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Healthy Newtown; A Beginning

Donna Marie McCarthy

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HEALTHY NEWTOWN;

A BEGINNING

Donna Marie McCarthy

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APPROVAL PAGE

Master of Public Health Thesis

HEALTHY NEWTOWN;

A BEGINNING

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2002
PREFACE

Healthy Newtown; a Beginning is the initial phase of what will be a continuing effort to understand the health of the Newtown community and the efforts and services required to promote health and prevent disease. The task of preparing a community health needs assessment is large and requires a great deal of support and sincere participation by many entities, the actual stakeholders of the healthy community. By May of 2001, it became apparent that it would indeed be a year of transition for the Newtown Health District. This Beginning assessment is the effort of a graduate student and is the assembling of the data that is available and the beginning of the dialogue necessary to create a healthy community. The on-going and perpetually changing effort referred to above will be one that is actively initiated by and supported by the Newtown Health District.

The data collection process and the many meetings and conversations that were part of this project built upon my interest in the community health needs assessment, and I look forward to being an integral part of the future phases of the healthy community effort.
ACKNOWLEDGMENTS

I would like to acknowledge and most sincerely thank the many people who have supported my efforts, both on this project, as well as in my career development.

My Advisory Committee, Tim Morse, David Gregorio, and Michael Crespan
Newtown Health District Board members, Jim Smith, Joan Crick, Audrey Grasso
Dr. Thomas F. Draper, Newtown Medical Advisor and Acting Health Director
Maureen Schaedler, Newtown Health District secretary
Mark Cooper, former Newtown Director of Health
Herb Rosenthal, Newtown First Selectman
Glynnis Lanzatta, Newtown Social Services Director
Dr. John Reed, Newtown Superintendent of Schools
Newtown School Nurses
Newtown Youth Services
NYCAAP (Newtown Youth Creating AIDS Awareness for Peers) members
Newtown local medical community
Frank Schaub, CT Department of Public Health
and
the residents of Newtown, who have made the past five years of my life some of the most challenging and rewarding.
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I. **INTRODUCTION**

Newtown is a town located at the northeast limit of Fairfield County (See Location Map 1), with a land area of 60.38 square miles and a population of approximately 25,000 people. The town has not ever undertaken a community health needs assessment. This document, *Healthy Newtown; a Beginning*, is the initial effort of such an endeavor. Collecting and analyzing available data and initiating the necessary dialogue among the local agencies has been the groundwork for this effort. It is the data and the local input that has helped determine existing conditions and also helped to identify areas that require additional investigation.

Newtown is the second largest town in Connecticut in land area, with 60.38 square miles of varied topographical terrain. In addition to being part of the most affluent county in the state, it is a town located at the cross roads of some major travel corridors; Route 6, Route 34, Route 84, and close by to Route 67 and 7. It is a desirable place to live, has beautiful countryside, is well located for a variety of commutable job locations, has a relatively strong economic base, and has a reputation for having an excellent school system. It was a rural, agricultural community, whose population has grown 20% in the past decade.

As the character of the town grows more diverse and the overall health care delivery system changes, it is critically important that Newtown focus on assessing its needs and determining its public health needs priorities, now and on a regular continuing basis.
A. PURPOSE

In addition to data collection and analysis, a community health needs assessment is a process in which different parts of the community come together to actively participate to improve the health status of the community. The various participants are stakeholders and have a vested interest in the process and the results. The process recognizes that lifestyle and environmental factors are major determinants of the status of health, and these factors are beyond the control of individual doctors, hospitals, insurers and employers. These factors can be addressed through cooperative efforts that extend into the community. Newtown had not pursued such a process prior to this effort.

Historically, public health in Newtown has been traditional and reactive rather than proactive. Public health nursing services have been provided for anticipated needs such as influenza immunization clinics and well child clinics. These are important services; however, there has been no investigation as to any other needs for public health nursing services. Health education and promotion efforts have been focused on immediate issues such as Lyme Disease. Again, this is an important issue, but there has been no investigative work to determine other pressing issues for health education and health promotion. There has been some proactive effort for both health education and health promotion services, through the annual health and safety fair. However, a comprehensive community effort has not been undertaken.

The ultimate purpose of a health needs assessment is to determine public health priorities which will, in turn, help to define programs and interventions that can promote life expectancy and quality of life. Healthy Newtown; a Beginning provides some
baseline data and introductory dialogue among some of the key local agencies which initiates this community assessment effort.

The U.S. Department of Health, Education, and Welfare/Public Health Service issued Healthy People, *The Surgeon General's Report on Health Promotion and Disease Prevention*, in 1979 to promote assessment efforts from the national level. It was intended to encourage the second public health revolution, emphasizing disease prevention. This followed the Nation's first public health revolution, the successful struggle against infectious diseases, which was evidenced by the dramatic reduction in deaths due to infectious diseases. The Report had five measurable and achievable public health goals: one major goal for each major age group between 1979 and 1990.

The US Public Health Service issued *Healthy People 2000*, which established a national strategy for significantly improving the health of the nation over the coming decades. It addressed the prevention of major chronic illnesses, injuries, and infectious diseases. Overall, *Healthy People 2000* attempted to help the public to understand the relationship of lifestyle to health and instill the concept that the community needs to take greater responsibility for their own health by changing lifestyle behaviors and choices which impact their health. The emphasis is on health promotion, health prevention and preventive services. Evaluation of a community's health status, health services and public health infrastructure will enable the same community to focus its resources on areas of activity that will have most significant impact on health.

The national goals and strategies identified in these initial reports define achievable public health status and the relationship of lifestyle to health. To effectively
accomplish public health goals, the effort must be undertaken at the community level, where the community can work together, in their own environment.

B. AUTHORITY

The Connecticut General Statutes mandate public health planning, development of the collaborative planning activities that respond to public health needs, and the resultant policy recommendations regarding the allocation of resources and the determination of public health priorities. This mandate is accomplished by the State of Connecticut Department of Public Health working with the individual town’s health departments or participation in a health district. Newtown’s health department is the Newtown Health District, which was founded in 1994. The Health District consists of the Town of Newtown and the Borough of Newtown. The District’s Bylaws, stating its legal status, its purposes, and the details of its organization, are included in Appendix A.

C. WHAT IS PUBLIC HEALTH?

Public health is an organized set of activities that protects and promotes the people’s health. In 1920 public health was defined as "the science and art of preventing disease, prolonging life, and promoting physical and mental health and well-being through the organized community effort for the sanitation of the environment, the control of communicable infections, the organization of medical and nursing services, the education of the individual in personal health, and the development of the social machinery to assure everyone a standard of living adequate for the maintenance or improvement of health."
There are three core functions of public health: assessment, policy development and assurance. Assessment is the surveillance process that identifies public health threats and trends. Policy development is the decision-making process of selecting the most appropriate response to public health threats and trends. Assurance is pledging that the necessary services, including personal health services, for the protection of public health in the community are available and accessible to all persons. This assurance function is necessary to make sure that the community receives proper consideration in the allocation of federal as well as local resources for public health; and that the community is informed about how to obtain public health services.  

Public health infrastructure provides the government's ability to meet the basic responsibilities of preserving the health of the community it serves. Basic responsibilities include vital statistics, health information and education, epidemiological investigation, laboratory analysis and administration. At the state level, the Connecticut Department of Public Health is the lead administrative agency for public health initiatives. Other state agencies involved with health issues include the Department of Mental Health and Addiction Services (DMHAS), Department of Social Services (DSS), Department of Children and Families (DCF), Department of Education (DOE), Department of Mental Retardation (DMR), Department of Environmental Protection (DEP), and Connecticut Occupational Safety and Health Administration (ConnOSHA). The infrastructure works to meet the goals/objectives that have been developed to improve health.

Similarly, at the local level, the local department of health should be the lead administrative agency for public health initiatives. Local agencies and groups can then
work in coordination and collaboratively to undertake a needs assessment and work on public health initiatives. Currently, in Newtown, there are many groups and agencies that exist and can serve this collaborative effort; Visiting Nurses Association, Newtown Social Services, Department of Education, and the Newtown Senior Center.

D. NEWTOWN HEALTH DISTRICT'S MISSION STATEMENT

The Newtown Health District's vision for Public Health in the Borough and Town of Newtown, is for “Healthy People in a Healthy Community”. The District's Mission is to “Promote Physical and Mental Health and Prevent Disease, Injury and Disability”. The District strives to share its vision and achieve its mission by providing the following essential public health services:

- Monitor health status to identify community problems,

- Diagnose and investigate health problems and health hazards in the community,

- Inform and educate people about health issues,

- Mobilize community partnerships and action to identify and solve health problems,

- Develop policies and plans that support individual and community health efforts,

- Enforce laws and regulations to protect health and ensure safety,

- Link people to needed personal health services and assure the provision of health care when otherwise unavailable,

- Assure a competent public health and personal health workforce,
- Evaluate effectiveness, accessibility, and quality of personal and population based health services,
- Research for new insights and innovative solutions to health problems.

This mission statement outlines a broad view of essential public health services; interestingly, they are also the basic steps that would be required to perform a community health needs assessment. It is a good general mission statement and reinforces the Health District’s charge to undertake a more organized and intensive effort to accomplish these essential public health services.

E. THESIS OVERVIEW

Section I (above) introduced the community of Newtown and discussed the purpose of this report. It reiterated the historical national perspective on health, the authority of public health agencies and the definition of public health. It outlined the Newtown Health District’s mission statement.

Section II discusses the methodology utilized to prepare this assessment. It outlines the various sources of information and entities that were involved in developing the socio-demographic profile and the health status of the community.

Section III illustrates the findings of the data gathering process. It develops the sociodemographic profile of the community, it reports on the various health indicators for Newtown and it includes the input from the various groups that participated in the process.

Section IV draws on the experience of the process, draws conclusions, and makes recommendations, both for action and for further investigation.
II. METHODOLOGY

Various documents and data were reviewed and utilized for the preparation of this document. In addition, meetings and interviews were conducted both to obtain information and input that is not so easily obtained through publications, as well as to initiate the dialogue and interest in a community health needs assessment and an upcoming collaborative effort. The following subparts describe the documents or agencies that were included in review and communication.

A. LOOKING TOWARD 2000.

Connecticut’s health status and needs were reviewed. *Looking Toward 2000, An Assessment of Health Status and Health Services*, Connecticut Department of Public Health, dated January 1999 is the most current comprehensive state health plan. It provides information on the health of Connecticut residents, the state's health care delivery system, the need for health services and programs and their fiscal implications. It identifies emerging issues. It identifies public health priorities for Connecticut. This assessment’s strength is in its practicality in identifying those conditions that are the most pervasive among Connecticut residents and its resultant directive to then focus resources on those areas of activity that will have the most significant impact on health.

