Library. The City of Derby also has a second library that is a privately funded library open to the public. The libraries are central to the Valley community's development and growth, not only economically, but socially and intellectually and play a leadership role in building collaborations and networks. All provide computers available for public use that have Internet access and Microsoft Office that features Word, Excel and Power Point. The libraries offer a variety of educational, civic and cultural programs and events for youth and adults. They also offer meeting rooms that are available free of charge to civic and non-profit organizations.

## XII. Media

The six town Griffin Hospital Primary Service Area is covered by a wealth of media outlets including print, television, radio and Internet.

Print – Three daily newspapers cover some of the towns in the Griffin Hospital Primary Service Area. They are: the New Haven Register, the Connecticut Post and the Waterbury Republican. In addition, four weekly newspapers cover some or all of the towns in the Valley. They are The Herald (Shelton), The Valley Gazette (Ansonia, Beacon Falls, Derby, and Seymour), VOICES (Seymour, Oxford), The Valley Times (Six towns). The Huntington/White Hills magazine is published monthly. The Valley Independent Sentinel is an online-only, non-profit news site covering the towns of Ansonia, Derby, Shelton, Oxford and Seymour. The Valley Independent Sentinel has a full-time staff of three professional journalists and an office in Ansonia.

Television – Four network affiliated commercial television stations cover the Griffin Hospital Primary Service Area: WTNH – ABC affiliate, WVIT – NBC affiliate, WFSB – CBS affiliate, WTIC – Fox affiliate. Additionally, the Comcast Cable system provides cable service and local programming to all of the towns in the hospital's Primary Service Area. Other cable services available include: U-verse and Direct satellite TV.

Radio – numerous AM and FM radio stations are accessible from towns in the hospital's primary service area.

Public Access Television - Comcast Channel 10 reaches the towns of Naugatuck, Beacon Falls, Bethany, Oxford, Seymour, Ansonia, Derby and Shelton Connecticut. Over 20 hours of local programming is cablecast each week Monday through Sunday. Public Access provides an opportunity for local residents to express their opinions, views and ideas through non-commercial television programs which they produce themselves at no cost using Comcast Cable facilities. Once trained, area residents may use the Public Access facility to produce programming which will appear on Channel 10. The facility includes a full service video production studio with two Cameras, Audio Console, Editing VCRs and Character Generator for graphics. Two separate remote video production packages are available for shooting on location. A separate Editing Suite is available for videotape editing as well as a non-linear editing system. Training is provided on an individual basis to meet the goals of a specific program or project. It is the Producer of the project who is directly responsible for organizing and scheduling the training sessions with the Public Access Coordinator. If a member of the community wishes to produce a program themselves outside the Comcast Cable facility, or has access to a non-commercial, pre-produced program, they are welcome to apply to the Public Access channel for a time slot.

Electronic Valley - The Electronic Valley put the Valley on the world wide web in the mid 1990's at the very beginning of the Internet revolution. The Electronic Valley created websites for all of the Valley cities and towns, the nonprofit community and many civic groups. It provides information about the Valley that could not be easily found elsewhere. To this day, it's the single best place to go if you want to find information about the Valley. Among the many categories on information on the Electronic Valley are: civic groups, health care, human services, business/industry, religious groups, arts and recreation, government, transportation and restaurants. Through grant funding and in kind support the

Electronic Valley has 16 public access sites for use by community residents. The Electronic Valley Inc. is a 501 (c) (3) nonprofit organization.

### XIII. Quality of Life

**Air quality index (AQI)** - AQI is a number used by government agencies to communicate to the public how polluted the air is currently or how polluted it is forecast to become. As the AQI increases, an increasingly large percentage of the population is likely to experience increasingly severe adverse health effects

Air Quality Index (2010) – The air quality index for the six Valley towns is as follows:

	Town Index	U.S. Index
Ansonia	30.6	32.0
Beacon Falls	30.2	32.0
Derby	30.6	32.0
Oxford	30.3	32.0
Seymour	30.5	32.0
Shelton	30.5	32.0

Source: city-data.com

AQI		Health Implications
0-50	Excellent	No health implications
51-100	Good	Few hypersensitive individuals should reduce outdoor exercise.
101-150	Lightly Polluted	Slight irritations may occur, individuals with breathing or heart problems should reduce outdoor exercise.
151-200	Moderately Polluted	Slight irritations may occur, individuals with breathing or heart problems should reduce outdoor exercise.
201 -300	Heavily Polluted	Healthy people will be noticeably affected. People with breathing or heart problems will experience reduced endurance in activities. These individuals and elders should remain indoors and restrict activities.
300+	Severely Polluted	Healthy people will experience reduced endurance in activities. There may be strong irritations and symptoms and may trigger other illnesses. Elders and the sick should remain indoors and avoid exercise. Healthy individuals should avoid outdoor activities.

#### Crime Rates

The FBI gathers crime statistics from law enforcement agencies across the Nation that voluntarily participate in the Uniform Crime Reporting (UCR) Program. These data have been published each year and are available in the publication *Crime in the United States*. The UCR Program collects statistics on violent crime (murder and non negligent manslaughter, forcible rape, robbery, and aggravated assault), property crime (burglary, larceny-theft and motor vehicle theft) and arson. The data gathered from law enforcement agencies are the FBI defined "crime index" crimes. Index crimes are the eight crimes the FBI combines to produce its annual crime index score per 100,000 residents.

Crime Index (1999 – 2010) – The crime index for the six Valley towns per 100,000 population is as follows:

	Town Index	U.S. Index
Ansonia	138.7	319.1
Beacon Falls	N/A	N/A
Derby	234.3	319.1
Oxford	N/A	
Seymour	99.0	319.1
Seymour	86.0	319.1

Source: city-data.com

Neighborhood Scout Web Site Crime Analysis – Neighborhood Scout does its own analysis of Uniform Crime Report Data and other resources to identify what it believes are the best places to live. The below summarizes the information analyzed by Neighborhood Scout. No information was available for Beacon Falls.

### **Ansonia**

Ansonia has an overall crime rate of 20 per 1,000 residents, making the crime rate near the average for all cities and towns of all sizes in America. According to our analysis of FBI crime data, your chance of becoming a victim of crime in Ansonia is 1 in 50. Ansonia's crime rate is lower than approximately 29% of Connecticut communities. However, compared to other communities of similar population size, Ansonia has a crime rate that is noticeably lower than the average. This means that for comparably sized cities all across America, Ansonia is actually safer than most.

### **Derby**

The crime rate in Derby is considerably higher than the national average across all communities in America from the largest to the smallest, although at 31 crimes per one thousand residents, it is not among the communities with the very highest crime rate. The chance of becoming a victim of either violent or property crime in Derby is 1 in 33. Based on FBI crime data, Derby is not one of the safest communities in America. Relative to Connecticut, Derby has a crime rate that is higher than 91% of the state's cities and towns of all sizes.

### **Oxford**

Oxford is safer than 75% of the cities and towns in the US of all population sizes. In Connecticut, only on the order of 24% of the communities have a lower crime rate than Oxford. If you live in Oxford, your chance of becoming a victim of crime in the community is 1 in 86. The US average across communities from the largest to the smallest is 1 in 30. Compared to other communities of similar population size, Oxford has a crime rate that is noticeably lower than the average. This means that for comparably sized cities all across America, Oxford is actually safer than most.

### **Seymour**

Seymour is safer than the majority of cities, towns, and villages in America (64%) and also has a lower crime rate than 59% of the communities in Connecticut. Your chance of becoming a victim in Seymour

is one in 68 based on the total crime rate (violent and property crimes, combined). In America overall, your chance of becoming a victim of crime is 1 in 30.

Compared to other communities of similar population size, Seymour has a crime rate that is noticeably lower than the average. This means that for comparably sized cities all across America, Seymour is actually safer than most.

### **Shelton**

With a crime rate for both violent and property crime combined of 14 per 1,000 residents, the crime rate in Shelton is one of the lower rates in America among communities of all sizes (lower than 67% of America's communities). One's chance of becoming a victim of crime in Shelton is one in 73. Compared to communities within Connecticut, Shelton's crime rate is lower than nearly 66% of the state's cities and towns. It is for these reasons that Shelton is ranked as one of the top 100 safest cities in the U.S.A. Compared to other communities of similar population size, Shelton has a crime rate that is noticeably lower than the average. This means that for comparably sized cities all across America, Shelton is actually safer than most.

## **Section XIV: Griffin Hospital Patient Free Care and Financial Assistance.**

Consistent with its Mission, Griffin Hospital is committed to providing the highest quality health care to all members of the community it serves. Griffin provides these services consistently and compassionately without regard to an individual's ability to pay. Uninsured and underinsured patients who demonstrate an inability to pay Griffin Hospital for health care services are eligible for free care or discounts on the cost of services received.

Free care—or charity care, as it is sometimes called—is medical care provided to low income, uninsured people by a hospital or other provider for which it does not expect to be paid. For low-income people who are uninsured or have only limited coverage, free care may represent the only avenue to necessary medical treatment. It is an essential safety net for many working individuals and families who are not eligible for coverage through government programs like Medicaid or Medicare, and who do not get health insurance through an employer. As such, it ensures that no community member will be denied necessary medical care for an illness or injury as well as fulfilling Griffin's commitment to "provide leadership to improve the health of the community it serves".

The unavailability of financial resources to pay for care can have a catastrophic impact on the health and financial well being of individuals and families. In some cases, low-income people may avoid seeking essential—even lifesaving—care if they lack funds to pay for services.

If a person is determined to be eligible and is approved for free or discounted care by the hospital, the hospital does not expect to be paid. To the extent that the availability of free care funds care funds may be limited, it is important that they be properly allocated only to those with demonstrated need and not used for patients that have an ability to pay. The patient, therefore, must adhere to the guidelines for Free Care and Financial Assistance Programs.

The following represents Griffin Hospital's Free Care and Financial Assistance programs. Any patient that lacks the financial resources to pay for their care can apply for the programs.

### **Uninsured Patient Program:**

1. Patients, who register as having no medical insurance, will be referred to the Eligibility Worker. The patient will be seen within 24 hours of an Inpatient admission. Uninsured Outpatients will be contacted by a Financial Advisor prior to service or within 48 hours of the bill finalizing.
2. The hospital eligibility worker and Financial Advisors will complete a financial screening for those patients seeking Medicaid eligibility and for the uninsured status.
3. The hospital Eligibility Worker will identify patients meeting the Medicaid program criteria. For patients meeting these criteria, the application process will be completed and all paperwork forwarded to the appropriate state department for processing by the patient.
4. The patients who do not meet the criteria for the Medicaid programs will be referred to the Financial Advisor. For application to our Free Care assistance program.

5. Once the patient meets the Free Care guidelines, the Financial Advisor will begin the application process for verification. The Financial Advisor will require the following documentation.

- A Completed signed financial assistance application.
- Proof of patient income and family size
- Hospital has made a final determination as to the status of the patients Medicaid eligibility.
- Verification of all Free Bed funds reviewed with the patient.

Upon determination that a patient meets the outlined criteria, the patient will be classified as follows.

- Uninsured Status; the patients' account will be taken form total gross charges and reduced to cost.
- The patient will be informed of this decision and will be sent a letter that will reflect the balance at a reduction on all applicable account.
- The patient will be advised of the balance that is due and payable.

If during the process there is no response from the patient and the patient has received three statements (90 days) the account will be adjusted to cost and sent to an Outside Collection Agency.

#### **Free Care Assistance Program:**

1. Any patient requesting financial assistance in paying their Griffin Hospital bill can apply for Free Care Assistance Program by contacting the hospitals Financial Advisory staff.
2. The patient must meet all requirements to qualify for Free Care Assistance. First and foremost, The patient must show proof of insurance or denial from Medicaid. ***Uninsured patients must apply for Medicaid and show proof of eligibility, spend down or denial.***
  - Patient's income, based on family size, falls under 250% of the poverty income guidelines. (Poverty income guideline scale available upon request).
  - Hospital has made a full determination as to the status of the Medicaid programs (if applicable)
  - All Griffin Hospital Free Bed Funds have been reviewed and determined non applicable for the patient in review. The Free Bed Funds are as follows: Pine Trust Fund, for indigent patients that live in the town of Ansonia. The ENO Fund, for devote Protestant women over the age of 60 years old, that reside in the Valley area. The DN CLARK fund for indigent patients that live in the town on Shelton.
3. The Financial Advisor will be in contact with the patient to complete the Free Care process.
4. The Financial Advisor will obtain the following information from the patient in order to complete the Free Care Application.

- Patient W-2 form (tax statement from previous or current year).
- Three consecutive pay stubs from patient's current employer.
- Dependent information. (Spouse and any children under the age of 18).
- Three months of complete and consecutive bank statements.

The Financial Advisor will refer to the Griffin Hospital sliding scale. This is based on the Federal Poverty Income Guidelines (sliding scale available upon request). The financial Advisor will make a determination on free care eligibility status.

If the patient qualifies for Free Care Assistance, the applicable Free Care Assistance given to the patient will be applied to the patients account balances. If a patient balance remains, the Financial Advisor will pursue one of the following with the patient:

- Require payment in full.
- Set up a monthly payment arrangement.

If the patient does not maintain the agreed upon payment schedule, the account will be forwarded to an outside collection agency at the full remaining balance.

If a patient does not qualify for Free Care Assistance, the Financial Advisor will Attempt to:

- Obtain Payment in full.
- Set up a monthly payment arrangement.

#### **Free Bed Funds Program:**

1. Griffin Hospital has published a Free Bed Pamphlet hat is located in all Patient registrations work stations. The pamphlet is available in both English and Spanish.
2. The Free Bed Pamphlet is available to all patients admitted to or registered at Griffin Hospital.
3. The pamphlet identifies the patients to whom the Griffin Hospital Free Bed Funds apply and the criteria for the qualifying for the funds.
  - Eno Fund: Applicant must be worthy protestant woman over 60 years old and reside in the Valley area.
  - Pine Trust Fund: Available to indigent patients of Griffin Hospital, who reside in the town of Ansonia.
  - DN Clark Fund: Available to Shelton residents proving financial hardship.
4. To apply for Free Bed Funds, the patient will meet with the hospital Financial Advisor to complete the Uninsured process.

## XIV. Community Health Needs Assessment Resources with Detail

### ❖ Griffin Hospital Primary Service Area Demographic Snapshot 2012 Report

(Towns of Ansonia, Beacon Falls, Derby, Oxford, Seymour, Shelton, Connecticut)

Prepared – June 11, 2012

Griffin Hospital regularly acquires the latest, updated, Claritas, Pop-Facts: Demographic Snapshot Report for the hospital's primary service area. The report provides the latest population data and projections, population by sex, race, ancestry, age, educational attainment and income. The report is used in the development of Griffin Hospital's Strategic Plan.

The Demographic Snapshot 2012 report estimates the population for Griffin Hospital's six town Primary Service Area at 107,339 with a projection for 2017 of 109,510. By race class the population is predominantly white at 87.8%, with 4.8% being Black or African American and 2.9% being Asian. By origin, 9.3 % identify as Hispanic or Latino. By ancestry 23.1% are Italian, 13.2% are Polish, Russian, Ukrainian and 10.6% are Irish. A total of 13.8% are age 65 and over. Thirty-eight percent of the population has an Associate Degree or higher. A total of 46% of households report household income of \$75,000 or more and the estimated average household income is \$83,358. Regarding poverty status, 96.3% of families report incomes at or above the poverty level, with 1,102 families (3.7%) reporting incomes below the poverty level. White collar occupations dominate the workforce with 64% reporting white collar classification; 21% blue collar and 14% Service and Farm. A total of 64% of workers age 16 and older have less than a half hour commute to work. The estimated median housing value for all owner-occupied homes is \$279,155. Following is a detailed demographic report for the Griffin Hospital Primary Service Area.

### Population

2017 Projection 109,510

2012 Estimate 107,339

2000 Census 99,177

1990 Census 93,748

Growth 2012-2017 2.02%

Growth 2000-2012 8.23%

Growth 1990-2000 5.79%

### 2012 Est. Population by Single Race Class 107,339

White Alone 94,186 87.75

Black or African American Alone 5,136 -- 4.78%

Amer. Indian and Alaska Native Alone 166 -- 0.15%

Asian Alone 3,065-- 2.86%

Native Hawaiian and Other Pac. Isl. Alone 15 -- 0.01%

Some Other Race Alone 2,717-- 2.53%

Two or More Races 2,054 -- 1.91%

### 2012 Est. Population Hispanic or Latino by Origin 107,339

Not Hispanic or Latino 97,319 90.67%

Hispanic or Latino: 10,020 9.33

Mexican 870 8.68

Puerto Rican 4,710 47.01  
Cuban 235 2.35  
All Other Hispanic or Latino 4,205 41.97

**2012 Est. Hispanic or Latino by Single Race Class 10,020**

White Alone 6,269 -- 62.56%  
Black or African American Alone 443 -- 4.42%  
American Indian and Alaska Native Alone 33 -- 0.33%  
Asian Alone 30 -- 0.30%  
Native Hawaiian and Other Pacific Islander Alone 10 -- 0.10%  
Some Other Race Alone 2,506 -- 25.01%  
Two or More Races 729 -- 7.28%

**2012 Est. Population Asian Alone Race by Category 3,065**

Chinese, except Taiwanese 715 -- 23.33  
Filipino 295 -- 9.62  
Japanese 18 -- 0.59  
Asian Indian 1,122 -- 36.61  
Korean 175 -- 5.71  
Vietnamese 228 -- 7.44  
Cambodian 12 -- 0.39  
Hmong 0 -- 0.00  
Laotian 264 -- 8.61  
Thai 15 -- 0.49  
All Other Asian Races Including 2+ Category 221 -- 7.21

**2012 Est. Population by Ancestry 107,339**

Pop, Arab 234 -- 0.22%  
Pop, Czech 593 -- 0.55%  
Pop, Danish 221 -- 0.21%  
Pop, Dutch 698 -- 0.65%  
Pop, English 6,532 -- 6.09%  
Pop, French (except Basque) 2,972 -- 2.77%  
Pop, French Canadian 1,705 -- 1.59%  
Pop, German 6,445 -- 6.00%  
Pop, Greek 579 -- 0.54 %  
Pop, Hungarian 1,855 -- 1.73%  
Pop, Irish 11,756 -- 10.95%  
Pop, Italian 24,761 -- 23.07%  
Pop, Lithuanian 849-- 0.79%  
Pop, United States or American 2,413 -- 2.25%  
Pop, Norwegian 296 -- 0.28%  
Pop, Polish 9,952 -- 9.27%  
Pop, Portuguese 2,891 -- 2.69%  
Pop, Russian 2,129 -- 1.98%  
Pop, Scottish 1,066 -- 0.99%  
Pop, Scotch-Irish 493 -- 0.46%

Pop, Slovak 1,273 1.19  
Pop, Subsaharan African 720 -- 0.67%  
Pop, Swedish 710 -- 0.66%  
Pop, Swiss 53 -- 0.05%  
Pop, Ukrainian 1,222 -- 1.14%  
Pop, Welsh 174 -- 0.16%  
Pop, West Indian (exc. Hisp. groups) 1,188 -- 1.11%  
Pop, Other ancestries 16,795 -- 15.65%  
Pop, Ancestry Unclassified 6,764 -- 6.30%

#### **2012 Est. Population Age 5+ by Language Spoken At Home 101,184**

Speak Only English at Home 85,535 -- 84.53%  
Speak Asian/Pac. Isl. Lang. at Home 1,060 -- 1.05%  
Speak Indo European Language at Home 8,705 -- 8.60%  
Speak Spanish at Home 5,545 -- 5.48%  
Speak Other Language at Home 339 -- 0.34%

#### **2012 Estimated Population by Sex 107.339**

Male 52,510 -- 48.92  
Female 54,829 -- 51.08

#### **2012 Estimated Population by Age 107,339**

Age 0 - 4 6,155 -- 5.73  
Age 5 - 9 6,544 -- 6.10  
Age 10 - 14 6,801 -- 6.34  
Age 15 - 17 4,547 -- 4.24  
Age 18 - 20 3,441 -- 3.21  
Age 21 - 24 4,936 -- 4.60  
Age 25 - 34 12,796 -- 11.92  
Age 35 - 44 15,494 -- 14.43  
Age 45 - 54 18,335 -- 17.08  
Age 55 - 64 13,472 -- 12.55  
Age 65 - 74 7,583 -- 7.06  
Age 75 - 84 4,876 -- 4.54  
Age 85 and over 2,359 -- 2.20  
  
Age 16 and over 86,346 -- 80.44  
Age 18 and over 83,292 -- 77.60  
Age 21 and over 79,851 -- 74.39  
Age 65 and over 14,818 -- 13.80

#### **2012 Estimated Median Age 40.45**

#### **2012 Estimated Average Age 39.70**

### **2012 Estimated Male Population by Age 52,510**

Age 0 - 4 3,121 -- 5.94  
Age 5 - 9 3,350 -- 6.38  
Age 10 - 14 3,488 -- 6.64  
Age 15 - 17 2,325 -- 4.43  
Age 18 - 20 1,766 -- 3.36  
Age 21 - 24 2,501 -- 4.76  
Age 25 - 34 6,508 -- 12.39  
Age 35 - 44 7,557 -- 14.39  
Age 45 - 54 9,100 -- 17.33  
Age 55 - 64 6,553 -- 12.48  
Age 65 - 74 3,566 -- 6.79  
Age 75 - 84 1,954 -- 3.72  
Age 85 and over 721 -- 1.37

### **2012 Estimated Male Median Age 39.23**

### **2012 Estimated Male Average Age 38.50**

### **Estimated Female Population by Age 54,829**

Age 0 - 4 3,034 -- 5.53  
Age 5 - 9 3,194 -- 5.83  
Age 10 - 14 3,313 -- 6.04  
Age 15 - 17 2,222 -- 4.05  
Age 18 - 20 1,675 -- 3.05  
Age 21 - 24 2,435 -- 4.44  
Age 25 - 34 6,288 -- 11.47  
Age 35 - 44 7,937 -- 14.48  
Age 45 - 54 9,235 -- 16.84  
Age 55 - 64 6,919 -- 12.62  
Age 65 - 74 4,017 -- 7.33  
Age 75 - 84 2,922 -- 5.33  
Age 85 and over 1,638 -- 2.99

### **2012 Estimated Female Median Age 41.62**

### **2012 Estimated Female Median Age 40.80**

### **2012 Estimated Population Age 15+ by Marital Status 87,839**

Total, Never Married 24,651 -- 8.06  
Males, Never Married 13,087 -- 14.90  
Females, Never Married 11,564 -- 13.16  
Married, Spouse present 46,284 -- 52.69  
Married, Spouse absent 2,298 -- 2.62  
Widowed 5,987 -- 6.82  
Males Widowed 1,334 -- 1.52  
Females Widowed 4,653 -- 5.30

Divorced 8,619 -- 9.81  
Males Divorced 3,744 -- 4.26  
Females Divorced 4,875 -- 5.55

#### **2012 Est. Pop. Age 25+ by Edu. Attainment 74,915**

Less than 9th grade 2,900 -- 3.87  
Some High School, no diploma 4,741 -- 6.33  
High School Graduate (or GED) 25,123 -- 33.54  
Some College, no degree 13,891 -- 18.54  
Associate Degree 6,043 -- 8.07  
Bachelor's Degree 12,984 -- 17.33  
Master's Degree 7,120 -- 9.50  
Professional School Degree 1,516 -- 2.02  
Doctorate Degree 597 -- 0.80

#### **2012 Est. Pop Age 25+ by Edu. Attainment Hispanic or Latino 5,486**

Less than 9th grade 500 9.11  
Some High School, no diploma 690 12.58  
High School Graduate (or GED) 1,690 30.81  
Some College, no degree 1,138 20.74  
Associate Degree 371 6.76  
Bachelor's Degree 533 9.72  
Graduate or Professional Degree 564 10.28

#### **Households**

2017 Projection 42,525  
2012 Estimate 41,817  
2000 Census 38,349  
1990 Census 34,788  
Growth 2012-2017 1.69%  
Growth 2000-2012 9.04%  
Growth 1990-2000 10.24%

#### **2012 Households by Household Type 41,817**

Family Households 29,646 70.89  
Nonfamily Households 12,171 29.11

#### **Estimated Group Quarters Population 1,009**

#### **2012 Households by Ethnicity Hispanic/Latino 3,021 -- 7.22**

#### **2012 Estimated Households by Household Income 41,817**

Income Less than \$15,000 3,004 -- 7.18  
Income \$15,000 - \$24,999 3,133 -- 7.49  
Income \$25,000 - \$34,999 3,113 -- 7.44  
Income \$35,000 - \$49,999 5,186 -- 12.40  
Income \$50,000 - \$74,999 8,300 -- 19.85

Income \$75,000 - \$99,999 7,036 -- 16.83  
Income \$100,000 - \$124,999 4,825 -- 11.54  
Income \$125,000 - \$149,999 3,130 -- 7.48  
Income \$150,000 - \$199,999 2,351 -- 5.62  
Income \$200,000 - \$499,999 1,541 -- 3.69  
Income \$500,000 and more 198 -- 0.47

#### **2012 Estimated Average Household Income \$83,358**

#### **2012 Estimated Median Household Income \$69,495**

#### **2012 Estimated Per Capita Income \$32,672**

#### **2012 Median Household Income by Single Race Class/Ethnicity**

White Alone 70,806  
Black or African American Alone 50,342  
American Indian and Alaska Native Alone 61,111  
Asian Alone 77,457  
Native Hawaiian and Other Pacific Islander Alone 42,500  
Some Other Race Alone 43,283  
Two or More Races 47,847  
Hispanic or Latino 59,583  
Not Hispanic or Latino 70,376

#### **2012 Est. Family HH Type, Presence Own Children 29,646**

Married-Couple Family, own children 9,876 33.31  
Married-Couple Family, no own children 13,689 46.17  
Male Householder, own children 936 3.16  
Male Householder, no own children 1,003 3.38  
Female Householder, own children 2,113 7.13  
Female Householder, no own children 2,029 6.84

#### **2012 Households by Household Size 41,817**

1-person household 10,420 -- 24.92  
2-person household 13,676 -- 32.70  
3-person household 7,585 -- 18.14  
4-person household 6,458 -- 15.44  
5-person household 2,568 -- 6.14  
6-person household 831 -- 1.99  
7 or more person household 279 -- 0.67

#### **2012 Estimated Average Household Size 2.54**

#### **2012 Est. Households by Presence of People 41,817**

**Households with 1 or more People under Age 18:** 14,024 -- 33.54  
Married-Couple Family 10,441 -- 74.45

Other Family, Male Householder 1,045 -- 7.45  
Other Family, Female Householder 2,467 -- 17.59  
Nonfamily, Male Householder 71 -- 0.51  
Nonfamily, Female Householder 0 -- 0.00

**Households no People under Age 18: 27,793 -- 66.46**

Married-Couple Family 13,001 -- 46.78  
Other Family, Male Householder 934 -- 3.36  
Other Family, Female Householder 1,705 -- 6.13  
Nonfamily, Male Householder 5,278 -- 18.99  
Nonfamily, Female Householder 6,875 -- 24.74

**2012 Estimated Households by Number of Vehicles 41,817**

No Vehicles 2,239 -- 5.35  
1 Vehicle 11,513 -- 27.53  
2 Vehicles 16,855 -- 40.31  
3 Vehicles 7,468 -- 17.86  
4 Vehicles 2,718 -- 6.50  
5 or more Vehicles 1,024 -- 2.45

**2012 Estimated Average Number of Vehicles 2.02**

**Family Households**

2017 Projection 30,216  
2012 Estimate 29,646  
2000 Census 27,111  
1990 Census 25,929

Growth 2012-2017 1.92%  
Growth 2000-2012 9.35%  
Growth 1990-2000 4.56%

**2012 Estimated Families by Poverty Status 29,646**

2012 Families at or Above Poverty 28,544 -- 96.28  
2012 Families at or Above Poverty with Children 13,071 -- 44.09  
  
2012 Families Below Poverty 1,102 -- 3.72  
2012 Families Below Poverty with Children 789 -- 2.66

**2012 Estimated Population Age 16+ by Employment Status 86,346**

In Armed Forces 20 -- 0.02  
Civilian - Employed 56,604 -- 65.55  
Civilian - Unemployed 4,328 -- 5.01  
Not in Labor Force 25,394 -- 29.41

**2012 Est. Civ. Employed Population 16+ Class of Workers 57,669**

For-Profit Private Workers 40,284 -- 69.85

Non-Profit Private Workers 5,101 -- 8.85  
Local Government Workers 4,662 -- 8.08  
State Government Workers 1,369 -- 2.37  
Federal Government Workers 992 -- 1.72  
Self-Emp. Workers 5,239 -- 9.08  
Unpaid Family Workers 22 -- 0.04

**2012 Est. Civ Employed Population 16+ Class of Worker 57,669**

Architect/Engineer 1,443 2.50  
Arts/Entertain/Sports 873 1.51  
Building Grounds Maint 1,246 2.16  
Business/Financial Ops 2,968 5.15  
Community/Soc Svcs 841 1.46  
Computer/Mathematical 1,648 2.86  
Construction/Extraction 3,494 6.06  
Edu/Training/Library 3,667 6.36  
Farm/Fish/Forestry 63 0.11  
Food Prep/Serving 2,526 4.38  
Health Practitioner/Tec 3,636 6.30  
Healthcare Support 1,492 2.59  
Maintenance Repair 2,647 4.59  
Legal 692 1.20  
Life/Phys/Soc Science 459 0.80  
Management 5,767 10.00  
Office/Admin Support 8,528 14.79  
Production 3,787 6.57  
Protective Svcs 1,274 2.21  
Sales/Related 6,393 11.09  
Personal Care/Svc 1,750 3.03  
Transportation/Moving 2,475 4.29

**2012 Est. Population 16+ by Occupation Classification 57,669**

Blue Collar 12,403 -- 21.51  
White Collar 36,915 -- 64.01  
Service and Farm 8,351 -- 14.48

**2012 Est. Workers Age 16+, Transportation to Work 56,723**

Drove Alone 49,024 -- 86.43  
Car Pooled 3,991 -- 7.04  
Public Transportation 1,029 -- 1.81  
Walked 639 -- 1.13  
Bicycle 23 0.04  
Other Means 275 -- 0.48  
Worked at Home 1,742 -- 3.07

### **2112 Est. Workers Age 16+ Travel Time to Work in Minutes**

Less than 15 Minutes 12,855

15 - 29 Minutes 22,507

30 - 44 Minutes 12,144

45 - 59 Minutes 3,465

60 or more Minutes 4,424

### **2012 Estimated Travel Time to Work - 28.63 Minutes**

### **2012 Est. Tenure of Occupied Housing Units 41,817**

Owner Occupied 32,516 -- 77.76

Renter Occupied 9,301 -- 22.24

### **2012 Owner Occupied Housing Units: Average Length of Residence – 19 years**

### **2012 Renter Occupied Housing Units: Average Length of Residence – 10 years**

### **2012 Est. All Owner-Occupied Housing Values 32,516**

Value Less than \$20,000 98 -- 0.30

Value \$20,000 - \$39,999 120 -- 0.37

Value \$40,000 - \$59,999 135 -- 0.42

Value \$60,000 - \$79,999 172 -- 0.53

Value \$80,000 - \$99,999 230 -- 0.71

Value \$100,000 - \$149,999 1,449 -- 4.46

Value \$150,000 - \$199,999 3,961 -- 12.18

Value \$200,000 - \$299,999 12,751 -- 39.21

Value \$300,000 - \$399,999 7,312 -- 22.49

Value \$400,000 - \$499,999 3,520 -- 10.83

Value \$500,000 - \$749,999 2,337 -- 7.19

Value \$750,000 - \$999,999 290 -- 0.89

Value \$1,000,000 or more 141 -- 0.43

### **2012 est. Median All Owner-Occupied Housing Value \$279,155**

### **2012 Est. Housing Units by Units in Structure 44,438**

1 Unit Attached 3,786 -- 8.52

1 Unit Detached 28,484 -- 64.10

2 Units 4,747 -- 10.68

3 or 4 Units 2,951 -- 6.64

5 to 19 Units 2,559 -- 5.76

20 to 49 Units 844 -- 1.90

50 or More Units 649 -- 1.46

Mobile Home or Trailer 417 -- 0.94

Boat, RV, Van, etc. 1 -- 0.00

## **2012 Est. Housing Units by Year Structure Built 44,438**

Housing Unit Built 2005 or later 1,387 -- 3.12  
Housing Unit Built 2000 to 2004 2,209 -- 4.97  
Housing Unit Built 1990 to 1999 4,236 -- 9.53  
Housing Unit Built 1980 to 1989 6,127 -- 13.79  
Housing Unit Built 1970 to 1979 6,353 -- 14.30  
Housing Unit Built 1960 to 1969 5,594 -- 12.59  
Housing Unit Built 1950 to 1959 6,514 -- 14.66  
Housing Unit Built 1940 to 1949 3,158 -- 7.11  
Housing Unit Built 1939 or Earlier 8,860 -- 19.94

## **2012 Est. Median Year Structure Built -- 1967**

**Area Name: Lowe Naugatuck Valley (Griffin Hospital Primary Service Area) (Zip Codes included)**

06401 Ansonia	06403 Beacon Falls
06418 Derby	06478 Oxford
06483 Seymour	06484 Shelton

Prepared For: W. Powanda

Project Code: GH Primary Service Area

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Prepared On: Mon Jun 11, 2012

## **Number of people on Food Stamps – Valley Towns – 2012**

<u>Municipality</u>	<u>Population</u>	<u>Number</u>	<u>Percent</u>
Ansonia	19,249	2,998	16%
Beacon Falls	6,049	240	4%
Derby	12,902	1,612	12%
Seymour	16,540	1,026	6%
Shelton	39,954	1,599	4%
Oxford	12,683	258	2%
Connecticut	3,574,097	370,895	10%

❖ **Griffin Hospital Community Perception Survey**

Griffin Hospital engages a marketing firm and call center to conduct a telephone survey of residents of its primary and secondary service areas every two or three years using a questionnaire that was originally developed in 1982. In November 2011, Griffin Hospital retained Direct Media Marketing to conduct the telephone survey of residents of its primary and secondary service areas. The final survey results, includes an annotated questionnaire with numeric data and verbatim responses are reported in the pages that follow. This survey, with a few changes, was conducted in 1999, 2001, 2003, 2005 and 2008. The results are compared to those of the previous surveys where relevant. A total of 360 calls to residents of Griffin Hospital's Primary Service Area (Ansonia, Beacon Falls, Derby, Oxford, Seymour and Shelton) were completed and a total of 240 calls to resident of Griffin's secondary service area (Naugatuck, Bethany, Woodbridge, Orange and Monroe) were completed. In all instances respondents were screened to insure that he/she made the health care decisions for the family. The survey compares hospitals that immediately surround Griffin Hospital including: Yale-New Haven Hospital, The Hospital of St. Raphael in New Haven, Bridgeport Hospital, St. Vincent's Hospital in Bridgeport, Waterbury Hospital, St. Mary's Hospital in Waterbury and Milford Hospital.

Questions related to community needs and community outreach services were added to the November 2011. The responses to the questions below are provided in the Community Health Needs Assessment.

- Are there any hospital or health care services that you would like to see provided in your community?
- What services would you like?
- Is there a community need that you believe is not being met?
- Please tell me what the community health need is.
- How do you rate (insert hospital) in meeting community needs and providing outreach services to the community and its residents?

Following are the Summary Results from the survey conducted in November 2011.

- Griffin Hospital maintains its position as hospital of choice for Valley residents. It is the first choice of nearly one-half of Valley residents (49%, roughly unchanged from 2008). About three-quarters of Valley residents (73%) name Griffin Hospital as one of their first three choices. Griffin Hospital's closest competitors in the Valley are St. Vincent's, Bridgeport Hospital and Yale New Haven Hospital but only 15%, 11% and 10% of Valley residents, respectively, choose one of these as the hospital they prefer most. Griffin continues to have a weaker market position in Non-Valley towns. It is the first choice of 8% (down slightly since 2008) and is one of the first three choices of nearly one-third (30%) of Non-Valley residents (also down slightly from 2008).
- Usage of Griffin Hospital remains strong. Nearly one-half of Valley residents (46%) who have themselves been admitted or had a family member admitted overnight in an area hospital in the past three years used Griffin Hospital. Usage is much less common in Non-Valley towns. About one out of ten Non-Valley residents (12%) report that they used Griffin Hospital in the past three years. As was reported in 2009, Griffin Hospital continues to have considerable equity among former patients. Nearly eight out of ten (79%) who have been admitted to Griffin or have had a family member admitted in the past three years listed Griffin Hospital as their first choice.

- Having a good nursing staff is the top unaided reason for hospital selection among Valley and Non-Valley residents in 2011. The range of services offered, customer service, and cleanliness of the hospital also rate highly in both markets. There is no overlap between top items in 2011 and 2008; in 2008 location, good doctors, reputation for quality of care, and overall reputation were the top unaided reasons for hospital choice.
- When read a number of reasons why one might choose a hospital, both Valley and Non-Valley residents rate good doctors, the cleanliness of the hospital, that the hospital is covered by one's insurance, and good nursing care as the most important reasons for selecting a hospital. These results are the same as they were in 2008.
- Thirteen percent of Valley and 7% of Non-Valley residents report that, given the choice, they would avoid using Griffin Hospital. These proportions have remained relatively stable since 2001. A bad previous experience, poor quality of care, a bad reputation, and poor location are most frequently cited as reasons for avoiding a hospital.
- Ratings of Griffin Hospital's facility, care and services, by both Valley and Non-Valley respondents, have remained relatively consistent since 2008. Valley respondents give Griffin Hospital a mean score of 8.1 (8.3 in 2008) and a Top Box score of 35% (41% in 2008). Griffin Hospital's mean rating is only slightly behind that of Yale New Haven Hospital in the Valley (8.1 compared to 8.3) and trails Yale New Haven, St. Raphael's, St. Vincent's, and St. Mary's Hospital in Non-Valley towns (7.6 compared to 8.4, 8.2, 8.1 and 8.0, respectively). Former Griffin Hospital patients are more likely than others to rate Griffin Hospital's facility, care and services as "excellent" (55% compared to 18%).
- Griffin Hospital continues to be seen as a hospital in the midst of positive change. Nearly three out of five Valley respondents (59%) rate the facility, the care and services at Griffin Hospital as very improved (31%) or somewhat improved (28%). Non-Valley residents are less effusive—12% say Griffin Hospital is very improved and 18% say it is somewhat improved—but are also less knowledgeable about Griffin. More than three out of five Non-Valley respondents (61%) could not rate Griffin Hospital at all. These results are similar to what has been found since 2001.
- Valley residents continue to rate the quality of care at Griffin Hospital highly. Griffin Hospital received the highest mean score (8.2) of all hospitals among Valley respondents and also the highest Top Box score (34%). As reported in 2009, while Griffin Hospital's mean quality of care score has remained relatively stable, the proportion of Valley residents rating it as excellent has declined steadily since 2003.
- Impressions of the quality of care at Griffin Hospital are also strong, and have improved slightly, in Non-Valley towns. In 2011, the mean quality of care score in the secondary service area was 7.9; this mean score increased from 7.8 in 2008 and has increased steadily each year since 2001. Among non-Valley residents, Griffin Hospital's mean score is in the middle of the pack. Griffin Hospital's mean (7.9) is higher than Milford Hospital's (7.5) and Waterbury Hospital's (7.2) but is lower than Yale New Haven's (8.3), St. Vincent's (8.1), St. Raphael's (8.1), and St. Mary's (8.0).
- Since 2001, good doctors and getting good care have been the top two factors affecting emergency room selection and they remain at the top in 2011. Insurance coverage and personalized care and treatment are third and fourth most important factors in 2011.
- By a wide margin, Griffin Hospital's emergency room is the first choice among Valley residents. More than half (54%) named it as their first choice and nearly seven out of ten (67%) named it as a top choice. Only 14% of Non-Valley residents named the Griffin Hospital emergency room

as their first choice. Both of these results are consistent with what surveys have found starting in 2001.

- Eight percent of Valley residents and 7% of Non-Valley residents would avoid the emergency room at Griffin Hospital. These results are consistent with what was found in 2008, 2005 and 2003 but are better than what was found in 2001. In 2001, 13% of Valley and 9% of Non-Valley residents reported that they would avoid the Griffin Hospital emergency room.
- Respondents tend to rely on word of mouth and on hospital employees to obtain information about area hospitals. Using a 0 to 10 scale, where 0 is not important at all and 10 is very important, respondents gave word of mouth a score of 8.3 (up from 7.7 in 2001) and hospital employees a mean score of 7.5.
- Recall of advertising for Griffin Hospital declined substantially in 2011 compared to 2008. However it is still much higher than for other hospitals in Valley towns. About one-third (30%) of Valley respondents recall recently seeing or hearing an advertisement or receiving information about Griffin Hospital. In Non-Valley towns, 20% (down from 33% in 2008) recall advertising from Griffin Hospital. Of those who recall advertising for Griffin Hospital, 57% recall mail sent to their home and 18% recall seeing something in newspapers.
- Valley residents who have used Griffin Hospital in the past three years give it high satisfaction ratings. In 2011, Valley residents who used Griffin Hospital gave it a mean score of 8.9 (up from 8.6 in 2008) and a Top Box score of 55% (down from 59% in 2008). In Non-Valley towns the mean satisfaction score decreased from 9.5 in 2008 to 8.4 in 2011, but the Top Box score increased from 55% to 71%.
- Two out of five respondents who stayed overnight at Griffin Hospital during the past three years (41%) rated their most recent stay as better than any previous one. Griffin Hospital's 2011 rating is two percentage points higher than the average for all area hospitals and is surpassed only by St. Vincent's (49% said their recent stay was better than any previous stay).
- Only 11% of all respondents report there is a health need in their community that currently is not being met. Valley residents rate Griffin Hospital as the best area hospital in terms of meeting community health needs and providing outreach services to the community and its residents.
- Griffin Hospital lags behind Yale New Haven in Valley towns in hospital choice for cancer care. However, at the same time, Griffin is much preferred for cancer care when compared to other area hospitals.
- More than one-third of Valley residents (38%) have heard of the Planetree model of care. Fewer (12%) in Non-Valley towns have heard of it. Very large majorities of those who have heard of the Planetree model identify Griffin Hospital as the area hospital providing Planetree care.

❖ **Valley Substance Abuse Action Council (VSAAC) Biennial Student Substance Abuse Survey**

VSAAC has conducted a biennial student substance abuse survey since 1997. The survey measures: a) middle and high school youth risk and protective factors; and, b) substance abuse trends. Prevention capacity is directly linked to accurate data which, in turn, highlights and identifies needs, trends, strengths, and weaknesses. The results from these surveys influence VSAAC decision making regarding target population and proposed interventions/programs. Capacity is also demonstrated through VSAAC's ability to inform and influence local decision makers. On a quarterly basis, the Coalition sends a newsletter to over 5,000 local residents and key policy makers. The newsletter contains articles on substance abuse and serves to inform local human/social service providers, families, and decision makers. VSAAC is an active member of the Valley Council for Health & Human Services. Prevention capacity is directly linked to accurate data which, in turn, highlights and identifies needs, trends, strengths, and weaknesses.

The purpose of the Prevention Priority Report which incorporates data from the Student Survey is to describe 1) the burden of substance abuse, problem gambling, and suicide in the Valley Substance Abuse Action Council (VSAAC) sub-region, 2) prioritized prevention needs, and 3) the capacity of the communities to address those needs. It is based on data-driven analyses of issues in the sub-region, with assistance from key community members who make up the Community Needs Assessment Workgroup (CNAW).

The report and accompanying data is used as a building block for state and community-level processes, including capacity and readiness building, strategic planning, implementation of evidence-based programs and strategies, and evaluation of efforts to reduce substance abuse and promote mental health. In addition, these data will form the core of VSAAC's data repository. In this role, VSAAC will take every opportunity to publicize the availability of town level data on various indicators, engage other organizations (especially schools) in gathering and sharing data, and will "push" data on various indicators to the community via brief reports in newsletters, on websites, etc. VSAAC's Prevention Committee will utilize the data and subsequent priorities established within this report to engage the Local Prevention Councils and their communities and schools in coordinated efforts focused on the sub-region's priority problems.

A total of 3,011 students took the 2009 survey.

**2010 Alcohol Profile**

This profile covers the five towns in the Lower Naugatuck Valley which comprises the original five towns of the VSAAC sub-region. These towns include Ansonia, Derby, Oxford, Seymour and Shelton.

According to the 2009 VSAAC Survey of Student Needs alcohol remains the substance most used by teens. 3011 students took the survey: 25.3% of 7<sup>th</sup>; 52.1% of 9<sup>th</sup> and 72% of 11<sup>th</sup> grade students have had alcohol in their life-time. Of these students, 50.2% of 7<sup>th</sup>; 67.2% of 9<sup>th</sup> and 69.6 % of 11<sup>th</sup> grade students have had alcohol in the last year. Also, of those students who answered yes to ever using alcohol, 19.8% of 7<sup>th</sup>, 46.2% of 9<sup>th</sup> and 48.3% of 11<sup>th</sup> grade students had alcohol 30 days prior to the survey. 48 students admitted to being drunk for the first time by grade 4. 7.6% were drunk for the

first time by grade 9. 3.3% of 7<sup>th</sup>, 15.2% of 9<sup>th</sup> and 23.2% of 11<sup>th</sup> grade students have engaged in binge drinking during the two weeks prior to the survey. (Binge drinking-five or more drinks in a row.)

Comparing current alcohol use of youth in the Lower Naugatuck Valley VSAAC towns with youth nationally demonstrates the high rates of alcohol use in the Lower Naugatuck Valley. The NSDUH data quoted below covers youth aged 12-17 and the VSAAC data set covers grades 7-12, a similar age group to the 12-17 yr olds (see Alcohol Tables). In 2009, 29.9% of surveyed youth in the Lower Naugatuck Valley used alcohol in the past 30-days, while 14.6% of 12-17 year old youth nationally used alcohol in the past thirty days in 2008. NSDUH also provides some current regional data (state level NSDUH data is at least two years older) for 12-17 year olds. In 2008, 18.8% of 12-17 year olds in New England used alcohol in the past thirty days. Youth in this VSAAC sub-region are using alcohol more than youth around the country and more than their peers in New England by more than twice the rate of youth nationally and 59% more than their peers in New England. Adults (age 12 and older) in the VSAAC sub-region drink a little less than adults around the state however with 56.6% of CT adults being current alcohol users compared with 55.8% adults in Uniform Service Region 2, which covers the greater Lower Naugatuck Valley area (NSDUH 2006). Region 2 has the lowest adult current drinking rates in Connecticut, but Connecticut has higher current drinking rates than national averages.

While differences in ages of youth surveyed through the NSDUH reports and the difference in CT in questions asked, it is not possible to make accurate comparisons regarding binge drinking. That being said, using the CT YRBS survey data, Lower Naugatuck Valley youth may be binge drinking less than youth across the state (17.8% vs. 26.2% respectively).

Region 2 had lower Alcohol Involved Motor Vehicle Crash rates than the state, going back to at least 2005. In 2007, Region 2's Alcohol Involved Motor Vehicle Crash rate of 6.81 per 100,000 was lower than the state rate of 7.5 per 100,000. The Lower Naugatuck Valley sub-region had a lower rate than Region 2 at 5.3. Individual town rates ranged from 1.02 (Oxford) to 7.12 (Seymour), with none of these five VSAAC towns having alcohol involved crash rates higher than the state average.

Finally, none of the five VSAAC's towns had alcohol induced death age-adjusted mortality rates per 100,000 thousand above zero from 1999 through 2007, while the state alcohol induced death age-adjusted mortality rates fluctuated from 4.85 in 1999-2001 up to 4.92 in 2002-2004 and back down to 4.76 in 2005-2007.

Community Needs Assessment Workforce members believe there is a significant alcohol problem and the problem has a negative impact on our communities. One mention included the fact that alcohol is involved in almost all sexual assault cases (75%). They did not believe, however, that we have the resources to make a major change, even though the community is willing to take some steps to address the problem.

### **2010 Marijuana Profile**

According to the 2009 VSAAC Survey of Student Needs: 42.1% of 11<sup>th</sup> grade students indicated they have used marijuana in their lifetime. 20.6% of 9<sup>th</sup> grade students and 2.6% of the present 7<sup>th</sup> graders. The statistics remain the same for 7<sup>th</sup> grade students but there has been an increase in use for the 9<sup>th</sup> and 11<sup>th</sup> grade students compared to the 2007 Survey. Of the 26 7<sup>th</sup> grade students who claimed they ever used, 50% (13) used in the last year and 30.8% (8) used in the 30 days prior to the Survey. Of the

206 9<sup>th</sup> grade students who claimed they ever used, 77.2% (159) used in the last year and 66.5% (137) used in the 30 days prior to the Survey, and of the 419 11<sup>th</sup> grade students who claimed they ever used, 72.1% (302) used in the last year and 52% (218) used in the 30 days prior to the Survey.

When asked if parents would be very upset or extremely upset if they used marijuana 83.7% of 7<sup>th</sup> graders said yes, 76% of 9<sup>th</sup> graders said yes and 69.2% of 11<sup>th</sup> graders said yes. 17.7% of students believe there is no/ slight risk if marijuana is smoked regularly. 83% believe there is moderate or great risk. 8.7% claim they don't know.

When asked if a teacher would notice a student high on marijuana, 67.4% of gr. 7 said likely or very likely; 52.2% of 9<sup>th</sup> graders said likely/very likely and 43.7% of 11<sup>th</sup> grade students said likely/very likely. Interestingly, 44.2% of the 11<sup>th</sup> graders also said teachers were unlikely or very unlikely to notice.

Comparing current marijuana use of youth in the Lower Naugatuck Valley VSAAC towns with youth nationally demonstrates the high rates of marijuana use in the Lower Naugatuck Valley. The NSDUH data quoted below covers youth aged 12-17 and the VSAAC data set covers grades 7-12, a similar age group to the 12-17 yr olds (see Marijuana Tables). In 2009, 12.4% of surveyed youth in the Lower Naugatuck Valley used marijuana in the past 30-days, while 6.7% of 12-17 year old youth nationally used marijuana in the past thirty days in 2008. In the Lower Naugatuck Valley VSAAC sub-region 85% more

Only one Lower Naugatuck Valley community had higher rates of juvenile drug arrests than state rates in 2005. In 2005, Ansonia's rate 31.2 per 1,000 was 26% higher than the state rate of 24.7 per 1,000. In 2007, however, Ansonia's rate came down and all of Lower Naugatuck Valley town rates were lower than the state rate.

CNAW members stated that marijuana is more prevalent now that its dangers are being minimized, including marijuana paraphernalia such as rolling papers. CNAW members believed there is a marijuana problem and the problem has some negative impact on our community. We also realize there is confusion regarding this substance because of the drive for allowing marijuana to be considered medicine. We don't believe, however, that we have the resources to make any change or that the community, at large, wants to address the problem.

## **2010 Tobacco Profile**

According to the 2009 VSAAC Survey of Student Needs: 76.4 % of teens say they never tried smoking, another 10.3% tried only once or twice. 5% of 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grade students smoke occasionally but not regularly. 2.5% said they smoked regularly in the past. 4.0% say they smoke regularly now: a total of 5- 7<sup>th</sup> graders; 54- 9<sup>th</sup> graders and 88- 11<sup>th</sup> graders.

9.1% (275) of all students said they have ever chewed tobacco or used snuff. 176 of those students have chewed or snorted in the last year; and 122 of those students have chewed tobacco or used snuff in the last 30 days prior to the survey.

Of all students: 6.5% (181) believe there is no risk of harm if teenagers smoke one or more packs of cigarettes a day. 8.3% (230) think there is slight risk. 19.9% (554) think there is moderate risk. 55.5% (1545) think there is great risk and 9.8% (272) don't know.

Students, from classes where VSAAC staff has taught tobacco education, have voiced concern about parental smoking and second hand smoke. They are fearful of parents getting sick and are concerned that they will also get sick (from the second-hand smoke).

Key findings from the Children's School Health Survey 2005: from the CT Depts. Of Ed. and Public Health claim that tobacco use is 2 times more common among white adolescents than among black adolescents.

Comparing current tobacco use of youth in the Lower Naugatuck Valley VSAAC towns with state and youth nationally demonstrates the high rates of tobacco use in the Lower Naugatuck Valley. The NSDUH data quoted below covers youth aged 12-17 and the VSAAC data set covers grades 7-12, a similar age group to the 12-17 yr olds (see Tobacco Tables). In 2009, 10.2% of surveyed youth in the Lower Naugatuck Valley smoked cigarettes in the past 30-days, compared to the 9.1% of 12-17 year olds who reported being current smokers in the 2008 NSDUH survey. Lower Naugatuck Valley youth seem to be using cigarettes at higher rates than their peers nationally. Perception of risk for cigarette use is only moderate with 75.4% of students reporting moderate or great harm associated with smoking. Perception of parental disapproval is high but not as high in other CT communities with 82.1% reporting their parents would be somewhat to extremely upset with their cigarette use. Unfortunately, these data are not comparable to the NSDUH data which are much older (2004-2006), and only include responses for "great risk", and the local data are only representative of the one community they are from.

The CNAW recognizes that both youth and adults are still smoking and that it is a health issue. They feel they can impact the problem but, at this time, it is not a top sub-regional priority.

### **2010 Cocaine Profile**

According to the 2009 VSAAC Survey of Student Needs: 0.7% of 7<sup>th</sup> graders indicated they ever used cocaine, 2.8% of 9<sup>th</sup> graders and 4.6% of 11<sup>th</sup> grade students reported ever using cocaine- a total of 81 students or 2.7%. Of those 81 students, 49 (1.6%) reported cocaine use in the past year and 38 (1.4%) reported using in the 30 days prior to taking the survey.

14.7% of all grades surveyed said they get illegal drugs from a same age friend and 13.1 % get drugs from a dealer, and 11.2% get illegal drugs from an older friend and the same percentage said they get illegal drugs at parties.

Of all students, 6% said there is no risk to trying cocaine once or twice. 11.2 % say they don't know. 37.4 % say there is slight or moderate risk and 37.3% say there is great risk.

5.2 % of all students think there is no risk to regular cocaine or crack use. 9.7% believe there is slight or moderate risk and 66.4% believe there is great risk with regular use.

Comparing current cocaine use of youth in the Lower Naugatuck Valley towns, demonstrates higher use of cocaine by youth in the Lower Naugatuck Valley. In 2008, 1.4% of youth in the Lower Naugatuck Valley used cocaine in the past month in 2009, while 0.4% of 12-17 year old youth nationally used cocaine in the past month in 2008 according to the NSDUH. Even using data from the Monitoring the Future Study for 2008 which reports higher drug use rates than the NSDUH put past month cocaine use

at 1.0% for 12-17 year olds. This data demonstrates that these VSAAC youth are using cocaine at higher rates than their peers nationally. While Monitoring the Future lifetime cocaine use rates for 12-17 years olds are higher than VSAAC's Lower Naugatuck Valleys lifetime cocaine use rates (3.8% vs. 2.7% respectively), VSAAC's lifetime cocaine use rates for 12-17 years olds are substantially higher than the rates reported by the NSDUH (2.7% vs. 1.9% respectively).

Despite statewide decreases in cocaine related treatment admissions, including those under 18 years of age, admissions have risen in three out of the five Lower Naugatuck Valley towns. Ansonia's cocaine treatment admissions, while fluctuating over the four year period from 2006-2009 saw an overall decrease from 41 to 31 admissions. The numbers of cocaine treatment admissions were small and stable in Oxford between 2006 to 2009, and numbers increased in the remaining three towns, Derby, Seymour and Shelton.

Youth members of the CNAW reported that cocaine is popular among some youth. The VSAAC CNAW, especially the youth members, believed there is a growing cocaine problem and the problem has some negative impact on our community. They don't believe, however, that communities have the resources to make any change, and the community, at large, does not believe they are ready to address the problem

### **2010 Heroin Profile**

According to the 2009 Valley Survey of Student Needs: Of the 3011 students taking the survey, 22- 11<sup>th</sup> grade students claimed they ever used heroin, along with 18- 9<sup>th</sup> graders and 4- 7<sup>th</sup> grade students. Of those 44 students, 30 students used in the past year and 27 claimed they used in the 30 days prior to the survey. The National Institute on Drug Abuse reports that trends for 8<sup>th</sup> 10<sup>th</sup> and 12<sup>th</sup> grade heroine use in 2009 has remained fairly consistent since 2006 with past month use for all 3 grades at .4%.

When asked how difficult it would be for someone to get heroin - 68.2% (681) 7<sup>th</sup> graders said probably impossible; 41.4% (415) of 9<sup>th</sup> and 31.6% (315) said the same. 6.6 % (66) 7<sup>th</sup> graders said it would be fairly easy or very easy for someone to get heroin: and, 19.9% (199) 9<sup>th</sup> graders and 23.3% (232) 11<sup>th</sup> graders said the same. 2.4% (73) of all students have used a needle to inject themselves with an illegal drug. 1.6% (48) students have shared a needle with another person.

7.5% of Valley teens believe there is no risk or only a slight risk to using heroin regularly; 71.9% believe there is moderate or great risk. 11.3% don't know if there is risk involved with heroine use.

75.2% of students stated they have had drug education in school. 16.7% say they have not.

Heroin use in the Lower Naugatuck Valley sub-region is low compared to alcohol, tobacco marijuana and cocaine use. In 2009, 1.5% of surveyed youth reported using heroin in their lifetime and 1.0% of youth in the suburban community in 2009 used heroin in the past year and 0.9% used in the last 30-days. According to the 2008 NSDUH, 1.5% of those aged 12 and older used heroin in their lifetime while 0.1% 12-20 year olds used heroin in the past 30-days. With the differing age groups of the local and national surveys, accurate comparisons are not possible. However, since 0.9% of 12-17 year olds in the Lower Naugatuck Valley and only 0.1% of 12-20 year olds nationally have used heroin in the past 30-days, it is clear that Lower Naugatuck Valley youth are using heroin at least more frequently than their peers nationally and also probably more youth in the Lower Naugatuck Valley are using then

youth nationally. To put this into a different perspective however, if 1% of youth in this VSAAC sub-region are past year heroin users, then 2,631 youth have used heroin in the last year in the Lower Naugatuck Valley sub-region.

Adult heroin treatment admissions for the state of CT have decreased from 15,531 in 2008 to 14,551 in the 2009 according to The Treatment Episode Data Set (TEDS). While the juvenile treatment admissions numbers are much smaller, the number of juvenile treatment admissions for heroin in the state almost doubled from 16 to 29 between 2008 and 2009. In the Lower Naugatuck Valley, two of the five towns saw overall decreases in heroin treatment admissions while one town experienced an increase. According to DMHAS data, Ansonia and Seymour saw decreases in heroin treatment admission between 2006 and 2009. While Seymour's decrease was slight (54 admissions in 2006 and 51 admissions in 2009), Ansonia experienced a steady and substantial decrease of 51% from 172 in 2006 to 84 in 2009. Derby and Oxford's number of heroin related treatment admissions remained unchanged over the four year period, but Shelton saw a 15% increase from 107 admissions in 2006 to 123 admissions in 2009.

CNAW members mentioned heroin as a problem particularly because dealers can make significant money from its sales. The CNAW felt that heroin is a problem but not as serious as past years. We know that those who use heroin face serious problems. The CNAW didn't believe however, that we have the resources to make any change, largely due to the community at large not being ready to address the problem.

### **2010 Prescription Drug Profile**

According to the 2009 VSAAC Youth Survey of Student Needs: 95 students reported using Ritalin or Aderall in the last 12 months and 37.8% of students say it is probably impossible for someone to get these drugs while 31.9% say somewhat or very hard and 27.1% think it would be easy. 152 students reported using Oxycontin, Oxycodone in the last 12 months and 34.4% of students say it is probably impossible for someone to get the drug while 30% say somewhat or very hard and 32.4% think it would be easy.

111 students reported using any pain relievers in the last 12 months and 42.7% of students say it is

Probably impossible for someone to get the drug while 34.7% say it is somewhat or very hard and 18% think it would be easy. 83 students reported using sedatives or anti anxiety drugs in the last 12 month have you and 43.6 % of students say it is probably impossible for someone to get the drug while 33.3% say somewhat or very hard and 19.8% think it would be easy.

71 students reported using antidepressants in the last 12 months and 36.8% of students say it is probably impossible for someone to get the drug while 33.3% say somewhat or very hard and 26.5% think it would be easy. 518 Students reported using over-the-counter medications in the last 12 months and 17.1% of students say it is probably impossible for someone to get the drug while 15.3% say somewhat or very hard and 64% think it would be easy.

Of those students who have ever used prescription drugs: 159 said they got them from a dealer; 170 said from a previous prescription; 143 said at parties; 146 said from a same-aged friend; 109 said from an older friend; 65 said from an adult; 44 said from a brother or sister.

Comparing current prescription drug misuse of youth in the Lower Naugatuck Valley towns to national data demonstrates similar misuse of prescription drugs by youth in the Lower Naugatuck Valley and the nation. In 2008, 3.7% of youth in the Lower Naugatuck Valley reported misusing pain relievers in the past year in 2009, but 5.0% reported using Oxycontin and Oxycodone. Nationally, 5.24% of 12-17 year old youth misused prescription drugs in the past year in 2006-2007 according to the NSDUH. This data indicates that these VSAAC youth are misusing prescription drugs at similar rates as their peers nationally.

The CNAW recognizes that prescription drug misuse is a problem in the Valley and that it negatively impacts the lives of those who abuse them. They believe that they can make a difference in the community's perception of prescription drug misuse; however, there is little capacity or willingness on the part of the community, at this time, to address the problem.

### **2010 Gambling Profile**

According to the 2009 VSAAC Youth Survey of Student Needs 43.1% of Lower Naugatuck Valley Youth reported lifetime gambling. 16.6% of students reported no risk or harm to themselves physically or in other ways if they bet/gamble once or twice; 49.5% thought there was a slight or moderate risk; 13.8% thought there was great risk; and 11.5 didn't know. 7.7% of students said there was no risk of harm if students gambled regularly. 33.2% students said there was slight or moderate risk and 39.6% (1192) said there was great risk and 11% (331) claimed they didn't know.

While 43.1% of 7, 9 & 11 graders reported gambling activities in the past year in 2009, gambling activities has not been distinguished from problem gambling activities. Clearly, more study is necessary to understand the magnitude of problem gambling behaviors of youth in the VSAAC sub-region

The CNAW is not sure that gambling is a problem in our community although we recognize that there are a few teens that appear to have issues with gambling. We do not feel that any resources should be focused on gambling at this time. At this point in time, we have too little data to address the impact of problem gambling on the VSAAC sub-region.

### **2010 Suicide Profile**

According to the 2009 VSAAC Youth Survey of Student Needs 45.3% of all students report that they agree/strongly agree with the statement "sometimes I think that I am no good". 25.6% of all students report that they agree/strongly agree with the statement "I feel I do not have much to be proud of."

Of all students: 45.1% (1358) have ever been bullied. 69.7% experiences verbal threats. 33.1% have experienced physical abuse. 34.5% have been bullied on line

16.3% of all students report that in the past 30 days (before taking the survey) they have been so down or sad that they seriously thought of harming themselves. 17.4% of students reported that 'In the past 12 months, they had felt so sad or hopeless almost every day for two weeks or more in a row. 6.8% of students reported that 'if a friend told them he or she was thinking of committing suicide, but made you promise not to tell anyone', they would do nothing, while 63.7% would try to talk the person out of it and 38.5% would try to get the person to see a counselor. 21.6% of students reported they would

tell an adult if the person said it was ok and 44. % would tell an adult whether or not the person said it was ok

In the Connecticut Student Health Survey/Youth Risk Behavior Survey (SHS/YRBS), the number of 9-12 grades Connecticut youth who “attempted suicide one or more times during the past 12 months” was 9.8% in 2007. High school aged youth who “seriously considered attempting suicide during the past 12 months” decreased from 15.1% to 13.1% between 2005 and 2007. This represents a decrease of over 15% in a two year period. Likewise, 9<sup>th</sup>-12<sup>th</sup> grade youth who “made a plan about how they would attempt suicide during the past 12 months” decreased from 13.8% to 10.3% between 2005 and 2007. This represents a 34% decrease during the two year period. Finally, 9<sup>th</sup>-12<sup>th</sup> grade youth who “attempted suicide one or more times during the past 12 months” decreased from 12.1% to 9.8% between 2005 and 2007. This represents a decrease of over 23% during the two year period.

The CNAW members did recognize that there are negative impacts within our community related to suicide, but members are uncertain as to the need or if we have any ability to make changes now. The CNAW was not in agreement concerning our willingness to make any changes regarding this issue at this time.

**Capacity to address the problem** - On a four point scale with 1 being strongly disagree, 2 being disagree, 3 being agree and 4 being strongly agree, in 2010 VSAAC constituents reported some concerning attitudes that speak to readiness to address alcohol related problems in their communities. Of the respondents to a “Community Readiness Assessment for Substance Abuse Prevention”, 34 identified themselves as school representatives, 25 identified themselves as youth serving agency representatives, 19 were parents, 19 were from social/human service agencies, 16 were coalition members, 16 were from mental health agencies, 13 were from law enforcement, and an additional 9 were youth. All other categories had less than 10 respondents except for other which had 19 respondents.

The responses were averaged together on the above mentioned four point scale. The average of ratings for the item “most community residents are concerned with preventing alcohol abuse was 1.89. This means that the average respondent disagreed with this statement. Respondents disagreed (1.86) with the statement: “Most community residents believe that youth in all socioeconomic groups are at risk”, and respondents disagreed even more (1.72) with the statement: “Most community residents believe that youth in all socioeconomic groups are at risk”. Respondents also felt there would be little support for town ordinances to discourage underage drinking (1.76), nor did they feel that community residents believe that prevention programs are effective (1.96) or a good investment for our youth (1.93). The average response for the item: “most community residents feel that it is OK for youth to drink occasionally” was 2.46, demonstrating a split response with just about half disagreeing and just slightly over half agreeing with this statement. The belief that most community residents would prioritize enforcement of liquor laws scored a 2.0, again disagreeing with the statement while leaning towards agreement with the notion that youth can drink with adult supervision (2.64), that youth can drink if not driving were both (2.63), and that occasional use of marijuana is not harmful (2.62). These responses either demonstrate a low level of readiness to address alcohol use and abuse issues, or a lower than actual opinion of their “neighbors” communities readiness by the respondents to the survey.

Community readiness survey respondents rated most prevention strategies (both environmental strategies such as policy, enforcement and coalition strategies and individual or group strategies such as structured youth development activities, after school and recovery support programs, school based substance-abuse education) as at least somewhat effective. Respondents listed limited financial resources, the view that substance abuse is viewed as a personal problem, lack of community buy-in about substance abuse, too few volunteers, too few volunteers, lack of substance abuse as a priority and lack of political will as the major barriers to prevention activities in the VSAAC sub-region. Respondents rated a host of prevention planning activities very similarly about halfway between low and medium readiness with the exception of allocation of funds to substance abuse prevention, indicating that there is readiness building work to accomplish before participation in regional planning efforts reaches a critical mass or tipping point. Respondents felt there was a lot of law enforcement, school administrative, school survey and census data available but less confident in other data sources especially household surveys and inventories of programs. Respondents listed lack of funding, negative publicity and no perceived need to collect data as the largest barriers to collecting data. Using the Tri-ethnic Institute for Prevention Research's community readiness scale, respondents rated their communities at a 3.91 on a 9 point scale, indicating that towns are just below the pre-planning stage of readiness.

VSAAC has undertaken a number of readiness activities that have had some impact in the recent years. These activities include but are not limited to proactive education and activities for high school students' right before the prom and graduation, community education initiatives, a social marketing campaign and prescription drug take backs.

❖ **Valley Cares Community Needs Survey Results**

*Valley CARES* is a community assessment and planning effort sponsored by the Valley Council for Health & Human Services. Collaborating organizations include: Griffin Hospital and the Yale-Griffin Prevention Research Center, Birmingham Group Health Services, Naugatuck Valley Health District, The WorkPlace – workforce development board. The first Valley Cares report was released in 2010 and it will be updated periodically with an updated version expected to be released in 2014.

While there have been prior efforts to assess the quality of life in the Valley, these typically become outdated and the Valley Council recognized the need to develop an on-going system for accessing and updating information about quality of life in the Valley. Hence the Valley CARES Taskforce was created out of the Health Subcommittee of the Valley Council. The long-term goal is not to compare the Valley to other communities, but to serve as a yardstick for measuring progress within the Valley over time. The challenge will be to find ways to connect what is known about people's cares with a vision for how to improve the community and a roadmap for getting there. The vision is for an ongoing process of feedback between community information, reflection, and action.

*Valley CARES* includes two main goals: 1) To improve the local capacity to track information about the key quality of life indicators so that Valley residents, organizations, and stakeholders have on-going access to information about community strengths and challenges. 2) To disseminate information about the quality of life in the Valley broadly within the community and to engage community members in analyzing findings and planning solutions to address community challenges.

One of the challenges in assessing the quality of life in a community is the lack of available data specific to a local community. For this reason, the Valley CARES Community Survey was conducted to gather input directly from the residents about key areas of life in the Valley. A sample of 400 Valley residents participated in a phone survey during the late summer of 2009. The results are summarized in the Valley Cares report. Questions were asked about the general community context (employment and economic indicators, housing, transportation), education and training, preserving the natural environment, safety, social and emotional wellbeing and health, arts/culture and recreation, and fostering community engagement.

❖ **Valley CARES Community Survey Results - 2009**

**QUALITY OF LIFE**

- An impressive percent of respondents, 92.8%, reported their quality of life as either “very good” (33.0%) or “good” (59.8%), while another 7.3% reported “poor” (5.8%) or “very poor” (1.5%).
- When asked to state the current issues or problems which are affecting their quality life in the Valley, the top responses included the following: “none/nothing” (57.5%), “healthcare” (7.8%) and “don’t know” (7.5%).
- While 67.5% of respondents reported being “very aware” (33.0%) or “somewhat aware” (34.5%) of where to find available assistance or resources if they were having trouble making ends meet, 26.0% reported being “somewhat unaware” (6.0%) or “not at all aware” (20.0%).
- When all respondents were asked if they have reduced spending in the past year, the most common areas where respondents reported cutting back are “entertainment and travel” (65.0%) and “food purchases” (22.5%). Additionally, one-fifth, 20.5%, suggested they have not had to reduce spending.

**HEALTH CARE**

- The large majority of respondents, 93.8%, reported having a health care provider (doctor/nurse) or a health care facility, other than an emergency service, which they consider to be their primary health care provider.
- A majority of respondents, 85.8%, reported having visited a doctor for a routine checkup, including blood tests, within the past year.
- Respondents reported the following difficulties as those they have experienced when getting needed healthcare: “none/no difficulties” (88.8%), “no insurance” (4.5%) and “childcare issues” (2.5%).

**HEALTH STATUS**

- When asked to rate their current overall health, a majority of respondents, 91.3%, suggested their health as being either “very good” (31.5%) or “good” (59.8%). Another 8.3% suggested their health as currently “poor” (6.8%) or “very poor” (1.5%).

**HEALTH PROBLEMS**

- The following table presents confirmed health problems, as indicated by a doctor, nurse or other health care professional, among those respondents surveyed.

**Health Problems -- Yes**

High cholesterol 36.5%

Arthritis 28.0

Hypertension 26.5

Diabetes 13.8

Asthma 10.0

Cardiac/Stroke, Mini Stroke or TIA 9.8

- Respondents were asked what services, if any, they or someone living in their home may need to assist them with living at home. The most common services needed were “emergency response/personal call system” (7.8%) and “visiting nurse” (2.0%).
- The reasons given as to why respondents were unable to access required services to assist with living at home included the following: “no services needed” (61.5%), “unable to afford” the services (19.2%), “don’t know/unsure” (11.5%) and “services not available” (3.8%).

#### DENTAL CARE

- Upon being asked what difficulties, if any, they have experienced when trying to get needed dental care, respondents reported “lack of dental insurance or inadequate dental coverage” (5.8%) and “can’t afford to go to the dentist” (3.0%) as the most common difficulties.

#### SCREENING/PREVENTATIVE CARE

- Slightly more than three-fifths of respondents, 64.7%, reported having a colon cancer screening or a colonoscopy within the past year. Another 7.7% had a screening within the past 10 years and 26.6% of respondents have never had either procedure done.
- More than two-thirds of female respondents age 40 or older, 70.6%, reported having their last mammogram within the past year. Another 14.0% reported having their last mammogram within the past two years and 5.1% reported having never had a mammogram.
- Males age 40 or older were asked when they last had a prostate screening, including a PSA blood test and a digital rectal exam. More than three-fifths of qualifying respondents, 62.6%, reported having their last prostate screening within the past year and another 20.3% reported a screening within the past two years.

#### RADON/CO DETECTION

- While more than half of all respondents, 56.8%, reported their home has not been checked for RADON, another 36.0% reported their home had been checked.
- More than two-thirds of respondents, 69.5%, reported having a carbon monoxide, or CO, detector in their home, while another 27.8% did not.

#### VACCINATIONS

- While 54.3% of respondents reported getting a flu shot within the past year, the top reasons stated for why respondents did not get a flu shot this past season included the following: “do not need it” (22.3%), “not covered by insurance” (4.0%), “don’t know/unsure” (3.3%) and “side effects” (3.0%).

#### EMERGENCY PREPAREDNESS

- A majority of respondents, 88.0%, reported currently having enough supplies for their household members to last three or more days.