B. CENSUS DATA.

Census Data for 1980 through 2000 were utilized for developing a socio-demographic profile of Newtown, including overall population as well as a breakdown by age for under 15 and > 65 years of age. These are the age strata provided in the Census data, and are useful as different age groups will have different characteristics for purposes of
health education and disease prevention; the young and the elderly are also frequently considered to be vulnerable populations for illness categories. Population differences based on gender were reviewed. Economic and social indicators, such as poverty rate and unemployed rate were evaluated, as were other demographic variables including marital status, minority population, education, number of families, number of persons per household, households with one or more persons >65 years of age, and population density per square mile.

C. PUBLIC HEALTH STATISTICS.

Public health statistics are published by the CT Department of Public Health, and the Registration Reports for 1994 through 1998 were reviewed. Specific statistics are identified as consensus health indicators because higher prevalence of those factors in an area, for example a town or a state, may identify issues that require an organized response. These statistics were reviewed and Newtown was compared to the State of Connecticut to determine if there are health status is consistent with or exceeding the State’s levels.

The following are consensus health indicators that were reviewed for this effort:

- race/ethnicity-specific infant mortality as measured by the number of deaths among infants, <1 year of age (per 1,000 live births),

- Reported incidence of AIDS,

- measles,

- tuberculosis,

- primary and secondary syphilis, and

- Indicators of risk factors. Such indicators include:
- Incidence of low birth weight, as measured by the % of total number of live born-infants weighing, 2,500 grams or less at birth.

- Births to adolescents (females aged 10-17 years) as a % of total live births.

- Prenatal care, as measured by % of mothers delivering live infants not receiving prenatal care during the first trimester of pregnancy.

D. REPORTABLE DATA IN THE HEALTH DISTRICT

Reportable data includes causes of death on death certificates and reportable diseases; these are reported to the Director of Health and kept at the Health District office. The town annual report is a source of data for the Police Department's statistics, as reported to the Registrar of Vital Statistics. This information is useful in determining trends for causes of death, disease and accidents/incidents. The identification of premature death (deaths of people ages 65 and younger); of the existence of illness and disease, and of the possible increase in specific incidents and/or behaviors by the police department will help to focus attention and resources to those areas to reduce those occurrences.

E. NEWTOWN'S PUBLIC HEALTH INFRASTRUCTURE

The Newtown Health District is the local health department and the lead agency for public health initiatives. There are many other local agencies and entities involved with the community and health issues. The following are the components to Newtown's public health infrastructure that were consulted for this assessment effort:

- Newtown Health District,

- Newtown Social Services, also serves as the Municipal Agent for the Elderly,

- Newtown school nurses, and
- Newtown Youth Services

**Newtown Health District.** The Health District has a full time office staffed with a Director of Health, four full time staff and a Medical Advisor. The District records and some of the staff’s perceptions and interaction with the community were reviewed and indicated some general local needs as well as the greater need to conduct a community health needs assessment.

**Newtown Social Services.** The Social Services Department is staffed by the Director, a Case Manager/Assistant and a part time secretary. The Social Services Director is also the municipal agent for the elderly. The Department serves as an intake site for the Connecticut Energy Assistance Program, Operation Fuel, the local Emergency Fuel Bank, Renters Rebate program for the elderly and disabled, and the Salvation Army Emergency Food Pantry. In addition to entitlement programs, the office provides information, referrals, and case management to residents. Meetings with the Director and a review of their services and resources indicated that there are many social and health issues that require collaborative effort.

**Newtown School nurses.** Meetings with the school nurses and review of the past five years annual reports indicated a large, significant and vulnerable population of the town is served by the school nurses. There has been an average of 110 visits to the nurses’ offices on a daily basis for services such as medications, accidents, illness, and screenings. There are approximately 4,700 students in the school system and approximately 450 teachers and staff. The information obtained from the meetings and
review of reports revealed this to be a large component to the public health infrastructure and has its own set of needs and priorities

**Newtown Youth Services (NYS).** Meetings with NYS revealed this to be a very active organization in the town; one that has good representation of the youth and their issues in the community and is an important participant in a community health needs assessment. NYS offers a wide variety of programs and services and is perceived by the community as an entity of the Newtown Board of Education, as it works closely with and is well-supported by the local school system. NYS is funded by the Town of Newtown, the State Department of Education, the Newtown Board of Education, United Way of Northern Fairfield County, private foundations and community support.

NYCAAP, Newtown Youth Creating Aids Awareness for Peers, is a youth program within NYS. NYCAAP members provide peer education in the middle and high schools, have guest speakers and receive training in education. Meetings with NYS and NYCAAP identified dynamic groups that are continually working to understand their respective populations and develop effective ways to get their message out.
III. RESULTS

A. HEALTH STATUS AND RISK REDUCTION

1. Introduction

An important part of promoting health and preventing disease is a comprehensive understanding of the population under consideration. There are certainly health issues that can prevail regardless of the sociodemographic profile of the community, for example air quality and other environmental conditions. However, there may be health issues that can be directly related to sociodemographics of the community, and understanding the sociodemographics of the community can guide the approaches and programs to improve health.

2. Sociodemographic Profile. Sociodemographic considerations involve the social and demographic factors that contribute to morbidity and mortality risks. The aging of the population has enormous implications for public health, because the prevalence of chronic conditions and disabilities increases with age. Social class is strongly related to health insurance coverage, which influences access to and quality of medical care. Educational level is strongly associated with income. The degree of inequality in income distribution is a predictor of mortality rates in infants, children and adults. In addition, much of the disparity in various health indicators between those of black and white race can be explained by social class differences.4

a. Population

The total population of Newtown, per 2000 census data is 25,031 people. The population breakdown by age is shown in Figure 1. Approximately 25% of the
Figure 1
Newtown Population by Age Group
population is under the age of 15, and approximately 9% of the population is over the
age of 65. Approximately half of Newtown's population is between the age of 25 and
55 years. The make-up of Newtown's population has also been changing in the past four
decades, with the female population declining and the median age increasing, as seen in
Table 1.

Table 1. Median Age by Gender, 1970–2000.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female population</td>
<td>52</td>
<td>50.1</td>
<td>49.9</td>
<td>48.8</td>
</tr>
<tr>
<td>Male population</td>
<td>48</td>
<td>49.9</td>
<td>50.1</td>
<td>51.2</td>
</tr>
<tr>
<td>Median Age (both M &amp; F)</td>
<td>31.4</td>
<td>31.9</td>
<td>35.9</td>
<td>37.5</td>
</tr>
</tbody>
</table>

Source: Census data

b. Economic and Social Indicators

Economic and social indicators regarding income, employment, educational
attainment and population density are presented in Table 2. This table indicates that
Newtown's residents, on average, have a greater average per capita income than that
state average, although it is less than the county average. Educational attainment
information was available for Newtown and the State, and Newtown's attainment is
greater than the state average. Population density per square mile is considerably less
than the county and state averages, which can be attributed to the town's large area and
the predominance of single family dwellings for residences. Newtown's favorable
statistics for per capita income and educational attainment perpetuate themselves; people
with more income can afford to complete high school and pursue higher education and
people with higher educational attainment tend to make higher incomes.
Table 2. Economic and Social Indicators

<table>
<thead>
<tr>
<th></th>
<th>Newtown</th>
<th>Fairfield County</th>
<th>Connecticut</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Capita Income</td>
<td>$37,428</td>
<td>$42,304</td>
<td>$32,317</td>
</tr>
<tr>
<td>Poverty Rate, 1990</td>
<td>2.5%</td>
<td>6.1%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Unemployment Rate</td>
<td>1.4%</td>
<td>1.9%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Educational Attainment for person 25 yrs &amp; older</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Graduate - 1980</td>
<td>83.2%</td>
<td>-</td>
<td>70.3%</td>
</tr>
<tr>
<td>High School Graduate - 1990</td>
<td>88.6%</td>
<td>-</td>
<td>79.2%</td>
</tr>
<tr>
<td>College Educated – 1980</td>
<td>29.7%</td>
<td>-</td>
<td>20.7%</td>
</tr>
<tr>
<td>College Educated – 1990</td>
<td>39.7%</td>
<td>-</td>
<td>27.7%</td>
</tr>
<tr>
<td>Population density per square mile</td>
<td>420</td>
<td>1,418</td>
<td>682</td>
</tr>
</tbody>
</table>

Source: CT Department of Economic and Community Development

Newtown residents’ marital status, from 1990 Census data, is shown in Figure 2.

The information in Figure 2 includes people 15 years of age and older. Approximately 63% of the subject population are married; 25% are single. The remaining 12% are divorced (6%), widowed (5%) or separated (1%).

The percentage of the population which is minority is based on Census 2000 data and is depicted in Table 3: Persons by Race, Newtown- 2000.

Table 3. Persons by Race, Newtown, 2000.

<table>
<thead>
<tr>
<th>Race</th>
<th>Population</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>23,815</td>
<td>95%</td>
</tr>
<tr>
<td>Black</td>
<td>437</td>
<td>2%</td>
</tr>
<tr>
<td>Other (includes multirace)</td>
<td>384</td>
<td>1.5%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>360</td>
<td>1.5%</td>
</tr>
<tr>
<td>American Indian, Eskimo, or Aleutian</td>
<td>35</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Source: Census 2000 data
Figure 2
Marital Status, people over age 15

- Married: 63%
- Single: 25%
- Widowed: 5%
- Divorced: 6%
- Separated: 1%
Newtown’s population is predominantly white, with only 5% (approximately 1,216 people) of the population being other races.

Newtown’s business and industry sector is indicated in Table 4 and is broken down by the number of firms and number of employees.