## COMMUNICATION WITH SERVICE PROVIDERS

- A majority of respondents, 89.5% reported having never had difficulty understanding instructions from a health care provider, while another 3.5% reported having difficulty “always” (2.0%) or “usually” (1.5%) and 6.0% had reported “seldom.”

## PHYSICAL ACTIVITY/EXERCISE

- Two-fifths of respondents, 40.6%, reported that they engage in moderate physical activity or exercise for a total of 30 minutes or more between one and three days per week, while another 21.9% reported exercising 30 minutes or more between four and six days per week and 18.3% reported seven days a week.
- “Motivation” (27.0%) was cited most frequently as a barrier to exercising on a regular basis. This was followed by “physical limitations” (18.0%), “don’t know/unsure” (17.5%), “lack of time (due to work obligations/hours)” (12.0%) and “lack of time (due to family obligations)” (10.0%).

## NUTRITION

- After defining a “health-promoting diet” as one that involves eating multiple servings of fruit, vegetables and low-fat dairy products on a daily basis and limiting foods with sugar and fat, researchers asked respondents how often they eat this way. A majority, 89.0%, reported eating in a health-promoting way “always” (40.5%) or “usually” (48.5%), while another 10.8% reported eating healthy “seldom” (8.8%) or “never” (2.0%).
- While 63.8% of respondents reported “none/already eat healthy” when asked what barriers, if any, they face when trying to maintain a healthy diet, 34.4% reported “time/lack of time to prepare healthy foods” and 27.8% reported “bad habits” as barriers to maintaining a healthy diet. “Don’t know” responses were removed from the data.

## INJURY Prevention

- Respondents were read three questions pertaining to injury prevention and asked if they do each. The chart below presents the results as collected with “not applicable” responses removed from the data.

### Injury Prevention

- Always wear a safety/seat belt when you drive or ride in a car? (N=392)  
YES - 95.9% NO - 4.1%
- Always wear a helmet when you ride a bicycle or motorcycle? (N=119)  
YES – 63% NO - 37%
- Always keep firearm locked in a secure location? (N=105)  
YES – 71.4% NO – 28.6%

## SAFETY

- A large majority of respondents, 98.5% reported having not experienced physical or verbal abuse by anybody in their family during the past 12 months. A small number, 1.5%, reported being hurt verbally in that time period.
- A majority of respondents, 87.6%, reported feeling “very safe” (66.8%) or “somewhat safe” (20.8%) walking in their neighborhood in the evening, while another 8.8% reported feeling “somewhat unsafe” (6.0%) or “very unsafe” (2.8%).
- When asked what the main issues facing children in the Valley schools are, respondents with children reported “drugs” (48.6%) as their main concern. This was followed by “bullying” (25.7%), “illness (colds, swine flu, etc.)” (8.1%) and “crime” (4.1%).

## SUBSTANCE ABUSE

- Among those respondents (12.8% or 51 respondents) who reported currently smoking, the following presents responses provided when asked about their intention to quit in the next year: “yes, smoke and intend to quit” (48.1%), “yes, smoke but do NOT intend to quit” (25.9%) and “yes, smoke but unsure if I intend to quit” (20.4%).
- While 94.5% of respondents reported there were no days, in the past 30, when substance use such as alcohol or drugs kept them from doing their usual activities such as selfcare, work or recreation, 2.8% reported there were one to two days in the past 30 when substance use did keep them from doing usual activities.
- When asked, a small number of respondents, 1.6%, reported using prescription medications for purposes other than medical reasons either “more than twice a month” (0.8%) or “once or twice a month” (0.8%).
- A majority of respondents, 81.3%, suggested that illegal drugs are a “very serious”(41.8%) or “somewhat serious” (39.5%) problem in the Valley community.

## MENTAL HEALTH

- Slightly less than one-fifth of respondents, 18.5%, reported that over the past year there were times they felt stress, depression, anxiety or other mental health issues affected their ability to function for more than two consecutive weeks. Another 80.8% of respondents did not experience this.

## EDUCATION/TRAINING/COMMUNICATIONS

- Researchers read a list of services and asked respondents to indicate if they feel there are adequate service availability in the Valley region to meet their needs. The percentages below represent those respondents who suggested “Yes” to there being “enough” services when “don’t know” responses were removed from the data:
  - > Childcare/preschool care (79.6%)
  - > Adult education such as English as a second language (76.9%)
  - > After school programs/care (74.8%)
  - > Job training (56.1%)

- The most frequently reported places where respondents go to for information pertaining to healthcare, education and support services included the following:

> “internet” (35.3%), “TV news” (30.8%) and “newspaper stories” (22.5%).

#### NATURAL ENVIRONMENT

- “Recycling” (87.0%) and “reducing energy consumption in home” (53.8%) were the most frequently cited measures among respondents having reported efforts taken to reduce energy consumption and help the environment.

#### COMMUNITY ENGAGEMENT: ARTS, CULTURE & RECREATION

- More than two-fifths of respondents, 44.6%, reported that in the past year, they have utilized recreation resources within the Valley, such as parks, trails, and recreation activities either “very often” (14.3%) or “somewhat often” (30.3%). Another 55.1% reported using recreation resources in the Valley “not very often” (23.3%) or “never” (31.8%).
- More than one-quarter of all respondents, 27.0%, reported, in the past year, having utilized arts and culture resources within the Valley, such as arts activities or performances either “very often” (6.0%) or “somewhat often” (21.0%). Another 72.5% reported using arts and culture resources in the Valley “not very often” (25.5%) or “never” (47.0%).
- Respondents were asked to think about the arts, culture, and recreation in the Valley, and to indicate any programs, services or events that they feel are not offered or not offered enough. Top responses included the following: “musical plays” (5.0%), “concerts” (3.0%) and “kids theater” (2.5%).
- More than half of respondents, 57.3%, reported that in the past 12 months they have given time or made a donation of money or other resources to charitable, civic, religious, educational, or volunteer organizations working in the Valley. Another 41.8% had not or were unable to do so.

#### ETHNIC DISCRIMINATION/RACISM

- More than two-fifths of respondents, 45.5%, suggested that ethnic discrimination or racism has been a “small problem” in the Valley in the past year. Another 23.5% suggested racism is “not a problem at all,” while 13.8% reported racism has been a “big problem” in the past year in the Valley.

#### SUMMARY OF FINDINGS

##### QUALITY OF LIFE

- Researchers asked all respondents if they considered their own quality of life today to be very good, good, poor or very poor. The majority of respondents, 92.8%, described their quality of life as being either “very good” (33.0%) or “good” (59.8%), while another 7.3% reported “poor” (5.8%) or “very poor” (1.5%).

- Quality of life

> Very good 33.0%  
 > Good 59.8  
 > Poor 5.8  
 > Very poor 1.5  
 > Don't know/unsure ---  
 > Total good 92.8  
 > Total poor 7.3

- When asked to state the current issues or problems which are affecting their quality life in the Valley, respondents offered the following most frequently: "none/nothing" (57.5%), "healthcare" (7.8%) and "don't know" (7.5%).
- The table below presents a complete list of responses along with the frequency of mention.

Issues or Problems

> None/nothing 57.5%  
 > Healthcare 7.8%  
 > Don't Know 7.5%  
 > Economy/finances 5.0%  
 > Unemployment 3.5%  
 > Current health 3.5%  
 > Crime 2.3%  
 > Recession 1.8%  
 > Traffic 1.8%  
 > High taxes 1.5%  
 > Drugs 1.5%  
 > Pollution 1.3%  
 > Cost of living 1.0%  
 > Education 0.8%  
 > City services 0.8%  
 > Services for disabled 0.8%  
 > Services for elderly 0.8%

- Researchers read the following to all respondents: *"During what many consider to be a difficult economy, some families are finding it hard to keep current with bills such as a monthly mortgage or rent payment, utilities and groceries. Please tell me, if you were having trouble making ends meet at your home, how aware would you say you are of where to find available assistance or resources? Would you say..."*

While 67.5% of respondents reported being "very aware" (33.0%) or "somewhat aware" (34.5%) of where to find available assistance or resources if they were having trouble making ends meet, 26.0% reported being either "somewhat unaware" (6.0%) or "not at all aware" (20.0%) of where to find assistance

- Respondents were asked, if they had to reduce their spending in the past year, which areas, if any, have they cut back on to save money. The most common areas that respondents reported

cutting back on included the following: “entertainment and travel” (65.0%) and “food purchases” (22.5%). Where are you cutting back?

>Entertainment and travel 65.0%  
>Food purchases 22.5%  
>Haven't had to reduce spending 20.5%  
>Utilities such as heat & electricity 17.5%  
>Health care such as medications and office visits 5.0%  
>Rent/Mortgage 2.5%  
>Other 1.0%  
>Don't know/unsure 0.3%

### HEALTH CARE

- As presented in the chart below, a majority of respondents, 93.8%, reported having a health care provider (doctor or nurse) or a health care facility, other than an emergency service, that they consider their primary health care provider.

YES - 93.7

NO - 6.3

- Respondents were asked which medical plan best describes their or their family's current medical insurance or plan. Results are presented in the table below.

> Private or employment 68.0%  
> Medicare 29.8  
> No health insurance 4.5  
> Government (including VA, Champus, Tricare, Husky) 3.8  
> Medicaid 3.3  
> Other 1.8  
> Don't know/unsure 0.3  
> None 0.3

- A majority of respondents, 85.8%, reported having last visited a doctor for a routine check-up including blood tests within the past year. The table below presents the results as collected.

### How long since last routine check-up?

> Within the past year (1 to 12 months ago) 85.8%  
> Within the past 2 years (1 to 2 years ago) 8.8  
> Within the past 5 years (2 to 5 years ago) 2.8  
> Five (5) or more years ago 1.8  
> Don't know/unsure 1.0

- Respondents were asked what difficulties, if any, they have experienced when getting needed healthcare. Top responses included the following:

- > “none/no difficulties” (88.8%),
- > “no insurance” (4.5%)
- > “childcare issues” (2.5%).
- > Cannot afford to go to the doctor 2.3%
- > Cannot find a health care provider who accepts their insurance 0.8%
- > Transportation problems 0.8%
- > Disabled/Disability 0.5%
- > Inconvenient office hours/Unable to get time off from work 0.5%
- > Other: 0.5%
- > Cannot find a health care provider or practice they like 0.3%
- > Don’t know/unsure 0.3%

### HEALTH STATUS

- When asked to rate their current overall health, a majority of respondents, 91.3%, suggested their health as being either “very good” (31.5%) or “good” (59.8%), while another 8.3% suggested their health as “poor” (6.8%) or “very poor” (1.5%).
- > Total good 91.3%
- > Total poor 8.3%

### HEALTH PROBLEMS

- Researchers read a list of health problems and asked respondents if a doctor, nurse or other healthcare professional had ever confirmed they had one or more of the problems being measured. The table below presents each of the health problems measured along with the frequency of mention for each.

### Health Problems

> High cholesterol	YES - 36.5%	NO - 62.3%
> Arthritis	YES - 28.0%	NO - 70.5%
> Hypertension	YES - 26.5%	NO - 72.8%
> Diabetes	YES - 13.8%	NO - 85.3%
> Asthma	YES - 10.0%	NO - 89.5%
> Cardiac/Stroke, Mini Stroke or TIA	YES - 9.8%	NO - 89.3%

- Respondents were asked what services, if any, they or someone living in their home might need to assist them with living at home. The most common services needed were reported as: “emergency response/personal call system” (7.8%) and “visiting nurse” (2.0%).

The following table presents the results as collected. Readers should note that multiple responses were accepted.

### Services Needed

- > None 94.8%

>Emergency response/personal call system 7.8  
>Visiting nurse 2.0  
>Home health aide 2.0  
>Transportation 0.8  
>Assistance with shopping 0.8  
>Medical equipment 0.5  
>Physical therapy 0.3  
>Chores/home maintenance 0.3  
>Don't know/unsure 0.3

- If a service was needed to assist with living at home and respondents reported being unable to access that particular service, they were then asked what the reason might be for being unable to access the required services. While 61.5% of respondents reported there were no services needed, 19.2% reported the primary reason they would be unable to access care as "unable to afford" the service(s).
  - None needed 61.5%
  - Unable to afford 19.2
  - Don't know/unsure 11.5
  - Services not available 3.8
  - Fear/Safety/Uncertainty about having stranger in home 1.9
  - Services denied by provider/payer or insurance 1.9

#### DENTAL CARE

Upon being asked what difficulties, if any, they have experienced when trying to get needed dental care, respondents reported "lack of dental insurance or inadequate dental coverage" (5.8%) and "Can't afford to go to the dentist" (3.0%) as the most common difficulties. Multiple responses were accepted and are presented, along with frequency of mention, in the table below.

#### Difficulties

>No difficulties 87.3%  
>Lack of dental insurance or inadequate dental coverage 5.8  
>Can't afford to go to the dentist 3.0  
>Can't find a dentist who accepts your insurance 2.3  
>Can't find a dentist or clinic you like 1.8  
>Other 1.0  
>Transportation problems 0.8  
>Time off from work 0.3  
>Not important to me 0.3

#### SCREENING/PREVENTATIVE CARE

All respondents age 50 or older, or those who have a family history of colon cancer, were asked how long it has been since they had their last colon cancer screening or colonoscopy. As presented in the table below, slightly more than three-fifths of these respondents, 62.1%, reported having either a

colon cancer screening or colonoscopy within the past five years. Another 25.5% have never had either procedure done.

#### Last cancer screening or colonoscopy (N=298)

- > Within the past 5 years (0 to 5 years ago) 62.1%
- > Within in the past 10 years (5 to 10 years ago) 7.4
- > Ten (10) or more years ago 1.0
- > Have never had a colonoscopy 25.5
- > Don't know/unsure 4.0

#### WOMEN'S HEALTH (ASK WOMEN ONLY)

Women age 40 or older were asked how long it has been since they had their last mammogram. As presented below, more than two-thirds, 70.6%, reported having their last mammogram within the past year, while another 14.0% reported having their last mammogram within the past two years and 5.1% reported having never had a mammogram.

#### How long since your last mammogram

- > Within the past year (1 to 12 months ago) 70.6%
- > Within the past 2 years (1 to 2 years ago) 14.0%
- > Within the past 3 years (2 to 3 years ago) 4.3%
- > Within the past 5 years (3 to 5 years ago) 2.6%
- > Five (5) or more years ago 3.4%
- > Have never had a mammogram 5.1%

#### MEN'S HEALTH (ASK MEN ONLY)

Males age 40 or older were asked when they last had a prostate screening, including a PSA blood test and a digital rectal exam. Nearly three-fifths of qualifying respondents, 62.6%, reported having their last prostate screening within the past year and another 20.3% had a screening within the past two years.

#### When was your last prostate screening?

- > Within the past year (1 to 12 months ago) 62.6%
- > Within the past 2 years (1 to 2 years ago) 20.3%
- > Within the past 3 years (2 to 3 years ago) 3.3%
- > Within the past 5 years (3 to 5 years ago) 2.4%
- > Five (5) or more years ago 3.3%
- > Have never had one 8.1%

#### RADON

While more than half of all respondents, 56.8%, reported their current home has not been checked for RADON, another 36.0% reported their home had been checked.

### Current home been checked for RADON?

- > Yes 36.0%
- > No 56.8%
- > Don't know/unsure 7.3%

### CO DETECTION

More than two-thirds of respondents, 69.5%, reported having a carbon monoxide, or CO, detector in their home. Another 27.8% did not.

### CO detector in your home?

- > Yes 69.5%
- > No 27.8%
- > Don't know/unsure 2.8%

### VACCINATIONS

The top reasons stated for why respondents did not get the flu shot this past season were "do not need it" (22.3%) and "not covered by insurance" (4.0%).

### Reasons

- > Do not need it 22.3%
- > Not covered by insurance 4.0%
- > Don't know/unsure 3.3%
- > Side effects 3.0%
- > Health care provider did not recommend it 2.0
- > Flu is not that serious 2.0%
- > Plan to get vaccinated later this flu season 2.0%
- > Had flu already this flu season 1.8%
- > Other 1.8%
- > Can cause the flu 1.3%
- > Tried to find vaccine, but could not get it 1.3%
- > Does not work 1.0%
- > Flu vaccination costs too much 0.3%
- > Did have flu shot "within past year" 54.3%

### EMERGENCY PREPAREDNESS

Respondents were asked to think about emergency preparedness and state if they have enough supplies at home such as food, water and medicine to last three days or more for their household members in the event of an area emergency. A majority of respondents, 88.0%, reported they do have enough supplies for their household members to last three or more days.

### Enough supplies to last three or more days for household members in case of an emergency?

- > Yes 88.0%
- > No 10.0%
- > Don't know/unsure 2.0%

### COMMUNICATION WITH SERVICE PROVIDERS

Respondents were asked how often in the last 12 months they have had difficulty understanding spoken or written instructions from a health care or social service provider. A majority of respondents, 89.5%, reported having never had difficulty understanding instructions from a health care provider.

Detailed findings are also presented in the table and chart below.

### How often in the last 12 months have you had difficulty understanding health care instructions?

- > Always 2.0%
- > Usually 1.5%
- > Seldom 6.0%
- > Never 89.5%
- > Don't know/unsure 1.0%

### PHYSICAL ACTIVITY/EXERCISE

Two-fifths of all respondents, 40.6%, reported that they engage in moderate physical activity or exercise for a total of 30 minutes or more between one and three days per week. Another 21.9% reported engaging in exercise 30 minutes or more between four and six days per week and 18.3% reported exercising seven days a week.

### How many days per week do you exercise for 30 minutes or more?

- > One 5.5%
- > Two 16.8%
- > Three 18.3%
- > Four 9.8%
- > Five 10.3%
- > Six 1.8%
- > Seven 18.3%
- > None 17.8%
- > Don't know/unsure/Depends 1.8%
- > "Motivation" (27.0%) was cited most frequently as a barrier to exercising on a regular basis. This was followed by "physical limitations" (18.0%).

## Barriers to exercising on a regular basis

- > Motivation 27.0%
- > Physical limitations 18.0%
- > Don't know/unsure 17.5%
- > Lack of time (due to work obligations/hours) 12.0%
- > Lack of time (due to family obligations) 10.0%
- > None 6.3%
- > Safety concerns 4.3%
- > Other 3.3%
- > Too expensive 1.8%

## NUTRITION

Researchers read the following: "*A health-promoting diet involves eating multiple servings of fruit, vegetables and low-fat dairy products on a daily basis and limiting foods with sugar and fat. How often would you say you eat in a health-promoting way? Would you say...*" As presented below, the majority of respondents, 89.0%, reported eating in a health-promoting way either "always" (40.5%) or "usually" (48.5%).

### How often do you eat in a health-promoting way?

- > Always 40.5%
- > Usually 48.5%
- > Seldom 8.8%
- > Never 2.0%
- > Don't know/unsure 0.3%

## Barriers

While 63.8% of respondents reported "none/already eat healthy" when asked what barriers, if any, they face when trying to maintain a healthy diet, 34.4% reported "time/lack of time to prepare healthy foods" and 27.8% reported "bad habits" as barriers to maintaining a healthy diet. "Don't know" responses were removed from the data.

- > None/already eat healthy 63.8%
- > Time/lack of time to prepare healthy foods 34.4%
- > Bad habits 27.8%
- > Eat out frequently 16.7%
- > Healthy food doesn't taste good/dislike healthy food 12.4%
- > Costs too much for my budget 9.8%
- > Other 1.9%
- > Inability to cook/cook healthy 1.3%
- > Awareness/lack of knowledge (what foods are healthy) 0.8%

## INJURY PREVENTION

Researchers read respondents three different questions pertaining to injury prevention and asked if they do each. The following table presents the results as collected. “Non-applicable” responses were removed from the data.

### Always wear a safety/seat belt when you drive or ride in a car? (N=392 )

YES - 95.9% NO - 4.1%

### Always wear a helmet when you ride a bicycle or motorcycle? (N=119 )

YES - 63.0 NO- 37.0

### Always keep firearms locked in secure location? (N=105 )

YES - 71.4 NO - 28.6%

## SAFETY

A large majority of respondents, 98.5% reported they have not experienced physical or verbal abuse by anybody in their family during the past 12 months. A small number, 1.5%, reported being hurt verbally in that time period.

### **In the past 12 months, have you experienced**

- > Yes, physically ---%
- > Yes, verbally 1.5%
- > Yes, both ---
- > No 98.5%
- > Don't know/unsure ---
- > Refused ---

## NEIGHBORHOOD SAFETY

When asked, a majority of respondents, 87.6%, reported feeling either “very safe” (66.8%) or “somewhat safe” (20.8%) walking in their neighborhood in the evening.

### How safe do you feel walking in your neighborhood in the evening?

- > Very safe 66.8%
- > Somewhat safe 20.8%
- > Somewhat unsafe 6.0%
- > Very unsafe 2.8%
- > Don't know/unsure 3.8%

## CHILD SAFETY

When asked what the main issues facing children in the Valley schools are, respondents reported “drugs” (40.5%) as their main concern. This was followed by “bullying” (13.8%). The table below presents the top results as collected.

### Main issues facing children in Valley schools? (Composite)

- > Drugs 40.5%
- > Don't know/unsure 24.0%
- > Bullying 13.8%
- > Illness (colds, swine flu, etc.) 11.3%
- > Crime 9.5%
- > None/Do not think there are safety issues 9.3%
- > Predators 4.0%
- > Other 3.5%
- > Old buildings 2.8%

### Main issues facing children in Valley schools? (Those with Children)

- > Drugs 48.6%
- > Don't know/unsure 17.6%
- > Bullying 25.7%
- > Illness (colds, swine flu, etc.) 8.1%
- > Crime 5.4%
- > None/Do not think there are safety issues 12.2%
- > Predators 4.1%
- > Other 2.7%

### Main issues facing children in Valley schools? (Those without Children)

- > Drugs 38.7%
- > Don't know/unsure 25.4%
- > Bullying 11.1%
- > Illness (colds, swine flu, etc.) 11.8%
- > Crime 10.5%
- > None/Do not think there are safety issues 8.7%
- > Predators 4.0%
- > Other 3.7%

## SUBSTANCE ABUSE

While 86.5% of respondents reported they do not smoke, another 12.8% reported currently smoking. Among those respondents (12.8% or 51 respondents) who reported currently smoking, the following table presents the responses provided when asked about their intention to quit in the next Year.

### Intend to quit smoking in the next 12 months? (N=51)

- > Yes, smoke and intend to quit 48.1%
- > Yes, smoke but do NOT intend to quit 25.9%
- > Yes, smoke but unsure if I intend to quit 20.4%
- > Refused 5.6%

### Number of days within the last 30 days that substance use kept you from doing usual activities

While 94.5% of respondents reported there were no days, in the past 30, that substance use such as alcohol or drugs kept them from doing their usual activities such as self-care, work or recreation, 2.8% reported there were one to two days, in the past 30, where substance use did keep them from doing usual activities.

- > None 94.5%
- > 1 to 2 2.8%
- > 3 to 4 0.5%
- > 5 to 6 0.3%
- > 7 to 8 0.3%
- > 9 or more 0.3%
- > Don't know/unsure 1.5%

### Used prescription medications for purposes other than medical reasons

Respondents were asked how often they have used prescription medications for purposes other than medical reasons. A small number 1.6% reported using prescription medications for purposes other than medical reasons “more than twice a month” (0.8%) or “once or twice a month” (0.8%).

- > More than twice a month 0.8%
- > Once or twice a month 0.8%
- > No longer use 2.3%
- > Never used. 93.8%
- > Don't know/unsure 2.5%

### How serious a problem are illegal drugs in the Valley?

A majority of respondents, 81.3%, suggested that illegal drugs are a “very serious” (41.8%) or “somewhat serious” (39.5%) problem in the Valley community.

- > Very serious 41.8%
- > Somewhat serious 39.5%
- > Not very serious 2.8%
- > Not at all serious/no problem at all 3.3%
- > Don't know/unsure 12.8%

## MENTAL HEALTH

Slightly less than one-fifth of respondents, 18.5%, reported that over the past year there were times they felt that stress, depression, anxiety or other mental health issues affected their ability to function for more than two consecutive weeks. Another 80.8% of respondents did not experience this.

In the past year have you experienced mental health issues that affected your ability to function for more than two consecutive weeks?

- > Yes 18.5%
- > No 80.8%
- > Don't know/unsure 0.8%

## Difficulties Getting Care

Researchers read the following: "*In the past year, if you or a member of your family needed mental healthcare or counseling, please tell me what difficulties, if any, you experienced in getting needed care.*" The table below presents the reported difficulties. Multiple responses were accepted.

- > None 89.5%
- > Don't know/not sure 5.3%
- > No insurance 1.8%
- > Can't find a health care provider /counselor/clinic you like 1.3%
- > Can't afford to go to a health care provider 1.0%
- > Can't find a health care provider who accepts your insurance 0.8%
- > Refused 0.5%
- > Childcare issues 0.3%
- > Fear of pain/discomfort 0.3%
- > Transportation problems 0.3%

## EDUCATION/TRAINING/COMMUNICATIONS

Researchers read a list of services and asked respondents to state whether they feel there is adequate service availability in the Valley region to meet their needs.

Are there enough of the following services?

- > Adult education such as ESL (English as a second language)  
YES - 76.9% NO - 23.1%
- > Childcare/preschool care  
YES - 79.6% NO - 20.4%
- > After school programs/care  
YES - 74.8% NO - 25.2%
- > Job training  
YES - 56.1% NO - 43.9%

### Resources for information

The most frequently reported places where respondents go to for information pertaining to healthcare, education and support services included the following: “internet” (35.3%), “TV news” (30.8%) and “newspaper stories” (22.5%).

- > Internet 35.3%
- > TV News 30.8%
- > Newspaper Stories 22.5%
- > Friends/Neighbors/Relatives 12.8%
- > Newspaper Ads 7.3%
- > TV Advertising 6.3%
- > Social Service Agency (TEAM, United Way) 6.0%
- > Radio News 5.5%
- > Government Agency/Municipality 5.3%
- > Local Health District 4.0%
- > Don’t know/unsure 3.0%
- > Mailings/Direct mail 2.8%
- > Newspaper inserts 2.5%
- > Co-workers 2.5%
- > Employer/School 2.0%
- > Other 1.5%
- > Radio Advertising 0.8%
- > Email 0.8%
- > Brochures 0.5%
- > Fairs/Events 0.3%

### NATURAL ENVIRONMENT

“Recycling” (87.0%) and “reducing energy consumption in home” (53.8%) were cited most frequently by respondents as measures being taken to reduce energy consumption and help the environment.

### Reasons

- > Recycling 87.0%
- > Reducing energy consumption in home (reducing usage or replacing appliances) 53.8%
- > Growing your own food/purchasing food from local farmers 20.8%
- > Driving less or purchasing a more fuel efficient vehicle 14.5%
- > Reducing use of harmful chemicals in yard/garden/home 10.5%
- > Enrolling in a clean energy program or purchasing alternative energy products 5.3%
- > Don’t know/unsure 2.8%
- > Other 0.3%
- > Nothing 0.3%

## COMMUNITY ENGAGEMENT: ARTS, CULTURE & RECREATION

More than two-fifths of respondents, 44.6%, reported that in the past year, they have utilized recreation resources within the Valley, such as parks, trails, and recreation activities “very often” (14.3%) or “somewhat often” (30.3%). Another 55.1% reported using recreation resources in the Valley “not very often” (23.3%) or “never” (31.8%).

### How often have you utilized recreation resources within the Valley over the past year?

- > Very often 14.3%
- > Somewhat often 30.3%
- > Not very often 23.3%
- > Never 31.8%
- > Don’t know/unsure 0.5%

### How often have you utilized arts and culture resources within the Valley?

More than one-quarter of all respondents, 27.0%, reported that in the past year, they have utilized arts and culture resources within the Valley, such as arts activities or performances “very often” (6.0%) or “somewhat often” (21.0%). Another 72.5% reported using arts and culture resources in the Valley “not very often” (25.5%) or “never” (47.0%).

- > Very often 6.0%
- > Somewhat often 21.0%
- > Not very often 25.5%
- > Never 47.0%
- > Don’t know/unsure 0.5%

### Programs or services

Respondents were asked to think about arts, culture, and recreation in the Valley, and to state any programs, services or events that they feel are not offered or not offered enough. Top responses included the following: “musical plays” (5.0%), “concerts” (3.0%) and “kids theater” (2.5%).

- > None 58.8%
- > Don’t know/unsure 23.5%
- > Musical plays 5.0%
- > Concerts 3.0%
- > Kids theater 2.5%
- > Art for kids 2.5%
- > Teen center 1.8%
- > More of everything 1.8%
- > Outdoor events 1.5%
- > Kid parks 1.3%
- > Festivals 1.0%
- > Art galleries/exhibits 0.8%
- > Senior events 0.8%

- > Historic events 0.5%
- > All arts are lacking 0.3%
- > Hiking trails 0.3%
- > Photography exhibits 0.3%
- > Pottery 0.3%
- > Bingo 0.3%
- > Line dancing 0.3%
- > Movies 0.3%
- > Sports 0.3%
- > Affordable child care 0.3%
- > Job training programs 0.3%

*Given time or donated money to charitable organization in the Valley?*

More than half of respondents, 57.3%, reported giving time or making a donation of money or other resources to charitable, civic, religious, educational, or volunteer organizations working in the Valley.

- > Yes, time 10.0%
- > Yes, money or other resources 30.5%
- > Yes, both 16.8%
- > No/not able to do so 41.8%
- > Don't know/unsure 1.0%

*ETHNIC DISCRIMINATION/RACISM*

More than two-fifths of respondents, 45.5%, suggested that ethnic discrimination or racism has been a “small problem” in the Valley in the past year. Another 23.5% suggested racism is “not a problem at all,” while 13.8% reported racism has been a “big problem” in the past year in the Valley.

*How big a problem is racism in the Valley?*

- > A big problem 13.8%
- > A small problem 45.5%
- > Not a problem at all 23.5%
- > Don't know/unsure/refused 17.3%

*OBESITY/BMI*

BMI'S for survey respondents was calculated using heights and weights provided as part of the demographic information. The following summarizes the results.

> Normal	- 37.2%
> Overweight	- 39.9%
> Obese	- 20.1%
> Extreme Obesity	- 2.7%

## ❖ Valley Cares Report Summary – 2010

The Valley Council for Health & Human Services is a partnership network of non-profit health and human service agencies serving the residents of the Lower Naugatuck River Valley. Our mission is to improve quality of life by working collaboratively to identify and respond to community needs. In order to better fulfill our mission in 2007 the Council began planning an initiative to track key indicators of community wellbeing, now named Valley CARES (Community Assessment Research & Education for Solutions). The word cares has several different meanings. Frequently, we use it to describe how we nurture or look after the things we value. We also may use the word cares to refer to our concerns or worries in life. The Valley CARES initiative is about each of these meanings of cares.

*What do Valley residents value as important contributors to their wellbeing and quality of life? What are they already doing to nurture the things they value? What are the cares or concerns that need to be addressed in order to build an even better quality of life for all Valley residents?*

The Valley Council is delighted to offer the first Valley CARES Quality of Life Report to the Valley community. We hope it will serve as a resource to help make our Valley an even better place to work and live than it already is. The Valley CARES Taskforce, with the input of Council members and community partners, guided the creation of this report and all aspects of the Valley CARES initiative. We invite you to become involved by reading the report, celebrating the Valley's strengths, and joining us in the search for solutions to community challenges.

### The Valley CARES Taskforce

- Beth Patton Comerford, MS, Yale-Griffin Prevention Research Center (Taskforce Co-Chair)
- Mary S. Nescott, MPH, Birmingham Group Health Services, Inc. (Taskforce Co-Chair)
- Heidi Zavatone-Veth, PhD, Valley Council for Health & Human Services (Valley Council Coordinator)
- Karen N. Spargo, MA, MPH, Naugatuck Valley Health District
- Jesse Reynolds, MS, Yale-Griffin Prevention Research Center
- Tara Rizzo, MPH, Griffin Hospital
- Susan Nappi, MPH, Griffin Hospital (currently Yale University)
- Ann Harrison, The WorkPlace, Inc. (currently Workforce Alliance)

### The Quality of Life Indicators and Report

Community indicators are one way to measure the quality of life in a community. For this first Valley CARES Report, we have included indicators for 8 areas that contribute to community wellbeing. The summary version of the report provides an overview of the key findings for each quality of life area. The full report provides greater detail for each of the indicators as well as sources for additional information and areas in which we would like to improve our understanding. This first Quality of Life report is a starting point in an on-going effort to create an indicators report that provides a useful snapshot of life conditions in the Valley. The Taskforce selected the indicators based on several factors including: the current availability of reliable information, the likelihood that the information can be tracked over time, and the relevance of the information for community action.

Many of the indicators in this report come from information gathered and analyzed by public and private agencies in the region and state. Staff from the Yale-Griffin Prevention Research Center compiled the secondary source indicators data. In order to fill gaps in existing information, the Valley CARES Taskforce also commissioned a community survey of 400 randomly selected residents of the 6 Valley towns.

## The Valley Population

Between 2000 and 2009, the Valley population increased by almost five percent, reaching an estimated 103,754 residents (Sources: US Census 2000; CERC 2010-2009). According to a recent Demographic Snapshot Report, the population growth rate is expected to slow in the upcoming years (Claritas 2009). In addition to increasing in population size, the Valley community is undergoing changes as new immigration alters the mix of ethnic and linguistic diversity among residents. For example, the percentage of Hispanic residents grew to a total of 6% of the Valley-wide population by 2009. The Valley community includes residents with a diversity of national origins and native languages. A 2009 Demographic Snapshot Report estimates that 9% of Valley residents speak an Indo-European language, almost 4% speak Spanish, and 1% speaks an Asian/Pacific Islander language (Claritas 2009). The students enrolled in programs at Valley Regional Adult Education (VRAE) in the 2009-2010 fiscal year came from over 60 countries, showing the increasing ways the global community is represented in the Valley community.

## Quality of Life

The vast majority of Valley residents describe their quality of life in a positive way, but some community members do not share in this sense of overall wellbeing.

- 93% of Valley residents surveyed view their quality of life as good or very good, while about 8%--close to 1 out of every 10 residents--said that their life quality is poor or very poor.

## Quality of Life - How are we doing?

93% of Valley residents surveyed described their quality of life as good (60%) or very good (33%). Close to 8% reported that they had poor (6%) or very poor (2%) life quality. When respondents were asked to identify the current issues or problems affecting their quality of life in the Valley, the most common answers were: none/nothing (58%), health care (8%), economy/finances (5%), unemployment (4%), current health (4%), and don't know (8%).

## Housing

Housing affordability has become an increasing concern in the Valley, although the economic recession has led to a recent drop in home prices.

- Between 2000 and 2007, home prices in the Valley rose at a faster pace than household incomes putting home ownership out of reach for more people; the recent drop in housing prices may not be enough to make homes more affordable in the current economic climate.
- There are 853 governmentally-assisted affordable housing units for the elderly and 1,300 units for families in the Valley. A 2004 study of housing affordability in the Valley found a substantial gap between the availability and the need for affordable housing options for residents.

## Housing - How are we doing?

In 2004, a study on housing the Valley's workforce concluded that home ownership was growing out of the reach of many Valley households, including those traditionally considered middle class (*Housing the Workforce*, 2004). A report released this year shows that between 2000 and 2007 median home prices in Valley towns grew at a faster pace than household incomes, which contributed to a drop in home sales (*Naugatuck Valley Corridor Comprehensive Economic Development Strategy for the 21st Century Report*, 2010). In this way, the Valley mirrors the trend in the state as a whole between 2000 and 2008 when home prices grew 62% while personal income grew only 39% (*Housing in Connecticut 2010: The Latest Measures of Affordability*). In 2007, Valley towns varied considerably in how their median home prices compared to that of Connecticut overall. Current information from RealtyTrac

suggests that home prices have dropped at least 10% in Valley towns over the past year, but this drop may not be enough to make home ownership more affordable in the context of the economic recession. The number of governmentally assisted family and elderly housing units has increased since the mid-1990s (*Healthy Valley Indicators Data Book*, 1996), reaching a Valley-wide total of 1,300 family units and 853 elderly units. However, the distribution of governmentally assisted units varies significantly across the Valley towns. According to the 2008 Affordable Housing Appeals List, the percentage of housing units designated as affordable units in Valley towns ranged from 1.4% of all units in Oxford to 14.5% of units in Ansonia. A 2004 study on Housing the Workforce found that Valley rental rates had become increasingly unaffordable for many workers and elderly residents in the region. With the current recession, this situation has likely worsened, increasing the gap between the number of affordable housing options and the level of community need.

### Transportation

Transportation needs continue to have a significant impact on quality of life in the Valley. Long commutes and limited public transportation options shape many people's daily lives and their access to work and services.

- When asked about their commuting patterns, a quarter or more of residents in Valley towns said in 2000 that they commuted 30 minutes or more to work; a minority of workers (11--15%) reported riding to work in a non-single occupancy vehicle such as mass transit or a car pool.
- Recent studies highlight the need to improve public transportation options in the Valley. The number of mass transit rides provided by the Valley Transit District (VTD) dropped between 2008 and 2009, due in part to reductions in state funding. Fixed route bus service in the Valley towns continues to be limited.