**Table 4. Business and Industry in Newtown.**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Firms</th>
<th>% of total</th>
<th>Employees</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>66</td>
<td>5.1</td>
<td>214</td>
<td>2.1</td>
</tr>
<tr>
<td>Constr. &amp; Mining</td>
<td>251</td>
<td>19.5</td>
<td>752</td>
<td>7.4</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>89</td>
<td>6.9</td>
<td>2,424</td>
<td>24.0</td>
</tr>
<tr>
<td>Trans. &amp; Utilities</td>
<td>29</td>
<td>2.3</td>
<td>403</td>
<td>4.0</td>
</tr>
<tr>
<td>Trade</td>
<td>241</td>
<td>18.7</td>
<td>1,742</td>
<td>17.2</td>
</tr>
<tr>
<td>Finance, Ins. &amp; Real Estate</td>
<td>78</td>
<td>6.1</td>
<td>330</td>
<td>3.3</td>
</tr>
<tr>
<td>Services</td>
<td>528</td>
<td>41</td>
<td>3,877</td>
<td>38.3</td>
</tr>
<tr>
<td>Government</td>
<td>5</td>
<td>0.4</td>
<td>369</td>
<td>3.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,287</td>
<td>100</td>
<td>10,111</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: CT Department of Economic and Community Development

**3. Consensus Health Indicators**

**a. Mortality.** Death is the most severe outcome of disease or injury yet represents only a small portion of disease burden. However, looking at mortality data allows opportunities for identifying potential interventions that can effectively improve health, especially when deaths are preventable or premature. The age of 65 years is used as a cut-off; when death occurs before that age it is considered premature and/or preventable. This approach focuses attention on diseases and injuries that occur early in life. In *Looking Toward 2000*, the leading causes of death for Connecticut were identified as cancer, heart disease, respiratory failure, stroke, and fatal injuries. The
causes of premature or preventable deaths, for persons under the age of 65 years, for
Newtown for 2000 are indicated in Table 5.

**Table 5. Premature/Preventable Deaths for year 2000.**

<table>
<thead>
<tr>
<th>Deaths</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>Percentage of total (0-65 yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>9</td>
<td>3</td>
<td>12</td>
<td>43%</td>
</tr>
<tr>
<td>Other *</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>21%</td>
</tr>
<tr>
<td>Complications from Diabetes</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>14%</td>
</tr>
<tr>
<td>Pulmonary/Lung Disease</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>11%</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>11%</td>
</tr>
<tr>
<td>Total 0-65 years</td>
<td>14</td>
<td>14</td>
<td>28</td>
<td></td>
</tr>
</tbody>
</table>

Source: Death certificates at Health District office.
* other = aneurysm, asphyxia due to hanging, gunshot wound, blunt force trauma, urusepsis, pending further studies.

Table 6 indicates the premature/preventable causes of death for 2001. Causes of
death for the year 2000 and 2001 are similar to those for the state of Connecticut, as
stated in *Looking Toward 2000*, with cancer being the lead cause.

**Table 6. Premature/Preventable Deaths for year 2001.**

<table>
<thead>
<tr>
<th>Deaths</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>Percentage of total (0-65 yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>53%</td>
</tr>
<tr>
<td>Other *</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td>Pulmonary/Lung Disease</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>Total 0-65 years</td>
<td>10</td>
<td>7</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

Source: Death certificates at Health District office.
* other = asphyxia due to hanging, multiple sclerosis, multiple blunt traumatic injuries
b. Maternal and Infant Health. The overall condition of maternal and infant health is relatively good in Connecticut, based on six key maternal and infant health indicators: infant mortality, low birthweight deliveries, very low birthweight deliveries, lack of adequate prenatal care, late or no prenatal care, and births to teenage mothers. One notable area that needs improvement is low birthweight deliveries, as they have not improved in the past ten years. To evaluate maternal and infant health, the following statistics were looked at:

- Births to Teens
- Prenatal Care
- Low Birthweight

Statistics for these indicators for the past five years were reviewed, comparing Newtown’s data to the State of Connecticut. Newtown has very small actual numbers for births to teens, low birthweight and inadequate prenatal care. However, for overall percentages, there are times when low birthweight and inadequate prenatal care are in similar ranges as the State of Connecticut. The low level of poverty and the assumed higher than average level of insurance coverage that is associated with higher educational attainment and higher income should result in good maternal and infant health.

c. Behavioral Risks

From Looking Toward 2000, highlights of the behavioral risk section are alarming:

- Nearly one-fifth of all deaths in the U.S. and in Connecticut are estimated to be related to tobacco smoking.
• About 3 in 10 high school students currently smoke.

• Of all respondents aged 18+, 2.5% reported they drink and drive. Between 1990 and 1995, the rate of binge drinking among 18-24 year olds decreased in Connecticut.

• More than 20% of Connecticut adults do not engage in any leisure time physical activity.

• One-quarter of Connecticut's adult population is overweight. About 2 in 10 women and nearly 3 in 10 men were considered overweight, based on their self-reported height and weight.

• Nearly 1 in 5 adults has been told by a health professional that his or her blood pressure is high.

• Two-thirds of Connecticut adults do not eat the recommended total of five fruits and vegetables daily.

Looking Toward 2000 looked at the interrelationships between various chronic diseases and modifiable risk factors. Those risk factors are tobacco use, alcohol use, high cholesterol, high blood pressure, diet, physical inactivity, obesity, stress, environmental tobacco smoke, occupation, pollution, and low socioeconomic status.

A behavioral risk survey was not conducted as part of this assessment. However, a review of the state's assessment, the causes of death for Newtown residents and input solicited from various local entities reinforces the state's findings. School nurses state they have concerns from their experiences, although immeasurable at this time, regarding inactivity, overweight, poor nutrition and tobacco use. The youths at the different youth groups expressed their concerns regarding alcohol use, drinking and driving, as well as other issues. Social services stated there are numerous problems regarding affordable housing and resultant poor living conditions for those with low socioeconomic status.
High risk populations, the potential for intervention and intervention strategies are outlined in the State's assessment for the various behavioral risks and can be modified as necessary and utilized in Newtown depending upon the outcome of further local investigation. The risks summarized and outlined are tobacco, alcohol, physical inactivity, blood pressure, blood cholesterol, and diet and overweight.

d. Chronic Diseases

From *Looking Toward 2000*, the following are highlights of the chronic diseases section for the state of Connecticut and are consistent for Newtown's apparent risk:

- Cardiovascular disease is the leading cause of death in Connecticut, the U.S., and the world, although declines in death rates for some categories continue.

- About 90% of lung cancers may be preventable through abstinence from use of tobacco, but additional efforts are needed in smoking prevention and cessation.

- Lung cancer incidence rates continue to increase among Connecticut women, and are higher for women than men less than 45 years old.

- Breast cancer is the most common cancer diagnosed among Connecticut women, and is the second leading cause of cancer death; some such deaths could be prevented by increasing the proportion of women screened regularly, including uninsured and underinsured women.

- Incidence of invasive cervical cancer among all women declined between 1980 and 1994. Crude incidence rates continue to be higher for black women than white women.

- An estimated 5.1% of Connecticut adults aged 18 and over have been diagnosed with diabetes; the same proportion may be undiagnosed.

- Seventy percent of socioeconomically disadvantaged children aged 6-8 years have untreated dental disease.

It seems apparent from the causes of death for people less than 65 years of age in Newtown that cardiovascular disease and cancer are chronic conditions that cause
premature death. However, causes of death only indicate the final stage; people with risk factors for these diseases need to be identified, educated about the situation and given the tools to help them change their behaviors so they do not have to succumb to the disease.

Newtown’s low poverty level, higher levels of educational attainment, and lower numbers of socioeconomically disadvantaged residents should result in better medical insurance coverage for the residents and better access to health care, which should make Newtown’s risk lower than the State’s.

e. Injuries

Injuries are the leading cause of premature death for males and the second leading cause of death for females, surpassed only by cancers. Unintentional injuries are the third leading cause of death based on age-adjusted mortality rate (24.4 per 100,000 population) and the sixth leading cause of death in Connecticut based on the number of deaths (1,004 deaths) in 1994. Unintentional injuries are the leading cause of death for individuals between the ages of 1-34 years. More children and adolescents die each year from unintentional injuries than from all other childhood diseases combined. Such statistics cannot be ignored and demand action.

Unintentional injuries include residential fires, falls, motor vehicle related injuries, and drowning. Intentional injuries include suicide and suicide attempts, homicide and injury due to assault, domestic violence, deaths and injuries due to firearms.

Table 7 indicates the Police Department's report data, as reported to the Registrar of Vital Statistics and published in the Newtown Annual Reports. These data
are directly copied from the Annual Reports and would require further analysis for comparison purposes. In some instances, i.e. murders and deaths, the categories have changed. However, they can be useful in observing trends.

<table>
<thead>
<tr>
<th>Table 7. Police Data (from Annual Reports)</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>murders/deaths</td>
<td>1</td>
</tr>
<tr>
<td>suicide</td>
<td>1</td>
</tr>
<tr>
<td>attempted suicide</td>
<td>2</td>
</tr>
<tr>
<td>untimely deaths</td>
<td>10</td>
</tr>
<tr>
<td>sudden death/bodies found</td>
<td>0</td>
</tr>
<tr>
<td>rape forcible</td>
<td>1</td>
</tr>
<tr>
<td>attempted suicide</td>
<td>2</td>
</tr>
<tr>
<td>robbery all</td>
<td>39</td>
</tr>
<tr>
<td>assault</td>
<td>2</td>
</tr>
<tr>
<td>risk of injury</td>
<td>29</td>
</tr>
<tr>
<td>threatening</td>
<td>2</td>
</tr>
<tr>
<td>reckless endangerment</td>
<td>54</td>
</tr>
<tr>
<td>domestic dispute</td>
<td>28</td>
</tr>
<tr>
<td>disorderly conduct</td>
<td>57</td>
</tr>
<tr>
<td>harassment</td>
<td>21</td>
</tr>
<tr>
<td>weapons violations</td>
<td>6</td>
</tr>
<tr>
<td>sex offenses except rape</td>
<td>9</td>
</tr>
<tr>
<td>possession of narcotics</td>
<td>18</td>
</tr>
<tr>
<td>possession of marijuana</td>
<td>1</td>
</tr>
<tr>
<td>possession of heroin</td>
<td>27</td>
</tr>
<tr>
<td>family dispute court order</td>
<td>54</td>
</tr>
<tr>
<td>DWI offenses</td>
<td>9</td>
</tr>
<tr>
<td>violation restraining order</td>
<td>2</td>
</tr>
<tr>
<td>motor vehicle accident fatal</td>
<td>2</td>
</tr>
<tr>
<td>motor vehicle accident injuries</td>
<td>117</td>
</tr>
</tbody>
</table>

d.c. – did not count (possible change in classification)

f. Infectious Diseases

1. Introduction. A discussion of the following communicable diseases are included as they may play a significant role in community public health.
2. Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). There had been a steady climb in HIV and AIDS cases since the beginning of the epidemic of AIDS; however, Connecticut crude AIDS incidence rate, pediatric cases and HIV seroprevalence among childbearing women has decreased in recent years. Cases of AIDS in Newtown total 30, with one case reported in 2000. Although the number of cases of AIDS is not high, the impact AIDS poses to an individual and the community is high and warrants education regarding its risks and mode of transmission. Since HIV is not reportable, and since treatments have improved that reduce the progression to AIDS, evidence is not available to understand if HIV infection is increasing or decreasing.