### Transportation - How are we doing?

According to the 2000 Census, about a quarter or more of Valley workers commuted at least 30 minutes to their workplaces. In the case of Oxford, nearly half of all workers reported having commutes of 30 minutes or more. The vast majority of Valley workers did not commute in a non-single occupancy vehicle such as a carpool or mass transit. In addition to the mass transit service provided by the Waterbury-Bridgeport rail line, several transit services provided bus transportation within the Valley towns. The range of providers makes it more difficult to obtain consistent Valley-wide information about the region's mass transit capacity and transportation needs. Several studies have highlighted the need to improve mass transit service availability and public knowledge about public transportation options in the Valley (*Naugatuck Valley Corridor Comprehensive Economic Development Strategy for the 21st Century*—CEDS--Report, 2010; *Linking Low Income workers with Transportation in the Lower Naugatuck Valley—Summary Report*, 2006). In the 2006 study, some residents reported that lack of adequate transit options had led them to turn down employment opportunities or to leave their jobs. Employers also identified transportation as a challenge in their ability to hire and retain employees. According to information provided by the mass transit providers in 2010, fixed bus route service remains very limited in Valley towns, with only 4 existing fixed routes. Although the Valley Transit District is exploring the creation of fixed route service, it does not currently provide any fixed routes in the Valley. Between 2008 and 2009, the number of rides provided by the Valley Transit District also dropped. In part, this reduction was due to the loss of state funding for the Valley Connections commuter service. In 2009, Valley Transit District provided 82,776 one-way rides.

## Economic Opportunity

Even though Valley income levels rose over the past decade, increasing numbers of residents do not have access to the economic opportunities needed to build a strong quality of life.

- Median household income levels increased since 2000, but Valley towns differed considerably in whether their income levels fell above or below Connecticut's median of \$68,055 in 2009.
- The unemployment rate in the Valley has risen substantially since 2005, reaching an annual average of 8.0% in 2009 and almost 9% through September of 2010, with even higher levels in some towns.
- Although the current federal definition of poverty underestimates the percentage of residents facing economic hardship, the Valley's poverty rate in 2000 was 4.7% of the overall population. At that time, 10% or more of children were living in poverty in several Valley towns. It is likely that the poverty rate has risen sharply in recent years, as is true in the state.
- The percentage of families qualifying for free or reduced price lunch in Valley school districts increased in the past decade, an indication of growing economic hardship. In 2007-2008, about 2 out of 10 Valley public school children (19%) met the income requirement for free/reduced price lunch. In some districts, the level reached 40% or more of students.

## Economic Opportunity – How are we doing?

Over the past decade, median household income levels increased in all Valley towns (*Naugatuck Valley Corridor Comprehensive Economic Development Strategy for the 21st Century Report*, 2010). However, even as household incomes have risen, individual towns differ considerably in how their median income level compares to the state level. In 2009, Ansonia and Derby's median incomes were at least \$10,000 lower than the state median, while the remaining towns were close to or above the state level, an indication of the economic disparities within the Valley. As in the United States and Connecticut, the Valley's unemployment rate has increased substantially in recent years. In 2009, the Valley-wide annual average unemployment was over 40% higher than it had been the previous year and over 60% higher than it had been in 2005. Although the overall 2009 Valley rate was close to the statewide unemployment rate, some Valley towns had 2009 rates that were considerably higher than Connecticut's rate. The disparities among towns continue to hold true this year, even as all communities have experienced further jumps in unemployment through September 2010. According to the 2000 Census, the percentage of people living in poverty in the Valley was less than that in the state overall. However, town poverty rates varied quite dramatically, with the highest rate (8.2%) being almost 4 times as high as the lowest rate (2.1%). In all the Valley towns, the percentage of children living in poverty was higher than the overall poverty rate. The child poverty rate was close to or above the statewide rate in three Valley towns but considerably lower in the remaining three communities. With the recent economic recession, poverty levels in Connecticut have increased, reaching 9.3% overall and 12.5% for children in 2008. Although recent Census Bureau surveys do not provide updated information for Valley towns, it is likely that the number of Valley children and residents living in poverty has also risen in the past decade. In addition to needing updated information on the poverty rate in the Valley, local and state agencies are looking for ways to improve the measurement of poverty so that the definition takes into account the cost of living in a region. New measures may give a better indication. In the 2007-2008 school year, about 2 in every 10 Valley public school children (19%) met the eligibility requirement for free or reduced price lunch. The percentage for all Valley towns combined was lower than Connecticut's rate of 29% but masks large differences among the Valley towns. The percentage of eligible students in Ansonia and Derby's schools was several times as high as the percentage of eligible school children in Oxford and Shelton. The proportion of children eligible for free/reduced school lunches has risen in most Valley towns since 2000, suggesting that the percentage of families experiencing economic hardship has increased since the 2000 Census. Derby's

rate rose by 70% so that by 2007-2008 about 4 out of every 10 Derby public school children came from families meeting the eligibility guidelines. In the Ansonia school district, the percentage increased by over 30%. Nearly half of its school population came from families with incomes low enough to make them eligible for the free or reduced price lunches.

### Providing Education & Training for Life Long Success

#### How Are We Doing? – An Overview Early Childhood Education

Many Valley children benefit from early childhood education opportunities, yet some families may face challenges in accessing these resources.

- When asked if there is sufficient childcare and preschool availability in the Valley, 59% of parents with children under 18 living at home who participated in the Valley CARES survey reported that there are enough services. However, 32% of those parents indicated that they did not know if there are enough childcare and preschool resources.
- In 2007, the number of Valley children enrolled in the Care 4 Kids childcare assistance program (703) was higher than in previous years. However, we do not know enough about the gap between current enrollment levels and the need for childcare assistance within the community.
- The percentage of kindergartners with preschool experience has been increasing in some Valley towns. Yet, in the 2007-2008 school year most of the Valley school districts had not reached the state goal of 90% preschool experience. In 4 out of the 6 districts, the percentage of kindergartners with pre-school experience was at or above the state level.

#### Public School Performance

While school performance is close to the state level in many Valley districts, a sizeable number of students do not meet Connecticut's targets for elementary learning and high school graduation.

- The percentage of 4th graders meeting the state goal in reading performance, a strong indicator of school readiness and success, ranged between 40% and 60% in Valley school districts in the 2007-2008 school year compared to a state level of 56%.
- While the state is currently working to improve the measurement of high school graduation and dropout rates, 2007-2008 data show that 4-year high school graduation rates in most Valley school districts reached or exceeded the state rate. Nevertheless, between 3% and 9% of students in the Class of 2007 dropped out of school.

#### Post -secondary and Adult Education

While many Valley adults continue education and training after high school, access to college education, adult education, and job training continues to be difficult for some in the Valley community.

- When asked about their post-secondary education plans, between 73% and 89% of Valley high school graduates said they planned to pursue further education, which is increasingly important in improving people's opportunities for obtaining employment.
- According to 2009 statistics about adult educational attainment, the percentage of adults 25 and over who have Bachelor's degrees was lower in the Valley than in the state, ranging between 20% and 35% for the Valley towns compared to 36% for Connecticut.
- When asked about adult education & job training availability in the Valley, 42% of residents surveyed stated that there are enough adult education services while 46% said they did not know. 28% of respondents said existing job training services are sufficient but 51% did not know.

## Childcare and Pre-School Availability

The responses of Valley residents surveyed when asked whether there are enough childcare and preschool services in the Valley. This indicator reports the percentage for those respondents who had children under 18 living at home (Source: Valley CARES Community Survey, 2009-2010).

### How are we doing?

When asked if there is sufficient childcare and preschool availability in the Valley, 59% of survey respondents with children under 18 living at home reported that there are enough services. However, about a third of those respondents stated that they do not know whether existing childcare and preschool resources are sufficient. It is possible that survey respondents may have had older children and therefore not had a need for information about childcare & preschool, but the survey results raise questions about possible gaps in community awareness about existing resources. A 2006 study of early childcare capacity in the Valley found that the capacity of existing providers was greater than the actual enrollment, suggesting that availability may not be as much of an obstacle to access as other factors (*Early Childcare Capacity Study: Lower Naugatuck Valley*, United Way Community Results Center, 2006). Since then, the Valley Council for Health & Human Services' Early Childhood Taskforce has developed materials on community resources to improve awareness of existing services in the Valley.

### Care 4 Kids Childcare Assistance

What does it measure? The annual total of the unduplicated number of children enrolled in the Care 4 Kids, a state program that provides childcare subsidies for low to moderate income families (Source: Connecticut Department of Social Services, Bureau of Assistance Programs, reported in Annie E. Casey Kids Count Data Center, 2007).

### How are we doing?

According to the Kids Count Data Center, the 2007 Care 4 Kids enrollment was higher than in previous years. In 2007, 703 children in Valley towns were enrolled in this childcare assistance program. More recent data from the Care 4 Kids website show that 731 children were enrolled in August 2010. Since there is no easy way to measure how many families need financial assistance to be able to afford childcare, we do not know enough about the gap between current Care 4 Kids enrollment levels and the need for childcare assistance within the Valley community. In recent years, the Care 4 Kids program has faced state funding cuts and other administrative issues that can make it more difficult for families to access this assistance. In November 2010, the state instituted new income eligibility requirements, which means that families applying for the program will not be eligible if their incomes are at or above 50% of the state median income.

### Preschool Experience

Preschool experience helps to prepare children for kindergarten, thereby improving their chances of educational success in elementary school and beyond. Preschool experience measures the percentage of children entering kindergarten in Valley public schools in the 2007-2008 school year who reported preschool, nursery school, or Head Start experience (Source: Strategic School Profiles, Connecticut Department of Education; note: \* Beacon Falls is part of Regional School District 16, which also includes Prospect).

### How are we doing?

In January 2005, the State Department of Education set a goal that at least 90% of children would enter kindergarten having attended preschool. Preschool attendance rates in the Valley have improved since the 2004-2005 school year but not all Valley towns have reached the state goal. In the 2007-2008 school year, one of the 6 Valley school districts met the 90% preschool attendance goal (Oxford) and two more were close to meeting it (Seymour & Shelton). In the remaining school districts (Ansonia, Beacon Falls, & Derby), the percentage of students entering kindergarten with preschool experience was below the state goal. In two of the districts, the percentage fell considerably below the statewide average of 79%.

### School Performance

#### Reading Performance

Since early reading skills are so important to overall learning, education experts consider fourth grade reading scores to be a strong indicator of school readiness and performance throughout elementary school and high school. Reading performance is measured by the percentage of students taking the Connecticut Mastery Tests (CMT) in fourth grade who met the state goal in reading (Source: 2007-2008 Strategic School Profiles, Connecticut Department of Education; \*Beacon Falls is part of Regional School District 16, which also includes Prospect). This number reflects the performance of students with scoreable tests enrolled in the district at the time of testing. The state goal is higher than proficient but not as high as the advanced level of the No Child Left Behind report cards.

### How are we doing?

In most Valley towns, the percentage of fourth graders meeting the state goal in reading was close to or higher than the state average in the 2007-2008 school year. Despite this favorable comparison with the state, over 30% of students in all of the Valley towns failed to meet the 4th grade reading goal.

In the school districts that fell below the state average in 2007-2009 (Ansonia & Derby), the rates had improved compared to the 2004-2005 school year. Oxford had the highest rate at 64% and Ansonia the lowest at 54%. Other studies have found disparities in school performance not only by town but also by economic status and other demographic differences (*Community Audit & Needs Assessment Report*, 2006, The WorkPlace, Inc.).

### High School Graduation and Dropout Rates

High school graduates typically have higher earnings, increased job stability, and a longer life expectancy compared to those who do not graduate. Thus, successfully completing high school can have an important effect on quality of life for individuals and the communities of which they are a part. The dropout rate measures the percentage of students within the high school graduating class who graduated in the given year. The current calculation is based on the number of graduates for the year divided by number of graduates plus the number of students who dropped out each year as the class progress through grades 9,10, 11, and 12 (Source; 2007-2008 Strategic School Profiles, Connecticut Department of Education; \*Beacon Falls is part of Regional School District 16, which also includes Prospect; information is not available for Oxford). The graduation and dropout rates do not always add up to 100% because some students may graduate in more than 4 years or may not be included in the dropout rate.

### How are we doing?

The state of Connecticut and local school districts are currently working to improve the measurement of high school graduation and dropout rates. According to Connecticut Department of Education data

from the 2007- 2008 school year, the 4-year high school graduation rates in most Valley school districts reached or exceeded the state level. Nevertheless, between 3% and 9% of students in the Class of 2007 dropped out. These measures may underestimate the 4-year dropout rate, but they also do not indicate how many students graduated from high school in more than 4 years or received a high school diploma through alternate routes. Beacon Falls had the lowest dropout rate at 3% and Ansonia had the highest dropout rate at 9%. Connecticut is trying to update its system for tracking public school students as they progress through high school, even as they change school districts or move on to alternative education programs. Modifications in how students are tracked and how drop out and graduation measures are defined may create new understandings of how successfully Valley students are able to complete their secondary school education. The long-term goal for the state is to achieve graduation rates close to 100% of all students.

#### Post -secondary & Adult Education

Post-secondary education (including junior college, college, and technical training programs) improves young people's chances for employment opportunities and improved earnings potential.

What does it measure?- The percentage of high school graduates from public schools who reported that they plan to obtain further education, including both degree and non-degree programs (Source: 2007-2008 Strategic School Profiles, Connecticut Department of Education; note: \*Beacon Falls is part of Regional School District 16, which also includes Prospect; information is not available for Oxford)

#### How are we doing?

In the 2007-2008 school year, between 73% and 89% of Valley high school graduates reported that they planned to pursue further education. In three Valley towns, the percentage of graduating students with plans for further education was lower than that for the state overall. Since between 10% and 25% of graduates from these Valley districts did not plan to pursue additional education, a sizeable proportion of Valley young people may face greater challenges in obtaining employment that can provide them with a good standard of living.

#### Adult Educational Attainment

Increasing levels of educational attainment are associated with higher earning potential for adults as well as different patterns of access to information and resources, which can affect people's behaviors and overall quality of life.

What does it measure? - The percentage of the adult population 25 years and older who have a high school degree, some college education, and a bachelor's degree or more as their highest level of education (Source: CERC Town Profiles, 2009 data in 2010 profiles).

#### How are we doing?

According to 2009 statistics, the percentage of adults 25 and over who have Bachelor's degrees was lower in the Valley than in the state, ranging between 20% (Ansonia) and 35% (Oxford and Shelton) for the Valley towns compared to 36% for Connecticut. The Connecticut Department of Labor estimated that between 2002 and 2012 almost half of all new jobs in the Southwest region of the state would require a Bachelor's degree or higher (cited in *Community Audit & Needs Assessment Report*, 2006, The WorkPlace, Inc.). As a result, Valley adults whose highest educational level does not include a college degree may find it more difficult to qualify for such new jobs.

## Adult Education & Job Training Availability

Adult education and job training services allow adults to develop skills that increase their employability and life satisfaction. Community awareness of the available services can influence how well they are utilized.

What does it measure? - The perspective of residents surveyed regarding whether there are enough adult education and job training services in the Valley region to meet their needs (Source: Valley CARES Survey, 2009-2010).

### How are we doing?

Forty-two percent of residents surveyed stated that there are enough adult education services in the Valley, yet 46% said that they did not know if sufficient services exist. An even higher percentage of residents surveyed (51%) reported that they did not know if there are enough job training services in the community. Just over a quarter of respondents (28%) said that enough job training services exist to meet the need. These findings suggest that residents may not be fully aware of existing services and/or that the availability of services does not match the perceived need for such services, particularly in the case of job training.

## Natural Environment – An Overview

### Land Use & Quality

The Valley's natural environment and its residents benefit from land that has been dedicated as open space within the 6-town region. Due to the Valley's manufacturing history, some of its land may require environmental remediation in order to make it safe for new development.

- The Valley region has an estimated 5,594 acres of open space; this accounts for close to 8% of the Valley's total acreage but land dedicated to open space is not evenly distributed across the Valley towns.
- A 2004 State of Connecticut inventory identified 21 Brownfield sites, land that may be contaminated with hazardous substances, within the Valley. Additional sites are included in the Department of Environmental Protection's list of potentially contaminated sites. Agricultural Resources

The Valley's agricultural resources influence quality of life for residents through their impact on the local food supply and the physical environment.

- According to the 2007 Agricultural Census, there were 55 farm operations located in the Valley zip codes. The Connecticut Department of Agriculture Farmland Preservation program lists 3 farm sites in the Valley that participate in this state program to slow the loss of Connecticut farmland; additional farm conversation efforts are sponsored by towns and other organizations.
- The Valley currently has 3 farmers' markets (Derby, Seymour, & Shelton) and one community garden.

### Energy Use

Valley residents and businesses rely to a large extent on non-renewable energy sources that contribute to environmental pollution, but there are some efforts to change these energy use patterns.

- As was true for the state of Connecticut, the most commonly used home heating fuel source among Valley households in 2000 was fuel oil, followed by natural gas, electricity, and liquid petroleum gases.
- Each of the three transit services that provide bus service in the Valley has plans to purchase low emissions public transit vehicles in the upcoming years in order to reduce diesel emissions and thereby improve air quality and public health.

## Environmental Conservation Measures

Many Valley residents are taking measures to conserve resources and the natural environment, yet local towns, businesses, and organizations can further improve their conservation efforts.

- When asked about household conservation measures, Valley survey respondents most commonly reported recycling (87%), followed by reducing home energy consumption (54%) and growing or purchasing food locally (21%). Additional residents stated they drove less or purchased a more fuel efficient vehicle (15%), reduced use of harmful chemicals (11%), and enrolled in a clean energy program or purchased alternative energy products (5%).
- In 2009, Valley towns recycled less than a quarter of the solid waste they generated, with most towns falling considerably below that level. Thus, the Valley's municipal recycling rates fell well below the state's goal of a 40% rate and below the 25% statewide rate. Town rates: Derby – 23%, Beacon Falls – 17%, Shelton – 12%, Oxford – 10%, Ansonia – 8%

## Land Use & Quality

### Open Space

Protecting and preserving open space is critical to maintaining healthy ecosystems, including the quality of a region's air, water, and land. Dedicated open space provides a source of recreation and psychological wellbeing for a community's residents.

The estimated number of acres of dedicated open space for the towns of Beacon Falls and Oxford (Source: Central Naugatuck Valley Council of Governments, 2010) and the Valley Council of Governments Region, which includes Ansonia, Derby, Shelton and Seymour (Source: Valley Council of Governments, 2010).

### How are we doing?

The Valley region has an estimated 5,594 acres of open space; this accounts for almost 8% of the Valley's total acreage but land dedicated to open space is not evenly distributed across the Valley towns. According to information provided by the Central Naugatuck Valley Council of Governments, Beacon Falls and Oxford have a much higher percentage of their acreage devoted to open space compared to the VCOG towns.

### Brownfield Sites

#### Why is this indicator important?

Contaminated land poses a hazard to the natural environment and human health. With proper remediation, the land can be made available for new uses to benefit the community. Brownfield redevelopment also reduces the pressure to use undeveloped land, thus helping to preserve open space. The measure is the number of sites identified as of September, 2004 in the state inventory of Brownfields, defined as "real property, the expansion, redevelopment or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant or contaminant" (Source: Office of Brownfield Remediation and Development, Connecticut Department of Environmental Protection).

### How are we doing?

As of September 2004, the Connecticut Brownfields Inventory identified 21 sites in Valley towns as Brownfields. The State's 2009 "List of Contaminated or Potentially Contaminated Sites" includes numerous additional sites in the Valley that may be contaminated. Although this 2009 list identifies several Valley sites that have begun remediation efforts, the information is not sufficiently updated or

complete to show how many new Brownfield sites have been confirmed since 2004 or how many sites have initiated or completed remediation projects during this period.

### Agricultural Resources

#### Farm Operations

Connecticut farmland is disappearing at a very rapid rate. Preserving local farms supports the region's economy and ensures the local availability of produce and other agricultural products. The measure is the number of farm operations in the Valley as reported by the 2007 Agricultural Census for the Valley town zip codes (Source: Census of Agriculture, United States Department of Agriculture, 2007), and the number of farms participating in the State of Connecticut Farmland Preservation Program (Source: Farmland Preservation Program, Connecticut Department of Agriculture, 2010).

#### How are we doing?

According to the 2007 US Agriculture Census, there were 55 farm operations located within Valley zip codes. Of these, about half were small farms with fewer than 50 acres.

Thus far, three of the farms located in the Valley have decided to participate in the state's Farmland Preservation Program. Through this state Department of Agriculture program, farms remain in private ownership but their development for nonagricultural purposes is restricted on a permanent basis. Additional farms may be preserved through town and other conservation programs.

### Farmers' Markets & Community Gardens

Farmers' markets and community gardens increase access to locally produced food, thereby reducing residents' need to rely on products that are transported greater distances. In addition to the environmental and economic benefits of local food production, access to gardens and markets can also benefit residents' health and community connections.

The measure is the number of farmers markets and community gardens located in Valley towns (Source: Valley Town Clerks, 2009).

#### How are we doing?

The Valley currently has three farmers markets, one each in the towns of Derby, Seymour, and Shelton. The markets in Seymour and Shelton are state-certified markets. According to 2009 information, there was one community garden in the Valley, located at Ansonia Nature Center. More recently, Shelton initiated a new community garden and the town is considering adding an additional site.

### Energy Use

#### Home Heating Fuel Sources

Home heating fuel sources vary in their environmental impact, with substances such as coal and fuel oil associated with higher levels of contaminants that can affect air quality and climate. The measure is the number of households utilizing each home heating fuel type (Source: Connecticut Department of Economic & Community Development, US Census, 2000).

#### How are we doing?

As was true for the state of Connecticut, the most commonly used home heating fuel among Valley households in 2000 was fuel oil, followed by natural gas, electricity, and liquid petroleum gases. At that time, nine households reported utilizing solar energy for heating, while 27 reported using no heating fuel. Coal or coke was used by 7 Valley households. Results from the 2010 Census will give updated information about home heating patterns.

### Low-Emissions Public Transit Vehicles

Diesel emissions from a variety of sources including mass transit buses can hurt local air quality and pose a health threat, particularly for children, the elderly, and individuals with respiratory and cardiovascular diseases.

The measure is the responses of transit districts that serve the Valley region regarding whether they currently have low emissions transit buses or plan to add such vehicles to their fleet in the coming 1-5 years (Source: Valley Transit District, Greater Bridgeport Transit, CTTRANSIT, New Haven 2010).

#### How are we doing?

In 2005, the Connecticut legislature approved a special act aimed at reducing the harm from diesel emissions in the state. In order to substantially reduce diesel emissions from public transit buses, the Department of Environmental Protection recommended the turnover of transit buses to lower emissions vehicles. All of the transit districts that currently provide service in Valley towns have buses that meet existing state and federal emissions standards. According to CTTRANSIT, their existing buses burn low sulfur bio-diesel, which emits fewer pollutants than traditional diesel fuel. Other transit districts also utilize low sulfur diesel and/or fuel additives to decrease emissions in their current busses. In addition, the three transit services all have plans to purchase low or near zero emissions vehicles in the upcoming years.

### Environmental Conservation Measures

#### Household Conservation Measures

Resident conservation measures can make an important difference in helping to preserve the natural environment. In order for residents to participate in environmental conservation, they need information about conservation alternatives as well as supports and incentives to change their practices. The measure is the responses of residents surveyed regarding environmental conservation measures used in the past year (Source: Valley CARES Community Survey, 2009-2010; more than one answer was possible).

#### How are we doing?

A large majority of Valley residents surveyed reported doing at least one thing in the past year to conserve energy and help the environment. Of the possible actions, the most commonly reported measure was recycling (87%), following by reducing energy consumption in the home (54%). About 1 in 5 residents also reported either growing their own food or purchasing food from local farmers. Smaller proportions of residents said they made changes in their driving or their use of chemicals for home and yard care. About 5% of those surveyed reported reducing their reliance on fossil fuels in their home by enrolling in a clean energy program or purchasing alternative energy products.

#### Municipal Recycling Rates

Recycling the waste produced by households and businesses conserves natural resources by saving energy, reducing greenhouse gas emissions, and reducing the need for virgin materials. In addition, it reduces the volume of waste that needs to be incinerated or put in landfills.

The measure is the percentage of municipal solid waste, both from residential and non-residential sources, that is recycled in each town (Source: Connecticut Department of Environmental Protection, Bureau of Materials and Management, 2009; note: information for Town of Seymour not reported.).

## How are we doing?

In 2009, Valley towns recycled less than a quarter of the solid waste they generated, with most towns falling considerably under that level. The statewide municipal recycling rate has held steady at about 25% of solid waste for more than a decade. Although the Connecticut Municipal Recycling Honor Roll includes towns with recycling rates approaching 50%, the state has yet to achieve a statutory 40% recycling goal, which was established in the mid-1990s. Valley towns are likewise far from that recycling rate target. Rates by town: Derby – 23%, Beacon Falls – 17%, Shelton – 12%, Oxford – 10%, Ansonia – 8%

## Safety – An Overview

### Safety in the Community

Crime is less common in the Valley region than in the state as a whole, but not all residents feel safe in their neighborhoods.

- In 2006, the Valley's total crime rate of 1,621 crimes per 100,000 fell considerably below the state crime rate however there are substantial differences in crime rates across the Valley towns.
- When asked about neighborhood safety, 88% of residents surveyed reported feeling somewhat or very safe walking in their neighborhood in the evening, but nearly 1 in 10 residents felt somewhat or very unsafe.

### Safety in the Family and Household

Although rates of violence against community members like women, children, and the elderly are not higher in the Valley than in the state, some residents still suffer from violence caused by people they know and with whom they live.

- Although cases of family and domestic violence are typically underreported, 519 family violence incidents were reported in the Valley in 2008. Close to 900 Valley residents used domestic violence services provided by a local program (The Umbrella).
- In 2008, the state reported 164 cases of substantiated child abuse & neglect and 15 cases of elder abuse & neglect in the Valley; the actual frequency of such abuse may be higher.

### Accidental Injury

Valley residents take measures to prevent accidental injury, but more can be done to avoid injuries related to the use of motor vehicles, bicycles, and firearms.

- In 2007, there were over 700 motor vehicle accidents with a reported injury or fatality that occurred in Valley towns, showing that motor vehicle accidents continue to be an important preventable cause of injury and death in the region.
- When asked about their injury prevention practices, 96% of residents surveyed indicated that they always wear a seatbelt. Of those who provided valid responses to questions about helmet use and firearms safety, 63% said they always wear a helmet when riding a bicycle or motorcycle and 71% said they always lock firearms in a secure location.

### Crime Rate

The crime rate has a direct impact on people's sense of safety within their community, which influences their emotional wellbeing, physical health, and ability to move freely to exercise, work, and attend school.

The measure is the total number of crimes, not including arson, per 100,000 people (Source: Connecticut Department of Public Safety, 2009 Report--based on 2006 statistics; rate calculated using

2006 population data; 2006 state rate from Connecticut Summary Statistics, 2007). This includes murder, rape, aggravated assault, robbery, larceny and motor vehicle theft.

#### How are we doing?

Over the past 10 years, the crime rate in Connecticut has decreased a trend that applies to the Valley. According to 2006 data, the total number of crimes per 100,000 people was considerably lower in the Valley overall than it was in the state. Likewise, the crime rate for each type of crime such as murder, rape, and robbery was also lower. The vast majority of crimes committed in the Valley in 2006 were non-violent crimes related to theft such as larceny and burglary. The Valley's overall crime rate, however, masks substantial variation in crime rates by town. Crime rates in some Valley towns are closer to the state's rate while others fall considerably below that rate. The overall crime rate for the Valley is 1,621 crimes per 100,000 population as compared to Connecticut at 2,886 crimes per 100,000 population. Oxford is the safest town at 821 crimes per 100,000 population and Derby is the least safe at 2,776 crimes per 100,000 population.

#### Neighborhood Safety

Residents' perceptions of safety in their neighborhoods can influence their levels of mobility and interaction with their neighbors, affecting their quality of life. Resident perceptions may or may not match statistics on neighborhood crime levels.

#### What does it measure?

The measure is the perceptions of Valley CARES survey respondents regarding neighborhood safety (Source: Valley CARES Community Survey, 2009-2010).

#### How are we doing?

A majority of Valley residents (88%) surveyed reported that they feel safe walking in their neighborhoods in the evening. However, nearly 9%—almost 1 in 10 residents—said that they feel somewhat or very unsafe.

#### Family Violence Incidents

Elderly persons, women, and children continue to be vulnerable to physical and sexual assaults, which are often committed by individuals they know. Exposure to family violence has far reaching effects on the physical safety and emotional wellbeing of children and adults, whether they are direct victims or witnesses. Research has demonstrated that witnessing violence between one's parents or caretakers is the strongest risk factor for transmitting violent behavior to the next generation. The measure is the rate and number of family violence incidents, including homicides, assaults, sexual assaults, risk of injury, breaches of peace, disorderly conduct and other categories, reported by town police departments and/or State police from 1/1/2008-12/31/2008 (Source: State of Connecticut Family Violence Detailed Report 2008, Connecticut Department of Public Safety; rate calculated using 2008 population data). Only a portion of these cases resulted in arrests. The number of incidents does not reflect the number of individuals as one individual can contribute to several incidents in a year.

#### How are we doing?

According to 2008 data, the rate of family violence incidents per 100,000 people was lower in the Valley compared to the state overall. Nevertheless, there were over 500 reported incidents during that time period. Since each incident generally affects multiple individuals, the number of people affected by family violence in the Valley is certainly even higher.

### Domestic Violence Services

Domestic violence is the single greatest cause of injury to women. Because most cases of domestic violence are never reported to the police, the number of individuals requesting domestic violence services may more accurately reflect the magnitude of the issue. There are significant physical, emotional and financial consequences for individuals affected by domestic violence.

What does it measure?

The measure is the number of unduplicated individuals (women and men) residing in Valley towns who utilized local domestic violence services offered by The Umbrella in 2009 (Source: The Umbrella). These services included court advocacy, walk-in clients, crisis hotline calls, and provision of shelter.

### How are we doing?

The nature of intimate partner violence and sexual violence makes these issues difficult to research, due to privacy and security concerns of those involved. In 2009, there were 896 Valley residents who sought and used domestic violence services at The Umbrella program. While this number does not include all those affected by domestic violence, it provides another indication of the reality of such violence within the Valley community.

### Child Abuse & Neglect

Abuse and neglect during childhood affects the wellbeing of children with long-term consequences for their physical and emotional health, education, employment, and future relationships. In addition, child abuse and neglect is often a sign of stresses within families and communities, including economic challenges, substance use, discrimination and other concerns.

The measure is the number of cases of substantiated child abuse and neglect and the rate per 1,000 children. (Source: Connecticut Department of Children & Families, 2008)

### How are we doing?

In 2008, the Valley's rate of substantiated child abuse & neglect cases per 100,000 people was lower than the state rate. Yet, in that year there were 164 cases of documented child abuse or neglect in Valley households. Yet, in that year there were 164 cases of documented child abuse or neglect in Valley households. The Valley rate was 1.6 per 1,000 as compared to the state at 2.4 per 1,000.

### Elder Abuse & Neglect

As with children, elderly residents may be vulnerable to abuse or neglect which is often difficult to detect.

The measure is the number of cases of substantiated elder abuse and neglect (Source: Connecticut Department of Social Services, 2008).

### How are we doing?

Statistics on elder abuse across the nation vary widely as states do not have uniform reporting systems. According to Connecticut data, there were 15 substantiated cases of elder abuse and neglect in the Valley in 2008. Although the number of reported cases appears small, national data suggests that elder abuse is a growing public health concern. It is estimated that for every one case of elder abuse, neglect, exploitation, or self-neglect that is reported to authorities, about five more go unreported (National Elder Abuse Incidence Study, 1998).

### Injury Prevention Practices

Injury prevention practices, such as wearing safety belts and bicycle/motorcycle helmets, are the most effective ways for individuals to reduce the risk of death and serious injuries in vehicle crashes. The proper storage of firearms in homes can help reduce the risk of intentional and unintentional shootings in the home. The measure is the percentage of Valley CARES survey respondents who reported practicing injury prevention behaviors

(Source: Valley CARES Community Survey, 2009-2010). “Non-applicable” responses were removed from the total percentages.

#### How are we doing?

A large majority of residents surveyed (96%) said that they consistently use seat belts while driving or riding in a car. About a quarter of the survey respondents said that wearing a helmet and locking firearms questions applied to them. Of those who said that bicycle or motorcycle riding applied to them, over a third stated that they do not always wear a helmet. Similarly among respondents with firearms, almost 30% reported not always keeping them in a secured, locked location. Thus, not all residents follow current safety recommendations regarding helmet use and firearms storage.

### Motor Vehicle Accidents with Injury/Death

Motor vehicle crashes are the leading cause of death for persons in the US aged 5 to 29 years (Source: Healthy People 2010). Death and injury due to motor vehicle accidents are largely preventable through community action to ensure safe roadways and sufficient law enforcement as well as through safe driving behavior by residents.

The measure is the number of motor vehicle crashes with reported injury or fatality that occurred in Valley towns, not necessarily involving Valley residents (Source: Dept. of Public Health, Connecticut Department of Transportation, Accident Records Section, 2007).

#### How are we doing?

In 2007, there were 717 motor vehicle crashes with a reported injury or fatality that occurred in Valley towns, showing that motor vehicle accidents continue to be an important preventable cause of injury and death in the Valley region.

### Promoting Emotional and Social Wellbeing

#### Community Social Service Needs

While the proportion of Valley community members with mental health concerns appears similar to that in the state and nation, emotional health issues affect quality of life for many residents.

- Community awareness of service resources is considerable, with 68% of residents surveyed stating that they were somewhat or very aware of where to find assistance. Nevertheless, 20% of respondents said that they were not at all aware of where to turn for help for family needs.
- In the 2009 calendar year, the top community service requests to the 2-1-1 Infoline from the Valley United Way region included requests for help with utilities/heat, housing/shelter, and public assistance. Requests for these services increased from the previous year, as did those for food and financial assistance. Outpatient mental health care, substance abuse services, and health supportive services also ranked in the top 10 service requests.

#### Mental Health

While the proportion of Valley community members with mental health concerns appears similar to that in the state and nation, emotional health issues affect quality of life for many residents.

- Nearly 1 in 5 Valley adults surveyed (19%) reported experiencing emotional distress that affected their ability to function in the past year. In a 2009 survey, 17% of Valley middle and high school students said that they had felt sad or hopeless almost every day for two weeks in the past year.
- For the period from 2005 to 2007, the Valley's age-adjusted death rate from suicide (9.2 suicide deaths per 100,000) was higher than the rate reported for the state (7.4 suicide deaths per 100,000).

### Substance Use & Abuse

Substance use and abuse continues to have a significant impact on the emotional and social wellbeing of many Valley adults and young people.

- When asked how serious of a problem illegal drugs are in the Valley, 82% of residents surveyed stated that illegal drugs are a somewhat or very serious problem.
- The number of substance abuse related hospital visits to Griffin Hospital demonstrates the personal and financial impact of substance abuse. In the past 3 years, about 3% of emergency room visits were substance abuse related, with close to 1,000 such visits per year. In the 2009 fiscal year, about 12% of all inpatient hospitalizations were related to substance abuse.
- When asked about the social & health concerns facing schoolchildren, survey respondents with children under 18 at home most commonly identified drugs (49%) and bullying (26%). Parental concerns about bullying are supported by the 2009 Valley Substance Abuse Action Council (VSAAC) student survey in which 45% of Valley middle and high school students reported that they had been bullied at least once.
- Surveys of Valley middle and high school students demonstrate that youth substance use is common, particularly in the case of alcohol and marijuana. For most substances, usage rates increase markedly between middle school and high school.

Percent of Middle & High School Students Reporting Substance Use in Past 12 Months:

11<sup>th</sup> grade = Alcohol 62%, Marijuana 36%, Cocaine/Crack 4%, Prescription Drugs 13%

9<sup>th</sup> grade = Alcohol 43%, Marijuana 19%, Cocaine/Crack 2%, Prescription Drugs 7%

7<sup>th</sup> grade = Alcohol 15%, Marijuana 1%, Cocaine/Crack 1%, Prescription Drugs 5%

### Community Social Service Needs

#### Community Awareness of Service Resources

Insufficient community awareness of where to find assistance and resources can be an important barrier to meeting the needs of community residents. This can be especially crucial during periods of economic challenge when a growing number of people not previously connected with the service system find that they need assistance with basic needs or dealing with the emotional and physical impact of life stresses. The response of Valley residents surveyed to the following question: "During what many consider to be a difficult economy, some families are finding it hard to keep current with bills such as a monthly mortgage or rent payment, utilities and groceries. Please tell me, if you were having trouble making ends meet at your home, how aware would you say you are of where to find available assistance or resources?" (Source: Valley CARES Community Survey, 2009-2010).

#### How are we doing?

Over two thirds of Valley residents surveyed (68%) reported being somewhat or very aware of where they might go for help if their family faced challenges. Nevertheless, 20% of survey respondents said that they were not at all aware of where to find assistance and additional 7% were unsure.

These results suggest that community awareness of existing service resources is considerable, but that this public knowledge could be extended further. Participants in a Community Conversation on Children & Poverty in the Valley held in November 2009 also indicated that not all Valley employers,

service providers, and families know enough about existing services in the community and recommended improving outreach strategies to increase awareness of service resources.

### Top Community Service Requests

Resident requests for service information and referrals can give an indication of the types of needs being experienced within a community and how those needs may change over time.

The top ten services requested from the Valley United Way region to the United Way's 2-1-1 community resource information line ("Infoline") during the 2009 and 2008 calendar years (Source: 2-1-1 Connecticut: Top 25 Service Needs, 2008, 2009; note: The Valley United Way region covers Ansonia, Derby, Shelton, Seymour, and Oxford, but not Beacon Falls.)

### How are we doing?

In the 2009 calendar year, the top ten areas of service requests from the Valley United Way region matched those for Connecticut overall, although the precise order differed somewhat from the state's list. The most common requests were related to basic needs such as utilities/heat, housing/shelter, and public assistance. Compared to the previous calendar year, requests for these services increased as did requests for financial assistance and food. Outpatient mental health care, substance abuse services, legal services, and health supportive services continued to rank in the top 10 service requests. While it is not clear what caused the drop in requests for outpatient mental health care and substance abuse services, this change may reflect a focus on fulfilling basic needs during the current economic recession rather than a reduced need for these services. In 2009 there were a total of 6,699 requests for the top 10 services. Services by rank: 1) Utilities/Heat 2) Housing/Shelter 3) Public Assistance Programs 4) Information Services 5) Outpatient Mental Health Care 6) Financial Assistance 7) Food 8) Substance Abuse Services 9) Legal Services 10) Health Supportive Services

### Mental Health

#### Emotional Distress

Mental or emotional health is essential to a person's wellbeing, family and interpersonal relationships, and ability to contribute to the community. Among all illnesses, major depression is the leading cause of disability and lost productivity in the US. Experts recommend professional assessment when mental health concerns affect a person's ability to function and last more than two weeks. The percentage of Valley residents surveyed who reported that they had experienced mental health issues that affected their ability to function for more than two consecutive weeks during the past year. (Source: Valley CARES Community Survey, 2009-2010) and the percentage of middle and high school students surveyed who reported feeling sad or hopeless almost every day for 2 weeks in the past year (Source: Valley Substance Abuse Action Council Survey of Student Needs, 2009).

### How are we doing?

Nearly 1 in every 5 Valley adult residents surveyed (19%) reported they had experienced a period of emotional distress that affected their ability to function for at least 2 weeks over the past year.

Nationally, an estimated 1 in 4 adults experiences a diagnosable mental disorder such as depression in a given year (National Institutes of Mental Health, 2005). While the percentage of Valley residents reporting mental health issues is slightly less than that estimated for the US, this statistic shows that emotional health issues affect quality of life for many Valley adults. In the 2009 VSAAC survey of Valley middle and high school students, 17% said that they had felt sad or hopeless almost every day for two weeks in the past year. There is no comparable information available for preschool and elementary aged children in the Valley, yet the National Institute of Mental Health estimates that 20% of children

nationwide have a diagnosable mental disorder. Thus, mental health concerns likely affect a sizeable portion of the Valley population of all ages.

### Suicide

Suicide, a major public health challenge in the United States, frequently occurs as a result of problems related to emotional and social wellbeing. It is a complex behavior that may be prevented by early recognition and treatment. Suicide is a leading cause of death for youth nationwide. The number of suicides per 100,000 population adjusted for age differences in the populations being compared (Source: Connecticut Department of Public Health; aggregated data for 2005-2007). This does not measure the number of suicide attempts but only deaths in which suicide is listed as the cause of death.

#### How are we doing?

During the period from 2005 to 2007, the Valley's age-adjusted death rate from suicide was higher (9.2% per 100,000 population) than that reported for the state (7.4% per 100,000 population). Since this rate is age adjusted, this difference cannot be explained by differences in the relative ages of the Valley's population compared to the state. Although suicide attempts are more frequent among women than men in Connecticut, the completed suicide rate is substantially higher for men than women in both the Valley and the state overall.

In the 2009 VSAAC Survey of Student Needs, 16% of Valley students surveyed said that they had felt so down or sad in the past 30 days that they seriously thought of harming themselves. According to a 2010 report from the Connecticut Youth Suicide Prevention Initiative, suicide was the third leading cause of death for 15-24 year olds and the fourth leading cause of death for 10-14 year olds in Connecticut in 2006.

### Substance Use & Abuse

#### Illegal Drugs—Resident Views

While community perceptions may not always be accurate in assessing the actual degree of substance use, abuse, or trafficking in a community, they identify concerns experienced by Valley residents. These perceptions affect people's quality of life and their ways of interacting in the community. The perceptions of Valley residents surveyed regarding illegal drugs in the Valley (Source: Valley CARES Community Survey, 2009-2010).

#### How are we doing?

Residents surveyed expressed a considerable degree of concern about illegal drugs within the Valley community. Eighty-two percent of respondents saw illegal drugs as a somewhat or very serious problem in the Valley.

### Social & Health Concerns Facing School Children

Community awareness of substance abuse and other issues facing children in schools is a key component in developing effective prevention programs. Adult perceptions of issues facing school-age children do not always match the concerns identified by children or school personnel, but are vital to shaping resident concerns about quality of life for themselves and their families. As is the case with substance use, bullying behavior can have serious mental health consequences including lower self-esteem and higher rates of depression, suicidal thinking, and alcohol use. The measure is the responses of residents surveyed with children under 18 at home regarding the main issues facing children in Valley schools (Source: Valley CARES Community Survey, 2009-2010; multiple responses accepted)

### How are we doing?

Nearly half of Valley parents surveyed identified drugs as a main issue facing children in Valley schools. In addition, a quarter of the parents highlighted bullying as an important issue, more than other safety concerns such as crime, predators, and contagious illnesses such as the flu, which combined represented 19%. This community concern is confirmed by the 2009 VSAAC survey in which 45% of Valley students surveyed said that they had been bullied at least once. Of those, about 70% experienced verbal threats and 33% experienced physical abuse (VSAAC Sub-Regional Prevention Priority Report, 2010).

### Youth Substance Use

Use of alcohol and drugs during adolescence has serious consequences for a teen's developing brain and body. In addition to its direct health impact, youth drug and alcohol use is associated with increased rates of high-risk sexual activity, sexual assault, motor vehicle crashes, property destruction, and mental health problems such as depression, suicide, and interpersonal violence. Age of first alcohol use strongly predicts the development of alcohol dependence over the course of the lifespan. The measure is the percentage of 7th, 9th, and 11th grade students who reported that they had utilized alcohol and other substances during the past 12 months in the Survey of Student Needs administered in Valley public schools by the Valley Substance Abuse Action Council (Source: VSACC Survey of Student Needs, 2009; note: the VSAAC survey does not cover students in Beacon Falls).

### How are we doing?

According to the 2009 VSAAC Survey, alcohol remains the substance most frequently used by Valley youth. In 2009, 62% of Valley 11th graders reported using alcohol during the past 12 months. In addition, 36% of high school juniors indicated they had used marijuana in the past year. For most substances, usage rates increase markedly between middle school and high school.

### Substance Abuse Related Hospital Visits

Since obtaining accurate information about adult substance use behaviors through the reports of those affected is very difficult, data on hospital visits related to substance abuse gives an indirect indication of the impact of substance use within the community. It also can point to the cost of providing acute care for addiction in comparison to prevention and other kinds of treatment programs. The measure is the number of substance-abuse related visits to Griffin Hospital, including emergency room visits and inpatient hospitalizations (Source: Griffin Hospital).

### How are we doing?

Analysis of visits to Griffin Hospital provides an indication of the impact of substance abuse on the health and wellbeing of Valley residents. In a three-year period (fiscal years 2007-2009), about 3% of emergency room visits to Griffin Hospital were related to substance abuse, with close to 1,000 residents affected per year. Substance abuse related inpatient hospitalizations increased during this time period both in terms of absolute numbers and in the percentage of total inpatient hospitalizations. In the past fiscal year, about 12% of all inpatient hospitalizations at Griffin were related to substance abuse, demonstrating the high cost of this problem both in personal and financial terms for the Valley community. In the past three years there were a total of 2,536 inpatient hospitalizations related to substance abuse.

## A Healthy Start —Pregnancy, Birth , and Early Childhood

High percentages of Valley children experience a healthy start in life. We can improve further, especially in the areas of infant birth weight and childhood lead screening.

- In 2006, 90% of mothers received adequate prenatal care and the risk of infant death was lower in the Valley than in the state of Connecticut overall.

- 6% of the Valley infants born in 2006 had a low birth weight, putting them at higher risk for disability and death. This percentage is higher than the Healthy People 2010 target rate of 5%.

- While nearly 9 out of 10 Valley two year olds had up-to-date childhood immunizations in 2008, nearly two-thirds of Valley children under 6 had not received lead screening tests as of 2009.

### Access to Health Insurance, Health Screening, and Primary Health Care Services

Most Valley residents report using health services, while smaller percentages have difficulty getting access to health care due to lack of health insurance, financial challenges, and other obstacles.

- 5% of Valley residents surveyed reported they had no health insurance coverage, a lower percentage than statewide estimates of the uninsured.

- Use of breast cancer screening among women surveyed was high, but 26% of respondents eligible for colon cancer screening said they had never undergone a colonoscopy.

- 95% of residents surveyed reported use of primary health care services in the past 2 years.

## Health and Illness

While most residents surveyed consider their health to be good, considerable numbers have common health conditions that may contribute to the leading causes of death in the Valley.

- Over 90% of survey respondents rated their overall health as good or very good, yet substantial percentages also reported a health condition or risk factor such as high cholesterol (37%), arthritis (28%), high blood pressure (27%), or diabetes (14%).

- Rates of HIV/AIDS and sexually transmitted diseases are lower in the Valley than in the state. The rate of asthma-related emergency visits varies by Valley town but is lower than Connecticut's rate.

- The Valley's rates of heart disease and cancer deaths remain high, exceeding the Healthy People 2010 targets. The 2006 cancer death rate was also higher than the state's rate.

## Healthy Behaviors and Preventive Health

Many Valley residents report that they practice health-promoting behaviors. However, there is room for improvement, especially in the areas of smoking, home radon testing, body weight, and physical fitness.

- 13% of Valley adults surveyed reported currently smoking; just under half of those said they plan to quit. In 2009, 40% of 11th grade students in Valley public schools reported having smoked.

- 57% of survey respondents said that their homes had not undergone testing for radon, a naturally occurring gas that is the second leading cause of lung cancer. Over 30% of respondents stated that they did not have a carbon monoxide detector in their homes or were unsure if they did.

- In 2007-2008, less than half of Valley public school students passed the children's physical fitness tests.

- Most residents surveyed reported that they usually practice healthy eating habits. However, only 30% said that they get 30 minutes of moderate physical activity 5 times or more per week.

- Survey results suggest that over 23% of Valley adults have a body mass index that is considered to be in the obese range and 40% considered to be overweight, similar to the 21% obesity level and 38% overweight level found in a 2009 statewide survey.

## A Healthy Start —Pregnancy, Birth , and Early Childhood

### Prenatal Care

Health research shows that medical care during pregnancy can help to foster the healthy development of the child and assist in the prevention and management of complications in the mother. The percentage of mothers who started medical care early or in the first trimester of pregnancy. The measure of adequate prenatal care takes into account how soon a mother starts prenatal care and how closely she follows the visit schedule recommended by the American College of Obstetrics & Gynecology (Source: Connecticut Department of Public Health, 2006).

#### How are we doing?

In a large majority of Valley births in 2006, the mothers received early and adequate prenatal care, at rates even higher than the state averages. In both the Valley and the state, the percentage of mothers starting prenatal care in the first trimester is higher than the percentage that follows the recommended visit schedule throughout the pregnancy. In 2006, the percent of Valley women receiving prenatal care was 93% as compared to 86% for the state and the percent of mothers receiving adequate prenatal care was 90% for Valley women as compared to 80% for the state (CT Department of Health).

### Low Birth Weight

Babies born at low birth weights have a higher risk of infant death and of experiencing long-term health and developmental challenges. The measure is the percentage of all live births in which the infant weighed less than 2,500 grams or 5.5 pounds (Source: Connecticut Department of Public Health, 2006; data not available for Beacon Falls due to low numbers).

#### How are we doing?

Babies born in the Valley are less likely to be born at a low birth weight than those in the state as a whole. However, in 2006 most Valley towns did not meet the national Healthy People 2010 goal of having no more than 5% of all births be to low birth weight infants. The percent of low birth weight Valley babies is 6% compared to the state average of 8%.

### Infant Mortality

The infant mortality or death rate is a key sign of the health of children and their communities. Communities that support healthy mothers and families have better birth outcomes and better survival chances for infants. The measure is the number of deaths among infants under the age of 1 for every 1000 live births (Source: Connecticut Department of Public Health, 2006).

#### How are we doing?

In 2006, the risk of dying before the age of one was lower for infants in the Valley than it was in the state as a whole. The Valley infant mortality rate in 2006 was 4.4 per 1,000 births as compared to the state which was 6.1 per 1000 births. In addition, the Valley-wide rate met the Healthy People 2010 goal of having no more than 4.5 infant deaths per 1000 people. However, as is true in Connecticut and the U.S., these overall rates do not show whether there may be differences among sub-groups in a community in their infant death rates.

### Childhood Immunization

Immunizations protect children from a range of childhood diseases. When enough children receive timely immunizations, the risk of disease transmission decreases for the entire community. The measure is the percentage of children enrolled in the Connecticut Immunization Registry Tracking System who were up-to-date on the recommended childhood immunizations on their 2nd birthday (Source: 2006 Birth Cohort enrolled in the Connecticut Immunization Registry Tracking System of the Connecticut Department of Public Health Immunization program, 2008).

#### How are we doing?

Nearly 9 out of 10 (89%) Valley two year olds had up-to-date immunizations in 2008. This rate is higher than both the state rate (81%) and the U.S. Healthy People 2010 target goal of 80%.

### Lead Screening

Lead poisoning causes serious physical and mental health problems in children. When children are screened for blood lead levels, those with unacceptably high levels can be monitored and the source of their lead poisoning—often in their homes--can be identified and reduced. The measure is the percentage of children under 6 years of age who have had their blood lead levels measured with a blood test (Source: Childhood Lead Poisoning in Connecticut, CY 2008 Surveillance Report, Connecticut Dept. of Public Health, December 18, 2009). This does not indicate what percentage of those children had elevated lead levels.

#### How are we doing?

Although the Valley overall has a somewhat higher percentage of children under 6 screened for lead levels (31%) compared to the state (28%), the percentages vary by town. In 2009, the combined Valley rate of 31% means that about two-thirds of Valley children under 6 had not been screened. A mandatory Connecticut lead screening law has begun to increase screening by primary care doctors.

### Access to Health Insurance, Health Screening, and Primary Health Care Services

#### Health Insurance Coverage

People without health insurance coverage are more likely to experience delays in the diagnosis and treatment of health conditions, increasing their risk of more serious disease and death.

The responses of residents surveyed when asked about current health insurance coverage is the measure. (Source: Valley CARES Community Survey, 2009-2010; note: multiple responses were possible).

#### How are we doing?

Since no existing sources provide health insurance coverage data for Valley residents, the Valley CARES Community Survey offers a rough estimate of health insurance coverage. Five percent of survey respondents reported having no health insurance. U.S. Census Bureau data suggests that 10.8% of Connecticut's citizens lacked health insurance in 2007 (Source: US Census Bureau, Small Area Health Insurance Estimates, 2007), more than twice the percentage reported by survey respondents. The type of health insurance reported is private/employer based insurance – 68%, Medicare – 30%, Government (VA, Champus, Tricare, Husky – 4%, Medicaid – 3%, Other – 2%, No Insurance – 5%. The percentage of uninsured residents in the Valley likely varies by community, economic status and other variables, as is true in the state overall.

## Cancer Screening

Early detection and treatment of colon and breast cancer can improve survival chances and reduce the rate of cancer deaths. Many medical experts recommend starting colon cancer screening at age 50 and breast cancer screening at age 40, or earlier for those with family histories of these cancers. The measure is the percentage of survey respondents 50 & older or who had a family history of colon cancer who received the recommended colon cancer screening test (a colonoscopy) and the percentage of female survey respondents 40 & older who received the recommended breast cancer screening test (a mammogram) (Source: Valley CARES Community Survey, 2009-2010).

### How are we doing?

Most eligible Valley residents surveyed reported having had a colon cancer screening test, with 62% having done so within the past 5 years and an additional 7% within 10 years. Just over a quarter (26%) of respondents said that they had not had a colonoscopy. High percentages of female respondents that fit the age criteria said they had a recent mammogram (85% within the past two years), with 3% saying their last mammogram was over 5 years ago and just 5% saying that they had never had the test.

## Use of Primary Health Care Services

Routine medical visits with a primary care provider allow people to obtain prevention & screening services, prompt diagnosis and treatment, and health advice, thereby improving their overall health. The measure is the responses of residents surveyed regarding their routine medical care (Source: Valley CARES Community Survey, 2009-2010).

### How are we doing?

Ninety-five percent of Valley residents surveyed reported that they had had a routine check-up within the past 2 years or less, showing high levels of health care utilization. When respondents were asked whether they had experienced any difficulties in getting needed health care, 89% reported that they had experienced no difficulties. Of the difficulties identified, the most commonly cited were lack of insurance (5%), childcare issues (3%), and not being able to afford to go to a doctor (2%).

## Health and Illness

### Overall Health Status

People's perceptions of their own health often relate strongly to their overall sense of wellbeing and quality of life. A gap between people's perceptions and other health indicators can point to areas in which improved health information and education may be helpful. The measure is the ratings of Valley residents surveyed regarding their current overall health (Source: Valley CARES Community Survey, 2009-2010)

### How are we doing?

The majority of survey respondents (92%) rated their own health status positively, with only about 8% reporting their health as poor or very poor. Survey data from the state found similar ratings with about 90% rating their health as good to excellent and about 10% rating their health as fair or poor (BRFSS Connecticut, 2009).

## Health Conditions & Risk Factors

### Why is this indicator important?

Health conditions such as hypertension and diabetes put patients at higher risk of serious disease, disability, and death. Education and treatment are critical to managing these conditions and preventing

more serious complications such as heart attacks and strokes. The measure is the percentage of Valley residents surveyed stating that a healthcare professional confirmed they have a chronic health condition (Source: Valley CARES Community Survey, 2009-2010).

#### How are we doing?

Substantial percentages of Valley adults surveyed reported having been told they had a chronic health condition or condition that puts them at risk for future disease. The proportion reporting high cholesterol (37%) and hypertension (27%) diagnoses is higher than the Health People 2010 targets of a 16% hypertension rate and a 17% high blood cholesterol rate. The Valley respondents reported a somewhat lower asthma rate (10%) than the 15% reported for the state Connecticut survey, but a somewhat higher diabetes rate (14%) than the almost 7% state rate. Source: Connecticut BRFSS, 2009).

#### Asthma-Related Emergency Visits

Asthma can have a significant impact on quality of life for children and adults. When not managed effectively, asthma can lead to emergency hospitalization and even death. In addition to providing asthma education and care, communities can address the environmental and economic conditions that increase the rates of this disease. The measure is the number of asthma related emergency room visits for every 10,000 people, for those 18 & over and those under 18 (Source: Connecticut Department of Public Health, 2008).

#### How are we doing?

In 2008, the rate of total asthma-related emergency visits for adults age 18 and older varied across the Valley towns, ranging between 7.1 and 13.2 visits for every 10,000 residents compared to a state rate of 56.1 visits for every 10,000 residents. The rate of emergency visits was higher for children under 18 than it was for adults in all the Valley communities ranging from 6.0 to 17.8 across the Valley towns as compared to a state rate of 85.6 Per 10,000 visits. The Valley's rate for asthma-related visits to emergency rooms is much lower than the state rates for both adults and children.

#### HIV/AIDS Rate

Infection with the Human Immunodeficiency Virus (HIV) can lead to Acquired Immune Deficiency Syndrome (AIDS), which compromises the body's ability to fight disease. Avoiding or changing behaviors that increase HIV exposure can reduce the infection risk. Among those infected, early detection and treatment can diminish the chances of developing AIDS and of transmitting the virus to others. The Measure is the total number of HIV/AIDS cases for every 100,000 people, including both newly identified cases and existing cases (Source: Connecticut Department of Public Health, 2008).

#### How are we doing?

In 2008, the Valley's rate of HIV/AIDS (13.4 per 100,000 population) was lower than that reported for the state of Connecticut (15.1 – per 100,000 population, as has been the case for many years.

#### Sexually Transmitted Diseases

Sexually transmitted diseases significantly impact the health and quality of life of people who contract these diseases. Preventive measures can reduce the rate of transmission within a community. The measure is the number of identified cases of chlamydia and gonorrhea for every 100,000 people (Source: Connecticut Department of Public Health, 2007).

### How are we doing?

The rate of chlamydia infection is higher than the rate of gonorrhea infection in the Valley. In the case of both these sexually transmitted diseases, the Valley rates were lower than those reported for the state in 2007, a trend that has been consistent over the past decade. Chlamydia – 41 per 100,000 population as compared to 329 per 100,000 for the state. Gonorrhea – 27 per 100,000 population as compared to 67 per 100,000 for the state.

### Heart Disease Deaths

Heart disease is a leading cause of illness and death nationwide. Behavioral and environmental changes that prevent the development of heart disease and proper management of the disease can have a major impact on community health by reducing the chances of developing advanced disease. The measure is the number of deaths per 100,000 people in which coronary heart disease is identified as the primary cause of death (Source: Department of Public Health, 2006).

### How are we doing?

As in the State of Connecticut and U.S. overall, heart disease is a major cause of death in the Valley. In 2006, the Valley's rate of 202 deaths per 100,000 was lower than the Connecticut rate of 227 deaths per 100,000. However, this rate was well above the Healthy People 2010 target of 166 deaths per 100,000.

### Cancer Deaths

Early detection and treatment of cancer can reduce the number of deaths from the disease. In addition, the risk for certain cancers may be influenced by environmental conditions and preventive health behaviors, which can be addressed by community health programs. The measure is the rate of deaths due to malignant neoplasm or cancer per 100,000 people and the total number of deaths by type of cancer (Source: Connecticut Department of Public Health, 2006).

### How are we doing?

The cancer death rate remains high in the Valley. In 2006, the Valley's rate of 226 cancer deaths per 100,000 exceeded Connecticut's rate of 176 cancer deaths per 100,000 and the Healthy People 2010 target of 159.9 deaths per 100,000. Lung cancer and colorectal cancer were responsible for the highest number of cancer deaths, followed by pancreatic, breast, and prostate cancer.

### Healthy Behaviors and Preventive Health

#### Smoking

Smoking puts smokers and those exposed to second hand smoke at a higher risk for serious health problems including various types of cancer, lung disease, and heart disease. Young people who begin smoking in high school are likely to continue to smoke as adults. The measure is the responses of Valley residents surveyed regarding their smoking habits (Source: Valley CARES Community Survey, 2009-2010) and the responses of 11th graders in Valley public schools surveyed regarding their substance use (Source: VSAAC Survey, 2009).

### How are we doing?

While most Valley adults surveyed reported that they do not smoke, 13% reported currently smoking. This rate is close to the 15% rate reported for the State of Connecticut (Source: BRFSS CT, 2009). Nearly half of current adult smokers stated they either did not intend to quit (26%) or were unsure about

whether they wanted to quit (20%). Almost half (48%) said they planned to quit. Among Valley 11th grade high school students, about 4 in 10 reported having smoked in their lifetimes in 2009.

### Radon Testing

Radon, a naturally occurring, radioactive gas, is the second leading cause of lung cancer after smoking. If home radon testing finds high levels, reduction systems can lower them to safe levels. The measure is the percentage of residents surveyed who said their home had been tested for radon (Source: Valley CARES Community Survey, 2009-2010).

### How are we doing?

A majority of residents surveyed (64%) said their homes had not been tested for radon or that they were unsure about whether they had been tested. This leaves a large portion of Valley residents without sufficient knowledge about the radon levels in their own homes.

### Carbon Monoxide (CO) Detection

Carbon monoxide, an invisible and odorless gas, can be released by fuel-burning devices such as furnaces. When undetected, it poses a health hazard, causing respiratory difficulties and even death. The measure is the percentage of survey respondents who reported having a CO detector in their homes (Source: Valley CARES Community Survey, 2009).

### How are we doing?

Although a majority of residents (70%) surveyed stated they do have a home CO detector, over 30% were unsure about whether they had a detection device or said they did not have one. Public safety and health officials recommend that each household have a functioning CO detector, preferably one per living level of the home.

### Children's Physical Fitness

Children's physical fitness not only affects their quality of life during childhood but also improves their chances of having healthy and productive lives as adults. School policies, community programs, and families can all make a difference in addressing the exercise and nutritional needs of children. The measure is the percentage of students in each public school district passing all four physical fitness tests, which include tests for flexibility, abdominal strength & endurance, upper-body strength and aerobic endurance, of those tested during the 2007-2008 school year (Source: Strategic School Profiles, Connecticut State Department of Education, 2007-2008; Note: Beacon Falls is part of Regional School District 16, which also includes the town of Prospect).

### How are we doing?

In all the Valley schools districts, less than half of tested children passed all four physical fitness tests in the 2007-2008 school year. Three Valley school districts had a higher percentage of children passing (41%, 45%, and 47%) than did Connecticut overall (36%). The remaining three districts had lower levels of passing students than did the state (22%, 25%, and 30%).

### Body Mass Index (BMI)

Obesity is associated with increased risk for several diseases, including high blood pressure, heart disease, diabetes, and certain types of cancer. In addition, obesity can affect quality of life through its social stigma, emotional impact, and influence on a person's mobility and activity levels.

Body Mass Index (BMI) is calculated using a person's height and weight. Many medical professionals use BMI to estimate whether a person is overweight or obese, although this measure cannot directly identify what percentage of a person's weight is composed of muscle or fat. Current guidelines for adults consider a BMI of 18.2-24.9 as normal, 25.0-29.9 as overweight, and 30 & over as obese. Valley CARES survey respondents reported their height and weight, which were utilized to calculate their BMI (Source: Valley CARES Community Survey, 2009-2010; state data from BRFSS CT, 2009).

#### How are we doing?

The percentage of Valley residents surveyed who had a Body Mass Index in the normal range was slightly lower than that found for the state overall, while the proportion of those falling in the obese (23%) and overweight (40%) categories was higher than the state rate (21% obese, 38% overweight). In the Valley 37% were normal. In the state 41% were normal. The BMI data suggests that more than half of all adults may not have a healthy body weight for their height in the Valley and the state.

#### Physical Activity/Exercise

Regular physical activity provides a wide range of physical and mental health benefits. These include reducing the risk of chronic diseases, supporting a healthy weight, preventing falls, and reducing depression. The measure is the responses of residents surveyed regarding their physical activity patterns and barriers to regular exercise (Source: Valley CARES Survey, 2009-2010).

#### How are we doing?

Health professionals currently recommend that adults get at least 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous-intensity aerobic activity per week. Nearly a third of Valley residents surveyed indicated that they get at least 30 minutes of moderate activity 5 times per week, suggesting that they meet current exercise recommendations. According to the Centers for Disease Control and Prevention's 2008 data on physical activity, about 22% of Connecticut residents do not engage in any physical activity/exercise compared to about 18% of Valley residents surveyed. The most commonly cited barrier to regular exercise among survey respondents was lack of motivation (27%) but physical limitations (18%) and lack of time due to work (12%) or family obligations (10%) were also reported as concerns.

#### Healthy Eating Habits

Research shows that healthy eating promotes health by providing the body with the nutrition needed for optimal function and growth. A good diet along with other healthy lifestyle choices may help to prevent a variety of illnesses including diabetes, heart disease, osteoporosis, and some types of cancer. The measure is the responses of Valley residents surveyed regarding how often they eat in a health promoting way based on the following definition: "a health-promoting diet involves eating multiple servings of fruit, vegetables and low fat dairy products on a daily basis and limiting foods with sugar and fat" (Source: Valley CARES Community Survey, 2009-2010).

#### How are we doing?

Close to 90% of Valley residents surveyed reported usually or always eating a healthy diet, a higher level than that reported in many national studies. The Healthy People 2010 nutrition target is that 75% of Americans eat the recommended two or more daily servings of fruit and at least 50% consume three or more daily servings of vegetables. A 2009 CDC survey found that only 33% of US adults achieved the fruit consumption goal and only 27% ate the recommended vegetable servings. Among Valley respondents, the most commonly reported barriers to healthy eating were not lack of knowledge

about healthy foods (1%), but rather lack of time needed to prepare healthy foods (34%), bad habits (28%), eating out frequently (17%), dislike the taste (12%), and cost (10%).

### Arts, Culture , & Recreation Resources

The Valley region enjoys many resources for arts, culture, and recreation activities, but not all residents utilize them frequently.

- The Valley is home to 45 municipal and state public parks; all of the Valley towns also have walking trails.
- In 2000, an arts and cultural inventory identified a wide variety of arts and cultural resources in the Valley but this inventory has not been updated in the past 10 years. At that time, the Valley's arts and cultural resources included 11 arts organizations, 172 individual artists, 28 performing groups, 17 performance venues, 7 visual arts venues, and numerous festivals.
- When asked about their use of arts, culture & recreation resources in the Valley, 44% of residents surveyed reported that they used local recreation resources somewhat or very often in the past year. A quarter (27%) said that they used arts and culture resources in the Valley somewhat or very often.

### Public Libraries

Many residents utilize the diverse resources provided by the Valley's public libraries, which now include computers with Internet Access and educational programs for adults and children.

- The availability and use of library resources has grown in the Valley as it has in the state. In 2008-2009, the average number of library visits increased in most libraries, though the rates varied by town. Computer use and program attendance have also grown in many Valley libraries.

### Arts , Culture , & Recreation Resources

#### Public Parks & Walking Trails

Public parks and walking trails provide community residents with an important low-cost resource for exercise and recreation. The measure is the total number of municipal and state parks located in each Valley town and whether the municipalities currently have town-maintained walking trails (Source: Valley Town Offices, 2010).

#### How are we doing?

The Valley is home to 45 municipal and state parks. All of the Valley towns have existing walking trails. According to the Valley Council of Governments (VCOG), the VCOG region plans to double the miles of existing greenway available to community residents. Thus, the Valley benefits from numerous natural resources for public recreation. However, there is little information available about how often residents utilize local parks and trails or whether they experience any difficulties in accessing or using these recreational resources.

### Arts & Cultural Resources

Having arts and cultural resources available within the local community can play a vital role in making the arts accessible to residents. In turn, artists depend on community support and local facilities to enable them to continue their creative work. The measure is the number of arts and cultural resources identified in the *Lower Naugatuck Valley Arts and Cultural Assessment*, conducted for the Valley Chamber of Commerce by Maryann Ott (2000; note: this inventory includes the town of Naugatuck, which had a high reported concentration of artists).

### How are we doing?

The Arts and Cultural Resource inventory conducted in 2000 found numerous arts and cultural resources based in the Valley. This assessment identified the need for a regional arts council to support the area's arts and cultural community. Since then, the Valley Arts Council and several additional arts initiatives (including the Valley Center of the Arts and Center Space Theatre) have made substantial progress in addressing these needs. The Valley Arts Council currently tracks its membership and disseminates information about arts and cultural activities and resources to the wider Valley community through its website. However, the formal resource inventory has not been updated in the past 10 years.

### Use of Arts, Culture & Recreation Resources

Even when arts, culture and recreation resources exist within a community, residents need to be aware of them and be able to access them in order to realize their benefits. The measure is the responses of residents surveyed regarding how often they utilized Valley recreation and arts & culture resources in the past year (Source: Valley CARES Community Survey, 2009-2010).

### How are we doing?

Forty-four percent of residents surveyed reported that they used recreation resources in the Valley somewhat or very often in the past year. Over half of respondents said that they infrequently or never used Valley recreation resources. An even lower percentage of survey respondents said they often used arts and culture resources within the Valley in the previous year. Nearly half of respondents (47%) stated that they never utilized arts and culture resources in that time period.

### Availability & Use of Library Resources

Libraries are an important free resource available to community members, providing them with opportunities for education, recreation, Internet access, and cultural enrichment. The measure is the average number of library visits per person (per capita), based on the total number of persons entering the public library and its branches for any purpose, and additional information about library resources and utilization during the 2008-2009 fiscal year (Source: Connecticut's Public Libraries: A Statistical Profile, 2010; Note: \*Derby Neck is a regional association library open to all Valley residents; the remaining libraries are operated by municipalities.).

### How are we doing?

Library usage in the Valley has increased in recent years, as is true for the state and nation. However, the average number of library visits per person varied considerably by library in 2008-2009, ranging between just under two to nine visits per resident. The average number of library visits was 6.6 per person for the state of Connecticut as a whole in that same time period. In addition to the overall increase in library visits, most Valley libraries have seen a rise in program attendance and the use of public access computers. In 2008-2009, Valley libraries offered 2,744 programs to adults, youth, and children. They had 79 computers with public Internet Access, which were used over 80,000 times.

### Political Participation

Substantial numbers of Valley residents do not participate in the political process.

- In 2009, voter registration levels ranged between 53% and 69% of residents in Valley towns, leaving a sizeable percentage of community members ineligible to participate in elections.

- Fewer than half of registered voters voted in elections in the 2009 municipal races. Higher percentages of eligible voters participated in the 2008 presidential elections, although the Valley's national voting rate fell below the statewide level.

### Community Relations

Although officially recognized hate crimes are not common in the Valley, residents expressed some concern about ethnic and race relations in the community.

- In 2007, the Valley had 6 reported hate crimes, based on religious and racial bias.
- While 14% of residents surveyed stated that ethnic discrimination and racism is a big problem in the Valley, close to half (46%) viewed it as a small problem.

### Community Engagement

Many Valley residents actively engage in their community by obtaining information about community resources and by giving to local organizations.

- Valley residents surveyed reported that the community information sources they most often utilize are the Internet (35%), television news (31%), newspaper stories (23%), and friends, neighbors, or relatives (13%).
- When asked about their charitable giving and volunteerism, more than half of residents surveyed said that they gave time, money, and/or other resources to organizations working in the Valley during the past year.

### Political Participation

#### Voter Registration

Residents must be registered in order to be eligible to vote in local, state and national elections. Voter registration allows them to contribute as active citizens in the political process.

The measure is the percentage of the population in each town registered to vote (Source: Town Registrar of Voters; for Ansonia: Town Clerk's office, 2009).

#### How are we doing?

Between about a half to about two-thirds of Valley residents were registered to vote in 2009. This leaves a considerable proportion of residents unable to participate in elections.

#### Voting in Local & National Elections

Voting in elections is the main avenue for citizens to express their political will and influence the decision making that affects their communities and families. The measure is the percentage of eligible voters who voted in national elections (2008) and town elections (2009) (Source: Connecticut Secretary of State's Office).

#### How are we doing?

In 2009, between 34% and 48% of eligible voters participated in local elections in Valley towns. Participation in town elections fell below half of registered voters in all Valley towns, and was much lower than the 86% local election rate reported for the Valley for 1992 (Source: *Healthy Valley Indicators Data Book*, 1996). Higher percentages of eligible Valley voters participated in national elections in 2008, but the percentages in Valley towns were under the 78% participation rate reported for the state of Connecticut. Voting in the national election ranged from 75% in Ansonia to 42% in Derby.

## Hate Crimes

Although bias can take many forms, hate crimes are one indication of its most severe consequences, affecting relations among the individuals directly involved and their entire communities. The measure is the number of reported hate crimes (also known as bias crimes), criminal offenses committed against a person, property or group that is motivated by bias based on race, ethnicity/national origin, religion, sexual orientation or disability (Source: Connecticut Department of Public Safety, 2007).

### How are we doing?

In 2007, Valley communities reported a small number of criminal offenses in which the offender was motivated by a bias against the victim. In half of these cases, the crime was based on racial bias. The other 50% were motivated by religious bias. The federal Uniform Crime Reporting program found that at a national level approximately half of hate crimes were racially based and nearly 20% were religiously motivated in 2008. In addition, almost 17% of hate crimes nationwide were based on sexual orientation, nearly 12% on ethnicity/ national origin, and 1% on disability (Uniform Crime Reporting Program, Federal Bureau of Investigation, 2008).

## Ethnic Discrimination & Racism

Perceived ethnic discrimination and racism is a major obstacle to building positive community relations. In addition, it can affect residents' sense of safety and their access to opportunities. The measure is the perception of residents surveyed regarding ethnic discrimination & racism in the Valley (Source: Valley CARES Community Survey, 2009-2010).