3. Sexually Transmitted Diseases (STD). Primary & Secondary Syphilis is a disease often unnoticed and misdiagnosed, and left untreated can cause debilitating nervous system disorders and death in both infected adults and newborns. Gonorrhea is a disease that is a major cause of pelvic inflammatory disease (PID) and infertility in women, and untreated infections can predispose to HIV transmission. Chlamydia also causes PID and infertility in women, and untreated infection can predispose to HIV infection. Table 8 depicts reported STD in Newtown for 1998 through 2001.

Table 8 - Cases of Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td>9</td>
<td>3</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>11</td>
<td>5</td>
<td>7</td>
<td>11</td>
</tr>
</tbody>
</table>

Source: Newtown Health District files, Reportable Diseases
4. **Measles.** Measles is a vaccine-preventable disease that is caused by a highly infectious virus. Complications include pneumonia, encephalitis and death. There were no reported cases of Measles in the Health District files in the past 5 years.

5. **Tuberculosis (TB).** TB has been decreasing recently in the state of Connecticut after increases in the 1990’s. High risk groups in Connecticut include racial/ethnic minorities, especially those of Asian and African origin, residents of urban areas, the homeless, and persons born outside the U.S. and its territories. There are also occupational exposures for health care workers, shelter workers, and police/corrections personnel. TB cases have been detected at three different industries in Newtown in the past two years. The cases were not Newtown residents and were persons born outside of the U.S. Co-workers of the cases were tested and potential positives were referred to follow-up care.

6. **Childhood Immunizations.** Immunizations are required for school entry. The annual reports from the school nurses indicate high vaccination coverage rates, with greater than 96% of kindergarten students vaccinated.

7. **Lyme Disease.** This disease has concerned the Newtown community and has resulted in the formation of a Lyme Disease Task Force. The Newtown Health District collects ticks brought in by residents, which are sent to the CT Agricultural Experiment Station for testing for the presence of the spirochetes that cause Lyme Disease. The rate of ticks testing positive is approximately 23%.

Reported cases to the Director of Health, per Health District files

- 311 cases in 2000
- 242 cases in 2001 (to date)
Cases of erlichiosis (another tick-borne disease) have not been reported to the Health Director, however, at least one community member who regularly submits ticks for testing has informed the Health District staff that he had been very ill and diagnosed with and treated for erlichiosis.

The large land area in Newtown and the large percentage of the population that is believed to participate in outdoor activity, creates great opportunity for tick-to-people contact and tick-borne disease. The large numbers of Lyme Disease indicate that there is also the likelihood for other tick-borne diseases, and requires more education for residents to learn about preventive measures.

8. Varicella (Chicken pox and Shingles). Chicken pox is viewed as a benign childhood disease that does not require vaccination, however, in Connecticut an average of 156 residents were hospitalized with chicken pox and 569 with shingles annually for the years 1991 to 1995. Varicella vaccine was licensed in 1995. In Newtown, varicella is reported to the Newtown Health District by the school nurses, and sometimes by the student's parents.

9. Pneumococcal and Influenza Immunizations. Yearly clinics are held to vaccinate the elderly and any other Newtown resident who wants a vaccine. The Newtown Health District and the Newtown VNA hold clinics for free vaccinations, both pneumococcal and influenza. Other clinics are held by various organizations and offer the flu vaccine at reduced cost.
10. **Foodborne Diseases.** Table 9 indicates the Health District file data for reported cases of *Escherichia coli* 1057:H7, *Listeriosis*, *Campylobacteriosis*, and Salmonellosis.

**Table 9 – Cases of Foodborne Illness.**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salmonellosis</td>
<td>0</td>
<td>9</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Listeriosis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><em>Escherichia coli</em></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>1</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1</td>
<td>15</td>
<td>8</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Newtown Health District files, Reportable Diseases

There have been no foodborne outbreaks in the Newtown community. The Health District office will occasionally receive complaints regarding food service establishments and food retail stores and those complaints are followed-up on promptly with inspections and interviews. The Health District has three staff members that are certified food inspectors and perform inspections regularly.

**g. Environmental and Occupational Health**

1. **Introduction.** Environmental and Occupational Health relates health with environmental risks (air pollution, hazardous wastes, contaminated drinking water) and disease; surveillance for birth defects; and job related deaths, injuries and disease.

2. **Air Pollution.** In 1996, all eight counties in Connecticut were out of attainment for at least one of the six 'criteria' air pollutants regulated by the U.S.E.P.A. The contaminant of most concern in Connecticut is ozone. All counties in Connecticut did not meet the ozone standard. Other contaminants such a particulate matter and
carbon monoxide were problems in more limited areas of the state. Ozone non-attainment is a particular concern for pediatric asthma, adult asthma, and chronic obstructive pulmonary disease.

3. **Hazardous Waste Sites.** Proximity to hazardous waste is associated with a small to moderate increased risk of some specific cancers, and increases in birth defects, neurotoxic disorders, leukemia, respiratory and sensory irritation, and dermatitis. There are no hazardous waste sites, as listed on the national Hazardous Waste Priority List, in Newtown.

4. **Drinking Water.** There has been zero incidence of waterborne disease reported in Connecticut in the 1990's. Connecticut's water quality for drinking water is maintained through regulations and coordinated planning activities. Community water supplies in Newtown meet the Connecticut and federal standards. Drinking water supplied by individual wells is monitored by the Newtown Health District. For a new water supply well to be constructed, its proposed location must be approved by the Health District. Upon completion of the construction of the well, a construction completion report is submitted by the well driller to the District office for review for compliance to Connecticut Public Health Code standards. A water quality test must also be conducted and the results must be submitted to the District office for review for compliance with the Connecticut Public Health Code. When property ownership is transferred, a water quality test must be submitted to the Health District office within 6 months of the sale of the property.
Through the requirements listed above or through independent testing by the District or by individuals, the quality of drinking water for individual wells can be understood, and in the cases where there are violations of the Public Health Code, assistance and directives can be offered or made.

5. **Lead Levels in Children.** Childhood lead poisoning is one of the most common and preventable pediatric public health problems in Connecticut. Since 1996, there have been two children in Newtown that have had confirmed elevated blood lead levels over 20; both children resided in the same dwelling. A lead investigation and a lead abatement project were pursued and successfully completed.

Screening and confirmatory blood lead level reports are submitted to the Health District office, and any child with blood lead levels over 10 micrograms per deciliter are followed up with telephone conversation and correspondence with Health District staff. Most screenings that are followed up with a confirmatory, venous blood sample have had a blood lead level less than 10. Information regarding possible exposures and proper nutrition are forwarded to the parents.

6. **Birth Defects Prevention Surveillance.** Currently there is no surveillance system for birth defects, and it is not known if this is an emerging issue for Newtown.

7. **Occupational Deaths, Injuries and Diseases.** The top four occupational disease categories reported by physicians in Connecticut are musculoskeletal disorders (MSD), poisonings, skin diseases and disorders, and respiratory diseases and disorders. In assessing surveillance and intervention activities, the CT Department of Public Health concludes that although occupational diseases are preventable, Connecticut workers
continue to be exposed to key hazardous substances. Barriers and disincentives to appropriate reporting of occupational diseases and injuries by employers and physicians lead to under-recognition and underestimation of the magnitude and distribution of workplace-related diseases and injuries.\textsuperscript{12} Utilizing occupational disease and injury data for education and intervention is critically important to the prevention of these conditions. The coordinated interagency approach has yielded significant improvements for workers and employers over the past decade, but much work needs to be done in order to insure a healthful workforce for all.\textsuperscript{13}

Data reported by Workers Compensation in Connecticut for 1999 are shown in Table 10 and include occupational illness cases for Newtown by place of residence and place of illness.

Table 10. Occupational illness cases: Newtown by residence & place of illness, 1999\textsuperscript{14}

<table>
<thead>
<tr>
<th></th>
<th>Newtown – residence</th>
<th>Newtown – place of illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSD</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Lung</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Skin</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Infectious Lyme d./ tick</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Infectious bite</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Infectious Blood</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10</td>
<td>12</td>
</tr>
</tbody>
</table>


Due to the potential under-reporting and inconsistency of reporting occupational illnesses, this will have to be looked into in greater detail. This data indicates a larger
number of cases of MSD's for people working in Newtown versus those people who live in Newtown and work elsewhere. There are several large companies in Newtown who employ numerous workers, and this issue should be looked into further for the health of Newtown's workforce. Newtown has a relatively high percentage (24%) of workers employed in manufacturing, which has the highest rate of MSD of any industry group.

h. Newtown's Public Health Infrastructure.

Local health departments are the providers of population-based essential public health services at the local level. At the local level, there are numerous components to the public health infrastructure. The following are those entities that serve Newtown's community needs; their evaluation and inclusion in a collaborative community health needs assessment is essential.

1. The Health District. The Health District is governed by a Board of Health which consists of three appointed members; one member is appointed by the Board of Selectmen, another member is appointed by the Legislative Council, and the third is appointed by the Borough of Newtown. The board meets a minimum of quarterly, and oftentimes 6 to 8 times per year to effect the policy of the District. The District staff, which staffs the District office on a daily basis, consists of a Director of Health, a Director of Environmental Health, a Senior Sanitarian, an Assistant Sanitarian and a Secretary. There is also a Medical Advisor and the Visiting Nurses Association, who work with the Health District to facilitate necessary medical decisions and nursing services.
The Health District, through its normal operation, has not identified specific community public health needs. It does receive inquiries from the public for contacting appropriate agencies for assistance. It has also been an important goal of the Health District to perform a comprehensive health needs assessment to better understand the community’s health needs, to then develop a plan and ultimately focus its resources on the needs of the community. This effort will be initiated by the Health District in the coming year 2002.

2. Newtown Social Services. The Social Services Department provides a wide range of services to Newtown residents. The Department serves as an intake site for various assistance programs. In addition to entitlement programs, the office provides information, referrals, and case management to residents. Social Services reports that a great deal of time is spent working with people facing physical and mental health problems, substance abuse, financial concerns, housing issues and family crises including violence, abuse and neglect.

The Department also acts as a clearinghouse to assist residents who wish to donate services and goods for residents in need. The Director has expressed that Newtown has an incredibly helpful and generous population and that whenever there is a need in the community there is always a supply of volunteers who are available to help. There are also numerous volunteer groups and civic groups that actively work with Newtown Social Services, such as the Senior Center, the Commission on Aging, WIN (Women in Newtown), Junior Women's Club, the Newcomers Club, and the Knights of
Social Services staff have indicated that one pressing issue for Newtown is the lack of affordable housing, and that housing was often inadequate (poor conditions and poor landlord accountability). It was also expressed by the Director that although it appears that Newtown is a moderately affluent community, there are still many families and community members that are on the lower end of the income range and as such have limited access to basic services and health care.