### How are we doing?

While 14% of the residents surveyed stated that ethnic discrimination and racism is a big problem in the Valley, close to half (46%) viewed it as a small problem. About a quarter (24%) of respondents expressed the view that these issues are not a problem at all in the Valley and nearly one-fifth said that they were unsure.

## Community Engagement

### Charitable Giving & Volunteerism

When residents actively support the work of community organizations, they can help improve the lives of their fellow citizens and develop a meaningful sense of connection to their community. The measure reports residents surveyed about their giving to Valley charitable, civic, religious, educational and other volunteer organizations (Source: Valley CARES Community Survey, 2009-2010).

### How are we doing?

Over half of residents surveyed (57%) reported giving time, money, and/or other resources in the past year to organizations in the Valley. These percentages do not include charitable giving by Valley residents to organizations outside the Valley. The 2008 Gallup Lifestyle Survey found that 84% of respondents nationwide said they donated to a charitable cause and 64% said they volunteered time to a charitable organization in the previous year.

## Community Information Sources

In order to engage actively in their communities, citizens need good sources of information about community services, activities, and needs. Community groups also need to be aware of the most effective ways to communicate with residents in order to help improve their quality of life.

The responses measure the perception of residents surveyed regarding where they obtain information about community services (Source: Valley CARES Community Survey, 2009-2010; multiple responses accepted).

**How are we doing?**

Among Valley residents surveyed, the most frequently reported community information sources were the Internet (35%), television (31%), and newspapers (23%). Thirteen percent of respondents reported going to friend, neighbor or relative for information. Smaller percentages said they used other means of obtaining information such as radio, mailings, and direct contact with community organizations.

❖ **Yale-Griffin PRC Community Health Profile 2009-2010 (Released August 2012)**

The first Valley Health Profile was produced in 1998 at approximately the same time the Yale-Griffin Prevention Research Center was founded. It was produced as part of the research for the Healthy Valley healthy community project by staff at Southern Connecticut State University. It was created to assess the health and well-being of Naugatuck Valley residents. The purpose was to create a report whereby comparisons could be made between the health of the populations of the Valley and the state of Connecticut and to present Valley agencies with a useful, comprehensive document to inform program and policy decision-making. A second edition, including identified trends from previous and updated data, was produced in 2000. A third edition, renamed the "Community Health Profile (CHP)", was published in 2004 and included health information for not only the Valley and the state of Connecticut, but also for three of Connecticut's largest cities, Bridgeport, Hartford and New Haven. The 2008 version of the CHP added the towns: Naugatuck, Southbury and Woodbury. The addition of these towns allowed for both the Naugatuck and Pomperaug Health Districts to access data covering their entire respective areas. The continued goal of the CHP is to develop an efficient and meaningful way of tracking various causes of morbidity and mortality in the people of the Valley, nearby towns, Bridgeport, Hartford, New Haven and Connecticut as a whole. The current edition of the CHP continues to include the most recently available data describing aspects of the population; as well as data covering ten year time periods that describe trends in morbidity, mortality and cancer (incidence and mortality). The availability of data for certain time points was the determinant of which time span was used (1998 to 2008 or 1999 to 2009) and is consistent across the types of data being presented. This material included in this summary is extracted from the report and covers primarily the data for the six Valley towns of Ansonia, Beacon Falls, Derby, Oxford, Seymour and Shelton, Connecticut. The complete report including tables and data by year is available on line at [www.yalegriffinprc.org](http://www.yalegriffinprc.org). As with prior versions of the Valley Health Profile and the CHP, included in this report are the methods and sources that were used to collect the data, summaries of results for each health risk, and a discussion of limitations in the data, analyses, and interpretation of results. The continued goal is to increase the collection of comprehensive data to be included in subsequent editions of the Community Health Profile.

**Methods and Sources of Data**

*Population:* Data were collected on the six towns of the Lower Naugatuck Valley (Ansonia, Beacon Falls, Derby, Oxford, Seymour and Shelton), Bridgeport, Hartford and New Haven, Naugatuck, Southbury and Woodbury from publicly available data sources (e.g. the Department of Public Health). Specific demographics of these towns are available in subsequent sections of this document (see *Population Statistics*).

*Assessment of the Previous Reports:* The 1998, 2000, 2003 Valley Health Profiles and 2005 Community Health Profile were reviewed to assess sections of the document that needed updating.

*Data acquisition:* The collection of data to update the Community Health Profile was conducted mainly via publicly available datasets. Data sources used in the previous report were contacted and electronic data were accessed through the Internet or hard copies were sent to the center for manual data re-entry.

*Data storage:* Phone interviews, data collection, manipulation and presentation took place at the Yale-Griffin Prevention Research Center in Griffin Hospital, Derby, CT under the supervision of David Katz, MD, MPH, and Jesse Reynolds, MS.

**Data Analysis:** Incidence and mortality data are presented in frequency tables, rates (per 100,000 people), and graphs. For trend analysis, rates of individual towns in the Valley, as well as total Valley rates were compared to rates of Bridgeport, Hartford, New Haven, Naugatuck, Southbury and Woodbury and Connecticut, by examining confidence intervals around the rates (see *Definitions of Rates and Terms*). An overlap in confidence intervals indicated no statistically significant difference between rates. The purpose of this statistical testing is to establish whether two rates are truly different, or that there is a statistical chance that the rates are not different. That statistical chance is based on the existence of a random error in the calculation of the true rate. (Such error can come from a reporting error or a mistake in entering data). For example, if a rate is 100 with 95 percent of the time falling within the bounds of 89 and 111 interval, is that rate statistically different from a rate of 115, which 95 percent of the time falls within the bounds of 105 and 125? In this case, there is a chance that the first rate (given that a random error in the calculation of the rate exists) can be equal to 105, which is the number that falls within the bounds of the second rate's true value. Therefore, the two rates are not statistically different. Caution should be taken in translating a statistical finding, or a lack thereof, into a significant finding. If a rare event, such as a rare disease, takes place in a small population, the magnitude of an incidence rate can fluctuate from one time point to another time point. However, a seemingly large difference between two incidence rates of a rare event in a small population may not be statistically significant based on the examination of the confidence intervals around each rate. A decision to establish a significant trend of some event should take into consideration a statistical significance testing, the nature of the event and the size of the population.

### **Discussion and Conclusions of Data that follows:**

The 2009-2010 Community Health Profile is a continuation of the expanded 2007-2008 report that covered the six Valley towns: Ansonia, Beacon Falls, Derby, Oxford, Seymour and Shelton; major cities: Bridgeport, Hartford, New Haven; and nearby towns: Naugatuck, Southbury and Woodbury.

As stated in prior reports, the interpretation of trends within each geographic entity and of differences between them, especially when no statistical significance was found, should be done in the context of a health risk and the size of population. Furthermore, increasing trends in incidences of some diseases can be indicative of increased surveillance efforts, as well as improved tools for detecting certain disease, and not necessarily an increase in disease rates. Interpretation of trends in the incidence reporting of disease morbidity and cancers in areas with smaller populations should be performed conservatively. The number of cases used to calculate these annual incidence rates are usually small in number (less than 5) and when presented graphically may appear to fluctuate 'significantly'. While the importance of reporting of these statistics should not be diminished, it is recommended that population size and the number of new annual cases be investigated before drawing any conclusions about what may appear to be spikes and drops in incidence rates.

## **Morbidity and Mortality Data.**

### ***Connecticut***

The trends in incidence and mortality (regardless of direction) in Connecticut (when compared to towns, cities and regions) appear more gradual due to its population size. Newly added HIV/AIDS (2005 to 2009) data suggests that incidence in Connecticut has remained stable. 2009 saw a large increase in reported influenza cases likely as a result of increased reporting due to increased awareness of H1N1. In addition, Connecticut's crude incidence rates of hepatitis B have remained relatively stable since 2005. Since 1999, Connecticut also had a trend of stable (yet decreasing) crude incidence rates of streptococcus pneumoniae marked by a significant difference when comparing a higher crude incidence rate from 1999 to the lower crude incidence rate of 2009. Rates of Lyme disease have

drastically risen since 2003, when a change in reporting in 2002 led to a large drop off in cases (these data are actually not comparable). However, there was a significant trend in increased crude incidence rates of Lyme disease from 2006 to 2009.

Connecticut saw a large increase in chlamydia cases in 2008 and 2009. The increase in 2008 was significantly higher than the previous year and most recent rates are significantly higher than those of 1999. From 1999 to 2009, incidences of gonorrhea have declined in the state. The crude incidence rate of gonorrhea in 2009 was significantly lower than the crude incidence rate in 1999. Following a period of stability from 1999 to 2004, crude incidence rates of syphilis in the state have fluctuated with significant increases from 2004 to 2005 and also from 2008 to 2009. 2009 had the highest number of reported cases of syphilis (in magnitude) in Connecticut since 1997. Connecticut has continued to have steady declines in all cause mortality rate and has also mostly seen either stable or declining overall rates of cancer incidence and mortality.

### ***The Valley***

Crude incidence of HIV/AIDS in the six Valley towns was lower than the state from 2005 to 2009. Rates in the Valley across this time period were stable. The crude incidence rates of hepatitis B remained low in the six Valley towns, with no reported cases in the years 2006, 2007 and 2009. Similar to the state, the crude incidence rates of Lyme disease have risen steeply since the change in reporting in 2003. At the town level, Lyme disease rates appear to have risen in all six towns..These rates have remained comparable with the state with the exception of 2009, where the Valley had a significantly lower crude incidence rate of Lyme disease compared to the state. Since 2007, when the crude incidence rate of streptococcus pneumoniae in the Valley was at its highest, rates began to drop in 2008 and again in 2009. Crude incidence rates of streptococcus pneumoniae in 2009 were the lowest since 1996 (the earliest data point for streptococcus pneumoniae in the CHP).

From 1999 to 2009, crude incidence rates of chlamydia in the six Valley towns were significantly lower than the state. Since 1999, chlamydia rates in the six Valley towns have fluctuated. Following 2007, rates increased in the years 2008 and 2009. 2009 had the highest number of reported cases of chlamydia (as well as crude incidence rate) in the Valley since 1995. Crude incidence rates of gonorrhea declined from 1999 to 2009 and have historically been significantly lower than the state. The reported cases of syphilis were low from 1999 to 2009, with no reported cases in the years: 2000, 2002-2003 and 2005-2008.

All cause age-adjusted mortality rates in the Valley remained higher than the major cities (Bridgeport, Hartford, New Haven) but did not significantly differ. Annual age-adjusted mortality rates from heart disease in the Valley remained significantly higher in comparison to Connecticut for the newly added years 2007, 2008 and 2009. Age-adjusted cerebrovascular disease mortality rates fluctuated from 2007 to 2009, but were significantly higher than Connecticut.

With respect to cancer morbidity and mortality, the crude incidence rates for all invasive cancers in the Valley were significantly higher than the rate of Connecticut in 2007 and 2008. During these same years, crude incidence of all invasive cancers was also significantly higher than Bridgeport, Hartford and New Haven. From 2004 to 2008, the incidence rate of breast cancer among females in the Valley towns was lower than the state (but no significant differences were found). Crude incidence rates of colorectal cancer in the Valley remain higher than the state as well (but do not significantly differ). Crude incidence of prostate cancer in the Valley fluctuated and the latest data indicates that the Valley

had lower (non-significant) rates than the state in 2007 and 2008. Incidence rates of Thyroid cancer remain higher in the Valley than the state but are not found to significantly differ.

In the previous CHP, it was reported that there was sharp increase in the number of deaths from breast cancer in the Valley in 2005. 2005's increased rate was not significantly higher than the previous year and the data from the following years remained relatively stable. The 2008 breast cancer age-adjusted rate of mortality in the Valley was significantly higher than state for the first time since 2005. Newly added data (2007 and 2008) suggests that the age-adjusted rates of mortality (for women) in the Valley were comparable with Bridgeport, Hartford and New Haven. The Valley had significantly higher mortality rates due to colorectal cancer than the state in 2007 and 2008. In addition, the Valley continued to have significantly higher age-adjusted rates of mortality from lung cancer than the state.

## **Summary by Specific Diseases**

### **Communicable Diseases**

#### **HIV/AIDS**

In the last CHP, changes in testing and the increased time from HIV diagnosis to the onset of AIDS in the population led to the Connecticut Department of Public Health (DPH) recommending that HIV and AIDS annual statistics be combined into HIV/AIDS incidence (one statistic). Since the last CHP, DPH now recommends that incidence of HIV/AIDS be reported as: year of diagnosis. Therefore, to reflect this method of reporting, the data used for this report covers the span 2005 (earliest available) through 2009 (latest available). With respect to the changes mentioned above, crude incidence of HIV/AIDS in the six Valley towns has been significantly lower than the state and stable from 2005 to 2009.

While there was an overall increase in incidence of HIV/AIDS diagnoses in the Valley since 2003, there did not appear to be a significant trend.

#### **Hepatitis B**

Crude incidence rates of hepatitis B remained relatively unchanged in the Valley from 1999 through 2009. In eight of those years, there were one or no reported cases. Crude incidence rates in the Valley remained comparable to the state in terms of both stability and low crude incidence rates. With respect to area towns, the crude incidence rates of hepatitis B in the Valley were comparable to Naugatuck, Southbury and Woodbury. Rates in the area towns have all declined since last reported in 2008 CHP.

#### **Influenza**

Influenza surveillance data at the town and state level are newly available in this latest version of the CHP (only for the years 2006 to 2009). As reported in prior publications of the CHP, these data were not available nor considered reliable at the local level prior to 2006. Laboratory-confirmed cases of influenza vary depending on the year for a host of reasons. In 2009, the number of confirmed cases at the Valley, towns/cities and state levels all rose exponentially. It should be noted that these data normally fluctuate from year to year; the increased testing surrounding the H1N1 virus in 2009 is reflected in the testing sensitivity due to increased public health concern.

#### **Lyme Disease**

Since the 2008 CHP, incidence of Lyme disease in the Valley continued to increase, although these changes were not found to be significant from year to year. Valley towns such as Shelton and Oxford

both saw steep increases in Lyme disease incidence since the 2003 reporting change. Crude incidence rates at the state level also increased during this timeframe. The state's 2009 increase was significantly higher than the six Valley towns. Since added to the CHP in 2008, Naugatuck, Southbury and Woodbury have all seen an increase in reported Lyme disease cases. Crude rates in Southbury and Woodbury have been higher than both the Valley and the state, but have not been found to significantly differ.

### **Streptococcus Pneumoniae**

Overall crude incidence rates of streptococcus pneumoniae in the Valley have been comparable to the state in terms of incidence trends from 1999 to 2009. Within each of the six Valley towns, the rates have fluctuated, but remained relatively constant for the ten year period. Naugatuck, Southbury and Woodbury continued to have low incidence rates of streptococcus pneumoniae since 2003. Incidence rates in these areas continue to remain comparable with the state and the Valley.

### **Active Tuberculosis**

From 1999 to 2009, incidences of active tuberculosis either declined in number or remained stable in the Valley towns. The crude incidence rate of the disease has remained comparable with the state. There were no reported incidences of active tuberculosis in the Valley in 2006 and 2008.

### **Chlamydia**

From 1999 to 2009, crude incidence rates of chlamydia in the six Valley towns were significantly lower than the state. There was a statistically significant overall increase in crude incidence from the year 1999 to the year 2009 in the six Valley towns. 2009 saw the highest crude incidence rate in the Valley since 1995. Ansonia, Derby and Oxford have all displayed a trend in increased crude incidence rates of chlamydia from 1999 to 2009.

### **Gonorrhea**

From 1999 to 2009, the six Valley towns had significantly lower crude incidence rates of gonorrhea than the state. From 1999 to 2009 there was a significant reduction in the crude incidence rate of gonorrhea in the Valley.

### **Syphilis**

From 2005-2008, the six Valley towns reported no cases of syphilis. Since 1999, when there were years with reported incidences of syphilis, the rates in the Valley for those years were comparable to the state.

## **MORTALITY RATES**

### **Mortality from All Causes Combined**

From 1999 to 2009, all causes age-adjusted mortality rates have increased. From 2007 to 2009, all cause mortality remained higher in the Valley when compared to the state. Of the six Valley towns, Beacon Falls and Oxford have seen sharp inclines in rates of all cause mortality in recent years, while the remaining towns have remained relatively constant. Since 1999, a steady decline in Connecticut continued with respect to all cause mortality rates (similar to what was reported in the 2008 CHP).

## **Heart Disease Mortality**

The annual age-adjusted mortality rates from heart disease in the Valley declined from 1999 to 2009. These rates of mortality were significantly higher in the Valley when compared to the state (especially amongst males) during this timeframe.

## **Cerebrovascular Disease Mortality**

Age-adjusted cerebrovascular disease mortality rates in the Valley declined from 1999 to 2009. From 2005 to 2008, rates in the Valley were significantly higher when compared to the state. Mortality data from 2009 indicated that the Valley had a significantly lower age-adjusted rate of mortality from cerebrovascular disease when compared to the state for the first time since 2004. With respect to the individual Valley towns, Oxford has historically had higher rates than the other Valley towns and significantly higher rates compared to the state when considering the newly added data.

## **Chronic Lower Respiratory Disease (CLRD) Mortality**

In the 2008-2009 CHP, it was reported that there were no significant trends were observed in the age-adjusted CLRD mortality rates from 1996 to 2006. However, with respect to the recently added data for the years 2007 thru 2009, it would appear that the Valley had a significant increase in age-adjusted mortality rates since 2007. In the years 2006, 2008 and 2009, the Valley was found to have significantly higher rates when compared to the state. With the exception of Derby, 2009 was characterized by a substantial increase in age-adjusted CLRD mortality rates. Age adjusted CLRD rates in Connecticut appeared to have slowly trended downward from 1999 to 2009.

## **Cancer**

### **All Invasive Cancers**

The 2008 CHP reported on trends in incidence of invasive cancers in the Valley and Connecticut through 2006. Crude incidence rates for all invasive cancers in the Valley were significantly higher in 2007 and 2008 compared to Connecticut; however they did not significantly increase from when last reported in 2006. Crude incidence of all invasive cancers has remained stable for the last five report years, including newly added data for the years 2007 and 2008. Rates of mortality due to malignant neoplasm in the Valley decreased slightly from 1999 to 2009. Since 2004, overall rates in the Valley were significantly higher than the state. However, during this same time period these same rates in the Valley were relatively stable. The overall rates of mortality due to malignant neoplasm steadily declined in the state from 1999 to 2009.

### **Breast Cancer Among Females**

From 1998 to 2008, the incidence rates of breast cancer among females in the Valley and the state remained comparable and stable. When compared to Bridgeport, Hartford and New Haven, incidence rates of breast cancer in the Valley towns were significantly higher than New Haven in 2007 and 2008. Rates continued to grow more comparable between the Valley and Bridgeport and New Haven in newly added years' data. Naugatuck's rates continued to remain parallel to rates in the Valley. Since 1998, it appears that the age-adjusted breast cancer mortality rates among females of in the Valley have declined (with the exception of an upward spike in rates in 2005). Rates in 2007 were the lowest in the Valley since CHP data collection began in 1995. From 2004 to 2008, rates in the Valley were significantly lower than the state. Rates in Connecticut were relatively stable from 1998 to 2008.

## **Cervical Cancer**

Crude incidence rates of cervical cancer in the state have continued to decline, however this reduction in rates has not been found to be statistically significant. Rates in all of the reporting areas of the CHP (the Valley, area towns: Naugatuck, Southbury and Woodbury and major cities: Bridgeport, Hartford and New Haven) continued to remain low and stable.

## **Colorectal Cancer**

The crude incidence rates of colorectal cancer in the six Valley towns declined from 2006 to 2009 and remained comparable to the state (despite being higher historically). In the state, from 1998, the crude incidence rates were relatively unchanged until 2007 when there was a significant decrease in reported colorectal cancer incidence. Mortality rates of colorectal cancer in the Valley were significantly higher than the state from 2005 to 2008. It should be noted that mortality rates in the Valley fluctuated but have remained constant since 2005. In Connecticut, rates of mortality due to colorectal cancer continued to decrease in 2007 and 2008 and have done so since 1998.

## **Leukemia**

In the six Valley towns, the crude incidence rate of Leukemia continued to fluctuate while remaining steady. In 2007, there was a sharp decline in crude incidence that was not significant. From 1998 to 2008, crude incidence rates of Leukemia appeared to fluctuate greatly in the individual Valley towns and nearby towns. This is largely in part due to the overall low number of reported cases and relative to nature of how crude incidence rates can fluctuate when there are low numbers of reported cases relative to the population. The overall rates in the Valley, major cities and the state appeared to be stable during this timeframe.

## **Lung Cancer**

Recent annual data added (through 2008), suggests that crude incidence rates in the Valley have increased since the last CHP. From 2004 to 2008 (a five year period), crude incidence rates increased in the Valley, however this change was not statistically significant. Further, this newly added showed that crude incidence rates of lung cancer in the Valley are significantly higher than the major cities and the state overall. The Valley towns continued to remain comparable with regards to the crude incidence rate of lung cancer to nearby towns: Naugatuck, Southbury and Woodbury. From 1998 to 2008, crude incidence of lung cancer has remained stable in the state. Since 2001, rates of mortality from lung cancer in the Valley were significantly higher than the state. It would appear that rates in the Valley declined since their highest point in 2003 (from 1998 to 2008).

## **Melanoma**

Newly added Melanoma incidence data suggests that rates in the Valley steadily increased from 1998 to 2008- although not significantly. Crude incidence of Melanoma in nearby towns Naugatuck, Southbury and Woodbury has fluctuated, but appeared to be stable and comparable with the state. Melanoma incidence rates in 2007 and 2008 decreased for the state but not significantly.

## **Prostate Cancer**

Annual data collected since the last report indicates that crude incidence rates of prostate cancer in the Valley have increased but remained lower than the state. The lower rates in the Valley were not found to significantly differ from the state. Crude incidence rates of prostate cancer in the Valley continue to be higher than Bridgeport, Hartford and New Haven, but do not significantly differ statistically. With respect to the nearby towns, rates in the Valley were comparable in 2007 and 2008

with Naugatuck and Woodbury. Southbury had a significantly higher crude incidence rate than the Valley and the state in 2008 (both comparable in 2007). Age-adjusted mortality rates for prostate cancer in the Valley increased in 2007 and 2008 and these rates were also significantly higher compared to the state. Cases in Naugatuck, Southbury and Woodbury were low in magnitude in 2007 and 2008; however Naugatuck's' age-adjusted mortality rate was significantly higher than the state in 2007. From 1998 to 2008, the age-adjusted mortality rate due to prostate cancer in the state has remained fairly constant.

### **Thyroid Cancer**

With the inclusion of 2007 and 2008, the Valley continued to have comparable crude incidence rates of thyroid cancer to the state; however, from 1998 to 2008 there has been a sharp climb in crude incidence rates of thyroid cancer in the Valley. Rates in the Valley were significantly higher than those of Bridgeport, Hartford and New Haven in both 2007 and 2008. In the 2008 CHP, it was reported Naugatuck had a significantly higher rate than the Valley in 2006, newly added data for 2007 and 2008 suggest that these rates have since dropped to levels comparable to other cities and towns covered in the CHP. From 1998 to 2008, the crude incidence of thyroid cancer in the state steadily increased.

❖ **Griffin Hospital Inpatient Admissions and Emergency Department Visits by Diagnoses**

**Inpatients FY 2012**

<b><u># of Patients</u></b>	<b><u>Diagnosis</u></b>	<b><u>DRG</u></b>
249	CHF	(DRGs 291-293)
245	Septicemia	(DRGs 870-872)
230	Pneumonia	(DRGs 192-195)
165	Cardiac Arrhythmia	(DRGs 308-310)
136	Renal Failure	(DRGs 682-684)
131	COPD	(DRGs 190-192)
126	Respiratory Infection	(DRGs 177-179)
124	Acute MI	(DRGs 280-285)
112	Cellulitis	(DRGs 601-603)
112	Pulmonary Edema	(DRG 189)

**Emergency Department FY 2012**

<b><u>Code</u></b>	<b><u>Diagnosis</u></b>	<b><u># of Patients</u></b>	<b><u>PATIENTS</u></b>
490	<u>BRONCHITIS NOS TOTAL</u>	<u>761</u>	<u>PATIENTS</u>
599.0	<u>URIN TRACT INFECTION NOS TOTAL</u>	<u>741</u>	<u>PATIENTS</u>
724.2	<u>LUMBAGO TOTAL</u>	<u>622</u>	<u>PATIENTS</u>
847.0	<u>SPRAIN OF NECK TOTAL</u>	<u>580</u>	<u>PATIENTS</u>
883.0	<u>OPEN WOUND OF FINGER TOTAL</u>	<u>567</u>	<u>PATIENTS</u>
382.9	<u>OTITIS MEDIA NOS TOTAL</u>	<u>555</u>	<u>PATIENTS</u>
959.01	<u>HEAD INJURY, NOS TOTAL</u>	<u>496</u>	<u>PATIENTS</u>
079.99	<u>VIRAL INFECTION NOS TOTAL</u>	<u>488</u>	<u>PATIENTS</u>
462	<u>ACUTE PHARYNGITIS TOTAL</u>	<u>481</u>	<u>PATIENTS</u>
845.00	<u>SPRAIN OF ANKLE NOS TOTAL</u>	<u>481</u>	<u>PATIENTS</u>
305.00	<u>ALCOHOL ABUSE-UNSPEC TOTAL</u>	<u>474</u>	<u>PATIENTS</u>
465.9	<u>ACUTE URI NOS TOTAL</u>	<u>465</u>	<u>PATIENTS</u>
844.9	<u>SPRAIN OF KNEE &amp; LEG NOS TOTAL</u>	<u>435</u>	<u>PATIENTS</u>
789.09	<u>ABDOMINAL PAIN, OTHER SPECIFIED SITE TOT</u>	<u>416</u>	<u>PATIENTS</u>
300.00	<u>ANXIETY STATE NOS TOTAL</u>	<u>410</u>	<u>PATIENTS</u>
525.9	<u>DENTAL DISORDER NOS TOTAL</u>	<u>405</u>	<u>PATIENTS</u>
846.9	<u>SPRAIN SACROILIAC NOS TOTAL</u>	<u>385</u>	<u>PATIENTS</u>
473.9	<u>CHRONIC SINUSITIS NOS TOTAL</u>	<u>359</u>	<u>PATIENTS</u>
V58.32	<u>ENCOUNTER FOR REMOVAL OF SUTURES TOTAL</u>	<u>358</u>	<u>PATIENTS</u>
840.9	<u>SPRAIN SHOULDER/ARM NOS TOTAL</u>	<u>344</u>	<u>PATIENTS</u>
493.92	<u>ASTHMA, UNSPECIFIED, W (ACUTE) EXACERBATI</u>	<u>334</u>	<u>PATIENTS</u>
784.0	<u>HEADACHE TOTAL</u>	<u>326</u>	<u>PATIENTS</u>
276.51	<u>DEHYDRATION TOTAL</u>	<u>324</u>	<u>PATIENTS</u>
346.90	<u>MIGRAINE UNSPECIFIED W/O INTRACT MGRN W/O</u>	<u>324</u>	<u>PATIENTS</u>
786.59	<u>CHEST PAIN NEC TOTAL</u>	<u>311</u>	<u>PATIENTS</u>
786.50	<u>CHEST PAIN NOS TOTAL</u>	<u>310</u>	<u>PATIENTS</u>
847.9	<u>SPRAIN OF BACK NOS TOTAL</u>	<u>306</u>	<u>PATIENTS</u>
311	<u>DEPRESSIVE DISORDER NEC TOTAL</u>	<u>294</u>	<u>PATIENTS</u>
401.9	<u>HYPERTENSION NOS TOTAL</u>	<u>284</u>	<u>PATIENTS</u>
646.83	<u>PREG COMPL NEC-ANTEPART TOTAL</u>	<u>267</u>	<u>PATIENTS</u>

<u>789.00</u>	<u>ABDOMINAL PAIN, UNSPECIFIED SITE TOTAL</u>	<u>264</u>	<u>PATIENTS</u>
<u>486</u>	<u>PNEUMONIA, ORGANISM NOS TOTAL</u>	<u>255</u>	<u>PATIENTS</u>
<u>729.5</u>	<u>PAIN IN LIMB TOTAL</u>	<u>249</u>	<u>PATIENTS</u>
<u>558.9</u>	<u>NONINF GASTROENTERIT NEC TOTAL</u>	<u>241</u>	<u>PATIENTS</u>
<u>682.6</u>	<u>CELLULITIS OF LEG TOTAL</u>	<u>238</u>	<u>PATIENTS</u>
<u>786.52</u>	<u>PAINFUL RESPIRATION TOTAL</u>	<u>238</u>	<u>PATIENTS</u>
<u>535.50</u>	<u>UNSP GASTRITIS &amp; GASTRODUODENITIS W/O MEN</u>	<u>237</u>	<u>PATIENTS</u>
<u>780.4</u>	<u>DIZZINESS AND GIDDINESS TOTAL</u>	<u>237</u>	<u>PATIENTS</u>

❖ **Griffin Hospital Medical Manpower Plan**

Griffin Hospital develops and regularly updates a Medical Manpower Plan based on physician and primary service area demographics for primary care and specialty physicians. The plan is used for the recruitment and community placement of physicians based on identified shortage area. Griffin conducted its first Medical Manpower Plan analysis in 1984 to address the unmet need for physician care in Griffin Hospital's primary and secondary service areas. Griffin's primary service area towns include Ansonia, Beacon Falls, Derby, Oxford, Seymour and Shelton. Griffin's secondary service area towns include Bethany, Monroe, Naugatuck, Orange, Southbury and Woodbridge. Griffin's initial Manpower Plan was a response to information from a number of sources that Griffin-affiliated community based physician care was inaccessible and/or unacceptable to a large segment of the Hospital's service area population. After an extensive inquiry and the combined efforts of members of the Hospital's Board of Directors, Medical Staff and Administration, the final Medical Manpower Plan was approved by Griffin Hospital's Board of Directors on September 24, 1984.

Griffin Hospital's first Medical Manpower Plan was a population-based analysis. The Plan utilized physician-to-population ratios from the Health Management Institute (HMI). To determine whether a town or region had a surplus, shortage, or an adequate number of physicians, the actual physician-to-population ratio of each town in the Hospital's primary and secondary service area was compared to recommended HMI ratios for each physician specialty.

Since being approved by Griffin's Board of Directors in 1984, the manpower plan has been updated several times to reflect changes in the population and the physician supply available to that population. Griffin's most recent update occurred on May 1, 2011.

**2011 Medical Manpower Plan Conclusions**

1. The Medical Manpower Plan will continue to be population based. As with the 2006 update to the Manpower Plan, the report will utilize the population of the primary service area towns to calculate medical manpower needs by medical specialty. The 2011 report does not include an estimate of the "effective population" of secondary service area towns as was done in 2006.
2. The HMI physician to population ratios will be modified by physician-to-population ratios developed by Solucient for select specialties. The HMI Internal Medicine/Solucient (HMI IM/Sol) physician-to-population ratios reflect a truer demand for medical services in light of changes to the standard of care over the past 20 years.
3. Research clearly demonstrates a significantly higher utilization of healthcare resources (physician and hospital) among the elderly. Therefore, expected population growth of the Hospital's primary service area coupled with the relative age of the population provides strong evidence of an increased need for physician manpower.
4. The Town of Ansonia has been designated a Health Professional Shortage Area by the US Department of Health and Human Services. This designation by a federal agency is further evidence of medical manpower needs in the community.
5. Applying the HMI IM/Sol physician to population ratios to the supply of physician manpower currently situated in the Hospital's primary service area towns, there is a significant deficiency in the amount of primary care physician manpower.

Approximately 20 additional 18.8 primary care physicians are required to meet the community's needs.

6. Applying the HMI IM/Sol physician-to-population ratios to the supply of physician manpower currently situated in the Hospital's primary service area towns, the supply of medical specialty physician manpower is relatively sufficient. The HMI IM/Sol model suggests additional cardiology, dermatology, and gastroenterology physician manpower is required.
7. Applying the HMI IM/Sol physician-to-population ratios to the supply of physician manpower currently situated in the Hospital's primary service area towns, there is a deficiency in the amount of surgical physician manpower. The HMI IM/Sol model suggests additional physician manpower is needed in general surgery, neurosurgery, ophthalmology, orthopedic surgery and urology. In setting recruitment targets, the surgical manpower supplied by colo-rectal and vascular surgeons should be accounted for. These two surgical specialties – though not listed as discrete surgical specialties – are supplying physician manpower. The HMI IM/Sol model also indicates potential future needs in otolaryngology and thoracic surgery.
8. The need of other specialties (as defined by the HMI IM/Sol model) should be reviewed in light of current demand and the Hospital's capacity to meet patients' needs. While the HMI IM/Sol model suggests additional manpower could be added, the Hospital should assess the actual demand for services that these physician specialties support.
9. In addition to an assessment of current medical manpower needs, an analysis of future medical manpower needs suggest an additional 10 FTE physician equivalents will be required by 2017. This additional need is a result of physicians phasing out of practice after age 65. Physicians opting to leave the primary service area or any new physicians entering the primary service area would also impact future medical manpower needs and need to be reassessed in future Medical Manpower Plan updates.

### **Medical Manpower Guidelines**

1. To withstand legal challenge, the Medical Manpower Plan must be rational, must apply to all specialties of the medical staff, and should not put the Hospital or its medical staff at undue risk to them.
2. The plan should be population based. The Plan should focus on the population of the primary service area towns.
3. Standard physician-to-population ratios should be those developed by the Health Management Institute. Previous iterations of the Medical Manpower Plan approved by Griffin Hospital's Board of Directors have used the physician-to-population ratios outlined in the HMI Internal Medicine model as the basis for calculating physician manpower need.
4. Recognizing changes to the standard of care in several specialties, the physician-to-population ratios outlined in the HMI Internal Medicine model should be modified to reflect current physician model needs. The physician to population ratios used to calculate the surplus/need for cardiology, gastroenterology, and orthopedic surgery will be taken from the Solcient (Northeast) model developed in 2003. These ratios more accurately reflect the demand for medical services in these specialties.

5. Determination of an appropriate medical staff size and composition is contingent on the designation of hospital service population or potential market. Service area designation should emphasize a growth strategy aimed at meeting community need.
6. Actual physician presence in the community should be determined. If the presence of non-Griffin affiliated physicians in the hospital's service area is by any way of intermittent staffing of a secondary office location, an attempt should be made to measure the frequency with which the given physician(s) is available in that location.
7. In determining physician supply, only those physicians who are actively engaged in medical practice should be counted. Physicians who because age, physical condition, or personal choice are not active should not be counted regardless of the medical staff status.
8. A planned approach to medical manpower should take into consideration the fact that after a certain age, physicians begin to phase out of practice. The Manpower Plan should make provisions for the timely replacement of retiring physicians.
9. The determination of an appropriate physician supply must be sensitive to the demands of a physician who is the sole practitioner in a specialty. On recommendation of the Medical Director, medical staff divisions composed of a single unaffiliated physician may be expanded to include a second physician.
10. Segmenting the medical staff by specialty should be done in an equitable manner. An attempt should be made to determine how many and to what extent medical sub-specialists practice primary care.

## **Medical Manpower Planning Methodology**

As noted, this update of the Medical Manpower Plan is a revision of the methodology previously used to determine the community need for physician services. Broadly, the methodology compares the supply of physicians in the community to the demand for medical services.

### **A. Determining the Supply of Physicians in the Community**

The first step in the medical manpower planning process is to determine the supply of physicians in the Hospital's service area by specialty. Though determining physician supply is a more straightforward exercise than determining the demand for medical services, there are several challenges that complicate the analysis. These factors include, but are not limited to:

1. Physician who split clinical time between one or more specialties – It is not uncommon for a physician to split his/her clinical activity between one or more specialties. For example, a physician may provide both primary care for children and adults. Sub-specialists, like gastroenterologists, may also spend a percentage of their time as general internists for their existing patients. When calculating the need for primary and specialty care physician services, the Medical Manpower Plan must account for this fact so that medical manpower needs are not under or overestimated.
2. Retiree or semi-retired physicians who scale back on clinical patient care – Adequate medical manpower planning assumes a baseline level of productivity from physicians included in the supply analysis. Physicians who retire from regular clinical practice or drastically reduce their clinical patient care as a result of age or lifestyle preference can skew the estimated supply of available physician manpower.

3. Physicians who split their time between clinical practice and other responsibilities (such as administration, teaching, and research) – The supply of physician manpower can be overestimated if an appreciable amount of a physician's time is dedicated to other activities such as administration, teaching, supervision of residents/interns, or research. When possible, the supply of physician manpower should account for this factor.
4. Estimating the FTE-equivalency of non-physician medical manpower – In addition to the medical manpower supplied by qualified allopathic and osteopathic physicians, careful manpower planning also accounts for the impact of residents/fellows and non-physician clinicians, such as physician assistants and nurse Practitioners. When appropriate, the supply of medical manpower should be adjusted accordingly.

To provide the best possible estimate of physician services available in the Hospital's service area, the Medical Manpower Plan update has taken several steps to account for factors listed above. The steps taken to calculate the supply of physicians were as follows:

1. Comprehensive review of Griffin Hospital's Medical Staff Roster – The Griffin Hospital Medical Staff Roster was examined as a starting point for the Medical Manpower Plan update. A database of all attending and courtesy staff physicians was created. The Medical Staff Roster was also reviewed to determine what physicians were projected to join Griffin Hospital's Medical Staff as attending or courtesy staff within the next three months.

A careful review of each physician's practice patterns and office locations was performed. Many physicians on the Hospital's Medical Staff split time between two or more office locations. When all of a physician's office locations are in the Hospital's primary service area, the physician's FTE status is not adjusted. However, when a physician splits time between two or more office locations and one or more of those offices is outside the hospital's primary service area, a best estimate must be made to calculate the percentage of time servicing towns outside of the Hospital's primary service area.

Several physicians on the Griffin Hospital Medical Staff also allocate a percentage of their time to administrative and teaching responsibility. The supply analysis on the Medical Manpower accounted for the supply of physicians providing clinical patient care. To the extent possible, the supply of physician services was reduced to account for the time spent on non-patient care activity.

Several physicians on the Griffin Hospital Medical Staff also split clinical time between a primary specialty and a sub-specialty. Generally, this entails a physician spending some percentage of his/her time on primary care (e.g. internal medicine) and some percentage of his/her time on specialty care (e.g. endocrinology). Three steps were taken to try and determine the appropriate allocation of clinical time for these specialists. First, a Community Needs Survey was sent to all physicians on the Hospital's Medical Staff. The survey asked, among other things, if a physician split time between a primary and sub-specialty. Physicians who indicated they split time between two or more specialties were asked to provide an estimate of what percentage of their time was spent on each. Several FTE estimate used in the supply analysis incorporate the

estimates provided by the physicians. For physicians who did not respond to the survey, two alternative approaches were utilized. First, the Medical Staff Coordinator attempted to contact physicians' offices. When that was unsuccessful, a subjective best estimate was made by referencing prior Manpower Plan estimates.

Finally, a significant challenge was presented by physician groups with office locations both in and outside of the Hospital's service areas. In total, ten physicians split time between several office locations. Our best estimate was made to allocate time to the Griffin service area.

2. Comprehensive inquiry into other non-Griffin physicians with office locations in the Hospital's primary service area towns – Two main sources of information were used to determine the other non-Griffin physicians providing patient care services in the Hospital's primary service area towns – the Yellow Pages and the Connecticut Department of Public Health (CT DPH) website. All physicians with office locations in the Hospital's primary service area towns were located by reviewing the Yellow Pages. In addition, each of the Hospital's primary service area towns was queried on the CT DPH website to identify other physicians with office locations in these respective towns. This website also identified physicians who were listed as no longer practicing in Connecticut and physicians whose medical licenses were no longer valid. If either of these two things applied, physicians were not counted as part of the supply analysis.
3. Physicians who are over 65 years of age were not counted toward the supply of physicians providing clinical patient care services – As a general rule, all physicians who are over 65 years of age as of May 1, 2011 were not counted in the total supply of physicians providing clinical patient care services. The estimates of the projected supply of physicians as of January 1, 2017 also remove physicians from the total supply of physicians providing clinical patient care services who will be over 65 years of age as of that date.

Information about physician's date of birth was readily available for Griffin Hospital medical staff members. However, this information was not readily available for physicians who were not members of Griffin Hospital's Medical Staff. For non-Griffin physicians, there was no assumption that age would preclude a physician from being counted in the medical manpower analysis.

4. Accounting for clinical patient care provided by hospital-based physicians, including medical residents/interns – A number of physicians on Griffin's medical staff are hospital-based, providing inpatient hospitalist services on behalf of community physicians. These physicians do not have outpatient practices and, therefore, provide no primary care or specialty care to the community on an outpatient basis. The same is true of the medical residents and interns in the hospital's residency training programs. All hospital-based physicians were counted as 00.0 FTE for medical manpower planning purposes.
5. Allied health professionals were not accounted for in the supply of physicians providing clinical patient care services in the Hospital's service area.

6. No attempt was made to account for physician productivity and/or efficiency as related to the supply analysis given the difficulty of attempting such an inquiry. As reference, it should be noted that the COGME's Evaluation of Specialty Physician Workforce Methodologies (2000) contains a brief outline of factors that influence physician work effort and productivity. Given the scope of this analysis, trying to accurately account for these factors would be very difficult.

B. Determining the Demand for Physician Services in the Community

Physician-to-population ratios have been a common methodology for determining whether a surplus or shortage of physician services exists in the community. The first definitive set of physician-to-population ratios was promulgated by the Graduate Medical Education National Advisory Committee (GMENAC) in its 1980 report. The physician-to-population ratios promulgated by GMENAC were published in 1980. At the time the GMENAC's conclusions were published, there was wide consensus among researchers that a severe oversupply of physicians would exist by the year 2000. In hindsight, these concerns proved untrue. Much to the contrary, recent studies are projecting a shortage of physicians in the United States in future years. The total supply of physicians forecasted by the GMENAC in 1980 (for the year 2000) was relatively accurate; even given the reality today of forecasted supply by GMENAS in 1980, the supply of physician services has not over saturated the population.

Commentators have noted that the GMENAC's ratios are over two decades old, yet are still commonly referenced in medical staff plans and physician needs assessments. More importantly, the GMENAC's physician-to-population ratios pre-date the proliferation of managed care and the rapid population growth of older Americans. The GMENAC's ratios also provide no basis for differentiating between various segments of the population, within which demographics, age, income, and utilization of health services can vary substantially.

The HMI physician-to-population ratios were more conservative by comparison. The GMENAC recommendations published in 1980 recommended 194 physicians per 100,000 population. The HMI set forth two sets of physician to population ratios – the Internal Medicine model and the Family Practice model. The total number of physicians per population recommended were 144 and 136 respectively.

Applying a model of physician-to-population ratios is the most straightforward way to gauge the need for physician services in the community. Building a demand-based model with actual experience is an alternative approach, but requires a substantial amount of reliable data. Without reliable data, the results of the demand-based model would be highly suspect.

As noted in the 2006 Medical Manpower Conclusions, the HMI IM-Sol model suggested medical manpower needs that are similar to the perceived community needs reported by physicians on Griffin Hospital's Medical Staff in responses to the Hospital's Medical Staff survey. The results of the survey are strong support of the HMI IM-SOL model's relative effectiveness in determining medical manpower need.

Finally, each and every primary, medical, and surgical specialty was reviewed to determine if advances in technology and/or the standard of care has substantially impacted the demand for

physician services. Of note were three specialties – cardiology, gastroenterology, and orthopedic surgery. The standard of care for each of these specialties has changed greatly over the past twenty years. For example, it has become the standard of care for men to have a screening colonoscopy every five years once over the age of fifty. This change has had a strong impact on the demand for gastroenterology medical manpower. Similar changes in cardiology and orthopedic surgery have shifted the demand for physician manpower over the past twenty years.

To account for this, the physician-to-population ratios in the Solucient (Northeast) model were substituted for the physician-to-population ratios listed in the HMI IM-Sol model for cardiology, gastroenterology, and orthopedic surgery. Being the most recent physician-to-population ratios developed, the Solucient physician-to-population ratios for these three specialties most accurately reflect the demand in light of current medical practice.

❖ **Griffin Hospital Community Advisory Council**

In 2009, Griffin Hospital formed a Community Advisory Council to engage the patients and the community and get meaningful feedback about the hospital's services. Throughout its history, Griffin's most innovative programs have been developed using insights gleaned from patients and family member focus groups. The Community Advisory Council was a natural next step for Griffin as a way to solicit the patient's perspective of care, programs and services and to identify community needs on an ongoing basis.

❖ **Senior Needs Assessment**

The Valley Senior Services Council and the Valley United Way conducted and published a Senior Needs Assessment Report in 2007 to help determine the top needs of older adults in the Valley. The Needs Assessment was based on research with residents and with agencies that provide services to older adults, and a review of administrative data. The report identifies the major issues that were brought to light by discussions with residents and service providers and includes research that suggests promising practices in those areas.

In the Valley in 2006, there were over 8,500 requests for service received by Connecticut's 2-1-1 information and referral service. This service provides callers with information and crisis support 24 hours a day. Older adults call most often for information on utility assistance, medical information, and medical transportation. The Agency on Aging of South Central Connecticut (AASCC) also provides telephone information and referral services. In 2006, AASSC provided information to 1,657 in the Valley. Over 1,200 of the calls made from older Valley residents were regarding insurance matters.

Transportation – During focus groups and interviews older adults and service providers focused on several area of need for older adults. While there are various transportation services available to older adults in the Valley, there were several areas of need identified. Older adults and providers suggested that service is needed on evenings and weekends, that all services need to accommodate wheelchairs, that personal assistance needs to be available to assist passengers from their homes, and that the length of wait time for return trips needs to be shortened.

Social Services - Service providers for older adults say that there is a lack of centralized social service support in each town. They also cite the lack of social service support at housing facilities. Providers stressed the need for a social service professional that could provide outreach and direct services to older adults in the Valley. Discussions with residents also focused on their need to understand where to find the resources. Older adults specifically concentrated on the help they need finding assistance for medical and insurance issues, in-home care, and household maintenance.

Housing - While older adults express a strong desire to remain in their homes as long as possible, many suggested there are challenges to fulfilling that desire. Older adults wanting to remain in their present housing often find it difficult to maintain their home or modify it to support changes in their physical mobility. They also say it can be challenging to find reliable and affordable assistance with household chores and yard work. Older adults also say if they do want to move to senior housing, there are long waiting lists. And they suggest that since much of the senior housing in the Valley consists of efficiency apartments, the units are often not adequate for their needs. The presence of young adult disabled residents in housing that had been dedicated to older adults was also mentioned as a safety concern for older adults.

Healthcare - For older adults there are many statistics that magnify the importance of disease prevention and early detection. Among them is that the cost of health care for someone over 65 is five times greater than it is for someone under 65, and that 95 percent of health costs for older adults are for chronic illnesses.<sup>1</sup> As the population of older adults continues to increase, the promotion of programs that support the health and well-being of older adults becomes more critical. Residents and providers discussed the need for continued health screenings and educational programs for older adults.

❖ **Focus Group Summary Reports**

Griffin Hospital regularly uses patient focus groups to assess services provided. These include medical/surgical inpatients, Childbirth Center patients and Center for Cancer Care patients. Specific focus groups were conducted in the Fall of 2012 related to the Community Health Needs Assessment. The summary reports for those focus groups follow:

➤ **Valley Council of Health and Human Service Organizations Focus Group**

Focus Group Meeting – October 2, 2012 – Notes, Facilitator - Alan Manning

11 Attendees

**Based on experience, what are the most significant healthcare needs in the community?**

- Need more prenatal clinics – a lot of families need to go out of the area due to state entitlement – Bridgeport, New Haven, Waterbury – Note: Medicaid rates for childbirth have been increased significantly resulting in most obstetricians taking Medicaid patients.
- Need for public repository for adequate contact information for available physicians and resources in the area; certainly need for advertising
- Need for Valley transportation to provide the ability to get the sick/injured to Griffin Hospital and other medical centers. (It was noted that work is being done to revamp the volunteer driver support system)
- Need more inpatient substance abuse care in the Valley and in the State; after a certain number of days, these people are thrown back to go to the 3 major cities (Waterbury, Bridgeport, New Haven)
- Child psychiatry – very difficult for people receiving entitlement. New Haven is probably the closest for Valley people. Some doctors are only taking 'cash' and the waiting list is quite long.
- Need for health care services to treat entire family
- Griffin Hospital experiences steady increase with ER visits indicating a need for more primary care physicians.
- Some are not even aware of the Hill Health Center
- Healthcare is not primary concern when family cannot pay various other bills
- Those who need to worry about satisfying \$4,000 insurance deductibles hesitate on receiving healthcare
- Waiting time at primary care physician offices is a problem with obtaining medical assistance
- Co-pays are an issue – An example would be limiting physical therapy treatment

**What are some of the preventable healthcare issues among the community? What could we do as a society?**

- Most people don't check homes for radon; need to give out radon kits
- Tobacco – is still an issue with young people; now we see more of an increase with the marijuana issue; young people somehow will feel safer now that it is legalized
- Increase in sale of cigarillos and cigars since no tax; people are switching from cigarettes to these

- Doctors need to do some type of substance abuse screening with both the youth and adults
- Need to continue promotion of physical activity and diet to deal with obesity and diabetes
- Depression and high stress levels – due to employment issues and economy –need to look more at interconnections
- Arthritis – What can be done to reach all of those limping around?

### **How about gaps and availability to healthcare?**

- Adult Ed – Translation of over 100 different languages - Meeting needs with those who have language barriers
- Lack of after hour availability for physician care – need to go elsewhere for treatment
- Walk-in centers attract working group (say 30 -60 year olds) especially on weekends

### **What about groups underserved in Valley?**

- Homebounds – elderly, disabled, those with emotional health issues – they are a very tough group to find
- Those with addiction issues such as opiates – don't want to be stigmatized – their own doctors aren't even doing preventive screenings – doctors don't know what to do with addicts – primary care physicians don't know how to handle these issues (14-54 age range)
- Those who fear of being stigmatized with drug overdosing – perhaps something that started out as medication – weaning off medication can be a problem with no follow up by physician as to whether amount of medication should be completed or weaned off
- Problems with family and friends inappropriately giving out prescription medication that may have been theirs in an effort to avoid others having to pay a doctor and incur more expense with buying prescribed medication

### **How has healthcare communication been a problem?**

- Pharmacies distribute long slips with medications – too much to read, often not read
- People living in squalor – social work problem – hoarders – embarrassment
- Fear of being judged when asked questions by physicians – how does one approach without blaming the individual or his family?
- How does one think creatively about solving problems – Diet? Discipline? Substance Abuse?
- Is 'thin' good, or should we go to protein shakes and maybe worry about obesity?
- Social workers used to have state subsidies – funding was pulled
- Social workers may only be found at a hospital – towns should share social workers for problems
- Some towns have a social worker but the social worker is being contracted out and highly utilized
- It was noted that social working is not specifically for public health matters – they need special training
- There is so much stress at the school level; need more outreach programs for families – with increased trauma in children from dysfunctional homes – not enough resources for help
- A lot of social work is not insurance reimbursable or billable; pay rates for social work can be ridiculously low, even minimum wage
- Need care management systems – Parish Nurses in Valley do follow up with families

- A lot of transient youth – problem with follow up
- Transitions of Care used at Griffin Hospital is generally a formal pipeline

**How do you work with those folks that have multiple problems – first time users . . . how to find resources? How do we educate the people?**

- Attending Mini-Med classes at Griffin Hospital, contacting 211 – needs another marketing campaign (statewide service)
- Boots on the ground, use existing neighborhood structures
- Using smart phone apps to get information; using mobile technology
- Use U.S. Post Office to get the info out (except that they're going bankrupt)
- Neighborhood Watch groups to educate groups and keep an eye out
- Meals on Wheels can help
- Apps would be a great idea

**What can Griffin Hospital do?**

- How's Your Health tool
- Send out more publications

**Who's not being reached about preventable health care? And how does one reach them?**

- The Elderly – we need to meet their needs, coordinate their care and need to know how to maintain them in their own home
- We can promote resources and info through adult day care centers, bill boards, kiosks in grocery stores
- Electronic medical records should improve coordination of care; the technology is there, however this is still in the learning stage for a lot of doctors
- Prescription monitoring is a problem statewide – few utilize it – where will funding be in 2 years?
- Accountable care organizations should reduce utilization of prescriptions

**For what other health care needs or social services do you have to go outside of the Valley?**

- AA, GA, NA, Adolescent or Family needs – hard to get meetings started
- Psychiatric services for adolescents and children
- Step-down services for people in trouble – a lot of barriers – reimbursement rates are horrible
- Inpatient services for children

**On a scale of 1-10 (with 10 being the highest), how would you grade medical and social services in the Valley?**

- People are pretty happy – 8 or 9
- We're doing a pretty good job
- '8' and for those services that we're lacking, there is no money to provide
- The general population thinks things are pretty good here
- The Valley has a lot of assets
- Hill Health Center has slipped from its mission

- There's a lot of personal connection between services that is not seen in other places; the Valley Council has helped this – it is huge!
- Griffin Hospital is a consistent player in the Valley Council
- The strength of the Council with its trust of membership has helped which is good for the Community. The council helps to coordinate services.
- Area foundations have certainly helped efforts

## ➤ **Valley Parish Nurses Focus Group**

**Parish Nursing – September 12, 2012, Facilitator Alan Manning - 14 attendees**

**Based on experience, most healthcare needs in community?**

- No insurance
- Managing chronic diseases – teaching
- Navigating or having access health system
- Self-employed with pre-existing condition, taking good care, cannot get health insurance in CT
- More advertisement about services offered at Griffin – getting the word out
- As parish nurses, we interact more with patients – did a .... Guide – school nurses knowing information to provide to those who need it
- Transportation, home bound patients, people who can't drive and services can't get to them – not able to afford transportation fees – valley transit has certain criteria to qualify
- Free care policy – for people who can't afford – criteria in order to qualify – there are things that Griffin does that as employees we are not aware of
- ACTS no longer available – inconsistency of services

### **Most preventable health related issues among the community**

- Immunization for children, not enough info, fear of getting immunizations
- In and out of ER with congestive heart failure, patients should have equipment at home
- TB coming back, breast cancer – insurance issues, prostate cancer
- Screening and diagnostics
- Hypertension and diabetes goes undiagnosed
- Large co-pays prevent people to seek health care
- Obesity – especially with children
- Unnecessary falls in children and elderly
- Dehydration
- Can't afford DME
- Teen pregnancy – more awareness and education
- Management issues of CHF
- Aren't getting home care because of dangers in areas where they live – VNA – staff doesn't want to go to "red zones"

### **Gaps and availability to health care**

- Entering "red zones" i.e. Olson Drive

- Lack of coordination – hospital had two primary home cares on regular basis quality of care would be there – even nursing homes
- Working from VNA problem with relationships with hospital
- Important for VNA teams to work with case managers
- Knowing specialties and services provide
- Hospital needs continuity of care
- Need to know what capabilities are of nursing home
- Patient/education piece before being discharged
- Diabetes/ pre-diabetes issue – no diabetic educator to start with patients when they are in the Hospital
- There could be liaison or resource or consultant that know the residents well
- Staff should be able to get resources
- Not promoting education with staff enough
- Griffin should have a dedicated rehab unit to be hospital based, for better quality of care - Have family education

### **Who are specific groups that are serviced? Diversity**

- Refer to groups as “pockets”
- All of them are on Medicaid – ones that are seen in community are not eligible for title 19 and do not qualify
- Income is not eligible for services but they cannot afford co-payments or health care
- Wellness issue – when get sick then they seek for medical care
- Co-pays are too high – prevents people from seeing the doctor regularly
- Alignment between hospitals and specialists
- Versatility of specialists
- Need doctors to make home visits

### **Any defined groups, characteristics that are particularly at risk?**

- “missing elderly” – do not attend church, living alone - senior housings – parish nurse do home visits once a week

### **How do we reduce preventable ER visits?**

- Uninsured use it as a clinic
- Evenings and weekends – if we had a walk-in
- Is it possible for ER staff to call someone in the hospital to intervene with those who need intervention – all depends on insurance
- Monthly blood pressure screenings in community – educate patients and refer to doctors
- Griffin’s Free care policy – eligibility is through billing office – if candidate contact business office to make sure you are eligible – on Griffin’s web site
- Population coming in to ER – mental health
- Have no inpatient addiction services – where there’s rehab available for 6 months or so – only have a month’s service
- Other nationalities coming in and unknown services to provide

### **What can the hospital do to help all issues? Top things**

- Physicians
- Diabetic teacher
- Rehab
- Transportation – valley transit – free but ask for donation
- Education

### **How often is the library used?**

- A lot of people do not self-educate – need someone else to help them and guide them
- For the elderly is challenging to self-educated
- Top Priority - Coordination of care from hospital to VNA or nursing homes – take more responsibility

### **What are the big community strengths?**

- Griffin hospital, health screenings
- Supporting us in churches
- Lectures
- Griffin's mission
- Griffin's growth
- ER's admissions time frame has been cut drastically
- Follow-up is fantastic – very personable
- Support groups – cancer, fibromyalgia, diabetes, etc...

### **Beyond Griffin?**

- Senior centers
- Churches
- Great community as far as health
- Community health initiative – coordinating together
- Cancer resource center
- Parent child center
- TEAM
- Spooner House

### **Weaknesses?**

- Hill Health Clinic
- Main issue - Getting access and people educated
- Maybe educations received in other locations

### **For the next three years, what should top 3 priorities be?**

- Care Coordination
- Transportation
- Navigator to move through system
- Negotiate system and get into place for mental, addiction rehab on an outpatient basis
- Education
- Preventable diseases

- Community needs to know about places and service available - resources

### **How could we access?**

- Stimulate the pastors of churches – to stimulate their congregations – motivate
- Have to figure out where do people go most?
- Providing education classes with more stimulates
- Providing education to volunteers to become community ambassadors
- Accountable care organization – need to apply – get patients through physician groups – would have to seek who would be interested in joining
- Cannot afford medications
- Engage Valley clergy

### **➤ Griffin Clergy Focus Group – 10/18/12**

#### **Most significant health care needs in the community?**

- Drug and alcohol prevention – high school ages starting at 14
- Aging population are dependent on government subsidies, not healthy, Gov. is not able to take care of them, not enough resources, challenge w/ not being healthy, need to take care of them. Good portion are from England, not citizens and do not have benefits, severity in the sense that they have not eaten well, as they age, run into complicated health issues, strokes, heart issues, bigger pressure on family units, cancer
- People wait till the last minute to put patients in hospice, hospice provides all forms of care to walk through end of life, doctors should put patients in hospice earlier and not wait till the last minute, have to get doctors to recommend hospice home care, long travel to hospice facility, griffin has only 2 week hospice care, depending on doctor is how long a patients stays in hospice.
- Adults who are sandwiched between taking care of elderly parents and young children, not having resources to learn how to divide time between both
- Mental health issues especially depression in adolescents, adults, and elderly, it gets confused in drug use and alcohol use – loss of jobs will drive to depression, loss of relationships, death, divorce, significant life changes

#### **Preventable health issues in the community?**

- Metabolic syndrome, obesity – too busy and involved with things, people get lonely, taking time to connect w/ other people in the community, support groups so people don't feel so alone – also applicable in smoking cessation – education programs and strategies – reinstating connections between parish nurses and parish church community – nurses available but don't have time or money to go through training program – congregations aren't as involved w/ community or have the knowledge where the parish nurses can be a helpful resources.

#### **Gaps and availability, where is there not the availability for help, support?**

- Transportation system, if available too expensive – there may be volunteers for transportation but there's a liability issue and fear of lawsuits – get churches and organizations to get behind resurrecting the shuttle service

- Health savings account with a high level deductible, people cannot afford \$200 for just a visit and prescription – co-payments are too expensive – health insurance should state that doctors and hospitals are obligated to take it in order to care for the patients – healthcare insurances are intentionally set up to keep people from utilizing resources

### **What groups in the community are most underserved?**

- Poor – title 19 groups
- When people don't have a voice – we need to care for those who can't care for themselves but they need to have a voice in their care as well
- Lack of communication about facts because of HIPPA laws – understanding where community is in their healthcare
- Underemployed people
- Veterans, growing number of Veterans especially women – large numbers of women Veteran have mental issues due to the exposure to violence
- Most people coming to care in CT are typically from out of state
- Griffin doesn't have infant care – care for the mother at Griffin is great but if serious issues arise for the baby, they have to be moved to another hospital as Griffin doesn't have infant care

### **How can community help reduce number of ER visits?**

- There should be walk-in clinics that are open around the clock
- Illegal immigrant population use emergency room as a walk in clinic because they don't have anywhere else to go
- More basic triage system
- Some people use ER to just have someone to talk to for mental illness, or anxiety issues
- Some people that are dealing with severe grief are seen as dealing with depression – help people learn how to cope with grief throughout their lives – emotional help – face to face support
- Don't have a lot of counseling opportunities, pastors are qualified to help with spiritual problems, there's cost issues, accessibility issues – emergency room should also be set up for counseling – there's a limited access to healthcare and easy access to guns, drugs and alcohol
- Rehab locations closed down due to health insurance companies stopping the funding
- Is there a way that the hospital can connect with chaplaincy to help support
- There needs to be more access to services – medical society needs to link with schools and churches - step out of their system to offer services

### **How do we get people to come out?**

- Fairs, fundraising, touch a truck
- Use the events in the community to bring out access to healthcare

### **Strengths in the community in the valley**

- Impressed w/ St. Raphael's easy access, more personable
- Women making a difference campaign raising awareness in breast cancer
- Changes in Griffin over the years have brought more people and improved its reputation
- Cancer center, state of the art

- Parish nurses
- Good doctors and dentists in the valley
- Dental clinic on sliding scale in Derby
- Good people working at Griffin

### **Scoring Griffin services 1 – 10**

- Active calls from chaplains – 8 or 9
- Emergency services, accessibility, free parking
- Walking in here feels good, no stress, personable, atmosphere, people are treated the same no matter the appearance
- Medical staff responds well to ministry
- Psychiatric unit
- Acceptance of local pastors by medical students

### **➤ Educators Focus Group**

**Griffin Focus groups – Valley Educators– November 14, 2012, Facilitators Danielle Swift and Bill Powanda - 3 attendees**

**What are the most significant health care needs in community?**

- Anything that has to do w/ cancer, nationwide, affects more people than are recognized
- Childhood obesity epidemic
- Senior citizens and their needs
- Many services are expensive ie. Fitness center too expensive and not being met
- School setting, more health promotion; health insurance policies, more structured services gearing towards ie. Fitness
- Measure put in to help teaching staff so that there aren't many absent from work
- List of places to visit for resources, many people don't like getting online

**What services would you like to see?**

- Affordable fitness
- Physical check-ups
- Health vans to visit the schools
- BMI tests at schools
- Would there be an opportunity for health van to go to schools and be provided to teachers? If van available during the day, it would be beneficial for faculty and students, would be worthwhile, may be able to tag it with other events

**What groups are underserved and what are major obstacles in reaching out to those groups?**

- Focusing on low income population, TEAM has done many benefits to bring community together

- Transient population gets looked past because they are here for a bit and move on to another town – 6mo 0 1yr – there's no real structure because of moving so often – there should be a structure followed in all towns
- Youth population is underserved as they are not as healthy as they need to be, don't have as much activity; they may develop health problems

**What may be some mechanisms to reach goals?**

- All schools providing the same education and opportunities to learn the same things
- More afterschool functions to get parents involved more; totally different from one school to another

**What can Griffin do to improve the quality and health of life in this community?**

- Griffin does a lot already, fitness available for staff
- Good nutrition for the staff
- Advertising what is currently done at Griffin for community to know; meeting w/ teachers; PR to the school systems
- Offer monthly newsletter for the teachers and students
- Reach out for PTOs and PTAs

**RATINGS:**

**How would you rate health and quality of life of the valley community?**

- 6 to 7 range for both (due to changes in community health has changed as well)
- 6 for both; health part has improved with the opening of the cancer center as it helped valley community members; quality of life has taken a hit because of the economy, went down because of the transient population
- 7 for both

**How would you rate the availability of health and human services in the community?**

- stuff is available if you need to get what's needed ie. Cancer center, rebranding of Griffin has made a huge difference; walk-in centers availability
- 8
- 8 because everything is available that is needed

**BP: are people aware of the services offered:**

- No
- Transient population will look back at services provided from their originated places and go to those

**BP: how do you make people aware?**

- Use of technology, newspaper
- Blogs, Facebook page to post activities or different events and services available

**As teachers, where would you receive this information?**

- Services that Griffin provides should have links within the school's website

NOTE: services availability is high but people are unaware; If use schools systems, awareness may increase

**What should Griffin's top 3 priorities be over the next 5 years?**

- Bringing more resources to the schools ie. Nutritional program, talk at staff meetings of what is available
- Maintaining focus and initiative of the VITALS program as a strong link to Griffin and connection w/ YALE and Y-PRC
- Continue to promote the cancer center and the breast wellness center through the schools (athletic clubs have done a lot of fund raising events)
- Needs to be more education and awareness and being able to bring students to tour the cancer center and breast wellness center
- PR campaign to point out patient-centered care to provide awareness to the community
- Some way to reach out to seniors to do Alzheimer's campaign
- Providing more awareness to kids to communicate to their grandparents

**BP: brought up substance abuse**

- Big problem everywhere; definitely needs to be addressed (in the top 3) it affects everything that goes on ie. Unemployment, community
- See more support for kids that are dealing with parents that are alcoholic, drug abusers, etc.
- Make kids and families aware of the available resources
- Not aware of drug/alcohol rehab resources in the valley

**BP: doing anything on the prevention side?**

- Service bureaus to prevent underage drinking, but there's not enough being done
- There are too many budget cuts in the high school where they lose health teachers and health education is provided only during one semester

**Priorities:**

Cancer, Obesity, Substance Abuse

- In addition: teen pregnancy

**BP: what would be campaign issue related to health and quality of life in the valley?**

- Obesity: talking to a lot of markets like super markets, restaurants, fast food places
- There are a lot of disconnects between the schools and communities
- Society as a whole is poised to get on better eating

**BP: should VITALS be a priority to Griffin?**

- Because of obesity problems, this is a great program to link to Griffin
- The more people that get involved, the better it'll be

**BP: how important would it be to have a full time coordinator?**

- Someone needs to be responsible to keep this moving forward, sending resources to schools for awareness, no need to be full time

➤ **Greater Valley Chamber of Commerce Health Council**

**Griffin Focus groups – Valley Chamber – December 12, 20212**

**Facilitators- Danielle Swift**

**8 attendees**

**What are the most significant health care needs in community?**

- Pediatrics and access for children to emergent care especially dealing with low-income groups – need strong pediatric presence
- Stress management; educating in dealing with day to day basis and be proactive
- Mental health doesn't have enough resources or not available; elderly have issues like dementia and Alzheimer's and don't have services available; ages 55 to 65 have early dementia but no services or funding available until after 65
- Downsizing outside communities and is huge struggle as funding is not available for early dementia patients and they have nowhere to go; bipolar, schizophrenia, behavioral disturbances
- Substance abuse people, difficult to care for, resources to help take care of them and services are not available
- Mental health continues to be ,.....; growing number of homeless individuals, Veterans, issues are growing
- People living in the Valley need services provided in the Valley as they don't like going to places like New Haven, Bridgeport, etc.; must have continuous communication in what services are available
- No place to send mental health issues; needs to be better communication; Griffin gave no communication or follow-up regarding mental health care when they were going to be merging with another facility
- There's a need for places that are appropriate and better care and support to stay in those places and help them improve their mental health
- It's important for Valley folks to stay here

**What can Griffin do?**

- Behavioral services at Griffin; growth on program based on attendance is for different needs
- There's a lack of resource guide or funnel; there may be a place at Griffin to be a navigator into different resources and working and partnering with organizations where folks can be referred to and also get Griffin's help to transmit
- Needs to be connection to schools, and other types organizations

- How do you know where to go? Use of internet and Google but there is no comparison
- Community Resource Center at Griffin, Planetree can combine resources together
- Start with the employees and funnel from there
- Broadening beyond Griffin
- Collecting resources and communicating them to the community
- There's frustration by the elderly accepting younger patients with mental health issues

### What are gaps and availability issues?

- The younger patient that ends up in a nursing home is not welcomed there by the elderly
- BIG GAP in nursing homes; elderly patients don't want young patients in nursing homes
- Providing in home care for individuals; may have a lack of health care aids; how do we sustain and support folks; no consistent caregivers
- Medicine management among the elderly
- Gap in care coordination
- Gap in supporting the families, home situation
- **Gap in communicating admissions and discharge; based on what insurance covers; not communicated if admitted or under observation and observations are not covered by Medicare/Medicaid**
- Huge gap in funding
- Gap in following up further on processes
- 18 and older don't have a PCP

### What are preventable health care issues?

- Fall management; home environment and making sure that someone is not going to bounce back in 30 or 60 days
- **People don't know to ask specific questions about admissions, discharge, health care, etc.**
- Care giver support
- **Observation vs. Admission**
- Patients assume that they are admitted if their stay in the hospital is more than one night; Medicare expects 3 overnight stays in order to fully cover health care
- Focusing more on the paper work than the customer

### What ideas are there for communication to improve?

- Resource guides
- Communication Plan
- Valley App
- Lack of available information
- Community councils that can be sponsored by Griffin
- Virtual way of educating
- Many people who have a network
- Have a council that guides folks through filling out forms and where to go; follow-up with folks to go further in the process; CMA (case management assistant)
- Municipal agent is required in every senior center

- Griffin can train a municipal agent – patient navigator, CMA (case management assistant) to help case managers
- Linked communication to underserved folks
- National Alliance in Mental Illness (NAMI) – family programs
- Bring in TEAM for underserved folks
- Identify who we are and identify services

### **How would you rate health and quality of life of the valley community?**

- 5: due to non-commitment
- 6.5: if in the know and have capability of paying for it, resources are very good; lacking but if when no insurance; kids are under state insurance; no transportation; unemployed; area of workers comp is not accepted everywhere, then resources are not very good
- 5: Griffin is good for non-life threatening issues; many people prefer other hospitals for more serious issues
- 5 or 6: griffin open to being upfront about services provided and services not provided
- 8: for level of services
- 5.73: due to consistency in valley with changes going on in healthcare reform

### **Other notes:**

- Disseminations - different approaches to different stages of life
- Focused on quality: random survey calls after services were provided do not ask specifics on how patient is feeling or outcome of care provided at hospital
- General public are misinformed

### **THEME SUMMARY**

- Communication of resources
- Young Dementia/Alzheimer's Patients
- Observation vs. Admission
- Mental Health Services

❖ **Naugatuck Valley Community Health Improvement Plan (2012)**

The Naugatuck Valley Health District and the Valley Council of Health and Human Service Organizations convened a group of organizations to provide input into how the community can work together to improve the physical and emotional well-being of the residents of the six town Valley. The goal of the initiative is to assemble a broad set of stakeholders and partners in a participatory planning process to develop a solid community health improvement plan that sets the priorities, coordinates the use of resources, and develops and implements projects and programs. Griffin Hospital is an active participant in the process. Support for this process is being provided by the NVHD and a grant from the Valley Community Foundation given to the Valley Council to fund community action planning around health promotion in the Valley. The process to develop the community health improvement plan addresses key issues identified in the Valley Cares Quality of Life Report, the Valley Community Health Profile and other relevant community health assessments. Priority areas will be identified for improvement strategies. By implementing the plan over the next three years, the goal is to increase access to the knowledge, resources, and services that can improve the physical and emotional health of Valley residents. Development of the plan was funded through a grant from the Valley Community Foundation to support community coalition building and action planning to address key community needs. In addition the Valley United Way provided an in-kind donation of meeting space. Results of the process will be used by the Naugatuck Valley Health District and by Griffin Hospital in the development of their respective Community Health Needs Assessments.

In the 2009-2010 period, the Naugatuck Valley provider community designed and conducted a community assessment process based on the community indicators model used in many communities across the nation. The Valley CARES Quality of Life Report, released at the close of 2010, tracked critical information about community well-being in 8 quality of life areas. The report includes data from a community survey of 400 randomly selected residents as well as secondary statistics. The Valley CARES report and the Valley Cares survey results can be found in Section XV of the CHNA. Community representatives reviewed the assessment findings to identify priority areas of community need. In addition to the Valley CARES assessment, the health improvement planning process drew on the Community Health Profile compiled by the Yale-Griffin Prevention Research Center. This key data source was developed to track patterns of morbidity and mortality among residents served by communities within the Naugatuck Valley Health District, surrounding communities covered by the Pomperaug Health District, as well as Connecticut's three largest cities: Bridgeport, Hartford, and New Haven. The most recent edition was published in August 2011, and can also be found in Section XV of the CHNA and at <http://www.yalegriffinprc.org>.

To develop the Community Health Improvement Plan, a planning coalition was formed with representatives from numerous community and partner agencies. The first planning committee meeting was held on June 26<sup>th</sup>, 2012. In a series of meetings held in the second half of 2012, the planning group focused on the following steps:

- Developing a vision statement
- Identifying potential priority areas & goals and selecting two priority areas: 1) Healthy Living & Environment and 2) Access to Care

- Brainstorming potential strategies for achieving goals in each priority area, reviewing community data and assets, and prioritizing strategies & objectives based on the review
- Identifying work groups of 2-6 members interested in developing action plans for each proposed objective

Starting in early 2013, individual work groups began to develop action plans for each specific objective, which included identifying action steps, plan period benchmarks, long-term indicators, a timeline, and responsible parties. All members of the planning coalition and the Valley Council for Health & Human Services (VCHHS) were invited to review the proposed action plans and provide input. In addition, coalition members and representatives from the VCHHS had the opportunity to review a draft of the plan narrative prior to its formal adoption.