3. Newtown Senior Center. The Senior Center is run under the auspices of the Newtown Commission on Aging, whose mission is to study the conditions and needs of the elderly residents of Newtown. The Senior Center is staffed by the Director and two Senior Center Aides. The Senior Center is the focal point for distribution of elder services in the community. Its purpose is to facilitate self-help and mutual support relationships as seniors share ideas and coping mechanisms. A significant portion of Newtown's elderly population is represented and accessible through the Senior Center and the Commission on Aging and are significant participants in a community health needs assessment.

4. Visiting Nurses Association (VNA). Newtown's VNA plays a lead role in the annual Newtown Health and Safety Fair, which is held every September at the Newtown Middle School and is regularly attended by approximately 1,000 visitors. The VNA also has a scholarship program in which on an annual basis, it offers scholarships to worthy Newtown residents pursuing a degree in nursing. The VNA has initiated a Home
Helpers program which helps to provide Home Health Aides and Homemakers to local residents in need of these services. They work to make these services available to everyone in need regardless of ability to pay. The VNA continues to provide home nursing care services, well child clinics, eye screening, flu shot clinics, and blood pressure clinics. The VNA representing Newtown's public nursing, and is a vital part of Newtown's public health infrastructure. The Newtown VNA has not at this time identified additional specific community public health needs; however, they are an important participant in a needs assessment.

5. **Hospitals.** Danbury Hospital is Newtown's sponsor hospital where the emergency/ambulance system transports people for medical care. There are other hospitals in the region: Waterbury Hospital, St. Mary's Hospital in Waterbury, New Milford Hospital, St. Vincent's Hospital in Bridgeport.

6. **Home Health Care Services.** Home health care services are provided by the Visiting Nurses Association and private for-profit agencies.

7. **Emergency Medical Services.** The EMS system in Newtown is a volunteer based system.

8. **School Based Health Centers.** Newtown does not have school based health centers. The schools' nurses do provide considerable care and screenings to the students as well as staff, and details of this are included in this section under School Nurses.

9. **Community Health Centers.** Community health centers are public or private non-profit medical care facilities that offer comprehensive, community-based, primary health care services to low-income and are primarily located in medically
underserved areas. Newtown has not been federally designated as having medically underserved areas or medically underserved populations and it does not have its own community health center. The closest one is in Danbury, which has its own center.

10. **The Health Workforce for the Newtown area.** Newtown's health care providers are available at the Health District office. This listing effort will be augmented and updated on a regular basis. It appears that medical services are available in Newtown as well as the greater Danbury area, which includes Danbury, Bethel, and Brookfield, and that Newtown residents have a great deal of services available to them.

11. **Emergency Preparedness.** Newtown has a local emergency planning committee, which has met at least annually for the past five years. It has a detailed Emergency Management Manual that is updated regularly. The town's Fire Marshal is the Emergency Management Director, and he holds the annual planning meetings and exercises in conjunction with the Connecticut Office of Emergency Management (CT OEM). These meetings are attended by the many entities that would be involved in a major incident; the First Selectman, the local police, fire departments, ambulance corps, dispatchers, public works, Health Director, Board of Education, the American Red Cross, and personnel from CT OEM. In addition to updating information and conducting practice exercises and drills, the meetings are also conducted to identify areas that need more research and resources that need to be developed and/or acquired.

12. **Newtown's School Nurses.** Newtown's school nurses provide a vast amount of medical health services and programs to the students and staff in the Newtown school system. The annual reports show increasing numbers of students,
staff, utilizing the health services. There are approximately 4,700 students in the school system and approximately 450 teachers and staff. The school nurses provide their health care and the mandated screenings, while promoting health and wellness to all. Physical exams are reported to the school nurses and competitive sports exams are conducted. Dental and health assessment referrals are made. With regard to eye testing, the kindergarten children are screened and Snellen Eye Tests are completed. Some students are referred to the nurse by parents and/or teachers (76 last year), and eye referrals are made by the nurses. With regard to hearing tests, First Sweep Tests and Second Sweep tests are conducted. Some students are referred to the nurse by parents and/or teachers (36 last year), and hearing referrals are made by the nurses.

In the past three years, there have been, respectively, one, two and one positive reactions reported of tuberculin skin tests and all four had follow-ups by the TB clinic. In the past year, the number of children in non-compliance with State regulations for all immunizations with medical exemption and with religious exemption was 19.

The Infirmary Services section of the annual report speaks to the high activity level for the nurses. The number of recorded health office visits was 59,793 for the past year. Recorded Tylenol health office visits numbered 6,267. Recorded Medication health office visits numbered 23,588. More than 3,300 students were sent home. The number of accidents recorded was 207. There were 17 ambulance calls. There are 389 students with asthma and recorded number of students with asthma related office visits was 1,810. Special procedures included more than 2,000 blood glucose tests, 42
nebulizer treatments, 7 insulin pumps, 483 tube feedings and 200 urinary
catheterizations.

With regard to scoliosis screenings, 1,432 students were screened, there were 43
second screenings, 11 referrals, 18 positive diagnosis and 216 students refusing
examinations. Additional health services provided include PPT meetings (special
services), child study team meetings, instruction of health classes, parent conferences,
student health histories, social worker/psychological referrals, and Epi pen training. Pre-
kindergarten screening is done for eye testing, eye referrals, immunizations and physical
exams reporting.

In the schools, communicable diseases are tracked and followed up; these include
Chickenpox, Conjunctivitis, Fifth Disease, Flu, Hepatitis, Herpes, Impetigo, Lyme
Disease, Measles, Meningitis, Mononucleosis, Mumps, Pin Worms, Pneumonia,
Rotavirus, Rubella, Scabies, Scarlet Fever, Shingles, Strep Throat, and others.
Entomology includes removal of ticks, insect stings, allergic reactions requiring
Adrenalin, head lice screenings/confirmations/rechecking.

Employee health services are also offered at the schools: blood pressure
screening, Flu shots, health assessment, Hepatitis B vaccine and weight evaluation.

My meetings with the school nurses resulted in an expression of their concerns
regarding health issues for the students and their ability to meet the needs. They
indicated there was an apparent increase in the occurrence of asthma and pneumonia.
They think it is important to teach more preventive care to the student - how to take care
of themselves and how their bodies work.
Nurses also believe that there needs to be more emphasis at the students' homes regarding the importance of rest and nutrition. They often observe students coming to school having not eaten. The nurses expressed concerns regarding physical fitness and obesity. In addition, there appears to be a great deal of tardiness on behalf of the students, and may be a result of sleep deprivation, a common health problem for adolescents.

Sexual behavior, as indicated to the nurses through conversation with the students, is a concern. Many students believe sexual activity that does not include intercourse is safe; and there appears to be a need for more opportunity for education on condom use, pregnancy and birth control. Sex education is often a controversial issue in school systems.

The nurses indicated that to meet the ever-increasing needs of the students and the staff, they need more nurse time. There are many special needs due to mainstreaming of disabled students: severe unstable seizure, tube feeding, catheter, blind students, deaf students, muscular dystrophy, heart transplant, serious allergies. To adequately serve their population, they need more nurses. There is currently one full time nurse in each school with some part-time helpers and very limited substitution ability.

13. Youth Services. NYS is a non-profit agency founded in 1979 to improve the quality of life in the community in many ways - not just with programs for young people and parents, but with a philosophy reflecting enthusiasm, hope and creativity that are the promise of children. Through a wide variety of programs and services, NYS
creates a positive environment that offers opportunities for young people to discover, appreciate and use their unique and personal gifts.

Youth Services has numerous support groups and working sessions for a variety of people: Dads, Divorced Parents, Children of Divorced Parents, Parents and Siblings of substances abusers. NYCAAP has received state recognition for their work.

Youth Services has a wide variety of programs and services as well as support groups and working sessions for a variety of people. Discussions with staff and students who attend Youth Services meetings indicated that there is a concern about the amount of "free" or unaccounted for time of the children of working parents. Students are often unsupervised after school and in the evenings.

Newtown Youth Creating Aids Awareness for Peers (NYCAAP) members indicated that the misinformation that accompanies youths' sexual behavior is a problem; youths think that oral sex is safe from disease transmission and it is believed that such an activity is overly prevalent. Youths also voiced concerns about what they perceive as the high prevalence of teen drinking and driving. They also expressed concerns that there are not enough activities for youths; "too much time and not enough to do". NYCAAP also plans to work with parents in discussions regarding education and keeping young people safe from risks that did not exist in parents' high school years.

B. LOOKING AT EMERGING ISSUES

The State of Connecticut's most current health needs assessment, *Looking Toward 2000*, defines emerging public health issues as those issues that either pose a
threat or reduce a threat to the health of the population. In *Looking Toward 2000*, for the State of Connecticut, the identified emerging issues were as follows:

1. **Infectious Diseases.** Three dynamic areas concerning infectious diseases need to be anticipated in planning for disease control and prevention. They are (1) the use of new tools, like antiviral agents and vaccines for preventing infectious diseases; (2) the changing epidemiology of diseases currently under surveillance, like tuberculosis and STD’s; and (3) antibiotic resistance in bacterial pathogens.

2. **Chronic Conditions and Risk Reduction.** Numerous areas are included in Chronic Conditions and Risk Reduction:
   - violent crimes committed by teenagers and young adults;
   - the worsening of obesity among children, adolescents and adults, and its associated risk for heart disease, stroke, cancer and diabetes.
   - Iron overload disease (hemochromatosis),
   - Asthma is the most common chronic disease of childhood.
   - Cardiovascular disease has become a serious problem for women.

3. **Environmental Conditions.** Environmental Tobacco smoke contributes to deaths and to the development of acute and chronic illnesses. In the area of food protection, identifying safe and effective methods of ensuring that the food supply is free of pathogenic organisms is critical. There are health hazards that come from housing materials, including lead, asbestos, and formaldehyde, and radon emissions from soils.

4. **Occupational Conditions.** Latex allergy exists in workers with chronic latex exposure. Endocrine disrupters are environmental chemicals that exert toxic effects by mimicking hormones or by changing the way hormones normally function.
2. **Emerging Issues as They Pertain to Newtown.**

It is difficult to quantify emerging issues in Newtown when, because the town has just started to embark on a community health needs assessment, there are no previous baseline data to use as a reference point. The following are issues that have recently come to the forefront of local consideration.

**Infectious Disease.** Tuberculosis has become a local issue, appearing in large Newtown industrial settings with workers from foreign countries at higher TB risk, and are identified through the local health system. In the past two years, three different local industries had TB cases; for those work places, the populations were tested for exposure and latent infection and follow-up was provided. There had been no data showing that this was an issue encountered in the past.

**Behavioral Issues.** Meetings with youths from Newtown Youth Services and the NYCAAP kids have resulted in their expression of concerns regarding risky sexual behaviors and drinking and driving.

**Socioeconomic considerations.** Meetings as well as on-going work with Social Services reveals two emerging issues: a "mixed" community with regard to socioeconomics and issues with a lack of affordable housing and housing environment issues.

These are likely not the only issues that pertain to Newtown. A comprehensive community health needs assessment will identify more. These issues were selected because generalized data about Newtown could make it easy to overlook or miss these issues. TB appears to be a disease among foreign-born residents, of which there are not
many in Newtown. Sexual behavior among youths is a sensitive subject and is not easily investigated and researched. Economic information about Newtown would lead the reader to believe that 'socioeconomic disadvantage' does not have much effect in Newtown. These issues are brought to the forefront of consideration because of their occurrence, in the case of TB cases, or because of the verbal expression made by those entities that encounter them. A needs assessment will allow for more detailed research and a better understanding.
IV. CONCLUSIONS/RECOMMENDATIONS

At the local level in Newtown, the assessment process has just begun; however, important lessons from the larger assessments can also help sharpen the local focus of the effort.

A. FEDERAL PERSPECTIVE

*Healthy People,* in 1979, concluded that the health of Americans had never been better. Much had been accomplished with regard to prevention; specifically regarding cigarette smoking, alcohol & drug use occupational risks, and injuries. There had been a reordering of priorities around prevention. Prevention saves lives, improves the quality of life, and can save money in long run. The 1979 report set 15 priority activities grouped into three categories: (1) key preventive services, (2) measures to be used by government and agencies to protect people from harm, and (3) activities which individuals and communities can use to promote healthier lifestyles.

*Healthy People 2000* discussed the changing profile of the American people: the population was getting older, the composition of the population was changing with regard to race and ethnicity, and there were changes in the workforce and increased immigration. It, too, discussed the progress in promoting health and preventing disease. There had been major declines in death rates for three leading causes of death: heart disease, stroke and unintentional injuries. The declines could well be attributed to the reduction of risks. *Healthy People 2000* had three broad goals: (1) increase the span of healthy life for Americans, (2) decrease health disparities among Americans, and (3) achieve access to preventive services for all Americans. These broad goals were
organized into 22 priority areas, which fell into three major categories and one special category: Health Promotion, Health Protection, Preventive Services and Surveillance and Data Systems. It also addressed these areas with regard to the different affected age groups.

B. THE STATE OF CONNECTICUT’S PERSPECTIVE

In Looking Toward 2000, the CT Department of Public Health (CT DPH) determined the most significant problems affecting the public’s health in Connecticut and then set specific priorities for policy and program development for the future. The priorities are divided into three groups: (1) Health Status (2) Health Services and (3) Essential Public Health Programs. The following is Connecticut’s Ranked Priorities:

HEALTH STATUS PRIORITIES

1. Prevention and cessation of tobacco use.
2. Reduction of the factors associated with intentional, unintentional, and occupational injury.
3. Improvement in rates of breast, cervical, and colorectal cancer screening and follow-up.
4. Improvement in rates of hypertension detection and control.
5. Improvement in rates of diabetes monitoring and control.
6. Improvement in diet and rates of blood cholesterol monitoring and control.
7. Further determination and reduction in the factors associated with adverse pregnancy outcomes.
8. Reduction of risky sexual behavior that lead to acquisition of HIV/AIDS, STDs and unwanted pregnancy.
9. Reduction of physical inactivity
10. Reduction of alcohol abuse
11. Reduction of illicit substance use and practices associated with transmission of infectious diseases.

HEALTH SERVICES PRIORITIES

1. Reinforce and strengthen the public health infrastructure.
2. Focus resources on the collection, analysis, interpretation, and dissemination of health data and information for better monitoring of the health care delivery system.
3. Promote the development of adequate programs and services for persons 65 years of age or older.
4. Monitor the growth and development of managed care and its impact on the delivery and utilization of personal health care services.
5. Expand access to affordable health insurance and primary and preventive health care services to the uninsured and underinsured.

ESSENTIAL PUBLIC HEALTH PROGRAMS

1. **Infectious Disease Control**
   1.1 Monitoring and control of all infectious diseases
   1.2 Investigation of outbreaks of infectious diseases and food poisoning
   1.3 Immunization programs

2. **Health Provider quality assurance**
   2.1 Setting and enforcing standards for professional provider qualifications and provider and facility quality assurance

3. **Environmental Assurance**
   3.1 Protection of food and water through the setting and enforcing of quality standards
   3.2 Lead abatement in housing and testing of children for blood lead levels

4. **Health Services Assurance**
   3.3 Setting and enforcing standards for preventive health care.
   3.4 Assuring the provision of health care services to underserved populations
   3.5 Family nutrition programs

In *Looking Toward 2000*, CT DPH states the need to focus Connecticut’s resources on those areas of activity that will have the most significant impact on the health of the state. Policy and program development should emphasize those health conditions that are most pervasive: cardiovascular and cerebrovascular disease, cancer, unintentional injuries, and the modifiable risk factors that are associated with them: tobacco use, diet and cholesterol, physical inactivity, and hypertension. The priorities were put into four main areas for public health action: (1) cardiovascular disease, (2) cancer, (3) injuries, and (4) surveillance and monitoring.
C. NEWTOWN’S PERSPECTIVE

Newtown’s needs will be similar to Connecticut’s in many areas. However, of particular importance is understanding Newtown’s specific characteristics.

1. Newtown’s community – what do we know? Newtown’s sociodemographic composition is similar to Connecticut with some minor differences.

   a. Population. Newtown’s has moderately more people in the age range of 25 to 64 years of age, and a lower percentage of people over the age of 65 in comparison to the state of Connecticut. The percentage of women in Newtown’s population is decreasing over time, and the median age of the population has been increasing.

      These differences do not appear to indicate an increased risk for health issues, illness or disease; however, they can be useful when determining the target and direction of efforts for health education and promotion.

   b. Economic and social indicators. These indicators are also similar to the state, although more favorable for Newtown with regard to apparent risk. Newtown has a greater average per capita income, greater educational attainment, lower unemployment rate, lower population density, and lower minority status than the state. These factors would indicate a lower risk to poorer health than the average Connecticut resident.

      Although data has not been generated for this assessment regarding the range of income, it is reported by Newtown Social Services that there is a fairly wide range in income levels for some portion of the population. In general, the rate of poverty in Newtown is less than in the state; however, it will be important to quantify and, if
applicable, characterize those at the lower end of the range. Although it may be a small percentage, this will have an effect regarding access to health services.

**c. Consensus health indicators.** Births to teenage mothers, infant mortality and inadequate prenatal care are very low in Newtown; this indicates a good health status. It is important to assist in keeping these factors low; however, efforts to do this will not need to take priority over other more pressing health issues.

Premature deaths (before the age of 65) were primarily due to cancer, complications from diabetes, and cardiovascular disease, with some prevalence of "other" causes such as traumatic injury and suicide. With regard to cancer, diabetes, and CVD, although associated with mortality, their prevalence suggests more work needs to be done in the area of prevention of chronic diseases – the actual causes of these early deaths. The classification of “Other” causes of death also needs more research of historical records to see what can be done to better understand and ultimately reduce these occurrences.

Newtown’s behavioral risks were not quantified as part of this assessment. They were qualitatively identified through interviews as perceived risks at this time. Issues highlighted included student health issues – inactivity and overweight, poor nutrition, tobacco use, alcohol use, drinking and driving and risky sexual behavior. More research is necessary to determine Newtown’s risks, particularly where they may differ from the state’s.

Based on the qualitative assessment, more intervention is needed regarding these risks. The Health District will work with the students through the school system and
NYS with more education efforts and programs. A Student Health Fair is one particular approach the students suggested and the Health District would support and participate in. Newtown’s annual health and safety fair is well attended, although the majority of attendees appear to be families and senior citizens. The students’ health fair would focus on youth issues and would be organized, advertised and designed by the students to appeal to the younger audience.

Chronic diseases were not quantified as part of this assessment, except in relation to causes of death before age 65. The premature death analysis indicated that cancer, cardiovascular disease and diabetes were chronic diseases of concern. This data implies that more health promotion work needs to be done regarding the importance of routine health screenings and in promoting healthy lifestyle choices. The Health District will work to develop educational programs, determine accessibility to health screenings, and also investigate support systems for people participating in intervention programs. The community needs to understand the importance of health screening and the early detection of symptoms or disease to enable them to faithfully pursue preventive action. People with diabetes need to be identified and be provided with the knowledge and tools to manage their disease. The health complications of diabetes can be devastating, but they can also be managed and minimized and, with diligent healthy behavior, they can be all but eliminated.

It will be important to perform more investigation in the area of chronic diseases because many are not causes of death, such as asthma and hypertension. Identifying the
prevalence of these diseases and their associated risk factors will help formulate and guide necessary educational and support efforts.

Injuries are a serious concern to all communities because they are so common, they cause so much loss and they can be prevented. The police data obtained for this assessment is useful for determining trends; however this data is limited. Descriptions of the causes, the risks and the outcomes of injuries should be more detailed than the nature of the police report data. This data would need more evaluation and additional data collection is necessary.

Infectious diseases. The numbers for HIV/AIDS are low but education will be important. NYCAAP has been recognized for effective work in this area. They should have continued and expanded support from the town and specifically from the Health District. STD’S in Newtown should be further evaluated to understand the population affected and focus educational efforts. Lyme disease is a large problem for the town and will require more education on prevention. There are also environmental precautions that can be taken at schools, parks, and daycare centers, such as landscaping and wood chip barriers. Chemical application for eliminating ticks is a controversial issue, which has already received some attention, and continued research is warranted.

Occurrence of foodborne illnesses is relatively low and outbreaks have been non-existent to date. The Health District needs to maintain its food protection program and education/training requirements for the local food service industry. In 2001, the CT Department of Public Health revised the regulations governing food protection and the sanitation of the food service industry. The Health District will be developing
educational and training documents for the food service establishments in Newtown for the employees to use and will be conducting training to implement the changes and the guidance documents. The Health District should also pursue teaching the public safer food handling and protection at home.

**d. Environmental and occupational health.** There have been some historical problems with groundwater contamination, which then contaminated individual water supply wells. This contamination was addressed with the installation of individual filters on wells and the extension of the public water supply when it was available. It is necessary to continue to educate the public about potential sources of pollution and the need to protect ground water, which is ultimately drinking water.