The Priorities adopted for the 2013-2015 **Valley Community Health Improvement Plan** follow. The implementation plan includes Action Steps that provide a timeline and designated Responsible Parties.

## ***Vision***

**We strive to be a caring community that nurtures the overall health and quality of life of all its residents by promoting healthy living and ensuring equitable access to health services.**

### **Priority 1: Healthy Living & Environment**

**Goal: To promote behaviors that foster the physical and emotional health of Naugatuck Valley residents of all ages and to create improvements in the Naugatuck Valley's natural, structural, and social environment that support healthy living**

***Strategy: Increase access to opportunities for healthy eating and physical activity in the Valley region***

Objective 1: Increase awareness of nutritious food choices and opportunities for physical activity in Valley schools and early childhood programs.

Objective 2: Increase the awareness of healthy dining locations in the Valley and increase patron awareness of healthy food options on menus.

***Strategy: Nurture positive social connections, strong families, and emotional wellness within the community***

Objective 3: Expand outreach and mentoring to Valley parents & families through support for current family strengthening initiatives.

Objective 4: Improve the social connections and emotional well-being of Valley children and youth by implementing community-wide training and involvement in nurturing the developmental assets of young people.

***Strategy: Promote the importance of healthy living and healthy environments in the Valley and the local resources to support them***

Objective 5: Create public awareness campaign about the key behaviors and environmental conditions that promote physical and emotional health and of the Valley resources that support healthy living.

Objective 6: Ensure Naugatuck Valley services are reflected in community resources database and increase public awareness of service referral systems through the United Way's 2-1-1 info-line and other sources

Objective 7: Educate families on Asthma as a chronic illness and provide in-home assessment and education for ways to detect and manage asthma triggers

## **Priority 2: Access to Care**

### ***Strategy: Address critical gaps in the availability and utilization of physical & mental health services in the Valley***

Objective 1: Assess the availability of services that identify, prevent, and treat children's mental & behavioral health needs in the Valley region and develop a plan for improving availability in needed areas.

Objective 2: Develop a sustainable coalition to address issues related to the accessibility and availability of women's reproductive health services in the Valley, and address issues related to awareness and prevention of sexually transmitted infections.

### ***Strategy: Improve the capacity of the health system to provide effective services to underserved & vulnerable populations, thereby increasing health equity***

Objective 3: Strengthen the cultural competence policies & skills of Valley service providers to improve the accessibility and effectiveness of services for linguistically and culturally diverse populations.

### ***Strategy: Improve the capacity of the health system and increase provider knowledge on the identification, prevention and treatment of substance use and abuse***

Objective 4: Improve health provider knowledge and utilization of best practices for the prevention, identification, and treatment of opioid/OTC addiction and other substance use/abuse and decrease the incidence of both fatal and non-fatal opioid overdoses in the Valley.

## **Policy Changes to Improve the Health of the Naugatuck Valley Community**

*Listed below are ideas for potential policy changes to address issues related to the overall health and well-being of the Naugatuck Valley Community*

### **Healthy Living and Environment Strategies**

- Establish standards for healthy food items in school vending machines
- Update school cafeteria equipment (e.g. remove deep fryers/ add in salad bars)
- Include calorie counts on restaurant menus
- Create "activity friendly" streets and walkways
- Implement community wide trainings for residents that encourage social participation from its members
- Focus professional development days around the varying needs of students
- Incorporate health education into coursework and/or lesson plans within the school systems
- Include health education handouts with paperwork at public and private provider offices

## **Access to Care Strategies**

- Ensure appropriate coverage is available for mental health services
- Provide students with confidential and affordable reproductive and sexual health information, and services consistent with Federal, State, and local regulations and laws
- Establish annual workshops for health care providers in the Valley that enhances awareness of cultural diversity
- Implement prescription drug monitoring programs
- Provide informational handouts on OTC addiction to all patients being prescribed opioids
- Establish programs to teach parents how to monitor, provide support, and effectively communicate with their adolescents about sexual health topics and risky behaviors
- Integrate policies to ensure all Valley service providers report and update information to the 2-1-1 database.

## **XV. Findings/Action – The State of the Valley’s (Griffin Hospital Primary Service Area) Health**

The research previously done and the research done specifically for the development of the CHNA indicates that the state of the Valley’s health remains consistent with the grade established by the Healthy Valley leaders in 1998. The health of the Valley community and its residents then was rated at very good overall, prompting the Healthy Valley group to give the Valley’s health a grade of B+. “Health” at that time was defined in a broader context to include all factors of quality of life whereas health as defined for the CHNA may be somewhat narrower in scope. Overall, however, a grade of B+ seems fair for the assessment of the community’s health at this time. In the Valley Cares survey (2009-2010) an impressive percent of respondents, 92.8%, reported their quality of life as either “very good” (33.0%) or “good” (59.8%), while another 7.3% reported “poor” (5.8%) or “very poor” (1.5%). When asked to state the current issues or problems which are affecting their quality life in the Valley, the top responses included the following: “none/nothing” (57.5%), “healthcare” (7.8%) and “don’t know” (7.5%).

Themes that emerged from the overall research are:

- **Awareness of Health and Human Services**
- **Transportation**
- **Obesity**
- **Primary Care Access**
- **Community Population Based Medical Issues**
- **Clinical Services**
- **Substance Abuse**
- **Pre-Natal Care**
- **Regional Cooperation on Health Issues**
  
- ❖ **Awareness of Health and Human Services** – There is a wealth of health and human services available in the PSA as documented in the Community Health Services Inventory. Griffin Hospital also offers a broader array of services as documented in the Griffin Hospital Patient Services Section of the CHNA than hospitals of similar size and complexity. Clearly community residents are unaware of community and Griffin services available in the PSA indicating a need for increased awareness and promotion. It would be labor intensive, costly and likely a futile exercise to try and promote each service.

United Way 2-1-1 is a statewide one-stop connection to the local services a person may need, from utility assistance, food, housing, child care, after school programs, elder care, crisis intervention and much more. 2-1-1 is available to assist a person to find the help they need. 2-1-1 can be dialed from anywhere in Connecticut and the person will reach a highly-trained call specialist who will assess the person’s needs and provide referrals to the resources in their community. Call specialists help callers find assistance for complex issues such as financial problems, substance abuse and suicide prevention and for simpler issues such as finding volunteer opportunities and donation options. 2-1-1 is available 24 hours a day every day of the year. Multilingual assistance and TDD access is also available. The United Way 2-1-1 data base is continually updated and is a comprehensive database of 4,600 agencies providing over

48,000 programs and services. It is also available for a person to search online. Search by location, service category, service term, or agency to find resources a person may need.

**ACTION:** The Valley Council of Health and Human Service Organizations, Valley United Way and Griffin Hospital will initiate a project to 1) ensure that all Valley health and human service organizations submit the required current information to 211 to be included in their data base, and 2) develop an awareness campaign including free, donated and possibly paid media promotion of 211 with a goal of raising community awareness of this valuable service to the same level as community awareness of the 911 emergency service. Griffin Hospital will also promote the awareness of 211 to the Griffin family (staff, volunteers, doctors) and to patients and the community that uses Griffin services.

- ❖ **Transportation** – There is a perceived or real lack of transportation services in the PSA even though the availability of services as identified in the Transportation section of the CHNA is fairly robust. Transportation services and facilities available include: Valley Transit District, Connecticut Transit and the Greater Bridgeport Transit Authority bus service with routes through the Valley and to urban cities surrounding the Valley, Metro North Railroad Line, the Valley Cab service, Senior Centers that have vehicles and provide free service to their members and Oxford Airport. There has been criticism in the past of the timing of Valley services so there is connectivity from one service to another i.e. train stops at Valley stations and the timing of bus stops at those locations.

**ACTION:** The Valley Council of Governments (VCOG) is designated by the U.S. Department of Transportation as the transportation planning agency for the Valley Council of Government's Planning Region which includes Ansonia, Derby, Shelton and Seymour. The VCOG conducts the transportation planning process in accord with federal transportation requirements, related federal acts such as the 1990 Clean Air Act Amendments, NEPA, and the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) signed into legislation on August 10, 2005 which authorizes the federal surface transportation programs for highways, highway safety, and transit for the 5-year period 2005-2009, and thereafter through Congressional continuing resolutions.

The Valley Transit District is a public agency that operates a fleet of 14 minibuses on a reserved ride basis. In 2012 through a federal grant the VTD received all new vehicles. VTD is the public transportation system for the cities of Ansonia, Derby, Seymour and Shelton. Valley Transit District service will extend outside its service area to New Haven for ADA riders. Riders must be certified for ADA status. The VTD service is fully accessible for individuals with disabilities and can accommodate wheelchairs through wheelchair lift equipment and other mobility devices. VTD drivers give riders curb to curb assistance from their origin to their destination. General public rider fares are \$4.50 one-way. Fares for rides to work, school trips, seniors over age 60 and riders with ADA certification are \$2.50 one-way. The VTD was founded with a goal of providing convenient, affordable transportation for health and medical visits.

The TEAM Medical Transportation program provides basic transportation for seniors who cannot access traditional transportation systems. Arrangements are made to transport elderly persons to medical appointments. The Program services persons 60 years and older. A contract with the VTD provides transportation to medical and health facilities located in the area and out

of the Valley to Bridgeport, New Haven, West Haven, Hamden, Stratford and Trumbull. Service is handicapped accessible. The service is free but a suggested donation is requested.

The need/lack of awareness identified in the CHNA research will be shared with VTD leadership. Griffin Hospital will promote awareness of the VTD service for medical services at the hospital and at other community health providers. While services seem to be reasonably priced, additional investigation will be done to see if funds are needed to be available for individuals who may not be able to afford the cost for medical appointments.

- ❖ **Obesity** – Research identified a general concern about obesity at the childhood, adolescent and adult ages. Some members of focus groups were aware of the VITAHLS – Valley Initiative to Advance Health and learning in Schools – childhood and adolescent obesity prevention initiative (see VITAHLS in Section II of CHNA) and were complementary and supportive of it. However, those and others expressed concern about the overall obesity epidemic and the high number of adults that are obese or overweight and the need to address the adult obesity problem as well as childhood and adolescent obesity in the Valley. VITAHLS, now in its second year, was originally designed and intended to reach the parents of school aged youth and the community at large. The number of obese adults, along with related disease rates and health care costs, is on course to increase dramatically in Connecticut over the next 20 years, according to *“F as in Fat: How Obesity Threatens America’s Future 2012”*, a report released in September 2012 by Trust for America’s Health (TFAH) and the Robert Wood Johnson Foundation (RWJF).

The annual report, for the first time, includes an analysis that forecasts 2030 adult obesity rates in each state and the likely resulting rise in obesity-related disease rates and health care costs. By contrast, the analysis also shows that states could prevent obesity-related diseases and dramatically reduce health care costs if they reduced the average body mass index of their residents by just 5 percent by 2030. (For a six-foot-tall person weighing 200 pounds, a 5 percent reduction in BMI would be the equivalent of losing roughly 10 pounds.) If obesity rates continue on their current trajectories, by 2030, the obesity rate in Connecticut could reach 46.5 percent. According to the latest data from the U.S. Centers for Disease Control and Prevention (CDC), in 2011, 24.5 percent of adults in the state were obese. Over the next 20 years, obesity could contribute to 412,641 new cases of type 2 diabetes; 1,014,057 new cases of coronary heart disease and stroke, 941,046 new cases of hypertension, 597,155 new cases of arthritis, and 147,883 new cases of obesity-related cancer in Connecticut. Currently, more than 25 million Americans have type 2 diabetes, 27 million have chronic heart disease, 68 million have hypertension and 50 million have arthritis. In addition, 795,000 Americans suffer a stroke each year, and approximately one in three deaths from cancer per year (approximately 190,650) are related to obesity, poor nutrition or physical inactivity. By 2030, obesity-related health care costs in Connecticut could climb by more than 15.7 percent, which could be the 22nd highest increase in the country. Nationally, nine states could see increases of more than 20 percent.

If BMIs were lowered by 5 percent, Connecticut could save 7 percent in health care costs, which would equate to savings of \$7,370,000,000 by 2030.

The number of Connecticut residents who could be spared from developing new cases of major obesity-related diseases includes:

- 83,932 people could be spared from type 2 diabetes,
- 79,528 from coronary heart disease and stroke,
- 75,911 from hypertension,
- 38,564 from arthritis, and
- 6,374 from obesity-related cancer.

The Connecticut Youth Risk Behavior Survey indicates that among high school students 13% were obese, 4% did not eat fruit or drink 100% fruit juices during the 7 days before the survey, 4% did not eat vegetables during the 7 days before the survey, 12% did not participate in at least 60 minutes of physical activity on any day, 27% watched television 3 or more hours per day on an average school day and 31% used computers 3 or more hours per day on an average school day.

**ACTION:** Working in partnership with six Valley School Districts, Griffin Hospital and the Yale-Griffin Prevention Research Center launched the VITAHLS childhood and adolescent obesity prevention initiative. The initiative was formally launched in October 2011 after six months of planning and development with the involvement of the leadership of the school districts. The mission of the initiative is to develop, implement, evaluate and sustain a comprehensive Valley-wide school-based childhood and adolescent obesity prevention program that focuses on nutrition and physical activity to reduce the prevalence of obesity and to promote health and academic readiness in students Pre-K to grade 12. The Initiative was included in Griffin Hospital's Board approved Strategic Plan in response to concerns about the obesity epidemic. It is consistent with Griffin's Mission – "to providing leadership to improve the health of the community we serve." Griffin Hospital committed to creating programs and activities that are sustainable with little or no budget impact on the school districts. VITAHLS will incorporate the NuVal food scoring system, Nutrition Detectives and ABC for Fitness developed by the Yale-Griffin Prevention Research Center. Five of the six school districts in Griffin's service area are participating in addition to the Emmett O'Brien Regional Technical School. The VITAHLS Working Group Committee continues to meet monthly with other subcommittees also meeting. BMI scales (cost \$4,300 each) are being provided to the schools to help measure the effectiveness of the program. The NuVal Nutritional scoring System was formally launched in October 2012 in the Derby High School and in the Derby Middle School in 2013. The Yale-Griffin Prevention Research Center developed a working version of a middle school and/or high school nutrition education program called "The Road to Health." This program was originally created by the PRC as a summer nutrition program for youth at the Yale Community Rowing Program held in the Valley at the Yale boathouse, but is potentially appropriate for school use as well. The program includes hands-on activities and use of nutrition information from various fast food menus to examine the nutrient content of a typical fast food meal and plan a more healthful fast food meal. The PRC piloted the program in selected schools in 2013 and plans to have a more formal version of the program ready for the 2013-2014 school year.

A fund raiser was held at Jones Tree Farm in Shelton with \$5,000 raised for the VITAHLS program. Griffin Hospital is providing funding support and in-kind staff support for the program. It is estimated that \$45,000 was provided by Griffin for program and equipment and in-kind costs. Additionally, the proceeds from the Griffin Hospital Annual Gala in 2012 were committed to support the program. More than \$100,000 was raised by the Gala. The funding is being used

for a part-time VITAHLS program coordinator. In 2012, the Ansonia Public School District received a \$50,000 grant from the Connecticut Department of Education's Bureau of Health/Nutrition, Family Services and Adult Education to implement and evaluate a school nutrition rating system to guide student's food selections and school food service purchases from vendors. The district plans to use the NuVal Nutritional Scoring System, which assigns a score of 1 to 100 to foods based on their overall nutritional value. The Yale-Griffin PRC will provide technical support and assist with the evaluation, which will focus on whether educating students about NuVal and posting NuVal scores next to cafeteria foods leads to changes in school food purchases that reflect a trade-up to foods with higher nutritional value. All services are delivered free of charge to students. The VITAHLS initiative is being led by Griffin Vice President William Powanda and Beth Comerford, Deputy Director of the Yale-Griffin Prevention Research Center. Communications Director Ken Roberts is responsible for media. Other Griffin staff serve on working subcommittees and are available as specific needs emerge. VITAHLS is an ongoing project that will evolve as new components are developed. The hiring of a coordinator will allow the program to expand to reach out as it was designed to parents and the community at-large.

Unfortunately, obesity data by town/school district is not currently available for the State of Connecticut.

❖ **Primary Care Access** – Concerns were raised in focus groups and in other forums about access to medical care in the Valley, reliance on Griffin's Emergency Department and other community urgent care centers and availability of primary care physicians in the Valley. This issue is addressed in Section XV. Of the CHNA – Griffin Hospital Medical Manpower Plan. Connecticut does rank 5<sup>th</sup> highest of states in physicians per capita at 33.5 physicians providing patient care per 10,000 population as compared to an average of 25.7 physicians per 100,000 for the United States. Idaho is the lowest at 17.0 and Massachusetts is the highest at 39.7 physicians per 100,000 population. (Kaiser State Health Facts)

**ACTION:** Griffin Hospital intends to continue to increase the number of primary care providers, as well as meet specialty care shortages, within the primary service area consistent with the needs identified in the Griffin Hospital Medical Manpower Plan. Griffin will also seek to place primary and specialty care physicians in select locations in its secondary service area where there is deemed to be a need. The limiting factors will be the availability of primary care physicians and the hospital's financial resources available to recruit and place them. The Griffin Faculty Practice (GFP) was established to assist in the recruitment and placement of community based physicians, to offer inpatient services including a hospitalist service, surgical PA services, childbirth PA services and hospice care; as well as to provide teaching faculty for the Internal Medicine and Preventative Medicine Programs. The Griffin Faculty Practice is a multi-specialty medical group affiliated with Griffin Hospital. It includes fifteen physicians and medical practitioners. In the community GFP provides primary care, geriatrics, breast surgery, urology and integrative medicine. Based on the Medical Manpower Plan, the Griffin Faculty Practice has recently placed primary care physicians Shilpa Shetty, M.D. in Derby, Shoba Jagadeesh, M.D. in Oxford, Shyla Muriel, M.D. in Seymour, APRN Holly Major in Oxford and Richard Biondi, M.D. in Southbury (Secondary Service Area.) GFP has also placed Denise Barajas, M.D. as the Medical Director and Breast Surgeon at the Center for Breast Wellness in Derby and Brian Sperling, M.D. a urologist in Shelton. GFP is committed to providing the best possible care for

patients. In keeping with the Planetree model, GFP physicians strive to provide patient-centered, personalized care to those it serves. GFP uses a state-of-the-art Electronic Medical Records (EMR) system that affords patients with 24/7 access to their records through an online patient portal. GFP physicians practice evidence-based medicine and focus on managing chronic diseases to help patients reach their personal health goals. GFP is taking part in an innovative program to improve primary care for patients. It is working to become an "Advanced Primary Care Practice" also known as a "Patient Centered Medical Home". These programs are recognized by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). The Advanced Primary Care Practice / Patient Centered Medical Home is a model of primary care that seeks to improve primary care in five specific areas/attributes: Comprehensive, Patient-Centered, Coordinated Care, Accessible Services and Quality and Safety. In addition, the Cornell Scott Hill Health Center is a federally qualified community health center. The Center provides an extensive array of medical, behavioral health and dental services to more than 33,000 people each year at 16 care sites including sites in Ansonia and Derby, both in Griffin Hospital's primary service area. The Cornell Scott Hill Health Center in Ansonia provides Internal Medicine, Pediatrics, Gynecology, Family Planning, Podiatry and Nutrition Services as well as Outpatient Mental Health evaluation and treatment and Outpatient Substance Abuse evaluation and treatment. Behavioral health services are designed specifically for children, adults and families. The Cornell Scott-Hill Health Center seeks to make its services more affordable for uninsured, low-income patients. Uninsured and low-income patients may qualify for reduced fees based on income called a sliding-fee scale. Patients may apply for one of five discount levels, based on annual income and family size. The discounts off the Center's standard charges remain valid for one year after the date of application, unless the patient qualifies for or secures insurance coverage in the interim.

- ❖ **Community Population Based Medical Issues** – The first Valley Health Profile was produced in 1998 at approximately the same time the Yale-Griffin Prevention Research Center was founded. It was produced as part of the research for the Healthy Valley healthy community project by staff at Southern Connecticut State University. It was created to assess the health and well-being of Valley residents. The purpose was to create a report whereby comparisons could be made between the health of the populations of the Valley and the state of Connecticut and to present Valley agencies with a useful, comprehensive document to inform program and policy decision-making.

Subsequent editions were produced in 2000, 2002, 2005, 2007, 2009, 2012, by the Yale-Griffin PRC. Detailed results from the latest Community Health Profile are included in CHNA Section XV - [Yale-Griffin PRC Community Health Profile 2009-2010 \(Released August 2012\)](#). The continued goal of the health profile is to develop an efficient and meaningful way of tracking various causes of morbidity and mortality in the people of the Valley. The current edition of the CHP continues to include the most recently available data describing aspects of the population; as well as data covering ten year time periods that describe trends in morbidity, mortality and cancer (incidence and mortality). For trend analysis, rates of individual towns in the Valley, as well as total Valley rates were compared to rates in the state of Connecticut and in major Connecticut cities.

Results in the latest Community Health Profile show that the annual age-adjusted mortality rate from heart disease in the Valley remained significantly higher in comparison to

Connecticut for the newly added years of 2007, 2008 and 2009. The ten year annual age-adjusted mortality rates from heart disease in the Valley declined from 1999 to 2009. These rates of mortality were significantly higher in the Valley when compared to the state (especially amongst males) during this timeframe. Age-adjusted cerebrovascular disease mortality rates fluctuated from 2007 to 2009, but were significantly higher than Connecticut. Age-adjusted cerebrovascular disease mortality rates in the Valley declined from 1999 to 2009. From 2005 to 2008, rates in the Valley were significantly higher when compared to the state. Mortality data from 2009 indicated that the Valley had a significantly lower age-adjusted rate of mortality from cerebrovascular disease when compared to the state for the first time since 2004.

With respect to cancer morbidity and mortality, the crude incidence rates for all invasive cancers in the Valley were significantly higher than the rate of Connecticut in 2007 and 2008. From 2004 to 2008, the incidence rate of breast cancer among females in the Valley towns was lower than the state (but no significant differences were found). In a previous CHP, it was reported that there was sharp increase in the number of deaths from breast cancer in the Valley in 2005. 2005's increased rate was not significantly higher than the previous year and the data from the following years remained relatively stable. The 2008 breast cancer age-adjusted rate of mortality in the Valley was significantly higher than the state for the first time since 2005.

The Griffin Hospital Primary Service area includes five towns that are in New Haven County (Ansonia, Beacon Falls, Derby, Oxford and Seymour. The sixth town, Shelton, is in Fairfield County. New Haven County does not meet the Healthy People Objectives (State Cancer Profiles – NCI) for the following Cancer types:

<u>Cancer Type</u>	<u>HP 2020 Objective/100,000</u>	<u>Annual Death Rate/100,000</u>
• Melanoma of the Skin	2.4	2.5
• Prostate	21.2	24.3
• Colon & Rectum	14.5	15.4
• Breast	20.6	23.6
• Lung & Bronchus	45.5	48.6
• Oral Cavity & Pharynx	2.3	2.4

Crude incidence rates of colorectal cancer in the Valley remain higher than the state as well (but do not significantly differ). Mortality rates of colorectal cancer in the Valley were significantly higher than the state from 2005 to 2008. The Valley had significantly higher mortality rates due to colorectal cancer than the state in 2007 and 2008. In addition, the Valley continued to have significantly higher age-adjusted rates of mortality from lung cancer than the state. Crude incidence of prostate cancer in the Valley fluctuated and the latest data indicates that the Valley had lower (non-significant) rates than the state in 2007 and 2008. Annual data collected since the last report indicates that crude incidence rates of prostate cancer in the Valley have increased but remained lower than the state. From 1998 to 2008, the age-adjusted mortality rate due to prostate cancer in the state has remained fairly constant. Incidence rates of Thyroid cancer remain higher in the Valley than the state but are not found to significantly differ.

Historically, since the first Community Health Profile (CHP) was produced, the breast cancer mortality rate has tended to be higher in the six Valley towns than the state rate and mammography screening rates were also identified as below the state rate. Griffin initiatives were launched after the first CHP was produced in 1998 focused on increasing the mammography screening rates throughout the Valley. A 2012 report by the Komen Foundation revealed that the breast cancer mortality rate in five of the six Valley towns had fallen below the state rate, the only exception being the city of Shelton and the city of Naugatuck in Griffin's secondary service area. Since 1998, it appears that the age-adjusted breast cancer mortality rates among females of in the Valley have declined (with the exception of an upward spike in rates in 2005). Rates in 2007 were the lowest in the Valley since CHP data collection began in 1995. From 2004 to 2008, rates in the Valley were significantly lower than the state. Rates in Connecticut were relatively stable from 1998 to 2008. Information from the Connecticut Peer Review Organization showed that only 20% of women age 65 and older in the Valley are receiving screening mammograms, compared to 27% for the state which is also a very low number. Similarly Griffin launched initiatives to increase the number of colonoscopies performed for residents of the Valley. Those initiatives continue.

The latest Community Health Profile produced by the Yale-Griffin Prevention Research Center and released in August 2012, suggests that crude incidence rates for lung cancer in the Valley have increased. From 2004-2008 (a five year period), crude incidence rates increased in the Valley, however this change was not viewed as statistically significant. From 1998 to 2008, crude incidence of lung cancer remained stable in the state. Further newly added data in the 2012 Community Health Profile report showed that crude incidence rates of lung cancer in the Valley are significantly higher than the major cities and the state overall. The Valley towns continued to remain comparable with regards to the crude incidence rates in neighboring towns (Naugatuck, Southbury, and Woodbury). Since 2001, rates of mortality from lung cancer in the Valley were significantly higher than the state. However, it would appear that rates in the Valley have declined since their highest point in 2003. New Haven County in which five of the six towns in Griffin's Primary Service Area are located had the highest Annual Incidence Rate – 74.2/100,000 people of Connecticut's eight counties and higher than the overall Connecticut rate of 66.1/100,000 for the period 2006 – 2010 (National Cancer Institute). The Healthy People 2020 objective is to reduce the Lung Cancer Death Rate to 45.5/100,000. Connecticut overall met the annual death rate objective at 44.2/100,000 over the 2006-2010 period. New Haven County did not meet the death rate objective at 48.6/100,000. At Griffin Hospital, 58 lung cancers were diagnosed in 2010. Only 20 of these cases were diagnosed at Stage I.

**ACTION:** Griffin Hospital has been aggressively addressing PSA population based medical issues since the first Community Health Profile was produced in 1988. The first report showed the overall death rate for all causes and for all major diseases to be below the state rate. Also below the state rate were the infant death rate, low birth weight babies and births to teenage mothers. The number of infectious disease cases was significantly lower than the state rate in all areas including the sexually transmitted diseases of gonorrhea, chlamydia, syphilis and AIDS. The other infectious diseases of Hepatitis A and B, Lyme disease and rabies were all below the state average, and there were no new cases of either tuberculosis or measles reported in 1994.

Average death rates reported for the 7 year period, 1986-92: avg. death rate, all causes -.2% below state; avg. death rate, heart -12.3% below state; avg. death rate, lung disease - 6.7% below state; avg. death rate, pneumonia - 3.1% below state; avg. death rate, cancer -2.4% below state; avg. death rate, stroke -- 1.9% below state. Areas where the Mortality Rates were higher than the state rates for the period 1989 to 1991 were Lung cancer in men - 23% above state and expected rate; Colon cancer in men - 13% above state and expected rate; Ovarian cancer in women - 25% above state and expected rate; Uterine cancer in women - 9% above state and expected rate and Lung cancer in women - 2% above state and expected rate.

Griffin Hospital launched a High Risk Lung Cancer Screening Program in July 2013. Griffin purchased Covidien's SuperDimension I-Logic navigation bronchoscopy (ENB) system to be used in concert with the Screening Program. The I-Logic system uses "GPS-like" technology to navigate the lungs and access solitary pulmonary nodules and lymph nodes. This access provides a safe, effective and minimally invasive alternative for diagnosis, staging, and ultimate treatment of lung cancer. This technology potentially improves the diagnostic yields identifying possible lung cancers at early stages and reducing unnecessary surgeries and complications for high risk patients. Griffin will promote the Lung Cancer Screening program and the availability of the I-Logic navigation bronchoscopy system to its medical staff and to potential patients.

- ❖ **Clinical Services** – In response to questions related to hospital or health care services that those queried would like to see provided in the community, general mention was made in the Community Perception Survey, the Valley Cares Community Survey and in focus groups of the need for more cardiac and mental health services.

**ACTION:** Griffin Hospital plans to submit a Certificate of Need application to the Connecticut Office of Health Care Access (OHCA) for approval to establish Cardiac Catheterization and Emergency Angioplasty Services on the hospital's main campus in calendar 2013. These services are now considered to be state-of-the-art for community hospitals of Griffin's size and complexity and Griffin believes that the application will provide the required justification for the services based on need. Griffin Hospital's senior leadership expects approval by OHCA. Cardiac Catheterization and Emergency Angioplasty are the two cardiac related services most requested by community residents to be provided locally.

Griffin Hospital has no plans to increase mental health services. Griffin Hospital has a 14-bed Inpatient Unit for adult and geriatric short-term treatment that provides comprehensive evaluation and focused crisis-oriented treatment for patients who cannot be treated safely on an outpatient basis. The Griffin Hospital Department of Psychiatry also offers a full range of outpatient behavioral health and chemical dependency programs. These programs and services include mental health services for those with state insurance or no insurance, services for alcohol or drug abuse, suicide prevention, medication needs and more. Griffin offers a 24-hour crisis intervention and consultation service where a trained counselor will help connect anyone with a mental health or substance abuse related crisis to appropriate services. In addition to services offered by Griffin Hospital, BH Care is a state licensed, non-profit behavioral health care provider located in Ansonia, Connecticut, serving the citizens of Griffin Hospital's primary service area. BH Care has been providing services for children, families and individuals affected by mental illness, domestic violence and substance abuse for more than 25 years. BH Care

receives funding from the CT Department of Mental Health and Addiction Services and the CT Department of Social Services.

❖ **Substance Abuse** – Concerns were raised and identified in most of the various research components related to substance abuse in the Valley particularly, but not solely youth. The Valley Cares Community survey (2009- 2010) concluded: Residents surveyed expressed a considerable degree of concern about illegal drug usage within the Valley community. Eighty-two percent of respondents saw illegal drugs as a somewhat or very serious problem in the Valley.

Comments and research noted:

- It is a big problem everywhere as well as here in the Valley; it definitely needs to be addressed and is in the top 3 of community issues – it affects everything that goes on in the community i.e. Unemployment, domestic violence, child care neglect
- There is a shortage of inpatient addiction services.
- There is a need for more inpatient substance abuse care in the Valley and in the State; after a certain number of days, these people are thrown back to go to the 3 major cities
- Those with addiction issues such as opiates – don't want to be stigmatized – their own doctors aren't even doing preventive screenings – doctors don't know what to do with addicts – primary care physicians don't know how to handle these issues (14-54 age range);
- inappropriate use/abuse of prescription drugs;
- Tobacco – is still an issue with young people; now we see more of an increase with the marijuana issue; young people somehow feel safer now that it is legalized
- Increase in sale of cigarittos and cigars since no tax; people are switching from cigarettes to these;
- The number of substance abuse related hospital visits to Griffin Hospital demonstrates the personal and financial impact of substance abuse. In the past 3 years, about 3% of emergency room visits were substance abuse related, with close to 1,000 such visits per year. In the 2009 fiscal year, about 12% of all inpatient hospitalizations were related to substance abuse. When asked about the social & health concerns facing schoolchildren survey respondents with children under 18 at home most commonly identified drugs (49%) and bullying (26%).
- According to the 2009 Valley Substance Abuse Action council (VSAAC) Survey, alcohol remains the substance most frequently used by Valley youth. In 2009, 62% of Valley 11th graders reported using alcohol during the past 12 months. In addition, 36% of high school juniors indicated they had used marijuana in the past year. For most substances, usage rates increase markedly between middle school and high school.
- Surveys of Valley middle and high school students demonstrate that youth substance use is common, particularly in the case of alcohol and marijuana.
- The percent of Middle & High School Students Reporting Substance Use in Past 12 Months:
  - 11<sup>th</sup> grade = Alcohol 62%, Marijuana 36%, Cocaine/Crack 4%, Prescription Drugs 13%
  - 9<sup>th</sup> grade = Alcohol 43%, Marijuana 19%, Cocaine/Crack 2%, Prescription Drugs 7%
  - 7<sup>th</sup> grade = Alcohol 15%, Marijuana 1%, Cocaine/Crack 1%, Prescription Drugs 5%

- **ACTION:** The Valley Substance Abuse Action Council (VSAAC) is a public/private partnership comprised of community leaders and citizens who develop and carry out strategies to reduce alcohol, tobacco, and other drug use in the Lower Naugatuck Valley, Greater New Haven and surrounding communities. VSAAC was created from a community retreat held in 1989 by the Valley United Way with concerned citizens to address substance abuse issues in the Valley. VSAAC was founded through a multi-year federal grant from the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (CSAP). VSAAC's mission is to reduce alcohol, tobacco, other drug use, suicide, risky behaviors, and promote good mental health in its service area among youth and, over time, among adults through community mobilization, public awareness, and advocacy. VSAAC offers a variety of interactive workshops and presentations for youth and adults, as well as resource materials, curriculums, training programs, referrals, and other information about drug abuse, alcohol, and tobacco that can help parents, children, and the larger community become better aware and equipped to combat the intrusion of these harmful substances in daily lives. VSAAC conducts a biennial student substance abuse survey in Valley school systems that track substance use and trends. VSAAC has received additional federal grants to support programs to achieve its mission including a competitive federal Drug Free Communities Grant providing ten years of operational support funding. VSAAC is a member of the Valley Council of Health and Human Service Organizations and works with its member agencies, including Griffin Hospital to comprehensively address community substance abuse issues.
- ❖ **Pre-Natal Care** – Discussion in a number of forums and focus groups raised the issue of a perception that pre-natal care was low and that an intervention was needed. Research, however, revealed that prenatal care for mothers-to-be in the Valley was significantly better when compared to the state and New Haven County as reported by the Connecticut Department of Public Health. Pre-Natal Care for Connecticut Resident Births in 2009 was as follows:

	<u>None</u>	<u>Adequate</u>	<u>Intensive</u>	<u>Timing – Late</u>
Connecticut	19.8%	44.3%	35.9%	12.3%
New Haven County.	16.2%	45.7%	39.1%	12.9%
Valley – Avg.	11.6%	35.7%	53.8%	6.0%

**ACTION:** Based on the actual data above there is no action required related to Pre-Natal Care. The information should be widely shared with health and human service organization and other community leaders to ensure that there is increased knowledge of the Valley data as compared to New Haven County and the State of Connecticut.

- **Regional Cooperation on Health Issues** – Regional cooperation, the leadership of Griffin Hospital on community health improvement and the effectiveness of efforts was positively noted in focus groups, forums and surveys. Of particular note was the Valley Council of Health and Human Service Organizations (VCHHSO) Griffin Hospital was a leader in establishing The Valley Council of Health and Human Service Organizations which has become a model for other communities. The Valley Council is a cooperative venture founded over twenty years ago linking approximately 50 non-profit health & human service providers throughout the Valley. Its

mission is to identify, plan, implement, and coordinate a comprehensive system of human service delivery and to advocate for community-wide and culturally diverse planning approaches in the larger Valley community. Decision makers from each of the active members meet monthly. The Council's objectives are to: 1. Engage in periodic assessment and identification of local service needs, including client input. 2. Collaboratively evaluate current services, identify gaps, and strategize on how to fill gaps in services. 3. Serve as the primary planning and coordinating body for the regions' service provision system. 4. Provide a place for support and networking among the Valley human services community. 5. Advocate for the needs of local residents and for resources to meet those needs on a local, state, and federal level. 6. Seek to develop partnerships with other community systems (i.e. schools, businesses, state and local governments, public safety) to enhance service delivery. Griffin remains an active member of the Council. Not only is Griffin Hospital a continuing member, the Valley Parish Nurse Program and the Yale-Griffin Prevention Research Center also are members. The Lower Naugatuck Valley region was named an All- America City by the National Civic League in 2000 gaining national recognition of the capacity and community building effort of multiple organizations and people. Judges praised the community for partnerships, teamwork, regional cooperation and innovation in selecting the Valley for the award.

The material in this Community Health Needs Assessment will document Griffin's commitment to the six town Valley community that has been its Primary Service Area for over a century. Much of the research referenced and used in the CHNA has been done over a two decade period of time and has been a collaborative effort between the Valley Council of Health and Human Service Organizations, Griffin Hospital and the Yale-Griffin Prevention Research Center.

## XVI. SOURCES

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