Lead poisoning and elevated blood lead levels in children have been minimal occurrences in Newtown compared to other towns based on available information. However, lead exposure is an important prevention topic because the surveillance system is the only way to learn of elevated blood lead levels, and then it is often too late for the child. The Newtown Health District works in partnership with the CT DPH on its Keep It Clean program. Efforts are made to publicize the issue, and to work with the local paint stores to educate the consumers and the contractors about potential risks.

Occupational health risks should be looked into further, to better understand the reported numbers of occupational illness in Newtown’s residents and workforce, and also to understand the potential impact of 24% of Newtown’s work force being in the manufacturing field.
e. Public health infrastructure. There is an extensive public health infrastructure working for the town; the various entities often independent of each other. There are many resources and support for these entities. The inventory of the local health workforce is contained in the Appendix; this needs to be developed and revised regularly. The emergency preparedness component of infrastructure has been in place, with regular training and exercise. The town is well prepared in the event of a physical or natural disaster. However, since September 11th, there has been a greater need to consider and plan for responding to bioterrorism. Part of the needs assessment process includes determining the capacity of Newtown's public health nursing.

The student population is a significant population in Newtown, both in its size and in its needs. The school nurses run a comprehensive program for all the students and the staff. The nurses have stated that they need at least one more nurse. As the Health District looks at what the community's public health nursing needs are, the schools' needs will be incorporated into the evaluation.

2. Newtown's community – additional information needs.

a. Public health nursing services. The need for public health nursing services needs to be better understood and quantified. Currently, the VNA provides services, however, there has been no evaluation to see if there are needs that are going unanswered. The school needs should be included in this evaluation.

b. Income data. More detailed data for low-income residents in town needs to be generated, since they are more likely to be uninsured or underinsured.
c. **Business and industry.** Manufacturing makes up 24% of the work force. There is a need to more thoroughly evaluate the workforce, and have a better understanding of the work and the work environment.

d. **“Other” causes of death.** It is necessary to determine if there are recurring themes, i.e. suicide, blunt force trauma, and if so, methods to address them. Historical records for these types of deaths will be investigated.

e. **Behavioral survey.** Behavioral risks in Newtown need to be better quantified and understood to enable the development of interventions and programs. A behavioral risk survey should be conducted. Current input indicates apparent risks are physical inactivity, poor nutrition, tobacco use, drinking and driving, and risky sexual behavior.

f. **Chronic diseases.** Information about chronic disease in Newtown residents will also need to be collected from health care providers and possibly from the residents themselves. Cause of death information indicates that cancer, CVD and complications from diabetes are causes of early death in Newtown. A better understanding of non-fatal chronic diseases in Newtown will also help direct promotion efforts.

g. **Injuries and accidents.** Although specific data for injuries in Newtown are not known, such data should be collected from local emergency rooms, the local emergency services, the local physicians and the school nurses.

3. **Action Items.**

   During this assessment effort, items were identified as requiring immediate action:
a. Improve Health District surveillance. Currently, reportable disease information is submitted to the Director of Health. This information is kept in files, and depending upon the disease reported, is followed up with appropriate interviews by staff and/or the Medical Advisor. This data needs to be put into a database where it is more readily accessible for review and analysis of trends.

b. Increase Health District training. Additional training should be provided to the Health District staff, and then to the local food service industry. In response to the changing food protection regulations, it is important to work with the food service industry, to educate them on the changes in the regulations, to provide more safe food handling classes and help them develop their own education and training programs and documentation.

c. Improve Health District partnerships. The Health District needs to establish, and in some cases re-establish, partnerships with the many members of the town’s infrastructure that are working independently. Establishing networks and supportive relationships with the health care workforce, the education system and the various groups that represent different age groups in the Newtown will create greater results than continuing individual efforts.

One example is the Newtown education system, grades 6 through 12, will be conducting a drug and alcohol use survey this spring 2002; the Health District will be offering support and participation in this survey.

d. Evaluate Public Health Nursing Services. It is necessary to determine nursing service ability, capacity, and emergency capacity. Although this is part of the
more detailed assessment effort, this is identified as an immediate action step, and a step that will help kick off the assessment effort. It is necessary to determine what our nursing services capacity is, and also what our public health nursing services need would be in the event of an outbreak, or a bioterrorist event that included a communicable disease.

**e. Develop prevention programs** for the issues identified as requiring interventions: Cancer, student high risk behaviors, and diabetes.

All of the issues require an educational component. People need to understand how they are at risk and what they can do to minimize the risk. With that understanding, they can then place a value on the screenings and the required changes in lifestyle or behavior. The location and delivery of the educational message will need to be tailored for the audience. The local newspaper has great circulation and can help introduce ideas. Different organizations in the community can participate in getting information to people, i.e. schools, churches, civic groups, the library, gathering places, grocery and convenience stores. Informational sessions can then be held in different venues to accommodate the different subgroups of the population.

Once people understand the importance of obtaining a screening, or treatment if the condition is known, then it is a matter of getting people to the service. Services provided to a group of people can possibly be obtained at a reduced rate, or if quantifiable, the Health District may be able to obtain the services and provide them at a reduced cost or free. The important point is to connect the people to the necessary service.
Of equal importance is, once getting someone into treatment, providing the person with the tools and support to continue. The plan is only as good as the maintenance of the improved behavior/lifestyle. Behavior and lifestyle changes often require continuing support.

f. **Develop plan / scope of work** for the various steps in the community health needs assessment. Such steps will include performing additional data collection, a behavioral study and evaluations identified above. The effort will include creating collaborative groups with many different local entities. For example, for determining public health nursing needs and health issues, a collaborative group would consist of the Health District, the VNA, Social Services, and School Nurses. Chronic illness and emerging issues could be addressed with the local health care community and representatives from Danbury Hospital. Safety and Injury Prevention could be addressed with the police department, emergency medical services, fire departments and Danbury Hospital. Youth issues would involve participation with Newtown Youth Services, school social workers and health coordinator, and daycare directors. Community-wide issues that cross the age groups would involve members listed above as well as members from the religious communities and local civic groups. The working community and work conditions would include representatives from the business community, possibly union representatives, civic groups and representatives from the industries and larger employers: Taunton Press, Curtis packaging, Hubbell, Pitney Bowes, etc. There would also need to be interaction amongst the various groups as they will have common themes throughout.
g. **Review data, plans and tools for existing programs** as identified in the State assessment. Health promotion and disease prevention program efforts could focus on smoking cessation, asthma, diabetes, safe sex, drinking and driving, hypertension and cholesterol control, cancer screening, better nutrition and physical activity. These are the state’s health status priorities.

**D. THE NEXT STEP: A COMMUNITY HEALTH NEEDS ASSESSMENT**

Newtown, with the Health District directing the effort, is ready for a comprehensive, community health needs assessment. Available data has been reviewed to characterize the town, a community that has been growing in population and affluence. Newtown does not appear to have distinctively different health needs in comparison to the State of Connecticut. In contrast, the known overall economic and social indicators suggest that Newtown’s health should be better than the state’s in some categories. However, the many facets of the community have not been accessed and the true overall health of the community has not been clearly defined and must be evaluated.

It is critically important to include the various components of the community in the effort to improve the community’s health. Having the stakeholders, the members of the community, participate in the assessment process will ultimately secure their commitment to continue to participate in process as it evolves into health education and promotion. It is the community’s confidence in the process that will give it strength and validity.

The next steps in the assessment process have already begun. The Health District is beginning to develop a database for the reportable disease information. The District
has also been meeting with the many agencies in town to start developing more effective working partnerships. The Social Services director, with the Health District, is setting up a meeting with other agencies to start discussing public health nursing services and needs.

The Newtown District Board of Health will be appointing a new Director of Health in the Spring 2002, and one of its first agenda items with the Director will be to discuss the upcoming community health needs assessment, its scope and its implementation. Newtown has many agencies and resources available and working for the benefit of the community. It will be the Newtown Health District’s assessment, with the community’s participation, that will determine the community’s health needs and then prioritize those needs to develop policies and programs, to ultimately promote a Healthy Newtown.
APPENDIX A:
NEWTOWN DISTRICT DEPARTMENT OF HEALTH
BY-LAWS

BY-LAWS
NEWTOWN DISTRICT
DEPARTMENT OF HEALTH

AS APPROVED/ADOPTED
BY
THE BOARD OF HEALTH

REV. 12/08/94
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ARTICLE I - GENERAL INFORMATION

Section 1. NAME. The organization shall be known as the NEWTOWN DISTRICT DEPARTMENT OF HEALTH, together and hereinafter referred to as the District.

Section 2. LEGAL STATUS. The District is organized under the provisions stated in Chapter 368f of the CT. General State Statutes as a governmental agency.

Section 3. PURPOSE. The purpose of the District shall be to preserve and improve the status of public health by (1) upholding and enforcing the Public Health Code of the State of Connecticut and such ordinances and regulations as may be adopted by the District Board of Health; and (2) working with other providers of health services in the District to better coordinate existing programs and to plan and implement new health programs.

Section 4. ELIGIBILITY FOR SERVICE. The services of the District shall be made available to any person residing within the member towns without any requirement as to term of residence; without regard to age, race, creed, color, national origin, sex, marital status, handicap, or religion as provided for in Title IV of the Civil Rights Act of 1965.

Section 5. OFFICE OF THE DISTRICT. The District shall maintain offices providing reasonable access to all residents residing within the member towns.

ARTICLE II - DISTRICT OBJECTIVES

In agreement with the announced purpose to improve the status of public health in the District, the following are considered to be the most desirable aims of the District.

1. Create a healthy environment to enable the residents of the District to achieve optimal physical and mental health.

2. Cooperate with existing community organizations to encourage the coordination of parallel endeavors, to eliminate duplication in the provision of health services and to extend the scope of available health services.

3. Establish and maintain a continuing program of public education to increase community awareness in matters of health and District services.
4. Establish and maintain optimal standards for the delivery of District services.

5. Establish a system to periodically collect and analyze pertinent data related to the District and to plan, develop, and evaluate District services effectively.

6. Utilize whatever available public and private sources are appropriate to supplement the membership budget of the District.

ARTICLE III - DISTRICT MEMBERSHIP
IN ACCORDANCE WITH STATE STATUTES

Section 1. ADMISSION. The District shall be composed of municipalities which, by vote of their respective legislative bodies, have formed a District Department of Health. The District Board shall vote upon the admission of other towns, cities, and boroughs to the District, provided that the legislative body of the requesting municipality has voted to enter the District and has applied for admission. Admission to the District shall be upon unanimous favorable vote of the Board of Health with the appointed Borough Board Member present.

Section 2. ANNUAL CONTRIBUTION. Membership in the District requires an annual minimum contribution of not less than one dollar ($1.00) per capita, based upon the last annual population estimates established by the State Department of Health & Addiction Services. The revenues pay for a portion of the costs for operating the District.

Section 3. REPRESENTATION. Each municipality or borough involved shall appoint one member to the Board of Health for each 10,000 population, and one representative for each additional 10,000 population or part thereof. No municipality shall have more than five (5) representatives.

Section 4. ALTERNATE REPRESENTATION. An alternate representative to the District Board of Health may be appointed by the duly appointed board member, subject to ratification by the executive body or the legislative body of the municipality, whichever is applicable. Such alternate may attend and participate in Board meetings by presenting proper credentials. Only in the absence of the official representative may the alternate be allowed to vote.

Section 5. FISCAL YEAR. The fiscal year of the District shall be July 1 through June 30.

Section 6. RECEIPTS. All monies shall be made payable to the District and received by the Director of Health or his designee for deposit.
Section 7. **DISBURSEMENTS.** Any expenditure in excess of $2,000.00, except in those instances where such expenditure has been specifically approved by the Board, must be signed by two (2) of the following: Chairperson or a designated Board member by the Chairperson; and the Director of Health or other staff member designated by the Director of Health.

Section 8. **MEMBERSHIP FEES.** By May 1 for payment by June 15, and by November 1 for payment by December 15, the District shall draw upon the Treasurer and/or Financial Director of each municipality within the District an equal amount per capita for such funds as have been appropriated by each municipality. The apportionment is to be at least one dollar ($1.00) per capita based on the last annual population estimate by the State Department of Health & Addiction Services.

Section 9. **STATE MATCHING FUNDS.** The District shall quarterly apply to the State Health Department and receive an amount equal to the amount established by Statute, based on the last annual population estimate by the State Department of Health & Addiction Services.

The Board of Health shall hold a public hearing no later than the last Tuesday in March on its proposed budget, two (2) weeks notice of which shall be given in a local newspaper. Following said public hearing and before July 1 of each year, the Board shall adopt its annual budget for the fiscal year.

Section 10. **ACCOUNTS AND AUDIT.** The District shall keep accurate accounts of all receipts and disbursements. These accounts shall be audited annually by a Certified Public Accountant, appointed by the Board during the month of December, such audit to be transmitted to the members of the Board of Health and to each member town no later than April 1 following the close of the previous fiscal year.

Section 11. **WITHDRAWAL.** Any municipality by vote passed prior to January 1 in any year, may withdraw from the District, such withdrawal to become effective on the first day of July following, provided such municipality shall have been a member of the District for at least twenty-four (24) months prior to such vote of withdrawal.
ARTICLE IV - BOARD OF HEALTH

Section 1. POWERS. The powers of the Board of Health shall include, but not be limited to, the following enumerated powers: To sue and be sued; to make and execute contracts and other instruments necessary or convenient to the exercise of the powers of the District; to make and from time to time amend and repeal rules and regulations to carry out the purposes and objectives of the District; to acquire real estate; and to have whatever other powers are necessary to properly carry out their responsibilities as an independent entity of government.

Section 2. MEMBERSHIP. Each municipality and/or Borough which has voted to become part of the District shall, by its Board of Selectmen, Legislative Counsel, and Board of Burgesses, appoint a representative(s) to serve on the district Board of Health, and may appoint an alternate to serve in the absence of this representative, as called for in Article III, Section 3 and Section 4.

Section 3. TERM OF OFFICE. The term of office for members of the District Board of Health shall be three (3) years, except that, during the initial formation of the Board appointments shall be made by the executive governing body of the Borough and Town of Newtown for one member to be appointed for a one (1) year term, and one member to be appointed to a two (2) year term. Members of the Board of Health may be reappointed for successive terms.

Section 4. VACANCIES. The executive body of the municipality shall be requested to fill vacancies within sixty (60) days so that the business of the Board of Health can be conducted in an orderly manner with the municipalities fully represented.

Section 5. OFFICERS. The Board shall elect a Chairperson, Vice-Chairperson, Secretary, and Treasurer. The Secretary and Chairperson shall not be the same individual. IF A VACANCY OCCURS, THE POSITION WILL BE FILLED BY SPECIAL ELECTION AT THE EARLIEST REGULARLY SCHEDULED MEETING AS IS POSSIBLE.

Section 6. REGULAR MEETINGS. The Board of Health shall meet at least quarterly on a day agreed upon by the Board, and at such other times as determined per Section 7 of Article IV.

Section 7. SPECIAL MEETINGS. The Board of Health shall meet at the request of the Chairperson or in the form of a motion, letter, or voice, of at least two (2) members.

Section 8. NOTICE OF MEETING. At least 24 hour notice of each meeting is required. A schedule of regular meetings shall be prepared and published prior to the beginning of the fiscal year and filed with the Town Clerk(s) in each member town as well as
the Secretary of State's Office.

ORGANIZATION OF MEETINGS:

1. Open meeting;
2. Citizen participation;
3. Review the minutes of previous meeting and their approval;
4. Communications and financial reports;
5. Reports of Officers and Director of Health;
6. Reports of standing committees;
7. Old Business;
8. New Business;

The official record of the Board meetings shall be the written approved minutes. Tapes shall be used for the purpose of preparing the minutes and be retained for period consistent with The State of Connecticut General Administration Records, Retention/Disposition Schedule 1: Municipalities'.

Section 9. Quorum. A minimum of one half of the total incumbent member towns shall constitute a quorum for the transaction of business at regular or "special" meetings of the Board of Health, however no quorum shall exist if the representative from the Borough of Newtown or alternate from the Borough of Newtown is not present.

Section 10. Executive Sessions will be held consistent with the FOIA requirement.

Section 11. Robert's Rules of Order shall govern the proceedings at the meetings of the District.

Section 12. The By-Laws. The By-Laws of the Newtown Health District shall not be changed, modified, altered or canceled in any way except by unanimous vote by the Board of Health.

ARTICLE V - SPECIFIC DUTIES OF THE CHAIRPERSON

Section 1. Specific Functions. The Chairperson may, in the exercise of his/her independent judgement, approve or disapprove of various procedures in the implementation of policies of the Board of Health. His/her decisions will be subject to the approval of the Board. In listing some of the potential functions the Chairperson may perform, preclusion of additional duties is not intended.
(a) Approve or disapprove of various proposals of the Director of Health regarding actions to be taken to implement Board Policy.

(b) Assist in creating a harmonious linkage with officials and agencies in all member towns.

Section 2. Duties of the Vice Chairperson. In the absence of the Chairperson or in the event of his/her inability or refusal to act, the Vice Chairperson shall perform the duties of the Chairperson and, when so acting, shall have the powers of and be subject to all the restrictions upon the Chairperson. In case of the resignation or death of the Chairperson, the Vice-Chairperson shall perform such duties until such time as the Board of Health elects a new Chairperson. The Vice-Chairperson shall perform such other duties as from time to time, may be assigned to him/her by the Chairperson or by the Board of Health.

ARTICLE VI - ADVISORY COMMITTEES

Section 1. General Powers. Advisory Committees may be created as necessary to make policy recommendations, monitor, advise and support District activities in certain function or program areas.

Section 2. Membership. Membership on the various Advisory Committees may be drawn from the agencies which will participate in one way or another in the function of program area of concern to the Committee, as well as from the general citizenry of the District. Such membership will be based as proportionately as possible on the population distribution of the member towns of the District. Representatives may be either providers or consumers of activities. At least one member of the District Board of Health must concurrently serve as a member of the Advisory Committee. The Director of Health shall also serve on the Committee, without voting privileges.

Section 3. Standing Advisory Committees. Standing Advisory Committees to the Board may be Public Nursing, Food Service Providers, Builders and related trades and other committees as may be established by vote of the board.

Section 4. Term. Members of the Advisory Committees shall serve three-year terms, such terms to correspond with the organizational year of the District Board of Health.

Section 5. Other Committees. The Chairperson of the Board shall appoint any committees deemed necessary to carry out the activities of the Board of Health, subject to the unanimous approval of the Board.
ARTICLE VII-EMPLOYEES

Section 1. Employment of Professional Staff. The Board of Health, in agreement with State requirements, shall appoint and approve the employment of a Director of Health when a vacancy occurs. It will be the direct responsibility of the Director of Health to select, hire or fire other staff personnel in agreement with the approved Personnel Policies.

Section 2. Director of Health. The Director of Health, subject to the policy directives of the Board of Health, the Ct Public Health Code, and CT Public Health Statutes, shall be responsible for the day-to-day operation of the District. In addition, the Director of Health shall be responsible for the employment, training, supervision and tenure of all employees, subject to such rules, regulations or procedures established by the Board of Health, the State Department of Health Services, and the General Statutes of Connecticut.

Section 3. Personnel Policies. The Board of Health shall be responsible for the adoption of Personnel Policies and any amendments or revisions thereto. The Director of Health shall be responsible for the development of personnel procedures to implement these policies. Personnel Policies shall be reviewed at least every two (2) years, but may be reviewed at any time by request of a majority of the staff, or at such time that the Board of Health determines such review is necessary.

Section 4. Evaluation. The District Board of Health members shall meet annually in January, to evaluate the Director of Health in regard to his/her carrying out the objectives of the District and its By-Laws. Such evaluation shall be discussed with the Director of Health, and a written copy shall become part of the permanent records of the District at the February session.

Section 5. Medical Advisor. The District Board of Health members shall appoint a Medical Advisor, who shall be a CT licensed M.D., for a term of two (2) years.
ARTICLE IX- MISCELLANEOUS

Section 1. Interpretation. It is intended that the provisions of these By-Laws be reasonably and liberally constructed to effectuate the purposes and objectives of the District. The provisions of these By-Laws shall be severable.

These By-Laws shall not be interpreted to be in conflict with any Federal, State or Local Law.

If any phrase, clause, sentence or provision is declared to be contrary to the laws of any party, the constitutionality of the remainder of these By-Laws shall not be affected thereby.

Section 2. Amendments. These By-Laws may be altered, amended, added to or repealed as indicated in Article IV, Section 12. Written notice of the proposed alteration, amendment, addition or repeal shall be included in the Notice of the Meeting at which the amendment will be considered, and shall be submitted at least one (1) month prior to the Board meeting at which such amendments will be considered for vote.
REFERENCES / BIBLIOGRAPHY


3 Institute of Medicine.


8 CT DPH, HIV/AIDS Surveillance Annual Report, December 31, 2000


12 Occupational Disease in Connecticut, CT Department of Public Health

13 Occupational Disease in Connecticut, CT Department of Public Health

14 Workmans Compensation Data
